



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

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

**Wednesday April 24, 2024
9:00am**

Agenda

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

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

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

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

5. Consent Agenda: Public Comment – Action

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for March 20, 2024
- Board Meeting Minutes for March 27, 2024

6. MTHCD Reports:

- A. President’s Report**Ms. Reed
- **Association of California Health Care Districts (ACHD) April 2024 Advocate:**
 - **Meetings With MTHCD CEO:**
 - **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Chief Executive Officer’s Report**.....Dr. Smart
- **General Comments:**
 - **Strategic Planning Mtg rescheduled to Friday May 3, 2024:**
 - **General Election Nov. 5, 2024:**
 - **Resolution 2024 – 02 Calling for General Election:** Public Comment – Action
 - **BHCiP – Round 5 Update:**
 - **Ralph M. Brown Act of 1953:**

- **VSH&W Center – Policies and Forms: Public Comment – Action**

- Policies for April 2024 Valley Springs Health & Wellness Center:

New Policies

Standardized Procedure for Hepatitis C Screening in Adult Patients

Revised Policies

- Abnormal Vital Signs
- Initial Patient Contact and Medical Emergencies
- Medical Records Release
- Medical Record Transfer
- Medical Staff Credentialing and Governance
- Medication Waste Stream
- Vaccine Administration

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

- Dental Walk-In Patient Policy
- Formulary
- Informed Consent
- Lapses Of Consciousness – DMV Reporting
- LVN Scope of Practice
- Marketing
- Medical Records Forms and Fees
- Medical Records Security and Retention
- Medication Administration
- Medication Management Emergency Response to Power Failure
- Medication Reconciliation
- Medication, Supply, And Equipment Recalls/Warnings
- Mission Statement
- Monitoring Inspection of Medication Inventory
- Motor Vehicle Accident Reporting
- Patient Medical Record Content
- Service Animal
- Silver Diamine Fluoride
- Supply Outdates
- Telephone Request for Medical Information
- Temperature – All Modalities
- Use of Gloves
- Venipuncture
- Visual Acuity
- Withdrawal of Care
- X-Ray Orders

E. VSHWC Quality Reports Ms. Terradista

- Quality – March 2024:
- MedStatix – March 2024:

7. Committee Reports:

A. Finance Committee:.....Ms. Hack / Mr. Wood

- Financial Statements – March 2024: Public Comment – **Action**
- Mr. Wood – Explanation of MTHCD – MTMC/Dignity Lease:

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

C. Ad Hoc Community Grants:.....Ms. Sellick / Ms. Reed

- Ragin Cagun Sponsorship / Hospice Fund Raiser: Public Comment – **Action**
- Barger Golf Outing Sponsorship: Public Comment – **Action**

D. Ad Hoc Community Engagement:Ms. Reed

E. Ad Hoc Real Estate:Mr. Randolph

- MTMC Main Distribution Frame (MDF) Room Project: Public Comment – **Action**....Dr. Smart
- MOB 704 (Suite 102-105) Update:.....Dr. Smart
- MTMC Facility Report:.....Dr. Smart
 - Property Condition Assessment, LLC (PCA): – Executive Summary

F. Ad Hoc Personnel Committee Ms. Reed / Ms. Vermeltfoort

1. Closed Session: Chief Executive Officer (CEO) Annual Evaluation:
 - Public Performance Evaluation, Pursuant to Gov. Code Section 54957
2. Reconvene to Open Session:
3. Report of Action Taken (if any) in Closed Session:

8. Board Comment and Request for Future Agenda Items:

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

- Kelli’s House Dedication April 24, 2024 CAC by Resource Connection:
- Rotary - Ragin Cajun May 4, 2024:
- Barger Golf Outing June 2, 2024:

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. May 22, 2024 at 9am.

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Apr 24, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84663449499?pwd=aWlwUWZrdnNwbytoUit6bnkyTEt3dz09>

Meeting ID: 846 6344 9499

Passcode: 305335

One tap mobile

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• **+1 253 205 0468 US**

• **+1 689 278 1000 US**

• **+1 929 205 6099 US (New York)**

• **+1 301 715 8592 US (Washington DC)**

• **+1 305 224 1968 US**

• **+1 309 205 3325 US**

• **+1 312 626 6799 US (Chicago)**

• **+1 360 209 5623 US**

• **+1 386 347 5053 US**

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Meeting ID: 846 6344 9499

Passcode: 305335

Find your local number: <https://us02web.zoom.us/u/kTO2Zrn4X>



**MARK TWAIN
HEALTH CARE DISTRICT**

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

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

Wednesday March 20, 2024
9:00am

Participation: Zoom – Invite information is at the End of the Agenda
Or Participate in Person

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting was called to order by Ms. Hack at 9:02am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	X			
Richard Randolph	X			
Patricia Bettinger	X			

Quorum: Yes

3. Approval of Agenda:

Dr. Smart would like to add Change Healthcare discussion under item 8

Motion to approve amended agenda by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

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

Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Feb. 21, 2024:

Motion to approve consent agenda by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

6. Chief Executive Officer's Report:

- MTMC Seismic Retrofit Update:

Phase 1 - Materials Testing- The team has checked the concrete and framing and have found no problems. They are ahead of schedule. Report will be sent out once testing has finished.

- BHCIP Application Update:

A Request for Qualifications (RFQ) was sent out 10 days ago. We received 4 replies from reputable commercial companies. JP Morgan Portal access is being obtained to begin the match deposit process.

- MTMC – Building Assessment

A DRAFT report was delivered to MTMC. Facility was reported to be in good condition.

7. Real Estate Review:

Reviewing lease renewal of bottom floor of 704 Mountain Ranch Rd. Meeting with MTMC to discuss future plans was productive. Timelines seem to work well.

8. Accountant's Report:

- February Financials Will Be Presented: Public Comment- **Action**

February looks good. VSHWC had a solid month again.

Motion to approve February 2024 Financials with I & R Report by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

Change Healthcare was hacked and is holding 1400 claims. This could potentially affect the financials in the next few months.

District staff asked to review Business Continuity Plan.

9. Treasurer's Report:

No Report

10. Comments and Future Agenda Items:

Add update on Change Healthcare on future agendas.

Add Strategic Planning follow up on April meeting agenda

11. Next Meeting:

Next Finance Committee Meeting will be April 17, 2024 at 9:00am

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

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Time: 9:55am

Traci Whittington is inviting the Public to a scheduled Zoom meeting.

Topic: March 20, 2024 MTHCD Finance Committee Meeting

Time: Mar 20, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81381546271?pwd=QThhcDBwSW9nMIFNMINGSUI6czZEUT09>

Meeting ID: 813 8154 6271

Passcode: 576959

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- +1 253 205 0468 US
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
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- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US

Meeting ID: 813 8154 6271

Passcode: 576959

Find your local number: <https://us02web.zoom.us/j/81381546271?pwd=QThhcDBwSW9nMIFNMINGSUI6czZEUT09>



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**Meeting of the Board of Directors
 Mark Twain Medical Center
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**Wednesday March 27, 2024
 9:00am**

UN- Approved Minutes

Zoom – Public Invitation information is at the End of the 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:

Meeting called to order by Ms. Reed at 9:00am.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum: YES

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

Motion to approve agenda by Ms. Hack

Second: Ms. Vermeltoort

Ayes: 5

Nays: 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 February 21, 2024
- Board Meeting Minutes for February 28, 2024

Motion to approve consent agenda by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

A. President's Report

- **Association of California Health Care Districts (ACHD) March 2024 Advocate:**

- **Meetings With MTHCD CEO:**

Agenda items were discussed.

- **California Advancing & Innovating Medi-Cal Program (Cal Aim)**

The last of the Health Information Sharing monies were released last week.

B. MTMC Community Board Report

MTMC welcomes Dr. Gonzales to Surgery, Dr. Cahill to Ortho, and Dr. Laird to Ortho Surgery.

C. MTMC Board of Directors

Will meet on Friday March 29, 2024.

D. Chief Executive Officer's Report

- **General Comments:**

1. Dr. Smart wants to recognize the exemplary care provided by the VSHWC staff to an infant needing extreme medical care.
2. Change Health Care was hit with ransom ware and unable to process over 1400 Billing claims. Athena has found a new clearing house, and claims are now being processed. Could affect the March Financials.
3. MTMC has received a quote for \$150k to install EV charging station for the hospital.

- **Community Benefits Report Mar - 2023:**

The MTHCD 2023 Community Benefits Report included in packet.

- **Ralph M. Brown Act of 1953:**

The reason for the Brown Act was explained.

- **Clinic – Dental Dept. Expansion:** Public Comment – **Action**

- **Authorizing Staff to Proceed with Construction Plans, Permitting & RFQ Develop Line-Item Construction Budget:**

Working on a potential sharing agreement with the owner of the existing parking lot next door. Discussion of creating parking lot up the hill from the VSHWC for additional parking.

- **Pro-Forma:**

Motion to authorize staff to proceed with construction plans for dental expansion by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

- **BHCIP – Round 5 Update:**

We have a contract with the state. Still working on the JP Morgan account access. Projected groundbreaking June 1, 2024. Occupancy Nov. 1, 2024

- **CPPA At-Large Board of Director Position:** Public Comment – **Action**

Ms. Vermeltoort nominated Richard Randolph for open CPPA Board seat recommendation

Second: Ms. Hack

Ayes: 5

Nays: 0

- **Strategic Planning Meeting – Binders:**

- Meeting April 5, 2024

Informational Binders were distributed to BOD members.

- **VSH&W Center – Policies and Forms: Public Comment – Action**

- Policies for Mar. 2024 Valley Springs Health & Wellness Center:

New Policies

N/A

Revised Policies

Child Abuse-Reporting

Disaster – Fire

Domestic Violence and Suspicious Injury

Follow-Up Of Patients

Handwashing

HIV Testing

Infection Control

Mass Casualty Response

Medical Records Release

Medi-Cal Eligibility Verification

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

Billing Personnel – Organization

Billing Practices

Bomb Scare

Cardiopulmonary Resuscitation/ Basic Life Support

Dental Fluoride Varnish Policy

Dental Local Anesthesia Policy

Disaster - Water Contamination

Disruption of Electrical Services

Drug Samples

Elder Dependent Adult Abuse Reporting

Employee Health

External Hazmat Incident

Extreme Temperatures

Fire Safety

Hazardous Waste

Infection Control – Overview

Intramuscular Injections

Litigation (Potential)
Look-Alike Sound-Alike Medications
Medical Assistant Scope of Practice
Operation During Internal Disaster
Sensitive Services

Motion to approve policies by Ms. Hack
Second: Mr. Randolph
Ayes: 5
Nays: 0

E. VSHWC Quality Reports

- Quality – February 2024:

114 new patients registered in Feb. Will add a separate line to show RoboDoc encounters. The liver clinic is running twice a month with over 65 patients participating.

- MedStatix – February 2024:

Provider satisfaction close to 100%. Nursing staff satisfaction is at 100%.
Overall, the clinic is above the National Average in terms of satisfaction ratings.
95% of Dental patients would recommend VSHWC Dental.

7. Committee Reports:

A. Finance Committee

- Financial Statements – February 2024: Public Comment – **Action**

8 months in a row the District has remained in the black. Mr. Hohenbrink recalculated the rate settlement amount to be \$2.8mil.

Motion to approve Feb. 2024 Financials with I & R Report by Ms. Hack
Second: Ms. Vermeltoort
Ayes: 5
Nays: 0

B. Ad Hoc Policy Committee

No report.

C. Ad Hoc Community Grants

Recommendation moving forward into the New Fiscal year is to discuss at the Strategic Planning Meeting any ideas for grant allocations.

D. Ad Hoc Community Engagement

No Report.

E. Ad Hoc Real Estate

700 Mountain Ranch Rd rent increase due May 1, 2024.

- MOB 704 (Suite 102-105) Memorandum
- MTMC Facility Report:

The DRAFT report is with the MTMC for comments.

F. Ad Hoc Personnel Committee

Meeting in April.

8. Board Comment and Request for Future Agenda Items:

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

- Strategic Planning Mtg Apr 5, 2024
- Sexual Assault Response Team Fund Raiser & Dinner Apr 5, 2024

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. April 24, 2024 at 9am.

10. Adjournment: Public Comment – Action:

Motion to adjourn by Ms. Hack

Second: Ms. Sellick

Ayes: 5

Nays: 0

Time: 11:00am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: March 27, 2024 MTHCD Board of Directors Meeting
Time: Mar 27, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88464819576?pwd=eGtGVHJtQ2MyaGxiMWNnUnBvLzBDQT09>

Meeting ID: 884 6481 9576
Passcode: 103057

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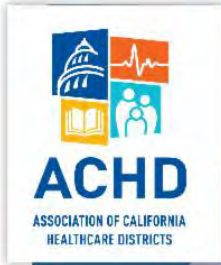
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ACHD

THE ADVOCATE

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MEMBER BENEFITS?](#)

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CALL FOR PROPOSAL](#)

WHAT'S NEW IN MARCH

CEO MESSAGE

ACHD hopes that health districts and their teams have had some time for a well-deserved break this Spring. **The Legislature returned this week from their Spring Recess** and will remain extremely busy until the budget deadline in June. In her message below, [Sarah Bridge](#), provides an update on ACHD's priority bills and an overview of a recent [Assembly Budget Sub-Committee on Health hearing focused on hospital finances and closures](#). As the Association takes active positions on bill proposals, [our website is continually updated](#). Please note, ACHD has currently screened many bills to date as "watch" because we are waiting for more substantive amendments to the bills before we position. Those bills will not appear on our website until we take an official position. Therefore, you will not find an exhaustive list of all the bills we are following on our website. Our May Educational Webinar will focus on a legislative and state budget update, so be on the lookout for the email with the date for that webinar soon. In the meantime, if you have any questions regarding ACHD's priorities, or would like a status update on any specific bill, please feel free to reach out to [me](#) or [Sarah Bridge](#) directly.

ACHD is currently seeking your input on our 72nd Annual Meeting. Help shape ACHD's next Annual Meeting by sharing your thoughts in a quick survey. Your feedback is crucial in guiding us to create an unforgettable experience for all attendees. Also, **it's not too early to [submit a proposal to present a Healthcare District Best Practice](#)** at ACHD's Annual Meeting. **The District Best Practices breakout sessions are consistently rated among the most popular segments** during the conference, so please consider submitting a proposal to share your great work with your friends and colleagues. We look forward to

seeing all of you there on **September 25 - 27 at The Embassy Suites by Hilton**, located on Sacramento's Riverfront Promenade.

As always, if ACHD can be supportive or helpful in any way, please reach out and we will be happy to assist.

Cathy Martin
Chief Executive Officer



Legislative Update



ACHD Legislative Update:

On Monday, the Legislature returned from Spring Recess and picked up where they left off on policy and budget committees. April 26 marks the final day for bills to be heard in their relevant policy committees. For a complete calendar of legislative deadlines, please see the legislative calendar [here](#). ACHD continues to review and take positions on legislation that impacts healthcare districts. As ACHD takes formal positions, they will be available on our website [here](#).

On March 20, the Assembly Speaker announced the creation of a new select committee on distressed hospitals. Assemblymember Esmeralda Soria will chair the Committee. Read her statement on the Committee [here](#). The complete membership and committee home page is posted on the Assembly's website, [here](#).

Proposition 1:

Proposition 1, which modernized the Mental Health Services Act and was coined Behavioral Health Transformation (BHT), passed with narrow margins. The Department of Health Care Services (DHCS) released a press release on the issue, stating, "The Behavioral Health Transformation (BHT) will help improve accountability, increase transparency, and expand the capacity of behavioral health care facilities across California." For comprehensive materials and the full press release, please visit [DHCS's webpage](#). Per the passage of Prop. 1, DHCS is required to seek stakeholder feedback on the implementation. DHCS will host listening sessions beginning this month through October. ACHD will participate in these sessions and provide feedback to DHCS as necessary.

Budget:

Both the Senate and Assembly budget committees continue to meet. The state's significant budget deficit means the conversations are largely focused on what funding can be preserved. Senators have been directed that the budget will include no district specific budget items.

Today, the Legislature announced an early action budget package to help address the shortfall. Read the Governor's press release [here](#). The agreement reflects just over \$17 billion in reductions, deferrals, funding shifts, delays, and cuts. An overview of the agreement can be found [here](#). While this early action agreement does make significant budget changes, it is important to note that the Governor will still announce a May Revision to his budget, and the Legislature will still need to adopt a complete balanced budget by midnight on June 15.

Bills of Note:

With the bulk of policy bills falling in late April hearings, ACHD is finalizing positions on legislation. Below are notes on a few bills of interest. However, final positions have not been adopted.

SB 1432 (Caballero) / AB 869 (Wood) - Seismic Mandate Bills

[SB 1432](#), sponsored by the California Hospital Association (CHA), seeks to provide relief for all hospitals with regard to the the 2030 seismic mandate. The bill has yet to be set for a hearing, but will be heard in Senate Health before the April 26 deadline. ACHD is in active conversations with the measure's sponsor and legislative leadership on the compatibility of SB 1432 with [AB 869](#) and the larger seismic framework for districts not currently included in AB 869. AB 869 continues to be a high-priority support for ACHD.

AB 2339 (Aguiar-Curry) - Telehealth

[AB 2339](#) moved out of Assembly Health Committee earlier this week. The bill would expand access to telehealth services by allowing the use of asynchronous telehealth to establish a new patient relationship when related to sensitive services or when requested by the patient. ACHD has a support position on the measure.

SB 895 (Roth) - Workforce

[SB 895](#) would create a pilot program allowing Community Colleges to confer a Bachelor of Science in Nursing degree at a set number of community colleges. The bill is set for hearing in the Senate Education Committee on April 10, 2024. ACHD has a support position on the measure.

[Sponsor Insights presented by MEDITECH:](#)
[The Push and the Pull: An Interoperability Update](#)

Originally posted by [Holly Miller, MD, MBA](#)

Anyone following the world of health information technology (HIT) over the past decade knows there's been tremendous work behind the scenes to advance interoperability and data sharing.

MEDITECH

Our efforts are finally coming to fruition as we move beyond the era of static document sharing into a new era of more intelligent data usability.

This is important because adoption will only increase when the data that clinicians need is quickly and easily accessible at the point of care.

[To read more, click here](#)

Now Accepting Proposals for District Best Practices Presentations

Here's your chance to shine by presenting at the ACHD's 2024 Annual Meeting at [Embassy Suites by Hilton Sacramento Riverfront Promenade](#), September 25 - 27, 2024.

[To learn more about the district best practices submission process or to submit a proposal, click here.](#)





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NOTICE OF GENERAL DISTRICT ELECTION
To be consolidated with the November 5, 2024 General Election
(Elections Code §10509, 10522, 10524, W. C. 71451)
Mark Twain Health Care District
Nov. 5, 2024 Election

The purpose of said election is to elect three (2) directors for a FULL TERM to fill the offices presently held by the following directors whose terms expire December 1, 2024,

Name: Richard Randolph
Lori Hack

Division (if Applicable) NA

The following section applies only if Director(s) was/were appointed to fill a vacancy in an office which is not normally scheduled to be voted on this year.

District will also elect (0) director for a SHORT-TERM ending.

Candidates for office may obtain nomination papers between July 18, and August 12, 2022 (If incumbents fail to file for re-election the date will extend to August 14, 2024, for everyone other than incumbents) from Calaveras County Clerk, Elections Department, 891 Mountain Ranch Road San Andreas, CA 95249.

A Notice of Election will be published by Calaveras County Clerk, Elections Office in the Enterprise and the Valley Springs News.

CANDIDATE'S STATEMENTS (Check the appropriate box below)

- District will pay for Candidate's Statements upon billing - NA
- Candidates will pay for Candidate's Statements upon submittal - X

MAP OR BOUNDARY DESCRIPTION (REQUIRED) IS ENCLOSED HEREWITH

No Boundary changes X See boundary changes NA

Elections Code §10522 requires that at least 125 days (July 3, 2024) before the election a current map and boundary description be delivered to the Registrar of Voters.

