MARK TWAIN
HEALTH CARE DISTRICT

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

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

Wednesday September 29, 2021
9:00 am

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 August 18, 2021.
- Un-Approved Board Meeting Minutes for August 25, 2021.

B. Correspondence:

- Center for Care Innovations (CCI) Grant with Tides Foundation - Approval (9-21-2021):
- MTMC Foundation – Thank You for $328,000.00 (9-16-2021)

6. **MTHCD Reports:**

A. President's Report:……Ms. Reed

- Association of California Health Care Districts (ACHD):
    - ACHD September 2021 Advocate & Annual Meeting (Sept. 22-24) Recap:
    - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:.…Ms. Hack
- Meetings with MTHCD CEO:

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

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

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

- Strategic Planning:
- District Projects Matrix – Monthly Report:
- COVID Vaccine Outreach:
- Grant Schedule:
- MTMC Foundation Grant:

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

          REVISED POLICIES

          Emergency Situation/Unresponsive Patient - 65
          Follow - up Calls - 81
          Emergency Medications and Supplies - 62
          Policy Development and Review - 137
          Blue Shield Eligibility Verification - 29

          BI-ANNUAL REVIEW POLICIES

          Audiogram-Threshold-19
          Biohazard Material Management - 25
          Blue Shield Eligibility Verification - 29
          Compliance - 42
          Consents For Treatment - Guidance - 43
          Contagious Patient - 44
          Culture Transmittal - 48
          Emergency Release Of Patient Records - 64
          Eye Medications-Dispensing - 75
          Follow-Up Of Patients - 82
          Handwashing - 84
          HIV Testing - 86
          Infection Control - 88
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          Medication Management Emergency Response to Power Failure - 115
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Scope of Services - 156
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E. VSHWC Quality Reports:……..Ms. Terradista

- Quality – Aug. 2021:
- MedStatix:

F. Stay Vertical Calaveras:……Mr. Shetzline

7. Committee Reports:

A. Finance Committee:……..…….……..…….....…….Ms. Hack / Mr. Randolph

- Financial Statements – Aug. 2021: Public Comment – Action…..…….....…..Mr. Wood

B. Ad Hoc Policy Committee:…..……..……..……..…..…Ms. Sellick / Ms. Hack

- **Resolution 2021-07 – MTHCD Board Policies**
  - **MTHCD Board Policies** (Posted Aug. 25, 2021) Public Comment – Action
  - District Policy # 8 - Board Meeting Agenda
  - District Policy # 9 - Add to Policy # 8 then Retire
  - District Policy # 12 - Conflict of Interest Code & Ethics:
  - District Policy # 13 - Appointments to the District Board:
  - District Policy # 14 – Conduct Related to Elections:

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

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:

- Calaveras Grown Farmers Market (Gov. Center) Through October each Thurs. 4-6 pm:
- Health Science Program Open House – CHS Performance Art Center Oct. 26, 2021.
- Let Staff know when you are volunteering in your community.

9. Next Meeting:

A. The next meeting will be Wednesday October 27, 2021 at 9am.

10. Closed Session: Provider Credential Review:

A. Anticipated Litigation: §54956.9

B. Public Employee Appointment: § 54957

11. **Open Session:**

A. Credentialing:

- **Credentialing Clinic Providers:**
  - **Valley Springs Health & Wellness Center Providers -** Public Comment - Action
    - Cheri Aguiar, LCSW
    - Christian Bader, DDS
    - Susan Deax-Keirns, LMFT
    - Satvir Dhaliwal, DDS
    - Suzanne Dietrich, RD, COE
    - Thomas Drakes, MD
    - Sarah Krutsinger, LCSW
    - Rhoda Nussbaum, MD
    - Melanie Yurkovich, NP

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: Wed. September 29, 2021 MTHCD Special Board Meeting
Time: Sep 29, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/88292298758?pwd=S2ppTVlRUElqeXJyVHJFakVQNTlVdz09

Meeting ID: 882 9229 8758
Passcode: 025742
One tap mobile
+16699006833,,88292298758#,,,,*025742# US (San Jose)
+12532158782,,88292298758#,,,,*025742# 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)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
Meeting ID: 882 9229 8758
Passcode: 025742
Find your local number: https://us02web.zoom.us/u/kcqn2S1RgU

- 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.

MARK TWAIN
HEALTH CARE DISTRICT

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

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

9:00 am
Wednesday August 18, 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 9:07am.

2. **Roll Call:**

	Present in Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	**X**			
Richard Randolph	**X**			

- **Public seat vacant.**

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

Public Comment: 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 July 21, 2021:

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

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

- Planning Commission – Parking Canopy:

  Dr. Smart: The County deemed this a development project. Met with the Planning Commission. Project was approved by resolution. It will take approx.. 2 to 3 weeks for the signed resolution. Permit from the Building Dept. will take another few weeks. Looking to start the construction within 6 weeks.

- Grant Summary:

  Grant Summary is updated daily. Weekly meetings to share information. Applied for grant #10 for $105,396 to Advance Behavior Health in Primary Care. Only 14 awards will be given out of approx. 97 applications.

- USDA Loan:

  The 6-month payment is due Sept 1, 2021 for $276,050.

7. **Real Estate Review:**

Committee has been formed. Planning to meet after Strategic meeting Oct. 8-9, 2021.

8. **Accountant's Report**: Public Comment - Action

- July 2021 Financials Will Be Presented to The Committee:

Mr. Wood: The County of Calaveras sent the final payment for the previous fiscal year. But we are still waiting for the final reconciliation documents. The biggest item contributing to the District's overall loss for the month was the $328,000 payment to the Foundation. The Balance Sheet shows a strong cash position.

- Annual Audit – July 1, 2020 – June 30, 2021 Update:

Reconciliations are currently being done and will be continuing throughout September. The plan is to present to the auditor mid-October.

Dr. Smart: There will be some changes in the clinic labor next month. We have 1 provider leaving, 1 ½ Nurse Practitioners starting, 1 additional Dentist starting (making Dental Dept. 4 days/week) We are hiring 1 more LCSW for a total of 3 Behavior Health staff.

Public Comment: None

Motion: To approve July Financials & Interest & Investment Report by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

9. **Treasurer's Report:**

Hearing none

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

Dr. Smart: Anthem and Dignity Health are contracted again retro to July 15, 2021. We should expect a reduction in health care workers in the County due to the State mandate that all Health Care Providers must be Vaccinated. Should not affect the VSHWC. Would like to add information about Senate Bill 259 to the agenda for next month.

11. Next Meeting:

- Wed. Sept. 15, 2021, at 9am.

12. Adjournment: - Action

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Hack
Vote: 2-0
Time: 10:03am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: August 18, 2021 MTHCD Finance Committee Meeting
Time: Aug 18, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/88015903863?pwd=Q29xWEVhRjJwWW5MdkdQbTU2QWJiQT09

Meeting ID: 880 1590 3863
Passcode: 731864
One tap mobile
+16699006833,,88015903863#,,,,*731864# US (San Jose)
+13462487799,,88015903863#,,,,*731864# US (Houston)

Dial by your location
- **+1 669 900 6833 US (San Jose)**
- **+1 346 248 7799 US (Houston)**
- **+1 253 215 8782 US (Tacoma)**
- **+1 301 715 8592 US (Washington DC)**
- **+1 312 626 6799 US (Chicago)**
- **+1 929 205 6099 US (New York)**

Meeting ID: 880 1590 3863
Passcode: 731864
Find your local number: https://us02web.zoom.us/u/kbTEGDbFff

Effective - Mar 17, 2020.

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

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

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

Wed. August 25, 2021
9:00 am

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. Sellick at 9:57 am.

2. **Roll Call:**

	Present in Person	Via Zoom/Phone	Excused Absence	Time of Arrival
Ms. Reed			X	
Ms. Sellick	X			
Ms. Hack	X			
Mr. Randolph	X			
Ms. Minkler	X			

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

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Minkler
Vote: 4-0

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

Hearing None

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

A. Un-Approved Minutes:

- Un-Approved Special Finance Committee Meeting Minutes for July 21, 2021
- Un-Approved Special Board Meeting Minutes for July 28, 2021.

B. Correspondence:

- ($328k) Gift to MTMC Agreement 7-29-2021 - Project TBD

Public Comment: None
Motion: Ms. Minkler
Second: Ms. Hack
Vote: 4-0

6. **MTHCD Reports:**

A. President's Report:

- Association of California Health Care Districts (ACHD):
  - ACHD August 2021 Advocate:
    - ✓ Annual Meeting: Recover, Refocus & Adapt (Sept. 22-24) Olympic Valley, CA

Ms. Sellick: (1) Delivered the President's report in Ms. Reed's absence. (2) Copper Clinic looks good. Slotted to open on Sept. 16, 2021.

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

Ms. Hack: Senate Bill 8133 is a mandate for Health care Providers to exchange health information for care coordination. CalAIM committee to meet next Monday**.**

- Meetings with MTHCD CEO:

B. MTMC Community Board Report:

Ms. Sellick: Unable to attend due to time changes. In process of obtaining minutes from that meeting for the Board to review.

C. MTMC Board of Directors:

Member not present to present

D. Chief Executive Officer's Report:

- Strategic Planning:

Dr. Smart: Oct. 8-9th has been scheduled for the Strategic Planning meeting. Cheryl Duncan to facilitate. Will be held at The Library at Camps Restaurant in Angels Camp. Notebooks to be distributed 2 weeks prior to meeting.

- District Projects Matrix – Monthly Report:

(See page 27 of Packet)

- COVID Vaccine Outreach:

Grant #7. Vaccine Confidence Program. Will be using grant funds to promote vaccinations. Via Billboards, Tri-fold brochures, Transit advertising, etc.…

Vaccination Clinic running every Thursday afternoon and some Saturdays. Numbers have gone up in the vaccination clinic as more positive COVID tests have been coming up. The Clinic administered 18 vaccinations last Thursday.

- Grant Schedule:

(See page 28 of Packet) Chart is updated daily. Weekly meetings are being held.

- Valley Springs Health & Wellness Center:
    - VS H&W Center – Policies and Forms: Public Comment – Action

- Staffing Changes:

Dr. Smart: VSHWC just hired 1 Dentist and 1 Nurse Practitioner.
Looking for 1 RoboDoc Coordinator.

- Policies for Aug 2021 - Valley Springs Health & Wellness Center:
  Punctuation & Grammar Changes – Please Submit to District Office Staff.

REVISED POLICIES

Flat Rate Fee Program
Reference Resources
Registration Of Established Patient
Registration of New Patient
BI-ANNUAL REVIEW POLICIES
Age Restriction
Autoclave Spore Testing
Autoclave Use And Maintenance
Auxiliary Aids and Services for Persons with Disabilities
Business Hours
Cash On Hand Management
Communicable Disease Reporting
Dental Emergencies
Dissemination of Non-Discrimination Policy
Litigation (Potential)
Marketing
Medi-Cal Eligibility Verification
Medical Records Forms and Fees
Medication, Supply, And Equipment Recalls/Warnings
Patient Rights and Responsibilities Statement
Peer Review
Preventative Maintenance Inspections
Radiology Safety
Retention Of Records
Return to Work – Clinic Personnel
Security And Retention of Medical Records
Universal Precautions
Waste, Fraud, and Abuse

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Hack
Vote: 4-0

E. VSHWC Quality Reports:

- Quality – July 2021:

Ms. Terradista: 1531 total patients. July shows 46% payor mix. 210 new patients. Wait time and No-Show scores have improved.

- MedStatix:

(See pages 90-91 of Packet) Scores look good.

F. Stay Vertical Calaveras:

No report available

7. Committee Reports:

A. Finance Committee:

- Financial Statements – July 2021: Public Comment – Action

Mr. Wood: June 2021 Year End still in DRAFT form. Goal to get the financials to the auditor is still Mid-October. The Clinic numbers are getting stronger. The Balance Sheet is showing a strong cash position.

Public Comment: None
Motion: To approve July Financials with Interest & Reserves Report by Ms. Minkler
Second: Mr. Randolph
Vote: 4-0

B. Ad Hoc Policy Committee:

- **Resolution 2021-04 -** MTHCD Board Policies:
  - Policies Posted 7-28-2021: Public Comment – Action
    - District Policy # 10 - Conduct of Meetings:
    - District Policy # 11 - Minutes, Resolutions and Closed Session Minutes:
    - District Policy # 23 - Request for Public Funds, Community Grants/Sponsorships:

Public Comment: None
Motion: Ms. Minkler
Second: Mr. Randolph
Vote: 4-0

- **Resolution 2021-07 –** MTHCD Board Policies (30-day Notice)
  - District Policy # 8 - Board Meeting Agenda
  - District Policy # 9 - Add to Policy # 8 then Retire
  - District Policy # 12 - Conflict of Interest Code & Ethics:
  - District Policy # 13 - Appointments to the District Board:
  - District Policy # 14 – Conduct Related to Elections:

C. Ad Hoc Personnel Committee:

Nothing new to report.

D. Ad Hoc Grants Committee:

Nothing new to report.

8. Board Comment and Request for Future Agenda Items:

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

- Calaveras Grown Farmers Market (Gov. Center) Opens in June each Thurs. 4-6 pm: Let Staff know when you can volunteer.

9. Next Meeting:

A. The next meeting has been changed to be Wednesday September 29, 2021, at 9am.

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

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Minkler
Vote: 4-0
Time: 10:52 am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: August 25, 2021, MTHCD Board Meeting
Time: Aug 25, 2021, 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/84896924474?pwd=N0hzbkl4WGw5TEgrbFFXK2NER3QxUT09

Meeting ID: 848 9692 4474
Passcode: 587207
One tap mobile
+16699006833,,84896924474#,,,,*587207# US (San Jose)
+12532158782,,84896924474#,,,,*587207# US (Tacoma)

Dial by your location
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+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
Meeting ID: 848 9692 4474
Passcode: 587207
Find your local number: https://us02web.zoom.us/u/ktqbuDg7I

- 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.

From: Juan Carlos Piña <juancarlos@careinnovations.org>
To: Randy Smart <rwsmart@pacbell.net>; susan.dk@vshwc.org <susan.dk@vshwc.org>
Cc: Juliane Tomlin <juliane@careinnovations.org>; Kathryn Phillips <kphillips@chcf.org>; Accounting <accounting@careinnovations.org>
Sent: Tuesday, September 21, 2021, 01:08:40 PM PDT
Subject: Thank you for your application to the Advancing Behavioral Health Equity in Primary Care program

Dear Valley Springs Health and Wellness Center,

We are happy to share that the Center for Care Innovations (CCI) is recommending your organization for a grant in the amount of **$75,000** to support your work in the Advancing Behavioral Health Equity in Primary Care (ABHE) program. This collaborative is supported by a generous grant from the California Health Care Foundation (CHCF) and is run by the Center for Care Innovations (CCI).

CCI's fiscal sponsor, Tides Foundation, will arrive at its final decision and disburse the grant by late-October. Please note that the grant award is not final until approved by Tides Foundation's CEO and Board of Directors. Pending those decisions, you will receive an email from CCI by early-October with the grant award letter and agreement terms enclosed. Payments will be made in the following format:

CHCF will provide a participation grant of **$50,000** and payments will be made in the following installments (please allow up to a month for payment to be processed):

- **$40,000** upon receipt of grant award letter
- **$10,000** (Final Installment) At close of project. Please expect payment in June of 2023. The final payment is contingent on full participation in the project.
-

CCI will provide a supplemental grant of **$25,000** and will be paid by the Tides foundation on CCI's behalf. Payments will be made in the following installments (please allow up to a month for payment to be processed):

- **$21,250** (85%) upon receipt of grant award letter.
- **$3,750** (15%) upon completion of final report, final financials, and final data submission.

Finally, to help your team stay organization, I'm including a list of immediate next steps:

- **Save the Dates:**
  - Register here for the Capabilities Assessment Tool (CAT) Orientation on **September 28th at 12pm - 1pm (PST).** All program participants are encouraged to attend to receive an overview of the CAT, which you will be required to complete with your team and submit by **October 21st.** .
  - Hold the date for Program Kick-Off event on **November 3rd at 12pm - 1:30pm.** All program participants are expected to attend to receive an overview of the program structure, vision, and deliverables, and to learn about and get acquainted with your cohort colleagues.
- **Next steps:**
  - **Team composition:** Please confirm that your program team and related contact information is up to date as it is listed on your application by **September 27th at 12pm**. If you've made changes to your team, please reply with a list of those adjustments.
  - **Be on the lookout for additional details this week!**
    - **Assigned coach:** We will make a formal introduction between you and your assigned coach. At that point, you are welcome to identify a date and time to hold your first meeting with your coach. *(Your first meeting will be dedicated to reviewing and refining your Capabilities Assessment Tool.)*
    - **Capabilities Assessment Tool (CAT):** We also plan to share the Capabilities Assessment Tool (CAT) with your team. We encourage your team to review the CAT tool prior to the **September**

28th orientation and start identifying the right team members to contribute to its completion. Final submission is due **October 21st.**

- **Funding**: To receive your grant installments, we require all organizations to be set up via Automated Clearing House (ACH). To do this, please reply to this email by **Monday, September 27th at noon** with the following:
  - W-9
    - Name and address must match the ACH form
    - Signature must either be hand/mouse-written or typed and accompanied by a digital signature
  - Completed ACH form (attached)
    - Name and address must match your W-9
    - Bank info must match the voided check exactly, including any preceding zeros
    - Signature must either be hand/mouse-written or typed and accompanied by a digital signature
  - Voided check
    - If no voided check is available, we also accept a bank authorization letter. This can be obtained by contacting your bank's customer service center.

We look forward to working with you all!

Best,
The CCI Team

Juan Carlos Piña, MPH / Program Manager
Pronouns: he/his/him (What's this?)
Center for Care Innovations (CCI)
Mobile/Text: 510-684-6332

1438 Webster St., Suite 101
Oakland, CA 94612
www.careinnovations.org / @CCIVoice

Mark Twain
Medical Center Foundation

Mark Twain Medical Center
Foundation
768 Mountain Ranch Rd.
San Andreas, CA 95249
direct 209.754.2624
fax 209.754.2682
marktwainmedicalcenter.org

September 16, 2021

Mark Twain Health Care District
768 Mountain Ranch Road
San Andreas, CA 95249

Dear Friends:

Thank you for your donation of $328,000.00 to the Mark Twain Medical Center Foundation. Your donation will help to support Mark Twain Medical Center Foundation give life and hope to others by providing education, equipment, health care services, to our community. Your continued friendship, dedication, and support are greatly appreciated.

The Foundation acknowledges your generous donation.

Sincerely,

Julie Eckardt-Cantrall
Chief Philanthropy Officer

Charanjit Singh
Manager of Philanthropy

No goods or services were received in exchange for this donation.
Please consult your tax preparer or attorney for applicability of this donation. Tax ID #68-0023507 501(c)3

ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

ACHD Advocate
September 2021

September Highlights

Join us VIRTUALLY September 22-24 for our 69th Annual Meeting: Recover, Refocus and Adapt

Sarah Bridge selected to serve on the Department of Healthcare Services' Telehealth Advisory Group

Legislature wraps up the 2021 legislative session


Cathy Martin
Chief Executive Officer

By now, everyone should be aware that ACHD transitioned our 69th Annual Meeting from an in-person to a virtual event. Many factors influenced this decision, and while the Board and the ACHD team are disappointed, it was the right decision given the uncertainty of the COVID-19 delta variant spikes and the wildfires affecting the Tahoe region and surrounding communities.

Here's the good news: The event will feature the same high-caliber speakers and relevant, timely content. In addition, this isn't ACHD's first virtual event. We learned a great deal from our inaugural virtual event held last year. We are confident this year's event will be a great opportunity to learn and connect virtually. **I want to thank the ACHD team** for their patience over the last few weeks while we took the time to deliberate about moving to a virtual event and for their tireless efforts to pivot to the new format. Their dedication is humbling.

Speaking of the ACHD team, I am very excited to announce that Sarah Bridge, ACHD's Legislative Advocate, has been **selected to serve on the Department of Healthcare Services' (DHCS) Telehealth Advisory Group**. DHCS is convening this group consisting of consultants, subject matter experts, and other

affected stakeholders, to provide recommendations on telehealth policy in Medi-Cal. We are certain that Sarah will serve your interests well.

In closing, to all of our members impacted by the wildfires, you are in our thoughts and prayers. Please reach out to ACHD if there is any way we can support you, your district, or your community and we look forward to seeing you this month at our 69th Annual Meeting.

Today marks the end of the first year in the 2021-22 legislative session. Once the legislature dispenses with the remaining bills, the Governor has thirty days to sign or veto them. We'll send our annual end of session wrap up with the final outcomes on ACHD support and oppose bills. In the meantime, **here's what you need to know:**

The California Gubernatorial recall election will take place on September 14th. The recall has overshadowed and shifted the tone of several policy discussions. We expect conversations on several items to ramp up following the election. **If you have not done so already, we encourage you to vote.**

Negotiations on seismic mandate and the Office of Healthcare Affordability stall.

- AB 1130 would have created the Office of Health Care Affordability (OHCA) to address rising costs of health care in California. In a statement last week, Assemblymember Wood announced the negotiations on the office are on hold for the year. ACHD, along with many stakeholders, had significant concerns with portions of the proposal and are pleased to see additional time will be afforded to have more thorough discussions.
- Negotiations to refocus the 2030 hospital seismic requirements were largely tied to the negotiations on the OHCA. It was officially confirmed earlier this week by the California Hospital Association, that **the proposal to modernize disaster preparedness was not included in this year's budget and will not be moving forward this year.** As you know, the proposal would have narrowed post-event emergency services and provided an extension for hospitals to come into compliance. While this is disappointing, **ACHD is committed to continuing our engagement on this issue and would like to thank you all for the effort you invested in**

supporting this effort and sharing your district's story with Legislators and other elected officials. This is important work, and it is greatly appreciated.

