MARK TWAIN
HEALTH CARE DISTRICT

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

Meeting of the Board of Directors
Wed. March 24, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA

Participation: Zoom - Invite information is at the End of the Agenda
Or In Person

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. **Roll Call:**

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

4. **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 not on the agenda.

5. **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:

- Un-Approved Finance Committee Meeting Minutes for Feb. 16, 2021.
- Un-Approved Board Meeting Minutes for Feb. 24, 2021.

B. Correspondence:

- Talibah Al-Rafiq Resignation Letter Effective 4-1-2021:

6. **MTHCD Reports:**

A. President's Report:……..……..……..……..……..……..……..……..……Ms. Reed

- Association of California Health Care Districts (ACHD):
  - ACHD March 2021 Advocate:
  - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:….Ms. Hack
- Meetings with MTHCD CEO:

B. MTMC Community Board Report:……..……..……..……..……..……..……..…….Ms. Al-Rafiq

C. MTMC Board of Directors:…..……..……..……Ms. Reed

D. Chief Executive Officer's Report:…..……..……..……..……..……..……..……..Dr. Smart

- District Projects Matrix – Monthly Report:
- Robo-Doc Update:
- Construction: Form 271 Mar. 8, 2021:
- Vaccination Hub (COVID - 19):
- VSHWC "Quality" Report: (MedStatix)

- VS H&W Center – Draft Policies and Forms: Public Comment – Action

    - Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

Policies for March 2021 Board Meeting
REVISED:
Cardiopulmonary Resuscitation/Basic Life Support 33
Disruption of Electrical Services 54
Transfer of Patient – Chart Information 188

BI-ANNUAL REVIEW:
Annual Review of Contracts 13
Billing Personnel – Organization 23
Billing Practices 24
Bomb Scare 31
Child Abuse Reporting 36
Disaster Fire 51
Disaster-Water Contamination 52
Domestic Violence Reporting Suspicious Injury Reporting 56
Drug Samples (Needs Number)
Elder Or Dependent Adult Abuse Reporting 60
Employee Health 66
External Hazmat Incident (needs Number)
Extreme Temperatures 73
Fire Safety 76
Instrument Cleaning for Sterilization 93
Lapses of Consciousness – DMV Reporting 96
Mass Casualty Response 105
Mission Statement 120
Motor Vehicle Accident Reporting 122
Operation During Internal Disaster 127
Patient Medical Record Content 132
Sensitive Services 159
Telephone Request for Medical Information 185
Temperature All Modalities 186

E. Stay Vertical Calaveras:……Mr. Shetzline

F. Valley Springs Health & Wellness Center:……Dr. Smart

- Services Update:

7. Committee Reports:

A. Finance Committee:……..……..……..……..…….Ms. Hack / Ms. Toepel

- 2020 Annual Audit:……..……..……Mr. Jackson / Mr. Wood
- Financial Statements – Feb. 2021: Public Comment – Action…….....…..Mr. Wood

B. Ad Hoc Policy Committee: Public Comment – Action ……..……..…Ms. Sellick / Ms. Hack

- District Policy 3 - Term of Office:
- District Policy 4 - Officers of the District:

C. Ad Hoc Personnel Committee: ……..……..……..…Ms. Reed / Ms. Toepel

- Employee Vacation Accrual Schedule: Public Comment – Action ……..……Dr. Smart
- CEO Annual Evaluation (See 10-1):

D. Ad Hoc Grants Committee:……..……Ms. Al-Rafiq / Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

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

B. Community Connection:

9. Next Meeting:

A. The next meeting will be Wednesday April 28, 2021

B. Note: The June meeting has been changed from June 23 to June 16th.

10. **Closed Session:**

A. Public Employee Performance Evaluation, CEO, Pursuant to Gov. Code Section 54957:

11. Return to Open Session to Report:

12. Adjournment: Public Comment – Action

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD March 24, 2021 Board Meeting
Time: Mar 24, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/85376594040?pwd=UzZJcldLcjZsMWFOYnQ4Z2phb2xLQT09

Meeting ID: 853 7659 4040
Passcode: 413748
One tap mobile
+16699006833,,85376594040#,,,,*413748# US (San Jose)
+12532158782,,85376594040#,,,,*413748# US (Tacoma)

Dial by your location
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
Meeting ID: 853 7659 4040
Passcode: 413748
Find your local number: https://us02web.zoom.us/u/kcZhoW2pZm

- Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued Executive Order (N-29-20), which, in part, supersedes Paragraph 11 of Executive Order (N-25-20) issued on Thursday. The new Executive Order excuses a legislative body, under the Ralph M. Brown Act, from providing a physical location for the public to observe and comment if certain conditions are met. A physical location does not need to be provided if the legislative body:

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;"

2. Implements a procedure for receiving and "swiftly resolving" requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.

3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and

4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

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Finance Committee Meeting
Mark Twain Medical Center Education Center – Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249
9:00 am
Tuesday February 16, 2021

Participation: Zoom - Invite information is at the End of the Agenda

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:**

   The meeting was called to order by Ms. Toepel at 9:05 am.

2. **Roll Call:**

	In Person	By Phone/Zoom	Absent / Unexcused
Ms. Hack			**X**
Ms. Toepel		**X**	
Mr. Randolph		**X**	

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

Public Comment: Hearing None.
Motion: Mr. Randolph
Second: Ms. Toepel
Vote: 2-0

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

Ms. Toepel: Calaveras Community Action Agency has acquired funds to supply food, clothing, etc. for low income & seniors in need. Funds available until May 2021. MTHCD to advertise this on their Facebook and websites.

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

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A. **Un-Approved Minutes:**

- Finance Committee Meeting Minutes for Jan. 19, 2021

Ms. Toepel: would like to change the description of "group" regarding the vaccine on Pg. 5 to show "staff" who were vaccinated.

Public Comment: None Heard.
Motion: Mr. Randolph
Second: Ms. Toepel
Vote: 2-0

6. **Chief Executive Officer's Report**:

- USDA Annual Statement:

Dr. Smart: Reports (pgs. 8 & 9) shows two loans (Series A & B). Payment for Series A is $118,426.26 due on March 1, 2021. No funds left to draw from this loan. Series B payment is $174.38 due on March 1, 2021. There is $55,463.66 left on this loan to draw from. Discussed using funds remaining for The covered COVID area at the Valley Springs Health & Wellness Clinic.

- USDA – Form SF 271:

Dr. Smart: This form is the Out Lay Report, a worksheet for loans. It shows a draw of $330,055.10 for the Pharmacy/Room 400 project. That came in under budget by approx.. $20,000. Hoping to process this amount this week or next for deposit into Bank of Stockton.

7. Accountant's Report: Public Comment – Action

- Jan. 2021 Financials Will Be Presented to The Committee: Public Comment – Action

Rick Wood; Interest rates low, showing not much change to the Investment & Reserve Report (I&R). January was down a little on the revenue side for the VSHWC. Spending was a little higher due to more medical equipment and computers needed.

- Closing 2019-2020 Update:

Rick Wood: Requested Fixed Asset sheet and back up were sent to Auditor on Feb. 12, 2021. To our knowledge we have provided everything he has requested. Still plan on hearing 2020-2021 Audit report from the Auditor on March 16, 2021.

Motion to approve Jan 2021 Financials & I&R Report: Mr. Randolph
Second: Ms. Toepel
Vote: 2-0

8. Treasurer's Report:

Nothing new to report.

9. Comments and Future Agenda Items:

Dr. Smart: Plan to budget 1.5 hours for meeting on March 16, 2021 due to 2020-2021 Audit report. Policy Review and Spending Authorization Report to be presented at April meeting.

10. Next Meeting:

- Tuesday March 16, 2021 at 9 am.

11. Adjournment: - Action

Motion: Mr. Randolph
Second: Ms. Toepel
Vote: 2-0
Time: 9:57 am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: Feb 16, 2021 Finance Committee Meeting
Time: Feb 16, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/81304334164?pwd=ZEVOd3hjSWxISHBQQ21jMnNKUHE5Zz09

Meeting ID: 813 0433 4164
Passcode: 596639
One tap mobile
+16699006833,,81304334164#,,,,*596639# US (San Jose)
+12532158782,,81304334164#,,,,*596639# US (Tacoma)

Dial by your location.
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+1 346 248 7799 US (Houston)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
Meeting ID: 813 0433 4164
Passcode: 596639
Find your local number: https://us02web.zoom.us/u/kcHO2r3sTy.

Effective - Mar 17, 2020.

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3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

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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:

The meeting was called to order by President, Linda Reed at **9:00am.**

2. Roll Call:

Board Member	Present in Person	Present by Zoom	Absent/Unexcused	Time of Arrival
Ms. Reed	X			
Ms. Sellick	X			
Ms. Hack	X			
Ms. Toepel		X		
Ms. Al-Rafiq			X	

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

Public Comment: Dr. Smart: would like to insert Administrative Comment before President's Report.

Motion: Ms. Sellick
Second: Ms. Hack
Vote: 4-0

4. **Public Comment on matters not listed on the Agenda:**

Hearing None

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for Jan. 19, 2021.
- Un-Approved Board Meeting Minutes for Jan. 27, 2021.

Motion: Ms. Hack
Second: Ms. Sellick
Vote: 4-0

B. Correspondence:

- Laura Keller, FNP Psychiatric Nurse Training – Thank you (1-19-2021).

Dr. Smart: Reminder to keep in mind that Virtual Board Meetings are public. Anything you say could potentially be heard by people you may or may not see. Be mindful of your audience.

6. **MTHCD Reports:**

A. President's Report:

The event at the Copperopolis Clinic went well. Approx. 50 people came through the MTHCD booth. The Art Fundraiser was profitable. 15 out of 20 pieces of art were sold. Thank you to Richard Randolph for supporting and being very involved at the event.

- Association of California Health Care Districts (ACHD):

- ACHD Feb. 2021 Advocate:

  ACHD Training videos and slides are available for Board of Directors training. Will discuss the best way to utilize this resource at the March meeting.

- California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:

  Ms. Hack: The process of improvement in Innovation in medical reimbursement is moving slowly. CalAIM is working on how to help support expansion in Behavior Health and the benefit extension for Rural health.

B. Meetings with MTHCD CEO:

Ms. Reed has met with the CEO 3 times since January Board meeting. Discussions of the vaccination process and VSHWC vamping back up.

C. Evaluation of the CEO:

This process is done using an ACHD free tool to evaluate the CEO. Ms. Reed to send link to Board Members who will have 2 weeks to complete their evaluation. It will then be sent to Walker Co. who will compile the evaluations. Discussion in Closed session when completed.

D. MTMC Community Board Report:

Met on Monday or Tuesday this week.
Nothing new to report.

E. MTMC Board of Directors:

Board to meet on Friday, February 26, 2021

F. Chief Executive Officer's Report:

Dr. Smart: Would like to recognize Nancy Minkler for her help with the Robo-Doc program. Richard Randolph for his help with the Real Estate Portfolio.

- District Projects Matrix – Monthly Report:

  Sunrise Pharmacy: Up and running well.
  Robo-Doc: Live and waiting for children to resume onsite attendance.
  Behavior Health: Hired 1 more Social Worker for a total of 3 parttime persons.
  Dental: Still recruiting. Giving new Dentist a tour of facility this week.
  Gynecology: Going well. Run by Dr. Nussbaum a volunteer.
  Child Advocacy Center: Renewed 5 year lease this week. They are happy to be there and are looking to build out the garage for more space.

- Robo-Doc Update:

  Cristi Canepa has given her resignation. Will reevaluate the program to find the best way to move forward.

- Community Benefits Report (Proof) – 2020:

  This report has not been done since 2017. It will be used as a handout at events and it will be placed around the county to show what the District is about. The Board has suggested to add VSHWC detail regarding total patients served. It was suggested to send the report out electronically as well as printed copy.

G. Stay Vertical Calaveras:

Mr. Shetzline: No classes have been held lately due to COVID. Planning to start back up in May 2021. 233 classes to date, all were in the winter of last year. Must wait until they can open for indoor classes as their insurance does not cover outdoor activity.

H. Valley Springs Health & Wellness Center:

- COVID Transmission Restrictions and Guidelines:

  Dr. Smart: All staff have been vaccinated. The VSHWC is fully staffed at this time. The Clinic has resumed face to face visits. 54 patients scheduled for today. VSHWC held a Well Child Clinic on Mon, Tue and Wed this week. Anthem was giving parents $65.00 per appointment to encourage the well child exams. No shows were still experienced even with the incentive from Anthem. The vaccination hub planned for VSHWC has been put on hold due to confusing status reports regarding distribution of the vaccine.

- VSHWC “Quality” Report: (MedStatix)

  Dr. Smart: The reports are still showing strong numbers and serve as a tool to discuss with providers about the success of the clinic and areas they can improve on.

7. Committee Reports:

A. Finance Committee:

Dr. Smart: Talked about the Authorization of Spending Spreadsheet being created to take to the Finance Committee for approval then submit to the Board.

- Audit:

  Mr. Wood: No update. All information has been sent to the auditor for review. Mr. Wood will reach out to make sure there is no information needed from us to finish the audit process.

- Financial Statements – Jan. 2021: Public Comment – Action

  Mr. Wood: There were some one-time expenses made in January 2021 that caused a bigger expense number than usual. Budget for 2020-2021 was estimated with nothing to compare it to. The budget for 2021-2022 should be more accurate after having VSHWC running for a year.

Motion: To approve Jan 2021 Financial & Investment & Reserve Report: Ms. Hack
Second: Ms. Sellick
Vote: 4-0

B. Ad Hoc Policy Committee:

Meeting Tuesday, March 2, 2021 at 9:00am. Reviewing Policy 3, 4, 23 & 27

C. Ad Hoc Personnel Committee:

Meeting Tuesday, March 2, 2021 at 11:00am.

D. Ad Hoc Grants Committee:

Committee is looking through the Calaveras High School applications. Have not received the applications from Bret Harte High School.

8. Board Comment and Request for Future Agenda Items:

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

Hearing None.

B. Community Connection:

The celebration of life for Lewis Steele. Will be held on May 30, 2021.

9. Next Meeting:

A. The next meeting will be Wednesday March 24, 2021

10. Adjournment: Public Comment – Action

Hearing None.

Motion: Ms. Hack
Second: Ms. Sellick
Vote: 4-0
Time: 10:25am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Feb. 24, 2021 Board Meeting
Time: Feb 24, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/87850667935?pwd=MmM3RGdUVlBtWlF5dE1TSnVDZzNBdz09

Meeting ID: 878 5066 7935
Passcode: 015189
One tap mobile
+16699006833,,87850667935#,,,,*015189# US (San Jose)
+13462487799,,87850667935#,,,,*015189# US (Houston)

Dial by your location
+1 669 900 6833 US (San Jose)
+1 346 248 7799 US (Houston)
+1 253 215 8782 US (Tacoma)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
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Passcode: 015189
Find your local number: https://us02web.zoom.us/u/kdFJdNyweq

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February 26, 2021

Talibah Al-Rafiq, Member at Large
PO Box 1030
San Andreas, CA 95249

Mark Twain Health Care District
Lin Reed, President
Randy Smart MD, Chief Executive Officer

Dear Mrs. Reed & Dr. Smart

Please accept this letter as my formal resignation from the board of directors of Mark Twain Health Care District, effective April 1, 2021.

This decision to resign from the board of directors is due to increasing responsibilities in my new job as the CBO of Calaveras Unified School District and operating a family farm. My commitments have become increasingly time-consuming and, over the past year, it has been difficult for me to manage many aspects of my personal life. I want you to know that my departure is due to my need to make my extremely strenuous schedule slightly less demanding.

It has been a pleasure being part of the MTHCD board and Mark Twain Hospital Community board. I am proud of all we have accomplished in the past three years and I have no doubt the board will continue these successes in the future. I have enjoyed the opportunity to bring additional health care to the residents of Calaveras County. The additional access to state-of-the-art medical care will enrich lives and improve delivery of quality care within our community. I wish the district and board the best in the future.