Date

Debra Sellick, Secretary of the Board of Directors
P O Box 95 San Andreas, CA 95249-0095
(209) 754-4468

Mark Twain Health Care District Mission Statement

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**Resolution Calling General District Election
Resolution No 2024 - 02
Mark Twain Health Care District**

WHEREAS, an election will be held within the Mark Twain Health Care District within Calaveras County on November 5, 2024, for the purpose of electing Governing Board; Members; and

WHEREAS, Election Code §10403 requires jurisdictions to file with the Board of Supervisors, and the County Clerk, a resolution requesting consolidation with said election.

THEREFORE, BE IT RESOLVED, that the Mark Twain Health Care District requests the Board of Supervisors of Calaveras County to consolidate the District Election with the election to be held on November 5, 2024.

BE IT FURTHER RESOLVED that the District agrees to reimburse the County Elections Department for actual costs accrued as a result of this consolidation. The District acknowledges that the consolidated election will be held and conducted in the manner prescribed in Election Code §10418.

ON A MOTION by Director _____ . Seconded by Director _____ the foregoing resolution was duly passed and adopted by the following vote on April 24, 2024.

Ayes:

Noes:

Absent:

ABSTAINED:

Attest:

Linda Reed, Chair of the Board of Directors

Debra Sellick, Secretary of the Board of Directors

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

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

POLICY: Standardized Procedure for Hepatitis C Screening in Adult Patients	REVIEWED: 4/16/24
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: 4/27/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized Orders for Hepatitis C Screening in Adult Patients 18 and over

Objective: To define and clarify screening procedures and testing that may be performed by a qualified clinical RN, LVN, medical assistant during a Hepatitis C Health Screening to detect HCV antibodies in patients via fingerstick. Everyone ages 18 to 79 needs to get tested for hepatitis C at least once. Hepatitis C is a serious liver disease caused by the hepatitis C virus (HCV). The most common way to get hepatitis C is by coming into contact with the blood of someone who has it.

Response Rating: Adult Medical Care Staff

Required Equipment: screening form, CLIA Waived Test kit and supplies

Medi-Cal Standard for Hepatitis C Virus Screening: “All adults 18 to 79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at a well visit. **Test at least once between ages 18 to 79.** Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be **tested for HCV infection and reassessed annually.** Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those receiving long term hemodialysis, those with HIV, prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produced before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitisc-screening>

<https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

Procedure:

After completion of training and documentation of demonstrated competency, the RNs, LVNs and Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform standard screening on all patients 18 and over.

Trained employees will wear the proper PPE while performing the fingerstick test, including gloves. After the testing procedure is complete, the employee will use proper PPE removal and handwashing technique.

Results will be entered in the patient’s medical record and the results will be reported to the Provider. If results are out of normal range, results are to be reported immediately to the Provider.



THE FIRST FDA-APPROVED, CLIA-WAIVED RAPID HCV TEST

<https://www.orasure.com/products-infectious/OraQuick-HCV.html>

The OraQuick® HCV test is FDA approved for detecting HCV antibodies in fingerstick and venipuncture whole blood. Our simple platform enables healthcare providers to deliver an accurate diagnosis in 20 minutes.

Rapid Results

- Point-of-care-testing results in 20 minutes
- Greater than 98% accurate
- Tests for multiple HCV genotypes
- Fingerstick and Venipuncture whole blood collection
- CLIA-waived

1. QC is to be performed with every new box or change in Lot number.

2. Fingerstick

Step 1 -

Collect Specimen & Mix in buffer



Step 2 -

Insert device into buffer



Step 3 -

Read between 20 and 40 minutes



Non-Reactive

Line in the C Zone

Reactive

Line in the C & T Zones

3. Venipuncture Whole Blood

Step 1 -

Collect Specimen & Mix in buffer



Step 2 -
Insert device into buffer



Step 3 -
Read between 20 and 40 minutes



Non-Reactive

Line in the C Zone

Reactive

Line in the C & T Zones

2. Venipuncture Whole Blood

Step 1 -
Collect Specimen & Mix in buffer



Step 2 -
Insert device into buffer



Step 3 -
Read between 20 and 40 minutes



Non-Reactive

Line in the C Zone

Reactive

Line in the C & T Zones

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 4/16/2024.

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

POLICY: Abnormal Vital Signs	REVIEWED: 11/11/18; 9/14/19; 3/5/20; 5/04/21; 3/07/23; <u>4/01/24</u>
SECTION: Clinical	REVISED: 9/14/19; 3/5/20; <u>4/01/24</u>
EFFECTIVE: <u>3/22/23</u> <u>4/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Abnormal Vital Signs

Objective: To assess the patient at risk for severe disease or complications.

Response Rating: Minimal to Severe

Required Equipment: Gloves.

Procedure

1. All patients in the Clinic will have a complete set of vital signs.
2. All children should be evaluated for severe respiratory distress as indicated by rapid breathing, retractions, or cyanosis (blue/purple lips) and brought in immediately for evaluation by the practitioner.
 - a. In children under age 3, pulse, respiratory rate, temperature (oral or temporal artery thermometer), weight and pulse oximetry, if indicated.
 - b. In children (3 years and above as tolerated) and adults, add blood pressure.
 - c. In children (regardless of age) who present as ill or in distress, ensure all vital signs are taken and recorded in the medical record.
3. For pulse: notify the practitioner if less than 60 or greater than 100 in adults or if the patient shows visible signs of distress. The normal range for children will vary by age, but generally is faster. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
4. For respiration: notify the practitioner if the rate is greater than 24 times per minute, or if there is any difficulty breathing or the patient shows visible signs of distress. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
5. For blood pressure: in adults, notify the physician if systolic is >160 or less than 90, or if diastolic is over 100 or under 60. If blood pressure is over 130/80, then keep the blood pressure cuff on the patient to notify the provider that the blood pressure will need to be retaken (by the provider or MA).
6. For temperature: notify the practitioner if ~~over~~ it is over 102 degrees.

7. For pulse oximetry: notify the practitioner if less than 95%.
8. In all cases, document the vital signs clearly in the medical record and notate if any are abnormal.
9. All abnormal vital signs and oximetry will be addressed by the practitioner during the visit.

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

POLICY: Initial Patient Contact and Medical Emergencies	REVIEWED: 2/1/19; 2/14/20; 5/04/21; 5/3/22; 3/07/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 2/14/20; 5/04/21; <u>4/01/24</u>
EFFECTIVE: <u>3/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medical Emergency Routine

Policy: Patients will be acknowledged upon arrival at the Clinic and will be interviewed to determine their reason for coming to the Clinic. Patients with a need for immediate care will be prioritized and seen before other patients, regardless of their order of arrival.

Objectives: To provide medical care according to immediate need.

Response Rating: Severe

Required Equipment: This will vary according to ~~patient~~the patient's condition.

Applies to: All Personnel and Practitioners

Policy:

1. If a patient presents with symptoms that may require **immediate care**, the nurse and/or a provider will be called to the front to assess the patient's condition immediately.
2. Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.
3. If an emergency condition arises the following protocol will be followed:
 - a. Obtain the patient's vital signs and a brief history.
 - b. Notify the physician of the patient's condition.
 - c. If the physician feels there is ~~an emergency situation~~an emergency, EMS ~~squad~~ is to be called immediately. Dial 911.
 - d. If the patient is unstable or unconscious, bring the crash cart, with the emergency medication kit and automatic defibrillator (AED) to the patient bedside.

- e. ~~Two~~ Two copies of all test results and medical records are to be copied and sent with the patient if transferred.
- f. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

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

POLICY: Medical Records Release	REVIEWED: 4/1/19; 12/30/20; 9/29/21; 1/12/23; <u>4/01/24</u>
SECTION: Medical Records	REVISED: 1/12/23; <u>4/01/24</u>
EFFECTIVE: <u>4/25/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Release of medical records

Objective: To ensure that authorization for release of patient medical information is valid, requirements for patient authorization under the Confidentiality of Medical Information Act will be followed.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. To be valid, authorization for a provider to release patient medical information must be:
 - a. In writing.
 - b. Executed by a signature that serves no purpose other than to execute the authorization.
 - c. Signed and dated by one of the following:
 1. The patient.
 2. The legal representative of the patient, if the patient is a minor.
 3. The legal representative of the patient, if the patient is an adult with a guardian.
 - d. The limitations, if any, on the types of medical information to be disclosed.
 - e. The name of the health care provider that may disclose the medical information.
 - f. The name of the person or entities authorized to receive the medical information.
2. The designated employee will give a medical records release form to the person requesting records.
3. The form must be completed and signed before a witness, who will also sign the document.
4. The signed, completed document will be kept in the medical record and the requested records will be released to persons requesting them or their designee.
5. A copy of the signed, completed request form will accompany the records being sent.

6. Any requests for Behavioral Health records, even with a signed release, must be reviewed by the Behavioral Health Provider prior to records being released by the requestor.

Medical Records Release
Policy Number 111

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7. In the event that a person without an ROI is requesting medical records for a deceased patient, they can only be released under the following conditions:

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a. The requesting party shall present a copy of the death certificate.

b. The requesting party will, in addition, present a copy of either a document stating that the requester is the executor of the will or a copy of a trust showing the requester as a recipient of all or a portion of the trust.

c. If these items are not available, the requestor will be provided with a release form to be filled out and notarized. When the form is returned, the requester may obtain a copy of the medical records.

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d. All forms received will be scanned into the deceased patient's chart

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

POLICY: Medical Record Transfer	REVIEWED: 4/1/19; 12/31/20; 9/29/21; 1/05/23; <u>4/01/24</u>
SECTION: Medical Records	REVISED: <u>4/01/24</u>
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Transfer of medical records

Objective: A patient or his/her representative is entitled to access to the patient’s health record. Record transfers shall be done upon appropriate request.

Response Rating:

Required Equipment:

Procedure:

1. A release of information form will be signed and dated by the patient or their legal representative.
2. Release of information will include the patient’s name, date of birth, and destination of the records.
3. Confidentiality of records will be stressed to all patients or legal custodians who hand carry records.
4. Records will not be transferred without ~~patient~~a patient or legal representative signature, except by law for continuity of care, to local Public Health, coroner offices, etc. (telephone requests —from medical offices, insurance companies or other parties will not be accepted).
5. At no time will records be transferred or released if there is a question regarding legality and/or legitimacy of the requesting individual.
6. The medical records personnel will be responsible for monitoring the transfer of records.
7. When records are being transferred to an entity other than an affiliated Clinic or recognized health care entity, a charge will be made to the patient. The copied records will not be released until payment has been received.

<https://www.miec.com/knowledge-library/california-confidentiality-of-medical-information-act/#:~:text=Mandatory%20disclosure%20of%20information,by%20subpoena%20or%20discovery%20request>
Published on: September 14, 2020

Medical Records Transfer
Policy Number 112

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=56.10.&lawCode=CIV

CIV (Amended by Stats. 2022, Ch. 993, Sec. 1.5. (SB 1184) Effective January 1, 2023.)

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Medical Records Transfer
Policy Number 112

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

POLICY: Medical Staff Credentialing and Governance	REVIEWED: 3/30/20; 6/07/21; 8/04/22; 9/16/23 12/13/23
SECTION: Medical Staff	REVISED: 3/30/20; 4/15/24
EFFECTIVE: 10/26/22 25/234/27/24	MEDICAL DIRECTOR: Dr. Randy Smart Randall Smart, MD

Subject: Medical Staff Appointment Credentialing Process

Objective: It is the policy of this facility to require a review of credentials and references for all medical staff prior to granting privileges to ensure that patients are cared for by qualified, competent staff, and to assure that all employees meet applicable state licensing requirements for their positions.

Response Rating:

Required Equipment: None

Procedure:

Staffing and staff responsibilities

Professionally Licensed Employees:

<u>NAME</u>	<u>TITLE</u>	<u>LICENSE #</u>	<u>EXP. DATE</u>

Policy

It is the policy of the Rural Health Clinic (RHC) to ensure the lines of authority and responsibility are clearly set forth in writing and followed.

The clinic has a health care staff which includes one or more full-time physicians and one or more Advanced Practice Professionals that are present for at least 50% of the time the clinic is operating. The staff also includes the necessary Ancillary Personnel that are sufficient at all times to provide the services essential to the operation of the clinic. Documentation concerning staff qualification is located in the CEO’s office.

The clinic or center is under the medical direction of a physician and has a health care staff that meets the requirements of law and may include other physicians, as well as nurse practitioners.

A medical provider shall be on the premises at all times that the RHC is open to the public.

Procedure

A. Qualifications

1. Physicians

- a. A valid, current, and unencumbered license to practice medicine or osteopathy in the State of California;
- b. A valid, current, and unencumbered Drug Enforcement Authority Prescriptive License (DEA);
- c. NPI #;
- d. Background check;
- e. Urine Check;
- f. Certificate of Liability Insurance;
- g. Claims History;
- h. Evidence of training, including Medical School / Internship / Residency;
- i. Curriculum Vitae; and
- j. Other Certifications, e.g. copies of CPR certifications, continuing education certificates.

2. Nurse Practitioners

a. Qualifications

- i. A valid, current and unencumbered California Registered Nurse license;
- ii. Successful completion of an NP education program that conforms to the standards set by the California Board of Registered Nursing;
- iii. A valid, current and unencumbered Nurse Practitioner certification issued by the California Board of Registered Nursing;
- iv. If prescribing, ordering, dispensing, procuring, or furnishing controlled substances, a valid, current and unencumbered furnishing number from the State of California Board of Registered Nursing¹ and for controlled substances, registration with the United States Drug Enforcement Administration²;
- v. Other certification (e.g., ACLS, NALS/PALS) as is specified in the requested privileges, prerogatives or service authorization of the relevant peer review body;
- vi. Certificate of Liability Insurance;
- vii. Standardized Procedures must provide a copy of them, signed by at least one Qualified Supervising Physician, which specify the functions the NP may perform and under what circumstances, including the format of a Subjective, Objective, Treatment Plan, Record Keeping, Ongoing Competency Evaluation and Consultation criteria; and

¹ A Furnishing number is required by every NP per Bus. & Prof. Code §§2836.1 & 2836.3. Health & Safety Code §11150 authorizes the writing of prescriptions and Health & Safety Code §11165.1 requires CURES registration.

² Bus. & Prof. Code §2836.2

viii. NPs are authorized to perform Standardized Procedures without Personal or Direct Supervision of a physician, except where Direct or immediate observation, supervision or approval is specified on individual Standardized Procedures. Physician consultation shall be available at all times, either by (presence) on-site, telephonic or electronic means.

b. Scope of Practice

- i. All NPs, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience, licensure, and certification.
- ii. All NPs shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided.³ Physician consultation shall be obtained as specified in the individual protocols, Standardized Procedures or Referral Plan.
- iii. NPs perform services while working in collaboration with a physician. Collaboration is a documented process identifying the NP's scope of practice and plan for involvement of physicians to deal with issues outside their scope of practice or when otherwise warranted.⁴
- iv. A NP shall refer a patient to a physician and surgeon or other licensed health care provider if a situation or condition of a patient is beyond the scope of the education and training of the NP.
- v. A NP shall furnish, order or prescribe drugs under supervision. Schedule II controlled substances shall be ordered in accordance with a patient-specific protocol approved by the supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner providing the order.⁵
- vi. Each NP must verbally inform all new patients, in a language understandable to the patient, that the NP is not a physician or surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrases "enfermera especializada" or "enfermero especializado." The NP must further advise patients that they have the right to see a physician and/or surgeon on request, and the circumstances under which they must be referred to see a physician and/or surgeon.⁶
- vii. A NP functioning pursuant to Standardized Procedures must, upon assessment and evaluation of the patient, determine that the patient is appropriate for management through an approved Standardized Procedure. The medical record must reflect the assessment, conclusions,

³ NP supervision of other non-physician staff does not constitute a personal professional performance service 42 U.S.C. §410.75(e)(1)

⁴ 42 C.F.R. §410.75(c)(3) - Medicare Part B covers NP services only if the services would be covered if furnished by a physician and are provided in collaboration with a physician, as described.

⁵ Bus. & Prof. Code § 2836.1.

⁶ 16 CCR §1487.

and standardized procedure defined treatment plan.⁷
viii. A NP may certify patient-eligibility under the Medicare home health benefit and oversee their plan of care.

B. Medical Director Responsibilities:

1. Provides medical direction for the clinic health care activities.
2. Verifying all provider qualifications, which may be delegated or outsourced.
3. Review and evaluate qualifications for professional staff; discuss with the Clinic CEO any concerns raised, including but not limited to background check results and/or urine drug testing.
4. The physician is present for sufficient periods of time to provide medical direction, medical care services, consultation and communication for consultation, assistance with medical emergencies, and patient referral. Any extraordinary circumstances are documented in the records of the clinic.
5. In conjunction with one or more of the physicians and one or more of the Nurse Practitioners or Physicians' Assistants, participates in developing, executing and periodically reviewing the clinic policies and services provided to patients.
6. Periodically reviews the clinic's or center's patient records.
7. Provides medical care service to the patients of the clinic.
8. Refer to Appendix B for a copy of the job description for the Medical Director.

C. Physician Responsibilities

1. Provides medical care service to the patients of the clinic.
2. May participate in periodically reviewing the clinic policies and services provided to patients.
3. May participate with the Medical Director or other physician in periodically reviewing the medical care service to the patients of the clinic.

D. Advanced Practice Professionals' Responsibilities (NP):

1. Provides medical care service to the patients of the clinic in accordance with the clinic's policies.
2. May participate in periodically reviewing the clinic policies and services provided to patients.
3. May participate in periodically reviewing the medical care service to the patients of the clinic.
4. Arranges for, or refers patients to, needed services that cannot be provided at the clinic.
5. Assures that adequate patient health care records are maintained and transferred as required.

Authority

42 CFR § 410.75, §491.7, §491.8

16 CCR §1487

22 C.C.R. §51331.5

Bus. & Prof. Code §§1288, 2836.1, 2836.2 & 2836.3.