Telehealth and Seismic Groups Reconvening and Advocacy and Public Affairs Planning Continues

- Along with reconvening both the Telehealth and Seismic Working Groups, we are excited to announce that ACHD will be engaging in a **robust advocacy and public affairs strategic planning process for the coming legislative year over the legislative interim (October-January).** This is an important step in strengthening our advocacy efforts. Should you have any ideas to share or concerns, please feel free to contact us.

ACHD's 69th Annual Meeting: Recover, Refocus and Adapt

September 22, 2021 to September 24, 2021

We hope you join us for **exceptional education content and virtual networking opportunities** at the 69th Annual Meeting! Visit our website to see the full schedule, view pricing and register. All **registrations now include the content offered on both our Governance Day and full Annual Meeting**, plus attendees will have access to watch all recorded sessions afterwards.

Register Here

Beyond Operating Funds: OPEB Considerations for California Healthcare Organizations

Across the country, public agencies, corporations, and individuals face the challenges of funding increasing retirement benefit costs. One of the major reasons that retirement benefit costs continue to rise is due to lower expected future investment returns. Although there are many approaches and tools to address retirement benefit costs for public agencies, in this summary, Chandler Asset Management focuses on how a **Section 115 Trust** can be used as a tool to meet the challenges of increasing retirement benefit costs for Other Post-Employment Benefits (OPEB) and pension costs.

Please click here to read Chandler's recent whitepaper.

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 09-22-2021			
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	Program is open. School starting. Coordinator hired last week. Undergoing orientation
Behavioral Health	VSHWC Service	Susan Deax-Keirns	LCSW #2 hired. Now partnering with county. Also new grant CCI.
Dental	DentiCal Service at VSHWC	Dr. Smart	New Dentist hired. Considering Dental Kids Day once a month. Will start looking for hygienist. Endodontics service developing.
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete. Colposcopy service started.
Stay Vertical	Fall Prevention Program	Steve Shetzline	Returning to Pre-Covid services
Children's Advocacy Center	Medical Clearance Exams (MCE)	Peggy Stout	Collaborating to provide Medical Clearance Examinations. May provide skeletal surveys for UCD team.
Hospital Lease	District provides facility for hospital care	MTHCD Board	Stable: 2-yr anniversary
Community Grant Program	District provides grant funding for health initiatives	Debbie Sellick	No budgeting for 2021-2022.
National Health Service Corps Application	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Application submitted 5/17/21, pending
Grant Applications and Awards	See attachment: pg 26 Board Pkt	Total Applied for: $ 676,525 Total Received: $337,714	These numbers and activities change daily. New CCI Grant award, $75,000. Total grant activity $642,954
Career Technical Education	Calaveras County Office of Education partnership	$25,000 Exploring student opportunities VSHWC	Funding provided.
MOB subleases	Space for healthcare services , subsidized	Rick Randolph	Stable

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN **(RHCCTM)**	$ 100,000.00	$ 100,000.00	$ 100,000.00	Interim 8/31/21 Expenditure 10/31/21	Yearly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/Lost Revenue
~~2~~	CMS, MIPS	HI-TECH	$ 8,500.00	$ 8,500.00	$ -	9/15/2021	DONE	CLOSED	NO	$8,500 = Robbins
3	FEMA #1	COVID VACCINATION CLINIC	$ 37,995.00	$ 37,995.00	$ 21,497.54	9/30/2021	Monthly	RECEIVED	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	$ 67,716.00	$ -	$ 67,716.00	9/30/2021	DONE	UNDER REVIEW	YES	2020 Expenses
5	HRSA	COVID TESTING **(RHCCT)**	$ 49,461.42	$ 49,461.42	$ 28,913.02	3/31/2022	Monthly	RECEIVED	POSSIBLE	Abbott/McKesson
6	CARES (HRSA)	PROVIDER RELIEF **(PRF)** (Unreimbursed Expenses)	$ 103,253.23	$ 103,253.23	$ 226,025.01	Use Funds by 12/31/21 1/31/2022		RECEIVED	YES	21% Ins./Covid pay/ 1099/utilities/Lost Revenue
7	HRSA	COVID PR (Tony Jones)	$ 49,529.00	$ -	$ 850.00	10/30/2022	Qrtly starting 10/31/21	APPROVED	POSSIBLE	Vaccination confidence
8	CHC	RURAL INTERNET	$ 15,000.00	$ 15,020.16	$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC $3,004.20
9	ANTHEM	**LIST BELOW**	**$ 136,500.00**	**$ 87,500.00**	**$ 53,063.44**		**Maybe**	**PORTION RECEIVED**	**NO**	**6 projects w/reporting**
		Behavior Health	$ 50,000.00	$ 50,000.00	$ 29,048.20		10/1/2021	RECEIVED		27% BH wages
		Hepatology	$ 30,000.00	$ 30,000.00	$ 13,577.64		10/1/2021	RECEIVED		
		ABPM	$ 5,000.00	$ 5,000.00	$ 2,019.30		10/20/2021	RECEIVED		Need 2 Units
		COVID Testing	$ 14,000.00	$ -	$ -			PENDING		
		Student Vaccinations	$ 35,000.00	$ -	$ 8,418.30		WEEKLY	PENDING		
		Mammography	$ 2,500.00	$ 2,500.00	$ -			RECEIVED		
10	CCI	Advancing BH Equity in Primary Care	$ 75,000.00	$ -	$ -	8/17/2021	9/20/2021	PENDING		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	TBD	$ -	$ -		9/29/2021	APPLICATION		Lost Revenue
	TOTALS		**$642,954.65**	**$401,729.81**	**$513,085.17**					

Last Updated 9/22/2021
10:47 AM

Project 1: *State of the Art Endoscopy*

With endoscopy technology advancing rapidly, Mark Twain Medical Center will need to be well equipped to meet the healthcare needs of the future. When it comes to the latest technology in the Endoscopy Suite, Mark Twain plans to reach new heights of success in surgical care. The skills of the highly specialized surgeons of today call for advances and innovations that were unheard of just a few years ago. Technological integration, Touch screen displays, and fiber-optic Endoscopic Scopes are the new standard of care. The total investment for construction and the purchase of the latest equipment is **$550,000**.

Project 2: *Emergency Department*

The goal of any emergency department is to provide high-quality care in a healing environment. Unfortunately, this can be achieved only when the facility is equal to the ability of the staff. The ER at Mark Twain Medical Center receives more than 10,500 visits annually. Increases in the over-65 population will continue to spur this precipitous utilization, which further taxes our already strained local healthcare system. To ensure we are well equipped for the future needs of residents of Calaveras County a **$600,000** investment is required to refurbish the facilities.

Project 3: *Ultrasound*

Mark Twain Medical Center performs an average of 260 diagnostic imaging procedures each week ranging from simple x-rays to the more complex PET (Positron Emission Tomography) Scans. The ultra sound scan or sonography scan is performed on an average of 90 times each week and is available to clinicians 24 hours a day, seven days a week. Using high frequency sound waves, ultrasound captures live images inside the body. The next generation of ultrasound, the G.E. LOGIC E10 is designed to produce even higher quality images for the diagnosis and treatment of patients. The new digital system employs Artificial Intelligence to ensure 48 times more data throughput and ten times more processing power. The G.E. LOGIC E10's purchase price of **$170,000** is needed to bring the technology to Calaveras County residents.

Organization	Dollar Amount
Mark Twain Health Care District	$328,000
CommonSpirit Health	$328,000
Total	$656,000

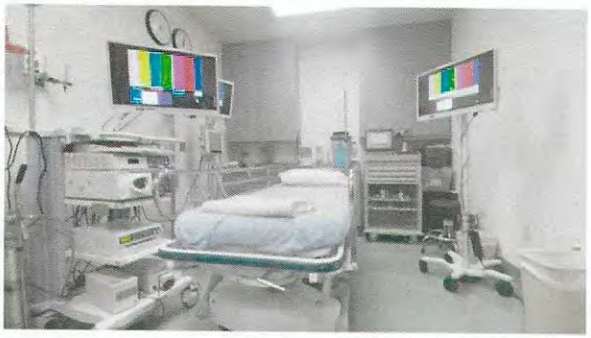
State of the Art Endoscopy

Building the Future of Endoscopy in Calaveras County

With endoscopy technology advancing rapidly, Mark Twain Medical Center needs to be well–equipped to meet the healthcare needs of the future. When it comes to the latest technology in the Endoscopy Suite, Mark Twain plans to reach new heights of success in surgical care. The skills of the highly specialized surgeons of today call for advances and innovations that were unheard of just a few years ago. Technological integration, Touch screen 4K displays, and fiber–optic Endoscopic Scopes are the new standard of care.

Your gift to the State of the Art Endoscopy Campagin will:

- Refurbish our current endoscopy suite, storage room and the endoscopy sterile processing room including rearranging the space to make better use of the layout.
- Allow for the purchase of State of the Art endoscopy equipment.
- Optimize the current endoscopy work flow
- Meet the growing demand for endoscopies performed locally.



Current Endoscopy Suite

Current Storage Room

Current Endoscopy Sterile Processing Room

Endoscopy Suite Space:
650 Square Feet
Number of Surgeons:
Space for 3 surgeons and an average of 10 patients per week.

For More information please contact:
CJ Singh
Manager of Philanthropy
209.754.2624
cj.singh@dignityhealth.org

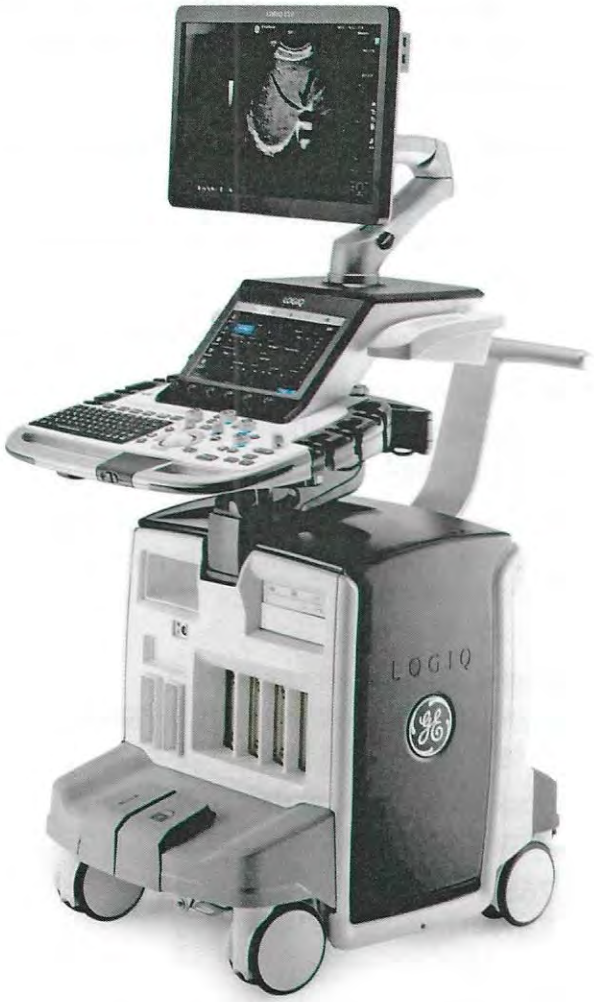
Your gift will strengthen the fight against disease and injury by upgrading facilities and adding specialized equipment for advanced procedures.

Mark Twain Medical Center Foundation
supportmarktwain.org

Great medicine begins with great diagnostics.

The G.E. LOGIQ E10 Ultrasound

- Employs the power of artificial intelligence to improve the speed and ease of exams.
- Delivers extraordinary image quality, with the clarity, consistency, and confidence needed for improved patient diagnosis.



Hello humankindness™

Learn more about the LOGIQ E10 Ultrsound system on the back of this information sheet.

Mark Twain Medical Center Foundation

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Situation/Unresponsive Patient	REVIEWED: 11/19/18; 9/11/19; 11/20/20; 8/25/21
SECTION: Safety and Emergency Planning	REVISED: 9/11/19; 11/20/20; 8/25/21
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Emergency Situation - Patient Unresponsive

Objective: To maintain and stabilize patient's cardiopulmonary status for transport to the hospital via ambulance, the Clinic will maintain a state of readiness in anticipation of emergency situations involving an unresponsive patient.

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Acuity Rating: Severe

Required Equipment: Bag valve mask, oral airway, laryngoscope, suction, crash cart, AED, IV, medication(s) as ordered per provider, oxygen, tape, gloves.

Policy:

1. If a patient collapses and becomes unresponsive:

   a. First person at patient establishes unresponsiveness (ARE YOU OK?).
   b. Shake patient, check for carotid pulse for adults, brachial for infants.
   ~~c.~~a. Call overhead "Code Blue" for help, stating location. Unresponsive, if no pulse, begin CPR, staff to bring AED and Code Cart to location, get highest level Provider to scene.
   ~~d.~~c. Code is ~~initiated~~ to be led by the code team leader who is the Provider/staff member with the highest level of ~~—~~licensure at the time. Code is initiated at the location of collapse, unless patient can be easily ~~——~~transported to the emergency holding room, in which case code is initiated there.
   ~~e.~~d. Receptionist calls 911 and states, "This is the Clinic at 51 Wellness Way, Valley Springs. We have a full cardiac arrest in progress. Please send an ambulance."
   ~~f.~~e. Receptionist attends to family and moves them away from scene, calms other patients and apprises them of an emergency in the office.
   ~~g.~~f. The team leader directs 2-person CPR to be initiated. The team leader assigns the following responsibilities to team members: Airway management, chest compressions, documentation, and medication administration.
   ~~h.~~g. Medication administration is performed only by a practitioner or nurse.
   ~~i.~~h. Intubation, if needed, is performed only by a practitioner.
   ~~j.~~i. Documentation is done on a designated code sheet.
   ~~k.~~j. If the patient is a child, a staff member should be assigned by the RN/Team Leader to stay with/assist the parent(s)/caregiver(s) inform them of the patient's status and to stand with them,

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as to allow the care team to perform the needed care to the patient.

2. After the patient is stabilized:

   a. Prepare the path for EMS crew to transport patient.
   b. Prepare the medical record for transfer.
   c. Give report to receiving hospital ER.
   d. Document in medical record using code sheet to record all medications and times given.
   e. Attach a copy of progress notes and EKG strip(s) to code sheet and submit to Clinic Manager.
   f. Clinic Manager will present records to Medical Director for review.
   g. Code will be reviewed at the next Quality Improvement meeting.
   h. Code will be discussed at the next staff meeting for review of process and any recommendations for system improvement.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Follow Up Calls	REVIEWED: 2/1/19; 2/14/20; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED: 2/14/20; 11/23/20; 8/25/21
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Follow Up Calls

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

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

Response Rating: Mandatory

Required Equipment: Telephone, EMR, Daily Log Sheet

Applies to: All Personnel

Procedure:

1. All acutely ill or injured patients will be called by Clinic staff two days following their visit unless otherwise specified by the practitioner. This call is to inquire as to how the patient is feeling and complying with doctor's orders. It is also a time for the patient and family to ask questions. This communication is to be documented ~~on~~ in a ~~Follow-Up Call Form~~Patient Case.

2. If unable to complete call, 2 more attempts will be made at spaced intervals. It is acceptable to leave a message on patient's answering machine stating, "This is (insert name) from the Clinic leaving a message for (insert patient name). Please contact the Clinic at 209-772-7070 at your soonest convenience." If a third attempt to reach patient fails, document same in the patient case~~on the Follow Up Form~~.

3. Patient's that are having difficulties, are not improving, or whose condition is worsening will be discussed with the practitioner on duty by the nurse/medical assistant. The nurse/medical assistant will record the physician order for follow up and notify the patient of any necessary action to be taken.

4. For downtime protocol, Follow up call forms will be documented into a patient case in the EMR.

5. Before conveying results/information over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's name and date of birth are acceptable patient identifiers. Alternate identifiers are the patient's driver's license number or the last four digits of their social security number.

6. Patients with positive STD results will be contacted to schedule a follow-up appointment for the disclosure and discussion of positive results.

7. The following is a list of conditions that require a call back:

   a. ALL transfers. (by ambulance and/or private car)
   b. All hospital discharges
   c. All admissions to hospice
   d. All admissions to home health
   e. Addition of insulin to patient's medication regimen
   f. Discretion of the practitioner

8. Clinical staff may be assigned patient call-backs on a random basis.

9. Generally speaking, the following three methods of completing follow-up calls for results are acceptable:
   a. Practitioner call to patient: typically utilized when the patient's acuity warrants direct communication with the provider AND/OR unexpected positive results must be discussed.
   b. RN/LVN call to patient: typically utilized when the patient was advised by the practitioner that positive results were expected. RN/LVN may answer patient questions consistent with guidance from the practitioner's orders/notes.
   c. MA call to patient: typically utilized when the patient's results are negative and no further actions are required beyond the scheduling of a follow-up encounter.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19; 9/11/19; 2/19/20; 11/20/20; 8/25/21
SECTION: Patient Care	REVISED: 9/22/19; 2/19/20; 11/20/20; 8/25/21
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Emergency Medications and Supplies

Objective: To ensure appropriate and rapid response to medical emergencies in the Clinic that require medications**.**

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Under the supervision and approval of the Medical Director, the Clinic will maintain emergency medications, which will be stored in the crash cart.
2. At a minimum, these medications will include:
   a. ~~Benadryl Injectible 50mg/1ml (prepared syringe) (generic)~~
   b. Epinephrine Snap-V~~1:1000~~ Injectible ~~1ml~~
3. Current medication inventory includes:
   a. Albuterol Sulfate
   b. Oral Glucose Gel
   c. Solu-Medrol
   d. Diphenhydramine HCL
   e. Atropine
   f. Glucose Tablets
   g. Aspirin (chewable)
   h. Narcan (nasal spray)

j. Nitroglycerin Sublingual

g. ~~Naloxone HCl~~

h. ~~Epinephrine~~

i. ~~Glucose Tablets~~

j. ~~Aspirin (chewable)~~

k. ~~Narcan (nasal spray)~~

l. ~~Nitroglycerin Sublingual~~

4. The drawer will be clearly labeled “Emergency Medications”.

5. Easily accessible and clearly legible in the drawer will be a dosage chart that takes into account the Clinic’s patient population.

6. The kit will be checked to ensure the contents are in-date. This inspection will take place on a monthly basis and will be documented on the Crash Cart log. The inspector will document their findings and sign the log upon completion of the inspection.

7. Medications which are used or removed due to outdate will be replaced immediately. Replacement of medications will be documented on the log.

8. Emergency supplies will include, but not be limited to:

   a. Oxygen tank with regulator, tubing, and nasal cannula/mask

   b. Airways in sizes consistent with the patient population served.

   c. Ambu bags in sizes consistent with the patient population served.

   d. Blood pressure cuff(s) and stethoscope

   e. EKG machine (in labeled cabinet)

   f. AED (in labeled cabinet)

   g. ~~Pediatric~~ CPR backboard

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Policy Development and Review	REVIEWED: 11/12/18; 12/26/19; 11/20/20; 8/25/21
SECTION: Operations	REVISED: 12/26/19; 8/25/21
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Policy development and review

Objective: To ensure prompt, collaborative development, and review of Clinic policies to define appropriate management, operation, and patient safety.

Response Rating:

Required Equipment:

Procedure

Policy Development

1. Clinic will develop policies as required
    a. By licensing agencies
    b. By accreditation bodies
    c. By payor groups and/or when required by contract
    d. By organization leadership
    e. To resolve operational or patient safety issues
    f. When patient care service lines are added
2. Policies will be drafted using the approved Policy Template.
3. Policies will be developed with collaboration between leadership (Executive Director, Medical Director, Clinic Director, Department Head), clinicians (Physician, Dentist, Mid-level Practitioner, Nurse Midwife, Nurse), line staff (Medical Assistant, Receptionist, Biller/Coder).
4. Policies will be drafted and submitted for approval by the Medical Director.
5. Policy Manual will be submitted to the Board for approval, with of new and revised policies reviewed monthly and unchanged policies reviewed on a monthly basis to ensure the entire manual is reviewed and edited once every two years.
    a. The Board may, at its discretion, delegate responsibility for review and oversight of the Clinic Policy Manual to the Executive Director.

Policy Review

1. New Clinic policies will be submitted for approval to the Medical Director at the time they are written.

2. Policy Manual will be reviewed by the Clinic Manager and at least one Mid-Level Practitioner on an annual basis, with changes being made as required.

3. When a policy is written, the date will be documented in the policy development documentation block located in the header of the policy.

4. When a policy is revised, the date of the revision will be documented in the policy development documentation block located in the header of the policy.

5. When a policy is reviewed with no changes, the date of the review will be documented in the policy development documentation block located in the header of the policy.

6. When a policy is approved, the date of the approval will be documented in the policy development documentation block located in the header of the policy. ~~The Medical Director approving the policy will initial the original paper document in the designated signature block.~~

7. When the policy is discontinued, the discontinuation date will be documented in the policy development documentation block located in the header of the policy. All discontinued policies will be retained in a file labeled "Retired Clinic Policies" and the file will be retained in perpetuity.

8. The Policy Manual Approval document shall be updated on a regular basis, signed by the Clinic Manager, Mid-Level Practitioners(s) who participated in the review, the Medical Director, and members of the Board.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Blue Shield Eligibility Verification	REVIEWED: 11/12/18; 11/20/20; 8/25/21
SECTION: Admitting	REVISED: 8/25/21
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Blue Shield Eligibility Verification

Objective: To ensure insurance eligibility for patients covered by Blue Shield.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Blue Shield members must be verified at www.bluesheildca.com/provider/

2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.

3. If the claims mailing address does no appear on the card, reception must go to the Blue Shield "Claims Routing Tool" and enter the three letter prefix of the member number to obtain the correct claims mailing address.

