



Mark Twain Health Care District

MINUTES Regular Meeting of the Board of Directors

Mark Twain HealthCare District

Wednesday, August 28, 2013
7:30 a.m. Classroom 2
768 Mountain Ranch Road
San Andreas, California

1. Call to Order and Roll Call

Per Roll Call the following Mark Twain HealthCare District Members were present:

Lin Reed
Robert Campana
Peter Oliver, MD
Randy Smart, M.D.
Ken McInturf

Determining that a quorum was present, at 7:32 a.m. President Reed called the Mark Twain HealthCare District monthly meeting to order.

2. Approval of Agenda

The Agenda of the August 28, 2013 meeting of the Mark Twain HealthCare District Board was approved.

3. Public Comment

None

Consent Calendar

A motion is made by Dr. Smart and seconded by Mr. Campana to approve the Consent Calendar of the Mark Twain HealthCare District dated August 28, 2013, with the consent of the Mark Twain HealthCare District.

Approval of the July 31, 2013 Minutes

Dr. Smart made a motion to approve the Minutes of July 31, 2013; the motion was seconded by Mr. Campana.

UNFINISHED BUSINESS

1. Telehealth Review and Update

Dr. Smart introduced Dr. Tim Roxburgh, Director of Mercy Health, Telehealth Network, Sacramento. Dr. Roxburgh spoke enthusiastically about the Telehealth program and the main goals that he hopes to achieve through collaboration with nurses, physicians and patients. The implementation process will include a series of tasks that will need to be achieved by a target date of November 1, 2013. The desired space for the robot is Suite 105. The estimated cost for necessary improvements to the medical office is \$70,000. Improvements are underway. Dr. Smart will continue to provide monthly report of the progress of the program.

Public Comment

None

2. Comparative Administrative Cost, Reserve/Investment for Comparable Health Districts

Mr. Doss will provide an updated report on September 25, 2013.

Public Comment

None

NEW BUSINESS

3. ACO in Calaveras?

Mr. Doss reviewed the materials included in the Board Agenda (Page 7, Attachment A) regarding Accountable Care Organization (AOC) as described in the *Affordable Care Act*. The Board approved hosting a presentation of AOC to physicians at the July meeting. To date, Mr. Doss has been in contact with Lynn Barr from NRACO. The Board would like to conduct an in-depth discussion about the ACO and the impact it could have locally (Attachment H). The District will organize and host the meeting. Mrs. Hill will contact Camps for availability.

Public Comment

None

4. Presentation by Marketing & Business Development MTMC

Nicki Stevens reported:

- *The Annual Health Fair* is scheduled for September 28, 2012 at MTMC from 7:00 a.m.-noon.
- *Pink in the Night* will hold the annual lighting ceremony on October 1, 2013 at the Terrace Shopping Center in Valley Springs. Businesses will be able to order pink light bulbs from the hospital to place in their businesses and keep lit for all of October in honor of Breast Cancer Awareness month. Last years event cost approximately \$7,500, and it is anticipated that the cost will be slightly higher this year. This year's committee members are Denise Meyer, Deb Peterson and Teresa Boyce. Mrs. Reed and Dr. Oliver thanked Mrs. Stevens for her hard work on this event and also thanked Mr. Marks for his support of Mrs. Stevens and her Team.
- A *Community Needs Assessment* is a State and Federal mandate to be conducted every three years, at an estimated cost of \$48,000 (Attachment L). In previous years, the Board and community have requested to be involved in future studies. Mrs. Stevens proposed that the District split the cost of the study with the MTMC, and work in a collaborative effort to involve the community, District, Health Department and the Hospital. Mr. Marks recommended that the data be specific to Calaveras County, and not include the data of Tuolumne and Amador County as in previous years. Data collection and reporting should meet Calaveras Counties specific needs.

The Board requested that Mrs. Stevens obtain a quote for data specific to Calaveras County and present it to the Board.

ACTION:

Dr. Oliver made a motion to approve collaboration with MTMC and Dignity Health for the purpose of requesting a Community Needs Assessment Study quote; it was seconded by Mr. Campana, and approved by a vote of 5 in favor, 0 opposed.

Public Comment

None

5. MTHCD Executive Director Report

Daymon Doss reported:

- Prop 1A Securitization Entities (page 22, Attachment C) – Calaveras County borrowed \$86,115 from the MTHCD at a 5% interest rate. The repayment amount to MTHCD is \$91,840. Mr. Krieg will contact the county regarding a timeline of the return.

Strategic Plan 2012 Review (Attachment M) – The MTHCD held a Strategic Planning Session in July, 2012. During the session five goals were identified and twenty objectives were listed. Mr. Doss proposed that a planning session be conducted every 12-18 months rather than the traditional 3-5 years. The Board will continue to identify specific needs of the community, including additional Community Education. Dr. Oliver suggested that a Scorecard be created to track goals that are outlined in the Plan. Mr. Doss agreed to create one and send it to the Board Members for review and feedback.

- Dr. Oliver reported that he is anticipating letters from the Office of Registers confirming student enrollment of the iPad Scholarship recipients.

Public Comment

Mrs. Crane inquired about the previously discussed transportation program. Mr. Doss stated that there was no further progress.

6. Presidents Report

Mrs. Reed reported:

- Hospice of Amador & Calaveras Report (pg. 23, Attachment D) – Mrs. Reed reviewed the report and noted that 21 patients have been served through the donation from the MTHCD. A quote from Mr. Reardon, Director of Amador Hospice, was shared, “Your generosity has made a big difference”.
- Letter to MTMC Board (pg. 24, Attachment E) – Mrs. Reed briefly reviewed the letter attached. No action was taken.

Public Comment

Mrs. Crane thanked the volunteers for their help with the Hospice patients.

7. Lease Review Adhoc Committee Update

Dr. Oliver reported there have been no meetings recently. The next meeting is scheduled for September 11, 2013. Members of MTMC and Dignity Health will be in attendance to discuss the Lease Amendment.

Public Comment

None

8. Monthly Financial Report

Mr. McInturf reviewed the Narrative included in the Board Agenda materials (pg. 25, Attachment F).

ACTION:

A motion by Mr. McInturf and seconded by Mr. Campana to accept the Financial Report for July, 2013 was approved.

9. Fixed Income Investment Portfolio

Mr. Doss stated that he and Mr. McInturf are reviewing the CDAR account funds in the amount of \$1.7 million, and the best way to reinvest the funds. A presentation for Tom Kennedy of Umpqua Bank, Wealth Management Division will be scheduled for November.

10. Real Estate Update

Mr. Doss reported:

- Angels Camp project:
 - 1) Sewer issues with the property have been presented to Mr. Doss and Mr. Cornish by the City of Angels. They will continue to have discussions with the City regarding this issue and will provide an update to the Board in September.
 - 2) A Miners Ditch, 1 ½' X 5' was assessed by a consultant to confirm cultural resource and authorized to continue project.
 - 3) The Geo-Tech and Air Quality study is completed.
 - 4) A traffic study of the in and out of Dog Town Road is underway.

It is anticipated that the project will go to the Planning Commission and the City Council in January or February 2014. The goal is to begin breaking ground once the rainy season has passed in 2014. The net amount of the project will be approximately \$350,000 including consultants and reports.

- Suite 105 – Mr. Doss is working with Mr. Cornish, Mr. Krieg and Mr. McInturf to blend suites 103, 104 and 105 into one clinic space. Variances on square footage and maintenance charges have been discussed. New doors are being installed in order to meet state code. September is the target date to present the Lease to the Board for approval.

- Emergency Waste System (Plug Ugly) – Mrs. Reed recused herself from the discussion and requested that Dr. Oliver chaired the discussion. Mr. Doss stated that in 1960 the MTHCD entered into an agreement with the County for the emergency use of water. The county has recently replaced a failed pump and the system is in good working order. The MTHCD pays a monthly electric bill for use of the system.(This is informational only and did not require action)

Public Comment

Mrs. Crane inquired about the possibility of a sidewalk linking the San Andreas Senior Center to the MTMC.

11. MTMC Board Report

Mr. Campana reviewed highlights of the monthly CEO Monthly Report (Attachment N).

Public Comment

None

There being no further business the meeting of the Mark Twain HealthCare District was adjourned at 9:54 a.m.