Health & Safety Code §§11150 & 11165.1

- ~~1. Prior to medical staff appointment, each applicant's credentials from their medical staff application shall be verified by MTHCD Credentialing staff, under the direction of the Chief Executive Officer and Medical Director. The application form will be the California Participating Physician application, 5/97.~~

⁷ Clinical lab tests may be ordered and reported to a physician and surgeon, or licensed as a healthcare provider with a scope of practice that authorizes one to order clinical laboratory tests." CA Bus. & Prof. Code §1288

~~2. The following information will be required from the practitioner to complete the credentialing process:~~

- ~~a. Medical School/Internship OR Nurse Practitioner program OR physician assistant program~~
- ~~b. Board Certifications~~
- ~~c. Residency Certificates~~
- ~~d. Hospital Affiliation(s)~~
- ~~e. Personal references (2)~~
- ~~f. State licensure~~
- ~~g. DEA/BNDD~~
- ~~h. Work history~~
- ~~i. Any legal or litigation actions, past and present~~

~~3. MTHCD Credentialing staff and/or their designee will be responsible for submitting completed insurance plan credentialing packets to payors with whom the District has contracts to ensure providers are recognized and accepted by those plans. This may include online application submissions (CAQH) as well as paper application submission.~~

~~4. The organization may outsource the following credentialing requirements:~~

- ~~a. Primary Source Verification~~
- ~~b. Criminal Records search~~
- ~~c. Urine drug screening~~
- ~~d. Health care compliance search (OIG)~~

~~5. Responsibilities~~

~~A. The Governing Body assumes the responsibility for establishing the overall goals and objectives for the Clinic. Among these goals are:~~

- ~~1. Deliver and maintain the highest quality care to its patients.~~
- ~~2. Provide for the safety and welfare of patients and staff.~~
- ~~3. Develop policies and procedures that will result in accreditation by regulatory agencies.~~
- ~~4. Assure the hiring and training of competent personnel through credentialing and orientation process.~~
- ~~5. Encourage the staff to take part in appropriate continuing education.~~
- ~~6. Acknowledge its fiscal responsibilities for controlling the cost to patients.~~
- ~~7. Periodically evaluate its methods to improve services offered to the community.~~
- ~~8. Assure that the Clinic is integrated into the medical community.~~

~~9. Monitor the results of the Quality Assurance/Performance Improvement program.~~

~~10. Exercise general supervision of construction of all improvements of and acquisition of new equipment.~~

~~Monitoring of these goals will be accomplished through periodic reports from the Clinic Manager or the Chief Executive Officer.~~

~~6. Administration~~

~~The Medical Director of the Clinic is appointed. The Medical Director is appointed and may be terminated by the Mark Twain Health Care District Board of Directors.~~

~~The Chief Executive Officer shall be responsible for:~~

~~1. Overall operation of the facility as defined within the Policy and Procedure Manual.~~

~~2. The operation of the facility within the applicable local, regional, state, and federal laws.~~

~~3. For the central utilization and conversion of the physical and financial assets of the Clinic and recruitment and director of the facility staff assisted by the WSHCD Board of Directors.~~

~~4. Assisting the Governing Body in formulating policy pertaining to the operation and growth of the Clinic.~~

~~7. Medical Staff~~

~~After completing the credentialing process, the Board of Directors shall grant clinical privileges to professional staff.~~

~~All applications for privileges on the Medical Staff shall be in writing and addressed to the Board of Directors. The application shall contain full information concerning the applicant's education, licensure, and professional experience. Following verification of the completeness of the application, the application will be presented to the Governing Board of Directors for verification and appointment.~~

~~After approval and completion of an Independent Contractor's contract, the Governing Body shall in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for insuring appropriate professional care to the Clinic's patients.~~

~~8. Reduction, Suspension, or Denial of Privileges of Staff Membership~~

~~A. If any member of the Medical Staff makes or exhibits acts, statements, demeanor, or professional conduct, either inside or outside the Clinic, which is reasonably likely to be:~~

~~a. Detrimental to patient safety or to the delivery of care of an acceptable quality within the Clinic;~~

- ~~b. Display disruptive behavior or conduct to the Center and/or its operations;~~
- ~~c. Violation of the Clinic or Medical Staff rules and regulations or policies~~

~~Privileges may be suspended by action of the Chief Executive Officer with approval of the
Governing Body.~~

- ~~B. The Medical Director shall have authority to rescind immediately the Medical Staff membership status and all or any portion of the clinical privileges of the physician to protect health, safety, and/or patient's welfare.~~
- ~~C. The Director shall have the authority and responsibility to provide for alternative medical coverage of the patients of the suspended physician still in the Clinic at the time of the suspension. The wishes of the patient shall be considered in selecting an alternative physician and treatment plan.~~
- ~~D. Each Medical Staff member is subject to automatic suspension under the following conditions:
 - ~~a. The Practitioner's license, certificate, or other legal credential authorizing him/her to practice in the State of California is revoked;~~
 - ~~b. The Practitioner's Drug Enforcement Agency (DEA) or other controlled substance number is revoked or suspended;~~
 - ~~c. In the event the Practitioner receives notification that the policy or professional liability insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;~~
 - ~~d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.~~~~

~~9. Officers~~

~~General Information:~~

- ~~1. Officers of the Medical Staff Committee shall include the Medical Director, Administrative staff, and members and/or officers of the Governing Body.~~
- ~~2. The Medical Director shall call, preside atover, and be responsible for the agenda of all general meetings of the medical staff.~~

~~Duties of the Medical Staff Committee:~~

- ~~1. The Director shall serve as the Chief of the Medical Staff, and in this capacity shall:
 - ~~a. Act in coordination and cooperation with the Governing Body in all matters of mutual concern within the Clinic.~~
 - ~~b. The Medical Director shall call, preside atover, and be responsible for the agenda of all general meetings of the medical staff.~~~~

- c. ~~Be responsible for enforcing or assuring the enforcement of staff rules, regulations, and policies, for implementing sanctions where indicated: for the medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a physician.~~
- d. ~~Represent the views, policies, needs, and grievances of the Medical Staff to the Governing Body.~~
- e. ~~Receive and interpret to the staff the policies and report to the Governing Body the performance of the staff in providing an acceptable level of care.~~
- f. ~~Be responsible for ensuring that the staff maintains an adequate educational program.~~

- g. ~~Act as spokesman for the Medical Staff in its external professional and public relations.~~
- h. ~~Appoint an acting Director in his/her absence.~~

10. ~~Medical Staff Committees~~

~~Committees of the staff shall either be standing committees or special committees assigned by the Governing Body or CEO. Special committees are those the Director or Governing Body from time to time, may create on an ad hoc basis for a function expected to be completed within a limited period of time. Since, by design, the Medical Staff is quite small, and the actual total patient care number is not great, committees will be kept to a minimum in number, will be multi-functional, and may, if needed, meet in combination at the same time. All committee chairmen shall be appointed by the Director. The Chairman of the Committee may, additionally, appoint more members subject to the approval of the Director and/or Governing Body.~~

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

POLICY: Medication Waste Stream	REVIEWED: 4/1/19; 12/31/20; 9/29/21; 1/05/23; 4/01/24
SECTION: Medication Management	REVISED: 12/31/20; 9/29/21; 4/05/24
EFFECTIVE: 2/22/23 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Management of medication waste stream

Objective: The secure management of medication waste, including outdates and less than full dose amounts.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Non-scheduled drugs are placed in the medication disposal bucket that can be found in the Medication Room.
 - a. Outdated medications ~~or less than one dose quantities.~~
 - b. Waste is documented by the Clinic Manager, or designee, on the current Medication ~~and Supply~~ Waste Documentation form. ~~The completed form is submitted to the Medical Director for inclusion in the QAPI review.~~
 - c. The non-scheduled drug waste stream vendor is MedPro (Barnett).
 - d. When the bucket is full, follow directions provided by the vendor for the return of the bucket.
 - e. Upon receipt of the full bucket, the vendor will return a new, replacement bucket to the Clinic.
 - f. Under no circumstances are outdated ~~or less than one dose medications~~ diverted from the approved waste stream.

2. Scheduled drugs are placed in the secure lock box, which can be found in the Medication Room. Scheduled medication waste must be witnessed as demonstrated by a co-signature in the manual system under the patient's name.
 - a. Outdated medication ~~or less than one dose quantities~~
 - b. The controlled substance waste stream vendor is a McKesson product called RX Destroyer.
 - b. Waste is documented by the Clinic Manager, or designee, and co-signed, on the current Medication ~~and~~ Supply Waste Documentation form. ~~The completed form is submitted to the Medical Director~~ for inclusion in the QAPI review.
 - c. Scheduled drugs I-V are documented on the DEA Controlled Substances for Destruction Form (container inventory). All required fields, including NDC number (if available) and specific

quantity will be submitted. The count is verified by two licensed employees, either RNs or licensed medical providers.

- d. Once the ~~container~~ documentation sheet is full, the Clinic Manager or designee will ensure a copy of the DEA Controlled Substances for Destruction Form (container inventory) is retained for record keeping and a copy will be sent to the Medical Director for inclusion in the QAPI meeting.
 - e. ~~A new~~The secure medication disposal ~~bucket will be ordered by the Clinic Manager or designee and placed~~lockbox is in the Medication Room to ~~accommodate~~store new wasted ~~controlled medications until they can be destroyed~~destruction once the lock box becomes full.
 - f. Under no circumstances are outdated ~~or less than one dose medications~~ diverted from the approved waste stream.
3. Wasted injectable schedule medications cannot be placed in the secure medication disposal bucket.
- a. With a witness present, draw up amount to be wasted into a syringe.
 - b. Discharge the medication from the syringe into the sink drain and run tap water down the drain.
 - c. Dispose of the used syringe in the sharps container.
 - d. This medication waste must be witnessed demonstrated by a co-signature in the Access Center system under the patient's name.

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

POLICY: Vaccine Administration	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 3/07/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 3/30/21;3/31/22; <u>4/15/24</u>
EFFECTIVE: <u>3/22/23</u> 4/27/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Vaccine administration and vaccine program management

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

Response Rating:

Required Equipment:

Procedure:

1. Immunizations are ~~administered~~administered by nursing staff, upon receipt of written orders from the provider.
 2. Medical staff members will refer to the Recommended Childhood Immunization Schedule for United States 2022 that is offered by the Centers for Disease Control via their website, www.cdc.gov, and approved by ACIP, AAP, AAFP and the Vaccines for Children program.
 3. Every effort will be made to keep patients current with the immunization schedule as published.
 4. Request the immunization record (shot card, yellow folder) from the parent on arrival and verbally confirm that all immunizations given are recorded there. Check the online California Immunization Registry to determine whether ~~patient's~~the patient's record is there. Compare patient's Clinic medical record, paper immunization record, and the online data. Question discrepancies.
- A complete and accurate immunization history is needed before vaccines can be given. Always initiate an immunization record when appropriate and instruct the parent to present the record at each visit.
5. Providers will assess the patient's immunization history and will write orders for all vaccines

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Vaccine Administration
Policy Number 196

determined to be due. The vaccines will be offered according to the approved schedule for immunization for normal infants and children. Advise parent/guardian that after they have read the Vaccine Information Sheet (VIS), the provider will discuss any questions before consent is requested and immunizations given.

6. Determine whether patient's immunizations will be given from Vaccines for Children inventory or via Clinic purchased stock.
7. Nursing staff will administer vaccines with parent/guardian consent (signed consent for influenza).
8. Advise the patient/parent/guardian that they may direct concerns or questions to the provider who ordered the vaccines or the provider or nurse on duty.
9. The Clinic is required to report select events occurring after vaccination to the U.S. Department of Health and Human Services. Vaccine package inserts offer the most current guidance on reporting.
10. The updated vaccination record is returned to the parent/guardian. Reinforce that the card is the permanent record and must be retained for the next immunization visit.
11. Indicate to the parent/guardian when the next immunization is due.
12. The National Childhood Vaccine Injury Act requires that all healthcare providers who administer one or more vaccines or toxoids record in the vaccine recipient's permanent medical record the date the vaccine was administered, the manufacturer and lot number of the vaccine, the first initial + full last name, and title of the person administering the vaccine.
13. All adverse reactions associated with vaccination must be reported to the U.S. Department of Health and Human Services. Adverse events are reported on a Vaccine Adverse Event Reporting System (VAERS) form. VAERS will accept all reports of suspected adverse events after the administration of any vaccine.
14. Patient education is a required element of the vaccination process.

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- a. The provider will educate the parents/guardians about the important of immunizations, the diseases they prevent, the recommended vaccination schedules, the need to receive vaccinations at recommended ages, and the importance of bringing their child's immunization record to each visit.
- b. The provider should answer all questions regarding immunizations.
- c. Education materials, in the form of Vaccine Information Sheets (VIS) must be given to the patient/parent/guardian prior to the signing of consent and administration of immunization.
- d. Prior to vaccinating, the provider will discuss with patient/parent/guardian contraindications, risks including soreness, swelling or bruising, SIRVA (shoulder injury related to vaccine administration), allergic reaction symptoms, and, benefits specific to the immunizations being given.
- e. Certain immunizations require a signed consent form prior to administration. This must be signed by the patient if they are an adult (see Policy Consents for Treatment – Guidance) or if a ~~minor/disabled~~ minor/disabled will be signed by the parent/legal guardian.

15. Administration of vaccines

- a. Oral Vaccines
 - 1. When administering oral vaccine, make sure that infants and toddlers swallow the vaccine by pushing up on the chin to stimulate the swallow reflex. If the child spits out all or part of the dose, attempt administration one more time. If the child spits out the second attempt, do not re-administer.
- b. Injectable Vaccines
 - 1. Although vaccine inventory is checked for outdates ~~on a monthly basis~~ monthly, always check and double check the vaccine vial to ensure it is not expired.
 - 2. Double check vaccine vial to ensure it is the vaccine ordered.
 - 3. Draw just the required amount for the dose in the syringe, usually 0.5cc, using proper syringe loading techniques. Careful filling of the syringe will prevent vaccine waste and enable use of all doses in the vial.
 - 4. See vaccine guidance tools for routes and sites.
 - 5. There is no known risk of side effects and no loss of vaccine efficacy when Hib, MMR, OPV, and DTP are given ~~simultaneously~~ simultaneously, and this practice is recommended by the ACIP. Simultaneous administration of these vaccines is also approved by the American Academy of Pediatrics.
 - 6. A new needle and syringe must be used for each immunization.
 - 7. Wash hands and don gloves prior to administering the vaccine.
 - 8. Clean the site with alcohol swab.
 - 9. Inject the syringe using proper technique with parent/guardian holding the child.
 - 10. Withdraw the needle quickly, immediately engage the safety mechanism to cover the ~~needle-needle~~. Place Band-Aid over the injection site.
- c. Holding the child
 - 1. The infant or child should be properly restrained on a table or an adult's lap. The parent/guardian should be instructed to hold the child securely. Older children preferably should be seated for immunizations.

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- d. Proper needle and syringe disposal
 1. Do not recap or clip needles or separate needle and syringe. Discard syringe and needle in a puncture-proof sharps container.
- e. Potential reactions
 1. There may be some reactions to immunizations after they have been administered. See Vaccine Reactions, Adverse Effects, Liability Concerns. Report reactions accurately and completely.

16. Documentation

- a. Provider Record
- b. Patient's personal record
 - a. A personal immunization record must be given to each patient, updated on each visit and maintained by the parent/guardian.
 - b. It is important to place emphasis on the "return date" or "date next dose is due" when scheduling patient return visits. Make sure that the parent/guardian (or older patient) is told when to return and that this date is entered on their immunization record.

17. Storage

- a. Refrigerate vaccine immediately when it is received. Store oral polio and varicella vaccine in freezer. Do not store vaccine in the door of the freezer.
- b. ~~Protect MMR from light at all times~~ Always protect MMR from light and keep cold. Do not remove ~~via the vial~~ from the freezer. until time to reconstitute and administer. Diluent does not need refrigeration if MMR is administered right after diluent is added.
- c. Rotate vaccine stock to avoid outdating. Note the expiration dates on vials or cartons and use short-dated vaccines first. Keep vials and polio dispettes in their original cartons. Do not use outdated vaccine.
- d. Safeguard the refrigerator and freezer in a lockable room. Make sure they stay plugged in.
- e. Post a warning sign so electricians or janitors do not ~~accidently~~accidentally unplug the appliances or turn off the circuit or electricity.
- f. Maintain proper temperatures in the refrigerator (2 degrees C to 8 degrees C or 35 degrees F to 46 degrees F) and in the freezer -14 degrees C or 5 degrees F or lower). Utilize plastic containers of water in the refrigerator and cold packs in the freezer to maintain proper temperature.
- g. Install a data logger in both the refrigerator and freezer. Maintain a spare device in the event of active device failure.
- h. Log refrigerator and freezer temperature temperatures twice a day, first thing in the morning and before the end of the Clinic's business day.
- i. As part of the end of day procedure, confirm both the refrigerator and freezer are secured and closed and units are plugged in.

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

POLICY: Dental Walk-In Patient Policy	REVIEWED: 12/21/22; <u>4/04/24</u>
SECTION: Admitting Dental	REVISED:
EFFECTIVE: <u>3/29/23</u> 4/27/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Walk-In Dental Patients

Objective: To Provide the option of walk in for patients to get in to Dental sooner and to have patients to fill no show or cancellation gaps in the Dental schedule

Response Rating: Dental Reception

Required Equipment:

Procedure:

1. Walk-in patients will be allowed on Wednesdays and Fridays from 8am – 2pm (pending a DDS working on that day).
2. Patients will be informed that we are closed for lunch, and that there is no guarantee that they will be seen.
3. Insurance and paperwork should be completed as soon as they come in, in the event they are able to be seen.
4. We will accept a maximum of three (3) patients daily on a first come first serve basis, using a sign-in sheet, kept at reception.
5. If a patient cancels or if a patient does not show up for an appointment after ten (10) minutes, the first walk-in patient will then be registered and brought back in place of the scheduled patient.

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

POLICY: Formulary	REVIEWED: 4/1/19; 3/2/20; 5/21/21;5/3/22; 6/05/23 ; 4/01/24
SECTION: Medication Management	REVISED: 3/2/20; 5/21/21
EFFECTIVE: 5/25/22 6/28/23 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Formulary

Objective: A formulary for the Clinics will be developed, followed and updated.

Response Rating:

Required Equipment:

Procedure

1. A Clinic formulary will be developed, followed and updated after consultation with the Medical Director, Dental Director, Clinic practitioners, and other appropriate personnel, as required.
2. Additions, deletions, revisions to the formulary will be managed through the use of a chargemaster management form, as required by policy. At a minimum, the form will document who requested the change, item details, CPT code, charges, addition to chargemaster, staff training.
3. Clinic formulary will be approved by the Medical Director.
4. Strengths of medications will be limited to the smallest number of variations required to appropriately address patient needs.
5. Additions, deletions, and other changes to the Formulary will be discussed at the QAPI meeting(s); and must be approved by the Medical Director.
6. A copy of the current formulary will be available in the Clinic for review by practitioners, at their request.
7. A copy of the current formulary will be available in the Clinic in the medication management area.
8. Monthly Medication Management surveys of the Clinic will include inventory review using the Formulary as a resource.

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

POLICY: Informed Consent	REVIEWED: 2/1/19; 3/2/20; 5/29/21; 5/3/22; 3/07/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 3/2/20; 5/29/21
EFFECTIVE: <u>3/22/23</u> <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Consents

Objective: To assure that patients have a full understanding of recommended invasive procedures and give full consent for Clinic physicians/nurse practitioners/physician assistants and staff to perform them.

Response Rating: Mandatory

Required Equipment: Consent Form

Applies to: All Personnel and All Practitioners

Procedure:

1. Procedure consents will be used for **ALL** invasive procedures to include but not limited to:
 - a. Biopsies
 - b. Suture Repair
 - c. Incision and drainage of an abscess or mass
 - d. Mole removal
 - e. Growth removal
 - f. Nail trimming and/or removal
 - g. Reductions
 - h. Steroid injections (joints)
 - i. Immunizations
 - j. Tooth extraction
 - k. Any other procedure considered invasive
2. Consents will be provided to patients receiving flu shots.
3. A consent must include the procedure spelled out with no abbreviations, the location including left or right side and must include risks of the procedure.
4. Physician/dentist/nurse practitioner/physician assistant will explain the procedure, risks, and options to the patient. This cannot be performed by the MA, RN, or other staff.
5. Physician/dentist or designee will have the patient or guardian sign the consent form.

6. Any questions posed by the patient regarding the procedure will be answered by the physician/dentist/nurse practitioner/physician assistant only.
7. Consents will be signed prior to any medication being administered to the patient.
8. Consents will be scanned into the patient record.

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

POLICY: Lapses Of Consciousness – DMV Reporting	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; <u>4/01/24</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Lapses of consciousness and reporting regulations

Objective: “The regulations amended Section 2500, Title 17 CCR – “Reporting to the Local Health Authority.” The non-communicable diseases or conditions – Alzheimer’s disease (AD) and related conditions and disorders characterized by lapses of consciousness were removed from this section. This action was taken to eliminate any confusion between two different authorizing statutes. The reporting of AD and related conditions, as well as disorders characterized by lapses of consciousness, is now listed in ~~the Sections~~Sections 2800 through 2812 in the CCR.

