

June 10, 2017

Mark Twain Healthcare District
Mark Twain Healthcare Scholarship
P.O. Box 95
San Andreas, CA 94249

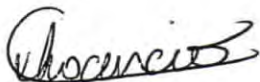
Dear Peggy Stout,

I am writing to express my gratitude for the Mark Twain Healthcare Scholarship that you have given me. I was delighted to learn of my selection for this honor and I am deeply appreciative of your support.

I am majoring in Nursing and plan to obtain my BSN with the hopes of helping others in the future. San Francisco State University is the college I will be attending. They are known to have an excellent nursing program so I consider myself fortunate to attend there. The assistance you have provided me will allow me to concentrate more of my time for studying and improving my work furthermore.

By awarding me the Mark Twain Healthcare Scholarship, you have lightened my financial burden which aids me in focusing on the most important aspect of school, learning. Your generosity has inspired me, even more, to help other and give back to the community. I hope one day I will be able to help students achieve their goals just as you have helped me.

Sincerely,



Coleen Inocencio
36 Hope Ct
San Andreas, CA 95249

ACHD Advocate

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From the Desk of Ken Cohen, Executive Director

Affordable Care Act

Senate Republicans, who have promised a repeal of the Affordable Care Act for seven years, took a major step toward that goal on June 22, 2017, unveiling a bill to make deep cuts in Medicaid and end the law's mandate that most Americans have health insurance.



According to the New York Times, the 142-page bill would create a new system of federal tax credits to help people buy health insurance, while offering states the ability to drop many of the benefits required by the Affordable Care Act, such as maternity care, emergency services, and mental health treatment.

The Senate bill would allow insurers to charge older people five times as much as younger ones; the limit now is three times. The Senate measure, like the House bill, would phase out the extra money that the federal government has provided to states as an incentive to expand eligibility for Medicaid. And like the House

measure, it would put the entire Medicaid program on a budget, ending the open-ended entitlement that now exists.

According to several sources, California's public health care systems together could lose more than \$2 billion per year in revenue if the Medicaid expansion is repealed, and billions more over time because of the cap on federal Medicaid spending. The State of California estimates that by year ten under the spending cap, these cuts would leave a statewide budget hole of more than \$18 billion. [Click here](#) for a helpful breakdown of how the cuts will impact California's health care system.

Each of our Healthcare Districts will need to determine the impact of this proposed legislation on their District and community. Now is the time to communicate with your members of Congress and perhaps even visit their offices. But please let them know, in very real terms, how this legislation might impact your Healthcare District and the community that you serve. ACHD will continue to work closely with our members in this regard.

Value of Association

The staff and I are often asked to articulate to our Healthcare Districts, "What is the value of ACHD?" I thought I might share some insights regarding this question as well as address more specific topics going forward.

ACHD is the only Association representing Healthcare Districts; we have no other mission.

Our focus has been on addressing large issues, such as: employment of physicians, capital planning and construction (such as design build), licensure, taxes, insurance, labor relations, professional manpower training and shortages, health and wellness, and governance and accountability. For example, this year, ACHD has advocated on behalf of all Healthcare Districts with the Little Hoover Commission to guard against onerous new regulations that would impede Districts' ability to operate and compete; as well as prevent proposals that would erode the authority of Districts to govern themselves. ACHD has been working diligently with the Assembly Local Government and Senate Governance & Finance Committees to guard against regulations that would eliminate Healthcare Districts or erode their self-governance authority. We have advanced legislation in support of specific Healthcare Districts; legislation to expand design-build authority and maintain institutional licensure; and have worked with other Legislative committees to expand professional practice acts and improve access to care. In addition, ACHD has forged new partnerships (Stanford Health Improvement Program is one example) to enhance the ability of Healthcare Districts to expand their health and wellness programs. Additionally, we have been diligent in fending off legislation that would have dramatically limited the current wide scope of authority of local Healthcare Districts. We also continue to enhance the value and content of our Educational Programs, ensuring that the information presented is relevant to all the issues our Healthcare Districts face.

All the above has been accomplished within a dues structure that has remained largely unchanged for nearly a decade. Remarkably, the ACHD Board implemented a new dues structure for 2017-2018 that provides for either no increase or significant reductions in dues for our Members. In turn, the structure means that ACHD is providing a benefit/value to our Members in 2017-18 that is literally the same or less than the cost of Membership ten years ago; and we know of no other organization that can make that claim.

