



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 March 22, 2023
9:00 am**

Zoom - Invite information is at the End of the Agenda

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.

This Institution is an Equal Opportunity Provider and Employer
Agenda March 22, 2023 MTHCD Board Meeting

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 February 15, 2023:
- Un-Approved Board Meeting for February 22, 2023

B. Correspondence

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- **Association of California Health Care Districts (ACHD) March 2023 Advocate:**
- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (CalAim):.....Ms. Hack**

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

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

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

- **General Comments:**
- **Strategic Planning & Projects Matrix:**
 - **Strategic Plan Meeting – March 10, 2023 Recap**
- **Grant Report:**
- **VSH&W Center – Policies and Forms: Public Comment – **Action****
 - Policies for February 2023 Valley Springs Health & Wellness Center:

New Policies

Silver Diamine Fluoride

Dental Walk-In Patient Policy

Revised Policies

No Show

Visual Acuity

Venipuncture

Withdrawal of Care

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

Abnormal Vital Signs

Follow Up Calls

Informed Consent

Initial Patient Contact and Medical Emergencies

Radiology Safety

Radiology Department Safety Guidelines

Service Animal

Supply Outdates

Telephone Request For Medical Information

Temperature – All Modalities

Transfer Of Patient – Chart Information

Use of Gloves

Vaccine Administration

Vendor Visitor Management

Waived Testing – COVID-19 Rapid Test

Waived Testing Quality Assurance

Waived Testing - RSV Rapid Test

Waived Testing - Strep A Direct Rapid Testing

Waived Testing - Urinalysis Using Siemens Analyzer

Waived Testing - Urine Pregnancy Testing

Well Child Examinations

X-Ray Orders

- **Program Manager:**.....Ms. Stanek

E. VSHWC Quality Reports:.....Ms. Terradista

- Quality – Feb. 2023:
- MedStatix – Feb. 2023:

F. District Foundation (Calaveras Wellness Foundation):.....Dr. Smart

- **Approval of Articles of Incorporation** Public Comment – **Action**
- **Appointment of Board:** Public Comment – **Action**
 - Patricia Bettinger
 - Micky Phillips
 - Peggy Stout

7. Committee Reports:

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

- Financial Statements – Feb. 2023: Public Comment - **Action**

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

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

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

E. Ad Hoc Community Engagement Committee:.....Ms. Reed

F. Ad Hoc Real Estate:.....Mr. Randolph

8. Board Comment and Request for Future Agenda Items:

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

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. April 26, 2023 at 9am.

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: March 22, 2023 MTHCD Board Meeting

Time: Mar 22, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83003686828?pwd=Sk8vbW9qYUoyMjVqMTdJeVpXWjV1QT09>

Meeting ID: 830 0368 6828

Passcode: 735933

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+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 719 359 4580 US

+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)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

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Meeting ID: 830 0368 6828

Passcode: 735933

Find your local number: <https://us02web.zoom.us/u/kck35k6825>



MARK TWAIN HEALTH CARE DISTRICT

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

Special Finance Committee Meeting
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249

10AM

Wed. Feb 15, 2023

Participation: Zoom - Invite information is at the End of the
Agenda or 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 10:01 am.

2. Roll Call:

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

Quorum: YES

This Institution is an Equal Opportunity Provider and Employer
Minutes – Feb 15, 2023 MTHCD Special Finance Committee Meeting

3. Approval of Agenda: Public Comment - Action:

Motion to approve agenda by Mr. Randolph

Second: Ms. Hack

Ayes: 2

Noes: 0

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

Hearing None

5. Consent Agenda: Public Comment - Action

A. Resolution 2023 – 02: - AB 361 Expires Feb. 28, 2023:

- Authorizing Remote Teleconference Meetings of the Board of Directors Finance Committee (AB 361) for the month of February 2023. (Informational Only)

B. Un-Approved Minutes:

- Special Finance Committee Meeting Minutes for Jan. 17, 2023:

Motion to approve Consent agenda and minutes by Mr. Randolph

Second: Ms. Hack

Ayes: 2

Noes

6. Chief Executive Officer's Report:

- Hospital Lease – Electric Utilities:

The gas bill for MTMC in January was \$87,000. Sources say the rates are supposed to come down in February. Dr. Smart spoke to Doug Archer about the rise in gas costs. Doug is looking into possible gas leaks. Will invite Doug Archer to next meeting to discuss potential Solar options. The bid for the window project came in at about \$600,000.

MTHCD is still working with Emily from CPPA regarding \$30,000 Grants to help with rising electric costs.

- Private Donor / Health Care District Foundation:

A representative of a local trust toured the VSHWC and would like to present the District with a private donation for the clinic expansion project. MTHCD is working on forming a Foundation.

- BHCIP Application: Construction Budget – Attachment:

The BHCIP application has been completed and submitted. We received 12 letters of support for the project to accompany the application. We budgeted \$3,322,000 to expand the clinic.

This Institution is an Equal Opportunity Provider and Employer
Minutes – Feb 15, 2023 MTHCD Special Finance Committee Meeting

7. Real Estate Review:

MTMC requested back-up for the Cam2 charges. Will have them to present to the Finance committee at the next meeting.

8. Accountant's Report:

- Dec. 2022 Financials Will Be Presented: Public Comment – Action

December 2022 Revenue numbers have been restated using the new process of recording Clinic Revenue.

Motion to approve Dec 2022 Financials with I & R report by Ms. Hack

Second: Mr. Randolph

Ayes: 2

Noes: 0

- Jan 2023 Financials Will Be Presented: Public Comment – Action

The accounting team are working on the Fixed Assets and Depreciation break out for the Feb 2023 Financials. CA CLASS is doing very well with the interest rates. Utilities are now being reconciled to the new agreement with the hospital.

Motion to approve January 2023 Financials with I & R Report by Mr. Randolph

Second: Ms. Hack

Ayes: 2

Noes: 0

9. Treasurer's Report:

- MTHCD Finance Committee – Interview Patricia Bettinger: Public Comment – Action

The committee interviewed Patricia Bettinger.

Motion to recommend Patricia Bettinger for open Finance Committee seat by Ms. Hack

Second: Mr. Randolph

Ayes: 2

Noes: 0

10. Comments and Future Agenda Items:

Hearing None

11. Next Meeting:

Next Finance Committee Meeting will be Mar. 15, 2023 at 9:00am

12. Adjournment: - Public Comment – Action

Motion to adjourn by Mr. Randolph

Second: Ms. Hack

Ayes: 2

Noes: 0

Time: 11:39 am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting Feb 15, 2023

Time: Feb 15, 2023 09:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88546187545?pwd=M094T0twMHcrdnY5NDRqVHNvSmF2UT09>

Meeting ID: 885 4618 7545

Passcode: 960906

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+1 669 900 6833 US (San Jose)

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US +1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US +1 386 347 5053 US

+1 507 473 4847 US +1 564 217 2000 US

+1 646 931 3860 US

Meeting ID: 885 4618 7545

Passcode: 960906

Find your local number: <https://us02web.zoom.us/u/kcwnyBj8Wf>

Effective - Mar 17, 2020.

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

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;"
2. Implements a procedure for receiving and "swiftly resolving" requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.
3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

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Minutes – Feb 15, 2023 MTHCD Special Finance Committee Meeting



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**Wednesday February 22, 2023
 9:00 am**

**Participation: In Person or by
 Zoom - Invite information is at the End of the Agenda**

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

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

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 Vermelfoort	x			

Quorum: Yes

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

This Institution is an Equal Opportunity Provider and Employer
 Minutes Feb. 22, 2023 MTHCD Board Meeting

Motion to approve agenda by Ms. Sellick
Second: Ms. Vermeltfoort
Ayes: 5
Noes: 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 January 17, 2023:
- Un-Approved Board Meeting for January 25, 2023.

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) (AB 361 Expires Feb. 28, 2023):

- ◆ **Resolution 2023 - 02** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Feb. 2023. AB 361 Expires Feb. 28, 2023**

Motion to approve Consent agenda and Minutes by Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 5
Noes: 0

C. Correspondence

- Anthem – CA Medicaid Health Plan – Les Ybarra, Pres. Letter 2-6-2023.
- Blue Mountain Coalition for Youth & Families. Letter 2-2-2023.

6. MTHCD Reports:

A. President's Report:

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

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Minutes Feb. 22, 2023 MTHCD Board Meeting

- **Meetings With MTHCD CEO:**

Met 3 times since last meeting. Discussed upcoming Strategic Planning

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

Nothing to report.

B. MTMC Community Board Report:

Doug Archer: Board met Friday. Reviewed policies. Clinics are experiencing heavy volume. 52,000 patients seen at the clinics in January. The hospital met the budget for the month of January.

C. MTMC Board of Directors:

Meeting on Friday. Trying to coordinate joint Board meeting with MTMC Board and MTHCD Board.

D. Chief Executive Officer's Report:

- **General Comments:**

Strategic Planning March 10 from 8am- 5pm at Camps Restaurant in the Library. The Mental Health Services Act will be a topic at the Strategic Planning Meeting. Working to try and get tribal recognition for the Sheep Ranch Miwok Tribe on the Hospital Campus. The County Behavior Health Services was given \$22 mil. To build a Behavior Health Building. They may rent 704 Mountain Ranch Road Suite 104 and/or 105. MTHCD is figuring out the costs of occupying the space.

- **Utilities - MTMC:**

The bid for the Window Project, Deide Construction came in at \$600,000 includes paint, exterior finish, etc. The bid is good until 3/31/23. The Board needs to decide if we will accept the bid or reject it. The Board decided to get another bid on the project and request the Deide bid expiration date be extended by 90 days until the Board can decide. Ca. Public Utility District offering a loan at 1% to help cover the costs. CEO to apply for loan.

The Solar Project proposal was between \$6mil - \$9 mil. It was decided that it will not be beneficial to go forward with this project at this time.

- **Strategic Planning & Projects Matrix:**
 - **Strategic Plan Meeting Agenda – March 10, 2023**

Meeting March 10, 2023

- **Hospital Deed Clarification:**

The Deed was revised to ensure that the Hospital could not be turned into a Skilled Nursing Facility at any time.

- **BHCIP – Update (Clinic Expansion):**
 - Construction Budget – (Attachment)

The application has been submitted. The budget is \$3,322,000. This includes Expanded parking and covering the existing pond. Should receive an answer by end of March or beginning of April 2023. Private donor to donate \$100,000 for the project. MTHCD needs to match at \$232,000.

- **VSH&W Center – Policies and Forms: Public Comment – Action**
 - Policies for February 2023 Valley Springs Health & Wellness Center:

New Policies

Dental Local Anesthesia Policy
Dental Fluoride Varnish Policy

Revised Policies

Billing Personnel - Organization
Cardiopulmonary Resuscitation/Basic Life Support
Disaster – Fire
Employee Health
Infection Control
Intramuscular Injections
Medi-Cal Eligibility Verification
Medical Records Release

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Minutes Feb. 22, 2023 MTHCD Board Meeting

Medication Administration
Medication Management
Response to Power Failure

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

Annual Review of Contracts
Billing Practices
Bomb Scare
Child Abuse Reporting
Disaster - Water Contamination
Disruption of Electrical Services
Domestic Violence Reporting Suspicious Injury Reporting
Drug Samples
Elder Or Dependent Adult Abuse Reporting
External Hazmat Incident
Extreme Temperatures
Fire Safety
Lapses Of Consciousness – DMV Reporting
Mass Casualty Response
Mission Statement

Motor Vehicle Accident Reporting
Operation During Internal Disaster
Patient Medical Record Content
Sensitive Services
Follow Up of Patients
Handwashing
Hazardous Waste
HIV Testing
Infection Control – Overview
Litigation (Potential)
Look-Alike Sound-Alike Medications
LVN Scope of Practice
Marketing
Medical Assistant Scope of Practice
Medical Records Forms And Fees
Security And Retention Of Medical Records
Medical Record Transfer
Medication Reconciliation
Medication Waste Stream
Medication, Supply, And Equipment Recalls/Warnings
Monitoring Inspection of Medication Inventory

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Minutes Feb. 22, 2023 MTHCD Board Meeting

Ms. Hack requested to have the Medial Records Release policy pulled from the approval for more review. Annual Review of Contracts has been pulled from approval for review.

Motion to approve Policies Listed minus Medical Records Release & Annual Review Of Contracts by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Noes: 0

- **Grant Report:**

Grant activity is steady. Applied for 2 new grants for Data Exchange.

- **District Foundation (Calaveras Wellness Foundation):**

Will have bylaws by March Meeting. The Board must choose 3 Directors for the Foundation in March. The Foundation should only meet about 3x per year.

- **Program Manager:**

E. VSHWC Quality Reports:

- **Quality – Jan. 2023:**

The VSHWC is finding new strategies to increase the Pediatric visits. The new pediatrician is working out great. 58% payor mix. 85 new patients in January. Taking potential dentist on tour of clinic next week. 6% no-show rate. That is the lowest since opening.

- **MedStatix – Jan. 2023:**

Provider satisfaction increased to 98%. Overall clinic patient satisfaction is at 95%.

7. Committee Reports:

A. Finance Committee:

- New Recommendation for Community Member: Public Comment – Action
 - Ms. Patricia Bettinger – Resume:

Motion to approve Patricia Bettinger for Finance Committee Community Member seat by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Noes: 0

- Financial Statements – Dec. 2022: Public Comment – Action

Kelly Hohenbrink recently reviewed the way we have been recording clinic revenue. He has come up with a new process for recording the revenue. You will see changes in the revenue going forward as we implement the process. Dec 2022 has been restated with the new process.

Motion to approve restated Dec 2022 Financials with I & R Report by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Noes: 0

- Financial Statements – Jan. 2023: Public Comment – Action

Dec vacations and holidays affect January revenue. We are still trying to access the USDA amortization schedule to split the principal and interest. Investments are looking extremely good.

Motion to approve Jan. 2023 Financials with I & R Report by Mr. Randolph

Second: Ms. Sellick

Ayes: 5

Noes: 0

B. Ad Hoc Policy Committee:

- MTHCD Policies Presented for 30-day Review on Jan. 25, 2023:

- ◆ **Resolution 2023 - 03** To approve Listed Policies: Public Comment - **Action**

1. MTHCD Policy 02 - Basis of Authority: Role of the Board of Directors:
2. MTHCD Policy 17 - Authority & Responsibility of CEO Contracts & Bidding:
3. MTHCD Policy 24 - Website Content & Social Media:
4. MTHCD Policy 25 – Reserve Policy

Motion to accept Revised Policies listed by Mr. Randolph

Second: Ms. Sellick

Ayes: 5

Noes:0

D. Ad Hoc Personnel Committee:

Meeting on March 21, 2023

D. Ad Hoc Community Grants:

Nothing to Report

E. Ad Hoc Community Engagement Committee:

Met on Feb. 7, 2023. After Strategic Planning the committee plans to meet to follow up on Community Engagement.

F. Ad Hoc Real Estate:

- Review MOB Lease for 704:

Meeting today to research origin of CAM charges in question by MTMC.

8. Board Comment and Request for Future Agenda Items:

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

ACHD Meeting in Tahoe South Shore in September.
Strategic Planning March 10, 2023 at Camps Restaurant Library in Angels Camp.

9. Next Meeting:

- The next MTHCD Board Meeting will be Friday March 10, 2023 at 8am.
- The next MTHCD Board Meeting will be Wed. March 22, 2023 at 9am.

10. Adjournment: Public Comment – Action:

Motion to adjourn by Ms. Vermeltfoort
Second: Ms. Sellick
Ayes: 5
Noes: 0
Time: 11:13am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: February 22, 2023 MTHCD Board Meeting
Time: Feb 22, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88958445849?pwd=VzdHOGsyNTloWGdHTzhwTkx0Mm9XUT09>

Meeting ID: 889 5844 5849

Passcode: 596813

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+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 931 3860 US
+1 689 278 1000 US
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US

Meeting ID: 889 5844 5849

Passcode: 596813

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

Effective - Mar 17, 2020.