The regulations also repealed Section 2572, Title 17, CCR – “Disorders Characterized by Lapses of Consciousness, Alzheimer’s Disease and Related Disorders.” The reporting regulations in this section were not clear and conflicted with the reporting language in Health and Safety Code 103900.

Response Rating:

Required Equipment:

Procedure:

§2810. Reporting Requirements. a. Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient.

- b. The report prepared pursuant to subsection (a) of this section shall include:
1. The name, address, date of birth, and diagnosis of the patient, and
 2. the name, address, and phone number of the physician and surgeon making report.

§2806. Disorders Characterized by Lapses of Consciousness. a. Disorders characterized by “lapses of consciousness” means those medical conditions that involve:

1. A loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
2. The inability to perform one or more activities of daily living; and
3. The impairment of the sensory motor functions used to operate a motor vehicle.

- b. Examples of medical conditions that do not always, but may progress to the level of functional severity

described in subsection (a) of this section include Alzheimer’s disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2808 Sensory Motor Functions “Sensory motor functions” means the ability to integrate seeing, hearing, smelling, feeling and reacting with physical movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2812. Exceptions to Reporting A physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if:

1. The patient’s sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
2. The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believes these statements made by the patient are true, or
3. The physician and surgeon previously reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle, or
4. There is documentation in the patient’s medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon ~~believes~~believes the patient has not operated a motor vehicle.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

For information on the California Department of Motor Vehicles’ guidelines for physical and mental conditions and licensure options, see [dmv.ca.gov physical and mental evaluation guidelines](http://dmv.ca.gov/physical_and_mental_evaluation_guidelines).

For information on dementia, driving and California state law, see [Family Caregiver Alliance](#).

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

POLICY: LVN Scope of Practice	REVIEWED: 7/1/19;12/30/20; 9/29/21; 1/03/23; <u>4/01/24</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>2/22/23</u> <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: LVN Scope of Practice

Objective: To ensure Licensed Vocational Nurses work within their legal scope of practice, Licensed Vocational Nurses deployed in the Clinic will function within parameters defined by California Board of Vocational Nursing.

Response Rating:

Required Equipment:

Procedure

1. A Licensed Vocational Nurse (LVN) **may not perform** the following functions:
 - a. Diagnose or treat a condition or illness;
 - b. Perform any invasive task (except injections and skin tests as noted below);
 - c. Assess the patient's condition;
 - d. Interpret results of skin tests (but may measure and describe the test reaction and make a record in the patient's chart);
 - e. Place the needle for the starting of, or disconnect infusion tube of, an IV unless certified to do so;
 - f. Administer medications that are injected into an IV line;
 - g. Administer medications that are injected into the vein;
 - h. Chart pupillary responses;

- i. Independently perform telephone triage;
 - j. Inject collagen;
 - k. Use lasers to remove hair, wrinkles, scars, moles, or other blemishes;
 - l. Administer chemotherapy;
 - m. Enter medication orders into the EMR.
2. Technical support services may not be rendered by the LVN unless they have received a written order, signed and dated by the physician/nurse practitioner/physician assistant.
2. Under the Direction of a Physician (MD, DO), Nurse Practitioner, and/or Physician Assistant who are members of the Clinic Medical Center Medical Staff, LVNs may perform technical support services, limited to:
- a. Administration of medications by intradermal, subcutaneous, and/or intramuscular injection;
 - b. Performance of skin tests;
 - c. Application and removal of bandages;
 - d. Removal of sutures;
 - e. Performance of ear lavage;
 - f. Preparing patient for examination;
 - g. Shaving and disinfecting treatment sites;
 - h. Handing properly labeled, pre-packaged medications to the patient (except for controlled substances);
 - i. Apply soft splints and ace wraps under the supervision of the practitioner.

3. In addition to approved technical support services, LVNs may perform administrative and clerical functions as directed by Clinic Leadership.
4. The responsibility for the appropriate use of a LVN in the Clinic rests with the Physician.
5. If asked to perform tasks that exceed their legal scope of practice, LVNs will respectfully decline and advise Clinic Leadership.

CROSS REFERENCE:

- Vocational Nursing Practice Act, July 31, 2015

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

POLICY: Marketing	REVIEWED: 1/12/18; 9/24/20; 8/2/21; 1/03/23; <u>4/01/24</u>
SECTION: District	REVISED: 9/24/20
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Marketing and Community Outreach

Objective: Develop and implement a successful marketing and community outreach plan consistent with the organization’s mission. ~~Plan~~The plan will be developed by the Leadership Team and under the supervision of the CEO.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain an active Marketing and Community Outreach Program that will include, but not be limited to:
 - a. Signage (temporary and permanent), including billboards
 - b. Website
 - c. Direct mail pieces focused on clinic services and operations
 - d. Social media, including Facebook, Twitter, Instagram
 - e. Community outreach and service projects, such as:
 - i. Health fairs
 - ii. School and Recreation Department sports physicals
 - iii. Employer-based flu shot clinics
 - iv. Service group and church-based health-related functions
 - v. District developed and managed wellness programs
 - f. Bulletin boards and “of-the moment” postings at the Clinic

2. Marketing and Community Outreach plans will be developed by the Leadership Team with input and participation from Clinic personnel. The Plan(s) will be submitted to the Board of Directors for input and approval.
3. The website will be maintained by the District's designee under supervision of CEO.
4. The official Facebook page and other social media outlets will be maintained by District personnel under supervision of the District.
5. Clinic medical staff and personnel will be encouraged to submit content for the website and social media sites.
6. Advertising materials will focus on Clinic services, Clinic personnel, and health and wellness topics. Advertising materials will not compare Clinic services to other community service providers and will not disparage or demean other medical care providers.
7. Should advertising materials include photographs of patients or community members, photo releases will be obtained and kept on file to demonstrate that permission was obtained before the images were utilized.
8. Where appropriate, the Clinic will partner with the health department, service organizations, insurance plans and area physicians to develop additional outreach opportunities ~~in an effort to~~ improve the health and wellness of community members.
9. Where appropriate, budgets will be developed and program progress tracked/reported.
10. With the approval of the Executive Director and Medical Director, the Clinic may utilize posters, flyers, brochures and other third party developed materials to enhance existing Marketing efforts, including but not limited to, materials developed by nationally recognized organizations such as:
 - a. American Cancer Society
 - b. American Heart Association
 - c. Arthritis National Research Foundation
 - d. American Lung Foundation
 - e. Susan G. Komen Foundation
 - f. American Stroke Association
 - g. National Institutes of Health
 - h. Juvenile Diabetes Foundation
 - i. American Diabetes Association

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

POLICY: Medical Records Forms And Fees	REVIEWED: 4/1/19; 3/8/20; 5/4/20; 8/2/21; 1/04/23; <u>4/01/24</u>
SECTION: Medical Records	REVISED: 3/8/20; 5/4/20
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medical Records Forms and Fees

Objective: To cover the costs of document production and printing, in some instances fees will be assessed to complete forms on behalf of the patient and to provide copies of some documents.

Response Rating:

Required Equipment:

Procedure:

1. The following forms will be completed at the patient’s request during the office visit
 - a. Personal disability insurance forms (income, mortgage, credit)
 - b. Supplemental forms related to State or Federal disability insurance
 1. Initial forms will be completed without charge
 2. Supplemental or secondary forms will be completed at a cost of \$10 per form, due and payable at the time the form is brought to the Clinic.

2. Completed forms will be scanned into the patient’s medical record

3. Patients requesting copies of their medical record may be charged for those copies unless those copies are requested and transmitted via the Patient Portal:
 - a. Copies of current laboratory results will be provided at no charge.
 - b. Copies of the medical record being sent to a referral physician will be sent at no charge.
 - c. Copies of the medical record being sent when the patient is moving their care to another practice will be sent at no charge.
 - d. Copies of the patient’s immunization card will be provided at a cost of \$5, due and payable at the time the copy is made.
 - e. Copies of the patient’s medical record, for the patient’s use and not for transfer to another physician, will be provided at a cost of \$0.25 per page but not to exceed \$25.00, due and payable at the time the copy is made.
 - f. A current signed medical records release form must be submitted at the time of the request and payment.

4. Subpoenas will be managed as follows:
 - a. Subpoena received Clinic or District Office
 1. If received at the District Office, subpoena is forwarded to the Clinic via fax to 209-772-1011
 - b. Clinic Manager takes possession of the subpoena via the Clinical Inbox
 - c. Clinic Manager will CEO advise of subpoena
 - d. Clinic Manager will advise Medical Director of subpoena (when/if the Medical Director isn't the CEO)
 - e. Medical Director reviews the medical record as soon as possible and advises Clinic Manager that the review has been completed, which authorizes the release process to proceed
 - f. Clinic Manager responds to the subpoena using athenaNet chart export functionality (secure faxing)
 - g. Clinic Manager documents that subpoena has been responded to and notifies CEO/Medical Director of same
5. A fee of \$35.00, payable in advance, will be collected for each subpoenaed record and will be logged upon receipt and deposited into the Clinic's bank account per policy.
6. Patient requests for medical records will be forwarded to the medical records office and responded to by the Medical Records Clerk.
 - a. Exceptions will be processed in the Clinic
 - b. Exceptions will be limited to: immunization card, most recent lab results, most recent physical examination report, most recent discharge/visit summary
7. A medical records release form will be required for each request.
8. All requests will be logged upon receipt and all records sent, released, or mailed will be logged when leaving the Clinic.
9. Funds collected for records copies will be logged upon receipt and deposited into the Clinic's bank account per policy.

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

POLICY: Security And Retention Of Medical Records	REVIEWED: 7/1/19; 7/1/20; 8/2/21; 1/04/23; <u>4/01/24</u>
SECTION: Medical Records	REVISED: 7/1/20
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Security and retention of medical records

Objective: Patient medical records will be maintained in an Electronic Medical Record application (EMR). Should downtime processes be required, all paper medical records in the Clinic shall be kept in a secure locked location until they can be scanned into the EMR.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize an Electronic Medical Record (EMR) to record patient demographics, problem list, medication list, and documentation of treatment rendered.
2. Should the EMR be unavailable due to downtime of the system, power failure or other unexpected event, paper forms will be used to document patient demographics, problem list, medication list, and treatment rendered.
3. Any paper records generated will be stored in the secure, locked location (drawer, cabinet, desk) located in the receptionist work area until Clinic staff can scan those paper records into the EMR.
4. After being scanned into the EMR, the paper records will be forwarded to the Administrative Medical Assistant to ensure claims are created for each patient encounter.
5. Medical records may be handled only by providers involved in the care of the patient, designated Clinic employees and employees of copy services who have signed authorizations to duplicate records.
6. Medi-Cal Medical and Dental programs require patient records, including radiographs, must be retained for a minimum of 10 years after the last date of service.

7. Back-up functionality is maintained by the electronic medical record vendor(s) to ensure access to historical medical and dental records.

8. Should the practice disengage from an EMR, a copy of the legacy medical and/or dental records will be obtained, stored on the local server, and made available via the new software for patient care and patient access.

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

POLICY: Medication Administration	REVIEWED: 5/28/19; 10/22/2020; 8/25/21; 1/05/23; <u>4/01/24</u>
SECTION: Medication Management	REVISED: 10/22/2020; 1/05/23
EFFECTIVE: <u>1/25/23</u> 4/27/24	MEDICAL DIRECTOR: Randall Smart, MD

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, correct medication, 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~~your fingers.
11. Never use medications from an unlabeled container.
12. Pour all medications from the side of the bottle away from the label.
13. Never put medications back into the bottle after they have been removed.
14. *Enter date, time of administration of medication in patient's record, along with route of administration, manufacturer, lot number, expiration date, and any reactions noted at the time the dose was given.*

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

POLICY: Medication Management Emergency Response to Power Failure	REVIEWED 8/30/19; 11/22/2020; 8/25/21; 1/05/23; 4/01/24
SECTION: Medication Management	REVISED: 1/05/23
EFFECTIVE: 2/25/23 <u>4/27/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

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, generator failure, refrigerator/freezer unplugged, or power ~~outage~~ 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~~ 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~~ at 1 (877) 243-8832 (Option 5)

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

POLICY: Medication Reconciliation	REVIEWED: 4/1/19; 12/31/20; 9/29/21; 1/05/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/22/23</u> / <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medication reconciliation

Objective: ~~In order to~~To maintain and communicate accurate patient medication information, care providers will create an accurate list of a patient’s medications at time of intake to the clinic, reconcile discrepancies, and ensure update with any medication additions/changes made during the encounter. A copy of the list will be available to the patient upon discharge from the clinic.

Response Rating:

Required Equipment:

Definitions:

Medication: for the purposes of this policy, the term medication denotes any of the following:

- Prescription medications
- Sample medications
- Herbal remedies, nutraceuticals, vitamins, and over-the-counter medications
- Diagnostic and contrast agents
- Radioactive medications
- Vaccines
- Respiratory therapy-related medications
- Parenteral nutrition
- Blood derivatives
- Intravenous solutions either plain or with additives
- Any agent classified by the F.D.A. as a drug

Procedure:

1. Patients should be encouraged to bring their medication vials and/or a list from their pharmacy to each clinic visit.
2. During the intake process, which is completed in the examination or procedure room, the Provider will obtain a list of the patient's current medications. This list will include medication name, dose, route, and frequency.
3. Refer to the list above to ensure all medications are included.
4. The medication list will reside in the Electronic Medical Record, if in use. If the clinic utilizes a paper medical record, the medication reconciliation form will be utilized. Two patient identifiers will be placed on the paper form.
4. The physician will review the list, include any changes to current medications and medications added to the patient's regimen as a result of the current examination/treatment. The list will be signed and dated by the physician.
5. The patient will be offered a copy of the current medication reconciliation upon discharge from the clinic.

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

POLICY: Medication, Supply, And Equipment Recalls/Warnings	REVIEWED: 11/12/18; 10/14/20; 8/2/21; 1/05/23; <u>4/01/24</u>
SECTION: Operations	REVISED:
EFFECTIVE: 2/22/23 <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medication, Supply, and Equipment Recalls and Warnings

Objective: To ensure patient safety, recall/Blacks Box warnings will be addressed immediately upon receipt, with the items in question removed from patient care areas and inventory. Medical staff and Clinic personnel will be advised of the recalls and warnings (including Black Box warnings) immediately upon issuance and after affected items are removed from service.

Response Rating: Mandatory

Required Equipment:

Definitions:

Black Box warning: The strictest warning put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug.

Recall: A recall is a method of removing or correcting products that are in violation of laws administered by the Food and Drug Administration (FDA). Recall is a voluntary action that takes place because manufacturers and distributors carry out their responsibility to protect the public health and well-being from products that present a risk of injury or gross deception or are otherwise defective. [21 CFR 7](#) provides guidance so that responsible firms may conduct an effective recall.

Medical device recalls are usually conducted voluntarily by the manufacturer under [21 CFR 7](#). In rare instances, where the manufacturer or importer fails to voluntarily recall a device that is a risk to health, FDA may issue a recall order to the manufacturer under [21 CFR 810](#), Medical Device Recall Authority. [21 CFR 810](#) describes the procedures the FDA will follow in exercising its medical device recall authority under section 518(e) of the Federal Food, Drug, and Cosmetic Act (Act).

Procedure: Medication Black Box Warnings

1. Black box warnings will be transmitted to the Clinic’s designated contact(s) by the pharmacy vendor using US Mail and email transmission. Designated contacts include but are not limited to Clinic Manager and Health Care District Office Manager.

2. Immediately upon notice from the pharmacy vendor, the Clinic Manager or designee will review the Clinic Formulary to confirm whether the medication in question is on the Formulary List.
3. If the medications are on the Formulary List, the Clinic Director or designee will follow the Removal of Recalled Medications protocol and segregate the medication in question and remove it from the active inventory.
4. The Clinic Manager will document on the written Black Box Warning notice that the Clinic Formulary has been reviewed, indicate the actions taken, and will date that entry.
5. The Clinic Manager will print a copy of the written Black Box Warning notice for each Clinic practitioner and ensure each practitioner receives that notice.
6. Distribution of notice to practitioners will be documented on the Clinic Manager copy of the Black Box Warning.
7. The documented notice will be placeplaced in the file titled Recall/Black Box Warning (Year).
 - a. Medication Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not be deleted.
8. The Clinic Manager or designee will update the Clinic Formulary List.
 - a. Note on the current list the date of the Black Box warning next to the name of the affected medication.
 - b. Save the Clinic Formulary List by renaming the file with the current date, replacing the former date.
 - c. Remove the affected medication from the Clinic Formulary list.
9. When the Clinic Manager or designee has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

Product (supply, medication, equipment) Recall

1. Supply, medication, and equipment recalls are conducted by a company's own initiative, by FDA request, or by FDA order under statutory authority.
2. Upon notification from the manufacturer, supplier, or the FDA on the recall of a supply, medication, or patient care equipment item, the Clinic will initiate removal of items from the patient care area.
 - a. After printing the Notice of Recall, review Supply Listing, Clinic Formulary List, and/or Equipment Inventory List to determine whether recalled item is being utilized in the Clinic.
 - b. If the medication is not found, document on the printed recall notice that the list was reviewed and the item was not found. Date the notice.
 1. The documented printed recall notice will be placed in an online file titled Recall (Year).

2. Medication Recall (Year) files will be retained in the Clinic's permanent files and not removed to off-site storage.
3. If the item is found, remove the item from the Clinic appropriate inventory. If a supply or medication, place it in a zip-top plastic bag with a copy of the recall notice. Document on the printed recall notice that the list was reviewed, the item found and removed from inventory. Date the documentation.
 - a. The documented printed recall notice will be placed in a file titled Recall/Black Box Warning (Year).
 - b. Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not deleted.
 - c. Place recalled, packaged medications in the DO NOT USE box. Contents of the box will be removed and destroyed.
4. Upon notification from the manufacturer, supplier, or the FDA on the recall of a drug product, the Clinic will initiate review of patient medical records to determine whether patients were given prescriptions for the recalled medications.
 - a. Utilizing the Clinic's Electronic Medical Record, the Clinic Manager or designee will generate a drug utilization report, requesting a list of all patients to whom the medication was prescribed.
 - b. Based upon the type of recall action necessary, individual patients will be contacted by telephone, e-mail or letter. The content and method of notification will be determined after consultation with the Medical Director.
 - c. The report listing the patients affected, along with a copy of the correspondence sent to those patients will be filed with the recall notice and retained in the Recall/Black Box Warning (Year) file.
 - d. The Electronic Medical Record of all patients contacted regarding recalled medications will be noted with the date of recall, medication name, type of recall, and type of contact initiated to notify the patient.
 1. If correspondence advising the patient of the recall is returned as undeliverable, this information will also be entered into the patient's Medical Record.
 2. Patient will be given the recall information during their next Clinic visit.
5. The Clinic Manager or designee will update the Clinic Supply List, Clinic Formulary List and Clinic Equipment —Inventory List should any items be removed due to recall.

1. Note on the current list the date of the recall notice next to the name of the affected medication.
 2. Save the appropriate Clinic List by renaming the file with the current date, replacing the former date.
 3. Remove the affected medication from the appropriate Clinic list.
6. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

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

POLICY: Mission Statement	REVIEWED: 7/1/19;2/18/21; 2/09/22; 2/02/23; <u>4/01/24</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Mission Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

1. As an entity wholly owned by Mark Twain Health Care District, the Clinic’s Mission is the District’s Mission:

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.