Bylaws

The ACHD Members have unanimously approved the Amended and Restated Bylaws of the Association. The Amended and Restated Bylaws became effective July 1, 2017, allowing for greater participation of Members in governance and related organization activities. Thank you to all of our Healthcare District Members who participated in our informational webinars relating to the Bylaw amendments webinars and to those who provided important feedback to the Board and Staff.

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Legislative Update

Little Hoover Commission

As previously reported in a special alert last week, the Little Hoover Commission held a small and targeted Roundtable Discussion on special districts last Thursday, June 22, in Sacramento. Amber King, Senior Legislative Advocate for ACHD, along with Herb Schultz, CEO of Desert Healthcare District, were invited by the Commission to participate in that meeting to represent Healthcare Districts. The discussion by invited stakeholders and the public was overall very supportive of special districts and the important services they provide to the public. The final special district report and recommendations are expected to be final and public around the end of the summer. To read a full summary of the Little Hoover Commission's meeting on June 22nd, [click here](#).

Budget Update

The Legislature approved the negotiated State Budget on June 15 and the Governor signed the Budget on June 27. Overall, we are pleased that the Budget makes valuable investments in health care and public health that will meet the critical needs of people who live in some of the most underserved areas of the state - areas where Healthcare Districts are charged with serving tens of millions of Californians who might not otherwise receive care. [Click here](#) to read ACHD's full Budget Statement.

Federal Update

As you know, federal efforts to make changes to the Affordable Care Act and the Medicaid program are ongoing. The United States Senate is considering the Better Care Reconciliation Act (BCRA); the House passed the American Health Care Act (AHCA) on May 4. Due to the highly uncertain nature of the negotiations and process, ACHD sent an alert last week encouraging Districts to send letters to the California Congressional Delegation on the impact of these changes to your District. [Click here](#) to find a copy of that alert.

Legislative Update

The Legislature is nearing their month-long Summer Recess on July 21. Prior to their break, all bills must pass out of their second house policy committees. Here is an update on the key bills ACHD has an active position on:

[AB 893 \(Garcia, Eduardo, D-Coachella\)](#) implements a study on the need for additional residency programs in Imperial County and similarly medically underserved counties. This bill will be heard in Senate Health Committee soon. ACHD supports this measure.

[AB 979 \(Lackey, R-Palmdale\)](#) allows special districts to vote on LAFCO representation in a meeting of the county's independent special districts selection committee. This bill passed out of the Senate Governance & Finance Committee and will be heard next in the Senate Appropriations Committee on July 10. ACHD supports this measure.

[AB 994 \(Muratsuchi, D-Manhattan Beach\)](#) authorizes Beach Cities Health District to utilize the design-build process for a construction project on a pilot basis. This bill passed out of the Senate Governance & Finance Committee and will be heard next in the Senate Appropriations Committee on July 10. ACHD supports this measure.

[AB 1728 \(Committee on Local Government\)](#) requires Healthcare Districts to: 1. create and maintain a website, which must include contact information for the district 2. annually adopt a budget 3. annually adopt policies for providing assistance or grant funding to ensure funding is spent on health care services consistent with the mission and purpose of the District. This bill will be heard in the Senate Governance & Finance Committee on July 12. ACHD supports this measure.

[SB 448 \(Wieckowski, D-Fremont\)](#) establishes new audit requirements for special districts, creates new categories of "inactive" and "idle" districts and amends the dissolution process for these new categories of districts, and requires counties to include additional information on the county tax bill related to the services provided in the county. This will be heard in the Assembly Local Government Committee on July 12. ACHD is opposed to this measure. However, we anticipate this bill to be significantly amended to remove our opposition.

[SB 793 \(Hill, D-San Mateo\)](#) authorizes Peninsula Healthcare District to utilize the design-build process on a pilot basis. This bill passed out of the Senate and will be heard by the Assembly Local Government Committee on July 12. ACHD supports this measure.

For more bills ACHD has a position on, find our Legislative Reports on our website, [here](#).

Please contact [Amber King](#) at (916) 266-5207, with questions or comments.

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Healthcare District Engagement Tour Reaches 2,879 Miles Traveled!

ACHD's Senior Legislative Advocate, Amber King and Member Services Specialist, Sheila Johnston, continued their tour of Healthcare Districts! This month, Amber and Sheila visited Eastern Plumas Healthcare District (Quincy), Palo Verde Healthcare District (Blythe), San Geronio Memorial Healthcare District (Banning), Southern Mono Healthcare District (Mammoth Lakes), and Mountain Communities Healthcare District (Weaverville). To date, they have traveled 2,879 miles with many more miles to come! You can follow Amber and Sheila's tour on [Twitter](#) and [Facebook](#)!