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1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;
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4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate March 2023

What's New This Month:

- Support AB 869 - Seismic Relief
- Advocacy Update
- Webinar: [Making your Community Heart Safe: How to bring a public access defibrillation program to your district](#)

CEO MESSAGE

This month, ACHD would like to start by calling your attention to [AB 869](#) (Wood). [AB 869](#) would provide relief to small, rural and district hospitals with regard to meeting the 2030 seismic mandate. ACHD has issued a [Call-to-Action](#) for members to submit letters of support for the bill.

In addition to [AB 869](#), the advocacy team has been busy tracking many other legislative proposals impacting healthcare districts. Currently, many bills are still under review, but be sure to check our website in the coming weeks for the most current ACHD bill positions.

Also this month, ACHD is excited to announce the rollout of a new member benefit! ACHD is partnering with [The Walker Company](#) to bring members the **Director's Notebook**, a quarterly publication focused on topics of interest to healthcare trustees. **Director's Notebook** will also feature content related to the broader healthcare field, for example, trends in innovation and the current economic landscape. This resource is the result of feedback from members requesting information and tools that can help them build upon their governance knowledge. **Director's Notebook** will be one more way that the Association can connect members with valuable information on governance and other important topics. The first edition will be distributed to member CEOs and trustees in mid-March.



Cathy Martin
Chief Executive Officer

ACHD has been on the road! Last month, the ACHD team had the opportunity to meet with a few members in the field. Many thanks to the **Pajaro Valley Healthcare District** for the opportunity to meet with the board and share information about ACHD. [Sarah Bridge](#) and I were grateful for the time and appreciated meeting **Steven Salyer** and the trustees in person. Thank you as well to **Ida Lopez Chan** of **Soledad Community Health Care District** for the personal tour of that wonderful healthcare district. On behalf of our entire team, we are so impressed with everything healthcare districts do for their communities. We really value invitations to visit with you at the district .



Last, don't forget to mark your calendars for September 13-15, 2023 for ACHD's 71st Annual Meeting, taking place in [Palisades Tahoe in Olympic Valley](#).

LEGISLATIVE UPDATE

Call to Action: AB 869

Please join ACHD in supporting [AB 869 \(Wood\)](#) which would offer relief to qualifying small, rural, and public district hospitals with regard to meeting the Hospital Seismic Safety Act 2030 deadline.

AB 869 will be heard for the first time in Assembly Health Committee on March 21, 2023. To show your support, please submit a letter to the Assembly Health Committee or by following the links below, by **COB March 14, 2023**. To show your support please [use this email template](#). For more information, and to submit your letter, [visit our take action page](#).

On March 21, you can watch the live hearing, [here](#).

Other Bills of Note:

- [AB 242\(Wood\)](#) is set for hearing in the [Assembly Health Committee](#) on March 14, and one of our member healthcare districts is planning to testify in support of the bill. This bill would eliminate the sunset on the pilot program that allows critical access hospitals to directly

employ physicians. You can read our letter [here](#) and watch the hearing [here](#).

- [SB 525\(Durazo\)](#) would enact a broad \$25 per hour minimum wage for hourly employees, or two times the health care worker minimum wage for salary employees. The bill covers employees that work directly or indirectly in health care, which could include a contractor or someone that delivers packages to the facility.
- [AB 1156\(Bonta\)](#) would define injury for a hospital employee that provides direct patient care to include cancer, infectious diseases, post-traumatic stress disorder, and respiratory diseases (including COVID-19). The bill creates the rebuttable presumption that these injuries that develop in a hospital employee, arose out of and during employment at the hospital. The bill currently isn't set for committee and ACHD opposes this bill.

Office of Health Care Affordability

Last Tuesday, the Governor appointed [eight new members](#) to the [Health Care Affordability Board](#). Members include; Dr. Mark Ghaly, Dr. Sandra Hernandez, Dr. Richard Pan. For a full list of the members, please visit the department's website.

The [Health Care Affordability Board](#) will be responsible for establishing spending targets and specific sector targets and enforcing compliance with those targets. The Board is also responsible for increasing transparency on healthcare spending and consolidation, establishing benchmarks for alternative payment methods, promoting systemwide investment in primary care and behavioral health, and promoting healthcare workforce stability. Their first meeting will be **March 21, 2023, at 1 pm**. All meeting details are available, [here](#).

[Advisory Committee Application: Now Open](#)

The Health Care Affordability Advisory Committee is now accepting applications. The Committee will provide input to the board on a range of topics, including a statewide healthcare spending target and specific targets by healthcare sector and geographic region; the methodology for setting spending targets and adjustment factors to modify targets when appropriate; definitions of health care sectors; benchmarks for primary care and behavioral health spending; statewide goals for the adoption of alternative payment models and standards; quality and equity metrics; standards to advance the stability of the health care workforce; and other areas requested by the board or the office.

You can submit an application to participate on the Committee, [here](#).



UPCOMING EVENTS


[Making your Community Heart Safe: How to bring a public access defibrillation program to your district](#)


March 14, 2023 | 10:00 - 11:00 am PST

ACHD Webinar:
March 14, 2023
10:00 AM - 11:00AM PST

Making your Community Heart Safe
How to bring a public access defibrillation program to your district


Dr. Andrew Maxwell
FACC Pediatric Cardiologist
Heart of the Valley Pediatric Cardiology
Packard Children's Health Alliance Stanford Health at ValleyCare


Liz Lazar-Johnson
Founder and Executive Director
Via Heart Project

[Register Here](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 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.

Association of California Healthcare Districts
www.achd.org



Projected Start

Behavioral Health (BH)

VSHWC BH Team	established, expanding	
BH Grants	\$150,000	
BH VSHWC Construction	Application pending	
Children's Advocacy Ctr	Review relationship	
CC Mental Health Advisory Bd	Attending & recruiting	
CC Mental Health Services Act	Discussing: Mtg 4/1/23	
Combined Education	Planning	May-June 2023
MTMC Collaboration	Not started	Sept-Oct 2023
Community Outreach	Not started	11/1/2023 budget

Chronic Disease Mgt

VSHWC	established	
Diabetes Educator	established	
Hepatitis Clinic	established/?partner	
Hepatitis C screening	in planning	May-23
Health Fair Diabetes Screening	not started	Pending
Pulmonary Rehab Program	MTMC	
Cardiac Rehab Program	MTMC	
Wellness Center relationship	not started	June-July 2023
Defibrillator (AED) stations	not started	pending budgeting

Access to Care

VSHWC	established/ fully open	
Dental	VSHWC Doubled capacity	
Senior Center Kiosks	not started	Sept-Dec 2023

Dental Care

VSHWC	80% staffed/open	
Let's All Smile	not started	Aug-23
Oral Health Coalition	established	
VSHWC Expansion	application submitted	

Requires funding

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	1/31/2023	DONE	UNDER REVIEW a/o 2/2023	YES	2020 Expenses
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 37,156.29	\$ 27,057.24	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$9,682.01
9	ANTHEM	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 105,163.14		Some	PORTION RECEIVED	NO	9 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 29,477.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	ConferMed	\$ 15,000.00	\$ 15,000.00	\$ -	12/31/2023	None	RECEIVED		Online Referrals
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ 15,448.82			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
		ND	\$ 49,193.31	\$ 49,193.31	\$ -			RECEIVED 2/24/22		
13	ANTHEM - Tyto Care	Remote Care - 4 Stations	\$ 12,077.80	\$ 12,077.80	\$ 12,077.80	N/A	N/A	SPENT		(Laurel) RoboDoc
14	HEALTHNET	Back to School	\$ 6,000.00	\$ 6,000.00	\$ -			RECEIVED		RoboDoc - T. Cook hrs.
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -	4/28/2023 - written	Midterm/Final	Approved	Possible	#5G2211 - Centene
16	HEALTHNET	RoboDoc/Let's All Smile	\$ 15,000.00	\$ 15,000.00	\$ -		None	RECEIVED		to support Community programs - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 126,636.30	\$ 35,973.51			RECEIVED		Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
19	CPPA	Energy	\$ 30,000.00	\$ -	\$ -			Pending		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	2026	Yes	Pre-Application		
21	BHCIP	BH Expansion	\$ 3,322,000.00	\$ -	\$ -		Yes	Pre-Application		VSHWC Expansion
22	FEMA # 3	Storm Damage	\$ 13,197.00	\$ -	\$ 13,197.00			PENDING		Tree Damage
TOTALS			\$4,800,523.26	\$1,242,133.74	\$1,240,618.77					3/14/2023
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**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Silver Diamine Fluoride	REVIEWED: 3/07/23
SECTION: Dental - Patient Care	REVISED:
EFFECTIVE: 3/22/23	MEDICAL DIRECTOR

Subject: Silver Diamine Fluoride use for patients

Objective: To arrest caries and prevent new lesions.

Response Rating:

Required Equipment: Silver Diamine Fluoride, dappen dish, micro brushes, gauze, and cotton rolls.

Procedure for Dental Clinic

Reasons for Silver Diamine Fluoride:

- Control of patients with high caries risk, pain, and infection.
- Ease of application.
- Can prevent the tooth from needing a root canal.
- Minimal application time and training required.
- A noninvasive method of caries arrest.

Fluoride varnish application

- The dentist will do an oral exam to determine if the patient needs silver diamine fluoride treatment and to make sure there is no sign of apical lesions, and the tooth is asymptomatic.
- The provider will remove the decay as much as possible without encountering the pulp.
- Some decay is left near the pulpal floor.
- Isolation and application of the silver diamine fluoride with a micro brush. Follow manufacturer’s instructions.
- The dentist will determine if the tooth may need an interim therapeutic restoration or a final restoration.
- The patient will need a follow up in 2 weeks.

Silver diamine fluoride can possibly stop the progression or arresting caries lesions without removal of sound tooth structure. However, it can leave a black stain on these lesions causing

the tooth to darken. Silver diamine fluoride may burn or stain the soft tissue surrounding them. Silver diamine fluoride is not guaranteed to prevent the tooth from needing a root canal but may help prevent it. The tooth may need a crown in the future if the tooth has lost too much tooth structure.

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

POLICY: Dental Walk-In Patient Policy	REVIEWED: 12/21/22
SECTION: Admitting Dental	REVISED:
EFFECTIVE: 3/29/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Walk-In Dental Patients

Objective: To Provide the option of walk in for patients to get in to Dental sooner and to have patients to fill no show or cancellation gaps in the Dental schedule

Response Rating: Dental Reception

Required Equipment:

Procedure:

1. Walk-in patients will be allowed on Wednesdays and Fridays from 8am – 2pm (pending a DDS working on that day).
2. Patients will be informed that we are closed for lunch, and that there is no guarantee that they will be seen.
3. Insurance and paperwork should be completed as soon as they come in, in the event they are able to be seen.
4. We will accept a maximum of three (3) patients daily on a first come first serve basis, using a sign-in sheet, kept at reception.
5. If a patient cancels or if a patient does not show up for an appointment after ten (10) minutes, the first walk-in patient will then be registered and brought back in place of the scheduled patient.

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

POLICY: No Show	REVIEWED: 1/28/20; 5/04/21; 5/6/22: 8/30/22; <u>3/07/23</u>
SECTION: Admitting	REVISED: 5/04/21; 5/25/22; 8/30/22; <u>3/07/22</u>
EFFECTIVE: <u>10/26/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Patient No Show

Objective: Management and minimization of patient “no shows” which are defined as appointments not attended without the patient contacting the Clinic to reschedule or cancel the appointment.

Response Rating:

Required Equipment: None

Procedure:

Medical, Behavioral Health and Dental Departments

1. The EMR will contact each patient who is in “no show” status, reminding them they have failed to keep their appointment and directing them to contact the Clinic to reschedule.
2. Daily staff will identify patients in “no show” status and contact the patient 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.
3. A monthly “no show” report will be generated after month end and will be forwarded to the CEO for the purpose of inclusion on the Dashboard Report submitted to the Board of Trustees each month.
4. A historical “no show” report will be generated for the most recent six-month period and will be analyzed for the purpose of identifying all patients who are chronically missing their appointments. Behavioral Health patients will be counted separately and provided to that department for handling.
5. Patients who chronically miss their appointments (3 or more “no shows” -defined as not attending their appointment without contacting the office to reschedule or cancel, prior to the appointment, preferably over the course of six months) will have a warning letter mailed to the address on file notifying them of the multiple missed appointments.
6. The list will be aggregated, and the Clinic Manager or designee will meet with the patient’s practitioner of record to determine whether the “no show” status of the patient should be addressed with the patient or if there are mitigating circumstances that should be considered.

No Show
Policy Number 227

7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.

8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.

9. If the patient continues to no show and reaches a total of 4 no shows over the course of six months, the patient will receive a letter advising that they will only be allowed to schedule same day appointments (Medical/Dental). Behavioral Health appointments will not be combined with the Medical or Dental no show count. Behavioral Health patients who exceed this limit will have existing appointments canceled and patients will only be allowed to make same ay appointments for a ~~six month~~six-month period. Extenuating circumstances will be reviewed on a case-by-case basis.

10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inability of the practice to manage the patient’s medical diagnoses.

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

POLICY: Visual Acuity	REVIEWED: 6/1/19; 3/30/21; 3/24/22; <u>2/24/23</u>
SECTION: Patient Care	REVISED: <u>3/07/23</u>
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Visual acuity testing

Objective: To test distance vision

Response Rating:

Required Equipment:

Procedure:

1. As a part of the patient’s physical examination and when there is suspected injury, infection, or any complaints of discomfort to the eye, visual acuity testing will be performed by the nurse or medical assistant.
2. As a part of the pediatric patient’s physical examination. Guidelines 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. If the screening is not performed per the recommended periodicity schedule, document in the EMR the reason. Example “patient unable to follow direction.”
 - b. If the screening is attempted and not performed, practitioner notation must be made with a plan for follow-up to rescreen.
3. Position the patient twenty feet from the chart if using a 20-foot chart and ten feet from the chart if using a 10-foot chart.
4. Patients who use glasses other than for reading should wear them. The test should be performed with and without glasses.
5. Provide the patient with a 4x4 card or other occluding device.
6. Ask the patient to cover one eye with the occluding device. Advise them to not press on the eye.
7. Ask the patient to read the smallest line of print possible. Coaxing them to attempt the next line may improve their performance. Ask the patient to read the largest line, and then the next.

8. Determine the smallest line of print from which the patient can identify all the letters. If the patient misses just one letter, record this (example: 20/40-1).
9. A patient who cannot read the largest letter should be positioned closer to the chart and the distance should be noted.
10. Children and adult illiteracy may be circumvented by the use of an “E” or picture chart in four different projections.
11. Ask the patient to identify the color of the bars in the chart.
12. Record the visual acuity designated at the side of the line of the Snellen chart. Record the use of glasses, if any. Visual acuity is expressed as two numbers. Example: 20/30, in which the first indicates the distance of the patient from the chart and the second distance at which a normal eye can read the line of letters. “20/40 corrected”, means the patient could read the 40th line with glasses.
13. In the case of a patient who wears corrective lenses and has failed to bring those glasses or contact lenses to their appointment:
 - a. Any patient undergoing physical examination for Post-Offer Pre-Placement Employment Physical, Sports Physical, DOT or DMV physicals cannot be Medically Cleared. DOT and DMV Physicals are not performed at the Clinic.
 - b. The Physical can proceed, but final closure of the physical and Medical Clearance of the patient needs to be placed on temporary hold (one week maximum) in order to return with proper corrective lenses and repeat of the vision test.
 - c. If patients who have a Sports Physical on hold have not returned after 7 days, the patient will be referred to their PCP for the completion of the Sports Physical.
 - d. Post -Offer Physicals must be placed on permanent hold pending eye correction devices or Optometrist/Ophthalmologist evaluation -being obtained by the patient in order to determine if the prospective employee is fit for duty. Optometry/Ophthalmology evaluation must be provided to the practitioner who performed the initial screen.
 - e. Annual PCP Physicals will be placed on temporary hold until the patient returns with corrective lenses or completes a referral to Optometrist/Ophthalmologist

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

POLICY: Venipuncture	REVIEWED: 6/1/19; 3/30/21; 3/24/22; <u>2/24/23</u>
SECTION: Patient Care	REVISED: 2/16/17; <u>3/07/23</u>
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Venipuncture

Objective: To withdraw blood from a vein for laboratory analysis.

