



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

**Meeting of the Board of Directors
Wed. April 28, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

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

Agenda

Mark Twain Health Care District Mission Statement

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

- 1. Call to order with Flag Salute:**
- 2. Roll Call:**
- 3. Approval of Agenda:** Public Comment - **Action**
- 4. Public Comment On Matters Not Listed On The Agenda:**

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

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

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

A. Un-Approved Minutes:

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

B. Correspondence:

- COVID-19 Impacts-Fiscal Assist. for CA Independent Special Districts (4-1-2021).
- Gov. Feinstein Padilla Letter – Special Districts (4-1-2021).

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

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

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

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

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

- District Projects Matrix – Monthly Report:
- Robo-Doc Update:
- Valley Springs Health & Wellness Center:
 - Vaccination Hub (COVID - 19):

- VS H&W Center – Draft Policies and Forms: Public Comment – Action
 - Policies for April 2021 - Valley Springs Health & Wellness Center:
 - Punctuation & Grammar Changes – Please Submit to District Office Staff.

POLICY LIST FOR THE APRIL BOARD MEETING 2021

New Policies

Ambulatory Blood Pressure Monitor Testing 225
 Waived Testing – COVID-19 Rapid Test 211
 Sliding Fee Discount Program 162

Revised Policies

Standardized Procedure for Childhood Periodic Health Screening 164
 Standardized Procedure for Pregnancy Testing of Patients on Contraception 169
 Standardized Procedure for Pulse Oximeter 170
 Standardized Procedure for Strep A - Rapid 171
 Standardized Procedure for Urinalysis 172
 Vaccine Administration 196
 Vendor Visitor Management 197
 Waived Testing Quality Assurance 210
 Waived Testing - Strep A Direct Rapid Testing 212
 Withdrawal of Care 217

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

Standardized Procedure for Glucose Check for Diabetic Patients 165
 Standardized Procedure for Hemoglobin Assessment 166
 Standardized Procedures for Mid-level Practitioners (NP, PA) 167
 Standardized Procedure for Physical Examinations 168
 Standardized Procedure for Urinalysis on Pregnant Patients 173
 Standardized Procedure for Visual Acuity Testing 174
 Urinary Catherization 192
 Urine Collection-Clean Catch-Female 193
 Urine Collection-Clean Catch- Male 194
 Use of Gloves 195
 Venipuncture 198
 Visual Acuity 200
 Volunteer Deployment 201
 Waived Testing RSV Rapid Test 211
 Waived Testing - Urinalysis Using Siemens Analyzer 213
 Waived Testing - Urine Pregnancy Testing 214
 Well Child Examinations 216
 X-Ray Orders 218

- E. VSHWC “Quality” Report: (MedStatix):.....Ms. Terradista
- F. MTMC Foundation Gift:.....CJ Singh
- G. Stay Vertical Calaveras:.....Mr. Shetzline

7. Committee Reports:

- A. Finance Committee:.....Ms. Hack / Ms. Toepel
 - 2020 Annual Audit:.....Mr. Wood
 - Financial Statements – Mar. 2021: Public Comment – Action.....Mr. Wood
- B. Ad Hoc Policy Committee: Public Comment – ActionMs. Sellick / Ms. Hack
 - Resolution 2021-02 – Change in MTHCD Board Policies:
 - District Policies 3 & 4 as amended:

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

D. Ad Hoc Grants Committee:.....Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

- A. Announcements of Interest to the Board or the Public:
- B. Community Connection:
 - Chamber of Commerce Lunch & Learn April 22.

9. Next Meeting:

- A. The next meeting will be Wednesday May 26, 2021.
- B. Note: The June meeting has been changed from June 23 to June 16th at 9am.

10. Adjournment: Public Comment - Action

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: April 28, 2021 MTHCD Board Meeting

Time: Apr 28, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87456443140?pwd=ZzNyZEhpNUd6ME82d2ZXU2FKWVBOUT09>

Meeting ID: 874 5644 3140

Passcode: 926075

One tap mobile

+16699006833,,87456443140#,,,,*926075# US (San Jose)

+12532158782,,87456443140#,,,,*926075# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

Meeting ID: 874 5644 3140

Passcode: 926075

Find your local number: <https://us02web.zoom.us/u/kdOgDyhFV8>

- 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.

This Institution is an Equal Opportunity Provider and Employer
Agenda – Apr. 28, 2021 MTHCD Board Meeting



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

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

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 9am.

2. Roll Call:

Member	In Person	By Zoom/Phone	Unexcused Absence
Ms. Hack	X		
Ms. Toepel			X
Mr. Randolph	X		

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Minutes – March 16, 2021 MTHCD Finance Committee Meeting

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

Public Comment: Hearing None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

Hearing None.

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Feb. 16, 2021

Public Comment: Hearing None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

6. Chief Executive Officer's Report:

- Budget Preparation:

Dr. Smart's email assigned timeline and duties. (see attached email)

- FEMA Applications:

Dr. Smart: We currently have 3 FEMA applications. **1.** COVID vaccination Administration for \$37,000. It is a cost reimbursement at 100%. **2.** 2020 Response to COVID Pandemic. To cover PPE costs. We are still adjusting. The total is unclear currently. **3.** 2021 Response to COVID Pandemic is being input as costs arise.

- Children's Advocacy Center (CAC) – Resource Connection Lease Extension:

Dr. Smart: Rick Randolph has been a tremendous help going through the leases. We have extended the lease for the CAC for 5 years.

Dr. Smart: Last year a server from US Bank was stolen. It did not have any patient information on it. US Bank has taken steps to block any aggressive ACH Debits.

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Minutes – March 16, 2021 MTHCD Finance Committee Meeting

Dr. Smart: \$298,000. was taken from the loan to pay Diede Construction for the Pharmacy/Rm 400 project. That is the total amount minus the 10% retainage. Diede Construction wants the 10%. Diede will take a security deposit of \$5,000. for now.

7. Real Estate Review:

Mr. Randolph: (see attached handout)

Committee recommends to the Board to approve the Recommendations set forth in the attached handout.

8. Accountant's Report: Public Comment - Action

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

Mr. Wood: Copperopolis Clinic needs to be added to the 2021-2022 budget under Foundation. The grants have been put on hold until next fiscal year (July 2021)

Dr. Smart: Dignity health matches any donation the MTHCD makes to MTMC up to \$1 mil.

Dr. Smart: Page 12 line 9520.80- The amount for utilities for the MTMC is more than usual this month.

Ms. Tapps: That is due to the Solar “True Up” period for one of the PG&E bills. It was a total of \$14,000.+ for the year (3/2020-3/2021) Going forward, the Solar bill will be paid in monthly payments as not to have such a large payment in the True Up month (March)

- Closing 2019-2020 Update:

Mr. Jackson does not have all the documents requested. Mr. Hohenbrink will request estimated time frame for the completed Audit Report.

Public Comment: Hearing none.

Motion: Mr. Randolph to approve Feb 2021 Financials including Interest & Reserve Report (I&R)

Second: Ms. Hack

Vote: 2-0

8. Treasurer's Report:

Bank signature cards have been signed by Treasurer.

9. Comments and Future Agenda Items:

Hearing none.

11. Next Meeting:

- Tuesday April 20, 2021 at 9 am.
- Note: The June 15th Meeting has been changed to Tues. June 8th at 8am.

12. Adjournment: - Action

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

Time: 10:02 am.

This Institution is an Equal Opportunity Provider and Employer

Minutes – March 16, 2021 MTHCD Finance Committee Meeting

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: March 16, 2021 MTHCD Finance Committee Mtg
Time: Mar 16, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88599899005?pwd=WlJlUWJLcUdUU0JTK0RERDY2WU14dz09>

Meeting ID: 885 9989 9005

Passcode: 303095

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+16699006833,,88599899005#,,,,*303095# US (San Jose)

+13462487799,,88599899005#,,,,*303095# US (Houston)

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Find your local number: <https://us02web.zoom.us/u/kcB2ApBy7a>

Effective - Mar 17, 2020.

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Minutes – March 16, 2021 MTHCD Finance Committee Meeting

MTHCD
Lease Review
March 2021

Leases

2 Ground Leases

1 Leases / MTHCD as Tenant

2 Subleases / MTHCD as Sub-lessor

2 Leases / MTHCD as Landlord

(Does Not Included Main Leases with Dignity Health Care)

Findings:

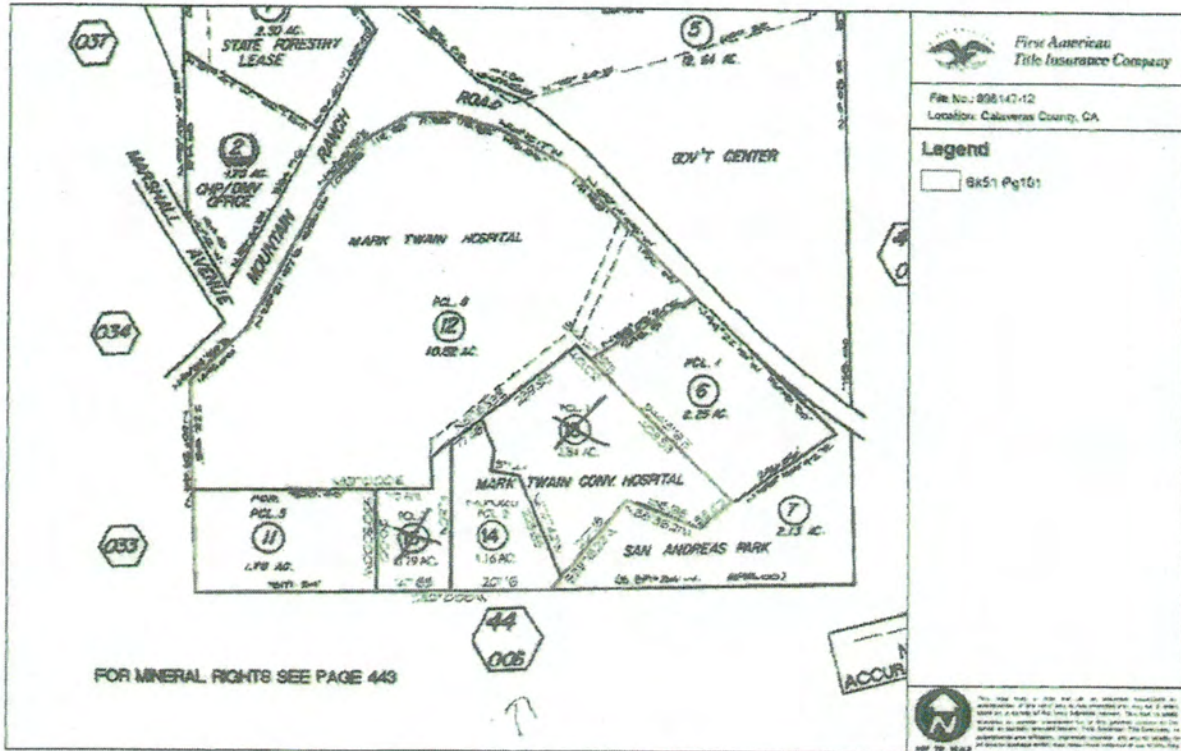
1. Need addition documentation supporting current Ground Lease for Parcel #3
2. Lease with SCMGHC expired / currently being renewed
3. Need to collect current COI's for all leases & subleases
4. Conflicting information concerning title & title restrictions on parcel # 1
5. Possible Rent escalations may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

Recommendations:

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

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

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



704

704
1 | 2 3 4 5



San Andreas Family Mtg Circle



with space code

view from ground



P. O. Box 95
 San Andreas, CA 95249
 (209) 754-4468 Phone
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**Meeting of the Board of Directors
 Wed. March 24, 2021
 9:00 am
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Rd,
 San Andreas, CA**

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

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 9am.