4. Any Blue Shield member number that begins with an "R" is a Federal Blue Shield Account.

3. Use the approved Blue Shield verification process

    a. Log in on the Blue Shield website: www.bluesheildca.com/provider/
    b. Enter subscriber ID
    c. Enter date of birth
    d. Select Submit
    e. Print eligibility information

4. If a patient arrives at the Clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Audiogram-Threshold	REVIEWED: 11/11/18; 9/14/19; 11/20/20; 8/25/21
SECTION: Patient Care	REVISED: 9/14/19
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Threshold Audiogram

Objective: To assess auditory status of patient

Response Rating: Minimal

Required Equipment: Audiometer, EMR

Applies to: All Personnel with documented audiometry training

Policy

Hearing screenings are a part of our comprehensive patient services. An audiogram may be required for pediatric physical examinations, pre-employment screening or for complaints of hearing loss, ear infections, trauma to the ear, ringing in the ears.

Procedure

1. 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.

2. Assemble the equipment

3. Ensure that the room is quiet and free of distractions (i.e. nearby conversations).

4. Explain the procedure to patient and demonstrate its use.

5. Inform the patient: "I am going to place the earphones over your ears. You will hear a variety of tones. Some will be high, some low, some loud some very soft. Whenever you hear, or think you hear one of

those sounds, raise your hand. Lower your hand when you no longer hear the sound. Remember that though some of the tones will be easier to hear, others will be very faint. Therefore, you should listen very carefully and raise your hand whenever you think you hear the tone."

6. Place the headset over the patient's ears.

7. The routine hearing screening will be set at 20 decibels, to be tested at 1000, 2000, and 4000 Hz.

8. If the patient cannot hear at the threshold level on one of the tones, increase the decibel level by 10 and retest the patient to determine their hearing threshold.

9. Document the results in the EMR and the physical form. Include the threshold level required at each tone.

10. Mark hearing screen in EMR.

11. Report abnormal results to the practitioner.

12. Provide follow-up as directed (referrals, treatment plans, etc.), and document.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Biohazard Material Management	REVIEWED: 3/1/19; 11/20/20; 8/25/21
SECTION: Infection Control	REVISED:
EFFECTIVE: ~~12/09/20~~September Board meeting	MEDICAL DIRECTOR:

Subject: Biohazard Material Management

Objective: To instruct Clinic personnel on the proper way to handle and dispose of hazardous material.

Policy Notes:

- Biohazardous waste management is a program used for controlling the generation, collection, and storage of hazardous waste in the laboratory. The responsibility for storage and movement of these materials is that of the Clinic personnel.
- All hazardous materials will be contained in sealable waterproof covered containers with tight fitting lids.
- When collecting biohazardous waste, employees must wear personal protective equipment (PPE).
- Healthcare workers involved in handling regulated medical waste must receive safety training in accordance with the Department of Transportation's (DOT) guidelines.

Response Rating: Mandatory

Required Equipment: Personal protective equipment (PPE): gowns, disposable gloves, face shield; trash bin with lid (marked biohazardous waste); biohazard bags (red); 10% bleach solution for spill cleanup.

Definitions:

Regulated Medical Waste – any reusable material that contains an infectious substance and is generated in the diagnosis, treatment, or immunization of people or animals. Materials generated in research or in the production and testing of biological products are also considered regulated medical waste. The DOT definition of regulated waste includes blood and blood products, sharps, pathological wastes, certain wastes from surgery, dialysis and the lab, as well as other infectious materials.

Universal Precautions – "health workers should follow universal precautions by using masks, eye protection and face shields whenever splashes spray atomized particles, splatter or droplets of blood or other potential infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated."

Procedure:

Accidents and Spills

Immediate action

- Assess the type of spill and degree of hazard involved.
- Determine the most effective and least hazardous approach to clean up and decontaminate the spill. Refer to the SDS when necessary.

"Dry" spill with no significant aerosol formation

- Evacuation of the room is probably not indicated.
- Gloves, lab coat, and face shield must be worn for a clean up.
- Flood area with disinfectant solution.
- Soak up the disinfectant and contaminated materials with an absorbent material.
- All absorbent and contaminated material must be placed in a red biohazard bag.

Liquid spills on a bench or floor

- If significant aerosols are formed, the area should be evacuated and not reentered until the aerosols settle.
- Gloves, lab coat, and face shield must be worn during clean up.
- Cover the spill with an absorbent material.
- Dispose of the absorbent and contaminated material in red plastic biohazard bags.
- The spill area should be thoroughly washed with a disinfectant solution after clean up.

Centrifuge spills

- Shut off the instrument and evacuate the area at once.
- Do not re-enter the area until the aerosols have settled.
- The individual entering the area to clean up must wear protective clothing, gloves and a mask.
- If liquids are present, soak up in an absorbent material and handle as above. If not, clean the instrument and room thoroughly before allowing employees to return to work.

Spills in incubators, autoclaves or other closed areas

- Soak up liquids with an absorbent and dispose of as outlined above.
- The unit should be washed thoroughly after decontamination.

Reports

- Major accidents and spills must be documented and reported in detail to lab director
- Accident reports should include the cause of the accident, the type of contamination or hazard, the list of personnel possibly exposed, decontamination procedures used, and actions taken to prevent reoccurrences.

SHARPS containers

- The RED SHARPS containers are for disposing of hazardous wastes such as needles, scalpels, tips, glass, etc.
- Do not overfill SHARPS containers – between 2/3 and ¾ full is considered capacity.
- Make sure that the top is in locked position before using.
- Never reach into containers: drop sharps straight into the opening 3”-4” above the mount of the container.
- Never dispose of several sharps at once; take time to dispose of each sharp one at a time.
- Always virtually inspect the opening to ensure that there is room for the sharps – always look before putting sharps into a container. Never reach into the mouth of a sharps container.
- Never force anything into a sharps container that is larger than the opening. An alternative means of disposal must be found.
- Securely fasten the top by shaking down the sharps container.
- When a sharps container is 2/3 – ¾ of the way full secure the top and immediately replace the container with a new one.
- Full sharps containers are then transported to the hazardous waste storage area.

Handling and disposing of hazardous waste

- Never put a sharps container into a hazardous waste bag or box unless the container is damaged.
- Do not use a hazardous waste container that is damaged. If a container is damaged, but has already been used, place it inside another hazardous waste container and seal. Handle the damaged container with extreme caution.
- All hazardous waste containers (i.e. bags, cardboard, plastic, plastic containers, etc.) are to be treated as if they were hazardous to your health. All hazardous waste containers will be picked up and held:

  With gloved hands

  At arm’s length away from the body

  Securely by the least amount of area held by the hands

  Wear a lab coat, gloves, and face shield. Additional shielding such as gowns, masks, face shields, etc. will be at the discretion of the health worker.

- Check the bottom of all bags for leaks, when bags become heavy with glass they tend to leak.
- In the event of a leak or spill, follow the procedure for biohazardous waste cleanup waste cleanup procedure.
- Wear a lab coat, gloves and face shield.
- Remove waste bags from bins, gently shake bag while holding the top of the bag to distribute waste evenly, twist top of bag to close (do not apply pressure to any part of the bag).

- Place double bags in all emptied bins. Look for leaks around or in the bin. If a leak has occurred, clean the area with a 10% bleach solution, following the biohazardous waste clean-up procedure.

- After transferring the double-bagged laboratory waste, remove your lab coat and gloves, wash hands.

Reducing the volume of hazardous waste

- Waste discarded into the biohazardous waste containers should be limited to those materials that come into contact with infectious materials (body fluids).

    Body fluid containers

    Stoppers, wipes, disposable shields, etc. which have come into contact with body fluids

    Used gloves and lab coats

    Slides, pipettes tips, etc (in sharps containers)

    Body fluids

    Used media

    Any physical item contaminated with body fluids or hazardous materials

    Paper goods contaminated with body fluids

    Waste not discarded in biohazardous containers (no contact with biohazardous materials)

        Paper items

        Cardboard boxes

        Exterior kit containers

        Office supplies

        All items not contaminated with body fluids

Safety reminders

- Place double bag in all empty bins.
- Only dispose of biohazardous waste in the biohazardous bins.
- Use common sense to determine if trash is 2/3 full

Waste bags are considered full when a bin is half way full, when used for glass disposal, specimen tubes and microbiology plates

Waste bin is considered full if it is 2/3 full. Periodically lift bag to determine if it is full.

- Always wash your hands after handling biohazardous material.

Safety precautions on medical waste handling

- The inner bags of regulated medical waste are closed securely, keeping them low to the ground and away from the body.
- The bags are handled only by the neck to avoid injury from stray or improperly contained sharp objects.
- General laboratory hygiene includes washing hands after every contact with medical waste containers, scrubbing thoroughly and vigorously.
- If an extensive exposure occurs, wash or flush the area with an approved hand washing agent or irrigating solution. If that exposure was to the eyes, ears or mouth, wash that area generously with water and report the incident immediately to see if any further precautions are needed.
- Exposure protection

  Gloves are the first line of defense and must be worn at all times.

  Gloves should be puncture resistant.

  Gown and face shield are required to be worn while handling waste materials

- Methods of avoiding accidents

  Avoid eating, drinking, gum chewing, smoking, applying makeup or handling contact lenses when working around medical waste.

Transportation of medical waste

- Transportation of medical waste is performed by MedPro.
- MedPro is responsible for the packaging, shipping, and transportation of all regulated medical waste.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Compliance	REVIEWED: 3/1/19; 11/23/20; 8/25/21
SECTION: District	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Compliance

Objective: In order to operate consistent with programmatic requirements, Mark Twain Health Care District Rural Health Clinics will implement and follow a comprehensive Compliance Plan.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Compliance review will focus on seven basic elements:
    a. Policy and procedure
    b. Standards of conduct
    c. The presence and activities of the Compliance Officer
    d. The implementation and monitoring of the Compliance Program
    e. Education of Board, leadership, providers, and staff
    f. Training of Board, leadership, providers, and staff
    g. Enforcement of standards and discipline
        i. Effective processes
        ii. Provides re-education
        iii. Provides remedial training
        iv. Consequences commensurate with the violation, up to and including termination

2. Benchmarking based upon auditing and monitoring

   a. Random medical records;

   b. Targeted medical records, based on specific issues or populations;

   c. Accounts receivable, with a focus on credit balance accounts that will be resolved in keeping with the policy for Billing Practices.

   c. Policy and procedure; and

   d. Program compliance checklists, including regular review of HEDIS scores.

3. Personnel

   A. Compliance Officer is the District Executive Director. Associate Compliance Officers are the Medical Director and Clinic Manager.

   B. Clinic personnel and medical staff will be trained annually

      1. Fraud, waste, and abuse
      2. Corporate compliance
      3. Standards of conduct
      4. Conflict of Interest/Ethics

   C. Communication

      1. Information will be disseminated to staff in writing and verbally

      2. Staff will have access to the Clinic Policy and Procedure Manual online and through a hard-copy document with guidance including but not limited to:

         a. Billing practices, including billing audits and chart review;

         b. Guidelines for marketing and community outreach;

         c. Disciplinary and corrective action

      3. Staff may report concerns to the Clinic Manager, Medical Director, District Human Resources and/or the District Administrator verbally and/or in writing.

         a. Where appropriate, written communication may utilize an Incident Report

4. Quality Assurance

   A. Clinic will develop and follow a Quality Assurance and Performance Improvement policy.

B. QAPI meetings will be conducted monthly with reporting to staff personnel and the Board.

C. Required Clinic surveillance will be the foundation of the QAPI program with the addition of problem-resolution focused elements are required.

1. Spot audits of surveillance programs will be conducted and documented, in addition to month-end review of surveillance data.
2. Spot audits of non-surveillance programs will be conducted and documented.

D. Issue specific quality assurance/performance improvement projects will utilize the PDCA (Plan, Do, Check, Act) process

1. Thorough investigation of issue-specific topics will be completed and documented;

2. The problem will be identified and an initial plan developed and implemented to resolve the problem;

3. Data will be collected and reviewed to determine if the plan is resolving the identified problem;

4. Adjustments of the plan will be made as required until the desired results are achieved.

5. Risk Assessment

A. A Threat/Risk Assessment will be completed annually;

B. A Business Risk Assessment will be conducted at least annually in conjunction with the Board's Strategic Planning session(s).

C. An Annual Clinic Review will be conducted consistent with RHC program requirements.

5. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports a compliance concern.

Resources:

"OIG Guidance Physician Practice Compliance", downloaded June 10, 2016 from oig.hhs.gov/authorities/docs/physicians

"OIG Work Plan 2016 ", downloaded June 10, 2016 from oig.hhs.gov/reports-and-publications/archives/workplan/2016/oig-work-plan-2016

"Practical Guidance for Boards", downloaded June 10, 2016 from oig.hhs.gov/compliance/compliance-guidance/docs/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Consents For Treatment - Guidance	REVIEWED: 2/1/19; 11/20/20; 8/25/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Guidance for use of Consent for Treatment documents

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

Response Rating: Mandatory

Required Equipment:

Procedure:

Definitions:

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

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

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

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

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

a. Minor on active duty with United States Armed Forces may give their own personal consent;

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

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

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

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

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

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

Consent by telephone will be witnessed by two (2) individuals and a written record of the conversation will be filed in the medical record. Notation will indicate exact time of call and the nature of the consent given. Immediate steps are to be taken to obtain confirmation of consent by fax.

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

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

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Contagious Patient	REVIEWED: 3/1/19; 12/30/20; 8/25/21
SECTION: Infection Control	REVISED: 12/30/20
EFFECTIVE: ~~01/29/2021~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Contagious Patient

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

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. Signage will be posted on all entry doors advising patients who are presenting with a rash, and during the current pandemic: fever, cough, sore throat, congestion to not enter the waiting room. Patients are to call to advise staff of a potential infectious condition and be screened before entering or may call the Clinic from their vehicle parked on the premises.

2. Patients who are coughing and sneezing will be asked to use a disposable mask to contain their airborne germs with patients and staff. In the case of the current pandemic, all patients, family and visitors will be asked to wear a mask. Any symptomatic patients will be asked to call and not enter the clinic until screened and appropriate

3. The receptionist, nurse, or medical assistant will not make a definitive diagnosis but should depend on visible signs of contagious disease.

4. Patients who are potentially contagious will be instructed to call from their car for a phone appointment or car visit and may be instructed to enter through the back door with staff.

5. There are designated treatment rooms that will be used for potentially contagious patients, with access from the outside back entry doors.

6. All registration, discharge, and any billing functions will be performed in the patient room if patient is inside, outside at the car during a car visit or over the phone for phone visits.

7. Personnel assisting the potentially contagious patients will wear personal protective equipment (PPE) as designated by the practitioner and clinic guidelines set by the Clinic Manager and Medical Director.

a. Contact precautions (measles-like rash, poison oak/ivy): gloves, gown, mask
b. Airborne precautions (suspected tuberculosis, H1N1, COVID-19): gloves, gown, N95 mask, face shield

8. If the patient is confirmed contagious, they will be discharged through the back exit.

9. The practitioner will advise staff or any preventive measures or treatments required after a potential exposure from a contagious patient.

10. Exposure that may cause any illness, injury or side effects to staff, or other patients will be reported on an incident report and sent to the Clinic Manager immediately. The Clinic Manager will meet with the Medical Director and/or Human Resources to take appropriate steps to protect the staff and patients and provide treatment and/or access for any required preventative or required post exposure treatment.

11. Diagnosis of any communicable disease monitored by the County Health Department will be reported following the protocol and guidelines for Communicable Disease Reporting. Appropriate report forms will be completed.

12. Exam room will be cleaned with an approved disinfectant cleaner. All counter, exam tables, pillows and equipment in the room will be wiped with cleaner. Floors will be damp mopped. Where possible, windows will be opened to allow for the exchange of fresh air.

13. Room will be taken out of service for a minimum of 60 minutes.

MARK TWAIN HEALTH CARE DISTRICT
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POLICY AND PROCEDURES

POLICY: Culture Transmittal	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Culture Transmittal

Objective: To ensure correct handling of collected cultures.

Acuity Rating: Mandatory

Procedure:

1. The practitioner will enter an order for the collection and testing of the specimen.

2. The practitioner OR nurse will collect the specimen to be cultured. The nursing staff will ensure proper labeling of the specimen to include:

   a. Patient name
   b. Patient date of birth
   c. Date and time of collection
   d. Provider ordering the culture
   e. Source of culture.

3. Nursing staff will print the laboratory requisition form and labels.

4. Culture will be placed in a laboratory biohazard bag with the requisition.

5. Specimen will be placed in appropriate laboratory basket in the laboratory refrigerator.

6. Nursing staff will document the collection, type of culture, receiving laboratory, and specimen number in the EMR.

7. At the end of each day, nursing staff will ensure that specimens have been picked up by the laboratory courier.

MARK TWAIN HEALTH CARE DISTRICT
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POLICY AND PROCEDURES

POLICY: Emergency Release Of Patient Records	REVIEWED: 11/30/18; 9/24/20; 10/28/20; 8/25/21
SECTION: Medical Records	REVISED: 10/28/20; 10/28/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Emergency release of patient medical records

Objective: For the purpose of continuity of Clinic patient care, the Clinic will act immediately on a request for patient records from a requesting emergency room in lieu of standard medical record release procedures.

Response Rating:

Required Equipment:

Procedure:

1. On request from a hospital emergency room, Clinic employees will immediately respond to fulfill the request for transfer of patient medical records to the emergency physician.

2. In lieu of the procedure for release of patient information, the staff member receiving a request for patient records from an emergency room shall immediately notify the Clinic staff member responsible for release of medical records.

3. The employee assigned to transfer the medical record will prepare chart notes to reflect what the hospital emergency room has requested from the medical record, the name of the physician requesting the information and the date and time of the request.

4. The records requested will be faxed to a secure fax number provided by the requesting emergency department. A notation will be recorded indicating the date and time the medical records were sent, as well as the fax number to which the records are sent. If sent via EHR, this will be automatically documented by the system, if sending manually, this information must be documented on the fax cover sheet and scanned into the medical chart

5. Behavioral Health records will have limited access

MARK TWAIN HEALTH CARE DISTRICT
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POLICY: Eye Medications-Dispensing	REVIEWED: 11/12/18; 9/11/19; 11/20/20; 8/25/21
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Eye Medications-Dispensing

Objective: To define the guidelines for the administration of ophthalmic medications.

Response Rating: Minimal to Moderate

Required Equipment: Eye tray, ophthalmic medication, gloves, tissue.

Procedure:

1. Review practitioner's written order. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify the practitioner's written order.
4. Wash your hands with soap and water.
5. Apply gloves.
6. Have the patient lie in supine position and utilize a Chux around the patient's neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
    a. Parent(s) or caregiver(s) may assist if the patient is a child.
7. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial acanthus area and moving laterally toward the lateral acanthus. Do not wipe the eye, as this could cause a corneal abrasion of the eye is already inflamed.
8. Verify the medication: right medication, patient, dose, route and time.
9. Gently pull lower eyelid down.

10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid. Begin at the side nearest the nose and outward to the edge of the eye.
    a If the patient is an infant or toddler, ointment may be applied to the upper eyelash and allowed to melt
    b. Alternatively, gently massage to push ointment into orbit.

11. Instruct the patient to close the eye and blink.

12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.

13. If the orders include both eyes, repeat the above steps.

14. Assist patient to the sitting position.

15. Remove gloves and wash hands.

16. Remove tray from the room.

17. The person administering the medications will document in the EMR the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.

18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.

MARK TWAIN HEALTH CARE DISTRICT
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POLICY AND PROCEDURES

POLICY: Follow-Up Of Patients	REVIEWED: 2/1/19; 2/14/20; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED: 2/14/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Follow-up of patients subsequent to care rendered in the Clinic

Objective: Patients seen shall be followed up with in a reasonable time.

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. Return visit will occur at the end of the course of antibiotic treatment.

2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten days

3. During the office visit, the practitioner shall instruct the patient regarding when to return for routine follow-up or to return if not improving. Patient advised to return to Clinic ASAP or go to the ER if at any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or increased pain, redness swelling /red streaks around the wound).

4. Results and reports (laboratory, including pap smears, and x-ray) will be available to the practitioner via the EMR Clinic Inbox and the patient notified of the abnormal results and the need for further treatment, if indicated. This communication shall be documented in the patient's EMR.

5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.

6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed to the phone number of record provided by the patient. Should the patient fail to respond to the initial "NO SHOW" contact, at minimum two additional

contacts will be attempted, by phone. Each attempt at contacting the patient will be documented in the EMR and will be available through the report aggregation process for review and confirmation.

MARK TWAIN HEALTH CARE DISTRICT
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POLICY: Handwashing	REVIEWED: 3/1/19; 12/30/20; 8/25/21
SECTION: Infection Control	REVISED: 12/30/20
EFFECTIVE: ~~1/29/21~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Handwashing

Objective: To support Universal Precautions and staff and patient safety, all employees, volunteers, contractors, and medical staff shall wash their hands frequently with soap, friction, and running water to minimize the likelihood of hands serving as vectors for nosocomial infections.

Response Rating: Mandatory

Required Equipment: Soap and water

Handwashing Indications (soap and water):

- Upon arriving at work
- Before and after performing invasive procedures
- Before and after touching wounds
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions, other potentially infectious materials
- After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms
- After handling a patient (or their belongings) who is infected or potentially infected with C-diff (Clostridium Difficile)
- Between contacts with different patients
- After the removal of gloves or any other personal protective equipment (PPE)
- Before eating or drinking, applying cosmetics or lip balm
- After using the restroom

- After blowing one's nose
- After the work shift
- After handling patient equipment
- When hands are visibly soiled or contaminated with proteinaceous material

Procedure:

Handwashing with soap and water

1. Stand near the sink, avoiding direct contact.
2. Turn on the water to a comfortable temperature. Water that is too hot will cause chapped skin.
3. Wet hands/wrists with running water.
4. Obtain handwashing agent (usually 3-5 ml or per manufacturer's recommendations) from the dispenser and apply to hands. Thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, generating friction on all surfaces of the hands, wrists and fingers. Pay particular attention to fingernails and nailbed areas.
6. Rinse hands thoroughly with running water to remove residual soap. Water flow should be from fingertips to wrist.
7. Obtain paper towel and dry hands thoroughly.
8. Discard paper towel.
9. Obtain second paper towel to turn off the faucet.
10. Discard second paper towel.

