



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

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

**Wednesday September 27,2023  
9:00am**

## **Agenda**

**Ms. Hack will be remote (by Zoom) at 135 W. 50th St. New York, NY 10020**

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

### Mark Twain Health Care District Mission Statement

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

1. **Call to order with Flag Salute:**
2. **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 for August 16, 2023:
- Un-Approved Board Meeting for August 23, 2023:

**6. MTHCD Reports:**

**A. President’s Report.....Ms. Reed**

• **Association of California Health Care Districts (ACHD) September 2023 Advocate:**

- Update on ACHD Annual Meeting:
- Review Recently Passed CA Legislation:

• **Meetings With MTHCD CEO:**

• **California Advancing & Innovating Medi-Cal Program (Cal Aim):.....Ms. Hack**

**B. MTMC Community Board Report:.....Ms. Sellick**

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

**D. Chief Executive Officer’s Report.....Dr. Smart**

• **General Comments:**

• **MTMC Capital Improvement – Plan / Process:**

• **Mi-wok Monument Proposal – Information:**

• **Strategic Planning & Projects Matrix:**

• **Grant Report:**

• **Programs Coordinator:.....Ms. Dickey**

- Robo-Doc
- Stay Vertical Calaveras
- AED For Life

- **Robo-Doc** – Presentation:.....Ms. Dickey / Ms. Cook
- **VSH&W Center – Policies and Forms: Public Comment – Action**
  - Policies for Sept. 2023 Valley Springs Health & Wellness Center:

**Revised Policies**

- Appointment Notification
- Appointment Rescheduling
- Consents For Treatment – Guidance
- Contagious Patient
- Emergency Operations Plan
- Employee COVID-19 Vaccine and Precautions Policy
- Employee Dress Code Guidelines
- Standardized Procedure for Employee COVID-19 Rapid Testing
- Waived Testing - LeadCare II

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

- Active Shooter
- AED Use and Maintenance
- Bioterrorism Threat
- Drug Free Workplace
- Earthquake or Weather Emergency
- EKG
- Incident Reports
- Patient Rights and Responsibilities Statement
- Patient Rights and Responsibilities Statement Spanish
- Preventative Maintenance Inspections
- Reference Resources
- Section 504 Grievance
- Section 504 Grievance Spanish
- Section 504 Notice Of Program Accessibility
- Section 504 Notice Of Program Accessibility Spanish
- Standardized Procedures for Mid-level Practitioners (NP, PA)
- Sterile Field
- Influenza A and B Test – Waived

**E. VSHWC Quality Reports**..... Ms. Terradista

- Quality – August 2023:
- MedStatix – August 2023:

**F. BHCiP – Round 5 Update:**

**7. Committee Reports:**

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

- **Financial Statements** – August 2023: Public Comment – **Action**
- **Annual Financial Audit:**
- **Reserve Recommendation From:** Public Comment – **Action**

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

- Policies Presented for 30-Day Review:
  - Policy # 4: Officers of the District:
  - Policy # 5: Committees of The Board: Public Information Officer: Auditors:
  - Policy # 12: Conflict of Interest Code and Ethics:
  - Policy # 27: Credit Card:

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

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

**E. Ad Hoc Real Estate:** ..... Mr. Randolph

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

**8. Board Comment and Request for Future Agenda Items:**

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

- MTMC Health Fair – Sat. Sept. 30, 2023
- Cancer Support Group - Fri. Oct. 13, 2023:
- MACT Health Fair in San Andreas - Sat. Oct. 14, 2023:

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed. October 25, 2023 at 9am.
- Holiday Schedule for Board Meetings: Nov. 15, 2023 and Dark in December.

**10. Adjournment:** Public Comment – **Action:**

**Traci Whittington is inviting you to a scheduled Zoom meeting.**

**Topic: MTHCD September 27, 2023 Board of Directors Meeting**

**Time: Sep 27, 2023 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**[https://us02web.zoom.us/j/81658615914?pwd=dmhCQTJrMStmVnRFa2ZoU](https://us02web.zoom.us/j/81658615914?pwd=dmhCQTJrMStmVnRFa2ZoUXk4UUVTUT09)**

**Xk4UUVTUT09**

**Meeting ID: 816 5861 5914**

**Passcode: 818052**

**One tap mobile**

**+16694449171,,81658615914#,,,,\*818052# US**

**+16699006833,,81658615914#,,,,\*818052# US (San Jose)**

**Dial by your location**

- +1 669 444 9171 US**
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- +1 719 359 4580 US**
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- +1 253 215 8782 US (Tacoma)**
- +1 360 209 5623 US**
- +1 386 347 5053 US**
- +1 507 473 4847 US**

- +1 564 217 2000 US
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
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- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)

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**Finance Committee Meeting  
 Mark Twain Medical Center Classroom 5  
 768 Mountain Ranch Road  
 San Andreas, CA**

**Wednesday August 16, 2023  
 9:00am**

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

**UN - Approved Minutes**

Mark Twain Health Care District Mission Statement

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

**1. Call to order with Flag Salute:**

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

**2. Roll Call:**

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

**Quorum: Yes**

**3. Approval of Agenda:**

Motion to approve agenda by Mr. Randolph  
Second: Ms. Bettinger  
Ayes: 3  
Nays: 0

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

Hearing None

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

**A. Un-Approved Minutes:**

- Finance Committee Meeting Minutes for July 19, 2023:

Motion to approve Consent Agenda and minutes by Mr. Randolph  
Second: Ms. Hack  
Ayes: 3  
Nays: 0

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

- Capital Improvement Budget Update (Clinic):

Walk-thru of the Clinic to assess replacement needs on 9/8/23

- BHCIP Application Update:

The Planning Department is currently researching the original VSHWC plans of construction to review the addition to the clinic.

- MTMC – Building Assessment

The subcommittee will meet to review and discuss the Building Assessment needs for MTMC.



**7. Real Estate Review:**

Stockton Cardiology is up for extension on sublease of 704 Mountain Ranch Rd, Suite 101

- MOB 704: (Suites 104 – 105) – Calaveras County Behavioral Health:

The Calaveras Department of Health office needs to relocate for approx. 1-2 years during construction of the new Behavior Health Project in San Andreas. 704 Mountain Ranch Rd., Suite 104 is available.

**8. Accountant’s Report:**

- July 2023 Financials Will Be Presented: Public Comment- **Action**

July was a good month for the clinic. The Interest & Reserves are still strong.

Motion to approve July Financials with I & R Report by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

- Annual Audit for 2022-2023:

The auditor has been sent all the information requested to date.

**9. Treasurer’s Report:**

No Report

**10. Comments and Future Agenda Items:**

Hearing None

**11. Next Meeting:**

Next Finance Committee Meeting will be September 20, 2023 at 9:00am

**12. Adjournment: Public Comment - Action**

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Time: 10:19am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: August 16, 2023 MTHCD Finance Committee Meeting

Time: Aug 16, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83249153968?pwd=ZDJ6cUw5eEkrR1FHRVZrZXBEa3V0Zz09>

Meeting ID: 832 4915 3968

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

**Wednesday Aug. 23, 2023  
 9:00am**

**UN - Approved Minutes**

**Ms. Reed will be remote (Zoom) at 5 Hinckley Circle, Osterville, MA 02655**

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

Mark Twain Health Care District Mission Statement

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

**1. Call to order with Flag Salute:**

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

**2. Roll Call:**

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

**Quorum: YES**

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

Motion to approve agenda by MS. Sellick

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

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

Hearing none

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

**A. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting for July 19, 2023:
- Un-Approved Board Meeting for July 26, 2023:

Motion to approve Consent agenda and Minutes by Ms. Vermeltoort

Second: Ms. Hack

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

**A. President's Report:**

- **Association of California Health Care Districts (ACHD) August 2023 Advocate:**

Annual Conference September 13-15, 2023

- **Meetings With MTHCD CEO:**

Discussions about Personnel items and Agenda topics

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

No Report

**B. MTMC Community Board Report:**

August is looking good for the MTMC

**C. MTMC Board of Directors:**

Meeting on Friday August 25, 2023

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

- **General Comments:**

- **MTMC Capital Improvement – Plan/Process:**

Sub-committee has started meeting regularly to understand plans and needs

- **Miwok Monument Proposal – Information:**

Fred Valazquez proposed and requested a plaque be placed on the Hospital grounds to honor the Mi-wok history in the area.

- **Strategic Planning & Projects Matrix:**

MTHCD/VSHWC has been accepted into the MACT Health Fair where they will be offering A1C testing and Diabetic Education

- **Grant Report:**

- **Programs Coordinator:**

- Robo-Doc

Medications at all sites have been restocked and checked for expiration.

- Stay Vertical Calaveras

Current waivers have been handed out to all 8 instructors.

- AED For Life

10 AEDS were purchased in the first round. 9 applications have been received for AED distributions. The Task force will decide on where to place them within Calaveras County.

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

- Policies for Aug. 2023 Valley Springs Health & Wellness Center

**Revised Policies**

Annual Clinic Evaluation  
Employee Dress Code  
Engagement & Re-engagement  
List of Services  
Management of Referral Requests  
Medical Director Direction of Practitioners  
Peer Review  
Prescription Refills  
Standardized Procedure for Childhood Periodic Health Screening

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

Ambulatory Blood Pressure Monitoring  
Animal Bite Reporting  
Aseptic Procedures  
BLS & ACLS Certification  
Butane Storage & Handling  
Compliance Policy  
Consent and Information Sharing-Children  
Emergency Codes  
Emergency Medications & Supplies  
Expediated Partner Therapy for STDs  
Liquid Nitrogen  
Medical Staff Composition  
Supply Ordering  
Visitors and Relatives  
Volunteer Deployment  
VSHWC Recruitment and Retention

Motion to approve Policies listed with the exception of the Employee Dress Code by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

**E. Behavioral Health – Presentation:**

Susan Deax-Keirns and Cheri Aguiar from the VSHWC shared the plan for expansion in the Behavior Health Department.

**F. VSHWC Quality Reports:**

- Quality – June 2023:

Visits are down this month due to Providers taking vacations.

- MedStatix – June 2023:

Provider Satisfaction is at 98%

**G. BHCiP – Round 5: Public Comment (Tabled 7-26-2023) – Action**

- ◆ **Resolution 2023 - 06 Behavioral Health Continuum Infrastructure Prog. (BHCIP)**

Motion to approve Resolution 2023-06 by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

**7. Committee Reports:**

**A. Finance Committee:**

- **Financial Statements – July 2023: Public Comment – Action**

July was a good month overall. Audit and Balance Sheet adjustments still need to be made.

- **Reserve & Investment: From Finance Committee – Began 30-Day Review - 7/26/ 2023:**

- ◆ **Resolution 2023 - 07 To Change Policy # 25: Public Comment – Action**

Motion to approve Resolution 2023-07 by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

**B. Ad Hoc Policy Committee:**

No Report

**C. Ad Hoc Community Grants:**

- **Common Ground Senior Services:** Public Comment – **Action**

Motion to approve \$2,500 grant for Meals on Wheels Calaveras Program by Mr. Randolph  
Second: Ms. Vermeltfoort  
Ayes: 5  
Nays: 0

**D. Ad Hoc Community Engagement Committee:**

No Report

**E. Ad Hoc Real Estate:**

Stockton Cardiology Lease Renewal is due in August 2023.

**F. Ad Hoc Personnel Committee:**

Will meet to discuss Employee Dress Code before next meeting.

**8. Board Comment and Request for Future Agenda Items:**

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

- Cancer Support Group Sept. 8 at 10am
- ACHD 71<sup>st</sup> Annual Meeting Sept. 13-15, 2023.
- Calaveras County Cancer Softball Tournament Sept. 16, 2023
- Barger Golf Outing- Sponsored by MTMC Foundation Sept. 17, 2023

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed. September 27, 2023 at 9am.

**10. Adjournment:** Public Comment – **Action:**

Motion to adjourn by Mr. Randolph  
Second: Ms. Hack  
Ayes: 5  
Nays: 0  
Time: 11:20am



Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: August 23, 2023 MTHCD Board of Directors Meeting

Time: Aug 23, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89019019707?pwd=VnVDU0NrYWREblo1OVp4WWFhcTRQdz09>

Meeting ID: 890 1901 9707

Passcode: 038764

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• +1 305 224 1968 US

• +1 309 205 3325 US

• +1 312 626 6799 US (Chicago)

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# ACHD Advocate

## September 2023

### What's New This Month:

- **ACHD's 71st Annual Meeting Kicks off Next Week**
- Advocacy Update
- ACHD Welcomes New Bronze Sponsor - [Five Star Bank](#)

### CEO MESSAGE

[ACHD is gearing up for its 71st Annual Meeting](#), which is set to commence next week. This event brings together healthcare district professionals from across California. Beyond the informative sessions and engaging discussions, the meeting emphasizes the importance of networking and collaboration in shaping the future of healthcare in the state. The networking aspect of the event fosters a sense of community, encourages collaboration, and enables participants to build relationships that extend beyond the meeting. **This is why, this year, we've chose the theme, "Moving Mountains Together."** By coming together, healthcare districts can leverage diverse perspectives and expertise to address common challenges and find innovative solutions.



Cathy Martin  
Chief Executive Officer

Next week also marks the deadline for California lawmakers to send bills to the Governor for signature. Many of these bills impact healthcare districts and the communities they serve. [Sarah Bridge](#), **Senior Director, Strategies 360**, as well as [Gail Blanchard Saiger](#), labor law expert at **Blanchard Saiger Law**, will be presenting and participating throughout the Annual Meeting, providing real time updates as the legislature wraps up their end-of-session business. ACHD's collective advocacy helps shape healthcare policies that align with the unique challenges and priorities of California's diverse communities, ensuring equitable access to quality healthcare. Now more than ever, your voices make an impact!

As you make your way to [ACHD's 71st Annual Meeting](#), **please remember, there may be delays on Interstate 80 due to construction.** Please consider alternate routes to avoid slow traffic.

Effective collaboration is vital for overcoming the complex challenges healthcare districts face. The ACHD Annual Meeting provides a dynamic environment for the membership to collaborate and share best practices, thereby enhancing the quality of health statewide. By working together, healthcare professionals can drive systemic improvements, optimize resource allocation, and ultimately deliver better health outcomes for Californians. We can't wait to see you next week in [Olympic Valley](#)! Safe travels everyone!



## LEGISLATIVE UPDATE

The Legislature is approaching the **final week of session**, concluding on **Thursday, September 14, 2023**. The Governor will then have exactly 30 days to sign or veto any bills that have made their way to his desk. As the legislature wraps up business for this year, a number of high-priority bills remain. ACHD will continue to advocate on bills as they are heard on the floor and will be sending a legislative update following the end of session to report the outcomes of bills we have been tracking this year.

Another important note in legislative news, **Senator Mike McGuire** will be taking over for Senator Toni G. Atkins as **Senate Pro Tempore**. This leadership change comes as Senator Atkins is running for Lieutenant Governor. We expect a number of leadership and committee changes to be announced following this transition. Read more on the leadership change, [here](#).

### **Bills of Note:**

#### [SB 525 \(Durazo\): Minimum Wage: health care workers](#)

Which would establish a health care worker minimum wage is currently under negotiations. The new Assembly Speaker, Robert Rivas, has brought together a number of stakeholders to negotiate a minimum wage deal. So far, negotiations have not landed and we are fast approaching deadlines to amend bills. As a reminder, bills must be in print for at least 72 hours for them to be eligible to be heard. That means the final day for a bill to be amended without invoking a rule waiver is September 12.

#### [ACA 1 \(Aguiar-Curry\)](#)

Which would lower the vote threshold for public infrastructure projects and affordable housing, will be heard in Senate Elections Committee on Monday, September 11. If successful, it will move to the Senate Floor for a vote. The constitutional amendment would place on the statewide ballot an option for voters to lower the vote threshold to 55% for certain infrastructure projects. ACHD has and will continue to support this measure.

## The Office of Health Care Affordability:

The Office of Health Care Affordability (OHCA) closed the comment period for their [draft CMIR regulations on](#) August 31, 2023. ACHD submitted a letter outlining concerns for health care districts on the breadth of transactions included in the regulations. ACHD will continue to engage with the office and legislators on these issues. A copy of our letter can be viewed [here](#).

## SPONSOR INSIGHTS

Bronze Sponsor, [Five Star Bank](#) has published [Top Banking Tips for Healthcare Districts](#)



**FIVE STAR BANK**

Having a sound partnership with your bank and adopting banking best practices is a key part of financial wellness for healthcare districts. The current banking environment is a good reminder of this, and it is important to assess where you stand as part of your banking oversight. As community banking experts in both healthcare banking and government banking, [Five Star Bank](#) is providing a list of top banking tips filled with insights and guidance.

[Click here](#) to access the *Top Banking Tips for Healthcare Districts*

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The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 76 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](http://www.achd.org).

Association of California Healthcare Districts  
[www.achd.org](http://www.achd.org)



GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 37,156.29	\$ 38,230.41	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$10,763.97
9	ANTHEM (NON-COVID)	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 90,914.32		Some WEEKLY	PORTION RECEIVED	NO	9 projects w/reporting
		Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30			RECEIVED		
		P.S.D.A	\$ 20,000.00	\$ 20,000.00	-			RECEIVED		Online Referrals
		ConferMed	\$ 15,000.00	\$ 15,000.00	-	12/31/2023	None	RECEIVED		LED Sign - VSHWC
		COVID Messaging	\$ 25,000.00	\$ 25,000.00	-			RECEIVED		
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 70,000.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		10% payment remaining
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -	4/28/2023 - written	Midterm/Final	Approved	Possible	#SG2211 - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 140,707.00	\$ 140,707.00	7/15/2023	DONE	Use Funds by 9/30/23	YES	Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	2026		Application Pending		
21	BHCIP	BH Expansion	\$ 3,322,198.00	\$ -	\$ -			Yes		VSHWC BH Expansion
22	FEMA # 3	Storm Damage	\$ 12,768.30	\$ -	\$ 13,817.08			Yes		Tree Damage
23	CCI #2	Advancing BH	\$ 10,000.00	\$ 10,000.00		9/1/2023	Yes	Pending Review		
24	CCI #3	Advancing BH	\$ 25,000.00					RECEIVED		Tides
25	Centene	TBD	\$ -	\$ 49,786.02	\$ -			Approved		
<b>TOTALS</b>			<b>\$4,835,292.42</b>	<b>\$1,387,456.31</b>	<b>\$1,305,541.26</b>			<b>RECEIVED 7/17/23</b>		

9/18/2023  
11:11am

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

POLICY: Appointment Notification	REVIEWED: 11/12/18; 2/12/20; 4/2/20;5/29/21; 8/30/22; <u>9/7/23</u>
SECTION: Admitting	REVISED: 2/12/20; 4/2/20; 8/30/22; <u>9/11/23</u>
EFFECTIVE: <u>10/26/229/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Appointment Notification

**Objective:** Clinic EMR will automatically contact all patients who have a scheduled appointment at least 24 hours prior to the appointment day/time and remind those patients of their scheduled appointment in an effort to reduce no shows, improve communication with the patient, and to most accurately predict the next day’s schedule.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. ~~Each day,~~ Clinic EMR will contact medical patients with scheduled appointments to provide a reminders of that appointment.
2. Patients will be asked to confirm that the time and date of the scheduled appointment are still convenient for them. In the event the patient would like to reschedule the appointment, they will be prompted to do so during the reminder call. ~~Two days prior to dental clinic days, designated Clinic staff will contact dental patients with scheduled appointments to provide a reminder of that appointment.~~
3. In the event an appointment is canceled, that appointment will be made available for other patients who may need to see the physician or mid-level practitioner. ~~Patients will be asked to confirm that the time and date of the scheduled appointment are still convenient for them. In the event the patient would like to reschedule the appointment, they will be prompted to do so during the reminder call.~~
4. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions. ~~In the event an appointment is canceled, that appointment will be made available for other patients who may need to see the physician or mid-level practitioner.~~
5. Two days prior to dental clinic days, designated Dental staff will contact dental patients with scheduled appointments to provide a reminder of that appointment.

