



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

**Special Meeting of the Board of Directors
Wed. December 9, 2020
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

Participation: Zoom - Invite information is at the End of the Agenda

Agenda

Mark Twain Health Care District Mission Statement

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

1. **Call to order with Flag Salute:**
2. **Roll Call:**
3. **Approval of Agenda:** Public Comment - **Action**
4. **Public Comment on matters not listed on the Agenda:**

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

This Institution is an Equal Opportunity Provider and Employer
Agenda – December 9, 2020 MTHCD Board Meeting

5. Consent Agenda: Public Comment - Action

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for Oct. 20, 2020.
- Un-Approved Board Meeting Minutes for October 28, 2020.
- There was no November Meeting.

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Oath of Office- Ms. Al-Rafiq, Ms. Toepel & Ms. Hack: Public Comment - Action
- Association of California Health Care Districts (ACHD):
 - ACHD Nov. Advocate:
- Meetings with MTHCD CEO:

B. MTMC Community Board Report:.....Ms. Al-Rafiq

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

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

- CPPA (Run-Off) Ballot – Member Agency Representative: Public Comment – Action
 - Select one: Mokelumne Hill Fire Protection Dist. (Suzanne Coe) or 39th District Agricultural Assoc. (Laurie Giannini)
- LAFCo Ballot: Public Comment - Action
 - Vote for Two: Tony Tyrell: John Lavaroni: Jon Dashner: Debra Sellick: Travis J. Owens: Kirk W. Smith.

- District Projects Matrix – Monthly Report:
- Robo-Doc Update:

E. Stay Vertical Calaveras:.....Mr. Shetzline

F. Valley Springs Health & Wellness Center:.....Dr. Smart

- COVID Transmission Restrictions and Guidelines:
- Construction Finance:
- VSHWC “Quality” Report: (MedStatix)
- Pharmacy – Room 400:
- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
 - Policies - Valley Springs Health & Wellness Center:

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

New Policy

1. Dolphin Pod Disinfectant

Revised Policy

2. Emergency Medications and Supplies
3. Emergency Release of Patient Records
4. Emergency Situation/Unresponsive Patient
5. Infection Control
6. Infection Control – Overview
7. Intramuscular Injections
8. Medication Administration
9. Pulse Oximeter
10. Section 504 Grievance
11. Statement of Ownership and Governance

Bi-Annual Review

12. Audiogram-Threshold
13. Biohazard Material Management
14. Blue Shield Eligibility Verification
15. Compliance
16. Consents for Treatment – Guidance
17. Culture Transmittal

- 18. Eye Medications-Dispensing
- 19. Follow Up Calls
- 20. Follow-Up of Patients
- 21. HIV Testing
- 22. Manual Defibrillator
- 23. Medical Staff Composition
- 24. Medication Management Emergency Response to Power Failure
- 25. Nebulizer Treatments
- 26. Policy Development and Review
- 27. PPD Test Results
- 28. Prescription Refills
- 29. Primary Authority Over Clinic Operations
- 30. Procedure Time Out
- 31. Product and Device Recall
- 32. Quality Assurance Guidelines
- 33. Unscheduled Downtime of Electronic Medical Record

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

7. Committee Reports:

A. Finance Committee:.....Ms. Toepel / Ms. Hack

- Audit:.....Mr. Wood
- Financial Statements - Oct. 2020: Public Comment – **Action**.....Mr. Wood

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

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

D. Ad Hoc Grants Committee:.....Ms. Al-Rafiq / Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

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

B. Community Connection:

9. Next Meeting:

A. The next meeting will be Wednesday January 27, 2021

10. Adjournment: Public Comment – Action

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: Dec 9th MTHCD Dist. Board Meeting

Time: Dec 9, 2020 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89543957436?pwd=OFJucVloK2NFVTVXcExEK1E4cII5dz09>

Meeting ID: 895 4395 7436

Passcode: 279687

One tap mobile

+16699006833,,89543957436#,,,,,0#,,279687# US (San Jose)

+12532158782,,89543957436#,,,,,0#,,279687# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington D.C.)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 895 4395 7436

Passcode: 279687

Find your local number: <https://us02web.zoom.us/j/89543957436?pwd=OFJucVloK2NFVTVXcExEK1E4cII5dz09>

- Effective - Mar 17, 2020.

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

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



P. O. Box 95
San Andreas, CA 95249
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Finance Committee Meeting
Mark Twain Medical Center Education Center – Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249
9:00 am
Tues. October 20, 2020

Two Participation Options:

1. Tele-Conference Meeting
Conference Call Information
(605) 475-2875 Code 4864697

2. In Attendance With The Following Guidelines:
Social Distancing (6 ft)
No Screening but Face Covering is Required

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 Ms. Toepel at 8:59 am.

This Institution is an Equal Opportunity Provider and Employer

Minutes – October 20, 2020 MTHCD Finance Committee Meeting

2. Roll Call:

	In Person	By Phone	Absent/Excused	Time Arrived
Ms. Toepel	X			
Ms. Hack	X			
Mr. Randolph	X			

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

Public Comment: None
Motion: Ms. Hack Second:
Second: Mr. Randolph
Vote: 3-0

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

Hearing None.

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for September 15, 2020

Public Comment: Hearing
none Motion: Mr. Randolph
Second: Ms. hack
Vote: 3-0

6. Chief Executive Officer's Report:

- **VSHWC – Construction Finance:**

Dr. Smart - USDA loan is \$7.5 M. There is \$385,000 left. Project Change Order (PCO) #5 for \$350,000 comes in under budget. PCO # 6 – Looking into building shade structure for the COVID care portion of the parking lot. COVID patients are seen in their vehicles. Diede Construction has bid the job at approx. \$35,000-\$40,000. Previous bid from Bay Area Company was \$ 85,000.

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Minutes – October 20, 2020 MTHCD Finance Committee Meeting

- **VSHWC Operations:**

Dr. Smart – The clinic number of patients being seen in a day is going up. The MTMC Valley Springs Clinic closed mid-March and they referred 1,400 patients to VSHWC. Behavior Health is up and running well with 2 therapists on board.

7. Accountant’s Report: Public Comment – **Action:**

- Sept. 2020 Financials Will Be Presented to The Committee: Public Comment **Action**

Mr. Wood – As of 9/30/20 the Clinic has collected \$80,164.00 through the regular checking accounts. We made the first principal & interest payment of \$260,960.72 on the clinic loan in September. The balance sheet shows a strong cash position. Reserve allocations have been added to the Investment & Reserves Report.

- Closing 2019-2020 Update:

Mr. Wood – Will send fixed asset report to Kelly Hohenbrink today.

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 3-0

8. Treasurer’s Report:

Motion: Ms. Hack

Second: Mr. Randolph

Vote: 3-0

9. Comments and Future Agenda Items:

10. Next Meeting:

There will not be a November Finance Committee Meeting. Due to the November and December holidays the next meeting will be on Wed. December 9, 2020 at 7:30 am.

11. Adjournment: **Action**

Motion: Ms. Hack Second:

Mr. Randolph Vote: 3-0

Time: 10:07 am

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Minutes – October 20, 2020 MTHCD Finance Committee Meeting

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Minutes – October 20, 2020 MTHCD Finance Committee Meeting



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**Meeting of the Board of Directors
Wed. October 28, 2020
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

Three Participation Options:

- 1. Tele-Conference Meeting:
Conference Call Information
(605) 475-2875 Code 4864697**

- 2. In Attendance With The Following Guidelines:
Social Distancing (6 ft)
Face Covering is Required**

- 3. WebEx**

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 Debbra Sellick, Secretary at 9:00 am.

2. Roll Call:

Board Member	Present In Person	Present by Phone	Absent / Excused	Time of Arrival
Ms. Reed	X			9:06 am
Ms. Sellick	X			
Ms. Al-Rafiq		X		
Ms. Toepel	X			
Ms. Hack	X			

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

Public comment: Hearing none.

Motion: Ms. Hack

Second: Ms. Toepel

Vote: 4-0

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

Charanjit “CJ” Singh introduced himself as being new to the MTMC Foundation Philanthropy Manager position.

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for September 15, 2020
- Un-Approved Board Meeting Minutes for September 23, 2020.

B. Correspondence:

- Pharmacy Letter:

Public Comment: Hearing none.

Motion: Ms. Toepel

Second: Ms. Hack

Vote: 4-0

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):
 - ACHD October Advocate:

Dr. Smart: Staff will be working with Ms. Reed and an ACHD firm on strategic planning.

- Meetings with MTHCD CEO:

B. MTMC Community Board Report:

Ms. Al-Rafiq: The Committee approved medical staff; the MTMC is seeing a strong gain and their EBITDA (earnings before interest, taxes, depreciation and amortization) is up; their flu clinic (Oct 15) ran out after 400 recipients so another clinic is planned; construction on the Copper Clinic is due to start Nov. 1st with a proposed March 1st opening; there will be no Dec. meeting: the MTMC experiencing positive items is attributed to good leadership in Doug Archer, CEO/Pres.

C. MTMC Board of Directors:

Ms. Reed: Echoed Mr. Archer's good leadership and added the MTMC Oncology Unit is expanding to 3 days/wk; requested staff to compare the MTMC schedule with the lease and report back at the next meeting. The new interim Calaveras County Public Health Officer is Dr. Paul Beatty, MD with many years' experience with Sutter Health.

D. Chief Executive Officer's Report:

- Resolution to Recognize Artistic Accomplishments and Donations to the Clinic:
 - **Resolution 2020-07:** Public Comment – **Action:**

Ms. Stout: Expressed her appreciation for Ms. Dunphy and Ms. Griffin donating their highly accomplished art pieces so Clinic patients would feel at home instead of decorating the Clinic walls with pieces that were not meaningful to Calaveras County residents.

Public Comment: Hearing none.

Motion: Ms. Toepel

Second: Ms. Sellick

Vote: 5-0

- **District Projects Matrix** – Monthly Report:

Dr. Smart: District staff has met with each of the 5 Calaveras County School Districts to introduce the Clinic's new program, Robo-Doc; he was pleased to see how other districts were handling their virtual meetings and presented a plan to the Board to integrate the District's virtual options so everyone has the same ability to participate. While visiting the districts some Robo-Doc explanations included what the program can and cannot do i.e.: it is not a 911 service, it is not a COVID clinic; parents will have to sign permission slips for their child to receive care; District attorneys (BBK) have reviewed the parent release forms; the telehealth cart has been received; a staggered start (BH) is Thanksgiving (+/-). The District is bearing the costs of the services(s) so services are free to the districts. The school districts are interested in the collection of data.