Acuity Rating: Minimal

Required Equipment: Gloves, order forms, appropriate blood tubes, needle or butterfly, needle holder (vacutainer), tourniquet, alcohol swabs, gauze pad, Band-Aid or tape, and Sharps container.

Procedure: Venipuncture should only be performed by appropriately trained and qualified staff, who have been trained and test out prior to drawing a patient independently, without a trainer.

1. Review written order from practitioner and cross-reference the laboratory manual to determine what tubes are needed.
2. Assemble supplies and label tubes properly with two patient identifiers.
3. Explain purpose and procedure to patient.
4. Wash hands with antiseptic soap and water and put on gloves.
5. Apply tourniquet.
6. Clean site with alcohol swab.
7. Draw specimen, release tourniquet, remove needle.
8. Apply gauze to site with Band-Aid, coban or tape.
9. Discard needle in Sharps container. **DO NOT RECAP NEEDLE.**
10. Discard vacutainer.
11. Return needle holder to storage.

12. Recheck site for any signs of bleeding.
13. Place appropriate tubes in centrifuge and spin for 5 minutes, if indicated by Lab provider.
14. Complete lab form appropriately, place specimen and lab form in appropriate lab biohazard bag for transporting.
15. Document in the EMR.
16. Store specimen pending pick up by laboratory courier, as indicated by Lab provider.

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

POLICY: Withdrawal of Care	REVIEWED: 6/1/19; 3/30/21; 3/24/22; <u>2/24/23</u>
SECTION: Patient Care	REVISED: 3/30/21; <u>03/07/23</u>
EFFECTIVE: <u>4/27/22</u> <u>3/29/23</u>	MEDICAL DIRECTOR:

Subject: Withdrawal of care

Objective: To ensure appropriate management of the process of withdrawing care from a Clinic patient, a Clinic provider (a physician, nurse practitioner, and/or physician assistant under physician supervision) may terminate the doctor-patient relationship with a patient for any non-discriminatory reason after providing said patient with written notice of their decision.

Response Rating:

Required Equipment: None

Procedure

1. To avoid an allegation of abandonment, once a practitioner undertakes to treat a patient, he or she must continue to provide care unless:
 - a. Patient’s condition is such that care is no longer reasonably required; and/or
 - b. The patient terminated the-practitioner-patient relationship; and/or
 - c. The practitioner gives written notice of withdrawal of care and allows sufficient time (a minimum of 30 days) for the patient to employ another provider; and/or
 - d. The practitioner agreed to only treat a specific ailment or injury, or agreed to treat at a certain time or place.

2. To avoid an allegation of abandonment, the provider may not discontinue care if:
 - a. If the-practitioner is aware that no other practitioners are available to provide the needed care to the patient, care may not be withdrawn; and/or
 - b. If the patient is in an acute phase of their treatment; and/or
 - c. The patient is a member of a pre-paid health plan; and/or

- d. The sole reason for the termination is the patient's diagnosis of HIV/AIDS
3. Practitioner who wishes to terminate the Physician-Patient relationship with a Clinic patient will complete the Withdrawal of Care Worksheet and submit to Clinic Leadership.
4. Withdrawal of Care Worksheet will be reviewed by the supervising physician and/or Medical Director and Clinic Leadership. Request will be approved by the Medical ~~Director~~Director, or the Medical Director may re-assign the patient to an alternate Clinic provider. ~~In an effort to~~To resolve the matter and to prevent the dismissal from practice being unexpected, it is preferred that the-practitioner speak with the patient regarding the issue(s) promoting the recommendation for Withdrawal of Care prior to completing the Worksheet.
5. If the patient's relationship with the Clinic is to be terminated, a letter must be sent to the patient, indicating reason for withdrawal of care (see Withdrawal of Care worksheet).
6. Letter will contain:
 - a. Advice to patients with chronic conditions that they need ongoing medical attention (stress appropriate urgency)
 - b. Medication requirements
 - c. Reinforce previous health care recommendations
 - d. Recommend contacting insurance carrier for referral to alternate physician. Offer contact phone numbers to facilitate patient's efforts to find an alternate practitioner.
 - e. Confirmation that provider will be available to render care for urgent concerns for the next 30 days.
7. Objectively document termination of patient care in the medical record, including a copy of both the Withdrawal of Care worksheet and the letter to the patient
8. Letter will be sent by ~~certified mail with a return receipt request~~.
 - A. A copy of the letter ~~Return receipt~~ must be maintained in the medical record ~~with the copy of the letter~~.
 - B. If the letter is not received by the patient and is returned to the Clinic, the returned, unopened letter will be maintained in the Clinic record and a second copy of the letter will be sent to the patient via regular mail.
 - C. Notation of the second letter will be maintained in the patient's medical record.
 - D. ~~A copy of the patient letter will be sent to the patient's insurance carrier.~~

9. Notify appointment schedulers/document in chart that the patient will no longer be seen in the practice, so as to avoid scheduling appointments for that patient after the ~~30-day~~30-day period.
10. Document in the alerts/notes section of the EMR that the patient will no longer be seen in the practice.
11. Should Clinic or District leadership identify a patient who is disruptive, non-compliant or a risk to other patients, this information will be brought to the attention of the patient's Primary Care Physician and that physician will be asked to dismiss the patient from care utilizing this policy.
 - a. Patients who threaten other patients and/or staff or are deemed an imminent risk to the safety of other patients and/or Clinic staff members will be dismissed from the Clinic immediately, with follow-up to the patient's insurance carrier within 24 hours of their dismissal.
 - b. Local law enforcement will be ~~contacted~~contacted, and a report made regarding patients who are dismissed due to imminent risk or threat.

Resource:

- Dixon, Laura A. JD, RN (April 2012). "Terminating Patient Relationships". Retrieved 3/12/15 from <http://thedoctors.com>.
- Walden, Roselyn MSN, FNP-BC (May 2012). "Dismiss a Problem Patient in 10 Safe Steps". Retrieved 3/12/15 from <http://clinicaladvisor.com>
- Julie Brightwell, JD, RN, Director, Healthcare Systems Patient Safety, and Richard Cahill, JD, Vice President and Associate General Counsel, The Doctors Company (Sept 08,2021) "Terminating Patient Relationships". <https://www.thedoctors.com/articles/terminating-patient-relationships/>

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

POLICY: Abnormal Vital Signs	REVIEWED: 11/11/18; 9/14/19; 3/5/20; 5/04/21; <u>3/07/23</u>
SECTION: Clinical	REVISED: 9/14/19; 3/5/20
EFFECTIVE: <u>5/26/21</u> 3/22/23	MEDICAL DIRECTOR

Subject: Abnormal Vital Signs

Objective: To assess the patient at risk for severe disease or complications.

Response Rating: Minimal to Severe

Required Equipment: Gloves.

Procedure

1. All patients in the Clinic will have a complete set of vital signs.
2. All children should be evaluated for severe respiratory distress as indicated by rapid breathing, retractions, or cyanosis (blue/purple lips) and brought in immediately for evaluation by the practitioner.
 - a. In children under age 3, pulse, respiratory rate, temperature (oral or temporal artery thermometer), weight and pulse oximetry, if indicated.
 - b. In children (3 years and above) and adults, add blood pressure.
 - c. In children (regardless of age) who present as ill or in distress, ensure all vital signs are taken and recorded in the medical record.
3. For pulse: notify the practitioner if less than 60 or greater than 100 in adults or if the patient shows visible signs of distress. The normal range for children will vary by age, but generally is faster. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
4. For respiration: notify the practitioner if the rate is greater than 24 times per minute, or if there is any difficulty breathing or the patient shows visible signs of distress. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
5. For blood pressure: in adults, notify the physician if systolic is >160 or less than 90, or if diastolic is over 100 or under 60.
6. For temperature: notify the practitioner if over 102 degrees.
7. For pulse oximetry: notify the practitioner if less than 95%.

8. In all cases, document the vital signs clearly in the medical record and notate if any are abnormal.
9. All abnormal vital signs and oximetry will be addressed by the practitioner during the visit.

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

POLICY: Follow Up Calls	REVIEWED: 2/1/19; 2/14/20; 11/23/20; 8/25/21; <u>2/22/23</u>
SECTION: Patient Care	REVISED: 2/14/20; 11/23/20; 8/25/21
EFFECTIVE: <u>9/29/21</u> / <u>3/29/23</u>	MEDICAL DIRECTOR:

Subject: Follow Up Calls

Objectives: To check progress of patient’s condition; to obtain feedback regarding effectiveness of medication and treatments; to document the patient’s understanding of diagnosis and instructions; to review laboratory results.

Policy: After discharge from the Clinic, patients will be contacted to determine their health status, effectiveness of medications and treatments rendered during their Clinic visit, their understanding of diagnosis and aftercare instructions, as well as to disclose the results of laboratory testing sent out from the Clinic as directed by the practitioner.

Response Rating: Mandatory

Required Equipment: Telephone, EMR, Daily Log Sheet

Applies to: All Personnel

Procedure:

1. All acutely ill or injured patients will be called by Clinic staff two days following their visit unless otherwise specified by the practitioner. This call is to inquire as to how the patient is feeling and complying with doctor’s orders. It is also a time for the patient and family to ask questions. This communication is to be documented in a Patient Case.
2. If unable to complete call, 2 more attempts will be made at spaced intervals. It is acceptable to leave a message on patient’s answering machine stating, “This is (insert name) from the Clinic leaving a message for (insert patient name). Please contact the Clinic at 209-772-7070 at your soonest convenience.” If a third attempt to reach patient fails, document same in the patient case.
3. Patient’s that are having difficulties, are not improving, or whose condition is worsening will be discussed with the practitioner on duty by the nurse/medical assistant. The nurse/medical assistant will record the physician order for follow up and notify the patient of any necessary action to be taken.
4. For downtime protocol, Follow up call forms will be documented into a patient case in the EMR.

5. Before conveying results/information over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's name and date of birth are acceptable patient identifiers. Alternate identifiers are the patient's driver's license number or the last four digits of their social security number.
6. Patients with positive STD results will be contacted to schedule a follow-up appointment for the disclosure and discussion of positive results.
7. The following is a list of conditions that require a call back:
 - a. ALL transfers. (by ambulance and/or private car)
 - b. All hospital discharges
 - c. All admissions to hospice
 - d. All admissions to home health
 - e. Addition of insulin to patient's medication regimen
 - f. Discretion of the practitioner
8. Clinical staff may be assigned patient call-backs on a random basis.
9. Generally speaking, the following three methods of completing follow-up calls for results are acceptable:
 - a. Practitioner call to patient: typically utilized when the patient's acuity warrants direct communication with the provider AND/OR unexpected positive results must be discussed.
 - b. RN/LVN call to patient: typically utilized when the patient was advised by the practitioner that positive results were expected. RN/LVN may answer patient questions consistent with guidance from the practitioner's orders/notes.
 - c. MA call to patient: typically utilized when the patient's results are negative and no further actions are required beyond the scheduling of a follow-up encounter.

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

POLICY: Informed Consent	REVIEWED: 2/1/19; 3/2/20; 5/29/21; 5/3/22; <u>3/07/23</u>
SECTION: Patient Care	REVISED: 3/2/20; 5/29/21
EFFECTIVE: <u>5/25/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Consents

Objective: To assure that patients have a full understanding of recommended invasive procedures and give full consent for Clinic physicians/nurse practitioners/physician assistants and staff to perform them.

Response Rating: Mandatory

Required Equipment: Consent Form

Applies to: All Personnel and All Practitioners

Procedure:

1. Procedure consents will be used for **ALL** invasive procedures to include but not limited to:
 - a. Biopsies
 - b. Suture Repair
 - c. Incision and drainage of an abscess or mass
 - d. Mole removal
 - e. Growth removal
 - f. Nail trimming and/or removal
 - g. Reductions
 - h. Steroid injections (joints)
 - i. Immunizations
 - j. Tooth extraction
 - k. Any other procedure considered invasive
2. Consents will be provided to patients receiving flu shots.
3. A consent must include the procedure spelled out with no abbreviations, the location including left or right side and must include risks of the procedure.
4. Physician/dentist/nurse practitioner/physician assistant will explain the procedure, risks, and options to the patient. This cannot be performed by the MA, RN, or other staff.
5. Physician/dentist or designee will have the patient or guardian sign the consent form.

6. Any questions posed by the patient regarding the procedure will be answered by the physician/dentist/nurse practitioner/physician assistant only.
7. Consents will be signed prior to any medication being administered to the patient.
8. Consents will be scanned into the patient record.

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

POLICY: Initial Patient Contact and Medical Emergencies	REVIEWED: 2/1/19; 2/14/20; 5/04/21; 5/3/22; <u>3/07/23</u>
SECTION: Patient Care	REVISED: 2/14/20; 5/04/21
EFFECTIVE: <u>5/25/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Medical Emergency Routine

Policy: Patients will be acknowledged upon arrival at the Clinic and will be interviewed to determine their reason for coming to the Clinic. Patients with a need for immediate care will be prioritized and seen before other patients, regardless of their order of arrival.

Objectives: To provide medical care according to immediate need.

Response Rating: Severe

Required Equipment: This will vary according to patient condition.

Applies to: All Personnel and Practitioners

Policy:

1. If a patient presents with symptoms that may require **immediate care**, the nurse and/or a provider will be called to the front to assess the patient's condition immediately.
2. Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.
3. If an emergency condition arises the following protocol will be followed:
 - a. Obtain the patient's vital signs and a brief history.
 - b. Notify the physician of the patient's condition.
 - c. If the physician feels there is an emergency situation an EMS squad is to be called immediately. Dial 911.
 - d. If the patient is unstable or unconscious, bring the emergency medication kit and automatic defibrillator to the patient bedside.

- e. Copies of all test results and medical records are to be copied and sent with the patient if transferred.
- f. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

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

POLICY: Radiology Safety	REVIEWED: 4/1/19; 3/1/20; 8/2/21; 4/08/22; <u>3/07/23</u>
SECTION: Operations	REVISED: 3/1/20; 4/08/22
EFFECTIVE: 08/25/2021 <u>3/22/23</u>	MEDICAL DIRECTOR:

Subject: Radiation Safety

Objective: Safety of personnel and patients in Radiology Department

Response Rating: Mandatory

Procedure: Radiation Safety and Protection Program

Organization and Administration

1. Senior Radiological Technician will be responsible for the implementation and enforcement of all Radiation Safety and Protection procedures.

ALARA Program

1. The radiology department shall use, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA).
2. All technicians working in the radiology department will be required to use tested and approved techniques posted at the x-ray console in the radiology department to achieve the principles of the ALARA program.

Dosimetry Program

1. All technicians will be required to wear approved film badges that will monitor their doses of radiation while working within the radiology department.
 - a. Film badges will be left in the radiology office upon end of shift. Badges are NOT to be taken out of the radiology department.

