



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

**Special Meeting of the Board of Directors
Wednesday June 19, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:**
2. **Roll Call:**
3. **Approval of Agenda:** 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:** 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 May 8, 2019
- Un-Approved Board Meeting Minutes for May 31, 2019.

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Agenda – June 19, 2019 MTHCD Special Board Meeting

B. Correspondence:

- Karla Garcia-Aldaco -Thank You for MTHCD Ken McInturf Scholarship Award.
- Attorney General – Health & Safety Code 999.40 & 32121- Lease Transfer.

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):

B. Corp. Board Report:.....Ms. Reed / Ms. Atkinson

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

- Strategic Plan Matrix (Last Updated 4-24-2019):
- Community Outreach:

D. Ad Hoc Real Estate:Ms. Reed / Ms. Al-Rafiq

- **Update on the Valley Springs Health & Wellness Center:**.....Dr. Smart
 - Construction:.....Dr. Smart
 - Project Manager:.....Pat Van Lieshout
 - USDA Form 271: May 31, 2019:.....Dr. Smart
 - Operations and Development:.....Dr. Smart
- **Update on Valley Springs Property - Phase II:**.....Ms. Reed / Ms. Al-Rafiq

E. Stay Vertical Calaveras:.....Steve Shetzline

7. Committee Reports:

A. Finance Committee:.....Ms. Atkinson / Ms. Radford

- Financial Update:..... Mr. Wood
- Financial Statements (May. 2019) Recommendation-Approval: **Action**.....Ms. Atkinson
- Investment Activities:.....Mr. Wood
- New Budget (2019 - 2020): **Action**.....Ms. Atkinson

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Agenda – June 19, 2019 MTHCD Special Board Meeting

B. Ad Hoc Lease Review Committee:Ms. Reed / Ms. Atkinson

- Escrow Statement:.....Dr. Smart
- Final Accounting:.....Dr. Smart

C. Ad Hoc Policy Committee:Ms. Atkinson / Ms. Al-Rafiq

D. Personnel Committee:

- Pensions & Health Benefits:.....Dr. Smart
 - **Resolution 2019-05 – Retirement: Action**

8. VS H&W Center – Draft Policies: Action;.....Dr. Smart

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

- 1. Draft Medication Administration
- 2. Draft Withdrawal of Care 111218
- 3. Draft Vaccine Administration 111218
- 4. Draft Venipuncture 111218
- 5. Draft Visual Acuity 111218
- 6. Draft Urinary Catherization 111218
- 7. Draft Urine Collection Clean Catch Female 111218
- 8. Draft Urine Collection Clean Catch Male 111218
- 9. Draft Telephone Request for Medical Advice 111218
- 10. Draft Splints Ace Wraps 111218
- 11. Draft Standardized Procedure for Administration of Flu Shots 111118
- 12. Draft Standardized Procedure for Childhood Health Screenings 111118
- 13. Draft Standardized Procedure for Glucose Testing of Diabetic Patients 111118
- 14. Draft Standardized Procedure for Hemoglobin Assessment 111118
- 15. Draft Standardized Procedure for Physical Examinations 111118
- 16. Draft Standardized Procedure for Pregnancy Testing of Patients on Contraception 111118
- 17. Draft Standardized Procedure for Pulse Oximeter 111118
- 18. Draft Standardized Procedure for Strep A 111118
- 19. Draft Standardized Procedure Urinalysis for Pregnant Patients 111118

9. Board Comment and Request for Future Agenda Items:

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

10. Next Meeting:

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Agenda – June 19, 2019 MTHCD Special Board Meeting

A. The next meeting will be Wed. July 24, 2019:

11. Adjournment: Action

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Agenda – June 19, 2019 MTHCD Special Board Meeting



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Finance Committee Meeting
Wed. May 8, 2019
9:00am
Mark Twain Medical Center Education Center - Classroom 5
San Andreas, CA

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:

The meeting was called to order by Susan Atkinson at 9:00am.

2. Roll Call:

Present for roll call was Ms. Atkinson and Ms. Radford, Ms. Hack was absent and excused.

3. Approval of Agenda: Action

Ms. Radford moved to approve the Agenda. Ms. Atkinson provided her second and the motion passed 2-0

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

Hearing none.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- **Finance Committee Meeting Minutes for April 10, 2019:**

Ms. Radford moved to approve Meeting Minutes. Ms. Atkinson provided her second and the motion passed 2-0.

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Agenda May 8, 2019 MTHCD Finance Committee Meeting

6. Chief Executive Officer's Report

- **USDA (SF 271) Outlay Report 5-1-2019:**

Dr. Smart: Explained summary tracking on Construction Cost and mentioned the line Contingency has no cost overruns; signed and submitted \$616K loan draw #9 to USDA.

- **Lease Closing - Update**

Dr. Smart; The Lease is to close on June 1st.

- **First Draft 2019-20 Budget: Kelly Hohenbrink Will Call Into The Meeting:**

Dr. Smart: Explained new format for the Valley Springs Health & Wellness Center budget and introduced Mr. Hohenbrink for explanation of budget overview via telephone.

Mr. Hohenbrink: Explained budget as a draft; explained the overview on how budget was developed page by page summarized on what are the major component in details and will present to Board via telephone on May 31,2019.

Mr. Hohenbrink: Explained the General Ledger numerical representation are origins from the hospital/rural health clinics 7083, General Ledger statewide manual that describes numbers from the Office of Statewide Health Planning and Development (OSHDP) which is a refined general ledger, efficient and driven to have detailed information ledger codes recap; Mr. Hohenbrink will change acronym VSRHC to VSH&WC.

Dr. Smart: Explained budget doesn't included shelled space rental and may be budgeted in future.

Mr. Wood: Explained that on July 1st, the general ledger numbers from budget will match the Districts QuickBooks.

7. Accountant's Report: Action

- **Financial Status, Trends, Long-Term Views and Cashflow:**

Mr. Wood: Explained that the District is on track with the budget which is ten months into the fiscal year and balance sheet shows a strong cash position.

- **April Financials Will Be Presented to The Committee:**

Mr. Wood: Handed out his **Draft** narrative; as the Minority Interest is not current on the Profit & Loss statement because MTMC hasn't closed their books for April and the statement for Umpqua investments hasn't arrived.

- **Investment – Update:**

Mr. Wood: Handed out the **Draft** of the Investments & Reserves Report and mentioned that Cal Trust account has a decent interest rate.

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8. Treasurer's Report

- **Budget Cycle Planning and Input:**

Ms. Atkinson: July 1st is set up for final approval for budget; policy committee will meet so they can allow Dr. Smart to execute and sign contracts that are over \$100K.

9. Comments and Future Agenda Items:

None

10. Next Meeting:

- The next meeting will be June 12, 2019.

11. Adjournment: Action

Ms. Atkinson moved to adjourn the meeting. Ms. Radford provided her second and the meeting was adjourned at 10:21am



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**Special Meeting of the Board of Directors
Friday May 31, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:

The meeting was called to order at 7:32am by Secretary, Ann Radford.

2. Roll Call:

Present for roll call was Ann Radford, FNP; Susan Atkinson, MSW; Debbie Sellick CMP and Talibah Al-Rafiq. Absent but excused was Lin Reed, MBA OTR/L. Ms. Reed arrived at 7:37am.

3. Approval of Agenda: Action

Ms. Al-Rafiq moved to approve the agenda. Ms. Sellick provided her second and the motion passed 4-0.

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

Daymon Doss, Retired MTHCD Ex. Director: Expressed his pleasure in visiting the District, the District’s excellent website and the success of Dr. Smart in addition to the amazing story of a small hospital’s success. After the meeting he will be touring the Valley Springs Health & Wellness Center.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for April 10, 2019
- Un-Approved Board Meeting Minutes for April 24, 2019:

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Minutes – May 31, 2019 MTHCD Special Board Meeting Board Approved _____

B. Correspondence:

- MTMC Foundation - Thank You for Community Grants Award (Apr. 30, 2019)
- Common Ground Sr. Serv. Inc - Thank You for Community Grants Award (Apr. 30, 2019)
- The Volunteer Center - Thank You for Community Grants Award (May 1, 2019)

Ms. Sellick moved to approve the Consent Agenda. Ms. Al-Rafiq provided her second and the motion passed 4-0.

6. MTHCD Reports:

A. President's Report:

- **Resolution 2019 - 04 - Breast Health Program:** (pkt. pg. 22) **Action**
 - **Grant Award - MTMC Foundation Breast Health Program \$372,000.00.**

Dr. Smart: The MTHCD lease with Dignity is due to close this evening. During the lease negotiations the District offered to donate \$1million to the MTMC Foundation with the provision Dignity Health would match those funds.

Ms. Eckardt - Cantrall MTMC Foundation: This generous donation will be used for a Breast Health Program to fund 3-demensional mammography equipment. She will be announcing the gift at the Doris Barger Golf Event on Monday. A nurse navigator will be funded by Dignity Health to work in the Breast Health Program and surgery. The donation funds will be in an interest-bearing account until invoiced.

Dr. Smart: Breast cancer is number one in women's health and can be fatal with a 95% success rate if diagnosed timely and properly.

Ms. Reed arrived in time to call for the vote and noted it was an historic donation to give such a large amount to the Community.

Public Comment: Hearing None.

Ms. Radford moved to approve **Resolution 2019 - 04 - The Breast Health Program**. Ms. Sellick provided her second and the motion passed 5-0.

- **Association of California Health Care Districts (ACHD):**
 - ACHD Re-Certification Effective to April 26, 2022:

Ms. Reed: Had just attend the ACHD Board meeting and reported: she thanked staff for doing the Ad Hoc Committee's work to complete the second ACHD re-certification process which is good for three years (Apr. 2022); AB 890 was stalled in committee which would have allowed Nurse Practitioners to work independent of a Doctor's supervision; single payor medical care is still being considered; Ken Cohen plans to retire in Feb. 2020:

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B. Corp. Board Report:

Ms. Reed: The MTMC had a good April in terms of (EBITDA) earnings, before interest taxes depreciation and amortization: it was a good month for surgery; Dr. Lonnie Smith, CMO has resigned effective June 7th.

Ms. Atkinson: The joint commission went well and all items have been corrected so the hospital is good for three years; nurse appreciation week was a success with a catered employee BBQ so the dietary staff could also enjoy it; the Angels Camp Clinic has a target completion date of Aug. 2019 and plans to open in Nov. 2019; the MTMC Corp. Board Members resigned their position effected at the close of the new lease escrow; there will be two new boards (1) the Fiduciary Board of which Ms. Reed will serve on (five members) (2) Ms. Al-Rafiq will serve on the Community Board (seven members).