Plumas District Hospital,
Quincy



Palo Verde Healthcare
District, Blythe



Mountain Communities
Healthcare District,
Weaverville



San Geronio Memorial
Healthcare District,
Banning

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LAST CHANCE To Register for Our Inaugural Wellness Summit!



Healthy You: Healthy Community!



In collaboration with the Stanford Health Improvement Program and WELL for Life program at Stanford University, ACHD is hosting a one-day Wellness Summit to provide Healthcare Districts and their Community Partners with valuable wellness tools and inspiration for embracing existing programs and envisioning new initiatives. Your attendance at our Wellness Summit will assist you and your colleagues in creating an action plan to implement healthy initiatives at your District and throughout your communities.

Together, ACHD and our Stanford Collaborators will present valuable wellness tools and initiatives that will allow Districts to continue to make strides in improving the overall community wellbeing.

When:

Thursday, July 13, 2017, 10:00 a.m. - 4:00 p.m.

Where:

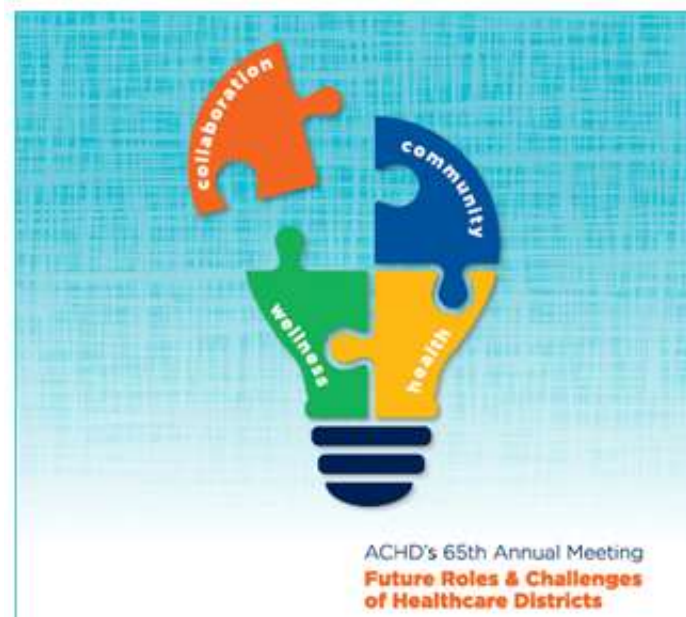
California Endowment
1414 K Street, Suite 500
Sacramento, CA 95814

To read more about the Wellness Summit, [click here](#).

[Register today](#) for Healthy You: Healthy Community!

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Don't Forget to Register for Annual Meeting!



The Association's Education Committee has planned the 65th Annual Meeting with a focus on preparing Healthcare Districts for the challenges ahead and the role of District's in the face of change. Our program is designed to inspire innovation and motivate Districts to prepare for the future.

Newly elected, as well as experienced trustees and executives will want to attend our Annual Meeting. Networking with colleagues and sharing best practices will help elevate Healthcare District performance to the next level. This year's meeting will include wellness activities that will create a new level of energy!

Join us for what will be our best educational event ever!

Our Annual Meeting will take place September 12-September 14, 2017, at the [Kona Kai Resort and Spa](#) in San Diego.

[Register for Annual Meeting Here.](#)

[Make Hotel Reservations Here.](#)

[Click here for a schedule of events.](#)

Costs:

- Member: \$800/attendee
- Non-Member: \$1500/attendee
- Guest of Member: \$250 (Meals only)
- Guest of Non-Member: \$750 (Meals Only)

Note: Registration fees include all meals.

Please contact [Sheila Johnston](#) with any questions or concerns. We hope to see you there!

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In Case You Missed It... Healthcare District News from Around the State



Northern Inyo Hospital Auxiliary recognizes officers, volunteers

Armed with a can-do attitude that has undoubtedly seen this group through its 54 years, the Northern Inyo Hospital Auxiliary began a new year of service with the recent installation of its 2017-18 officers. [Click here](#) to read the full article.