6. If an appointment slot becomes available, designed staff will refer to the dental appointment wait list and will contact the next patient on the list, offering the now available appointment slot. Staff will continue down the list until they identify a patient who wants to utilize the appointment slot.

~~5. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions.~~

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

POLICY: Appointment Rescheduling	REVIEWED: 11/12/18; 10/28/19; 3/5/20;5/29/21; 8/30/22; 9/7/23
SECTION: Admitting	REVISED: 10/28/19; 3/5/20: 8/30/22; <u>9/11/23</u>
EFFECTIVE: <del>10/26/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Appointment Rescheduling

**Objective:** In order to ensure continuity of care and to mitigate liability, patients will be contacted when they fail to keep their scheduled appointments.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. The EMR Communicator function will contact medical patients who have missed their scheduled appointment, if the patient has provided a telephone number.
2. Dental department staff designated will contact dental patients who have missed their scheduled appointment, if the patient has provided a telephone number.
3. When directed, the designated staff member will contact the patient by telephone and offer alternate appointment dates and times, explaining why the follow-up is necessary per guidance from the practitioner.
4. Daily staff will identify patients in “no show” status and ~~contact~~ the patient will be contacted using the “No Show Campaign” to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, staff will make one additional attempt within seven days, documenting both attempts. If the patient condition warrants, staff may send a message through the patient portal.
5. If the patient does not respond to phone call or portal message and the acuity of the patient’s condition requires it, a certificated letter will be sent to the patient’s last known address outlining the risks associated with missing their appointment.
6. Results of attempted contact with the patient will be recorded in the EMR. Copies of any letters sent will be scanned into the medical record.



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

POLICY: Consents For Treatment - Guidance	REVIEWED: 2/1/19; 11/20/20; 8/25/21; 11/07/22; <u>9/7/23</u>
SECTION: Patient Care	REVISED: <u>9/11/23</u>
EFFECTIVE: <u>11/30/229/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Guidance for use of Consent for Treatment documents

**Objective:** To ensure that consents for all patients are made in accordance with State and Federal HIPAA guidelines.

**Response Rating: Mandatory**

**Required Equipment:**

**Procedure:**

**Definitions:**

**Adult:** An adult is any person who has reached the age of eighteen (18) or who has contracted valid marriage (regardless of subsequent divorce or annulment). Such adult must sign their own consents and agreements, except in an actual emergency or after judicial declaration of incompetence with appointment of a legal guardian.

**Person in Custody of Law Enforcement:** Patients in the custody of Law Enforcement must still give consent for medical treatment. Minors in the custody of Law Enforcement must have a signed consent from a legal parent or guardian with the following exception:

- a. A juvenile in the custody of the Juvenile Enforcement agencies may have medical, surgical, dental, or other remedial care authorized by the probation officer acting on the recommendations of the attending practitioner. It is the responsibility of the Probation Officer to locate and inform the parents. If the parents object, the Juvenile Court can order treatment.

**Person Under Guardianship Care (Adult or Minor):** All persons under legal custody of a guardian shall have consents signed by that legal guardian. A certified copy of their official letter of guardianship shall be obtained and a copy scanned into the patient’s medical record prior to any treatment being provided.

**Minors:** Minors (persons under the age of eighteen (18)) should be treated only with the presence of a parent or legal guardian unless an actual emergency exists (implied consent) or with one (1) of the following exceptions:

- a. Minor on active duty with United States Armed Forces may give their own personal consent;
- Consents for Treatment – Guidance  
Policy Number 43

- b. Minors receiving pregnancy care may consent for care related to the pregnancy;
- c. When a minor is fifteen (15) years of age or older and lives apart from their parents and manages their own financial affairs regardless of the source of income;
- d. When a minor of twelve (12) years of age or older has a communicable disease that must be reported to the local health department.
- e. When a minor of 12 years or older presents for a physical examination, the parent/guardian will be encouraged to allow the patient to interact with the practitioner absent the parent/guardian, with the opportunity for a consultation between the adults at the end of the examination.

The parents or legal guardian incurs no obligation to pay in the cases of C and D unless they have previously consented.

Minors with divorced parents may have consent given by either parent. However, if there is a conflict, the parent with custody has the final word.

Minors whose parents are unavailable, usually when the minor is away from the home or parents are away short term, if the parents have consented in writing that the person in care, custody, or possession of the minor can give consent, that this consent can be accepted. Consent may imply in emergency situations.

**Initial and Annual Form:** The Initial and Annual form is completed by a patient prior to their first encounter with a Clinic practitioner. Subsequent to the initial completion, the form is reviewed and signed annually thereafter. The form contains a consent for treatment section which must be completed and, for minor patients whose forms are completed by their parent or guardian, the relationship of the signor to the patient must be documented.

**Consent by Telephone:** Acceptable in an emergency situation, when a delay would jeopardize the life or health of a patient or when only in an emergency situation, when a delay would jeopardize life or health of the patient and the parent or legal guardian is already on record and only available by phone.

Consent by telephone will be witnessed by two (2) individuals. If consenting regarding a minor, the parent or guardian will be identified using the information on record. and Documentation a written record of the conversation will be filed in the medical record. Notation will indicate exact time of call and the nature of the consent given. Immediate steps are to be taken to obtain confirmation of consent by fax or as soon as possible for this and future visits (also when another adult is being given permission to accompany a minor).

**Witnesses to Signatures:** Witnesses will be adults. Receptionists, nurses, medical assistants, practitioners, or those of similar responsibilities employed by the medical group should act as a witness. There is no need to have consents notarized. All dates, times, and signatures should be in black ink.

**Emergency Consents:** Treatment of a patient without a written written consent is authorized under the doctrine of "implied consent".

Determination whether a treatment is immediately required and necessary to prevent deterioration or aggravation of patient's condition will be decided by the practitioner after consultation. The medical

consultation will be documented and will include a statement to include why immediate treatment was required.

**Obtaining Consents:** Prior to any invasive procedure, the practitioner will give a full explanation of the risk and benefits of the procedures as well as any alternative treatment. The practitioner will answer all of the patient's questions and document the conversation. The nurse will obtain signatures for the consent. The patient will be given a copy of the consent form and the original copy will be filed in the patient's chart.

Consents are to be obtained for all invasive examinations and surgical procedures.

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

POLICY: Contagious Patient	REVIEWED: 3/1/19; 12/30/20; 8/25/21; 11/07/22; <u>9/7/23</u>
SECTION: Infection Control	REVISED: 12/30/20; 11/07/22; <u>9/11/23</u>
EFFECTIVE: <u>11/30/22/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Contagious Patient

**Objective:** To contain and limit the spread of contagious illnesses and/or conditions to patients in the waiting room, x-ray areas ~~and to~~ and clinic personnel.

**Response Rating:** Mandatory

**Required Equipment:** None

**Procedure:**

1. Signage will be posted on all entry doors advising patients who are presenting with any combination of -a rash, ~~and during the current pandemic:~~ fever, cough, sore throat, congestion, or presenting with new upper respiratory illness symptoms, to not enter the waiting room. Patients are to call to advise staff of a potential infectious condition and be screened before entering or may call the Clinic from their vehicle parked on the premises.
2. Patients who are coughing and sneezing or presenting with new upper respiratory illness symptoms will be asked to use a disposable mask to contain their airborne germs with patients and staff. ~~In the case of the current pandemic, all patients, family and visitors will be asked to wear a mask.~~ Any symptomatic patients will be asked to call and not enter the clinic until screened and appropriate.
3. The receptionist, nurse, or medical assistant will not make a definitive diagnosis, but should depend on visible signs of contagious disease.
4. Patients who are potentially contagious will be instructed to call from their car for a phone appointment or car visit and may be instructed to enter through the back door with staff.
5. There are designated treatment rooms that will be used for potentially contagious patients, with access from the outside back entry doors.
6. All registration, discharge, and any billing functions will be performed in the patient room if patient is inside, outside at the car during a car visit or over the phone for phone visits.
7. Personnel assisting ~~the~~ potentially contagious patients will wear personal protective equipment (PPE) as

designated by the practitioner and clinic guidelines set by the Clinic Manager and Medical Director.

- a. Contact precautions (measles-like rash, poison oak/ivy): gloves, gown, mask
  - b. Airborne precautions (suspected tuberculosis, H1N1, COVID-19): gloves, gown, N95 mask, face shield
8. If the patient is confirmed contagious, they will be discharged through the back exit.
  9. The practitioner will advise staff o~~n~~f any preventive measures or treatments required after a potential exposure from a contagious patient.
  10. Exposure that may cause any illness, injury or side effects to staff, or other patients will be reported on an incident report and sent to the Clinic Manager immediately. The Clinic Manager will meet with the Medical Director and/or Human Resources to take appropriate steps to protect the staff and patients and provide treatment and/or access for any required preventative or required post exposure treatment.
  11. Diagnosis of any communicable disease monitored by the County Health Department will be reported following the protocol and guidelines for Communicable Disease Reporting. Appropriate report forms will be completed.
  12. Exam rooms s will be cleaned with an approved disinfectant cleaner. All ~~counter~~counters, exam tables, pillows and equipment in the room will be wiped with cleaner. Floors will be damp mopped. Where possible, windows will be opened to allow for the exchange of fresh air.



*VALLEY SPRINGS  
HEALTH & WELLNESS  
CENTER*

EMERGENCY OPERATIONS  
PLAN

TABLE OF REVIEW AND APPROVAL

Date Reviewed	Date Approved
03/09/2020	3/25/2020
03/28/2020 (COVID-19)	3/30/20
10/28/2020 (Vendor/Staff Changes)	11/02/2020
10/07/2021	10/27/2021
11/07/22 (Staff changes)	11/30/2022
8/21/23 (Review + Staff Changes)	9/27/23

The Emergency Plan (EP) was originally written and approved on 08/29/2019. As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

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Valley Springs Health & Wellness Center 3  
Emergency Operations Plan

*September 2023*



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## SITUATIONAL RISKS ANNEXES

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I. ORGANIZATION INFORMATION

Facility: Valley Springs Health & Wellness Center

Address: 51 Wellness Way

City: Valley Springs State: CA Zip Code: 95252

Phone Number: 209-772-7070

Primary Contact E-mail Address: Randall Smart, MD CEO  
[randy.smart@mthcd.org](mailto:randy.smart@mthcd.org)

Administrator/Executive Director/Chief Executive Officer/Manager:

Office Address: 768 Mountain Ranch Road

City: San Andreas State: CA Zip Code: 95249

Phone Number: 209-754-4468

E-mail Address: Randall Smart, MD CEO  
[randy.smart@mthcd.org](mailto:randy.smart@mthcd.org)

Tina Terradista, RN, CRHCP, Clinic Manager  
[tina.t@vshwc.org](mailto:tina.t@vshwc.org)

## II. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology, and other emerging issues, this plan will be reviewed and updated annually, during incidents, and after incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the patients, staff, and guests of this facility are kept safe from harm. The safety and well-being of the patients and staff take first priority over all other considerations. This plan is intended to safely maximize healthcare capacity and efficiency during an emergency or disaster that requires changes to the normal daily operations of the clinic.

### Demographics:

- A. This facility is located at 51 Wellness Way, Valley Springs, CA 95252. The cross streets are Vista del Lago and Highway 26. A map showing the location is attached as Tab 1.
- B. The facility has one building(s). There is one floor. There is an access to the roof located at the left rear of the building. A floor plan is attached as Tab 2. The facility management office is located at 768 Mountain Ranch Road, San Andreas, CA 95249.
- C. The building has appropriate placement of exit signs, clearly designated on floor plans.
- D. Oxygen and liquid nitrogen and butane are stored in the clinic. Other than cleaning products, located in the housekeeping closet, there are no hazardous materials on the premises. SDS are maintained on all materials on the premises.
- B. This facility provides primary care, phlebotomy and radiological services to patients that are children, adults, older adults, over 85 years of age. Some patients are non-ambulatory and must use assistive devices to access and move through the Clinic facility.

### III. EMERGENCY PLAN

#### Risk Assessment

- A. This facility does an annual all hazard vulnerability assessment (HVA Worksheet) (Tab 3). This EOP is written based on the risk assessment. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events or changes in CMS or licensing requirements. A copy of the annual HVA will be kept with the EOP.
- B. A copy of the EOP will be kept in the Manager's office and the plan will be prominently posted *in the nursing station and in the reception area*.
- C. The major hazards that could affect this facility as determined by the all-hazard vulnerability assessment are listed in the Annex portion of this EOP.

#### Command and Control

- A. The facility shall develop and document an Organizational Chart (Tab 4). The organizational chart will include a Delegation of Authority that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. If the indicated person by position is not present in the facility or available, the next person in the Delegation of Authority or the lead person's designee will assume the person in charge position.
- B. Depending on the type of emergency, the person in charge will enact the Orders of Succession (Tab 5) for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all patients, guests, and staff that are present in the facility. If the list is originated in electronic form, a printed copy should be made also in the event that electricity is lost, or evacuation is required.
- C. The person in charge will determine whether to lockdown the facility, shelter in place, modify patient care operations, or evacuate based on the emergency. If the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in Receiving Facilities (Tab 6).

- D. Only the person in charge can issue an “all clear” for the facility indicating that the facility is ready to assume normal operations.

#### Coordination

- A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats, such as fire or threat of violence, call 911. During infectious disease emergencies, such as epidemics or pandemics, the facility will coordinate with the county Office of Emergency Services (OES) and the local Public Health Department. Clinic leadership will make every effort to follow CDC, California, and local public health guidance.
- B. During activation for an incident or exercise, communications with State, County, and City authorities can be made by contacting authorities listed in Tab 7.

#### IV. POLICIES AND PROCEDURES

##### Facility Lockdown

- A. Facility Lockdown means that the staff, patients, and guests at the facility will remain in the facilities’ building(s) with all doors and windows locked.
- B. Facility Lockdown can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a significant other or other unknown person or any other event that threatens the safety of the staff, patients, or visitors.
- C. The facility will remain in Lockdown until the authorities or facility person in charge gives an “all clear”.
- D. Each facility should review this plan carefully and ensure that doors are strong and have the ability to fend off someone that is attempting to gain access to the facility. It is recommended that staff, patients, and guests be secured behind at least two locked doors. (Main entrance door and interior room door.)

##### Shelter in Place

- A. Shelter in Place means that the staff, patients, and guests will remain in the facility’s building(s). Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.

- B. Windows and doors will be firmly closed and checked for soundness. Storm shutters, if available, will be closed. If a storm gets very strong, and windows are threatened, staff, patients, and guests will move to interior rooms and hallways.
- C. In the event of a tornado warning, staff, patients, and guests will move to interior hallways.
- D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditions and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors.
- E. The facility will staff in Shelter until the authorities give an all clear or the emergency threat has ended as determined by the person in charge.

#### Evacuation Plan

- A. There are a number of hazards that could cause an evacuation. The most common would be a fire in or near the facilities' building, rising floodwaters or an evacuation order issued by the police, fire department, or other governmental authority.
- B. The facility person in charge will order an evacuation.
- C. If the emergency is limited to a single building or area, staff, patients, and guests will move to a safe distance.
- D. If the entire facility has to be evacuated staff, patients, and guests will move to a predestinated evacuation site listed in Receiving Facilities at Tab 6.
- E. Staff will verify that all staff, patients, and guests are accounted for either at the evacuation site or listing where they went.
- F. Notifications to others, by staff, will be done as needed.
- G. Notification to proper authorities is the responsibility of the person in charge.

#### Suspension of Services

- A. In the event that the emergency results in the inability of the facility being able to continue providing services at the facility, the facility has a plan for continuity of services.
- B. Patients will be notified that the facility will not be able to provide services.
- C. The facility has pre-identified facilities that can deliver required services. The facilities are listed in Tab 6.

#### Modified Clinic Operations:

- A. During an emergency or disaster event where normal clinic operations, policies, and procedures need to be modified in real-time to provide optimum patient care and safety, clinic leadership or the person in charge are authorized to take the following actions:
  - a. Activate the Emergency Operations Plan
  - b. Change patient workflow to optimize care and safety
  - c. Modify staff scheduling
  - d. Procure necessary supplies that are not available
  - e. Temporarily suspend rules and policies
  - f. Secure the facility
- B. During an emergency or disaster event that requires additional provider staffing the Clinic CEO or designee may:
  - a. Expedite credentialing of new providers by:
    - i. Verifying current licensure
    - ii. Verifying photo ID of provider
    - iii. Confirming skills and identity through a reference/colleague
  - b. Ensure there is a procedure for rapid orientation
  - c. Ensure new provider performance and competence is monitored
  - d. Ensure new and volunteer providers are identifiable to clinic staff, patients, and guests (arm bands)
- C. During an emergency or disaster event that requires rapid expansion of the clinic workforce the person in charge may:
  - a. Expedite the employee hiring process bypassing procedures that result in unnecessary delay
  - b. Ensure there is a procedure for rapid orientation
  - c. Ensure new employee performance and competence is monitored in real time
  - d. Ensure that employees who are hired through the expedited process above are identifiable to regular clinic staff, patients, and guests (armbands, etc).

- D. After the emergency, the Clinic will return to non-emergency hiring, onboarding, and training practices and will retroactively complete background checks for all persons hired during the emergency and standard steps including background check and documentation of demonstrated competency for any emergency hires who remain on the permanent staff.

#### Documentation

- A. During an emergency, documentation should continue for all patients in the process of treatment. The person in charge is authorized to transition from electronic medical records to paper records when necessary. All paper records will be organized, collected, and secured for later entry into the electronic format.
- B. During an emergency, evaluation should be made on whether to start treatment for patients at the facility when treatment has not been initiated. Document decision and plan of care based on patient's condition and facility's ability to provide treatment during the emergency.
- C. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency, unless waived by a higher state or federal authority. Patients will be notified on a per case basis, if such waivers are in place and apply to them.
- D. Should the Electronic Medical Record (EMR) not be accessible due to power failure, internet access issues, equipment failure, patient registration and care will be documented on approved downtime forms. Completed forms will be scanned into the patient's EMR when the system has been restored.

#### Volunteers

- A. Volunteers may be used at this facility consistent with the policy Volunteer Deployment, found in the annex portion of this document. Refer to Modified Clinic Operations above.

### V. COMMUNICATIONS

#### Internal

- A. A list of all employees, including their contact number and emergency contact is located in the reception and nursing station areas of the clinic (in the EOP Binders) and with Human Resources at the District Office. Further, each staff member is



provided a copy of the employee listing and is encouraged to add their colleagues to the contact list in their personal mobile telephones. Emergency hires and volunteers will be added to the list as they are included in Clinic staffing.

- B. In the event of an emergency that requires notification to staff not on duty, physicians, vendors (Tab 8) or to patients expected to arrive at the facility when it is not operational, notification will be given by the person in charge and/or their designee. A list of all physicians and mid-level practitioners (nurse practitioners/physician assistants), including their contact number and emergency contact number is located in the reception and nursing station areas of the clinic (in the EOP Binders) and with Human Resources at the District Office.

A list of vendors and contact numbers that may be needed during an emergency is attached as Tab 7.

- C. If telephone and cell phone services are not available, redundant communications are available. The communication system equipment is listed in Tab 9 with its location. All redundant communication systems are tested monthly.