Lin Reed, President

Peter Oliver, M.D., Secretary



Mark Twain Medical Center Expands Upon Advanced Technology for ICU Patients

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September 16, 2013

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The Mercy Telehealth Network's telestroke service uses InTouch Health wireless remote robots to connect patients to neurologists and intensivists from the Mercy Neurological Institute in Sacramento. This technology is the only FDA approved telehealth technology available. Stroke specialists at the hub "control centers" remotely control the wireless, mobile robots located at 12 Northern and Central California hospitals in the network, which enable them to examine and talk directly to patients, consult with on-site physicians, assist and help direct therapy and interact directly with the family. This new robot Technology – is exclusively at Mark Twain Medical Center. The Mercy Telehealth Network hubs are located at Mercy General Hospital in Sacramento and Mercy San Juan Medical Center in Carmichael.

"With the support of Dignity Health and the Elliott Family Foundation, we began this journey about two years ago with the planning and implementation in our Emergency Room for a Telestroke program," said Randy Smart, MD, Medical Director of the intensive care unit at Mark Twain Medical Center. "Both our Emergency Room and ICU patients will now have immediate access and great care from Mercy neurologists and intensivists during critical times, right here at Mark Twain Medical Center."

The robot is five-feet-six-inches tall and has a flat-screen computer monitor "face", on which patients and family members can see and interact with the physician in real time. A zoom-lens camera and microphone on top of the screen enables the physician to see and hear patients during examinations, read patient charts, see test results and view images.

"This partnership demonstrates the commitment from MTMC to our community that we are continuing to enhance and develop our existing services to meet the health care needs of our community," stated hospital president Craig Marks. "Providing quality care, right here and right now, is our priority at MTMC."

The Mercy Telehealth Network benefits patients by connecting them to highly trained specialists who might not be available in their home town hospitals and allows patients to be treated in their own communities, close to home.

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Mark Twain Medical Center Expands Technology for ICU Patients
MTMC Uses Robots to Connect Mercy Specialist Physicians to Patients in ICU

SAN ANDREAS, CA, September 16, 2013 – With the support of Mercy Telehealth Network, Critical Care Intensivists are now able to be at Mark Twain Medical Center (MTMC) Intensive Care bedsides (virtually) within minutes, with the ability to support time-sensitive decisions. Additionally, this system provides MTMC physicians with the input and support from specialists to allow the patients to remain in their hospital and community. Available 24/7, this will be a collaborative program between the staff at MTMC and intensivists (*a physician who specializes in the care and treatment of patients in intensive care*) from The Dignity Health Mercy Telehealth Network.

The Mercy Telehealth Network connects Mercy neurology specialists in Sacramento with physicians and patients at Mark Twain Medical Center via high-speed data lines to quickly evaluate diagnose and treat patients in our ICU department with hyper-acute strokes, pulmonary disease, and neuro deficits.

“Each day, ICU patients meet with our care team which includes Physical Therapy, Pharmacy, Nursing, Hospitalists, and the ICU Medical Director,” commented Joarne Jeffords, MTMC Chief Nursing Officer. “The robot is then activated and the team begins to consult and make recommendations for care, with the intensivists providing expert input. Our robot is utilized daily with all of our ICU patients; we have made this a daily practice by implementing technology that provides a broader range of care for patients in our community. MTMC is providing high-tech, high-touch care every day. Unlike any other rural community hospital, our robot provides this technology in our ICU as a part of our standard daily care program including responding to emergencies for stroke patients”

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Mark Twain Medical Center

Mark Twain Medical Center Expands Upon Advanced Technology for ICU Patients
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“Currently, we are also in the process of expanding TeleHealth into our Family Medical Centers with the support of Dignity Health and the Mark Twain Health Care District,” remarked Dr. Curtis Allen, Mark Twain Medical Center Family Medical Center Administrative Director. “This advanced technology will provide patients needing specialty care with continued excellent medical attention via the robot, right here in Calaveras County, and they will not have to travel for their appointments to the valley.”

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About Dignity Health

Dignity Health, one of the nation's five largest health care systems, is a 21-state network of nearly 11,000 physicians, 56,000 employees, and more than 300 care centers, including hospitals, urgent and occupational care, imaging centers, home health, and primary care clinics. Headquartered in San Francisco, Dignity Health is dedicated to providing compassionate, high-quality and affordable patient-centered care with special attention to the poor and underserved. In 2012, Dignity Health provided \$1.6 billion in charitable care and services. For more information, please visit our website at www.dignityhealth.org. You can also follow us on [Twitter](#) and [Facebook](#).

About Mark Twain Medical Center

Founded in 1951, Mark Twain Medical Center is a 25-bed critical access hospital providing inpatient acute care, outpatient services and emergency services. The Medical Center's Medical Staff represents a broad range of specialties that ensure access to high quality medical care in a rural community. In addition to being a major provider of health services, Mark Twain Medical Center is also a major source of jobs for area residents. On average, more than 300 people are employed at the hospital and its five Family Medical Centers. The Medical Center is a member of Dignity Health, the fifth largest not-for-profit healthcare system in the nation. For more information, please visit our website at www.marktwainmedicalcenter.org. Mark Twain Medical Center is also on Facebook.

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13-NR14

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MARK TWAIN MEDICAL CENTER ANNOUNCES 15TH ANNUAL FALL HEALTH FAIR

SAN ANDREAS, CA – September 6, 2013- Mark Twain Medical Center (MTMC) will be holding its 15th Annual Fall Health Fair on Saturday, September 28th from 7am to noon on the Hospital Campus in San Andreas.

“Providing affordable health care services is one way we serve our community,” said Craig Marks, Hospital President. “Our health fairs benefit individuals that are underserved or working towards maintaining a healthy lifestyle. Our providers and staff are here to share preventative care and health maintenance tips. Hosting our community health fairs allows us to express our gratitude to those that entrust us with their health care needs. This is a joint effort with many other entities working together, especially the Health Care District that helps fund this initiative, to ensure that Calaveras County residents can thrive in a healthy community.”

Over fifty community health related service groups will participate in this community- wide event. A wealth of information is available on topics such as senior health services, nutrition, fitness and diabetes. There are a variety of free health screenings – body fat, physical fitness levels, colon cancer, stress levels, and metabolic screenings. Low cost testing and services include Pneumonia Vaccinations (\$45), Blood Analysis (\$45), and Bone Density Screenings (\$10). Flu shots are free.

In addition to the five-panel blood analysis (this test consists of a chemistry panel, thyroid, complete blood count, lipid panel, iron for women, and PSA for men), the hospital will now also screen for vitamin D deficiencies.

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Dignity Health.

Mark Twain Medical Center

MTMC will also be sponsoring the Annual Fall Calaveras 5k Run / Walk for Cancer Awareness on the day of the Health Fair. The course is on Murray Creek Road in San Andreas. The fees for Pre-Registration by September 21 are; \$10 for children ages 6 to 12 and \$20 for ages 13+; with children under age 6 being free. All race proceeds will go to the Mark Twain Medical Center Foundation. For race information, call (209) 754-9670.

Another fundraiser during the Health Fair that is being offered by the hospital Emergency Room nurses. The semi-annual "Scrubs for Smiles" scrub sale benefits the Smile Train. Smile Train is an international nonprofit organization that provides funding for surgeries. "Your donations will have a positive impact on families and children with cleft palate," shared Nancy Leer, RN. "Each surgery costs two hundred and fifty dollars. With the Smile Train Benefits, lives are forever changed for the families and children with cleft palates throughout the world."

For more information about the Fall Health Fair, call 754-2564.

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13-NR13



NEWS RELEASE

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**CALAVERAS COUNTY RESIDENTS LIGHT UP IN PINK
FOR BREAST CANCER AWARENESS**

*Mark Twain Medical Center is once again promoting Pink in the Night in honor of
National Breast Cancer Awareness Month.*

SAN ANDREAS, CA – September 13, 2013– Mark Twain Medical Center (MTMC) will be promoting the importance of the fact that early detection of breast cancer, followed by prompt treatment, saves lives. The entire community is invited to participate in ‘Pink in the Night’ opening ceremony October 1st, in Valley Springs at the Terrace’s (Common Grounds) at 6:00pm. All those who currently have breast cancer, survivors and support providers will be able to light a candle in tribute to those who are currently battling breast cancer, in remembrance of those that bravely lost their battle, or ones that have survived the disease.