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

POLICY: Monitoring Inspection of Medication Inventory	REVIEWED: 4/1/19; 12/31/20; 9/29/21; 1/12/23; <u>4/01/24</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: 2/22/23/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Monitoring inspection of Clinic medication inventory

Objective: To ensure that medications are properly stored throughout the Clinic, the designated staff member shall inspect every nursing station, medication room, cart or other area where medications are stored, at least once each month, document their findings and share those findings with Clinic Manager, Medical Director and/or designee.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

The designated person shall:

1. Ensure that antiseptics or other drugs for external use, and disinfectants, are stored separately from medications intended for internal or injectable use.
2. Ensure that special storage conditions are met when necessary to assure stability.
3. Identify outdated medications and remove them from the Clinic inventory to prevent inadvertent administration.
4. Check the supply of emergency medications for correctness and remove outdated medications.
5. Check that metric and apothecary conversion charts are posted.
6. Review and document refrigerator, freezer, and medication room temperatures and submit that information as a part of the ongoing Quality Assurance/Performance Improvement program.
7. Review each area where medication is stored for cleanliness, presence of non-stock medications and samples, adequate security and other conditions deemed necessary by the District and Medical Staff and submit documentation of the review as a part of the ongoing Quality Assurance/Performance Improvement program.
8. Areas out of compliance will be reviewed and corrected by the Clinic Manager.

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

POLICY: Motor Vehicle Accident Reporting	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; 4/01/24
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: 32/22/23 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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Subject: Motor Vehicle Accident Reporting

Objective: To ensure all injuries caused by a motor vehicle accident are reported to appropriate agencies.

Response Rating:

Required Equipment:

Procedure:

1. Upon registration, if patient report they were in any type of Motor Vehicle accident, the following information will be recorded on Motor Vehicle Accident Report form:
 - a. Patient name
 - b. Date of birth
 - c. Type of motor vehicle
 - d. Location of accident
 - e. Who was involved in the accident
 - f. Law Enforcement Agency contacted

2. All motor vehicle accidents will be reported to ~~appropriate~~the appropriate law enforcement agency regardless of the ~~patient~~ stating they already reported the accident.

3. If ~~patient~~a patient sustained injuries from a motor vehicle accident (car, truck, motorcycle, pedestrian), patient ~~will~~ be given a copy of the treatment notes to attach to the DMV Report of Traffic Accident.

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

POLICY: Patient Medical Record Content	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; <u>4/01/24</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>2/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medical record content

Objective: A medical record shall be maintained on all clinic patients and shall contain the information outlined in this policy. Clinic staff will sign any handwritten entry made legibly with their name and title using ink. The medical record will be completed and filed within 48 hours of the patient encounter and will be available during business hours to members of the Medical Staff.

Response Rating:

Required Equipment:

Procedure:

Information outlined below will be noted in the patient’s medical record at the time of the Clinic visit.

1. Specific patient identification
 - a. Name
 - b. Current address
 - c. Age and date of birth
 - d. Gender (sex)
 - e. Date of service
 - f. Signed consent for treatment (authorization for treatment)
 - g. Name of primary care physician (if applicable)
2. Problem list
 - a. Medication list
 - b. Social history
 - c. Family history
 - d. Medical history
3. Patient’s vital signs and weight, BMI, growth charts

4. Relevant history of the illness or injury, including duration of symptoms and, on all injuries, date, location, time, and details of occurrence.
5. Appropriate physical examination
6. Diagnostic impression
7. All medications given, including dose, time, site, route and signature of individual who administered the medications.
 - a. In the case of immunizations, the lot number and expiration date of vaccine
8. Clinical observations, including results of treatment(s)
9. Reports of procedures, tests, and results
10. Record of last menstrual period on all female patients
11. Immunization record, when last received tetanus toxoid booster, if applicable.
12. History of allergies
 - a. Food
 - b. Medication
 - c. Environmental
13. Referral information to and from outside agencies
14. Diagnostic and therapeutic orders
15. Reconciled listing of routine medications
16. Education provided
17. Provider signatures will consist of a minimum of the staff member's first initial and full last name, followed by the appropriate title (example: MD, DO, FNP, PNP, PA, RN, LVN, CNA, MA or ERT).

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

POLICY: Service Animal	REVIEWED: 2/1/19; 12/31/20; 9/29/21; 2/24/23; <u>4/01/24</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>3/29/23</u> / <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Service animals in the Clinic

Objective: To define which animals are allowed in the Clinic and under what circumstances, while ensuring compliance with Federal and State laws.

Response Rating: Mandatory

Required Equipment:

Definitions:

Service animal: Under the ADA, a service animal is defined as a dog or miniature horse that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the animal must be directly related to the person’s disability.

Do work or perform tasks: The animal must be trained to take a specific action when needed to assist a person with a disability. For example, a person with diabetes may have an animal that is trained to alert him when his blood sugar reaches high or low levels. A person with depression may have an animal that is trained to remind her to take her medication. Or a person who has epilepsy may have an animal that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

Emotional support animals: there is a distinction between psychiatric service animal and emotional support animals. If the animal has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen the effects, it will qualify as a service animal. However, if the animal’s mere presence provides comfort, it would not be considered a service animal under the ADA.

Procedure:

1. The Clinic will allow service animals as defined by the Department of Justice and the State of California.
2. The Clinic will not allow emotional support animals as defined by the Department of Justice and the State of California.
3. Clinic staff may ask only two questions of the patient who is accompanied by a service animal:

- a. Is the service animal (dog or miniature horse) required because of a disability?
 - b. What work or task has the animal been trained to perform.
4. Staff may not ask for proof that the animal is trained and may not ask that the animal demonstrate its task.
5. The animal is not required to wear a vest or other symbol of its service animal status.
6. The handler is required to care for and supervise the service animal. This includes watering, feeding, toileting, and ensuring the animal is under control at all times.
7. If the animal is not controllable or housebroken, the animal may be excluded from the Clinic.
8. If the animal is out of control and the handler does not take effective action to control it, staff may request the animal be removed from the premises.

Resources:

Americans With Disabilities Act
California Disabled Persons Act
Fair Employment and Housing Act
Unruh Civil Rights Act

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

POLICY: Silver Diamine Fluoride	REVIEWED: 3/07/23; 4/01/24
SECTION: Dental - Patient Care	REVISED:
EFFECTIVE: 4/27/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Silver Diamine Fluoride use for patients

Objective: To arrest caries and prevent new lesions.

Response Rating:

Required Equipment: Silver Diamine Fluoride, dappen dish, micro brushes, gauze, and cotton rolls.

Procedure for Dental Clinic

Reasons for Silver Diamine Fluoride:

- Control of patients with high caries risk, pain, and infection.
- Ease of application.
- Can prevent the tooth from needing a root canal.
- Minimal application time and training required.
- A noninvasive method of caries arrest.

Fluoride varnish application

- The dentist will do an oral exam to determine if the patient needs silver diamine fluoride treatment and to make sure there is no sign of apical lesions, and the tooth is asymptomatic.
- The provider will remove the decay as much as possible without encountering the pulp.
- Some decay is left near the pulpal floor.
- Isolation and application of the silver diamine fluoride with a micro brush. Follow manufacturer’s instructions.
- The dentist will determine if the tooth may need an interim therapeutic restoration or a final restoration.
- The patient will need a follow up in 2 weeks.

Silver diamine fluoride can possibly stop the progression or arresting caries lesions without removal of sound tooth structure. However, it can leave a black stain on these lesions causing

the tooth to darken. Silver diamine fluoride may burn or stain the soft tissue surrounding them. Silver diamine fluoride is not guaranteed to prevent the tooth from needing a root canal but may help prevent it. The tooth may need a crown in the future if the tooth has lost too much tooth structure.

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

POLICY: Supply Outdates	REVIEWED: 2/1/19; 12/31/20; 9/29/21; 2/24/23; 4/01/24
SECTION: Operations	REVISED:
EFFECTIVE: 3/29/23 4/27/24	MEDICAL DIRECTOR: Randy Smart, MD

Subject: Supply outdates

Objective: To ensure that all supplies utilized in the Clinic are in-date and that outdated items are removed prior to their expiration, the Clinic will not utilize medications, laboratory reagents, or waived testing kits/supplies after their expiration date. The Clinic will follow the Sterile Shelf-Life policy for packaged supplies and implements sterilized in the Clinic.

Response Rating: Everyone

Required Equipment:

Procedure

1. On a routine, monthly basis the Clinic Manager or designee will review the medical supply inventory (including laboratory waived testing supplies and reagents) and will check those items for date status.
2. Items that are due to expire at the end of the month will be removed from active inventory. The clinic manager, who maintains the QAPI records for supply outdates, will be notified of the outdated supplies. Medications will be placed in the “destroy medication” container.
3. Consistent with the Sterile Shelf-Life policy, Clinic Manager may return pre-packaged items to inventory.
4. Instrument packs that have been sterilized will be checked for expiration dates and package integrity on the same monthly schedule.
5. Packs that are due to expire in less than 30 days will be opened, repacked and re-sterilized if package integrity has been breached.
6. Re-sterilized packs will be returned to inventory.
7. Medications and waived testing reagents that have reached their expiration date will be delivered to the Clinical Manager, or designee, who, after documentation of outdated product waste, will place the items in the “destroy medications” container.
8. Waived testing kits that have reached their expiration date will be delivered to the Clinic Manager or designee who, after documentation of outdated product waste, will place the items in the biohazardous waste bag for destruction.

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

POLICY: Telephone Request For Medical Information	REVIEWED: 6/1/19; 2/18/21; 5/3/22; 3/07/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 5/5/22
EFFECTIVE: <u>3/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Telephone Request for Medical Information

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

Response Rating:

Required Equipment: None

Procedure

1. Patients seeking medical advice over the phone will be informed, courteously, that it is the policy of the Clinic that medical advice is not to be given over the phone.
2. Patients will be informed that if they have questions regarding their results or think they need to be seen by a practitioner they should come into the Clinic. A phone appointment may also be considered.
3. Follow-up information or treatment due to Delayed Procedure Diagnostic Testing (lab, x-ray) may only be given by those personnel authorized to diagnose and prescribe (physicians, physicians' assistants, nurse practitioners). Normal test/lab values may be provided to the patient by the MA or RN.
4. Results of lab work are not to be given to patients by telephone unless approved by the practitioner, or if the patient has signed permission. If approved by the practitioner, the information will be given to the patient via a designated staff member with a notation in the EMR indicating date, time and name of person giving the information.
5. Confidential results (sexually transmitted diseases, pregnancy, etc.) will never be given over the telephone.
6. When results are given to the patient over the telephone, practitioner, or staff providing the results to the patient, must document date/time and what information given in the EMR.

7. Results of any kind (lab- x-ray, treatment) should not be left on answering machines or voice mail, unless the patient has a signed release specifically stating they authorize VSHWC to leave a detailed message on their voice mail.
8. Messages left for patients will be confined to providing the name of the person calling, the name of the clinic, the clinic phone number, and a request that the patient return the call at their soonest convenience.

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

POLICY: Temperature – All Modalities	REVIEWED: 7/24/19; 2/19/21; 3/24/22; 3/07/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>3/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Vital signs: temperature, all modalities

Objective: Accurate capture of patient’s temperature

Response Rating:

Required Equipment: Tympanic thermometer, digital oral thermometer, digital rectal thermometer.

Procedure:

Tympanic Thermometer

1. Attach a new, clean probe cover and press MEM button.
 - a. New, clean probe covers ensure accurate reading.
2. Perform an ear tug to straighten the ear canal and give the thermometer a clear view of the eardrum. For children under one (1) year, pull the ear up and back.
3. While tugging the ear, fit the probe snugly into the ear canal as far as possible and press the activation button. Release when the thermometer beeps.
4. Read and record temperature.
5. Remove probe cover and discard.

Rectal thermometer

1. Ensure the rectal probe (red ejection button) and the red probe well are installed.
2. Put on non-sterile gloves.
3. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.

4. Verify that the Lower Body Mode icon is selected by observing the flashing, press the Mode Selection button until the Lower Body Mode icon appears.
5. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.
 - a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers, or no probe cover may produce temperature measurement errors and/or inaccuracy.
6. With the rectal mode indicator flashing, separate the patient's buttocks with one hand. Using the other hand, gently insert the probe only 1.5 cm (5/8 inch) inside rectum (less for infants and children). Use of lubricant is required.
 - a. Incorrect insertion of probe can cause bowel perforation.
7. Tip the probe so that the tip of the probe is in contact with the tissue. Keep the hand separating the buttocks in place and hold the probe in place throughout the measurement cycle. Rotating walking segments appear on the display indicating that measurement is in progress.
8. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature will display on the LCD. The final temperature will remain on display for 30 seconds.
9. If patient's temperature cannot be correctly measured in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurements in Rectal Mode or keep the probe in place for five (5) minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond five (5) minutes is not recommended in the Rectal Mode.
10. After the temperature measurement is complete, remove the probe from the patient's rectum. Eject the probe cover by firmly pressing the ejection button on the top of the probe.
11. Return the probe to the well, where the LCD will go blank.
12. Remove your gloves and wash your hands.
13. Record the patient's temperature in the medical record.

Oral thermometer

1. Ensure the oral probe (blue tipped ejection button) and the blue probe well are installed.
2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle withdraw the probe from the probe well.

3. Verify that the Oral Mode icon is selected by observing the flashing head icon on the instrument display. If this icon is not flashing, press the Mode Selection button until the head icon appears.
4. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.
 - a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers or no probe cover may produce temperature measurement errors and/or inaccuracy.
5. With the Oral Mode indicator flashing, quickly place the probe tip under the patient's tongue on either side of the mouth to reach the rear sublingual pocket. Have the patient close his/her lips around the probe.
6. Hold the probe in place, keeping the tip of the probe in contact with the oral tissue throughout the measurement process. Rotating walking segments on the display indicate the measure is in progress.
7. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature scale will display in the LCD. The final temperature will remain on the display for 30 seconds.
8. If you cannot correctly measure the patient's temperature in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurement in Normal Mode, in the opposite sublingual pocket or keep the probe in place for three minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond three minutes is not recommended in the Oral Mode.
9. After the temperature measurement is complete, remove the probe from the patient's mouth. Eject the probe cover by firmly pressing the ejection button on the top of the probe.
10. Return the probe to the well, where the LCD will go blank.
11. Record the patient's temperature in the medical record.
12. Patient's actions may interfere with accurate oral temperature readings: ingesting hot or cold liquids, eating foods, chewing gum or mints, brushing teeth, smoking or performing strenuous activity may affect temperature readings for up to 20 minutes after activity has ended.

Axillary Thermometer

1. Ensure the oral probe (blue ejection button) and the blue probe well are installed.
2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.

3. Verify that the Axillary Mode icon is selected by observing the flashing, press the Mode Selection button until the adult axillary or pediatric axillary icon appears.
4. Do not take axillary temperature readings through a patient's clothing. Direct contact between the patient's skin and the probe is required.
5. Load a probe cover by inserting the probe into a probe cover and pressing the probe handle down firmly. The probe handle will move slightly to engage the probe cover.
 - a. Use only Welch Allyn probe covers. The use of other manufacturer's probe covers, or no probe cover may produce temperature measurement errors and/or inaccuracy.
6. With the axillary mode indicator flashing, lift the patient's arm so that the entire axilla is easily seen. Place the probe as high as possible in the axilla. Do not allow the probe tip to come into contact with the patient until the probe is placed in the measurement site. Before this, any contact between the probe tip and the tissue or other materials may cause inaccurate readings.
7. Verify the probe tip is surrounded by axillary tissue and place the arm snugly at the patient's side. Hold the patient's arm in this position and do not allow movement of the arm or probe during the measurement cycle. Rotate "waling" segments appear on the display indicating that measurement is in progress.
8. The unit will beep three times when the final temperature is reached. The measurement site, temperature scale, and patient temperature will display on the LCD. The final temperature will remain on display for 30 seconds.
9. If patient's temperature cannot be correctly measured in Normal Mode, the unit will automatically enter Monitor Mode. In this Mode, measurement time is extended. Either repeat the temperature measurements in Normal Mode in the opposite axilla or keep the probe in place for five (5) minutes in Monitor Mode. The thermometer will not beep to indicate a final temperature. Record the temperature before removing the probe from the site as the temperature reading is not maintained in memory. Long term continuous monitoring beyond five (5) minutes is not recommended in the Axillary Mode.
10. After the temperature measurement is complete, remove the probe from the patient's axilla. Eject the probe cover by firmly pressing the ejection button on the top of the probe.
11. Return the probe to the well, where the LCD will go blank.
12. Record the patient's temperature in the medical record.
13. Probe contact with electrodes, bandages, poor tissue contact, taking a temperature reading over clothing or prolonged exposure of axilla to ambient air can cause inaccurate temperature readings.

Temporal Thermometer

1. Attach a new, clean probe cover and press MEM button.
 - a. New, clean probe covers ensure accurate reading.
2. Push aside the patient's hair on the forehead and at the earlobe.
3. Measure straight across the forehead, from the center to the hairline (or start at the hairline) ending with a touch on the neck behind the earlobe. For children under one (1) year, one measurement, preferably at the temporal artery area, is all that is required on an infant as the perfusion rate is normally strong, push aside any clothing or blankets covering the neck area for ~ 30 seconds or so, and make the measurement on the neck behind the ear.
4. Slide the thermometer midline straight across the forehead (think of a sweatband), and not down the side of the face. Midline, the temporal artery is about 2 mm below the surface but can go deeply below the surface on the side of the face. Release when the thermometer beeps.
5. Read and record temperature.
6. Remove probe cover and discard.

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

POLICY: Use of Gloves	REVIEWED: 4/1/19; 3/30/21; 3/24/22; 3/07/23; <u>4/01/24</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>3/22/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Use of gloves

Objective: To ensure staff and patient safety and to support infection control protocols, staff members will wear gloves when it is possible they will come in contact with blood, other body fluids, contagious organisms and/or disinfecting and sterilizing agents.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. In the Clinic, gloves must be worn when:
 - a. Touching blood and body fluids/secretions, mucous membranes, or non-intact skin of all patients (cuts, scratches, rashes, scaling, lesions, etc.) (Some examples of body fluids include: urine, feces, saliva, blood, semen, vaginal secretions, perspiration, tears, sputum, infectious discharge from any area of body, menstrual fluids, amniotic fluid, oozing from a burn, or under a scab etc.)
 - b. When handling items or surfaces soiled with blood or body fluids. (See above)
 - c. The healthcare worker has cuts, scratches, or other breaks in the skin.
 - d. The healthcare worker judges that contamination may occur (i.e. uncooperative or fearful patients or children, or patients with poor personal hygiene).
 - e. Performing finger and/or heel sticks on infants and children or adults.
 - f. Performing phlebotomy.
 - g. Cleaning up where body fluids contaminate surfaces.
 - h. Working with patients with communicable disease symptoms.

- i. Performing any type of procedures where the intended procedure will break intact skin, i.e. injections, etc.
 - j. Performing waived testing or securing lab specimens.
 - k. The healthcare worker is in any situation when possible contamination with body fluids may occur, as deemed possible by healthcare worker.
2. In the Clinic, gloves need not be worn when contact with the patient is unlikely to result in exposure to blood or other body fluids. Examples include:
- a. Shaking hands/greeting patient(s).
 - b. Delivering *oral* medications.
 - c. Giving prescriptions and other educational/handout information.
 - d. Taking blood pressure, pulse.
 - f. Taking patient chief complaint or history.
 - g. Handling of medical record (patient chart).
3. Rationale for why to use gloves
- a. Provide protective barrier to employee.
 - b. Reduce the likelihood of personnel to transmit organism(s) to another patient or other employees.
 - c. Reduce likelihood of transmission from contaminant to healthcare worker.
- (Gloves are disposable single ~~use~~, and use and must be disposed of after a single use.)
4. Gloves must always be changed after handling blood/body fluids before continuing care of the SAME patient to prevent cross-contamination from one site to another site on that same patient.
 5. Gloves are disposable; single use ~~only!~~ only!
 6. Hands are to be washed before putting gloves on and immediately after removing them.
 7. Alcohol-based hand sanitizing gel is to be used only when hands are known to not be visibly soiled. If hands are VISIBLY soiled, alcohol gel is not to be used, and hands are to be washed under running water with soap, water, and plenty of friction.