Handwashing indications (alternative to soap and water with an alcohol-based waterless hand rub)

1. If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations.
2. Decontaminate hands after contact with a patient's intact skin (as in taking a pulse or blood pressure).
3. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, as long as hands are not visibly soiled.
4. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.

5. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

6. Decontaminate hands before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.

7. Decontaminate hands after removing gloves.

Handwashing (hand hygiene) with waterless antiseptic agent such as an alcohol-based handrub

1. Apply product to palm of one hand. (Follow the manufacturer's recommendations on the volume of the product to use.)

2. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. (If an adequate volume of an alcohol-based handrub is used, it should take 14-25 seconds for hands to dry.)

Reference:

- "~~Guideline for~~ Hand Hygiene in Health-Care Settings", retrieved on ~~1/12/16~~8/25/21 from cdc.gov.~~gov/mmwr/PDF/rr/rr5116.pdf~~/handhygeine/providers/guideline.html.

- Page last reviewed: January 30, 2020

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: HIV Testing	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: HIV Testing

Objectives: Ensure the confidentiality and testing procedure for the Human Immune Deficiency Virus (HIV) in accordance with State Guidelines.

Response Rating: Minimal

Required Equipment: None

Policy:

HIV/AIDs testing may be offered to patients in a variety of circumstances.

1. Pre-employment testing
2. STD testing, as part of a panel of tests
3. Case finding when a patient presents with symptoms consistent with acute HIV infection or with opportunistic infections.

Procedure:

Individual Testing

1. California law has eliminated the requirement for separate, written consent for HIV testing. H&S Code Section 120990 requires care provider, prior to ordering the HIV test, to:
   a. Inform the patient that an HIV test is planned
   b. Provide information
2. HIV test results are especially sensitive with regard to patient privacy and confidentiality.
3. Blood is drawn and sent to the reference lab. Positive screening tests must be confirmed with a Western Blot analysis, prior to informing the patient.

4. Negative tests may be communicated to the patient in person or by phone. In no circumstances should the result be left with another person or on an answering machine. Attempt to obtain the patient's personal cellphone number for this purpose.

5. Before conveying results over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's date of birth and the last four digits of their Social Security number are two acceptable patient identifiers. An alternate identifier is the patient's driver's license number.

6. Positive, confirmed tests must be discussed with patient in person in the office. The patient should then be referred to the health department or an infectious disease specialist.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
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POLICY: Infection Control	REVIEWED: 3/1/19; 3/30/20; 3/31/20; 11/20/20; 8/25/21
SECTION: Infection Control	REVISED: 3/30/20; 3/31/20; 11/20/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Infection Control

Objective: To establish guidelines that will assist staff to prevent the spread of infection, ensure the use of aseptic technique and report communicable diseases.

Response Rating: Mandatory

Required Equipment: Soap, water, sterile gloves, and approved disinfectant.

Key Concepts in This Guidance for COVID-19 Pandemic and similar Respiratory Infections:

- **Limit how germs can enter the facility.** Cancel elective procedures, use telemedicine when possible, limit points of entry and manage visitors, screen patients for respiratory symptoms, encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough).
- **Isolate symptomatic patients as soon as possible.** Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with door closed.
- **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort COVID-19 patients, limit the numbers of staff providing their care, prioritize respirators for aerosol-generating procedures, implement PPE optimization strategies to extend supplies.

Implementation:

Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 and other transmissible pathogens (e.g. older individuals with comorbid conditions), including HCP who are in a recognized risk category.

- **Before Arrival**
  - When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever[1]) on the day they are scheduled to be seen.

- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
    - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever[1]) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).

- **Upon Arrival and During the Visit**
    - Consider limiting points of entry to the facility.
    - Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
        - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
        - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 70-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
        - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
        - Prioritize triage of patients with respiratory symptoms.
        - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
        - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
        - Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
            - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
            - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
            - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
    - Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among

patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
- Learn more about how healthcare facilities can Prepare for Community Transmission
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a "respiratory virus evaluation center" where patients with fever or respiratory symptoms can seek evaluation and care.
- Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Postpone elective procedures and non-urgent outpatient visits.

- **Hand Hygiene**
  - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
  - HCP should perform hand hygiene by using ABHR with 70-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
  - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

- **Personal Protective Equipment**
  Clinic management should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I) external icon. HCP must receive training on and demonstrate an understanding of:

  - when to use PPE
  - what PPE is necessary
  - how to properly don, use, and doff PPE in a manner to prevent self-contamination
  - how to properly dispose of or disinfect and maintain PPE
  - the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facility has policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask**
  - Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
  - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure. Disposable

respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.
        - If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
    - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- **Eye Protection**
    - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
    - Remove eye protection before leaving the patient room or care area.
    - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
- **Gloves**
    - Put on clean, non-sterile gloves upon entry into the patient room or care area.
        - Change gloves if they become torn or heavily contaminated.
    - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- **Gowns**
    - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
    - If there are shortages of gowns, they should be prioritized for:
        - aerosol-generating procedures
        - care activities where splashes and sprays are anticipated
        - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
            - device care or use
            - wound care

3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
    - Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.

- During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
    - HCP must take care not to touch their eye protection and respirator or facemask .
    - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
  - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Patients should wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use PPE as described above.
- Whenever possible, perform procedures/tests in the patient's room.

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:
  - HCP proximate to the patient or performing the test should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
  - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
  - Specimen collection should be performed in a normal examination room with the door closed or in the patient's vehicle as dictated by triage and existing protocols.
  - Clean and disinfect procedure room surfaces promptly and allow the room to air out, unutilized, for a minimum of three hours.
  - Any test or procedure that will cause aerosolization should be performed outside whenever possible

Generalized NON-Covid Infection Control:

During any identifiable infectious disease every attempt should be made to follow the guidance of CDC, California Department of Public Health, Calaveras County Department of Public Health.

1. Wash hands with soap and water:

a. Before coming on duty
b. Before and after direct and indirect patient contact.
c. Before and after performing any body functions, such as blowing your nose or using the toilet
d. After direct or indirect contact with **any** body fluid (urine, blood. sputum)
e. Before and after catheter insertions, blood draws, dressing changes and other sterile procedures
f. Before and after caring for a patient with known or suspected infection
g. After completing your shift

2. Other guidelines:

   a. Clean under your fingernails with brush before and after working in a high-risk situation
   b. Avoid personal hand creams while working, as it may interfere with antiseptic solutions
   c. Always wash hands before and after wearing sterile gloves
   d. Between patients, it is acceptable use alcohol-based hand sanitizers if your hands are not visibly dirty, however it is understood that handwashing with soap and water for a minimum of 20 seconds is preferred

3. Disinfectant Guidelines:

   a. Utilize manufacture prepared disinfectant solutions or wipes while those products are available.
   b. Make fresh disinfectant solution if needed according to manufacturer directions should manufacturer prepared disinfectant solutions or wipes not be available
   c. Mark disinfectant solution with name and date prepared, your initials and expiration date
   d. Never add fresh disinfectant solution to an already prepared solution

4. Guidelines for medical equipment coming in contact with body fluid

   a. Clean article according to manufacture guidelines.

REFERENCE: CDC Guidelines (on-line), California Department of Public Health, Calaveras County Department of Public Health

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Infection Control - Overview	REVIEWED: 3/1/19; 11/23/20; 8/25/21
SECTION: Infection Control	REVISED: 1/6/20; 11/23/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Infection Control

Objective: Staff will follow infection control policies in order to protect themselves and others from contaminated materials.

Response Rating: Severe

Required Equipment:

Procedure

1. Hands
    a. Each examination room will have soap and/or alcohol-based gel hand sanitizer which will to be used before and after the care of each patient.
2. Instruments
    a. Instruments are to be sent to the sterilization/dirty rom area for sterilization.
    b. Single use implements are to be properly disposed of after single use. Single use implements will never be sterilized and re-used.
3. Thermometers
    a. The oral digital thermometer will be marked ORAL and used with disposable plastic covers, orally, only.
    b. The rectal digital thermometer will be marked RECTAL and used with disposable plastic covers, rectally, only
    c. The temporal scan thermometer will be sanitized between uses, per manufacturer's recommendation.
4. Room cleaning
    a. Routine cleaning is the responsibility of the Housekeeping Service.

b. The Clinic staff is responsible for the cleaning of examination tables and door handles with a germicidal solution after each patient visit and after any spills or contamination.
c. In the event of a pandemic, there will be increased cleaning requirements for the lobby areas

5. Contaminated Materials and Garbage Collection

a. Contaminated materials shall be red-bagged and transported to the infectious material pick-up area.

b. Non-contaminated materials are to be placed in plastic bags to be picked up by Housekeeping Service each day.

6. Biologicals

a. Biologicals will be stored in the refrigerator located in the medication room or laboratory.

b. Dated materials are to be checked once a month and discarded according to the Sterile Shelf Life policy.

7. Syringes and Needles

a. Syringes and needles shall be of disposable material and discarded in appropriate sharps containers located in each examination room and lab area.

8. Contaminated Wounds

a. All cases are to be treated as having been possibly contaminated.

b. Disposable materials will be wrapped and placed in an infectious waste bag.

c. The infectious waste bag shall be disposed of according to the procedure for Contaminated Materials.

9. Airborne Pathogens

a. Patients who are coughing and/or sneezing will be offered a disposable mask and asked to wear same, in order to reduce exposure of other patients, guests and staff members, and may be seen as an outside car visit

b. After patient care has been completed and the patient has vacated the examination room, assigned staff will don gloves and clean the room surfaces (door knobs, examination table, guest chairs, counter top).

c. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, tuberculosis).

d. Staff will utilize the cleaning products approved by the Infection Control Committee and issued by the Housekeeping Service. After cleaning is completed, the room will be taken out of service (for a minimum of 15 minutes, maximum of 60 minutes), allowing the damp surfaces to air dry.

e. Where possible, examination room windows will be opened to allow the circulation of fresh air.

10. Hard surfaces

a. Floors will be swept and mopped daily utilizing approved disinfectant agents which will be mixed/diluted per manufacturer's guidance.

b. The Clinic will not utilize carpet in Patient Care areas. Carpets found in non-Patient Care areas will be shampooed with approved disinfectant agents as required by traffic and wear, but not less often than every six months, unless the area in question is a low traffic office space.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Intramuscular Injections	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED: 11/23/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Intramuscular Injections

Objective: To administer medication into a muscle.

Response Rating: Minimal to Severe

Required Equipment: Syringe, proper size and gauge needle, alcohol swab, cotton ball, Band-Aid and gloves.

Procedure

- Remember the five rights: **Patient**, **Dose, Medication, Route, Time, and check Expiration Date.**

1. Review practitioner's written order. Verbal orders are not allowed.
2. If order is unclear, do not give the injection until all information is understood.
3. Check patient allergies.
4. Provide patient/guardian with current Vaccine Information Sheet (VIS) if immunizations are being administered. Patient education includes side effects of the medication. Give the patient literature for after-injection care, if necessary.
5. Have patient review and sign consent, if required.
6. Prepare medicine - proper size and gauge needle and proper dilutant per manufacturer guidelines.
7. Change needles, if appropriate.
8. Choose and prepare site. Upper outer quadrant of buttock, upper deltoid, or lateral thigh are acceptable sites.
9. Insert needle and slowly give medication, it is no longer recommended to aspirate prior to giving medication.

10. Withdraw needle, immediately engage the needle safety mechanism and **DISPOSE OF NEEDLE AND SYRINGE ASAP IN SHARPS CONTAINER. DO NOT RECAP NEEDLE.**

11. Cover site with Band-Aid if desired.

12. Document EMR with manufacturer, lot number, expiration date, location, medication and dosage, job title and how the patient tolerated the procedure. Document distribution of current VIS if immunizations are given.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Liquid Nitrogen	REVIEWED: 3/2/20; 5/21/21; 8/25/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~6/16/21~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Liquid Nitrogen

Objective: Safe use of Liquid Nitrogen in the Clinic for medical procedures.

Response Rating: Mandatory

Required Equipment: Safety gloves, eye protection, Dewar's dipper

Procedure:

The safe handling and use of liquid nitrogen in liquid nitrogen Dewar's requires knowledge of the potential hazards. The safety precautions as outlined must be followed to avoid potential injury or damage. Do not attempt to handle liquid nitrogen until you have been thoroughly trained and understand the potential hazards, their consequences, and the related safety precautions.

Liquid Nitrogen will be kept in a container, secured to the wall, and with a vented lid in the Biohazard room. A designated metal dipper will be kept near the container for the transfer of liquid nitrogen by staff from the storage vessel to the portable Dewar's container.

The Liquid Nitrogen unit will only be refilled by the contracted vendor.

Handling Liquid Nitrogen: Contact with liquid nitrogen with the skin or eyes may cause serious freezing (frostbite) injury. It is always important to protect your hands and eyes when working with liquid nitrogen. ALWAYS use Cryo-gloves and the approved eye protection. The Cryo-gloves should fit loosely, so that they can be thrown off quickly if liquid should splash into them. Always wear the specific cryo-eye protection provided (safety glasses without side shields do not give adequate protection). These are located next to the Liquid Nitrogen.

Long pants (which should be cuff-less if possible) should be worn outside the shoes. Any kind of canvas shoes should be avoided because a liquid nitrogen spill can be taken up by the canvas resulting in a far more severe burn. **Handle liquid nitrogen carefully. Never allow any unprotected part of your body to touch objects cooled by liquid nitrogen.** Such objects may stick fast to the skin and tear the flesh when you attempt to free yourself. Use tongs, preferably with insulated handles, to withdraw objects immersed in the liquid, and handle the object carefully.

Maintenance: Always keep the unit clean and dry. Do not store it in wet, dirty areas. Moisture, animal waste, chemicals, strong cleaning agents and other substances which could promote corrosion should be removed promptly. Use water or mild detergent for cleaning and dry the surface thoroughly. Do not use strong alkaline or acid cleaners that could damage the finish and corrode the metal shell. Always keep unit upright. **Rough handling can cause serious damage to Dewar's.**

Use only containers designed for low-temperature liquids: Cryogenic containers are specifically designed and made of materials that can withstand the rapid changes and extreme temperature differences encountered in working with liquid nitrogen. Even these special containers should be filled slowly to minimize the internal stresses that occur when any material is cooled. Excessive internal stresses can damage the container. Do not ever cover or plug the entrance opening of any liquid nitrogen Dewar. Do not use any stopper or other device that would interfere with venting of gas. These cryogenic liquid containers are generally designed to operate with little or no internal pressure. Inadequate venting can result in excessive gas pressure which could damage or burst the container. Use only the loose-fitting neck tube core supplied for closing the neck tube. Check the unit periodically to be sure that venting is not restricted by accumulated ice or frost.

Use proper transfer equipment. Only use the solid metal dipper to transfer the liquid nitrogen from the tank to the Dewar.

Nitrogen gas can cause suffocation without warning. Store and use liquid nitrogen only in a well - ventilated place: As the liquid evaporates, the resulting gas tends to displace the normal air from the area. In closed areas, excessive amounts of nitrogen gas reduce the concentration of oxygen and can result in asphyxiation. Because nitrogen gas is colorless, odorless and tasteless, it cannot be detected by the human senses and will be breathed as if it were air. Breathing an atmosphere that contains less than 19 percent oxygen can cause dizziness and quickly result in unconsciousness and death.

Note: The cloudy vapor that appears when liquid nitrogen is exposed to the air is condensed moisture, not the gas itself. The gas causing the condensation and freezing is completely invisible.

Never dispose of liquid nitrogen in confined areas or places where others may enter. Disposal of liquid nitrogen should be done outdoors in a safe place. Pour the liquid slowly on gravel or bare earth where it can evaporate without causing damage. Do not pour the liquid on the pavement.

First Aid Notice: If a person seems to become dizzy or loses consciousness while working with liquid nitrogen, move to a well-ventilated area immediately. If breathing has stopped, apply artificial respiration. If breathing is difficult, give oxygen. Call a physician. Keep warm and at rest. If exposed to liquid or cold gas, restore tissue to normal body temperature 98.6°F (37°C) as rapidly as possible, followed by protection of the injured tissue from further damage and infection. Remove or loosen clothing that may constrict blood circulation to the frozen area. Call a physician. Rapid warming of the affected part is best achieved by using water at 108°F/42°C). Under no circumstances should the water be over 112°F/44°C, nor should the frozen part be rubbed either before or after rewarming. The patient should neither smoke, nor drink alcohol. Liquid nitrogen burns could be treated as frostbite.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Staff Composition	REVIEWED: 12/26/19; 11/23/20; 8/25/21
SECTION: Medical Staff	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Medical Staff Composition

Objective: It is the policy of this facility to maintain minimum staffing requirements, including practitioner mix, consistent with Rural Health Clinic Program requirements.

Response Rating:

Required Equipment:

Procedure:

1. The Medical Staff will be led by a physician, MD or DO, under contract with the Clinic, licensed and in good standing with the State of California Medical Board who meets the organization's credentialing requirements and provides care to patients of the Clinic.

2. The Medical Staff will include, at minimum, one Family Nurse Practitioner or Physician Assistant, employed by the District, licensed and in good standing with the State of California who meets the organization's credentialing requirements and who provides primary care to patients of the Clinic.

3. Additional members of the Medical Staff may include:

   a. Primary care physicians (MD and/or DO) under contract with the Clinic, including Family Practice, Pediatrics, Internal Medicine, Gynecology, general medicine licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements.
   b. Specialty practitioners (MD, DO, DC, DPM, DDS) under contract with the Clinic who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Specialties may include, but are not limited to: radiology, surgery, cardiology, dermatology, mental health, podiatry, chiropractic, dentistry.
   c. Licensed Clinical Social Workers who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Licensed Clinical Social Workers may be under contract with the Clinic or may be employed.
   d. Physical Therapists and Exercise Physiologists who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Physical Therapists and Exercise Physiologists may be under contract or employed by the Clinic.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medication Administration	REVIEWED: 5/28/19; 10/22/2020; 8/25/21
SECTION: Medication Management	REVISED: 10/22/2020
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Medication administration

Objective: To ensure patient safety in the Clinic during administration of medications, medication will be administered to clinic patients only after the dose has been properly selected, measured, and checked for accuracy against the written and signed physician order.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. All medications are to be checked three times before administration *to verify name and expiration date*
   a. Before removing container from shelf
   b. Before pouring or preparing the medication
   c. Before placing the container back on the shelf
2. Check container to ensure medication is "in date". Outdated medications will be marked as Out-of-Date and segregated for removal from the Clinic.
3. Check container to confirm it is a single dose vial (SDV). If not, do not remove the multi-use vial from the medication room.
4 All doses given will be double-checked with another licensed person or with the prescribing provider prior to administration.
5. All syringes with medication from a multi-use vial will be labeled prior to leaving the Medication Room and delivering the medication to the patient. Label will include date, time, initials of person who drew up the medication and the name of the medication.
5. Before administering any medications, check for allergies with the patient and/or give skin tests, as required.

6. Check with the prescribing provider regarding any dose that appears too large or any label that is not clear.

7. Do not carry on conversations with providers, co-workers, patients or other individuals while pouring or preparing medications.

8. Do not administer any drug that has undergone physical changes such as cloudy rather than clear, colored instead of clear, etc.

9. Measure all doses carefully.

10. Do not touch any tablets with fingers.

11. Never use medications from an unlabeled container.

12 Pour all medications from the side of the bottle away from the label.

13. Never put medications back into the bottle after they have been removed.

14. *Enter date, time of administration of medication in patient's record, along with route of administration, manufacturer, lot number, expiration date, and any reactions noted at the time the dose was given.*

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medication Management Emergency Response to Power Failure	REVIEWED 8/30/19; 11/22/2020; 8/25/21
SECTION: Medication Management	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Medication Management – Emergency Response to Power Failure

Objective: Outline of steps required for the appropriate management of medications during power failure emergencies.

Response Rating:

Required Equipment:

Procedure:

1. Determine the reason for the power failure (circuit breaker failure, refrigerator/freezer unplugged, or power outage).

2. Notify Clinic Management
   a. Clinic Manager
   b. Medical Director/CEO

3. Short term power outage (1 to 2 hours)

   a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS.
   b. The 1 to 2 hour time frame is affected by the room temperature
      1. The hotter the room, the shorter the time the medications may remain in the fridge/freezer
      2. If the room temperature is excessive, plan to remove the medications more quickly
      3. Monitor the data-logger connected to the thermometer in the device and posted on the exterior of the fridge/freezer

4. Long term power outage (greater than 2 hours)

   a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS until you are ready to remove the contents and move those items to an appropriate location.
   b. Relocate the medications from the refrigerator and freezer to the designated back up location per vaccine plan

5. Requirement for transporting vaccines:

   a. Varivax, MMRV: Merck now recommends that Varicella vaccine **NOT** be transported on dry ice. Varicella should be packed directly on ice packs in a separate insulated container (from refrigerated vaccines) with 6 or more **frozen ice packs** to maintain recommended temperatures (5◦F to -58◦F).
   b. All other vaccines: These vaccines can be transported to an appropriate cooler with **ice packs**. The refrigerated vaccines should have 2 inches of bubble wrap or other protective barrier separating them from the ice packs. Ice packs should be stored in the freezer for potential use.

6. All Clinic staff are responsible for being familiar with this protocol and for taking appropriate action in the event of a power failure to safeguard vaccines.