“This is the sixth year that the Mark Twain Health Care District has funded the Pink in The Night,” commented Mark Twain District Board Member, Dr. Peter Oliver. “On behalf of the board, we are gratefully committed to promoting this community wide breast cancer awareness event.”

The emphasis on creating Pink in The Night was to serve as a reminder to women that it is time to take charge of their own health. To remind women about the importance of an annual mammogram; to do a monthly self-exam; or see a physician for a regular check-up.

“One in eight women will develop breast cancer in their lifetimes,” according to Dr. Robert D’Acquisto, Medical Oncologist at Mark Twain Cancer Center. “Early detection through patient self examinations and mammography increases significantly the chance of cure. Almost everyone knows of somebody with this disease. Community awareness and involvement is critical to improving outcomes in women (and men) that might develop breast cancer.”

Through the ‘Every Women Counts’ program, women can obtain free cancer screening health care services such as cancer screening pap smears, breast screening exams, including digital mammography and diagnostic imaging reading from the radiologist. Women that are California residents can qualify to meet the income guidelines that pertain to those that do not have health insurance, or are underinsured with high deductibles and high co pays. Those women that may be unable to afford to cover these costs may be able to immediately qualify for free services through the ‘Every Women Counts Program.’ Any women desiring these services can call (209)754-2968 to make an appointment through the MTMC Family Medical Center in Arnold.

-more-

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13-NR13

The pink lights symbolize hope, and MTMC hopes Pink in The Night will a difference in someone's life. This event was originally started six years ago by Calaveras residents Amy Cullick, Peggy Lucas, Debbie Sellick and Suki Tutthill. In honor of National Breast cancer awareness month, the women all felt that October is a time to honor those living with breast cancer, their families, friends, and all those who provide them with love and support; and to everyone that has been touched by the disease.

Both the Health Care District and Hospital Foundation have actively supported women's health initiatives by raising money to support the Foundation's current Angels Camp Family Medical Center Campaign.

"The MTMC 2013 Pink in the Night event is expanding the scope of awareness for those who are undergoing treatment," continued Dr. Peter Oliver. "We welcome them to join those whom have survived breast cancer, their family members and our community members that would like to demonstrate their support."

Over the past five years the communities of Angels Camp, Arnold, Avery, Burson, Copperopolis, Mokelumne Hill, Mountain Ranch, Murphys, San Andreas, Valley Springs, Wallace, and West Point, have lit up with pink lights furnished by the Mark Twain Health Care District at their businesses. This year on the evening of October 1st all survivors and those currently battling breast cancer can light up their home with a sixty watt pink bulb funded by the Mark Twain Health Care District and will keep them lit during the entire month of October.

All Calaveras County Businesses are encouraged to 'Pink' their businesses. Pink string lights can be purchased on line from many companies that carry various lighting products. Mark Twain Family Medical Centers will have sixty watt light bulbs readily available for survivors and current breast cancer fighters to pick up at all five Family Medical Center locations and the Mark Twain Cancer Center.

For further information, please call Nicki Stevens, at (209)754-5919.

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Sponsored by

Mark Twain Health Care District

October Is National Breast Cancer Awareness Month

PINK IN THE NIGHT **Tuesday, October 1st**

Lighting Ceremony

6:00 PM

The Terrace Center
Valley Springs

**Breast Cancer Survivors and
Fighters - PINK up your home!**

Pick up your pink 60 watt porch lights at our Cancer Center in San Andreas, or at any of our five Family Medical Centers in Angels Camp, Arnold, Copperopolis, San Andreas and Valley Springs.



Dignity Health..
Mark Twain Medical Center

Please call 754-5919
for more information

MARK TWAIN MEDICAL CENTER
CANCER CENTER

Cordially Invites

*Cancer survivors and current
courageous fighters*

to our

PAMPER ME PINK EVENT

Please join us as we honor you
with a complementary pedicure, manicure,
head and neck massage, and appetizers

FRIDAY OCTOBER 4TH 10AM-2PM

700 MOUNTAIN RANCH ROAD SUITE B

SAN ANDREAS

Please RSVP to 754-9674
by September 22



Dignity Health.
Mark Twain Medical Center

ATTACHMENT B

Proposal to Conduct a Community Health Needs Assessment for

Mark Twain Medical Center

August 2013



Applied Survey Research

"Helping People Build Better Communities"

SAN JOSE OFFICE

991 West Hedding, Ste 102, San Jose, CA 95126
Phone: 408.247-8319 Fax: 408.260-7749

SANTA CRUZ OFFICE

P.O. Box 1927, Watsonville CA 95077
Phone: 831.728-1356 Fax: 831.728-3374
www.appliedsurveyresearch.org

Contact: Deanna Zachary

Director of Community Research and Communications
deanna@appliedsurveyresearch.org

Qualifications and Experience

Applied Survey Research (ASR) was delighted to conduct a Community Health Assessment in 2011 for Mark Twain St. Joseph's Hospital and would be honored to work with you again on an assessment for the Mark Twain Medical Center, as well as outreach to the community to share the data and get their perspectives on the most important issues in the region. ASR brings the following expertise:

The ASR Team is an Expert in Community Assessments. ASR won a first place award in 2007 for **having the best community assessment project in the country.** The award was given for our Santa Cruz County Community Assessment Project, which we started in 1994 and is now the second oldest assessment project in the nation. ASR's work on the Santa Cruz County project was also profiled in several books and publications about best practices in community indicator projects throughout the world including the *Encyclopedia of Quality of Life and Well-Being Research* (Fall 2013), the Government Accountability Office (GAO) (2011), *Applied Research in Quality of Life* (2010) and *Community Quality of Life Indicators, Best Practices III* (2007). ASR was also asked to participate in international forums in Turkey, France, South Korea and India to share our expertise in community assessment projects.

The ASR Team Has Completed Dozens of Community Health Needs Assessments (CHNA). Most recently, we completed CHNAs for El Camino Hospital in Silicon Valley, Lucile Packard Children's Hospital at Stanford, and four Kaiser Foundation Hospitals including those in Redwood City, South San Francisco, Santa Clara and San Jose. We also assisted several other hospitals with their CHNAs including St. Louise Regional Hospital in Gilroy, O'Connor Hospital in San Jose, and Stanford Hospital and Clinics. Previously, we completed CHNAs for a wide range of counties and regions including Santa Cruz, San Joaquin, Stanislaus, Santa Clara, Monterey, Pajaro Valley, Solano and Napa Counties in California, and four regions in Alaska. We have worked with dozens of hospitals to conduct their health assessments, and have helped many hospitals to create their community benefit plans, including prioritizing issues areas, creating implementation and work plans, creating community benefit requests for proposals, constructing community benefit templates for grantees, selecting priority indicators with grantees, creating grantee evaluation plans, and metrics.

The ASR Team Has Completed Dozens of Community Assessment Projects. Most recently, we completed community assessments focusing on the health of children ages 0-5 and their families for nine regions in Arizona, including many tribal regions. We also completed regional and/or county-wide community assessments for San Bernardino County, Anchorage Alaska, San Luis Obispo, the San Francisco Bay Area, Nevada County, and Marin County. Some of these assessments are also used by the local hospitals to fulfill their community health needs assessments, and others are used by a wide range of partners such as county agencies, cities, and non-profit organizations to improve quality of life in the region.

The ASR Team Has Experience with Vulnerable and Underserved Populations. ASR has a 32 year history of **working with vulnerable and underserved populations** such as young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and

child maltreatment, the homeless, and children and families with disabilities. Our Institutional Review Board (IRB) ensures that our research adheres to the highest standards of protection for human subjects. This experience helps to ensure that vulnerable populations are included in face-to-face surveys and our comprehensive assessments.

The ASR Team Helps Turn Data Into Action. ASR helps its partners to make data “come alive” so that **data are used by policy makers, the media, and the public.** ASR helps partners create policy briefs, inform legislation, and reach out to print, radio, and television media. For example, data from the Santa Cruz County Community Assessment Project acted as a catalyst for the creation of a new universal health program for children 0-18 in the county, for a coalition to decrease teen drug and alcohol abuse, and new efforts to decrease childhood obesity.