- b. A Control film badge will be kept in the radiology department at all times conspicuously located in the designated drawer.
2. Film badges will be monitored, checked, and documentation will be provided on a quarterly basis.
3. Radiation dosimetry reports will be reviewed and initialed by the Clinic Manager on a quarterly basis. Copies of these reports will be made available to all technicians involved in the dosimetry program.
4. Technicians will be instructed on the proper use of individual monitoring devices including consequences of over exposure to radiation.
5. If a radiology technician becomes pregnant, risks will be explained and the employee may sign an affidavit stating the risks have been explained, understood and agree to remain in the department. A special fetal monitoring badge will be provided to and worn by the employee in addition to their personal dosimetry badge.

Radiological Controls

1. Entry and Exit Controls
 - a. The two doors entering the radiology department will be closed at all times when an exam is in progress.
2. Posting Requirements
 - a. The two doors entering the radiology department will be posted with a sign indicating a radiologic exam is in progress and to Not Enter
 - b. A current copy of Department Form RH-2364 (Notice to Employees) will be posted in the radiology department office for all employees to read.
 - c. A copy of the CCR 17 (California Code of Regulations) with a copy of operating and emergency procedures applicable to work will be available to employees in the radiology department for review.

Disposal of Equipment

1. Any sale, transfer, or discontinuance of use of any reportable source of radiation will be reported in writing to the Department.

Other Controls

1. Positioning aids, gonadal shielding, and protective aprons are available within the radiology department for shielding patients from over exposure to radiation.
 - a. These aids will be tested annually and logged to ensure the integrity of the devices.
 - b. Protective aids will be placed on the x-ray table and an x-ray image will be taken to ensure efficacy of the protective devices

Record Keeping and Reporting

1. Supervision of all record keeping will be the responsibility of the Senior Radiologic Technician.
2. Records kept on hand are in the Radiology Department and will be scanned into the shared drive:
 - a. Daily log of patients and exams
 - b. Records release forms (disc's of digital images for patients)
 - c. Radiation Dosimetry Reports
 - d. Digest of new regulations to CCR 17
 - e. Log of testing of Radiation Protection devices

Training

1. Operating and Safety Procedures: Safety Procedures for radiology equipment are delineated in the Operational Manual provided by the equipment manufacturer. These procedures are located in the Radiology Department.
2. On an annual basis all radiological technicians will be instructed in the health protection problems associated with exposure to radiation, in precautions or procedures to minimize exposure, instruct such individuals in, and instruct them to observe, to the extent within their control, the applicable provisions of Department regulations for the protection of personnel from exposures to radiation occurring in the radiology room.
 - a. These training sessions will be documented and that documentation will be kept in the radiology department office.
3. Technicians will be reminded of their responsibility to report promptly to the administrative staff of the Health Care District any condition that may lead to or cause a violation of department regulations or unnecessary exposure to radiation.
4. Technicians will be instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation and advise them as to the radiation exposure reports which they may request.

Quality Assurance Programs

1. Annually, the radiology equipment will be subjected to a preventative maintenance inspection by qualified radiological maintenance personnel.
 - a. Any repairs necessary to maintain the safety and functionality of the equipment will be documented and that documentation will be kept in the radiology department office for later review.
 - b. It will be the responsibility of the Clinic Manager to keep and maintain these records.

Internal Audit Procedures

1. This procedure will be reviewed on an annual basis.
 - a. The procedure will be reviewed by the Senior Radiologic Technician.
 - b. All Radiologic Technicians in the Radiology Department will review and sign the procedure after each annual review.
2. A copy of this procedure will be available in the Radiology Department for review by personnel.
3. This procedure will also be placed in the Policy and Procedures manual of the Mark Twain Health Care District.

Reference: California Code Regulations, Title 17

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Title%2017%20RegulationText%2010.10.2018.pdf>

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

POLICY: Radiology Department Safety Guidelines	REVIEWED: 4/1/19; 12/31/20; 9/29/21; <u>4/08/22</u> ; <u>3/07/23</u>
SECTION: Operations	REVISED: <u>4/08/22</u>
EFFECTIVE: <u>4/27/22</u> / <u>22/23</u>	MEDICAL DIRECTOR:

Subject: Radiology Department Safety Guidelines

Objective: To outline radiology department guidelines to support patient and staff safety in accordance with California Radiation Control Regulations.

Response Rating: Mandatory

Definitions:

A.L.A.R.A. – As low as reasonably achievable; limiting radiation exposure to patients by ensuring that proper procedures and techniques are followed to prevent the need for repeated imaging because of sub-optimal image quality.

Title 17 link:

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/Title%2017%20RegulationText%2010.2018.pdf>

Procedure:

1. No x-ray worker shall be used to hold patients or films except in an emergency and no person shall be regularly used for this service. If an individual must hold the patient, that individual shall be protected with appropriate shielding devices such as protective gloves and apron and they shall be so positioned that the useful beam will strike no part of their body. [17 CCR §30308 (b)(1)].
2. Only individuals required for the radiographic procedure shall be in the radiographic room during the exposure, and except for the patient, all such persons shall be equipped with appropriate protective devices. [17 CCR §30308 (b)(2)].
3. The radiographic field shall be restricted to the area of clinical interest. [17 CCR §30308 (b)(3)].
4. Gonadal shielding of not less than 0.5mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the direct beam, except for cases in which this would interfere with the diagnostic procedure. [17 CCR §30308 (b)(4)].
5. If an employee working in radiology is pregnant, a feta monitoring badge will be worn in addition to the employee’s dosimetry badge.

6. The operator shall stand behind the barrier provided for their protection during radiographic exposures. [17 CCR §30308 (b)(5)].

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

POLICY: Service Animal	REVIEWED: 2/1/19; 12/31/20; 9/29/21; <u>2/24/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: 10/27/21 <u>3/29/23</u>	MEDICAL DIRECTOR:

Subject: Service animals in the Clinic

Objective: To define which animals are allowed in the Clinic and under what circumstances, while ensuring compliance with Federal and State laws.

Response Rating: Mandatory

Required Equipment:

Definitions:

Service animal: Under the ADA, a service animal is defined as a dog or miniature horse that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the animal must be directly related to the person’s disability.

Do work or perform tasks: The animal must be trained to take a specific action when needed to assist a person with a disability. For example, a person with diabetes may have an animal that is trained to alert him when his blood sugar reaches high or low levels. A person with depression may have an animal that is trained to remind her to take her medication. Or a person who has epilepsy may have an animal that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

Emotional support animals: there is a distinction between psychiatric service animal and emotional support animals. If the animal has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen the effects, it will qualify as a service animal. However, if the animal’s mere presence provides comfort, it would not be considered a service animal under the ADA.

Procedure:

1. The Clinic will allow service animals as defined by the Department of Justice and the State of California.
2. The Clinic will not allow emotional support animals as defined by the Department of Justice and the State of California.
3. Clinic staff may ask only two questions of the patient who is accompanied by a service animal

- a. Is the service animal (dog or miniature horse) required because of a disability?
 - b. What work or task has the animal been trained to perform.
4. Staff may not ask for proof that the animal is trained and may not ask that the animal demonstrate its task.
5. The animal is not required to wear a vest or other symbol of its service animal status.
6. The handler is required to care for and supervise the service animal. This includes watering, feeding, toileting, and ensuring the animal is under control at all times.
7. If the animal is not controllable or housebroken, the animal may be excluded from the Clinic.
8. If the animal is out of control and the handler does not take effective action to control it, staff may request the animal be removed from the premises.

Resources:

Americans With Disabilities Act
California Disabled Persons Act
Fair Employment and Housing Act
Unruh Civil Rights Act

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

POLICY: Supply Outdates	REVIEWED: 2/1/19; 12/31/20; 9/29/21; <u>2/24/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: 10/27/21 <u>3/29/23</u>	MEDICAL DIRECTOR:

Subject: Supply outdates

Objective: To ensure that all supplies utilized in the Clinic are in-date and that outdated items are removed prior to their expiration, the Clinic will not utilize medications, laboratory reagents, or waived testing kits/supplies after their expiration date. The Clinic will follow the Sterile Shelf Life policy for packaged supplies and implements sterilized in the Clinic.

Response Rating:

Required Equipment:

Procedure

1. On a routine, monthly basis the Clinic Manager or designee will review the medical supply inventory (including laboratory waived testing supplies and reagents) and will check those items for date status.
- 2.
3. Items that are due to expire at the end of the month will be removed from active inventory. The clinic manager, who maintains the QAPI records for supply outdates, will be notified of the outdated supplies. Medications will be placed in the “destroy medication” container
4. Consistent with the Sterile Shelf Life policy, Clinic Manager may return pre-packaged items to inventory.
5. Instrument packs that have been sterilized will be checked for expiration dates and package integrity on the same monthly schedule.
6. Packs that are due to expire in less than 30 days will be opened, repacked and re-sterilized if package integrity has been breached.
7. Re-sterilized packs will be returned to inventory.
8. Medications and waived testing reagents that have reached their expiration date will be delivered to the Clinical Manager, or designee, who, after documentation of outdated product waste, will place the items in the “destroy medications” container.

9. Waived testing kits that have reached their expiration date will be delivered to the Clinic Manager or designee who, after documentation of outdated product waste, will place the items in the biohazardous waste bag for destruction.

REVISED

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

POLICY: Telephone Request For Medical Information	REVIEWED: 6/1/19; 2/18/21; 5/3/22; <u>3/07/23</u>
SECTION: Patient Care	REVISED: 5/5/22
EFFECTIVE: <u>5/25/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Telephone Request for Medical Information

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

Response Rating:

Required Equipment: None

Procedure

1. Patients seeking medical advice over the phone will be informed, courteously, that it is the policy of the Clinic that medical advice is not to be given over the phone.
2. Patients will be informed that if they have questions regarding their results or think they need to be seen by a practitioner they should come ~~in to~~into the Clinic. A phone appointment may also be considered.
3. Follow-up information or treatment due to Delayed Procedure Diagnostic Testing (lab, x-ray) may only be given by those personnel authorized to diagnose and prescribe (physicians, physicians' assistants, nurse practitioners). Normal test/lab values may be provided to the patient by the MA or RN.
4. Results of lab work are not to be given to patients by telephone unless approved by the practitioner, or if the patient has signed permission. If approved by the practitioner, the information will be given to the patient via a designated staff member with a notation in the EMR indicating date, time and name of person giving the information.
5. Confidential results (sexually transmitted diseases, pregnancy, etc.) will never be given over the telephone.
6. When results are given to the patient over the telephone, practitioner, or staff providing the results to the patient, must document date/time and what information given in the EMR.

7. Results of any kind (lab- x-ray, treatment) should not be left on answering machines or voice mail, unless the patient has a signed release specifically stating they authorize VSHWC to leave a detailed message on their voice mail.
8. Messages left for patients will be confined to providing the name of the person calling, the name of the clinic, the clinic phone number, and a request that the patient return the call at their soonest convenience.

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

POLICY: Temperature – All Modalities	REVIEWED: 7/24/19; 2/19/21; 3/24/22; <u>3/07/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/27/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Vital signs: temperature, all modalities

Objective: Accurate capture of patient’s temperature

Response Rating:

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

Procedure:

Tympanic Thermometer

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

Rectal thermometer

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

4. Verify that the Lower Body Mode icon is selected by observing the flashing, press the Mode Selection button until the Lower Body Mode icon appears.
5. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.
 - a. Use only Welch Allyn probe covers. The use of other manufacturer's probe ~~covers~~covers, or no probe cover may produce temperature measurement errors and/or inaccuracy.
6. With the rectal mode indicator flashing, separate the patient's buttocks with one hand. Using the other hand, gently insert the probe only 1.5 cm (5/8 inch) inside rectum (less for infants and children). Use of lubricant is required.
 - a. Incorrect insertion of probe can cause bowel perforation.
7. Tip the probe so that the tip of the probe is in contact with the tissue. Keep the hand separating the buttocks in place and hold the probe in place throughout the measurement cycle. Rotating walking segments appear on the display indicating that measurement is in progress.
8. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature will display on the LCD. The final temperature will remain on display for 30 seconds.
9. If patient's temperature cannot be correctly measured in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurements in Rectal Mode or keep the probe in place for five (5) minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond five (5) minutes is not recommended in the Rectal Mode.
10. After the temperature measurement is complete, remove the probe from the patient's rectum. Eject the probe cover by firmly pressing the ejection button on the top of the probe.
11. Return the probe to the well, where the LCD will go blank.
12. Remove your gloves and wash your hands.
13. Record the patient's temperature in the medical record.

Oral thermometer

1. Ensure the oral probe (blue tipped ejection button) and the blue probe well are installed.
2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle withdraw the probe from the probe well.

3. Verify that the Oral Mode icon is selected by observing the flashing head icon on the instrument display. If this icon is not flashing, press the Mode Selection button until the head icon appears.
4. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.
 - a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers or no probe cover may produce temperature measurement errors and/or inaccuracy.
5. With the Oral Mode indicator flashing, quickly place the probe tip under the patient's tongue on either side of the mouth to reach the rear sublingual pocket. Have the patient close his/her lips around the probe.
6. Hold the probe in place, keeping the tip of the probe in contact with the oral tissue throughout the measurement process. Rotating walking segments on the display indicate the measure is in progress.
7. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature scale will display in the LCD. The final temperature will remain on the display for 30 seconds.
8. If you cannot correctly measure the patient's temperature in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurement in Normal Mode, in the opposite sublingual pocket or keep the probe in place for three minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond three minutes is not recommended in the Oral Mode.
9. After the temperature measurement is complete, remove the probe from the patient's mouth. Eject the probe cover by firmly pressing the ejection button on the top of the probe.
10. Return the probe to the well, where the LCD will go blank.
11. Record the patient's temperature in the medical record.
12. Patient's actions may interfere with accurate oral temperature readings: ingesting hot or cold liquids, eating foods, chewing gum or mints, brushing teeth, smoking or performing strenuous activity may affect temperature readings for up to 20 minutes after activity has ended.

Axillary Thermometer

1. Ensure the oral probe (blue ejection button) and the blue probe well are installed.
2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.

3. Verify that the Axillary Mode icon is selected by observing the flashing, press the Mode Selection button until the adult axillary or pediatric axillary icon appears.
4. Do not take axillary temperature readings through a patient's clothing. Direct contact between the patient's skin and the probe is required.
5. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.
 - a. Use only Welch Allyn probe covers. The use of other manufacturer's probe ~~covers~~covers, or no probe cover may produce temperature measurement errors and/or inaccuracy.
6. With the axillary mode indicator flashing, lift the patient's arm so that the entire axilla is easily seen. Place the probe as high as possible in the axilla. Do not allow the probe tip to come into contact with the patient until the probe is placed in the measurement site. Before this, any contact between the probe tip and the tissue or other materials may cause inaccurate readings.
7. Verify the probe tip is ~~completely surrounded~~surrounded by axillary tissue and place the arm snugly at the patient's side. Hold the patient's arm in this position and do not allow movement of the arm or probe during the measurement cycle. Rotate "waling" segments appear on the display indicating that measurement is in progress.
8. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature will display on the LCD. The final temperature will remain on display for 30 seconds.
9. If patient's temperature cannot be correctly measured in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurements in Normal Mode in the opposite axilla or keep the probe in place for five (5) minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond five (5) minutes is not recommended in the Axillary Mode.
10. After the temperature measurement is complete, remove the probe from the patient's axilla. Eject the probe cover by firmly pressing the ejection button on the top of the probe.
11. Return the probe to the well, where the LCD will go blank.
12. Record the patient's temperature in the medical record.
13. Probe contact with electrodes, bandages, poor tissue contact, taking a temperature reading over clothing or prolonged exposure of axilla to ambient air can cause inaccurate temperature readings.