- **CPPA Board of Directors Position Ballot:** Public Comment - **Action:**

Public comment: Hearing none.

Motion: Ms. Toepel moved to vote for MTHCD- Richard Randolph.

Second: Ms. Sellick

Vote: 5-0

E. Stay Vertical Calaveras:

Mr. Shetzline: Hopes in-person classes can begin again in January. Calaveras County Public Access taped classes to air in the evenings.

F. Valley Springs Health & Wellness Center:

- **Construction Finance:**

Dr. Smart: The Pharmacy was change order #5 and will run within budget at \$350k (+/-) leaving \$35-40k for a shade structure on the back of the Clinic to exam potential COVID patients in inclement weather.

- **VSHWC "Quality" Report: (MedStatix):**

Dr. Smart: The Clinic staff is still enjoying excellent scores in their care for patients that meet or exceed the state average.

- **Pharmacy – Room 400:**

Dr. Smart: Sunrise Pharmacy is expected to open to the public on November 9th.

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

• **Policies - Valley Springs Health & Wellness Center:**

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

1. Bi-Annual Review - Age Restriction
2. Bi-Annual Review - Auxiliary Aids & Services for Person w Disabilities
3. Bi-Annual Review - Dissemination of Non-Discrimination Policy
4. **Withdrawn---- Bi-Annual Review - Emergency Release of Patient Records**
5. Bi-Annual Review - Medi-Cal Eligibility Verification
6. Bi-Annual Review - Medication, Supply, and Equipment Recall / Warnings
7. Revised - Autoclave Use and Maintenance
8. Revised - Business Hours
9. Revised - Cash on Hand Management
10. Revised - Litigation (Potential)
11. Revised - Marketing
12. New Policy - Standardized Procedure for Employee Influenza Vaccine Admin.
13. Revised - Patient Portal Information
14. Revised - Standardized Procedure for Administration of Flu Shots
15. Bi-Annual Review - Non-Discrimination
16. Bi-Annual Review – Par Levels
17. Bi-Annual Review – Patient Left: Not Seen or Treated (NSOT)
18. Bi-Annual Review – Patient Rights and Responsibilities Statement
19. Bi-Annual Review – Preventative Maintenance Inspections
20. Bi-Annual Review – Scope of Services
21. Bi-Annual Review – Section 504 Grievance
22. Bi-Annual Review – Section 504 Notice of Program Accessibility
23. Bi-Annual Review – Waste, Fraud, and Abuse

Public comment: Hearing none.

Motion: Ms. Hack moved to approve the policies as presented except as follows;

4. Bi-Annual Review - Emergency Release of Patient Records – (pkt. pg. 31) which needs further review.

Second: Ms. Sellick

Vote: 5-0

G. Ad Hoc Real Estate:Ms. Al-Rafiq

- Update on Valley Springs Property - Phase II: Public Comment: **Action**
- Assisted Living Development Project:

Dr. Smart: Contacted the adjoining property owners to learn they are making plans to move out of California so wanted to move forward quickly, no time-line given, as partners on a project or sell the property to the District.

Public comment: Hearing none.

Motion: Ms. Toepel: Since the market is so uncertain with COVID moved for staff to explore a first right of refusal if the owners should find a buyer for the property.

Second: Ms. Al-Rafiq

Vote: 5-0

7. Committee Reports:

A. Finance Committee:

Ms. Toepel: The committee welcomed their new volunteer, Richard "Rick" Randolph who has completed his District orientation with Dr. Smart; Kelly Hohenbrink participated in the meeting which was helpful.

- **Audit:**

Mr. Wood: The audit is progressing; the deadline is Jan. 31, 2021; draft fixed assets report will be sent to Rick Jackson, JWT and Kelly Hohenbrink today.

- **Financial Statements (Sept. 2020):** Public Comment – Action

Mr. Wood: The district is financially solid; he doesn't expect investment returns to be very good in the upcoming months.

Public comment: Hearing none.

Motion: Ms. Toepel

Second: Ms. Hack

Vote: 5-0

- **Treasurer Position – Open:**

Ms. Reed: First wanted to thank Ms. Toepel for volunteering to be interim treasurer until Ms. Atkinson's replacement could be determined then appointed Ms. Hack as Treasurer at which the rest of the Board supported.

B. Ad Hoc Policy Committee:

- **Appoint Member to Committee:**

Ms. Reed: The Policy Committee lost Ms. Atkinson when she moved to Arizona so wanted to appointed Ms. Hack to that Committee.

C. Ad Hoc Personnel Committee:

Ms. Reed: The Committee has nothing to report at this time but will be meeting in the future.

D. Ad Hoc Grants Committee:

Ms. Al-Rafiq: The Committee won't be doing much until the next cycle in July 2021.

8. Board Comment and Request for Future Agenda Items:

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

B. Community Connection:

- **Stepping Up for Women's Health - Virtual Workshop Oct. 29th:**

Mr. Archer: Kathy Northington will be assisting with Stepping Up for Women's' Health on Oct 29th; in addition the following will be part of the program; Ms. Sellick with her personal story, Tina Macuha of Channel 13's Good Day Sacramento, Kelli Coane will give a virtual tour of two Resource Center locations, Dr. Athwal, MD Radiology and Dr. Parsa, MD, Obstetrics & Gynecology. It's easy to register online and there will be a surprise at the end.

- **VSHWC One-Year Anniversary:**

Ms. Reed: Along with Ms. Sellick attended the Clinic's One-Year Anniversary and was pleased to see the family-atmosphere among the staff. Ms. Reed then recognized Dr. Smart., Ms. Stout and Mr. Wood for all that they have done from the time the Clinic was a dream to the success it is now one-year later.

9. Next Meeting:

A. Considering the Nov. & Dec. holidays there will not be a Nov. Board meeting instead the next meeting will be Wednesday December 9, 2020 starting at 9 am. The Finance Committee will consolidate their Nov and Dec. meetings as well and meet at 7:30 on Dec. 9th.

10. Adjournment: Public Comment – Action

Public comment: Hearing none.

Motion: Ms. Hack

Second: Ms. Sellick

Vote: 5-0

Meeting was adjourned at 10:49 am

- Effective - Mar 17, 2020.

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

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Oath of Office

STATE OF CALIFORNIA,)
) ss.
COUNTY OF CALAVERAS)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State Of California against all enemies, foreign and domestic; that I bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Add Name of Board Member

Subscribed and sworn to before me, this _____ day of _____, 20____.

(Place Name & Title of person administering oath here)

(Last Updated 12-4-2020)



ACHD Advocate

November 2020

In This Edition:

- A Message from Cathy Martin, CEO
- Legislative Update
- Upcoming Events
- Important Articles

A Message from Cathy Martin, CEO

It came to our attention that the link we shared for the Annual Meetings of the Telehealth E-Consult Workgroup and California Telehealth Policy Coalition had been issued to us with an error, which resulted in individuals not being able to register. The corrected link is in the text below, or [click here](#) to view and register for the event. We apologize for the inconvenience.



First, I would like to thank our members for your continued support. There has never been a more important time for ACHD's mission to continue and we stand ready to support you and your district through advocacy and education. We understand that many of you continue to work remotely and may have not received your membership dues letter for 2020-2021. Please [reach out to me directly](#) if you have yet to receive your district's dues letter.

I would also like to share and invite you to participate in the Annual Meetings of the Telehealth E-Consult Workgroup and California Telehealth Policy Coalition, taking place **November 16 and 17, 2020**. These meetings are free and allow national leaders to discuss new developments in telehealth with a focus on telehealth policy. To learn more or register, [click here](#). Please note that ACHD's Advocacy Team will also be participating on behalf of healthcare districts and reporting out in the next Advocate.

ACHD would like to remind you that the Board of Directors is presently seeking nominations from member health care districts for an individual Trustee or CEO to immediately fill a vacant seat on the Board. More information, such as criteria

for serving on the Board, [can be found here](#). If interested, please apply by **November 13, 2020**.

Recognizing that November is a month focused on gratitude, ACHD would like to express our thanks to all of you and your teams for everything you do each day to improve the health and well-being of your communities.

Legislative Update

Proposition 23: Kidney Dialysis FAILED

ACHD's Advocacy Committee and Board of Directors took an oppose position on California's *Proposition 23 Dialysis Clinic Standards*, which would have created several new requirements for dialysis clinics including the requirement to have a physician on-site, at all times. The proposition failed with a 64% "NO" vote (percentage as of 11/05/2020).

Advocacy Survey

Last week, ACHD's Advocacy Team sent all healthcare districts an [Advocacy Survey](#). This quick three-question [survey](#) will assist us in understanding the issues of highest priority to healthcare districts. If you have not yet [completed the survey](#), please do so by **Friday, November 20, 2020**. Your input is very valuable in helping us represent your interests in the coming year.

ACHD 2020-2021 Working Groups

Seismic Retrofit:

- Based on data from the Office of Statewide Planning and Development (OSHPD), we have identified the district hospitals that still need to retrofit or rebuild to meet the 2030 Seismic Mandate. ACHD will be reaching out individually to those members to schedule meetings and gauge their interest in participating in a working group. If you have already met the 2030 requirements or will be meeting them soon, but still wish to participate in the working group please contact [Sarah Bridge](#).

Telehealth:

- Telehealth has proven to be an extremely useful tool during the COVID-19 pandemic. However, **advancements and flexibilities to utilize telehealth during the emergency are now at risk**. This is a **final reminder** to complete our [Telehealth Questionnaire](#) to share your district's data on telehealth utilization. Please contact [Sarah Bridge](#) if you wish to participate in a telehealth working group. Submit completed questionnaires to [ACHD](#) by **November 13, 2020**.

New Laws in 2021 Webinar Reminder

On Thursday December 10, 2020 from 10:00 am - 11:00 am, ACHD's Advocacy Team will be hosting a webinar [New Laws in 2021](#) to brief healthcare districts on new laws taking effect in January. Be sure to [register for the webinar here](#), registration is free for members!

Upcoming Events

[Upcoming Webinar: Investing Operating Reserves: Is It Time To Get Your House In Order?](#)

ACHD WEBINAR EDUCATION SERIES

Investing Operating Reserves: Is It Time To Get Your House In Order?

Don Penner
Director of National Accounts
Chandler Asset Management

Carlos Oblites
Senior Portfolio Strategist
Chandler Asset Management

Presented by ACHD Bronze Sponsor:

CHANDLER
ASSET MANAGEMENT

REGISTER TODAY!