Dr. Smart: Thanked the MTMC Corp. Board members for their participation on the Corporate Board.

C. Chief Executive Officer's Report:

- **Moving Upstream:**

Dr. Smart: Moving Upstream is a San Joaquin Valley Consortium to bring group together using a CDC grant. Calaveras County Public Health has invited the District to attend at UC Merced on June 26th. If interested let staff know.

- **Strategic Plan Matrix (Last Updated 4-24-2019):**

Dr. Smart: The Board has completed 17 of the 19 items.

D. Ad Hoc Real Estate:

- **Update on the Valley Springs Health & Wellness Center:**

- **Construction:**

- **Project Manager:**

Mr. Van Lieshout: The building is on schedule with drywall installation and taping; exterior painting is scheduled for next week; it has been wet so PG&E will return on Monday.

- **Operations and Development:**

Dr. Smart: The Friday operational calls and training are on-going with consultants and Athena; Payroll People training has begun; starting July 1 the current (3) employees will be switched to Payroll People and newly hired employees will be added as they come on board; likely there will be 25-30 people hired for an opening date of Sept. 23rd; a Sept. 20 Grand Opening Committee has started to meet and make plans.

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- **USDA Form 271:**

Dr. Smart: The Real Estate Committee will be meeting to discuss how to use the VS H&W Center construction contingency funds (\$635k (+/-)).

- **Update on Valley Springs Property - Phase II:**

Ms. Al-Rafiq: Plans to pursue the PACE progress and report back.

E. Stay Vertical Calaveras:

Mr. Shetzline: There have been 417 (unduplicated) participants; his new goal is to have 600 classes; instructors will handle the returning students and he will work with those new to the program; he has contacted the Robert Wood Johnson organization regarding grant monies wherein the new thinking is in evaluation; his new budget starts July 1st.

7. Committee Reports:

A. Finance Committee:

- **New Budget Update (2019 - 2020)**

Ms. Atkinson: Introduced Lori Hack as the new voting member to the Finance Committee. The Finance Committee has drilled down on the budget and will review again in June before bringing it to the Board for approval.

Dr. Smart: Has been working with interim CFO, Rick Wood and Kelly Hohenbrink, Consultant to change the budget format so it will meet industry and Office of Statewide Health Planning and Development (*California Health and Human Services Agency*) (OSHPD) standards and be accounting friendly; the budget will be on the June agenda for Board approval. Changes or questions should be forwarded to staff.

Kelly Hohenbrink, Consultant (by phone): Reviewed and answered questions about the new format; which is broken into business units i.e.: VS H&W Center, rentals, sponsored projects and cost to function; much of the budget is based on industry information as the Center has no data to record thus the \$258k (+/-) deficit; year two will give better figures for the budget; 2021 will be the cost capture period.

- **Financial Update:**

Mr. Wood: He will be working with finance staff to transition to the new format to QuickBooks and will bring a lot of data to the Finance Committee meetings then thin down as desired; being nine months into the budget it looks good with the exception of the lease items that won't take place until later today.

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Minutes – May 31, 2019 MTHCD Special Board Meeting Board Approved _____

- **Financial Statements (Apr. 2019) Recommendation-Approval:** Action

Public Comment: Hearing None.

Ms. Al-Rafiq moved to approve the April financials including the investment report. Ms. Radford provided her second and the motion passed 5-0

Dr. Smart: Negotiations are under way for the Medical Office Buildings listed on the schedule that come due in July; the leases will be combined into one lease that will include suites 102, 103, 104, and 105.

- **Investment Activities:**

Mr. Wood: Compliments to the District for passing policy and moving forward with investments which have been making good progress; the bank has been alerted to the lease funds that should transfer later today;

B. Ad Hoc Lease Review Committee:

Ms. Reed: The lease is to close this evening and she is ready to retire the Ad Hoc Lease Committee.

C. Ad Hoc Policy Committee: Action

- Policy No. 2 - Basis of Authority; Roll of the Board of Directors:
- Policy No. 11 - Minutes, Resolutions & Closes Session Minutes:
- Policy No. 17 - Authority & Responsibility of the Executive Director:
- Policy No. 18 - Compensation of the Executive Director:

Ms. Atkinson: The Committee has only two policies left to complete the annual review which was part of the ACHD re-certification requirements to review all District policies.

Public Comment: Hearing None:

Ms. Al-Rafiq moved to approve all four policies. Ms. Sellick provided her second and the motion passed 5-0.

D. Personnel Committee:

- **Pensions & Health Benefits:**

Ms. Al-Rafiq: The Committee is in the process of reviewing a draft proposal for an employee pension program with Hicks Pension Services. Likewise, the Committee has been reviewing employee benefit packages and seeking quotes.

E. Ad Hoc Community Grant: Action

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Minutes – May 31, 2019 MTHCD Special Board Meeting Board Approved _____

Ms. Radford and Ms. Sellick will be presenting certificates and grant funds, totaling \$100,394.00. to 14 Calaveras non-profit organizations at which time refreshments will be served and photos will be taken.

8. VS H&W Center – Draft Policies: Action

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

1. Draft Flat Rate Fee Program:

Amended: (pkt. pg. 50) item 5. Take out “Trustees” and add “Members: so it will read District Board Members. The date is not correct.

2. Draft Late Arriving Unscheduled Patients
3. Draft Standardized Procedures for Mid-level Practitioners (NP, PA)
4. Draft Expedited Partner Therapy for STDs
5. Draft Co-Signature of Mid-Level Medical Records
6. Draft Communicable Disease Reporting
7. Draft Domestic Violence Reporting Suspicious Injury Reporting
8. Draft Elder or Dependent Adult Abuse Reporting 112018
9. Draft Medical Director Direction of Practitioners in the Clinic
10. Draft Medical Staff Credentialing and Governance 113018
11. Draft Animal Bite-Reporting
12. Draft Motor Vehicle Accident Reporting
13. Draft Electronic Protected Health Information
14. Draft Employee Health
15. Draft Billing Personnel – Organization
16. Draft Organization of Nursing Personnel

Dr. Smart: It will be necessary for the VS H&W Center policies to be reviewed annually. He suggested the Policy Committee decide how to approach the process.

Public Comment: Hearing None.

Ms. Atkinson moved to approve the VS H&W Center policies as amended. Ms. Al-Rafiq provided her second and the motion passed. 5-0.

9. Board Comment and Request for Future Agenda Items:

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

Dr. Smart: Quarterly Medical Staff meeting was Wed. The evening was very positive and centered on new leadership and twin clinics being built.

10. Next Meeting:

A. Will not be on the usual Wed. and has been rescheduled to Wed. June 19, 2019:

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Minutes – May 31, 2019 MTHCD Special Board Meeting Board Approved _____

11. Adjournment: Action

Ms. Radford moved to adjourn the meeting at 9:28am. Ms. Atkinson provided her second and the meeting was adjourned.

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Minutes – May 31, 2019 MTHCD Special Board Meeting Board Approved _____

DEAR MARK TWAIN HEARTU CARE DISTRICT, (ANN RADFORD)

I AM SINCERELY WONDERED TO HAVE BEEN SELECTED AS THE RECIPIENT OF THE MARK TWAIN HEARTU CARE DISTRICT KEN MCINTURE STUDENT SCHOLARSHIP. YOUR GENEROSITY HAS ALLOWED ME TO RECEIVE A LAPTOP WHICH WILL ASSIST ME DURING MY TIME IN COLLEGE. I AM BEYOND GRATEFUL FOR YOUR HELP. :)

SINCERELY,



KARLA ALEJANDRA GARCIA-ALDAGO

You're the best!



MARK TWAIN HEALTH CARE DISTRICT
P.O. Box 95
768 Mountain Ranch Road
San Andreas, California 95249
Tel: (209) 754-4468

June __, 2019

Attorney General, Charitable Trusts Section
1300 I Street
P.O. Box 944255
Sacramento, California 94244-2550

Re: Report of transaction pursuant to Health and Safety Code sections 999.40 and 32121

Dear Attorney General:

Pursuant to Health and Safety Code sections 999.40 and 32121(p)(12), a health care district shall report to the Attorney General, within 30 days of any transfer or lease of district assets to one or more corporations, the type of transaction and the entity (including the address and telephone number) to whom the assets were transferred or leased.

This letter hereby notifies of you that, on May 31, 2019, Mark Twain Health Care District, a political subdivision of the State of California (the "District"), entered into a new long-term lease agreement with Mark Twain Medical Center, a California nonprofit public benefit corporation (the "Corporation"), as described below.

The District is the owner of certain real property described in the attached Exhibit A located in San Andreas, California, through which the Corporation operates the Mark Twain Medical Center hospital, located at 768 Mountain Ranch Road, San Andreas, California, 95249, Tel: (209) 754-3521 (the "Hospital"). Such property was previously leased to the Corporation for the purpose of providing for the Corporation's management and operation of the Hospital. The prior lease was set to expire on December 31, 2019, and in light of the District's desire to ensure the continued operation and improvement of the Hospital for the residents of Calaveras County, the parties have entered into a new lease agreement for an initial term of 10 years, with four consecutive five-year extension terms (not to exceed a total of 30 years). As required under Health and Safety Code section 32126, the District placed the substantial terms of the transaction on the ballot for the approval of the District's constituents on June 5, 2018 and the voters approved same.

Sincerely,



Randall Smart MD
Executive Director
Mark Twain Health Care District

EXHIBIT A

Leased Premises

That certain real property situated in the County of Calaveras, State of California, more particularly described as follows, together with all other appurtenant rights, including reciprocal parking easements:

PARCEL ONE:

PARCEL 8 AS THE SAME PARCEL THAT IS DESIGNATED AND DELINEATED ON THAT CERTAIN PARCEL MAP FILED FOR RECORD OCTOBER 19, 1993 IN BOOK 8 OF PARCEL MAPS, PAGE 171, AND AS AMENDED BY MAP FILED APRIL 13, 1994 IN BOOK 8 OF PARCEL MAPS, PAGE 192, CALAVERAS COUNTY RECORDS.

PARCEL TWO:

PARCEL 6 AS THE SAME PARCEL THAT IS DESIGNATED AND DELINEATED ON THAT CERTAIN PARCEL MAP FILED FOR RECORD OCTOBER 19, 1993 IN BOOK 8 OF PARCEL MAPS, PAGE 171, AND AS AMENDED BY MAP FILED APRIL 13, 1994 IN BOOK 8 OF PARCEL MAPS, PAGE 192, CALAVERAS COUNTY RECORDS.