Temporal Thermometer

1. Attach a new, clean probe cover and press MEM button.
 - a. New, clean probe covers ensure accurate ~~reading~~reading.
2. Push aside the patient's hair on the forehead and at the earlobe.
3. Measure straight across the forehead, from the center to the hairline (or start at the hairline) ending with a touch on the neck behind the earlobe. For children under one (1) year, one measurement, preferably at the temporal artery area, is all that is required on an infant as the perfusion rate is normally strong, push aside any clothing or blankets covering the neck area for ~ 30 seconds or so, and make the measurement on the neck behind the ear.
4. Slide the thermometer midline straight across the forehead (think of a sweatband), and not down the side of the face. Midline, the temporal artery is about 2 mm below the ~~surface,~~surface but can go deeply below the surface on the side of the face. Release when the thermometer beeps.
5. Read and record temperature.
6. Remove probe cover and discard.

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

POLICY: Transfer Of Patient – Chart Information	REVIEWED: 4/1/19; 2/19/21; 3/24/22; <u>2/24/23</u>
SECTION: Medical Records	REVISED: 2/19/21
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Transfer of Patient – Chart Information

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

2. The following information should accompany the patient to the hospital (2 copies of each):
 - a. Patient demographic sheet
 - b. Current visit note
 - c. Any additional nursing or physician notes
 - d. Copies of current lab results
 - e. Copy of EKG monitor strips, if applicable
 - f. Copy of x-rays, if applicable

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

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

POLICY: Use of Gloves	REVIEWED: 4/1/19; 3/30/21; 3/24/22; <u>3/07/23</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>4/27/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Use of gloves

Objective: To ensure staff and patient safety and to support infection control protocols, staff members will wear gloves when it is possible they will come in contact with blood, other body fluids, contagious organisms and/or disinfecting and sterilizing agents.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. In the Clinic, gloves must be worn when:
 - a. Touching blood and body fluids/secretions, mucous membranes, or non-intact skin of all patients (cuts, scratches, rashes, scaling, lesions, etc.) (Some examples of body fluids include: urine, feces, saliva, blood, semen, vaginal secretions, perspiration, tears, sputum, infectious discharge from any area of body, menstrual fluids, amniotic fluid, oozing from a burn, or under a scab etc.)
 - b. When handling items or surfaces soiled with blood or body fluids. (See above)
 - c. The healthcare worker has cuts, scratches, or other breaks in the skin.
 - d. The healthcare worker judges that contamination may occur (i.e. uncooperative or fearful patients or children, or patients with poor personal hygiene).
 - e. Performing finger and/or heel sticks on infants and children or adults.
 - f. Performing phlebotomy.
 - g. Cleaning up where body fluids contaminate surfaces.
 - h. Working with patients with communicable disease symptoms.

- i. Performing any type of procedures where the intended procedure will break intact skin, i.e. injections, etc.
 - j. Performing waived testing or securing lab specimens.
 - k. The healthcare worker is in any situation when possible contamination with body fluids may occur, as deemed possible by healthcare worker.
2. In the Clinic, gloves need not be worn when contact with the patient is unlikely to result in exposure to blood or other body fluids. Examples include:
- a. Shaking hands/greeting patient(s).
 - b. Delivering *oral* medications.
 - c. Giving prescriptions and other educational/handout information.
 - d. Taking blood pressure, pulse.
 - f. Taking patient chief complaint or history.
 - g. Handling of medical record (patient chart).
3. Rationale for why to use gloves
- a. Provide protective barrier to employee.
 - b. Reduce the likelihood of personnel to transmit organism(s) to another patient or other employees.
 - c. Reduce likelihood of transmission from contaminant to healthcare worker.
(Gloves are disposable single use, and must be disposed of after a single use.)
4. Gloves must always be changed after handling blood/body fluids before continuing care of the SAME patient to prevent cross-contamination from one site to another site on that same patient.
5. Gloves are disposable; single use only!.
6. Hands are to be washed before putting gloves on and immediately after removing them.
7. Alcohol-based hand sanitizing gel is to be used only when hands are known to not be visibly soiled. If hands are VISIBLY soiled, alcohol gel is not to be used, and hands are to be washed under running water with soap, water, and plenty of friction.

RESOURCE:

World Health Organization. Glove Use Information Leaflet. Revised August 2009.

Retrieved 3/31/22 from https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf

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

POLICY: Vaccine Administration	REVIEWED: 6/1/19; 3/30/21; 3/24/22; <u>3/07/23</u>
SECTION: Patient Care	REVISED: 3/30/21;3/31/22
EFFECTIVE: <u>4/27/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Vaccine administration and vaccine program management

Objective: The safe and effective management of the vaccine program; safe and timely administration of vaccinations to Clinic patients.

Response Rating:

Required Equipment:

Procedure:

1. Immunizations are administered, by nursing staff, upon receipt of written orders from the provider.
2. Medical staff members will refer to the Recommended Childhood Immunization Schedule for United States 2022 that is offered by the Centers for Disease Control via their website, www.cdc.gov, and approved by ACIP, AAP, AAFP and the Vaccines for Children program.
3. Every effort will be made to keep patients current with the immunization schedule as published.
4. Request the immunization record (shot card, yellow folder) from the parent on arrival and verbally confirm that all immunizations given are recorded there. Check the online California Immunization Registry to determine whether patient’s record is there. Compare patient’s Clinic medical record, paper immunization record, and the online data. Question discrepancies.

A complete and accurate immunization history is needed before vaccines can be given. Always initiate an immunization record when appropriate and instruct the parent to present the record at each visit.

5. Providers will assess the patient’s immunization history and will write orders for all vaccines determined to be due. The vaccines will be offered according to the approved schedule for immunization for normal infants and children. Advise parent/guardian that after they have read the Vaccine Information Sheet (VIS), the provider will discuss any questions before consent is requested and immunizations given.
6. Determine whether patient’s immunizations will be given from Vaccines for Children inventory or via Clinic purchased stock.

7. Nursing staff will administer vaccines with parent/guardian consent (signed consent for influenza).
8. Advise the patient/parent/guardian that they may direct concerns or questions to the provider who ordered the vaccines or the provider or nurse on duty.
9. The Clinic is required to report select events occurring after vaccination to the U.S. Department of Health and Human Services. Vaccine package inserts offer the most current guidance on reporting.
10. The updated vaccination record is returned to the parent/guardian. Reinforce that the card is the permanent record and must be retained for the next immunization visit.
11. Indicate to the parent/guardian when the next immunization is due.
12. The National Childhood Vaccine Injury Act requires that all healthcare providers who administer one or more vaccines or toxoids record in the vaccine recipient's permanent medical record the date the vaccine was administered, the manufacturer and lot number of the vaccine, the first initial + full last name, and title of the person administering the vaccine.
13. All adverse reactions associated with vaccination must be reported to the U.S. Department of Health and Human Services. Adverse events are reported on a Vaccine Adverse Event Reporting System (VAERS) form. VAERS will accept all reports of suspected adverse events after the administration of any vaccine.
14. Patient education is a required element of the vaccination process.
 - a. The provider will educate the parents/guardians about the important of immunizations, the diseases they prevent, the recommended vaccination schedules, the need to receive vaccinations at recommended ages, and the importance of bringing their child's immunization record to each visit.
 - b. The provider should answer all questions regarding immunizations.
 - c. Education materials, in the form of Vaccine Information Sheets (VIS) must be given to the patient/parent/guardian prior to the signing of consent and administration of immunization.
 - d. Prior to vaccinating, the provider will discuss with patient/parent/guardian contraindications, risks, benefits specific to the immunizations being given.
 - e. Certain immunizations require a signed consent form prior to administration. This must be signed by the patient if they are an adult (see Policy Consents for Treatment – Guidance) or if a minor/disabled will be signed by the parent/legal guardian.
15. Administration of vaccines
 - a. Oral Vaccines
 1. When administering oral vaccine, make sure that infants and toddlers swallow the vaccine by pushing up on the chin to stimulate the swallow reflex. If the child spits out all or part of the dose, attempt administration one more time. If the child spits out the second attempt, do not re-administer.

- b. **Injectable Vaccines**
 - 1. Although vaccine inventory is checked for outdates on a monthly basis, always check and double check the vaccine vial to ensure it is not expired.
 - 2. Double check vaccine vial to ensure it is the vaccine ordered.
 - 3. Draw just the required amount for the dose in the syringe, usually 0.5cc, using proper syringe loading techniques. Careful filling of the syringe will prevent vaccine waste and enable use of all doses in the vial.
 - 4. See vaccine guidance tools for routes and sites.
 - 5. There is no known risk of side effects and no loss of vaccine efficacy when Hib, MMR, OPV, and DTP are given simultaneously and this practice is recommended by the ACIP. Simultaneous administration of these vaccines is also approved by the American Academy of Pediatrics.
 - 6. A new needle and syringe must be used for each immunization.
 - 7. Wash hands and don gloves prior to administering the vaccine.
 - 8. Clean the site with alcohol swab.
 - 9. Inject the syringe using proper technique with parent/guardian holding the child.
 - 10. Withdraw the needle quickly, immediately engage the safety mechanism to cover the needle . Place Band-Aid over the injection site.
- c. **Holding the child**
 - 1. The infant or child should be properly restrained on a table or an adult’s lap. The parent/guardian should be instructed to hold the child securely. Older children preferably should be seated for immunizations.
- d. **Proper needle and syringe disposal**
 - 1. Do not recap or clip needles or separate needle and syringe. Discard syringe and needle in a puncture-proof sharps container.
- e. **Potential reactions**
 - 1. There may be some reactions to immunizations after they have been administered. See Vaccine Reactions, Adverse Effects, Liability Concerns. Report reactions accurately and completely.

16. Documentation

- a. **Provider Record**
- b. **Patient’s personal record**
 - a. A personal immunization record must be given to each patient, updated on each visit and maintained by the parent/guardian.
 - b. It is important to place emphasis on the “return date” or “date next dose is due” when scheduling patient return visits. Make sure that the parent/guardian (or older patient) is told when to return and that this date is entered on their immunization record.

17. Storage

- a. Refrigerate vaccine immediately when it is received. Store oral polio and varicella vaccine in freezer. Do not store vaccine in the door of the freezer.
- b. Protect MMR from light at all times and keep cold. Do not remove vial from the freezer

- until time to reconstitute and administer. Diluent does not need refrigeration if MMR is administered right after diluent is added.
- c. Rotate vaccine stock to avoid outdating. Note the expiration dates on vials or cartons and use short-dated vaccines first. Keep vials and polio disettes in their original cartons. Do not use outdated vaccine.
 - d. Safeguard the refrigerator and freezer in a lockable room. Make sure they stay plugged in.
 - e. Post a warning sign so electricians or janitors do not accidentally unplug the appliances or turn off the circuit or electricity.
 - f. Maintain proper temperatures in the refrigerator (2 degrees C to 8 degrees C or 35 degrees F to 46 degrees F) and in the freezer (-14 degrees C or 5 degrees F or lower). Utilize plastic containers of water in the refrigerator and cold packs in the freezer to maintain proper temperature.
 - g. Install a data logger in both the refrigerator and freezer. Maintain a spare device in the event of active device failure.
 - h. Log refrigerator and freezer temperature temperatures twice a day, first thing in the morning and before the end of the Clinic's business day.
 - i. As part of the end of day procedure, confirm both the refrigerator and freezer are secured and closed and units are plugged in.

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

POLICY: Vendor Visitor Management	REVIEWED: 2/1/19; 3/30/21; 3/24/22; <u>3/07/23</u>
SECTION: Operations	REVISED: 3/30/21
EFFECTIVE: <u>4/27/223/22/23</u>	MEDICAL DIRECTOR:

Subject: Vendor Visitor Management

Objective: To ensure facility security; to limit facility access to approved vendor representatives only, and to limit business operations interruption caused by vendor interruption, the Clinic requires that all established and prospective vendors visit the facility under the control and supervision of the Clinic Manager or designee.

Response Rating: Mandatory

Required Equipment: None

Procedure

Vendor Representative Visitation Protocol

1. All vendors who wish to visit the Clinic practitioners must schedule an appointment following the guidelines established by the Clinic.
2. All vendors who wish to visit the Clinic Manager may schedule an appointment but may be seen without an appointment if doing so meets the business needs of the Clinic Manager/the Clinic.
3. All representatives shall park in the visitors parking lot located at the front of the main entrance of the Clinic, or other designated parking areas of the Clinic and enter the building through the visitor’s entrance.
4. No vendor will be permitted in patient care areas without specific permission or accompanied by a Clinic employee.
5. No vendor will be permitted to enter supply storage areas without the Clinic Manager or their designee present.
6. Vendor representatives should not schedule any social meetings on their own accord. Such meetings should be coordinated through the Medical Director and/or Clinic Manager.

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

POLICY: Waived Testing – COVID-19 Rapid Test	REVIEWED: 3/29/21; 3/31/22; <u>2/24/23</u>
SECTION: Waived Testing	REVISED: 4/18/22
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: SARS-CoV-2 (COVID-19) Rapid (Waived) Testing

Objective: To detect the SARS-CoV-2 virus in the Clinic setting, for diagnosis and treatment

Response Rating:

Required Equipment: Abbott ID Now Rapid Test Kit, recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.

Procedure:

Collection:

1. Upon receipt of a provider’s written order and after applying PPE including gloves, the Provider or an RN will retrieve a swab from the Rapid COVID-19 test kit. Use the swabs that come with the test kit only. The kit comes with throat and nasal swabs only, **nasopharyngeal swabs must be ordered separately.**
Use freshly collected specimens for optimal test performance. Inadequate specimen collection or improper sample handling/storage/transport may yield erroneous results.
2. The test may be performed using the swabs for nasal and throat, nasopharyngeal swabs may also be performed at provider’s discretion.
 - a. Nasopharyngeal Swab:
 1. To collect a nasopharyngeal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible.
 2. Pass the swab directly backwards without tipping the swab head up or down. The nasal passage runs parallel to the floor, not parallel to the bridge of the nose. Using gentle rotation, insert the swab into the anterior nare parallel to the palate advancing the swab into the nasopharynx, leave in place for a few seconds, and then slowly rotate the swab as it is being withdrawn.
 3. To ensure proper collection, the swab should be passed a distance that is halfway of that from the nose to the tip of the ear. This is about half the length of the swab. **DO NOT USE FORCE** while inserting the swab. The swab should travel smoothly with

minimal resistance; if resistance is encountered, withdraw the swab a little bit without taking it out of the nostril. Then elevate the back of the swab and move it forward into the nasopharynx.

b. Nasal Swab:

1. To collect a nasal swab sample, carefully insert the Swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible.
2. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril).
3. Rotate the swab several times against the nasal wall and then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril.

c. Throat Swab:

1. Collect patient specimen by swabbing the posterior pharynx, tonsils and other inflamed areas.
2. Avoid touching the tongue, cheeks and teeth with the swab.

3. Test the swab as soon as possible after collection.

4. To transport patient samples, place swab in a clean, dry container such as a plastic or glass tube.


Testing:

Instructions are also located in the Lab Binder and in the Server Library under “Employee Reference Materials”

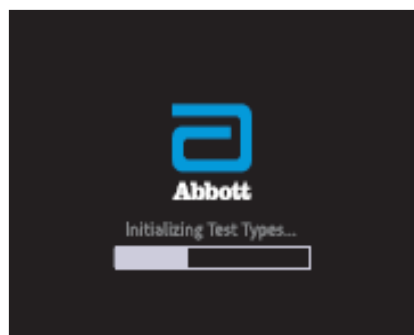
1. QC Testing needs to be performed with each new lot number.
2. For QC testing, select Run QC Test on the Home screen, and follow the displayed instructions.
3. Refer to Running a QC Test in the ID NOW Instrument User Manual for further details.

To Perform a Test:

Step 1

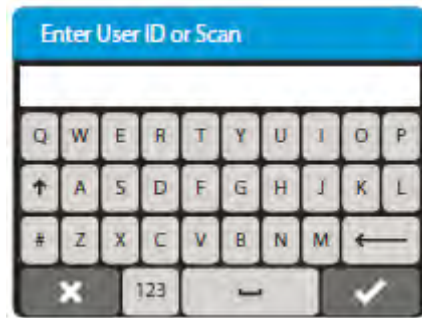
Turn on the ID NOW™ Instrument - press the power button  on the side of the instrument.