#### External

- A. Call “911” for an emergency that threatens the safety or life of staff, patients, or guests.
- B. This EOP contains the name of corporate and/or ownership persons that must be notified on page FACILITY INFORMATION.
- C. This EOP contains a list of all State, County, and City emergency management persons that should be notified in Tab 6.
- D. This EOP contains a listing of contact information for other facilities that can provide required services for patients and a listing of nearby hospitals that can provide emergency services at Tab 5.

#### Communications with Patients and Guests

- A. During an emergency, the person in charge and/or designee is responsible for notifying patients and guests about the emergency and what actions to take.

#### Communications with Healthcare Providers

- A. Only the person in charge, or their designee, is authorized to release information on the location or condition of patients. Information may be released to other healthcare providers with consent of the patient and consistent with HIPAA regulations, or emergency state and federal guidelines.

#### Surge Capacity and Resources

- A. Based on staffing and active cases, this facility may be available to surge to accept patients from other outpatient clinics requiring like services or when a disease, such as influenza or COVID-19, requires a rapid expansion of clinic patient care capacity. A surge situation will be identified by the person in charge and communicated both up and down the chain of command.
- B. As requested by local and regional governmental representatives, the facility will provide excess supplies and/or equipment not needed for their own use. The person in charge will be authorized to make excess supply decisions.

#### Requesting Assistance

- A. Should the facility need resources to SIP, evacuate or return to service, assistance should be requested as follows:
  - 1. From the corporate, ownership entity
  - 2. From the City, County, and State representatives. These representatives are listed on Tab 7.

#### VI. TRAINING

- A. The current staff will be trained on the new or updated EOP at the time of its publication.
- B. All new staff will be trained on the EOP in orientation.
- C. Physicians, vendors performing services on site and volunteers must be trained on the EOP.
- D. Emergency Preparedness training will be conducted annually.
- E. Documentation of the training on the EOP and annual emergency preparedness training will be maintained by the Human Resource Department in the iSolved HRM platform.

- F. Knowledge of EOP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program.

VII. TESTING

- A. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based full-scale exercise will be done annually.
- B. If the facility experiences actual natural or man-made emergencies that require activation of the EOP, the facility is exempt from engaging in an individual full-scale exercise for one (1) year following the onset of the actual event.
- C. The facility must conduct a second exercise every year. The second exercise can be another full-scale exercise or a tabletop exercise.
- D. After full-scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and update the EOP, if required. A template for review is found at Tab 10.

TAB 1

Facility Location Map

Valley Springs Health & Wellness Center 15  
Emergency Operations Plan

*September 2023*

TAB 2

Facility Floor Plan

Valley Springs Health & Wellness Center 16  
Emergency Operations Plan

*September 2023*

## TAB 3

### Vulnerability Assessment

## TAB 4

### Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Person in Charge	Tina Terradista, RN	Tonia Cook, RN	
Human Resources	Peggy Stout	Traci Whittington	Some records may be electronic
Logistics	Janie Willis	Nathan Henry	
Patient Care Supervision	Diana Coleman, FNP	Deborah Salom, DO	
Finance Reporting	Traci Whittington	Sharon Pearson	Some records may be electronic

*Emergency Operations Plan Template  
Organizational Chart  
(on next page)*

## TAB 5

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3
District Leadership/Incident Commander	Randall Smart, MD	Peggy Stout	Tina Terradista, RN	
Human Resources	Peggy Stout	Tina Terradista, RN	Mary Carley	
Finance Tracking and Reporting	Traci Whittington	Sharon Pearson		
Logistics (Supplies)	Janie Willis	Nathan Henry	Whitney Vance	
Communications (to media/community)	Randall Smart, MD	Peggy Stout	Lin Reed	



# TAB 6

## Receiving Facilities

Temporary Evacuation Site for Office	Back Parking Lot (end of court area)
Long Term Evacuation Site for Office	District Office
Hospitals (include contact numbers)	Mark Twain Medical Center 209-754-3521
	Adventist Health Sonora 209-536-5000
	Doctors Medical Center 209-578-1211
	Memorial Medical Center 1-800-696-1169/209-572-7144
Transfer Agreement Agencies (include contact numbers)	Mark Twain Medical Center 209-754-3521
<b>RHCs In Calaveras County</b>	
Angels Camp Medical Clinic (James Dalton Medical Offices)	590 Stanislaus Ave Angels Camp, CA 95222      209-294-1059
Family Medical Center – Arnold	2182 Highway, S4 Arnold, CA 95223      209-795-4193
Family Medical Center – Copperopolis	3505 Spangler Lane, Ste. 400 Copperopolis, CA 95228      1-855-727-0538
San Andreas Medical Clinic	702 Mountain Ranch Rd San Andreas, CA 95249      1-877-683-9454

# TAB 7

## State, County, City Governmental Contacts

Agency	Contact Name and Title	Contact E-Mail and Phone
California Department of Public Health	Sacramento, CA	916-558-1784
County Department of Public Health	Calaveras County Public Health 700 Mountain Ranch Rd. Ste C-2 San Andreas, CA 95249	209-754-6460
Calaveras County Sheriff's Office	1045 Jeff Tuttle Drive San Andreas, CA 95249	209-754-6500
Valley Springs Sheriff Sub-Station	200 Hwy 12 Valley Springs, CA 95252	209-772-1039
Calaveras County Office of Emergency Services	891 Mountain Ranch Rd San Andreas, CA 95249 Chad Cossey	209-754-2890
Valley Springs Consolidated Fire Department	Chief Dickinson	209-772-1268
CAL FIRE Valley Springs, CA		209-772-1330
California Highway Patrol	749 Mountain Ranch Rd San Andreas, CA 95249	209-754-3541
FEMA Emergency Management Agency	Oakland, CA	510-627-7100
FEMA Distribution Center	1547 Grant Line Road Tracy, CA 95304	
US Department of Homeland Security	Sacramento, CA	916-807-8012

## TAB 8

### Vendor Listing

Vendor Name	Vendor Purpose	Vendor Contact Number
AT&T	Phone/Internet Services	1-800-750-2355
Alpine Natural Gas		1-800-227-2600
Benco Dental	Dental Supplies	1-800-462-3626
Cisco Fire Maintenance	Fire Extinguisher Maintenance	Matt 209-753-8454 209-785-8454
Clark Pest Control	Pest Control	1-800-936-3339
Crawford's Lock & Key	Key/Lock Services	209-559-5625
Gasper's Electric	Electrical Services	Jerry 209-601-1171
Industrial Electrical Company	Generator Maintenance Rich Hodge Service Manager	209-527-8095 C: 209-652-8252
Henry Schein	Medical Supplies	1-800-772-4346
J.M. Keckler	Medical Equipment	1-800-523-1010
McKesson	Medical Supplies/Medications Cleaning Supplies	1-866-625-2679 Daniel 916-295-0572
MedPro Waste	Biohazard Management	1-866-924-9339
Medi-Tek (Randy Hanna)	Bio/Equipment Maintenance	1-707-746-1115
Midmark	Equipment	1-310-974-2990
Modesto Gas & Air	Oxygen, Liquid Nitrogen	209-527-0982
Shred-It	Shredding Services	209-568-7361
Quest	Laboratory Services	1-800-877-7484
		1-888-728-3883
Signal Service Alarms	Alarm Services	1-800-983-5300 service
A-Tec Ray Morgan (UBEO)	Print/Copy/Fax Maintenance & Service	James Mclemore 209-465-5881 1-800-990-6899
Universal Data Tech	Printing /Secured Scripts	209-536-4268
RJ Pro	IT	209-920-4077
Olympic Cleaning Services	Janitorial Services	1-855-609-1127 Cell 1-510-563-0483
Vaccines for Children	Vaccines	1-877-243-8832
GSK	Vaccines	1-661-932-3636
Merck	Vaccines	1-877-829-6372

# TAB 9

## Communications Systems/Emergency Equipment

Emergency Resources (include number available)	Location
Portable radio (extra batteries)	Clinic Manager Office x2 /Reception/ Nursing Station X2
Flashlights (extra batteries)	Clinic Reception Area
Trauma Grab Bag (1) (Bright Orange)	Nursing Station
Downtime Forms (2 Binders)	Reception Nursing Station
Satellite Cell phone (1)	Manager's Office
<u>Rolling Carts for outside "infectious" visits supplies</u>	<u>Shed X2. Clean Room X1. Procedure Hall X1</u>
Code Cart (1)	X-Ray Hall
O2 Tanks (4)	Biohazard Room Crash Cart
Pop up Tent (1)	Shed
Convertible Dolly (1)	IT Room
(10) Wool Blankets	Shed
Room Dividers	Shed
<u>Stethoscopes</u>	<u>In Orange bags and on carts in clinic</u>
<u>Pen Lights</u>	<u>In Clinic and on carts</u>
<u>Headlamps</u>	<u>Reception with Flashlights</u>
<u>Manual BP Kits (Bright Orange Bags</u>	

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# TAB 10

## Notification Call List

### Staff Notification

A list of telephone numbers for staff for emergency contact is located at *Clinic Reception Area and Nursing area and Managers Office in the EOP Binder and in Human Resources*

During an emergency *the* Person in Charge/designee is responsible for contacting staff to report for duty.

The alternate contact is District Office Administrative Assistant.

### Patient Notification

During an emergency Receptionist #1 is responsible for contacting patients.

The alternate contact is Receptionist #2.

### Provider Notification

During an emergency Person in Charge/Designee is responsible for contacting medical staff.

The alternate contact is Medical Director.

### Community Resources Call Protocol

During an emergency, Person in Charge is responsible for contacting resources (i.e. Red Cross, County Medical Reserve Corps, Area Agency on Aging, etc.).

# TAB 11

## After Action Review and Improvement Plan

A template for a Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report/Improvement Plan is available at:

<https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007>

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

POLICY: Employee COVID-19 Vaccine and Precautions Policy	REVIEWED: 1/11/2022; <u>9/11/23</u>
SECTION:	REVISED: 3/01/22; 6/28/22; <u>9/11/23</u>
EFFECTIVE: <u>8/31/22</u> / <u>9/27/23</u>	MEDICAL DIRECTOR: <del>Dr. Randy Smart</del> <u>Randall Smart, MD</u>

**Subject:** Employee COVID-19 Vaccine vs. Exemption

**Objective:** VSHWC seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations.

This COVID-19 Vaccination Policy and Procedure establishes how VSHWC will comply with the “Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination,” [CMS Interim Final Rule with Comment Period](#) (IFC) published on November 5, 2021, as well as other current applicable federal, state, and local guidelines. ~~(Current as of 1/11/2022)~~

**Response Rating:** This COVID-19 Vaccination Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

- facility employees;
- licensed practitioners;
- ~~other contracted repair or maintenance persons~~
- students, trainees, and volunteers;
- and individuals who provide care, treatment, ~~or other services~~ for the facility ~~and/or its~~ patients, under contract or other arrangement.
- These requirements **do not apply** to individuals who provide services 100% remotely, including fully remote telehealth or payroll services.

**Procedure:**

The Clinic will follow all current guidelines regarding Employee Vaccination and Booster requirements as put forth by the CDC, Federal and State authorities.

**Under ~~current~~ guidelines (as of 6/10/2022), all employees must:**

1. Be fully vaccinated with 2 doses of any of the Moderna or Pfizer vaccines or 1 dose of the J&J vaccine.
2. Have an **approved** exemption
  - a. Exemption from vaccination requirements for religious reasons, per [Title VII of the Civil Rights Act of 1964](#).
  - b. Exemption from vaccination requirement due to medical reasons.
  - c. Have a temporary exemption (i.e.: due to a medical condition, my Provider would like me to wait 3 months until I receive the vaccine).
3. Staff must provide accurate information regarding their vaccination status and provide supporting documentation e.g. official vaccine card, photo copy of vaccine card, scanned. Forms of proof include:

CDC COVID-19 vaccination record card (or a legible photo of the card), Documentation of vaccination from a health care provider or electronic health record, or State immunization information system record.

4. Any staff who remains unvaccinated and does not qualify for an exemption by March 28, 2022, (**if qualified and remains a mandate**) will be transitioned to off-site telemedicine or terminated, pending determination by the Medical Director and Clinic Manager.
5. Infrequent Contracted Individuals such as repair staff, IT, visitors who are in the Clinic area infrequently, proof of vaccination will not be required, **however, circumstances may arise that they may be asked to wear a mask if patients are present, or in the event of illness, however, will wear a mask while in the facility.**
6. Housekeeping/Janitorial Service Staff **will wear a mask while in the building when staff and/or patients are present. may be asked to wear a mask if patients are present.**

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**By February 1, 2022, all employees must also have a booster shot of any of the 3 available vaccines.**

- ~~1. Booster due 6 months post series (Pfizer or Moderna)~~
- ~~2.1. If vaccinated and then gets COVID or receives Monoclonal Antibodies, booster is due 90 days post infection (Pfizer or Moderna)~~

#### Proof of employee vaccinations and boosters:

1. Will be uploaded to the employee's electronic health file\*.
2. A copy of an employee's signed and approved exemption form, if indicated, will also be filed in the employee's electronic health file\*.
3. A working binder will be kept in the Manager's Office with a copy of the policy, a spreadsheet and all employee's proof of vaccination and boosters (as well as weekly test slips, **when testing is indicated**).

- ~~1. If an employee is not fully vaccinated, or by March 1, 2022, does not receive the booster in addition to the initial series (if qualified and remains a mandate) Booster due 6 months post series (Pfizer or Moderna)~~
- ~~2. If vaccinated and then gets COVID or receives Monoclonal Antibodies, booster is due 90 days post infection (Pfizer or Moderna)~~

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- ~~1. The employee will be COVID-19 tested in the Clinic 1x/weekly per protocol.~~
- ~~2. A copy of the results sticker will be placed on the sheet under the employee's name, or results will be placed on the test list at the front of the binder in the binder. Multiple sheets may be kept.~~
- ~~3. See Standardized Procedure for Employee COVID-19 Rapid Testing.~~

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#### **COVID IN THE EVENT OF A PANDEMIC:**

##### **SAFETY GUIDELINES, STANDARDS and PRECAUTIONS:**

1. ~~All staff~~Staff will wear a mask during patient care, subject to State and Federal law and Medical Director guidance.
2. ~~All employees will be offered, at no cost, the COVID-19 vaccine (series and additional dose and/or booster).~~
3. ~~Education will be provided to all employees and staff regarding the vaccine, options, and current requirements.~~
4. ~~VSHWC will provide appropriate time off for staff to receive vaccinations and for recovery from any side~~



effects.

- 5-2. If infection levels increase, with Medical Director guidance, staff and vendors may be screened at entry (temperature and review of symptoms). Any employee who is displaying signs or symptoms of illness, ~~COVID~~, or has a known exposure will contact Administration and not come in to work until instructed to do so by the Medical Director and Clinic Manager.
3. Any employee providing patient care to a patient with or suspected of having COVID-19 will increase their PPE to a N95 with eye protection, a gown, and gloves.
4. See Standardized Procedure for Employee COVID-19 Rapid Testing.
- 6.

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### Temporary Delays and Exemption Procedures

1. If applicable, staff must submit, in writing, a completed medical or religious exemption form with all required documentation to Clinic Manager prior to providing care, treatment, or other services.
2. In reviewing each request VSHWC will consider whether the request meets the standards for the applicable exemption type, as well as the level of hardship necessary accommodations would impose upon provide VSHWC including but not limited to: threat to patients and staff and direct and indirect costs upon the organization.
3. VSHWC will provide a response to each exemption request within 30 days for exemption requests submitted by new employees.

### Medical Delay and/or Exemption Requests

1. CDC guidelines indicate that there are certain clinical precautions and considerations that may delay an individual in becoming fully vaccinated, including but not limited to:
  - Receiving monoclonal antibodies or Paxlovid for the treatment of COVID-19
  - Other illness secondary to COVID-19
2. CDC guidelines also indicate that there are certain clinical precautions and considerations that may permanently exempt an individual in becoming fully vaccinated, including but not limited to:
  - Certain allergies or recognized medical conditions
  - Certain ADA disabilities
3. Employees seeking a vaccination delay for medical reasons must do the following:
  - Submit medical exemption form to include:
    - i. The medical reason for the delay consistent with CDC recommendations
    - ii. Signed and dated letter by a licensed practitioner, operating within their scope of practice, other than the individual requesting the exemption
  - The Medical Director will review delay request according to CDC recommendations
  - The qualified employee must take steps towards becoming fully vaccinated after the period of delay or seek other exemption
4. Employees seeking a vaccination exemption for medical reasons must do the following:
  - Submit medical exemption form to include:
    - i. The medical reason for the exemption including which COVID-19 vaccine(s) are clinically contraindicated for the employee;

- ii. The specific clinical reasons for the contraindications; and
- iii. A signed and dated letter by a licensed practitioner, other than the individual requesting the exemption, operating within their scope of practice

• The Medical Director will review exemption request according to CDC recommendations and approve if the previously outlined requirements are met

**Religious Exemptions**

1. Employees may submit a written religious exemption request using the attached form, including any additional documentation that may be useful in evaluating their request

The Medical Director and Manager will evaluate the exemption request according to the guidelines established by the U.S. Equal Employment Opportunity Commission (EEOC) in Section L of <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#L>

- 5. While awaiting responses to exemption requests, all employees must adhere to additional precautions established for unvaccinated staff, as outlined ~~below~~.
- 6. Per the EEOC, “objections to the vaccine that are based on social, political or personal preferences or on nonreligious concerns about the possible effects of the vaccine” do not qualify for this exemption.”

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Director  
Signature \_\_\_\_\_ Date \_\_\_\_\_

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care> Revised 4/05/22 (Current as of 1/11/2022)

Field Code Changed

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>  
Last Updated Jan. 7, 2022 Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases  
<https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination>

Quality Standard CV 1.0 Related to Interim Rule QSO-22-07:

[https://mcusercontent.com/a395ddc1c25a92edfe4016779/files/a6bc5c2c-053f-1576-e6d3-39c46d383276/Quality\\_Standard\\_CV1.0\\_.pdf](https://mcusercontent.com/a395ddc1c25a92edfe4016779/files/a6bc5c2c-053f-1576-e6d3-39c46d383276/Quality_Standard_CV1.0_.pdf)

CDC staff vaccination tool: <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

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

POLICY: Employee Dress Code Guidelines	REVIEWED: 8/13/2019;5/29/21; 8/04/22; <u>7/20/23</u>
SECTION: Workforce	REVISED: 5/29/21; 8/30/22; <u>7/20/23</u>
EFFECTIVE: <del>10/26/22</del> <del>8/23/23</del> <del>10/27/23</del> <u>9-27-2023</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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**Subject:** Employee Dress Code Guidelines Reviewed by Personnel Committee 9-19-2023

**Objective:** To provide guidelines for acceptable employee work attire and appearance.

**Response Rating:** All employees.

**Required Equipment:** N/A

**Statement of Policy:**

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Dress, grooming and personal cleanliness standards contribute to the morale of all employees and affect the business image we present to patients and visitors. During business hours, employees are expected to present a professional, business-like appearance and to dress according to the requirements of their positions. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such ~~circumstance~~circumstances, employees will not be compensated for their time away from work. Supervisors are responsible for ensuring appearance is appropriate. Supervisors will consider ~~extent~~the extent of contact with the public, physical requirements of each job and hours of work when interpreting this ~~p~~Policy. The guidelines established for appearance and dress cannot be all inclusive. Consequently, when a decision regarding the appropriateness of work attire is needed, management will decide.

**General guidelines for all staff:**

- ID badges will be issued by the District and should always be visible and positioned at shoulder height, so patients can differentiate between staff and the public. ID badges should be kept ~~clean~~clean, and nothing may cover the name or photo on the ID badge. ID badges can be worn with a collar clip, breakaway lanyards by exception.
- Clothes should be clean, free from stains, tears and/or excessive wrinkles.
- Hair (including sideburns, ~~mustaches~~mustaches, and beards) should be clean, combed and neatly trimmed. Long hair should be tied back or restrained when providing direct patient care.
- Make-up, ~~fragnances~~fragnances, and accessories will be worn in moderation.
- Fingernails should be clean and groomed, nail polish without chips, no acrylic nails.