PARCEL THREE:

AN EASEMENT FOR INGRESS AND EGRESS FOR A PEDESTRIAN WALKWAY AS SET FORTH IN THAT CERTAIN DOCUMENT ENTITLED "RECIPROCAL PARKING, EASEMENT, AND MAINTENANCE DECLARATION FOR SAN ANDREAS MEDICAL AND PROFESSIONAL OFFICE CENTER", SUBJECT TO THE TERMS AND PROVISIONS PROVIDED THEREIN, RECORDED APRIL 22, 1994, AS INSTRUMENT NO. 94-006893 AND RECORDED NOVEMBER 20, 2006 AS INSTRUMENT NO. 2006-22056 BOTH OF OFFICIAL RECORDS.

APN: 042-043-012

Mark Twain Health Care District Strategic Matrix 2018

	A	B	C	D
1	Strategic Action Item			
2		Person Resonsible	Expected Date	Completed
3				
4	Valley Springs RHC	Real Estate Com		
5	Develop Budget /Operational Plan for VS RHC 1206B	Smart		10/2/2018
6	Electronic Medical Records linked to billing & compatik	Smart	12/20/2018	Completed
7	Explore leasing ancillary functions from MTMC	Smart	on going	
8	Gantt Chart From Walter	Smart		3/12/2018
9	Physical Address (Pending Name for Access Street)	Stout		6/14/2018
10				
11				
12	MTHCD Public Image and Communication			
13	District Name Change			
14	Public Relations Strategy			
15	In-Kind Funding			
16	Doodle Scheduling On-Line	Stout		4/28/2018
17	Explore Options as District "convener" of County Care			
18				
19	Accounting Service	Finance Comm		
20	Plan/Contract for New District Accounting Services			11/1/2018
21	Written Plan for reserve accounts (ex. Seismic Retrofit)	Smart & Krieg		12/20/2018
22	Storage boxes	Smart		1/1/2019
23	Financial Report Dashboard	Wood		3/27/2019
24				
25	District Records			
26	Fine-Tune District Records Disaster Plan	Stout & Computer		Nov-18
27	Develop Record retention plan (state law) Attny	Policy Committee		1/1/2019
28	District Records-Back UP	Stout		6/14/2018
29				
30	Committee Structure	Reed		
31	Executive Committee			
32	Community Advisory Committee			
33				
34	Phase II Development	Al-Rafiq		
35	Pace Program - Welbe Health - July Open House Set up	Al-Rafiq		TBD
36	Senior Living Opportunities	Al-Rafiq		on-going
37				
38	Explore Potential Partnerships in County	Sellick & Reed		
39	Behavioral Health-Proposal to Follow	Sellick & Reed		
40	Veterans - On Hold	Atkinson & Radford		6/5/2018
41	Opioid Coalition	Radford		Nov. 2018
42				
43				
44				
45				

A	B	C	D	E	F	G	H	I
OUT LAY REPORT AND REQUEST FOR REIMBURSEMENT								
1	Mark Twain Health Care District			Construction of New Health Clinic				
2	Draw Request Number:			Payment Requested				
3	768 Mountain Ranch Road, San Andreas, CA 95249							
4	#10	Initial Budget	Current Budget	Previous Paid to Date	#10	Paid to Date	Balance Remaining	%
5	Misc. Soft Costs							
6	Administrative/Legal	530,075.00	530,075.00	538,475.14		538,475.14	(8,400.14)	-1.58%
7	Financing/Cost of issuance	325,000.00	275,000.00	233,124.25		233,124.25	41,875.75	15.23%
8	Land Acquisition	890,000.00	890,000.00	890,000.00		890,000.00	-	0.00%
9	Furniture Fixtures/Equipment	350,000.00	350,000.00	-		-	350,000.00	100.00%
10	Structured cabling/IT	250,000.00	250,000.00	-		-	250,000.00	100.00%
11								
12								
13								
14	Architectural design/other architectural							
15	Architect/Engineer fees	433,600.00	480,665.00	451,769.11	19,196.45	470,965.56	9,699.44	2.02%
16	Other architectural and engineering fees							
17								
18	3rd party project management	157,725.00	269,820.00	227,653.88	12,383.84	240,037.72	29,782.28	11.04%
19	Monument sign		30,000.00	12,748.69		12,748.69	17,251.31	57.50%
20	Construction w/ sales tax							
21								
22								
23								
24								
25	Construction Contract	3,587,575.00	5,555,000.00	1,621,574.11	447,702.09	2,069,276.20	3,485,723.80	62.75%
26								
27	sidewalks	25,000.00						
28								
29	Contingency	713,837.00	634,895.00	9,898.00	1,466.23	11,364.23	623,530.77	98.21%
30								
31	Contingency as a Percent of Total	20.00%	11.00%					
32	Total	7,262,812.00	9,265,455.00	3,985,243.18	480,748.61	4,465,991.79	4,799,463.21	51.80%
33	PROJECT FUNDING BREAKDOWN							
34								
35								
36	Mark Twain Health Care District (applicant)	1,062,812.00	1,205,455.00	1,205,455.00		1,205,455.00	-	0.00%
37	Mark Twain Health Care District (applicant)	600,000.00	600,000.00	132,578.84	4,156.38	136,735.22	463,264.78	77.21%
38	USDA Loan, Series A	5,600,000.00	6,782,000.00	3,332,035.13	480,748.61	3,812,783.74	2,969,216.26	43.78%
39	USDA Subsequent Loan, Series B		678,000.00	34,000.00		34,000.00	644,000.00	94.99%
40								
41	Total	7,262,812.00	9,265,455.00	4,704,068.97	484,904.99	5,188,973.96	4,076,481.04	44.00%
42								
43	FUNDS - DIFFERENCE							
44	Date of Outlay Report	5/31/2019						
45	APPROVAL AND SIGNATURE SECTION							
46	OWNER'S APPROVAL:							
47								
48								
49	Executive Director or Board President	DATE						
50								
51	ENGINEER/ARCHITECT APPROVAL:							
52								
53								
54	Architect	DATE						
55								
56	USDA RURAL DEVELOPMENT CONCURRENCE:							
57								
58								
59								
60	Tonja Galentine	DATE						
61								



**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 May, 2019)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The May 31, 2019 financial statements are attached. This presentation provides a comparison against the three previously completed years, the previous month, and a Year-to-Date comparison to the 2018/2019 budget.

- Eleven months into the current fiscal year, with the exception of the items related to the revenues from the new lease, the District appears on track with the Budget.
- For the May Finance Committee meeting, the "Minority Interest" for May 2019 had not yet been provided to the District. This information has since been updated in the financials and is included for the May Board meeting.
- Like the revenue section, expenses are tracking well compared to Budget.
- The Valley Springs Clinic expenses will continue to be broken out at the bottom of the statement. As this continues to grow, we will add a separate page for this report, and in June we will begin switching over to the new chart of accounts.
- The Balance Sheet shows a strong cash position (adding \$13 million didn't hurt 😊), and the expected growing debt related to the new clinic.
- The Investment & Reserves Report is taking shape, and will become a very handy report once the Reserves are funded.

**Mark Twain Health Care District
Profit & Loss
Through May 31, 2019**

Revenues	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 31-May	Year-to-date 2018/2019	Budget 2018/2019	Actual vs Budget
District Taxes	905,711	935,421	999,443	82,667	909,699	992,000	91.70%
Rental Revenue	319,089	319,039	313,039	26,587	269,252	728,633	36.95%
Land Rental Revenue	5,777	5,777	5,296	481	5,296	5,777	91.67%
MOB Rental Revenue	214,814	217,159	219,794	18,794	189,908	227,181	83.59%
Lease Interest Income	3,698	1,982	2,428	0	0	397,712	0.00%
Intrest and Other Income	2,696	4,423	5,045	6,507	28,373	120,000	23.64%
Total Revenue	1,451,785	1,483,801	1,545,045	135,036	1,402,528	2,471,303	56.75%

Expenses	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 31-May	Year-to-date 2018/2019	Budget 2018/2019	Actual vs Budget
Salaries, wages				23,707	202,524	220,000	92.06%
Payroll Expense	33,587	68,794	235,531	1,871	10,681	16,184	66.00%
Benefits			663	0	513	5,300	9.68%
Insurance	14,889	16,578	17,043	1,361	17,512	20,000	87.56%
Legal Fees	44,309	15,195	20,179	713	12,902	60,000	21.50%
Audit	10,790	13,945	18,090		13,635	11,500	118.57%
Operational Consulting	262,634	392,908	332,287		22,969	60,000	38.28%
Accounting Services	805	1,304	1,141	3,900	55,077	70,000	78.68%
Community Education & Marketing	11,949	10,895	5,488	9,660	15,898	20,000	79.49%
Medical office rent	215,243	220,659	226,237	19,332	212,651	233,024	91.26%
Depreciation and amortization	85,769	35,556	26,582	2,032	22,340	36,045	61.98%
Valley Springs Rental		11,198	57,593	260	2,444	5,000	48.88%
Board Stipends				500	3,400	6,000	56.67%
Dues & Subscriptions	12,343	12,554	14,731	0	12,365	19,000	65.08%
Outside Training/Conferences	2,906	1,920	3,030	300	10,121	15,000	67.48%
Travel, Meals & Lodging	7,983	6,758	17,363	580	7,613	15,000	50.75%
Office Supplies & Expense	1,365	4,310	19,685	725	15,055	30,000	50.18%
Other Misc Expenses	10,958	65,595	28,745	50	3,413	5,000	68.27%
Utilities	559,265	387,974	0	174	8,807	675,000	1.30%
Grants & Sponsorships	154,969	74,159	47,413	80,394	151,283	635,000	23.82%
Valley Springs Clinic				15,354	70,963	50,000	141.93%
Debt Service				0	21,608	88,772	24.34%
Total Expenses	1,429,764	1,340,302	1,071,801	160,913	893,774	2,295,825	38.93%
Excess of revenues over expenses	22,021	143,499	473,244	-25,878	508,753	175,478	289.92%

Valley Spring Clinic Expenses

Marketing	248	1,289
Office Supplies & Expenses	209	2,854
OP Consultant	4,498	28,199
IT/EMR	0	3,675
Physician/Provider Recruiting	6,000	30,000
Admin.	4,220	4,766
Lab	180	180
Total - Valley Springs Clinic Expenses	15,354	70,963