7. For any questions concerning degradation of viability of vaccines, contact the vaccine manufacturer for non-VFC medications, for VFC medications, contact a Vaccines for Children Representative at 1(877) 243-8832 (Option 5)

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Nebulizer Treatments	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Nebulizer Treatments

Objective: To increase oxygenation/ventilation status of patient.

Response Rating: Moderate to Severe.

Required Equipment: Nebulizer, medication per order, pulse oximeter, oxygen tank with mask.

1. Obtain written order from provider.

2. Explain procedure to the patient.

3. The physician order should be obtained for the type of medication, dose, and frequency of administration (i.e. saline, Albuterol, atrovent, xopenex).

4. The dose and frequency must be recorded in the EMR.

5. The nebulizer medication is either in premixed vials or should be combined in 3cc of saline.
   a. The medication is placed in the reservoir of the nebulizer kit.
   b. Turn the machine on and place the mouthpiece in the patient's mouth.
   c. A mask may be necessary for children under two years of age.

6. Oxygen can be added to the mixture per physician order, generally for O2 saturation under 93%.

7. Check oxygen saturation:
   Parameters: 93% - mild distress
   90% - moderation distress
   88% - severe distress

8. Administer the nebulizer treatment.

9. Recheck oxygen saturation after treatment.

10. Record the patient information per provider or nurse. Assessment includes: breath sounds, skin color, oxygen saturation, patient status, and vital signs.

10. Notify provider if patient is still showing signs of distress (i.e. oxygen saturation, patient status and vital signs).

11. Document oxygen saturation, medication used and patient response in the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Par Levels	REVIEWED: 11/12/18; 10/14/20; 8/25/21
SECTION: Operations	REVISED:
EFFECTIVE: ~~10/28/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Par Levels

Objective: To ensure that the Clinic is not overstocked with materials that may outdate and be wasted, the Clinic will be provided with inventory par levels for general medical supply and medications inventories.

Response Rating:

Required Equipment:

Procedure:

1. As a part of Clinic Operations and QAPI processes, Clinic Manager and Medical Director will consult, at least quarterly, and determine appropriate par levels of medical supplies and medications based upon current patient census projections and historical census data. Should a new service line be added or an unanticipated spike in patient census occur, review of par levels will happen immediately.

2. The par level information will be documented on a spreadsheet and available for reference purposes.

3. The par level document may also serve as an order form.

4. Medications will not be added to the Clinic formulary without consideration by the Medical Director and Clinic Manager and completion of the appropriate documentation and staff orientation.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Patient Left: Not Seen Or Treated (NSOT)	REVIEWED: 11/12/18; 10/14/20; 8/25/21
SECTION: Operations	REVISED:
EFFECTIVE: ~~10/28/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Patient left without being seen or treated (NSOT)

Objective: To track patients that leave the Clinic before being seen/treated by the practitioner.

Response Rating:

Required Equipment:

Procedure:

1. When a patient advises a staff member that they are leaving before being seen or treated by the practitioner, advise the nurse or medical assistant and have him/her speak with the patient.

2. The nurse or medical assistant will review the sign in sheet and complete the NSOT form, documenting whether the patient was interviewed, had their vital signs taken and recorded, and their observations of the patient's condition.

3. If the patient refuses to speak with the nurse or medical assistant before they leave, ask the patient why they are leaving before seeing the practitioner.

4. Mark the sign in sheet "NSOT" and document the reason the patient gave for leaving before seeing the practitioner.

5. Add the patient to the electronic scheduler by choosing the NSOT appointment type and adding the patient's reason for leaving.

6. Scan the sign in sheet into the patient's EMR under other and mark as NSOT add the current date.

7. Place all documentation in the NSOT binder.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Patient Portal Information	REVIEWED: 11/12/18; 7/30/20; 10/14/20; 8/25/21
SECTION: Operations	REVISED: 10/14/20
EFFECTIVE: ~~10/28/20~~September Board Meeting	MEDICAL DIRECTOR:

Policy: Patients, parents and/or guardians are entitled and encouraged to have access to their health information to enable them to understand and participate in their care and treatment with our Clinic providers. Such information will be made available by granting secure access through a patient portal in the Mark Twain Health Care District website.

Objective: Each patient, parent or guardian will be informed on how to access the online patient portal. An information flyer or brochure will be developed that indicates the website is available for general information regarding the portal. An individual portal on the website will enable the patient to have private and secure access to make/keep appointments; view their medical record, view selected laboratory/radiology results and update their demographic information.

Required Equipment: None

Procedure:

1. During the patient check-in process, the clinic will provide the patient with an instructional flyer on how to register on the online patient portal. The flyer will include the following instructions:

   a. Go to the Clinic website, VSHWC.org

   b. Click on 'Patient Portal Login' link

   c. Click on 'Sign up today' link

   d. Enter required information and click 'continue'

   e. Choose an option to receive a temporary passcode

   f. Retrieve temporary passcode and enter passcode

   g. Choose a primary care provider and click 'continue'

   h. Set a new password, click 'I have read and accepted Terms...' and click 'continue'

2. Minor patients 13 years and older are permitted to change portal access so that they are the sole recipients of their medical information, especially in the case of sensitive services. Parents/Guardians would then only have access to the billing and financial portions of the minor's records per COPPA and Anthem Blue Cross.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: PPD Test Results	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: PPD Test Results

Objective: PPD tests will be read by a physician, NP, PA, or RN.

Response Rating:

Required Equipment:

Procedure:

1. At the time the PPD is placed, the patient will be directed to return to the Clinic no sooner than 48 and no later than 72 hours after placement.

2. The patient's reporting paperwork will be retained in a "tickler file" as a reminder to staff that results are pending for the test.

3. The patient will be reminded to bring their immunization card with them when they return to have their test read.

4. The patient will not be registered for the PPD read visit.

5. The patient will be placed in an examination or treatment room immediately upon arriving to have their test read.

6. The provider will be notified immediately that a patient is waiting to have a PPD read. Only Clinic practitioners and/or RNs will read PPDs placed at the Clinic.

7. The PPD will be read by a physician, nurse practitioner, physician assistant or registered nurse only. The registered nurse may be the Clinic's scheduled RN.

8. The results of the test will be recorded on the immunization card and the patient's medical record.
   a. Patients with a positive result will be held in the Clinic to see the provider for immediate follow-up. The patient will be registered in the EMR for the follow-up appointment.

9. There is no charge to the patient when the PPD is read and the results recorded.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Prescription Refills	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Prescription Refills

Objective: To ensure accurate, timely, efficient response to the request for prescription medication refills.

Response Rating:

Required Equipment:

Procedure:

1. Patients contacting the Clinic with refill requests will be directed to contact their pharmacy with the request.

2. Refill requests from the pharmacy will be received via fax or the ePrescribe application of the EMR.

3. Patients who are primary care patients of the Clinic:

    a. Have been seen /treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do not** require lab value consideration, will have refills reviewed/approved by the practitioner.
    b. Have been seen/treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do** require current lab value consideration, will have refills declined with notification that a Clinic visit for lab testing is required.
    c. Practitioner may determine that it is appropriate to offer the patient a one-time 30 days supply to allow for the patient to complete ordered labs and keep their scheduled follow-up appointment.
    d. Have not been seen within the last 90 to 180 days will have refills declined with notification that a Clinic visit is required for refills to be considered.
    e. Requesting refills for pain management medications will have refills declined with notification that a Clinic visit is required for refills to be considered.

4. Patients who are not primary care patients of the Clinic

    a. All patients who are not primary care patients of the Clinic will be referred to their primary care practitioner for medication refills.

b. Practitioner may offer the patient the option to change their PCP to a Clinic practitioner.

5. Clinic staff will not call the pharmacy with medication orders, neither new prescriptions nor refills of existing prescriptions.

   a. Medications can only be ordered by printed prescription or ePrescribe functionality via the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Primary Authority Over Clinic Operations	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Operations	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Primary authority over Clinic operations

Objective: Consistent with Rural Health Clinic requirements, the Clinic will designate the primary person(s) responsible for day-to-day operations of the Clinic.

Response Rating:

Required Equipment:

Procedure

1. Clinical Operations are the responsibility of the Clinic Manager.
    a. Will be on-call to Clinic staff when away from the premises
    b. Manages and supervises day-to-day operations of the Clinic.
    c. Reports to Executive Director of the Health Care District.
    d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the-ordinary circumstances that occur in the Manager's absence.
2. Medical Staff management is the responsibility of the Medical Director.
    a. Will be on-call to the Medical staff when away from the premises.
    b. Will be available by telephone to the Nurse Practitioner/Physician Assistant when away from the premises.
    c. Reports to the Executive Director of the Health Care District.
    d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the ordinary circumstances that occur in the Director's absence.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Procedure Time Out	REVIEWED: 2/1/19; 4/2/20;11/23/20; 8/25/21
SECTION: Patient Care	REVISED: 4/2/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Procedure Time out

Objective: Procedure Time Out, which includes a specific checklist, must be conducted whenever a patient undergoes a surgical or non-surgical invasive procedure requiring an informed consent.

- To provide guidelines for a standardized verification process for all Clinic patients undergoing a surgical/non-surgical invasive procedure requiring an Informed Consent.

- To assure that the correct procedure is performed on the correct patient and body site/side.

- To define the process by which clinic staff and licensed practitioners (e.g. physicians, nurse practitioners, physician assistants) participating in a surgical or non-surgical invasive procedure will actively participate in the Time Out process described in this policy.

- A procedure-specific consent form is presented to the patient for review and signature for medical and dental procedures.

Response Rating: Mandatory

Required Equipment:

Definitions:

Invasive Procedure: For the purposes of this policy, an invasive procedure is any intervention that involves penetration or manipulation of the body's natural barriers to the external environment.

Procedure Room: Any site within the facility where a surgical or non-surgical invasive procedure may occur inclusive of the patient's bedside.

Site Marking: A process by which a skin marker, which will produce a mark with sufficient permanence, is used to clearly denote the intended procedure site.

Procedure:

1. Site marking will not be required for medical procedures in the Clinic if they are performed through or immediately adjacent to a natural body orifice where laterality is not a concern or the procedure will involve bilateral structures.
2. The specifics as to the surgical site/procedure site are to be recorded with the patient and/or family/caregiver or legal guardian present and participating, if possible.

3. Procedural Area Verification

    a. Before the start of the procedure the team, with patient participation will confirm:

        i. The patient's identity (name and date of birth);

        ii. The procedure and site are correct, and the site is marked by the surgeon (if required);

        iii. Consent for the procedure has been obtained and the form is signed and dated;

        iv. Patient has completed pre-procedure preparations;

        v. Review of allergies and potential blood loss is reviewed;

        vi. Labs, radiological images labeled and available, as required;

        vii. Implants, devices/equipment available;

        viii. Specimen collection containers and laboratory requisitions are available and properly labeled;

        ix. Antibiotics per physician order, if applicable;

        x. H & P, assessments and other pertinent documents available;

4. The practitioner and the Nurse/Medical Assistant or Dentist/Registered Dental Assistant will sign off on the Procedure Time Out Checklist before starting the procedure.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Product And Device Recall	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Operations	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Product and Device Recall

Objective: Effective management of product and device recalls

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize vendors who have a customer notification system in place that addresses recalls of supplies, medications, vaccines, oxygen canisters, and devices/equipment.

2. Upon receipt of notification from the vendor, Clinic leadership will review all inventories to determine if the item in question is present and, if so, will remove the item from use.

3.
   a. Exam rooms
   b. Supply rooms, including medication and janitorial storage
   c. Treatment rooms
   d. Nurses' station
   e. Laboratory
   f. X-ray suite

4. Vendor instructions will be followed, ensuring the item is returned or destroyed, appropriate credit applied, and replacement(s) ordered.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Pulse Oximeter	REVIEWED: 2/1/19; 11/23/20; 8/25/21
SECTION: Patient Care	REVISED: 11/23/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Pulse Oximeter

Objective: To assess the oxygen level (saturation) of the patient's blood, pulse oximeter readings will be taken as a part of vital signs collection and documentation.

Response Rating: Moderate to Severe

Required Equipment: Pulse oximeter, sensor-adult or pediatric, and isopropyl alcohol.

Procedure

1. Plug chosen sensor into oximeter.
2. Apply sensor to digit. Long fingernails, artificial nails or very thick nail polish (use polish remover) may interfere with the sensor function.
3. Turn on oximeter and wait 30-60 seconds for accurate reading.
4. Record reading as directed.
5. Readings below 95% should be reported to physician immediately.
6. Clean the sensor with a Cavicide wipe after removing the sensor from the patient.
7. Document results in the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Scope of Services	REVIEWED: 11/8/18; 10/14/20; 8/25/21
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~10/28/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Scope of Services

Objective: The Clinic's scope of services shall include, but not be limited to, the following list of services:

Response Rating:

Required Equipment: None

Procedure:

Services shall be rendered to anyone, regardless of sex, race, color, creed, age, national origin, handicap or ability to pay for services rendered.

Professional:

A physician and/or a physician assistant (PA, PA-C) or family nurse practitioner (FNP) shall staff the Clinic during posted working hours to provide medical services within the scope of his/her training.

Medical staff will be available to perform:

Complete medical histories

Physical examinations (pre-employment, sports, school, health maintenance)

Assessment of health status, routine laboratory and diagnostic testing

Treatment for common acute and chronic health problems and medical conditions

Laboratory:

Point-of-care testing, under a CLIA Certificate and California Laboratory license will be provided for some modalities.

Unaffiliated laboratories will provide reference laboratory services.

Unaffiliated laboratories will provide pathology laboratory services.

X-Ray:

Plain film x-rays are performed in the Clinic and over read by a radiologist.

Patients requiring other testing modalities will be referred to the service provider authorized by their insurance coverage.

Medical Procedures:

Minor surgical procedures and basic diagnostic procedures shall be performed within the scope of the medical staff's training; including but not limited to minor laceration repairs, IV hydration, IV antibiotic therapy, splinting, and medical stabilization of medical emergencies for transfer to high acuity facilities.

Pharmacy:

The Clinic will provide stock pharmacy items according to the Clinic formulary.

Prescriptions will be submitted to the patient's pharmacy via ePrescribe.

Higher Level of Care:

Referral for medical cause when the Clinic is operating will be provided on an as needed basis.

Hospitals used for transfer of patients requiring a higher level of care include:

Mark Twain Medical Center

Discharge Instructions:

All patients will be given written notes instructions, and explanations of the treatment they received in the Clinic, as well as written follow up instructions.

Policies and Procedures:

Written policies and procedures and medical protocols/Standardized Procedures governing the services of the Clinic providers are developed, executed, and annually evaluated by the Medical Committee and the Governing Body. The Committee will consist of the Medical Director, physician assistants/nurse practitioners, Clinic Manager, Executive Director and any other assigned personnel.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; 10/14/20; 10/29/20~~20~~; 8/25/21
SECTION: Civil Rights	REVISED: 10/29/2020
EFFECTIVE ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Section 504 Grievance

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

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

Response Rating:

Required Equipment:

Procedure

1. Grievances must be submitted to the Section 504 Coordinator within seven (7) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

2. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

3. The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of Mark Twain Health Care District relating to such grievances.

4. The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

5. The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to Mark Twain Health Care District Executive Director within 15 days of receiving the Section 504 Coordinator's decision.

6. The Mark Twain Health Care District Executive Director shall issue a written decision in response to the appeal no later than 30 days after its filing.

7. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the:

    a. U. S. Department of Health and Human Services

    b. Office for Civil Rights

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; 11/03/20;8/25/21
SECTION: Civil Rights	REVISED: 11/03/20
EFFECTIVE: ~~December~~ September Board Meeting	MEDICAL DIRECTOR:

Asunto: Queja de la Sección 504

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

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

Equipo requerido:

Procedimiento:

1. Las quejas deben presentarse al Coordinador de la Sección 504 dentro de los siete (7) días posteriores a la fecha en que la persona que presenta la queja toma conocimiento de la supuesta acción discriminatoria.

2. Una queja debe ser por escrito, con el nombre y la dirección de la persona que la presenta. La queja debe indicar el problema o la acción alegada como discriminatoria y el remedio o la reparación solicitada.

3. El Coordinador de la Sección 504 (o su designado) llevará a cabo una investigación de la queja. Esta investigación puede ser informal, pero debe ser exhaustiva y brindar a todas las personas interesadas la oportunidad de presentar pruebas relevantes para la queja. El Coordinador de la Sección 504 mantendrá los archivos y registros de Mark Twain Health Care District en relación con dichos reclamos.

4. El Coordinador de la Sección 504 emitirá una decisión por escrito sobre la queja a más tardar 30 días

después de su presentación.

5. La persona que presenta la queja puede apelar la decisión del Coordinador de la Sección 504 escribiendo al Director Ejecutivo del Distrito de Atención Médica de Mark Twain dentro de los 15 días de haber recibido la decisión del Coordinador de la Sección 504.

6. El Director Ejecutivo de Mark Twain Health Care District emitirá una decisión por escrito en respuesta a la apelación a más tardar 30 días después de su presentación.

7. La disponibilidad y el uso de este procedimiento de queja no impide que una persona presente una queja de discriminación por discapacidad con:
   a. Departamento de Salud y Servicios Humanos de EE. UU.
      si. Oficina de Derechos Civiles

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Section 504 Notice Of Program Accessibility	REVIEWED: 11/8/18; 10/14/20; 8/25/21
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~10/28/~~ September Board Meeting~~20~~	MEDICAL DIRECTOR:

Subject: Section 504 Notice of Program Accessibility

Objective:

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

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

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedure for Employee Influenza Vaccine Administration	REVIEWED: 10/09/2020; 8/25/21
SECTION:	REVISED:
EFFECTIVE: September Board Meeting	MEDICAL DIRECTOR:

Subject:

Objective: To reduce morbidity and mortality from seasonal influenza by vaccinating all employees who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Response Rating: Under these standing orders, eligible RNs and Medical Assistants allowed by state law and who have demonstrated competence in administration of routine immunizations, may vaccinate patients who meet any of the criteria below.

Required Equipment:

Procedure:

1. Identify adult employees in need of influenza vaccination based on meeting any of the following criteria:

    a. Want to reduce the risk of becoming ill with influenza or of transmitting it to others

    b. Age 18 years or older

    c. Having any of the following conditions: chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immuno- suppression, including that caused by medications or HIV

    d. Being pregnant during the influenza season

    e. All healthcare personnel

    g. All adults who are household contacts, caregivers, or workplace contacts of persons listed in category 1.c.

2. Screen all persons for contraindications and precautions to influenza vaccine prior to administration:

    a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

For a list of vaccine components, go to:
www.cdc.gov/vaccines/pubs/pinkbook/ downloads/appendices/B/excipient-table-2.pdf.

b. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant or who has any of the conditions described in 1.c. or 1.d. above.

c. Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation

3. Provide all vaccine recipients with a copy of the most current federal Vaccine Information Statement (VIS). You must document on the office log and if requested, the employee's medical record, the publication date of the VIS and the date it was given. Provide non-English speaking persons with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Provide all influenza vaccine recipients with a vaccine consent form to read and sign prior to administration.

5. Administer inactivated influenza vaccine IM per manufacturer guidelines.

6. Document each employee's vaccine administration information on the **consent and Employee flu shot log**:

a. Medical chart: If the employee has a medical record with the clinic, it is ok to chart the vaccination in their medical record as historical, or record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

b. Personal immunization record card: It is OK to record the date of vaccination and the name/location of the administering clinic on the patient's record, or to document the vaccine in RIDE.

7. Maintain a log of Immunizations given per unit guidelines. All Medical Records, including vaccine logs, visit notes, and consents are maintained by the VSHWC guidelines.

8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

9. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Valley Springs Health & Wellness Center for 1 year or until rescinded.

Medical Director's signature: Dr. Randy Smart

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 8/25/2021.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Statement of Ownership and Governance	REVIEWED: 11/1/18; 2/1/20; 11/05/20; 8/25/21
SECTION: Civil Rights	REVISED: 2/1/20; 11/05/20
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Clinic Ownership and Governance

Objective: To make available to the public a clear and concise statement of Clinic ownership and governance.

Response Rating:

Required Equipment:

Procedure:

The Mark Twain Health Care District owns and operates Rural Health Clinic(s).

The District was formed in 1946 and governance is comprised of a Board of five members who are elected during the general election or appointed as/if required in accordance with Sec 32000 et. seq of the State Code. Board members serve four-year terms. As of November 2018, Board Members are:

Lin Read, MBA, OTR/L: Board President

Debbie Sellick, CMP: Secretary

Lori Hack: Treasurer

Talibah Al-Rafiq: Member-at-Large

Kathi Toepel: Member-at-Large

The District has appointed a District Executive Director who is responsible for the overall supervision of the District and its operations, including the Clinic(s).

The District has engaged a physician to serve as Medical Director/Laboratory Director. The Medical Director will provide patient care and Medical Staff leadership, including supervision of mid-level practitioners (nurse practitioner, physician assistant) and licensed physicians providing medical care to patients.

The District has appointed a Clinic Manager who, in cooperation with the District Administrator and Medical Director, is responsible for the daily operation of the Clinic and the supervision of the non-provider staff members.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Ownership and Governance Statement	REVIEWED: 11/1/18; 2/1/20; 11/5/20; 8/25/21
SECTION: Civil Rights	REVISED: 2/1/20; 11/5/20
EFFECTIVE: ~~December~~ September Board Meeting	MEDICAL DIRECTOR:

Asunto: Propiedad y gobernanza de la clínica

Objetivo: poner a disposición del público una declaración clara y concisa de la propiedad y el gobierno de la clínica.

Calificación de respuesta:

Equipo requerido:

Procedimiento: El distrito de atención médica Mark Twain posee y opera clínicas de salud rurales.