- Fit and length of clothing should look professional and be appropriate for the physical requirements of the employee's position.
- Appropriate undergarments will always be worn.
- Shoes will be appropriate for the job, low heeled, closed toe (in patient care areas), in good condition and clean/polished.
- Exceptions will be made for Holiday shirts to be worn, per Management discretion, or scheduled "Theme" days (i.e.: Cowboy dress for Rodeo Week) which will be decided by Management.

Examples of Inappropriate Attire:

- ~~Shorts, sweats, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.~~
- ~~Beach thong style sandals, athletic sandals, open toe shoes of any kind while providing direct patient care in a patient care area.~~

**-Visible body piercings:** Jewelry shall not compromise direct patient care activities, infection control, or the covered personnel's job duties or safety. Spikes, intradermal piercings, chains and tongue bars/balls must be removed. If removed, clear or skin-colored spacers may be worn. No lip, mouth, chin or cheek piercings. Septum piercings may be turned upwards, with a clear spacer, but must not be visible, are not allowed. One facial piercing is allowable: a small nose stud (no rings), or a small eyebrow stud or ring. Body piercings must be small, maintain a professional appearance and be kept clean and disinfected on a regular basis. Earrings may be worn, no more than 2 per ear. Earrings may not be large, as to cause a safety or infection control issue when providing direct patient care: i.e.: long dangling earrings that could be pulled out. Jewelry that is construed to be offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are not allowed. ~~Ear gauges may be no larger than 22mm (5/8"). A solid black or skin colored plug may be worn. Ear gauges also must be kept clean and disinfected on a regular basis. (to include ear gauges, tongue bars and nasal piercing) other than earrings (maximum 2)~~

**-Tattoos and body art:** Tattoos on the arms, hands, exposed (lower) legs and ankles are generally acceptable with the following exceptions: All tattoos that are construed as offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are to be covered with makeup, bandage or material tattoo covers. should be covered as much as possible. No facial or neck tattoos are to be visible. Lewd or explicit markings may not be exposed. Any questions regarding the interpretation of this requirement shall be decided by management.

**Perfume, Aftershave and Deodorant:**

- ~~Unnatural hair colors (i.e., pink, purple, green, etc.).~~

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Due to the close contact with patients and customers, perfumes and aftershave are not permitted in patient care areas. Bathing, the use of deodorants and other acceptable personal hygiene habits should always be observed.

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The expectation is that all Managers and Supervisors will support this policy, leading by example, and will be expected to enforce the standards on a daily basis.

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**Examples of Inappropriate Attire:**

- Shorts, sweats, hoodies, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, spaghetti strap tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.
- Beach thong style sandals, athletic sandals, open toe shoes of any kind while providing direct patient care in a patient care area.
- Unnatural hair colors (i.e., pink, purple, green, etc.).

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**Medical Providers and Managers:**

- Providers and Managers may wear business or business casual dress.
- Shoes should be comfortable, closed toe in patient care areas and low heeled.
- A solid color lab coat is optional, but not required.
- Providers may wear solid, coordinating scrubs, pants, and shirts, preferably in shades of greens, blues, burgundy, purples, or grays. Black scrub pants may be worn with a solid, coordinating scrub top of another color.

**Cultural Hair Compliance Exemption:**

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Members who seek culturally protected hairstyles or other exemption to this policy that are protected by law should generally be accommodated (Government Code § 12926).

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**Patient Care Nurses, Dental Staff (RDA, Hygienists), Medical Assistants, Lab, Phlebotomist and Radiology Staff:**

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- Staff may wear solid, coordinating scrubs, pants, and shirts in shades of greens, blues, burgundy, purples, or grays.
- A similar solid color sweater, sweatshirt (no hoodies) or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe and low heeled.

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**Health Information Services/Medical Billing:**

- HIM/Billing staff may wear business or business casual attire.



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

POLICY: Standardized Procedure for Employee COVID-19 Rapid Testing	REVIEWED: 1/12/2022; 6/14/22; <u>9/11/23</u>
SECTION: Standardized Procedures	REVISED: 6/14/2022; <u>9/11/23</u>
EFFECTIVE: <u>8/31/229/27/23</u>	MEDICAL DIRECTOR: <del>Dr Randall Smart</del> <u>Randall Smart, MD</u>

**Subject:** Standardized Procedure for Employee COVID-19 Rapid Testing

**Objective:** To Comply with Federal, State and CDC Standard (whichever is more strict) regarding Employee COVID-19 Vaccine Compliance vs. Testing Requirements for unvaccinated or incompletely vaccinated employees.

**Response Rating:** Everyone

**Required Equipment:** Rapid COVID-19 Testing Equipment or alternate available Nasal Rapid Test

**Procedure:**

After completion of training and documentation of demonstrated competency, the Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Rapid COVID-19 Tests, **on Employees only**, using the Abbott ID NOW or the Cephid 4 in 1 Testing platform and the nasal swabs (not nasopharyngeal), 1 per test, to be processed per manufacturer instruction.

1. Perform Rapid COVID-19 test ~~1x/weekly~~ prn for the purpose of screening any employee that is showing symptoms or has had a potential exposure. ~~not fully vaccinated or is unvaccinated as per guidelines.~~
  - a. Wearing protective PPE, obtain nasal swab per manufacturer instructions, discarding used swab in biohazard container.
  - b. Document test and result, identifying by employee’s name on the sticker and lab sheet.
  - c. Place a copy of the result sticker in the Employee COVID Vaccine and Weekly Testing Log Binder, located in the Manager’s Office.
  - d. If test result is positive, notify Management immediately.

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

POLICY: Waived Testing - LeadCare II	REVIEWED: 8/29/19; 2/20/20; 5/04/21; 7/26/22; <u>9/11/23</u>
SECTION: Waived Testing	REVISED: 3/11/18; 2/20/20; <u>9/11/23</u>
EFFECTIVE: <u>8/31/22</u> / <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Waived Testing using the Leadcare II device

**Objective:** To screen and identify children with elevated BBLs for appropriate treatment, education, and elimination of lead exposure.

**Response Rating:** Mandatory

**Required Equipment:** Leadcare II, treatment reagent tube, capillary tube, plunger, lead sensor, dropper, label, powder-free gloves, lancet, cotton ball/gauze 2x2, dot bandaid. Equipment needs to be stored in a clean box with a cover.

**Definitions:** BBL: Blood Lead Level  
Reference Level / Elevated BBL: > 5 ug/dL

**Procedure:**

**Specimen Collection and Testing**

1. As a part of the pediatric patient’s physical examination. Risk assessment and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.
  - a. Risk assessment to be performed with appropriate action to follow if positive at 6 months, 9 months, 12 months, 18 months, 24 months, 3 years, 4 years, 5 years, 6 years.
  - b. Screening or risk assessment is to be performed at 12 months and 24 months.
  - c. If the screening or risk assessment is not performed per the recommended periodicity schedule, document in the EMR the reason.
  
2. Upon receipt of a written order a capillary blood specimen will be collected and tested to determine the patient’s blood lead level.
  - a. Ensure machine is plugged into the wall and/or batteries installed.
  - b. Don gloves.

Waived Testing Leadcare II  
Policy Number 209



- c. Label the treatment reagent tube with the patient ID using labels.
  - d. Wash patient's hands with soap and water and let air dry.
  - e. Warm patient's finger and press finger at or below first joint. Use alcohol prep pad to wipe fingertip.
  - f. Allow fingertip to air dry.
  - g. Use lancet to obtain specimen on patient's fingertip, alongside of finger.
  - h. Squeeze fingertip to express one drop of blood 2 or 3 times before collection.
  - i. Squeeze fingertip to express drop of blood and holding capillary tube almost horizontally with green band on top, fill the capillary to the black line.
  - j. Wipe excess blood from capillary tube with a clean wipe or gauze.
  - k. Look for air bubbles in the filled capillary tube. If present, take a new sample. Small bubbles around the edge can be ignored.
  - l. Place the capillary tube into the reagent tube. Insert a plunger into the top of the capillary tube and push down, ensuring entire volume of sample is dispensed into the treatment reagent.
  - m. Replace the reagent tube cap. Invert the tube 8 to 10 times.
  - n. Insert blood lead sensor into machine to turn it on.
  - o. Remove the cap from the reagent tube. Squeeze the walls of the dropper and insert into the sample. Release the pressure to draw some sample into the dropper.
  - p. Touch the dropper tip to the X on the sensor and squeeze to dispense the sample.
  - q. Wait 3 minutes until the test is done.
  - r. Record the test results in the ERM.
  - s. Remove used sensors from the analyzer as soon as the result is recorded.
3. To clean machine
- a. Machine goes off automatically.
  - b. Clean analyzer with a damp cloth and warm, soapy water.
  - c. Disinfect with Alcohol Wipes.
  - d. Do not leave any soap film on the analyzer. Do not allow liquid into the sensor connector. Do not wash the inside of the calibration button reader.

### Test Result Reporting

1. Report results on CDPH site <https://eblr.cdph.ca.gov> using the assigned clinic identifier and password.
2. The reportable range of the test is 3.3 to 65 µg/dL.
3. Capillary blood samples that generate a lead level of 5 µg/dL should be confirmed with a second test sample from a different site. However, if the result of the second sample is also above 5 µg/dL, the patient should be sent to a laboratory for a confirmation blood draw.
4. In cases where the capillary specimen demonstrates an elevated lead level but the confirmation venous sample does not, it is important to recognize that the child may live in a lead-contaminated environment that resulted in contamination of the fingertip. Efforts should be made to identify and eliminate the source of lead in these cases.

- “Low” is a blood level less than ~~3.53~~ 3.59 µg/dL -- should be recorded as <3.59 µg/dL
- “High” in the display windows indicates a blood lead test result greater than 65 µg/dL. When this occurs, report the blood lead result as greater than (>) 65 µg/dL. “High” results on LeadCare II should be followed up immediately as an emergency laboratory test and Reported.
- Blood lead results ≥3.59-5 µg/dL must be electronically reported within 3 working days from the date of analysis.
- Blood lead results <9-4-3.5 µg/dL must be electronically reported within 30 calendar days from the date of analysis.

### 5. State Reporting

- Abnormal high results must be reported to the state and the receipt scanned into medical record the same day as performed.
- Normal results must be reported to the state at the end of each month.
- Results reported to the state electronically are given an Accession Reporting Number consisting of the Kit Lot# followed by test# (ex: 1234-1, 1234-2 etc). not using any public health information identifier.

### 6. Repeat Testing Guidelines

If blood lead level	Childs Age	Perform capillary re-test within
< 5 ug/dL	< 12 months	3 – 6 months
< 5 ug/dL	1 – 5 years	6 – 12 months

Waived Testing Leadcare II  
Policy Number 209

If blood lead level	Childs Age	Perform capillary re-test within
5 – 14 ug/dL	1 – 5 years	1 - 3 months
If blood lead level	Childs Age	Perform capillary re-test within
15 -44 ug/dL	1 – 5 years	1 – 4 weeks
➤ 44 ug/dL	1 – 5 years	48 hours

Effective July 1, 2023, Section 124130 of the California Health and Safety Code has been amended to include changes to reporting timeframes and additional required data elements for blood lead reporting.

CDPH is following the CDC Blood Lead Reference Value (BLRV) guideline of 3.5 mcg/dL, which subsection (d) refers to as “the most recent federal Centers for Disease Control and Prevention (CDC) reference level for an elevated blood lead level (BL).”

CDPH is working on full implementation details for the newer data elements and will send more comprehensive communications when available.

For blood lead reporting inquiries, please complete the EBLR Contact Form.

Reference:

file:///C:/Users/Tina.t/AppData/Local/Microsoft/Windows/InetCache/Content.Outlook/XV407L0Z/EBLR%20Fact%20Sheet%20Version%201.5%20-%20(07.17.2023).pdf Effective July 1, 2023

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Field Code Changed

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EBLR CONTACT FORM: <https://survey123.arcgis.com/share/b8f76f047d0e4a9e9a5dc81bb2e92a46>

Section 124130 of the California Health and Safety Code :

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=124130](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=124130)

Field Code Changed

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

POLICY: Active Shooter	REVIEWED: 8/30/19; 6/11/21; 8/04/22; <u>9/7/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <del>10/26/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Active shooter

**Objective:** When there is an active shooter in your vicinity, you have three options: run, hide, or fight. Therefore, precautions need to be taken for the safety of patients, staff, and guests.

**Response Rating:**

**Required Equipment:**

**Procedure:**

**Run**

1. Have an escape route in mind
2. Leave belongings (purse, backpack, computer, etc) behind
3. Evacuate regardless of whether others will follow
4. Helps others escape, if possible
5. Do not stop to help or move wounded
6. Stop others from entering the area
7. Call 911 when safe

**Hide**

1. Hide out of the shooter's view
2. Lock door or block entry, stay away from windows
3. Silent your cell phone, including vibrate, turn off lights

## **Fight**

1. Fight as a last resort, if your life is in danger
2. Improvise weapon or throw items at the active shooter
3. Act with as much aggression as possible. Your life depends on it.

Once law enforcement has arrived, keep hands visible and raised over your head. Provide information about location of shooter, wounded and description of shooter, if known.

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

POLICY: AED Use and Maintenance	REVIEWED: 04/13/20; 5/29/21; 8/04/22; <u>9/7/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>10/26/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** AED

**Objective:** Proper use and maintenance of the AED

**Response Rating:** Mandatory

**Required Equipment:** Semi-Automatic AED Unit, Adult Defibrillator Pads, Pediatric Defibrillator Pads

**Procedure:**

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims, who are unconscious, not breathing normally and showing no signs of circulation such as normal breathing, coughing or movement. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and deliver a shock.

1. The AED will be brought to all medical emergencies. The AED should be used on any person who is at least 8 years of age and displays ALL the symptoms of cardiac arrest. The AED will be placed only after the following symptoms are confirmed:
  - A. Victim is unconscious
  - B. Victim is not breathing
  - C. Victim has no pulse and/or shows no signs of circulation such as normal breathing, coughing or movement
2. The AED is in a **marked** cabinet in the upper right center section at the nursing station.
3. The AED will have one set of adult defibrillation electrode pads connected to the device located in AED case in lid under flap. Attached to the pads is a patient prep kit that includes two pairs of latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device. There is one spare set of adult electrodes in a box next to the AED.
4. There is also one set of pediatric defibrillation pads - next to the AED. If performing treatment on a pediatric patient, the adult pads attached **MUST** be unplugged from the device and replaced with the pediatric set. The AED will announce what type of pads are connected to the device.
5. **External Post Event Documentation:** Medical emergencies involving the use of an AED require documentation.
  - A. All patient information generated during the AED use must be documented in EMR, in the patient's chart.
  - B. If the victim being treated is not a current patient and is attended by an acquaintance, register them in the EMR using demographic information provided by the acquaintance.
  - C. If the victim being treated is not a current patient and is unattended by an acquaintance, register them in

the EMR using the name Jane or John Doe until more information can be obtained.

- D. Fill out an incident report, including details regarding who on the staff attended the patient and what tasks were performed by each person; documentation of interventions and medications administered.
  - E. A copy of the AED use information via an incident report, shall be presented to the Manager who will review records within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data, and all electronic files captured by the AED.
6. **Equipment Maintenance:** All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:
- A. The Manager (or designee) shall be informed of changes in availability of emergency medical response equipment (AED). If AED is withdrawn from service, the Manager (or designee) will be informed and then notify staff when the AED is returned to service.
  - B. The Manager will be responsible for informing staff of changes to availability of emergency medical equipment (AED).
  - C. The Manager (or designee) shall be responsible for having regular AED maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions. Records will be kept.
  - D. Following use of AED, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to procedure.
7. **Annual System Assessment:** Once each calendar year, the Manager (or designee) shall conduct and document a system readiness review. This review shall include review of the following elements:
- A. Training records
  - B. Equipment (AED) operation records and maintenance
8. **Weekly Monitor and System Checks:** Once each week, the Registered Nurse (or designee) shall perform, and document on the weekly log, a system QC check on the AED. These records shall be retained in the same manner as the other Clinic QC logs in the Manager's office. The QC check will determine the current AED battery life and AED operation and status. If there is any malfunction or abnormal result during this test, the Manager will be notified immediately to troubleshoot the issue.

#### **Automated External Defibrillator (AED) Procedure**

Upon hearing a call for help or overhead page of Code Blue or Rapid Response

- o Go to the medical emergency location
  - o Assess scene for safety
  - o Determine unresponsiveness
  - o Open Airway (A)
  - o Check for Breathing (B). If not breathing give 2 slow breathes.
  - o Check for signs of Circulation (B), such as pulse, coughing or moving.
  - o If NO PULSE and AED is NOT present, begin CPR until it arrives.
  - o If NO PULSE and AED IS present, turn it on by pressing the LID RELEASE/ONOFF button and follow voice prompts.
  - o Apply electrodes to bare chest. Shave chest hair if needed for good contact of electrodes. If the chest is dirty or wet, wipe the chest dry.
  - o Stand clear of victim while AED analyzes rhythm
  - o Additional team member should record event on an emergency report.
- If shock is advised:**
- o Clear area making sure no one is touching the victim.
  - o Push shock button when prompted to do so.
  - o AED will analyze and shock up to 3 times.

- o After 3 shocks, AED will prompt to check for pulse & breathing. If absent, start CPR.
- o AED will count one minute of CPR, then prompt rescuers to stop CPR and get clear so device can analyze rhythm again.
- o Continue cycles of analyses, shocks (if advised) and CPR until EMS arrives and disconnects AED and relieves rescuers.

**If no shock advised:**

- o AED will prompt to check pulse & breathing, check and if absent start CPR.

**After Use:**

- AED is wiped clean and disinfected according to policy.
- Manufacturer's suggestions for maintenance of AED after incident will be followed.
- Contents of attached resuscitation kit will be replaced as needed.
- Electrodes will be replaced and reconnected to device.
- Batteries **MUST** be replaced after being used on a patient.



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

POLICY: Bioterrorism Threat	REVIEWED: 8/29/19; 2/25/20; 5/04/21; 5/3/22; 5/02/23; <u>9/7/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <u>5/24/23</u> / <u>27/23</u>	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Bioterrorism Threat

**Objective:** A bioterrorism threat is the accidental exposure or deliberate release of viruses, bacteria, and/or other agents that cause illness or death in people, animals, or plants. Biological agents can be spread through the air, water, or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents, like smallpox, can spread from person to person. Other agents, such as anthrax, are not spread person to person.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. In the case of a biological threat:
  - a. Notice of a biological event may come from the California Department of Public Health (CDPH) and/or the Calaveras County Public Health Office/Officer.
  - b. Directions may be received from CDPH and/or the County Public Health Office/Officer on how to proceed.
  - c. Patients that present to the Clinic during a bioterrorism threat and who indicate they have a potential exposure will be assessed by Clinic personnel who have donned personal protective equipment. These patients will be segregated and treated in the exam rooms closest to the exit doors with registration occurring in the exam room.
  - d. Patients with symptoms that may be the result of a biological exposure will be reported according to current policy for the reporting of diseases as outlined by the CDC, the State of California, and the County.
  - e. The Clinic may be directed by CDPH and/or the County Public Health Office/Officer to give information to patients regarding the biological event.

