



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

Meeting of the Board of Directors

Mark Twain Medical Center
Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA

Wednesday February 26, 2025
9:00am

Agenda

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. **Call to order with Flag Salute:**
2. **Board Member Attending Remotely:**
 - BOD, Richard Randolph, has requested to attend remotely and has agreed to post this agenda prominently at 3356 Becerril Ct. The Villages, FL. 32163: Public Comment – **Action**
3. **Roll Call:**
4. **Approval of Agenda:** Public Comment – **Action**
5. **Public Comment On Matters Not Listed On The Agenda:**

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the agenda. (The public may also comment on any item listed on the agenda prior to Board action on such item.) **Limit of 3 minutes per speaker.** The Board appreciates your comments however, it will not discuss and cannot act on items that are not on the agenda.

6. Consent Agenda: Public Comment – **Action**

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member or member of the public may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for January 15, 2025:
- Board Meeting Minutes for January 22, 2025:

B. Correspondence:

- ACHD Certification. Jan 7, 2025 - Jan 7-2028:

7. MTHCD Reports:

- A. President’s Report**..... Ms. Reed
- **Association of California Health Care Districts (ACHD) Feb. 2025 Advocate:**
 - **Meetings With MTHCD CEO:**
 - **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Chief Executive Officer’s Report**.....Dr. Smart
- **General Comments:**
 - **Strategic Planning Matrix From May 3, 2024 Mtg:**
 - **BHCiP – Round 5 Update:**
 - **Dental Project – Update:**
 - **West Wing Project Update:**
 - **New Grant Opportunities:**
 - **AED for Life:**.....Mr. Randolph
 - **Ralph M. Brown Act of 1953:**.....Ms. Stout

- **VSH&W Center – Policies and forms: Public Comment – Action**

New Policies

BH Mission and Vision Statement
 Patients Under the Influence Policy
 Zio Patch Monitor Testing

Revised Policies

Communicable Disease Reporting
 Cash On Hand Management
 Emergency Medications and Supplies
 Emergency Situation/Unresponsive Patient
 Generator Management

Bi-Annual Review Policies (no changes to policy content)

Age Restriction
 Autoclave Use and Maintenance
 Auxiliary Aids and Services for Persons with Disabilities
 Billing for Services Provided Off-Site
 Biohazard Material Management
 Bloodborne Pathogen Exposure
 Blue Shield Eligibility Verification
 Correction of Information in the Medical Record
 Crash Cart
 Culture Transmittal
 Dissemination of Non-Discrimination Policy
 Electronic Protected Health Information
 Emergency Release of Patient Records
 Eye Irrigation
 Eye Medication Dispensing
 Fuji Dental Material
 Management of Dental Patient Urgent Issues
 Medication Management – Storage of Multi-Use Containers
 Standardized Procedure for Depo Provera Injection
 Sterile Supplies and Instruments
 Storage, Handling, and Delivery of Medications
 Text Messaging and Social Media Communications

E. VSHWC Quality Reports Ms. Terradista

- Quality – Feb. 2025:
- MedStatix – Jan. 2025:
- Robo-Doc Update:.....Ms. Cook

8. Committee Reports:

A. Finance Committee:.....Ms. Hack / Mr. Wood

- Financial Statements – January 2025: Public Comment – **Action**

B. Ad Hoc Policy Committee:Ms. Hack / Ms. Vermeltfoort

- Policies # 6, 7, 8, 10, 11, 16 & 28 Presented for 30-day Review on Jan. 22, 2025:
 - **Resolution 2025-02 to Approve Changes in Policies:** Public Comment – **Action**

C. Ad Hoc Community Grants:Ms. Sellick / Ms. Reed

- CalCo GiveBack Pack: Giving Hope Cancer Kits Presentation: Public Comment – **Action**
Ms. Perkins
- Clinic Staff - Christmas Benefit for the Children’s Advocacy Program:.....Ms. West

D. Ad Hoc Community Engagement:.....Ms. Reed

E. Ad Hoc Real Estate:.....Mr. Randolph / Dr. Smart

- MOB 704 Mountain Ranch Rd. (Suite 103-105) - Sub Lease Update:

F. Ad Hoc Personnel Committee:.....Ms. Reed / Ms. Vermeltfoort

1. Closed Session: Chief Executive Officer (CEO) Contracting and Performance:
 - Public Performance Evaluation, Pursuant to Gov. Code Section 54957
2. Reconvene to Open Session:
3. Report of Action Taken (if any) in Closed Session:

9. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

- First 5 Calaveras – CCPH Professional Development April 18, 2025:
- Calaveras County Fair & Jumping Frog Jubilee May 15-18, 2025:

10. Next Meeting:

- The next meeting will be March 26, 2025 at 9am:

11. Adjournment: Public Comment – Action:

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Feb 26, 2025 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81573338455?pwd=Ha6PhOwDn5u6n6ijqUmnKolKay7Lbr.1>

Meeting ID: 815 7333 8455

Passcode: 123173

One tap mobile

+16699006833,,81573338455#,,,,*123173# US (San Jose)

+16694449171,,81573338455#,,,,*123173# US

Dial by your location

- +1 669 900 6833 US (San Jose)
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- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 564 217 2000 US
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US

Meeting ID: 815 7333 8455

Passcode: 123173

Find your local number: <https://us02web.zoom.us/j/k4ODcEp96>



P. O. Box 95
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Finance Committee Meeting
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Road
San Andreas, CA
January 15, 2025

9:00am

**Participation: Zoom – Invite information is at the End of the Agenda
 Or Participate in Person**

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care.”

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:00am.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	X			
Richard Randolph	X			
Patricia Bettinger	X			

Quorum: Yes

3. Approval of Agenda: Public Comment- Action

Motion to approve Agenda by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing none.

5. Consent Agenda: Public Comment- Action

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Nov. 20, 2024:

Motion to approve Consent Agenda with Minutes by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

6. Chief Executive Officer's Report:

Fiscal year end 6/30/21 undergoing audit for Reconciliation Report.

Recruiting for Family Medicine provider. 2 pediatricians on board this week.

- VSHWC Performance at 6 months:

The VSHWC has 13,369 encounters. 7-10 new patient requests per day..

- BHCIP Update:

Construction at 50% financially. 65% construction complete. Potential temporary occupancy March 2025.

- Pharmacy Remodel Update:

Architects submitting request for building permit. Will begin working on this once The Behavior Health expansion is complete.

- West Wing Update:

Design in progress.

Real Estate Review:

- MOB 704 Update:

The MTMC is completely out of Suites 103-105. Inspection shows units in good condition. Walk through with County Representatives was done. Potential occupancy in the summer.

7. Accountant's Report:

- Financials for November 2024 Will Be Presented: Public Comment - **Action**

Financials in the black.

Motion to approve November Financials with I&R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

- Financials for December 2024 Will Be Presented: Public Comment - **Action**

Property tax check received. Money moved into investment account.
December financials look good.

Motion to approve December Financials with I&R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

8. Treasurer's Report:

No Report.

9. Comments and Future Agenda Items:

Hearing none.

10. Next Meeting:

Next Finance Committee Meeting on February 26 at 8:00am.

11. Adjournment: Public Comment - Action

Motion to approve Adjourn by Ms. Bettinger

Second: Mr. Wood

Ayes: 3

Nays: 0

Time: 9:55am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

Time: Jan 15, 2025 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82839225656?pwd=nNc8fMCobrD7tKvvhvrFB0wXz3LJZv.1>

Meeting ID: 828 3922 5656

Passcode: 947556

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- +1 312 626 6799 US (Chicago)**
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- +1 386 347 5053 US**
- +1 507 473 4847 US**
- +1 564 217 2000 US**
- +1 646 931 3860 US**
- +1 689 278 1000 US**
- +1 929 205 6099 US (New York)**

Meeting ID: 828 3922 5656

Passcode: 947556

Find your local number: <https://us02web.zoom.us/u/keewhanndO>



MARK TWAIN HEALTH CARE DISTRICT

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**Meeting of the Board of Directors
Mark Twain Medical Center
Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Wednesday January 22, 2025
9:00am**

UN- Approved Minutes

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:02am.

2. Roll Call:

Member	In Person	Via Phone/Zoom	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum: Yes

A. Accepting the Nov. 5, 2024 General Election Canvass:

- **Resolution 2025-01** Public Comment – **Action**

Motion to approve Resolution 2025-01 by Mr. Randolph
Second: Ms. Vermeltoort
Ayes: 5
Nays: 0

B. District Board Members Elected. Nov. 5, 2024:

- **Oath of Office: Ms. Hack**
- **Oath of Office: Mr. Randolph**

Ms. Hack and Mr. Randolph took the oath and were sworn in.

C. District Board Officer Elections (2-yr Term): Public Comment –

- **Nominations for President:** Public Comment – **Action**
 - Candidate Comments:

Motion to nominate Linda Reed for Board president by Mr. Randolph
Second: Ms. Vermeltoort

Ms. Reed accepts nomination.

Ayes: 5
Nays: 0

- **Nominations for Secretary:** Public Comment – **Action**
 - Candidate Comments:

Motion to nominate Debra Sellick for Board Secretary by Ms. Vermeltoort
Second: Mr. Randolph

Ms. Sellick accepts nomination.

Ayes: 5
Nays: 0

- **Nominations for Treasurer:** Public Comment – **Action**
 - Candidate Comments:

Motion to nominate Lori Hack for Board Treasurer by Ms. Vermeltoort
Second: Mr. Randolph

Ms. Hack accepts nomination.

Ayes: 5
Nays: 0

3. **Approval of Agenda:** Public Comment – Action

Dr. Smart asks to move CDC reading material to 6D Ms. Terradista requests to move agenda item 6E to follow motion to approve agenda.

Motion to approve agenda with changes by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

4. **Public Comment On Matters Not Listed On The Agenda:**

Hearing None.

5. **Consent Agenda:** Public Comment – Action

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for November 20, 2024.
- Board of Directors Meeting Minutes for November 20, 2024.

B. Correspondence:

- AED's in Rural CA – CSDA Edition Nov.-Dec. 2024
- Calaveras Community Foundation Nov. 2024
- Calaveras County Frog Jump Partnership Thank You 12-16-2024

- Supplemental Reading Materials:

- (CDC) Centers for Disease Control & Prevention:

Motion to approve consent agenda minus CDC Reading Material by Ms. Hack

Second: Mr. Randolph

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

A. President's Report

- **Association of California Health Care Districts (ACHD) Jan. 2025 Advocate:**
- **Meetings With MTHCD CEO:**

Discussed agenda items.

- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

B. MTMC Community Board Report

MTMC is financially stable and are currently recruiting Physicians.

C. MTMC Board of Directors:

Next meeting Tue. Jan 29, 2025.

D. Chief Executive Officer's Report

- **General Comments:**

The VSHWC expanded pediatrics by welcoming Dr. David Stone and Ms. Lauren Date-Chong.

The Murphys Senior Center has awarded the MTHCD the 2024 Community Champion Award.

- **Strategic Planning Matrix From May 3, 2024 Mtg:**

On task.

- **BHCiP – Round 5 Update:**

Project is on time and on budget.

- **Dental Project – Informational:**

Submitted plans for building permit. Projecting start of project mid-April 2025.

- **West Wing Project:**

Behavior Health meeting room is in the design process.

- **AED for Life:**

10 AED and cabinets on order. Staff working through paperwork re: maintenance of units once placed.

- **Ralph M. Brown Act of 1953:**

Ms. Stout presented information about the Ralph M. Brown Act of 1953.

E. VSHWC Quality Reports

- Quality – Jan. 2025:

2167 Total patients seen in December 2025. 76 New patients seen. 35 Robo-Doc calls.

- MedStatix – Dec. 2025:

Provider satisfaction at 100% in December. BH at 100% overall.

F. ACHD Certification:

The MTHCD is again certified by ACHD for Best Practices for 3 years.

7. Committee Reports:

A. Finance Committee:

- Financial Statements – November 2024: Public Comment – **Action**

Motion to approve November Financials with I&R Report by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

- Financial Statements – December 2024: Public Comment – **Action**

The VSHWC and the MTHCD are both in the black for the month of December 2025.

Motion to approve December Financials with I&R Report by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

B. Ad Hoc Policy Committee:

- Policies # 6, 7, 8, 10, 11, 16 & 28 Presented for 30-day Review:

C. Ad Hoc Community Grants:

- CalCo GiveBack Pack: Cancer Benefit for Connelly: Public Comment – Action

Board will invite CalCo to present at next meeting. No action taken.

D. Ad Hoc Community Engagement:

No meeting.

E. Ad Hoc Real Estate:

- MOB 704 Mountain Ranch Rd. (Suite 103-105) - Sub Lease Update:

The County Mental Health Department is looking to occupy space in late summer 2025.

F. Ad Hoc Personnel Committee:

Next meeting in February.

8. Board Comment and Request for Future Agenda Items:

CPPA rate increase coming soon.

A. Announcements of Interest to the Board or the Public:

- Calaveras County Fair & Jumping Frog Jubilee May 15-18, 2025:
- Calaveras Cancer Support Group Mtg. Feb 5, 2025:

9. Next Meeting:

- The next meeting will be February 26, 2025 at 9am

10. Adjournment: Public Comment – Action:

Motion to Adjourn by Ms. Hack
 Second: Ms. Vermeltfoort
 Ayes: 5
 Nays: 0
 Time: 11:07am.

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Jan 22, 2025 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82591625405?pwd=egYqJRVkUq8NFI2xdnUyJ2sUIrRbTd.1>

Meeting ID: 825 9162 5405

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• +1 689 278 1000 US

• +1 929 205 6099 US (New York)

• +1 301 715 8592 US (Washington DC)

• +1 305 224 1968 US

• +1 309 205 3325 US

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• +1 507 473 4847 US

• +1 564 217 2000 US

Meeting ID: 825 9162 5405

Passcode: 819097

Find your local number: <https://us02web.zoom.us/j/82591625405?pwd=egYqJRVkUq8NFI2xdnUyJ2sUIrRbTd.1>



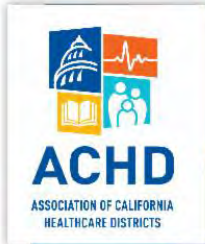
Mark Train Health Care District

Has successfully demonstrated Best Practices in Governance through the Re-Certification process on January 7, 2025



Robert Boyd
Robert Boyd
Chairman of the Board

Christina M. ...
Christina M. ...
Chief Executive Officer



ACHD

THE ADVOCATE

[CURIOUS ABOUT ACHD MEMBER BENEFITS?](#)

[ADVOCACY RESOURCES](#)

WHAT'S NEW IN FEBRUARY

CEO MESSAGE

As February rolls into Sacramento, legislators and staff are busy finalizing their bill packages. As [Sarah Bridge](#) reported in December, new rules adopted this session lowered the bill introduction limit for each lawmaker from 50 to 35 bills in the Assembly and from 40 to 35 bills in the Senate. **The last day for bills to be introduced is February 21st.** Many bills are still in “spot” form at this stage, but ACHD is currently monitoring bill proposals and assessing their impact on healthcare districts. Once we position on 2025-26 legislative proposals, [our website](#) will be updated, and you can track our positions in real time.

On the seismic front, if you are hospital-based district, on **February 20th**, HCAI will be hosting a webinar on the **Small and Rural Hospital Relief Program**. [You can register for the webinar here.](#)

If you missed our [Call for Proposals for ACHD's 2025 Annual Meeting](#) last week, we are now accepting proposals for both general sessions and our wildly popular District Best Practices

breakout sessions. **ACHD's 73rd Annual Conference** is being hosted at the beautiful and newly remodeled **Sheraton San Diego Resort, September 24-26**. Registration for the event will start in late May and we will keep you updated as we get closer regarding keynote speakers and other important updates.

The ACHD Board of Directors meets later this month to chart the course for the next three years. **The 2025-28 Strategic Plan will establish our priorities for the future and connect those priorities to our decision making with regard to operations and funding.** It is intended to be our roadmap for success in the coming years as we build upon the foundation that we have created over the last three years. As always, if you have feedback for the Association regarding our strategic priorities, please feel free to reach out to [me](#) directly.

With gratitude,

Cathy Martin
Chief Executive Officer



LEGISLATIVE UPDATE



Governor Newsom's Proposed Trailer Bill Language:

This week, the Governor's office posted their proposed Trailer Bill Language on the [Department of Finance's](#) website. The language, posted by issue area, is a starting point for discussions on policy proposals in the 2025-26 January budget. The Senate and Assembly budget subcommittees and advocates will debate the proposed policies in upcoming hearings through March and April as part of the budget process.

It is important to note that changes at the federal level will have a significant impact on California's budget, particularly as it relates to our Medicaid program. Medi-Cal, relies heavily

on federal funding, which accounts for more than half of the over \$190 billion total program budget for 2025-26. Any changes at the federal level will have substantial financial implications to the state as they work to maintain coverage, reimbursement rates for providers and the scope of services provided to vulnerable Californians.

Legislature:

The bill introduction deadline is **February 21, 2025**. ACHD is in the process of reviewing bills as they are introduced and working on several measures not yet introduced. Expect more detailed updates on bills in next month's addition of the Advocate.