If I can be of any assistance during the time it takes to fill the position, please don't hesitate to contact me at (209) 985-6307 or tar2cal@gmail.com.

Best Wishes to District Staff and the Board,

Talibah Al-Rafiq

ACHD Advocate
March 2021

In This Edition:

- A Message from Cathy Martin, CEO
- Legislative Update
- Upcoming Events

A Message from Cathy Martin, CEO

This month we are excited to announce a new ACHD member benefit. Best Best & Krieger LLP (BB&K) is now offering ACHD members a discount on their Advanced Records Center (ARC) service. BB&K's ARC service combines legal expertise with cutting-edge technology to provide cost-effective support for records-related matters including California Public Records Act request processing. All ACHD members who are not currently clients of BB&K are eligible to receive a special discounted rate. For more information on ARC, please click here or email them for a free consultation: ARC@bbklaw.com.

I am pleased to announce that Marina Servantez has been promoted to Member Services and Education Manager. Marina joined ACHD in 2019 as Member Services Specialist, and in her new role will lead the Association's education, events and member tools activities. Marina can be reached here.

ACHD is partnering with The California Wellness Foundation to offer several free educational webinars focused on cultivating foundational skills within your workforce. ***The Critical 6: Essential Workplace Attributes for Health Care Professionals*** is a multi-part interactive webinar training that seeks to help health care workers at all levels better understand the importance of active listening, embracing diversity, collaboration, compassion, problem solving, and professionalism. Developed in collaboration with Butte Community College and health care employers, this curriculum is easy to implement and use, even if you are not a direct provider of services. View the learning objectives and register for the first two trainings here.

In closing, the ACHD Board of Directors and team would like to wish Barry Jantz, Chief Executive Officer, Grossmont Healthcare District, a warm congratulations on his upcoming retirement on March 31, 2021. Barry currently serves on ACHD's Governance Committee and has always been an active and engaged member of the association. His commitment to his district and advancing the policy needs of all districts is exemplary and we commend him for his leadership over the years.

Legislative Update

February 19, 2021 marked the last day for legislators to introduce bills. Assemblymembers were asked to limit their bill packages to 12 bills, and the Senate waived the 30-day in-print rule, allowing for bills to be heard in committee sooner. ACHD is still in the process of reviewing hundreds of introduced bills and will continue to update members as we develop active positions on legislation.

The Advocacy Team also began meeting with newly elected legislators. To date the team has met with eight offices to educate them on the important role of healthcare districts, especially during the COVID-19 pandemic, and ACHD's priority issues. ACHD will continue these meeting in the coming weeks.

Vaccination Process

Last week, ACHD shared an update on the state's third party administrator (TPA) with healthcare district CEOs. ACHD's Advocacy Team met with state officials on the unique concerns of healthcare districts and their ability to engage with the TPA. Many questions remain, but we strongly encourage healthcare districts that are already providing, or wish to provide, the vaccine to contact Blue Shield directly. While counties will be helpful in identifying vaccinators, they will not be responsible for creating, approving, or negotiating with Blue Shield on behalf of their community partners. We recommend meeting with your county to remain top of mind, but you also must contact Blue Shield's provider network team at: CovidVaccineNetwork@blueshieldca.com.

As you know, thousands of providers are reaching out to participate, so please expect this process to take time. The first provider network contracts need to be signed by March 22 and the network is expected to be fully operative, overtaking the current county disbursement process, by March 31.

ACHD is meeting with Blue Shield next week to continue gathering information for districts. If you have specific concerns or questions please contact us.

Upcoming Events

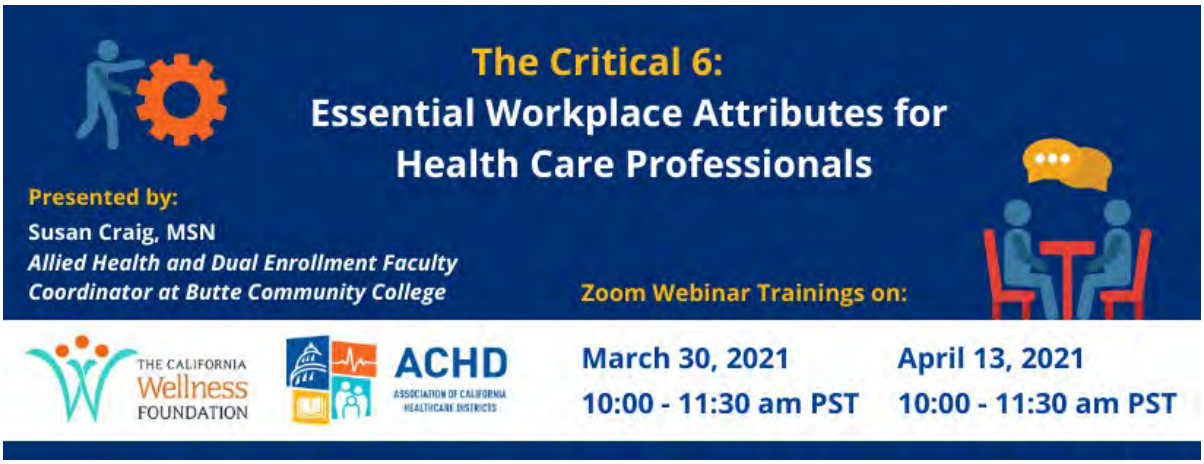
Last Chance: Final Harassment Prevention Training on March 9

Presented by: Burke, Williams & Sorensen, LLP

March 9, 2021
Training: 1:00 pm - 3:00 pm PST
Networking: 3:00 pm - 4:00 pm PST

Register Here

The Critical 6: Essential Workplace Attributes for Health Care Professionals



March 30, 2021

Training: 10:00 am - 11:30 am PT

Learn how to be an active listener, the impacts of nonverbal communication and listening and an overview of the importance of inter-professional collaborative practice.

Register Here

April 13, 2021

Training: 10:00 am - 11:30 am

Learn about embracing diversity to improve health outcomes, methods to nurture compassion, ways to utilize critical thinking and about the components of workplace ethics.

Register Here

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 79 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org

From: Linda Reed <Linda.Reed@rmcare.com>
Sent: Tuesday, March 2, 2021 10:12 AM
Subject: MTMC Board mtg highlights

From the 2/26/21 MTMC Board of Directors Meeting:

1. Quality report highlights- sepsis mortality rate improving, hospital infection rate low, and only one catheter associated UTI this yr.
2. Surgical volumes low in January and early Feb however picking up late Feb
3. EBITDA for January was above budget
4. Year to date EBITDA is $207,000 above budget
5. Starting a pre op anesthesia clinic
6. Total joint replacement classes will start soon
7. Dr. Kelaita returns!! Starts 3/29 in the San Andreas clinic. He will be clinic medical director for Copper and San Andreas and Dr Krpan for Angels Camp and Arnold.
8. The new chiropractor starts 3/8 in Copper.
The new Copper clinic should be ready to open by 5/1.
A second NP will start there once the new clinic opens. A grand opening will follow later in May.
9. CJ Singh Philanthropy Manager for the Foundation has secured the largest single donation for the hospital.
$ 4.5 million from an anonymous donor!
10. Dr Griffins last day as an employee was 2/26. He remains a member of the Foundation and past Chief of Staff Director-of the MEC. 36 yrs of service!
11. The hospital gets about 80% of their vaccines from the County and 20% from Dignity. Moving forward they will only be getting the supply from the County. For this wk, the County already offered 300 to the hospital. MTMC Will continue to offer the vaccine for those over age 65.
12. I asked John Chivers to research where the 1% to the District is reflected in the hospital financials.
13. 18 of the 20 pieces of art for the Copper Clinic fundraiser were sold! 250 people attended the Feb 20th Copperopolis event.
14. Please note if you enter the hospital you will be given a disposable N95 mask not a surgical mask. You can choose to bring/ wear your own mask but will need to double mask not single mask.
15. I attended the Feb. Zoom event put on by the hospital and co hosted by Doug Archer MTMC CEO and Kathy Northington MTMC Community Board Chair. A physician, the new chiropractor, PT and OT staff, Behavioral Health staff and the hospital Dietary Director all presented on a variety of topics. It was well received. These types of educational events will continue every few months throughout the year.

Lin Reed
President MTHCD
MTMC Board Member

OUT LAY REPORT AND REQUEST FOR REIMBURSEMENT

	A	B	C	D	E	F	G	H	I
2	Draw Request Number:	Mark Twain Health Care District			Finish Shelled Space New Health Clinic				
3		768 Mountain Ranch Road, San Andreas, CA 95249			Payment Requested				
4	#18	Initial Budget	Current Budget	Previous Paid to Date	#18	Paid to Date		Balance Remaining	%
5	*Misc. Soft Costs*								
6	Administrative/Legal	530,075.00	530,075.00	530,237.50		530,237.50		(162.50)	-0.03%
7	Financing/Cost of issuance	325,000.00	275,000.00	233,124.25		233,124.25		41,875.75	15.23%
8	Land Acquisition	890,000.00	890,000.00	890,000.00		890,000.00		-	0.00%
9	Furniture Fixtures/Equipment	350,000.00	350,000.00	350,000.00		350,000.00		-	0.00%
10	Structured cabling/IT	250,000.00	250,000.00	216,983.69		216,983.69		33,016.31	13.21%
11	Inspection Fees OVER BUDGET			23,760.86		23,760.86		(23,760.86)	
12	Non-Construction overage			70,723.78		70,723.78			
13				-		-			
14	Architectural design/other architectural			-		-			
15	Architect/Engineer fees	433,600.00	480,665.00	520,532.91		520,532.91		(39,867.91)	-8.29%
16	Other architectural and engineering fees			-		-			
17				-		-			
18	3rd party project management	157,725.00	269,820.00	265,189.24		265,189.24		4,630.76	1.72%
19	Monument sign		30,000.00	20,012.69		20,012.69		9,987.31	33.29%
20	*Construction w/ sales tax*								
21				-		-			
22				-		-			
23				-		-			
24				$ 5623149	$ 298,637	$ 5921786		$ 69979	
25	Construction Contract	3,587,575.00	5,991,765.00	~~5,641,765.00~~	~~330,055.10~~	~~5,971,820.10~~		~~20,044.90~~	0.33%
26						-			
27	sidewalks	25,000.00				-			
28						-			
29	Contingency (see tab for detail)	713,837.00	634,895.00			-		634,895.00	100.00%
30									
31	Contingency as a Percent of Total	20.00%	11.00%		$ 298,637				
32	Total	7,262,812.00	9,702,220.00	8,762,329.92	~~330,055.10~~	9,092,385.02		680,558.76	7.01%
33									
34	PROJECT FUNDING BREAKDOWN								
35									
36	Mark Twain Health Care District (applicant)	1,062,812.00	1,205,455.00	1,205,455.00		1,205,455.00		-	0.00%
37	Mark Twain Health Care District (applicant)	600,000.00	600,000.00	600,000.00		600,000.00		-	0.00%
38	USDA Loan, Series A	5,600,000.00	6,782,000.00	6,782,000.00	$ 298,637	6,782,000.00		886,881.86	0.00%
39	USDA Subsequent Loan, Series B		678,000.00	34,000.00	~~330,055.00~~	622,536.14		~~55,463.86~~	8.18%
40								$ 86, 881.86	
41	Total	7,262,812.00	9,265,455.00	8,621,455.00	330,055.00	9,209,991.14		~~55,463.86~~	0.60%
42									
43	FUNDS - DIFFERENCE								
44	Date of Outlay Report	2/1/2021							
45	APPROVAL AND SIGNATURE SECTION								
46	OWNER'S APPROVAL:								
47									
48		2/1/21							
49	Executive Director or Board President	DATE							
50		3/8/21							
51	ENGINEER/ARCHITECT APPROVAL:								
52									
53		2-4-21							
54	Architect	DATE							
55									
56	USDA RURAL DEVELOPMENT								
57	CONCURRENCE:								
58									
59									
60	Tonja Galentine	DATE							
61									

OWNER CERTIFICATION: I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

Invoices will be approved by the borrower and their engineer, as appropriate, and submitted to the processing office for concurrence. The review and acceptance of project costs, including construction pay estimates, by USDA Rural Development does not attest to the correctness of the amounts, the quantities shown or that the work has been performed under the terms of the agreements or contracts.

Notes:

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Cardiopulmonary Resuscitation/ Basic Life Support	REVIEWED: 11/19/18; 9/14/19; 2/18/21
SECTION: Clinical	REVISED: 9/14/19; 2/18/21
EFFECTIVE: ~~10/23/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Cardiopulmonary Resuscitation/Basic Life Support

Objective:
A. To maintain competence of clinic staff in the performance of cardiopulmonary resuscitation.
B. To initiate CPR efficiently and effectively when needed.
C. To maintain CPR until advanced cardiac life support of EMS practitioners arrive at the clinic.
D. To provide optimum management of "CODE BLUE" incident which insures that the personnel as well as supplies and drugs required to restore circulatory or respiratory action are immediately available and ready for use.

Acuity Rating: Severe

Required Equipment: Crash cart, AED, oxygen, Code Blue report form

Policy: Cardiopulmonary Resuscitation (CPR) should be initiated by the Clinic staff when a person is assessed to have no pulse or is non-breathing. Notify the practitioner immediately, call 911, and announce CODE BLUE. All staff will maintain current certification in pediatric and infant CPR.

Front Office Staff:

1. Responsible for identifying a patient who presents to the Clinic ~~with~~ in distress or exhibiting serious symptoms which may require intervention or ~~———~~CPR and to notify the nurse and/or practitioner immediately.

2. Call 911 immediately.

2. Will help maintain calm for the remaining patients.

3. May be called upon for record keeping in the event of cardiac arrest.

Medical Assistants/Nurses:

1. Will have current BLS certification and renew it every two years.

2. Will complete crash cart and AED monthly inspections and document same.

3. Responsible for administering medications as directed, obtaining the crash cart and AED for the practitioners.

4. When possible, place the patient on the floor or safe hard surface or use the CPR board. CPR cannot be effectively administered on a standard exam table

Practitioners:

1. All practitioners must have current BLS certification. It is the responsibility of the practitioner to keep this current and to provide the ~~Medical Staff Coordinator~~Clinic Manager with a current copy of their certificate.

2. All practitioners will be given an orientation to the emergency procedures of the clinic. Mock code drills will be held to assist in maintaining these skills.

3. The practitioner on duty will be in charge of the "Code" until relieved by the Paramedic team.

4. Unresponsive patients will be assessed and treated according the latest AHA guidelines for ACLS.

5. Ensure a staff member calls 911 immediately.

6. Document all care rendered in the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Disruption of Electrical Services	REVIEWED: 9/1/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~9/20/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Disruption of Electrical Services

Objective: To ensure maintenance of basic emergency services during a power outage and to ensure the safety of patients, personnel, and visitors during such occurrences.

Response Rating:

Required Equipment:

Procedure

1. ~~1.~~ In the event of disruption of the electrical service, the generator will automatically start withing a few seconds of the outage. It will power all red outlets and designated lights.
2. ~~the~~The clinic telephones will still be operational.

2. Clinic ~~Director~~ Manager or designee will report the service disruption to the local electrical supplier and inquire as to when the electricity will be back in service.

3. In the event the clinician is performing a procedure, he/she will turn the equipment off and make the patient comfortable according to acceptable medical protocol until electrical service is restored.

4. The Clinic ~~Director~~ Manager will maintain a supply of flashlights and fresh batteries in the reception area, nurses' stations, and in the emergency preparedness box (located in the receptionist's area) of the clinic. The receptionist(s) will distribute flashlights to staff members as required.