NOVEMBER 19TH, 2020
10:30 AM PST

Attendees will get the following takeaways from this webinar:

- Examine ways to firm up governance of your investment program
- Understand the role of pooled investments and separately-managed portfolios in an investment program
- Prepare your portfolio for the post-COVID world or any other crisis you might face
- Learn how a resilient portfolio can provide competitive returns while preserving safety and liquidity

Member Price: Free
Non-Member Price: \$90

[Register Here](#)



Got content to present in 2021?
Submit a proposal today!

[Submit an Educational Proposal to Present in 2021](#)

Want to present at an ACHD event in 2021? Be sure to click here to view more information on submitting a proposal to present at one of our educational offerings in 2021. Both healthcare districts and organizations are welcome to submit! If you have any questions, please reach out to [Marina Servantez](#).

Important Articles from ACHD's Corporate Sponsors

Negative Interest Rates: Are They Coming to The U.S.?

Imagine a world where lenders pay you to borrow money. While this is a reality in much of Europe and Japan, it's a circumstance the U.S. has so far avoided.



While negative rates may provide a boost to the economy by increasing spending and devaluing the dollar making U.S. goods more competitive globally, the benefits of negative interest rates and negative rate policies are at best, mixed. For California Healthcare Districts and other institutions whose investable universe is limited to bonds, ultra-low or negative interest rates would make it difficult to realize positive returns on investments.

To learn more about how we got to this point and where we might be headed, we invite you to [click here](#) to read the complete article.

For additional information on investing and how Chandler can help, please contact [Don Penner](#) at (858) 768-5971.

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

Learn more at www.achd.org.



Mailing Address:
Government Center
891 Mountain Ranch Road
San Andreas, CA 95249-9709

Phone: (209) 293-7211
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November 10, 2020

TO: Voting CPPA Member Agency Representatives
FROM: Dennis Dickman
SUBJECT: At-Large Position on CPPA Board of Directors and Voting Instructions

The results of the vote were as follows:

- 0 Calaveras County Resource Conservation District (Robert Dean)
- 2 Ebbetts Pass Fire Protection District (Mike Johnson)
- 1 Mark Twain Health Care District (Richard Randolph)
- 3 Mokelumne Hill Fire Protection District (Suzanne Coe)
- 2 Union Public Utility District (Ralph Chick)
- 2 Vallecito Union School District (Gretchen McReynolds)
- 4 39th District Agricultural Association (Laurie Giannini)

Since one Member Agency did not receive a majority of the votes cast, a run-off election will be held among the two Member Agencies receiving the most votes. Enclosed is a ballot with the names of the two Member Agencies and their current Representative. Please read the following instructions for marking the ballot and returning it to CPPA.

1. Vote for only one candidate by placing an X by the Member Agency's name on the ballot.
2. Place the ballot in the CPPA self-addressed and stamped envelope and seal the envelope.
3. **SIGN** the outside of the envelope below your name and address (Note: for the ballot to be accepted the signature must be that of the Member Agency Representative).
4. Ballots shall be returned to CPPA no later the December 11, 2020.

To assure the ballot is valid: (1) mark the ballot properly; (2) return the ballot in the CPPA self-addressed envelope; and (3) have the authorized signature on the return envelope.

Ballot for At-Large CPPA Board of Director Position

Vote for only one of the following:

- Mokelumne Hill Fire Protection District (Suzanne Coe)
 39th District Agricultural Association (Laurie Giannini)

Return Ballot within self-addressed stamped envelope,
signed, so CPPA receives it by December 11, 2020

Calaveras Public Power Agency – Fall 2020

Calaveras Local Agency Formation Commission

November 16, 2020

TO: All Independent Special District Board Chairpersons
FROM: John Benoit, Executive Officer
SUBJECT: **Ballot for Independent Special District Representatives on LAFCO**

Dear Independent Special District Board Chair,

The nomination process has concluded with the nomination of six individuals running to become Independent Special District Representatives on LAFCO. You will be selecting two 4-year Independent Special District Representatives and one 4-year Independent Special District Alternate Representative. **Independent Special District Representatives to be seated on LAFCO are elected by the presiding officers (chair) of each Independent Special District.**

VOTE for two: The two persons receiving the most number of votes will be seated on LAFCO to the 4-year Independent Special District regular member term of office and the person receiving the third most number of votes will receive the 4-year alternate seat. In the event of a tie, there will be a coin toss.

You may be directly receiving information from candidates for LAFCo's Individual Special District representatives. Attached is information candidates have sent to me.

Please **vote for two**. Please be sure to sign, date and either mail your ballot to Calaveras LAFCO, c/o John Benoit, P.O. Box 2694, Granite Bay, California 95746 or by email at j.benoit4@icloud.com. Ballots must be received by December 18, 2020. **Any ballots received after that date or received unsigned will not be counted.**

If you have any questions, you may call me at (707) 592-7528 (cell) or (209) 754-6511 or email me at j.benoit4@icloud.com

Calaveras LAFCO, c/o John Benoit, P.O. Box 2694, Granite Bay, California 95746

Calaveras Local Agency Formation Commission

******Official Ballot****
Independent Special District Election**

November 16, 2020

Instructions to Voters (District Presiding Officers or Chair)

Indicate the name of your district in the space provided below:

Mark Twain Health Care District

Name of the Board of Director's Presiding Officer (or) Chair:

Linda Reed, President Date: December 9, 2020

Signature: _____ **Phone #: (209) 329-2974**

EMAIL address: **Lin Reed <linda.reed@rmcare.com**

Place an **X** on the line before the name of the nominee you want to represent Independent Special Districts on the Local Agency Formation Commission:

Vote for two.

- | | |
|-----------------------|---|
| _____ Tony Tyrell | Incumbent, Angels Camp Veterans Memorial District |
| _____ John Lavaroni | Incumbent, Calaveras Public Utility District |
| _____ Jon Dashner | Ebbits Pass Fire Protection District |
| _____ Debbra Sellick | Mark Twain Healthcare District |
| _____ Travis J. Owens | Murphys Sanitary District |
| _____ Kirk W. Smith | West Point Fire Protection District |

Ballot must be received by **December 18, 2020**. Mail to:

Calaveras Local Agency Formation Commission
c/o John Benoit
P.O. Box 2694
Granite Bay, CA 95746

Or by Email: at j.benoit4@icloud.com

***** BALLOTS MUST BE RECEIVED BY December 18, 2020*****
ANY BALLOT RECEIVED LATE OR UNSIGNED WILL NOT BE COUNTED.

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

POLICY: Dolphin Pod Disinfectant	REVIEWED: 10/22/2020
SECTION: Patient Care	REVISED:
EFFECTIVE: December Board Meeting	MEDICAL DIRECTOR:

Subject: Dolphin Pod use for disinfection

Objective: Proper effective use of Dolphin pod disinfectant

Response Rating: Universal

Required Equipment: DolphinPods, spray bottles, sprayer, fogger

Procedure:

1. For use as a hard surface disinfectant:
 - a. Use tap water when filling the water bottle, **do not use with RO or DI water**. RO and DI water itself is corrosive and can be a contributing factor to corrosion on surfaces. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - b. PPE must be used when preparing this solution.
 - c. Fill the bottle with water halfway. Break one pod at the score line and drop both halves in the bottle.
 - d. Fill the remaining portion of the bottle with water close to the top. (24-ounce bottle).
 - e. Allow 2-3 min to dissolve and replace the spray head. It is now ready to use. The solution will retain the proper concentration for disinfection for 14 days.
 - f. It is important the date is recorded on the bottle when the solution is prepared.
 - g. For larger containers, use the dilution calculator to create the concentration desired.
 - h. Spray solution on hard surfaces and leave wet for 5 minutes, then wipe dry. Both organisms and biofilm are penetrated within 4 minutes. Use paper towel or dry wipes.
 - i. Pre-clean surface* by spraying DolphinPod solution and wiping any visibly soiled area.

***In the case of contamination with blood/other bodily fluids or when gross visible debris is present, a thorough cleaning of surfaces and objects must occur prior to disinfection. In order for disinfection to occur properly, the disinfectant must be able to come in direct contact with the intended surface.

2. DolphinPod for use as an aerosol/fogger:

Dolphin Pod Disinfectant
Policy Number 240

- a. Use at start and end of the day in each dental operatory and once before lunch hour.

(Recommended 200-500ppm solution).

- b. To make a 250 ppm solution

1. Mix 1/4 tablet in one gallon of water (tap) or 1/2 tablet in 2 gallons of water.
2. Add solution to the fogger.
3. Set the fogging apparatus to the smallest particle size setting.
4. Spray the vapor in the air starting at the top of the room sweeping side to side the fogging spray.
5. Spend 30 seconds per room. No surfaces should be wet.
6. Mix fresh solution for fogging every third day.
7. Record date on gallon where solution is stored.
8. Store the fogger in an accessible place for easy use.

Apply an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label. • For disinfection, use surface-appropriate products that meet EPA's criteria for use against SARSCoV-2 (the cause of COVID-19), following manufacturer's instructions.

HOCL Kill Claims on Precleaned Surface

Contact times from 3rd party data on pre-cleaned surfaces from EPA registered HOCL.

1 Minute

- Norovirus
- Human Coronavirus
- Mycobacterium bovis (TB)
- Staphylococcus aureus Staphylococcus aureus – methicillin Resistant MRSA
- Pseudomonas aeruginosa
- Hepatitis A Virus
- Poliovirus Type 1
- Canine Distemper Virus Virus
- Hepatitis B Virus
- Hepatitis C Virus
- Herpes Simplex Virus Type 1
- Human Immunodeficiency Virus Type 1
- Streptococcus pneumoniae
- Avian influenza A H5N1
- Cocksackievirus
- Pseudomonas aeruginosa (in a biofilm)
- Staphylococcus aureus (in a biofilm)

2 Minute

- C Diff

Instructions for List N

DolphinPods Plus EPA registration number is 66570-2-94587, so you will search 66570-2 to pull up our product, you will see Activon, our exclusive US factory partner.