Mark Twain Healthcare District

BALANCE SHEET

As of May 31, 2019

	TOTAL	
	AS OF MAY 31, 2019	AS OF MAY 31, 2018 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	205,939.47	470,597.01
100.40 Money Market - Umpqua	2,330.26	771,035.21
100.50 Stockton Bank of	388,178.77	100.00
100.60 Five Star Bank	58,434.04	
100.70 Five Star Bank - MMA	14,767,525.29	
100.80 Five Star Bank - Valley Springs Health & WC Checking	16,342.93	
Total Bank Accounts	\$15,438,750.76	\$1,241,732.22
Accounts Receivable		
1200 Accounts Receivable	-260,486.39	53,358.52
Total Accounts Receivable	\$ -260,486.39	\$53,358.52
Other Current Assets		
101.00 Umpqua Investments	632,434.35	705,185.61
103.00 CalTRUST	251,763.67	
115.05 Due From Calaveras County	-120,110.34	-28,562.87
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	1,644.61	43.61
130.30 Other Prepaid Expenses	0.00	-26.00
130.40 Prepaid Valley Springs Clinic	150,688.27	
Total 130.00 Prepaid Expenses	152,332.88	17.61
Total Other Current Assets	\$916,420.56	\$676,640.35
Total Current Assets	\$16,094,684.93	\$1,971,731.09
Fixed Assets		
150.00 Land and Land Improvements		
150.00 Land and Land Improvements	0.00	0.00
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements		
151.00 Buildings and Improvements	0.00	0.00
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP		
152 CIP	2,655,695.35	
152.1 CIP Consulting Services		
152.1 CIP Consulting Services	4,646.25	
152.10 Fixed Equipment	698,156.25	698,156.25
152.92 CIP - VS Clinic Land Costs	1,162,066.51	530,967.23
160.00 Accumulated Depreciation	-5,340,205.00	-5,316,967.00
Total Fixed Assets	\$5,088,652.45	\$1,820,449.57
Other Assets		

	TOTAL	
	AS OF MAY 31, 2019	AS OF MAY 31, 2018 (PY)
170.00 Minority Interest in MTMC	14,107,230.00	14,339,440.50
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLLF	-27,064.11	-25,936.11
180.60 Capitalized Lease Negotiations	405,972.67	326,196.21
Total 180.30 Intangible Assets	406,989.67	328,341.21
Total Other Assets	\$14,514,219.67	\$14,667,781.71
TOTAL ASSETS	\$35,697,557.05	\$18,459,962.37
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	13,854.80	0.00
Total Accounts Payable	\$13,854.80	\$0.00
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenes		
200.10 Other Accounts Payable	5,692.34	-19.90
200.40 Accrued Utilities	34,449.00	33,793.70
Total 200.00 Accts Payable & Accrued Expenes	40,141.34	33,773.80
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	1,000.00
220.10 Due to MTMC - Rental Clearing	18,455.87	50,094.71
226 Deferred Rental Revenue	38,393.35	38,289.91
227 Deferred Revenue	13,549,819.00	
24000 Payroll Liabilities	5,892.81	11,513.66
Total Other Current Liabilities	\$13,655,977.37	\$136,947.08
Total Current Liabilities	\$13,669,832.17	\$136,947.08
Long-Term Liabilities		
250.00 Notes Payable - Long Term		
250.10 USDA Loan - VS Clinic	3,366,035.13	0.00
Total 250.00 Notes Payable - Long Term	3,366,035.13	0.00
Total Long-Term Liabilities	\$3,366,035.13	\$0.00
Total Liabilities	\$17,035,867.30	\$136,947.08
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTMC	19,720,638.00	19,720,638.00
3000 Opening Bal Equity	0.03	0.03
3900 Retained Earnings	-1,479,669.97	-1,373,588.30
Net Income	-227,427.72	-672,183.85
Total Equity	\$18,661,689.75	\$18,323,015.29
TOTAL LIABILITIES AND EQUITY	\$35,697,557.05	\$18,459,962.37

Mark Twain Healthcare District

JOURNAL

May 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
05/09/2019	Journal Entry	11459		Loan Draw #9	100.50	100.50 Stockton Bank of	\$616,833.81	
				Loan Draw #9	250.10	250.10 Notes Payable - Long Term:USDA Loan - VS Clinic		\$616,833.81
							\$616,833.81	\$616,833.81
05/31/2019	Journal Entry	11461		May Rental pymt from DH/MTMC	100.30	100.30 Umpqua Bank Checking	\$38,545.42	
				May Rental pymt from DH/MTMC	550.10	550.10 Rental Revenue		\$23,200.00
				May Rental pymt from DH/MTMC	550.30	550.30 MOB Rental Revenue		\$15,345.42
							\$38,545.42	\$38,545.42
05/31/2019	Journal Entry	11462		May 2019 Rent - Resource Connection	550.10	550.10 Rental Revenue		\$750.00
				May 2019 Rent - Resource Connection	100.30	100.30 Umpqua Bank Checking	\$750.00	
							\$750.00	\$750.00
05/31/2019	Journal Entry	11463		Late Payment Fee to EDD because Tribble & Ayala did not pay and paid late	715.22	715.22 Professional Fees:Accounting Fees	\$128.09	
				Late Payment Fee to EDD because Tribble & Ayala did not pay and paid late	100.60	100.60 Five Star Bank		\$128.09
							\$128.09	\$128.09
05/31/2019	Journal Entry	11464		EDD Payroll tax payment	24000	24000 Payroll Liabilities	\$863.73	
				Net Pay	100.60	100.60 Five Star Bank		\$863.73
				IRS Fed Payroll tax payment	24000	24000 Payroll Liabilities	\$3,645.50	
				Net pay	100.60	100.60 Five Star Bank		\$3,645.50
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$897.36	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$11,419.91	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,531.57
				Net Pay	100.60	100.60 Five Star Bank		\$7,790.95
				EDD Payroll tax payment	24000	24000 Payroll Liabilities	\$863.31	
				Net Pay	100.60	100.60 Five Star Bank		\$863.31
				IRS Fed Payroll tax payment	24000	24000 Payroll Liabilities	\$3,668.26	
				Net Pay	100.60	100.60 Five Star Bank		\$3,668.26
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$963.47	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$12,287.57	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,950.55
				Net Pay	100.60	100.60 Five Star Bank		\$8,305.74
				EDD Payroll tax payment	24000	24000 Payroll Liabilities	\$952.57	
				Net Pay	100.60	100.60 Five Star Bank		\$952.57
				IRS Fed Payroll tax payment	24000	24000 Payroll Liabilities	\$3,997.98	
				IRS Fed Payroll tax payment	100.60	100.60 Five Star Bank		\$3,997.98
							\$39,570.16	\$39,570.16
05/31/2019	Journal Entry	MTMC Lease Transac.		Mark Twain Medical Center Lease Transaction	100.70	100.70 Five Star Bank - MMA	\$13,549,819.00	
				Mark Twain Medical Center Lease Transaction	227	227 Deferred Revenue		\$13,549,819.00
							\$13,549,819.00	\$13,549,819.00
05/31/2019	Journal Entry	11465		To accrue 1 month property tax per budget	115.05	115.05 Due From Calaveras County	\$82,667.00	
				To accrue 1 month property tax per budget	560.10	560.10 District Tax Revenue		\$82,667.00
					220.10	220.10 Due to MTMC - Rental Clearing	\$2,636.57	
					550.10	550.10 Rental Revenue		\$2,636.57
				depreciate 1 month	735.72	735.72 Depreciation & Amortization:D & A - Buildings	\$1,938.00	
				depreciate 1 month	160.00	160.00 Accumulated Depreciation		\$1,938.00
				amortize 1 mo	710.81	710.81 Insurance:Insurance - D &	\$1,250.00	

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				amortize 1 mo	130.20	O 130.20 Prepaid Expenses:Prepaid Malpractice		\$1,250.00
				amortize 1 mo	735.75	735.75 Depreciation & Amortization:Amortization of Intangible	\$94.00	
				amortize 1 mo	180.55	180.55 Intangible Assets:Accumulated Amortization-LLLF		\$94.00
							\$88,585.57	\$88,585.57
05/31/2019	Journal Entry	11466		Cash Card Rewards from previous Umpqua Visa Credit Card	570.20	570.20 Interest and Other Income:Other Miscellaneous Income		\$950.00
				Your Type Graphic Design Deposit for Inv. 229	720.64	720.64 Administrative Services	\$950.00	
							\$950.00	\$950.00
05/31/2019	Journal Entry	11467		May 2019 District Share of MTMC Investment loss	750.03	750.03 Minority Interest MTSJ Ops	\$299,602.00	
				May 2019 District Share of MTMC Investment loss	750.04	750.04 Minority Interest MTSJ Invest	\$35,199.50	
				May 2019 District minority interest	170.00	170.00 Minority Interest in MTMC		\$334,801.50
							\$334,801.50	\$334,801.50
TOTAL							\$14,669,983.55	\$14,669,983.55

Mark Twain Healthcare District

BILL PAYMENT LIST

May 2019

DATE	NUM	VENDOR	AMOUNT
100.50 Stockton Bank of			
05/08/2019	1009	Diede Construction, Inc.	-584,788.89
Total for 100.50 Stockton Bank of			\$ -584,788.89
100.60 Five Star Bank			
05/07/2019	15355	Cheryl Duncan Consulting	-2,157.88
05/07/2019	15356	Outlet Tek	-160.50
05/07/2019	15357	J.S. West	-237.98
05/07/2019	15358	Suburban Propane-Ortho	-193.79
05/07/2019	15359	PG&E 46578486352 VS Clinic # 10	-124.94
05/07/2019	15360	PG&E 46995152991 VS Clinic # 9	-256.40
05/07/2019	15361	Arnaudo Bros., L.P.	-19,331.89
05/07/2019	15362	AT&T OneNet	-1,223.92
05/07/2019	15363	Calaveras Telephone	-466.02
05/07/2019	15364	Helen Foraker Advertising	-247.50
05/07/2019	15365	PG&E 74021406306 SAFMC	-430.43
05/07/2019	15366	Umpqua Bank Credit Card	0.00
05/07/2019	15367	Calaveras Power Agency	-21,968.81
05/07/2019	15368	Kirk Stout	-260.00
05/07/2019	ACH 6	Umpqua Bank Credit Card	-349.36
05/07/2019	15369	Streamline	-200.00
05/09/2019	15370	Tribble and Ayala	-130.75
05/09/2019	15371	Calaveras County Water District	-1,466.23
05/09/2019	15372	PG&E 39918320076 Cancer	-215.16
05/09/2019	15373	PG&E 71068388090 Pain Mgmt	-463.64
05/09/2019	15374	PG&E 89195984003 Cancer/Infusion	-520.60
05/09/2019	15375	Dr. Randall Smart	-177.48
05/09/2019	15376	J.M. Keckler Medical Sales, Inc.	-2,187.90
05/14/2019	15377	Aspen Street Architects	-4,719.04
05/14/2019	15378	J.M. Keckler Medical Sales, Inc.	-737.34
05/14/2019	15379	AT&T 248 134-7000	-37.36
05/14/2019	15380	AT&T 457-7	-4.64
05/14/2019	15381	Calaveras County Elections	-9,409.59
05/14/2019	15382	AT&T 754-9362	-903.20
05/14/2019	15383	PG&E 11152462708 SOMO	-1,338.62
05/14/2019	15384	PG&E 2306121143-1 ortho	-683.84
05/14/2019	15385	Suburban Propane-Ortho	-46.90
05/14/2019	15386	Campora Propane	-64.38
05/14/2019	15387	PG&E 42630399709 Hospital	-9,295.33
05/14/2019	15388	Blue Mountain Coalition	-6,000.00
05/14/2019	15389	CalaverasGROWN	-5,000.00
05/14/2019	15390	Central Calaveras Fire Fighters Assn	-6,544.00
05/14/2019	15391	Common Ground Senior Services	-15,000.00
05/14/2019	15392	Gardens to Grow In	-5,000.00
05/14/2019	15393	San Andreas Fire Protection District	-16,750.00