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

POLICY: Drug Free Workplace	REVIEWED: 5/12/22; 5/2/23; <u>9/7/23</u>
SECTION: District	REVISED:
EFFECTIVE: <u>5/24/23</u> / <u>9/27/23</u>	MEDICAL DIRECTOR: Randall Smart, MD

**Subject: 3001 DRUG AND ALCOHOL ABUSE**

**Objective:**

It is the intent of the DISTRICT to maintain a workplace that is free of drugs and alcohol and to discourage drug and alcohol abuse by its employees. Employees who are under the influence of a drug or alcohol on the job comprise the DISTRICT’s interests and endanger their own health and safety and the health and safety of others. Substance abuse in the workplace can also cause several other work-related problems, including absenteeism and tardiness, substandard job performance, increased workloads for co-workers, behavior that disrupts other employees, and inferior quality in service.

**Response Rating: Mandatory**

**Required Equipment:**

**Procedure:**

**PROHIBITION OF DRUGS AND ALCOHOL**

All employees are prohibited from manufacturing, cultivating, dispensing, selling, arranging for the sale, purchasing, distributing, possessing, or using illegal drugs, alcohol, or other unauthorized or intoxicating substances any time an employee is: (1) on DISTRICT property (including parking areas and grounds); (2) conducting or performing DISTRICT business (regardless of location); (3) operating or responsible for the operation, custody or care of DISTRICT equipment or other property; or (4) responsible for the safety of others in connection with, or while performing, DISTRICT-related business.

Included within this prohibition are lawful controlled substances that have been illegally or improperly obtained. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken in accordance with the prescription, except when it poses a safety concern. Please see below for more information.

**DEFINITIONS**

1. Drugs

Any chemical substance which produces physical, mental, emotional, or behavioral changes in the user. For proposed of this policy, the word “Drugs” includes, but is not limited to: Alcohol, Marijuana metabolites

(whether prescribed or not), Cocaine metabolites, Amphetamines (amphetamine, methamphetamine, MDMA, MDA), Opioids (codeine, heroin, morphine, oxycodone, oxymorphone, hydrocodone, hydromorphone), Phencyclidine (PCP), and prescription medications (among other things).

## 2. Alcohol

Alcohol is a drug. It is a central nervous system depressant. Alcohol is the major intoxicating ingredient in beer, wine, and distilled liquor.

## 3. Illegal Drugs

Any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes as well as other substances as indicated under Section A (Drugs). Marijuana, including all forms thereof, is an illegal drug regardless of its legal status in California, as it remains an illegal drug under federal law.

## 4. Intoxicating Substance

Any substance which produces physical, mental, emotional, or behavioral changes in the user, including, but not limited to, glue, paint thinner, aerosols, chemical substances used in manufacturing, look-alikes, or designer drugs.

## 5. Reasonable Suspicion

Reasonable suspicion includes a suspicion that is based on specific personal observations such as an employee's manner, disposition, muscular movement, appearance, behavior, speech, or breath odor; information provided to management by an employee, by law enforcement officials, by a security service, or by other persons believed to be reliable; or a suspicion that is based on other surrounding circumstances.

## **PROCEDURES**

### **PRE-EMPLOYMENT TESTING**

The DISTRICT will test all job applicants as part of the pre-employment process, to identify those applicants whose current use of intoxicating substances could interfere with their prospective job performance. All applications for employment will contain a statement to prospective applicants advising them that the selection procedure includes taking and passing a pre-employment urine drug screening which includes testing for the presence of drugs or other intoxicating substances, which will be administered after an offer of employment has been made. However, the offer of employment is conditioned on taking and passing the pre-employment drug screening.

1. Applicants who are referred for a pre-employment urine drug screening will be required to sign consent forms authorizing the testing for intoxicating substances

and the release of the test results to the DISTRICT.

2. Any applicant who refuses to sign the consent form(s) or to submit to testing will be treated the same way as an applicant who failed to pass testing and will have their conditional offer of employment rescinded.
3. Test results are confidential and will not be released except to appropriate DISTRICT personnel, the applicant upon written request, or pursuant to Court Order.
4. Testing will be conducted by a clinical laboratory licensed by the State Department of Health Services, or a public health laboratory certified by the State.
5. Applicants whose test result are negative for drugs will be deemed to have passed that portion of their pre-employment process.
6. Test results indicating a presence of an intoxicating substance will automatically require a re-analysis of the original sample.
7. If the re-analysis reflects a negative indication, the applicant will be deemed to have passed that portion of the pre-employment process.
8. If the re-analysis results in a second indication of the presence of an intoxicating substance, the applicant will not be considered for employment by the DISTRICT for at least a period of six (6) months after the date of the test results, at which time applicant will need to submit a new application.
9. Applicants who are taking medication prescribed by a physician will have so indicated on the examination form, and any positive indications related to the presence of that medication will not prohibit employment, provided the applicant can perform the essential functions of the position sought with or without reasonable accommodations, on a case-by-case basis. A medical evaluation may be requested.

#### **REASONABLE SUSPICION DRUG AND ALCOHOL TESTING**

Any employee may be required to submit to a physical examination and/or urine, blood, breath, or other designated medical or chemical tests for evidence of drug and/or alcohol use. This testing shall be mandatory if any two of the following has a reasonable suspicion that the employee is working in an impaired condition or otherwise engaging in conduct that violates this policy:

1. CEO; or
2. Human Resources Manager; or
3. Clinic Manager; or

4. Manager or Designated Manager.

Whenever a member of the DISTRICT management develops a reasonable suspicion that a DISTRICT employee is in violation of any provision of this Policy, said manager shall immediately provide a written report summarizing the basis for his or her reasonable suspicion to the Human Resources Manager or CEO.

The employee will be asked about the observed behavior and offered an opportunity to give a reasonable explanation. If the employee is unable to reasonably explain the behavior, he or she will be asked to take a drug test in accordance with the procedures outlined herein. If the employee refuses to cooperate with the administration of the drug test, the refusal will be handled in the same manner as if the employee failed to pass the test. Immediate suspension can be considered.

The employee suspected of such violation shall be transported to the testing facility and tested at the DISTRICT's expense, then transported home. The DISTRICT in its sole discretion, shall determine when the employee may resume his or her duties.

## SEARCHES

- A. All DISTRICT premises, property, equipment, vehicles, furniture, and lockers are subject to the control of the District and may be searched at any time if the CEO, Human Resources Manager, Clinic Manager, or any other person authorized by the CEO has a reasonable suspicion that a violation of this policy has occurred. Accordingly, employees have no right to privacy in any DISTRICT property. Because any search of DISTRICT property might result in the discovery of an employee's personal possessions, all employees are encouraged to refrain from bringing into the workplace any item of personal property that they do not wish to reveal to the DISTRICT. Searches of work-related property may be conducted by the following persons:
1. CEO; or
  2. Human Resources Manager; or
  3. Clinic Manager; or
  4. Any investigator hired by the DISTRICT; or
  5. Law enforcement personnel; or
  6. Any other person authorized by the CEO.
- B. All searches, other than a body search, will be conducted in the presence of the following persons:
1. The employee who is authorized to use the property, equipment, or

furniture to be searched or is suspected of violating this policy,

2. One or more of the following: CEO, Human Resources Manager, Clinic Manager, or any other person authorized by the CEO.

C. Failure to cooperate with a search shall constitute a violation of this policy.

## **EMPLOYEES' REPORTING REQUIREMENTS – LEGAL DRUGS**

For many job positions, an employee's use of a legal drug can pose a significant risk to the safety of the employee, fellow employees, and the public. Any employee who feels that, has been informed that, or reasonably should be aware that their use of a legal drug may endanger the safety of the employee or any other person, pose a risk of significant damage to DISTRICT property or equipment, or substantially interfere with the employee's job performance or the efficient operation of the DISTRICT's business or equipment must report such drug use to his/her manager prior to reporting to work. (The employee is not required to disclose his or her medical condition that necessitates the prescription.) Such disclosures will be treated confidentially and will not be revealed to others unless there is an important work-related reason to do so to determine whether it is advisable for the employee to continue working.

Any employee who observes a violation of this policy or has reason to suspect that a violation of this policy has occurred must immediately report said observation or suspicion to DISTRICT management for appropriate action.

## **DISCIPLINARY ACTION**

An employee bringing onto the DISTRICT'S premises or property, including parking lots, having possession of, being under the influence of, or possessing in the employee's body or urine in any detectable amount, or using, consuming, transferring, manufacturing, selling or attempting to sell or transfer any form of illegal drug or other unauthorized or intoxicating substance while on DISTRICT business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, and whether on DISTRICT property or not, is subject to discipline including discharge or suspension without pay from employment, even for the first offense.

An employee who is under the influence of alcoholic beverages at any time while on DISTRICT business or at any time during the hours between the beginning and ending of the employee's workday is subject to discipline including discharge or suspension without pay from employment, even for the first offense.

## **EFFECT OF CRIMINAL CONVICTION**

An employee who is convicted under a criminal drug statute for a violation occurring in the workplace or during any DISTRICT related activity or event will be deemed to have violated this policy. Furthermore, the employee must notify the DISTRICT of any such conviction within five days after any such conviction.

## **LAW ENFORCEMENT**

If deemed necessary or appropriate, the DISTRICT may summon law enforcement personnel for assistance.

**EMPLOYEE ASSISTANCE**

Employees who have a problem with drugs, alcohol or other personal problems are encouraged to seek voluntary treatment and rehabilitation before a violation of this policy is discovered. Please contact Human Resources for a referral to a confidential assistance to employees who suffer from alcohol, drug abuse and/or other personal or emotional problems.

No employee will be discriminated against based on his/her participation in a program for the treatment of drug and/or alcohol abuse or other personal and/or emotional problem. Volunteering for treatment or rehabilitation will not however, necessarily affect discipline where violation of this policy has been first independently determined.

**OTHER WORKING PERSONS**

Concerns regarding reasonable suspicion for any other persons working on the Clinic or District premises, who are not employees, including: contractors, vendors, volunteers, students, or independent contractors, are to be referred to the CEO.

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Employee Signature

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Date

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Employee Name (Printed)

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

POLICY: Earthquake Or Weather Emergency	REVIEWED: 8/30/19; 2/25/20; 5/21/21; 5/3/22: 5/2/23; <u>9/7/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <u>5/24/23</u> <u>9/27/23</u>	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Earthquake or weather emergency response/management

**Objective:** To ensure the safety of ~~patient~~patients, personnel, and visitors in the event of an earthquake or weather-related disaster.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

In the event of a fire or weather-related disaster:

1. Patients and visitors will be moved to the safest location(s) within the Clinic, as follows:
  - A. Earthquake
    - i. Structurally strong interior spaces, excluding doorways.
    - ii. Away from objects on shelves that may fall and cause ~~injury~~injury.
    - iii. Exterior areas which are not under trees, near power poles, or other tall structures (parking lot, as designated in Emergency Preparedness Plan)
  - B. Weather-related disaster
    - i. In the case of a high windstorm/tornado, ~~persons~~people will be moved to interior rooms without windows. (See Shelter in Place Policy)
    - ii. In the case of a rainstorm causing flooding, people will be moved to rooms that are dry and/or have furniture that will allow the person to be up and away from the water.
    - iii. The Clinic Manager or designee will ensure that a census of the patients and visitors is developed, with any special needs noted (requirement for oxygen, medication, additional supervision, aided support) and addressed as quickly as possible and documented in a medical record.
    - iv. If required, utilities will be terminated at the source:



<b>Service Type</b>	<b>Source Location</b>
Natural gas	Exterior of building
Electrical service	Electrical panel
Water	Exterior of building

- v. The Clinic Manager or designee will contact 911 if assistance is required to evacuate or render care to patients, visitors and/or personnel.
- vi. The Clinic Manager or designee will contact the Administrator to advise emergency situation and request support, if required.
- vii. The Clinic Manager or designee will meet emergency personnel when they arrive.
- viii. The Clinic Manager or designee will record all actions taken and include that information in their Incident Report.
- ix. Clinic Manager will prepare a thorough incident report and forward that report to the Administrator.
- x. The Clinic Manager will contact the Chief Executive Officer for assistance in identifying damage to the premises and to coordinate arrangements for the repair and replacement of damaged facilities and equipment.
- xi. The Chief Executive Officer will notify 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 the patients may continue.

2. Clinic staff should prepare to receive additional patients that may result from the situation.

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

POLICY: EKG	REVIEWED: 2/1/19; 10/28/19; 2/23/20; 6/01/21; 7/26/22; <u>9/7/23</u>
SECTION: Patient Care	REVISED: 10/28/19; 2/23/20
EFFECTIVE: <u>8/31/229/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** EKG

**Objective:** To obtain a clinical picture of cardiac rhythm and activity.

**Response Rating:** Moderate to Severe

**Required Equipment:** EKG Machine, computer (EMR) access

**Procedure:**

**Prepare the patient:**

The quality of an EKG/ECG is dependent on the preparation and resistance between the skin and the electrode. To ensure a good quality EKG/ECG and minimize the skin/electrode resistance the following must be completed:

1. Explain the procedure to the patient. Obtain the patient's height, weight, blood pressure, pulse, and current medications. Document in the EMR.
2. Direct the patient to remove all clothing from the waist up and put a gown on with the opening to the front.
3. Direct the patient to lie in a recumbent position. Ensure the patient is warm and relaxed and advise to be as still as possible and not to talk during the procedure.
4. Shave electrode areas if indicated using a disposable razor.
5. If patient is perspiring or has applied any lotions or creams, clean area with an alcohol swab.
6. Attach the electrodes to the patient's limbs and chest as labeled. The leads are coded and numbered:
  - a. RA = Right Arm
  - b. LA = Left Arm
  - c. RL = Right Leg
  - d. LL = Left Leg

- e. C = Chest - (6 leads attached in sequence)

**Connect the EKG to the laptop computer while the EMR program is open to the patient's record:**

1. Plug the EKG machine into the laptop computer.
2. Follow the instructions as displayed on the computer screen.
3. Capture the image and print the results.
  - a. All EKG results will be read by the ordering practitioner and over-read by an internist on the Clinic Medical Staff.

**In the event of a borderline abnormal reading, excluding obvious and definitive Myocardial Infarction:**

1. Practitioner will check the lead placement to assure proper lead placement by the MA/Nurse was performed.
2. Adjust the leads and repeat ECG may be indicated upon order from the treating practitioner.

**Documentation of findings:**

1. The Internal Medicine physician will document their findings on the EKG image using written text.
2. The annotated image will be returned to the ordering practitioner, attached to a patient case, sending the annotated and signed image to the Clinical Inbox.

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

POLICY: Incident Reports	REVIEWED: 11/12/18; 2/18/20;5/29/21; 7/26/22; <u>9/11/23</u>
SECTION: Operations	REVISED: 2/18/20;5/29/21; 7/26/22
EFFECTIVE: <u>8/31/229/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Incident Reports

**Objective:** All unusual events shall be documented on an incident report form to provide proper documentation and follow-up and to support risk identification and trends.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. An incident report shall be completed promptly when any of the following events occur:
  - a. Medication error
  - b. Adverse drug reaction
  - c. Non-reconcilable narcotic medication inventory error
  - d. Patient accident
  - e. Employee accident
  - f. Visitor accident
  - g. Cardiac or respiratory arrest
  - h. Newborn delivery
  - i. Death
  - j. Hostile or threatening person
  - k. Theft of Clinic, patient, or employee possessions
  - l. Vandalism
  - m. Any “out of the ordinary” events with possible risk management consequences
  
2. The completed Incident Report will be forwarded to the Clinic Manager as soon as possible after the event occurs, but no later than 24 hours after the event.
  
3. The problem description will be precise, concise, and accurate. It is not necessary to include details regarding any patient care treatment rendered. The description should include the result of action(s) taken and disposition(s).
  
4. The Persons involved and witnesses shall be listed. If one of these is a patient, the chart number will be used, not the patient name. If an involved person is not a patient, use their name and attempt to obtain

contact information if applicable.

5. All Incident Reports will be reviewed by both the Medical Director and Clinic Manager. Follow-up action(s) shall be recorded in the Quality Assurance Performance Improvement meeting minutes.
6. The Incident Report is a confidential document and will be handled as such. Incident Reports are not part of the patient's medical record and will not be filed therein.
7. The Incident Report will be printed on yellow copy paper, will not be photocopied, or be removed from the clinic site.

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

POLICY: Patient Rights and Responsibilities Statement	REVIEWED: 11/7/18; 10/14/20; 8/2/21; <u>8/21/22; 9/11/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>8/25/219/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Patient Rights and Responsibilities

**Objective:** To ensure that all staff and patients are aware of Patient Rights; to ensure that patients have free access to exercise their rights as needed. The patient has the fundamental right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Clinic. The Clinic has identified and established particular patient rights and has imposed specific requirements for consent under certain conditions.

**Response Rating:**

**Required Equipment:** None

**Procedure**

- A. Patient Rights include, but are not limited to:
1. The exercise of these rights without regard to sex, culture, economic status, education, religion, or the source of payment for care.
  2. Considerate and respectful care.
  3. Knowledge of the name of the practitioner who has primary responsibility for coordinating the care and the names and professional relationships of physicians and non-physicians who will see the patient.
  4. Receive information about the illness, the course of the treatment, and prospects for recovery in terms that the patient can understand.
  5. Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedures of treatment.

6. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to the care and treatment received at the clinic. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the patient's care.
9. Reasonable responses to any reasonable requests made for service.
10. Reasonable continuity of care and to know, in advance, the time and location of appointment as well as the identity of persons providing the care.
11. Be advised if Clinic physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed of continuing health care requirements following treatment.
13. Examine and receive an explanation of the bill regardless of source of payment.
14. Know which rules and policies apply to the patient's conduct while a patient.
15. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

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

POLICY: Patient Rights and Responsibilities Statement Spanish	REVIEWED: 11/7/18; 10/14/20; 8/2/21; 8/21/22; 9/27/23
SECTION: Civil Rights	REVISED:
EFFECTIVE: 9/27/23	MEDICAL DIRECTOR: Randall Smart, MD

**Asunto:** Derechos y responsabilidades del paciente

**Objetivo:** Asegurar que todo el personal y los pacientes conozcan los derechos del paciente; para garantizar que los pacientes tengan libre acceso para ejercer sus derechos según sea necesario. El paciente tiene el derecho fundamental a la existencia digna, la autodeterminación, la comunicación y el acceso a las personas y servicios dentro y fuera de la Clínica. La Clínica ha identificado y establecido derechos particulares de los pacientes y ha impuesto requisitos específicos para el consentimiento bajo ciertas condiciones.

Calificación de respuesta:

**Equipo Requerido:** Ninguno

**Procedimiento:**

A. Los derechos del paciente incluyen, pero no se limitan a:

1. El ejercicio de estos derechos sin distinción de sexo, cultura, situación económica, educación, religión o fuente de pago de la atención.
2. Atención considerada y respetuosa.
3. Conocimiento del nombre del médico que tiene la responsabilidad principal de coordinar la atención y los nombres y relaciones profesionales de los médicos y no médicos que verán al paciente.
4. Recibir información sobre la enfermedad, el curso del tratamiento y las perspectivas de recuperación en términos que el paciente pueda entender.
5. Recibir toda la información sobre cualquier tratamiento o procedimiento propuesto que el paciente pueda necesitar para dar su consentimiento informado o rechazar este curso de tratamiento. Excepto en emergencias, esta información deberá incluir una descripción del procedimiento o tratamiento, los riesgos médicamente significativos involucrados en este tratamiento, cursos alternativos de tratamiento o no tratamiento y los riesgos involucrados en cada uno y saber el nombre de la persona que llevará los procedimientos de tratamiento.
6. Participar activamente en las decisiones sobre atención médica. En la medida permitida por la ley, esto incluye el derecho a rechazar el tratamiento.
7. Plena consideración de la privacidad en relación con el programa de atención médica. La discusión del caso, la consulta, el examen y el tratamiento son confidenciales y deben llevarse a cabo con discreción. El paciente



tiene derecho a ser informado del motivo de la presencia de cualquier individuo.