New Federal Requirements

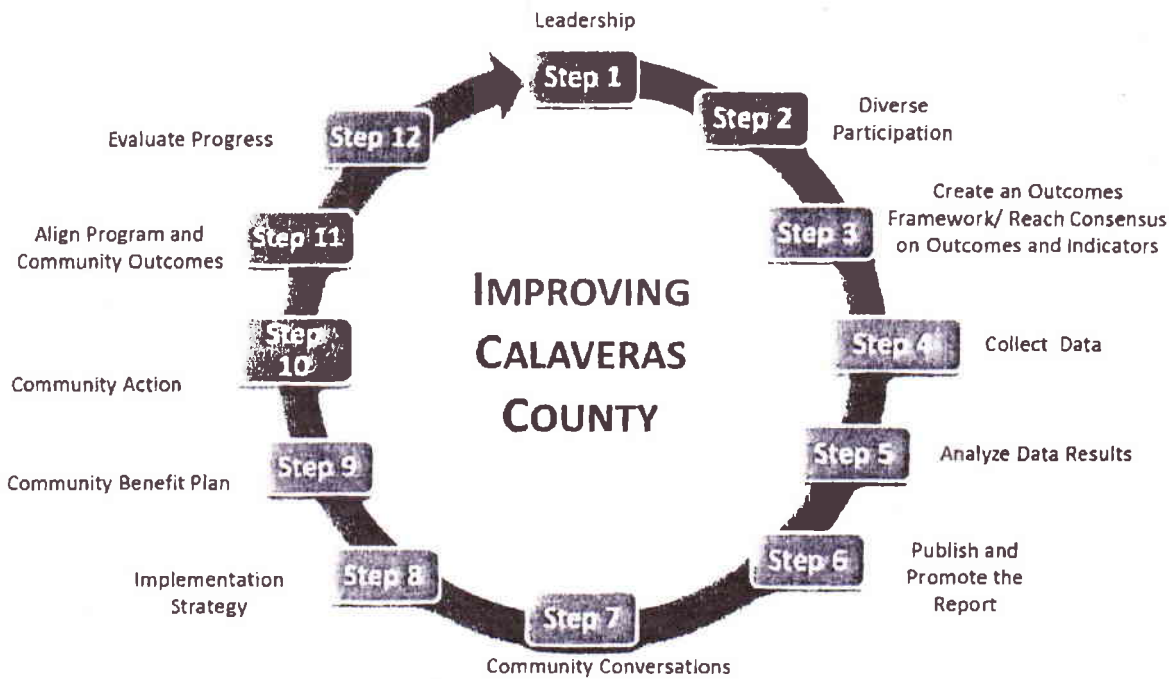
Enacted on March 23, 2010, federal requirements included in the Affordable Care Act (ACA) stipulate that hospital organizations under 501(c)(3) status must adhere to new regulations, one of which is conducting a community health needs assessment (CHNA) every three years.

ACA requires non-profit hospitals to:

- Conduct a needs assessment at least once every three years;
- Collect and take into account input from public health experts as well as community leaders and representatives of high need populations including: minority groups, low-income individuals, medically underserved populations and those with chronic conditions;
- Identify and prioritize community health needs;
- Document a separate CHNA for each individual hospital;
- Make the CHNA report widely available to the public;
- Adopt an Implementation Strategy to address identified health needs;
- Submit the Implementation Strategy with the annual Form 990;
- Pay a \$50,000 excise tax for failure to meet CHNA requirements for any taxable year.

Project Narrative

ASR can help with each of the requirements of the ACA, as desired by Mark Twain Medical Center. ASR has developed a twelve step community improvement cycle to help launch community health assessments and to sustain community action which emerges from the assessment project, as shown in the following visual. In order to complete a community health needs assessment, it is necessary to conduct steps 1-8, but ASR recommends conducting steps 9-12 as well, in order to promote community action to improve county outcomes.



Step 1: Leadership—ASR will work with Mark Twain Medical Center to oversee the project.

Step 2: Diverse participation—This step promotes widespread involvement in the assessment, including hospital staff, health care providers, the public health department, other county agencies, non-profit organizations, and residents, where applicable or desirable.

Step 3: Outcomes framework--ASR encourages groups to commit to a results framework known as Results Based Accountability, as developed by Mark Friedman. The framework starts with the results that the Mark Twain Medical Center wants to achieve and then works backwards to determine the appropriate means. Results could include such things as: babies are born healthy, and low-income families have access to quality health care. Step 3 also includes choosing and finalizing data indicators.

Step 4: Collect data--- This is the data collection phase where ASR staff collects primary and secondary data. ASR recommends including approximately 40 quality of life indicators. We would collect indicators with a focus on health insurance coverage, childhood obesity, teen pregnancy, senior health/mental health, and overall health status. But we also believe that it's critical to include some key social determinants of health such as indicators about the economy, basic needs, and education. Demographic data will also be included. ASR proposes to collect the most current year of data for each of the indicators and for the four previous years in order to develop a trend line. ASR will compare local county data with state and national data, where available or desirable.

ASR has already collected data for the prior 2011 report, and therefore would be collecting additional years of data for those same indicators. However, ASR understands that the public health department and other

county agencies have additional data that would be helpful to the assessment. Additional secondary data will be collected from a variety of sources, including but not limited to U.S. Census; federal, state, and local government agencies; health organizations; libraries; schools; online databases, and other Internet sources. ASR maintains an internally developed Secondary Data Collection Protocol Manual that includes more than 150 data sources for health, education, and quality of life indicators.

ASR also understands that the hospital might want to collect primary data from health care providers and hospital staff, in the form of focus groups. ASR would be delighted to conduct such focus groups, or alternatively, we could conduct one on one key informant telephone interviews with respondents or a telephone or internet based survey. More information about these methods is included following these twelve steps.

Step 5: Analyze data results—This step involves analysis of the results of the data collection efforts. ASR staff will analyze the findings, trends, challenges, and opportunities that are embedded in the primary and secondary data, including the surveys. We will synthesize the data into top findings.

Step 6: Publish and promote the report—This step is to publish the report and promote the findings for a wide audience so that the local community may be aware of the quality of life in the region. These data will help the hospital, providers, non-profit organizations and community agencies to help better support children, individuals, and families. ASR understands that we will create a comprehensive report of approximately 25-35 pages, and the report can be uploaded on your website, if desired.

Step 7: Community conversations—This step is to conduct community conversations with residents and stakeholders informing them about the data, asking for input about the data findings, and collectively developing a list of priority issue areas. If desired, ASR would help to facilitate a summit meeting in which we would present data in a PowerPoint presentation and help facilitate a discussion of the data and how to prioritize data findings based on community needs and assets. Stakeholders are asked to review the data and to prioritize the 3-5 most pressing needs in the county/communities.

Step 8: Implementation Strategy—This step would help the staff of the Mark Twain Medical Center to create an implementation strategy, which is a requirement of the federal government for a CHNA. We have helped several hospitals to prioritize issues areas in which to work, to create implementation plans, and present those plans to the hospital board for approval. We can also provide technical assistance on how to complete IRS schedule H (Form 990) detailing the implementation strategy.

Step 9: Community benefit plan—This step is to help to create a community benefit plan for the Medical Center. ASR can help to align the implementation strategy with the community benefit plan as well as creating a template for the Requests for Proposals for grantees, providing technical assistance to grantees to create program plans and evaluation plans, develop appropriate indicators to measure grantee progress, and provide advice on measurement tools to evaluate progress.

Step 10: Community action—This step is for Mark Twain Medical Center and stakeholders to create a community action agenda, if desired. If the hospital would like to do so, ASR would help to facilitate a community discussion of next steps and action plans. The goal is for participants to decide collectively what data matter the most, and begin to create action plans.

Step 11: Align hospital and community outcomes—This step is to work with Mark Twain Medical Center to align their local hospital goals with community outcomes so that both the medical center and the larger community can be working together to achieve better quality of life for residents. ASR would help map the medical center's internal program work and community benefit plans to larger community outcomes and vice versa.