DATE	NUM	VENDOR	AMOUNT
05/14/2019	15394	Sierra Hope	-12,500.00
05/14/2019	15395	The Volunteer Center of Calaveras County	-2,500.00
05/14/2019	15396	West Point Community Covenant Church	-2,600.00
05/14/2019	15397	Disability Resource Agency - Independent Living	-2,500.00
05/14/2019	15398	Common Ground Senior Services	-3,000.00
05/15/2019	15399	CLIA Laboratory Program	-180.00
05/15/2019	15400	Your Type Graphic Design	-75.08
05/28/2019	15401	Cejka Search	-6,000.00
05/28/2019	15402	Weber-Ghio & Associates Inc	-416.25
05/28/2019	15403	Aspen Street Architects	-12,837.66
05/28/2019	15404	Mobile Modular	-383.84
05/28/2019	15405	Condor Earth Technologies, Inc.	-1,223.50
05/28/2019	15406	Ebbetts Pass Gas Services	-141.61
05/28/2019	15407	Alliant Insurance	-111.36
05/28/2019	15408	Hstar, Inc.	-310.97
05/28/2019	15409	Mark Twain Medical Center Foundation	-250.00
05/28/2019	15410	Van Lieshout, Patrick	-12,000.00
05/30/2019	15411	Suburban Propane-Ortho	-143.71
05/30/2019	15412	AT&T 795-2997749	-29.66
05/30/2019	15413	City of Angels	-170.40
05/30/2019	15414	Calaveras Public Utility District	-1,671.69
05/30/2019	15415	San Andreas Sanitary District	-7,620.43
05/30/2019	15416	Dr. Joana Motiu	-3,000.00
05/30/2019	15417	The Compliance Team, Inc.	-4,080.00
05/30/2019	15418	Signal Service, Inc.	-1,231.14
05/30/2019	15419	Best Best & Krieger, LLP	-6,982.88
Total for 100.60 Five Star Bank			\$ -216,265.60

Mark Twain Healthcare District

TRANSACTION REPORT

April 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
04/30/2019	Bill	April 2019 6507	Umpqua Bank Credit Card	Office supplies purchased	740.89 Miscellaneous:Office Supplies and Expense	2000 Accounts Payable	209.36	209.36
04/30/2019	Bill	April 2019 6507	Umpqua Bank Credit Card	Calaveras Mini Storage	840.95 New Valley Springs Clinic:Admin. - New Valley Springs Clinic	2000 Accounts Payable	140.00	349.36
TOTAL							\$349.36	

**Investment & Reserves Report
31-May-19**

Reserve Funds	Minimum Target	12/31/2018 Balance	2019 Allocated	2019 Interest	5/31/2019 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	0	0	0	0	0
Capital Improvement Fund	12,000,000	0	0	0	0	0
Technology Reserve Fund	1,000,000	0	0	0	0	0
Lease & Contract Reserve Fund	3,000,000	0	0	0	0	0
Loan Reserve Fund	1,300,000	0	0	0	0	0
Reserves & Contingencies	19,500,000	0	0	0	0	0

CalTRUST	5/31/2019	2019 Interest Earned	Annualized Rates	Duration
Valley Springs HWC - Operational Reserve Fund	0	0		
Capital Improvement Fund	0	0		
Technology Reserve Fund	0	0		
Lease & Contract Reserve Fund	0	0		
Loan Reserve Fund	0	0		
Total CalTRUST	251,764	1,764	2.54% - 2.73%	1 Year or Less
Five Star				
General Operating Fund	58,434	182.76		
Money Market Account	14,767,525	12,706.29		
Valley Springs - Checking	16,343	17.93		
Total Five Star	14,842,302	12,906.98	2.44%	1 Year or Less
Umpqua Bank				
Checking	205,939	0.00		
Money Market Account	2,330	302.24		
Investments	632,434	12,136.57	1.60%	
Total Savings & CD's	840,704	12,438.81		
Bank of Stockton				
	388,179	0	0.00%	1 Year or Less
Total in interest earning accounts	16,322,949	27,109		
Potential Unrealized Loss		0		
Total Without Unrealized Loss		27,109		

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. The report for this period does reflect any deviation from the District's Investment Policy.

Mark Twain Health Care District
List of Renters and Leases
May 31, 2019

6/12/2019

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	Expire Date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq Ft Rate	CAM	Total	Sq Ft.	Comments
							First Floor	704 Mountain Ranch Rd, Building E								
<u>Medical Office Building Subleases</u>																
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 5/2019
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 5/2019
San Andreas FMC	7/1/2014	7/1/2014	7/1/2019	CPI	5 years	7/1/2019	103 / 104	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 5/2019
San Andreas FMC	7/1/2014	7/1/2014	7/1/2019	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 5/2019
Total MOB lease Income											\$17,136.51	\$1,657.50	\$18,794.01	6,500		
<u>Valley Springs Rental</u>																
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 years	3/1/2021	N/A	1934 Highway 26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 5/2019
<u>Hospital Lease Agreement w/Corporation</u>																
Mark Twain Medical Center	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch Rd	Reimburse	Hospital	\$23,200.00		N/A	\$23,200.00		
<u>Office Lease</u>																
San Andreas Medical and Professional Offices (Armaudo Bros)	3/1/2007	3/1/2007		3.0	20 years	2/28/2027	First Floor	704 Mountain Ranch Rd, Building E	N	Office	\$16,438.50		\$2,893.39	\$19,331.89	6,500	Rent increases 3% each year.
<u>Land Lease</u>																
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C	Y	Land	\$ 481.42		N/A	\$ 481.42	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.
San Andreas Medical and Professional Offices (Armaudo Bros.)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$1 / Yr.		N/A	\$1 / Yr.	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.

* CAM Charges included in rent

Mark Twain Health Care District
Annual Budget Recap

	06/30/20				
	Total				
	District	Clinic	Rental	Projects	Admin
Non-Cash rent revenue	1,200,000	0	1,200,000	0	0
Revenues	4,294,233	2,697,603	232,958	0	1,363,672
	5,494,233	2,697,603	1,432,958	0	1,363,672
Non-Cash depr expense	500,038	461,493	36,045	0	2,500
Expenses	5,253,039	2,811,938	924,024	646,500	870,578
	5,753,077	3,273,431	960,069	646,500	873,078
Surplus(Deficit)	(258,845)	(575,828)	472,889	(646,500)	490,594
Cash Only Surplus(Deficit)	(958,806)	(114,335)	(691,066)	(646,500)	493,094

Mark Twain Health Care District
Annual Budget
FYE 6/30/2020

Proposed

	6/30/2020	Clinic	Rentals	Projects	Admin
4083.49 Urgent care Gross Revenues	(2,797,298)	(2,797,298)			
4083.60 Contractual Adjustments	122,225	122,225			
4083.90 Flu shot, Lab income, physicals	(1,020)	(1,020)			
4083.91 Medical Records copy fees	(510)	(510)			
4083.92 Other - Plan Incentives	(21,000)	(21,000)			
7083.09 Other salaries and wages	863,097	863,097			
7083.10 Payroll taxes	56,085	56,085			
7083.12 Vacation, Holiday and Sick Leave	12,946	12,946			
7083.13 Group Health & Welfare Insurance	129,465	129,465			
7083.14 Group Life Insurance	1,381	1,381			
7083.15 Pension and Retirement	21,577	21,577			
7083.16 Workers Compensation insurance	17,262	17,262			
7083.18 Other payroll related benefits	1,295	1,295			
7083.20 Medical - Physicians	623,422	623,422			
7083.22 Consulting and Management fees	135,000	135,000			
7083.25 Registry Nursing personnel	2,500	2,500			
7083.26 Other contracted services	112,750	112,750			
7083.29 Other Professional fees	7,500	7,500			
7083.36 Oxygen and Other Medical Gases	2,132	2,132			
7083.38 Pharmaceuticals	91,350	91,350			
7083.41 Other Medical Care Materials and Supplies	13,653	13,653			
7083.43 Food	1,092	1,092			
7083.44 Linens	2,731	2,731			
7083.45 Cleaning supplies	13,195	13,195			
7083.46 Office and Administrative supplies	11,469	11,469			
7083.48 Instruments and Minor Medical Equipment	15,838	15,838			
7083.62 Repairs and Maintenance Grounds	7,866	7,866			
7083.69 Other purchased services	179,040	179,040			
7083.72 Depreciation - Bldgs & Improvements	311,017	311,017			
7083.74 Depreciation - Equipment	150,476	150,476			
7083.80 Utilities - Electrical, Gas, Water, other	124,338	124,338			
7083.81 Insurance - Malpractice	40,354	40,354			
7083.85 Telephone and Communications	13,653	13,653			
7083.86 Dues and Subscriptions	2,538	2,538			
7083.87 Outside Training	6,553	6,553			
7083.88 Travel costs	5,461	5,461			
7083.89 Recruiting	26,903	26,903			
8610.09 Other salaries and wages	382,304				382,304
8610.10 Payroll taxes	23,817				23,817
8610.12 Vacation, Holiday and Sick Leave	5,735				5,735
8610.13 Group Health & Welfare Insurance	57,346				57,346
8610.14 Group Life Insurance	612				612
8610.15 Pension and Retirement	9,558				9,558