2. Roll Call:

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

3. Approval of Agenda: Public Comment - Action

Public Comment: Hearing none.

Motion: Ms. Sellick

Second: Ms. Toepel

Vote: 5-0

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

Hearing none.

5. Consent Agenda: Public Comment - Action

A. Un-Approved Minutes:

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

B. Correspondence:

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

Public Comment: Hearing none

Motion: Ms. Toepel

Second: Ms. Sellick

Vote: 5-0

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):

- ACHD March 2021 Advocate:

See packet pages 18-21

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

Nothing to report. The Program is on hold.

- Meetings with MTHCD CEO:

Discussed the open Board seat needs to be filled to stay in compliance. Discussed the opportunity to support the ROP Program.

B. MTMC Community Board Report:

Ms. Al-Rafiq: Finances are moving ahead of budget. Working on patient satisfaction with providers. Medical Director starting 1 day a week. Chiropractor has joined. Diabetes Clinic is successful and graduating 3 to 5 patients per day. Board meets every 3rd Friday at noon. MTMC Board Chair agreed to MTHCD Board sending a non-voting current Board member to attend the meetings in place of Ms. Al-Rafiq. Next meeting 4/16/21. MTHCD Board President to appoint substitute.

C. MTMC Board of Directors:

See packet page 22

D. Chief Executive Officer's Report:

Will advertise for vacant Board seat 4/1/21. Interview and Appoint at April Board meeting.

- District Projects Matrix – Monthly Report:

Dental:

Aggressively recruiting Dentists. Advertising through multiple Dental agencies. Going over 6 applications this week. Confident there will be a Dentist onsite in April. The National Health Services Corp (NHSC) specializes in medical student loan forgiveness. VSHWC to apply to become a NHSC site during the April/May cycle. With the right scoring, we could be approved. The designation would make the clinic more competitive.

Child Advocacy Center:

The lease has been renewed for 5 years. See packet page 82

- Robo-Doc Update:

Ms. Minkler is managing the program. Technical difficulties at the Valley Springs school. Michelson elementary service is on hold pending replacement nurse due to current nurse retiring.

- Construction: Form 271 Mar. 8, 2021:

Finances on packet page 23

- Vaccination Hub (COVID - 19):

VSHWC has been deemed a "1C" Distributor. 1C is the 18-64 year old group for vaccination. 100 Vaccines have been ordered. The vaccine is good for up to 30 days. VSHWC is slotted to do 3 or 4 half days every week. Mostly staffed by volunteer medical personnel. Patients to register on **MyTurn.ca.gov** to sign up for vaccine. CEO to send MTHCD Board members weekly email updates about the progress of the vaccinations.

- VSHWC "Quality" Report: (MedStatix)

VSHWC has a 93% satisfaction rating. Discussion will be held with providers due to lower rating than last month.

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

- Policies - Valley Springs Health & Wellness Center:

Reports are discussed at weekly operations meetings. Documents to be added to following Board meeting packet.

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

Policies for March 2021 Board Meeting

REVISED:

Cardiopulmonary Resuscitation/Basic Life Support 33

Disruption of Electrical Services 54

Transfer of Patient – Chart Information 188

BI-ANNUAL REVIEW:

Annual Review of Contracts 13

Billing Personnel – Organization 23

Billing Practices 24

Bomb Scare 31

Child Abuse Reporting 36

Disaster Fire 51

Disaster-Water Contamination 52

Domestic Violence Reporting Suspicious Injury Reporting 56

Drug Samples (Needs Number)

Elder Or Dependent Adult Abuse Reporting 60

Employee Health 66

External Hazmat Incident (needs Number)

Extreme Temperatures 73

Fire Safety 76

Instrument Cleaning for Sterilization 93

Lapses of Consciousness – DMV Reporting 96

Mass Casualty Response 105

Mission Statement 120

Motor Vehicle Accident Reporting 122

Operation During Internal Disaster 127

Patient Medical Record Content 132

Sensitive Services 159

Telephone Request for Medical Information 185

Temperature All Modalities 186

Public Comment: Hearing none

Motion: Ms. Hack

Second: Ms. Toepel

Vote: 5-0

E. Stay Vertical Calaveras:

Mr. Shetzline: Classes being scheduled in May-June. Will have schedule by next MTHCD Board meeting. Will make it known to all attending that not all in attendance are vaccinated. All classes will implement social distancing guidelines.

Dr. Smart had concerns about exposing our most vulnerable residents to potential Covid infection.

F. Valley Springs Health & Wellness Center:

- Services Update:

The VSHWC provides primary care (Pediatrician, Family medicine and Internal medicine) Dr. Drakes joined the team from Oregon. Gynecologist is volunteer/1 day per week. Behavior Health has Therapists and Licensed Clinical Social Workers. Looking to expand with Psychology/ Psychiatry in the future. The clinic is collaborating with the county to meet the needs. Dentist to start in April 2-3 days per week. Case Manager, Tonia Cook, is an extension of the practice and handles discharges from Hospital and ER.

7. Committee Reports:

A. Finance Committee:

Ms. Hack: The Real Estate Report was discussed in length. Dr. Smart assigned budget duties.

Mr. Randolph: Refer to packet pages 78-81. Looking for a clean title for Parcel 1 for potential future growth.

- 2020 Annual Audit:

Mr. Wood: All requested material is now in the hands of the auditor. March financials will have an accurate number for the VSHWC gross revenue.

Mr. Hohenbrink: The clinic is still working on catching up with all the past billing. The right resources are in place and going in the right direction for proper claim processing. Cost capture process is for setting rate per visit. We must live with the interim rate for 2-3 years before the cost capture rate goes into effect. Cost reports will define that rate.

- Financial Statements – Feb. 2021: Public Comment – **Action**

Mr. Wood: The Balance Sheet shows a strong cash position. Property tax revenue is \$1.1 million.

Public Comment: Hearing none

Motion: Ms. Al-Rafiq to approve Feb 2021 Financials including Interest & Reserve Report (I&R)

Second: Ms. Toepel

Vote: 5-0

B. Ad Hoc Policy Committee: – Action

- District Policy 3 - Term of Office:

See packet page 92

- District Policy 4 - Officers of the District:

See packet pages 93-96

Public Comment: Community Board verbiage and change from 3 to 5 at Large members. (Total of 9 Members).

Motion: Ms. Toepel to approve Policy #3 & #4 as modified.

Second: Ms. Hack

Vote: 5-0

C. Ad Hoc Personnel Committee:

- Employee Vacation Accrual Schedule: – Action

See packet page 96. Neutral impact on budget. Employee Handbook revision at July 2021 meeting for approval. The employee handbook to be revised and brought to the July 2021 Board meeting for approval.

Public Comment: Hearing None.

Motion: Ms. Toepel

Second: Ms. Sellick

Vote: 5-0

- CEO Annual Evaluation (See 10-1):

D. Ad Hoc Grants Committee:

Ms. Sellick: Laptop scholarship applications were reviewed.

8. Board Comment and Request for Future Agenda Items:

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

Hearing none.

B. Community Connection:

Hearing none.

9. Next Meeting:

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

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

Finance Committee meeting has been changed to June 8th at 9am.

Ms. Al-Rafiq had to leave the meeting at 11:04am.

10. Closed Session: Started at 11:04am.

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

11. Return to Open Session to Report: Resumed at 11:54 am.

Ms. Reed: The Professional Review of the CEO was completed.

A motion to approve 5% salary increase to \$240,786.00 for CEO by Ms. Sellick

Second: Ms. Toepel

Vote: 4-0

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

Public Comment: Hearing none

Motion: Ms. Toepel

Second: Ms. Hack

Vote: 4-0

Time: 11:56am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD March 24, 2021 Board Meeting

Time: Mar 24, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85376594040?pwd=UzZJcldLcjZsMWFOYnQ4Z2phb2xLQT09>

Meeting ID: 853 7659 4040

Passcode: 413748

One tap mobile

+16699006833,,85376594040#,,,,*413748# US (San Jose)

+12532158782,,85376594040#,,,,*413748# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 853 7659 4040

Passcode: 413748

Find your local number: <https://us02web.zoom.us/u/kcZhoW2pZm>

- Effective - Mar 17, 2020.

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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.

EMBARGOED

TO BE FINALIZED WITH SUPPORTERS LIST MARCH 31 AND SUBMITTED APRIL 1

April 1, 2021

The Honorable Gavin Newsom
Governor, State of California
State Capitol, 1st floor
Sacramento, CA 95814

The Honorable Toni Atkins
Senate President pro Tempore
State Capitol, Room 205
Sacramento, CA 95814

The Honorable Anthony Rendon
Speaker of the Assembly
State Capitol, Room 219
Sacramento, CA 95814

Re: COVID-19 Impacts – Fiscal Assistance for California’s Independent Special Districts

Dear Governor Newsom, Pro Tem Atkins, and Speaker Redon:

We, the undersigned organizations, strongly urge your Administration and the Legislature to extend special district local governments access to Coronavirus fiscal relief to help these vital units of local governments stabilize operations and impacts due to pandemic response.

California’s special districts have received no direct access to COVID-19 relief funding programs unlike other government entities: the state, schools, cities and counties.

Special districts provide vital services that many cities and counties cannot, such as fire protection, health and wellness programs, and core infrastructure, including access to reliable water, wastewater, and electricity. These special purpose local governments are struggling under the burden of an estimated \$1.92 billion collective unmet fiscal need since the March 2020 Emergency Proclamation and a projected \$2.43 billion anticipated unmet fiscal need by December of 2021.

1) California has both the authority and the resources to assist the state’s special districts.

- **Through the American Rescue Plan Act (ARPA), Congress has provided a flexible solution by explicitly empowering states with authority to transfer Coronavirus State Fiscal Recovery monies to special districts.** We respectfully urge you to use this authority to its fullest extent and distribute a portion of our State Fiscal Recovery funding to California’s special districts for the benefit of the millions of Californians they serve statewide.

California’s revenues are enough to share. The January 2021-2022 Budget Proposal reflected an unexpected revenue windfall of \$15 billion—with major additional revenues indicated in February and March, of which billions are reported to be discretionary. Further, between the Coronavirus Relief Fund (CRF) and the American Rescue Plan Act, Congress has approved a projected \$57.955 billion in relief funds to aid California and its local governments. Between these two funds, the State will have received a total \$36.14 Billion in discretionary dollars to address COVID-19 impacts, with cities and counties receiving the other \$21.8 billion in direct allocations from the federal government.

- **Dedicating a portion of these unanticipated one-time funds to address COVID-19 response impacts on special districts and the communities they serve is an appropriate use, consistent with the near \$1.8 billion California previously distributed to cities and counties from its CRF funds.** To date, Federal and State relief have appropriately focused on stabilizing individuals and families and on allocations to cities and counties directly involved in the pandemic response. These funds and programs have been and will continue to be essential, and we applaud your vigilance and recognition that more can be done. The time has come to also focus on special districts.
- **There is precedent that supports this request and your ability to grant it.** Last year, the States of Colorado and Oregon included special districts in distributions of Coronavirus Relief Fund monies to local governments. We encourage California to follow their examples of distributing essential funding to special districts.