RESOURCE:

World Health Organization. Glove Use Information Leaflet. Revised August 2009.

Retrieved 3/31/22 from https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf

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

POLICY: Venipuncture	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 2/24/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 2/16/17; 3/07/23
EFFECTIVE: <u>3/29/23</u> <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Venipuncture

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

Acuity Rating: Minimal

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

Procedure: Venipuncture should only be performed by appropriately trained and qualified staff, who have been trained and test out prior to drawing a patient independently, without a trainer.

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

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

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

POLICY: Visual Acuity	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 2/24/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 3/07/23
EFFECTIVE: <u>3/29/23</u> <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Visual acuity testing

Objective: To test distance vision

Response Rating:

Required Equipment:

Procedure:

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

8. Determine the smallest line of print from which the patient can identify all the letters. If the patient misses just one letter, record this (example: 20/40-1).
9. A patient who cannot read the largest letter should be positioned closer to the chart and the distance should be noted.
10. Children and adult illiteracy may be circumvented ~~by the use of~~using an “E” or picture chart in four different projections.
11. Ask the patient to identify the color of the bars in the chart.
12. Record the visual acuity designated at the side of the line of the Snellen chart. Record the use of glasses, if any. Visual acuity is expressed as two numbers. Example: 20/30, in which the first indicates the distance of the patient from the chart and the second distance at which a normal eye can read the line of letters. “20/40 corrected”, means the patient could read the 40th line with glasses.
13. In the case of a patient who wears corrective lenses and has failed to bring those glasses or contact lenses to their appointment:
 - a. Any patient undergoing physical examination for Post-Offer Pre-Placement Employment Physical, Sports Physical, DOT or DMV physicals cannot be Medically Cleared. DOT and DMV Physicals are not performed at the Clinic.
 - b. The Physical can proceed, but final closure of the physical and Medical Clearance of the patient needs to be placed on temporary hold (one week maximum) ~~in order to~~to return with proper corrective lenses and repeat of the vision test.
 - c. If patients who have a Sports Physical on hold have not returned after 7 days, the patient will be referred to their PCP for the completion of the Sports Physical.
 - d. Post -Offer Physicals must be placed on permanent hold pending eye correction devices or Optometrist/Ophthalmologist evaluation being obtained by the patient ~~in order to~~to determine if the prospective employee is fit for duty. Optometry/Ophthalmology evaluation must be provided to the practitioner who performed the initial ~~screen~~screening.
 - e. Annual PCP Physicals will be placed on temporary hold until the patient returns with corrective lenses or completes a referral to Optometrist/Ophthalmologist

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

POLICY: Withdrawal of Care	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 2/24/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED: 3/30/21; 03/07/23
EFFECTIVE: 3/29/23 <u>4/27/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Withdrawal of care

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

Response Rating:

Required Equipment: None

Procedure

1. To avoid an allegation of abandonment, once a practitioner undertakes to treat a patient, he or she must continue to provide care unless:
 - a. Patient’s condition is such that care is no longer reasonably required; and/or
 - b. The patient terminated the-practitioner-patient relationship; and/or
 - c. The practitioner gives written notice of withdrawal of care and allows sufficient time (a minimum of 30 days) for the patient to employ another provider; and/or
 - d. The practitioner agreed to only treat a specific ailment or injury, or agreed to treat at a certain time or place.

2. To avoid an allegation of abandonment, the provider may not discontinue care if:
 - a. If the-practitioner is aware that no other practitioners are available to provide the needed care to the patient, care may not be withdrawn; and/or
 - b. If the patient is in an acute phase of their treatment; and/or
 - c. The patient is a member of a pre-paid health plan; and/or

- d. The sole reason for the termination is the patient's diagnosis of HIV/AIDS
3. Practitioner who wishes to terminate the Physician-Patient relationship with a Clinic patient will complete the Withdrawal of Care Worksheet and submit to the Clinic Leadership Manager.
4. Withdrawal of Care Worksheet will be reviewed by the supervising physician and/or Medical Director and Clinic Leadership. Request will be approved by the Medical Director, or the Medical Director may re-assign the patient to an alternate Clinic provider. To resolve the matter and to prevent the dismissal from practice being unexpected, it is preferred that the-practitioner speak with the patient regarding the issue(s) promoting the recommendation for Withdrawal of Care prior to completing the Worksheet.
5. If the patient's relationship with the Clinic is to be terminated, a letter must be sent to the patient, indicating reason for withdrawal of care (see Withdrawal of Care worksheet).
6. Letter will contain:
 - a. Advice to patients with chronic conditions that they need ongoing medical attention (stress appropriate urgency)
 - b. Medication requirements
 - c. Reinforce previous health care recommendations
 - d. Recommend contacting insurance carrier for referral to alternate physician. Offer contact phone numbers to facilitate patient's efforts to find an alternate practitioner.
 - e. Confirmation that provider will be available to render care for urgent concerns for the next 30 days.
7. Objectively document termination of patient care in the medical record, including a copy of both the Withdrawal of Care worksheet and the letter to the patient
8. Letter will be sent by mail.
 - A. A copy of the letter must be maintained in the medical record-.
 - B. If the letter is not received by the patient and is returned to the Clinic, the returned, unopened letter will be maintained in the Clinic record and a second copy of the letter will be sent to the patient via regular mail.
 - C. Notation of the second letter will be maintained in the patient's medical record.

~~D.~~

9. Notify appointment schedulers/document in chart that the patient will no longer be seen in the practice, ~~so as to~~ avoid scheduling appointments for that patient after the 30-day period.
10. Document in the alerts/notes section of the EMR that the patient will no longer be seen in the practice.
11. Should Clinic or District leadership identify a patient who is disruptive, non-compliant or a risk to other patients, this information will be brought to the attention of the patient's Primary Care Physician and that physician will be asked to dismiss the patient from care utilizing this policy.
 - a. Patients who threaten other patients and/or staff or are deemed an imminent risk to the safety of other patients and/or Clinic staff members will be dismissed from the Clinic immediately, with follow-up to the patient's insurance carrier within 24 hours of their dismissal.
 - b. Local law enforcement will be contacted, and a report made regarding patients who are dismissed due to imminent risk or threat.

Resource:

- Dixon, Laura A. JD, RN (April 2012). "Terminating Patient Relationships". Retrieved 3/12/15 from <http://thedoctors.com>.
- Walden, Roselyn MSN, FNP-BC (May 2012). "Dismiss a Problem Patient in 10 Safe Steps". Retrieved 3/12/15 from <http://clinicaladvisor.com>
- Julie Brightwell, JD, RN, Director, Healthcare Systems Patient Safety, and Richard Cahill, JD, Vice President and Associate General Counsel, The Doctors Company (Sept 08,2021) "Terminating Patient Relationships". <https://www.thedoctors.com/articles/terminating-patient-relationships/>

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

POLICY: X-Ray Orders	REVIEWED: 9/6/19; 3/30/21; 3/24/22; 2/24/23; <u>4/01/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>3/29/23</u> 4/27/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: X-ray Orders

Objectives: To properly obtain an x-ray as ordered by the practitioner.

Responsive Rating: Moderate to severe

Required Equipment: Written practitioner order (from EMR or paper form if EMR downtime)

Policy:

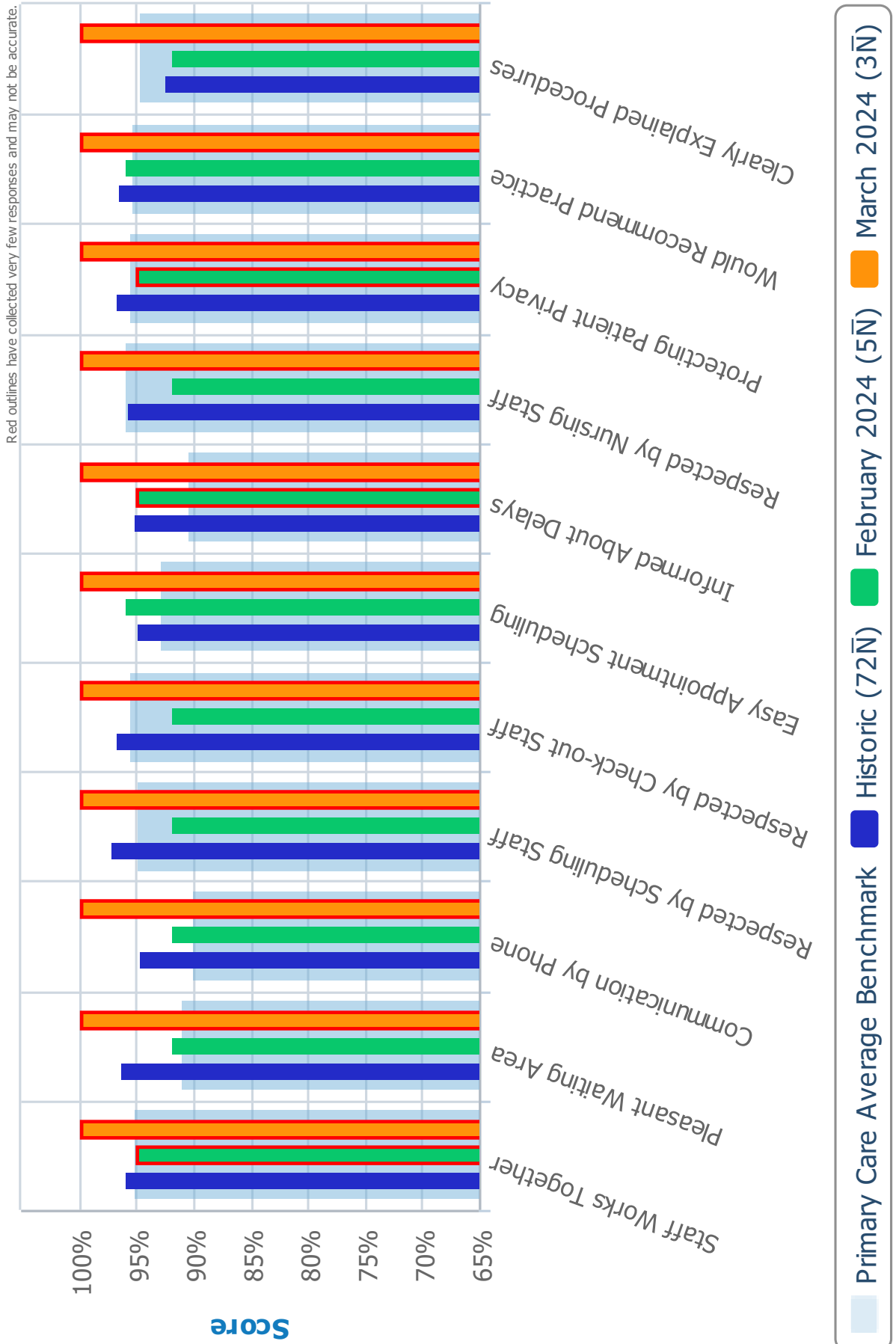
1. All radiological examinations must be ordered by a licensed practitioner and documented in the patient medical record.
2. For women of reproductive age, the radiology technician will ask if the patient could be pregnant. If pregnancy is possible, the technician will ask the practitioner to order a urine pregnancy test and the patient will be held pending a test result.
 - a. If the test is negative, proceed.
 - b. If the test is positive, do not perform the procedure and advise the ordering practitioner.
3. Complete the order and document in the EMR.
4. Escort the patient to the patient care area, advising ~~back office~~back-office staff that the patient has returned.
5. Escort the patient to their original examination room unless directed otherwise by ~~back office~~back-office staff.
6. Notify the Practitioner that the film is available for review.

Quality Metric	Census												Fiscal YTD Historical Payor Mix	
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24 Total		MTD Payor Mix
Patient Visits Total	1769	2201	1805	1848	1842	1677	2136	1984	2240			17502	17502	
Medi-Cal	1065	1410	1180	1255	1271	1094	1446	1393	1524			11638	11638	66%
Medicare	345	392	303	322	274	334	339	259	343			2911	2911	15%
Cash Pay	11	8	14	8	23	17	14	17	10			122	122	0%
Other	348	391	308	263	274	232	337	315	363			2831	2831	16%
Pediatrics 0-16 yrs	241	404	282	300	311	240	334	314	81					
Behavioral Health	210	258	199	240	219	198	244	307	321					
Dental	311	415	340	414	408	384	494	465	482					
Total Empanelled Patients	6280	6401	6507	6625	6710	6836	6928	7006	7074					
Total New Patients SEEN	113	150	100	106	104	95	111	100	131			1010		
Total New Pt's REGISTERED	144	156	136	152	118	155	127	114	134			1236		
Robo Doc Calls	0	11	27	35	22	16	47	49	43			250		
Incident Reports														
Patient Satisfaction														
Peer Review/Fallouts														
Employee turnover														
Wait time for appointments														
Patient No-shows	144	171	132	155	138	153	163	170	188					8%
Employee Satisfaction														

1=All Financial data in Finance Report











**MARK TWAIN
HEALTH CARE DISTRICT**

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Agenda Item: Financial Reports for March 2024
Item Type: Action
Submitted By: Rick Wood, Accountant & Traci Whittington, Accounting
Presented By: Rick Wood, Accountant & Traci Whittington, Accounting

BACKGROUND:

The March 2024 financial reports are attached for your review and approval.

Another good month for the clinic 😊 Despite the insurance issue, cash flow is being managed, but we’ll see how April shakes out. Please note, we booked the Audit adjustments, and they did recognize more of the future clinic receivable. See account # 1215 on the Balance Sheet.

The District, in total, has remained in the “Black” for NINE months in a row 😊

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		3/31/24		
		Actual	Y-T-D	2023/2024
		Month	Actual	Budget
	Total Other Revenue	563,453	4,347,038	5,882,085
	Non labor expenses	(252,731)	(2,397,905)	(3,742,372)
	Total Expenses	(493,970)	(4,371,044)	(6,655,498)
	Net Expenses over Revenues	69,484	(24,005)	(773,413)

Mark Twain Health Care District

Annual Budget Recap

	03/31/24	2023 - 2024 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	7,934,099	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	7,934,099	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(6,798,653)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(6,798,653)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	1,135,447	221,933	(773,413)	29,065	(177,900)	1,144,180
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
	197,850	392,710	412,064	551,925	546,391	630,489
	Jan-24	Feb-24	Mar-24			
	728,240	1,033,067	1,135,447			

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		3/31/24									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,274	(60)	99.93%	804,000	804,971	971	100.12%	1072000	
Rent Revenues		89,333	89,274	(60)	99.93%	804,000	804,971	971	100.12%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(60,277)	17,223	77.78%	(697,500)	(845,190)	(147,690)	121.17%	(930,000)	
9521.80	Utility Reimbursements- MTMC		0				481,607				
9520.85	Telephone & Communications	(572)	(494)	78	86.39%	(5,145)	(3,891)	1,254	75.62%	(6,860)	
9520.72	Depreciation	(8,285)	(8,181)	104	98.74%	(74,565)	(75,134)	(569)	100.76%	(99,420)	
9520.82	Insurance										
Total Costs		(86,357)	(68,951)	17,406	79.84%	(777,210)	(442,608)	334,602	56.95%	(1,036,280)	
Net		2,977	20,323	17,346	682.73%	26,790	362,363	335,573	1352.61%	35,720	
9260.02	MOB Rents Revenue	19,044	18,605	(439)	97.70%	171,395	163,225	(8,170)	95.23%	228,527	
9521.75	MOB rent expenses	(22,284)	(24,336)	(2,052)	109.21%	(200,558)	(206,630)	(6,073)	103.03%	(267,410)	
Net		(3,240)	(5,731)	(2,491)	176.86%	(29,162)	(43,405)	(14,243)	148.84%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	7,161	7,161	0	100.00%	9,548	
9522.75	Child Advocacy Expenses	0	(250)	(250)	0.00%	0	(2,126)	(2,126)	0.00%		
Net		796	546	(250)	68.58%	7,161	5,036	(2,125)	70.32%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,908	18	100.95%	17,010	16,956	16,956	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
Total Revenues		111,063	110,582	(480)	99.57%	999,566	992,313	(7,253)	99.27%	1,332,755	
Total Expenses		(108,641)	(93,537)	15,104	86.10%	(977,768)	(651,364)	326,404	66.62%	(1,303,690)	
Summary Net		2,422	17,045	14,623	703.75%	21,799	340,950	319,151	1564.08%	29,065	

Mark Twain Health Care District										
General Administration Financial Projections										
		3/31/24				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	41,498	12,331	142.28%	262,500	358,672	96,172	136.64%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	975,000	975,000	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	11,082			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		12,768				97,443			
9205.03	Miscellaneous Income (1% Minority Interest)		(4,958)			0	(38,930)			
	Summary Revenues	137,500	157,641	20,141	114.65%	1,237,500	1,403,266	165,766	113.40%	1,750,000
8610.09	Other salaries and wages	(27,217)	(23,163)	4,054	85.10%	(244,955)	(243,385)	1,570	99.36%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,225)	857	58.84%	(18,739)	(12,911)	5,828	68.90%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(12,732)	0	12,732	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(13,205)	0	13,205	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	(211)	732	22.34%	(8,488)	(2,184)	6,303	25.74%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(2,122)	0	2,122	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(1,436)	4,707	23.37%	(55,286)	(15,095)	40,190	27.30%	(73,714)
	Labor Costs	(33,360)	(24,598)	8,762	73.74%	(300,240)	(258,480)	41,760	86.09%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(318)	3,849	7.63%	(37,500)	(3,385)	34,115	9.03%	(50,000)
8610.23	Legal	(333)	(58,693)	(58,359)	17607.75%	(3,000)	(68,969)	(65,969)	2298.95%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(1,465)	1,535	48.83%	(27,000)	(43,181)	(16,181)	159.93%	(36,000)
8610.05	Marketing	(1,000)	(1,127)	(127)	112.72%	(9,000)	(2,587)	6,413	28.74%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(1,500)	0	1,500	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(1,559)	(1,184)	415.62%	(3,375)	(8,378)	(5,003)	248.22%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(375)	0	375	0.00%	(500)
8610.69	Other- IT Services	(583)	(774)	(191)	132.75%	(5,250)	(10,732)	(5,482)	204.42%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(33,000)	(84,334)	(51,334)	255.56%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(35)	1,632	2.10%	(15,000)	(11,813)	3,187	78.76%	(20,000)
8610.87	Outside Trainings	(833)	(60)	773	7.20%	(7,500)	(3,600)	3,900	48.00%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(375)	0	375		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(11,250)	(10,800)	450	96.00%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	(21,380)	0		
8888.00	Calaveras Wellness Foundation						12,519			
	Non-Labor costs	(17,125)	(64,530)	(47,405)	376.82%	(154,125)	(256,640)	(93,653)	166.51%	(205,500)
	Total Costs	(50,485)	(89,129)	(38,644)	176.55%	(454,365)	(515,119)	(51,893)	113.37%	(605,820)
	Net	87,015	68,512	(18,503)	78.74%	783,135	888,146	113,873	113.41%	1,144,180