Mark Twain Health Care District
Annual Budget
FYE 6/30/2020

Proposed

	6/30/2020	Clinic	Rentals	Projects	Admin
8610.16 Workers Compensation insurance	7,646				7,646
8610.18 Other payroll related benefits	573				573
8610.22 Consulting and Management Fees	61,500				61,500
8610.23 Legal	30,000				30,000
8610.24 Accounting /Audit Fees	123,000				123,000
8610.43 Food	1,538				1,538
8610.46 Office and Administrative Supplies	20,000				20,000
8610.62 Repairs and Maintenance Grounds	-				0
8610.69 Other	25,000				25,000
8610.74 Depreciation - Equipment	2,500				2,500
8610.75 Rental/lease equipment	9,200				9,200
8610.80 Utilities	-				0
8610.82 Insurance	20,500				20,500
8610.83 Licenses and Taxes	-				0
8610.85 Telephone and communications	-				0
8610.86 Dues and Subscriptions	19,475				19,475
8610.87 Outside Trainings	15,375				15,375
8610.88 Travel	15,375				15,375
8610.89 Recruiting	10,250				10,250
8610.90 Other Direct Expenses	31,775				31,775
8870.00 Interest on Debt Service	269,494	269,494			
8890.00 Foundation	500,000			500,000	
8890.00 Stay Vertical	46,500			46,500	
8890.00 Golden Health Grant Awards	100,000			100,000	
9010.00 Gain on Sale of Asset	0				0
9060.00 Income, Gains and losses from investments	(250,000)				(250,000)
9160.00 Property Tax Revenues	(1,098,672)				(1,098,672)
9260.01 Rent Hospital Asset amortized	(1,200,000)		(1,200,000)		
9260.02 MOB Rents Revenue	(227,181)		(227,181)		
9260.03 Child Advocacy Rent revenue	(5,777)		(5,777)		
9400.00 Miscellaneous Income	(15,000)				(15,000)
9520.62 Repairs and Maintenance Grounds	0		0		
9520.72 Depreciation	36,045		36,045		
9520.80 Utilities - Electrical, Gas, Water, other, Phone	684,000		684,000		
9520.82 Insurance	2,000		2,000		
9521.75 MOB rent expenses	233,024		233,024		
9522.75 Child Advocacy Expenses	5,000		5,000		
Revenues	(5,494,233)	(2,697,603)	(1,432,958)	0	(1,363,672)
Expenses	5,753,077	3,273,431	960,069	646,500	873,078
	258,845	575,828	(472,889)	646,500	(490,594)

	Medical		12,852
	Dental		990
		Visits	<u>13,842</u>
MIX		Medi/Medi	6.000%
MIX		MediCal	65.000%
MIX		MediCare	16.000%
MIX		Commercial	7.000%
MIX		Self Pay	6.000%
Visits		Medi/Medi	771
Visits		MediCal	9,344
Visits		MediCare	2,056
Visits		Commercial	900
Visits		Self Pay	771
Gross Charge		Medi/Medi	(173,498)
Gross Charge		MediCal	(1,868,760)
Gross Charge		MediCare	(462,668)
Gross Charge		Commercial	(157,430)
Gross Charge		Self Pay	(134,943)
4083.49	Urgent care Gross Revenues	V	<u>(2,797,298)</u>
4083.60	Contractual Adjustments	V	122,225
Net/Visit	Medi/Medi		(177,016)
Net/Visit	MediCal		(2,144,995)
Net/Visit	MediCare		(171,598)
Net/Visit	Commercial		(104,354)
Net/Visit	Self Pay		(77,110)
		Net Patient revenue V	<u>(2,675,073)</u>
4083.90	Flu shot, Lab income, physicals	F	(1,020)
4083.91	Medical Records copy fees	F	(510)
4083.92	Other - Plan Incentives	F	(21,000)
		Total Other Revenue	<u>(22,530)</u>
			<u>(2,697,603)</u>
7083.09	Other salaries and wages	See Labor	863,097
	Total taxes and benefits		240,011
	Labor related costs		<u>1,103,108</u>

7083.20	Medical - Physicians	V Dir	623,422
7083.22	Consulting and Management fees	F Dir	135,000
7083.25	Registry Nursing personnel	F Dir	2,500
7083.26	Other contracted services	V Dir	112,750
7083.29	Other Professional fees	F Dir	7,500
7083.36	Oxygen and Other Medical Gases	V Dir	2,132
7083.38	Pharmaceuticals	V Dir	91,350
7083.41	Other Medical Care Materials and Supp	V Dir	13,653
7083.44	Linens	V Dir	2,731
7083.48	Instruments and Minor Medical Equipn	V Dir	15,838
7083.74	Depreciation - Equipment	F Dir	150,476
7083.45	Cleaning supplies	F FAC	13,195
7083.62	Repairs and Maintenance Grounds	F FAC	7,866
7083.72	Depreciation - Bldgs & Improvements	F FAC	311,017
7083.80	Utilities - Electrical, Gas, Water, other	F FAC	124,338
8870.00	Interest on Debt Service	FAC	269,494
7083.43	Food	V OH	1,092
7083.46	Office and Administrative supplies	V OH	11,469
7083.69	Other purchased services	V OH	179,040
7083.81	Insurance - Malpractice	V OH	40,354
7083.85	Telephone and Communications	V OH	13,653
7083.86	Dues and Subscriptions	F OH	2,538
7083.87	Outside Training	V OH	6,553
7083.88	Travel costs	V OH	5,461
7083.89	Recruiting	F OH	26,903
	Non labor expenses		<u>2,170,323</u>
	Total Expenses		<u>3,273,431</u>
	Net Expenses over Revenues		<u><u>575,828</u></u>

Mark Twain Health Care District 6/30/2020
Rental Financial Projections Rental
1

9260.01 Rent Hospital Asset amortized (1,200,000)
0
Rent Revenues (1,200,000)

9520.62 Repairs and Maintenance Grounds 0
9520.80 Utilities - Electrical, Gas, Water, othe 684,000
9520.72 Depreciation 36,045
9520.82 Insurance 2,000
Total Costs 722,045

Net (477,955)

9260.02 MOB Rents Revenue (227,181)
9521.75 MOB rent expenses 233,024

Net 5,843

9260.03 Child Advocacy Rent revenue (5,777)
9522.75 Child Advocacy Expenses 5,000

Net (777)

(1,432,958)
960,069

Summary Net (472,889)

Mark Twain Health Care District
General Administration Financial Projections

6/30/2020

Admin

1

9060.00	Income, Gains and losses from investments	(250,000)
9160.00	Property Tax Revenues	(1,098,672)
9400.00	Miscellaneous Income	(15,000)
	Summary Revenues	<u>(1,363,672)</u>

8610.09	Other salaries and wages	382,304
8610.10	Payroll taxes	23,817
8610.12	Vacation, Holiday and Sick Leave	5,735
8610.13	Group Health & Welfare Insurance	57,346
8610.14	Group Life Insurance	612
8610.15	Pension and Retirement	9,558
8610.16	Workers Compensation insurance	7,646
8610.18	Other payroll related benefits	573
	Benefits and taxes	<u>105,286</u>
	Labor Costs	<u>487,590</u>

8610.22	Consulting and Management Fees	61,500
8610.23	Legal	30,000
8610.24	Accounting /Audit Fees	123,000
8610.43	Food	1,538
8610.46	Office and Administrative Supplies	20,000
8610.62	Repairs and Maintenance Grounds	-
8610.69	Other	25,000
8610.74	Depreciation - Equipment	2,500
8610.75	Rental/lease equipment	9,200
8610.80	Utilities	-
8610.82	Insurance	20,500
8610.83	Licenses and Taxes	-
8610.85	Telephone and communications	-
8610.86	Dues and Subscriptions	19,475
8610.87	Outside Trainings	15,375
8610.88	Travel	15,375
8610.89	Recruiting	10,250
8610.90	Other Direct Expenses	31,775
	Non-Labor costs	<u>385,488</u>
	Total Costs	<u>873,078</u>
		<u>(490,594)</u>

**Mark Twain Health Care District
Projects, Grants and Support**

6/30/2020
Admin
1

Project grants and support 646,500

8890.00	Foundation	500,000
8890.00	Stay Vertical	46,500
8890.00	Golden Health Grant Awards	<u>100,000</u>
	Project grants and support	646,500

Mark Twain Health Care District

Labor Budget for FYE 6/30/20

		0.0765	0.0020	0.1500	0.002	0.0200	0.002			0.0150	0.0250		
Title	Work Area	FTE	Gross Pay	SS& MCR	Other Tax	Health, Dental Vision	Life	Work Comp	Other	1099 Comp	Accrued PTO	Pension	Gross & Benefits
Administrative Assistar	Outpatient Clinic	1.00	39,520	3,023	79	5,928	63	790	59		593	988	51,044
Billing	Outpatient Clinic	0.50	23,400	1,790	47	3,510	37	468	35		351	585	30,223
Health Center Manage	Outpatient Clinic	1.00	124,800	9,157	250	18,720	200	2,496	187		1,872	3120	160,801
Creditialing	Outpatient Clinic	0.50	22,880	1,750	46	3,432	37	458	34		343	572	29,552
RN	Outpatient Clinic	1.00	108,160	8,274	216	16,224	173	2,163	162		1,622	2704	139,699
Medical Assistant	Outpatient Clinic	6.13	242,093	10,857	484	36,314	387	4,842	363		3,631	6052	305,024
FNP	Outpatient Clinic	1.00	176,800	9,911	354	26,520	283	3,536	265		2,652	4420	224,740
Dental Assitant	Outpatient Clinic	1.00	39,520	3,023	79	5,928	63	790	59		593	988	51,044
Psychologist	Outpatient Clinic	0.12	13,124	1,004	26	1,969	21	262	20		197	328	16,951
X- Ray Tech	Outpatient Clinic	1.00	72,800	5,569	146	10,920	116	1,456	109		1,092	1820	94,028
Bookkeeper	Admin	1.00	37,024	2,832	74	5,554	59	740	56		555	926	47,820
Administrative Clerk	Admin	1.00	40,560	3,103	81	6,084	65	811	61		608	1014	52,387
HR Manager	Admin	1.00	76,960	5,887	154	11,544	123	1,539	115		1,154	1924	99,402
Executive Director	Admin	1.00	218,400	10,514	437	32,760	349	4,368	328		3,276	5460	275,892
Maint	Admin	0.15	9,360	716	19	1,404	15	187	14		140	234	12,089
MD Family Practice	Outpatient Clinic	0.76								150,400			
MD Family Practice	Outpatient Clinic	1.00								197,400			
MD	Outpatient Clinic	0.74								139,590			
Dentist	Outpatient Clinic	0.30								64,272			
Dental Hygeniest	Outpatient Clinic	0.75								71,760			
Outpatient Clinic			-	-	-	-	-	-	-	623,422			623,422
			-	-	-	-	-	-	-	623,422			623,422
Outpatient Clinic			863,097	54,359	1,726	129,465	1,381	17,262	1,295		12,946	21,577	1,103,108
Admin			382,304	23,052	765	57,346	612	7,646	573		5,735	9,558	487,590
			1,245,401	77,411	2,491	186,810	1,993	24,908	1,868	-	18,681	31,135	1,590,698
				6.2%	0.2%	15.0%	0.2%	2.0%	0.2%		1.5%	2.5%	
			.09	.10	.10	.13	.14	.16	.18		0.12	0.15	