2) Many special district funding streams have been dramatically compromised due to pandemic response operations and, for some districts, expenses have skyrocketed to pay for mandated health and safety protocols for their frontline workers and the public they serve. The pandemic’s fiscal toll on special districts and their communities is greater than previously expected, with many districts in the early months responsibly dipping into reserves to mitigate impacts. Reported revenue losses, unmet by federal or state relief programs, are most substantial among districts providing fire protection; healthcare and emergency services; community services and parks; ports, harbors, and transit; and utilities.

- **When special districts are excluded from relief, essential frontline workers and community residents are excluded from relief.** As of February 5, 2021, 42 percent of special districts reported reducing essential services, and 33 percent reported reducing workforce due to COVID-19 response impacts.
- **Universally experienced special district impacts include deferred/delayed/cancelled infrastructure projects, increased workers compensation/FMLA/unemployment/overtime costs, and unbudgeted expenditures necessary to safely maintain operations, as well as public and employee health and safety.** As public agencies, special districts were not eligible for COVID-19 relief programs, such as PPP, tax credits, and grants, provided to businesses and non-profits to address these impacts.
- **Other special district impacts vary depending on service type and primary revenue source.** Examples include a staggering amount of past due water, wastewater, and electric bills (utilities); unprecedented losses in operational revenues due to restricted activities, rentals, and charges; loss of lease and other business enterprise revenues; overwhelming increased operational expenses and notable revenue losses due to pivoted services.

3) Special districts would utilize funding allocated by the state to benefit their residents, stabilize services, and boost the local economy. They would do this through reimbursing expenditures related to pandemic response; assisting their residents with utility arrearages; restoring services following a year’s worth of losses; rehiring or boosting frontline workers with premium pay where appropriate; and investing in critical water, sewer, and broadband infrastructure – including many capital projects which have been delayed, deferred, or canceled due to the pandemic’s fiscal impacts.

In conclusion, we the undersigned implore you utilize the tools Congress has provided to transfer relief funds to special districts expeditiously, and to ensure these critical, essential service providers continue to provide uninterrupted services to our recovering communities.

Collectively,

CC: The Honorable Nancy Skinner, Chair, Senate Committee on Budget and Fiscal Review
The Honorable Jim Nielsen, Vice-Chair, Senate Committee on Budget and Fiscal Review
The Honorable Phil Ting, Chair, Assembly Committee on Budget
The Honorable Ving Fong, Vice-Chair, Assembly Committee on Budget
The Honorable Mike McGuire, Chair, Senate Governance and Finance Committee
The Honorable Cecilia Aguiar-Curry, Chair, Assembly Local Government Committee
Committee Members, Senate Committee on Budget and Fiscal Review
Committee Members, Chair of the Assembly Committee on Budget
Keely Bosler, Director, Department of Finance

United States Senate

April 1, 2021

The Honorable Gavin Newsom
Governor, State of California
State Capitol, First Floor
Sacramento, CA 95814

The Honorable Anthony Rendon
Speaker, State Assembly
State Capitol, Room 219
Sacramento, CA 95814

The Honorable Toni G. Atkins
President pro Tempore, State Senate
State Capitol, Room 205
Sacramento, CA 95814

Dear Governor Newsom, Speaker Rendon and President pro Tempore Atkins:

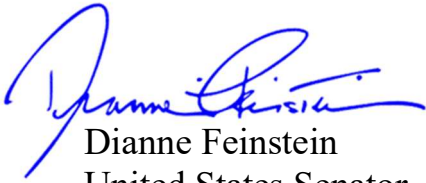
We write in support of using the authority within Section 9901 of the American Rescue Plan (ARP), which provides funds to help States, territories, Tribal governments, and localities manage the public health and economic consequences of COVID-19. In the ARP, Congress has given States considerable flexibility to use the money to address the diverse needs of their communities, and specifically authorizes funding to special districts. We, therefore, request that you use the authority within the ARP to help special districts and other units of State or local government that are in dire need of relief.

As you know, many of California's special districts are experiencing severe fiscal hardship, mostly due to the revenue losses associated with the COVID-19 pandemic. The projected shortfall for California's special districts will exceed \$2.4 billion by the end of 2021. For example, ports were uniquely affected, especially those in travel and tourism. The Port of San Diego saw a revenue decline of \$98 million in Fiscal Year 2020 with a pre-pandemic budget of \$200 million, while the Port of San Francisco projected an \$80 million loss over the next two years with a pre-pandemic budget of \$110 million; for these reasons, California ports have requested \$250 million.

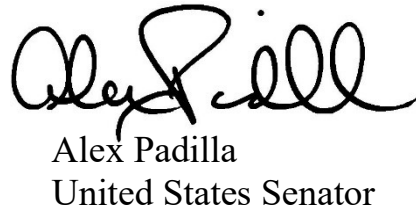
Under your leadership, California is beginning the long road to recovery from the economic impacts of COVID-19. We hope that the funds Congress has provided through the ARP are used to help the State recover from the devastating

health and economic consequences of the pandemic. We appreciate your consideration of our request, and please let us know if we can be of any assistance.

Sincerely,



Dianne Feinstein
United States Senator



Alex Padilla
United States Senator

CC: The Honorable Phil Ting, Chair Assembly Budget Committee
The Honorable Nancy Skinner, Chair Senate Budget & Fiscal Review
Committee
The Honorable David Chiu, Assemblymember, 17th District
The Honorable Scott Weiner, State Senator, 11th District



ACHD Advocate

April 2021

In This Edition:

- CEO Message: Collective Engagement Propels our Success
- Legislative Update: Support [AB 32](#)/Oppose [AB 650](#)
- Upcoming Events: Upcoming Webinar on [Socially Responsible Investing](#)
- Important Articles: Learn about responding to [Public Records Act Requests](#)

CEO Message

The 2021-22 legislative session is well underway and lawmakers have doubled down on COVID-19 related proposals, as well as other health care related policy initiatives. The ACHD Advocacy Team is monitoring these proposals and proactively sharing the healthcare district perspective. It is more important than ever for healthcare districts to be engaged with a unified voice. Therefore, beginning this month, we are extending the Advocate to both ACHD members and non-members for the remainder of the legislative session. Our collective success relies on the engagement of all healthcare districts. Simply put, we are stronger together.



Effective advocacy relies on good data, paired with compelling real-life stories. There is no one more impactful to deliver those stories than you! I hope you will engage regularly with us as we speak with one healthcare district voice ensuring that policy initiatives recognize the care you provide to your communities.

ACHD would like to welcome our newest members of the ACHD Board of Directors, Pamela Kurtzman, CEO, Sequoia Healthcare District and Jeffrey

Griffith, Trustee, Palomar Health. Pamela is very active with ACHD and currently serves on the Education Committee. She is engaged in her community with grant partners, public health, local hospitals and county governance. Jeff has served as a Trustee of Palomar Health since 2012. Jeff is passionate about the legislative process, and as a paramedic and firefighter, he is sure to bring a unique perspectives to ACHD. We look forward to Pamela and Jeff joining the board and are thankful for their willingness to serve.

We would like to extend our appreciation to all of California's healthcare districts for the work you do every day to improve the health and wellness of your communities. If you are not yet a member of ACHD and would like to learn more and access the many other [benefits of ACHD membership here](#), please [email us](#) and we would be pleased to discuss these benefits.

Legislative Update - Call to Action

ACHD's Advocacy Team needs your help with advocacy on two bills that will be acted on soon. Please help us support AB 32 on telehealth expansion, and oppose AB 650 related to hazard pay.

[AB 32 \(Aguiar-Curry\): Telehealth - SUPPORT](#)

The bill would make permanent the current telehealth flexibilities put in place during the COVID-19 pandemic to ensure all patients continue to have this increased access to care moving forward. ACHD has been working with the author and larger coalition extensively to ensure this bill is the primary vehicle for telehealth changes. The bill will be heard in Assembly Health Committee but has yet to be set due to ongoing negotiations with the committee and author. You can read ACHD's letter of support [here](#). Please download this [sample letter](#) to use as a template.

[AB 650 \(Muratsuchi\): Employer-provided benefits: health care workers: COVID-19: hazard premium pay - OPPOSE](#)

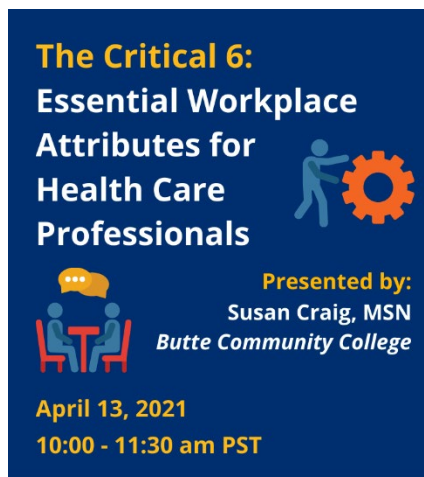
The bill would mandate hazard pay for specified health care workers, including those employed by district hospitals, imposing a new significant unfunded cost on those impacted health care providers. Please note that while the bill does exempt some public entities, it does explicitly capture healthcare districts with over 100 employees. AB 650 is a high priority oppose bill for ACHD, you can read our letter outline district concerns [here](#). Please download this [sample letter](#) to use as a template. The bill is set to be heard in Assembly Labor and Employment

Committee on April 22, 2021 so letters should be submitted to the committee by **COB April 15, 2021**.


If you would like ACHD's help submitting letters to the state legislature, please [contact us](#).

ACHD will be taking formal positions on 56 bills with several high priority support and oppose measures. Keep up to date as ACHD takes positions on them, by viewing our [Legislative Reports](#) or joining us for our upcoming webinar, [2021 Legislative Highlights](#), on **April 29, 2021 at 11:00 am**.


Upcoming Events



**The Critical 6:
Essential Workplace
Attributes for
Health Care
Professionals**



Presented by:
Susan Craig, MSN
Butte Community College



April 13, 2021
10:00 - 11:30 am PST

[The Critical 6: Essential Workplace Attributes for Health Care Professionals](#)

April 13th, 2021
10:00 am - 11:30 am PST

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

[Register Here](#)



**Understanding the Public Records Act:
Best Practices for Responding to
Requests**

May 4th, 2021
10:00 am - 11:00 am PST

There is often confusion on what is subject to a Public Records Act (PRA) request and how to best respond given the quick deadlines. Join this webinar to get familiar with the PRA and understand how electronically stored information principles can help simplify PRA requests.

[Register Here](#)



**Understanding the
Public Records Act:
Best Practices for
Responding to
Requests**

May 4th | 10:00 am - 11:00 am PST

Presented by:
Christine N. Wood
*Director of PRA Services and
E-Discovery Counsel*
Best Best & Krieger LLP



**Including Social
Responsibility into
Your Investment
Program** **May 13th, 2021**
10:00 am - 11:00 am PST

Presented by: **Chandler Asset
Management**
Don Penner
Julie Hughes
Scott Prickett
Christopher McCarry

ACHD
Webinar
Education
Series

**Including Social Responsibility into
Your Investment Program**

May 13th, 2021
10:00 am - 11:00 am PST

Districts will be given a comprehensive overview of Socially Responsible Investing (SRI). Hear real world examples of what other public agencies in California have done and what should be taken into account when considering changing an investment program to include SRI.

[Register Here](#)

Important Articles from ACHD's Corporate Sponsors

California healthcare districts have duties that exceed those of private healthcare providers, and these obligations can come quick and with steep legal fees if overlooked.



The Public Records Act (PRA) provides a constitutional right of access to an agency's records. Simply put, when a request comes in, an agency has 10 days to determine whether it has records and when it will disclose them. This is not an absolute right of access, but the scope is broad. In fact, agencies may even have an obligation to disclose public records that might not be in their actual possession.