Step 12: Evaluate progress-- is to regularly review the CHNA data, to update the report, and to support sustained work on the Mark Twain Medical Center program goals and community goals. ASR can help to evaluate community benefit grantee progress, if desirable. ASR encourages partners to commit to reviewing data trends over time, to see if they are turning the curve and making improvements on their outcomes, or if they need to re-tool and find new strategies. It's also important to continue to collect new data about issues of concern where there might not be existing reliable data. Finally, it's important for partners to develop new ways of working together to support the action plans and continuous evaluation of the work.

Primary Data Collection Methods

The following paragraphs describe more detail about how to collect primary data from local experts and residents. The federal requirements included in the Affordable Care Act (ACA) stipulate that hospital organizations under 501(c)(3) status must take into account input from public health experts as well as community leaders and representatives of high need populations including: minority groups, low-income individuals, medically underserved populations and those with chronic conditions. There are several methods to fulfill this federal requirement including focus groups, key informant interviews, telephone, face-to-face and on-line surveys, and a community summit meeting. In our budget to you, we have included key informant interviews and a community summit; however we have also provided a menu of some other tasks, with some approximate costs, should you chose to add additional steps.

We want to encourage you to consider conducting a telephone or face-to-face survey, because of the way data are collected for your county. A lot of health data about Calaveras County comes from the California Health Interview Survey (CHIS), but the data are not collected for Calaveras County alone, since it is such a small county. CHIS combines Calaveras County data with surrounding county data including Tuolumne, Amador, Inyo, Mariposa, Mono and Alpine counties. This means that the data represent the region, rather than the county by itself. In order to get more precise Calaveras County data for a wide sample of residents, one would need to conduct surveys within the county alone. We would be happy to discuss adding these primary data collection methods to the overall project, if you would be interested.

FOCUS GROUPS

ASR understand that Mark Twain Medical Center may want to conduct focus groups with staff, health care providers, and/or residents to get their input on needs and assets of the hospital and in the community. ASR has conducted hundreds of focus groups and most recently conducted 30 focus groups in San Mateo and Santa Clara Counties in order to complete Community Health Needs Assessments for ten hospitals. For those CHNAs, ASR staff conducted focus groups with staff from the public health department, medical

clinics and hospitals, non-profit organizations, city and county agencies, schools, shelters, youth groups, foundations, councils on aging, and religious organizations. Resident focus groups were with participants who were medically underserved, in poverty, socially or linguistically isolated, had chronic conditions, seniors, and parents with young children.

KEY INFORMANT INTERVIEWS

ASR suggests that the Medical Center might want to consider having ASR conduct key informant interviews with individuals who have very deep knowledge of local health needs and assets. Where focus groups are wonderful at obtaining broad participant knowledge, key informant interviews have the advantage of allowing deeper, more nuanced discussions. Furthermore, key informant interviews are often better for individuals who have very limited availability such that a key informant telephone interview is easier than attending a focus group. ASR has conducted thousands of key informant interviews, especially with senior hospital staff, health and dental providers, community leaders, and leaders of county agencies and non-profit organizations. For our recent CHNAs in San Mateo and Santa Clara counties, ASR conducted one hour telephone interviews with public health officers, community clinic managers, and clinicians who had countywide experience and expertise. Informants were asked to discuss in detail one of the areas of focus for the CHNA: health delivery, health access, socio-economic factors, health behaviors, environmental conditions, quality of life (morbidity), and mortality. ASR would suggest that we conduct key informant interviews with the president of Mark Twain Medical Center, senior hospital management staff and providers, and the public health director.

TELEPHONE SURVEYS

ASR suggests that the Medical Center consider conducting a telephone survey of local residents in order to get the most timely and pertinent data, the perceptions of residents, and to account for limitations of CHIS data for the county. It is difficult to get good quality secondary data about issues such as homelessness, elder abuse, family violence, immigrant health, and the needs of people with disabilities; a primary survey can explore those topics. We would suggest a random-digit dial (RDD) telephone survey of a representative sample of adult residents of Calaveras County (approximately 400 individuals) in both English and Spanish. RDD includes unlisted telephone numbers and cell phone numbers. As the number of cell phone-only households is increasing, this method increases the number and diversity of residents who are reached.

FACE TO FACE SURVEYS

ASR suggests that Mark Twain Medical Center consider a targeted face-to-face survey to reach diverse groups that are of particular interest such as teens, homeless individuals, low-income families, immigrants, and seniors. Targeted face-to-face surveys allow for special populations to be reached who might not otherwise be reached by a regional or national survey. ASR has had tremendous success with the implementation of in-depth qualitative face-to-face surveys. We have used the methodology successfully with Native American families in Arizona, youth in Santa Cruz County, Native Alaskans, the homeless, farmworkers in Washington State, and counties throughout California. It is our experience that face-to-face interviewing garners valuable data from marginalized residents. We train volunteers and staff to conduct

interviews in front of area stores, laundromats, and other public places. Surveys can also be administered to targeted groups from different agencies.

ON-LINE SURVEYS

Another excellent method of gathering primary data, especially from staff of community organizations, or providers is to use an on-line survey. One benefit of this method is that it is less expensive than telephone surveys, and individuals can do it at their convenience. Further, a gift incentive such as an I-pad can be used in order to encourage more individuals to complete the survey. Recently we conducted 700 on-line surveys with leaders of community organizations in Pasadena California asking them about their perceptions of the needs of city residents, and their organization's relationships with staff of the City of Pasadena.

COMMUNITY SUMMIT MEETING

Typically ASR will conduct a community summit meeting in each community after the data are collected. The goal of the summit is to present the data, usually by a PowerPoint presentation, and then invite attendees to discuss their reactions to the data, their thoughts about the story behind the data, and their ideas of what areas to focus on for improvement. Just recently, we conducted a summit meeting in San Bernardino County for approximately 500 community leaders. Subsequently, we are conducting five regional meetings to share data at a local level and get input from residents. This step helps communities to prioritize issues of concern, such as diabetes, obesity, or drunk driving, and to discuss current interventions focused on these issues, and how to strengthen or develop new interventions to improve outcomes. A summit meeting also fulfills the federal requirement for community input to prioritize health needs.

Organizational Capacity - Staffing and Resources

ASR is a nonprofit social research firm dedicated to conducting and using community-based research to help people build better communities. For 32 years, ASR has been providing services including needs assessments, community and health assessments, strategic planning, program development, evaluation, data dissemination and recommendations for program improvement or strategic re-alignment. Our studies have been concentrated in working with diverse and vulnerable populations in key areas such as child care, education, domestic violence, community quality of life, child welfare services, homelessness, and health care. ASR is committed to conducting culturally competent research that includes not only differences in race, ethnicity, and language, but also economic differences, age, sexual orientation, immigration status, geography and a myriad of other differences that emerge within and between communities. In order to provide services that are culturally competent, ASR has hired staff who are bilingual and bicultural (6 staff with these capabilities in Spanish; additional staff who speak French, Thai, and Indonesian). We consider culture and language in every aspect of our assessments, in choosing outcomes and indicators, in the creation of survey instruments, in the translation of all materials, and in pilot testing our instruments to ensure they are culturally and linguistically appropriate to the populations served, so that the results show a high degree of discriminant validity and internal consistency amongst the target population.

ASR's Administrative Structure. ASR has three offices, one in Watsonville, one in San Jose, and one in Claremont California with a combined staff of 28. **The core management team** for this project will include Susan Brutschy, Deanna Zachary, Abigail Stevens, and Javier Salcedo.

Susan Brutschy, President: Susan Brutschy is the co-founder and President of Applied Survey Research. She is an experienced sociologist and has spearheaded the development and implementation of hundreds of social research projects over the course of her 32 year career. She has managed the annual Santa Cruz County Community Assessment Project, the Anchorage Alaska Community Assessment Project, and dozens more community and health assessments. She has recently published several articles in international journals about our community assessment projects.