Mark Twain Health Care District
Balance Sheet
As of March 31, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	168,754
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	84,262
1001.45 Five Star Bank - MTHCD Checking NEW	468,161
1001.50 Five Star Bank - Money Market	685,457
1001.60 Five Star Bank - VSHWC Checking	37,396
1001.65 Five Star Bank - VSHWC Payroll	8,062
1001.90 US Bank - VSHWC	6,867
1001.98 Calaveras Wellness Foundation	129,064
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,594,869
Accounts Receivable	
1201.00 Accounts Receivable	-5,414
1210.00 Grants Receivable	23,241
1215.00 Settlements	1,054,984
Total Accounts Receivable	1,072,811
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	31,918
1003.20 CLASS Operational Reserve Fund	1,032,267
1004.10 CLASS Lease & Contract Reserve Fund	1,778,459
1004.20 CLASS Loan Reserve Fund	2,171,457
1004.30 CLASS Capital Improvement Reserve Fund	2,627,406
1004.40 CLASS Technology Reserve Fund	267,877
1004.50 Community Programs Reserve Fund	103,227
1004.60 Lease Termination Reserve Fund	506,833
1150.05 Due from Calaveras County	474,510
1160.00 Lease Receivable	166,262
1205.50 Allowance for Uncollectable Clinic Receivables	828,794
1205.51 Cash To Be Reconciled	123,038
1300.00 Prepaid Expense (USDA)	-52,996
130.30 Other Prepaid Expense	2
Total Other Current Assets	10,059,054
Total Current Assets	12,726,734
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	937,082
1221.00 Pharmacy Construction	48,536
1250.13 CIP - Dental Expansion	3,500
1521.20 CIP Buildings - BHCiP	175,601
1600.00 Accumulated Depreciation	-8,933,770
Total Fixed Assets	6,421,891

Other Assets	
1710.10 Minority Interest in MTMC - NEW	344,779
1810.60 Capitalized Lease Negotiations	299,960
1810.65 Capitalized Costs Amortization	8,939
Total Intangible Assets	308,899
2219.00 Capital Lease	5,710,022
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,205,474
TOTAL ASSETS	26,354,099
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	240,477
Total 200.00 Accts Payable & Accrued Expenses	240,477
2001.00 Other Accounts Payable (Credit Card)	32,978
Total 200.00 Accts Payable & Accrued Expenses	32,978
2000.10 Other Accounts Payable	-6,130
2010.00 USDA Loan Accrued Interest Payable	83,282
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	19,454
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	129,064
Total Other Current Liabilities	529,720
Total Current Liabilities	803,175
Long-Term Liabilities	
2128.01 Deferred Capital Lease	68,779
2128.02 Deferred Utilities Reimbursement	129,001
2129.00 Other Third Party Reimbursement - Calaveras County	325,000
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,579,166
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	7,968,216
Total Liabilities	8,771,391
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-3,921,526
Net Income	1,135,447
Total Equity	17,582,708
TOTAL LIABILITIES AND EQUITY	26,354,100

Wednesday, May 13, 2020 05:33:00 PM GMT-7 - Accrual Basis

**Investment & Reserves Report
31-Mar-24**

Reserve Funds	Minimum Target	6/30/2023 Balance	2023/2024 Allocated	2023/2024 Interest	3/31/2024 Balance
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	32,767	1,063,425
Capital Improvement	3,000,000	2,522,220	0	105,186	2,627,406
Technology Reserve	250,000	1,039,589	-789,589	17,877	267,877
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	78,459	1,778,459
Communiuty Programs Reserve	250,000		100,000	3,227	103,227
Lease Termination Reserve	3,250,000		490,999	15,834	506,833
Loan Reserve	2,000,000	2,084,524	0	86,933	2,171,457
Reserves & Contingencies	12,650,000	8,178,401	0	340,283	8,518,684

Reserves	2023-2024	
	3/31/2024	Interest Earned
Valley Springs HWC - Operational Reserve	31,918	1,260
Total Cal-Trust Reserve Funds	31,918	1,260

Valley Springs HWC - Operational Reserve	1,032,267	32,227
Lease & Contract Reserve	1,778,459	78,459
Loan Reserve	2,171,457	86,933
Capital Improvement	2,627,406	105,186
Technology Reserve Fund	267,877	17,877
Community Programs Reserve	103,227	3,227
Lease Termination reserve	506,833	15,834
Total CA-CLASS Reserve Funds	8,487,526	339,743

CA CLASS	Interest Rate	
Prime	5,464,058	5.43%
Enhanced	3,023,468	5.46%
Total	8,487,526	

Five Star		
General Operating - Closed	0	0
General Operating - NEW	498,008	234
Money Market Account	685,457	11,274
Valley Springs - Checking	37,396	48
Valley Springs - Payroll	8,962	63
Total Five Star	1,229,823	11,619

4.19%

Umpqua Bank		
Checking	168,754	0
Money Market Account	6,446	0.49
Investments	0	0
Total Savings & CD's	175,200	0.49

Bank of Stockton	84,262	33
-------------------------	---------------	-----------

Total in interest earning accounts	10,008,729	352,656
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Beta Dividends 1 & 2	2,333
Anthem Rebate	3,643

Total Without Unrealized Loss	358,632
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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 CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS 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.

SAN ANDREAS ROTARY presents..

THE CALAVERAS
RAGIN CAJUN
FESTIVAL

MAIN STREET, SAN ANDREAS CA
MAY 4th, 2024
11AM - 5PM

LIVE MUSIC!

FEATURING AN AUTHENTIC LOUISIANA

Crawfish Boil

Cajun Stage: **Blues Box Bayou**
Mark St. Mary-Louisiana Blues & Zydeco Band

Creekside Stage: **Primitivo Latin Rhythms Band**
Jeremy Norris & The Blues Cartel


Motherlode Stage: **Vital Sign / Teal Wheels**

The Met Stage: **Rusty Rockers**



\$5 *in advance*
\$10 *at gate*
PRICE DOES NOT INCLUDE
FOOD & DRINKS

For More Information
SANANDREASROTARY.COM

 **SAN ANDREAS ROTARY CLUB**



PROCEEDS TO BENEFIT HOSPICE OF AMADOR AND CALAVERAS



RAGIN CAJUN



Calaveras Ragin Cajun Festival Sponsorship Information

Do you Own or Represent a Business in the Sierra Nevada Foothills? Would you like to Increase your Brand Exposure while giving back to the Community? If so, this Sponsorship is a Golden Opportunity for Your Business.

San Andreas Rotary is holding a Charitable Fundraiser on May 4, 2024, which will Support Hospice of Amador and Calaveras Counties, as well as other Community Programs. As a Business Person, you know that it takes money to make money. That is why we need your Help to make this Event a Success!

When you make a Donation, you are not only Helping our Organization and the Recipients of the Event Proceeds, but also Gaining Valuable Exposure for your Business. We will Include our Sponsors' Logos and/or Business Names at the Event, on our Website and Social Media as well as in Printed Promotional Materials and Advertising. The Placement and Frequency of Your Business Information will Depend on the Level of Sponsorship that you may choose.

About the Calaveras Ragin Cajun Festival

- The Event is being Promoted over Multiple Channels, including Newspaper Ads, Press Releases, Social Media and Online Promotion (Advertising Reaching 400,000+)
- Over Two Thousand guests are expected to Attend. Within the past few weeks of Promotion we have had over 21,000 Hits on our Facebook and Web Page with Steady Online Ticket Sales
- Authentic Louisiana Cajun Food Preparers will be On Site to Cook and Serve Fresh Crayfish Flown in Directly from Louisiana, Cajun Sausage, Shrimp, Jambalaya and Gumbo as well as other Traditional Cajun Delicacies
- As an Annual Festival in its Third Year, The Calaveras Cajun Festival is an Opportunity that will Continue to Grow

Your Donation Will Benefit Hospice of Amador & Calaveras

The mission of Hospice of Amador & Calaveras is to provide exceptional end-of- life care to everyone in our community who needs it regardless of their ability to pay, and to educate and collaborate with health care providers and community members at large in promoting exceptional end-of- life care.

As a highly-skilled and compassionate team, our vision is to sustain and continually improve our ability to provide extraordinary care in our community both today and into the future, so that members of our community select Hospice of Amador & Calaveras as their preeminent choice for hospice care.

The Event will also Support New Projects by San Andreas Rotary and other Community Programs

San Andreas Rotary

P.O. Box 1011, San Andreas, CA 95249 San Andreas Rotary.com

San Andreas Rotary's Annual
RAGIN CAJUN

FESTIVAL

Platinum Music Stage Sponsor \$3,000 (3 Only)

- Company Name & Logo on "Platinum Sponsor" Banner over Stage
- Company Name & Logo on "Platinum Sponsor" Banner in Food Area
- Business listed in advertising (Newspaper, Feature Stories, Website, Facebook, etc.)
- Name on "Thank You Sponsors" Banner Prominently Displayed at Event
- Choice of either a 12' X 12' or 12' X 24' Vendor Booth (Optional)
- 25 Tickets for the 2024 Cajun Festival

Gold Sponsor \$1,500

- Company Name & Logo on "Gold Sponsor" Banner in Food Area
- Business listed in advertising (Newspaper, Feature Stories, Website, Facebook, etc.)
- Name on "Thank You Sponsors" Banner Prominently Displayed at Event
- One 12' X 12' Vendor Booth (Optional)
- 15 Tickets for the 2024 Cajun Festival

Silver Sponsor \$750

- Business listed in advertising (Newspaper, Feature Stories, Website, Facebook, etc.)
- Name on "Thank You Sponsors" Banner Prominently Displayed at Event
- 10 Tickets for the 2024 Cajun Festival

Bronze Sponsor \$250

- Name on "Thank You Sponsors" Banner Prominently Displayed at Event

Company Name: _____

Contact Person: _____

Phone: _____

Email: _____

Mailing Address: _____

Vendor Booth Size: ___ 12' x 12' (Platinum or Gold) ___ 12' x 24' (Platinum Only)

Sign: _____ Date: _____

Please Make Check Payable to San Andreas Rotary



17th Annual Tournament

12:30 Shotgun Start

Sunday, June 2nd, 2024

**The Golf Club at Copper Valley
Copperopolis, California**

Join the Mark Twain Medical Center Foundation in Advancing Women's Health in Calaveras County.

Sponsor the Golf Carts



GOLF CART SPONSOR - \$500

- Recognition on every golf cart
- 2 Dinner tickets

 **Mark Twain
Medical Center Foundation**

Sponsor a Tee



TEE SPONSOR - \$250

- Signage at the tee box

More Sponsorships

The 2024 Barger Golf Outing provides seven Sponsorship categories.

Learn more by contacting:

Charanjit "CJ" Singh, Director of Philanthropy
1.209.754.2624

charanjit.singh@commonspirit.org



Sponsorship Information

Company Name: _____

Contact: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

I wish to support "The Barger Golf Outing" with a _____ sponsorship.

The Golf Cart Sponsorship includes two dinner tickets:

Guest #1

Name: _____ Phone: _____

Email: _____

Guest #2

Name: _____ Phone: _____

Email: _____

Golf Reservations

Golf Cart and Tee Sponsorships do not include golf reservations. You can make golf reservations online as well as signing up additional dinner guests.

Please visit supportmarktwain.org

Sponsorship Payment Options

Secure online payment is available at supportmarktwain.org

Enclosed is my sponsorship check, payable to: "MTMC Foundation."
Send to: 768 Mountain Ranch Road, San Andreas, CA 95249

Please invoice my business's Accounts Payable Department:

Company Name: _____

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____



Event Proceeds

The Barger Golf Outing has supported Mark Twain Medical Center Foundation since 2007. This year we celebrate our 17th Annual Event. Golfers at all levels are welcome – no handicap required. Fun features of the event include a putting contest, awesome auction, exciting raffle, delicious dinner and more.

Your support of the Barger Golf Outing will make it possible for the Foundation to help keep MTMC on the cutting-edge of technology, and to offer advanced care close to home.

Since 2007, our tournament has raised over \$500,000 to advance women's health care services at Mark Twain Medical Center including:

- Acquisition of 3D Mammography and Advanced Imaging Modality surgical scopes.
- Pulmonary Function Test equipment as women are more vulnerable to certain lung diseases.
- Funding for the Women's Health infrastructure at the James Dalton Medical Office in Angels Camp.
- Joining with MTMC and Soroptimist International of Calaveras County to provide annual Lipid Panel screenings at no cost for Calaveras women during Heart Month in February.
- Our 2023 event proceeds helped to acquire Merge CADstream® software that enables effective early detection of breast cancer.

About the Mark Twain Medical Center Foundation

Our purpose is to develop resources, funding and community support for the benefit of Mark Twain Medical Center. We are a 501(c)(3) non-profit and all donations and funds stay in Calaveras County.



17th Annual Tournament
12:30 Shotgun Start
Sunday, June 2nd, 2024
The Golf Club at Copper Valley
Copperopolis, California

Sponsorship Opportunities

Join Mark Twain Medical Center Foundation in Advancing Women's Health in Calaveras County.

PRESENTNG SPONSOR – \$7,500

- Banner in hospitality area and awards dinner
- Company logo on all printed materials
- Opportunity to cross promote event at place of business
- Opportunity to have table on golf course during play
- Full page ad in event program - 4.5 x 6.75
- 2 Four person golf teams

PLATINUM SPONSOR – \$5,000

- Banner at awards dinner
- Opportunity to cross promote event at place of business
- Opportunity to have table on golf course during play
- Listing as a sponsor on marketing material
- Full page ad in event program - 4.5 x 6.75
- Four person golf team

GOLD SPONSOR – \$3,500

- Listing as a sponsor on marketing materials
- Half page ad in event program - 4.5 x 6.75
- Four person golf team

SILVER SPONSOR – \$2,500

- Listing as a sponsor on marketing materials
- Half page ad in event program - 4.5 x 3.25
- 2 Individual golf entries

BRONZE SPONSOR - \$1,500

- Listing as a sponsor on marketing materials
- 2 Individual golf entries

Contact Charanjit "CJ" Singh, Director of Philanthropy
1.209.754.2624 charanjit.singh@commonspirit.org

Benefits Women's Health
supportmarktwain.org

 **Mark Twain
Medical Center Foundation.**



Company Name: _____
 Contact: _____
 Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

I wish to support "The Barger Golf Outing" with a _____ sponsorship.

My sponsorship includes golf entries and my players are:

Player #1

Name: _____ Phone: _____
 Email: _____

Player #2

Name: _____ Phone: _____
 Email: _____

Player #3

Name: _____ Phone: _____
 Email: _____

Player #4

Name: _____ Phone: _____
 Email: _____

My Sponsorship includes additional dinner tickets and my guests are:

Guest #1

Name: _____ Phone: _____
 Email: _____

Guest #2

Name: _____ Phone: _____
 Email: _____

Guest #3

Name: _____ Phone: _____
 Email: _____

Guest #4

Name: _____ Phone: _____
 Email: _____

Sponsorship Payment Options

Secure online payment is available at supportmarktwain.org

Enclosed is my sponsorship check, payable to: "MTMC Foundation."
 Send to: 768 Mountain Ranch Road, San Andreas, CA 95249

Please invoice my business's Accounts Payable Department:

Company Name: _____
 Attention: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____



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Department of Health Care Access and Information



BUILDING PERMIT

This permit shall be posted.

Facility Building Permit

Facility # 10029 Facility Name Mark Twain Medical Center

Address

Street Address 768 Mountain Ranch Rd Phone _____

City San Andreas County 05 - Calaveras State CA Zip Code 95249

Record Detail

Record/Project Name MDF Room Addition

Detailed Description Addition to the Communication Office to create a new MDF Room.

Contractor

Business Name STREAMLINE COMPANY License/Certificate Number 742140

Street Address 154 Scandling Avenue

City Grass Valley State CA Zip Code 95945

Phone (530) 272-6806 Email albert@streamlineconstruction.net

Inspector of Record

IOR License/Certificate Number A10714 Expiration Date 3/31/2024


First Name David M.I. _____ Last Name Neitzel

Phone (916) 708-3350 Email dneitzel36@gmail.com

PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR AFTER OBTAINING THE WRITTEN APPROVAL OF CONSTRUCTION DOCUMENTS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR FOLLOWING ITS COMMENCEMENT.

Parent Project # H210693-05-00 Increment # _____ BP # H210693-05-00-BPT01

Permit Issued on 02/04/2024

Department of Health Care Access & Information
 Office of Statewide Hospital
 Planning and Development 
Cesar Ponce 2/4/2024
Building Permit Issued

Issued By: Cesar Ponce, Regional Compliance Officer

Special Conditions

[Empty box for special conditions]



presents its
PROPERTY CONDITION ASSESSMENT REPORT
to

MARK TWAIN HEALTH CARE DISTRICT

FOR

**MARK TWAIN MEDICAL CENTER
SAN ANDREAS, CALIFORNIA**

February 18, 2024 DRAFT

Project No. 01-24-0014 February 18, 2024



Property Condition Assessments, LLC
450 Apollo Street, Suite E, Brea, California 92821
Main: (626) 685-9560
www.pcalle.com



February 18, 2024

File No.: 01-24-0014

MARK TWAIN HEALTH CARE DISTRICT
c/o Mr. Richard Randolph
768 Mountain Ranch Road
P.O. Box 95
San Andreas, California 95249

REFERENCE: MARK TWAIN MEDICAL CENTER
768 MOUNTAIN RANCH ROAD
SAN ANDREAS, CALIFORNIA 95249

SUBJECT: PROPERTY CONDITION ASSESSMENT REPORT

Dear Richard:

Thank you for selecting Property Condition Assessments, LLC ("PCA") to perform a condition assessment of the Mark Twain Medical Center. In accordance with our contractual agreement, PCA is pleased to submit the attached report for the Subject Property.

The objective of this engagement was for PCA to visually assess the present condition of the Subject Property. This report describes the primary components and systems and identifies physical deficiencies and conditions that would limit the expected serviceable life of those systems. Included are Immediate Costs and 25-Year Capital and Maintenance Budget spreadsheets tabulating PCA's opinions of probable costs to address code and safety issues, repair and deferred maintenance items, capital and maintenance expenditures over the assessment term, and recommended upgrades to enhance performance.

While the overall condition of the Subject Property is fair to good, it should be noted that there are significant capital budgets reportedly allocated by the tenant, *Dignity Health*, to performing a required seismic upgrade of the original one-story section of the hospital (\$15 million), renovating the surgery center (\$7 million), and replacing the roofs on the one-story section of the hospital (\$1.6 million). When combined with the Immediate Costs (\$168,800) and anticipated 25-year Capital and Maintenance Budgets (\$9,760,433) identified in this report, PCA would suggest that a repair/rebuild cost-benefit analysis would be a prudent step in the planning process.

Mr. Richard Randolph
February 18, 2024
Page 2

Facility Condition Assessment
MARK TWAIN MEDICAL CENTER
San Andreas, CA

While the New Hospital building can remain serviceable for many years without extraordinary capital expenditures, the Old Hospital will require expenditures far exceeding its potential replacement cost of approximately \$20-\$22 million. Additionally, the significant dollars currently allocated to a seismic upgrade will provide virtually no additional utility or benefit to the hospital beyond added safety. A new facility will provide state-of-the-art functionality that will greatly enhance patient care and long-term service to the community.

PCA appreciates the opportunity to provide this condition assessment for the Mark Twain Healthcare District and looks forward to your feedback on this draft report. As always, please do not hesitate to contact us should you have questions concerning this report.

Sincerely,
Property Condition Assessments, LLC

A handwritten signature in black ink, appearing to read 'John I. Luna', written over a light blue horizontal line.