To timely comply with the PRA, agencies may need the help of legal counsel with specialized knowledge of electronic records. Join Christine Wood at an [upcoming webinar](#) where attendees will learn more about their obligations under the PRA and how a certified e-Discovery specialist can assist, or [email Christine](#) for a free consultation.

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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



MTHCD Project Matrix

02-23-2021

Program	Description	Lead	Current Status
Pharmacy	Retail Pharmacy, Valley Springs	Dr. Smart	Open
RoboDoc	TeleHealth Service for School Nurses	Dr. Smart/ Nancy Minkler Looking for new coordinator	Live Bret Harte HS, Live Mark Twain Elementary, Valley Springs Elementary live, Michelson Pending
Behavioral Health	VSHWC Service	Susan Deax-Keirns	Two employees hired: collaborating with county behavioral health
Dental	DentiCal Service at VSHWC	Dr. Smart	Three Dental applications: working on NHSC application for federal loan forgiveness
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete.
Stay Vertical	Fall Prevention Program	Steve Shetzline	on-line classes
Valley Springs Phase II	Senior living, VS campus		No activity
Children's Advocacy Center	Centralized location for investigation of neglect, abuse, etc Medical Clearance Exams (MCE)	Peggy Stout	Renewed 5-year contract: subsidized by \$9k-\$12k per year.
Medical Office Building Leases	District provides physical space for medical care in county	Rick Randolph	Richard Randolph will review
Hospital Lease	District provides facility for hospital care	MTHCD Board	Stable
Community Grant Program	District provides grant funding for health initiatives	Debbie Sellick	Jul-21

Last updated 4-23-2021

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

POLICY: Ambulatory Blood Pressure Monitor Testing	REVIEWED: 04/02/21
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Ambulatory Blood Pressure Monitoring, 24 Hr. (Outpatient)

Objective: For Advanced (24 Hour) Outpatient monitoring of patient blood pressures

Response Rating: Mandatory

Indications: Continuous Non-activated Recorder (e.g. Ambulatory Blood Pressure Monitor): 24- to 48-hour continuous external unattended blood pressure monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of abnormal blood pressures.

Required Equipment: An Ambulatory Blood Pressure monitor with case and strap, Patient Acknowledgement Form, Ambulatory Blood Pressure Monitor Test Patient Instructions.

Procedure:

1. Upon receipt of a signed Provider order, Staff will:
 - a. Provide the patient with a copy of the Ambulatory Blood Pressure Monitor Test Patient Instructions and Ambulatory Blood Pressure Monitor Patient Acknowledgement Form.
 - b. The patient will review and sign the Ambulatory Blood Pressure Monitor Patient Acknowledgement Form and staff will scan the completed form into the EMR.
 - c. The staff will schedule a follow-up nurse visit appointment for the patient to return for removal of the device after the ordered test duration is complete.
 - d. The staff member will initiate placement of the Ambulatory Blood Pressure monitor on the same day of the order by:
 - Preparing the Ambulatory Blood Pressure for a new patient test
 - Preparing the patient and placing the blood pressure cuff and monitor per protocol.
 - e. The staff will verify the patient has a complete understanding of the test and instructions.
 - f. All user manuals and troubleshooting guides are located in the Library under Employee Reference Materials. A Quick Reference Guide is also laminated and located with the monitor.

2. When patient returns for the follow-up nurse visit:
 - a. Staff will remove the Ambulatory Blood Pressure cuff and monitor from the patient.
 - b. Staff will verify the unit has been returned in good working condition and signed off on the Patient Acknowledgement Form.
 - c. Staff will disinfect the Ambulatory Blood Pressure unit.
 - d. Staff will collect the patient diary for Provider review.
 - e. Staff will download the Ambulatory Blood Pressure information to the software per protocol.
 - f. Staff will document as needed in the EMR.
 - g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Ambulatory Blood Pressure monitoring period to 48 hours. In this event, staff will verify blood pressure cuff placement.
3. It is understood that placement of the Ambulatory Blood Pressure monitor on a day the patient has been examined by the ordering Provider is preferred.
4. Charges will be entered upon placement of the Ambulatory Blood Pressure monitor, but the claim will be held until the device is returned by the patient.
5. An ABN will be presented to the patient by staff and signed by the patient for a charge of \$50 if the patient is not being provided with the Ambulatory Blood Pressure Monitoring with a diagnosis other than ICD-10-CM R03.0 "Elevated Blood Pressure reading without a diagnosis of hypertension".

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

POLICY: Waived Testing – COVID-19 Rapid Test	REVIEWED: 3/29/21
SECTION: Waived Testing	REVISED:
EFFECTIVE: April Board Meeting	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 nares 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”

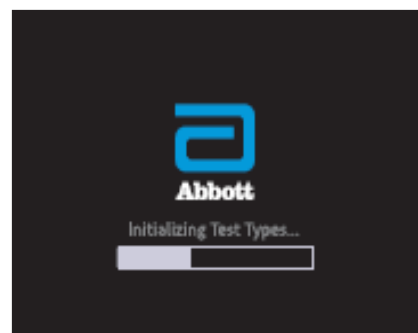
1. QC Testing needs to be performed with each new lot number.
2. For QC testing, select Run QC Test on the Home screen, and follow the displayed instructions.
3. Refer to Running a QC Test in the ID NOW Instrument User Manual for further details.

To Perform a Test:


Step 1

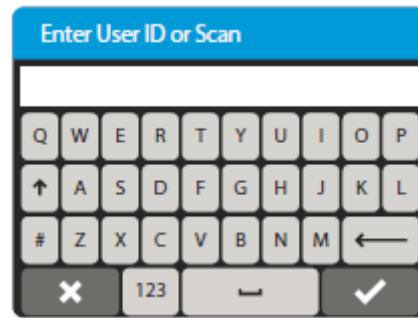
Turn on the ID NOW™ Instrument - press the power button  on the side of the instrument.

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.*



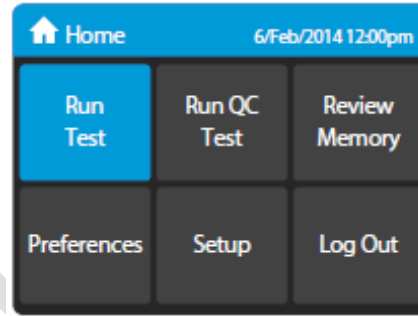
Enter User ID

Press  after entry.



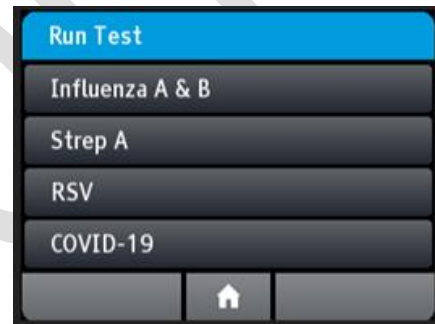
Touch 'Run Test'

This will begin the test process.



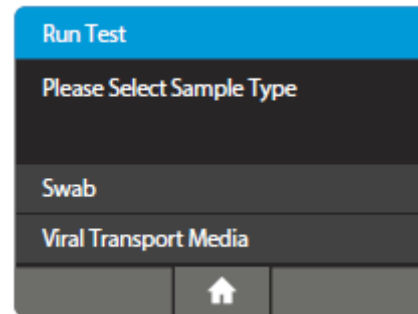
Touch 'COVID-19 Test'

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.

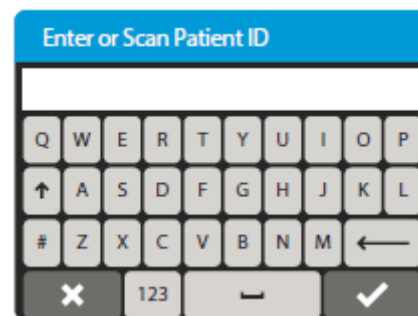


 **Caution: VTM Samples are not an appropriate sample type for the ID NOW™ COVID-19 test.**

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

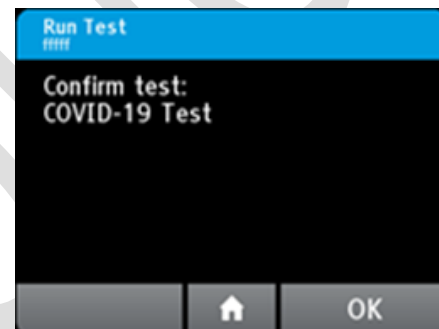
 **Caution:** Do not apply excessive force. Excessive force could damage the instrument.



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.




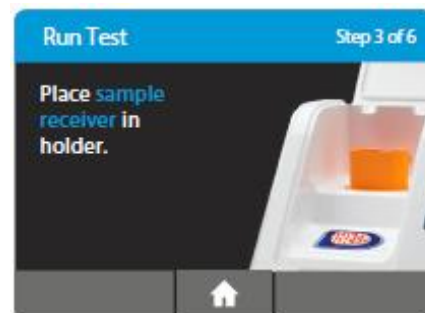
If the incorrect Test Base has been inserted, remove and dispose of the incorrect Test Base. Close the lid. The instrument will then run a self-test before proceeding to the Home screen. Press Run Test and restart the test using the correct Test Base.

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.



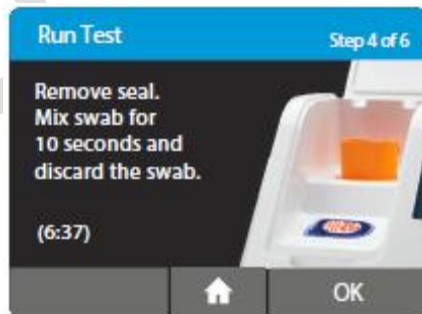
Caution: DO NOT REMOVE THE FOIL SEAL UNTIL PROMPTED BY THE INSTRUMENT. DO NOT close the lid or insert the sample until prompted by the instrument.



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.

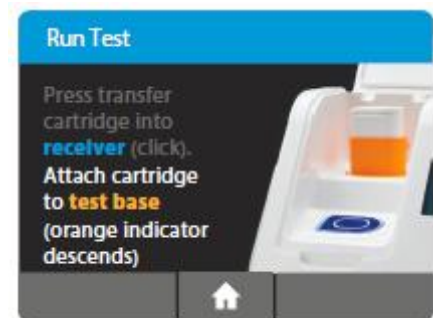


Step 5b

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.

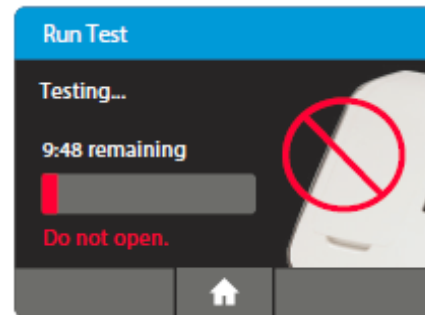
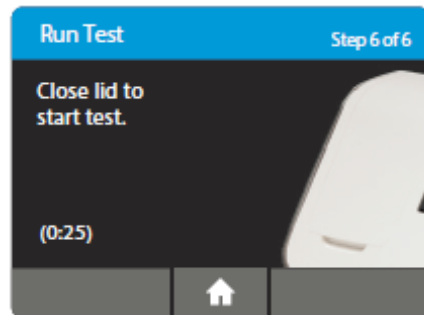



Step 6


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.