5. All examination rooms and bathrooms will be checked to ensure patients have sufficient light. Patients who do not have sufficient light will be offered the choice of a flashlight or a seat in the waiting area until electrical service is restored.

6. Should a long-term service outage be anticipated and if the outage occurs after 4pm, staff will reschedule the balance of the day's patients and close the office.

*Refer to Generator Management Policy #154

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Transfer Of Patient – Chart Information	REVIEWED: 4/1/19: 2/19/21
SECTION: Medical Records	REVISED: 2/19/21
EFFECTIVE: ~~4/24/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Transfer of Patient – Chart Information

Objective: To provide required documentation in support of continuity of care.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A copy of current visit note should accompany a patient being transferred to a higher level of care. Receptionist staff will begin printing/copying documentation when notified to do so by nursing staff.

2. ~~Patient Consent to Transfer Form must be signed if the patient is able to do so. If the patient is unable to sign and a family member is with them, the family member may sign the Transfer Consent form. If the patient is unable to sign and is unaccompanied, the content will be marked "Patient unable to sign" and will be signed and dated by the Clinic staff member.~~

3. The following information should accompany the patient to the hospital (2 copies of each):

    a. Patient demographic sheet
    b. Current visit note
    c. Any additional nursing or physician notes
    d. Copies of current lab results
    e. Copy of EKG monitor strips, if applicable
    f. Copy of x-rays, if applicable

4. If the visit note is not completed prior to transfer of the patient, the practitioner will ensure the note is completed and direct staff to transmit the same to the receiving hospital using either a secure fax number for the EMR interface capabilities.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Annual Review of Contracts	REVIEWED: 7/10/19; 2/18/21
SECTION: Operations	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Annual Review of Contracts

Objective: In order to ensure all contracts are current and in the best interest of the Clinic, all Clinic contracts will be reviewed on an annual basis.

Response Rating:

Required Equipment:

Procedure:

1. Contracts for goods and services will be entered into on behalf of the Clinic and in keeping with the Clinic's needs.
2. Upon entering into a contract, contract information will be entered into a Contract Management matrix.
    a. Name of entity
    b. Contact person
    c. Contact number
    d. Contact email address
    e. Purpose of contract
    f. Contract start date
    g. Contract end date
    h. Special conditions
3. On a regular basis and no less than once a year, the Matrix will be reviewed and all contracts due to expire will be reviewed and considered for renewal.

4. Review of contract will be documented in the special conditions section of the Contract Management Matrix.

5. Contracts which require renewal will be forwarded to the Chief Executive Officer for further consideration and negotiation with the contracting entity.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Billing Personnel - Organization	REVIEWED: 11/30/18; 2/18/21
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: The Clinic Manager, Billing Supervisor, Practice Management Consultant and/or District CEO will be the liaisons between the EMR vendor and the medical staff. Billing procedures are delivered according to policies and procedures that have been authorized by the Governing Body.

Objective:

1. To clarify administrative and supervisory responsibilities for the billing personnel.

2. To delineate areas of responsibility.

3. To clarify determination of billing staff hours.

4. To determine the evaluation of patient billing.

5. To identify the methods used for patient billing.

Response Rating:

Required Equipment:

Procedure:

1. Billing hours are 8:00am – 5:00pm, Monday through ~~Friday~~Thursday.

2. Evaluation of billing procedures will be performed. The following methods may be used to determine quality and appropriateness of billing procedures:

   a. Quality Assurance Program
   b. Patient needs satisfaction (verbal and/or written)
   c. Monthly receivable report and monthly accounts payable report
   d. Collection by Insurances report
   e. Census reports

3. The Clinic Manager will meet with the Billing Supervisor on at least a monthly basis to discuss mutual concerns.

4. The Billing Supervisor or their designee is responsible for submitting claims from the EMR using the missing slips, claims on hold, and manager hold “buckets”.

5. The Billing Supervisor or their designee will work closely with the Medical Director to ensure providers complete medical record documentation timely and completely with the goal of providing an accurate, detailed record of care and proposed follow-up course of care complete with diagnosis and procedure codes as appropriate.

6. The Billing Supervisor or their designee will ensure timely follow-up of billing related correspondence, including balance due correspondence to self-pay patients with an open balance and will document actions taken within the appropriate data capture fields in the EMR’s billing functionality.

7. The Billing Supervisor or their designee will work closely with the Director of Clinic Operations, the Clinic Manager and District Accounting Department to identify and audit credit balance accounts and will bring those accounts to the attention of the Clinic Manager and Executive Director for review and follow-up, including the issuance of a refund check via the District Accounting Office or a requested “take back” requested of the insurance payor.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Billing Practices	REVIEWED: 7/1/19; 2/18/21
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Billing practices

Objective: To define Clinic billing practices

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will establish a schedule of fees that are charged for all services rendered, regardless of the payer source.

2. Contractual adjustments, reflective of Clinic agreements with insurance carriers and other third party payers will be applied to patient accounts upon receipt of final payment from the payer.

3. The Clinic will accurately document each patient encounter in the record for the purpose of recording care rendered.

    a. Regardless of payment methodology (i.e.: fee-for-service, flat rate, prospective payment) billing will reflect the scope and complexity of the patient examination and treatment.

3. The Clinic will accurately document the care rendered, tests/procedures performed and medications/supplies utilized to ensure a complete record of the care rendered and for the purpose of preparing a bill for payment.

    a. Payer reimbursement methodology does not affect the posting of charges to the patient's account.

3. Unless extraordinary circumstances arise, patient medical records will be completed before the end of the practitioner's work shift.

4. The Medical Director will review for prior day open medical records and ensure practitioners complete any pending entries before the end of the second business day.

5. Practitioners will select the E&M code that most accurately reflects the history of the patient, the physical examination, and the medical decision-making involved in the patient's care and treatment.

6. Practitioners will select CPT codes that most accurately reflect the procedures performed in the course of patient care and will indicate supplies and medications utilized.

    a. Practitioners will avoid unspecified codes.

7. Claims will be reviewed before submission to ensure accurate capture of procedures, tests, and medications/supplies.

8. Claims that require correction will be pulled from the queue by the designated staff member, revised, and resubmitted within five business days of the date of service.

8. Contractual adjustments will be made to accounts after posting of payer reimbursements.

9. Accounts Receivable Aging reports will be reviewed within five days of the monthly Accounts Receivable report being made available.

10. Credit balance accounts will be identified and promptly audited.

11. Audited credit balance accounts will be refunded to the payor no later than 30 days after being identified.

12. Balance due (remainder balance) statements will be sent to non-Medi-Cal patients after the insurance payor reimbursement has been made and posted and any contractual adjustment made to the account. Open account statements are sent every 28 days. Statements are sent for accounts with balances over $9.99.

13. If the patient does not make payment (either in full or in part) during the first 120 days after their insurance has paid its portion, the account will be reviewed and considered for transfer to the designated Collection Agency.

14. Past due accounts with balances less than $10.00 will not be sent to collections, but will be managed by Clinic staff in an effort to collect.

15. Adjustments made to self-pay flat fee accounts will be considered Charity Care and documented accordingly.

16. Administrative adjustments made to outstanding accounts, in consideration of the patient's inability to pay, will be considered Charity Care and documented accordingly.

17. Accounts sent to collections will be written off and documented accordingly. The balance of the account in collection will remain visible to Clinic staff. Should the patient present at the Clinic, staff will require a payment on the balance in collections before the patient can be treated.

18. Accounts identified as Bad Debts will be written off and documented accordingly. The balance of the account in Bad Debt will remain visible to Clinic staff. Should the patient present to the Clinic, staff will require a payment on the bad debt balance before the patient can be treated.

19. "On-the-spot" credits may be issued in the Clinic if the patient has paid their co-pay, deductible, or flat rate fee but decides to not be seen. In this case, the patient's funds are returned and/or their credit or debit card transaction is cancelled.

20. Should a practitioner and/or staff member believe a patient should be refunded their payment and/or their visit charges should be reversed, that individual will complete an Incident Report, as soon as possible, and forward their documentation to the Clinic Manager for review by the Director or their designee. In no instance may a patient refund be made “on-the-spot” after a patient has received care.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Bomb Scare	REVIEWED: 8/30/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~9/20/19~~March Board Meeting	MEDICAL DIRECTOR

Subject: Bomb Scare

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions needs to be taken for the safety of patients, staff, and guests.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.

2. Ask the caller:
   a. Their name
   b. Where the bomb is located

3. Record/document:
   a. Every word spoken by the person making the call
   b. The time the call was received and terminated
   c. Any identifiable background sounds (i.e. train whistles, traffic noise)
   d. Any voice identifiers (i.e. accents, stuttering, tone, male or female sounding)

4. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury by many innocent people.

5. If possible, during the call:
   a. Call law enforcement via 911
   b. Call clinic leadership, if not present
   c. Organize staff, patients and guests to evacuate premises upon police or leadership order.

6. Once the police have arrived:
   a. Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
   b. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Child Abuse-Reporting	REVIEWED: 7/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Child Abuse Reporting

Objective: Mark Twain Health Care District and its Clinics will comply with all state and federal regulations for reporting child abuse. California PC 11165.7 requires all health practitioners, who have knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he or she knows or reasonably suspects has been the victim of child abuse and/or neglect to report the known or suspected instance of child abuse to a child protection agency immediately, or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Response Rating: Mandatory

Required Equipment: Suspected Child Abuse Form

Procedure:

Reporting to Child Protective Services:

1. All reasonable suspicion of child abuse and/or neglect will be reported to the appropriate agencies.

2. Child abuse forms will be completed by the licensed nurse and/or provider who is treating the child. These forms must be completed and sent to the appropriate agencies within 36 hours from time of contact with the patient.

3. If it is determined or suspected that the child is in immediate danger, law enforcement will be called immediately.

4. All reports of abuse/neglect will be made verbally, followed by the written report. Calaveras County Department of Human Services (TCDHS) maintains a 24 hour/7 day a week hotline. **DO NOT FAX IN LIEU OF VERBAL REPORT.**

5. The first copy of the written report of Suspected Child Abuse Report (SCAR) can be mailed or faxed to the Calaveras County Children's Protective Services (CPS).

6. 2nd copy will be mailed or faxed to the Law Enforcement Agency that has jurisdiction.

7. 3rd copy will be mailed to the District Attorney's office.

8. Original copy will be filed at the Clinic. This will be given to the Clinic Manager and will be filed in the Medical Director's office.

CALAVERAS COUNTY DEPARTMENT OF HUMAN SERVICES

Fax (209) 754-3293 (Reporting Form)
Mandated Reporting (209) 754-6452 or (209) 754-6677 (After Hours)
Toll-free Hotline & After Hours 1 (844) 690-5137

CALAVERAS COUNTY SHERIFFS DEPARTMENT
Central Main Dispatch (209) 754-6500
Valley Springs Sub-Station 209-772-1039

1. REPORTING BY FAX:

Form SS 8572 should be faxed to Child Protective Services immediately upon suspicion of the child abuse or neglect. By faxing the form, both written and verbal notification are completed.

2. REPORTING BY PHONE:

Reports may be made to the CPS Mandated Reporting Line that is available 24 hours a day, 7 (seven) days a week. CPS monitors the phone regularly.

3. REPORTING TO LAW ENFORCEMENT:

If it is suspected that the child is in immediate danger, the appropriate law enforcement agency must be contacted. Possible appropriate law enforcement agencies include the Calaveras County Sheriff's Department.

4. RESPONSIBILITY TO REPORT:

All professional medical personnel, including physicians, physician assistants, nurse practitioners, nurses and all other medical professionals are required by Section 11166 of the Penal Code are to report any case of suspected abuse, neglect, or exploitation of children. Any mandated reporting party knowingly failing to report suspected abuse or neglect may result in criminal or civil prosecution. No health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by Section 11166 of the Penal Code unless it can be proven that a false report was made, and the person knew or should have known that the report was false.

5. INDENTIFICATION OF VICTIMS:

The following indicators may be cause to report child abuse or neglect:

a. Any suspicion of physical abuse or non-accidental injury.
b. Sexual abuse of a minor.
c. Parental or guardian incapacity (drugs, alcohol, mental or developmental disability)
d. Abandonment by parent or guardian.
e. Neglect: failure to provide adequate food, clothing or shelter.
f. Selling or giving away an infant/child.
g. Medical neglect that endangers a child.
h. Emotional or mental abuse.
i. Parent/guardian threatens to harm or kill the child.

6. HOW TO USE THE CALAVERAS COUNTY CHILD ABUSE AUTOMATED LINE (800) 331-1585.

Using a completed Form SS 8572 as a guide, reporters should provide the following information:

a. Information regarding the reporter:
b. Professional name and title
c. Business mailing address, including city and zip code.
d. Business phone number including area code.
e. Information regarding the child:
    1. Full name. Spell the last name. Also spell the first name and other names if they have alternate spellings or are uncommon names.
    2. Gender, race, language spoken, birthdates if known or approximate age, school or day care facility they attend, and if known social security number, hair and eye color and religion.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Disaster - Fire	REVIEWED: 7/24/19; 03/10/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Disaster - Fire

Objective: To ensure the safety of patients, personnel, and visitors Clinic personnel shall be prepared to follow a planned course of action in the event of a fire to ensure safety to patients, staff and visitors.

Response Rating:

Required Equipment:

Procedure:

1. In the event of a fire in the facility:

    a. The first responder will direct a staff member to call 911 to report the fire.

    b. The first responder will use the nearest fire extinguisher to attempt to extinguish the fire, if this can be done safely.

    c. Patients and visitors will be evacuated as follows:
        1. The front office personnel will direct the patients and visitors from the front waiting area to the outside and away from the building through the nearest clear exit per the posted evacuation plan.
        2. The nursing staff will direct the patients and visitors from the exam and procedure areas to the nearest clear exit per the posted evacuation plan.
        3. Personnel will direct patients and visitors to the paved parking area located at the south end of the Clinic building.

    d. The Clinic Manager or designee will ensure that the building is evacuated of patients, visitors and staff. They will perform a head count once the building is considered evacuated. The head count will reflect scheduled staff, patients, guests, and vendors present at the time the emergency occurred.

    e. The Clinic Manager or designee will meet fire personnel when they arrive.

f. The Clinic Manager or designee will record all actions taken and include that information in their Incident Report.

g. The Clinic Manager will prepare a thorough incident report and forward that report to the District Chief Executive Officer.

h. The Office Manager will work with the Maintenance Supervisor to outline the damage to the premises and coordinate arrangements for the repair and replacement of damaged premises and equipment through the District Chief Executive Officer.

i. The District Chief Executive Officer will notify California Department of Public Health Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continued use, and if not, what alternate arrangements have been made so that care of patients may continue.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Disaster - Water Contamination	DATE: 7/1/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Disaster – Water contamination

Objective: In the event of a breach of the Clinic's potable water supply, leadership will ensure a consistent supply of potable water is available to patients, visitors, and Clinic personnel.

Response Rating:

Required Equipment:

Procedure:

1. Upon disruption of potable water service, the Clinic will turn off access to the City's water supply at all sinks and drinking fountains. Water flow will continue to all toilets unless advised to the contrary by City utilities resources.
2. Clinic staff will post a written notice to advise patients that sinks and drinking fountains are out of service and bottled water will be provided at the patient's request.
3. The Clinic will store and supply potable drinking water for patients, personnel and visitors from a bottled water supply.
    a. Bottled water vendor, by delivery
    b. Bottled water supply via a local, retail resource (e.g. Albertson's Grocery Store)
4. Store and supply alternative methods of hand washing for staff.
    c. Use of gallon bottles of water placed at hand-washing sinks
    d. Use of alcohol-based hand sanitizer
5. Utilize gallon bottles of water when scrubbing implements before sterilization.
6. Call for bottled water from local supplier to supplement inventory and/or replace used inventory.
7. Clinic will obtain sufficient quantities of bottled water to cover a short-term emergency, as necessary.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Domestic Violence Reporting Suspicious Injury Reporting	REVIEWED: 7/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Domestic Violence Reporting-Suspicious Injury Reporting

Objective: To ensure compliance with California Penal Code regarding the reporting of injuries from a deadly weapon and/or assaultive or abusive behavior. This includes suspected spousal/partner or intimate violence.