Deanna Zachary, MA, Project Manager and Media Relations Manager: Since 2002, Ms. Zachary has coordinated evaluations, assessments and strategic planning processes. She was the project manager for the 2011 Calaveras County Community Needs Assessment. She has helped to conduct the Santa Cruz County Community Assessment Project for the last decade, as well as Community Assessments for San Bernardino, Stanislaus, San Joaquin, and San Luis Obispo counties, and several in Alaska. She is currently the project manager for a three year evaluation of First 5 San Benito County. She has written several articles about ASR's Community Assessment work including in the *Encyclopedia of Quality of Life and Well-Being Research* (Fall 2013), *Applied Research in Quality of Life* (2010) and *Community Quality of Life Indicators, Best Practices III* (2007). In 2009, she attended an Organization for Economic Co-Operation and Development (OECD) conference in South Korea where she hosted two panels about community assessment projects. She has a Master's degree in Political Science from the University of California, San Diego and a Bachelor's degree in Politics from the University of California, Santa Cruz.

Abigail Robideaux Stevens, MA, Director of Assessment and Evaluation Services: Ms. Stevens has worked on the Santa Cruz County Community Assessment Project for the last 13 years and is currently the project lead. She recently completed community assessment projects for San Bernardino County, San Luis Obispo County, Stanislaus County, and nine different regions in Arizona. Ms. Stevens led a redesign effort in 2009 to make the CAP report more user friendly, with easily understandable icons and new indicators and telephone survey questions. Ms. Stevens has performed state and federal project management, community and health assessment projects, survey design, primary and secondary data collection, and data management. She received her Masters of Arts in Counselor Education from San Jose State University. She received her Bachelor of Arts in Psychology from Whittier College.

Javier Salcedo, MS, Statistical Analyst: Mr. Salcedo has 27 years of experience establishing research methods and designing studies involving all facets of research. For the last eight years, he has overseen all of ASR's work on the community assessment projects and community health assessments. Mr. Salcedo has taught Psychometry (the study of psychological measurement tools), Edumetry (the study of educational measurement tools such as the GRE), statistics, methodology, experimental design, multivariate analysis, SPSS software, consumer behavior, marketing, and marketing research at five national universities in Colombia. He has a Bachelor's Degree in Psychology and a Master's Degree in Marketing from Los Andes University in Bogotá, Colombia, and certificates in Marketing, Training and Human Resources

Development at the University of California, Santa Cruz Extension. He is bilingual and biliterate (English and Spanish).

Scope of Work, Timeline and Budget

The proposed scope of work is described below in terms of tasks, deliverables, and costs. ASR recommends including approximately 40 quality of life indicators. In addition to creating the CHNA, ASR recommends conducting some key informant interviews with experts in the medical field, having a community summit meeting to discuss data findings and prioritize issues of greatest concern, as well as helping the Mark Twain Medical Center to create an implementation plan, as required by the federal government. We would be delighted to also help conduct focus groups, surveys, and/or aid in the community benefit process with your grantees.

ASR recognizes that the proposed assessment design is tentative and will be finalized based on close collaboration with your team.

ATTACHMENT C

Calaveras List of Non-Participating Prop 1A Securitization Entities

Entity	Initial Loan Receivables	Interest Growth Increase	Net Loan Receivables
Countywide Total	679,998	45,206	725,204
Arnold Lighting District	459	31	490
Moke Hill Lighting District	681	45	726
Murphys Lighting District	4,066	270	4,336
San Andreas Lighting District	1,875	125	2,000
Valley Springs Lighting District	844	56	900
West Point Lighting District	168	11	179
CSA 9 Sunrise Point	140	9	149
CSA 8 Spring Hill	1,149	76	1,225
CSA 1 Rancho Calaveras	13,320	886	14,206
Central Calaveras Fire	14,224	946	15,170
Altaville Melones Fire	5,618	373	5,991
Jenny Lind Fire	15,429	1,026	16,455
Mokelumne Hill Fire	6,237	415	6,652
Murphys Fire	19,363	1,287	20,650
San Andreas Fire	17,704	1,177	18,881
Ebbetts Pass Fire	160,775	10,688	171,463
Altaville Cemetery	7,214	480	7,694
Copperopolis Cemetery	1,094	73	1,167
Mokelumne Hill Cemetery	986	66	1,052
Murphys Cemetery	4,167	277	4,444
Oil Road Flat Cemetery	198	13	211
San Andreas Cemetery	2,220	148	2,368
Vallecito Cemetery	991	66	1,057
West Point Cemetery	2,195	146	2,341
Calaveras Public Utility	9,298	618	9,916
Valley Springs Public Utility	9,726	647	10,373
Mokelumne Hill Sanitary	1,626	108	1,734
San Andreas Sanitary	4,977	331	5,308
Angels Veterans	9,609	639	10,248
Ebbetts Pass Veterans	5,379	358	5,737
Jenny Lind Veterans	14,566	968	15,534
Moke Hill Veterans	867	58	925
West Point Veterans	845	56	901
Calaveras County Water District (CCWD)	73,407	4,880	78,287
Mark Twain Hospital	86,115	5,725	91,840
San Andreas Rec/Park	2,716	181	2,897
Ebbetts Pass Improvement (CCWD)	81,252	5,402	86,654
Jenny Lind Improvement (CCWD)	38,489	2,559	41,048
Copper Cove No 7 (CCWD)	26,379	1,754	28,133
Copper Cove 8S (CCWD)	27,996	1,861	29,857
Ebbetts Pass No 9S (CCWD)	5,530	368	5,898
Willseyville Sewer (CCWD)	104	7	111

ATTACHMENT D



Date
August 22, 2013

To
Board of Trustees, Mark Twain Medical Center

From
Craig Marks, Hospital President/CEO – Mark Twain Medical Center

Copies
Rick L. Grossman, Dignity Health Executive Vice President and General Counsel
Keith Callahan, Dignity Health SVP Supply and Service Resource Management
Larry Cornish, Hospital COO – Mark Twain Medical Center

Subject
Aramark Healthcare Support Services, LLC, Management of Environmental Services and Food and Nutrition Services

Dignity Health entered in an agreement in June of this year (the “Aramark Agreement”) with Aramark Healthcare Support Services LLC (“Aramark”) for the management of Environmental Services (“EVS”) and Food and Nutrition Services (“F&NS”). As part of the services provided under the Aramark Agreement, certain EVS and F&NS management staff will be outsourced to Aramark. As further described in this Memorandum, Dignity Health seeks to delegate the performance of EVS and F&NS management services under the Amended Management Agreement between Dignity Health and Mark Twain Medical Center (“MTMC”) to Aramark. In addition, Dignity Health seeks approval of the transition of certain of MTMC’s non-labor union represented employees who perform EVS and F&NS services to Aramark.

Background

Historically, Dignity Health hospitals have obtained EVS and F&NS services by various means. Currently, many Dignity Health hospitals directly employ their EVS and F&NS managers while others have existing outsourced relationships with various companies. In 2012, Dignity Health facilities in the Greater Sacramento and San Joaquin Service Area successfully outsourced their EVS services and found that outsourcing reduced operating costs at an annual run rate of \$2.2 million.

Because of the cost reduction and standardization success in Greater Sacramento and San Joaquin Service Area, in December, a Request for Proposal (“RFP”) was submitted on behalf of the entire system to three companies to outsource the management of both EVS and F&NS. This RFP process identified two proposals that offer compelling alternatives and have the potential to save Dignity Health from \$17 - \$29 million annually.

Aramark Agreement Terms

As it pertains to MTMC, the proposed relationship will involve outsourcing 2 MTMC to Aramark. In most instances when staff moves to an outsourced company there is a reduction in both salary and benefits from what they are receiving at Dignity Health. All other staff will remain Dignity Health employees. In approximately 22 locations, either F&NS or EVS are already outsourced and all of those locations will transition (if necessary) to the selected company. The staff affected are management and are not affected by union agreements. It is anticipated that the Services will be transitioned to Aramark by the end of this year.

The decision to outsource F&NS and EVS was made through a deliberative process and is based on input from numerous affected stake holders and multiple levels of management within Dignity Health. A Steering Committee led the initiative with the support of a representative from each of the Dignity Health Service Areas.

Supply and Service Management (SSRM) will manage contract oversight with the assistance of both service area and facility level leadership on an ongoing basis to assure company compliance. Through standardization of processes, information systems, menus and cleaning processes across the system, a more consistent "brand" for both food service and environmental services will result.