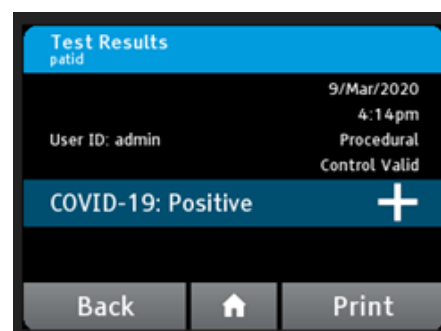
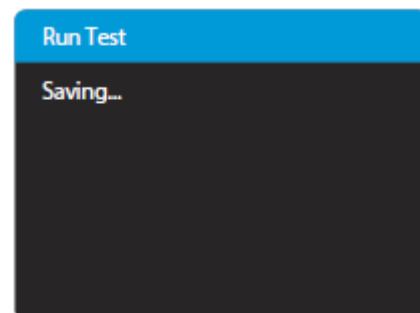
 **Caution:** DO NOT OPEN THE LID. The test will be cancelled and all test pieces (Sample Receiver, Test Base, and Transfer Cartridge) must be removed and discarded. A test result will not be reported or saved in the instrument memory.

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.

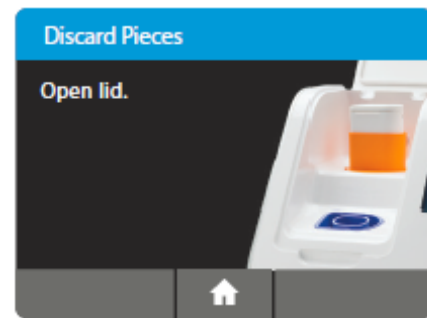
 **Caution: Do not try to remove the Sample Receiver by any other method as there is a risk of spilling the patient sample.**

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.

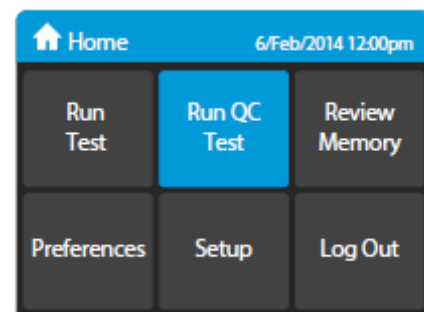
Remove and dispose of gloves.



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.

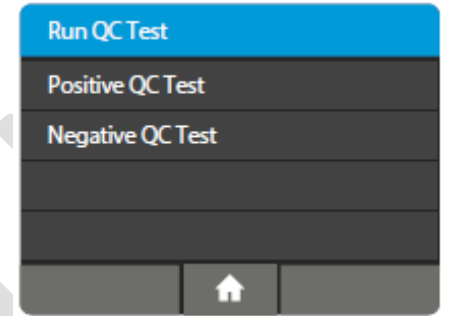
1 Touch 'Run QC Test'



2 Touch 'COVID-19'



3 Select the QC Test to be Run

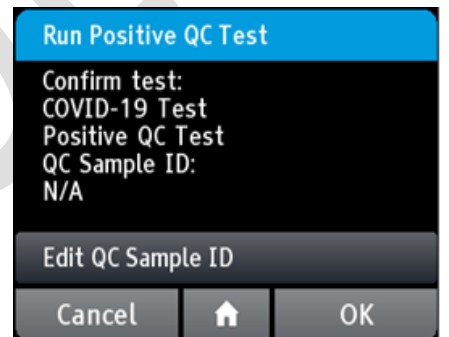


4 Confirm Test

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.

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

POLICY: Sliding Fee Discount Program	REVIEWED: 04/02/21
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: : Sliding Fee Discount Program

Objective: To make available free or discounted services to those in need.

Response Rating: Mandatory

Indications: All patients seeking healthcare services at VALLEY SPRINGS HEALTH & WELLNESS CENTER are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

VALLEY SPRINGS HEALTH & WELLNESS CENTER CLINIC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. VALLEY SPRINGS HEALTH & WELLNESS CENTER will base program eligibility on a person’s ability to pay and will not discriminate based on an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: VALLEY SPRINGS HEALTH & WELLNESS CENTER will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure will be available to all patients at the time of service.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission
 - Sliding Fee Discount Program application will be included with collection notices sent out by VALLEY SPRINGS HEALTH & WELLNESS CENTER.
 - An explanation of our Sliding Fee Discount Program and our application form are available on VALLEY SPRINGS HEALTH & WELLNESS CENTER’s website.

- VALLEY SPRINGS HEALTH & WELLNESS CENTER places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.
 3. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
 4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to VALLEY SPRINGS HEALTH & WELLNESS CENTER as disclosed on the application form.
 5. Eligibility: Discounts will be based on income and family size only.
 - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. VALLEY SPRINGS HEALTH & WELLNESS CENTER will also accept non-related household members when calculating family size.
 - b. Income includes gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
 6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for healthcare services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL Guidelines.
8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by VALLEY SPRINGS HEALTH & WELLNESS CENTER's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, VALLEY SPRINGS HEALTH & WELLNESS CENTER will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
11. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, VALLEY SPRINGS HEALTH & WELLNESS CENTER can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
12. The sliding scale fees apply to any Clinic (in-house) services only. Any send outside vendor labs, referrals, DME or other services are subject to that individual vendor, company or hospital's charges and fees.

13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.
 - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in VALLEY SPRINGS HEALTH & WELLNESS CENTER's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
14. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. VALLEY SPRINGS HEALTH & WELLNESS CENTER will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
15. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

2021 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program



VALLEY SPRINGS
HEALTH & WELLNESS CENTER

Sliding Fee Discount Information It is the policy of Valley Springs Health & Wellness Center to provide essential services regardless of the patient’s ability to pay. VSHWC offers discounts based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name				
Street	City	State	Zip	Phone

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

NAME (PRINT)

SIGNATURE

DATE

Office Use Only

Patient Name:
 Approved Discount:
 Approved by:
 Date Approved:

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.



VALLEY SPRINGS HEALTH & WELLNESS CENTER

Sliding Fee Schedule (SFS)

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$12,880	14,168	15,456	16,744	18,032	19,320	20,608	21,896	23,184	24,472	25,760	25,761+
2	\$17,420	19,162	20,904	22,646	24,388	26,130	27,872	29,614	31,356	33,098	34,840	34,841+
3	\$21,960	24,156	26,352	28,548	30,744	32,940	35,136	37,332	39,528	41,724	43,920	43,921+
4	\$26,500	29,150	31,800	34,450	37,100	39,750	42,400	45,050	47,700	50,350	53,000	53,001+
5	\$31,040	34,144	37,248	40,352	43,456	46,560	49,664	52,768	55,872	58,976	62,080	62,081+
6	\$35,580	39,138	42,696	46,254	49,812	53,370	56,928	60,486	64,044	67,602	71,160	71,161+
7	\$40,120	44,132	48,144	52,156	56,168	60,180	64,192	68,204	72,216	76,228	80,240	80,241+
8	\$44,660	49,126	53,592	58,058	62,524	66,990	71,456	75,922	80,388	84,854	89,320	89,321
For each additional person, add	\$4,540	4,994	5,448	5,902	6,356	6,810	7,264	7,718	8,172	8,626	9,080	9,080

*Based on the 2021 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

Sliding Fee Schedule
Policy Number 162

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

POLICY: Standardized Procedure for Childhood Periodic Health Screening	REVIEWED: 6/1/19: <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>6/19/19</u> April Board Meeting	MEDICAL DIRECTOR:

Subject: Standardized orders for Childhood Periodic Health Screening

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for a childhood periodic health screening.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform components of the periodic health screenings found in the Child Health Disability and Prevention Program (CHDP) periodicity schedule. The Periodicity Schedule for Health Assessment Requirement by Age Groups is broken down into different categories of History and Physical Examinations, Measurements, Sensory Screening, Procedure/Test and Other Laboratory Tests. This includes:

*Vital signs (height/length, weight, blood pressure, respiration, temperature, body mass index, head circumference)

*Sensory screening (Snellen eye test, audiometry)

*Procedure/Test (capillary specimen collection for hemoglobin and/or blood glucose and/or blood lead, venous specimen collection for Blood Lead, testing of urine via approved urinalysis processes)

*Risk assessment/anticipatory guidance questionnaires (Tuberculosis, Lead, Tobacco, Nutritional, and Psychosocial-Behavioral) as well as completion of the age-range specific Staying Healthy Assessment (SHA) tool

The periodic health screening schedule for well-child care is part of the recommended childhood preventative care advocated by the American Academy of Pediatrics periodicity table and followed by the Child Health Disability and Prevention Program (CHDP) for all children enrolled in a Medi-Cal program.

Attached to the policy is the most current periodicity table from the California Department of Health Care Services. It may also be accessed through the link on the DHCS website located in the reference below.

References:

California Department of Health Care Services/ [Bright Futures Periodicity Schedule \(2012-2021\)](#). CHDP Periodicity Schedule for health assessment requirements by age groups. Children's Medical Services.

Retrieved from <http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf>

<https://www.dhcs.ca.gov/services/chdp/Pages/Periodicity.aspx>

<http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf>

REVISSED

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

POLICY: Standardized Procedure for Pregnancy Testing of Patients on Contraception	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for pregnancy testing of patients on contraception

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients who will initiate or are maintaining a contraception method.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived Urine Pregnancy Test for all female patients in the reproductive age group who are initiating or maintaining a contraceptive method. Examples of forms of contraception are Intra-Uterine Devices (IUD), Depo- Provera Injections, Oral Contraceptive Pills (OCP), Birth Control Patch, Birth Control Rings, and Sub dermal Implants.

Known or suspected pregnancy is a contraindication for use of contraception. Urinalysis Pregnancy Testing is a recommended assessment of determining pregnancy status of a patient.

The contraindications for women in a contraceptive method may be accessed through the link website located at the reference below.

Reference:

Merck and Company (2012, Last Update: 10/2020). Nexplanon Prescribing Information. Contraindications for Nexplanon. Retrieved from http://www.merck.com/product/usa/pi_circulars/n/nexplanon/nexplanon_pi.pdf

Pfizer (2011, Revised December 2020). DepoProvera Prescribing Information. Contraindications for Depo Provera. Retrieved from <http://labeling.pfizer.com/ShowLabeling.aspx?id=522>

Jansen (2012). Ortho EvraPatch Prescribing Information. General Precaution. Retrieved from <http://www.orthoevra.com/fullprescribeinfo.html>

Bayer (2013, updated 08/2020). Mirena IUD Prescribing Information. Contraindications for Mirena. Retrieved from http://labeling.bayerhealthcare.com/html/products/pi/Mirena_PI.pdf

Teva (~~n.d.~~ August 2020) ParaGuard IUD Prescribing Information. Contraindications for ParaGuard. Retrieved from http://www.paragard.com/images/ParaGard_info.pdf

Bastian, L. & Brown, H (2013, Last updated Sep 08, 2020, current through Feb 2021). Clinical Manifestations and Diagnosis of Early Pregnancy. Urine Pregnancy Test. Retrieved from http://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-early-pregnancy?source=search_result&search=urine+pregnancy+test&selectedTitle=1%7E150#H8967182

REVISSED

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

POLICY: Standardized Procedure for Pulse Oximeter	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for Pulse Oximeter

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of respiratory distress.

Response Rating:

Required Equipment: Pulse oximeter, patient medical record

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform oxygen saturation measurement using Pulse Oximetry for all patients presenting with symptoms or previous diagnosis of any respiratory issues or respiratory distress such as difficulty breathing (dyspnea), shortness of breath and/or upper respiratory infection.

Pulse Oximetry is a procedure that allows a non-invasive measurement of arterial hemoglobin (Mechem, 2013).

The standard of medical care for respiratory distress may be accessed through the link website located at the reference below.