John I. Luna
President



Property Condition Assessments, LLC

Deferred Maintenance / Immediate Short-Term Needs

Mark Twain Medical Center
768 Mountain Ranch Road
San Andreas, CA 95249

Square Feet 89,245
Number of Buildings: 5
Inflation Rate (%): 2.5
Date 2/18/2024

Sec #	Item	Quantity	Units	Unit Cost	Code/ Life Safety	Immediate	Total Cost
Section A - Site							
A.01	Concrete Paving - Replacement: Remove, repair, and replace 10% of concrete sidewalks on-grade, concrete curbs, and gutters. Portland-cement concrete was observed with areas of cracking, heaving, or spalling, many of which are tripping hazards. Include curb ramps to disabled-access parking spaces.	5,000	SF	\$35.00	\$17,500.00	\$0.00	\$17,500.00
A.02	Hardscaping - Improvements: Provide new paver stairs at terraced islands and the pedestrian pathway at the southwestern parking area. There are currently no sidewalks at this area, and pedestrians walk in the drive lanes to the main building entrance, which is a safety hazard.	4	EA	\$6,250.00	\$25,000.00	\$0.00	\$25,000.00
A.03	Fencing - Improvements: Provide new 4'-0"-high galvanized chain-link fence at the helipad. The helipad is adjacent to the parking areas and currently has no security fencing.	400	LF	\$50.00	\$20,000.00	\$0.00	\$20,000.00
Total for Section							\$62,500.00
Section B - Structural-Seismic							
	Review of Structural-Seismic Systems is outside the Scope of Services for this report.	0		\$0.00	\$0.00	\$0.00	\$0.00
Total for Section							\$0.00
Section C - Building Exterior							
	No significant issues were identified. Single pane windows	0		\$0.00	\$0.00	\$0.00	\$0.00
Total for Section							\$0.00
Section D - Roofing							
D.01	Buildings 1, 3, 4, and 5 - Roof Access: Install a compliant fixed roof access ladder at each building, including cage and required fall protection	4	BLDG	\$2,500.00	\$10,000.00	\$0.00	\$10,000.00
D.02	Buildings 1, 3, 4, and 5 - Fall Protection: Have a qualified roofing contractor install code-compliant fall protection along roof perimeters with no parapets and those with parapets less than 39". Scope includes survey, testing, and replacement of any existing fall-protection devices along roofs. This cost is a preliminary budget only, which should be validated through additional investigation and contractor bid[s].	4	BLDG	\$6,250.00	\$25,000.00	\$0.00	\$25,000.00
D.03	Buildings 1 and 5 - Roof Replacement Planning: Consult with Tremco, the seismic upgrade contractor, an HVAC contractor, electrical contractor, and plumbing contractor to develop a comprehensive plan for replacement of the roof membranes. When the project is undertaken, it is recommended that the roofing contractor be contracted as the prime contractor with all other trades as their subcontractors. The prime contractor should be responsible for schedule coordination amongst trades and with MTMC facilities group, continual waterproofing integrity, certificates of payments, verification of roofing deck structural integrity, compliance for obtaining permits and warranties and adherence to deadlines. Complexity associated with an abundance of rooftop-mounted equipment and unknown seismic-upgrade requirements warrants a multidisciplinary team approach, as unanticipated trade/upgrade requirements including prime contractor project supervision, could substantially affect the final cost.	1	EA	\$0.00	\$0.00	\$0.00	\$0.00
Total for Section							\$35,000.00
Section E - Building Interiors							
E.01	Building 1 - Compliant Door Hardware: Install code-compliant panic device at the egress door in the electrical switchgear room.	1	EA	\$1,000.00	\$1,000.00	\$0.00	\$1,000.00
Total for Section							\$1,000.00
Section F - Limited Disabled-Access Review							
F.01	Buildings 3 and 5 - Restroom Compliance: Modify restrooms for full ADA compliance. Scope to include, but is not limited to, modifications for compliant door opening and swing, lavatory counter heights, installation of insulation boots on exposed lavatory drainpipes, grab bars in compliant locations, lowering mirrors and accessory fixtures to compliant heights with compliant reach-ranges, and replacing toilets and urinals with fixtures having the flush-valve handle on the open [approach] side of the fixtures.	2	EA	\$25,000.00	\$50,000.00	\$0.00	\$50,000.00



Property Condition Assessments, LLC

Deferred Maintenance / Immediate Short-Term Needs

Mark Twain Medical Center
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Square Feet 89,245
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Inflation Rate (%): 2.5
Date 2/18/2024

Sec #	Item	Quantity	Units	Unit Cost	Code/ Life Safety	Immediate	Total Cost
F.02	Building 1,3 and 5 - Drinking Fountain Compliance: Replace the existing non-compliant single-basin drinking fountains. Cost shown presumes three fountains in Building 1 and one in Building 3 and 5 each.	5	EA	\$3,500.00	\$17,500.00	\$0.00	\$17,500.00
Total for Section							\$67,500.00
Section G - HVAC Systems							
	No significant issues were identified.						
Total for Section							\$0.00
Section H - Plumbing Systems							
	No significant issues were identified.				\$0.00	\$0.00	\$0.00
Total for Section							\$0.00
Section I - Electrical Systems							
I.01	All Buildings - Electrical Equipment, Access: Remove stored materials and equipment within a 3' perimeter of electrical panels and apply painted-on demarcations outlining the 3' perimeter and warning against storage within the perimeter lines. Numerous locations were noted with storage blocking access to electrical panels, which is a code violation. Work can be performed by in-house maintenance staff, and no cost is applied.	0	N/A	\$0.00	\$0.00	\$0.00	\$0.00
I.02	All Buildings - Open Wiring Conditions: Install cover plates on open receptacles, junction boxes, and a few subpanels in mechanical/electrical equipment closets and rooms, along with other back-of-house areas. Multiple open wiring conditions were observed in all buildings, which is a code violation and life-safety concern. Work can be performed by in-house maintenance staff, and no cost is applied.	0	N/A	\$0.00	\$0.00	\$0.00	\$0.00
I.03	Building 2 - Rooftop, GFCI Receptacles: Install Ground-Fault Circuit-Interruption (GFCI) receptacles at all rooftop locations, as required by code. Four standard receptacles were identified, none of which had stickers indicating they were wired to GFCI-protected circuits.	4	EA	\$75.00	\$300.00	\$0.00	\$300.00
I.04	Buildings 1 and 5 - Separated Conduit Joints: Retain a qualified electrician to inspect all rooftop-mounted electrical conduits and correct separated conduit connections. Multiple conduits were observed with separate joints and exposed wiring. Open joints are a code violation, provide a pathway for moisture intrusion that can lead to costly equipment failures, and represent a shock hazard and life-safety concern.	1	LS	\$2,500.00	\$2,500.00	\$0.00	\$2,500.00
Total for Section							\$2,800.00
Section J - Fire- and Life-Safety Systems							
J.01	Buildings 1 and 2 - Fire-Sprinkler Head Inspection Report: Obtain the inspection report for sprinkler heads that have been in service for 50 years or more, and confirm that all defective sprinklers have been replaced.	0		\$0.00	\$0.00	\$0.00	\$0.00
Total for Section							\$0.00
Section K - Vertical Transportation Systems							
K.01	Maintenance/Adjustments: Have the maintenance provider, Otis Elevator, address the maintenance deficiencies noted in Section K, "Vertical Transportation, Subsection Maintenance." No cost is assigned, as these corrections should be covered under the terms of the existing maintenance agreement.	3	EA	\$0.00	\$0.00	\$0.00	\$0.00



Property Condition Assessments, LLC

Deferred Maintenance / Immediate Short-Term Needs

Mark Twain Medical Center
768 Mountain Ranch Road
San Andreas, CA 95249

Square Feet 89,245
Number of Buildings: 5
Inflation Rate (%): 2.5
Date 2/18/2024

Sec #	Item	Quantity	Units	Unit Cost	Code/ Life Safety	Immediate	Total Cost
Total for Section							\$0.00
Section L - Public Records							
	No significant issues were identified.			\$0.00	\$0.00	\$0.00	\$0.00
Total for Section							\$0.00
Total Immediate Repair Costs:							\$168,800
EA: Each LS: Lump Sum SF: Square Foot SY: Square Yard LF: Lineal Foot							



Property Condition Assessments, LLC

Mark Twain Medical Center

768 Mountain Ranch Road

San Andreas, CA 95249

Date 2/18/2024

Costs Summary Table

REPORT SECTION	DESCRIPTION	OPINIONS OF COSTS		
		IMMEDIATE / CODE ITEMS	UNINFLATED RESERVES	INFLATED RESERVES
A	Site	\$62,500	\$1,047,750	\$1,278,013
B	Structural	\$0	\$0	\$0
C	Building Exterior	\$0	\$1,036,800	\$1,072,634
D	Roofing	\$35,000	\$3,162,500	\$3,262,516
E	Building Interiors	\$1,000	\$495,000	\$631,647
F	Limited Disabled-Access Review	\$67,500	\$0	\$0
G	HVAC	\$0	\$769,550	\$786,794
H	Plumbing	\$0	\$110,000	\$12,423
I	Electrical	\$2,800	\$1,198,783	\$1,557,522
J	Fire and Life Safety	\$0	\$354,990	\$452,033
K	Vertical Transportation	\$0	\$673,000	\$706,850
L	Public Records	\$0	\$0	\$0
TOTALS		\$168,800	\$8,848,373	\$9,760,433

25-YEAR CAPITAL and MAINTENANCE BUDGET	TOTALS
Average Annual Budget (uninflated)	\$353,935
Average Annual Budget (inflated)	\$390,417
Uninflated Budget Requirements/SF/Year	\$3.97
Inflated Budget Requirements/SF/Year	\$4.37

**MARK TWAIN HEALTHCARE
DISTRICT
POSITION
DESCRIPTION**

Position: Chief Executive Officer

Reports to: President, Board of Directors

Qualifications: Bachelor's Degree or higher, in a related field, with not less than 3 years of Executive Director or related experience in healthcare.

Compensation: Commensurate with experience and market practices.

Responsibilities: Responsible for the day-to-day operations of the District in accordance with its established Mission, Vision and Values statements. Operates in accordance with Healthcare District Law, the Ralph M. Brown Act and the established Policies and Procedures of the District. The Executive Director is a member of the governing board and is subject to the District's conflict of interest and fiduciary requirements.

Duties: The Executive Director is responsible for all assets and matters pertaining to the operation of the Healthcare District, including but not limited to the management of:

Fiscal Operations - Creates, monitors and manages annual and project-specific budgets, including timely reporting thereof; banking, investments; insurance; audits; and assists the Ad-hoc Grants Committee in administering the District's Golden Health Community Grants and Sponsorship Programs.

Board Matters- Prepares agendas; reviews preparation of minutes; organizes and runs regular and special meetings, planning and study sessions; maintains records; assures compliance with Brown Act, California Public Records Act, Political Reform Act, Governance and applicable Transparency laws; manages all insurance matters; monitors and advises of potential conflicts of interest.

Human Resources- Responsible for hiring, training, supervising, and evaluating all employees; monitors and works closely with contracted service providers hired by the Board.

Regulatory Matters- Complies with, advises the Board of, and responds to Legislative and Regulatory matters, including municipalities, county, LAFCO, Grand Jury and others as needed.

**MARK TWAIN HEALTHCARE
DISTRICT
POSITION
DESCRIPTION**

Legal Matters - Manages and reviews policies, contracts, lawsuits, referendums and affiliation agreements as appropriate, coordinates Health Care District elections in accordance with legal requirements.

Property Management - Negotiates, manages and advises the Board regarding leases, maintenance and construction projects.

Program Development- Works closely with Board ad-hoc committees regarding Community Grants and Sponsorship of Community Programs; collaborates with health care institutions, social service agencies, schools and other organizations to improve community health; coordinates the delivery of educational services and information to target populations through classroom presentations, District workshops and community health fairs.

Community Relations - Monitors and manages media coverage of District activities; maintains and updates the District website in a timely manner; responds to public inquiries as received and provides all legally required public notices.

Clinic Operations – Oversees all Clinic operations including, hiring and firing, HR, Quality, Legal, regulatory, compliance, budgeting and finance, services. Marketing, contracting, licensing and certifications and as directed by the Board.

Other Duties As Assigned - Performs other duties on behalf of the District as directed by the Board President.

Last updated 3-22-2021

EMPLOYMENT AGREEMENT

CHIEF EXECUTIVE OFFICER

This employment agreement (the "**Agreement**") is made and entered into as of August _____, 2023 (the "**Effective Date**") by and between the Mark Twain Healthcare District, a political subdivision of the State of California (the "**District**") and Randall Smart, M.D. (the "**Employee**").

RECITALS

The District desires to employ the Employee from the Effective Date until expiration of the term of this Agreement, and Employee is willing to be employed by District during that period, on the terms and subject to the conditions set forth in this Agreement. In consideration of the mutual covenants and promises of the parties, the District and Employee covenant and agree as follows:

AGREEMENT

1. Duties

(a) During the term of this Agreement, Employee will be employed by the District to serve as the Chief Executive Officer of the District. Employee will devote such amount of business time to the conduct of the business of the District as may be reasonably required to effectively discharge Employee's duties under this Agreement and, subject to the supervision and direction of the District's Board of Directors (the "**Board**"). The employee will perform those duties and have such authority and powers as are customarily associated with the office of the Chief Executive Officer of a healthcare district engaged in a business that is similar to the business of the District and shall include oversight and managerial duties related to the Valley Springs Clinic. Employee shall be provided a copy of the Job Description for the Chief Executive Officer position, which Job Description may change from time to time at the discretion of the District.

(b) Unless the parties agree otherwise in writing, during the term of this Agreement, Employee will not be required to perform services under this Agreement other than at District's principal place of business in Calaveras County, California provided, however, that District may, from time to time, require Employee to travel temporarily to other locations on the District's business. Notwithstanding the foregoing, nothing in this Agreement is to be construed as prohibiting Employee from continuing to serve as a director, officer or member of various professional, charitable and civic organizations in the same manner as immediately prior to the execution of this Agreement.

2. Term of Employment

2.1 At Will Status

Employment with District is voluntarily entered into and shall be considered "at-will". Employee is free to resign at any time, with or without notice, and with or without cause. Similarly, District may terminate the employment relationship at any time, with or without notice, and with or

without or cause, so long as there is no violation of applicable federal or state law. Nothing in this Agreement or in any document or statement shall limit the right of District to terminate the employment relationship "at-will" at any time, with or without cause. Only the Board of Directors of the District has the authority to make any such agreement altering the "at-will" nature of this Agreement, and then only in writing.

2.2 Basic Term

The term of employment of Employee by the District will commence on the Effective Date and will extend for a period of two (2) years until August _____ / _____, 2026.⁵ Notwithstanding the forgoing, Employee shall remain at all times an "at will" employee of the District and both Employee and the District shall have the right to terminate the employment relationship, without or without cause, and with or without notice at any time, without penalty.

3. Salary, Benefits and Other Compensation

3.1 Compensation

As payment for the services to be rendered by Employee as provided in Section 1, District agrees to pay to Employee compensation of **Two Hundred Seventy Three Thousand Fifty One Dollars (\$273,051)** per year ("**Base Salary**"). Base Salary shall be payable in bi-weekly installments throughout the contract year in accordance with the normal payroll practices of the District.

3.2 Vacation, Holidays and Sick Leave

During the term of this Agreement, Employee will be entitled to vacation, holidays and sick leave in accordance with the normal and customary practices of the District.

3.3 Health and Retirement Benefits

During the term of this Agreement, Employee will be entitled to health and retirement benefits in accordance with the normal and customary practices of the District.

3.4 Expenses

During the term of this Agreement, District will reimburse Employee for Employee's reasonable out-of-pocket expenses incurred in connection with District's business, including travel expenses, food, and lodging while away from the District offices. This shall include, but not be limited to, Employee's attendance at ACHD and other associations deemed useful to the performance by Employee of his job duties for not more than five (5) days per year. Expenses for attendance at conferences shall not to exceed Five Thousand Dollars (\$5,000) per year and shall be reviewed and approved by the Board Chair, or a board member designated by the Chair.

4. Confidentiality

Because of Employee's employment by District, Employee will have access to trade secrets and confidential information about District, its products, its customers, and its methods of doing business (the "Confidential Information"). During and after the termination of Employee's employment by the District, Employee may not directly or indirectly disclose or use any such Confidential Information; provided, that Employee will not incur any liability for disclosure of information which (a) is required in the course of Employee's employment by the District, (b) was permitted in writing by the Board or (c) is within the public domain or comes within the public domain without any breach of this Agreement.

In consideration of Employee's access to the Confidential Information, Employee agrees that for a period of two (2) years after termination of Employee's employment, Employee will not, directly or indirectly, use such Confidential Information to compete with the business of the District, as the business of the District may then be constituted, within any state, region or locality in which the District is then doing business or marketing its products. Employee understands and agrees that direct competition means development, production, promotion, or sale of products or services competitive with those of District. Indirect competition means employment by any competitor or third party providing products competing with District's products, for whom Employee will perform the same or similar function as he performs for the District.

5. Miscellaneous

5.1 Waiver

The waiver of any breach of any provision of this Agreement will not operate or be construed as a waiver of any subsequent breach of the same or other provision of this Agreement.

5.2 Entire Agreement; Modification

Except as otherwise provided in the Agreement, this Agreement represents the entire understanding among the parties with respect to the subject matter of this Agreement, and this Agreement supersedes any and all prior understandings, agreements, plans, and negotiations, whether written or oral, with respect to the subject matter hereof, including without limitation, any understandings, agreements, or obligations respecting any past or future compensation, bonuses, reimbursements, or other payments to Employee from District. All modifications to the Agreement must be in writing and signed by the party against whom enforcement of such modification is sought.

5.3 Notice

All notices and other communications under this Agreement must be in writing and must be given by personal delivery, telecopier or telegram, or first class mail, certified or registered with return receipt requested, and will be deemed to have been duly given upon receipt if personally delivered, three (3) days after mailing, if mailed, or twelve (12) hours after transmission, if delivered by telecopies or telegram, to the respective persons named below:

If to District:

Mark Twain Healthcare District
P.O. Box 95
San Andreas, CA 95249-0095

If to Employee:

Dr. Randall Smart
P.O. Box 306
Murphys, CA 95247-0306

Any party may change such party's address for notices by notice duly given pursuant to this Section.

5.4 Headings

The Section headings of this Agreement are intended for reference and may not by themselves determine the construction or interpretation of this Agreement.

5.5 Governing Law

This Agreement is to be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into and wholly to be performed within the State of California by California residents. Venue shall be in Calaveras County.

5.6 Attorney's Fees

If either party brings an action for any relief or collection against the other party, declaratory or otherwise, arising out of the arrangement described in this Agreement, the losing party shall pay to the prevailing party a reasonable sum for attorneys' fees and costs actually incurred in bringing such action, including fees incurred at trial, in an arbitration, on appeal and on any review therefrom, all of which shall be deemed to have accrued upon the commencement of such action and shall be paid whether or not such action is prosecuted to judgment. Any judgment or order entered in such action shall contain a specific provision providing for the recovery of attorneys' fees and costs incurred in enforcing such judgment. For the purpose of this section, attorneys' fees shall include fees incurred in connection with discovery, post judgment motions, contempt proceedings, garnishment and levy.

5.7 Survival of District's Obligations

This Agreement will be binding on, and inure to the benefit of, the executors, administrators, heirs, successors, and assigns of the parties; provided, however, that except as expressly provided in this Agreement, this Agreement may not be assigned either by District or by Employee.

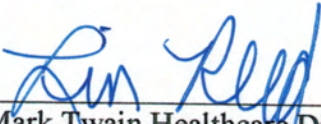
5.8 Counterparts

This Agreement may be executed in one or more counterparts, all of which taken together will constitute one and the same Agreement.

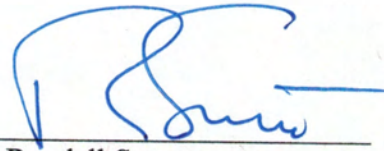
5.9 Enforcement

If any portion of this Agreement is determined to be invalid or unenforceable, that portion of this Agreement will be adjusted, rather than voided, to achieve the intent of the parties under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on July 26,
2023, in SAN ANTONIO, California.



Mark Twain Healthcare District
By: Lin Reed
Its: Chair, Board of Directors



Dr. Randall Smart
Employee



*Please join us
for the official
dedication ceremony
of*
**KELLI'S
HOUSE**

APRIL 24TH, 2024 AT 12:30PM

*The Resource Connection
Calaveras Children's Advocacy Center
1934 Hwy 26 Valley Springs Ca, 95252
209-584-9092*



Kelli Coane's vision was to start a Children's Advocacy Center in Calaveras County, to serve the children victimized by crime. The passion and dedication she showed for the Children's Advocacy Center is why we are honoring her on this day.