**First American
Title Insurance Company**
NATIONAL COMMERCIAL SERVICES

First American Title Insurance Company
777 South Figueroa Street, Suite 400
Los Angeles, CA 90017
Final Joint Settlement Statement
Escrow Number NCS-898147-12-LA2

Property:

768 Mountain Ranch Road, San Andreas, CA

Corporation:

Mark Twain Medical Center

Escrow Officer: Jennifer Lewis

Closing Date: 05/31/19

District:

Mark Twain Health Care District

Disbursement Date: 05/31/19

Time: 6/4/19 9:43 AM

Description	Corporation	District	Dignity Health
Deposits			
Deposit on 05/31/19 from Dignity Health	-	-	13,549,819.00
Deposit on 06/03/19 from Dignity Health	-	-	17,580.00
First American Title Insurance Company Fees			
Escrow Fees	-	(500.00)	(500.00)
Leasehold Policy	-	-	(16,080.00)
Recording Fees	-	(61.00)	(61.00)
Disbursements			
Equity Transfer Consideration to Mark Twain Health Care District	-	14,500,000.00	(14,500,000.00)
District Acquisition Cost to Mark Twain Medical Center	6,949,431.00	(6,949,431.00)	-
Prepaid Rent to Mark Twain Health Care District	(6,000,000.00)	6,000,000.00	-
Intercompany Transfer	(949,431.00)	-	949,431.00
Cash Due to Each Party	-	13,550,008.00	189.00

FINAL

**RESOLUTION 2019-05
OF THE BOARD OF DIRECTORS
OF
MARK TWAIN HEALTH CARE DISTRICT**

Whereas, the Employer has the power to adopt the Plan, on June 19, 2019, the following resolutions to adopt the Mark Twain Health Care District 401 (k) Plan and the Mark Twain Health Care District Retirement Trust were duly adopted by unanimous consent in lieu of a meeting of the Board of Directors of Mark Twain Health Care District and such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of Plan presented to Board of Directors is a Cash or Deferred Profit Sharing Plan as authorized under Internal Revenue Code sections 401(a), 401(k), 402(g), 401(m), and 501(a). This Plan shall be effective January 1, 2019;

RESOLVED, that the Mark Twain Health Care District 401 (k) Plan and the Mark Twain Health Care District Retirement Trust presented to the Board of Directors are hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more counter parts of the Plan and Trust.

RESOLVED, that for purposes of the limitations on contributions and benefits under the Plan as prescribed by Internal Revenue Code section 415, the Limitation Year shall be for a 12 month period beginning on January 1st to December 31st of each year.

RESOLVED, that, prior to the due date (including extensions) of the Employer's federal income tax return for each of its fiscal years hereafter, the Employer shall contribute the Plan amounts sufficient to meet its obligation under the Cash or Deferred Profit Sharing Plan for each such fiscal year in such amount as the Board of Directors determine. The Treasure of the Corporation is empowered and directed to pay such contribution to the Trustee of the Plan in cash or property, in accordance with the terms of the Plan Document and shall notify the Plan Administrator of the fiscal year which said contributions shall be applied.

RESOLVED, that the proper Officers of the Employer shall act as soon as possible to notify employees of the Employer of the adoption of the Plan and Trust.

RESOLVED, that the Plan Expense Policy presented to the Board of Directors is hereby adopted with an effective date January 1, 2019 for delivery of each employee.

The undersigned further certifies that attached hereto as Exhibits A, B, C and D respectively are true copies of the Mark Twain Health Care District 401 (k) Plan Adoption Agreement, Document, Trust and Plan Expense Policy approved and adopted in the above resolutions.

Ann Radford, Secretary

June 19, 2019

Date

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

POLICY: Medication Administration	REVIEWED: 5/28/19
SECTION: Medication Management	REVISED:
EFFECTIVE:	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 check 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. 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.*

DRAFT

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

POLICY: Withdrawal Of Care	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Withdrawal of care

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

Response Rating:

Required Equipment: None

Procedure

1. To avoid an allegation of abandonment, once a practitioner undertakes to treat a patient, he or she must continue to provide care unless:
 - a. Patient's condition is such that care is no longer reasonably required; and/or
 - b. The patient terminated the-practitioner-patient relationship; and/or
 - c. The practitioner gives written notice of withdrawal of care and allows sufficient time (a minimum of 30 days) for the patient to employ another provider; and/or
 - d. The practitioner agreed to only treat a specific ailment or injury, or agreed to treat at a certain time or place.
2. To avoid an allegation of abandonment, the provider may not discontinue care if:
 - a. If the-practitioner is aware that no other practitioners are available to provide the needed care to the patient, care may not be withdrawn; and/or
 - b. If the patient is in an acute phase of their treatment; and/or
 - c. The patient is a member of a pre-paid health plan; and/or
 - d. The sole reason for the termination is the patient's diagnosis of HIV/AIDS

3. Practitioner who wishes to terminate the Physician-Patient relationship with a Clinic patient will complete the Withdrawal of Care Worksheet and submit to Clinic Leadership.
4. Withdrawal of Care Worksheet will be reviewed by the supervising physician and/or Medical Director and Clinic Leadership. Request will be approved by the Medical Director or the Medical Director may re-assign the patient to an alternate Clinic provider. In an effort to resolve the matter and to prevent the dismissal from practice being unexpected, it is preferred that the-practitioner speak with the patient regarding the issue(s) promoting the recommendation for Withdrawal of Care prior to completing the Worksheet.
5. If the patient's relationship with the Clinic is to be terminated, a letter must be sent to the patient, indicating reason for withdrawal of care (see Withdrawal of Care worksheet).
6. Letter will contain:
 - a. Advice to patients with chronic conditions that they need ongoing medical attention (stress appropriate urgency)
 - b. Medication requirements
 - c. Reinforce previous health care recommendations
 - d. Recommend contacting insurance carrier and/or county Medical Society for referral to alternate physician. Offer contact phone numbers to facilitate patient's efforts to find an alternate practitioner.
 - e. Confirmation that provider will be available to render care for urgent concerns for the next 30 days.
7. Objectively document termination of patient care in the medical record, including a copy of both the Withdrawal of Care worksheet and the letter to the patient
8. Letter will be sent by certified mail with a return receipt request.
 - A. Return receipt must be maintained in the medical record with the copy of the letter.
 - B. If the letter is not received by the patient and is returned to the Clinic, the returned, unopened letter will be maintained in the Clinic record and a second copy of the letter will be sent to the patient via regular mail.
 - C. Notation of the second letter will be maintained in the patient's medical record.
 - D. A copy of the patient letter will be sent to the patient's insurance carrier.
9. Notify appointment schedulers that the patient will no longer be seen in the practice, so as to avoid scheduling appointments for that patient after the 30 day period.

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

Resource:

- Dixon, Laura A. JD, RN (April 2012). "Terminating Patient Relationships". Retrieved 3/12/15 from <http://thedoctors.com>.
- Walden, Roselyn MSN, FNP-BC (May 2012). "Dismiss a Problem Patient in 10 Safe Steps". Retrieved 3/12/15 from <http://clinicaladvisor.com>

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

POLICY: Vaccine Administration	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Vaccine administration and vaccine program management

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

Response Rating:

Required Equipment:

Procedure:

1. Immunizations are administered, by nursing staff, upon receipt of written orders from the provider.
2. Medical staff members will refer to the Recommended Childhood Immunization Schedule for United States 2018 that is offered by the Centers for Disease Control via their website, www.cdc.gov, and approved by ACIP, AAP, AAFP and the Vaccines for Children program.
3. Every effort will be made to keep patients current with the immunization schedule as published.
4. Request the immunization record (shot card, yellow folder) from the parent on arrival and verbally confirm that all immunizations given are recorded there. Check the online California Immunization Registry to determine whether patient's record is there. Compare patient's Clinic medical record, paper immunization record, and the online data. Question discrepancies.

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

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

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

- and double check the vaccine vial to ensure it is not expired.
2. Double check vaccine vial to ensure it is the vaccine ordered.
 3. Draw just the required amount for the dose in the syringe, usually 0.5cc, using proper syringe loading techniques. Careful filling of the syringe will prevent vaccine waste and enable use of all doses in the vial.
 4. See vaccine guidance tools for routes and sites.
 5. There is no known risk of side effects and no loss of vaccine efficacy when Hib, MMR, OPV, and DTP are given simultaneously and this practice is recommended by the ACIP. Simultaneous administration of these vaccines is also approved by the American Academy of Pediatrics.
 6. A new needle and syringe must be used for each immunization.
 7. Wash hands and don gloves prior to administering the vaccine.
 8. Clean the site with alcohol swab.
 9. Inject the syringe using proper technique with parent/guardian holding the child.
 10. Withdraw the needle quickly while placing alcohol swab just above the injection site and massaging the area. Place Band-Aid over the injection site.
- c. Holding the child
 1. The infant or child should be properly restrained on a table or an adult's lap. The parent/guardian should be instructed to hold the child securely. Older children preferably should be seated for immunizations.
 - d. Proper needle and syringe disposal
 1. Do not recap or clip needles or separate needle and syringe. Discard syringe and needle in a puncture-proof sharps container.
 - e. Potential reactions
 1. There may be some reactions to immunizations after they have been administered. See Vaccine Reactions, Adverse Effects, Liability Concerns. Report reactions accurately and completely.
16. Documentation
- a. Provider Record
 - b. Patient's personal record
 - a. A personal immunization record must be given to each patient, updated on each visit and maintained by the parent/guardian.
 - b. It is important to place emphasis on the "return date" or "date next dose is due" when scheduling patient return visits. Make sure that the parent/guardian (or older patient) is told when to return and that this date is entered on their immunization record.
17. Storage
- a. Refrigerate vaccine immediately when it is received. Store oral polio and varicella vaccine in freezer. Do not store vaccine in the door of the refrigerator.
 - b. Protect MMR from light at all times and keep cold. Do not remove vial from the refrigerator until time to reconstitute and administer. Diluent does not need refrigeration if MMR is administered right after diluent is added.
 - c. Rotate vaccine stock to avoid outdating. Note the expiration dates on vials or cartons and use short-dated vaccines first. Keep vials and polio disettes in their original cartons. Do not use

- outdated vaccine.
- d. Safeguard the refrigerator and freezer in a lockable room. Make sure they stay plugged in.
 - e. Post a warning sign so electricians or janitors don't accidentally unplug the appliances or turn off the circuit or electricity.
 - f. Maintain proper temperatures in the refrigerator (2 degrees C to 8 degrees C or 35 degrees F to 46 degrees F) and in the freezer -14 degrees C or 5 degrees F or lower). Utilize plastic containers of water in the refrigerator and cold packs in the freezer to maintain proper temperature.
 - g. Install a data logger in both the refrigerator and freezer. Maintain a spare device in the event of active device failure.
 - h. Log refrigerator and freezer temperature temperatures twice a day, first thing in the morning and before the end of the Clinic's business day.
 - i. As part of the end of day procedure, confirm both the refrigerator and freezer are secured and closed and units are plugged in.