Policy: Health Care providers, which include but are not limited to physicians, physician assistants, nurse practitioners, nurses and other health care professionals are required to report Domestic Violence/Suspicious Injuries as directed by Penal Code 11160, 11161.9, 11165, 11162.5, 11162.7, 11163, and 11163.2.

Acuity Rating: Mandatory

Applies to: A~~a~~ll Personnel and Practitioners

Procedure:

1. California mandates reporting of suspected criminal acts such as the following:

    a. Any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm, or other deadly weapon.
    b. Any wound or other physical injury inflicted upon the person where the injury is the result of abusive or assaultive behavior.
    c. Assaultive or abusive behavior is defined to include a long list of criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.

2. When the health care provider suspects that domestic violence is involved with a patient, the health care provider or designee is required to telephone the appropriate law enforcement agency, complete a Suspicious Injury Report in compliance with Penal Code Section 11160.

Elder/Dependent Adult Abuse

California law mandates that any case of suspected elder/dependent abuse shall be reported to the appropriate law enforcement agency and/or Adult Protective Service.

Child Abuse

California Law manages any case of suspected child abuse, neglect or exploitation of children shall be reported to the appropriate law enforcement agency and to the Child Protective Service of Calaveras County.

Expired Patient

A report must be made even if the person has expired, regardless of whether or not the injury contributed to the death and even if evidence of conduct of the perpetrator was discovered during an autopsy.

APPROPRIATE LAW ENFORCEMENT AGENCIES

Emergency	**911**
Calaveras County Sheriff's Department	**(209) 754-6500**
Calaveras County Sheriff's Valley Springs Sub-Station	**(209) 772-1039**

Patient Referrals

Patient who have suffered domestic violence will be given information and referral to:

Calaveras County Health & Human Services
Toll-Free 1(844) 690-5137

Internal Documentation

A copy of the reporting documentation, incident report and supporting documents, is kept in a secure file in the Manager's office.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Drug Samples	REVIEWED: 9/1/19; 2/18/21
SECTION: Medication Management	REVISED:
EFFECTIVE: ~~9/20/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: In order to ensure compliance with approved formulary and medication management policy, drug samples are not permitted in the Clinic.

Objective: Mandatory

Response Rating:

Required Equipment:

Definitions:

1. Drug Sample: a unit of a drug, which is not intended to be sold and is intended to promote the sales of the drug.

Procedure

1. Drug samples are not allowed in the Clinic.
2. Medical Director and Clinic ~~Director~~Manager will ensure no drug samples exist in the Clinic.
3. Drug samples found will be confiscated by Clinic Manager and placed in the medication waste stream, after being removed from their packaging.
4. Drug company sales representatives who present themselves to the Clinic will be advised that they must have an appointment to meet with the ~~Medical Director~~Clinic Manager and may leave printed materials, but no drug samples or drug sample vouchers.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Elder Or Dependent Adult Abuse Reporting	REVIEWED: 10/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: ~~10/23/19~~March Board Meeting	MEDICAL DIRECTOR

Subject: Elder and Dependent Adult Abuse Reporting

Objective: To comply with California Law, any health care provider, providing services at the Clinic who suspects, observes, or is told of the abuse of an elder or dependent adult must report to the appropriate law enforcement agency and/or Adult Protective Services.

Acuity Rating: Mandatory

Procedure:

1. Definitions:

a. Elder-any person residing in the State of California, 65 years of age or older. In addition, an individual with physical conditions or limitations such as that of the senior adult target group but is younger than 65 years of age will also be designated as "elderly" for abuse intervention purposes.

b. Dependent Adult-any person residing in the State of California, between the ages of 18 and 64, who has physical and/or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to person who has physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

c. Mandated reporters-include care custodians, health practitioners, employees of Adult Protective Services Agencies, and other employees of local law enforcement agencies.

2. Reporting Contacts:

Adult Protective Services
Calaveras County Department of Human Services
1-209-754-6677 or 1-844-690-5137 (after hours call 911)
509 E. St. Charles St., San Andreas 95249 (for SOC 341 to be completed and mailed within two working days or fax 1-209-754-3293

Calaveras County Sheriffs Department
1054 Jeff Tuttle Drive; San Andreas

3. Reporting Requirements:

a. **Physical or sexual abuse**-mandated reporters are to telephone the appropriate law enforcement agency immediately if physical or sexual abuse is suspected, observed or if they are told of the abuse. A completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate, using the online reporting form.

b. **Non-physical abuse**-All reports of non-physical abuse should be submitted by telephone and a completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate within two (2) working days using the online reporting form.

c. **Information regarding abuse from a third party**-The report of Suspected Dependent Adult/Elder Abuse Form should also be used to record information received from a third party through a telephoned report of abuse. The shaded sections on the form are to be completed when a third party telephone report of abuse is received.

4. Failure to Report:

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months

5. Types of Reportable Abuse:

Mandated reporters are required to report the following types of physical/sexual abuse as per the California Welfare and Institutions Code Section 15610.63:

a. Assault as defined in Section 240 of the Penal Code.
b. Incest, as defined in Sec 285 of the Penal Code.
c. Battery as defined in Section 242 of the Penal Code.
d. Sodomy, as defined in Section 286 of the Penal Code.
e. Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
f. Oral copulation as defined in Sec 288a of the Penal Code.
g. Unreasonable physical restraint or prolonged or continual deprivation of food or water.
h. Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
i. Sexual assault, which means any of the following:
    i. Sexual battery as defined in Sec 243.4 of Penal Code
    ii. Rape as defined in Sec 261 of the Penal Code.
    iii. Rape in concert, as defined in Sec 264.1 of the Penal Code.
    iv. Use of a physical or chemical restraint or psychotropic medication, without authorization, or for a purpose other than that for which it was ordered, including but not limited to, staff or caretaker convenience, for punishment, or for a period beyond that for which it was ordered.

6. Abuse that is Permissible to Report:

Mandated reporter may report the following types of abuse:

a. Neglect-Negligent failure of any person having the care or custody of an elder or dependent adult to exercise a "reasonable person" degree of care, including failure to:
   i. Assist in personal hygiene, or in the provision of food, clothing or shelter.
   ii. Provide medical care for physical and mental health needs (except that a person/victim who voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment shall not be deemed neglected or abused.
   iii. Prevent malnutrition.
   iv. Protect from health and safety hazards.

b. Intimidation-Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment, or other forms of intimidating behavior.

c. Fiduciary Abuse-A situation in which any person who has care or custody of, or who stands in a position of trust to an elder or suspected adult, takes, secrets, or appropriates money or property to any use or purpose not in the due and lawful execution of his or her trust.

d. Abandonment-Desertion or willful forsaking of an elder or dependent adult by anyone having care or custody under circumstances in which a reasonable person would continue to provide care and custody.

e. Isolation - Includes intentional acts committed for the purpose of preventing, and that actually serve to prevent, an elder or dependent adult from receiving mail or telephone calls.
   i. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller or meet with the visitor where the statement is false or contrary to the wishes of the elder or dependent adult, and is made for the purpose of limiting contact with family, friends, or concerned persons.
   ii. False imprisonment.
   iii. Physical restraint for the purpose of preventing the elder of dependent adult from meeting with visitors.

7. Internal Documentation:

A copy of all reporting documents is kept on file in the Clinic-Manager's office. Do not file reports in patient record.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Employee Health	REVIEWED: 8/8/19; 2/18/21
SECTION: Workforce	REVISED: 2/18/21
EFFECTIVE: ~~8/28/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Employee Health

Objective: Prior to starting work and annually thereafter, employees and contractors will ensure completion of minimum Employee Health processes to ensure a well workforce.

Response Rating:

Required Equipment:

Procedure:

1. The following minimum procedures will be completed and documented in the confidential health file prior to the employee and/or contractor's first day of work.
   a. ~~Two-step~~ A PPD skin test or chest x-ray if prior PPD was positive or if received a prior vaccine.
   b. Proof of Hepatitis B vaccinations or laboratory results (titers) to demonstrate immunity.
      i. If patient is not immune, Clinic will provide Hepatitis B vaccinations at cost to the Clinic or, if the employee wishes to decline the vaccination, they may sign a declination statement.
   c. Urine drug screen
2. The following minimum procedures will be completed and documented in the confidential health file annually for employees and contractors:
   a. A PPD skin test or chest x-ray if prior PPD was positive.
3. The Clinic will provide~~d~~ flu shots for employees and contractors which are encouraged but optional.
4. PPD skin test will be repeated annually and documented in the confidential health file.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: External Hazmat Incident	REVIEWED: 8/30/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~9/20/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: External Hazmat Incident

Objective: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

Response Rating:

Required Equipment:

Procedure:

1. Notify the patients, guests, and staff that a hazmat incident has occurred.

2. Shut down outside intake ventilation.

3. Close all doors to the outside and close and lock all windows.

4. Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper, or aluminum wrap.

5. Turn off all exhaust fans in kitchens and bathrooms.

6. Close as many internal doors as possible in the building.

7. Use take and plastic food wrapping, wax paper, or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.

8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.

9. If an explosion is possible outdoors, close drapes, curtains, or shades over windows. Stay away from external windows to prevent injury from flying glass.

10. Tune in to the Emergency Broadcasting System on the radio or television for further information and guidance.

11. Call "911" if patient has difficulty breathing or other life threatening condition(s) occur.

12. Notify “911” if evacuation of patients is necessary.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Extreme Temperatures	REVIEWED: 8/30/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE ~~9/20/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Extreme Temperatures

Objective: To provide precautionary and preventative measures for staff, patients, and guests during the hot summer months. Older adults and children are extremely vulnerable to heat related disorders.

Response Rating:

Required Equipment:

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.

2. Draw all shades, blinds, and curtains in rooms exposed to direct sunlight.

3. Have ample fluids, and provide as many fluids as needed.

4. Turn on fans or air conditioner to increase circulation.

5. Assess patients arriving for services for signs and symptoms.

6. If symptoms of heat illness are experienced by staff, patients, or guests report symptoms to medical staff.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Fire Safety	REVIEWED: 9/1/19; 3/10/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~9/20/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Fire Safety

Objective: To identify potential fire hazards or sources of ignition and establishing procedures that minimizes the risk of workplace fires.

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

1. Potential fire hazards, ignition sources, and their control

   a. Commonly occurring fire hazards may result from flammable and combustible materials, smoking, open flame heaters, electric space heaters, and electrical systems.

   b. Fuel sources include:

      1. Paper material – good housekeeping and daily removal of trash should minimize this exposure.

      2. Cleaning solvents – keep ignition sources away from cleaning solvents; clean up spills immediately; soiled rags must be disposed of in a can with a lid.

   c. Ignition sources include:

      1. Keep fuel sources away from electrical equipment.

      2. Electrical equipment requires keeping 36” clearance and good housekeeping.

      3. Microwave oven, toaster, and coffee maker need cleaning after use and weekly.

      4. Temporary electric extension cords are only used for temporary, one-day jobs and not as a replacement for permanent wiring.

2. Housekeeping

   a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.

b. Employees shall ensure that aisles and workspaces remain clear and free of trash.
c. Suitable clearances (18" or more) shall be maintained below sprinkler heads to storage.
d. There shall be no accumulation of paper, rags, sweepings, or debris.
e. Exits and fire door closures shall remain unobstructed and in good working order.

3. Training

a. Fire classes

1. There are three basic fire classes. All fire extinguishers are labeled with standard symbols stating the class of fires they can put out. A red slash through any of the symbols tells you the extinguisher cannot be used on that class of fire. A missing symbol only tells you that the extinguisher has not been tested for a given class of fire.

Class A: ordinary combustibles such as wood, cloth, paper, rubber, and many plastics.

Class B: flammable liquids such as gasoline, oil, grease, oil-based paint, lacquer, and flammable gas.

Class C: Energized electrical equipment including wiring, fuse boxes, circuit breakers, machinery, and appliances.

b. Extinguisher sizes

1. Portable extinguishers are also rated for the size of fire they can handle. This rating is a number from 1 to 40 for Class A fires and 1 to 640 for Class B fires. The rating will appear on the label. The larger the number, the larger the fire the extinguisher can put out. Higher rated models are often heavier. Make sure you can hold and operate the extinguisher before you attempt using it.

c. Installation and maintenance

1. Extinguishers should be installed in plain view above the reach of children, near an escape route, and away from stoves and heating appliances. Consult the local fire department for advise on the best locations.

2. Nothing shall be stored immediately in front of the fire extinguisher that will block or otherwise impede access

2. Extinguishers require routine care. The operator's manual and dealer outline how the extinguisher should be inspected and serviced. Rechargeable models are serviced after use. Disposable fire extinguishers can be only used once; they must be replaced after one use. Following the manufacturer's instructions, check the pressure in the Clinic extinguishers once a month.

d. Remember "P-A-S-S"

1. Stand 6-8 feet away from the fire and follow the four-step P-A-S-S procedure. If the fire does not begin to go out immediately, leave the area at once. Always be sure the fire department inspects the fire site

- **P**ULL the pin: this unlocks the operating lever and allows you to discharge the extinguisher. Some extinguishers have another device that prevents accidental operation.
- **A**IM low: point the extinguisher nozzle (or hose) at the base of the fire.
- **S**QUEEZE the lever below the handle: this discharges the extinguishing agent. Releasing the lever will stop the discharge. Note: some extinguishers have a button to press instead of a lever.
- **S**WEEP from side to side: while moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

4. Fighting the fire

a. Before you begin to fight a fire:

1. Make sure the fire is confined to a small area and is not spreading.

2. Make sure you have an unobstructed escape route where the fire will not spread.

3. Make sure that you have read the instructions and that you know how to use the extinguisher.

b. It is reckless to fight a fire under any other circumstances. Instead, close off the area and leave immediately.

c. Fire extinguishers

1. Used properly, a portable fire extinguisher can save lives and property by putting out a small fire or controlling it until the fire department arrives.

2. Portable extinguishers (intended for the home or office), are not designed to fight large or spreading fires. But even against small fires, they are useful only under certain conditions:

- The operator must know how to use the extinguisher. There is no time to read directions during an emergency.
- The extinguisher must be within easy reach, fully charged, and in working order.
- Some models are unsuitable for grease or electrical fires.

3. Choose your extinguisher carefully. A fire extinguisher should have the seal of an independent testing laboratory. It should also have a label stating the type of fire it is intended to extinguish.

4. The extinguisher must be large enough to put out the fire. Most portable extinguishers discharge completely in as few as eight (8) seconds.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Instrument Cleaning for Sterilization	REVIEWED: 7/24/19; 2/18/21
SECTION: Infection Control	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Instrument Cleaning for Sterilization

Objective: To prevent cross-contamination by killing infectious bacteria, viruses, yeasts, molds and bacterial spores.

Disposable sterile supplies will be used when possible but some instruments and suture sets will be sterilized by autoclaving.

Sterilization is the process of destroying all forms of microbial life including infectious bacteria, viruses, yeast, mold and bacterial spores. The first step of sterilization is cleaning. Dirt cannot be sterilized. Steam or gas cannot make contact with surfaces that have oils, grease, proteins, soap curds, blood, pus or feces on them. The instruments to be sterilized will be returned clean and ready to sterilize.