Note: *If the unit is unattended for one hour, the instrument will go to a black screen power save mode. Touch the screen to return the unit to active display operation.*



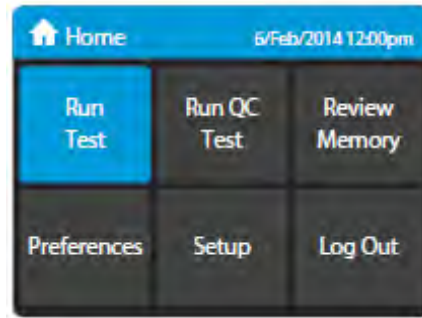
Enter User ID

Press ✓ after entry.



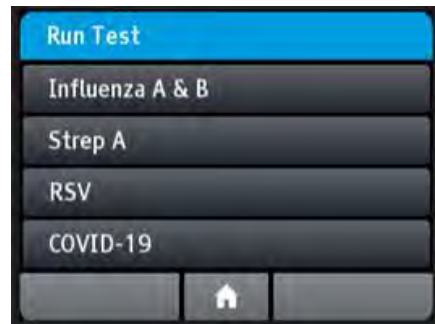
Touch 'Run Test'

This will begin the test process.



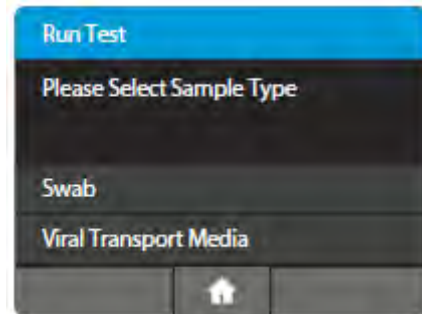
Touch 'COVID-19 Test'

This starts a COVID-19 test.



Select Swab Sample Type (if prompted)

If the sample type has already been specified by the Admin, the instrument will automatically advance to the next step.

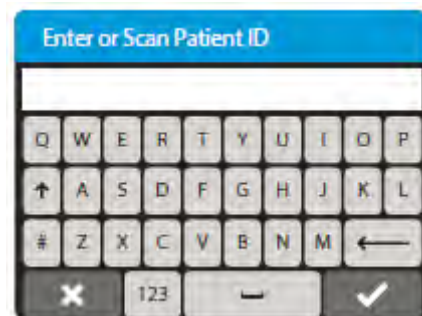


 **Caution: VTM Samples are not an appropriate sample type for the ID NOW™ COVID-19 test.**

Enter Patient ID using on screen keyboard or barcode scanner.


Touch ✓.

Verify that the ID was entered correctly, then touch ✓ to confirm entry.




Step 2

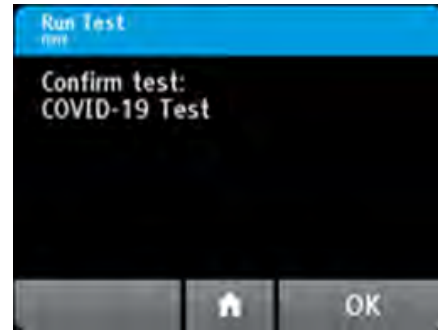
Open the Lid and Insert Orange Test Base into Orange Test Base holder

 **Caution:** Do not apply excessive force. Excessive force could damage the instrument.



Confirm that the correct test is displayed on the screen. Touch 'OK' to proceed.


 **Caution:** Once the Test Base has been placed in the holder, the user will have 10 minutes to confirm the test. If the test is not confirmed within 10 minutes, the instrument will time out and the Test Base must be removed and discarded.




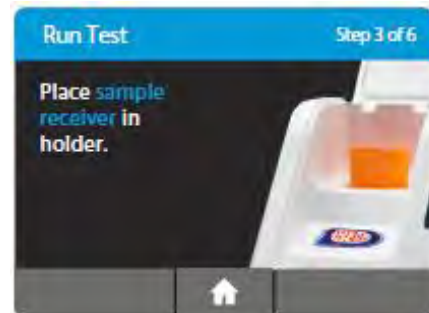
If the incorrect Test Base has been inserted, remove and dispose of the incorrect Test Base. Close the lid. The instrument will then run a self-test before proceeding to the Home screen. Press Run Test and restart the test using the correct Test Base.

Step 3

Insert Blue Sample Receiver into the Blue Sample Receiver holder

 **Caution:** Do not apply excessive force. Excessive force could damage the instrument.

 **Caution:** Once the Sample Receiver has been placed in the holder, the user will have 10 minutes to start the test (Steps 3 through 5). If the test is not started within 10 minutes, the instrument will time out and all

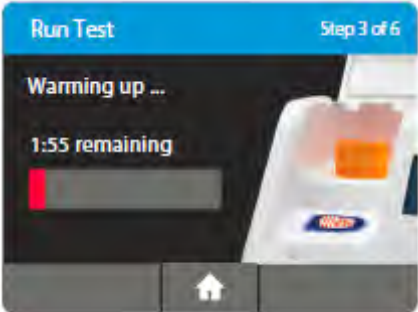


test pieces (Test Base and Sample Receiver) must be removed and discarded. The instrument will proceed to the Home screen. Press Run Test and restart the test using a new Test Base and Sample Receiver.

Wait for the Sample Receiver to Warm Up. Do not remove the Sample Receiver from the instrument once the Warm Up begins.



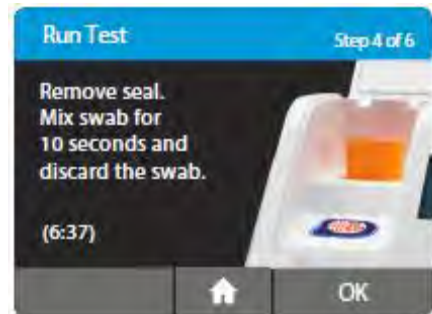
Caution: DO NOT REMOVE THE FOIL SEAL UNTIL PROMPTED BY THE INSTRUMENT. DO NOT close the lid or insert the sample until prompted by the instrument.



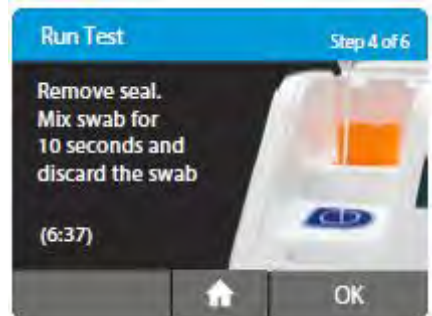
Step 4

Direct Nasal, Throat or Nasopharyngeal Swab Test Procedure

When prompted, remove the foil seal and place the patient swab to be tested into the Sample Receiver.



Mix the swab in the liquid for 10 seconds. This helps remove the sample from the swab. Lift the swab out of the liquid and press the swab head against the side of the Sample Receiver to remove excess liquid. Once the swab is removed, touch 'OK' to proceed.



Discard the swab into a biohazard waste container.



Caution: To ensure that the Sample Receiver remains in the instrument while removing the foil seal, place two fingers along the outer edge of the Sample


Receiver to hold it in place. If the Sample Receiver spills after warm up, cancel the test by pressing the Home button. Remove and discard the test pieces (Sample Receiver and Test Base) and clean the instrument. Press Run Test to start a new test using a new Test Base and Sample Receiver.

Step 5a

Press the White Transfer Cartridge into the Blue Sample Receiver

Listen for a click.


When the Transfer Cartridge is properly attached to the Sample Receiver, the orange indicator on the Transfer Cartridge will rise. If the orange indicator does not rise, continue pushing onto the Sample Receiver until it does.

 **Caution:** The orange indicator should be observed closely. If the orange indicator does not fully rise, the Transfer Cartridge may not collect enough sample.

Step 5b

Lift and then connect the Transfer Cartridge to the Test Base

When the Transfer Cartridge is properly attached to the Test Base, the orange indicator on the Transfer Cartridge will descend. If the orange indicator does not descend, continue pushing onto the Test Base until it does.

 **Caution:** If the orange indicator does not fully descend, not enough sample will be dispensed. This may potentially result in invalid or false test results.

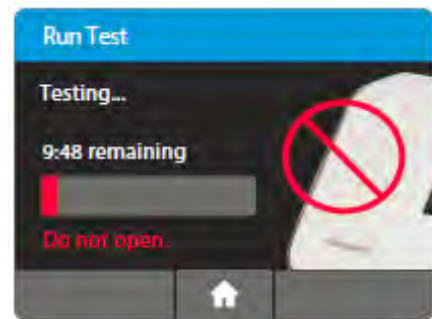
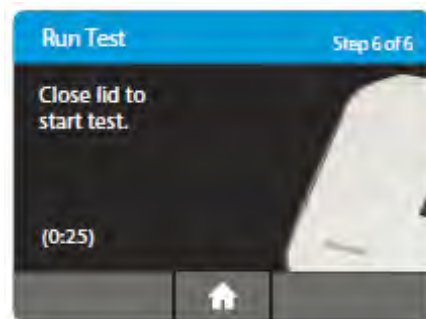



Step 6


Close the Lid.

DO NOT OPEN THE LID until the **Test Complete** message appears on the screen.


Note: The test will be cancelled if the lid is opened.



 **Caution:** This screen will be displayed for up to 30 seconds once the Transfer Cartridge is detected. If the instrument does not detect that the lid has been closed by then, it will time out and all test pieces (Sample Receiver, Test Base, and Transfer Cartridge) must be removed and discarded. The instrument will proceed to the Home screen. Collect a new sample from the patient. Press Run Test and restart the test using a new Test Base and Sample Receiver.

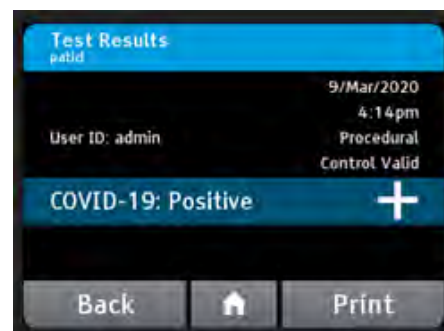
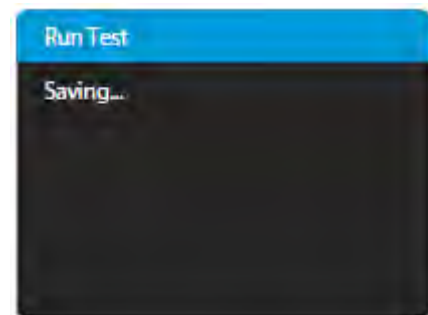
 **Caution:** DO NOT OPEN THE LID. The test will be cancelled and all test pieces (Sample Receiver, Test Base, and Transfer Cartridge) must be removed and discarded. A test result will not be reported or saved in the instrument memory.

When amplification and detection is complete, the instrument will automatically save the data before advancing to the results screen.

 **Caution:** The test is not saved until the completed result is displayed. Do not open the lid until the results are displayed.

The **Test Results** screen displays either a Negative or Positive result for a successfully completed test. If a test error occurs, the display will read 'Invalid'. Refer to the Result Interpretation Section for Interpretation of Results.

Press Print to print test results, press New Test to run another test, Press Home to return to the Home screen



After printing, or if New Test or Home are selected, the instrument will prompt to open the lid and discard the used test pieces.

Remove test pieces by lifting the Transfer Cartridge attached to the Test Base, and clicking it into the Sample Receiver, by pressing into the Sample Receiver.



Caution: Do not try to remove the Sample Receiver by any other method as there is a risk of spilling the patient sample.

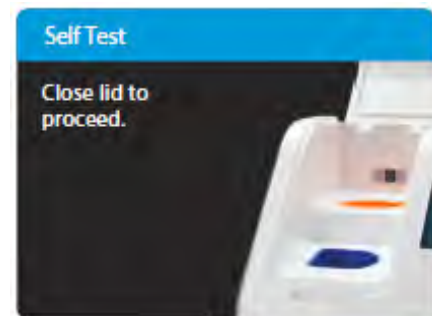
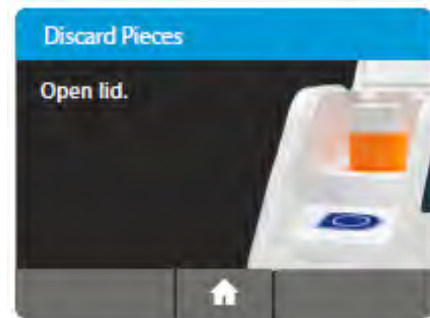
All test pieces will be connected and can now be removed from the instrument and disposed of according to federal, state and local regulations.



Caution: DO NOT disassemble the Transfer Cartridge and the Test Base before disposal.

Close the lid. The instrument will then run a Self-Test before showing the Home screen or Enter Patient ID screen, depending on the previous selection.

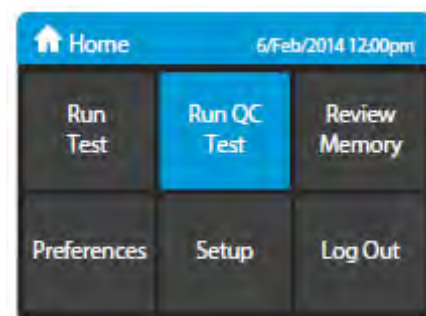
Remove and dispose of gloves.



1. Quality Control Swab Test Procedure

For QC testing, select Run QC Test on the Home screen, and follow the displayed instructions. Refer to Running a QC Test in the ID NOW™ Instrument User Manual for further details.

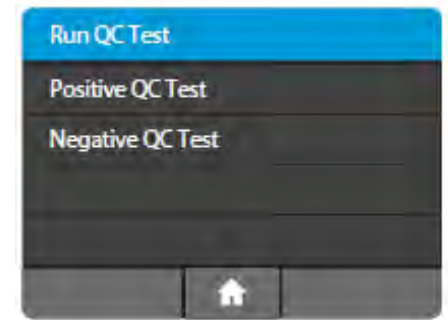
1 Touch 'Run QC Test'



2 Touch 'COVID-19'



3 Select the QC Test to be Run

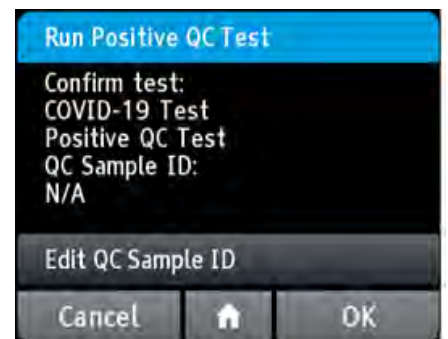


4 Confirm Test

Confirm the test type to match the QC sample intended for testing by touching 'OK' and following the on screen prompts to complete testing.

The user has the option to enter an ID for the QC Sample being run.

Note: The QC test is run in the same manner as a Direct Nasal/Throat/Nasopharyngeal Swab Patient Test. See the **To Perform a Test** section above for step by step instructions for direct nasal/throat/nasopharyngeal swab samples.



2. Result Interpretation

When the test is complete, the results are clearly displayed on the instrument screen.

Instrument Display	Interpretation of Results and Follow-up Actions
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	<p>COVID-19 Positive</p> <p>Positive results do not rule out bacterial infection or co-infection with other viruses.</p>
	<p>COVID-19 Negative</p> <p>Negative results should be treated as presumptive and, if inconsistent with clinical signs and symptoms or necessary for patient management, should be tested with an alternative molecular assay.</p> <p>A negative result does not rule out co-infections with other pathogens.</p>
	<p>The presence or absence of COVID-19 Viral RNAs cannot be determined.</p> <p>Repeat testing of the sample using new test components. If repeated Invalid results are obtained, results should be confirmed by another method prior to reporting the results.</p>

6. Remove PPE, gloves and wash hands.
7. Record results in the patient's EMR.
8. Advise provider of the results and await instructions.
9. At the end of the day, the machine is to be cleaned with alcohol and allowed to dry, to prevent false

positive results. DO NOT use Caviwipes on the machine.