The key elements of the Aramark Agreement as it applies to MTMC:

- Outsource 2 MTMC employees.
- The cost for this outsourcing arrangement for MTMC (the associated Management Fee) is estimated to be approximately \$101,000 annually.
- The Aramark Agreement is 3 years in duration with an option to renew for an additional 2 year.
- Dignity Health may terminate the Aramark Agreement in whole or in part upon ninety days advance written notice to Aramark subject to the repayment of certain unamortized start up costs paid by Aramark.
- Quality of Patient Care will be measured by various means including HCAHPS or Avatar scores and Employee Satisfaction scores among others. The Aramark management fees will be at risk if the Patient and Employee Satisfaction metrics are not met.
- Other performance metrics that will be tracked in this agreement include:
 - F&NS: Cost Net of Cash, Paid FTEs, employee turnover, floor stock per patient day, free meals
 - EVS: EVS Cost per Adjusted Admission, Paid FTEs, employee turnover

Additional Key Aramark Agreement Attributes

Environmental Services

- Consolidation of multiple facility leadership structures into a Service Area management structure
- Cross training of management teams for EVS and Food & Nutrition Services supervision, and shared staff, if possible

- Standardized cleaning processes across all locations
- One information system used to schedule staff across all facilities (consistency)
- Regular reports generated to track metrics
- Third party random audits of the services to be sure they consistently meet regulatory standards.

Food and Nutrition Services

- Consolidation of multiple facility leadership structure into a Service Area management structure
- Four “Centers of Excellence” used for training and cross-training of all staff
- Cross training of management team for EVS and Food & Nutrition Services supervision
- Standardized menu across all locations
- Healthy Food and Grab and Go choices for cafeteria patrons
- One information system used to order food for consolidation and reduced waste
- Regular reports generated to track metrics
- More consistent “Free Meal” policies and employee discounts across the system
- Potential access to capital for kitchen and line improvements
- Third party random audits of the services to be sure they always meet regulatory standards.

Amended Management Agreement with Dignity Health

The Amended Management Agreement between MTMC (fka Mark Twain St. Joseph’s HealthCare Corporation) and Dignity Health, dated September 20, 2001 (the “Management Agreement”), obligates Dignity Health to perform management services for MTMC. Section 2.1 of the Management Agreement provides that Dignity Health “shall have authority and responsibility to conduct, supervise and manage the day-to-day operations of the Hospital”. In accordance with the Management Agreement and based on the Aramark Agreement, it is contemplated that Dignity Health will delegate the performance of EVS and F & NS management services for MTMC to Aramark.

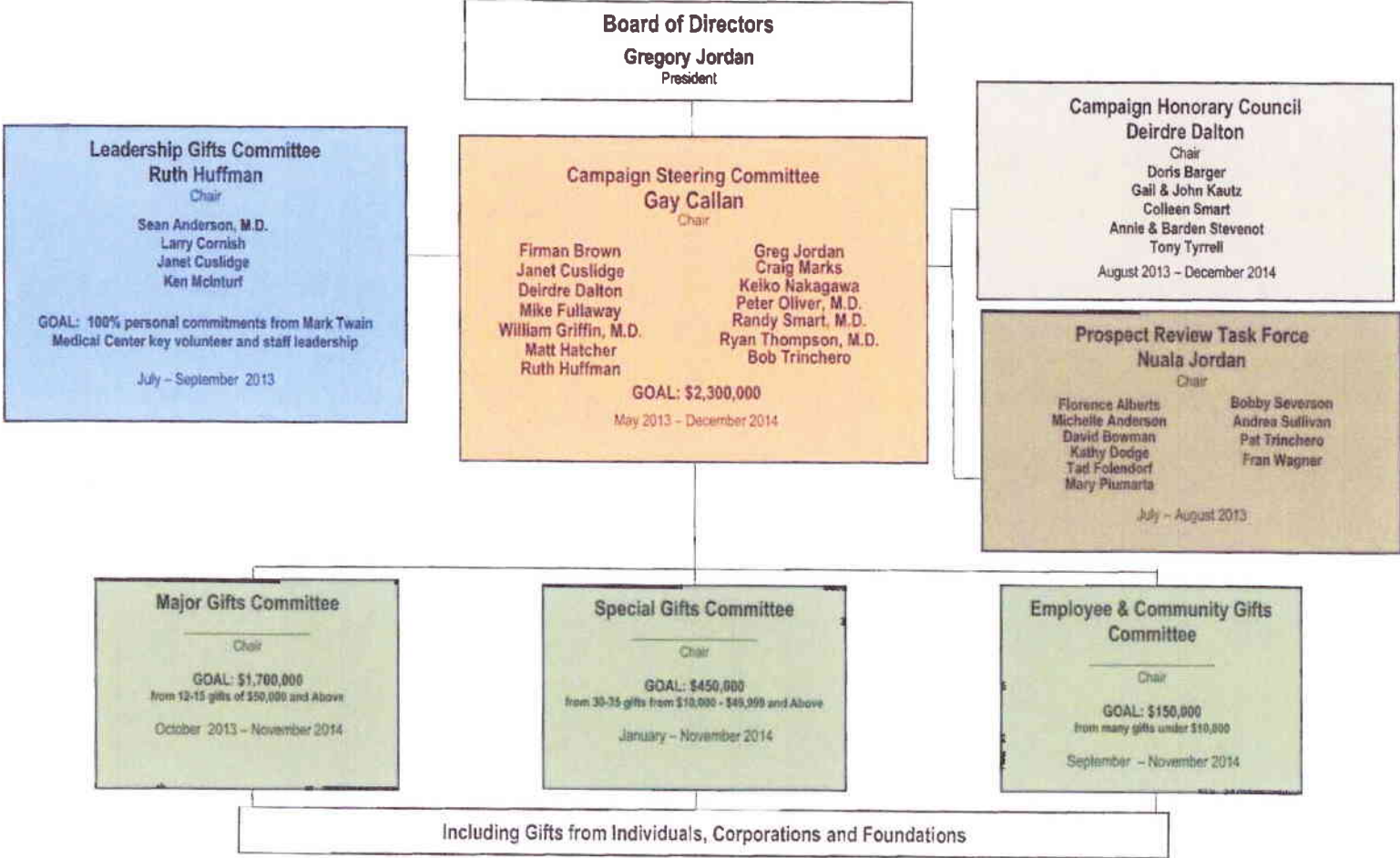
Requested Actions

Management requests that MTMC’s Board of Trustees authorize and approve the following actions:

1. Dignity Health’s delegation of the performance of EVS and F & NS Management Services to Aramark pursuant to the general terms and conditions of the Aramark Agreement outlined in this Memorandum.
2. The transition of two (2) of MTMC non-represented employees performing EVS and F & NS management services to Aramark upon the general terms and conditions outlined in this Memorandum.
3. The ratification of any and all acts that may have been taken by any officer, employee or agent of MTMC prior to the date hereof in connection with the proposed transition of EVS and F & NS management services and non-represented employees of MTMC to Aramark.
4. The execution and delivery of all agreements, documents or instruments, and the taking of any and all actions, by each of the officers of MTMC as may be reasonably necessary or appropriate to carry out the intent and purposes of the foregoing resolutions.

ATTACHMENT E

Mark Twain Medical Center Foundation Capital Development Program Chart of Campaign Organization



Mark Twain Medical Center Foundation

Capital Development Program

Capital Campaign Progress & Review Report

As of August 22, 2013

CAMPAIGN GOAL: \$2,300,000

Reported To Date: \$667,023 = 29.0% from All Gifts Reported

Minimum Additional Anticipated: 638,000 = From ALL Prospects SOLICITED w/RESULTS PENDING

TOTAL (Projected): \$1,305,023 = 56.7% of Campaign Goal

Balance Required: \$994,977 = From Priority PROSPECTS TO BE SOLICITED

Summary of Progress Toward Overall \$2,300,000 Goal

COMMITTEE	GOALS	Reported	Percent	
Major Gifts:	1,700,000	553,303	= 32.5%	of committee goal
Special Gifts:	450,000	77,300	= 17.2%	of committee goal
Employee & Community Gifts:	150,000	36,420	= 24.3%	of committee goal
TOTAL:	<u>\$2,300,000</u>	<u>\$667,023</u>	<u>29.0%</u>	of Overall Goal