As a reminder, both the Senate and Assembly have reduced their bill limits to just 35 bills per member. Further, we know that the ongoing emergency in Los Angeles is taking priority from both a budgetary and legislative perspective. We anticipate interesting and significant policy shifts from previous years due to the federal politics, fires, and budgetary limitations.



HCAI WEBINAR

**SEISMIC GRANT: SMALL
AND RURAL HOSPITAL
RELIEF PROGRAM**

**THURSDAY, FEBRUARY 20, 2025
10:00 AM - 12:00 PM PST**



ACHD | 1127 11th Street Suite 905 | SACRAMENTO, CA 95814 US

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**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: BH Mission and Vision Statement	REVIEWED: 2/26/25
SECTION: Behavioral Health	REVISED:
EFFECTIVE: 2/26/25	MEDICAL DIRECTOR: Randall Smart, MD

Subject: BH Mission and Vision Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

Along with the District and Clinic’s Mission Statement, the Behavioral Health Department has created a Vision and Mission Statement, based on their growth and future goals.

Vision Statement:

To create a healthier rural community by integrating behavioral health into primary care, ensuring every patient receives compassionate, evidence-based mental health support that empowers them to thrive.

Mission Statement:

Our mission is to provide accessible, high-quality behavioral health care within the primary care setting, addressing mental health and well-being as essential components of overall health. Through collaboration with medical providers, we deliver patient-centered, culturally competent, and evidence-based care, reducing barriers to mental health services and improving outcomes for individuals and families in our rural community.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Patients under the influence	REVIEWED: 1/09/25
SECTION: Medical/Dental/Behavioral Health - Patient Care and safety	REVISED:
EFFECTIVE: 1/22/25	MEDICAL DIRECTOR: Dr. Randall Smart

Subject: Patients under the influence

Objective: To define a safe environment for patient care when patients are under the influence of alcohol or drugs

Response Rating:

Required Equipment:

Procedure for Dental Clinic

Reason: To make sure we are providing proper and safe practice for our staff and our patients.

Steps to handling a patient under the influence:

- When a patient comes in, if reception or other staff members observes the patient behaving in a manner causing suspicion that he/she under the influence of drugs or alcohol, the Clinic Manager and Provider should be informed.
- Treatment should be performed at the discretion of the provider.
- The patient may be treated at the discretion of the Provider; however, the patient will be instructed to have an alternate driver available to drive the patient home after the appointment.
- If they are unsafe to drive and refuse, staff must call non-emergency Sheriff to report the patient driving under the influence, once the patient is witnessed leaving in their vehicle. Safely attempt to get a license plate number, make, model and color of the car. The Clinic Manager may be able to observe this information using the cameras.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Zio Patch Monitor Testing	REVIEWED: 2/12/25
SECTION: Patient Care	REVISED:
EFFECTIVE: 2/26/25	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Zio Patch 72 Hrs. to 14 days testing (Outpatient)

Objective: For Advanced (prolonged) Outpatient monitoring of patient heart rhythms

Response Rating: Mandatory

Indications: Continuous Recorder (e.g. Zio Patch): 48-hour to 3-week continuous external unattended cardiac monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias.

Required Equipment: A Zio Patch Box Kit which includes: A Zio patch, Patient Diary/Symptom Log, Alcohol pad, Skin Prep Exfoliator, and a razor, Zio Patient Guide.

Procedure:

1. The provider places the order in a pre-done order set,
2. The Zio Patch is placed on the patient by the MA or RN (or patient, as it may be sent out to them). Instructions for application are written on the internal lid of the box.
3. The patient is educated regarding the process and instructions and cautions when wearing the Zio Patch.
4. The Patient is provided with a postage paid return box, a number for Zio Customer Service, and instructed to remove the Zio patch on the last day of the ordered duration, and to return the device in the pre-paid box to Zio.
5. Zio will receive the device, processing and analyzing the results which will then be sent to the Zio Provider Portal.
6. Dr. Smart or a designee will log on to the Zio Provider Portal and perform a final read of the test, being able to annotate findings. When finalized, the provider will sign off the results as read and finalized.
7. After it is approved and signed off, the results will be sent by interface from the Zio Portal to Athena into the patient's chart.

There is a Demo Device in the Clinic for use in explaining the procedure to patients.

Customer or Staff assistance is available by calling the Zio Customer Care Team at: 1-888-693-2401

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Communicable Disease Reporting	REVIEWED: 7/1/19; 7/14/20; 8/2/21;11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Mandatory Reporting	REVISED: 7/14/20; 12/13/23; <u>2/10/25</u>
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR:Randall Smart, MD

Subject: Communicable Disease Reporting

Objective: To comply with State and CDC Communicable Disease Reporting.

Response Rating: Mandatory

Required Equipment: -Morbidity Report Form

~~<https://www.medlineplus.gov/ency/article/001929.htm>~~
~~Updated March 15, 2024~~

1. REPORTING GUIDELINES

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the “Confidential Morbidity Report” (CMR) for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies

For extremely urgent cases, call the CDC Emergency Operations Center at (700) 488-7100 within 4 hours of a case meeting the notification criteria

For reportable disease list and report forms:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx>
updated April 2, 2024

~~<https://www.medlineplus.gov/ency/article/001929.htm>~~
~~Updated March 15, 2024~~

**2. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>
Revised 08/2022** **CONDITIONS TO BE REPORTED IMMEDIATELY**

The following conditions should be reported immediately by telephone to (209) 754-6460. In light of existing outbreaks and the potential for epidemics, the Calaveras County Health Department has included those diseases marked with an asterisk (*) as being of utmost importance and are requesting that these diseases be reported immediately by telephone.

- a. Anthrax (human or animal)
- b. Botulism (infant, foodborne, wound)
- c. Brucellosis, human

- d. Cholera
- e. Ciguatera fish poisoning
- f. Dengue virus infection
- g. Diphtheria
- h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- i. Escherichia Coli 0157:H7 Infection
- j. Flavivirus infection of undetermined species
- k. Hemolytic Uremic Syndrome
- l. Influenza, novel strains (human)

- m. *Measles (Rubeola)
- n. *Meningococcal Infections
- o. Novel virus infection with pandemic potential
- p. Paralytic Shellfish Poisoning
- q. Plague (Human or Animal)
- r. Rabies (Human or Animal)
- s. Scomboroid Fish Poisoning
- t. Shiga toxin (detected in feces)
- u. Smallpox (Variola)
- v. Tularremia, human
- w. Viral Hemorrhagic Fevers
- x. Yellow Fever
- y. Zika virus
- z. Occurrence of any unusual disease
- aa. Outbreaks of any disease

For outbreaks of any disease the report should specify if institutional and/or open community.

3. CONDITIONS TO BE REPORTED WITHIN ONE (1) WORKING DAY

- a. Amebiasis
- b. Babesiosis
- c. Campylocacteriosis
- d. Chickenpox
- e. Chikungunya virus
- f. Cryptosporidiosis
- g. Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- h. *Foodborne Disease
- i. Haemmophilus Influenza Invasive Disease, all serotypes
- j. Hantavirus infection
- k. *Hepatitis A (acute infection)
- k. Human Immunodeficiency Virus (HIV), acute infection
- l. Listeriosis

- m Malaria
- n Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
*Pertussis (Whooping Cough)
- o Poliovirus Infection
- p Psittacosis
- q Q Fever
- r Relapsing Fever
- s Salmonellosis (other than typhoid fever)
- t Shigellosis
- u Streptococcal Infections (Outbreaks of any type and Individual cases of food handlers and dairy workers only).
- v Syphilis
- w Trichinosis
- x. *Tuberculosis/Tuberculosis suspect
- y. Typhoid Fever, cases and carriers
- z Vibrio Infections
- aa. West Nile Virus (WNV) Infection
- bb Yersiniosis
- bb. COVID-19 (Coronavirus)

4. CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS:

- a. Anaplasmosis
- b. Brucellosis, animal
- c. Chancroid
- d. Chlamydial Infections
- e. Coccidiomycosis
- f. Colorado Tick Fever
- g. Creutzfeldt-Jacob disease and other transmissible Spongiform Encephalopathies
- h. Cyclosporiasis
- i. Cysticercosis or taeniasis
- j. Ehrlichiosis
- k. Giardiasis
- l. Gonococcal Infections
- m. Hepatitis B (specify acute case or chronic)
- n. Hepatitis C (specify acute case or chronic)
- o. Hepatitis Delta (D) (specify acute or chronic case)
- p. Hepatitis Em acute infection
- q. Legionellosis
- r. Leprosy (Hansens Disease)
- s. Leptospirosis
- t. Lyme Disease
- u. Mumps
- v. Respiratory Syncytial Virus (report a death of a patient less than five years of age)
- w. Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-

- like illnesses
- x. Rocky Mountain Spotted Fever
- y. Rubella (German Measles)
- z. Rubella Syndrome, Congenital
- aa. Tetanus
- bb. Tulaemeia, animal

5. NON-COMMUNICABLE DISEASES AND CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS.

The following conditions should be reported within seven (7) calendar days from the time of identification:

- a. Alzheimer’s Disease and related conditions
- b. Disorders characterized by lapses of consciousness
- c. Cancer

6. COVID-19 RESPONSE: Clinic will test and report based current on State and County requirements.

7. FOLLOW-UP PROCEDURES

The provider will notify the Clinic Manager and the staff who have been in contact with these patients and recommend follow-up procedures.

8. INTERNAL DOCUMENTATION

A copy of all reporting documents is kept on file in the Clinic Manager’s Office.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Cash On Hand Management	REVIEWED: 11/12/18; 9/23/20; 8/2/21; 11/07/22;12/13/23; <u>2/12/25</u>
SECTION: Admitting	REVISED: 9/23/20; <u>2/12/25</u>
EFFECTIVE: <u>1/24/24</u> 2/26/25	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Cash on hand management

Objective: The Clinic will maintain cash drawers with a specific amount of cash on hand for the efficient operation of the Clinic. The cash drawer funds will be available to provide change for patients who make cash payments either at the time of service or upon receipt of a bill from the Clinic.

Response Rating:

Required Equipment:

Procedure

Cash Drawer

1. The Clinic will have a cash drawer/box that will be located adjacent to the first receptionist during the course of the business day.
2. The cash drawer/box will be removed from the receptionist area at the end of the business day and placed in the agreed upon secure location.
3. As part of the Clinic Opening Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer funds and confirm the amount of money on hand. Cash on hand will equal the cash drawer fund total.
4. The amount of cash on hand will be documented in the cash box log in the Starting Balance column. The two staff members will sign the log, attesting to the amount.
5. During the course of the business day, change may be made for patients who make cash payments.
6. As part of the Clinic Closing Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer fund and confirm the amount of money on hand. Cash on hand will equal the Cash Drawer fund total. The cash box will be locked up. Any funds in excess of the cash drawer fund total will be put aside, into the "DAY END MONEY" payment envelope, as they are payments received from patients.

7. Should the Starting or Ending Balance not match the total anticipated, the staff members will document their findings on the cash box log and will notify the Clinic Manager immediately.
8. The Clinic Manager or their designee will recount the contents of the cash box. Should it be confirmed that funds are missing, the Clinic Manager will investigate the shortage and document their findings, completing an Incident Report.
 - a. If necessary, staff will be counseled regarding proper cash management and documentation.
 - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.
9. It is the goal of the Clinic that the cash box will accurately reconcile each day. If the funds do not reconcile, the Clinic Manager will request replacement funds from the District Accounting Department.
10. The cash box logs will be maintained as a part of the Clinic's operational records.

Patient Payments

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. During the course of the business day, change may be made for patients who make cash payments.
3. As part of Clinic Closing procedure, each person who logged into the EMR who functioned as a receptionist must close their daily batch and submit. The cash drawer will be counted per the process outlined above. The cash total for each drawer should equal the total of patient payments collected by that receptionist plus the cash drawer fund amount.
4. On a daily basis, the Front Office Coordinator or their designee and a second staff member will count the deposit and confirm that the amount equals the patient payment receipts. These receipts will be signed by both employees and will be placed in the "DAY END MONEY" payment envelope. The envelope and placed in the designated locked area is given to Billing staff who will recount and confirm cash amount. The Biller will then place the cash in a secure locked location, which is then deposited into the VSHWC Medical Clinic's Umpqua account by the billing staff. The deposit slip/receipt is then sent via email to the Accounting Department and the CFO.
8. Should the starting or ending balance not match the total anticipated, the staff members will document their findings on the receipt paperwork and notify the Clinic Manager and District Accounting office immediately.
9. The Clinic Manager, designee, or ~~District Accounting office~~Billing staff personnel will recount the deposit. Should it be confirmed that funds are missing, the Clinic Manager, designee and/or ~~District Accounting office~~Billing Staff personnel will investigate the shortage and document their findings, completing an Incident Report.
 - a. If necessary, staff will be counseled regarding proper cash management and documentation.

- b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19; 9/11/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22; 7/25/23; <u>2/10/25</u>
SECTION: Patient Care	REVISED: 9/22/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22; <u>2/12/25</u>
EFFECTIVE: <u>8/23/23</u> / <u>26/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Emergency Medications and Supplies

Objective: To ensure appropriate and rapid response to medical emergencies in the Clinic that require medications.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Under the supervision and approval of the Medical Director, the Clinic will maintain emergency medications, which will be stored in the crash cart.
2. At a minimum, these medications will include:
 - a. ~~b.~~ **Epinephrine Snap-V Injectable**
3. Current medication inventory includes:
 - a. **Albuterol Sulfate**
 - b. **Oral Glucose Gel**
 - c. **Solu-Medrol**
 - d. **Diphenhydramine HCL**
 - e. **Atropine**
 - f. **Glucose Tablets**
 - g. **Aspirin (chewable)**
 - h. **Narcan (nasal spray)**

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- i. Narcan Injectable
 - j. Nitroglycerin Sublingual
 - k. Epinephrine IV
 - kl. Glucagon Emergency Kit
4. The drawer will be clearly labeled "Emergency Medications".
 5. Easily accessible and clearly legible in the drawer will be a dosage chart that ~~takes into account~~ is consistent with the Clinic's patient population.
 6. The kit will be checked to ensure the contents are in-date. This inspection will take place ~~on a monthly basis~~ monthly and will be documented on the Crash Cart log. The inspector will document their findings and sign the log upon completion of the inspection.
 7. Medications which are used or removed due to outdate will be replaced immediately. Replacement of medications will be documented on the log.
 8. Emergency supplies will include, but not be limited to:
 - a. Oxygen tank with regulator, tubing, and nasal cannula/mask
 - ~~a-b.~~ Non-rebreather masks (adult and pediatric)
 - ~~b-c.~~ Airways (oral and nasopharyngeal) ~~in~~ are in sizes consistent with the patient population served.
 - ~~c-d.~~ Ambu bags in sizes consistent with the patient population served.
 - ~~d-e.~~ Blood pressure cuff(s) and stethoscope
 - ~~e-f.~~ EKG machine (in labeled cabinet)
 - ~~f-g.~~ AED (~~in labeled cabinet~~ on crash cart)
 - h. CPR backboard
 - i. Emergency Backboard with straps
 - j. Adult and Child C-collars
 - k. Suction with Yanker (on crash cart)
 - l. Doppler and gel (on crash cart)
 - m. IV Start Kits, IV Tubing and IV Fluids (NS)
 - ~~g-n.~~ Gucometer

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The Medical Director has reviewed this policy and agrees with the choice of emergency medications listed in this policy:

Randall Smart, MD, CEO/Medical Director

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Emergency Situation/Unresponsive Patient	REVIEWED: 11/19/18; 9/11/19; 11/20/20; 8/25/21; 11/07/22;12/13/23; <u>2/10/25</u>
SECTION: Safety and Emergency Planning	REVISED: 9/11/19; 11/20/20; 8/25/21; <u>2/10/25</u>
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Emergency Situation - Patient Unresponsive

Objective: To maintain and stabilize patient’s cardiopulmonary status for transport to the hospital via ambulance, the Clinic will maintain a state of readiness in anticipation of emergency situations involving an unresponsive patient.

Acuity Rating: Severe

Required Equipment: Bag valve mask, oral airway, laryngoscope, suction, crash cart, AED, IV, medication(s) as ordered per provider, oxygen, tape, gloves.

Policy:

1. If a patient collapses and becomes unresponsive:
 - a. First person at patient establishes unresponsiveness (ARE YOU OK?).
 - b. Shake patient, check for carotid pulse for adults, brachial for infants.
 - a. Call overhead “Code Blue” for help, stating location. Unresponsive, if no pulse, begin CPR, staff to bring AED and Code Cart to location, get highest level Provider to scene.
 - c. Code is to be led by the code team leader who is the Provider/staff member with the highest level of licensure at the time. Code is initiated at the location of collapse, unless patient can be easily transported to the emergency holding room, in which case code is initiated there.
 - d. MA or designee~~Receptionist~~ calls 911 and states, “This is the Clinic at 51 Wellness Way, Valley Springs. We have a full cardiac arrest in progress. Please send an ambulance.”
 - e. MA~~Receptionist~~ attends to family and moves them away from scene, receptionist calms other patients and apprises them of an emergency in the office.
 - f. The team leader directs 2-person CPR to be initiated. The team leader assigns the following responsibilities to team members: Airway management, chest compressions, documentation, and medication administration.
 - g. Medication administration is performed only by a practitioner or nurse.
 - h. Intubation, if needed, is performed only by a practitioner.
 - i. Documentation is done on a designated code sheet.
 - j. If the patient is a child, a staff member should be assigned by the RN/Team Leader to stay with/assist the parent(s)/caregiver(s) inform them of the patient’s status and to stand with them, as to allow the care team to perform the needed care to the patient.