8. Tratamiento confidencial de todas las comunicaciones y registros relacionados con la atención y el tratamiento recibido en la clínica. Se debe obtener un permiso por escrito antes de que los registros médicos puedan estar disponibles para cualquier persona que no esté directamente relacionada con la atención del paciente.

9. Respuestas razonables a cualquier solicitud razonable de servicio.

10. Continuidad razonable de la atención y conocer con anticipación la hora y el lugar de la cita, así como la identidad de las personas que brindan la atención.

11. Ser informado si el médico de la Clínica propone participar o realizar experimentos humanos que afecten la atención o el tratamiento. El paciente tiene derecho a negarse a participar en dichos proyectos de investigación.

12. Ser informado de los requisitos continuos de atención médica después del tratamiento.

13. Examinar y recibir una explicación de la factura sin importar la fuente de pago.

14. Saber qué reglas y políticas se aplican a la conducta del paciente mientras es paciente.

15. Hacer que todos los derechos del paciente se apliquen a la persona que pueda tener la responsabilidad legal de tomar decisiones sobre la atención médica en nombre del paciente.

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

POLICY: Preventative Maintenance Inspections	REVIEWED: 11/12/18; 10/14/20; 8/2/21; <u>8/17/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>8/20/219/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Preventative maintenance inspections

**Objective:** The Clinic will interface with an appropriate Biomedical vendor to provide a Preventive Maintenance program that will ensure all equipment used in the diagnosis, treatment, and therapy of patients is properly maintained and will meet the standards required by Title 22 and community standards. Designated equipment in service for the care and treatment of patients will be inspected, safe and in good working order, inspected annually, with inspections and repairs documented.

**Response Rating:**

**Required Equipment:**

**General Information:**

1. All equipment in the Clinic will be evaluated for inclusion in a preventative maintenance program that will:
  - a. Prolong the life or improve the operation of the device.
  - b. Identify a failure or discrepancy not readily apparent to the normal user.
  - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
  - d. Provide management reporting of equipment history reports and failure modes.
  
2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available.
  
3. A Preventative Maintenance process will be developed for each equipment type that is available to the Clinic. Each process will:
  - a. Identify inspection frequency.
  - b. Include manufacturer recommended specifications, where applicable.
  - c. Verify compliance with JCAHO and/or Title 22

4. All service to equipment will be documented.
  - a. A copy of all service work will be kept in the department.
  - b. A summary of service history will be provided periodically to help identify failure trends.
  - c. Repairs that may affect the calibration, operation, or electrical integrity of any device will have an inspection completed after the repair, and such will be documented.
5. Inspection and request for repair of equipment is the responsibility of the Clinical Manager and/or designee.

**Procedure:**

1. The Bio-Medical Vendor will make annual inspections on all Clinic equipment.
2. New or borrowed equipment will be inspected by the Bio-Medical Vendor and tagged as inspected before being put into service.
3. The Clinic Manager will insure new equipment is added to the asset list and retired equipment removed from the asset list, as the asset list must be accurate at all times.
5. Defective equipment discovered by personnel is to be marked defective, removed from use and reported to the Clinical Manager.
6. Clinic Manager or their designee will contact complete Maintenance Request form and contact appropriate vendor.
7. Equipment requiring service or repair will be assigned to personnel or vendor(s) with appropriate training and any necessary credentials.

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

POLICY: Reference Resources	REVIEWED: 1/30/20; 3/5/20; 8/2/21; <u>9/11/23</u>
SECTION: Medical Staff	REVISED: 3/5/20; 8/2/21
EFFECTIVE: <del>August Board Meeting</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Medical Staff Reference Resources List

**Objective:** The Medical and Dental Staff, under direction of the Medical and Dental Directors, will maintain a list of approved medical reference resources. This list will be included in both the Policy and Procedure Manual and as a part of the Standardized Procedure Mid-Level Practitioners and will be reviewed and updated according to the Policy Development and Review policy.

**Response Rating:** Required

**Required Equipment:**

**Procedure:**

1. In-house protocols
  - a. List of scheduled drugs (as a part of the formulary)
  - b. Schedule II Patient Specific Protocol for Acute Conditions; Chronic, Acute, Recurring, and Persistent Limited Conditions; Severe Pain, Attention Deficit Hyperactivity Disorder
2. Examples of References
  - a. Up-to-Date (online resource, quick link on all computers)
  - b. Epocrates (embedded in athenaHealth EMR, quick link on all computers)
  - c. Taber’s Cyclopedic Medical Dictionary
  - d. The 5 Minute Clinical Consult (29<sup>th</sup> Edition 2020)
  - e. Epidemiology and Prevention of Vaccine Preventable Diseases (13<sup>th</sup> Edition)
  - f. The Harriet Lane Handbook
  - g. Wolters Kluwer Nursing 2020 Drug Handbook
  - h. Drug Information Handbook for Dentistry
  - i. CDT-2020 (Current Dental Terminology)
  - j. SDS sheets for all medications and supplies where available
  - k. Red Book (Pediatrics)

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Reference Resources  
Policy Number 228

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

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; 10/14/20; 10/29/20; 8/25/21; 9/6/22; <u>9/11/23</u>
SECTION: Civil Rights	REVISED: 10/29/2020
EFFECTIVE <u>10/26/229/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Section 504 Grievance

**Objective:** It is the policy of the Clinic not to discriminate on the basis of disability. The Clinic has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”The Law and Regulations may be examined in the office of Clinic Manager, (209) 772-7070 who has been designated to coordinate the efforts of The Clinic to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for the Clinic to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Grievances must be submitted to the Section 504 Coordinator within seven (7) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
2. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of Mark Twain Health Care District relating to such grievances.
4. The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

5. The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to Mark Twain Health Care District Executive Director within 15 days of receiving the Section 504 Coordinator's decision.
6. The Mark Twain Health Care District Executive Director shall issue a written decision in response to the appeal no later than 30 days after its filing.
7. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the:
  - a. U. S. Department of Health and Human Services
  - b. Office for Civil Rights

The Clinic will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

8. In the event your complaint remains unresolved with Valley Springs Health & Wellness Center, you may file a complaint with our accreditor, The Compliance Team, Inc. via their website [www.thecomplianceteam.org](http://www.thecomplianceteam.org) or by phone at 1-888-291-5353.

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

POLICY: Section 504 Grievance (Spanish)	REVIEWED: 11/8/18; 11/03/20;8/25/21; 9/6/22; <u>9/11/23</u>
SECTION: Civil Rights	REVISED: 11/03/20
EFFECTIVE: <del>10/26/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Asunto:** Queja de la Sección 504

**Objetivo:** es política de la Clínica no discriminar por discapacidad. La Clínica ha adoptado un procedimiento interno de queja que proporciona una resolución rápida y equitativa de las quejas alegando cualquier acción prohibida por la Sección 504 de la Ley de Rehabilitación de 1973 (29 U.S.C.794) o las regulaciones del Departamento de Salud y Servicios Humanos de los EE. UU. La Sección 504 establece, en parte, que "ninguna persona discapacitada calificada de otro modo ... será, únicamente por su discapacidad, será excluido de la participación, se le negarán los beneficios o será objeto de discriminación bajo cualquier programa o actividad que reciba fondos federales asistencia ... "La Ley y el Reglamento pueden ser examinados en la oficina del Director de la Clínica, (661) 765-1935, quien ha sido designado para coordinar los esfuerzos de la Clínica para cumplir con la Sección 504.

Cualquier persona que crea que él o ella ha sido objeto de discriminación por discapacidad puede presentar una queja bajo este procedimiento. Es ilegal que la Clínica tome represalias contra cualquier persona que presente una queja o coopere en la investigación de una queja.

Calificación de respuesta:

**Equipo requerido:**

**Procedimiento:**

1. Las quejas deben presentarse al Coordinador de la Sección 504 dentro de los siete (7) días posteriores a la fecha en que la persona que presenta la queja toma conocimiento de la supuesta acción discriminatoria.
2. Una queja debe ser por escrito, con el nombre y la dirección de la persona que la presenta. La queja debe indicar el problema o la acción alegada como discriminatoria y el remedio o la reparación solicitada.
3. El Coordinador de la Sección 504 (o su designado) llevará a cabo una investigación de la queja. Esta investigación puede ser informal, pero debe ser exhaustiva y brindar a todas las personas interesadas la oportunidad de presentar pruebas relevantes para la queja. El Coordinador de la Sección 504 mantendrá los archivos y registros de Mark Twain Health Care District en relación con dichos reclamos.
4. El Coordinador de la Sección 504 emitirá una decisión por escrito sobre la queja a más tardar 30 días

después de su presentación.

5. La persona que presenta la queja puede apelar la decisión del Coordinador de la Sección 504 escribiendo al Director Ejecutivo del Distrito de Atención Médica de Mark Twain dentro de los 15 días de haber recibido la decisión del Coordinador de la Sección 504.
6. El Director Ejecutivo de Mark Twain Health Care District emitirá una decisión por escrito en respuesta a la apelación a más tardar 30 días después de su presentación.
7. La disponibilidad y el uso de este procedimiento de queja no impide que una persona presente una queja de discriminación por discapacidad con:
  - a. Departamento de Salud y Servicios Humanos de EE. UU.
    - si. Oficina de Derechos Civiles

La Clínica hará los arreglos apropiados para garantizar que las personas discapacitadas reciban otras adaptaciones si es necesario para participar en este proceso de queja. Dichos arreglos pueden incluir, pero no se limitan a, proporcionar intérpretes para sordos, proporcionar casetes de material con cinta adhesiva para ciegos o asegurar una ubicación sin barreras para los procedimientos. El Coordinador de la Sección 504 será responsable de tales arreglos.

8. En el evento que su queja no sea resuelta con el Centro de Valley Springs Health & Wellness, usted puede someter una queja con nuestra acreditación, The Compliance Team, Inc. via su sitio web [www.thecomplianceteam.org](http://www.thecomplianceteam.org) o por telefono al 1-888-291-5353.



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

POLICY: Section 504 Notice Of Program Accessibility	REVIEWED: 11/8/18; 10/14/20; 8/25/21; 9/6/22; <u>9/11/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <del>10/26/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Section 504 Notice of Program Accessibility

**Objective:**

The Clinic will post a Section 504 Notice of Program Accessibility in the Clinic waiting area. Such notice will state:

The regulation implementing Section 504 requires that an agency/facility "*...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.*" **(45 C.F.R. §84.22(f))**

The Clinic and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A ~~twenty-four hour~~twenty-four-hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Flash Cards, Alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your medical assistant know.

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

POLICY: Section 504 Notice Of Program Accessibility Spanish	REVIEWED: 11/8/18; 10/14/20; 8/25/21; 9/06/22; <u>9/11/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <del>10/26/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Asunto:** Sección 504 Aviso de Accesibilidad del Programa

**Objetivo:**

La Clínica publicará un Aviso de Accesibilidad del Programa de la Sección 504 en el área de espera de la Clínica. Dicho aviso indicará:

El reglamento que implementa la Sección 504 requiere que una agencia/instalación "...adopte e implemente procedimientos para garantizar que las personas interesadas, incluidas las personas con problemas de visión o audición, puedan obtener información sobre la existencia y ubicación de los servicios, actividades e instalaciones que son accesibles y utilizable por personas discapacitadas". (45 CFR §84.22(f))

La Clínica y todos sus programas y actividades son accesibles y utilizables por personas discapacitadas, incluidas las personas sordas, con problemas de audición o ciegas, o que tienen otros impedimentos sensoriales. Las funciones de acceso incluyen:

- Práctico estacionamiento fuera de la calle designado específicamente para personas discapacitadas.
- Cortes de acera y rampas entre áreas de estacionamiento y edificios.
- Nivel de acceso al nivel del primer piso.
- Oficinas, salas de reuniones, baños, áreas de espera públicas, áreas de tratamiento de pacientes, incluidas las salas de examen, totalmente accesibles.
- Una gama completa de ayudas de asistencia y comunicación proporcionadas a personas sordas, con problemas de audición o ciegas, o con otros impedimentos sensoriales. No hay cargo adicional por dichas ayudas.

Algunas de estas ayudas incluyen:

- o Intérpretes calificados de lenguaje de señas para personas sordas o con dificultades auditivas.
  - o Un dispositivo de telecomunicaciones (TTY/TDD) de veinticuatro horas (24) que puede conectar a la persona que llama a todas las extensiones dentro de las instalaciones y/o unidades portátiles (TTY/TDD), para uso de personas sordas, con problemas de audición, o dificultad para hablar.
  - o Libros de lectura y material grabado para ciegos y materiales con letra grande para personas con problemas de visión.
  - o Flash Cards, tableros del alfabeto y otros tableros de comunicación.
  - o Dispositivos de asistencia para personas con discapacidad manual.
- Si necesita alguna de las ayudas enumeradas anteriormente, informe a la recepcionista o a su asistente médico.

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

POLICY: Standardized Procedures for Mid-level Practitioners (NP, PA)	REVIEWED: 9/8/19; 3/30/21: 7/26/22; <u>9/11/23</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <del>8/31/22</del> ; <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**General Policy Component**

Development and Review

The use of these Standardized Procedures is agreed on by the supervising physician and the mid-level provider(s) jointly. A copy of these policies and procedures along with the proper signature/s of approval will be kept with the reference book used in the clinic.

The standardized procedures will be those found in Up-to-Date. The use of this resource will be reviewed annually.

Scope and Setting of Practice

1. Mid-level providers may perform the following functions within their scope of practice and consistent with their experience and credentialing: assessment, management, and treatment of episodic illnesses, chronic illness, contraception, and the common mid-level functions of health promotion, and general evaluation of health status (including but not limited to ordering laboratory tests, imaging studies, and physical therapy, recommending diets, and referring patients for specialty consultation when indicated.
2. Standardized procedure functions are to be performed at the Clinic located at:

Valley Springs Health and Wellness Center  
51 Wellness Way  
Valley Springs CA 95252

Consulting physicians are available to the mid-level providers in person or by telephone.

3. Physician consultation should be obtained as specified in the individual protocols and under the following circumstances:
  - a. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
  - b. Acute decompensation of patient condition.

- c. Problem that is not resolving as anticipated.
- d. History, physical, or lab findings inconsistent with the clinical picture.
- e. Upon request of the patient, mid-level provider, nurse or supervising physician.

### Qualifications and Evaluation

1. Each mid-level practitioner performing standardized procedure functions at the Clinic must be currently credentialed by the Clinic medical staff for privileges. In addition, each mid-level provider shall apply for his or her own furnishing number and/or DEA number, as applicable.
2. Evaluation of the mid-level providers' competence in performance of the standardized procedures shall be done in the following manner and in compliance with established Clinic personnel policy:
  - a. Initial: Within ninety (90) days from the date of hire the Clinic's Medical Director and Office Manager shall review the mid-level provider for competence through feedback from colleagues, physicians and chart review along with other documented standards of performance.
  - b. Routine: Annually
  - c. Follow-up: Areas requiring increased proficiencies as determined by the initial or routine evaluation, or at an appropriate interval as determined by the clinic's management.

### Authorized Mid-Level Provider(s)

Mid-level practitioners who have signed a supervision agreement with a Clinic Medical Director or supervising physician are authorized under this protocol within their level of competency.

### Protocols

The standardized procedure protocols developed for use by the mid-level provider are designed to describe the following circumstances: management of acute/episodic conditions, trauma, chronic conditions, infectious disease contacts, routine gynecological problems, contraception, health maintenance exams and ordering medication.

**Medical Directors/Supervising Physician**

\_\_\_\_\_ Date \_\_\_\_\_  
Medical Director

**Mid-Level Practitioner**

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

\_\_\_\_\_ Date \_\_\_\_\_  
Mid-level Practitioner

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

POLICY: Sterile Field	REVIEWED: 2/1/19; 3/10/20; 5/21/21; 5/6/22; <u>9/11/23</u>
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: <del>6/29/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Sterile Field

**Objective:** To provide sterile procedure field in the effort to prevent infection.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. A sterile drape is to be placed over a Mayo stand.
2. Do not place non-sterile items on the sterile drape sheet.
3. The Nurse, Medical Assistant, or Dental Assistant will consult with the practitioner as to which items are needed.
4. Requested items will be placed in their non-sterile package wrapping on the counter.
5. The practitioner will set up their own sterile field after donning sterile gloves.
6. Staff may be asked to assist with the opening of packages and other ancillary tasks in support of the practitioner.

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

POLICY: Influenza A and B Test - Waived	REVIEWED: 12/27/19; 2/20/20; 5/04/21; 5/6/22; <u>9/11/23</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: <del>6/29/22</del> <u>9/27/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Influenza A and B testing using McKesson Flu A & B waived testing kit

**Objective:** Accurate, timely point-of-care testing to determine patient's Influenza A and B status

**Response Rating:**

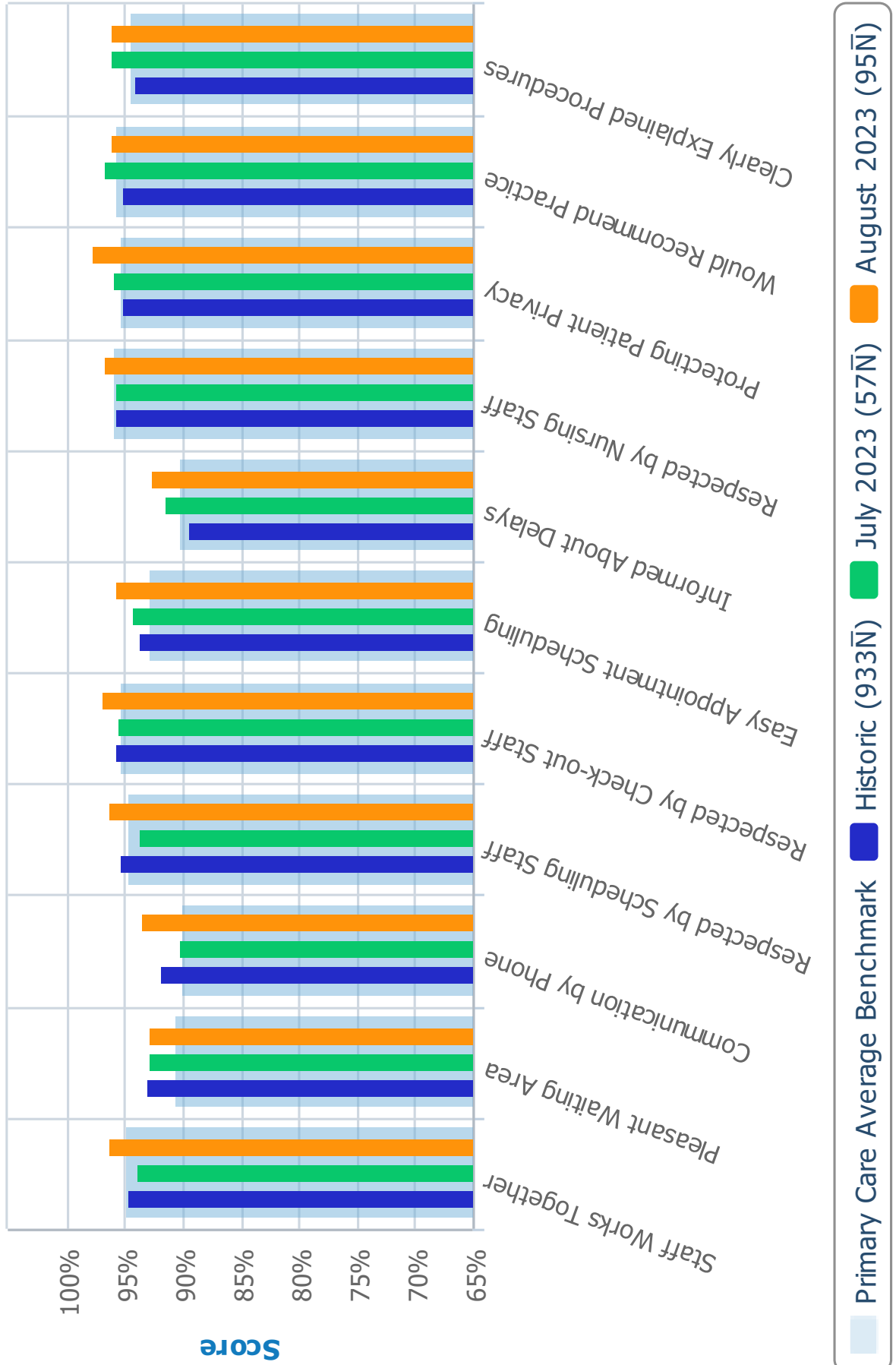
**Required Equipment:** Gloves, Influenza A and B test kit, timer