Arrow Benefits Group allocates \$100,000 for donation of life-saving AED machines (Petaluma Health Care District)

Arrow Benefits Group has allocated an unprecedented \$100,000 in order to place AED (Automated External Defibrillator) machines with employers throughout the local community over the course of the next five years. This builds on its Arrow Wellness Initiative, which was established two years ago to offer free CPR and first-aid classes to its clients and the community. [Click here](#) to read the full article.

Emergency Services at Palomar Medical Center Escondido Expand With \$300,000 Donation

Palomar Medical Center accepted a \$300,000 donation from the Rincon Band of Luiseño Indians Thursday, intended to greatly expand the emergency services available in Escondido. [Click here](#) to read the full press release .

Grossmont Healthcare District continues support of Volunteers in Medicine in El Cajon

The Grossmont Healthcare District (GHD) recently hosted a check presentation ceremony with Maureen Hartin, CEO of Volunteers in Medicine (VIM) San Diego. The ceremony celebrated GHD's ongoing support of VIM, including a \$150,000 grant awarded during GHD's current fiscal year. [Click here](#) to read the full press release.

Tehachapi Valley Healthcare District Guild donates \$70,000 for new hospital equipment

More than 15 members of the Tehachapi Valley Healthcare District Guild smiled and waved as they presented an oversized check symbolizing a donation of \$70,000 toward new imaging and future respiratory equipment. [Click here](#) to read the full article.

Antelope Valley Hospital Auxiliary presents Healthcare Career Scholarships to 10 recent graduates

For the 23rd consecutive year, the Antelope Valley Hospital (AVH) Auxiliary presented \$1,000 scholarships to 10 high school seniors who are planning to pursue a career in healthcare. [Click here](#) to read the full press release.

Mayers Memorial Hospital District selects high school interns

The three students will be a part of the second year of the program established for high school seniors at MMHD to provide the opportunity to obtain skills, knowledge and insight to career opportunities at Mayers Memorial Hospital District and in the healthcare field. [Click here](#) to read the press release.

Plumas District Hospital honors volunteers

The tables were turned on the Plumas District Hospital Volunteers on June 1, when the hospital hosted a luncheon in their honor and recognized their significant contributions. [Click here](#) to read the full article.

Fallbrook Regional Health District grows affordable public health services by 35% for low and fixed income populations

The Fallbrook Regional Health District board at the regular board meeting on June 14 approved \$858,721.35 in affordable public health services for 16 applicant agencies providing 21 programs, accounting for a 35 percent increase - or \$224,413 more in public health services over last year. [Click here](#) to read the full press release.

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Healthcare District Data Project

ACHD is in the process of creating and updating our Healthcare District database to be better positioned to rapidly respond to requests for information.

ACHD has hired Andrea Lopez, a doctoral student of Public Health at the University of California, Merced, to collect a comprehensive data set on each Healthcare District. Andrea will compile data relating to communities served, types of services a District provides, financials, transparency practices, and election data. In addition to finding data through online databases, she will contact Healthcare District CEOs to ask for any information unable to find on the internet.

Thank you for your cooperation as we move forward with this project. Andrea is looking forward to speaking with you!

Please feel free to contact [Sheila Johnston](#) with any questions or concerns regarding this matter.

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ACHD Attends Stanford University Webinar

On June 8, 2017, ACHD Staff attended a webinar hosted by Stanford University's Patty Purpur de Vries, MS, Director of the [Stanford Medicine WellMD Center](#) and Director of the [Stanford Health Promotion Network](#). Ms. Purpur de Vries gave a presentation on Stanford's systemic and individualistic approaches to address the mental and emotional well-being for physicians. She identified key drivers to physician burnout and shared a vision for professional fulfillment to counter physician burnout and to elevate wellness in health care organizations.

If your District is interested in collaborating further with Stanford, please contact [Sheila Johnston](#) to facilitate their cooperation in advancing well-being in the health care environment.

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Request for Electronic Consent Forms

In order to comply with current law, we require your consent to send you electronic communication. At your convenience, please review and return the electronic consent form to me by email or fax. You may fax the form to 916.266.5201 or send by email. Access the consent form [here](#).

Please contact [Sheila Johnston](#) with any questions.