2. After the patient is stabilized:

- a. Prepare the path for EMS crew to transport patient.
- b. Prepare the medical record for transfer.
- c. Give report to receiving hospital ER.
- d. Document in medical record using code sheet to record all medications and times given.
- e. Attach a copy of progress notes and EKG strip(s) to code sheet and submit to Clinic Manager.
- f. Clinic Manager will present records to Medical Director for review.
- g. Code will be reviewed at the next Quality Improvement meeting.
- h. Code will be discussed at the next staff meeting for review of process and any recommendations for system improvement.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Generator Management	REVIEWED: 3/11/20;5/29/21; 7/26/22;7/25/23; 8/6/24; <u>12/09/224</u>
SECTION: Operations	REVISED: 8/13/24; <u>12/09/24</u>
EFFECTIVE: <u>8/28/24</u> <u>1/22/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Generator

Objective: To outline generator, use and maintenance to maintain maximum effectiveness in the event of a power failure.

Response Rating: Mandatory

Required Equipment: Generator

Procedure:

1. The generator is located on a concrete pad in the Southwest corner of the building, adjacent to the staff lounge, in front of the electrical room access door.
2. The generator doors and fuel box will always be locked with padlocks.
 - a. The ~~Director of Facilities~~, Clinic Manager and the Nursing key ring have the generator padlock keys.
 - b. The ~~Director of Facilities~~, Clinic Manager and Nursing key ring have a generator door key.
3. The Clinic Manager will inspect the exterior and interior of the generator for any leakage or abnormalities ~~on a monthly basis~~monthly.
 - a. Inspection will be logged, and log will be retained in the Generator Binder.
 - b. Any abnormalities will be addressed/repared.
4. The fuel gauge will be monitored by the Clinic Manager or designated staff monthly and after any power outage incident when the generator runs to ensure the fuel tank has an adequate amount of fuel.
 - a. Inspection will be logged, and log will be retained.
5. The scheduled generator maintenance will be performed by the contracted provider on the schedule outlined on the attached contract addendum, which is outlined below:
 - a. Semi-annual PM Service –
 - i. Visual inspection of the site and genset with associated equipment
 - ii. Inspect and service the filtration system
 - iii. Inspect exhaust system

- iv. Inspect turbocharger
- v. Inspect cooling system
- vi. Inspect engine block heater assembly
- vii. Inspect fuel system indication, fuel fill and associated piping
- viii. Inspect and test lube oil system
- ix. Inspect and test engine starting system
- x. Inspect and test engine monitoring and safety controls
- xi. Inspect generator assembly
- xii. Generator controls
- xiii. Inspect Automatic transfer switch

- b. Annual Service – which includes the following and the semi-annual services elements:
 - i. Inspect air elements and clean housing
 - ii. Check turbocharger and endplay of impeller
 - iii. Check and adjust valves as necessary and at the recommendation of manufacturer
 - iv. Inspect and test radiator cap for correct pressure rating and operation
 - v. Replace fuel filter and service primary filter
 - vi. Drain and replace lube oil and filters
 - vii. Check engine monitoring for accuracy. Test engine shutdown safeties
 - viii. Inspect generator end bearing for condition and lubricate as necessary. Inspect exciter, generator conductors, connections and generator fan assembly
 - ix. Inspect generator circuit breakers and tighten connections. Inspect and clean engine/generator control panel and connection panel
 - x. Inspect and service Automatic Transfer Switch and enclosure. Check for proper operation and timing of ATS and controls.

6. Any alarms or immediate service needs will be reported to the Clinic Manager.

7. The Clinic Manager will be responsible for arranging any needed extra service or repairs through the contracted provider.

8. The generator is programmed to self-start and operate for a 15-minute run time cycle, including cool down, every ~~1st~~ Friday of the month at 0800.

9. A “Run Log” will be maintained by the Clinic Manager or designee with information displayed on the screen, behind the right outside door of the generator. (See “Generator Run Log”). This is to track hours run for power outages versus maintenance/testing hours. This is mandatory. The log and information will be kept in a binder in the Clinic Manager’s Office

10. In case of an emergency the contact is as follows:

- ~~Kirk Stout, Director of Facilities 209-743-1201~~ Tina Terradista, RN – Clinic Manager 209-890-0126 (cell)
- Rich Hodge – Service Manager 209-652-8282 (cell)
- Industrial Electrical Company 209-527-2800

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Age Restriction	REVIEWED: 11/9/18; 9/23/20; 8/2/21; 11/4/22; 10/27/23; <u>2/7/25</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>2/26/25-1/24/24</u>	MEDICAL DIRECTOR: Randy Smart, MD

Subject: Age Restriction

Objective: The Clinic does not discriminate on the basis of age in admission or access to its programs and activities.

Response Rating:

Required Equipment:

Procedure

1. It is the policy of the Clinic to extend services to persons under and over the age of 18.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Autoclave Use and Maintenance	REVIEWED: 10/1/19; 9/09/20; 8/2/21: 10/17/22; 9/19/23;12/13/23; <u>1/09/25</u>
SECTION: Infection Control	REVISED: 9/09/20: 10/17/22; 9/26/23; 12/13/23
EFFECTIVE: <u>1/22/25</u> 4/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Autoclave Use and Maintenance

Objective: To safely sterilize, by steam, instruments and other utensils, and to ensure integrity of the sterilization procedure. No cold sterilization will be utilized at this facility.

Response Rating: Mandatory

Required Equipment: Autoclave, sterilization pouches (assorted sizes), biological indicator strips

Procedure:

1. All instruments and equipment should be scrubbed with approved enzymatic cleaner only.
 - a. Hinged implements will be cleaned in the open position.
2. After cleaning the instruments, they are placed in approved disinfectant for 30 minutes and then are scrubbed,
 - a. Hinged implements will be disinfected in the open position.
 - b. Dental instruments will be placed in the ~~Midmark~~-Ultrasonic per manufacturer instructions.
3. Allow instruments to air dry.
 - a. Hinged implements will dry in the open position. Then sprayed with lubricant.
4. Instruments will be placed into sterilization pouches.
 - a. Hinged implements will be placed into sterilization pouches in the open position.
 - b. A biological Indicator strip will be placed in the center of each pouch with the implement.
5. Packets will be labeled with load #, initials, date of sterilization and expiration date which will be based on manufacturer's ~~recommendations~~ recommendations. A pre-labeled stamp may be used with lines for initials and dates.

6. Place packets on shelf in autoclave. DO NOT STACK ITEMS.
7. Select and press the appropriate preprogrammed button.
8. Place spore tests in opposite corners (rotating) of the autoclave with each sterilization load. For Dental, the 2 spore tests are to be placed in opposite corners (rotating) of the autoclave with the first load of the day, but all following batches will still be documented.
8. Press the start button.
9. Record autoclave load on the autoclave log. The Medical and Dental Departments will maintain separate load logs.

Autoclave Maintenance

Weekly:

1. Clean external surfaces with a soft dry cloth and occasionally with a damp cloth and mild detergent.
2. Wipe internal surfaces with damp cloth.
3. Drain water from reservoir using drain tube on front of unit. Drain into large basin.
4. Using Speed-Clean Autoclave Cleaner and distilled water, wash inside of chamber, trays, door, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.
5. Refill reservoir with clean distilled water.

Record cleaning on Autoclave Log. The Medical and Dental Departments will maintain separate maintenance and cleaning logs.

6.

Monthly:

1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.
2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.
3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one

unwrapped cycle.

4. Drain reservoir and allow unit to cool.
5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean/ Sterilizer Cleaner and clean distilled water. A small stiff brush will aid the procedure. After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.
6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on end of tray plate and slide assembly of the chamber.
7. Locate chamber filters on bottom and back of chamber. Grasp filter and pull outward while twisting slightly. If ~~necessary~~necessary, a pair of pliers may be used. Filter may be cleaned with mild soap or Speed-Clean ~~—~~ Sterilizer Cleaner and clean distilled water. If cleansing methods do not effectively clean the filter, replacement may be necessary. Reinstall filters by pressing inward and twisting slightly.
8. DO NOT OPERATE UNIT WITHOUT FILTERS.
9. Wipe off all trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.
10. Angles on end of plate must be toward back of chamber to prevent interference with temperature probe behind the chamber.
11. Fill the reservoir with clean distilled water.
12. Sterilizer is now ready for use.
13. Record cleaning on Autoclave Log. The Medical and Dental Departments will maintain separate cleaning logs.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Auxiliary Aids and Services for Persons with Disabilities	REVIEWED: 11/9/18; 9/23/20; 8/2/21; 11/07/22; 12/13/23; <u>2/7/25</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Auxiliary Aids and Services for Persons with Disabilities

Objective: The Clinic will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights; consent to treatment forms, financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

Response Rating:

Required Equipment:

Procedure

1. Identification and assessment of need:

The Clinic provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our outreach documents and print advertisements and through notices posted in waiting rooms and treatment rooms. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

The Clinic shall provide the following services or aids to achieve effective communication with persons with disabilities:

- a. For Persons Who Are Deaf or Hard of Hearing
 - i. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the Clinic Manager (209) 772-7070 is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the Clinic Manager is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability;

The manager or designee is responsible for contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or obtaining an outside interpreter if a qualified interpreter on staff is not available. Language Line Solutions has agreed to provide interpreter services. The agency's telephone number(s) is (staff has access code), 24 hours per day, seven days per week, holidays included.

- ii. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

The Clinic utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is:

California Relay Service:
(For Deaf and Hard of Hearing Callers)
 TTY/TDD Dial 711 or
 English TTY/TDD (800) 735-2929
 Spanish TTY/TDD (800) 855-3000
 Voice (800) 735-2922

iii. For the following auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

iv. Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and

conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

NOTE: Children and other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

2. For Persons who are Blind or Who Have Low Vision

- i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- ii. The following types of large print, taped, Braille, and electronically formatted materials are available: patient forms, patient education materials. These materials may be obtained by calling the Clinic Manager at (209) 772-7070.
- iii. For the following auxiliary aids and services, staff will contact the Clinic Manager who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

3. For Persons with Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact the Clinic Manager (209) 772-7070, who is responsible to provide the aids and services in a timely manner:

Writing materials; TDDs; computers; communication boards; and other communication aids.

4. For Persons with Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Billing for Services Provided Off-Site	REVIEWED: 4/1/20; 5/29/21; 8/04/22; 9/19/23; <u>2/10/25</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <u>11/15/23</u> <u>1/26/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Billing for services provided by Clinic Medical staff from a non-Clinic location (i.e. off-site)

Objective: To accurately document patient encounters performed away from the Clinic location so as to ensure accurate billing.

Response Rating: Mandatory

Required Equipment: Electronic Medical Record (EMR); telephone; downtime forms if the EMR is not available

Procedure:

1. During the COVID-19 pandemic response and at other times as may be deemed necessary by CMS, the State of California, the Board of Directors and/or the Medical Director, Medical Staff members may be called upon to work from a location other than the physical Clinic for the purpose of rendering patient care.
 - a. The Provider will ensure they are preserving patient privacy by interacting with patients in a secure location behind a closed door without others in the room with them.
2. Medical staff members will be equipped with Clinic-provided computer equipment and will utilize that equipment to access the Electronic Medical Record for the purpose of documenting patient care rendered via telephone or for the purpose of following up on open patient care items (ex. Clinical Inbox, messaging, patient portal contact).
3. Standard documentation to for patient follow-up (Clinical Inbox, messaging, patient portal contact) will be completed using the same standard and utilized during in-office patient interaction.
4. If a patient is being contacted by telephone for an arranged telephone appointment, the patient will be pre-registered and checked by the registration staff and will be instructed to have their medications at hand for provider review and reconciliation against the EMR.
5. The provider will utilize the standard EMR encounter documentation and will complete the clinical note including:
 - a. Patient acknowledgement and consent to have a telephone encounter with the provider
 - b. Documentation of the total minutes spent on the call with the patient
 - c. Diagnosis code(s)

d. CPT code(s)

6. The biller will review the clinic note for completeness and notify the provider if they are missing time or code documentation
7. The biller will ensure the appropriate CPT code(s) are selected.
8. If the EMR is not available, the physician will utilize downtime forms and retain those in a secure location pending their being scanned into the EMR.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Biohazard Material Management	REVIEWED: 3/1/19; 11/20/20; 8/25/21; 11/07/22; 12/13/23; 2/10/25
SECTION: Infection Control	REVISED: 11/07/22
EFFECTIVE: 2/26/25 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Biohazard Material Management

Objective: To instruct Clinic personnel on the proper way to handle and dispose of hazardous material.

Policy Notes:

- Biohazardous waste management is a program used for controlling the generation, collection, and storage of hazardous waste in the laboratory. The responsibility for storage and movement of these materials is that of the Clinic personnel.
- All hazardous materials will be contained in sealable waterproof covered containers with tight fitting lids.
- When collecting biohazardous waste, employees must wear personal protective equipment (PPE).
- Healthcare workers involved in handling regulated medical waste must receive safety training in accordance with the Department of Transportation’s (DOT) guidelines.

Response Rating: Mandatory

Required Equipment: Personal protective equipment (PPE): gowns, disposable gloves, face shield; trash bin with lid (marked biohazardous waste); biohazard bags (red); 10% bleach solution, or other EPA approved cleaning solution, for spill cleanup.

Definitions:

Regulated Medical Waste – any reusable material that contains an infectious substance and is generated in the diagnosis, treatment, or immunization of people or animals. Materials generated in research or in the production and testing of biological products are also considered regulated medical waste. The DOT definition of regulated waste includes blood and blood products, sharps, pathological wastes, certain wastes from surgery, dialysis and the lab, as well as other infectious materials.

Universal Precautions – “health workers should follow universal precautions by using masks, eye protection and face shields whenever splashes spray atomized particles, splatter or droplets of blood or other potential infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated.”

Procedure:

Accidents and Spills

Immediate action

- Assess the type of spill and degree of hazard involved.
- Determine the most effective and least hazardous approach to clean up and decontaminate the spill. Refer to the SDS when necessary.

“Dry” spill with no significant aerosol formation

- Evacuation of the room is probably not indicated.
- Gloves, lab coat, and face shield must be worn for a clean-up.
- Flood area with disinfectant solution.
- Soak up the disinfectant and contaminated materials with an absorbent material.
- All absorbent and contaminated material must be placed in a red biohazard bag.

Liquid spills on a bench or floor

- If significant aerosols are formed, the area should be evacuated and not reentered until the aerosols settle.
- Gloves, lab coat, and face shield must be worn during clean up.
- Cover the spill with an absorbent material.
- Dispose of the absorbent and contaminated material in red plastic biohazard bags.
- The spill area should be thoroughly washed with a disinfectant solution after clean up.

Centrifuge spills

- Shut off the instrument and evacuate the area at once.
- Do not re-enter the area until the aerosols have settled.
- The individual entering the area to clean up must wear protective clothing, gloves and a mask.
- If liquids are present, soak up in an absorbent material and handle as above. If not, clean the instrument and room thoroughly before allowing employees to return to work.

Spills in incubators, autoclaves or other closed areas

- Soak up liquids with an absorbent and dispose of as outlined above.
- The unit should be washed thoroughly after decontamination.

Reports

- Major accidents and spills must be documented and reported in detail to [clinic manager](#) ~~lab~~ ~~director~~
- Accident reports should include the cause of the accident, the type of contamination or hazard, the list of personnel possibly exposed, decontamination procedures used, and actions taken to prevent reoccurrences.

SHARPS containers

- The RED SHARPS containers are for disposing of hazardous wastes such as needles, scalpels, tips, glass, etc.
- Do not overfill SHARPS containers – between 2/3 and ¾ full is considered capacity.
- Make sure that the top is in locked position before using.
- Never reach into containers: drop sharps straight into the opening 3”-4” above the mouth of the container.
- Never dispose of several sharps at once; take time to dispose of each sharp one at a time.
- Always visually inspect the opening to ensure that there is room for the sharps – always look before putting sharps into a container. Never reach into the mouth of a sharps container.
- Never force anything into a sharps container that is larger than the opening. An alternative means of disposal must be found.
- Securely fasten the top by shaking down the sharps container.
- When a sharps container is 2/3 – ¾ of the way full secure the top and immediately replace the container with a new one.
- Full sharps containers are then transported to the hazardous waste storage area.