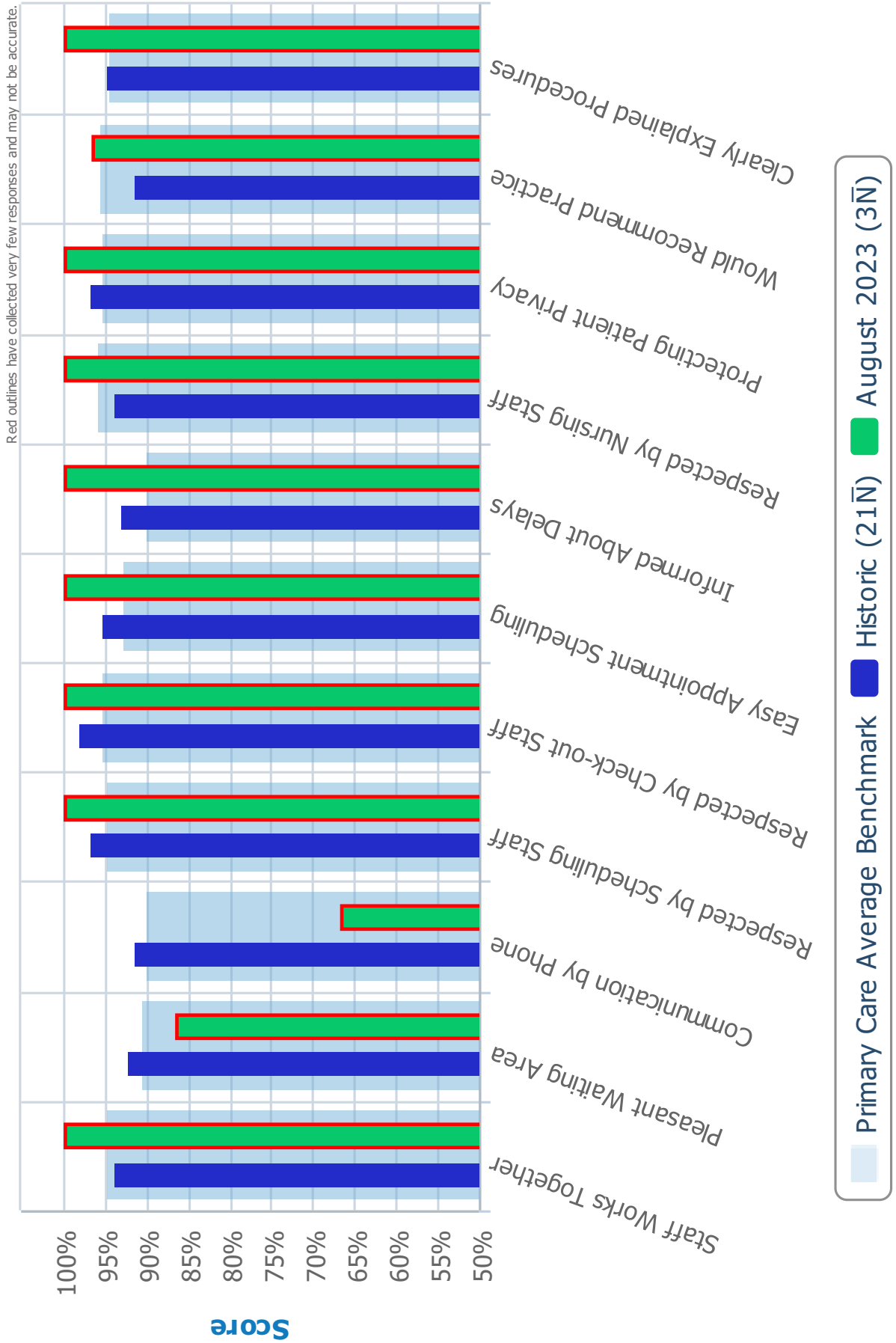
**Procedure:**

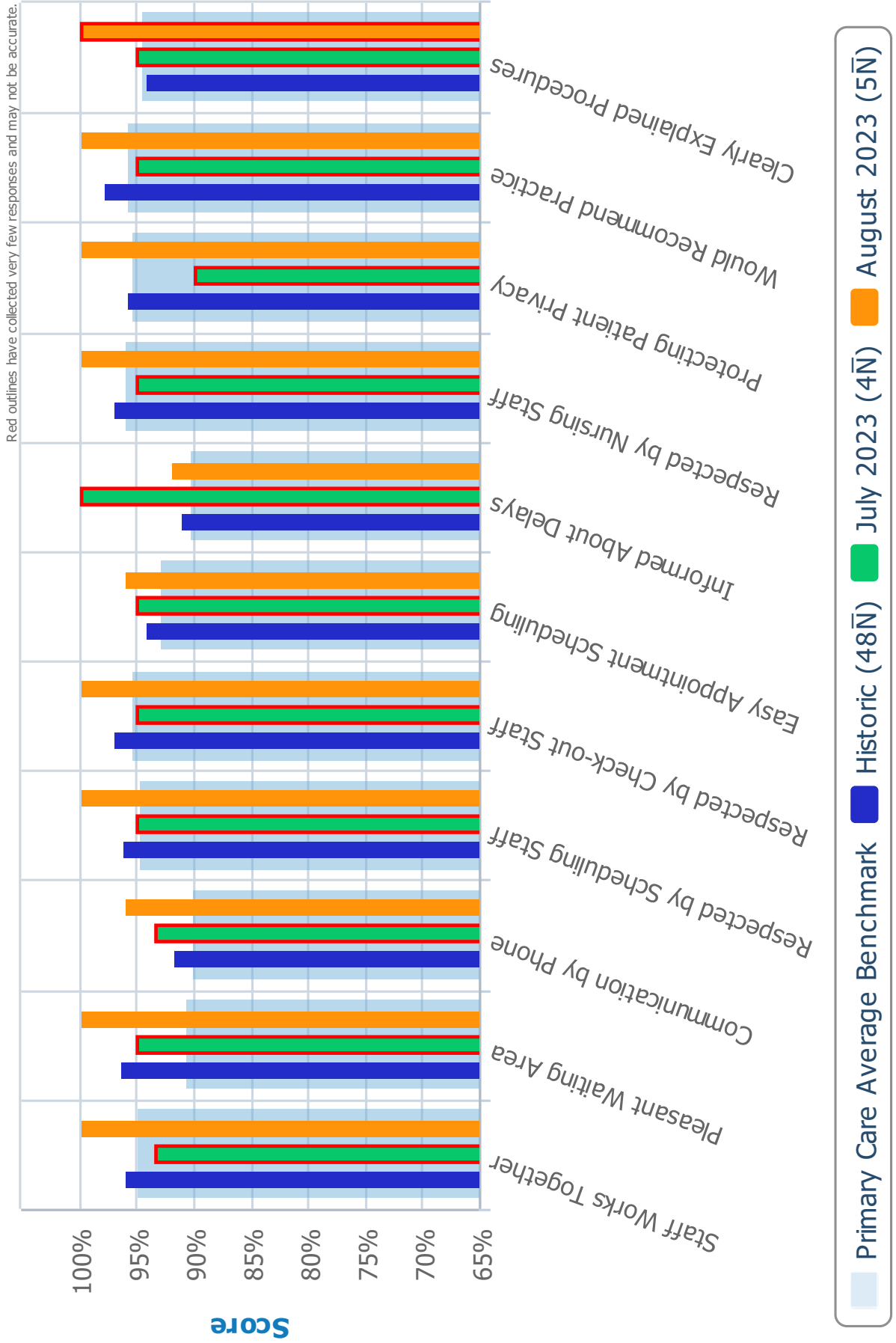
1. Follow test kit components according to manufacturer requirements
  - a. Store test sticks and extraction reagent at room temperature (59 – 80 degrees F)
  - b. Do not freeze any of the test kit components.
  - c. Do not use test sticks and reagents after expiration date.
  - e. Test sticks that have been outside of the desiccated container for more than 1 hour should be discarded.
2. Don gloves.
3. Collect a specimen.
  - a. Only nasal swabs can be used with this test.
  - b. Insert the test swab into the nostril that appears to have the most secretion. Using a gentle rotation, push the swab until resistance is met at the level of the turbinates (at least one inch into the nostril). Rotate the swab a few times against the nasal wall.
  - c. Use only the swabs supplies in the OSOM Influenza A & B Test kit. Swabs from other suppliers have not been validated for use. Do not use swabs that have cotton, rayon, or polyester or wooden shafts.

- d. Test the swab as soon as possible after collecting the specimen. If swabs cannot be processed immediately, specimens may be held at room temperature for no longer than eight (8) hours. Swabs may also be stored at 36-46 degrees F for up to 24 hours.
  - e. To transport patient samples place swab in clean, dry container such as a plastic or glass tube.
  - f. If a culture result is desired, a separate swab must be collected for the culture.
  - g. The test performance depends on the quality of the sample obtained as well as the handling and transport of the sample. Negative results can occur from inadequate specimen collection and/or handling.
4. Perform the test
- a. Add extraction buffer
    - 1. Tear the top off the Extraction Reagent Capsule and dispense entire contents into the Extraction Well.
  - b. Insert the specimen swab in the Swab Stand
    - 1. Spin swab three (3) times to mix the specimen
    - 2. Let stand one (1) minute
    - 3. Spin swab three (3) times again
  - c. Discard the swab in the biohazardous waste container.
    - 1. Raise the device upright and let stand 1-2 seconds
    - 2. Gently tap device to ensure the liquid flows into the hole
    - 3. Lay the device back down
  - d. Set the timer for ten (10) minutes
  - e. Read results
    - 1. Read the results in 10-15 minutes
    - 2. Confirm negative results at 15 minutes
    - 2. Refer to Result Interpretation Guide or stick diagram in the OSOM literature for help in reading the test stick.
    - 3. Discard used test components in suitable biohazardous waste container.
  - g. Record results in EMR and advise the ordering provider that results are available.
5. In the event the usual OSOM waived testing kit is not available, review and follow the directions provided by the manufacturer.













**MARK TWAIN  
HEALTH CARE DISTRICT**

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

**Agenda Item:** Financial Reports for August 2023  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

**BACKGROUND:**

The August 2023 financial reports are attached for your review and approval.

WAHOOOOOOOOOOOOO!!! Two months in a row 😊

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		8/31/23		
		<b>Actual</b>	<b>Y-T-D</b>	<b>2023/2024</b>
		<b>Month</b>	<b>Actual</b>	<b>Budget</b>
4083.49	Urgent care Gross Revenues	619,636	1,288,933	7,455,963
4083.60	Contractual Adjustments	(89,028)	(134,074)	(1,573,878)
	Net Patient revenue	530,608	1,154,859	5,882,085
	<b>Total Other Revenue</b>	<b>530,608</b>	<b>1,154,859</b>	<b>5,882,085</b>
	Non labor expenses	(282,716)	(596,179)	(3,742,372)
	Total Expenses	(483,078)	(984,811)	(6,655,498)
	<b>Net Expenses over Revenues</b>	<b>47,530</b>	<b>170,048</b>	<b>(773,413)</b>

Mark Twain Health Care District						
Annual Budget Recap						
	08/31/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	1,868,437	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	1,868,437	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(1,475,728)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(1,475,728)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	392,710	221,933	(773,413)	29,065	(177,900)	1,144,180
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	Jul-23	Aug-23				
	197,850	392,710				

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			8/31/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
4083.49	Urgent care Gross Revenues	621,330	619,636	(1,694)	99.73%	1,242,661	1,288,933	46,273	103.72%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(89,028)	42,129	67.88%	(262,313)	(134,074)	128,239	51.11%	(1,573,878)
	Net Patient revenue	490,174	530,608	40,434	108.25%	980,348	1,154,859	174,512	117.80%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	<b>Total Other Revenue</b>	<b>490,174</b>	<b>530,608</b>	<b>40,434</b>	<b>108.25%</b>	<b>980,348</b>	<b>1,154,859</b>	<b>174,512</b>	<b>117.80%</b>	<b>5,882,085</b>
7083.09	Other salaries and wages	(192,606)	(164,714)	27,892	85.52%	(385,211)	(321,055)	64,156	83.35%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(12,186)	132	98.93%	(24,636)	(24,722)	(86)	100.35%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(19,459)	0	19,459	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(22,275)	(2,275)	111.38%	(40,000)	(40,482)	(482)	101.20%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(12,972)	0	12,972	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(1,187)	434	73.21%	(3,243)	(2,374)	869	73.21%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(50,155)	(35,648)	14,507	71.08%	(100,310)	(67,577)	32,732	67.37%	(601,859)
	<b>Labor related costs</b>	<b>(242,761)</b>	<b>(200,362)</b>	<b>42,399</b>	<b>82.53%</b>	<b>(485,521)</b>	<b>(388,632)</b>	<b>96,889</b>	<b>80.04%</b>	<b>(2,913,126)</b>
7083.05	Marketing	(1,000)	(243)	757	24.31%	(2,000)	(243)	1,757		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(69,845)	35,717	66.17%	(211,123)	(132,452)	78,671	62.74%	(1,266,738)
7083.20.02	Dental - Providers	0	(9,350)			0	(15,950)			
7083.20.03	Behavior Health - Providers	0				0	0			
7083.22	Consulting and Management fees	(2,500)	(3,005)	(505)	120.22%	(5,000)	(5,678)	(678)	113.56%	(30,000)
7083.23	Legal - Clinic	(417)	(3,315)	(2,898)	795.60%	(833)	(3,315)	(2,482)		(5,000)
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(18,583)	(32,758)	(14,175)	176.28%	(37,167)	(67,132)	(29,965)	180.62%	(223,000)
7083.29	Other Professional fees	(1,000)	(490)	510	49.00%	(2,000)	(3,865)	(1,865)	193.25%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(49)	10	83.21%	(117)	(97)	20	83.21%	(700)
7083.38	Pharmaceuticals	0	0	0		0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(23,777)	33,015	41.87%	(113,583)	(102,167)	11,417	89.95%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(16,777)	(16,777)		0	(39,359)	(39,359)		
7083.41.03	Behavior Health Materials	0	(71)	(71)		0	(362)	(362)		
7083.44	Linens	0								
7083.48	Instruments and Minor Medical Equipment	0	0	0		0	0	0		
7083.74	Depreciation - Equipment	(17,917)	(24,501)	(6,585)	136.75%	(35,833)	(49,003)	(13,170)		(215,000)
7083.45	Cleaning supplies	0	0	0		0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	(1,020)	(603)	244.80%	(833)	(1,020)	(187)	122.40%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(36,526)	25,557	58.83%	(124,167)	(73,052)	51,114	58.83%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(3,422)	2,995	53.33%	(12,833)	(10,972)	1,862	85.49%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(43,416)	(21,926)	202.03%	(42,981)	(43,416)	(436)	101.01%	(257,883)
7083.43	Food	(333)	(244)	89	73.33%	(667)	(285)	381	42.80%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(3,163)	(1,072)	151.23%	(4,183)	(6,049)	(1,866)	144.60%	(25,100)
7083.69	Other purchased services	(1,250)	(1,253)	(3)	100.24%	(2,500)	(2,363)	137	94.54%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(2,826)	(67)	102.44%	(5,517)	(5,651)	(134)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(250)	0	250	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(4,381)	(1,881)	175.25%	(5,000)	(8,540)	(3,540)	170.80%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	0	2,500	0.00%	(5,000)	(200)	4,800	4.00%	(30,000)
7083.87	Outside Training	(375)	0	375	0.00%	(750)	0	750	0.00%	(4,500)
7083.88	Travel costs	(279)	(2,283)	(2,004)	817.72%	(558)	(4,132)	(3,574)	740.06%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(6,667)	0	6,667	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(4,167)	0	4,167	0.00%	(25,001)
	Non labor expenses	(311,864)	(282,716)	29,148	90.65%	(623,729)	(596,179)	27,550	95.58%	(3,742,372)
	Total Expenses	(554,625)	(483,078)	(71,547)	87.10%	(1,109,250)	(984,811)	124,438	88.78%	(6,655,498)
	<b>Net Expenses over Revenues</b>	<b>(64,451)</b>	<b>47,530</b>	<b>(31,113)</b>	<b>195%</b>	<b>(128,902)</b>	<b>170,048</b>	<b>298,950</b>	<b>207%</b>	<b>(773,413)</b>

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		8/31/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,566	233	100.26%	178,667	179,173	507	100.28%	1072000	
<b>Rent Revenues</b>		89,333	89,566	233	100.26%	178,667	179,173	507	100.28%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(77,937)	(437)	100.56%	(155,000)	(119,078)	35,922	76.82%	(930,000)	
9520.85	Telephone & Communications	(572)	(360)	211	63.01%	(1,143)	(721)	422	63.05%	(6,860)	
9520.72	Depreciation	(8,285)	(8,473)	(188)	102.27%	(16,570)	(16,987)	(417)	102.52%	(99,420)	
9520.82	Insurance										
Total Costs		(86,357)	(86,770)	(414)	100.48%	(172,713)	(136,786)	35,927	79.20%	(1,036,280)	
<b>Net</b>		2,977	2,796	(181)	93.92%	5,953	42,388	36,434	712.00%	35,720	
9260.02	MOB Rents Revenue	19,044	22,260	3,216	116.89%	38,088	40,676	2,588	106.80%	228,527	
9521.75	MOB rent expenses	(22,284)	(22,274)	10	99.96%	(44,568)	(42,489)	2,079	95.33%	(267,410)	
<b>Net</b>		(3,240)	(14)	3,226	0.45%	(6,481)	(1,813)	4,668	27.97%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	1,591	1,591	0	100.00%	9,548	
9522.75	Child Advocacy Expenses	0	(225)	(225)	0.00%	0	(775)	(775)	0.00%		
<b>Net</b>		796	571	(225)	71.72%	1,591	816	(775)	51.30%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,872	(18)	99.05%	3,780	3,744	3,744	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
Total Revenues		111,063	114,494	3,431	103.09%	222,126	225,185	3,059	101.38%	1,332,755	
Total Expenses		(108,641)	(109,270)	(629)	100.58%	(217,282)	(180,050)	37,232	82.86%	(1,303,690)	
<b>Summary Net</b>		2,422	5,224	2,802	215.68%	4,844	45,135	40,291	931.74%	29,065	