El Distrito se formó en 1946 y el gobierno está compuesto por una Junta de cinco miembros que son elegidos durante las elecciones generales o nombrados como / si se requiere de acuerdo con la Sec. 32000 et. seq del Código del Estado. Los miembros de la junta sirven términos de cuatro años. A partir de noviembre de 2018, los miembros de la Junta son:

Lin Read, MBA, OTR / L: Presidente de la Junta
Debbie Sellick, CMP: Secretaria de la Junta
Lori Hack: Tesorera
Talibah Al-Rafiq: miembro en general
Kathi Toepel: miembro en general

El Distrito ha designado un Director Ejecutivo del Distrito que es responsable de la supervisión general del Distrito y sus operaciones, incluidas las Clínicas.

El Distrito ha contratado a un médico para que sirva como Director Médico / Director de Laboratorio. El director médico brindará atención al paciente y liderazgo del personal médico, incluida la supervisión de profesionales de nivel medio (enfermero practicante, asistente médico) y médicos con licencia que brinden atención médica a los pacientes.

El Distrito ha designado un Gerente de la Clínica que, en cooperación con el Administrador del Distrito y el Director Médico, es responsable del funcionamiento diario de la Clínica y de la supervisión de los miembros del personal que no son proveedores.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Unscheduled Downtime of Electronic Medical Record	REVIEWED: 3/1/19; 11/23/20; 8/25/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~12/09/20~~September Board Meeting	MEDICAL DIRECTOR:

Subject: Unscheduled Downtime of Electronic Medical Record

Objective: To ensure documentation of patient care in the event of an unscheduled disruption of access to the Electronic Medical Record (EMR), practitioners and staff will document patient care using approved downtime paper forms.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

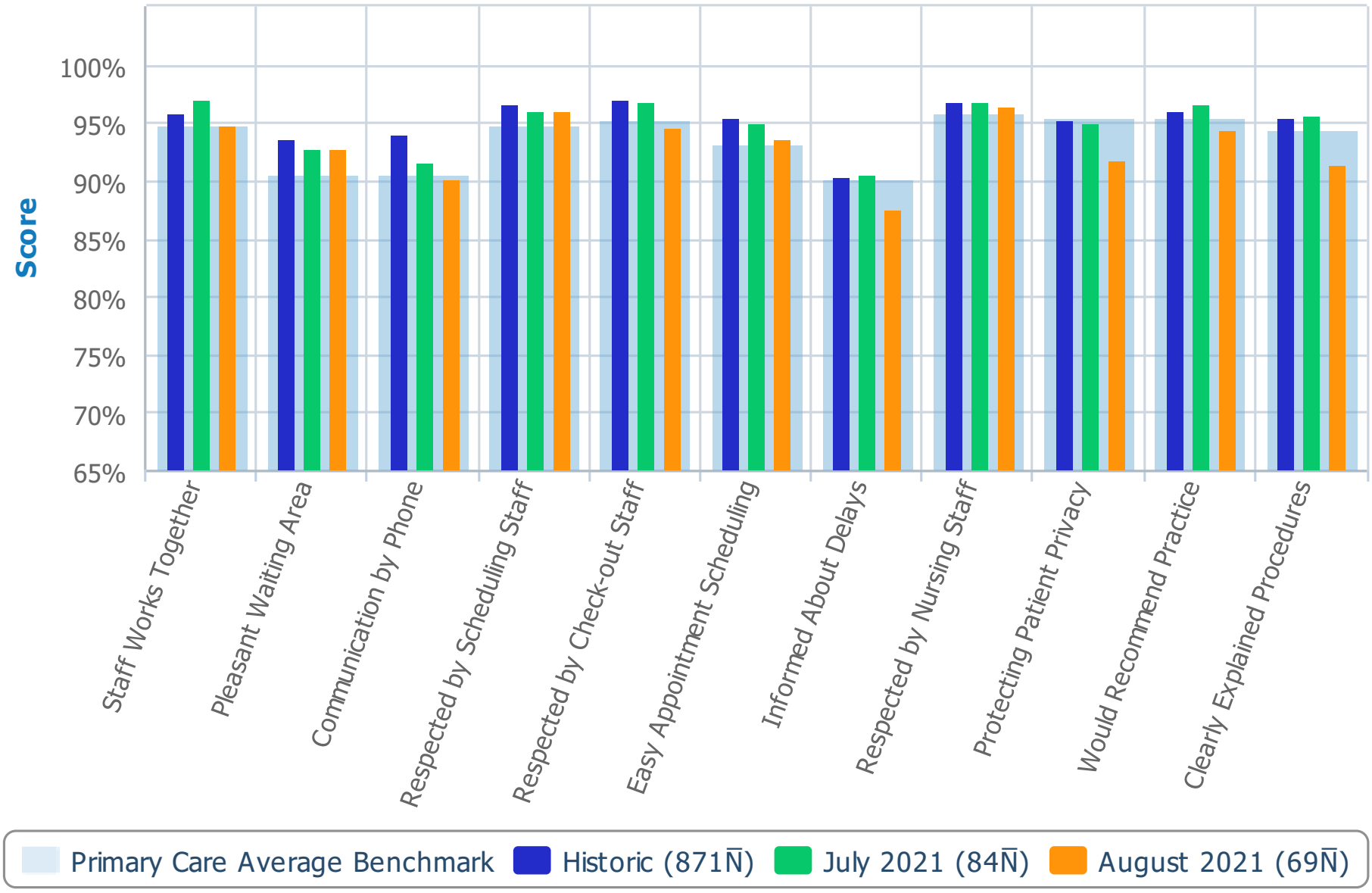
1. In the event of an unscheduled disruption of access to the Electronic Medical Record, approved downtime paper forms will be utilized to document patient care.
2. Clinic Leadership or designee will report the service disruption to IT Department and/or the EMR vendor.
3. Approved downtime paper forms (including administrative and patient care documentation) will be maintained in a central location in a binder marked “Downtime Forms” as well as in an online shared folder labeled Forms.
4. Clinic Leadership or designee will access the paper forms, making sufficient copies of the appropriate documents to accommodate patients currently being examined/treated and those scheduled to be seen in the Clinic through the balance of the Clinic day.
5. Paper forms will be utilized to capture patient demographics and payor information required to successfully complete patient intake.
6. Paper forms will be provided to all practitioners and will be marked with the patient’s name, birth date, medical record number (if available), and visit date.

7. Patients requesting appointments will be listed, along with their phone number and the purpose of the visit/visit type. After the system has been restored, patients on the list will be contacted and appointments scheduled in the Electronic Medical Record scheduling application.

8. When access to the Electronic Medical Record is restored, completed paper documents will be scanned into the electronic chart.

9. After confirming the scanned documents have been placed appropriately in the Electronic Medical Record, the paper forms will be collected and given to the Administrative Medical Assistant so that they may be used to create claims. Once all claims have been created and submitted to the proper payor, they will be destroyed to protect patient privacy.

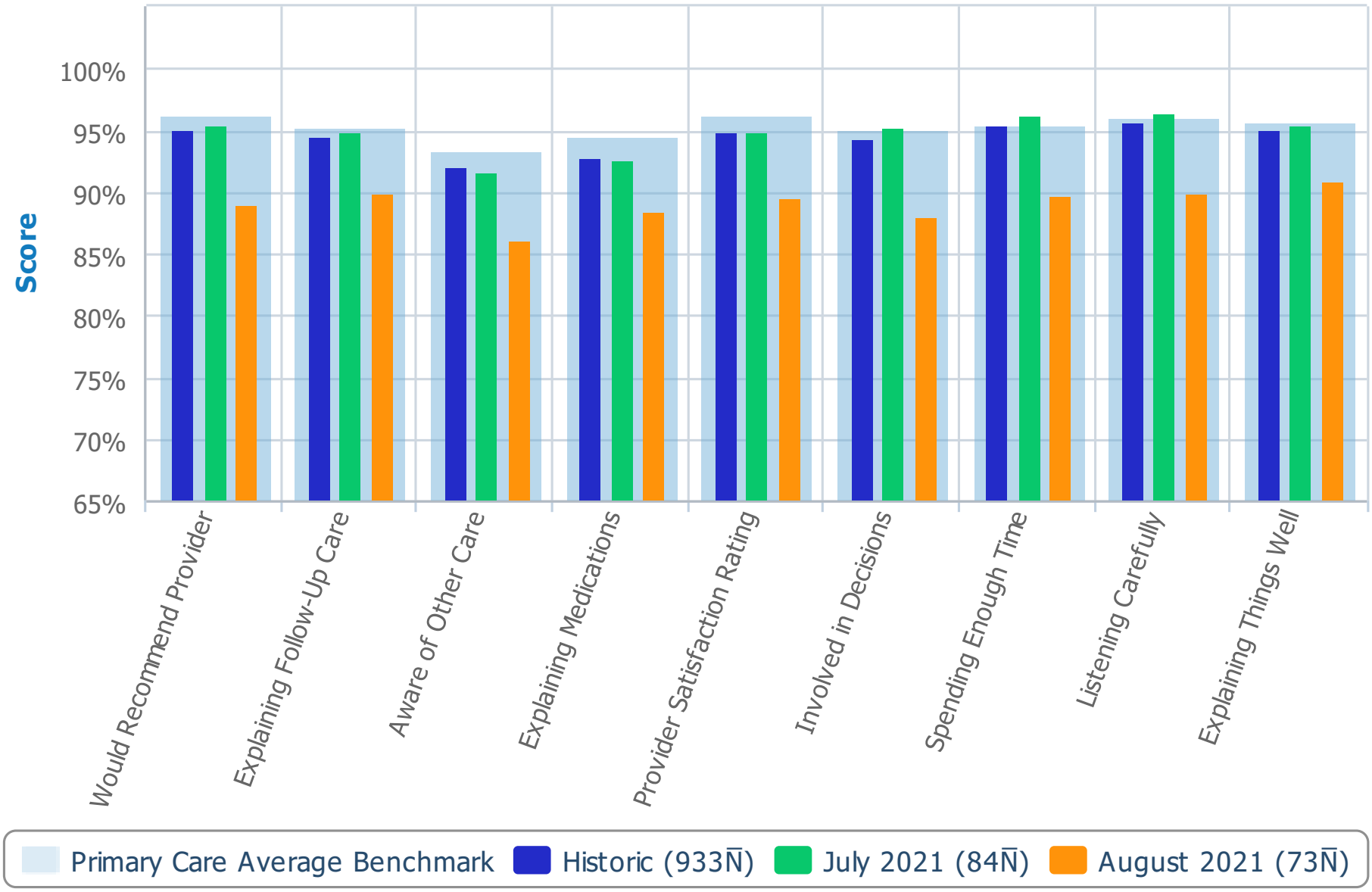
Location: Valley Springs Health and Wellness



MedStatix

CA - Valley Springs

Provider: All Providers



MARK TWAIN
HEALTH CARE DISTRICT

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

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

- Please remember the June 30, 2021 financials (our previous Fiscal Year) will stay in “DRAFT” form until the Audit is completed later this year.
- The County of Calaveras sent us our final payment for the previous fiscal year, but we are still waiting for the final reconciliation documents.
- As of 9/10/2021 we are still waiting for a few numbers, so we will do our best to update you at the Finance Committee meeting.
- 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							
	08/31/21 Actual	2021 - 2022 Annual Budget					
	Y-T-D	Total District	Clinic	Rental	Projects	Admin	
Revenues	1,020,074	5,865,872	3,191,007	1,374,865	0	1,300,000	
Total Revenue	1,020,074	5,865,872	3,191,007	1,374,865	0	1,300,000	
Expenses	(1,527,854)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)	
Total Expenses	(1,527,854)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)	
Surplus(Deficit)	(507,779)	(633,235)	(1,127,128)	209,608	(667,000)	951,285	
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)	
						DRAFT	
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)	
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
	(487,374)	(507,779)					

	Mark Twain Health Care District								
	Direct Clinic Financial Projections								
					VSHWC				8/31/2021
							2021 - 2022		
		2019/2020	Actual	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Y-T-D	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	1,170,321	2,824,838	4,674,075	5,013,050	835,508	280,150	588,452	11.74%
4083.60	Contractual Adjustments	(953,773)	(1,038,761)	(1,087,124)	(1,848,793)	(308,132)	(134,406)	(311,223)	
	Net Patient revenue	216,548	1,786,077	3,586,951	3,164,257	527,376	145,744	277,229	8.76%
						0			
4083.90	Flu shot, Lab income, physicals			1,000	1,000	167			0.00%
4083.91	Medical Records copy fees			750	750	125			0.00%
4083.92	Other - Plan Incentives			30,000	25,000	4,167			0.00%
			0	31,750	26,750	4,458	0	0	0.00%
	Total Other Revenue	**216,548**	**1,786,077**	**3,618,701**	**3,191,007**	531,834	**145,744**	**277,229**	**8.69%**
7083.09	Other salaries and wages	(648,607)	(1,030,670)	(1,008,540)	(1,503,975)	(250,663)	(85,076)	(220,452)	14.66%
7083.10	Payroll taxes	(53,339)	(80,787)	(78,666)	(108,979)	(18,163)	(6,083)	(17,068)	15.66%
7083.12	Vacation, Holiday and Sick Leave			(9,077)	(90,239)	(15,040)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(49,982)	(169,346)	(28,224)	(13,433)	(25,427)	15.01%
7083.14	Group Life Insurance			(1,614)		0			
7083.15	Pension and Retirement		(632)	(25,214)	(1,987)	(331)			0.00%
7083.16	Workers Compensation insurance	(13,597)	(16,697)	(10,085)	(15,040)	(2,507)			0.00%
7083.18	Other payroll related benefits			(1,513)	(376)	(63)			0.00%
	Total taxes and benefits	(98,100)	(230,841)	(176,151)	(385,967)	(64,328)	(19,516)	(42,495)	11.01%
	Labor related costs	**(746,706)**	**(1,261,511)**	**(1,184,691)**	**(1,889,942)**	**(314,990)**	**(104,592)**	**(262,947)**	**13.91%**
7083.05	Marketing	(7,096)	(1,911)		(1,500)		(109)	(448)	
7083.20	Medical - Physicians	(607,191)	(766,094)	(905,244)	(970,115)	(161,686)	(44,984)	(123,754)	12.76%
7083.22	Consulting and Management fees	(261,571)	(106,677)	(75,000)	(35,000)	(5,833)	(4,039)	(5,109)	14.60%
7083.23	Legal - Clinic	(27,900)	1,258	0	(15,000)		(402)	(3,532)	0.00%
7083.25	Registry Nursing personnel			(3,000)	0	0			
7083.26	Other contracted services	(65,565)	(199,535)	(126,907)	(100,000)	(16,667)	(26,736)	(48,769)	48.77%
7083.29	Other Professional fees	(11,199)	(16,639)	(80,932)	(10,000)	(1,667)	(1,006)	(1,823)	18.23%
7083.36	Oxygen and Other Medical Gases	(533)	(916)	(3,703)	(1,200)	(200)		(70)	5.84%
7083.38	Pharmaceuticals			(139,504)	(40,000)	(6,667)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(211,072)	(25,714)	(95,000)	(15,833)	(36,790)	(64,252)	67.63%
7083.41.02	Dental Care Materials and Supplies - Clinic		(5,425)				(3,330)	(5,123)	
7083.41.03	Behavior Health Materials						(272)	(1,897)	
7083.44	Linens			(1,200)	0	0			
7083.48	Instruments and Minor Medical Equipment			(24,248)	(20,000)	(3,333)			0.00%
7083.74	Depreciation - Equipment			(150,476)	0	0			
7083.45	Cleaning supplies			(47,578)	0	0			
7083.62	Repairs and Maintenance Grounds	(1,122)		(8,104)	(5,000)	(833)			0.00%
7083.72	Depreciation - Bldgs & Improvements			(311,017)	(560,000)	(93,333)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(90,749)	(95,083)	(80,000)	(13,333)	(6,612)	(16,004)	20.01%
8870.00	Interest on Debt Service	(158,161)	(435,495)	(257,355)	(190,000)	(31,667)			0.00%
7083.43	Food	(935)	(1,070)	(2,000)	(2,000)	(333)		(211)	10.56%
7083.46	Office and Administrative supplies	(30,108)	(56,948)	(15,428)	(15,000)	(2,500)	(11,104)	(12,690)	84.60%
7083.69	Other purchased services	(50,362)	(70,531)	(232,076)	(229,727)	(38,288)	(768)	(1,765)	0.77%
7083.81	Insurance - Malpractice	(8,814)		(16,854)	(25,000)	(4,167)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(45,829)	(31,102)	(1,050)	(175)	(3,776)	(25,610)	0.00%
7083.83	Licenses & Taxes			(1,500)	(1,500)	(250)			
7083.85	Telephone and Communications	(5,253)	(12,906)	(20,903)	(5,100)	(850)	(474)	(948)	18.59%
7083.86	Dues, Subscriptions & Fees	(19,274)	(4,766)	(1,500)	(5,000)	(833)	(3,727)	(3,727)	74.54%
7083.87	Outside Training	(199)	(299)	(15,000)	(10,000)	(1,667)			0.00%
7083.88	Travel costs	(3,704)	(995)	(4,000)	(2,500)	(417)			0.00%
7083.89	Recruiting	(25,209)	(40,159)	(40,000)	(10,000)	(1,667)	(1,500)	(6,255)	62.55%
8895.00	RoboDoc		(22,086)	(60,000)	0	0 -			
	Non labor expenses	(1,502,306)	(2,088,844)	(2,695,428)	(2,428,192)	(404,699)	(145,628)	(321,987)	13.26%
	Total Expenses	(2,249,012)	(3,350,355)	(3,880,119)	(4,318,135)	(719,689)	(250,219)	(584,934)	13.55%
	Net Expenses over Revenues	**(2,032,464)**	**(1,564,278)**	**(261,418)**	**(1,127,128)**	**(187,855)**	**(104,475)**	**(307,705)**	**27.30%**

	Mark Twain Health Care District								
	Rental Financial Projections				**Rental**				
									8/31/2021
		2019/2020	**2020/2021**	**2020/2021**	**2021/2022**	**Month**	**Actual**	**Actual**	**Actual**
		Actual	**DRAFT**	**Budget**	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs BudHet**
9260.01	Rent Hospital Asset amortized	1,095,293	1,089,434	1,092,672	1,092,672	182,112	90,510	181,057	16.57%
				0	0				
	Rent Revenues	**1,095,293**	**1,089,434**	**1,092,672**	**1,092,672**	**182,112**	**90,510**	**181,057**	**16.57%**
9520.62	Repairs and Maintenance Grounds	(6,079)		0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(688,595)	(758,483)	(758,483)	(126,414)	(58,541)	(111,690)	14.73%
9520.85	Telephone & Communications						(4,216)	(8,184)	
9520.72	Depreciation	(673,891)	(116,408)	(148,679)	(148,679)	(24,780)	(9,417)	(18,871)	12.69%
9520.82	Insurance								
	Total Costs	(1,331,134)	(805,003)	(907,162)	(907,162)	(151,194)	(72,174)	(138,745)	15.29%
	Net	**(235,841)**	**284,431**	**185,510**	**185,510**	**30,918**	**18,336**	**42,312**	**31.86%**
9260.02	MOB Rents Revenue	220,296	195,608	251,016	251,593	41,932	17,444	34,947	13.89%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(41,183)	(20,260)	(40,521)	16.40%
	Net	**(20,218)**	**(67,842)**	**(10,000)**	**4,498**	**750**	**(2,817)**	**(5,573)**	**-123.90%**
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	1,500	750	1,500	16.67%
9522.75	Child Advocacy Expenses	(297)	(1,140)	(11,000)	(11,000)	(1,833)			0.00%
	Net	**8,703**	**7,860**	**(2,000)**	**(2,000)**	**(333)**	**750**	**1,500**	**-75.00%**
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1800	3600	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,308,442	1,352,688	1,374,865	229,144	110,504	221,105	16.08%
		(1,574,119)	(1,073,380)	(1,181,428)	(1,165,257)	(194,210)	(92,434)	(179,266)	15.38%
	Summary Net	**(249,530)**	**235,063**	**171,260**	**209,608**	**34,935**	**18,069**	**41,839**	**19.96%**

Mark Twain Health Care District										
Projects, Grants and Support										
		8/31/2021								
			2019/2020	Actual	2020/2021	2021/2022	Month	Actual	Actual	Actual
			Actual	Y-T-D	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
	Project grants and support			(14,000)	(31,000)	(667,000)	(111,167)		(353,000)	52.92%
8890.00	Foundation		(465,163)			(628,000)		(25,000)	(353,000)	
8890.00	Veterans Support			0	(5,000)	0	0		0	
8890.00	Mens Health			0	(5,000)	0	0		0	
8890.00	Steps to Kick Cancer - October			0	(5,000)	0	0		0	
8890.00	Ken McInturf Laptops									
8890.00	Doris Barger Golf			0	(2,000)	0	0		0	
8890.00	Stay Vertical			(14,000)	(14,000)	(14,000)	(2,333)			0.00%
8890.00	Golden Health Grant Awards									
8890.00	High school ROP (CTE) program					(25,000)				
	Project grants and support		**(465,163)**	**(14,000)**	**(31,000)**	**(667,000)**	**(111,167)**	**(25,000)**	**(353,000)**	**52.92%**