Response Rating: Mandatory

Required Equipment: Personal protective equipment (gloves, gown, face shield), brush, approved soap, approved instrument soaking solution at proper dilution

Procedure:

1. Items to be sterilized will be prepared as follows:

   a. After rinsing, place dirty instruments in the designated “dirty” area of the utility room.

   b. Scrub the instruments with a brush, soap, and water until visible soil is removed. Serrated instruments will be scrubbed with special attention paid to the hinged area. Implements that can be broken down into parts should be broken down with the joints and clasps given close attention.

   c. Rinse and soak for thirty (30) minutes in approved instrument soak.

   d. Spray with approved instrument foam and allow for process for 15 minutes.

e. Instruments will be rinsed in cold water, dried and set aside for sterilization.
f. Single use implements will be properly disposed of after use. Single use implements are not to be cleaned or sterilized under any circumstances.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Lapses Of Consciousness – DMV Reporting	REVIEWED: 7/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: ~~7/21/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Lapses of consciousness and reporting regulations

Objective: "The regulations amended Section 2500, Title 17 CCR – "Reporting to the Local Health Authority." The non-communicable diseases or conditions – Alzheimer's disease (AD) and related conditions and disorders characterized by lapses of consciousness were removed from this section. This action was taken to eliminate any confusion between two different authorizing statutes. The reporting of AD and related conditions, as well as disorders characterized by lapses of consciousness, is now listed in the Sections 2800 through 2812 in the CCR.

The regulations also repealed Section 2572, Title 17, CCR – "Disorders Characterized by Lapses of Consciousness, Alzheimer's Disease and Related Disorders." The reporting regulations in this section were not clear and conflicted with the reporting language in Health and Safety Code 103900.

Response Rating:

Required Equipment:

Procedure:

§2810. Reporting Requirements. a. Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient.

b. The report prepared pursuant to subsection (a) of this section shall include:
1. The name, address, date of birth, and diagnosis of the patient, and
2. the name, address, and phone number of the physician and surgeon making report.

§2806. Disorders Characterized by Lapses of Consciousness. a. Disorders characterized by "lapses of consciousness" means those medical conditions that involve:
1. A loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
2. The inability to perform one or more activities of daily living; and
3. The impairment of the sensory motor functions used to operate a motor vehicle.

b. Examples of medical conditions that do not always, but may progress to the level of functional severity

described in subsection (a) of this section include Alzheimer's disease and related disorders, seizure disorders,

brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2808 Sensory Motor Functions "Sensory motor functions" means the ability to integrate seeing, hearing, smelling, feeling and reacting with physical movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2812. Exceptions to Reporting A physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if:

1. The patient's sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
2. The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believes these statements made by the patient are true, or
3. The physician and surgeon previously reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle, or
4. There is documentation in the patient's medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

For information on the California Department of Motor Vehicles' guidelines for physical and mental conditions and licensure options, see dmv.ca.gov physical and mental evaluation guidelines.

For information on dementia, driving and California state law, see Family Caregiver Alliance.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Mass Casualty Response	REVIEWED: 8/30/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~September Board Meeting~~March Board Meeting	MEDICAL DIRECTOR

Subject: Mass casualty response

Objective: For the purpose of this policy, Mass Casualty will be defined as any patient care situation that disrupts regular Clinic operations.

Response Rating:

Required Equipment:

Procedure

1. Clinic may be advised of a mass casualty from one of the following sources:
   a. Law enforcement
   b. Community member
   c. County EMS
   d. Patient surge
   e. News broadcast (television, radio, internet)

2. In a mass casualty situation, the Clinic will activate the Command Center. The Command Center will be located in one of the following locations commensurate with the situation and weather conditions:
   a. Clinic lobby
   b. Clinic parking lot, adjacent to the Clinic
   c. Clinic parking lot, across the street from the Clinic
   d. District parking lot, adjacent to the District Office
   e. District Office

3. Until replaced by District personnel or Clinic leadership, the Incident Commander will be the staff member present with the RN or LVN license. Absent an RN or LVN, the Radiology Technician will function as the Incident Commander. Absent a Radiology Technician, the senior Medical Assistant will function as the Incident Commander.

4. The following supplies will be placed in the Emergency Response bin, which will be stored at the Clinic in the reception desk area:

   Incident Command Team t-shirts/vests (incident Commander, Safety Officer, Operations Officer,

Logistics Officer)

2-way radios, batteries, car chargers,
A copy of the current, approved Emergency Preparedness Plan which contains contact information for personnel, providers, and resources
Flashlights and batteries
Hand Sanitizer
Masks (N-95)/Respirators
PPE (gloves/gowns/masks/eye protection)
Duct tape
Pads and pens
Patient registration forms (downtime)
Patient care forms (downtime)
Incident command forms

a. If care is to be moved outside or if there is an evacuation, Staff will also need to collect:
Emergency Medication Kit: (Nitroglycerine/ASA/Benadryl/Epi/Narcan/Glucose/Albuterol)

Trauma grab bag
BP Cuffs (Manual or portable battery)
Satellite cell phone (if available)

5 Additional supplies, such as Easy-Up temporary shelters, bottled water, etc. will be located at the District storage area.

6. If the building is safe for use, Clinic operations will take place within the confines of the building building.

7. If the Clinic building is not safe for use the parking lot(s) will be established as the alternative patient care site.

8. If neither the Clinic building nor the parking lots are safe for Clinic operations, District and/or Clinic leadership will coordinate with City of Valley Springs resources to determine where Clinic personnel may set up to provide patient care services.

9. It is understood that, based upon the type and severity of the emergency the Clinic may not be able to offer usual and customary Clinic services in the location and manner to which patients are accustomed. Clinic services may be enhanced or reduced based upon provider and staff availability. At no time will Clinic personnel provide service outside their training and/or scope of practice.

10. If forced to move Clinic operations out of the Clinic building:
a. Use duct tape on pavement to designate space for command and/or patient intake/assessment
b. Move clinic furniture and medical supplies/medications that do not require refrigeration outside to accommodate patient waiting and care, if appropriate

11. Utilize approved forms for documentation.

12. Activate on duty and off duty staff, as required.

13. If not already involved, notify ambulance service and local law enforcement of Clinic status (normal operations, partially operational (define), non-operational.

14. Contact local ambulance service to ensure they have contacted potential receiving hospital(s)

15. RN and/or FNP serve as triage nurse.

16. LVN serves as MA lead and makes assignments. Absent an LVN, the RN/FNP will assign a lead MA.

17. Reception chair #1 will serve as front office lead and will manage registration and the telephone traffic.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Mission Statement	REVIEWED: 7/1/19;2/18/21
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Mission Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

1. As an entity wholly-owned by Mark Twain Health Care District, the Clinic's Mission is the District's Mission:

   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.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Motor Vehicle Accident Reporting	REVIEWED: 7/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Motor Vehicle Accident Reporting

Objective: To ensure all injuries caused by a motor vehicle accident are reported to appropriate agencies.

Response Rating:

Required Equipment:

Procedure:

1. Upon registration, if patient report they were in any type of Motor Vehicle accident, the following information will be recorded on Motor Vehicle Accident Report form:

    a. Patient name
    b. Date of birth
    c. Type of motor vehicle
    d. Location of accident
    e. Who was involved in the accident
    f. Law Enforcement Agency contacted

2. All motor vehicle accidents will be reported to appropriate law enforcement agency regardless of the patient stating they already reported the accident.

3. If patient sustained injuries from a motor vehicle accident (car, truck, motorcycle, pedestrian), patient will be given a copy of the treatment notes to attach to the DMV Report of Traffic Accident.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Operation During Internal Disaster	REVIEWED: 7/1/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Operation of the Clinic during an internal disaster

Objective: To ensure continuity of services, as well as patient and staff safety in the event of a facility internal disaster.

Response Rating:

Required Equipment:

Procedure:

1. In the event of an internal disaster (e.g. fire, flood, extended power failure) that renders the Clinic inoperable, Clinic personnel will report to the CEO per their assigned Clinic schedule and receive assignments from the Clinic Manager.

2. The Clinic's designated contract/facilities maintenance vendor will inspect the Clinic to determine the severity of the issues and estimate costs and timeline to return the facility to operational status.

3. The CEO, Clinic Manager, and Medical Director will meet to discuss current status of the Clinic facility, the contractor's recommendation(s), and to formulate an operations plan during repair activities.

    a. Short term solution
    b. Long term solution, if required

4. If the Clinic will be non-operational for a period to exceed 24 hours, a formal written notice will be sent to the appropriate District Office of the California Department of Public Health to advise the Clinic's status, including short- and long-term activities that are planned.

5. Clinic Manager will make assignments, including:

    a. The placement of signs on the building exterior, advising the Clinic's status and options for patients to receive care elsewhere.

    b. Revision of the Clinic's voice mail outgoing message to reflect the Clinic's status and options for patients to receive care elsewhere.

c. Direct personnel to locate themselves in a safe and secure location near the Clinic building for the purpose of informing patients who walk-up to the Clinic that the Clinic is not currently operational, the anticipated timeline before the Clinic returns to operation, and options for patients to receive care elsewhere.

   i. An assessment will be made at the time of the disaster as to what alternative health care resources are available in the community and that information will be made available upon patient inquiry. It is acknowledged that there are sparse alternatives in the community and options for patients may be limited.

d. Direct personnel to utilize computer resources to access the "cloud-based" electronic medical record software to contact patients with scheduled appointments for the purpose of advising that the Clinic is not operational, the anticipated timeline before the Clinic returns to operation, and options for patients to receive care elsewhere.

e. In cooperation with Medical Director, ensure that active patient records in the "cloud-based" electronic medical record are reviewed to ensure all incoming consultative reports, laboratory results, and other pertinent content is reviewed and clinical follow-up initiated, (e.g. calls to patients with results, request for referral to specialist practitioners when clinically necessary, etc.) so as to ensure continuity of patient care.

f. Direct personnel to utilize computer resources to access the "cloud-based" electronic medical record software and District shared folders for the purpose of continuing work on authorizations and referrals in progress and to results tracking logs for mammography, Pap smears, and pathology requests.

g. Assign one staff member to respond to billing service requests for information to address incomplete and/or denied insurance claims filings.

h. If safe to do so, assign two or more staff members to report to the Clinic for the purpose of securing and relocating medications (including Vaccine for Children inventory) and oxygen tanks.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Patient Medical Record Content	REVIEWED: 7/1/19; 2/18/21
SECTION: Medical Records	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Medical record content

Objective: A medical record shall be maintained on all clinic patients and shall contain the information outlined in this policy. Clinic staff will sign any handwritten entry made legibly with their name and title using ink. The medical record will be completed and filed within 48 hours of the patient encounter and will be available during business hours to members of the Medical Staff.

Response Rating:

Required Equipment:

Procedure:

Information outlined below will be noted in the patient's medical record at the time of the Clinic visit.

1. Specific patient identification
    a. Name
    b. Current address
    c. Age and date of birth
    d. Gender (sex)
    e. Date of service
    f. Signed consent for treatment (authorization for treatment)
    g. Name of primary care physician (if applicable)
2. Problem list
    a. Medication list
    b. Social history
    c. Family history
    d. Medical history
3. Patient's vital signs and weight, BMI, growth charts

4. Relevant history of the illness or injury, including duration of symptoms and, on all injuries, date, location, time, and details of occurrence.

5. Appropriate physical examination

6. Diagnostic impression

7. All medications given, including dose, time, site, route and signature of individual who administered the medications

    a. In the case of immunizations, the lot number and expiration date of vaccine

8. Clinical observations, including results of treatment(s)

9. Reports of procedures, tests, and results

10. Record of last menstrual period on all female patients

11. Immunization record, when last received tetanus toxoid booster, if applicable.

12. History of allergies

    a. Food
    b. Medication
    c. Environmental

13. Referral information to and from outside agencies

14. Diagnostic and therapeutic orders

15. Reconciled listing of routine medications

16. Education provided

17. Provider signatures will consist of a minimum of the staff member's first initial and full last name, followed by the appropriate title (example: MD, DO, FNP, PNP, PA, RN, LVN, CNA, MA or ERT).

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Sensitive Services	REVIEWED: 7/1/19; 2/18/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~7/31/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Sensitive Services

Objective: The Clinic will implement and maintain procedures to ensure confidentiality and ready access to sensitive services, consistent with services offered, for all patients, including minors. Patients shall be able to access sensitive services promptly, and where applicable, in keeping with the guidelines of their insurance payor.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sensitive services are defined as services related to:
   a. Sexual assault
   b. Drug or alcohol abuse for children 12 years of age or older
   c. Pregnancy
   d. Family planning
   e. Sexually transmitted diseases designated by the State for children 12 years of age or older
   f. Sexually transmitted diseases for adults
   g. HIV testing
   h. Outpatient mental health for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Telephone Request For Medical Information	REVIEWED: 6/1/19; 2/18/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~6/19/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Telephone Request for Medical Information

Objective: To facilitate the proper diagnosis and treatment of patients and distribution of patient personal health information, medical advice and/or treatment will not be given over the telephone by the Clinic staff except as a method of follow-up to Delayed Procedure Diagnostic Testing.

Response Rating:

Required Equipment: None

Procedure

1. Patients seeking medical advice over the phone will be informed, courteously, that it is the policy of the Clinic that medical advice is not to be given over the phone.

2. Patients will be informed that if they have questions regarding their results or think they need to be seen by a practitioner they should come in to the Clinic.

3. Follow-up information or treatment due to Delayed Procedure Diagnostic Testing (lab, x-ray) may only be given by those personnel authorized to diagnose and prescribe (physicians, physicians' assistants, nurse practitioners).

4, Results of lab work are not to be given to patients by telephone unless approved by the practitioner. If approved by the practitioner, the information will be given to the patient via a designated staff member with a notation in the EMR indicating date, time and name of person giving the information.

5. Confidential results (sexually transmitted diseases, pregnancy, etc.) will never be given over the telephone.

6. When results are given to the patient over the telephone, practitioner must document date/time and what information given in the EMR.

7. Under no circumstances will results of any kind (lab- x-ray, treatment) be left on answering machines or voice mail.

8. Messages left for patients will be confined to providing the name of the person calling, the name of the clinic, the clinic phone number, and a request that the patient return the call at their soonest convenience.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Temperature – All Modalities	REVIEWED: 7/24/19; 2/19/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~11/19/19~~March Board Meeting	MEDICAL DIRECTOR:

Subject: Vital signs: temperature, all modalities

Objective: Accurate capture of patient's temperature

Response Rating:

Required Equipment: Tympanic thermometer, digital oral thermometer, digital rectal thermometer

Procedure:

Tympanic Thermometer

1. Attach a new, clean probe cover and press MEM button.
    a. New, clean probe covers ensure accurate reading
2. Perform an ear tug to straighten the ear canal and give the thermometer a clear view of the eardrum. For children under one (1) year, pull the ear up and back.
3. While tugging the ear, fit the probe snugly into the ear canal as far as possible and press the activation button. Release when the thermometer beeps.
4. Read and record temperature.
5. Remove probe cover and discard.

Rectal thermometer

1. Ensure the rectal probe (red ejection button) and the red probe well are installed.
2. Put on non-sterile gloves.
3. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.

4. Verify that the Lower Body Mode icon is selected by observing the flashing, press the Mode Selection button until the Lower Body Mode icon appears.

5. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.

    a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers or no probe cover may produce temperature measurement errors and/or inaccuracy.

6. With the rectal mode indicator flashing, separate the patient's buttocks with one hand. Using the other hand, gently insert the probe only 1.5 cm (5/8 inch) inside rectum (less for infants and children). Use of lubricant is required.

    a. Incorrect insertion of probe can cause bowel perforation.

7. Tip the probe so that the tip of the probe is in contact with the tissue. Keep the hand separating the buttocks in place and hold the probe in place throughout the measurement cycle. Rotating walking segments appear on the display indicating that measurement is in progress.

8. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature will display on the LCD. The final temperature will remain on display for 30 seconds.

9. If patient's temperature cannot be correctly measured in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurements in Rectal Mode or keep the probe in place for five (5) minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond five (5) minutes is not recommended in the Rectal Mode.