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Resources

[Legislative Reports](#)

[ACHD Message](#)

[Certified Healthcare District](#)

[Board Self-Assessment Tool](#)

[CEO Evaluation](#)

[Californians Allied for Patient Protection](#)


Connect with ACHD on social media



ACHD, 1215 K Street, Suite 2005, Sacramento, CA, 95814 · www.achd.org




CERTIFICATE OF COVERAGE

Named Member: Mark Twain Health Care District 768 Mountain Ranch Road San Andreas, CA 95249		This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.	
Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507			
Certificate Number	Effective Date	Expiration Date	Retroactive Date
D&O-17-112	07/01/2017 at 12:01 a.m.	07/01/2018 at 12:01 a.m.	01/01/1998 at 12:01 a.m.
Type of Coverage: <input checked="" type="checkbox"/> Directors & Officers Liability - Claims Made <input checked="" type="checkbox"/> Employment Practices Liability - Claims Made		Limits of Liability: \$1,000,000 Per Claim \$1,000,000 Aggregate Per Contract Period	
Deductible: Coverage (A): \$0 each Claim Coverage (B) & (C): \$25,000 Each Claim Including Defense Expenses Coverage (D): \$50,000 Each Claim Including Defense Expenses Coverage (E): \$0 each Claim			
Description of Coverage: Evidence of Directors, Officers and Trustees Liability coverage including Healthcare Entity Coverage and Employment Practices Liability coverage			
Issue Date: June 14, 2017			
Certificate Holder: FOR INFORMATION ONLY		Authorized Representative:  R. Corey Grove Vice President, Underwriting and Client Services	



CERTIFICATE OF COVERAGE

Named Member: Mark Twain Health Care District 768 Mountain Ranch Road San Andreas, CA 95249		This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.	
Insuring Company: BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507			
Certificate Number	Effective Date	Expiration Date	Retroactive Date *
HCL-17-112	07/01/2017 at 12:01 a.m.	07/01/2018 at 12:01 a.m.	01/01/2016 at 12:01 a.m.
Type of Coverage: <input type="checkbox"/> Professional Liability - Claims Made and Reported <input checked="" type="checkbox"/> General Liability - Occurrence			
Limits of Liability: \$1,000,000 Per Claim \$1,000,000 Aggregate Per Contract Period		Deductible: \$5,000 Per Claim NONE Aggregate Per Contract Period	
Description of Coverage: Evidence of General Liability coverage including Bodily Injury, Property Damage, Personal Injury and Advertising Injury Liability			
Issue Date: June 14, 2017			
Certificate Holder: FOR INFORMATION ONLY		Authorized Representative:  R. Corey Grove Vice President, Underwriting and Client Services	

* the retroactive date applies to claims made coverage only

- ☺ Patients
- ☺ Employees
- ☺ Medical Staff
- ☺ Quality
- ☺ Services
- ☺ Financial Stewardship

VISION



MISSION

To improve the health of our greater community by providing quality health care services, exceeding the expectation of those we serve.

- ☺ Excellence
- ☺ Dignity
- ☺ Collaboration
- ☺ Justice
- ☺ Stewardship

VALUES

Monthly Board Report June, 2017
Patient Care Services

Katherine McCoy, RN, MSN, CENP
V.P. Patient Care Services, Chief Nursing Executive

Patient Loyalty:

- **HCAHPS:** Patient satisfaction average composite scores at 70th percentile for April and 70th percentile for May (preliminarily).
- Daisy Award winner will be awarded in July (second round).
- Medicare patient experience rating is 4 stars!
- Medicare quality rating is 3 stars.
-

Employee Development:

- **Nancy** attended the Consent Law Updates Conference on June 1st.
- **Kim** gave a presentation at the May 11th "A Plan for Me" community wide meeting on advanced Directives and POLST forms.
- **Katherine** has trained as site administrator for the new Policy management program.
- **Kristine** continues her support of the CI role until the new recruit has fully on-boarded.
- **Kara** has transitioned to her role as Manager of MS/ICU effective June 26th.
- **Kristine** continues to develop as a new Manager in ED, with goal setting and expectations for performance supported by our HR Manager, Margaret Pyles.
- American Heart Association BLS and ACLS courses were held May 1-2 with 7 BLS and 7 ACLS students. Community BLS class was held on May 10th with 8 in-home care givers attending.
- Safe Patient Handling class has been added to the new hire orientation process.
- **Medical Staff Development:**
- **CEP switched to MCARE in the ED.** Scribes will be introduced to the ED to help with throughput in the near future.
- Dr. **Lorenz** has taken the lead for the UM Committee.
- Dr. **Lorenz** has expressed interest in developing a diabetic care program; including wound care.
- Dr. **Michnowska** is lead for ICU Palliative Care and Early Mobilization FY 17 Goals.
- Dr. **Michnowska** has expressed interest in being our second Physician Advisor along with Dr. Lorenz.