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

POLICY: Waived Testing Quality Assurance	REVIEWED: 10/1/19; 3/30/21; -3/24/22; <u>2/24/23</u>
SECTION: Waived Testing	REVISED: 3/30/21; 3/31/22
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Waived Testing Quality Assurance

Objective: Accurate, timely performance of quality assurance checks and waived testing program overview, using manufacturer’s instructions.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Quality Assurance testing will be performed at the approved intervals, using the manufacturer’s recommended methodologies/controls.
2. Owner’s manuals and other manufacturer’s guidance will be maintained in the lab in an organized and accessible manner so as to facilitate use by the staff.
3. Quality control activities will be performed on the various waived testing modalities in keeping with the current Waived Testing Program QC Requirements.
4. Quality Control logs will be maintained for each modality and will be completed each time QC activities take place. All QC logs will be provided to the Manager at the end of each month for review and stored in the Manager’s office and/or on the Clinic server.
5. Quality Control logs will be presented at QAPI meetings for review and discussion by the Committee
6. Specific to the ClinicTest Urinalysis
 - a. QC printout will be retained and attached to the back of the QC log for each QC test performed
 - b. The Manager or their designee will randomly check that the daily QC is performed and the device is “in the green” based upon the QC printout.
 - c. The printouts will be retained in an envelope labeled by month

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

POLICY: Waived Testing - RSV Rapid Test	REVIEWED: 8/29/19; 3/30/21; 3/31/22; <u>2/24/23</u>
SECTION: Waived Testing	REVISED: 3/31/22
EFFECTIVE: <u>4/27/22</u> <u>3/29/23</u>	MEDICAL DIRECTOR:

Subject: RSV rapid (waived) testing

Objective: To detect the RSV virus in the Clinic setting, for diagnosis and treatment

Response Rating:

Required Equipment: RSV Rapid Test Kit

Procedure:

Collection:

1. Upon receipt of a provider’s written order and after applying gloves, retrieve a swab from the Rapid RSV test kit. Use the swabs that come with the test kit only.
2. Only nasopharyngeal swabs may be used with this test. Insert the swab into the nare that appears to have the most secretions.
3. Test the swab as soon as possible after collection. Swabs may be held at room temperature for no longer than eight (8) hours.
4. To transport patient samples, place swab in a clean, dry container such as a plastic or glass tube.

Testing:

1. Mix the swab in buffer: Using the supplied dropper top, add extraction reagent to the supplied kit test tube. Fill the test tube with the extraction reagent to the fill line indicated on the test tube. Note: add the extraction reagent to the tube before putting in the specimen swab to prevent contamination.
2. Add the patient swab to the tube: Squeeze the bottom of the tube so the swab head is compressed. Rotate the swab five (5) times. Keep the swab in the tube for one (1) to two (2) minutes.
3. Squeeze liquid form the swab: squeeze as much fluid as possible from the swab by pinching the sides of the flexible test tube as the swab is removed. Discard the swab in a suitable biohazard waste container.

4. Add test strip: Remove a test stick from the packaging. Place the test stick (arrows pointing down) into the tube with the extraction reagent solution. Set a timer for fifteen (15) minutes. Do not handle or remove the rest strip for 15 minutes.
5. After fifteen (15) minutes, remove the test stick from the tube and read the results (some positive results will be seen early). Discard used testing materials.
6. Remove gloves and wash hands.
7. Record results in the patient's EMR.
8. Advise provider of the results and await instructions.

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

POLICY: Waived Testing - Strep A Direct Rapid Testing	REVIEWED: 8/29/19; 2/21/20; 3/30/21; 3/31/22; <u>2/24/23</u>
SECTION: Waived Testing	REVISED: 2/20/29; 3/30/21
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Strep A Direct Rapid Testing

Objective: To detect Strep A, using waived testing processes, for diagnosis and implementation of treatment plan.

Response Rating:

Required Equipment: Rapid Strep A testing kit

Procedure:

1. As per Standardized Procedure or upon receipt and review of a written order.
2. After applying gloves, retrieve one swab from the test kit and one culture swab and swab the back of the patient’s throat for a count of three (3) seconds. Avoid swabbing sides of the mouth or the tongue.
3. Uncap Reagent A and Reagent B. Holding bottle straight up with the tip pointing in the test tube, add four (4) drops of Reagent 1, then add four (4) drops of Reagent 2.
4. Rotate swab ten (10) times and let swab in reagent for one minute. Press swab against the side of the tube and squeeze the bottom of the tube while removing the swab so that most of the liquid stays in the tube.
5. Discard swab in biohazard bin.
6. Begin timer and read results in five (5) minutes.
7. Any shade of red in the “T” region should be considered positive.
8. Line only at “C” region is negative.
9. Line only at T test is invalid.
10. If the results are negative, advise the practitioner and if the practitioner determines a culture needs to be sent, request a laboratory requisition to allow you to process the second swab and send to the

laboratory for confirmation testing.

11. Remove gloves and wash hands.
12. Record results in EMR.

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

POLICY: Waived Testing - Urinalysis Using Siemens Analyzer	REVIEWED: 8/29/19; 2/20/20; 3/30/21; 3/24/22; <u>2/24/23</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Urinalysis using Siemens Analyzer

Testing of urine specimens will be performed in the Clinic using approved waived testing technologies and techniques.

Objective: Testing of urine specimens will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Siemens Analyzer.

Response Rating: Minimal

Required Equipment: Urine container with patient specimen, gloves, urine dipstick and paper towel

Applies to: All personnel

Procedure

1. Obtain written order from provider or perform test per approved Standardized Procedure, as applicable.
2. Apply gloves.
3. Collect specimen from patient.
4. Testing is started from the main Select Screen.
5. On the screen, touch Strip Test to conduct urinalysis.
6. The next screen that appears is Prepare Test.
7. Make sure the test table insert has the reagent strip holder facing upward. Also, have the test strip, urine sample and paper towel ready.
8. Touch the Start button. The next screen that appears is another Prepare Test. This screen prompts you through the steps to prepare the test strip.

9. A timer displays how much time you have remaining to complete the steps.
10. You have 8 seconds to complete the following 4 steps:
 - a. Dip the reagent strip into the urine sample, wetting all pads.
 - b. Immediately remove the strip from the urine.
 - i. NOTE: Do not dip the automatic band or color band in the urine sample. Blot by touching the edge of the strip into the paper towel to remove excess urine.
 - ii. Place the reagent strip in the channel of the table with the test pads facing up. Slide strip to the end of the channel.
 - iii. At the end of the 8 second countdown, the test table and strip will automatically be pulled into the analyzer.
11. The analyzer will print the result with date and time and test result.
12. Document the color and clarity of the urine on the results print out and in the EMR.
13. Enter results into the patient's EMR and advise provider testing is complete.
14. If provider orders the specimen to be sent to the laboratory for culture, draw up urine into Urine Culture tube, label the tube and place in laboratory pick up basket after ensuring the laboratory requisition is completed and signed by the provider

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

POLICY: Waived Testing - Urine Pregnancy Testing	REVIEWED: 8/29/19; 3/30/21; 3/31/22; <u>2/24/23</u>
SECTION: Waived Testing	REVISED: 2/16/17; 3/31/22
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Urine pregnancy testing using Clinitest hCG waived testing kit

Objective: Accurate, timely point-of-care testing to determine pregnancy

Response Rating:

Required Equipment: Gloves, test cassette, urine specimen, pipette

Procedure:

1. Test cassettes must be stored in their original packaging, in a room whose temperature range is 36 to 86 degrees F.
2. Before use, ensure test cassettes have not passed their expiration date.
3. Don gloves.
4. Obtain collected specimen from the patient. Label specimen with two patient identifiers (e.g. name and date of birth).
5. Using the pipette, withdraw sample of patient specimen and place sufficient urine in the test cassette sample well.
5. Place the test cassette on the test table.
6. Touch start. You have 8 seconds to complete this step.
7. The test table will automatically be pulled into the instrument and will analyze the specimen.
8. Remove the cassette and place in the biohazard bin.
9. Read the results presented on the face of the machine and record results in the EMR.

**SEQUOIA FAMILY MEDICAL CENTER
POLICY AND PROCEDURES**

POLICY: Well Child Examinations	REVIEWED: 7/24/19; 3/30/21; 3/24/22; <u>2/24/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: Well Child Examinations

Objective: The Child Health and Disability Prevention program periodicity schedule will be utilized as the template for the Clinic’s Well Child Examination processes. Additionally, the CDC Child and Adolescent and Adult Immunization schedules will be utilized as the template for timely and complete vaccine administration.

Response Rating:

Required Equipment:

Procedure

1. The periodicity schedule provides guidance for:
 - a. Physical examination intervals for patients newborn through age 20.
 - b. Testing modalities that must be deployed during the examination and the intervals at which those modalities are deployed.
 - c. Laboratory tests (waived and reference laboratory) required and the intervals at which those tests are performed.
2. The CDC Immunization schedules provide listings of all vaccines and the age intervals at which they should be administered.

Reference:

CHDP Periodicity Schedule

CDC Child and Adolescent Immunization Schedule

CDC Adult Immunization Schedule

CDC Catch-up Schedule

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

POLICY: X-Ray Orders	REVIEWED: 9/6/19; 3/30/21; 3/24/22; <u>2/24/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/27/223/29/23</u>	MEDICAL DIRECTOR:

Subject: X-ray Orders

Objectives: To properly obtain an x-ray as ordered by the practitioner.

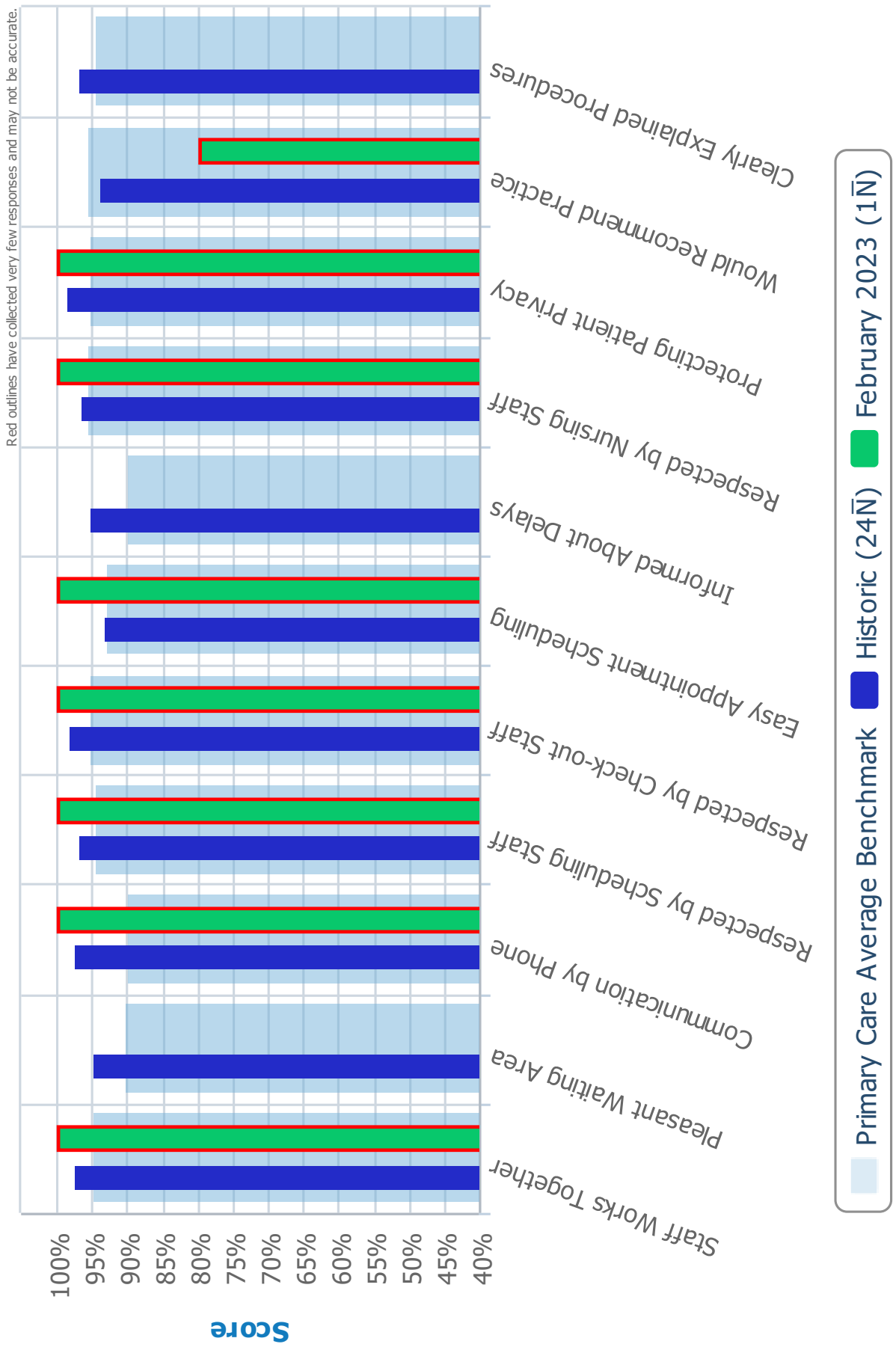
Responsive Rating: Moderate to severe

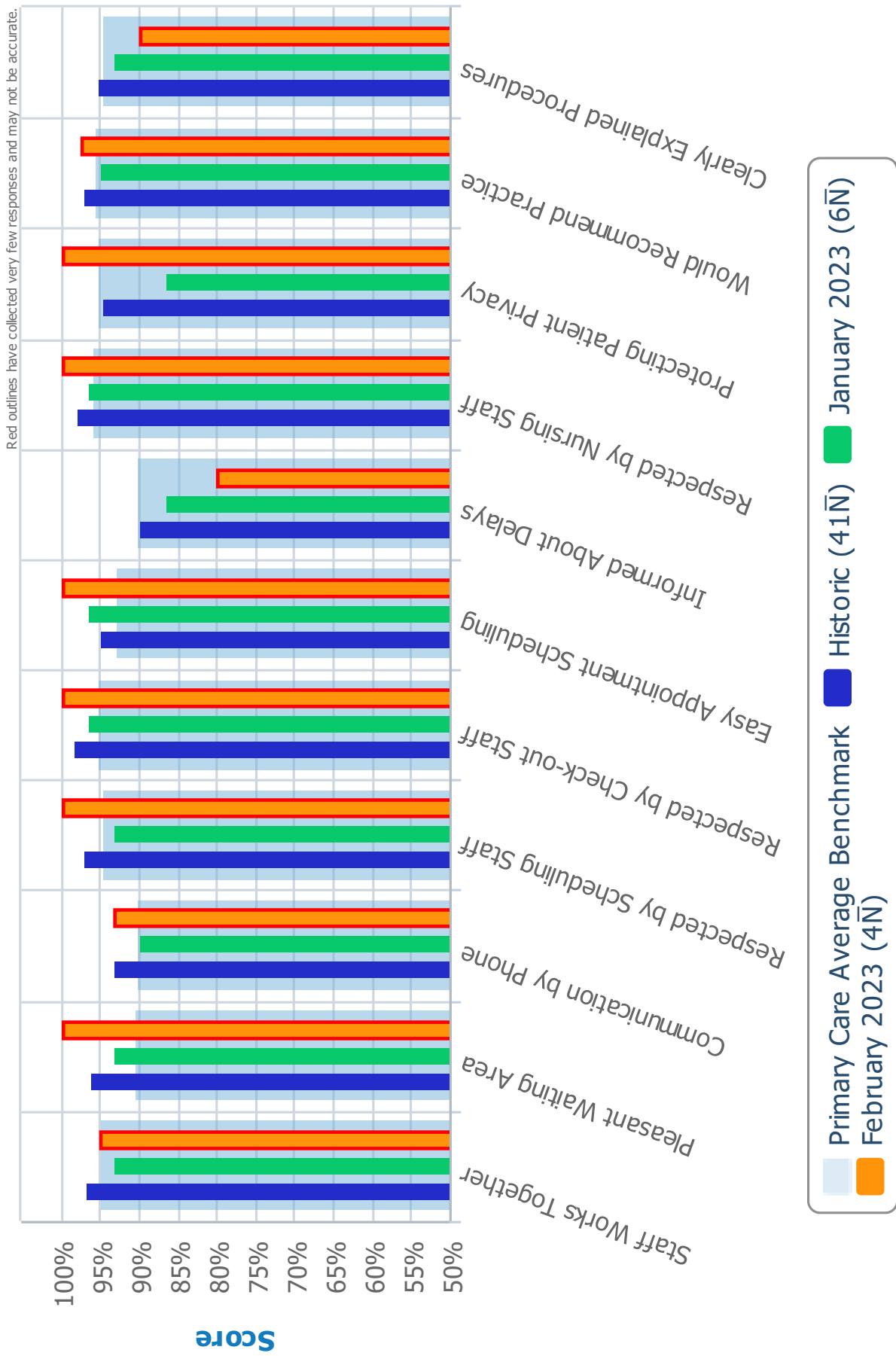
Required Equipment: Written practitioner order (from EMR or paper form if EMR downtime)

Policy:

1. All radiological examinations must be ordered by a licensed practitioner and documented in the patient medical record.
2. For women of reproductive age, the radiology technician will ask if the patient could be pregnant. If pregnancy is possible, the technician will ask the practitioner to order a urine pregnancy test and the patient will be held pending a test result.
 - a. If the test is negative, proceed.
 - b. If the test is positive, do not perform the procedure and advise the ordering practitioner.
3. Complete the order and document in the EMR.
4. Escort the patient to the patient care area, advising back office staff that the patient has returned.
5. Escort the patient to their original examination room unless directed otherwise by back office staff.
6. Notify the Practitioner that the film is available for review.