NEW POLICY

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

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19; 9/11/19; 2/19/20; <u>11/20/20</u>
SECTION: Patient Care	REVISED: 9/22/19; 2/19/20; <u>11/20/20</u>
EFFECTIVE: <u>3/25/20 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Emergency Medications and Supplies

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

- i. Glucose Tablets
 - j. Aspirin (chewable)
 - k. Narcan (nasal spray)
 - l. Nitroglycerin Sublingual
4. The drawer will be clearly labeled “Emergency Medications”.
 5. Easily accessible and clearly legible in the drawer will be a dosage chart that takes into account the Clinic’s patient population.
 6. The kit will be checked to ensure the contents are in-date. This inspection will take place on a monthly basis and will be documented on the Crash Cart log. The inspector will document their findings and sign the log upon completion of the inspection.
 7. Medications which are used or removed due to outdate will be replaced immediately. Replacement of medications will be documented on the log.
 8. Emergency supplies will include, but not be limited to:
 - a. Oxygen tank with regulator, tubing, and nasal cannula/mask
 - b. Airways in sizes consistent with the patient population served.
 - c. Ambu bags in sizes consistent with the patient population served.
 - d. Blood pressure cuff(s) and stethoscope
 - e. EKG machine
 - f. AED
 - g. Pediatric backboard

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

POLICY: Emergency Release Of Patient Records	REVIEWED: 11/30/18; <u>9/24/20</u> ; <u>10/28/20</u>
SECTION: Medical Records	REVISED: <u>10/28/20</u>
EFFECTIVE: <u>4/24/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Emergency release of patient medical records

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

Response Rating:

Required Equipment:

Procedure:

1. On request from a hospital emergency room, Clinic employees will immediately respond to fulfill the request for transfer of patient medical records to the emergency physician.
2. In lieu of the procedure for release of patient information, the staff member receiving a request for patient records from an emergency room shall immediately notify the Clinic staff member responsible for release of medical records.
3. The employee assigned to transfer the medical record will prepare chart notes to reflect what the hospital emergency room has requested from the medical record, the name of the physician requesting the information and the date and time of the request.
4. The records requested will be faxed to a secure fax number provided by the requesting emergency department. A notation will be recorded indicating the date and time the medical records were sent, as well as the fax number to which the records are sent. If sent via EHR, this will be automatically documented by the system, if sending manually, this information must be documented on the fax cover sheet and scanned into the medical chart-

4.5. Behavioral Health records will have limited access

Formatted: List Paragraph, No bullets or numbering

Emergency Release of Patient Records
Policy Number 64

Revised

Emergency Release of Patient Records
Policy Number 64

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

POLICY: Emergency Situation/Unresponsive Patient	REVIEWED: 11/19/18; 9/11/19; <u>11/20/20</u>
SECTION: Safety and Emergency Planning	REVISED: 9/11/19' <u>11/20/20</u>
EFFECTIVE: <u>9/20/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Emergency Situation - Patient Unresponsive

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

Acuity Rating: Severe

Required Equipment: Bag valve mask, oral airway, laryngoscope, suction, crash cart, AED, IV, ~~D5W~~, medication(s) as ordered per provider, oxygen, tape, gloves.

Policy:

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

perform the needed care to the patient.

2. After the patient is stabilized:

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

REVISED

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

POLICY: Infection Control	REVIEWED: 3/1/19; 3/30/20; 3/31/20; <u>11/20/20</u>
SECTION: Infection Control	REVISED: 3/30/20; 3/31/20; <u>11/20/20</u>
EFFECTIVE: April 22, 2020 <u>December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Infection Control

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

Response Rating: Mandatory

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

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

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

Implementation:

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

- **Before Arrival**
 - When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) on the day they are scheduled to be seen.

- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
 - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).
- **Upon Arrival and During the Visit**
 - Consider limiting points of entry to the facility.
 - Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
 - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
 - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
 - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
 - Prioritize triage of patients with respiratory symptoms.
 - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
 - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
 - Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
 - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
 - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
 - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
 - Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among

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

Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
 - Learn more about how healthcare facilities can [Prepare for Community Transmission](#)
 - Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
 - Cancel group healthcare activities (e.g., group therapy, recreational activities).
 - Postpone elective procedures and non-urgent outpatient visits.
- **Hand Hygiene**
 - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
 - HCP should perform hand hygiene by using ABHR with ~~6~~70-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
 - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
 - **Personal Protective Equipment**

Clinic management should select appropriate PPE and provide it to HCP in accordance with [OSHA PPE standards \(29 CFR 1910 Subpart I\) external icon](#). HCP must receive training on and demonstrate an understanding of:

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

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

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

respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.

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

3. Patient Placement

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

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

Collection of Diagnostic Respiratory Specimens

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

Generalized NON-Covid Infection Control:

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

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

2. Other guidelines:

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

3. Disinfectant Guidelines:

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

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

- a. Clean article according to manufacture guidelines.

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

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

POLICY: Infection Control - Overview	REVIEWED: 3/1/19; <u>11/23/20</u>
SECTION: Infection Control	REVISED: 1/6/20; <u>11/23/20</u>
EFFECTIVE: <u>1/21/20</u> <u>December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Infection Control

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

Response Rating: Severe

Required Equipment:

Procedure

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

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

5. Contaminated Materials and Garbage Collection

- a. Contaminated materials shall be red-bagged and transported to the infectious material pick-up area.
- b. Non-contaminated materials are to be placed in plastic bags to be picked up by Housekeeping Service each day.

6. Biologicals

- a. Biologicals will be stored in the refrigerator located in the medication room or laboratory.
- b. Dated materials are to be checked once a month and discarded according to the Sterile Shelf Life policy.

7. Syringes and Needles

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

8. Contaminated Wounds

- a. All cases are to be treated as having been possibly contaminated.
- b. Disposable materials will be wrapped and placed in an infectious waste bag.
- c. The infectious waste bag shall be disposed of according to the procedure for Contaminated Materials.

9. Airborne Pathogens

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

- b. After patient care has been completed and the patient has vacated the examination room, assigned staff will don gloves and clean the room surfaces (door knobs, examination table, guest chairs, counter top).
- c. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, ~~flu~~, tuberculosis).
- d. Staff will utilize the cleaning products approved by the Infection Control Committee and issued by the Housekeeping Service. After cleaning is completed, the room will be taken out of service (for a minimum of 15 minutes, maximum of 60 minutes), allowing the damp surfaces to air dry.
- e. Where possible, examination room windows will be opened to allow the circulation of fresh air.

10. Hard surfaces

- a. Floors will be swept and mopped daily utilizing approved disinfectant agents which will be mixed/diluted per manufacturer's guidance.
- b. The Clinic will not utilize carpet in Patient Care areas. Carpets found in non-Patient Care areas will be shampooed with approved disinfectant agents as required by traffic and wear, but not less often than every six months, unless the area in question is a low traffic office space.

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

POLICY: Intramuscular Injections	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED: <u>11/23/20</u>
EFFECTIVE: <u>2/27/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Intramuscular Injections

Objective: To administer medication into a muscle.

Response Rating: Minimal to Severe

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

Procedure

- Remember the five rights: **Patient, Dose, Medication, Route, Time, and check Expiration Date.**
1. Review practitioner's written order. Verbal orders are not allowed.
 2. If order is unclear, do not give the injection until all information is understood.
 3. Check patient allergies.
 4. Provide patient/guardian with current Vaccine Information Sheet (VIS) if immunizations are being administered. Patient education includes side effects of the medication. Give the patient literature for after-injection care, if necessary.
 5. Have patient review and sign consent, if required.
 6. Prepare medicine - proper size and gauge needle and proper dilutant per manufacturer guidelines.
 - ~~a. Adults: 25g 1 ½ inch needle~~
 - ~~b. Children: 25g 1 inch needle.~~
 7. Change needles, if appropriate.
 8. Choose and prepare site. Upper outer quadrant of buttock, upper deltoid, or lateral thigh are acceptable sites.
 9. Insert needle, ~~aspirate,~~ and slowly give medication, it is no longer recommended to aspirate prior to

giving medication.

10. Withdraw needle, immediately engage the needle safety mechanism and **DISPOSE OF NEEDLE AND SYRINGE ASAP IN SHARPS CONTAINER. DO NOT RECAP —NEEDLE.**
11. Cover site with Band-Aid if desired.
12. Document EMR with manufacturer, lot number, expiration date, location, medication and dosage, job title and how the patient tolerated the procedure. Document distribution of current VIS_-if immunizations are given.

REVISED

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

POLICY: Medication Administration	REVIEWED: 5/28/19; <u>10/22/2020</u>
SECTION: Medication Management	REVISED: <u>10/22/2020</u>
EFFECTIVE: <u>6/19/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Medication administration

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

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

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

6. Check with the prescribing provider regarding any dose that appears too large or any label that is not clear.
7. Do not carry on conversations with providers, co-workers, patients or other individuals while pouring or preparing medications.
8. Do not administer any drug that has undergone physical changes such as cloudy rather than clear, colored instead of clear, etc.
9. Measure all doses carefully.
10. Do not touch any tablets with fingers.
11. Never use medications from an unlabeled container.
12. Pour all medications from the side of the bottle away from the label.
13. Never put medications back into the bottle after they have been removed.
14. *Enter date, time of administration of medication in patient's record, along with route of administration, manufacturer, lot number, expiration date, and any reactions noted at the time the dose was given.*

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

POLICY: Pulse Oximeter	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED: <u>11/23/20</u>
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Pulse Oximeter

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

Response Rating: Moderate to Severe

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

Procedure

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

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

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; 10/14/20; <u>10/29/2020</u>
SECTION: Civil Rights	REVISED: <u>10/29/2020</u>
EFFECTIVE: 10/28/20 <u>December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Section 504 Grievance

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

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

Response Rating:

Required Equipment:

Procedure

1. Grievances must be submitted to the Section 504 Coordinator within seven (7) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
2. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of Mark Twain Health Care District relating to such grievances.
4. The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

5. The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to Mark Twain Health Care District Executive Director within 15 days of receiving the Section 504 Coordinator's decision.
6. The Mark Twain Health Care District Executive Director shall issue a written decision in response to the appeal no later than 30 days after its filing.
7. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the:
 - a. U. S. Department of Health and Human Services
 - b. Office for Civil Rights

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

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

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

POLICY: Statement of Ownership and Governance	REVIEWED: 11/1/18; 2/1/20; <u>11/05/20</u>
SECTION: Civil Rights	REVISED: 2/1/20; <u>11/05/20</u>
EFFECTIVE: <u>2/26/20</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Clinic Ownership and Governance

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

Response Rating:

Required Equipment:

Procedure:

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

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

Lin Read, MBA, OTR/L: Board President

Debbie Sellick, CMP: ~~Member at Large~~ Secretary

~~Susan Atkinson, MSW~~ Lori Hack: Treasurer

Talibah Al-Rafiq: Member-at-Large

Kathi Toepel: Member-at-Large

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

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

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

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

POLICY: Audiogram-Threshold	REVIEWED: 11/11/18; 9/14/19; <u>11/20/20</u>
SECTION: Patient Care	REVISED: 9/14/19
EFFECTIVE: <u>10/23/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Threshold Audiogram

Objective: To assess auditory status of patient

Response Rating: Minimal

Required Equipment: Audiometer, EMR

Applies to: All Personnel with documented audiometry training

Policy

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

Procedure

1. As a part of the pediatric patient's physical examination. Guidelines and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.
 - A. If the screening is not performed per the recommended periodicity schedule, document in the EMR the reason. Example "patient unable to follow direction."
 - B. If the screening is attempted and not performed, practitioner notation must be made with a plan for follow-up to rescreen.
2. Assemble the equipment
3. Ensure that the room is quiet and free of distractions (i.e. nearby conversations).
4. Explain the procedure to patient and demonstrate its use.
5. Inform the patient: "I am going to place the earphones over your ears. You will hear a variety of tones. Some will be high, some low, some loud some very soft. Whenever you hear, or think you hear one of

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

6. Place the headset over the patient’s ears.
7. The routine hearing screening will be set at 20 decibels, to be tested at 1000, 2000, and 4000 Hz.
8. If the patient cannot hear at the threshold level on one of the tones, increase the decibel level by 10 and retest the patient to determine their hearing threshold.
9. Document the results in the EMR and the physical form. Include the threshold level required at each tone.
10. Mark hearing screen in EMR.
11. Report abnormal results to the practitioner.
12. Provide follow-up as directed (referrals, treatment plans, etc.), and document.

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

POLICY: Biohazard Material Management	REVIEWED: 3/1/19; <u>11/20/20</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>3/27/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Biohazard Material Management

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

Policy Notes:

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

Response Rating: Mandatory

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

Definitions:

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

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

Procedure:

Accidents and Spills

Immediate action

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

“Dry” spill with no significant aerosol formation

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

Liquid spills on a bench or floor

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

Centrifuge spills

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

Spills in incubators, autoclaves or other closed areas

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

Reports

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

SHARPS containers

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

Handling and disposing of hazardous waste

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

With gloved hands

At arm's length away from the body

Securely by the least amount of area held by the hands

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

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

- Place double bags in all emptied bins. Look for leaks around or in the bin. If a leak has occurred, clean the area with a 10% bleach solution, following the biohazardous waste clean-up procedure.
- After transferring the double-bagged laboratory waste, remove your lab coat and gloves, wash hands.

Reducing the volume of hazardous waste

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

Body fluid containers

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

Used gloves and lab coats

Slides, pipettes tips, etc (in sharps containers)

Body fluids

Used media

Any physical item contaminated with body fluids or hazardous materials

Paper goods contaminated with body fluids

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

Paper items

Cardboard boxes

Exterior kit containers

Office supplies

All items not contaminated with body fluids

Safety reminders

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

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

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

- Always wash your hands after handling biohazardous material.

Safety precautions on medical waste handling

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

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

Gloves should be puncture resistant.

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

- Methods of avoiding accidents

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

Transportation of medical waste

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

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

POLICY: Blue Shield Eligibility Verification	REVIEWED: 11/12/18; <u>11/20/20</u>
SECTION: Admitting	REVISED:
EFFECTIVE: <u>12/19/18December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Blue Shield Eligibility Verification

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

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Blue Shield members must be verified at www.bluesheildca.com/provider/
2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.
3. Use the approved Blue Shield verification process
 - a. Log in on the Blue Shield website: www.bluesheildca.com/provider/
 - b. Enter subscriber ID
 - c. Enter date of birth
 - d. Select Submit
 - e. Print eligibility information
4. If a patient arrives at the Clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.

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

POLICY: Compliance	REVIEWED: 3/1/19; <u>11/23/20</u>
SECTION: District	REVISED:
EFFECTIVE: <u>3/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Compliance

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

- 2. Benchmarking based upon auditing and monitoring
 - a. Random medical records;
 - b. Targeted medical records, based on specific issues or populations;
 - c. Accounts receivable, with a focus on credit balance accounts that will be resolved in keeping with the policy for Billing Practices.
 - c. Policy and procedure; and
 - d. Program compliance checklists, including regular review of HEDIS scores.
- 3. Personnel
 - A. Compliance Officer is the District Executive Director. Associate Compliance Officers are the Medical Director and Clinic Manager.
 - B. Clinic personnel and medical staff will be trained annually
 - 1. Fraud, waste, and abuse
 - 2. Corporate compliance
 - 3. Standards of conduct
 - 4. Conflict of Interest/Ethics
 - C. Communication
 - 1. Information will be disseminated to staff in writing and verbally
 - 2. Staff will have access to the Clinic Policy and Procedure Manual online and through a hard-copy document with guidance including but not limited to:
 - a. Billing practices, including billing audits and chart review;
 - b. Guidelines for marketing and community outreach;
 - c. Disciplinary and corrective action
 - 3. Staff may report concerns to the Clinic Manager, Medical Director, District Human Resources and/or the District Administrator verbally and/or in writing.
 - a. Where appropriate, written communication may utilize an Incident Report
- 4. Quality Assurance
 - A. Clinic will develop and follow a Quality Assurance and Performance Improvement policy.

- B. QAPI meetings will be conducted monthly with reporting to staff personnel and the Board.
 - C. Required Clinic surveillance will be the foundation of the QAPI program with the addition of problem-resolution focused elements are required.
 - 1. Spot audits of surveillance programs will be conducted and documented, in addition to month-end review of surveillance data.
 - 2. Spot audits of non-surveillance programs will be conducted and documented.
 - D. Issue specific quality assurance/performance improvement projects will utilize the PDCA (Plan, Do, Check, Act) process
 - 1. Thorough investigation of issue-specific topics will be completed and documented;
 - 2. The problem will be identified and an initial plan developed and implemented to resolve the problem;
 - 3. Data will be collected and reviewed to determine if the plan is resolving the identified problem;
 - 4. Adjustments of the plan will be made as required until the desired results are achieved.
5. Risk Assessment
- A. A Threat/Risk Assessment will be completed annually;
 - B. A Business Risk Assessment will be conducted at least annually in conjunction with the Board's Strategic Planning session(s).
 - C. An Annual Clinic Review will be conducted consistent with RHC program requirements.
5. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports a compliance concern.

Resources:

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

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

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

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

POLICY: Consents For Treatment - Guidance	REVIEWED: 2/1/19; <u>11/20/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Guidance for use of Consent for Treatment documents

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

Response Rating: Mandatory

Required Equipment:

Procedure:

Definitions:

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

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

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

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

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

- a. Minor on active duty with United States Armed Forces may give their own personal consent;
- Consents for Treatment – Guidance
Policy Number 43

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

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

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

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

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

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

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

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

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

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

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

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

REVIEWED

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

POLICY: Culture Transmittal	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: 2/27/19	MEDICAL DIRECTOR:

Subject: Culture Transmittal

Objective: To ensure correct handling of collected cultures.

Acuity Rating: Mandatory

Procedure:

1. The practitioner will enter an order for the collection and testing of the specimen.
2. The practitioner OR nurse will collect the specimen to be cultured. The nursing staff will ensure proper labeling of the specimen to include:
 - a. Patient name
 - b. Patient date of birth
 - c. Date and time of collection
 - d. Provider ordering the culture
 - e. Source of culture.
3. Nursing staff will print the laboratory requisition form and labels.
4. Culture will be placed in a laboratory biohazard bag with the requisition.
5. Specimen will be placed in appropriate laboratory basket in the laboratory refrigerator.
6. Nursing staff will document the collection, type of culture, receiving laboratory, and specimen number in the EMR.
7. At the end of each day, nursing staff will ensure that specimens have been picked up by the laboratory courier.

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

POLICY: Eye Medications-Dispensing	REVIEWED: 11/12/18; 9/11/19; <u>11/20/20</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <u>9/20/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Eye Medications-Dispensing

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

Response Rating: Minimal to Moderate

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

Procedure:

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

10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid. Begin at the side nearest the nose and outward to the edge of the eye.
 - a. If the patient is an infant or toddler, ointment may be applied to the upper eyelash and allowed to melt
 - b. Alternatively, gently massage to push ointment into orbit.
11. Instruct the patient to close the eye and blink.
12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.
13. If the orders include both eyes, repeat the above steps.
14. Assist patient to the sitting position.
15. Remove gloves and wash hands.
16. Remove tray from the room.
17. The person administering the medications will document in the EMR the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.
18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.

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

POLICY: Follow Up Calls	REVIEWED: 2/1/19; 2/14/20; <u>11/23/20</u>
SECTION: Patient Care	REVISED: 2/14/20
EFFECTIVE: <u>2/26/20</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Follow Up Calls

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

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

Response Rating: Mandatory

Required Equipment: Telephone, EMR, Daily Log Sheet

Applies to: All Personnel

Procedure:

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

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

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

POLICY: Follow-Up Of Patients	REVIEWED: 2/1/19; 2/14/20; <u>11/23/20</u>
SECTION: Patient Care	REVISED: 2/14/20
EFFECTIVE: <u>2/26/20 December Board Meeting</u>	MEDICAL DIRECTOR:

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

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

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. Return visit will occur at the end of the course of antibiotic treatment.
2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten days
3. During the office visit, the practitioner shall instruct the patient regarding when to return for routine follow-up or to return if not improving. Patient advised to return to Clinic ASAP or go to the ER if at any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or increased pain, redness swelling /red streaks around the wound).
4. Results and reports (laboratory, including pap smears, and x-ray) will be available to the practitioner via the EMR Clinic Inbox and the patient notified of the abnormal results and the need for further treatment, if indicated. This communication shall be documented in the patient's EMR.
5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.
6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed to the phone number of record provided by the patient. Should the patient fail to respond to the initial "NO SHOW" contact, at minimum two additional

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

REVIEWED

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

POLICY: HIV Testing	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: HIV Testing

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

Response Rating: Minimal

Required Equipment: None

Policy:

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

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

Procedure:

Individual Testing

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

4. Negative tests may be communicated to the patient in person or by phone. In no circumstances should the result be left with another person or on an answering machine. Attempt to obtain the patient's personal cellphone number for this purpose.
5. Before conveying results over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's date of birth and the last four digits of their Social Security number are two acceptable patient identifiers. An alternate identifier is the patient's driver's license number.
6. Positive, confirmed tests must be discussed with patient in person in the office. The patient should then be referred to the health department or an infectious disease specialist.