10. After the temperature measurement is complete, remove the probe from the patient's rectum. Eject the probe cover by firmly pressing the ejection button on the top of the probe.

11. Return the probe to the well, where the LCD will go blank.

12. Remove your gloves and wash your hands.

13. Record the patient's temperature in the medical record.

Oral thermometer

1. Ensure the oral probe (blue tipped ejection button) and the blue probe well are installed.

2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle withdraw the probe from the probe well.

3. Verify that the Oral Mode icon is selected by observing the flashing head icon on the instrument display. If this icon is not flashing, press the Mode Selection button until the head icon appears.

4. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.

    a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers or no probe cover may produce temperature measurement errors and/or inaccuracy.

5. With the Oral Mode indicator flashing, quickly place the probe tip under the patient's tongue on either side of the mouth to reach the rear sublingual pocket. Have the patient close his/her lips around the probe.

6. Hold the probe in place, keeping the tip of the probe in contact with the oral tissue throughout the measurement process. Rotating walking segments on the display indicate the measure is in progress.

7. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature scale will display in the LCD. The final temperature will remain on the display for 30 seconds.

8. If you cannot correctly measure the patient's temperature in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurement in Normal Mode, in the opposite sublingual pocket or keep the probe in place for three minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe form the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond three minutes is not recommended in the Oral Mode.

9. After the temperature measurement is complete, remove the probe from the patient's mouth. Eject the probe cover by firmly pressing the ejection button on the top of the probe.

10. Return the probe to the well, where the LCD will go blank.

11. Record the patient's temperature in the medical record.

12. Patient's actions may interfere with accurate oral temperature readings: ingesting hot or cold liquids, eating foods, chewing gum or mints, brushing teeth, smoking or performing strenuous activity may affect temperature readings for up to 20 minutes after activity has ended.

Axillary Thermometer

1. Ensure the oral probe (blue ejection button) and the blue probe well are installed.

2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.

3. Verify that the Axillary Mode icon is selected by observing the flashing, press the Mode Selection button until the adult axillary or pediatric axillary icon appears.

4. Do not take axillary temperature readings through a patient's clothing. Direct contact between the patient's skin and the probe is required.

5. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.

    a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers or no probe cover may produce temperature measurement errors and/or inaccuracy.

6. With the axillary mode indicator flashing, lift the patient's arm so that the entire axilla is easily seen. Place the probe as high as possible in the axilla. Do not allow the probe tip to come into contact with the patient until the probe is placed in the measurement site. Before this, any contact between the probe tip and the tissue or other materials may cause inaccurate readings.

7. Verify the probe tip is completely surrounded by axillary tissue and place the arm snugly at the patient's side. Hold the patient's arm in this position and do not allow movement of the arm or probe during the measurement cycle. Rotate "waling" segments appear on the display indicating that measurement is in progress.

8. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature will display on the LCD. The final temperature will remain on display for 30 seconds.

9. If patient's temperature cannot be correctly measured in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurements in Normal Mode in the opposite axilla or keep the probe in place for five (5) minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond five (5) minutes is not recommended in the Axillary Mode.

10. After the temperature measurement is complete, remove the probe from the patient's axilla. Eject the probe cover by firmly pressing the ejection button on the top of the probe.

11. Return the probe to the well, where the LCD will go blank.

12. Record the patient's temperature in the medical record.

13. Probe contact with electrodes, bandages, poor tissue contact, taking a temperature reading over clothing or prolonged exposure of axilla to ambient air can cause inaccurate temperature readings.

Temporal Thermometer

1. Attach a new, clean probe cover and press MEM button.

    a. New, clean probe covers ensure accurate reading

2. Push aside the patient's hair on the forehead and at the earlobe.

3. Measure straight across the forehead, from the center to the hairline (or start at the hairline) ending with a touch on the neck behind the earlobe. For children under one (1) year, one measurement, preferably at the temporal artery area, is all that is required on an infant as the perfusion rate is normally strong, push aside any clothing or blankets covering the neck area for ~ 30 seconds or so, and make the measurement on the neck behind the ear.

4. Slide the thermometer midline straight across the forehead (think of a sweatband), and not down the side of the face. Midline, the temporal artery is about 2 mm below the surface, but can go deeply below the surface on the side of the face. Release when the thermometer beeps.

5. Read and record temperature.

6. Remove probe cover and discard.

MTHCD

Lease Review

March 2021

Leases

2 Ground Leases

1 Leases / MTHCD as Tenant

2 Subleases / MTHCD as Sub-lessor

2 Leases / MTHCD as Landlord

(Does Not Included Main Leases with Dignity Health Care)

Findings:

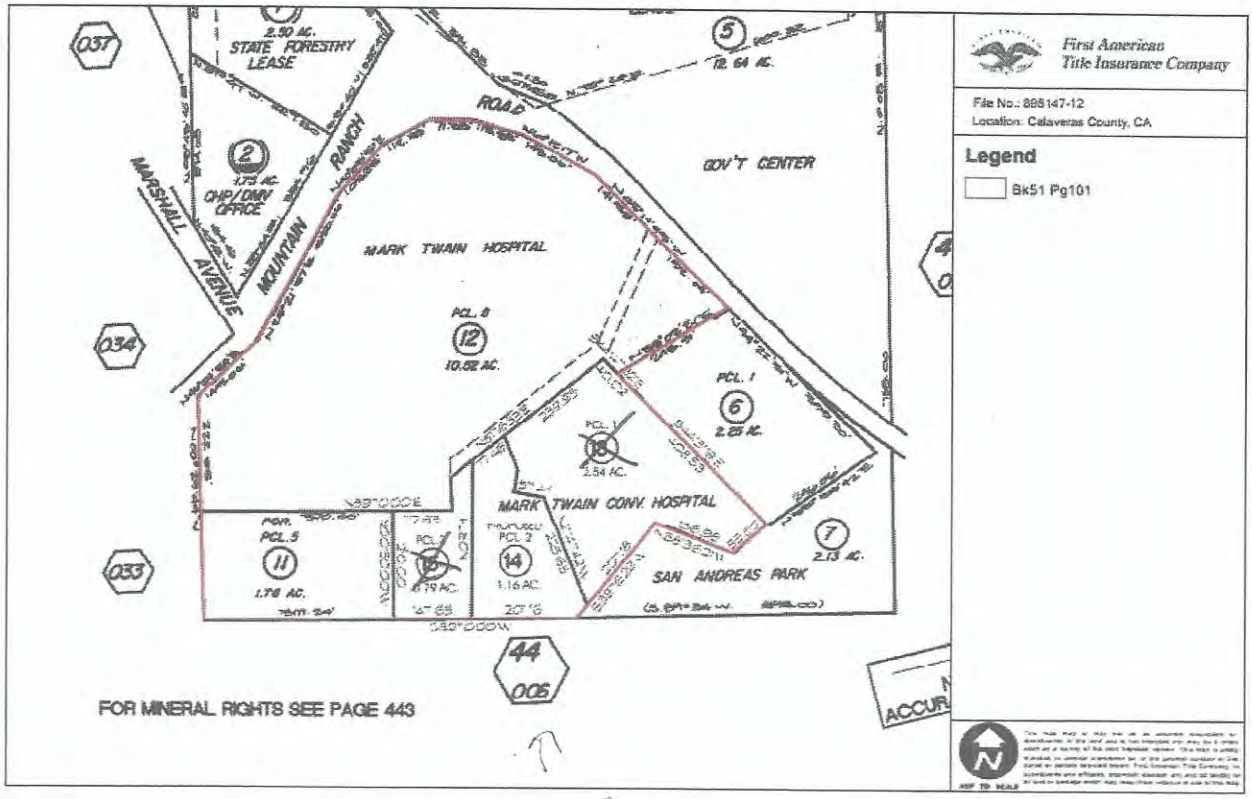
1. Need addition documentation supporting current Ground Lease for Parcel #3
2. Lease with SCMGHC expired / currently being renewed
3. Need to collect current COI's for all leases & subleases
4. Conflicting information concerning title & title restrictions on parcel # 1
5. Possible Rent escalations may not may been enacted.

Recommendations:

1. Locate missing Records - (Currently underway)
2. Letter to tenants requesting new / current COI's per leases requirements (in-progress).
3. Have a new Title Search conducted to insure most accurate information.
4. Enact calendar program to review and /or enact any rent escalations (in progress)

Address	Landlord	Tenant	Start Date	End Date	Sq. Ft.	Current		Increases	Notes
Ground Lease - Parcel 5	Mark Twain Hospital District	Koplen Construction	5/3/1994	5/2/2044	Parcel	$481.44		Calculated May 1	5/2/22029 - Key Date
Ground Lease - Second Addendum Parcel 3	MTHCD	San Andreas Medical & Professional Office Buildings, LLC	12/28/2007	5/20/2054	Parcel	$1.00 per Year		Based on Occupancy & Adjustments on March 1	
704 Mountain Ranch Road / Bldg E, 1st Floor	Arnaudo Bros. LP	MTHCD	3/1/2007	2/28/2027	6,500	$16,931.66	CAM T1 CAM T2	3% of Base	Three 10 Years extensions
704 Mountain Ranch Road / Bldg E - 101	MTHCD	Stockton CMGCHC	8/15/2007 9/1/2012 8/20/2017	7/15/2012 8/30/2017 8/29/2020	1276	$3,391.80		3% of Base	Plus 10% of Type II CAM
704 Mountain Ranch Road / Bldg E - 102 **704 Mountain Ranch Road / Bldg E - 103** **704 Mountain Ranch Road / Bldg E - 104** **704 Mountain Ranch Road / Bldg E - 105**	MTHCD	MTHCC	7/1/2019	6/30/2024	4993	$13,006.77		3% of Base Per Schedule	Plus % of Utilities Plus 38.4% of Type II
1934 Highway 26, Valley Springs	MTHCD	Resource Connection	3/1/2018	3/1/2026	2.6 Acres & 2,275 RSF	$750.00 Monthly		Min 2% / Max 3%	
51 Wellness Way, Suite 110	MTHCD	Sunrise Pharmacy	12/30/2019	12/30/2029	900 RSF	$1,800 Monthly		2.5 % of base year	+ 9% Operating Exp

Exhibit B – Premises Under 1948 Deed and Conveyance (Exception 21)
as Plotted by Title Company



704

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San Andreas Family Med Clinic

700

Diff spec code

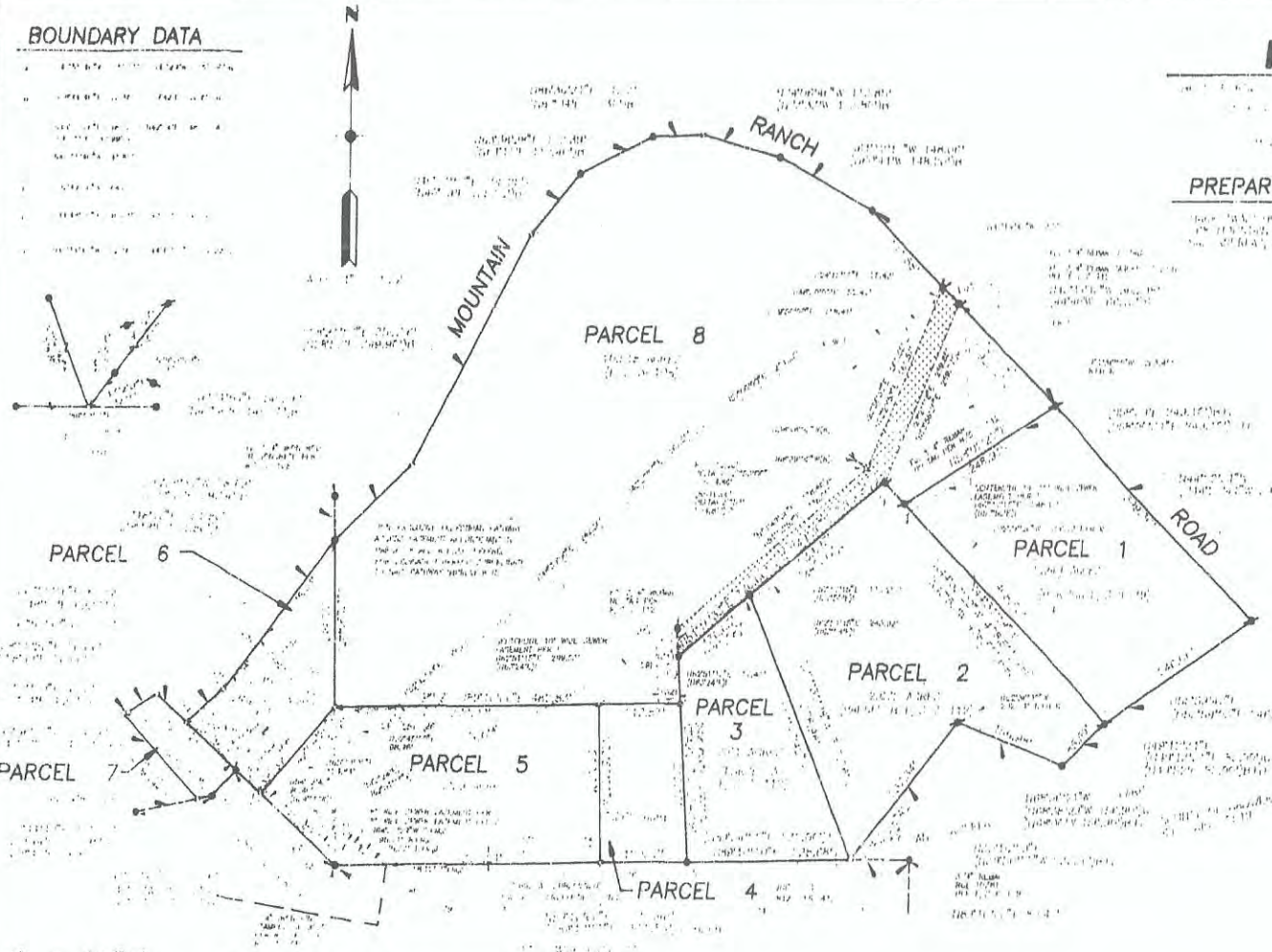
13107.942 5741900.4

AMENDED PARCEL MAP

BOUNDARY DATA

PREPARED FOR:

PREPARED BY:



LEGEND

EASEMENT DATA

LEASE EXTENSION AGREEMENT

Date of Amendment: Feb. 22., 2021

Landlord/Lessor: Mark Twain Health Care District

Tenant/Lessee: Resource Connection: Valley Springs

State: CA Zip Code: 95252

Lease Start Date: March 1, 2021

Original Lease End Date: March 1, 2026

The parties agree that the aforementioned lease agreement shall be extended for a period of 5 ☐ Months X Years with the monthly rent to be in the amount of $750.00.

Revised Lease End Date: March 1, 2026.

All other terms and conditions of the lease agreement shall remain in effect in respect for the obligations of both parties.

Landlord/Lessor Signature _____ Date: 2/22/2021

Print Name: Dr. Randall Smart, CEO

Tenant/Lessee Signature _____ Date: 2/22/21

Print Name: Kelli Coane, Director

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 (as of February, 2021)**
Item Type:	**Action**
Submitted By:	**Rick Wood, Accountant**
Presented By:	**Rick Wood, Accountant**

BACKGROUND:
The February, 2021 financial statements are attached for your review and approval.