Handling and disposing of hazardous waste

- Never put a sharps container into a hazardous waste bag or box unless the container is damaged.
- Do not use a hazardous waste container that is damaged. If a container is damaged, but has already been used, place it inside another hazardous waste container and seal. Handle the damaged container with extreme caution.
- All hazardous waste containers (i.e., bags, cardboard, plastic, plastic containers, etc.) are to be treated as if they were hazardous to your health. All hazardous waste containers will be picked up and held:

With gloved hands

At arm’s length away from the body

Securely by the least amount of area held by the hands

Wear a lab coat, gloves, and face shield. Additional shielding such as gowns, masks, face shields, etc. will be at the discretion of the health worker.

- Check the bottom of all bags for leaks, when bags become heavy with glass they tend to leak.

- In the event of a leak or spill, follow the procedure for biohazardous waste cleanup waste cleanup procedure.
 - Wear a lab coat, gloves and face shield.
 - Remove waste bags from bins, gently shake bag while holding the top of the bag to distribute waste evenly, twist top of bag to close (do not apply pressure to any part of the bag).
 - Place double bags in all emptied bins. Look for leaks around or in the bin. If a leak has occurred, clean the area with a 10% bleach solution, or other EPA approved cleaning solution, following the biohazardous waste clean-up procedure.
-
- After transferring the double-bagged laboratory waste, remove your lab coat and gloves, wash hands.

Reducing the volume of hazardous waste

- Waste discarded into biohazardous waste containers should be limited to those materials that come into contact with infectious materials (body fluids).

Body fluid containers

Stoppers, wipes, disposable shields, etc. which have come into contact with body fluids

Used gloves and lab coats

Slides, pipettes tips, etc. (in sharps containers)

Body fluids

Used media

Any physical item contaminated with body fluids or hazardous materials

Paper goods contaminated with body fluids

Waste not discarded in biohazardous containers (no contact with biohazardous materials)

Paper items

Cardboard boxes

Exterior kit containers

Office supplies

All items not contaminated with body fluids

Safety reminders

- Place double bag in all empty bins.
- Only dispose of biohazardous waste in the biohazardous bins.
- Use common sense to determine if trash is 2/3 full

Waste bags are considered full when a bin is halfway full, when used for glass disposal, specimen tubes and microbiology plates

Waste bin is considered full if it is 2/3 full. Periodically lift bag to determine if it is full.

- Always wash your hands after handling biohazardous material.

Safety precautions on medical waste handling

- The inner bags of regulated medical waste are closed securely, keeping them low to the ground and away from the body.
- The bags are handled only by the neck to avoid injury from stray or improperly contained sharp objects.
- General laboratory hygiene includes washing hands after every contact with medical waste containers, scrubbing thoroughly and vigorously.
- If an extensive exposure occurs, wash or flush the area with an approved hand washing agent or irrigating solution. If that exposure was to the eyes, ears or mouth, wash that area generously with water and report the incident immediately to see if any further precautions are needed.
- Exposure protection

Gloves are the first line of defense and must be worn at all times.

Gloves should be puncture resistant.

Gown and face shield are required to be worn while handling waste materials

- Methods of avoiding accidents

Avoid eating, drinking, gum chewing, smoking, applying makeup or handling contact lenses when working around medical waste.

Transportation of medical waste

- Transportation of medical waste is performed by MedPro (Barnett).
- MedPro (Barnett) is responsible for the packaging, shipping, and transportation of all regulated medical waste.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Blood-borne Pathogen Exposure	REVIEWED: 3/1/19; 12/30/2020; 9/29/21; 11/07/22; 12/13/23; <u>2/10/26</u>
SECTION: Infection Control	REVISED: 12/13/23
EFFECTIVE: <u>1/24/24/26/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Blood-borne pathogen exposure policy

Objective: To present an overview of the Exposure Control Plan for Blood Borne Pathogens or Other Potential Infectious Materials (OPIM); to protect the health and safety of the persons directly exposed to biohazard/infectious materials by ensuring the safe handling, storage, use, processing, and disposal of biohazardous/infectious medical waste; to train workers to minimize exposure by using the appropriate engineering controls, protective personnel equipment, and work practices.

Response Rating: Mandatory

Required Equipment:

Definitions:

Health Care Worker (HCW): persons who are in contact with patients, blood, or other physiological fluids.

Employee Health Service (EHS): the Infection Control physician, nurse, and appropriate members of the Infection Control Committee.

Personal Protective Equipment (PPE): use of the appropriate equipment (gowns, gloves, goggles, masks, etc) to minimize/prevent exposure to blood and other physiological fluids.

Hepatitis B Virus (HBV): the blood borne virus that causes Hepatitis B.

Hepatitis C Virus (HCV): the blood borne virus that causes Hepatitis C.

Human Immunodeficiency Virus (HIV): the blood borne virus that causes HIV infection and has been linked to Acquired Immune Deficiency Syndrome (AIDS).

Biological Hazard: refers to any viable infectious agent (etiologic agent) or injurious agent that presents a risk, or a potential risk, to the well-being of any human. Blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, and any other bodily fluid with visible blood are considered to be biological hazardous materials. Not included under universal precautions are feces, urine, nasal secretions, sputum, tears, vomitus, and sweat.

Medical Waste/Infectious Waste: all waste emanating from human or animal tissues, blood or blood products, or fluids, all cultures of tissues, cells of human origin, or cultures of etiologic agents; specimens of human or animal parts or tissues removed by surgery, autopsy, or necropsy.

Universal Precautions: refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires that every employee exposed be protected as though such body fluids were infected with blood borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2.2.44A).

Engineering Controls: the tools/equipment used to minimize exposure risks (i.e. sharps containers, biohazard bags, etc.).

Work practices: habits/procedures used by employees to minimize exposure risk.

Introduction: By law, an infection control plan must be prepared for every person that handles, stores, uses, processes, or disposes of infectious medical wastes. This infection control plan complies with the OSHA requirement 29 CFR 1910.1030, Blood Borne Pathogens. This plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

Exposure Categories

Category I

- The normal work routine involves exposure to blood, body fluids, and/or tissues. Any procedure or job-related task that has the potential for spills or splashes of the same.
- Employees are required to use personal protective equipment and procedures.

Category II

- The normal work routine involves no exposure to blood body fluids, or tissue, but the employee might be required to perform an unplanned Category I type task (i.e. clean up spills, etc.)

Category III

- The normal work routine involves no exposure to blood, body fluids, or tissues. Category I tasks are not a part of this job. Persons who perform these duties are not called upon as a part of their work to be potentially exposed in some other way. Category III tasks involve handling implements or utensils; using public or shared bathrooms or telephones; and personal contact **such as hand shaking.**

Exposure Determination

- The normal work in the laboratory involves exposure Category I and II.

Methods of Compliance

- All employees will receive Infection Control and Universal Precaution educations and training when hired, and annually thereafter.
- Universal Precautions shall be observed to prevent contact with blood or Other Potential Infectious Material (OPIM). All physiological material will be considered infectious.
- Failure to use universal precautions is subject to disciplinary action, up to and including termination.

Engineering Controls

- Needles/sharps will not be recapped, bent or clipped. Any attempts to recap or remove needles must be done with a mechanical device or by using a one-handed technique.
- Needle/sharps disposal containers are located throughout the Clinic. Dispose of all needles/sharps in these containers only.
- Biohazard disposal containers are puncture resistant, lined with a red plastic bag labeled with a biohazard insignia, and leak-proof on the sides and bottom.
- All biohazard disposal containers will be double-bagged and closed with a container lid when not in use.
- Biological Safety Cabinets will be certified to meet manufacturer's specifications.

Infection Control Strategies

Work Practice

General

- Practice proper segregation of infectious/non-infectious waste.
- Laboratory director will ensure that the staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper clean-up and disposal techniques.
- All personnel will be advised of the potential biohazard before being allowed to enter the work area.
- A universal biohazard symbol will be posted on all access doors at all times.
- Refrigerator/cabinets storing blood or other biohazardous materials must be labeled with a biohazard label indicating the presence of these materials.
- Eating, drinking, smoking, applying cosmetics or lip balms, or handling contact lenses where there is a potential exposure to blood or other potentially infectious materials is not allowed. The above actions may only be performed in designated areas.
- Food or drinks shall not be stored in refrigerators, freezers, cabinets, or shelves where there is a potential exposure to blood or other potentially infectious materials is not allowed. The above actions may only be performed in designated areas.

- Food or drinks shall not be stored in refrigerators, freezers, cabinets, or shelves where blood or other potentially infectious materials are stored.
- No employee shall pipette or suction blood or other potentially infectious materials by mouth.
- Good hygiene practices will be expected. Employees will practice washing of hands before entering administrative areas.

Waste

- Infectious waste shall never be mixed with non-infectious waste.
- All infectious waste will be placed into designated infectious waste containers.
- Infectious waste containers must be labeled with biohazard labels; red biohazard bags must be used as liners; container lids must be fit tightly and properly and must remain closed when not in use; foot operated mechanisms are required.
- All biohazardous waste is deposited into red waterproof bags.
- Infections/biohazardous wastes must be picked up and disposed of by a contracted, licensed vendor.
- Biohazard disposal containers will be double bagged and $\frac{3}{4}$ filled before starting new waste bag.

Environment

- The Clinic environment is to remain clean and sanitary at all times. PPE will be used to clean contaminated areas and/or equipment.
- Each department must clean and decontaminate all equipment and working surfaces before and after each working shift with 1:10 bleach solutions or other EPA approved cleaning agent after contact with blood or other potentially infectious materials.
- All reusable equipment or apparatus that is contaminated or has a reasonable likelihood for becoming contaminated must be disinfected in an autoclave or soaked in a disinfecting agent prior to being reused.
- Contaminated broken glassware shall be picked up by a mechanical means, not by hand.
- Liquid germicidal soap dispensers must be available in work areas. Cleaning equipment used for biohazardous materials should not be used for non-biohazardous materials.
- Stock solutions of suitable disinfectants must be maintained in the Clinic.

Spill Clean Up

- Employees will wear appropriate Personal Protective Equipment when cleaning up spills or biohazardous wastes.
- All spills will be cleaned with suitable, non-reusable materials.
- Spill areas will be disinfected with a 1:10 bleach solution or other EPA approved cleaning agent.

- Body areas contaminated with a spill will be flushed with generous amounts of running water, followed by an anti-germicidal soap.

Personal Protective Equipment

- The Clinic will provide suitable equipment to protect employees from hazards in the workplace. The Clinic Manager or Safety Coordinator can advise the employee on what protective equipment is required for the task.
- The Clinic Manager must obtain the PPE and ensure that it is used regularly and properly.
- Protective clothing is not a substitute for adequate caution and common sense in the dealing with infectious and hazardous waste or other potentially injurious situations. Protective clothing however, shall be worn and effectively maintained as a condition of continued employment and part of the mutual obligation to comply with the Occupational Safety and Health Act.
- Personal protective equipment (i.e. gloves, gowns, masks, and goggles in various sizes) are provided, maintained, repaired and/or replaced at no cost to the employee.
- All employees will wear the appropriate protective clothing (i.e. gowns, aprons, lab coats, or other similar garments) whenever there is a potential for exposure. The type of garment will depend on the task or degree of exposure anticipated.
- All employees will wear masks, eye protections, and face shields whenever there is a risk of splashes, sprayed atomized particles, splatter or droplets of blood or other potentially infectious material and in stances where eye, nose, or mouth contamination can be reasonably anticipated.
- Preventive measures will be taken to minimize splashing, spraying, spattering, and generating droplets when working with blood or other potentially infectious material (i.e., before removing a rubber stopper from a specimen tube, it will be covered with gauze to reduce splatter).
- Cover gowns and gloves shall be worn when working with biological waste and infectious materials.
- Specified footwear must be worn.
- Respirator masks must be worn when there is a potential for inhalation of toxic fumes.
- Back supports must be worn when lifting heavy equipment and supplies.
- No jewelry shall be worn during invasive procedures.
- Seat belts shall be worn when driving vehicles during the performance of business.
- Employees must wear gloves when it can be reasonably anticipated that the employee may have contact with blood or OPIM, (i.e., mucous membranes, and non-intact skin) when performing vascular access procedures, when touching contaminated items or surfaces, and when mixing chemotherapy agents.

- Disposable gloves are supplied in different sizes. Avoid petroleum-based lubricants since they may eat through latex.
- Personnel who are sensitive to regular gloves must tell the Clinic Manager so hypoallergenic gloves can be ordered.
- Disposable gloves will:

Be replaced as soon as possible if they are contaminated, torn, punctured, etc., and disposed of in the red biohazard waste bags.

Not be washed, decontaminated or reused.

Skin Conditions

- Employees shall refrain from high-risk exposure tasks when a skin condition exists

Cuts, scratches, and abrasions must be suitably dressed and covered during exposure situations.

Rashes, skin disorders and diseases should have medical attention and clearance for work.

Hand washing

- Hands will be washed with a suitable germicidal agent under, but not limited to, the following situations:

Upon arrival to and leaving the work area

After the removal of protective barriers and gloves

Immediately or as soon after possible contamination with blood or body fluids

- The proper hand washing technique will be to lather the hands with a suitable germicidal agent and warm water, followed by a vigorous rubbing of palms, the fingers, and in-between the fingers.

Hepatitis B Vaccination

- Hepatitis B Vaccination shall be made available to employees after they have received the required safety training and within 30 working days of initial assignment to all employees who have occupational exposure except under the following conditions:

The employee has previously received the complete Hepatitis B vaccination series.

Antibody testing reveals that the employee is immune.

The vaccine is contraindicated for medical reasons.

- If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the stand, decides to accept the vaccination, the employer shall make available the Hepatitis B vaccine at the time.
- The employer shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the Hepatitis B vaccination declination form. If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) shall be made available.
- All medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series, post-exposure evaluation and follow-up, including prophylaxis are available at no cost to the employee and provided according to recommendations of the U.S. Public Health Service.

Exposure

- All employees with accidental exposure to blood or OPIM must notify the Clinic Manager immediately so prompt and immediate attention can be initiated. The Clinic recommends compliance with the current CDC guidelines for exposure to HBV, HCV, and HIV.
- An occurrence report must be completed and the Clinic Manager must be notified of the incident as soon as feasible. There are employee and Source patient packets with clear instructions that are to be followed and used as a resource in the event of an exposure incident.
- Following a report of an exposure incident, the employee shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

The route(s) of exposure, and the circumstances under which the exposure incident occurred;

The identity of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations.
- The employer shall provide for collection and testing of the employee's blood for HBV, HCV, and HIV serological status:

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

If an employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

- The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- The employer shall provide for counseling and evaluation of reported illnesses.
- Any employee may refuse to consent to post-exposure evaluation and follow-up from the Clinic. When consent is refused, we shall make immediately available to exposed employees a confidential medical evaluation and follow-up from an outside healthcare professional.
- Employee health files are confidential and will not be disclosed without the written consent of the employee.

Labels and Signs

Labels

- Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.
- Labels will use the OSHA standard legend for blood borne disease prevention, and shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in contrasting color.
- Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or a method that prevents their loss or unintentional removal.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

Signs

- The Clinic shall post signs at the entrance to work areas showing the name of the infectious agent, special requirements for entering the area, and the name and telephone number of the Laboratory Director or other responsible person.
- These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

Employee Education and Training

- All employees will receive Infection Control and Universal Precautions education and training when hired, and annually thereafter. Training will be documented and kept with the employee record.
- Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

References

- Federal Register/Volume 56, No. 235
- 1001/Rules and Regulations, Department of Labor, Occupational Safety and Health Administration, Final Rule.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Blue Shield Eligibility Verification	REVIEWED: 11/12/18; 11/20/20; 8/25/21; 11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Admitting	REVISED: 8/25/21
EFFECTIVE: <u>1/24/24</u> / <u>26/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Blue Shield Eligibility Verification

Objective: To ensure insurance eligibility for patients covered by Blue Shield.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Blue Shield members must be verified at www.bluesheildca.com/provider/
2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.
3. If the claims mailing address does not appear on the card, reception must go to the Blue Shield “Claims Routing Tool” and enter the three letter prefix of the member number to obtain the correct claims mailing address.
4. Any Blue Shield member number that begins with an “R” is a Federal Blue Shield Account.
3. Use the approved Blue Shield verification process
 - a. Log in on the Blue Shield website: www.bluesheildca.com/provider/
 - b. Enter subscriber ID
 - c. Enter date of birth
 - d. Select Submit
 - e. Print eligibility information
4. If a patient arrives at the Clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient’s insurance status. The receptionist will verify the patient’s benefits and notify the health plan of the patient’s status after the patient’s condition is deemed stable or upon receiving patient information from a person accompanying the patient.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Correction Of Information In The Medical Record	REVIEWED: 4/1/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Correction of information in the medical record

Objective: Information placed in the medical record will be accurate.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. All entries into a paper medical record (chart) will be made in blue or black ink.
2. Should it be necessary to correct information in a paper medical record, the following steps will be taken:
 - a. Draw a single fine line through the error
 - b. Print "error" on the cross out and initial and date
 - c. Enter the correct information adjacent to the correction and initial and date
3. Corrections to the Electronic Medical Record (EMR) will be documented as correcting entries or late entries, depending upon the reason for the additional information and/or revision.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Crash Cart	REVIEWED: 2/1/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; <u>2/12/25</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Crash Cart

Objective: An emergency crash cart will be maintained for easy accessibility in the event of a medical emergency.