REVIEWED

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

POLICY: Manual Defibrillator	REVIEWED: 03/24/2020; 11/20/20
SECTION:	REVISED:
EFFECTIVE: December Board Meeting	MEDICAL DIRECTOR:

Subject: Zoll Defibrillator **M - Series**

Objective: Outlining use of the defibrillator by trained staff

Response Rating: Mandatory

Required Equipment: Zoll Defibrillator M – Series, gel, ECG pads, ECG electrodes, stethoscope,

(ACLS with NIBP with Adult-Plus cuff and hose, SPO2 with reusable sensor and 8' cable (order disposables separately), Noninvasive Pacing, and Code Markers. Includes: High contrast display, 3-lead patient cable with integral lead wires, universal cable, one rechargeable lead acid battery, AC mains power cord, one package of recorder paper, integral diagnostic frequency response for 12-lead (requires 5-lead or 1 Step Patient Cable).

This is full manual only model. **No AED feature.**

Procedure:

The Zoll M-Series Manual defibrillator is a manual defibrillator **only with no automated or AED feature.**

The defibrillator is located on the code cart. Trained staff will perform daily checks of the monitor’s functionality. The checks will be documented on a log and the strips produced will be retained and submitted at the end of the month with the QC log for review by the Manager and will be maintained in the Manager’s office files.

Licensed Medical Providers may order ECG for continuous monitoring. The Zoll M-Series defibrillator may be used for this purpose by trained staff.

The monitor will not be used for any of its other ACLS capabilities, except by an ACLS trained Provider and ACLS trained nursing staff. In the event of a cardiac or pulmonary arrest, a trained, ACLS certified Provider may use the Zoll M Series defibrillator to its full functionality, including ECG monitoring, providing shock, pacing and cardioversion, in addition to normal medical emergency/code protocols.

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

POLICY: Medical Staff Composition	REVIEWED: 12/26/19; <u>11/23/20</u>
SECTION: Medical Staff	REVISED:
EFFECTIVE: <u>1/21/20</u> <u>December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Medical Staff Composition

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

Response Rating:

Required Equipment:

Procedure:

1. The Medical Staff will be led by a physician, MD or DO, under contract with the Clinic, licensed and in good standing with the State of California Medical Board who meets the organization’s credentialing requirements and provides care to patients of the Clinic.
2. The Medical Staff will include, at minimum, one Family Nurse Practitioner or Physician Assistant, employed by the District, licensed and in good standing with the State of California who meets the organization’s credentialing requirements and who provides primary care to patients of the Clinic.
3. Additional members of the Medical Staff may include:
 - a. Primary care physicians (MD and/or DO) under contract with the Clinic, including Family Practice, Pediatrics, Internal Medicine, Gynecology, general medicine licensed and in good standing with the State of California authorities responsible for oversight who meet the organization’s credentialing requirements.
 - b. Specialty practitioners (MD, DO, DC, DPM, DDS) under contract with the Clinic who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization’s credentialing requirements. Specialties may include, but are not limited to: radiology, surgery, cardiology, dermatology, mental health, podiatry, chiropractic, dentistry.
 - c. Licensed Clinical Social Workers who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization’s credentialing requirements. Licensed Clinical Social Workers may be under contract with the Clinic or may be employed.
 - d. Physical Therapists and Exercise Physiologists who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization’s credentialing requirements. Physical Therapists and Exercise Physiologists may be under contract or employed by the Clinic.

REVIEWED

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

POLICY: Medication Management Emergency Response to Power Failure	REVIEWED 8/30/19; <u>10/22/2020</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>9/20/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Medication Management – Emergency Response to Power Failure

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

Response Rating:

Required Equipment:

Procedure:

1. Determine the reason for the power failure (circuit breaker failure, refrigerator/freezer unplugged, or power outage).
2. Notify Clinic Management
 - a. Clinic Manager
 - b. Medical Director/CEO
3. Short term power outage (1 to 2 hours)
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS.
 - b. The 1 to 2 hour time frame is affected by the room temperature
 1. The hotter the room, the shorter the time the medications may remain in the fridge/freezer
 2. If the room temperature is excessive, plan to remove the medications more quickly
 3. Monitor the data-logger connected to the thermometer in the device and posted on the exterior of the fridge/freezer
4. Long term power outage (greater than 2 hours)
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS until you are ready to remove the contents and move those items to an appropriate location.
 - b. Relocate the medications from the refrigerator and freezer to the designated back up location per vaccine plan

5. Requirement for transporting vaccines:

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

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

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

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

POLICY: Nebulizer Treatments	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Nebulizer Treatments

Objective: To increase oxygenation/ventilation status of patient.

Response Rating: Moderate to Severe.

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

1. Obtain written order from provider.
2. Explain procedure to the patient.
3. The physician order should be obtained for the type of medication, dose, and frequency of administration (i.e. saline, Albuterol, atrovent, xopenex).
4. The dose and frequency must be recorded in the EMR.
5. The nebulizer medication is either in premixed vials or should be combined in 3cc of saline.
 - a. The medication is placed in the reservoir of the nebulizer kit.
 - b. Turn the machine on and place the mouthpiece in the patient's mouth.
 - c. A mask may be necessary for children under two years of age.
6. Oxygen can be added to the mixture per physician order, generally for O2 saturation under 93%.
7. Check oxygen saturation:
Parameters: 93% - mild distress
90% - moderation distress
88% - severe distress
8. Administer the nebulizer treatment.
9. Recheck oxygen saturation after treatment.
10. Record the patient information per provider or nurse. Assessment includes: breath sounds, skin color, oxygen saturation, patient status, and vital signs.

10. Notify provider if patient is still showing signs of distress (i.e. oxygen saturation, patient status and vital signs).
11. Document oxygen saturation, medication used and patient response in the EMR.

REVIEWED

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

POLICY: Policy Development and Review	REVIEWED: 11/12/18; 12/26/19; <u>11/20/20</u>
SECTION: Operations	REVISED: 12/26/19
EFFECTIVE: <u>1/21/20</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Policy development and review

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

Response Rating:

Required Equipment:

Procedure

Policy Development

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

Policy Review

1. New Clinic policies will be submitted for approval to the Medical Director at the time they are written.
2. Policy Manual will be reviewed by the Clinic Manager and at least one Mid-Level Practitioner on an annual basis, with changes being made as required.
3. When a policy is written, the date will be documented in the policy development documentation block located in the header of the policy.
4. When a policy is revised, the date of the revision will be documented in the policy development documentation block located in the header of the policy.
5. When a policy is reviewed with no changes, the date of the review will be documented in the policy development documentation block located in the header of the policy.
6. When a policy is approved, the date of the approval will be documented in the policy development documentation block located in the header of the policy. The Medical Director approving the policy will initial the original paper document in the designated signature block.
7. When the policy is discontinued, the discontinuation date will be documented in the policy development documentation block located in the header of the policy. All discontinued policies will be retained in a file labeled "Retired Clinic Policies" and the file will be retained in perpetuity.
8. The Policy Manual Approval document shall be updated on a regular basis, signed by the Clinic Manager, Mid-Level Practitioner(s) who participated in the review, the Medical Director, and members of the Board.

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

POLICY: PPD Test Results	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: PPD Test Results

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

Response Rating:

Required Equipment:

Procedure:

1. At the time the PPD is placed, the patient will be directed to return to the Clinic no sooner than 48 and no later than 72 hours after placement.
2. The patient's reporting paperwork will be retained in a "tickler file" as a reminder to staff that results are pending for the test.
3. The patient will be reminded to bring their immunization card with them when they return to have their test read.
4. The patient will not be registered for the PPD read visit.
5. The patient will be placed in an examination or treatment room immediately upon arriving to have their test read.
6. The provider will be notified immediately that a patient is waiting to have a PPD read. Only Clinic practitioners and/or RNs will read PPDs placed at the Clinic.
7. The PPD will be read by a physician, nurse practitioner, physician assistant or registered nurse only. The registered nurse may be the Clinic's scheduled RN.
8. The results of the test will be recorded on the immunization card and the patient's medical record.
 - a. Patients with a positive result will be held in the Clinic to see the provider for immediate follow-up. The patient will be registered in the EMR for the follow-up appointment.

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

REVIEWED

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

POLICY: Prescription Refills	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Patient Care	REVISED
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Prescription Refills

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

Response Rating:

Required Equipment:

Procedure:

1. Patients contacting the Clinic with refill requests will be directed to contact their pharmacy with the request.
2. Refill requests from the pharmacy will be received via fax or the ePrescribe application of the EMR.
3. Patients who are primary care patients of the Clinic:
 - a. Have been seen /treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do not** require lab value consideration, will have refills reviewed/approved by the practitioner.
 - b. Have been seen/treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do** require current lab value consideration, will have refills declined with notification that a Clinic visit for lab testing is required.
 - c. Practitioner may determine that it is appropriate to offer the patient a one-time 30 days supply to allow for the patient to complete ordered labs and keep their scheduled follow-up appointment.
 - d. Have not been seen within the last 90 to 180 days will have refills declined with notification that a Clinic visit is required for refills to be considered.
 - e. Requesting refills for pain management medications will have refills declined with notification that a Clinic visit is required for refills to be considered.
4. Patients who are not primary care patients of the Clinic
 - a. All patients who are not primary care patients of the Clinic will be referred to their primary care practitioner for medication refills.

- b. Practitioner may offer the patient the option to change their PCP to a Clinic practitioner.
5. Clinic staff will not call the pharmacy with medication orders, neither new prescriptions nor refills of existing prescriptions.
- a. Medications can only be ordered by printed prescription or ePrescribe functionality via the EMR.

REVIEWED

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

POLICY: Primary Authority Over Clinic Operations	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Primary authority over Clinic operations

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

Response Rating:

Required Equipment:

Procedure

1. Clinical Operations are the responsibility of the Clinic Manager.
 - a. Will be on-call to Clinic staff when away from the premises
 - b. Manages and supervises day-to-day operations of the Clinic.
 - c. Reports to Executive Director of the Health Care District.
 - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the-ordinary circumstances that occur in the Manager’s absence.