- Please note that the June 30, 2020 financial reports will remain in DRAFT form until the 2019 – 2020 Audit has been completed. Mr. Hohenbrink has provided clinic revenue numbers, and this has been passed along to our Auditor. After a very productive meeting today (3/12/21), the final 6/30/2020 revenue numbers have been provided to the Auditor, which should help us get the Audit moving 😉
- Mr. Hohenbrink has also provided monthly clinic revenue numbers, and we are booking these as they are provided.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District							
Annual Budget Recap							
	02/28/21 Actual Y-T-D	2020 - 2021 Annual Budget					
		Total District	Clinic	Rental	Projects	Admin	
Revenues	2,764,723	6,171,389	3,618,701	1,352,688	0	1,200,000	
Total Revenue	2,764,723	6,171,389	3,618,701	1,352,688	0	1,200,000	
Expenses	(3,070,303)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)	
Total Expenses	(3,070,303)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)	
Surplus(Deficit)	(305,579)	310,726	(261,418)	171,260	31,000	431,884	

	Mark Twain Health Care District							
	Direct Clinic Financial Projections							
			VSHWC				**2/28/2021**	
		DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**	
		2019/2020	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**	
4083.49	Urgent care Gross Revenues	362,452	4,674,075	3,116,050	153,248	1,148,013	24.56%	
4083.60	Contractual Adjustments	(51,948)	(1,087,124)	(724,749)		(2,469)		
	Net Patient revenue	310,504	3,586,951	2,391,301	153,248	1,145,544	31.94%	
4083.90	Flu shot, Lab income, physicals		1,000	667			0.00%	
4083.91	Medical Records copy fees		750	500			0.00%	
4083.92	Other - Plan Incentives		30,000	20,000			0.00%	
			31,750	21,167	0	0	0.00%	
	Total Other Revenue	**310,504**	**3,618,701**	**2,412,467**	**153,248**	**1,145,544**	**31.66%**	
7083.09	Other salaries and wages	(833,307)	(1,008,540)	(672,360)	(83,299)	(691,033)	68.52%	
7083.10	Payroll taxes	(52,045)	(78,666)	(52,444)	(8,529)	(51,634)	65.64%	
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(6,051)			0.00%	
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(33,321)	(12,817)	(80,119)	160.30%	
7083.14	Group Life Insurance		(1,614)	(1,076)			0.00%	
7083.15	Pension and Retirement		(25,214)	(16,809)		(632)	2.51%	
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(6,723)		(16,697)	165.56%	
7083.18	Other payroll related benefits		(1,513)	(1,009)			0.00%	
	Total taxes and benefits	(96,806)	(176,151)	(117,434)	(21,346)	(149,082)	84.63%	
	Labor related costs	**(930,113)**	**(1,184,691)**	**(789,794)**	**(104,645)**	**(840,116)**	**70.91%**	
7083.05	Marketing	(7,096)			(338)	(1,524)		
7083.20	Medical - Physicians	(422,491)	(905,244)	(603,496)	(53,866)	(425,255)	46.98%	
7083.22	Consulting and Management fees	(261,571)	(75,000)	(50,000)	(1,893)	(58,482)	77.98%	
7083.23	Legal - Clinic	(27,900)	0			1,258	0.00%	
7083.25	Registry Nursing personnel		(3,000)	(2,000)			0.00%	
7083.26	Other contracted services	(65,565)	(126,907)	(84,605)	(15,170)	(108,690)	85.65%	
7083.29	Other Professional fees	(11,199)	(80,932)	(53,955)	(1,231)	(6,992)	8.64%	
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(2,469)	(65)	(880)	23.78%	
7083.38	Pharmaceuticals		(139,504)	(93,003)			0.00%	
7083.41	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(17,143)	(15,060)	(143,098)	556.50%	
7083.44	Linens		(1,200)	(800)			0.00%	
7083.48	Instruments and Minor Medical Equipment		(24,248)	(16,165)			0.00%	
7083.74	Depreciation - Equipment		(150,476)	(100,317)			0.00%	
7083.45	Cleaning supplies		(47,578)	(31,719)			0.00%	
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(5,403)			0.00%	
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(207,345)			0.00%	
7083.80	Utilities - Electrical, Gas, Water, other	(52,509)	(95,083)	(63,389)	(4,470)	(56,428)	59.35%	
8870.00	Interest on Debt Service	(60,469)	(257,355)	(171,570)		(187,961)	73.04%	
7083.43	Food	(935)	(2,000)	(1,333)		(893)	44.64%	
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(10,285)	(7,381)	(46,039)	298.41%	
7083.69	Other purchased services	(52,143)	(232,076)	(154,717)	(13,001)	(66,516)	28.66%	
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(11,236)			0.00%	
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(20,735)	(2,089)	(37,473)	0.00%	
7083.83	Licenses & Taxes		(1,500)	(1,000)				
7083.85	Telephone and Communications	(5,253)	(20,903)	(13,935)	(1,585)	(12,211)	58.42%	
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(1,000)	(1,500)	(4,447)	296.50%	
7083.87	Outside Training	(199)	(15,000)	(10,000)			0.00%	
7083.88	Travel costs	(3,704)	(4,000)	(2,667)		(389)	9.73%	
7083.89	Recruiting	(25,209)	(40,000)	(26,667)	(457)	(35,235)	88.09%	
8895.00	RoboDoc		(60,000)	(40,000)	(2,084)	(20,762)		
	Non labor expenses	(1,220,972)	(2,695,428)	(1,796,952)	(120,190)	(1,212,016)	44.97%	
	Total Expenses	(2,151,084)	(3,880,119)	(2,586,746)	(224,835)	(2,052,131)	52.89%	
	Net Expenses over Revenues	**(1,840,581)**	**(261,418)**	**(174,279)**	**(71,587)**	**(906,587)**	**346.80%**	

	Mark Twain Health Care District						
	Rental Financial Projections		**Rental**				
							2/28/2021
			Budget				
		DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**
		2019/2020	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
9260.01	Rent Hospital Asset amortized	1,094,553	1,092,672	728,448	90,732	726,873	66.52%
			0				
	Rent Revenues	**1,094,553**	**1,092,672**	**728,448**	**90,732**	**726,873**	**66.52%**
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(626,284)	(758,483)	(505,655)	(71,228)	(485,980)	64.07%
9520.72	Depreciation	(121,437)	(148,679)	(99,119)	(9,639)	(78,219)	52.61%
9520.82	Insurance						
	Total Costs	(753,800)	(907,162)	(604,775)	(80,868)	(564,199)	62.19%
	Net	**340,753**	**185,510**	**123,673**	**9,865**	**162,674**	**128.72%**
9260.02	MOB Rents Revenue	219,815	251,016	167,344	18,239	126,638	50.45%
9521.75	MOB rent expenses	(240,514)	(261,016)	(174,011)	927	(158,882)	60.87%
	Net	**(20,699)**	**(10,000)**	**(6,667)**	**19,166**	**(32,244)**	**322.44%**
9260.03	Child Advocacy Rent revenue	7,500	9,000	6,000	750	5,250	58.33%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(7,333)		(949)	8.63%
	Net	**7,203**	**(2,000)**	**(1,333)**	**750**	**4,301**	**-215.04%**
9260.04	Sunrise Pharmacy Revenue				1800	7200	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(1,500)		(3,785)	
		1,321,868	1,352,688	901,792	111,521	865,961	64.02%
		(996,785)	(1,181,428)	(787,619)	(79,940)	(727,816)	61.60%
	Summary Net	**325,083**	**171,260**	**114,173**	**31,581**	**138,145**	**80.66%**

Mark Twain Health Care District								
Projects, Grants and Support								
		2/28/2021						
				Budget				
			DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**
			2019/2020	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
	Project grants and support			(31,000)	(20,667)		(7,000)	22.58%
8890.00	Foundation		(465,163)					
8890.00	Veterans Support			(5,000)	(3,333)		0	
8890.00	Mens Health			(5,000)	(3,333)		0	
8890.00	Steps to Kick Cancer - October			(5,000)	(3,333)		0	
8890.00	Doris Barger Golf			(2,000)	(1,333)		0	
8890.00	Stay Vertical			(14,000)	(9,333)		(7,000)	50.00%
8890.00	Golden Health Grant Awards							
	Project grants and support		**(465,163)**	**(31,000)**	**(20,667)**	**0**	**(7,000)**	**22.58%**

Mark Twain Health Care District									
General Administration Financial Projections					**Admin**			**2/28/2021**	
					Budget				
				DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**
		2016/2017	**2017/2018**	**2019/2020**	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
9060.00	Income, Gains and losses from investments	4,423	5,045	395,646	100,000	66,667	346	36,246	36.25%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	733,333	91,667	733,333	66.67%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	(8,515)	(18,830)	
	Summary Revenues	**939,844**	**1,004,488**	**1,478,470**	**1,200,000**	**800,000**	**83,498**	**750,749**	**62.56%**
8610.09	Other salaries and wages	(33,587)	(235,531)	(217,269)	(352,591)	(235,061)	(17,955)	(142,533)	40.42%
8610.10	Payroll taxes			(14,875)	(23,244)	(15,496)	(827)	(6,590)	28.35%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(2,115)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(11,649)			0.00%
8610.14	Group Life Insurance				(564)	(376)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(5,877)		(2,208)	25.04%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(2,351)			0.00%
8610.18	Other payroll related benefits				(529)	(353)		(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(38,217)	(827)	(9,098)	15.87%
	Labor Costs	**(33,587)**	**(236,194)**	**(247,658)**	**(409,916)**	**(273,277)**	**(18,781)**	**(151,631)**	**36.99%**
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(41,000)	(211)	(1,604)	2.61%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(20,000)			0.00%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(83,333)	(1,460)	(38,312)	30.65%
8610.43	Food			(868)	(2,000)	(1,333)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,595)	(18,000)	(12,000)	(2,831)	(12,646)	70.25%
8610.62	Repairs and Maintenance Grounds				0	0		(4,296)	
8610.69	Other			(12,877)		0	(646)	(7,996)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(1,667)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(6,133)			0.00%
8610.80	Utilities			(420)	(1,000)	(667)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(16,667)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(13,333)	(24)	(8,753)	43.76%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(10,000)	(700)	(660)	4.40%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(10,000)			0.00%
8610.89	Recruiting			(2,368)	(2,000)	(1,333)		(1,714)	85.70%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(62,405)	(32,000)	(21,333)	(1,979)	(37,793)	118.10%
	Non-Labor costs	(521,817)	(532,071)	(221,286)	(358,200)	(238,800)	(7,850)	(130,426)	36.41%
	Total Costs	(555,404)	(768,265)	(468,944)	(768,116)	(512,077)	(26,631)	(282,057)	36.72%
	Net	**384,440**	**236,223**	**1,009,526**	**431,884**	**287,923**	**56,866**	**468,692**	**108.52%**

Mark Twain Health Care District
Balance Sheet
As of February 28, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	113,597
1001.20 Umpqua Bank - Money Market	6,443
1001.30 Bank of Stockton	127,803
1001.40 Five Star Bank - MTHCD Checking	201,727
1001.50 Five Star Bank - Money Market	798,992
1001.60 Five Star Bank - VSHWC Checking	59,811
1001.65 Five Star Bank - VSHWC Payroll	76,143
1001.90 US Bank - VSHWC	1,924
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**1,386,840**
Accounts Receivable	
1200 Accounts Receivable	-6,646
Total Accounts Receivable	**-6,646**
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,552,731
1069 Due from Calaveras County	434,586
115.20 Accrued Lease Revenue	
1205.00 Due from insurance proceeds	926,427
130.40 Prepaid VSHWC	395
Total Other Current Assets	**11,915,653**
Total Current Assets	**13,295,847**
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	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC Land	903,112
1220.10 VSHWC - Buildngs	7,181,787
1220.20 VSHWC - Equipment	834,704
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,342,090
Total Fixed Assets	**9,329,386**
Other Assets	
1710.10 Minority Interest in MTMC - NEW	225,184

180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	**356,574**
2219 Capital Lease	6,409,491
Total Other Assets	**6,991,249**
TOTAL ASSETS	**29,616,483**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	27,155
Total 200.00 Accts Payable & Accrued Expenes	**27,155**
200.10 Other Accounts Payable	25,127
Total 200.00 Accts Payable & Accrued Expenes	**25,127**
2021 Accrued Payroll - Clinic	33,961
2022.00 Accrued Leave Liability	16,909
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	13,996
226 Deferred Revenue	191,108
Total Other Current Liabilities	**284,376**
Total Current Liabilities	**311,531**
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,384,758
2128.02 Deferred Utilities Reimbursement	2,515,242
2129 Other Third Party Reimbursement - Calaveras County	366,667
2210 USDA Loan - VS Clinic	6,764,507
Total Long-Term Liabilities	11,031,173
Total Liabilities	**11,342,704**
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-1,789,430
Net Income	-305,579
Total Equity	18,273,778
TOTAL LIABILITIES AND EQUITY	**29,616,483**

Investment & Reserves Report						
28-Feb-21						
						Annual
	Minimum	6/30/2020	2020	2020	2/28/2021	Funding
Reserve Funds	**Target**	**Balance**	**Allocated**	**Interest**	**Balance**	**Goal**
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	5,389	2,205,389	
Capital Improvement Fund	12,000,000	2,926,923	0	7,190	2,934,113	
Technology Reserve Fund	1,000,000	1,000,000	0	2,450	1,002,450	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	5,879	2,405,879	
Loan Reserve Fund	2,000,000	2,000,000	0	4,899	2,004,899	
Reserves & Contingencies	19,600,000	10,526,923	0	25,808	10,552,731	0
		2020 - 2021		Annualized		
CalTRUST	**2/28/2021**	**Interest Earned**		**Rates**	**Duration**	
Valley Springs HWC - Operational Reserve Fund	2,205,389	5,389				
Capital Improvement Fund	2,934,113	7,190				
Technology Reserve Fund	1,002,450	2,450				
Lease & Contract Reserve Fund	2,405,879	5,879				
Loan Reserve Fund	2,004,899	4,899				
Total CalTRUST	**10,552,731**	**25,808**			1 Year or Less	
Five Star						
General Operating Fund	277,749	310.32				
Money Market Account	798,992	7,456.54				
Valley Springs - Checking	59,811	76.04				
Valley Springs - Payroll	78,126	81.64				
Total Five Star	**1,214,678**	**7,924.54**			1 Year or Less	
Umpqua Bank						
Checking	113,597	0.00				
Money Market Account	6,443	2.14				
Investments	1,514					
Total Savings & CD's	**121,554**	**2.14**				
Bank of Stockton	**127,803**	**52.94**			1 Year or Less	
Total in interest earning accounts	**12,016,766**	**33,787**				
Beta Dividend		**1,200**				
Total Without Unrealized Loss		**34,987**				

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 CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST 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.

Mark Twain Health Care District Policy No. 3

Term of Office:

Each member of the Board of Directors, as elected, shall serve for a term of four (4) years, or until his or her successor is elected and has qualified. Each term shall expire when the successor takes office pursuant to Section 10554 of the California Elections Code.

In the event of a vacancy upon the Board of Directors please refer to *Policy No. 13: Appointments to the District Board.*

Mark Twain Health Care District Policy No. 4

Officers of the District:

4.1 OFFICERS. The officers of the Board of Directors shall be a President, Secretary, and a Treasurer. All officers who shall be chosen from among and shall hold office at the pleasure of the Board of Directors. The Board of Directors may create such other offices as the business of the District may require, and the holder of each such office shall hold office for such period, have such authority, and perform such duties as are provided by the Local Health Care District Law, these Policies, or as the Board of Directors may, from time to time, determine. Such additional offices may include, General Counsel and an Executive Director and shall be filled either by members or non-members of the Board of Directors.

4.2 ELECTION OF OFFICERS. The officers of the Board of Directors shall be elected every two (2) years in January, and each officer shall hold office for two (2) years, or until his or her successor shall be elected and qualified, or until he or she is otherwise disqualified. In the event all officers are disqualified or removed from office, the District Board shall elect the Executive Director as President *pro tempore* who shall conduct the first Board of Directors meeting until new officers are elected.

4.3 PRESIDENT. If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of the President. If the Secretary shall also be unable to act, the Treasurer shall take his or her place and perform the duties of the President. If the Treasurer shall also be unable to act, the District Board may appoint some other member of the
Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office of President.