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

POLICY: Venipuncture	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED: 2/16/17
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Venipuncture

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

Acuity Rating: Minimal

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

Procedure: Venipuncture should only be performed by appropriately trained and qualified staff.

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

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

DRAFT

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

POLICY: Visual Acuity	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Visual acuity testing

Objective: To test distance vision

Response Rating:

Required Equipment:

Procedure:

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

misses just one letter, record this (example: 20/40-1).

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

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

POLICY: Urinary Catherization	REVIEWED: 11/21/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Urinary Catheterization

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

Acuity Rating: Minimal to Severe

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

Applies to: Providers or nurses only

Procedure:

1. Minicath: The purpose of the Minicath is to provide a sterile accurate urine specimen when a female patient is experiencing menses or vaginal discharge. This procedure should be performed on any female of childbearing age beginning or ending her menses or at the physician's request. The minicath may also be considered for a female who is not on her menses, but complains of a discharge.
 - a. Label the specimen container with two patient identifiers (patient name and date of birth).
 - b. Obtain lubricating jelly and apply to a sterile 2x2 or on the sterile field from which you are working.
 - c. Put on the sterile gloves found in the cath kit.
 - d. Loosen the cap on the specimen bottle and pull the cath tube about ¾ of the way out of the bottle.
 - e. Cleanse the vaginal area with the iodine swabs provided in the kit, cleaning from the front of the vagina to the back of the vaginal area (one swab down the left, one swab down the right and the third swab down the middle).
 - f. Identify the urethral meatus.
 - g. Lubricate the catheter with lubricating jelly.
 - h. Insert the catheter inside the meatus about one to two inches.
 - i. Fill the specimen bottle with urine. Bottle should be at least ¼ to ½ full.
 - j. Remove the catheter from the patient.
 - k. Remove the catheter from the container and close.
 - l. Tighten the lid on the specimen bottle, label the specimen, and place the specimen in a

- m. Biohazard bag.
- n. Remove the specimen to the lab area and complete the lab requisition, ensuring the provider has signed the document and included the diagnosis code(s).

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

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

3. **Female catheterization:**

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

4. **Male catheterization:**

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

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

i.

5. All patients:

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

DRAFT

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

POLICY: Urine Collection-Clean Catch Female	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Urine Specimen Collection

Objective: To obtain a urine sample for microscopic analysis.

Response Rating: Minimal

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

Procedure

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

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

POLICY: Urine Collection-Clean Catch Male	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Urine Specimen Collection

Objective: To obtain a urine sample for microscopic analysis.

Response Rating: Minimal

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

Procedure:

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

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

POLICY: Telephone Request For Medical Information	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Telephone Request for Medical Information

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

Response Rating:

Required Equipment: None

Procedure

1. Patients seeking medical advice over the phone will be informed, courteously, that it is the policy of the Clinic that medical advice is not to be given over the phone.
2. Patients will be informed that if they have questions regarding their results or think they need to be seen by a practitioner they should come in to the Clinic.
3. Follow-up information or treatment due to Delayed Procedure Diagnostic Testing (lab, x-ray) may only be given by those personnel authorized to diagnose and prescribe (physicians, physicians' assistants, nurse practitioners).
4. Results of lab work are not to be given to patients by telephone unless approved by the practitioner. If approved by the practitioner, the information will be given to the patient via a designated staff member with a notation in the EMR indicating date, time and name of person giving the information.
5. Confidential results (sexually transmitted diseases, pregnancy, etc.) will never be given over the telephone.
6. When results are given to the patient over the telephone, practitioner must document date/time and what information given in the EMR.
7. Under no circumstances will results of any kind (lab- x-ray, treatment) be left on answering machines or voice mail.

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

DRAFT

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

POLICY: Splints/Ace Wraps	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Ace Wraps & Splints

Objective: To protect, secure and immobilize an injured extremity.

Acuity Rating: Mild to moderate

Required equipment: Ring cutter, cold pack, Ace wrap, splint, sling, gauze and/or cotton as per physician's written order.

1. In case of a finger, wrist, hand or upper extremity injury, always remove any jewelry (rings, watch, bracelet) from extremity.
 - a. The ring cutter may be used by the practitioner if the item cannot be successfully removed with the aid of cold soaks or lubrication.
 - b. Should the patient refuse to allow use of the ring cutter, or removal of a ring, the patient will be required to sign a statement of refusal which should include language stating that the patient understands non-removal of the item may impair circulation and cause further damage. This statement should include language that releases the clinic from any liability in the event that further injury/damage occurs. A copy of this statement will be attached to the patient chart, and a copy given to the patient.

2. Elevate the extremity and apply a cold pack.

3. Apply a dressing to an extremity :
 - a. Apply an ace wrap, taking care not to wrap the ace tightly. Too tight a wrap may impair circulation. Ace wrap may not be applied by a Medical Assistant.

4. The following are guidelines for wrapping specific areas:
 - a. Toes: "buddy -tape" the toe and the next toe with 1/2" adhesive tape. Place a cotton or gauze between the toes to absorb moisture. Advise patient to wear firm-soled shoes, not tennis shoes. The practitioner may place the patient in a surgical shoe for this purpose.
 - b. Fingers: use the finger splints provided, and either tape or wrap the splint in place with a 2" ace wrap. Immobilize the finger in a position of function, with the MCPs at 90 degrees and the DIPs and PIPs in extension. Ace wraps may not be applied by a Medical Assistant.

- c. Ankles: if using an air splint or padded splint. A sock or soft roll should be placed between the plastic and the skin to prevent skin breakdown from the contact of plastic to skin. A laced-up ankle brace may be used.
 1. If applying a posterior splint to the ankle, place the ankle in 90 degrees and apply the prefabricated splint. The splint should extend from the metatarsal heads to two fingerbreadths below the fibular head. Moisten the splint material with room temperature water, as hot water may cause a burn to the patient when the splint hardens and heats itself. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
 2. If applying an ace-wrap to an ankle, always enclose the heel. A contour walker may also be chosen for ankle and foot injuries.
- d. Wrists: One may use a Velcro wrist splint provided.
 1. If a fiberglass splint is needed, it should extend from the distal palmar crease to two fingerbreadths below the radial head. Depending on the site of the injury, an ulnar gutter, radial gutter with thumb spica or volar splint is appropriate
 2. If a sling is used it should be worn so the hand/wrist is higher than the heart at a 45-degree angle. Wrist should not droop over the end of the sling.
 3. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
5. Advise the patient to check for signs that the wrap is too snug, i.e.; digits look like “little sausages”, become blue, cold, tingle, or feel numb), in which case the wrap should be loosened. Practitioners ordering the application of wraps and/or splints must check the patient’s neuro-vascular status including swelling, circulation above and below the injury, sensation, and ensure proper placement of the wrap/splint/cast.
6. Advise the patient of the following instructions:
 - a. Keep the extremity elevated.
 - b. Apply ice to the area, 20-30 minutes per hour when awake several time a day for the first 48 hours. Make sure there is a protective barrier between the skin and the ice bag.
7. Document the procedure accurately in the EMR.
8. Discharge patient with appropriate paperwork and instructions for continuity of care.

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

POLICY: Standardized Procedure Administration of Flu Shots	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Flu Shots

Objective: To define and clarify procedures that may be performed by a qualified clinical nursing/medical assistant for patients requesting flu shots and to provide flu shots to appropriately screened clinic patients. Flu shots will be administered to Clinic patients in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required Cost Reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to administer flu shots to patients requesting such vaccinations.

1. No flu shots should be given to patients under 6 months of age.
2. The Clinic will obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
3. Flu shots will not be given prior to the established “start date” which is recommended annually by the National Institutes of Health, unless the patient is deemed “high risk” and meets current high risk criteria established by NIH.
4. Scheduled appointments are not required for patients requesting a flu shot; however, patients must be registered for this encounter.

5. For patients presenting for a flu shot only, staff will complete the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination screening form and follow instructions found there, after the patient or parent/guardian has signed the flu shot release form.
6. If patients mark “yes” for any contraindication on the Screening Checklist, present the completed Checklist to the provider for their review. Administer vaccine only upon approval of provider after review is completed.
7. If patients do not mark “yes” for any contraindication on the Screening Checklist, proceed with the administration of the vaccine.
8. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.
9. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions included on the flu shot log.

DRAFT

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

POLICY: Standardized Orders for Childhood Periodic Health Screening	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Standardized orders for Childhood Periodic Health Screening

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

Response Rating:

Required Equipment:

Procedure:

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

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

- *Sensory screening (Snellen eye test, audiometry)

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

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

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

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

References:

California Department of Health Care Services (2012). CHDP Periodicity Schedule for health assessment requirements by age groups. Children's Medical Services. Retrieved from <http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf>

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

POLICY: Standardized Procedure for Glucose Check for Diabetic Patients	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Standardized procedure for glucose testing of diabetic patients

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

Reference:

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

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

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

POLICY: Standardized Procedure for Hemoglobin Assessment	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

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

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

Reference:

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

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

POLICY: Standardized Orders for Physical Examinations	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

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

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

POLICY: Standardized Procedure for Pregnancy Testing of Patients on Contraception	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Standardized procedure for pregnancy testing of patients on contraception

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

Reference:

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

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

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

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

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

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

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

POLICY: Standardized Procedure for Pulse Oximeter	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Standardized procedure for Pulse Oximeter

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

Response Rating:

Required Equipment: Pulse oximeter, patient medical record

Procedure:

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

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

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

Reference:

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

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

POLICY: Standardized Procedure for Strep A - Rapid	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

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

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

Response Rating:

Required Equipment: Rapid Strep A test kit

Procedure:

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

1. Perform Rapid Strep for the following
 - a. If the patient is 3 years or older and sore throat is the only symptom
 - b. Obtain simultaneous throat culture if performing Rapid Strep for patients younger than 18 years old.
 - c. If Rapid Strep is positive, throw away culture swab in biohazard container.
 - d. If Rapid Strep is negative, send swab to the laboratory for throat culture.

2. Do NOT perform Rapid Strep for the following:

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

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

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

POLICY: Standardized Order for Urinalysis on Pregnant Patients	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Standardized order for Urinalysis on pregnant patients

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

Reference:

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