Acuity Rating: Severe

Policy: The Clinic provides adequate supplies, equipment, and medication required for a medical emergency. An emergency crash cart will be maintained for easy accessibility in the event of a medical emergency.

Procedure:

1. The emergency crash cart(s) will be inventoried after each use and on a monthly basis by the designee to assure that all equipment is in working order.
2. All medications quantity and expiration dates shall be current. This inventory will be logged, dated and initialed by the designee. It is the responsibility of the designee to immediately replace expired or used medications and supplies.
3. Emergency crash cart(s) will contain the medical supplies, medications, and medical equipment, adjusted to coincide with local conditions, such as response of EMS and hospital transfer capabilities as approved by the Medical Director.
4. The list of crash cart(s) contents will be reviewed by the Medical Director annually and/or upon notification that patient safety and local conditions require a revision. The list is not included as a part of this policy.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Culture Transmittal	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Culture Transmittal

Objective: To ensure correct handling of collected cultures.

Acuity Rating: Mandatory

Procedure:

1. The practitioner will enter an order for the collection and testing of the specimen.
2. The practitioner OR nurse will collect the specimen to be cultured. The nursing staff will ensure proper labeling of the specimen to include:
 - a. Patient name
 - b. Patient date of birth
 - c. Date and time of collection
 - d. Provider ordering the culture
 - e. Source of culture.
3. Nursing staff will print the laboratory requisition form and labels.
4. Culture will be placed in a laboratory biohazard bag with the requisition.
5. Specimen will be placed in appropriate laboratory basket in the laboratory refrigerator.
6. Nursing staff will document the collection, type of culture, receiving laboratory, and specimen number in the EMR.
7. At the end of each day, nursing staff will ensure that specimens have been picked up by the laboratory courier.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Dissemination of Non-Discrimination Policy	REVIEWED: 11/20/18; 9/24/20; 8/2/21; 11/07/2212/13/23; <u>2/10/25</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Dissemination of Non-Discrimination Policy

Objective: To inform staff, patients, and the general public that the Clinic does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, or status as a parent.

Response Rating: Mandatory

Required Equipment:

Procedure:

The Clinic disseminates the nondiscrimination statement in the following ways:

To the General Public:

- A copy of the nondiscrimination statement is posted in our facility for visitors, clients/patients to view.
- The nondiscrimination statement is printed in the brochure which is available for distributed to patients, referral sources, and the community.

For the Patients:

- The nondiscrimination statement is included in the patient admissions packet and contained within the Statement of Patient’s Rights.
- The nondiscrimination statement is discussed with patients upon their initial visit with the facility.
- A copy of the nondiscrimination statement is available upon request.

To Employees:

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Electronic Protected Health Information (ePHI)	REVIEWED: 3/1/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Medical Record	REVISED: 12/13/23
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Electronic Protected Health Information (ePHI)

Objective: Ensure all personnel understand and follow guidance to protect electronic Patient Health Information (ePHI)

Response Rating: Mandatory

Required Equipment:

Definition: Electronic protected health information (ePHI) refers to any protected health information (PHI) that is covered under Health Insurance Portability and Accountability Act of 1996 (HIPAA) security regulations and is produced, saved, transferred or received in an electronic form. The following are examples of PHI: Names, Address, Social Security number, Family History, Telephone number, Fax number, Account numbers, Medical Record numbers, Dates (birthday, discharge, admission), Certificate/license numbers, Vehicle ID, Personal Assets, Device identifiers, Biometric (finger or voice print), Photographs, Any unique identifying number, code or characteristic.

Procedure:

1. Electronic Protected Health Information, (herein referred to as **ePHI**), must be protected at all times from deliberate, accidental or incidental disclosure to any unauthorized entity or person.
2. Access to **ePHI** will only be granted to those Clinic employees who have a specific “**need to know**” to fulfill their work responsibilities. Employees who are granted access to **ePHI** will have reviewed and acknowledged the necessary training in information security and policies and procedures pertaining to Protected Health Information.
3. Requests for access to **ePHI** by external Health Care entities will be submitted in writing and will be granted by the Clinic Manager or his/her representative. If medical circumstances exist that make this impractical or detrimental to a patient, verbal confirmation by either the Clinic Manager, Medical Director or his/her representative will suffice.
4. As a general rule of thumb, **ePHI** should be transferred electronically through the ~~EHR/HER~~ system, -by registered mail, return receipt requested or transferred directly by the patient. If it must be transferred electronically, it must be transmitted utilizing a District approved encrypted email system. Additionally, all electronic email -or fax transmissions will contain a District approved disclaimer or a fax cover sheet, which is intended to provide an additional level of awareness to the recipient that they may be in possession of a document containing **ePHI** and as such are responsible for safeguarding that information until it is destroyed.

5. The use of external storage devices by Clinic employees is totally discouraged and not permitted unless approved by the Medical Director or his/her representative. All such devices pose a serious threat to **ePHI** and as such will be disposed of in a manner consistent to ensure that all data has been removed and that the device is rendered totally unreadable.
6. All **ePHI** data stored on the Clinic's server will be backed-up on a weekly basis using either magnetic tape or other approved means. The weekly backup is performed by the IT vendor and stored in a secure manner until the subsequent backup is completed.
7. All workstations will be configured so that user inactivity of 10 minutes or more will require that the user re-enter their password to log back into the workstation.

8. Users may access patient information only as it relates specifically to the user's workplace roles and responsibilities.
 - a. Users may not access personal information within the Clinic EMR or healthcare partner, vendor, and/or payor website.
 - b. Users may not access information regarding family members or friends within the Clinic EMR or healthcare partner, vendor, and/or payor website access.
 - c. Users seeking PHI regarding themselves will utilize the patient portal or the current medical records request form and follow Clinic policy regarding completion and submission of the request.
 - d. Users seeking PHI regarding family members or friends will utilize the patient portal or the current medical record request form and follow Clinic policy regarding completion and submission of the request, assuming the user is legally allowed access to the requested information.

9. Employees who fail to comply with these obligations and responsibilities, shall be subject to disciplinary action up to and/or including termination.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Emergency Release Of Patient Records	REVIEWED: 11/30/18; 9/24/20; 10/28/20; 8/25/21; 11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Medical Records	REVISED: 10/28/20; 10/28/20
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Emergency release of patient medical records

Objective: For the purpose of continuity of Clinic patient care, the Clinic will act immediately on a request for patient records from a requesting emergency room in lieu of standard medical record release procedures.

Response Rating:

Required Equipment:

Procedure:

1. On request from a hospital emergency room, Clinic employees will immediately respond to fulfill the request for transfer of patient medical records to the emergency physician.
2. In lieu of the procedure for release of patient information, the staff member receiving a request for patient records from an emergency room shall immediately notify the Clinic staff member responsible for release of medical records.
3. The employee assigned to transfer the medical record will prepare chart notes to reflect what the hospital emergency room has requested from the medical record, the name of the physician requesting the information and the date and time of the request.
4. The records requested will be faxed to a secure fax number provided by the requesting emergency department. A notation will be recorded indicating the date and time the medical records were sent, as well as the fax number to which the records are sent. If sent via EHR, this will be automatically documented by the system, if sending manually, this information must be documented on the fax cover sheet and scanned into the medical chart
5. Behavioral Health records will have limited access

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Eye Irrigation	REVIEWED: 11/12/18; 9/11/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; <u>2/12/25</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Eye Irrigation

Objective: To flush secretions, chemicals and foreign bodies from the eye.

Response Rating: Minimal to Severe

Required Equipment: Irrigation solution, IV tubing, eye tray, towel, shampoo tray, and kick bucket.

Procedure:

1. Review written provider order.
2. Tap water may be used initially in an emergency, but is not preferred. There is an eyewash station in the laboratory and the patient care hallway, attached to the sink faucet.
3. The amount of solution used depends on the contaminant.
 - a. Secretions require only small amounts.
 - b. Chemical burns require copious amounts.
 - c. Use of IV tubing connected to an IV solution of normal saline and Morgan lens may be used.
4. Adjust the flow of solution to ensure adequate, but not forceful, flow.
5. Place the patient in a supine position with their head turned to the affected side on the shampoo tray that will drain into kick bucket.
6. Have patient hold a towel against affected side to catch excess solution.
 - a. If the patient is a child, parent and/or caregiver should be engaged to assist in calming and restraining the patient.
7. Using the thumb and index finger of your non-dominant hand, separate the patient's eyelid.
8. Direct a constant gentle stream at the inner canthus so the solution flows over the cornea.

9. The physician shall check the affected eye or eyes for effectiveness of the procedure.
10. Install medication and place eye pads if ordered by the physician.
11. After completion of procedure, arrange for transportation home if needed, care and instructions and follow-up care.
12. Document the care rendered in the EMR.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Eye Medications-Dispensing	REVIEWED: 11/12/18; 9/11/19; 11/20/20; 8/25/21; 11/07/22; 12/13/23; <u>2/10/25</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Eye Medications-Dispensing

Objective: To define the guidelines for the administration of ophthalmic medications.

Response Rating: Minimal to Moderate

Required Equipment: Eye tray, ophthalmic medication, gloves, tissue.

Procedure:

1. Review practitioner’s written order. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify the practitioner’s written order.
4. Wash your hands with soap and water.
5. Apply gloves.
6. Have the patient lie in supine position and utilize a Chux around the patient’s neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
 - a. Parent(s) or caregiver(s) may assist if the patient is a child.
7. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial canthus area and moving laterally toward the lateral canthus. Do not wipe the eye, as this could cause a corneal abrasion if the eye is already inflamed.
8. Verify the medication: right medication, patient, dose, route and time.
9. Gently pull lower eyelid down.

10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid. Begin at the side nearest the nose and outward to the edge of the eye.
 - a. If the patient is an infant or toddler, ointment may be applied to the upper eyelash and allowed to melt
 - b. Alternatively, gently massage to push ointment into orbit.
11. Instruct the patient to close the eye and blink.
12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.
13. If the orders include both eyes, repeat the above steps.
14. Assist patient to the sitting position.
15. Remove gloves and wash hands.
16. Remove tray from the room.
17. The person administering the medications will document in the EMR the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.
18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Fuji Dental Material Usage	REVIEWED: 10/26/23; 1/09/25
SECTION: Dental	REVISED:
EFFECTIVE: 1/24/25	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Use of Fuji Dental Material

Objective: The benefits of use and procedure on material usage.

Response Rating: Everyone

Required Equipment:

Procedure:

Use: Fuji II and IX are fluoride releasing materials, eliminates sensitivity, easy to use in moist field, and good thermal conductivity. Fuji II is light cured, and Fuji IX is self-cured. Fuji II and IX are used as atraumatic restorative treatment (ART), interim therapeutic restoration (ITR), build up, base or liner. ART is used in cases when there are difficulties for the patient to reaching dental care units such as care facilities. They have high success rates in primary and permanent dentitions. ITR is used as a temporary restoration that will be replaced with a more definitive long-term material. ITR is placed because the ideal material for more of a definitive material cannot be done. For instance, if the cavity is too close to the pulp, Fuji is used to eliminate sensitivity by releasing fluoride and creating secondary dentin. Fuji works great as a buildup, base or liner and helps with thermal conductivity for the definitive materials to go over.

Procedure:

- After preparation, prepare the cavity and apply GC Cavity Conditioner to remove the smear layer and seal the dentin tubules for 10 seconds.
- Rinse and dry the preparation
- Shake or tap the capsule, then depress plunger.
- Place capsule into the triturator for 10 seconds. The working time for Fuji IX is 2 minutes due to self-setting.
- Insert into Capsule Applier. Click twice to prime capsule.
- Place, pack and contour material.
- After placement of Fuji IX, let set for 6 minutes from start of mix before adjusting and finishing.
- After placement of Fuji II, light cure for 20 seconds, adjust and finish.
- You can place a Fuji coat or varnish to help with wear resistance and polish retention. Apply coat and light cure for 20 seconds.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Management of Dental Patient Urgent Issues	REVIEWED: 3/10/20;6/7/21; 8/04/22; 12/13/23; <u>1/09/25</u>
SECTION: Patient Care	REVISED:12/13/23
EFFECTIVE:1/ 24 / 24 / 22 / <u>25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Management of Dental Patient Urgent Issues

Objective: To outline the management of urgent issues experienced by dental patients

Response Rating: Mandatory

Required Equipment:

Procedure:

1. If a dental patient contacts the Clinic with the following issues, they should be scheduled for a same day dental visit, if the dental office is open:
 - a. Uncontrolled bleeding after a dental procedure
 - b. Uncontrolled pain after a dental procedure
 - c. Adverse reaction to an antibiotic prescribed after a dental procedure
2. If the dental office is not open, schedule the patient as a same day medical patient with the next available medical practitioner.
 - a. The practitioner may contact the dentist for patient information and/or care recommendations.
 - b. Dentrax may be accessed to further understand the patient's prior dental care
3. After the medical care rendered to the dental patient, forward a copy of the clinic note to the dentist via Athenanet chart export.
4. The medical record will be scanned into the Dentrax software as a part of the patient's dental record.
5. If there is a time when we are unable to see the patient, the patient will be directed to go to the emergency room.

**025MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19; 5/04/21; 6/15/22; 12/13/23; <u>2/10/26</u>
SECTION: Medication Management	REVISED: 9/7/19; 6/15/22; 12/13/23
EFFECTIVE: <u>2/26/25</u> 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Medication management and storage of multi-use containers

Objective: To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Medications will be stored in their original containers according to manufacturer guidelines.
2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a “vial open” label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state “MDV” to indicate multi-dose vial.
2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer’s expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.
 - a. IPOL polio vaccine shall be considered expired per the expiration date from manufacturer, printed on the vial. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.
3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer’s expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).
4. Single-dose vials (without preservatives) shall be discarded after initial puncture
5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.
7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.
8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.
9. Refrigerated or frozen medications or vaccines are monitored for storage temperature at least twice daily on a temperature log as appropriate. There is also a Data Logger monitoring all refrigerator and freezer units used for medication storage.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Depo Provera Injection	REVIEWED: 6/21/23; 12/13/23; 2/10/25
SECTION: Standardized Procedures	REVISED: 12/13/23
EFFECTIVE: 2/26/25	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized Procedure for Depo Provera Injection

Objective: To establish guidelines for Medical Assistants to provide subsequent injections for patients receiving Depo Provera Injections for Birth Control

Response Rating: Administration of Medication – Nursing Staff (RN, LVN, MA)

Required Equipment: UA Pregnancy Testing, Medication, IM Injection supplies.

Procedure:

Temperature Requirements: DO NOT REFRIGERATE Should be kept at room temperature (67-77 degrees F)

1st Time Injection for Patients:

1. After being provided with appropriate training, an MA may administer an IM injection of Depo Provera that has been ordered by a provider.
2. Prior to a patient’s 1st injection of Depo Provera, the MA must perform a pregnancy test. The patient will receive an initial consultation with the provider, if it is determined that it is an appropriate form of birth control, the provider will order the Depo Provera with 1 years’ worth of refills (for q 12 weeks (+/- 1 week) injections) through the patient’s preferred pharmacy.
3. The patient will schedule a Nurse visit, returning with the medication.
4. The patient should be advised to call the pharmacy prior to coming in. and to pick up the Depo Provera medication immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication.
5. Using the usual protocol of checking and verifying medication, the MA can then administer the Depo Provera medication as an IM injection.
6. Please have the patient wait a minimum of 10 minutes prior to leaving the facility to ensure there is no (adverse) reaction. (Provider decision or patient condition may override the length of stay, post injection.)
7. The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

Patients Returning for Q 12 weeks (+/- 1 week) Injections

1. Patients returning for subsequent Depo Provera injections may make Nurse visit appointments q 3 months to receive the next injections. After 1 year (a total of 4 injections) the patient must schedule an appointment with their provider to check BP and to follow-up with other healthcare needs.
2. When the patient arrives with their medication, picked up immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication, the MA will perform a urine pregnancy test to verify the patient is not pregnant, even if the patient is within the “window”.
3. Upon verification of a negative pregnancy test, the MA may proceed with the Depo Provera injection, IM, utilizing the proper medication verification procedure.

The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

General Information:

- Depo-Provera CI is given as a shot into the muscle (intramuscular injection). The shot is given in the buttock or upper arm 1 time every **12 weeks (+/- 1 week)**. Once due, the patient will need to return to their healthcare provider for the next injection to continue protection against pregnancy.
- **To make sure that the patient is not pregnant before administration of Depo-Provera CI, the first injection should be given only:**
 - during the first 5 days of a normal menstrual period, or
 - within the first 5 days after giving birth, **if the patient is not breastfeeding**, or
 - at the 6th week after giving birth, **if the patient is feeding their baby only breastmilk.**
- Depo-Provera CI may be given at other times than those listed above, but the patient will need to have a pregnancy test first to show that they are not pregnant. During treatment with Depo-Provera CI, the patient should see their healthcare provider every year for a blood pressure check and other healthcare needs.