**ARTICLES OF INCORPORATION
OF
CALAVERAS WELLNESS FOUNDATION**

**ARTICLE I
NAME**

The name of this corporation is Calaveras Wellness Foundation (“Corporation”).

**ARTICLE II
PURPOSES**

A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

B. The specific purpose of the Corporation is to be dedicated to exclusively act as a community based fundraising and community outreach organization in a manner consistent with the goals established from time to time by the Mark Twain Health Care District, a political subdivision of the State of California formed pursuant to California Health & Safety Code 32000.

C. This corporation is organized exclusively for charitable purposes within the meaning of Internal Revenue Code §501(c)(3) or the corresponding provision of any future United States internal revenue law. Despite any other provision in these articles, the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that do not further the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Internal Revenue Code §501(c)(3) or the corresponding provision of any future United States internal revenue law, or (b) a corporation, contributions to which are deductible under Internal Revenue Code §170(c)(2) or the corresponding provision of any future United States internal revenue law.

**ARTICLE III
INITIAL AGENT FOR SERVICE OF PROCESS**

The name and address in the State of California of the Corporation’s initial agent for service of process is:

Randy Smart M.D.
768 Mountain Ranch Road
Andreas, CA 95249

**ARTICLE IV
INITIAL STREET AND MAILING ADDRESS**

The initial street and mailing address of the Corporation is:

768 Mountain Ranch Road
Andreas, CA 95249

ARTICLE V
LIMITATION ON CORPORATE ACTIVITIES

A. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in (including publishing or distributing statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

B. All corporate property is irrevocably dedicated to the purposes set forth in Article II. No part of the net earnings of this corporation shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members, or to individuals.

ARTICLE VI
DEDICATION AND DISSOLUTION

A. The property of the Corporation is irrevocably dedicated to charitable purposes set forth herein and no part of the net income or assets of the Corporation shall ever inure to the benefit of any director, officer or member thereof, or to the benefit of any private persons.

B. Upon the dissolution or winding up of the Corporation, and after paying or adequately providing for its debts and obligations, the remaining assets of the Corporation shall be distributed to and shall become the property of the Mark Twain Health Care District, a healthcare district and political subdivision of the State of California. If Mark Twain Health Care District no longer exists, then upon dissolution the corporation's assets remaining after the payment, or provision of payment, of all debts and liabilities of the corporation, shall be distributed to a nonprofit fund or nonprofit corporation that is organized and operated exclusively for charitable or public purposes and which has established its tax exempt status under Section 501(c)(3) of the Code.

C. Notwithstanding any of the above statements of purpose and powers, this Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific purpose of this Corporation .

Date: March __, 2023

Noel M. Caughman, Esq.
Incorporator



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

Agenda Item: Financial Reports for February 2023

Item Type: Action

Submitted By: Rick Wood, Accountant

Presented By: Rick Wood, Accountant

BACKGROUND:

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

- We continue to use the new process to record the clinic revenue and will take into account the fiscal year to date information, to always keep our numbers as current as possible.
- The fixed asset schedules have been updated and brought current, which accounts for the big jump in depreciation expense.
- Keep in mind we did pay the MTMC Foundation \$300,000 this month that was budgeted to come from our retained earnings.
- Traci and I still have some research to do on the clinic loans and respective amortization schedules in order to break out the principal and interest on an ongoing basis.
- Utilities are being reconciled to the new agreement with the hospital.
- Our investment income is looking significantly better as the higher interest rates are impacting our interest income. This continues to be realized very quickly with our investment in the California CLASS program. We have already exceeded our annual budgeted revenue.

Mark Twain Health Care District

Annual Budget Recap

	02/28/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	4,714,798	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	4,714,798	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(5,717,861)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Total Expenses	(5,717,861)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Surplus(Deficit)	(1,003,062)	463,237	(526,528)	213,028	(35,000)	811,737
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	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				
	(304,048)	(1,003,063)				

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		2/28/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget	
9260.01	Rent Hospital Asset amortized	89,870	89,811	(59)	99.93%	718,959	719,600	642	100.09%	1078438	
	Rent Revenues	89,870	89,811	(59)	99.93%	718,959	719,600	642	100.09%	1,078,438	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(46,942)	16,391	74.12%	(506,667)	(737,724)	(231,057)	145.60%	(760,000)	
9520.85	Telephone & Communications	(3,750)	(184)	3,566	4.90%	(30,000)	(4,596)	25,404	15.32%	(45,000)	
9520.72	Depreciation	(8,777)	(26,512)	(17,735)	302.07%	(70,215)	(88,651)	(18,436)	126.26%	(105,322)	
9520.82	Insurance										
	Total Costs	(75,860)	(73,638)	2,222	97.07%	(606,881)	(830,971)	(224,090)	136.92%	(910,322)	
	Net	14,010	16,172	2,163	115.44%	112,077	(111,371)	(223,448)	-99.37%	168,116	
9260.02	MOB Rents Revenue	18,905	17,973	(932)	95.07%	151,239	143,783	(7,457)	95.07%	226,859	
9521.75	MOB rent expenses	(21,336)	(22,037)	(701)	103.28%	(170,691)	(169,425)	1,265	99.26%	(256,036)	
	Net	(2,431)	(4,064)	(1,633)	167.16%	(19,451)	(25,643)	(6,191)	131.83%	(29,177)	
9260.03	Child Advocacy Rent revenue	770	773	2	100.31%	6,161	6,180	19	100.31%	9,241	
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(1,600)	0	1,600	0.00%	(2,400)	
	Net	570	773	202	135.51%	4,561	6,180	1,619	135.51%	6,841	
9260.04	Sunrise Pharmacy Revenue	1,854	1,872	18	100.97%	0	14,760	14,760	0.00%	22,248	
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(1,600)	0	0	0.00%	(2,400)	
	Total Revenues	111,399	110,428	(971)	99.13%	876,359	884,323	7,964	100.91%	1,336,786	
	Total Expenses	(97,597)	(95,675)	1,921	98.03%	(780,772)	(1,000,396)	(219,624)	128.13%	(1,171,158)	
	Summary Net	13,802	14,752	950	106.88%	95,587	(116,073)	(211,660)	-121.43%	165,628	

Mark Twain Health Care District										
Projects, Grants and Support										
		2/28/2023								
			2019/2020	2020/2021	2021/2022	2022/2023	Month to-Date	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(56,667)	(302,679)	(313,635)	368.98%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)			(300,000)	(300,000)	
8890.00	Veterans Support			0	0		0			0
8890.00	Mens Health			0	0		0			0
8890.00	Steps to Kick Cancer - October			0	0		0			0
8890.00	Ken McInturf Laptops			(2,571)						
8890.00	Doris Barger Golf			0	0		0			
8890.00	Stay Vertical			(14,000)	(14,000)	(35,000)	(23,333)	(2,679)	(13,635)	38.96%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	Project grants and support		(465,163)	(20,325)	(667,000)	(85,000)	(23,333)	(302,679)	(313,635)	368.98%

Mark Twain Health Care District										
General Administration Financial Projections										
2/28/23										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
9060.00	Income, Gains and losses from investments	8,333	30,510	22,176	366.12%	66,667	183,531	116,864	275.30%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	833,333	833,333	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
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		27,037				153,853			
9205.03	Miscellaneous Income (1% Minority Interest)		0			0	(19,987)			
	Summary Revenues	112,500	161,714	49,214	143.75%	900,000	1,150,731	250,731	127.86%	1,350,000
8610.09	Other salaries and wages	(21,644)	(20,254)	1,390	93.58%	(173,155)	(157,537)	15,618	90.98%	(259,732)
8610.10	Payroll taxes	(1,661)	(1,002)	659	60.34%	(13,289)	(6,043)	7,247	45.47%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(10,389)	0	10,389	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(8,071)	0	8,071	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	0	866	0.00%	(6,926)	(3,419)	3,507	49.36%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(1,731)	0	1,731	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(1,002)	4,049	19.84%	(40,407)	(9,461)	30,946	23.41%	(60,611)
	Labor Costs	(26,695)	(21,256)	5,439	79.63%	(213,562)	(166,998)	46,564	78.20%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(289)	3,877	6.94%	(33,333)	(24,147)	9,186	72.44%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(3,333)	(368)	2,965	11.04%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(2,086)	1,247	62.59%	(26,667)	(39,690)	(13,023)	148.84%	(40,000)
8610.05	Marketing	(667)	(40)	626	6.03%	(5,333)	(19,954)	(14,620)	374.13%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(1,333)	0	1,333	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(232)	602	27.81%	(6,667)	(4,978)	1,688	74.67%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(3,333)	(11,372)	(8,039)	341.16%	(5,000)
8610.69	Other- IT Services	(833)	(783)	50	93.96%	(6,667)	(7,647)	(980)	114.70%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(8,027)	0	8,027	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(40,000)	(39,278)	722	98.19%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(149)	518	22.36%	(5,333)	(15,962)	(10,629)	299.29%	(8,000)
8610.87	Outside Trainings	(417)	(60)	357	14.40%	(3,333)	(8,694)	(5,360)	260.81%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		0	(666)	(666)		
8610.90	Other Direct Expenses	(833)	(500)	333	60.00%	(6,667)	(3,400)	3,267	51.00%	(10,000)
8610.95	Other Misc. Expenses	-	0			0	(879)	0		
	Non-Labor costs	(18,753)	(4,140)	14,614	22.07%	(150,027)	(177,035)	(26,128)	118.00%	(225,041)
	Total Costs	(45,449)	(25,396)	20,053	55.88%	(363,589)	(344,033)	20,436	94.62%	(545,384)
	Net	67,051	136,318	69,266	203.30%	536,411	806,698	271,167	150.39%	804,616

Mark Twain Health Care District
Balance Sheet
As of February 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	12,005
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	369,827
1001.40 Five Star Bank - MTHCD Checking	460,781
1001.50 Five Star Bank - Money Market	446,418
1001.60 Five Star Bank - VSHWC Checking	54,557
1001.65 Five Star Bank - VSHWC Payroll	50,989
1001.90 US Bank - VSHWC	54,485
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,455,907
Accounts Receivable	
1201.00 Accounts Receivable	18,415
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	530,875
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	152,534
1004.10 CLASS Lease & Contract Reserve Fund	2,459,752
1004.20 CLASS Loan Reserve Fund	2,049,809
1004.30 CLASS Capital Improvement Reserve Fund	2,480,215
1004.40 CLASS Technology Reserve Fund	1,022,276
1150.05 Due from Calaveras County	516,360
1150.60 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	171,497
1205.51 Cash To Be Reconciled	79,823
Total Other Current Assets	9,104,738
Total Current Assets	11,091,520
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	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	944,899

1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	1,996
1521.20 CIP Buildings	24,921
1600.00 Accumulated Depreciation	-8,384,521
Total Fixed Assets	6,826,772
Other Assets	
1710.10 Minority Interest in MTMC - NEW	375,495
1810.60 Capitalized Lease Negotiations	314,858
1810.65 Capitalized Costs Amortization	5,959
Total Intangible Assets	320,818
2219.00 Capital Lease	5,955,813
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,493,900
TOTAL ASSETS	25,412,191
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	137,692
Total 200.00 Accts Payable & Accrued Expenses	137,692
2001.00 Other Accounts Payable (Credit Card)	21,830
Total 200.00 Accts Payable & Accrued Expenses	21,830
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	52,767
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	-7,491
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	455,396
Total Current Liabilities	614,918
Long-Term Liabilities	
2128.01 Deferred Capital Lease	530,364
2128.02 Deferred Utilities Reimbursement	967,416
2129.00 Other Third Party Reimbursement - Calaveras County	416,667
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
Total Long-Term Liabilities	9,500,668
Total Liabilities	10,115,585
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,069,119
Net Income	-1,003,063

Total Equity	15,296,606
TOTAL LIABILITIES AND EQUITY	25,412,191

**Investment & Reserves Report
28-Feb-23**

Annual

Reserve Funds	Minimum Target	6/30/2022 Balance	2022/2023 Allocated	2022/2023 Interest	2/28/2023 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	12,738	902,551	
Capital Improvement Fund	12,000,000	2,436,516	0	43,699	2,480,215	
Technology Reserve Fund	1,000,000	1,003,323	0	17,765	1,021,088	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	51,784	2,459,760	
Loan Reserve Fund	2,000,000	2,006,647	0	43,134	2,049,781	
Reserves & Contingencies	19,600,000	8,744,275	0	169,121	8,913,396	0

Reserves	2022-2023	
	2/28/2023	Interest Earned
Valley Springs HWC - Operational Reserve Fund	902,551	12,738
Total Cal-Trust Reserve Funds	902,551	12,738
Lease & Contract Reserve Fund	2,459,760	51,784
Loan Reserve Fund	2,049,781	43,134
Capital Improvement Fund	2,480,215	43,699
Technology Reserve Fund	1,021,088	17,765
Total Cal-CLASS Reserve Funds	8,010,844	156,382

Five Star		
General Operating Fund	191,624	272
Money Market Account	446,418	5,291
Valley Springs - Checking	54,557	69
Valley Springs - Payroll	51,889	44
Total Five Star	744,487	5,676

Umpqua Bank		
Checking	12,005	0
Money Market Account	6,445	0.42
Investments	0	0
Total Savings & CD's	18,450	0.42

Bank of Stockton	369,827	30
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Total in interest earning accounts	10,046,161	174,828
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Beta Dividends 1	3,138
CSDA Training Scholarship	1,200
Anthem Rebate	4,230

Total Without Unrealized Loss	183,396
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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 CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.