The President:

A. Shall preside over all meetings of the Board of Directors.

B. Shall sign, as President, and with the attestation of the Secretary shall execute in the name of the District, all contracts and conveyances, and all other instruments in writing which have been authorized by the Board of Directors, except as otherwise determined by the Board of Directors.

4.4 SECRETARY. The Secretary shall keep, or cause to be kept, accurate and complete minutes of all meetings of the Board of Directors, to be kept at the principal office of the District, showing the time and place, whether regular or special, call meetings on order of the President or any three (3) Directors, attend to all correspondence of the Board, attest the signature of the President on contracts and conveyances and all other instruments as outlined in Policy No. 11, and to perform such other duties as ordinarily pertain to the office.

If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of such office.

4.5 TREASURER. The Treasurer shall be responsible for ascertaining that all receipts are deposited and disbursements made in accordance with these Policies, the directions of the District Board, and good business practice. If, at any time, both the President and Secretary shall be unable to act, the Treasurer shall take the place of the President and perform the duties of such office.

The District Board may appoint an Assistant Treasurer, who may or may not be a member of the Board of Directors, to maintain the financial records of the District, and render a report to the Board of Directors on the financial affairs of the District at least quarterly.

4.6 Corporate Board Representation

A. Pursuant to the 2018 lease between MTMC and the District, leasing the hospital and clinics to MTMC for the next 10 years, the District is required to nominate a District board member to the MTMC fiduciary corporate board to serve as one of the five trustees.

B. The District Board member nominated by the District, whose appointment is contingent on Dignity Health approval, whose appointment shall not be unreasonably withheld, will serve for 3 years, to a maximum of 3 consecutive full 3-year terms on the corporate board.

C. Subject to the consecutive term restriction above, the President of the District Board shall be elected to the MTMC Board of Trustees by the District Board. If the President chooses not to serve as a Trustee, then the nominee shall be chosen from among the other members of the District Board by a District board vote by a simple majority. If the Trustee ceases to be President of the District Board, but remains on the District Board, during a term as a member of the Mark Twain Medical Center Board of Trustees, that person shall continue to serve the remainder of their term as a MTMC Trustee. If the MTMC Trustee ceases to be a member of the Mark Twain Health Care District Board then they are no longer deemed qualified to serve on the MTMC Board. In that case another member of the District Board must be nominated under the above guidelines and restrictions.

D. The District member appointed to the MTMC Board of Trustees has no requirement to report MTMC Board business to the District, unless requested by the MTMC Board. However, the District member appointed to the Board of Trustees will be responsible for ensuring that the MTMC Board of Trustees abides by the master lease, and any breaches or potential breaches of the master lease will be reported to the District Board.

E. District members appointed to the MTMC Board of Trustees serve at the pleasure of the District Board and may be removed at any time with or without cause by a majority vote of the District Board.

4.7 Community Board Representation

A. The 2018 lease between MTMC and the District, leasing the hospital and clinics to MTMC for the next 10 years establishes a Community Board. The seven-member Community Board will be responsible for approval of the MTMC Medical Staff Bylaws, Medical Staff privileging and credentialing, and quality oversight. The Fiduciary Corporate Board shall also seek the advice of the Community Board regarding: i) the MTMC mission, vision, and strategic direction, ii) priorities for MTMC's community benefits, iii) proposals for material changes in clinical services, and iv) strategic plans.

B. One of the Community Board members will be a District Board member, not already on the Fiduciary Board. That member will serve 2 years and can serve for a maximum of 3 consecutive full 2-year terms on the Community Board. The District Board member will be nominated by the District Board by a simple majority and must be approved by the MTMC Fiduciary Board, which shall not be unreasonably withheld. District members appointed to the Community Board serve

at the pleasure of the District Board and may be removed at any time with or without cause by a majority vote of the District Board.

C. At Large Calaveras County Residents: Three at-large Calaveras County residents shall serve on the Community Board. They will serve 2-year terms and can serve for a maximum of 3 consecutive 2-year terms. At the initial start of the new lease 1 community board member will serve for 1 year and two will be appointed for 2 years. Residents will be nominated by a nominating committee comprising the MTMC CEO, MTMC Chief of Staff, District Board member who sits on the Community Board, and MTMC Board member who is not also a District Board member and sits on the Community Board. Nominees require approval by the MTMC Board, which shall not be unreasonably withheld.

Memorandum for Personnel Committee (MTHCD)

From: Randy Smart, MTHCD CEO

SUBJ: Employee BenefitsDate: 2-22-2021

Personnel Committee Reviewed 3-2-2021 – To Board 3-24-2021

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1. When we started the VSHWC 15 months ago we established employee benefits, which included healthinsurance, vacation, and 401k pension options. The details of those benefit programs were based on 1)what we could afford, 2) a benefit profile that would make us a competitive employer, and 3) advice from industry consultants.

2. These employee benefit programs have been key to successful hiring of high-quality employees. We are now at the pivotal point in our organization where those same benefits are key to employee **retention**. We have had some employees leave for better benefits. This year I will start negotiations with our individual contracted providers to extend their 2-year contracts. They have already implied thatour vacation time-off benefit is cause for concern.

3. Our current vacation policy is that employees that work more than 20 hours per week receive 5 days of vacation per year. They can accrue up to 10 days. Terminated employees are paid for accrued vacationtime.

4. I am proposing that we modify our employee vacation policy to be more competitive with other localhealthcare organizations. We would still adhere to the 20-hours/week eligibility requirement. The following proposal is based on internet research and discussion with consultants.

Tenure	Days/Hours Per Calendar Year	Hours Earned Per Pay-Period	Cap
0 - 90 Days	0	0	0
90 Days to 1 Year	5 Days or 40Hours	1.54	0
1+ to 2 Years	10 Days (2 weeks)	3.08	0
2+ to 6 Years	15 Days (3 weeks)	4.63	352
6+ to 10 Years	20 Days (4 weeks)	6.16	400
			(Last Updated 3-11-2021)

MARK TWAIN HEALTHCARE DISTRICT
POSITION DESCRIPTION

Position: Executive Director

Reports to: President, Board of Directors

Qualifications: Bachelor's Degree or higher, in a related field, with not less than 3 years of Executive Director or related experience in healthcare.

Compensation: Commensurate with experience and market practices.

Responsibilities: Responsible for the day-to-day operations of the District in accordance with its established Mission, Vision and Values statements. Operates in accordance with Healthcare District Law, the Ralph M. Brown Act and the established Policies and Procedures of the District. The Executive Director is a member of the governing board and is subject to the District's conflict of interest and fiduciary requirements.

Duties: The Executive Director is responsible for all assets and matters pertaining to the operation of the Healthcare District, including but not limited to the management of:

Fiscal Operations - Creates, monitors and manages annual and project-specific budgets, including timely reporting thereof; banking, investments; insurance; audits; and assists the Ad-hoc Grants Committee in administering the District's Golden Health Community Grants and Sponsorship Programs.

Board Matters- Prepares agendas; reviews preparation of minutes; organizes and runs regular and special meetings, planning and study sessions; maintains records; assures compliance with Brown Act, California Public Records Act, Political Reform Act, Governance and applicable Transparency laws; manages all insurance matters; monitors and advises of potential conflicts of interest.

Human Resources- Responsible for hiring, training, supervising, and evaluating the Board's Administrative Assistant; monitors and works closely with contracted service providers hired by the Board.

Regulatory Matters- Complies with, advises the Board of, and responds to Legislative and Regulatory matters, including municipalities, county, LAFCO, Grand Jury and others as needed.

EMPLOYMENT AGREEMENT

CHIEF EXECUTIVE OFFICER

This employment agreement (the "**Agreement**") is made and entered into as of April 1, 2019 (the "**Effective Date**") by and between the Mark Twain Healthcare District, a political subdivision of the State of California (the "**District**") and Randall Smart, M.D. (the "**Employee**").

RECITALS

The District desires to employ the Employee from the Effective Date until expiration of the term of this Agreement, and Employee is willing to be employed by District during that period, on the terms and subject to the conditions set forth in this Agreement. In consideration of the mutual covenants and promises of the parties, the District and Employee covenant and agree as follows:

AGREEMENT

1. Duties

(a) During the term of this Agreement, Employee will be employed by the District to serve as the Chief Executive Officer of the District. This is a *1.0 FTE* position generally requiring forty (40) hours of service each week. Employee will devote such amount of business time to the conduct of the business of the District as may be reasonably required to effectively discharge Employee's duties under this Agreement and, subject to the supervision and direction of the District's Board of Directors (the "Board"). The employee will perform those duties and have such authority and powers as are customarily associated with the office of the Chief Executive Officer of a healthcare district engaged in a business that is similar to the business of the District and shall include oversight and managerial duties related to the Valley Springs Clinic. Employee shall be provided a copy of the Job Description for the Chief Executive Officer position, which Job Description may change from time to time at the discretion of the District.

(b) Unless the parties agree otherwise in writing, during the term of this Agreement, Employee will not be required to perform services under this Agreement other than at District's principal place of business in Calaveras County, California provided, however, that District may, from time to time, require Employee to travel temporarily to other locations on the District's business. Notwithstanding the foregoing, nothing in this Agreement is to be construed as prohibiting Employee from continuing to serve as a director, officer or member of various professional, charitable and civic organizations in the same manner as immediately prior to the execution of this Agreement.

2. Term of Employment

2.1 At Will Status

Employment with District is voluntarily entered into and shall be considered "at-will". Employee is free to resign at any time, with our without notice, and with or without cause. Similarly,

District may terminate the employment relationship at any time, with or without notice, and with or without or cause, so long as there is no violation of applicable federal or state law. Nothing in this Agreement or in any document or statement shall limit the right of District to terminate the employment relationship "at-will" at any time, with or without cause. Only the Board of Directors of the District has the authority to make any such agreement altering the "at-will" nature of this Agreement, and then only in writing.

2.2 Basic Term

The term of employment of Employee by the District will commence on the Effective Date and will extend for a period of one (1) year until March 31, 2020. Notwithstanding the forgoing, Employee shall remain at all times an "at will" employee of the District and both Employee and the District shall have the right to terminate the employment relationship, without or without cause, and with or without notice at any time, without penalty.

3. Salary, Benefits and Other Compensation

3.1 Compensation

As payment for the services to be rendered by Employee as provided in Section 1, District agrees to pay to Employee compensation in the amount of one hundred and five dollars ($105) per hour.

3.2 Vacation, Holidays and Sick Leave

During the term of this Agreement, Employee will be entitled to vacation, holidays and sick leave in accordance with the normal and customary practices of the District.

3.3 Health and Retirement Benefits

During the term of this Agreement, Employee will be entitled to health and retirement benefits in accordance with the normal and customary practices of the District.

3.4 Expenses

During the term of this Agreement, District will reimburse Employee for Employee's reasonable out-of-pocket expenses incurred in connection with District's business, including travel expenses, food, and lodging while away from the District offices. This shall include, but not be limited to, Employee's attendance at ACHD and other associations deemed useful to the performance by Employee of his job duties for not more than five (5) days per year. Expenses, not to exceed Five Thousand Dollars ($5,000) per year, shall be reviewed and approved by the Board Chair, or a board member designated by the Chair.

4. Confidentiality

Because of Employee's employment by District, Employee will have access to trade secrets and confidential information about District, its products, its customers, and its methods of doing

business (the "Confidential Information "). During and after the termination of Employee's employment by the District, Employee may not directly or indirectly disclose or use any such Confidential Information; provided, that Employee will not incur any liability for disclosure of information which (a) is required in the course of Employee's employment by the District, (b) was permitted in writing by the Board or (c) is within the public domain or comes within the public domain without any breach of this Agreement.

In consideration of Employee's access to the Confidential Information, Employee agrees that for a period of two (2) years after termination of Employee's employment, Employee will not, directly or indirectly, use such Confidential Information to compete with the business of the District, as the business of the District may then be constituted, within any state, region or locality in which the District is then doing business or marketing its products. Employee understands and agrees that direct competition means development, production, promotion, or sale of products or services competitive with those of District. Indirect competition means employment by any competitor or third party providing products competing with District's products, for whom Employee will perform the same or similar function as he performs for the District.

5. Miscellaneous

5.1 Waiver

The waiver of any breach of any provision of this Agreement will not operate or be construed as a waiver of any subsequent breach of the same or other provision of this Agreement.

5.2 Entire Agreement; Modification

Except as otherwise provided in the Agreement, this Agreement represents the entire understanding among the parties with respect to the subject matter of this Agreement, and this Agreement supersedes any and all prior understandings, agreements, plans, and negotiations, whether written or oral, with respect to the subject matter hereof, including without limitation, any understandings, agreements, or obligations respecting any past or future compensation, bonuses, reimbursements, or other payments to Employee from District. All modifications to the Agreement must be in writing and signed by the party against whom enforcement of such modification is sought.

5.3 Notice

All notices and other communications under this Agreement must be in writing and must be given by personal delivery, telecopier or telegram, or first class mail, certified or registered with return receipt requested, and will be deemed to have been duly given upon receipt if personally delivered, three (3) days after mailing, if mailed, or twelve (12) hours after transmission, if delivered by telecopies or telegram, to the respective persons named below:

If to District:

Mark Twain Healthcare District
P.O. Box 95
San Andreas, CA 95249-0095

If to Employee:

Dr. Randall Smart
P.O. Box 306
Murphys, CA 95247-0306

Any party may change such party's address for notices by notice duly given pursuant to this Section.

5.4 Headings

The Section headings of this Agreement are intended for reference and may not by themselves determine the construction or interpretation of this Agreement.

5.5 Governing Law

This Agreement is to be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into and wholly to be performed within the State of California by California residents. Venue shall be in Calaveras County.

5.6 Attorney's Fees

If either party brings an action for any relief or collection against the other party, declaratory or otherwise, arising out of the arrangement described in this Agreement, the losing party shall pay to the prevailing party a reasonable sum for attorneys' fees and costs actually incurred in bringing such action, including fees incurred at trial, in an arbitration, on appeal and on any review therefrom, all of which shall be deemed to have accrued upon the commencement of such action and shall be paid whether or not such action is prosecuted to judgment. Any judgment or order entered in such action shall contain a specific provision providing for the recovery of attorneys' fees and costs incurred in enforcing such judgment. For the purpose of this section, attorneys' fees shall include fees incurred in connection with discovery, post judgment motions, contempt proceedings, garnishment and levy.

5.7 Survival of District's Obligations

This Agreement will be binding on, and inure to the benefit of, the executors, administrators, heirs, successors, and assigns of the parties; provided, however, that except as expressly provided in this Agreement, this Agreement may not be assigned either by District or by Employee.

5.8 Counterparts

This Agreement may be executed in one or more counterparts, all of which taken together will constitute one and the same Agreement.

5.9 Enforcement

If any portion of this Agreement is determined to be invalid or unenforceable, that portion of this Agreement will be adjusted, rather than voided, to achieve the intent of the parties under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on April 3, 20 19, in San Andreas, California.

Mark Twain Healthcare District

By: _____
Its: Chair, Board of Directors

Dr. Randall Smart
Employee

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Legal Matters - Manages and reviews policies, contracts, lawsuits, referendums and affiliation agreements as appropriate, coordinates Health Care District elections in accordance with legal requirements.

Property Management - Negotiates, manages and advises the Board regarding leases, maintenance and construction projects.

Program Development- Works closely with Board ad-hoc committees regarding Community Grants and Sponsorship of Community Programs; collaborates with health care institutions, social service agencies, schools and other organizations to improve community health; coordinates the delivery of educational services and information to target populations through classroom presentations, District workshops and community health fairs.

Community Relations - Monitors and manages media coverage of District activities; maintains and updates the District website in a timely manner; responds to public inquiries as received and provides all legally required public notices.

Other Duties As Assigned - Performs other duties on behalf of the District as directed by the Board President.

Board Approved June 12, 2017