Services:

- ED Navigator Program has been launched. This is a pilot grant program with a focus on California Health and Wellness patients.
- Rest Easy Program continues to be utilized.
- Swing Bed Program has been rolled out with 6 swing bed patients to date.
- We have added new Security 24/7 and our first security officers have completed orientation and are a very visible presence in the hospital.
- We are 100% compliant with annual TB testing.
- Contracts with schools of education are updated including renewal of Chico Rural Nursing, Aspen University, and Grand Canyon. We currently have a student nurse from the Chico Nursing Program.

Quality:

- **Sterile Compounding Gap:** We continue to meet our regulatory requirements around sterile compounding. A new laminar flow hood has been purchased and received.
- **Gap Analysis and Action Plan for Sterile Processing and Endoscopy** proved effective when we had a site visit and passed with flying colors. We were praised for being proactive, and for having one of the best systems in Dignity Health for scope management.
- **A new UM Committee** has been created to meet CMS guidelines.
- Clinical contract revisions continue to include performance improvement measures.
- Readmission rate=6.85% (target is under 8.4%)
- Sepsis mortality=20% (target is equal or under 20%)
- Hospital Quality Report is 54% for May (target is 38% and stretch is 40%).
- Monthly reports given to Mountain Valley EMS for Hospital PI project (assessing pre-hospital early treatment of suspected sepsis).
- FY17 Service Line Goals:
 - Emergency:
 - Team discharge for pediatric patients with abnormal vital signs—45.5% (target is 41-67%). We are continuing 1:1 communication with staff to improve this target.
 - Critical Care:
 - Early ambulation in ICU –69.9% in April (target is 42.9 – 76.1%). Plan is to continue to include this in daily rounds.
 - Early screening for palliative care consults (GAP analysis completed)
 - Hospital Medicine:
 - Physician communication (from HCAHPS)-75.91 (target is 72.90-79.20).
 - Laboratory:
 - Blood therapy— 56.3% for April and 63.6% preliminarily for May.(target is below 46.0%). We have been creeping up the past three months. Plan is to contact each physician who is ordering a transfusion for HGB>7.0.
 - Surgical Services:
 - Orthopedic total knee and total hip replacements:
 - Discharge to home—92.3% April (target is 72.2-89.4%) Early numbers show our Swing Bed Program will negatively hit this metric in May.
 - Colorectal surgery: Early diet and ambulation.

- Sterile Processing & Endoscopy Action Plan.
 - Explant/Implant Device Action Plan.
 - TJC Regulatory Audits:
 - Implant Solution Documentation monitor-2 cases reviewed, 100% criteria met.
 - Rapicide date documentation monitor-5 random monitors, 100% criteria met.
 - Fluid/Blanket warmer temperature documentation monitor-4 monthly charts reviewed, 100% criteria met.
 - Enzyme spray of instruments at point of use monitor-10 random observations, 100% criteria met.
 - OR tissue/implants Track Core System-implementation in process for June.
- **Grievances:**
 - There was 1 grievance response letter sent to a patient in May.
 - **Regulatory:**

CPDH approved the name change from “G.I Consultants” to “Multi-specialty Clinic” at San Andreas Clinic, 704 Mountain Ranch Road, Suite 102. New licenses have been posted.

CDPH survey at San Andreas RHC from May 2, 2017:
Findings: Mid-level providers must be scheduled 50% of the time open
 Tentative approval for 2567 plan of correction via phone 6-9-17.
 - **Risk:**
 - Hospital Innovation Improvement Network (HIIN 2.0): Monthly report to CMS for May is 95% (rolling year count=1 adverse drug event due to an elevated INR).
 - Sepsis mortality=20% (target is under 20%). (down from 26.%)
 - Meetings with Health & Human Services, Mental Health, Mark Twain Health Care District, Law Enforcement, and MTMC continue monthly to discuss care and security of our behavioral health patients in the Emergency Room. Great progress in understanding our community needs has been made thus far.
 - Peer Reviews: 1 for May.
 - Meetings with Health & Human Services, Mental Health, Mark Twain Health Care District, Law Enforcement, MTMC continue monthly to discuss care and security of our behavioral patients in the Emergency Department.
 - Root Cause Analysis/Failure Modes & Effects Analysis/Proactive Risk Assessments: 0
 - IVOS events reported: 82
 - Security events: 4
 - **Privacy Events:**
 - Accidental email to BAA with patient demographics-not reportable.
 - Misdirected fax to a different provider office-reportable to patient and CDPH.
 - Misdirected referral to patient with similar name-reportable to patient and CDPH.
 - Misdirected auto-fax to 8 patients-auto-fax has been corrected, reportable to patients and CDPH.