Mark Twain Health Care District								
General Administration Financial Projections			6/30/2021	**Admin**			**8/31/2021**	
				BUDGET				
		2020/2021 Budget	**2020/2021 DRAFT**	**2021/2022 Budget**	**Month to-Date**	**Actual Month**	**Actual Y-T-D**	**Actual vs Budget**
9060.00	Income, Gains and losses from investments	100,000	44,279	100,000	16,667	3,627	5,294	5.29%
9160.00	Property Tax Revenues	1,100,000	1,168,243	1,200,000	200,000	100,000	200,000	16.67%
9010.00	Gain on Sale of Asset							
9205.03	Miscellaneous Income (1% Minority Interest)		(20,782)		0	8,228	5,224	
	Summary Revenues	**1,200,000**	**1,191,740**	**1,300,000**	**216,667**	**111,854**	**210,518**	**16.19%**
8610.09	Other salaries and wages	(352,591)	(216,730)	(137,592)	(22,932)	(17,919)	(45,022)	32.72%
8610.10	Payroll taxes	(23,244)	(10,079)	(10,526)	(1,754)	(824)	(2,077)	19.73%
8610.12	Vacation, Holiday and Sick Leave	(3,173)		(8,256)	(1,376)			0.00%
8610.13	Group Health & Welfare Insurance	(17,474)		(11,827)	(1,971)			0.00%
8610.14	Group Life Insurance	(564)		0	0			
8610.15	Pension and Retirement	(8,815)	(2,588)	(703)	(117)			0.00%
8610.16	Workers Compensation insurance	(3,526)		(1,376)	(229)			0.00%
8610.18	Other payroll related benefits	(529)	(800)	(34)	(6)			0.00%
	Benefits and taxes	(57,325)	(13,467)	(32,723)	(5,454)	(824)	(2,077)	6.35%
	Labor Costs	**(409,916)**	**(230,197)**	**(170,315)**	**(28,386)**	**(18,743)**	**(47,099)**	**27.65%**
8610.22	Consulting and Management Fees	(61,500)	(4,548)	(3,000)	(500)	(215)	(447)	14.91%
8610.23	Legal	(30,000)	(928)	(10,000)	(1,667)		(147)	1.47%
8610.24	Accounting /Audit Fees	(125,000)	(59,302)	(40,000)	(6,667)	(389)	(2,877)	7.19%
8610.05	Marketing					(275)	(400)	
8610.43	Food	(2,000)		(1,500)	(250)			0.00%
8610.46	Office and Administrative Supplies	(18,000)	(14,380)	(15,000)	(2,500)	53	(302)	2.01%
8610.62	Repairs and Maintenance Grounds	0	(4,296)	(5,000)	(833)			
8610.69	Other- IT Services		(10,905)	0	0	(1,219)	(1,865)	
8610.74	Depreciation - Equipment	(2,500)		0	0			
8610.75	Rental/lease equipment	(9,200)		0	0			
8610.80	Utilities	(1,000)		0	0			
8610.82	Insurance	(25,000)	(16,653)	(41,900)	(6,983)	(33,094)	(33,094)	78.98%
8610.83	Licenses and Taxes	0		0				
8610.85	Telephone and communications	0		(2,500)				
8610.86	Dues, Subscriptions & Fees	(20,000)	(9,648)	(15,000)	(2,500)	(24)	(8,159)	54.39%
8610.87	Outside Trainings	(15,000)	(760)	(15,000)	(2,500)	308	(2,172)	14.48%
8610.88	Travel	(15,000)		(7,500)	(1,250)			0.00%
8610.89	Recruiting	(2,000)	(3,567)	(2,000)	(333)		(209)	10.45%
8610.90	Other Direct Expenses	(32,000)	(69,999)	(20,000)	(3,333)	(2,260)	(2,660)	13.30%
8610.95	Other Misc. Expenses							
	Non-Labor costs	(358,200)	(194,986)	(178,400)	(29,317)	(37,115)	(52,332)	29.33%
	Total Costs	(768,116)	(425,183)	(348,715)	(57,702)	(55,858)	(99,430)	28.51%
	Net	**431,884**	**766,557**	**951,285**	**158,964**	**55,996**	**111,087**	**11.68%**

Mark Twain Health Care District
Balance Sheet
As of August 31, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	116,770
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	359,187
1001.40 Five Star Bank - MTHCD Checking	416,592
1001.50 Five Star Bank - Money Market	99,683
1001.60 Five Star Bank - VSHWC Checking	31,606
1001.65 Five Star Bank - VSHWC Payroll	101,359
1001.90 US Bank - VSHWC	152,401
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**1,284,443**
Accounts Receivable	
1200 Accounts Receivable	2,303
Total Accounts Receivable	**2,303**
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,060,548
115.05 Due from Calaveras County	1,200,000
115.20 Accrued Lease Revenue	-15,232
1205.00 Due from insurance proceeds	351,142
1205.50 Allowance for Uncollectable Clinic Receivables	-19,609
130.30 Prepaid VSHWC	26
Total Other Current Assets	**11,578,388**
Total Current Assets	**12,865,134**
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
1220.05 VSHWC - Land Improvements	1,624,427
1220.10 VSHWC - Buildngs	5,942,457
1220.20 VSHWC - Equipment	887,034
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
Total Fixed Assets	**9,214,359**
Other Assets	

1710.10 Minority Interest in MTMC - NEW	447,968
180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	**356,574**
2219 Capital Lease	6,296,049
Total Other Assets	**7,100,592**
TOTAL ASSETS	**29,180,085**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	49,047
Total 200.00 Accts Payable & Accrued Expenes	**49,047**
200.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenes	**0**
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	25,287
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	26,849
227 Deferred Revenue	380,571
Total Other Current Liabilities	**512,623**
Total Current Liabilities	**561,670**
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,170,973
2128.02 Deferred Utilities Reimbursement	2,128,287
2129 Other Third Party Reimbursement - Calaveras County	1,000,000
2210 USDA Loan - VS Clinic	7,296,052
Total Long-Term Liabilities	**11,595,312**
Total Liabilities	**12,156,982**
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,837,904
Net Income	-507,779
Total Equity	**17,023,104**
TOTAL LIABILITIES AND EQUITY	**29,180,085**

Investment & Reserves Report
31-Aug-21

Reserve Funds	Minimum Target	6/30/2021 Balance	2021/2022 Allocated	2021/2022 Interest	8/31/2021 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	0	629	2,207,027	
Capital Improvement Fund	12,000,000	2,935,435	500,000	837	2,436,272	
Technology Reserve Fund	1,000,000	1,002,908	0	286	1,003,194	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	686	2,407,666	
Loan Reserve Fund	2,000,000	2,005,816	0	572	2,006,388	
Reserves & Contingencies	19,600,000	10,557,538	500,000	3,009	10,060,547	0

CalTRUST	8/31/2021	2021 - 2022 Interest Earned
Valley Springs HWC - Operational Reserve Fund	2,207,027	629
Capital Improvement Fund	2,436,272	837
Technology Reserve Fund	1,003,194	286
Lease & Contract Reserve Fund	2,407,666	686
Loan Reserve Fund	2,006,388	572
Total CalTRUST	**10,060,547**	**3,009**
Five Star		
General Operating Fund	520,415	63.69
Money Market Account	99,683	114.20
Valley Springs - Checking	31,606	7.81
Valley Springs - Payroll	101,359	16.91
Total Five Star	**753,063**	**202.61**
Umpqua Bank		
Checking	114,694	0.00
Money Market Account	6,444	0.11
Investments	1,514	
Total Savings & CD's	**122,652**	**0.11**
Bank of Stockton	**359,187**	**6.12**
Total in interest earning accounts	**11,295,450**	**3,218**
Umpqua Rebate		**0**
Anthem Refund		**2,076**
Total Without Unrealized Loss		**5,294**

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

MARK TWAIN
HEALTH CARE DISTRICT

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

Resolution 2021 – 07

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 No. 8, 9-Retired, 12, 13 and 14 and have recommended changes in those policies, and presented changes to the public at the August 25, 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 Number 8, 9-Retired, 12, 13 and 14 be amended as published in the Sept. 29, 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 29th day of September 2021, by the following vote:

Ayes:
Noes:
Absent:
Abstain:

Attest: _____
Debbra 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

Mark Twain Health Care District Policy No. 8

Board Meeting Agenda:

8.1 Agenda Preparation. The ~~General Manager~~, Chief Executive Officer in cooperation with the Board President, shall prepare an agenda for each regular and special meeting of the Board of Directors in accordance with theBrown Act. Any Director may contact the Executive Director and request an item to be placed on the agenda no later than 5:00 P.M. on the day that is 48 hours prior to the closing of the agenda for the next meeting date.

8.2 Public Requests. Five days prior to posting, any member of the public may request that a matter directly related to District business be placed on the agenda of a regularly scheduled meeting of the Board of Directors, subject to the following conditions:

8.2.1 The request must be in writing and be submitted to the ~~Executive Director~~ Chief Executive Officer [or other responsible managing employee] together with supporting documents and information, if any, atleast seven business days prior to the date of the meeting.

8.2.2 The ~~Executive Director~~ Chief Executive Officer ~~shall be the sole judge of whether the public~~ shall advise the Board if the request is or is not a matter directly related to District business."

8.2.3 The ~~Executive Director~~ Chief Executive Officer shall ~~determine the~~ advise the Board of the timing of when the item will be placed on the agenda.

8.2.4 The public member requesting the agenda item may appeal the ~~General Manager's~~ President's decision at the next regular meeting of the Board of Directors. Any Director may request that the item be placed on the agenda of the Board's next regular meeting.

8.2.5 ~~No matter which is legally a proper~~ issues which are legally and proper subject for consideration by the Board in closed session will be accepted under this policy.

8.2.6 The Board of Directors may place limitations on the total time to be devoted to a public request issue at any meeting and may limit the time allowed for any one person to speak on the issue at the meeting.

8.3 Agenda Descriptions. All Board agendas shall include an unambiguous description of each item on the agenda to be discussed, including closed session items. The Executive Director shall ensure that the description gives notice to the public of the essential nature of business to be considered.

8.4 Agenda Posting. Agendas for regular meetings shall be posted 72 hours in advance of the meeting and agendas for special meetings shall be posted 24 hours in advance of the meeting. The posting must occur in a place that is freely accessible to the public and on the District's website. A touch screen electronic kiosk may take the place of the paper posting. ~~On or before January 1, 2019,~~ the internet posting shall occur on the District's primary website homepage through a prominent, direct link to the current agenda. The agenda shall also be accessible in an open format ~~by that date.~~

8.5 Agenda Packages. When distributing agenda packages and other materials to members of the Board of Directors, those materials should be provided to all members at the same time. Agenda packages, except for closed session materials, should also be made available to the public once distributed to the Board.

8.6 Public Comment.

9.6.1 For regular meetings the Board shall provide the public with an opportunity to address not only any item on the agenda but any item within the subject matter jurisdiction of the District.

9.6.2 For special meetings, the Board shall provide the public with an opportunity to address any item on the agenda.

9.6.3 The Board may not prohibit public criticism, but shall control the order of the proceedings, including placing reasonable time limits on public comment.

9.6.4 The Board may not require members of the public to give names or sign a register as a condition of attendance or speaking.

8.7 Closed Sessions. The Board may conduct a closed session during a noticed meeting for certain matters, as identified on the agenda, where it is necessary to conduct business in private. Major reasons for permissible closed sessions, as authorized by the Brown Act, include real property transactions, labor negotiations, and pending litigation. The Board shall allow public comment on any closed session item before going into closed session.

8.8 Items Not On The Agenda. The Board shall not discuss or take action on any item that does not appear on the posted agenda except that the Board may act on items not on the agenda to address emergency situations, subsequent need items, and hold-over items from a continued previous meeting held within the prior five days. The Board may also respond to public comments and make announcements.

8.9 Topics for Discussion at Board Meetings. Pursuant to the Brown Act, no action or discussion shall be taken on any item not appearing on the posted agenda, except as provided by law.

Mark Twain Health Care District Policy No. 9

Topics for Discussion at Board Meetings:

~~Pursuant to the Brown Act, no action or discussion shall be taken on any item not appearing on the posted agenda, except as provided by law.~~

The above has been added to Policy No. 8 and Policy No. 9 will be retired.

Mark Twain Health Care District Policy No. 12

Conflict of Interest Code and Ethics:

12.1 CONFLICT OF INTEREST CODE.

The Board approved Resolution No. ~~2014-6 on December 10, 2104~~ 2020-06 on August 26, 2020 which adopted the terms of Section 18730 of Title 2 of the California Code of Regulations and any amendments to said provision approved by the Fair Political Practices Commission, as the District's Conflict of Interest Code.

12.2 DISCLOSURE OF ECONOMIC INTERESTS.

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

12.3 AB 1234 ETHICS TRAININGS

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

Mark Twain Health Care District Policy No. 13

Appointments to the District Board:

Any vacancy upon the Board of Directors may be filled by appointment by the remaining members of the Board of Directors or by special election, for such term and under such conditions as may be specified bylaw.

Mark Twain Health Care District Policy No. 14

Conduct Related To Elections:

Public elections shall be held to fill all seats on the Board of Directors, except seats becoming vacant prior to the expiration of a Director's elected term, or as otherwise provided by law. Elections shall be conducted as provided in the Local Health Care District Law and the California Elections Code.

Elections shall be held in even-numbered years and consolidated with general elections, when feasible. The person receiving the highest number of votes for each office to be filled shall be elected. The election of the Directors shall be staggered in alternatively even-numbered years so that three (3) Directors will be elected in a given even-numbered year and the remaining Directors will be elected in the following even-numbered year.

Note: For Further Information Refer to:
The County Clerk-Recorder
Calaveras County Elections Office
891 Mountain Ranch Rd
San Andreas, CA 95249
(209) 754-6376
Fax (209) 754-6733

CHERI GARAMENDI AGUIAR, LCSW #86842

Mokelumne Hill, CA 95245

Professional Experience

LCSW/Behavioral Health Provider, MACT Health Board, Inc., 2016-2020
Worked on an interdisciplinary team alongside medical providers to offer integrated behavioral health services in a primary care setting. Preformed risk assessments, intakes, and biopsychosocial assessments to aide in the development of mental health treatment plans. Main treatment modalities included EMDR, CBT, Motivational Interviewing and Mindfulness-Based interventions. Treated patients of all ages experiencing a wide range of mental health challenges, most frequently presentations of anxiety and depressive disorders; often stemming from client's previous trauma history. Responsibilities included documentation in the electronic health record and interagency collaboration as requested/required to best meet patient needs.

MSW/ASW, First 5 Amador, 2015-2016
Provided early childhood mental health consultation services at early learning centers, preschools and family's homes. In conjunction with teachers, staff and families, completed assessments and developed intervention goals. Provided on-site observation and helped facilitate reflective support services. Referred families to auxiliary service providers when needed. Developed a countywide action plan for the implementation of universal developmental and behavioral screening. Collaborated with partner agencies to create screening and monitoring protocols targeting high-risk populations. Worked toward a sustainable and coordinated system of care that supported countywide screening, resource acquisition and tracked outcomes/efforts.

Infant Mental Health Clinician Intern, UC Davis Children's Hospital: CAARE Center, 2015-2016
Provided clinical infant mental health services to eligible county mental health clients. Worked with young children and their caregivers to provide assessment, diagnostic and relationship-based treatment services. Collaborated with families and other service providers for the purposes of case management and coordinated care. Dyadic treatment often included a combination of infant mental health, psycho-education, and Parent-Child Attunement Therapy or Parent-Child Interaction Therapy. Completed required case documentation into electronic health record system and authored reports as necessary (e.g. as requested by child welfare).

Social Work Intern, Stanislaus County Behavioral Health and Recovery Services: Leaps & Bounds, 2013-2014
Provided early childhood mental health consultation services to staff, children and families at Early Head Start and Head Start programs, including observations, assessments and intervention plans. Led and participated in child-study team meetings. Worked to support parents via home visits. Developed an early childhood mental health consultation service overview for outreach purposes.

Social Work Intern, Calaveras Works and Human Service Agency: Adoptions Program, 2012-2013
Completed adoptability assessments, case management, program development and outreach. Interviewed and assessed potential adoptive families and adoptees. Assisted families with accessing post-adoptive services and helped facilitate monthly Independent Living Program workshops for youth in foster care. Responded to child protective service referrals with emergency response workers and participated in IEP and county multi-disciplinary team meetings.

School Readiness Coordinator, First 5 Amador, 2008-2011
Responsible for developing, implementing, overseeing and evaluating in-house and grantee projects as a part of the local School Readiness Initiative, with an emphasis on the promotion of healthy social & emotional development. Projects included formal & informal early learning environments; behavioral consultation services; parent education; summer kindergarten transition program; advocacy & local systems change; outreach & referral services; father involvement; early childhood educator training; early literacy; oral health; obesity prevention & nutrition education. Instrumental in the development of a new children's center. Managed an annual budget of $310,000. Recruited, hired, trained and supervised up to 24 direct employees. Managed up to 10 grantees and contractors. Responsible for public relations, including monthly newsletters, social media, website design & content, print advertising and public speaking. Served as Vice-President of Amador Child Abuse Prevention Council, co-Chair of California Preschool Instructional Network Region 6 and was a voting member on the Amador Child Care Council. Member of the Children's Inclusive Care Council of Amador & Calaveras and the Amador Oral Health Task Force.

Paralegal, Legal Assistant & Bookkeeper, Law Offices of Margaret Mary Johnston, 1997-2007
Assisted clients during major life transitions; made referrals to outside services when necessary; acted as

communication liaison between attorneys and clients; prepared court pleadings; helped clients identify their needs; organized & analyzed financial documents to provide case framework; assisted lawyers with trial preparations and proceedings; monthly billing, daily income/expenses, deposits; general clerical, filing, and receptionist.

Education & Volunteer Coordinator, San Francisco Recreation & Parks Department, 2005-2007
Managed the Youth Stewardship Program (YSP); trained and supervised environmental education interns; wrote grant proposals and secured funding for YSP; organized and oversaw weekend work projects with volunteers of all ages across San Francisco; acted as primary liaison between schools, community groups & local park department. Expanded programming to double the number of youth served during the 2006-2007 school year.

Assistant Recreation Director, San Francisco Recreation & Parks Department: Footsteps, Summer 2005
Co-led summer camp for 12-14 year olds focusing on health, fitness & the environment; mentored, taught & counseled youth on a daily basis (in both group and one-on-one formats); designed & facilitated orientation for participants & their parents/guardians; created well-rounded syllabus incorporating interactive themes; coordinated volunteer opportunities for all participants at recreation centers throughout San Francisco.

Corps Leader & Corps Member, San Francisco Urban Service Project, 2003-2005
Facilitated biweekly social justice trainings for other San Francisco youth service providers; organized retreats; fundraised; worked as an intern for the San Francisco Recreation & Park Department; created orientation for new YSP interns; scheduled, planned & led field trips for at-risk youth groups 3rd-12th grade; taught principles of ecology, native habitat & biodiversity; trained docents and volunteers to work with youth in the field; built upon existing curriculum and developed new activities; guided students & volunteers in restoration projects in San Francisco's Natural Areas.

Education

Napa Infant-Parent Mental Health Fellowship, 2016
UC Davis Extension, CA

Master of Social Work, 2014
California State University Stanislaus, Turlock, CA, Graduated with Distinction, GPA 4.0
Project: Amador County Infant & Early Childhood Mental Health Resource Directory

Advanced Specialist Certificate in Infant/Preschooler Mental Health, 2014
Alliant International University, Sacramento, CA

B.A. in Child & Adolescent Development, Concentration: Youth & Families, 2003
San Francisco State University, CA
Spanish & Undergraduate Studies, University of Madrid, Spain, 2000-2001
Undergraduate Studies, University of San Diego, CA, 1997-1999

Professional Training

Telehealth: California Social Work Response to the COVID-19 Pandemic
Internal Family Systems Therapy
EMDR Parts 1 & 2 Training with Follow-Up Consultation
Advanced Mindfulness Toolbox for Rewiring the Brain
TEAM-CBT Intensive
Motivational Interviewing: Evidence-Based Skills to Motivate Clients Towards Change

Volunteer/Community Involvement

Early Literacy Program Coordinator, Mokelumne Hill Imagination Library (2012-Present)
Classroom Aide, Mokelumne Hill Elementary School (2015-2018)
Co-Founding Member, Friends of Mokelumne Hill Schools (2015-2018)
Board of Directors, Mokelumne Hill Community Historical Trust (2012-2015)

California Dental Association

Curriculum Vitae

Christian A. Bader DDS
Lodi, CA
CA Dental License #44652

Education
1990 Lodi High School
1992 San Joaquin Delta College – Associates in Arts in Natural Sciences
1994 University of the Pacific, College of Pacific – Bachelors of Science in Biology
1997 University of the Pacific, Arthur A. Dugoni School of Dentistry – Doctor of Dental Surgery

Work Experience
Associate general dentist: August 1997 - February 2002
Solo owner dentist in Lodi, CA: March 1999 – October 2019
Associate general dentist part time at office of Dr Ronald Rasi DDS in Roseville, CA – February 2012 to January 2017
Managing dentist at Valley Dental Care, Lodi, CA: October 2019 – current
Associate general dentist part time at Hope Dental in Stockton, Ca – April 2018 to November 2020

Post Graduation Training and Programs
1999 - PAC Live - Aesthetic anterior live patient program
2008-2011 - California Center for Advanced Dental Studies – 5 live patient programs anterior aesthetics
2013 to present - Pacific Aesthetic Continuum – clinical instructor

References
Ronald Rasi DDS
568 N Sunrise Ave STE 290, Roseville, CA 95661
(916) 782-7733

Todd Franklin DDS (owner of Hope Dental)
6529 Inglewood Ave, Stockton, CA 95207
(209) 957-5885

Job Seeker Information:

- Name: Christian A Bader

Job Information:

- Job ID: 55761188
- Job Name: Dentist

- Position Title: General Dentist
- Posted: Mar 05, 2021

If you have any questions or need any assistance, please do not hesitate to contact our customer service team at clientserv@yourmembership.com or call us at 860-437-5700.

Thank you for using our services.

California Dental Association
careers.cda.org

SUSAN DEAX-KEIRNS LMFT

Murphys, CA 95247

Summary

Talented clinician and team leader offering 10 years of success in mental health environments. Strategic thinker with psychotherapeutic proficiency. Offers proven ability to build effective teams and inspire confidence. Committed to identifying and leveraging opportunities for growth.