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

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

POLICY: Procedure Time Out	REVIEWED: 2/1/19; 4/2/20;11/23/20
SECTION: Patient Care	REVISED: 4/2/20
EFFECTIVE: December Board Meeting	MEDICAL DIRECTOR:

Subject: Procedure Time out

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

- To provide guidelines for a standardized verification process for all Clinic patients undergoing a surgical/non-surgical invasive procedure requiring an Informed Consent.
- To assure that the correct procedure is performed on the correct patient and body site/side.
- To define the process by which clinic staff and licensed practitioners (e.g. physicians, nurse practitioners, physician assistants) participating in a surgical or non-surgical invasive procedure will actively participate in the Time Out process described in this policy.
- A procedure-specific consent form is presented to the patient for review and signature for medical and dental procedures.

Response Rating: Mandatory

Required Equipment:

Definitions:

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

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

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

Procedure:

1. Site marking will not be required for medical procedures in the Clinic if they are performed through or immediately adjacent to a natural body orifice where laterality is not a concern or the procedure will involve bilateral structures.
2. The specifics as to the surgical site/procedure site are to be recorded with the patient and/or family/caregiver or legal guardian present and participating, if possible.
3. Procedural Area Verification
 - a. Before the start of the procedure the team, with patient participation will confirm:
 - i. The patient's identity (name and date of birth);
 - ii. The procedure and site are correct, and the site is marked by the surgeon (if required);
 - iii. Consent for the procedure has been obtained and the form is signed and dated;
 - iv. Patient has completed pre-procedure preparations;
 - v. Review of allergies and potential blood loss is reviewed;
 - vi. Labs, radiological images labeled and available, as required;
 - vii. Implants, devices/equipment available;
 - viii. Specimen collection containers and laboratory requisitions are available and properly labeled;
 - ix. Antibiotics per physician order, if applicable;
 - x. H & P, assessments and other pertinent documents available;
4. The practitioner and the Nurse/Medical Assistant or Dentist/Registered Dental Assistant will sign off on the Procedure Time Out Checklist before starting the procedure.

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

POLICY: Product And Device Recall	REVIEWED: 2/1/19; <u>11/23/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>2/27/19</u> December Board Meeting	MEDICAL DIRECTOR:

Subject: Product and Device Recall

Objective: Effective management of product and device recalls

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize vendors who have a customer notification system in place that addresses recalls of supplies, medications, vaccines, oxygen canisters, and devices/equipment.
2. Upon receipt of notification from the vendor, Clinic leadership will review all inventories to determine if the item in question is present and, if so, will remove the item from use.
3.
 - a. Exam rooms
 - b. Supply rooms, including medication and janitorial storage
 - c. Treatment rooms
 - d. Nurses' station
 - e. Laboratory
 - f. X-ray suite
4. Vendor instructions will be followed, ensuring the item is returned or destroyed, appropriate credit applied, and replacement(s) ordered.

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

POLICY: Quality Assurance Guidelines	REVIEWED: 2/1/19; 10/15/19; <u>11/23/20</u>
SECTION: Operations	REVISED: 10/15/19
EFFECTIVE: <u>10/23/19 December Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Quality Assurance Guidelines

Objective: To define Clinic Quality Assurance Guidelines for application in the development and management of the Quality Assurance/Performance Improvement Program.

Response Rating:

Required Equipment: None

Quality Assurance Definition:

An ongoing process designed to objectively and systematically monitor and evaluate patient services in accordance with established standards, identify and resolve problems and pursue opportunities to improve patient care and outcomes.

Quality Assurance Objectives:

- a. Monitor statistics and the utilization of clinic services
- b. Monitor compliance with criteria established for health maintenance and disease specific categories, as well as the correct documentation in the medical record
- c. Recognize system problems
- d. Review protocols and procedures
- e. Provide a mechanism for staff continuing education
- f. Enhance teamwork
- g. Comply with regulating requirements for internal chart review
- h. Ensure correct and complete documentation

Procedure

1. Quality Assurance/Peer Review general guidelines
 - a. Review and signing by the supervising Medical Director *within 30 days* of medical records for 10% of patients treated by the mid-level practitioner for whom medication or devices are prescribed or dispensed during the first month and 5% every month thereafter.

- b. Medical chart audits, peer review and nursing chart audits will be conducted during the month and will be reported to the QAPI Committee during scheduled meetings.
- c. Charts will be audited for adherence to criteria for conditions treated frequently in the clinic. Criteria will include standards for historical data, physical exam, laboratory procedures, treatment, patient education and follow-up

- d. Each audit will consist of at least ~~five-ten~~ charts ~~quarterly~~monthly

2. Audit Process and Forms

- a. A review form will be used for each chart.
- b. When a significant problem is noted in the review (i.e. failure to follow up an abnormal lab result or acute illness), the Medical Director will be notified and responsible for assuring that follow-up is carried out.
- c. Charts that do not require active follow-up (i.e. missing historical data) will be given to the Clinic staff for completion.
- d. All chart reviews, quality issues, problems, changes made and follow-up will be documented in the minutes of the QAPI meetings.
- e. Nursing audit data will be given to the staff for follow-up and completion.

3. Criteria Development

- a. Criteria for both audits will be based on current medical practice, professional organization recommendations, regulatory standards, and Clinic policy.
- b. Criteria shall reflect accepted standards for care and cost effective practice.
- c. Criteria shall be reviewed at least annually by the Medical Director and the Quality Assurance Committee. It will be updated and /or modified as necessary.

4. Staff meetings, missed appointments, pharmacy outdates

- a. To assure that quality care is provided, the Clinic staff members shall participate in staff meetings at least monthly.
- b. The front office personnel will carry out the policy for missed appointments daily.
- c. Pharmacy outdates will be checked monthly as outlined.

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

POLICY: Unscheduled Downtime of Electronic Medical Record	REVIEWED: 3/1/19; 11/23/20
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 3/27/19 December Board Meeting	MEDICAL DIRECTOR:

Subject: Unscheduled Downtime of Electronic Medical Record

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

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

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

7. Patients requesting appointments will be listed, along with their phone number and the purpose of the visit/visit type. After the system has been restored, patients on the list will be contacted and appointments scheduled in the Electronic Medical Record scheduling application.
8. When access to the Electronic Medical Record is restored, completed paper documents will be scanned into the electronic chart.
9. After confirming the scanned documents have been placed appropriately in the Electronic Medical Record, the paper forms will be collected and given to the Administrative Medical Assistant so that they may be used to create claims. Once all claims have been created and submitted to the proper payor, they will be destroyed to protect patient privacy.

REVIEWED



**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 October, 2020)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The October 31, 2020 financial statements are attached for your review and approval.

- Please note that the June 30, 2020 financial reports will remain in DRAFT form until the 2019 – 2020 Audit has been completed. Mr. Hohenbrink has provided clinic revenue numbers, and this has been passed along to our Auditor.
- Mr. Hohenbrink has also provided monthly clinic revenues numbers, and we are booking these as they are provided.
- Property tax revenue is being recorded on an accrual basis based on the current budget. This number will be “trued-up” as we receive actual information from the County.
- We made our first principal & interest payment of \$260,960.72 on the clinic loan in September.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report will now show the reserve allocations, along with the interest income allocations. This report is now complete, and will be updated and provided to the Board on a monthly basis.

Mark Twain Health Care District							
Annual Budget Recap							
	10/31/20	2020 - 2021 Annual Budget					
	Actual	Total					
	Y-T-D	District	Clinic	Rental	Projects	Admin	
Revenues	1,308,442	6,171,389	3,618,701	1,352,688	0	1,200,000	
Total Revenue	1,308,442	6,171,389	3,618,701	1,352,688	0	1,200,000	
Expenses	(1,630,849)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)	
Total Expenses	(1,630,849)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)	
Surplus(Deficit)	(322,408)	310,726	(261,418)	171,260	31,000	431,884	

Mark Twain Health Care District							
Direct Clinic Financial Projections							
							VSHWC
							10/31/2020
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	437,285	4,674,075	1,168,519	151,382	501,342	10.73%
4083.60	Contractual Adjustments	(51,948)	(1,087,124)	(271,781)	(2,171)	(2,171)	
	Net Patient revenue	385,337	3,586,951	896,738	149,211	499,171	13.92%
4083.90	Flu shot, Lab income, physicals		1,000	250			0.00%
4083.91	Medical Records copy fees		750	188			0.00%
4083.92	Other - Plan Incentives		30,000	7,500			0.00%
			31,750	7,938	0	0	0.00%
	Total Other Revenue	385,337	3,618,701	904,675	149,211	499,171	13.79%
7083.09	Other salaries and wages	(823,638)	(1,008,540)	(252,135)	(89,720)	(323,683)	32.09%
7083.10	Payroll taxes	(52,045)	(78,666)	(19,667)	(5,806)	(19,741)	25.09%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(2,269)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(12,496)	(8,623)	(27,447)	54.91%
7083.14	Group Life Insurance		(1,614)	(404)			0.00%
7083.15	Pension and Retirement		(25,214)	(6,304)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(2,521)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(378)			0.00%
	Total taxes and benefits	(96,806)	(176,151)	(44,038)	(14,430)	(64,517)	36.63%
	Labor related costs	(920,444)	(1,184,691)	(296,173)	(104,150)	(388,199)	32.77%
7083.05	Marketing	(7,096)			(706)	(956)	
7083.20	Medical - Physicians	(422,491)	(905,244)	(226,311)	(59,798)	(230,610)	25.47%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(18,750)	(859)	(39,278)	52.37%
7083.23	Legal - Clinic	(27,900)	0				0.00%
7083.25	Registry Nursing personnel		(3,000)	(750)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(31,727)	(13,507)	(46,541)	36.67%
7083.29	Other Professional fees	(11,199)	(80,932)	(20,233)		(1,640)	2.03%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(926)	(35)	(105)	2.84%
7083.38	Pharmaceuticals		(139,504)	(34,876)			0.00%
7083.41	Other Medical Care Materials and Supplies	(135,157)	(25,714)	(6,429)	(24,098)	(82,516)	320.90%
7083.44	Linens		(1,200)	(300)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(6,062)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(37,619)			0.00%
7083.45	Cleaning supplies		(47,578)	(11,895)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(2,026)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(77,754)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(52,509)	(95,083)	(23,771)	(3,835)	(26,591)	27.97%
8870.00	Interest on Debt Service	(60,469)	(257,355)	(64,339)		(187,961)	73.04%
7083.43	Food	(935)	(2,000)	(500)	(881)	(881)	44.05%
7083.46	Office and Administrative supplies	(27,450)	(15,428)	(3,857)	(17,198)	(29,344)	190.20%
7083.69	Other purchased services	(52,143)	(232,076)	(58,019)	(1,156)	(14,697)	6.33%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(4,214)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(7,776)	(2,089)	(30,280)	0.00%
7083.83	Licenses & Taxes		(1,500)	(375)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(5,226)	(1,512)	(5,321)	25.45%
7083.86	Dues and Subscriptions	(19,274)	(1,500)	(375)		(2,150)	143.33%
7083.87	Outside Training	(199)	(15,000)	(3,750)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(1,000)			0.00%
7083.89	Recruiting	(25,209)	(40,000)	(10,000)		(1,525)	3.81%
8895.00	RoboDoc		(60,000)	(15,000)	(3,630)	(4,437)	
	Non labor expenses	(1,211,926)	(2,695,428)	(673,857)	(129,305)	(704,832)	26.15%
	Total Expenses	(2,132,370)	(3,880,119)	(970,030)	(233,455)	(1,093,032)	28.17%
	Net Expenses over Revenues	(1,747,033)	(261,418)	(65,355)	(84,244)	(593,861)	227.17%
	Non Labor		1,149,297	287,324			
	Non Labor		725,910	181,477			
	Non Labor		260,695	65,174			
	Sub total Non Labor		2,135,902	533,975			