<https://www.pfizermedicalinformation.com/en-us/depo-provera-ci-next-injection-date-calculator>

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Sterile Supplies and Instruments	REVIEWED: 2/1/19;12/26/19; 12/31/20; 9/29/21; 5/02/23; 12/13/23; <u>1/9/25</u>
SECTION: Operations	REVISED: 12/26/19; 5/02/23; 12/13/23
EFFECTIVE: <u>1/24/2422/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Sterile supplies and implements

Objective: To maintain sterility of sterile supplies and instruments in an effort to prevent infection.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sterile supplies and instruments will be kept in a space separate from soiled supplies and instruments and will be stored in appropriate cabinets and shelving. Items will never be stored on the floor.
2. Sterile supplies and instruments will be checked monthly and before each use to ensure the package integrity and expiration date.
3. Supplies that are in the manufacturer’s packaging will be considered sterile in accordance with the packaged expiration date and/or printed information if package integrity has been maintained.
4. Supplies or equipment whose package integrity has been breached will be replaced, re-sterilized, or disposed of in accordance with manufacturer’s recommendation and OSHA regulations.
5. Staff will perform sterilization of re-usable implements on site, using the autoclave.
6. Sterile instruments and supplies autoclaved on site will observe the following expiration guidelines:
 - a. Paper wrap – 3 months
 - b. Cloth wrap – 3 months
 - c. Cellophane pouches which are tape-sealed – determined by manufacturer guidelines on packaging.
7. Any damage or break in packaging is cause for re-sterilization of the item.
8. Packages will be labeled prior to sterilization with the label including:
 - a. Date of sterilization

- b. Month, day, and year of expiration based on manufacturer's guidelines (i.e.: exp 7/11/18)
- c. Initials of staff member performing sterilization
- d. Load number

9. Every use of the autoclave will be logged on the autoclave log and will include:

- a. Date and time of sterilization
- b. What was sterilized
- c. Cycle used
- d. Name of staff member performing sterilization

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 7/1/19; 2/18/20; 5/21/21; 5/6/22; 7/06/23; 12/13/23; <u>2/10/25</u>
SECTION: Medication Management	REVISED: 2/18/20; 12/13/23
EFFECTIVE: <u>1/24/24</u> <u>2/26/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All pharmaceuticals are stored according to the manufacturer’s recommendations or, in the absence of such recommendations, according to a pharmacist’s instructions.
2. **All pharmaceuticals** will be checked for inventory status and outdates on a monthly basis. Any outdates will be removed from stock prior to expiration and new product will be ordered.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
4. Proper consideration is given to the safe storage of poisons and flammable compounds.
5. Internal medications are stored separately from external medications.
6. Non-medications and flammables are not to be stored in medication refrigerators.
7. Room Temperature – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). Medication rooms and drug storage area temperatures will be maintained within this range. A log will be maintained for each medication room to document the temperature daily. Clinic Manager and/or Designee will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Manager will be consulted to insure proper relocation.

8. Refrigerator Temperature - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.
9. If the temperature is not within the specified range, the Clinic Manager will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented directly on the Refrigerator Temperature Log.
 - a. Freezer Temperature - Freezer temperature, as it applies to medication storage shall be below -20°C (4°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, the Clinic Manager and/or Designee will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The manufacturer will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Plant Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -20°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*

11. Each refrigerator/freezer will have a serviceable temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Manager or designee to check and document the temperature twice daily.
 - b. Medication Rooms – Medication room(s) are to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, Medical Assistants, and Dental Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. Med Dispense – Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The Med Dispense cabinets maintain control and storage of medications and keep specific documentation of all transactions in regards to distribution and administration.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives MUST sign-in with the Clinic Manager and are allowed ONLY to the Clinic if approved by the Clinic Manager and/or Medical Director. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without PRIOR approval from the Medical Director.

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.
2. Medications are dispensed in ready-to-administer form to the extent possible.
3. For most medications, not more than a 14 days' supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved by obtaining use data from the Medication Management System machine and refilling inventory based on use as identified by the Medication Management System report.
4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to ensure counts are accurate based upon use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Staff, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts
2. In keeping with Clinic policy, Crash Carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Text Messaging and Social Media Communications	REVIEWED: 4/22/20;1/4/24; <u>2/10/25</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>1/28/24/2/26/25</u>	MEDICAL DIRECTOR: Randall Smart, MD

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Subject: Text Messaging and Social Media Communications

Objective: Define guidelines for appropriate utilization of text messaging and social media related to the Valley Spring Health & Wellness Center (VSHWC) Clinic

Response Rating: Mandatory

Required Equipment:

Procedure:

Text Message Communication:

1. Group and/or personal text messages related to the Clinic are allowed for enhanced communication between the Manager and/or staff using the following guidelines:
 - a. Users are expected to utilize professional text etiquette.
 - b. Users shall not transmit or receive material that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religion or political beliefs.
 - c. Messages will be brief, to the point, and use appropriate language

Text messaging is not a secure or HIPAA-compliant means of transmission, if information needs to be transmitted through standard text messaging, patient information will be redacted, patient ID is permitted without other identifying information. Phones used for this purpose should be password protected. Patient information should be deleted upon the issue being resolved.

Utilization of social media:

The following are guidelines for VSHWC employees who participate in social media. Social media includes personal blogs and other websites, including Facebook, LinkedIn, Twitter, YouTube, or others. These guidelines apply whether employees are posting to their own sites or commenting on other sites: VSHWC's server, computers and laptops contain secure information and improper use of alternate internet sites may cause an inadvertent breach in the security, exposing confidential patient information. Patient privacy is paramount.

1. Follow all applicable VSHWC policies. For example, you must not share confidential or proprietary information about VSHWC, and you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning patient confidentiality, HIPAA, Information Technology Rules of Use, photography and video and release of patient information to media.

2. Write in the first person. Where your connection to VSHWC is apparent, make it clear that you are speaking for yourself and not on behalf of VSHWC. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer."
Consider adding this language in an "About me" section of your blog or social media profile.
3. If you identify your affiliation to VSHWC, your social media activities should be consistent with VSHWC's high standards of professional conduct.
4. If you communicate in the public internet about VSHWC or VSHWC-related matters, you must disclose your connection with VSHWC and your role at the Clinic.
5. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on VSHWC, and may result in liability for you or VSHWC. Be respectful and professional to fellow employees, business partners, competitors, and patients.
6. Ensure that your social media activity does not interfere with your work commitments.
7. VSHWC strongly discourages "friending" of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
8. VSHWC prohibits staff in management/supervisory roles from initiating "friend" requests with employees they manage.
9. VSHWC does not endorse people, products, services and organizations. Official VSHWC accounts should not be used to provide such endorsements. For personal social media accounts where your connection to VSHWC is apparent, you should be careful to avoid implying that an endorsement of a person or product is on behalf of VSHWC, rather than a personal endorsement. As an example, LinkedIn users may endorse individuals or companies, but may not use VSHWC's name in connection with the endorsement, state or imply that the endorsement is on behalf of VSHWC, or state specifically that the endorsement is based on work done at VSHWC.
10. Unless approved by the CEO, your social media name, handle and/or URL should not include VSHWC's name or logo.
11. Social Media access will be permitted on lunch or break periods, on personal phones, tablets or laptops. Any personal devices are to use the "VSHWC Guest" Wi-Fi."
12. If you have any questions about what is appropriate to include in your social media profile(s), please contact your Manager.

I have read and understand this policy and agree to abide by it.

Employee Signature

Date

Text Messaging and Social Media Communications
Policy Number 226

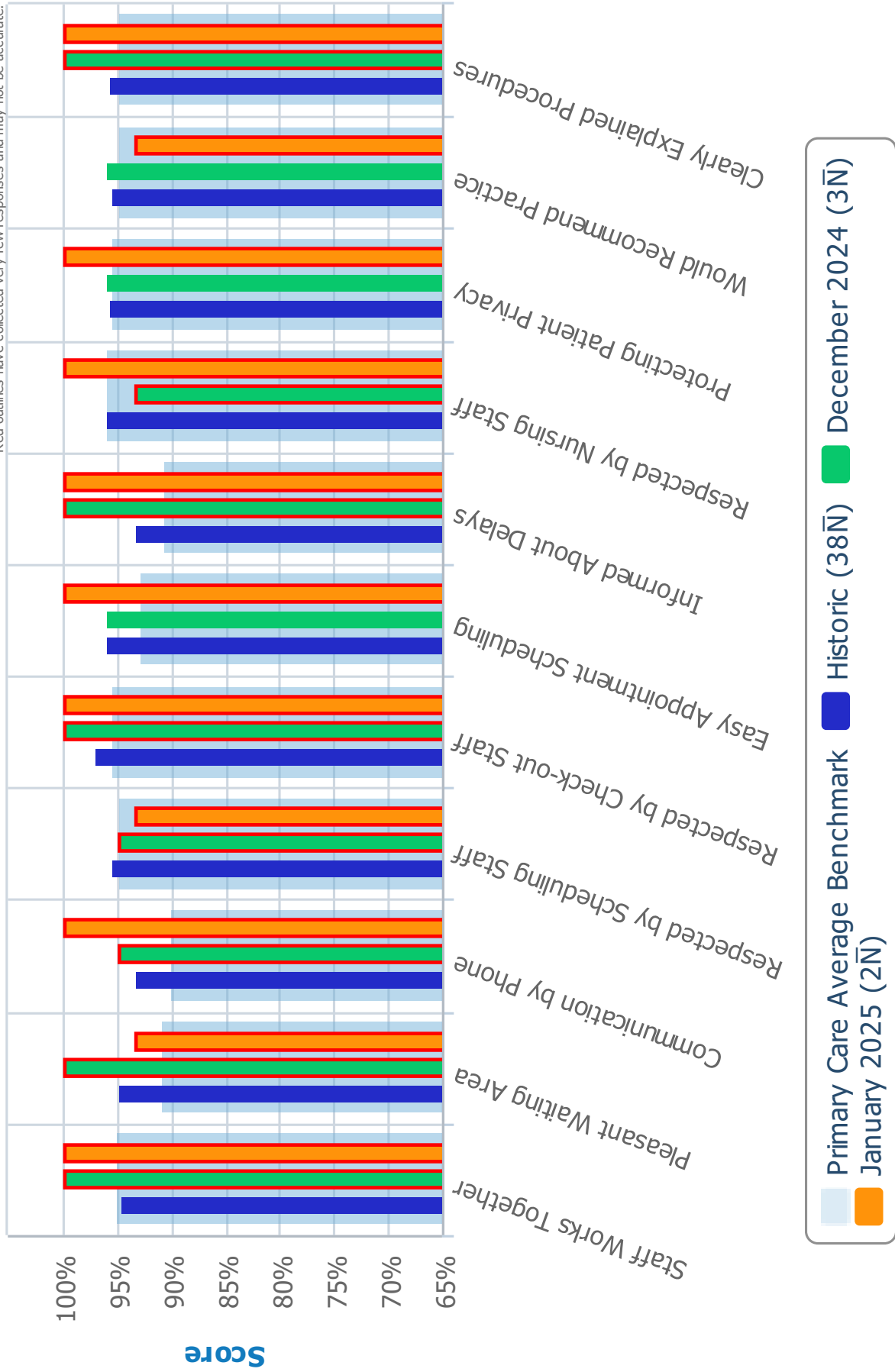
Quality Metric ^c	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25 Total	Census	MTD	Fiscal YTD	Historical	
													Fiscal YTD	Payor Mix	Payor Mix	Payor Mix	
Patient Visits Total	2203	2384	2183	2395	2037	2167	2138	15507				15507	15507				
Medi-Cal	1461	1613	1437	1592	1366	1407	1374	10250				10250	10250	64%	66%	66%	66%
Medicare	345	362	365	362	280	341	334	2389				2389	2389	24%	15%	15%	15%
Cash Pay	7	8	11	12	11	12	17	78				78	78	1%	1%	1%	1%
Commercial	390	401	370	429	380	407	413	2790				2790	2790	19%	18%	18%	18%
Pediatrics 0-16 yrs	331	372	347	331	298	342	220						2241				
Behavioral Health	307	357	342	353	343	371	371						2444				
Dental	429	493	490	495	429	367	485						3188				
Total Empanelled Patients	5963	5972	6061	6107	6183	6224	6299										
Total New Patients SEEN	94	95	96	90	74	76	77						602				
Total New Pt's REGISTERED	105	78	99	93	88	104	139						706				
Robo Doc Calls	1	30	61	53	28	35	31						239				
Incident Reports	3																
Patient Satisfaction																	
Peer Review/Failouts																	
Employee turnover		1															
Wait time for appointments																	
Patient No-shows	270	331	265	341	260	261	248										
Monthly % of NO Shows	11%	13%	11%	13%	13%	11%	10%										
Employee Satisfaction																	

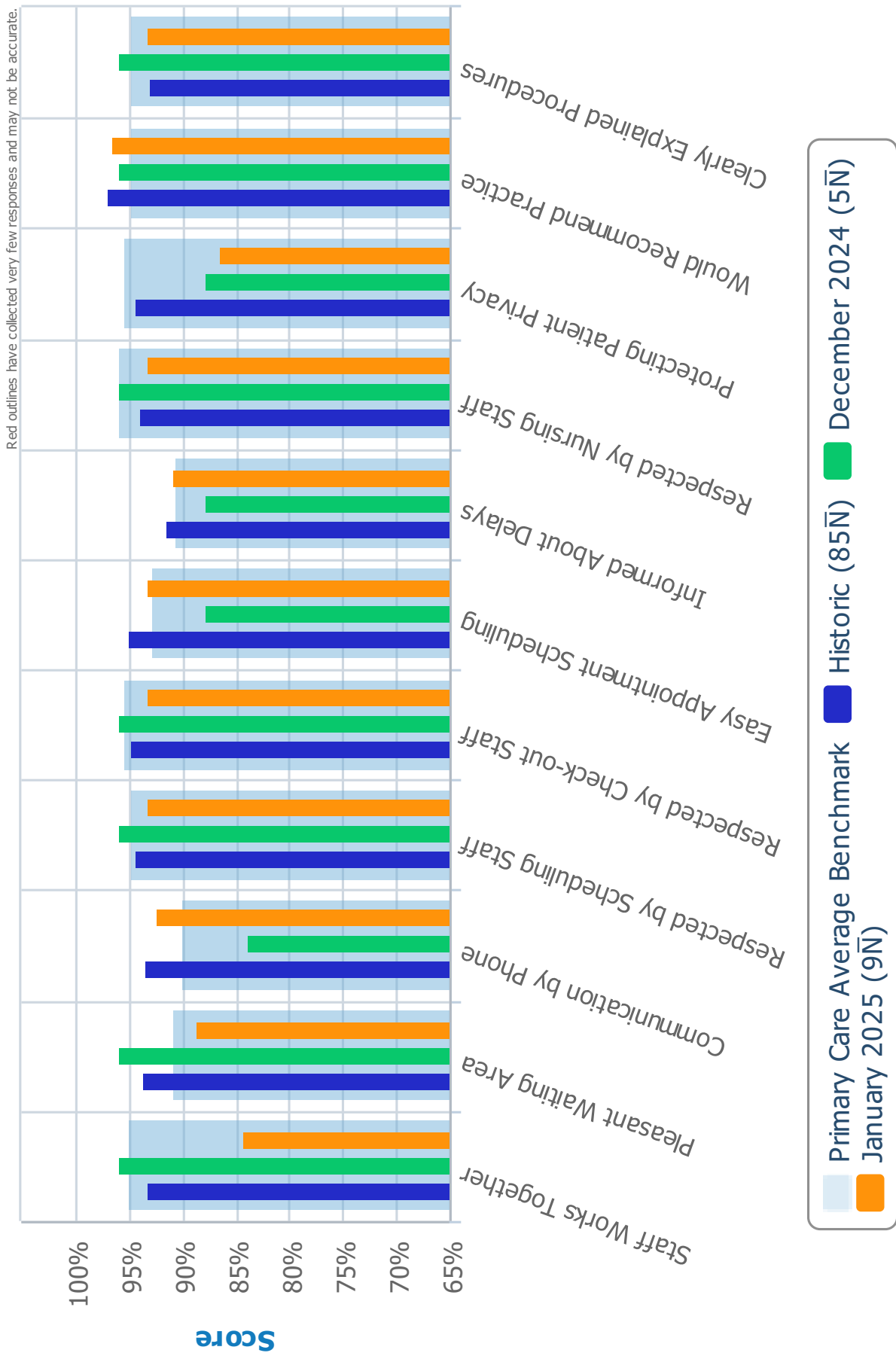
1=All Financial data in Finance Report





Red outlines have collected very few responses and may not be accurate.









**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

Agenda Item: Financial Reports for January 2025
Item Type: Action
Submitted By: Rick Wood, Accountant & Traci Whittington, Accounting
Presented By: Rick Wood, Accountant & Traci Whittington, Accounting

BACKGROUND:

The January 2025 Financials reports are attached for your review and approval.