Skills

- Family and patient support
- Improving clinical quality outcomes
- Staff development
- Exemplary communication skills

Experience

Self Employed | Murphys, CA
Marriage and Family Therapist
05/2016 - Current

- Provides support, practical feedback, and evidence based tools to help people move from where they are to where they would like to be.
- Documents behavior patterns, emotionality, a history of trauma and relationship dynamics to create accurate and effective treatment plans.
- Administers therapy to individuals and families using specialized techniques (EMDR and ImTT), solution-focused strategies (Mindfulness), and a cognitive behavioral approach.

Mind Matters Clinic | Murphys, CA
Clinical Director
08/2009 - 05/2016

- Utilized active listening and interpersonal communication skills to build professional relationships with patients, clinical staff and other stakeholders.
- Crafted and initiated development of strategy-based plans, allowing organization to exceed objectives and achieve stability and viability.
- Recruited individuals bringing talent, well-developed skills sets and passion for helping others, effectively building exceptionally gifted team of personnel.
- Actively engaged with other members of community at local events by answering questions and giving informative presentations.
- Collaborated with multi-disciplinary staff to improve overall patient care and response times.
- Supervised professional staff of 5 therapists and educators, delivering consistent coaching and mentoring to improve job efficiency.

Campus Minister and Director of Resident Ministry | Santa Clara, CA
Santa Clara University
08/1991 - 05/1998

- Guided faculty, staff and students through retreat experiences, social action and service opportunities, and pastoral ministry programs.
- Demonstrated effective leadership to the Santa Clara University Housing and Residence community, including managing daily operations, developing and administering annual budget and promoting compassionate pastoral care.

- Designed events to gather students... hunger awareness, global awareness (El Salvador delegation), led women's spirituality groups, and Bible studies and developed relationships through the ministry of presence.

Education and Training

Santa Clara University | Santa Clara, CA
Master of Arts in Counseling Psychology
06/1991

University of Oklahoma | Norman, OK
Bachelor of Arts in Psychology
05/1989

Satvir K. Dhaliwal, DDS

PROFILE

A patient-focused, knowledgeable and dedicated dental care professional with over 7+ years of experience. Passionate about educating patients of all ages on the importance of proper dental hygiene in fun interactive way. Devoted to community work and to keeping up to date with latest dental techniques.

SKILLS SUMMARY

- Performed General dentistry services, including reviewing health history, diagnosis and treatment of diseases of teeth, gums and related oral structures.
- Specialized in cosmetic dentistry including inlays/onlays, veneers, crowns and bridges and complete/ partial dentures.
- Performed oral surgery including single and multiple extractions.
- Emergency dental care.
- Root canal treatments.
- Strong interpersonal and management skills including the ability to communicate with various levels of management and business partners.
- Empathetic and kind.

PROFESSIONAL EXPERIENCE

Maternity Leave June 2020 – Present

Attended many virtual interactive live webinars and seminars from CDA ,ADA and other online educational resources to expand knowledge in the dental field. Some of them includes Dentistry in the time of COVID 19, Caries risk assessment and patient management strategies, childhood caries, Ceramic materials and restorations, Traumatic injuries: Considerations and complications.

Lodi Family Dentistry, Lodi – CA June 2018 – June 2020

Dentist

- Delivering comprehensive dental care, performing presented treatment plans, restorative treatments and explaining care and maintenance measures to patients.
- Performed extensive cosmetic procedures crowns/bridges, CEREC, Dentures.
- Received over 95% positive patient satisfaction scores on post-visit surveys for the practice.
- Managed the dental office and assisted in the development/ training of the dental team to ensure for the delivery of highest quality care including helping in internships for dental assistants.

Elk Grove Dental & Orthodontics, Elk Grove – CA Jan 2018 – May 2018

Associate Dentist

- Performed single day crowns/CEREC including Inlays and Onlays.
- Educated patients regarding preventive dental care plaque control causes and treatment of dental problems and oral healthcare services.
- Provided General dentistry procedures including diagnosis and treatment plan of all patients.

Western Dental & Orthodontics, Lodi – CA Jan 2015 – Jan 2018

Associate Dentist

- Successfully handled the dental office completing consultations for treatment plans on the Managing dentist absence.
- Performed simple and complex restorative procedures including RCT and Extractions.
- Examined teeth, gums and related tissues for both children and adults using diagnostic tools like dental instruments and x rays.

EDUCATIONAL BACKGROUND

- **DDS** 2014
  De La Salle Universidad, Leon - Mexico
- **Bachelors of Dental Sciences** 2007
  DBDC, Muktsar - India

ADDITIONAL INFO.

- **Certifications and Licenses:** Laser Certified & Invisalign certification.
- **Professional Affiliations:** California Dental Association, American Dental Association, San Joaquin Dental Society.
- **Languages**: Multi-Lingual in English, Spanish, Hindi & Punjabi.
- CPR certified.

Suzanne M. Dietrich, RD, COE

Murphys, California 95247

PROFILE: *Strong expertise in managing operations of Diabetes Management Program I In-depth knowledge in diabetes education and medical nutrition therapy I Comprehensive experience and education in the medical/healthcare field I Well developed interpersonal proficiency I Highly effective skills in evaluating, organizing, communicating, and educating for optimum results.*

EMPLOYMENT:

Diabetes Management Program

Consultant/Independent Diabetes Practice -Angels Camp, CA (2012-current)

Director of Nutritional Services

Mark Twain St. Joseph's Hospital - San Andreas, CA (2008-2012)

Registered Dietitian

University of Nevada, School of Medicine, Center for Nutrition and Metabolism - Reno, NV (2008-2010)
Consultant/Independent Practice - San Andreas, CA (2004-2006)
Tuolumne General Hospital- Sonora, CA (1997-2004)
(Internship) University of Houston - Houston, TX (1996-1997)

Pharmaceutical Sales Representative

Wyeth Pharmaceuticals - Reno, NV (2006-2008)

CAREER HIGHLIGHTS: Experience throughout the above listed assignments includes, but is not limited to:

- Effectively designing and teaching classes that translate often-complex medical/healthcare information to appeal to both the layman and sophisticated professional; keeping pace with the best practice on diabetes, treatments, and nutritional advances - establishing and designing pertinent nutrition education material.
- Quickly establishing interpersonal rapport in the medical environment - compassionately understanding patient concerns; precisely evaluating their requirements and coaching them to achieve their nutrition and diabetes management goals.
- Compiling, processing, analyzing, and communicating extensive medical/healthcare information for precise decision making.
- Continuously applying comprehensive knowledge of pathophysiologic changes, research findings, and nutritional interventions in planning, implementing, and evaluating care
- Accurately evaluating and establishing priorities to maintain appropriate departmental function in providing immediate and continuing needs of clinical and managerial work.
- Managing employees by proficiently identifying, evaluating, and resolving challenges that impact work through systematic handling of multiple tasks to meet optimum quality outcomes for patient care, managing Performance Improvement program.
- Supporting productive lines of communication with superiors- maintaining operational expenses, adhering to budget and productivity standards; performing well independently and as part of a team - meeting stringent specifications and regulatory factors.
- Serving on healthcare committees - Patient Service Council, increasing efficiency, ensuring fiscal management, and improving nutritional outcomes.
- Efficiently performing virtually all phases of dietitian procedures as lead dietitian; creating and implementing innovative adaptations to new and existing clinical nutrition policies and procedures that serve as "blueprints" for meeting or exceeding CMS and TJC standards, resulting in successful survey performances and improved patient care.

EDUCATION: **Bachelor of Science in Dietetics & Food Administration**
Graduated 12195, California State University, Chico, California

CERTIFICATIONS: **Certified Diabetes Educator (COE), December 2009 by NCBDE**

Childhood & Adolescent Weight Management, November 2008 by AND

Adult Weight Management, June 2006 by AND

RELEVANT ATTRIBUTES: *Flexibility to "wear-several-hats" I Skill to rapidly adapt to changing environments I Volunteer work includes conducting informative educational presentations on nutrition for the Outreach Children's Program* /Leisure *interests include gardening and cooking I References upon request.*

Thomas P. Drakes, M.D., FACP

PROFILE

I have an excellent reputation and a very productive work history with no health or legal problems ever.

I took a long break from 2013-2020 and am now ready to return to part-time practice. I am Board Certified in Internal Medicine and enjoy it and the collegiality of other Internists. I am seeking an opportunity in a rural, outpatient setting primarily focused on practising Internal Medicine but would consider outpatient management of benign hematology patients as it applies to Internal Medicine. I have two more children to put through college yet and would like to work for at least five more years.

EXPERIENCE

Group Practice, Medical Oncology, Lewiston, ID — 2010-2012

Desirous of a call-sharing arrangement I worked with this hospital managed practice and saw 15-20 patients a day. Because of changes in the field, I became increasingly dissatisfied with Oncology and resigned from the group to decompress and spend time with my young family.

Private Practice, Medical Oncology, Sonora, CA — 2003-2009

I set up a new oncology program in this rural community and established a very busy cancer program working alone. I have always enjoyed good working relations with nearby academic medical centers including UC Davis, UCSF and Stanford Medical Center. During my time in Sonora I established close ties with an Internal Medicine group and shared in their ongoing Internal Medicine Board review (MKSAP) for five years.

Private Practice, Medical Oncology, Redding, CA — 1981-2003

I set up a new oncology program at Redding Medical Center which received ACS accreditation. I taught hematology and oncology to medical students and fellows at UC Davis and placed patients on clinical trials through NSABP, SWOG and Intergroup trials.

Practice in Internal Medicine and Medical Oncology, Monterey, CA — 1979-1981
Fellow in Oncology, Harbor/UCLA Medical Center, Torrance, CA — 1977-1979
Straight Medicine Residency, St. Mary's Long Beach Hospital, Long Beach, CA —1975-1977
Internship: Straight Medicine, St. Mary's Long Beach, CA — 1974-1975

EDUCATION

University of California, San Francisco, CA — M.D., 1974
Santa Clara University, Santa Clara, CA — B.S., Biology, 1970

CERTIFICATIONS

American Board of Internal Medicine 1977

Subspecialty in Medical Oncology 1979

APPOINTMENTS

Associate Professor of Medicine, UC Davis School of Medicine 1988-2005

CREDENTIALS

Fellow, American College of Physicians 1991

Fellow, American Society of Clinical Oncology 2004

PRIOR HOSPITAL AFFILIATIONS

St. Joseph's Regional Medical Center, 415 6th St., Lewiston, ID 83501

Tri-State Memorial Hospital, 1221 Highland Ave, Clarkston, WA 99403

Sonora Regional Medical Center, 1000 Greenley Road, Sonora, CA 95370

Redding Medical Center, 1450 Liberty St., Redding, CA 96001

Mercy Medical Center, Clairmont Heights, P.O. Box 6009, Redding, CA 96099

PUBLICATIONS

1. Tisman G, Isacoff WH, Drakes TP, Wu SJG: Salvage of breast cancer and adjuvant treatment failures with high dose methotrexate and 5-FU. Proc. AACR and ASCO 20: 565 1979

2. Block JB, Tabbarah H, Isacoff WH, Drakes TP. Chemotherapy of unresectable or recurrent metastatic malignant melanoma: An update. J.Derm. Surg and Oncol. 5: 118-123 1979

3. Benz C, Gandara D, Miller B, Drakes T, et al. Chemoendocrine therapy with prolonged estrogen priming in advanced breast cancer: Endocrine pharmacokinetics and toxicity. Cancer treat. Rep. 71: 283-289 1987

4. Valone FH, Wittlinger P, Flam M, Drakes T, Eisenberg P, Hannigan J: A Northern California Oncology Group randomized trial of single agent 5-FU versus high-dose folinic acid plus 5-FU versus methotrexate plus 5-FU and folinic acid in patients with disseminated measurable large bowel cancer from The Expanding Role of Folates and Fluoropyrimidines in Cancer Chemotherapy, Plenum Publishing Corporation, 1988

5. Drakes T. Resolution of bowel obstruction due to newly diagnosed inoperable advanced ovarian cancer with medical therapy. West. J. Med. 155: 76-77 1991

CITIZENSHIP: USA

CA LIC. NO:

REFERENCES: READILY AVAILABLE ON REQUEST

Sarah A. Krutsinger, LCSW

Sonora, CA,

EDUCATION

Licensed Clinical Social Worker, #61384 — April 2013

M.S.W., Health Concentration — May 2009
University of Southern California, Los Angeles, CA
President's List, USC, School of Social Work

B.A., Sociology, Minor: Psychology, Theology — May 2007
BIOLA University, La Mirada, CA
Dean's List

PROFESSIONAL EXPERIENCE:

6/15-10/20 **Mind Matters Clinic, Angels Camp**

Clinical Social Worker:

Provided individual and family therapy in a non-profit setting to a variety of clients including adults and children who have or are connected to a family member with ADHD, learning disabilities, or autism, with additional responsibilities of:

Connecting children and families with community resources

Worked with Mark Twain Medical Center and Calaveras Youth Mentoring Program in a grant funded education/therapy program for the 2020 year

4/13-10/14 **Hoag Orthopedic Institute, Irvine**

Clinical Social Worker:

Supported the Hoag Orthopedic institute multidisciplinary team and orthopedic patient and family by providing:

Case management services
Discharge planning
Psychosocial support and connection to community resources

05/10-04/13 **Hoag Memorial Hospital, Newport Beach**

Clinical Social Worker:

Supported the Case Management Department in collaboration with an interdisciplinary team of doctors and nurses. Provides support and discharge planning to patients and families in a variety of units, Emergency Department, NICU, Medical Surgical, and ICU, with responsibilities of:

Inpatient Bio-psychosocial assessment
Connecting and educating patients and families with resources
Developing patient discharge plans

05/09-06/11 **Coastal Communities Hospital, Santa Ana**

Acute Care Social Worker:

Served ICU, ED, Medical Surgical, Women's Center, and the Geriatric Psychiatric unit, working with an interdisciplinary team to serve a diverse population of patients, with specific responsibilities in:

Assessment of patients to determine psycho-social needs
Providing support, education, and resources to patients and families in crisis
Creating individualized discharge plans for patients
Connecting patients and families with community resources

Continuing Education, Skills

- Attended trainings in ADHD education and therapies at Stanford University
- Familiar with mental health assessments and tools, (ex: Geriatric Depression Scale, Mini MSE)
- Has volunteer experience with infants and early childhood age children

Rhoda Nussbaum, M.D., FACOG
Murphys, CA 95247
San Francisco, California 94122

Voluntary Service

- Mentor, Calaveras Youth Mentoring Program *2017* - present
- Board of Directors, Mother Lode Jewish Community *2016-2017*
- Medical Director, Prevention International: No CervicalCancer, India, 2009 - 2013
- The Women's Community Clinic - Free Clinic in San Francisco,2004-2013
- Sri Sathya Sai General Hospital - Medical Camp, Puttaparthi,India 2005 - 2009

Professional Activities

- **Attending Obstetrician/Gynecologist**
  2000-2007

Returned to full time clinical practice in ambulatory and hospitalsetting. In addition to obstetrical, gynecological, surgical and primary care of a full panel of patients, responsibilities included teaching and mentoring resident physicians.

- **Women's Health Leader,** Kaiser Permanente Northern California 1997-2000 Developed and implemented a plan to makeKaiser Permanente the Health Plan of Choice for Women in Northern California.

Secured resources to accomplish goals and recommendationsof the Women's Health Task Force.

Built infrastructure to accomplish operational changesnecessary to achieve goals.

Principal investigator on research project: What Women Wantand Value in Health Care

Chaired Women's Health Task Force and authoredRecommendations to Board of Directors 1996

- **Assistant Physician-in-Chief,** Kaiser Permanente SanFrancisco

Medical Center
1989-1997

Reporting responsibility for the departments of Imaging Services, Laboratory and Pathology, Emergency and Urgent Care, Mental Health and Chemical Dependency Recovery Program,Dermatology, Neurology, Allergy, Health Education, Continuing Professional Education, House staff training programs.

Adult Primary Care Redesign

Utilization oversight for Imaging, Laboratory, Pharmaceutical, andBlood Banking

Development and implementation of a 360° PerformanceDevelopment Program for
physicians.

Developed and Implemented New Provider Orientation

- **Director of HIV Services** 1989 -1990 As the first Director of I-IIV Services, I brought together all stakeholders including patients, physicians, support staff, community resources, local and regional administration, health education, and social services overt

  patient activist groups, the medical center administration, physicians treating the bulk of the HIV positive patients. I developed systems, shifted resources, provided education and opened communication to and between groups with resultingmanagement of conflicts and improvement of services.

- **Founder and Chair, Women Physicians in Leadership**
  1990 -*1997*
- **Attending Physician, Obstetrics and Gynecology**
  1982 -*1997*
- **Medical Director of Labor and Delivery**
  1986 -1989
- **Chair Hospital Ethics Committee**
  1990-1994
- **President of active medical staff**
  1986-1988
- **Resident Physician** Obstetrics and Gynecology -KaiserFoundation Health Plan and Hospitals

1979 -1982

- **Internship** in General Surgery
  1978 -1979
- **Chief Electromyography Technicians** Massachusetts General Hospital Boston, Massachusetts*1971 -1973*
- **Staff Physical Therapist,** Visiting Nurse Service
  1969 - *1971*
  Newport, Rhode Island

Education

- Kaiser Permanente Executive Program1994
Graduate Business School, Stanford University, Palo Alto, California
- Advanced Management Program1990
1-Iaas School of Business, UC Berkeley ,Berkeley, California
- Doctor of Medicine1975 -1978
University of Miami School of Medicine, Miami, Florida(Alpha Omega Alpha National Medical Honor Society)
- Candidat en Medicin1973 -1975
Universite de Liege, Liege, Belgium(Grand Distinction)
- Bachelor of Science1965 - 1969
School of Physical Therapy, Ithaca College. Ithaca, New York(Dean's List)

Publications

Thompson M, Nussbaum, R. Women's preferences for Providers ofand Settings for Pap Smears. JAMWA 2001 Dec;56(1):11-15

Thompson M, Nussbaum R. An HMO survey on mass customization of healthcare delivery for women. Women's Health Issues 2000 Jan- Feb;l0(l):10-19

Thompson M, Nussbaum R. Asking women to see nurses or unfamiliar physicians as part of primary care redesign. Am J ManagCare 2000 Feb;6(2):187-99

*Nussbaum R. Studies of women's health care: Selected Results. The*Permanente Journal 2000 Jul-Aug;4(3):62-67

Affonso D, Lovett S, Nussbaum R, Newman L, Johnson B. Predictorsof depression symptoms during pregnancy and postpartum. J of Psychosomatic Obstetrics and

BOARD AFFILIATIONS	
Osteoporosis Advisory Panel, Proctor & Gamble	1999-2000
San Francisco Medical Society	1987-2007
Society for the Advancement of Women's Health Research, Corporate Advisory Council	1997-2000
University of California, San Francisco Graduate School of Nursing, Board of Overseers	1996-2000

PROFESSIONAL ORGANIZATIONS
American College of Obstetrics & Gynecology
American Medical Women's Association
California Medical Association
Jacob's Institute ofWomen's Health
North American Menopause Society
San Francisco Medical Society Alpha Omega Alpha, Medical Honor Society

Melanie Yurkovich DNP, FNP-BC

Professional Educational Preparation

2016
Frontier Nursing University
Doctorate in Nursing Practice

2010
Indiana State University
Master's of Science in Nursing -Family Nurse Practitioner

2006
Kaplan University
Bachelors of Science in -Nursing (High Honors)

1992
Hartnell Community College
Associate Degree in Science - Nursing (Honors)

Nurse Practitioner Professional Experience

2015-present
Nurse Practitioner Rural Health
Escalon Community Health Clinic Oak Valley Hospital-Oakdale, CA
Responsible for the physical examination, work-up, medical treatment, and diagnosis of clinic patients. Performs patient procedures such PAP's, suture simple wounds, I &D's, prescribing appropriate medications, interpret X-rays, labs, and test results. Provision of care to all age. Collaboration with other clinic providers and supervising physician.

2011-2015
Nurse Practitioner Rural Health
Family Care Clinics Dignity Healthcare-Mercy Medical Center Merced, CA for 1 year then transferred to Mark Twain Medical Center
San Andreas CA

Responsible for the physical examination, work-up, medical treatment, and diagnosis of clinic patients. Performs patient procedures such PAP's, suture simple wounds, I &D's, prescribing appropriate medications, interpret X-rays, labs, and test re lts, Provision of care to all age. Collaboration with other clinic providers and supervising physician.

Registered Nurse Professional Experience

2008-2011
Assistant Nurse Manager Med-Surg/Telemetry/ICU
Kaiser Permanente - Manteca Medical Center, CA

- *Responsibility and accountability for the efficient, effective operations of all aspects of nursing care.*
- *Responsibility and performance of the Medical Center's Core Values*
- *Annual performance appraisals*
- *Maintain departmental standards and daily rounding*
- *Daily oversight and management of 100 + employees*
- *Member of Heroes Committee*
- *Chair of the Caring Advisory Counsel*
- *Member Sepsis Committee*

Professional Experience

2006-2008
House Supervisor
Dignity Health-Mark Twain Hospital San Andreas, CA

2000-2006
Registered Nurse Emergency Department-Charge Nurse
Tuolumne General Hospital, Sonora, CA

1996-2000
Registered Nurse Critical Care Unit/Emergency Department
Watsonville Community Hospital, Watsonville, CA

1992-1998
Registered Nurse Critical Care Unit
Natividad Medical Center, Salinas, CA

Professional Certification Licenses

- *Board Certified FNP-ANCC*
- *Nurse Practitioner Furnishing*
- *NPI*
- *DEA*
- *Registered Nurse License*
- *Basic Life Support*

Professional Membership

- *American Association of Nurse Practitioners*
- *American Nurses Association*