Reference:

Mechem, C. (~~2013~~Last updated: Mar 08, 2021). Pulse Oximetry. Retrieved from http://www.uptodate.com/contents/pulse-oximetry?source=search_result&search=Pulse+oximetry&selectedTitle=1%7E150

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

POLICY: Standardized Procedure for Strep A - Rapid	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for Strep A Rapid (waived) testing

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of Strep A.

Response Rating:

Required Equipment: Rapid Strep A test kit

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Rapid Strep A testing using Henry Schein One Step + testing kits (swab using two (2) approved swabs) for all patients presenting as noted below with exceptions as stated:

1. Perform Rapid Strep for the following
 - a. If the patient is 3 years or older and sore throat is the only symptom
 - b. Obtain simultaneous throat culture if performing Rapid Strep for patients younger than 18 years old.
 - c. If Rapid Strep is positive, throw away culture swab in biohazard container.
 - d. If Rapid Strep is negative, send swab to the laboratory for throat culture.
2. Do NOT perform Rapid Strep for the following:

If Patient is younger than 3 years old and has cough, congestion, or runny nose.
Rapid Strep A testing is an approved and commonly utilized method of quickly determining the presence *streptococcal* bacteria (Group A).

Reference: "Strep Throat". Mayo Clinic. Downloaded from <http://www.mayoclinic.org/diseases-conditions/strep-throat/diagnosis-treatment/diagnosis/dxc-20166050> on ~~March 2, 2016~~ Dec. 17, 2020.

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

POLICY: Standardized Procedure for Urinalysis	REVIEWED: 7/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>7/31/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for urinalysis

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with urinary tract infections.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) Urinalysis Test (Dipstick Method) for all patients presenting with symptoms of urinary tract infection such as dysuria, urgency or frequency of urination and/or a history of or complaints of urinary frequency.

Urinalysis Testing is a useful assessment of determining patients that are reporting signs or symptoms of urinary tract infections.

The standard of medical care for urinary tract infections may be accessed through the link website located at the reference below.

Reference:

Kelley, N. (~~Last updated: Oct. 29, 2020, current through Feb. 2021~~2013). Screening test in Children and Adolescents. Urinalysis. Retrieved from http://www.uptodate.com/contents/screening-tests-in-children-and-adolescents?source=search_result&search=urinalysis&selectedTitle=3%7E150

Meyrier, A. (~~Last updated: 2019~~3, current through Feb. 2021). Urine sampling and culture in the diagnosis of urinary tract infection in adults Retrieved from http://www.uptodate.com/contents/urine-sampling-and-culture-in-the-diagnosis-of-urinary-tract-infection-in-adults?source=search_result&search=urinalysis&selectedTitle=2%7E150#H6

Field Code Changed

Standardized Procedure for Urinalysis
Policy Number 172

American Family Physician (-2006). AFPIN's Clinical Inquiries. Urine Dipstick in Diagnosing Urinary Tract Infection. American Family Physician 73(1), 129-132. Retrieved from <http://www.aafp.org/afp/2006/0101/p129.html>

REVISED

Standardized Procedure for Urinalysis
Policy Number 172

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

POLICY: Vaccine Administration	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Patient Care	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>6/19/19 April Board Meeting</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 2018 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 after parent/guardian has signed the consent.
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, and the name, address, 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. ALL 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 while placing alcohol swab just above the injection site and — massaging the area.
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 refrigerator.

- b. Protect MMR from light at all times and keep cold. Do not remove vial from the refrigerator 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; <u>3/30/21</u>
SECTION: Operations	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>2/27/19 April Board Meeting</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 District Administrative Office-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 Quality Assurance	REVIEWED: 10/1/19; <u>3/30/21</u>
SECTION: Waived Testing	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>11/19/19 April Board Meeting</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 ~~spreadsheet titled~~ Waived Testing Program QC Requirements.
 - ~~a. All modalities will be listed on the spreadsheet~~
 - ~~b. Quality control frequency will be documented~~
 - ~~c. Quality control modality will be documented (ie liquid controls vs computer chip)~~
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 printout being reviewed will be initialed and dated by the reviewer.

**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; <u>3/30/21</u>
SECTION: Waived Testing	REVISED: 2/20/29; <u>3/30/21</u>
EFFECTIVE: <u>3/25/20 April Board Meeting</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 ~~two~~one swabs 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 A1, then add four (4) drops of Reagent B2.
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 and laboratory log.

REVISED

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

POLICY: Withdrawal Of Care	REVIEWED: 6/1/19: <u>3/30/21</u>
SECTION: Patient Care	REVISED: <u>3/30/21</u>
EFFECTIVE: <u>6/19/19 April Board Meeting</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 or the Medical Director may re-assign the patient to an alternate Clinic provider. In an effort 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 ~~and/or county Medical Society~~ 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. 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 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 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>

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

POLICY: Standardized Procedure for Glucose Check for Diabetic Patients	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for glucose testing of diabetic patients

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with diabetes and returning for follow-up with a health care provider.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test for Random Blood Sugar determination and Hemoglobin A1C for all patients diagnosed with diabetes and presenting to the clinic for a follow up visit.

Testing for Random Blood Sugar is a recommended assessment of glycemic control in the management of diabetes (American Diabetes Association, 2013).

Testing for HbA1C is a recommended assessment of glycemic control in the management of diabetes. (U.S. Department of Health and Human Services, 2012).

The standard of medical care in Diabetes may be accessed through the linked websites located at the reference below.

Reference:

American Diabetes Association (2013). Standards of Medical Care in Diabetes. Diabetes Care ; 36 (S11-66). Retrieved from http://care.diabetesjournals.org/content/36/Supplement_1/S11.full

Diabetes HbA1C (Poor Control), U.S. Department of Health and Human Services Health Resources and Services Administration. Retrieved from <https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/diabetesmodule.pdf> August 8, 2018.

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

POLICY: Standardized Procedure for Hemoglobin Assessment	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>6/19/29 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for the assessment for hemoglobin (use of HemoCue)

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with anemia and returning for follow up with a health care provider.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test of Hemoglobin determination for all patients presenting with a diagnosis of Anemia, all patients who will need a WIC (Women, Infant and Children) referral/appointment, and patients who require a CHDP physical examination and for whom a Hemoglobin Assessment is indicated based upon the current periodicity schedule.

Testing for hemoglobin has been recommended as a sensitive test for the assessment of iron deficiency anemia (USPSTF, 2006).

The US Preventative Task Force Screening Recommendation may be accessed through the link on the USPSTF website located at the reference below.

Reference:

U.S. Preventive Services Task Force (2006). *Screening for Iron Deficiency Anemia—Including Iron Supplementation for Children and Pregnant Women: Recommendation Statement*. Publication No. AHRQ 06-0589, May 2006. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf06/ironsc/ironrs.htm>

(UPDATED n/d)

https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/c7NQCTUxonKVCR_B8nGq9y

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

POLICY: Standardized Procedures for Mid-level Practitioners (NP, PA)	REVIEWED: 9/8/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>9/20/19 April Board Meeting</u>	MEDICAL DIRECTOR:

General Policy Component

Development and Review

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

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

Scope and Setting of Practice

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

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

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

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

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

Qualifications and Evaluation

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

Authorized Mid-Level Provider(s)

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

Protocols

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

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

POLICY: Standardized Procedure for Physical Examinations	REVIEWED: 6/1/19; 2/20/20; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED: 2/20/20
EFFECTIVE: <u>3/25/20 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized orders for physical examinations (sports physical, post-offer physical, annual wellness exam).

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for a physical examination.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform components of physical examinations as found on the physical examination forms utilized in the Clinic. This includes:

- *Vital signs (height/length, weight, blood pressure, respiration, temperature, body mass index, head circumference)
- *Sensory screening (Snellen eye test, audiometry, Ishihara test for color blindness)
- *Procedure/Test (capillary specimen collection for hemoglobin and/or blood glucose, capillary specimen collection for Blood Lead, testing of urine via approved urinalysis processes)
- *Risk assessment/anticipatory guidance questionnaires (Tuberculosis, Lead, Tobacco, Nutritional, and Psychosocial-Behavioral), as well as completion of the age-range specific Staying Healthy Assessment (SHA) tool

Reference: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

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

POLICY: Standardized Procedure for Urinalysis on Pregnant Patients	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>6/22/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized order for Urinalysis on pregnant patients

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for obstetric patients.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test Urinalysis (Urine Analysis using Dipstick method) for all pregnant patients diagnosed presenting to the clinic for health provider visit.

Urinalysis Testing is a recommended assessment for presence of Bacteriuria, which is commonly asymptomatic in pregnant women.

The standard of medical care in pregnant women may be accessed through the link website located at the reference below.

Reference:

Hooton, T. & Gupta K. (2012). Urinary Tract Infections and Asymptomatic Bacteriuria in Pregnancy. Retrieved from http://www.uptodate.com/contents/urinary-tract-infections-and-asymptomatic-bacteriuria-in-pregnancy?source=search_result&search=urinalysis+on+pregnancy&selectedTitle=1%7E150

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

POLICY: Standardized Procedure for Visual Acuity Testing	REVIEWED: 7/1/19; <u>3/30/21</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>7/31/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Standardized procedure for visual acuity

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with injury and/or pain of the eye.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform visual acuity testing for all patients presenting with a complaint of injury and/or pain of the eye.

Visual Acuity Testing is a useful assessment of determining patients that are reporting signs or symptoms of eye pain and/or eye injury; complaints of blurred vision; and patients with a complaint of red/itching eyes consistent with conjunctivitis.

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

POLICY: Urinary Catherization	REVIEWED: 6/1/19: <u>3/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Urinary Catheterization

Objective: To remove urine from the bladder, catheterization of clinic patients will be performed by licensed personnel using sterile techniques upon receipt of written orders.

Acuity Rating: Minimal to Severe

Required Equipment: Sterile foley or temporary catheter, Mini Catheter Kit, KY Jelly, specimen container or drainage bag for collection.

Applies to: Providers or Registered Nurses only

Procedure:

1. Minicath: The purpose of the Minicath is to provide a sterile accurate urine specimen when a female patient is experiencing menses or vaginal discharge. This procedure should be performed on any female of childbearing age beginning or ending her menses or at the physician's request. The minicath may also be considered for a female who is not on her menses, but complains of a discharge.
 - a. Label the specimen container with two patient identifiers (patient name and date of birth).
 - b. Obtain lubricating jelly and apply to a sterile 2x2 or on the sterile field from which you are working.
 - c. Put on the sterile gloves found in the cath kit.
 - d. Loosen the cap on the specimen bottle and pull the cath tube about $\frac{3}{4}$ of the way out of the bottle.
 - e. Cleanse the vaginal area with the iodine swabs provided in the kit, cleaning from the front of the vagina to the back of the vaginal area (one swab down the left, one swab down the right and the third swab down the middle).
 - f. Identify the urethral meatus.
 - g. Lubricate the catheter with lubricating jelly.
 - h. Insert the catheter inside the meatus about one to two inches.
 - i. Fill the specimen bottle with urine. Bottle should be at least $\frac{1}{4}$ to $\frac{1}{2}$ full.
 - j. Remove the catheter from the patient.
 - k. Remove the catheter from the container and close.

- l. Tighten the lid on the specimen bottle, label the specimen, and place the specimen in a
- m. Biohazard bag.
- n. Remove the specimen to the lab area and complete the lab requisition, ensuring the provider has signed the document and included the diagnosis code(s).

2. **Foley Catheter:** The purpose of the Foley Catheter is to provide a continuing means for emptying the bladder to prevent infection, to keep incontinent patients dry, to allow restoration of normal bladder function, or to allow an accurate record of urine output.