Mark Twain Health Care District										
General Administration Financial Projections										
8/31/23										
ADMIN										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	39,067	9,900	133.94%	58,333	77,133	18,800	132.23%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	216,667	216,667	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		0				49,786			
9205.03	Miscellaneous Income (1% Minority Interest)		22,451			0	10,733			
	<b>Summary Revenues</b>	<b>137,500</b>	<b>169,851</b>	<b>32,351</b>	<b>123.53%</b>	<b>275,000</b>	<b>354,319</b>	<b>79,319</b>	<b>128.84%</b>	<b>1,750,000</b>
8610.09	Other salaries and wages	(27,217)	(25,807)	1,410	94.82%	(54,434)	(58,455)	(4,020)	107.39%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,427)	655	68.56%	(4,164)	(3,378)	786	81.12%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(2,829)	0	2,829	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(2,935)	0	2,935	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	0	943	0.00%	(1,886)	0	1,886	0.00%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(472)	0	472	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(1,427)	4,715	23.24%	(12,286)	(3,378)	8,908	27.50%	(73,714)
	<b>Labor Costs</b>	<b>(33,360)</b>	<b>(27,234)</b>	<b>6,126</b>	<b>81.64%</b>	<b>(66,720)</b>	<b>(61,833)</b>	<b>4,887</b>	<b>92.68%</b>	<b>(400,320)</b>
8610.22	Consulting and Management Fees	(4,167)	(293)	3,873	7.04%	(8,333)	(587)	7,747	7.04%	(50,000)
8610.23	Legal	(333)	(1,092)	(759)	327.60%	(667)	(10,159)	(9,492)	1523.85%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(8,704)	(5,704)	290.13%	(6,000)	(8,790)	(2,790)	146.50%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(2,000)	0	2,000	0.00%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(333)	0	333	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(674)	(299)	179.81%	(750)	(1,781)	(1,031)	237.48%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(83)	0	83	0.00%	(500)
8610.69	Other- IT Services	(583)	(686)	(102)	117.57%	(1,167)	(4,599)	(3,432)	394.19%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(7,333)	(54,063)	(46,730)	737.22%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(100)	1,567	6.00%	(3,333)	(7,400)	(4,067)	222.00%	(20,000)
8610.87	Outside Trainings	(833)	(1,085)	(252)	130.20%	(1,667)	(1,145)	522	68.70%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(83)	0	83		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(2,500)	(1,000)	1,500	40.00%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	0	0		
	Non-Labor costs	(17,125)	(13,134)	3,991	76.70%	(34,250)	(89,524)	(55,274)	261.38%	(205,500)
	Total Costs	(50,485)	(40,369)	10,116	79.96%	(100,970)	(151,357)	(50,387)	149.90%	(605,820)
	<b>Net</b>	<b>87,015</b>	<b>129,483</b>	<b>42,468</b>	<b>148.80%</b>	<b>174,030</b>	<b>202,962</b>	<b>28,932</b>	<b>116.62%</b>	<b>1,144,180</b>

**Mark Twain Health Care District**  
**Balance Sheet**  
As of August 31, 2023

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	144,943
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	264,965
1001.40 Five Star Bank - MTHCD Checking - Closed	0
1001.45 Five Star Bank - MTHCD Checking NEW	880,097
1001.50 Five Star Bank - Money Market	276,490
1001.60 Five Star Bank - VSHWC Checking	31,277
1001.65 Five Star Bank - VSHWC Payroll	39,777
1001.90 US Bank - VSHWC	18,132
1001.98 Calaveras Wellness Foundation	100,000
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,762,527</b>
<b>Accounts Receivable</b>	
1201.00 Accounts Receivable	60,122
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
<b>Total Accounts Receivable</b>	<b>572,582</b>
<b>Other Current Assets</b>	
1003.10 CalTRUST Operational Reserve Fund	30,939
1004.10 CLASS Lease & Contract Reserve Fund	2,524,277
1004.20 CLASS Loan Reserve Fund	2,103,580
1004.30 CLASS Capital Improvement Reserve Fund	2,545,277
1004.40 CLASS Technology Reserve Fund	1,049,093
1150.05 Due from Calaveras County	1,300,000
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	247,468
1205.51 Cash To Be Reconciled	220,071
1300.00 Prepaid Expense (USDA)	-43,416
<b>Total Other Current Assets</b>	<b>10,149,761</b>
<b>Total Current Assets</b>	<b>12,484,870</b>
<b>Fixed Assets</b>	
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	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	935,565
1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	2,662
1521.20 CIP Buildings	30,388
1600.00 Accumulated Depreciation	-8,506,577
<b>Total Fixed Assets</b>	<b>6,701,516</b>

<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	418,712
1810.60 Capitalized Lease Negotiations	306,912
1810.65 Capitalized Costs Amortization	13,905
<b>Total Intangible Assets</b>	<b>320,818</b>
2219.00 Capital Lease	5,842,371
2260.00 Lease Receivable - Long Term	841,774
<b>Total Other Assets</b>	<b>7,423,675</b>
<b>TOTAL ASSETS</b>	<b>26,610,061</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000.00 Accounts Payable (MISC)	167,706
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>167,706</b>
2001.00 Other Accounts Payable (Credit Card)	23,218
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>23,218</b>
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	42,068
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	6,451
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	103,200
2270.00 Deferred Revenue	84,580
<b>Total Other Current Liabilities</b>	<b>561,839</b>
<b>Total Current Liabilities</b>	<b>752,763</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	317,325
2128.02 Deferred Utilities Reimbursement	580,455
2129.00 Other Third Party Reimbursement - Calaveras County	1,083,333
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,719,951
2240.00 Lease Payable - Long Term	596,895
<b>Total Long-Term Liabilities</b>	<b>9,567,334</b>
<b>Total Liabilities</b>	<b>10,320,097</b>
<b>Equity</b>	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	128,655
3900.00 Retained Earnings	-4,600,188
<b>Net Income</b>	<b>392,710</b>
<b>Total Equity</b>	<b>16,289,964</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>26,610,062</b>

**Investment & Reserves Report  
31-Aug-23**

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2023 Balance</b>	<b>2023/2024 Allocated</b>	<b>2023/2024 Interest</b>	<b>8/31/2023 Balance</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	30,658	0	281	30,939
Capital Improvement Fund	3,000,000	2,522,220	0	23,057	2,545,277
Technology Reserve Fund	250,000	1,039,589	0	9,504	1,049,093
Lease, Contract, & Utilities Reserve Fund	1,700,000	2,501,410	0	22,867	2,524,277
Communiuty Programs Reserve Fund	250,000				
Lease Termination Reserve Fund	3,250,000				
Loan Reserve Fund	2,000,000	2,084,524	0	19,056	2,103,580
Reserves & Contingencies	12,650,000	8,178,401	0	74,765	8,253,166

<b>Reserves</b>	<b>8/31/2023</b>	<b>2023-2024 Interest Earned</b>	
Valley Springs HWC - Operational Reserve Fund	30,939	281	789,589
<b>Total Reserve Funds</b>	<b>30,939</b>	<b>281</b>	1,590,999

Lease & Contract Reserve Fund	2,524,277	22,867
Loan Reserve Fund	2,103,580	19,056
Capital Improvement Fund	2,545,277	23,057
Technology Reserve Fund	1,049,093	9,504
<b>Total CA-CLASS Reserve Funds</b>	<b>8,222,227</b>	<b>74,484</b>

<b>Five Star</b>		
General Operating Fund- Closed	0	0
General Operating Fund - NEW	940,179	20
Money Market Account	276,490	2,308
Valley Springs - Checking	31,277	10
Valley Springs - Payroll	40,677	9
<b>Total Five Star</b>	<b>1,288,624</b>	<b>2,347</b>

<b>Umpqua Bank</b>		
Checking	144,943	0
Money Market Account	6,445	0.11
Investments	0	0
<b>Total Savings &amp; CD's</b>	<b>151,389</b>	<b>0.11</b>

<b>Bank of Stockton</b>	<b>264,965</b>	<b>21</b>
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<b>Total in interest earning accounts</b>	<b>9,958,143</b>	<b>77,133</b>
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Beta Dividends 1 & 2	0
CSDA Training Scholarship	0
Anthem Rebate	0

<b>Total Without Unrealized Loss</b>	<b>77,133</b>
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.



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**Agenda Item:** Reserves – Policy 25 2023  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

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**BACKGROUND:**

Policy #25 requires the annual review of the reserve accounts. On Tuesday, September 12<sup>th</sup>, CEO Dr. Randy Smart met with the accounting staff to review the reserve policy and account balances, and are making the following recommendation:

- Drop the Technology Reserve Fund balance to the target amount of \$250,000
- Drop the Lease, Contract, & Utility Reserve Fund to the target amount of \$1,700,000
- Add to the Operational Reserve Fund \$1,000,000
- Add to the new Community Programs Reserve Fund \$100,000
- Add to the new Lease Termination Reserve Fund the remaining balance of \$490,999

Some quick notes:

- The Operational Reserve Fund is used throughout the year for cash flow purposes.
- The renewed commitment of Dignity Health to invest serious dollars in the hospital has given staff the confidence that the need to aggressively fund the Lease Termination Reserve Fund is not our highest priority.

## Reserve Policy:

### 1. Purpose:

The Mark Twain Health Care District (the District) shall maintain reserve funds from existing unrestricted funds as designated by the District's Reserve Policy. The Reserve Policy is modeled after the California Special Districts Association: **Special District Reserve Guidelines**. (2<sup>nd</sup> edition). This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a. Fund replacement and major repairs for the District's physical assets
- b. Fund regular replacement of computer/technology hardware and software
- c. Fund designated conservation projects/programs or other special uses not otherwise funded by grants or requiring additional monetary support. (\$3 million)
- d. Fund Capital improvements
- e. Maintain Minimal operational sustainability in periods of economic uncertainty
- f. Fund long term Debt and contract obligations for 2-3 years ongoing

The District shall account for reserves as required by Governmental Accounting Standards Board Statement No. 54, which distinguishes reserves as among these classes: non-spendable, restricted, committed, assigned and unassigned. The reserves stated by this policy, unless otherwise required by law, contract or District policy shall be deemed "assigned" reserves.

### 2. Policy:

Use of District Reserves is limited to available "Unrestricted" Funds (not obligated by law, contract or agreement), including donations, interest earned, fees for service or other non-grant earnings. All special use funds will be designated by formal action of the Board of Directors.

- a. **Technology Reserve Fund:**  
Technology Reserves will accumulate from existing unrestricted funds. The minimum target amount of Technology Reserves will be \$250,000.
- b. **Valley Springs Health & Wellness Center; Operational Reserve Fund:**  
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of \$2,200,000. The Reserve amount will be determined on each annual review and be based on the projected and historical expense of the Center. This fund will provide for 180 days of operational expenses.
- c. **Lease and Contract Reserve Fund:**  
Financial obligations related to long-term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease. The minimum target amount of the Lease and Contract Reserve Fund will be \$1,700,000.
- d. **Capital Improvement Reserve Fund:**  
Capital Improvements Reserve will accumulate from existing unrestricted funds with a

minimum target amount of \$3,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements etc.).

- e. Loan Reserve Fund:  
Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payment on an ongoing basis. This fund will have a minimum target amount of \$1,300,000.
- f. Community Programs Reserve Fund:  
To fund community grant programs/opportunities to further provide health related services to Calaveras County. This fund will have a minimum target amount of \$250,000.
- g. Lease Termination Reserve Fund:  
To fund operations in the event of lease termination. This fund will have a minimum target amount of \$3,250,000.

### **3. Using Reserve Funds:**

- a. Technology Reserve:  
Technology Reserves will be used to purchase hardware and software in support of District operations, with the intent of maintaining modern technology for employees and patients. This fund can also be used for technology-dependent equipment such as radiology or electrocardiography.
- b. Valley Springs Health & Wellness Center; Operational Reserve Fund can be used to support operations at the center, including all line items listed on the Valley Springs Health & Wellness Center operations budget.
- c. Lease and Contract Reserve Fund can be used to meet lease and contract long-term obligations such as utility payments.
- d. Capital Improvements Reserve:  
Capital Improvements Reserves shall be limited to cost related to making changes to improve or maintain capital assets, increase their useful life, or add to the value of these assets.
- e. Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payments on an ongoing basis. This fund is designated primarily, but not exclusively, to the USDA 30-yr construction loan.
- f. Community Programs Reserve Fund: To be used in conjunction with the Grants Committee and their recommendations to the full Board.
- g. Lease Termination Reserve Fund: To be used to fund operations in the event of lease termination.

### **4. Monitoring Reserve Levels:**



The Chief Executive Officer in collaboration with the District Accountant or CFO, shall perform a reserve status analysis annually, to be provided to the Board of Directors for annual deliberation / approval of Budget and Reserve Funds.

Additional information may be provided to the Board of Directors upon the occurrence of the following events:

- a. When a major change in conditions threatens the reserve, levels established by this policy or calls into question the effectiveness of this policy.
  
- b. Upon Chief Executive Officer and/or Board request.

Reference: Special District Reserve Guidelines, California Special Districts Association, 2<sup>nd</sup> edition

## 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 a Chief Executive Officer 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 Chief Executive Officer 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 Board of Directors 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 Board of Directors to serve as one of the five Directors.

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 board.

C. Subject to the consecutive term restriction above, the President of the District Board shall be elected to the MTMC Board of Directors by the District Board. If the President chooses not to serve as a Director, 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 Directors 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 Directors that person shall continue to serve the remainder of their term as a MTMC Director. If the MTMC Directors 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 Directors 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 Directors will be responsible for ensuring that the MTMC Board of Directors 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 Directors 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 nine-member Community Board will be responsible for approval of the MTMC Medical Staff Bylaws, Medical Staff privileging and credentialing, and quality oversight. The Fiduciary Board of Directors 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 of Directors. 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 of Directors, 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: Five 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 of Directors, which shall not be unreasonably withheld.

**Committees of The Board; Public Information Officer;  
Auditors:**

**5.1 SPECIAL COMMITTEES.** The President, with the concurrence of the District Board, may, from time to time, appoint one (1) or more members of the District Board and other persons as necessary or appropriate, to constitute special committees for the investigation, study, or review of, specific matters. No committee so appointed shall have any power or authority to commit the District Board or the District in any manner.

**5.2 STANDING COMMITTEES.** The standing committees of the Board of Directors shall consist of a Finance Committee and such other committees as a majority of the members of the Board of Directors may authorize. The President of the District Board shall appoint the members and chairs of all standing committees. Standing committees shall be included in these Policies.

**5.3 FINANCE COMMITTEE.** The Finance Committee should consist of three committee members. The President will appoint the Treasurer and one additional District Board member to the Committee. The Treasurer will chair the Committee. One additional Committee member will be selected from qualified, interested community applicants with knowledge of business-related finance. The Finance committee will conduct the search for subsequent interviews and make a recommendation to the Board. The appointment must be approved by a majority vote of the Board of Directors.

**A. Responsibilities and Authority.**

1. The Chair of the Finance Committee shall be the Treasurer who shall report to the full District Board on a monthly basis. The Finance Committee shall meet monthly to review the District's financial activities.
2. The Finance Committee shall be responsible for the management of all investments of the District and endowment and trust funds and to see that proceeds are paid into proper funds of the District and used in accordance with the terms of the trust and/or investment objectives of the District.
3. The Finance Committee shall see that a budget is prepared and submitted to the Board with specific recommendations prior to the end of the fiscal year.
4. The Finance Committee shall examine monthly financial reports and require explanations from the ~~Executive Director~~ Chief Executive Officer or his or her delegate of variations from the budget.
5. The Finance Committee shall supervise and review the results of all external audits and make specific recommendations to the full District Board for action.

**5.4 PUBLIC INFORMATION OFFICER.** The ~~Executive Director~~ Chief Executive Officer or his or her designee, shall serve as the Public Information Officer for the District. The duties associated with this role include, but are not limited to, ensuring effective communication with local residents and stakeholders in accordance with the District's priorities and the District Board's direction.

**5.5. ANNUAL AUDITS.** The District Board shall contract with an outside auditing firm to conduct an annual audit. The District Board shall issue a request for proposals for auditing services and shall make best efforts to not contract with the same auditor, even within a firm more than twice without an intervening contract with a different auditor. The annual audit shall be completed by October 31<sup>st</sup> of each year. Following the Finance Committee's review and recommendation, the auditor will present the audit results to the full Board. The District Board must approve the annual audit by January 31<sup>st</sup> of each year.

**Conflict of Interest Code and Ethics:**

**12.1 CONFLICT OF INTEREST CODE.**

The Board approved Resolution No. 2020-06 on August 26, 2020 which adopted the terms of Section 18730 of Title 2 of the California Code of Regulations and any amendments to said provision approved by the Fair Political Practices Commission, as the District's Conflict of Interest Code.

**12.2 DISCLOSURE OF ECONOMIC INTERESTS.**

Individuals required to file statements of economic interests under the District's Conflict of Interest Code must submit those statements to the Chief Executive Officer as the District's filing officer. The Chief Executive Officer shall retain the statements and make them available for public inspection and reproduction, as required by the Political Reform Act, or forward them to the County of Calaveras or the Fair Political Practices Commission as required by law.

**12.3 AB 1234 ETHICS TRAININGS**

The Chief Executive Officer shall be responsible for scheduling ethics training for all members of the Board of Directors on a biennial basis as required by Assembly Bill 1234 ("AB 1234"). The AB 1234 training **course** shall also be held within three (3) months of a newly elected member of the Board of Directors assuming office. The training shall conform to the content and length requirements of AB 1234.

## Credit Card:

The purpose of this policy is to prescribe the internal controls for management of District credit cards.

- 27.1 This policy applies to all individuals who are authorized to use District credit cards and/or who are responsible for managing credit card accounts and/or paying credit card bills.
- 27.2 A credit card shall be issued to the Executive Assistant, **Accounting and Clinic Manager**. Credit cards shall not be issued to or used by members of the Board of Directors.
- 27.3 A District Credit Card can be issued at the Discretion of the CEO, managed, reconciled and paid separately.
- 27.4 Each transaction is limited to \$5,000.00. Approval from the **Board** President or Treasurer **or CEO** will be necessary for any transaction exceeding this limit unless previously authorized by District policies or resolutions.
- 27.5 All credit card bills shall be paid in a timely manner to avoid late fees and finance charges.
- 27.6 All credit card expenses shall be reasonable and necessary to the furtherance of District business. No personal expenses shall be charged on a District credit card.
- 27.7 All credit-card transactions shall have third-party documents (receipts) attached and the District purpose explained by the cardholder **when requested**.
- 27.8 The Chief Executive Officer shall review and approve credit-card transactions by the designated cardholders. The Board of Directors shall review and approve credit-card transactions through the Board Finance Committee and ultimately by the Board of Directors.



**COME SEE US AT THE**

**HEALTH +**  
**COMMUNITY**  
**RESOURCES**

**FAIR** SEPT  
**30**

**Saturday, 7AM to Noon**



**Dignity Health®**

Mark Twain Medical Center

No Cost Flu Shots • Blood Panel \$45  
Hospital Campus • San Andreas

MARK TWAIN MEDICAL CENTER



# CANCER SUPPORT GROUP

We Understand the Struggle  
You are not Alone

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## WHEN

● Friday, October 13, 2023  
10am - 11:30am

## WHERE

● Room 2 - MTMC  
768 Mountain Ranch Rd,  
San Andreas, CA 95249

## DETAILS

● Speaker: June Andona  
Breast Cancer Survivor

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# Health and Wellness Fair

**MACT Health Board, Inc.**

San Andreas Gathering Area →

**Saturday October 14, 2023**

**10am-2pm**

1113 Hwy 49, San Andreas  
209.755.1400

Vendor Inquires

Please call: 209. 209-674-6296



A Non-Profit Tribal Corporation



- ▲ *Child & Adult Health Screenings*
- ▲ *Kids' Activities*
- ▲ *Give-a-ways*
- ▲ *Native American / Art/Dance/Music*
- ▲ *Diabetes Education*
- ▲ *Healthy Cooking Demonstrations*
- ▲ *Food Vendors*
- ▲ *Community Organizations*
- ▲ *Native American Services Resources*



*Vendor attendees must align with the Mission of The MACT Health Board, Inc.*