Total Campaign Leadership Giving To Date: \$153,260 = 6.7% of Campaign Goal

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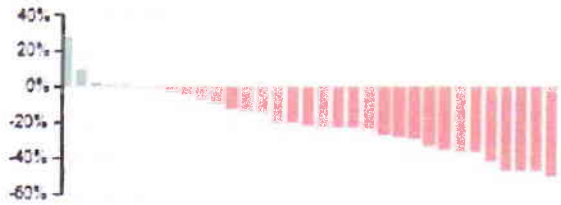


Clinical Care Monthly Operating Review
Performance as of Jun 2013
Mark Twain

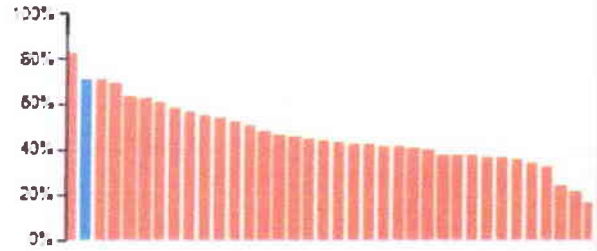
Date Published: 08/12/20

Service Area MOR

VBP: Projected Loss as a Percent of Total at Risk Dollars
 Apr 12 to Jun 13
 \$0 Thousand



Quality Compass 71%



Close All	Metric	Baseline	Actual	Target	Status	3mo Trend	6mo Trend
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Patient Safety

<input type="checkbox"/> L	Perinatal - Elective Deliveries	TBD	TBD	3.0%		TBD	TBD
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Baseline Period	Description
Apr 2011-Aug 2011	Babies electively delivered before 39 completed weeks have statistically greater morbidity than babies born after 39 weeks. For the measure, the denominator is all singletons delivered at or after 37 completed weeks gestation and before 39 weeks. The numerator is the number of babies from the denominator group electively delivered (vaginally or by Cesarean delivery and do not meet one of the acceptable medical indicators) prior to 39 completed weeks gestation.
Performance Period Jan 2013-Jun 2013	

<input type="checkbox"/> H	Perinatal - Evidence-Based Practices	TBD	TBD	60.0%		TBD	TBD
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Baseline Period	Description
Jul 2011-Jun 2012	These evidence-based practices have been shown to reduce risks and improve outcomes of perinatal services. By establishing and implementing a standardized protocol in each of the areas of high-risk medication (e.g., oxytocin (Pitocin)), high-risk deliveries (e.g., shoulder dystocia and vacuum bundle) maternal complications (e.g. post-partum hemorrhage) and infant complications (e.g., kernicterus (high bilirubin)) Dignity Health has the opportunity to reduce unwarranted (or unjustified) clinical variation. The lowest score amongst all the protocols is what each hospital is evaluated against. The MOR reports 6 months rolling until January 2013. As of January 2013, the MOR will report January YTD. Please note: In December Barbara Pelletreau decided to add random NOV charts for Hyperbilirubinemia and Oxytocin. Therefore this month Hyperbil and Oxytocin are reporting Dec data, even though this is the January 2013 report. Moving forward (Hyperbil & Oxytocin) will always be one month behind the other goals - Elective Delivery, Ob Hemorrhage, OVD and Shoulder Dystocia.
Performance Period Jan 2013-Jun 2013	

Component Metrics	Baseline	Actual	Target	Numerator	Denominator
Perinatal Practices: Hyperbilirubinemia			60.0%		
Perinatal Practices: Pitocin			60.0%		
Obstetrical Hemorrhage			60.0%		
Operative Vaginal Delivery			60.0%		
Perinatal Practices: Shoulder Dystocia			60.0%		
Totals					

<input type="checkbox"/> H	No Harm Campaign	33.3%	50.0%	100.0%	●	Worse	Worse
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Baseline Period	Description
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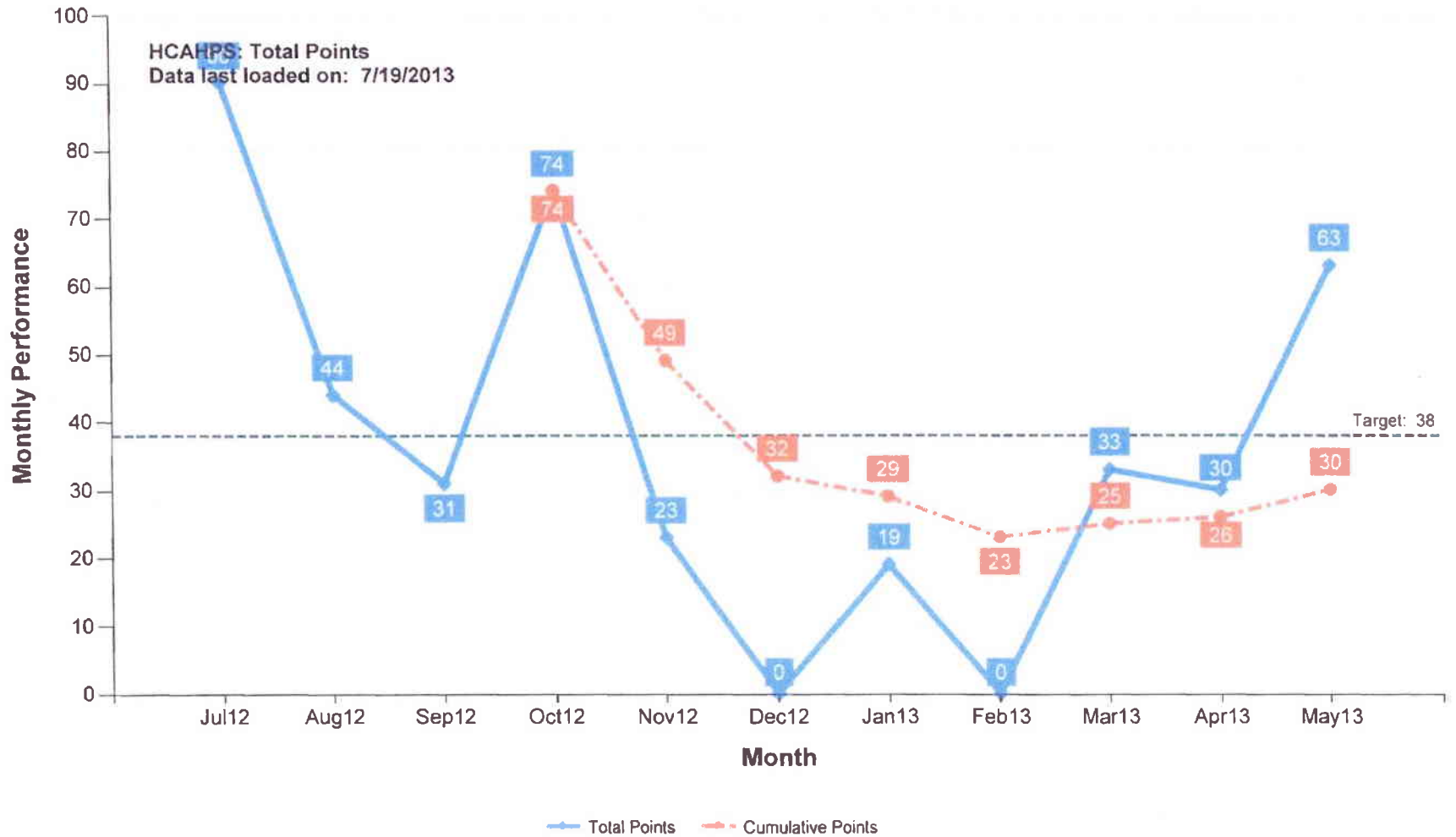


Dignity Health FY2013 HCAHPS Performance

Monthly Point Chart

Facility: Mark Twain

ATTACHMENT H



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Run Date: 8/21/2013 9:37:40 AM

Luncheon

&

Fashion Show

Saturday, October 19, 2013



A Fundraiser Hosted by Calaveras Cancer Support Group

Featuring Fabulous Food, Fashion, Guest Speaker, Door Prizes and Raffle Awards!

Location

Camps Restaurant at Greenhorn Creek in Angels Camp, CA

Time

Luncheon Starts at 11:30am, Fashion Show to Follow

Admission

FREE for Cancer Survivors Who Volunteer to Model.*

\$6.00 for Cancer Survivors

\$12.00 for Guests

*All models welcome, men included! Volunteer early, we will have a limited number of models.