**Mark Twain Health Care District
Direct Clinic Financial Projections**

1/31/25

	Actual Month	Y-T-D Actual	2024/2025 Budget
Total Other Revenue	519,658	3,719,766	7,480,926
Labor related costs	(297,168)	(2,040,885)	(3,298,269)
Non labor expenses	(281,816)	(1,981,885)	(4,479,995)
Total Expenses	(578,984)	(4,022,769)	(7,778,264)
Net Expenses over Revenues	(59,326)	(303,004)	(297,338)

Mark Twain Health Care District						
Annual Budget Recap						
	01/31/25	2024 - 2025 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	6,536,415	10,445,483	7,480,926	1,089,557	0	1,875,000
Total Revenue	6,536,415	10,445,483	7,480,926	1,089,557	0	1,875,000
Expenses	(6,198,227)	(9,913,598)	(7,778,264)	(741,229)	(634,500)	(759,605)
Total Expenses	(6,198,227)	(9,913,598)	(7,778,264)	(741,229)	(634,500)	(759,605)
Surplus(Deficit)	338,189	531,885	(297,338)	348,328	(634,500)	1,115,395
Historical Totals	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(500,529)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(1,282,214)
	23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
	197,850	392,710	412,064	551,925	546,391	630,489
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	728,240	1,033,067	1,135,447	1,414,580	1,515,345	1,549,413
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
	41,416	105,833	105,493	59,726	60,182	277,287
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
	338,189					

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		1/31/25									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2024/2025 Budget	
9260.01	Rent Hospital Asset amortized	72,000	72,000	0	100.00%	504,000	504,000	0	100.00%	864,000	
Rent Revenues		72,000	72,000	0	100.00%	504,000	504,000	0	100.00%	864,000	
9520.62	Repairs and Maintenance Grounds		0			0	(2,300)				
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(109,950)	(81,950)	392.68%	(196,000)	(433,479)	(237,479)	221.16%	(336,000)	
9521.80	Utility Reimbursements- MTMC	0	0				40,141				
9520.85	Telephone & Communications	(625)	(483)	142	77.28%	(4,375)	(3,468)	907	79.27%	(7,500)	
9520.72	Depreciation	(8,333)	(18,907)	(10,574)	226.88%	(58,333)	(132,349)	(74,016)	226.88%	(100,000)	
9520.82	Insurance										
Total Costs		(36,958)	(129,340)	(92,381)	349.96%	(258,708)	(531,455)	(272,747)	205.43%	(443,500)	
Net		35,042	(57,340)	(92,381)	-163.63%	245,292	(27,455)	(272,747)	-11.19%	420,500	
9260.02	MOB Rents Revenue	16,069	10,228	(5,841)	63.65%	112,484	118,141	5,657	105.03%	192,830	
9521.75	MOB rent expenses	(24,611)	(47,562)	(22,951)	193.26%	(172,275)	(166,467)	5,808	96.63%	(295,329)	
Net		(8,542)	(37,334)	(28,792)	437.08%	(59,791)	(48,326)	11,465	80.82%	(102,499)	
9260.03	Child Advocacy Rent revenue	801	820	18	102.28%	5,609	5,737	128	102.28%	9,615	
9522.75	Child Advocacy Expenses	(100)	(150)	(50)	0.00%	(700)	(375)	325	0.00%	(1,200)	
Net		701	670	(32)	95.48%	4,909	5,362	453	109.23%	8,415	
9260.04	Sunrise Pharmacy Revenue	1,926	0	(1,926)	0.00%	13,482	7,632	7,632	0.00%	23,112	
7084.41	Sunrise Pharmacy Expenses	(100)	0	100		(700)	0	0		(1,200)	
Total Revenues		90,796	83,048	(7,749)	91.47%	635,575	635,510	(65)	99.99%	1,089,557	
Total Expenses		(61,769)	(177,052)	(115,283)	286.64%	(432,384)	(698,298)	(265,914)	161.50%	(741,229)	
Summary Net		29,027	(94,004)	(123,031)	-323.85%	203,191	(62,787)	(265,979)	-30.90%	348,328	

Mark Twain Health Care District									
Projects, Grants and Support									
		1/31/2025							
						Month			
		2021/2022	2022/2023	2023/2024	2024/2025	to-Date	Actual	Actual	Actual
		Budget	Budget	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support	(667,000)	(85,000)	(177,900)	(634,500)	(370,125)	(30,246)	(117,537)	18.52%
8890.00	Miscellaneous (TBD)			(100,000)	(500,000)		(1,000)	(58,236)	11.65%
8890.01	AED for Life			(40,000)	(40,000)	(23,333)	(24,921)	(24,921)	62.30%
8890.02	Stay Vertical Calaveras	(14,000)	(35,000)	(37,900)	(64,500)	(37,625)	(4,325)	(31,880)	49.43%
8890.03	Doris Barger Golf				(2,500)	(1,458)			0.00%
8890.04	San Andreas Rotary Club-Hospice								
8890.05	Steps to Kick Cancer								
8890.06	Office of Education (Med. Science)				(25,000)	(14,583)			0.00%
8890.07	Veterans Support								
8890.08	Foundation	(628,000)							
8890.09	Friends of the Calaveras County Fair				(2,500)	(1,458)		(2,500)	100.00%
8890.10	Community Grants		(50,000)						
8890.11	Calaveras Senior Center Meals								
8890.12	High school ROP (CTE) program	(25,000)							
	Project grants and support	(667,000)	(85,000)	(177,900)	(634,500)	(78,458)	(30,246)	(117,537)	138.28%

Mark Twain Health Care District										
General Administration Financial Projections										
1/31/25										
ADMIN										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2024/2025 Budget
9060.00	Income, Gains and losses from investments	31,250	38,012	6,762	121.64%	218,750	283,742	64,992	129.71%	375,000
9160.00	Property Tax Revenues	116,667	116,667	0	100.00%	816,667	816,669	2	100.00%	1,400,000
9010.00	Gain on Sale of Asset						(25,000)			
9101.00	Gain and Loss on Sale of Asset									
9400.00	Miscellaneous Income		4,567			0	4,567			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		0			131,507	131,507			100,000
9205.03	Miscellaneous Income (1% Minority Interest)		6,634			0	9,919			
	Summary Revenues	147,917	165,881	17,964	112.14%	1,166,923	1,221,403	54,480	104.67%	1,875,000
8610.09	Other salaries and wages	(31,041)	(23,104)	7,936	74.43%	(217,284)	(171,177)	46,107	78.78%	(372,487)
8610.10	Payroll taxes	(2,135)	(1,221)	914	57.18%	(14,943)	(8,994)	5,950	60.19%	(25,617)
8610.12	Vacation, Holiday and Sick Leave	(1,862)	0	1,862	0.00%	(13,037)	0	13,037	0.00%	(22,349)
8610.13	Group Health & Welfare Insurance	(1,134)	0	1,134	0.00%	(7,939)	0	7,939	0.00%	(13,609)
8610.14	Group Life Insurance	-	0	0	0.00%	0	0	0	0.00%	0
8610.15	Pension and Retirement	(310)	0	310	0.00%	(2,173)	(12,981)	(10,808)	597.42%	(3,725)
8610.16	Workers Compensation insurance	(310)	0	310	0.00%	(2,173)	0	2,173	0.00%	(3,725)
8610.18	Other payroll related benefits	(8)	0	8	0.00%	(54)	0	54	0.00%	(93)
	Benefits and taxes	(5,760)	(1,221)	4,539	21.19%	(40,319)	(21,975)	18,344	54.50%	(69,118)
	Labor Costs	(36,800)	(24,325)	12,476	66.10%	(257,603)	(193,152)	64,451	74.98%	(441,605)
8610.22	Consulting and Management Fees	(2,083)	(405)	1,679	19.43%	(14,583)	(2,267)	12,316	15.55%	(25,000)
8610.23	Legal	(2,500)	(989)	1,511	39.56%	(17,500)	(7,242)	10,258	41.38%	(30,000)
8610.24	Accounting /Audit Fees	(5,000)	(888)	4,112	17.76%	(35,000)	(18,257)	16,743	52.16%	(60,000)
8610.05	Marketing	(3,750)	0	3,750	0.00%	(26,250)	(4,809)	21,441	18.32%	(45,000)
8610.46	Office and Administrative Supplies	(833)	(932)	(99)	111.90%	(5,833)	(4,964)	870	85.09%	(10,000)
8610.62	Repairs and Maintenance Grounds	-	0	0	0.00%	0	0	0	0.00%	0
8610.69	Other- IT Services	(1,500)	(1,182)	318	78.81%	(10,500)	(7,403)	3,097	70.50%	(18,000)
8610.82	Insurance	(7,000)	0	7,000	0.00%	(49,000)	(88,853)	(39,853)	181.33%	(84,000)
8610.86	Dues, Subscriptions & Fees	(1,667)	(11,245)	(9,578)	674.68%	(11,667)	(22,991)	(11,324)	197.06%	(20,000)
8610.87	Outside Trainings	(833)	0	833	0.00%	(5,833)	(7,108)	(1,274)	121.85%	(10,000)
8610.88	Travel	(833)	0	833	0.00%	(5,833)	0	5,833	0.00%	(10,000)
8610.89	Recruiting	-	0	0	0.00%	0	0	0	0.00%	0
8610.90	Other Direct Expenses	(500)	(500)	0	100.00%	(3,500)	(2,700)	800	77.14%	(6,000)
8610.95	Other Misc. Expenses	-	0	0	0.00%	0	0	0	0.00%	0
8888.00	Calaveras Wellness Foundation	-	0	0	0.00%	0	0	0	0.00%	0
	Non-Labor costs	(26,500)	(16,141)	9,526	60.91%	(185,500)	(166,592)	13,074	89.81%	(318,000)
	Total Costs	(63,300)	(40,466)	22,002	63.93%	(443,103)	(359,745)	77,525	81.19%	(759,605)
	Net	84,616	125,415	39,965	148.22%	723,820	861,658	132,005	119.04%	1,115,395

Mark Twain Health Care District
Balance Sheet
As of January 2025

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	101,392
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	93,617
1001.45 Five Star Bank - MTHCD Checking NEW	558,810
1001.50 Five Star Bank - Money Market	308,068
1001.60 Five Star Bank - VSHWC Checking	164,673
1001.65 Five Star Bank - VSHWC Payroll	196,699
1001.90 US Bank - VSHWC	117,157
1001.98 Calaveras Wellness Foundation	49,109
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,596,372
Accounts Receivable	
1201.00 Accounts Receivable	118,077
1210.00 Grants Receivable	0
1215.00 Clinic Revenue Settlements	1,045,803
Total Accounts Receivable	1,163,881
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	33,296
1003.20 CLASS Operational Reserve Fund	2,338,702
1004.10 CLASS Lease & Contract Reserve Fund	1,855,748
1004.20 CLASS Loan Reserve Fund	2,265,825
1004.30 CLASS Capital Improvement Reserve Fund	2,741,590
1004.40 CLASS Technology Reserve Fund	279,519
1004.50 Community Programs Reserve Fund	107,713
1004.60 Lease Termination Reserve Fund	528,859
1150.05 Due from Calaveras County	471,359
1160.00 Lease Receivable	162,790
1205.50 Allowance for Uncollectable Clinic Receivables	229,567
1205.51 Cash To Be Reconciled	350,630
1300.00 Prepaid Expense (USDA)(MTMC rent)	93,426
1300.10 General Prepaid	27,718
Total Other Current Assets	11,486,742
Total Current Assets	14,246,994
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	718,485
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,894,474
1220.20 VSHWC - Equipment	949,988
1221.00 Pharmacy Construction	3,536
1250.12 CIP - Sunrise Pharmacy	98,358
1250.13 CIP - Dental Expansion	78,630
1250.14 CIP - Medical Expansion	56,222
1521.20 CIP Buildings - BHCiP	313,806
1600.00 Accumulated Depreciation	-9,476,425
Total Fixed Assets	6,236,630

Other Assets	
1710.10 Minority Interest in MTMC - NEW	395,705
1810.60 Capitalized Lease Negotiations	278,108
1810.65 Capitalized Costs Amortization	18,872
Total Intangible Assets	296,980
2219.00 Capital Lease	5,520,952
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,055,412
TOTAL ASSETS	27,539,036
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	201,661
Total 200.00 Accts Payable & Accrued Expenses	201,661
2001.00 Other Accounts Payable (Credit Card)	20,777
Total 200.00 Accts Payable & Accrued Expenses	20,777
2010.00 USDA Loan Accrued Interest Payable	81,782
2021.00 Accrued Payroll - Clinic	71,460
2022.00 Accrued Leave Liability	82,251
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	20,686
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	159,518
2200.00 Due to Calaveras Wellness Foundation	49,109
2260.00 Deferred Rental Revenue	333,879
2271.00 Deferred Hospital Lease Rent	224,000
Total Other Current Liabilities	1,025,960
Total Current Liabilities	1,248,399
Long-Term Liabilities	
2128.01 Deferred Capital Lease	-28,000
2129.00 Other Third Party Reimbursement - Calaveras County	498,594
2130.00 Deferred Inflows of Resources	230,362
2210.00 USDA Loan - VS Clinic	6,658,255
2240.00 Lease Payable - Long Term	286,659
Total Long-Term Liabilities	7,645,870
Total Liabilities	8,894,269
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-2,062,209
Net Income	338,189
Total Equity	18,644,767
TOTAL LIABILITIES AND EQUITY	27,539,036

**Investment & Reserves Report
31-Jan-25**

Reserve Funds	Minimum Target	6/30/2024 Balance	2023/2024 Allocated	2024/2025 Interest	1/31/2025 Balance
Valley Springs HWC - Operational Reserve	2,200,000	1,327,897	0	41,963	1,369,860
Capital Improvement	3,000,000	2,662,840	0	78,750	2,741,590
Technology Reserve	250,000	271,490		8,029	279,519
Lease, Contract, & Utilities Reserve	1,700,000	1,802,444		53,305	1,855,749
Community Programs Reserve	250,000	104,619		3,094	107,713
Lease Termination Reserve	3,250,000	513,668		15,191	528,859
Loan Reserve	2,000,000	2,200,741	0	65,084	2,265,825
Reserves & Contingencies	12,650,000	8,883,699	0	265,415	9,149,114

Reserves	2024-2025	
	1/31/2025	Interest Earned
Valley Springs HWC - Operational Reserve	33,296	1,005
Total Cal-Trust Reserve Funds	33,296	1,005

Valley Springs HWC - Operational Reserve	2,338,703	41,963
Lease & Contract Reserve	1,855,749	53,305
Loan Reserve	2,265,825	65,084
Capital Improvement	2,741,590	78,750
Technology Reserve Fund	279,519	8,029
Community Programs Reserve	107,713	3,094
Lease Termination reserve	528,859	15,191
Total CA-CLASS Reserve Funds	10,117,956	265,415

	CA CLASS	Interest Rate
Prime	3,406,285	4.42%
Enhanced	6,711,671	4.43%
Total	10,117,956	

Five Star		
General Operating - NEW	640,271	286
Money Market Account	308,068	15,080
Valley Springs - Checking	164,673	54
Valley Springs - Payroll	196,699	61
Total Five Star	1,309,711	15,480

Umpqua Bank		
Checking	101,392	0
Money Market Account	6,446	0.38
Investments	0	0
Total Savings & CD's	107,838	0.38

Bank of Stockton	93,617	32
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Total in interest earning accounts	11,662,419	281,934
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Beta Dividends 1	1,759
Anthem Rebate	

Total Without Unrealized Loss	283,692
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Board Meetings: Location, Time, Date, and Quorum:

6.1 PUBLIC MEETINGS. Meetings of the Board of Directors, whether regular, special, or adjourned, shall be open to the public, except as otherwise permitted by law. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 *et seq.*), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

The regular meetings of the District Board shall be held on the fourth Wednesday of each calendar month. The Board of Directors may, from time to time, change the time or day of the month of such regular meetings as required by holiday schedules or changing circumstances.

6.2 SPECIAL MEETINGS. Special meetings of the Board of Directors may be called as provided by law by the President of the Board, or by three (3) members of the District Board, as the occasion demands. Notice of the holding of any special meeting shall be delivered to each member of the Board of Directors not less than twenty-four (24) hours before the meeting.

The call and notice of a special meeting shall specify the time and place of the special meeting, and the business to be transacted. No other business shall be considered at such meetings by the District Board. Written notice may be dispensed to any member who at or prior to the time the meeting convenes files a written waiver of notice, with the Secretary of the Board.

6.3 QUORUM. A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business.

6.4 ADJOURNMENT. The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the ~~Executive Director~~ Chief Executive Officer may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in these Policies for special meetings, unless such notice, is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four (24) hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified by these Policies for regular meetings.

Attendance at Meetings:

Members of the Board of Directors are expected to and shall attend all regular and special meetings of the Board unless there is good cause for absence.

To be counted as present for any meeting, Board Members must be present for the duration of the meeting.

Good cause for absence, including late arrivals or early departures, includes temporary illness or other unavoidable circumstances of which the President of the Board is notified prior to the meeting. Good cause also includes Board authorized meeting absences such as attendance at a conference directly related to the functions and interests of the District or at the meeting of another public agency in order to participate in an official capacity.

A Board Member who will be absent for good cause may notify the President by electronic transmission (email), telephone communication, or letter. The President shall notify the Chief Executive Officer and the Board of all absences that are excused for good cause. The minutes shall indicate whether an absence was excused. If any Director chooses to challenge the President's good cause determination, they may request a vote of the Board.

A vacancy shall occur if a Board Member is absent from three (3) consecutive regular meetings without good cause, except as otherwise provided for by law or as authorized by the Board.

Board Meeting Agenda:

8.1 Agenda Preparation. The Chief Executive Officer in cooperation with the Board President, shall prepare an agenda for each regular and special meeting of the Board of Directors in accordance with the Brown Act. Any Director may contact the Chief Executive Officer and request an item to be placed on the agenda no later than 5:00 P.M. on the day that is 48 hours prior to the closing of the agenda for the next meeting date.

8.2 Public Requests. Five Days prior to posting, any member of the public may request that a matter directly related to District business be placed on the agenda of a regularly scheduled meeting of the Board of Directors, subject to the following conditions:

8.2.1 The request must be in writing and be submitted to the Chief Executive Officer or other responsible managing employee] together with supporting documents and information, if any, at least seven business days prior to the date of the meeting.

8.2.2 The Chief Executive Officer shall advise the Board if the request is or is not a matter directly related to District business."

8.2.3 The Chief Executive Officer shall advise the Board of the Timing of when the item will be placed on the agenda.

8.2.4 The public member requesting the agenda item may appeal the President's decision at the next regular meeting of the Board of Directors. Any Director may request that the item be placed on the agenda of the Board's next regular meeting.

8.2.5 Issues which are legally and proper subject for consideration by the Board in closed session will be accepted under this policy.

8.2.6 The Board of Directors may place limitations on the total time to be devoted to a public request issue at any meeting and may limit the time allowed for any one person to speak on the issue at the meeting.

8.3 Agenda Descriptions. All Board agendas shall include an unambiguous description of each item on the agenda to be discussed, including closed session items. The ~~Executive Director~~ Chief Executive Officer shall ensure that the description gives notice to the public of the essential nature of business to be considered.

8.4 Agenda Posting. Agendas for regular meetings shall be posted 72 hours in advance of the meeting and agendas for special meetings shall be posted 24 hours in advance of the meeting. The posting must occur in a place that is freely accessible to the public and on the District's website. A touch screen electronic kiosk may take the place of the paper posting. ~~On or before January 1, 2019,~~ the internet posting shall occur on the District's primary website homepage through a prominent, direct link to the current agenda. The agenda shall also be accessible in an open format ~~by that date.~~

8.5 Agenda Packages. When distributing agenda packages and other materials to members of the Board of Directors, those materials should be provided to all members at the same time. Agenda packages, except for closed session materials, should also be made available to the public once distributed to the Board.

8.6 Public Comment.

9.6.1 For regular meetings the Board shall provide the public with an opportunity to address not only any item on the agenda but any item within the subject matter jurisdiction of the District.

9.6.2 For special meetings, the Board shall provide the public with an opportunity to address any item on the agenda.

9.6.3 The Board may not prohibit public criticism, but shall control the order of the proceedings, including placing reasonable time limits on public comment.

9.6.4 The Board may not require members of the public to give names or sign a register as a condition of attendance or speaking.

8.7 Closed Sessions. The Board may conduct a closed session during a noticed meeting for certain matters, as identified on the agenda, where it is necessary to conduct business in private. Major reasons for permissible closed sessions, as authorized by the Brown Act, include real property transactions, labor negotiations, and pending litigation. The Board shall allow public comment on any closed session item before going into closed session.

8.8 Items Not On The Agenda. The Board shall not discuss or take action on any item that does not appear on the posted agenda except that the Board may act on items not on the agenda to address emergency situations, subsequent need items, and hold-over items from a continued previous meeting held within the prior five days. The Board may also respond to public comments and make announcements.

8.9 Topics for Discussion at Board Meetings. Pursuant to the Brown Act, no action or discussion shall be taken on any item not appearing on the posted agenda, except as provided by law.

Conduct of Meetings:

The President of the Board of Directors shall preside at all Board meetings at which he or she is present. The President shall have the same rights as other Board members in voting or seconding motions and resolutions and participating in discussions. The Board's meetings shall be conducted in accordance with *Robert's Rules of Order*, to the extent consistent with the Brown Act and these Policies.

In the event the Board President shall be unable to act please refer to MTHCD *Policy No. 4. Officers of the District.*

Minutes, Resolutions and Closed Session Minutes:

The Secretary shall cause to be kept at the principal office of the District and post on the District web page, a record of all meetings of the Board of Directors, showing the time and place, whether regular or special and if special, how authorized, the notice given, the names of the Directors present, and a statement of the vote of the Directors on all motions and resolutions.

Pursuant to the Brown Act, the District Board may designate a clerk or other officer or employee of the District who shall attend each closed session of the District Board and keep a record of topics discussed and decisions made at the meeting. Any record made pursuant to this Policy is not a public record subject to inspection and shall be kept confidential. The record shall be available only to members of the District Board, the CEO and General Counsel or to a court of general jurisdiction wherein the District is located, if a violation of the Brown Act is alleged to have occurred at a closed session. Such a record may, but need not, consist of a written record of the closed session.

All resolutions and ordinances adopted by the Board shall be numbered consecutively, starting new at the beginning of each year.

Membership In Associations:

16.1 MEMBERSHIP IN ASSOCIATIONS. The Board may authorize the payment of fees and dues to obtain membership in any local, state or national group or association organized and operated for the promotion of the public health and welfare or special district and public agency advocacy organizations.

Finance Committee Community Member:

PURPOSE:

The Board of Directors shall define the role and qualifications of a volunteer community member (delegate) to be appointed to participate as a voting member of the Finance Committee for the Mark Twain Health Care District.

POLICY:

Role: As a voting member of the Finance Committee the community member shall collaborate and assist the MTHCD Finance Committee and staff with financial evaluations and decisions. The community member will require approval by the Board of Directors.

Qualifications: The Finance Committee community member must be a Calaveras County resident. **It's desirable** he/she must have a minimum of a BA degree, Masters preferred, in business, finance or an accounting related field; no current or potential conflicts of interest; be available to attend regular monthly meetings, relevant closed session meetings and special Finance Committee meetings; be able to work cohesively with a team; be computer literate and have ~~extensive~~ experience with accounting programs such as excel spreadsheets, QuickBooks, etc.; have smartphone capability and good written and verbal communication skills. The applicant will be required to sign a Conflict of Interest agreement regarding all discussions held in closed sessions.

Recruitment: The District shall advertise for this position through social media, newspaper ads, MTHCD website and through hiring internet and media connections. Resumes and references will be required and checked by District staff. The top candidates will be interviewed in-person by the Finance Committee. The Finance Committee will then nominate an applicant and submit the nomination to the full District Board for approval and appointment.

Benefits: This is not a paid position. No benefits will be offered. Reimbursement for District work related expenses will follow the Board reimbursement policy. **The member will be entitled to any stipend the Board would get.**

Term Limit: ~~The community member will serve at the discretion of the Finance Committee after appointment by a majority vote of the Board of Directors.~~ This position will have a 3-year term with option for re-appointed to ~~second~~ **additional terms.**

Evaluation: The community member will be evaluated annually by the MTHCD Finance Committee Chair and Chief Executive Officer.

Removal of Appointee: The appointed community member will serve at the pleasure of the District Board and may be removed at any time with or without cause by majority vote of the District Board.

Policy No. 28 Finance Committee Community Member
To Board 30-day Review Jan 22, 2025 Approved _____
Date



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

Resolution 2025 – 02

**A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE MARK TWAIN HEALTH CARE DISTRICT**

Change in MTHCD Board Policies

WHEREAS: The Mark Twain Health Care District's policy is to utilize the resolution process to change policy, and to present proposed policy changes to the public at least 30 days prior to Board action: and

WHEREAS: The District has an *ad hoc* policy committee that is reviewing District policies, and:

WHEREAS: The *ad hoc* policy committee has reviewed policies No. 6, 7, 8, 10, 11, 16 & 28, recommended changes in those policies, and presented changes to the public at the January 22, 2025 Board of Directors Meeting;

NOW, THEREFORE, the Board of Directors of the Mark Twain Health Care District does order and resolve as follows:

RESOLVED: That policies 6,7,8,10,11,16 & 28 be amended as published in the January 22, 2025 Board of Directors meeting information packet. This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 26th day of February 2025, by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer

From: CalCo Giveback <calcogiveback@gmail.com>

Sent: Wednesday, February 5, 2025 11:27 AM

To: Peggy Stout <pstout@mthcd.org>

Subject: Re: Cal Co Giveback Pack

Good Morning Peggy -

I have attached the application.

Some history on CalCo Giveback Pack:

We were founded in 2021 with the idea to fundraise and donate to local organizations, sports programs and individuals in our community who are in need. Since being founded, we have raised over \$100,000. We support organizations such as AMA Youth Sports, Hospice of Amador & Calaveras, Douglas Flat Schoolhouse and Toys for Tots. We have also hosted fundraisers for personal families such as Courage for Connelly, Ballin for Berno and Grace Whited's Bucket List Fundraiser.

We have hosted 2 school supply drives, with the intent to do many more. In 2024, we adopted Giving Hope Cancer Kits & Calaveras Cancer Support Group into our program. We provide cancer kits to local cancer patients, grocery and gas gift cards and are in the process of setting up a Giving Hope Library in our local cancer center.

We are a 501(c)(3) non-profit located in Angels Camp.

I hope this all helps! If there is anything else.

I appreciate this opportunity!

Michelle



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

**Policy# 23 – Attachment # 1
GOLDEN HEALTH COMMUNITY GRANTS APPLICATION**

Name of Group or Individual: CalCo Giveback Pack

Address: PO Box 862 Altaville, CA 95221

Provide your 501 (c) 3 Number: 87-3794525

Contact Person: Michelle Perkins

Telephone Number: 209-743-7309 Fax Number: _____

Email Address: calcogiveback@gmail.com Website: www.calcogivebackpack.com

Description of Project, Including Purpose, Date and Target Population: See Attached

Amount Requested: Any amount is appreciated Total Cost of Project: _____

Please Submit Project Budget: Other Sources of Funding: Donations from the community

Please describe how this grant will impact the health of the community within the scope of the MTHCD Health Priorities: See Attached

Please send your completed application to: MTHCD Golden Health Community Grants, P O Box 95, San Andreas, CA 95249 or email to pstout@methcd.org

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____

Description of Project:

CalCo Giveback Pack strives to help the community is anyway possible. For 2025, I have a goal to make our existing program, Giving Hope Cancer Kits bigger and more available to our entire community, as well as expand our 3rd annual school supply drive to reach more students.

In 2024, we took over Giving Hope Cancer Kits, which was founded by Chris O'Connor, after she lost her battle to cancer. Chris founded Giving Hope in 2021, and created kits to supply cancer patients in our county to help make their journey a bit more comfortable. When CalCo Giveback Pack took over, we streamlined the kits a bit, but kept the essence of them the same. At this time, each kit is worth over \$250.00. They supply patients with necessary items such as Pedialyte, vomit bags, Imodium AD, port pillows and more. We also include comfort items like a fleece blanket, beanie, coloring and puzzle books and gift cards for groceries and fuel. Our organization fully relies on the donations of the community, either via monetary donations or amazon wish list purchases. Since May of 2024, we supplied 12 kits to patients. We know there are many more cancer patients out there that could use glimmer of hope and comfort in their cancer journey, and we would love to reach more individuals.

2025 marks our 3rd annual school supply drive. In the years past, we have partnered with and will continue to partner with CJ Stevens of We Paint Stuff. Again, the community's involvement determines the number of backpacks and supplies we are able to donate to each of the 13 public schools in Calaveras County. In 2024, we donated 145 full backpacks and a bin of loose supplies to each school. This year, we would like to go bigger. CalCo Giveback Pack has a vision to create a "Back to School Festival" for all children in Calaveras County. At this festival, kids would be able to pick up a filled backpack, get a free hair trim & lice check, receive a hearing & vision test and their parents would be able to connect with local organizations and learn about resources offered in our county. I have recently reached out to JanSport and Mead requesting donation of backpacks and notebooks, and plan to reach out to other local businesses for sponsorships of this event. I would like to see an event that truly encompasses the generosity of our community and provide help to those students who are disadvantaged.

How it will impact the health of the community:

Our goal is to give hope. To give hope to newly diagnosed patients who have had their lives turned upside down by a cancer diagnosis. To connect them to other cancer patients in our county via the Cancer Support Meetings hosted monthly. To provide items they may not have known they would need, nor knew would provide comfort during a hard time. To give hope to a disadvantaged student who may have felt less than superior to others because they didn't have the correct items needed to help them in their education. To give hope to parents who didn't know what resources our county offers to those struggling, in any way. Our goal is to help Calaveras County. To make it know we are here to provide sponsorships to youth sports, community organizations and individual families in need.

100

\$992.00

October 2024

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
#6 Lance & Vicki 12	#1 Melanie Davis Sharon Dr. Mossman Monique Dr. Smart 5	#2 Dr. Mossman Monique Dr. Bader 6	#3 Dr. Bader 9	#4 Dr. Mossman Vicky 8	#5 Melanie Davis Tayle Morehouse Sharon Dr. Bader 30
#7 Peggy 7	#8 Tonia 8	#9 Dr. Mossman 9	#10 Dr. Bader 20	#11 Dr. Bader 11	#12 Dr. Mossman 12
#13 Tonia 13	#14 Dr. Bader Lance & 28	#15 Peggy Dr. Smart 30	#16 Dr. Bader 16	#17 Dr. Bader 17	#18 Melanie Davis Sharon 38
#19 Steve Patricia Dr. Bader 60	#20 Peggy Vicky 44	#21 Dr. Mossman 21	#22 Dr. Mossman Dabbi S. 46	#23 Dr. Mossman Dabbi S. 46	#24 Sharon 24
#25 Peggy 27	#26 Peggy Traci T Dr. Smart 87	#27 Dr. Mossman 27	#28 Dr. Mossman 28	#29 Keri Parula TAM NGUYEN TAM NGUYEN Dr. Bader 93	#30 Mary Debbie S. TAM NGUYEN Dr. Bader 120

FILL THE CALENDAR !!

for the
Children's Advocacy Center

FILL THE CALENDAR 1X = \$496!!

GOAL: FILL THE CALENDAR 2X = \$992

This year we get a MATCH for EVERY dollar raised!!

← Venmo
of CASH

Sharon Pearson
@Sharonpearson



venmo

Scan this code to pay

November 2024

\$1,044.00

3 Daylight Saving Time ends 30828 TIM Steve Lana 9	4 30837 Rachall Steve Lana 12	5 Election Day (US) 31036 Kathie Steve Melanie 15	6 31185 Tim Steve 12	7 31264 Rachall Mary 14	8 31452 Mary Tim 18	9 31640 Michelle Mary Rachall Lana 4	10 31839 Rachall SMART 50	11 31930 Kathie Tonia 22	12 31985 Tim Tonia 24	13 32184 Rachall Tonia 26	14 32346 Kathie Tayla 28	15 32544 Tim Michelle Melanie 45	16 32743 Rachall Kathie 32	17 32844 Kathie Dr. Tapia 34	18 32943 Tim Susan 36	19 33142 Rachall Dr. Tapia 38	20 33341 Kathie SMART Shelley 40	21 33540 Tim Dr. Tapia 42	22 33739 Rachall Susan 44	23 33938 Solom Kathie 46	24 34137 Tim Dr. Tapia 48	25 34336 Rachall Sharon SANTA 50	26 34535 Kathie Dr. Tapia 52	27 34734 Tim Dr. Tapia 54	28 34933 Rachall Dr. Tapia 56	29 35132 Kathie Solom 58	30 35331 Tim SMART Dr. Tapia 60
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Sharon Pearson
@Sharonpearson





← Venmo of CASH \$



FILL THE CALENDAR !!

for the 

Children's Advocacy Center

FILL THE CALENDAR 1X = \$496!!

From: Sharon Pearson <sharon.p@vshwc.org>
Sent: Tuesday, December 3, 2024 2:13 PM
To: Peggy Stout <pstout@mthcd.org>
Subject: CAC

Hi Peggy,

See attached copies of our "Fill the Calendar" fundraiser for the Children's Advocacy Center.

We raised \$992.00 in October and \$1,044.00 in November.

For a grand total of \$ \$2,036.00!

With the generous pledge from the District to match dollar for dollar.

That is a total donation of \$ 4,072.00!!

Let me know if you need anything else to support the writing of the check for the match.

Thanks!
Sharon

Sharon Pearson
Business Office Manager
Billing Specialist
Valley Springs Health and Wellness Center
209-772-7070 ext. 2
sharon.p@vshwc.org

Save the Date!

First 5 Calaveras

SPRING Professional Development EVENT

April

Friday

18

2025

8:30 AM - 4:00 PM

Ironstone Vineyards, Murphys

Featured Speakers:

Sally Arnold &

Denise Marler (Combs)