- **Hotline Activity:**
 - No calls for May.

- **Patient Safety Teams:**
 - Falls, Safe Patient Handling
 - Sepsis
 - Stroke
 - Hospital Acquired Conditions - HAPU, Infections, CAUTI, CLAVSI, VTE
 - All teams continue to meet and make progress.**

- **Compliance:**
 - Risk Based Privacy Access Audits for April (Meditech, Mobile-MD, M-Modal, MIDAS, PACS) show no findings, no inappropriate access.
 - All patient care service policy reviews continue.
 - Internal CHAN audit on Telehealth Medicine was performed; plan of correction is due 7-1-17:
 - Policy needs to be updated.
 - Patient consents and physician orders-completed and audits done.
 - Revenue cycle with potential charge capture-in process.
 - Physician contract-completed.
 - HIPAA privacy risk assessment-not necessary.
 - Internal CHAN patient safety/event reporting audit completed with plan of correction accepted.

Financial Stewardship:

- Continued flexing to census fluctuations.
- Continued cross-training for improved productivity.
- Goal of 100% productivity managed daily at managerial level with oversight of CNE for all nursing areas.

Opinion of Probable Costs

Key Project Data Information	Total Project	Site	Building	Other Costs non-grant related	ACTUAL SPEND	OVER/(UNDER)
Consultant Fees						
Architect/Engineer Fees	\$ 370,429	\$ 30,443	\$ 339,986		\$ 182,148	\$ (188,281)
Equipment Planner Fees	\$ -	\$ -				
Other Consultant Fees	\$ -	\$ -			\$ 4,175	\$ 4,175
Total Consultant Fees Budget	\$ 370,429	\$ 30,443	\$ 339,986	\$ -	\$ 186,323	\$ (184,106)
Administrative Costs						
Permit Fees & Hook ups	\$ 410,000	\$ 260,000	\$ 150,000		\$ 7,459	\$ (402,541)
IOR/Special Inspections	\$ -					
Site Survey, Testing, Boring & Reports	\$ 67,500	\$ 27,500	\$ 40,000		\$ 15,250	\$ (52,250)
Testing Services	\$ 40,000		\$ 40,000			
Legal Fees	\$ 30,000	\$ 10,000	\$ 20,000		\$ 21,584	\$ (8,416)
Move-in Start-up	\$ -			tdb		
Internal Project Management	\$ -					
3rd Party Project Management	\$ 45,000	\$ 5,000	\$ 40,000			\$ (45,000)
Other Administrative Costs (includes Commissioning, Auditing, EIR)	\$ -					
Total Administrative Cost	\$ 592,500	\$ 302,500	\$ 290,000	\$ -	\$ 44,293	\$ (508,207)
Land & Site Development						
Land Acquisition	\$ -	tdb		\$ 890,000	\$ 903,112	\$ 13,112
Off Site Development	\$ -					
Total Land & Site Development Budget	\$ -	\$ -	\$ -	\$ 890,000	\$ 903,112	\$ 13,112
Total (Construction+ Equipment + A/E Fees+ Admin Costs)	\$ 6,428,738	\$ 941,812	\$ 5,486,926	\$ 2,090,000	\$ 1,238,548	\$ (7,240,190)
Owner Reserves						
Owner's Contingency	\$ 368,527	\$ 94,181	\$ 274,346			\$ (368,527)
Project Escalation - other than construction	\$ -	\$ -	\$ -			
Total Owner Reserves	\$ 368,527	\$ 94,181	\$ 274,346	\$ -	\$ -	\$ (368,527)
Total Project Capital Cost excluding Financing	\$ 6,797,265	\$ 1,035,993	\$ 5,761,272	\$ 2,090,000	\$ 1,238,548	\$ (7,608,717)
Financing Costs (Final)	135,945	20,720	115,225		\$ 16,029	(119,916)
Total Project Capital Cost including Financing	\$ 6,933,211	\$ 1,056,713	\$ 5,876,498	\$ 2,090,000	\$ 1,254,577	\$ (7,728,633)