- a. Secure the proper size catheter. Commonly used sizes are 18F (5 cc balloon) for adults, 8F or 10F for children (depending on the age of the child), 14F or 16F for the female patient, and 20F or 22F for the male patient. Ask the doctor for proper size.
- b. **Always employ sterile technique for this procedure.**
- c. **If the catheter has a 5cc balloon, always inflate the balloon to make sure it does not rupture, and that it stays inflated.** To check, use 7-10cc's of saline to inflate balloon through the separate short tube. After checking, remove the solution from the balloon, leaving the syringe in place.

3. Female catheterization:

- a. Cleanse the genitalia using cotton balls soaked with betadine.
- b. Separating the labia with the index finger and thumb, clean from front to back, using a new cotton ball for each stroke
- c. Follow procedure for catheter insertion as stated in mini-cath using proper foley catheter.
- d. Inflate balloon and secure catheter to bag or drain bladder and remove catheter.

4. Male catheterization:

- a. Sit or stand by the toilet or have patient lie on exam table. (A wheelchair-bound person may stay in the chair, and allow urine to drain into a bottle).
- b. Squeeze water-soluble lubricating jelly (not a petroleum based products such as Vaseline) onto a sterile 4 x 4.
- c. Apply sterile gloves.
- d. Retract the foreskin if present and cleanse the head of the penis using 3-4 cotton balls and betadine.
- e. Rotate the small end of the catheter in the jelly and lubricate it from the tip down (about 2 inches).
- f. Hold the penis erect and away from the body. Do not hold too tightly, or the pressure will close off the urethra.
- g. Insert the catheter into the urethra, gently but firmly. When the catheter is about half way in, it will meet resistance (a tight muscle). Continue to push gently until the muscle relaxes. **Never use force.** Having the patient take a deep breath will help to relax the muscle. Continue to insert the catheter until urine flows freely. Insert two more inches and inflate balloon if catheter is to remain in patient (secure catheter to foley bag).
- h. Tape the foley to the side of the leg to prevent traction being felt on the penis.

- h. Many male patients who require a catheter due to acute urinary obstruction due to enlarged prostate. As a result, resistance is almost always encountered. If this is the case, the procedure should immediately be discontinued and reported to the ordering practitioner.

5. All patients:

- a. If a record of volume is to be maintained, allow urine to flow into a measuring device such as a urinal (or the foley bag).
- b. If the catheter is not to remain in the bladder DO NOT INFLATE BALLOON but slowly remove the catheter. Once removed, hold the ends of the catheter with both hands to prevent urine spillage.
- c. Record the amount (if required) and appearance of the urine.
- d. Save a portion of the urine for lab use. Discard remaining urine into the toilet.
- e. Record in progress notes, including patient tolerance.

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

POLICY: Urine Collection-Clean Catch Female	REVIEWED: 6/1/19; <u>3/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Urine Specimen Collection

Objective: To obtain a urine sample for microscopic analysis.

Response Rating: Minimal

Required Equipment: Urine container labeled with two patient identifiers, antiseptic towelettes, gloves, urine dipstick, specimen container.

Procedure

1. Explain purpose and procedure to the patient.
2. Wash hands with soap and open specimen container, being careful not to touch the inside of the cup or lid.
3. Put on gloves.
4. Instruct the patient to do the following:
 - a. Insert tampon into vagina if menstruating or if requested by the physician.
 - b. Sit as far back on the toilet as possible and open legs.
 - c. Open towelettes.
 - d. With index finger and middle finger on one hand hold the layers of skin apart. Keep apart through the remainder of the procedure.
 - e. Wipe along side the opening from front to back. Repeat down other side. Then wipe down the middle and discard towelette into wastebasket.
 - f. Pass a small amount of urine into the toilet. Hold specimen cup a few inches from opening and catch urine in the cup. Do not overflow cup, 1/3 to 1/2 full is adequate.
 - g. Place lid on cup.
 - h. Remove tampon if used.
 - i. Wash hands.
 - j. Return cup to nurse or medical assistant.

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

POLICY: Urine Collection-Clean Catch Male	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>6/19/19 April Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Urine Specimen Collection

Objective: To obtain a urine sample for microscopic analysis.

Response Rating: Minimal

Required Equipment: Urine container labeled with two patient identifiers, antiseptic towelettes, gloves, urine dipstick specimen container.

Procedure:

1. Explain purpose and procedure to the patient.
2. Wash hands with soap and open specimen container, being careful not to touch the inside of the cup or lid.
3. Put on gloves.
4. Instruct the patient to the following:
 - a. Wash hands.
 - b. Expose the penis as you normally do to urinate.
 - c. Open towelettes and wipe penis away from the opening. Discard the towelette in the wastebasket.
 - d. Pass a small amount of urine into the toilet and stop.
 - e. Hold specimen cup a few inches from the penis and fill the cup 1/3 to 1/2 full.
 - f. Place lid on cup.
 - g. Wash your hands.
 - j. Return cup to nurse or medical assistant.

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

POLICY: Use of Gloves	REVIEWED: 4/1/19: <u>3/30/21</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>4/24/19 April Board Meeting</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. August 2009. Retrieved 3/~~11/15~~31/21 from http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf

BI-ANNUAL REVIEW

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

POLICY: Venipuncture	REVIEWED: 6/1/19; <u>3/30/21</u>
SECTION: Patient Care	REVISED: 2/16/17
EFFECTIVE: <u>6/19/19 April Board Meeting</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.

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.

BI-ANNUAL REVIEW

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

POLICY: Visual Acuity	REVIEWED: 6/1/19; 3/30/21
SECTION: Patient Care	REVISED:
EFFECTIVE: 6/19/19 April Board Meeting	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 can not be Medically Cleared
 - 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: Volunteer Deployment	REVIEWED: 3/1/19: <u>3/30/21</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>3/27/19 April Board Meeting</u>	MEDICAL DIRECTOR

Subject: Volunteer Deployment

Objective: To properly manage the use of volunteers in an emergency or other staffing strategies including the process and role for integration of State and Federally designated health care professional to address surge needs during an emergency.

Response Rating: Mandatory

Required Equipment:

Procedure

1. City, County, State, and/or Federal agencies may offer/direct volunteers to the Clinic in the case of an emergency/surge situation. All volunteers will be required to follow Clinic processes before being directed to the Incident Commander for deployment.
2. Volunteer provider and provider support staff will be accepted to serve at the Clinic to assist in meeting patient needs after providing the following minimum information to the Credentialing Specialist or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of license, DEA certificate/furnishing license, and photo identification
 - c. Copy of BLS, ACLS, PALS card(s)
 - d. Signed copy of the Clinic's HIPAA non-disclosure document or BAA
3. Volunteer non-medical staff will be accepted to serve at the Clinic to assist in meeting patient access and Clinic operations needs after providing the following minimum information to the Human Resources Director or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of BLS, ACLS, PALS card(s), if applicable
 - c. Signed copy of the Clinic's HIPAA non-disclosure document or BAA
4. Community members, not affiliated with City, County, State, and/or Federal agencies may report to the Clinic for the purpose of volunteering in an emergency/surge situation.

5. Community volunteers will be accepted for service, based upon the Clinic's needs and the volunteers' skill set(s). Volunteers who have medical training (MD, DO, DC, DDS, NP, PA, RN, LVN, RT, PT, MA) will be asked to provide information per item 2 above. Volunteers with no medical office experience will be asked to provide information per item 3 above.
6. Volunteer provider and provider support staff will be paired with current Clinic personnel for orientation to the physical space, equipment, supplies, and documentation resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime medical record forms will be utilized.
7. Volunteer non-medical staff will be paired with current Clinic personnel for orientation to the physical space, telephone equipment, supplies, and registration resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime registration and medical record forms will be utilized.
8. Volunteers will be given assignments by the Incident Commander or their designee commensurate with their licensure and training. Care will be taken to ensure persons are not given assignments that exceed their scope of practice. Example: medical assistants will not be asked/allowed to place or remove urinary or IV catheters
9. A record of all volunteers will be maintained to include:
 - a. Volunteer name, address, and cell phone number
 - b. Agency sending the volunteer or an indication that the volunteer was self-directed from the community
 - c. License/certification information with copies/photos of same
 - d. Time in/time out and assignment
10. If credentials and identity of volunteers were not able to be checked before the volunteers were deployed, Human Resources Director will pursue that verification after the emergency/surge situation has passed.

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

POLICY: Waived Testing - RSV Rapid Test	REVIEWED: 8/29/19; <u>3/30/21</u>
SECTION: Waived Testing	REVISED:
EFFECTIVE: <u>11/19/19 April Board Meeting</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 nasal swabs may be used with this test. Insert the swab into the nostril that appears to have the most secretions. Using a rotation, push the swab gently until resistance is met at the level of the turbinates, at least one inch into the nostril. Rotate the swab a few times against the nasal wall.
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 bottle. Recap the bottle immediately. 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 - Urinalysis Using Siemens Analyzer	REVIEWED: 8/29/19; 2/20/20; <u>3/30/21</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: <u>3/25/20 April Board Meeting</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; <u>3/30/21</u>
SECTION: Waived Testing	REVISED: 2/16/17
EFFECTIVE: <u>11/19/19 April Board Meeting</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 container, tightly capped, 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
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	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; <u>3/30/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>9/20/19 April Board Meeting</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.



**MARK TWAIN
HEALTH CARE DISTRICT**

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Agenda Item: Financial Reports (as of March, 2021)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The March, 2021 financial statements are attached for your review and approval.

- The 2019 – 2020 Audit is many steps closer to being completed. The entire Admin Staff have been pulling reports for the Auditor, Rick Jackson, and we have started receiving and posting adjusting Journal Entries. I am in hopes we will have an updated Trial Balance by the time of the March Board meeting (fingers crossed 😊).
- Mr. Hohenbrink has also provided monthly clinic revenue numbers, and we are booking these as they are provided.
- The March financials includes a debt servicing payment on the USDA loan.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District						
Annual Budget Recap						
	03/31/21	2020 - 2021 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	3,570,281	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	3,570,281	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(4,119,991)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Total Expenses	(4,119,991)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Surplus(Deficit)	(549,710)	310,726	(261,418)	171,260	31,000	431,884