Mark Twain Health Care District							
Rental Financial Projections			Rental				
							10/31/2020
			Budget				
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,094,553	1,092,672	273,168	90,878	363,725	33.29%
			0				
	Rent Revenues	1,094,553	1,092,672	273,168	90,878	363,725	33.29%
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(619,840)	(758,483)	(189,621)	(44,774)	(220,129)	29.02%
9520.72	Depreciation	(121,437)	(148,679)	(37,170)	(9,875)	(39,443)	26.53%
9520.82	Insurance						
	Total Costs	(747,356)	(907,162)	(226,791)	(54,649)	(259,573)	28.61%
	Net	347,197	185,510	46,378	36,229	104,153	61.90%
9260.02	MOB Rents Revenue	223,552	251,016	62,754	18,052	57,241	22.80%
9521.75	MOB rent expenses	(240,514)	(261,016)	(65,254)	(40,013)	(101,811)	39.01%
	Net	(16,962)	(10,000)	(2,500)	(21,961)	(44,569)	445.69%
9260.03	Child Advocacy Rent revenue	7,500	9,000	2,250	750	2,250	25.00%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(2,750)	(559)	(819)	7.45%
	Net	7,203	(2,000)	(500)	191	1,431	-71.54%
9260.04	Sunrise Pharmacy Revenue				1800	1800	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(563)	(72)	(3,785)	
		1,325,605	1,352,688	338,172	111,479	425,017	31.42%
		(990,341)	(1,181,428)	(295,357)	(95,293)	(365,988)	30.98%
	Summary Net	335,264	171,260	42,815	16,186	59,029	34.47%

Mark Twain Health Care District								
Projects, Grants and Support								
		10/31/2020						
			Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual	
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(31,000)	(7,750)		(7,000)	22.58%	
8890.00	Foundation	(465,163)						
8890.00	Veterans Support		(5,000)	(1,250)		0		
8890.00	Mens Health		(5,000)	(1,250)		0		
8890.00	Steps to Kick Cancer - October		(5,000)	(1,250)		0		
8890.00	Doris Barger Golf		(2,000)	(500)		0		
8890.00	Stay Vertical		(14,000)	(3,500)	(7,000)	(7,000)	50.00%	
8890.00	Golden Health Grant Awards							
	Project grants and support	(465,163)	(31,000)	(7,750)	(7,000)	(7,000)	22.58%	

Mark Twain Health Care District									
General Administration Financial Projections									
Admin									
10/31/2020									
Budget									
	2016/2017	2017/2018	DRAFT 2019/2020	2020/2021 Budget	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget	
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	25,000	960	22,215	22.22%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	275,000	91,667	366,667	33.33%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	(4,331)	(6,799)	
	Summary Revenues	939,844	1,004,488	1,473,626	1,200,000	300,000	88,296	382,083	31.84%
8610.09	Other salaries and wages	(33,587)	(235,531)	(210,028)	(352,591)	(88,148)	(17,629)	(62,819)	17.82%
8610.10	Payroll taxes			(14,875)	(23,244)	(5,811)	(802)	(2,953)	12.70%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(793)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(4,369)			0.00%
8610.14	Group Life Insurance				(564)	(141)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(2,204)		(189)	2.14%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(882)			0.00%
8610.18	Other payroll related benefits				(529)	(132)	(300)	(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(14,331)	(1,102)	(3,442)	6.00%
	Labor Costs	(33,587)	(236,194)	(240,418)	(409,916)	(102,479)	(18,730)	(66,261)	16.16%
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(15,375)	(215)	(648)	1.05%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(7,500)			0.00%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(31,250)	(9,257)	(25,440)	20.35%
8610.43	Food			(868)	(2,000)	(500)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,992)	(18,000)	(4,500)	(4,891)	(5,894)	32.75%
8610.62	Repairs and Maintenance Grounds				0	0	(226)	(1,296)	
8610.69	Other			(12,877)		0	(2,011)	(5,104)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(625)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(2,300)			0.00%
8610.80	Utilities			(420)	(1,000)	(250)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(6,250)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues and Subscriptions	(12,554)	(14,731)	(12,529)	(20,000)	(5,000)	(8,135)	(8,630)	43.15%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(3,750)			0.00%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(3,750)		(910)	6.07%
8610.89	Recruiting			(2,368)	(2,000)	(500)		(1,714)	85.70%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(67,249)	(32,000)	(8,000)	(1,646)	(30,109)	94.09%
	Non-Labor costs	(521,817)	(532,071)	(226,527)	(358,200)	(89,550)	(26,381)	(96,398)	26.91%
	Total Costs	(555,404)	(768,265)	(466,945)	(768,116)	(192,029)	(45,111)	(162,659)	21.18%
	Net	384,440	236,223	1,006,681	431,884	107,971	43,185	219,424	50.81%

Mark Twain Health Care District Balance Sheet

As of October 31, 2020

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	32,278
1001.20 Umpqua Bank - Money Market	6,442
1001.30 Bank of Stockton	102,847
1001.40 Five Star Bank - MTHCD Checking	-13,096
1001.50 Five Star Bank - Money Market	1,347,419
1001.60 Five Star Bank - VSHWC Checking	75,081
1001.65 Five Star Bank - VSHWC Payroll	106,647
1001.90 US Bank - VSHWC	49,579
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,707,597
Accounts Receivable	
1200 Accounts Receivable	-3,830
Total Accounts Receivable	-3,830
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,541,732
1069 Due from Calaveras County	1,100,000
115.20 Accrued Lease Revenue	
1205 Due from insurance proceeds	634,537
1301.40 Prepaid VSHWC	
Total Other Current Assets	12,277,782
Total Current Assets	13,981,550
Fixed Assets	
1200.00 District Owned Land	286,144
1205.00 VSHWC Land	903,112
1210.00 District Land Improvements	150,308
1220.00 District - Building	2,123,678
1220.20 District - Building Improvements	2,276,956
1220.30 District - Building Service Equipment	168,095
1221.00 Clinic - Buildngs	7,181,787
1221.50 Pharmacy Construction	3,536
1225.00 Clinic - Equipment	824,311
1226.00 District - Equipment	698,156
160.00 Accumulated Depreciation	-5,342,090
Total Fixed Assets	9,273,993
Other Assets	
1710.10 Minority Interest in MTMC - NEW	237,214

180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	356,574
2219 Capital Lease	6,485,119
Total Other Assets	7,078,908
TOTAL ASSETS	30,334,450
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	54,532
Total 200.00 Accts Payable & Accrued Expenes	54,532
200.10 Other Accounts Payable	25,127
Total 200.00 Accts Payable & Accrued Expenes	25,127
2021 Accrued Payroll - Clinic	33,961
2022.00 Accrued Leave Liability	16,909
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	1,948
226 Deferred Revenue	141,647
Total Other Current Liabilities	222,867
Total Current Liabilities	277,399
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,526,784
2128.02 Deferred Utilities Reimbursement	2,773,216
2129 Other Third Party Reimbursement - Calaveras County	733,333
2210 USDA Loan - VS Clinic	6,764,507
Total Long-Term Liabilities	11,797,840
Total Liabilities	12,075,239
Equity	
290.00 Fund Balance	648,149
291.00 PY - Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-1,787,168
Net Income	-322,408
Total Equity	18,259,211
TOTAL LIABILITIES AND EQUITY	30,334,450

Investment & Reserves Report						
31-Oct-20						
						Annual
	Minimum	6/30/2020	2020	2020	10/31/2020	Funding
Reserve Funds	Target	Balance	Allocated	Interest	Balance	Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	3,092	2,203,092	
Capital Improvement Fund	12,000,000	2,934,975	0	4,125	2,939,100	
Technology Reserve Fund	1,000,000	1,000,000	0	1,406	1,001,406	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	3,374	2,403,374	
Loan Reserve Fund	2,000,000	2,000,000	0	2,811	2,002,811	
Reserves & Contingencies	19,600,000	10,534,975	0	14,808	10,549,783	0
		2020 - 2021		Annualized		
CalTRUST	10/31/2020	Interest Earned		Rates	Duration	
Valley Springs HWC - Operational Reserve Fund	2,203,092	3,092				
Capital Improvement Fund	2,939,100	4,125				
Technology Reserve Fund	1,001,406	1,406				
Lease & Contract Reserve Fund	2,403,374	3,374				
Loan Reserve Fund	2,002,811	2,811				
Total CalTRUST	10,549,783	14,808			1 Year or Less	
Five Star						
General Operating Fund	-13,096	178.08				
Money Market Account	1,347,419	5,883.42				
Valley Springs - Checking	75,081	53.40				
Valley Springs - Payroll	106,647	48.08				
Total Five Star	1,516,051	6,162.98			1 Year or Less	
Umpqua Bank						
Checking	32,278	0.00				
Money Market Account	6,442	1.08				
Investments	1,514					
Total Savings & CD's	40,234	1.08				
Bank of Stockton	102,847	43.06			1 Year or Less	
Total in interest earning accounts	12,208,915	21,015				
Beta Dividend		1,200				
Total Without Unrealized Loss		22,215				
<p>Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds. The report for this period does reflect any deviation from the District's Investment Policy .</p>						