Mark Twain Healthcare District
Valley Springs clinic project
Thru 06-30-17

Row Labels	Sum of Amount	OPC Category
Air Permitting Specialists	3,200	Site Survey, Testing, Boring & Reports
Aspen Street Architects	163,228	Architect/Engineer Fees
Calaveras County Planning Department	5,806	Permit Fees & Hook ups
Calaveras County Public Works	425	Permit Fees & Hook ups
California Certified Appraisers	500	Site Survey, Testing, Boring & Reports
Cardmember Service	299	Financing Cost
CCWD	1,003	Permit Fees & Hook ups
CSU Stanislaus	225	Permit Fees & Hook ups
First American Title Company	903,112	Land Acquisition
Hendrickson Consulting	15,730	Financing Cost
Kittelson & Associates	18,920	Architect/Engineer Fees
Kleinfelder	9,300	Site Survey, Testing, Boring & Reports
Meyers Nave	21,584	Legal Fees
Michael W. Skenfield	4,175	Other Consultant
Van Lieshout, Patrick	104,820	Building Contingency
Wiebe Land Surveying	2,250	Site Survey, Testing, Boring & Reports
Grand Total	1,254,577	



CALAVERAS COUNTY WATER DISTRICT

120 Toma Court • P O Box 846 • San Andreas, CA 95249 • (209) 754-3543

June 13, 2017

Robert Bliss
Aspen Street Architects, Inc.
PO Box 668
Angels Camp, CA 95222

Re: Jenny Lind / APN 073-049-002 to 006 and APN 073-047-001
Concept Application Approval Extension

Dear Mr. Bliss,

Per your emailed request, this letter is to provide a twelve-month extension of the existing Concept Application Approval. **The extension term is one (1) year; therefore, Concept Approval will expire on June 24, 2018.** This is a one-time allowance only as a result of extenuating circumstances.

Prior to the expiration of Concept Approval, the Owner of the parcel(s) to which water and wastewater is extended should contact Robert Creamer, Engineering Analyst, to negotiate the terms of a Water and Wastewater Services Facilities Agreement. If you have any questions concerning the approval process, please contact Robert Creamer at (209) 754-3192, or me at (209) 754-3181.

Sincerely,

CALAVERAS COUNTY WATER DISTRICT

Jami Bennett-Kirby
Senior Administrative Technician

tbk
cc: Peggy Stout, Mark Twain Healthcare District
Calaveras County Building Department

ASPEN STREET ARCHITECTS, INC.

ARCHITECTURE • PLANNING • FEASIBILITY STUDIES

June 13, 2017

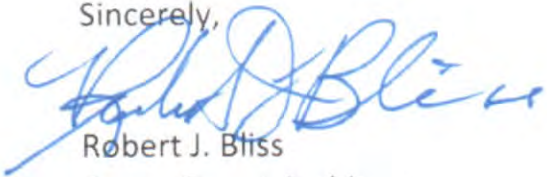
Mr. Robert Creamer
CCWD
P.O. Box 846
San Andreas, California 95249

Ref: June 2nd letter
Concept Application

Dear Mr. Creamer,

On behalf of the Mark Twain Healthcare District, I request a one year extension of the concept approval for the project on Parcels 073-049-002 to 006 and 073-047-001. We understand that this is one time only one year extension.

Sincerely,



Robert J. Bliss
Aspen Street Architects



CALAVERAS COUNTY WATER DISTRICT

120 Toma Court • P O Box 846 • San Andreas, CA 95249 • (209) 754-3543

June 2, 2017

Robert Bliss
Aspen Street Architects, Inc.
PO Box 668
Angels Camp, CA 95222

Re: Jenny Lind / APN 073-049-002 to 006 and APN 073-047-001
Concept Application Approval

Dear Mr. Bliss:

Please be advised that concept approval for the above-requested Commercial Project, granted June 24, 2016 is due to expire June 24, 2017.

Prior to the expiration of Concept Approval, the Owner of the parcel(s) to which water and wastewater is extended should contact Robert Creamer, Engineering Analyst, to negotiate the terms of a Water and Wastewater Services Facilities Agreement. If you have any questions concerning the approval process, please contact Robert Creamer at (209) 754-3192, or me at (209) 754-3181.

Sincerely,

CALAVERAS COUNTY WATER DISTRICT

Fami Bennett-Kirby
Senior Administrative Technician

tbk
cc:

Peggy Stout, Mark Twain Healthcare District
Calaveras County Building Department