Mark Twain Health Care District							
Direct Clinic Financial Projections							
							3/31/2021
VSHWC							
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	362,452	4,674,075	3,505,556	599,782	1,747,795	37.39%
4083.60	Contractual Adjustments	(51,948)	(1,087,124)	(815,343)	(383,356)	(385,825)	
	Net Patient revenue	310,504	3,586,951	2,690,213	216,426	1,361,970	37.97%
4083.90	Flu shot, Lab income, physicals		1,000	750			0.00%
4083.91	Medical Records copy fees		750	563			0.00%
4083.92	Other - Plan Incentives		30,000	22,500			0.00%
			31,750	23,813	0	0	0.00%
	Total Other Revenue	310,504	3,618,701	2,714,026	216,426	1,361,970	37.64%
7083.09	Other salaries and wages	(833,307)	(1,008,540)	(756,405)	(82,491)	(773,524)	76.70%
7083.10	Payroll taxes	(52,045)	(78,666)	(59,000)	(7,425)	(59,059)	75.08%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(6,808)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(37,487)	(16,433)	(96,552)	193.17%
7083.14	Group Life Insurance		(1,614)	(1,211)			0.00%
7083.15	Pension and Retirement		(25,214)	(18,911)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(7,564)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(1,135)			0.00%
	Total taxes and benefits	(96,806)	(176,151)	(132,113)	(23,858)	(172,940)	98.18%
	Labor related costs	(930,113)	(1,184,691)	(888,518)	(106,349)	(946,465)	79.89%
7083.05	Marketing	(7,096)				(1,524)	
7083.20	Medical - Physicians	(422,491)	(905,244)	(678,933)	(84,754)	(510,008)	56.34%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(56,250)	(9,869)	(68,351)	91.13%
7083.23	Legal - Clinic	(27,900)	0			1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	(2,250)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(95,180)	(18,301)	(122,210)	96.30%
7083.29	Other Professional fees	(11,199)	(80,932)	(60,699)	(1,144)	(8,136)	10.05%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(2,777)		(880)	23.78%
7083.38	Pharmaceuticals		(139,504)	(104,628)			0.00%
7083.41	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(19,286)	(31,995)	(169,777)	660.25%
7083.44	Linens		(1,200)	(900)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(18,186)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(112,857)			0.00%
7083.45	Cleaning supplies		(47,578)	(35,684)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(6,078)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(233,263)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(52,509)	(95,083)	(71,312)	(10,862)	(68,450)	71.99%
8870.00	Interest on Debt Service	(60,469)	(257,355)	(193,016)	(247,534)	(435,495)	169.22%
7083.43	Food	(935)	(2,000)	(1,500)		(893)	44.64%
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(11,571)	(3,664)	(49,703)	322.16%
7083.69	Other purchased services	(52,143)	(232,076)	(174,057)	(705)	(67,221)	28.97%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(12,641)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(23,327)	(2,089)	(39,562)	0.00%
7083.83	Licenses & Taxes		(1,500)	(1,125)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(15,677)	(425)	(11,475)	54.90%
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(1,125)	(26)	(4,473)	298.23%
7083.87	Outside Training	(199)	(15,000)	(11,250)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(3,000)	(227)	(616)	15.40%
7083.89	Recruiting	(25,209)	(40,000)	(30,000)	(3,706)	(38,941)	97.35%
8895.00	RoboDoc		(60,000)	(45,000)	(832)	(21,594)	
	Non labor expenses	(1,220,972)	(2,695,428)	(2,021,571)	(416,132)	(1,618,052)	60.03%
	Total Expenses	(2,151,084)	(3,880,119)	(2,910,089)	(522,482)	(2,564,517)	66.09%
	Net Expenses over Revenues	(1,840,581)	(261,418)	(196,064)	(306,056)	(1,202,546)	460.01%

Mark Twain Health Care District							
Rental Financial Projections			Rental				
							3/31/2021
		Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,094,553	1,092,672	819,504	90,696	817,569	74.82%
			0				
	Rent Revenues	1,094,553	1,092,672	819,504	90,696	817,569	74.82%
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(626,284)	(758,483)	(568,862)	(63,383)	(548,193)	72.27%
9520.72	Depreciation	(121,437)	(148,679)	(111,509)	(9,603)	(87,822)	59.07%
9520.82	Insurance						
	Total Costs	(753,800)	(907,162)	(680,372)	(72,986)	(636,014)	70.11%
	Net	340,753	185,510	139,133	17,710	181,554	144.93%
9260.02	MOB Rents Revenue	219,815	251,016	188,262	17,172	143,210	57.05%
9521.75	MOB rent expenses	(240,514)	(261,016)	(195,762)	39,412	(198,295)	75.97%
	Net	(20,699)	(10,000)	(7,500)	56,584	(55,085)	550.85%
9260.03	Child Advocacy Rent revenue	7,500	9,000	6,750	750	6,750	75.00%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(8,250)		(949)	8.63%
	Net	7,203	(2,000)	(1,500)	750	5,801	-290.04%
9260.04	Sunrise Pharmacy Revenue				1800	9000	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(1,688)		(3,785)	
		1,321,868	1,352,688	1,014,516	110,417	976,528	72.19%
		(996,785)	(1,181,428)	(886,071)	(33,573)	(839,043)	71.02%
	Summary Net	325,083	171,260	128,445	76,844	137,485	80.28%

Mark Twain Health Care District								
Projects, Grants and Support								
		3/31/2021						
			Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual	
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(31,000)	(23,250)		(14,000)	45.16%	
8890.00	Foundation	(465,163)						
8890.00	Veterans Support		(5,000)	(3,750)		0		
8890.00	Mens Health		(5,000)	(3,750)		0		
8890.00	Steps to Kick Cancer - October		(5,000)	(3,750)		0		
8890.00	Doris Barger Golf		(2,000)	(1,500)		0		
8890.00	Stay Vertical		(14,000)	(10,500)	(7,000)	(14,000)	100.00%	
8890.00	Golden Health Grant Awards							
	Project grants and support	(465,163)	(31,000)	(23,250)	(7,000)	(14,000)	45.16%	

Mark Twain Health Care District									
General Administration Financial Projections					Admin			3/31/2021	
					Budget				
				DRAFT	2020/2021	Month	Actual	Actual	Actual
		2016/2017	2017/2018	2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	4,423	5,045	395,646	100,000	75,000	226	36,472	36.47%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	825,000	91,667	825,000	75.00%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	3,316	(15,514)	
Summary Revenues		939,844	1,004,488	1,478,470	1,200,000	900,000	95,209	845,958	70.50%
8610.09	Other salaries and wages	(33,587)	(235,531)	(217,269)	(352,591)	(264,443)	(18,331)	(160,865)	45.62%
8610.10	Payroll taxes			(14,875)	(23,244)	(17,433)	(856)	(7,446)	32.03%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(2,380)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(13,106)			0.00%
8610.14	Group Life Insurance				(564)	(423)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(6,611)	(190)	(2,397)	27.20%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(2,645)			0.00%
8610.18	Other payroll related benefits				(529)	(397)		(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(42,994)	(1,045)	(10,143)	17.69%
Labor Costs		(33,587)	(236,194)	(247,658)	(409,916)	(307,437)	(19,377)	(171,008)	41.72%
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(46,125)	(2,316)	(3,921)	6.38%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(22,500)	(928)	(928)	3.09%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(93,750)	(3,645)	(41,956)	33.57%
8610.43	Food			(868)	(2,000)	(1,500)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,595)	(18,000)	(13,500)	(95)	(12,741)	70.78%
8610.62	Repairs and Maintenance Grounds				0	0		(4,296)	
8610.69	Other			(12,877)		0	(646)	(8,642)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(1,875)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(6,900)			0.00%
8610.80	Utilities			(420)	(1,000)	(750)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(18,750)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(15,000)	(24)	(8,777)	43.88%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(11,250)		(660)	4.40%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(11,250)			0.00%
8610.89	Recruiting			(2,368)	(2,000)	(1,500)		(1,714)	85.70%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(62,405)	(32,000)	(24,000)	(7,518)	(45,311)	141.60%
	Non-Labor costs	(521,817)	(532,071)	(221,286)	(358,200)	(268,650)	(15,173)	(145,599)	40.65%
	Total Costs	(555,404)	(768,265)	(468,944)	(768,116)	(576,087)	(34,549)	(316,607)	41.22%
Net		384,440	236,223	1,009,526	431,884	323,913	60,660	529,352	122.57%

Mark Twain Health Care District

Balance Sheet

As of March 31, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	129,271
1001.20 Umpqua Bank - Money Market	6,443
1001.30 Bank of Stockton	159,198
1001.40 Five Star Bank - MTHCD Checking	135,546
1001.50 Five Star Bank - Money Market	399,181
1001.60 Five Star Bank - VSHWC Checking	49,664
1001.65 Five Star Bank - VSHWC Payroll	117,688
1001.90 US Bank - VSHWC	19,945
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,017,336
Accounts Receivable	
1200 Accounts Receivable	-940
Total Accounts Receivable	-940
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,552,731
1069 Due from Calaveras County	434,586
115.20 Accrued Lease Revenue	-2,401
1205.00 Due from insurance proceeds	1,366,181
1205.50 Allowance for Uncollectable Clinic Receivables	-516,782
130.30 Prepaid VSHWC	1,270
Total Other Current Assets	11,837,099
Total Current Assets	12,853,494
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC Land	903,112
1220.10 VSHWC - Buildngs	7,485,205
1220.20 VSHWC - Equipment	834,704
1221.00 Pharmacy Construction	227,907
160.00 Accumulated Depreciation	-5,342,090
Total Fixed Assets	9,812,175
Other Assets	
1710.10 Minority Interest in MTMC - NEW	448,013

180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	356,574
2219 Capital Lease	6,390,584
Total Other Assets	7,195,171
TOTAL ASSETS	29,860,841
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	3,248
Total 200.00 Accts Payable & Accrued Expenses	3,248
200.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenses	0
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	16,909
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	18,163
226 Deferred Revenue	198,975
Total Other Current Liabilities	313,962
Total Current Liabilities	317,210
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,349,251
2128.02 Deferred Utilities Reimbursement	2,450,749
2129 Other Third Party Reimbursement - Calaveras County	275,000
2210 USDA Loan - VS Clinic	7,296,052
Total Long-Term Liabilities	11,371,052
Total Liabilities	11,688,262
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-1,646,499
Net Income	-549,710
Total Equity	18,172,578
TOTAL LIABILITIES AND EQUITY	29,860,841

Investment & Reserves Report						
31-Mar-21						
						Annual
Reserve Funds	Minimum Target	6/30/2020 Balance	2020 Allocated	2020 Interest	3/31/2021 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	5,389	2,205,389	
Capital Improvement Fund	12,000,000	2,926,923	0	7,190	2,934,113	
Technology Reserve Fund	1,000,000	1,000,000	0	2,450	1,002,450	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	5,879	2,405,879	
Loan Reserve Fund	2,000,000	2,000,000	0	4,899	2,004,899	
Reserves & Contingencies	19,600,000	10,526,923	0	25,808	10,552,731	0
		2020 - 2021		Annualized		
CalTRUST	3/31/2021	Interest Earned		Rates	Duration	
Valley Springs HWC - Operational Reserve Fund	2,205,389	5,389				
Capital Improvement Fund	2,934,113	7,190				
Technology Reserve Fund	1,002,450	2,450				
Lease & Contract Reserve Fund	2,405,879	5,879				
Loan Reserve Fund	2,004,899	4,899				
Total CalTRUST	10,552,731	25,808			1 Year or Less	
Five Star						
General Operating Fund	348,567	329.31				
Money Market Account	399,181	7,645.23				
Valley Springs - Checking	49,664	80.93				
Valley Springs - Payroll	117,688	92.45				
Total Five Star	915,099	8,147.92			1 Year or Less	
Umpqua Bank						
Checking	129,271	0.00				
Money Market Account	6,443	2.42				
Investments	1,514					
Total Savings & CD's	137,228	2.42				
Bank of Stockton	159,198	55.46			1 Year or Less	
Total in interest earning accounts	11,764,256	34,014				
Beta Dividend		1,200				
Total Without Unrealized Loss		35,214				
<p>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.</p>						

Term of Office:

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

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

Officers of the District:

4-15-2021 Per Lease Language - Changed from Corp to Board of Director.

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

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

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

The President:

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

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

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

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

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

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

4.6 Corporate **Board of Directors Representation**

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

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

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

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

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

4.7 Community Board Representation

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

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

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

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



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Resolution 2021 – 02

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

Change in MTHCD Board Policies

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

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

WHEREAS: The *ad hoc* policy committee has reviewed policies number 3, 4 recommended changes in those policies, and presented changes to the public at the April 28, 2021 Board of Directors Meeting.

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

RESOLVED: That policies 3 & 4 be amended as published in the April 28, 2021 Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 28th day of April 2021, by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer