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 August 24, 2022
9:00 am

Participation: In Person or by
Zoom - Invite information is at the End of the Agenda

Agenda

Mark Twain Health Care District Mission Statement
"Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care".

1. **Call to order with Flag Salute:**

2. **Roll Call:**

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

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

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

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

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for July 20, 2022
- Un-Approved Board Meeting Minutes for July 27, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3):

- **Resolution 2022 - 15** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **August** 2022. (Informational Only).

- **Resolution 2022 – 17** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Sept.** 2022.

6. **MTHCD Reports:**

A. President's Report:………...…………………..……..……...………..……...……..……Ms. Reed

- **Association of California Health Care Districts (ACHD):**
  - ACHD Aug. 2022 Advocate:
  - California Advancing & Innovating Medi-Cal Program (CalAIM):…………….Ms. Hack
- **Meetings with MTHCD CEO:**

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

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

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

- **Strategic Planning & Projects Matrix:**
- **General Comments:**
- **Grant Report:**

- **VS H&W Center – Policies and Forms:** Public Comment **- Action**
  - **Policies for August 2022 for Valley Springs Health & Wellness Center:**

    New Policies
    Medical Record Chart Audit Policy

    Revised Policies
    BLS and ACLS Certification
    Butane Storge and Handling
    Compliance
    Emergency Codes
    Emergency Medications and Supplies
    Employee COVID-19 Vaccine and Precautions Policy
    Expediated Partner Therapy for STDs
    Fire Safety
    Incident Reports
    Medical Staff Composition
    Medication Management – Storage of Multi-Use Containers
    Standardized Procedure for Employee Covid-19 Rapid Testing
    Supply Ordering
    Visitors and Relative

    Bi-Annual Review Policies (no changes to policy content)
    Ambulatory Blood Pressure Monitor Testing
    Animal Bite-Reporting
    Annual Clinic Evaluation
    Aseptic Procedure
    EKG
    Generator Management
    Medical Record Chart Audit Policy
    Liquid Nitrogen
    Standardized Procedure for Childhood Health Screenings
    Standardized Procedures for Mid-level Practitioners (NP, PA)
    Waived Testing – Lead Care II

- **Program Manager:**…………………………………………………………………Ms. Stanek

E. VSHWC Quality Reports:……………………………….…………………….…………..Ms. Terradista

- Quality – July 2022**:**
- MedStatix – July 2022**:**

7. **Committee Reports:**

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

      - Financial Statements – June (Draft) 2022**:** Public Comment – Action

      - **Resolution 2022 - 16 LAIF** Authorizing Investment of Monies: Public Comment – Action

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

   C. **Ad Hoc Personnel Committee:**……………………………………………Ms. Reed / Dr. Smart

   D. **Ad Hoc Community Grants:**…………………..……………………………..Ms. Sellick / Ms. Reed

   E. **Ad Hoc Community Engagement Committee:**……………………………………....Ms. Reed

8. **Board Comment and Request for Future Agenda Items:**

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

      - CSDA Annual Conference & Exhibitor Showcase Aug. 22 - 25, 2022 - Palm Desert:
      - ACHD Annual Meeting Sept. 14-16 – Orange County:
      - MTMC Health & Community Resources Festival Sept. 17, 2022 - MTMC
      - CSDA Special Dist. Leadership Academy Sept. 18-21 - Napa:
      - The Party for Youth Mentoring Oct. 8, 2022

9. **Next Meeting:**

   A. The next MTHCD Board Meeting will be Wed. September 28, 2022, at 9am.

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting Aug. 24, 2022
Time: Aug 24, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/89915489620?pwd=bFNIUmR6R3dJelBFK3hweW9LMFBMQT09

Meeting ID: 899 1548 9620
Passcode: 945390
One tap mobile
+16694449171,,89915489620#,,,,*945390# US
+16699006833,,89915489620#,,,,*945390# US (San Jose)

Dial by your location
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
+1 719 359 4580 US
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 312 626 6799 US (Chicago)
+1 386 347 5053 US
+1 564 217 2000 US
+1 646 931 3860 US
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 309 205 3325 US
Meeting ID: 899 1548 9620
Passcode: 945390
Find your local number: https://us02web.zoom.us/u/kdzwrMnz1W

- Effective - Mar 17, 2020.

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

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

P. O. Box 95
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Finance Committee Meeting
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249

9:00 am
Wednesday July 20, 2022

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

Un – Approved Minutes

Mark Twain Health Care District Mission Statement
"Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional andcompassionate health care".

1. **Call to order with Flag Salute**:

   Time: 9:01am
   By: Ms. Hack

2. **Roll Call**:

Board Member	Present in Person	Present by Zoom	Time of Arrival
Ms. Hack	X		
Mr. Randolph	X		

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

   Motion: Mr. Randolph
   Second: Ms. Hack
   Vote 2-0 In Favor:

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

Hearing None.

Consent Agenda: Public Comment - Action

A. Resolution 2022- 12 Informational Only:

- Authorizing Remote Teleconference Meetings of the Board of Directors Finance Committee (AB 361) for the month of **July** 2022.

B. Un-Approved Minutes:

- Finance Committee Meeting Minutes for June 15, 2022**:**

Motion: Mr. Randolph
Second: Ms. Hack
Vote 2-0 in Favor:

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

Dr. Smart: Electric Rates (CPPA) have gone up 100% which is still high considering summer air conditioning.

Dr. Smart: Will be moving funds into CA Class when the President returns

Dr. Smart: Through the National Health Service Corp. will be interviewing a doctor:

Mr. Wood: The District is in compliance with alternating audit vendors: Mr. Jackson does an excellent job and has already begun the 2021 audit process.

7. **Real Estate Review:**

Mr. Randolph: Nothing new to report.

8. **Accountant's Report:**

- Mr. Wood: Introduced Rod Bettini who spoke about Ca Class.
- May 2022 Financials Will Be Presented to The Committee: Public Comment – Action

Mr. Wood: He has received figures and a good report from Mr. Hohenbrink: He did the calculations and determined May was a good month.

Motion to approve including Investment & Reserves Report: Mr. Randolph
Second: Ms. Hack
Vote 2-0 in Favor:

- **End-of-Year Finance Overview:**

Ms. Hack: Appreciates the amazing grant work the District has done.

Mr. Wood: Will provide figures as they become available however the June financials will stay in draft form until the audit is completed.

9. Treasurer's Report:

Ms. Hack: Nothing New to Report.

10. Comments and Future Agenda Items:

Dr. Smart: Will be contacting a potential Community Finance Committee Member.

11. Next Meeting:

Next Finance Committee Meeting will be Aug. 17, 2022, at 9:00am

12. Adjournment: - Public Comment – Action

Motion: Mr. Randolph
Second: Ms. Hack
Vote 2-0 in Favor
Time: 9:54am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting July 20, 2022
Time: Jul 20, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/82933969888?pwd=a2hPZDE2QmpyZkxMTnJFYnI5TVovQT09

Meeting ID: 829 3396 9888
Passcode: 752192
One tap mobile
+16694449171,,82933969888#,,,,*752192# US
+16699006833,,82933969888#,,,,*752192# US (San Jose)

Dial by your location
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 646 931 3860 US
+1 929 205 6099 US (New York)
Meeting ID: 829 3396 9888
Passcode: 752192
Find your local number: https://us02web.zoom.us/u/knVpnDKVq

Effective - Mar 17, 2020.

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

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

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

Wednesday July 27, 2022
9:00 am

Participation: In Person or by
Zoom - Invite information is at the End of the Agenda

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:**

   By: Ms. Reed
   Time: 9:02

2. **Roll Call:**

Board Member	Present in Person	Present by Zoom	Time of Arrival
Ms. Reed		X	
Ms. Sellick	X		
Ms. Hack	X		
Mr. Randolph	X		
Ms. Vermeltfoort	X		

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

Motion: Ms. Hack
Second: Ms. Vermeltfoort
Vote in Favor: 5-0

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

Hearing None.

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for June 15, 2022
- Un-Approved Board Meeting Minutes for June 29, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3):

- **Resolution 2022 – 12** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **July** 2022 (Informational Only)
- **Resolution 2022-15** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **August** 2022.

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 5-0

6. **Announcement:**

Dr. Smart: Announced Ms. Reed has advanced to the ACHD Board Chair position. After being voted in she will MC the awards portion at the ACHD Sept. Conference.

7. **MTHCD Reports:**

A. President's Report:

- **Association of California Health Care Districts (ACHD):**
    - ACHD July 2022 Advocate:

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

Ms. Hack: The successful bidders to manage Medi-Cal health plans in their County will be announced on August 9th.

- **Meetings with MTHCD CEO:**

Ms. Reed: Had been on vacation for three weeks however did discuss Clinic staffing.

B. MTMC Community Board Report:

Ms. Sellick: Expressed the good rapport between Doug Archer, CEO & Pres. and Dr. Smart and the partnership Dignity has with the MTHCD. MTMC shows appreciation for the subsidizing from MTHCD. Ms. Stevens will do another MTMC Assessment. Dignity will be hiring additional staff in several areas.

Mr. Randolph: The MTMC Foundation is likely to receive a donation that will come from outside Calaveras County and could be on-going.

C. MTMC Board of Directors:

Ms. Reed: The BOD is to meet on Friday. MTMC is off-budget but the figures are lower than prior years and that is industry-wide.

Ms. Vermeltfoort: Found it helpful to call each discharged person within 48 hours.

D. Chief Executive Officer's Report:

- **Election Notice – Nov. 8, 2022:**

Dr. Smart: Referred to General District Election information (pkt. pg. 27-28). Four of the five Board members will be pulling papers for the Nov. 8, 2022, election.

Dr. Smart: Explained the Clinic Reimbursement Rate. On Aug. 15th the rate per/visit was set at $303.72.

- **Strategic Planning & Projects Matrix:**

Dr. Smart: Anticipates participating in school based clinics by 2024: A Clinical Psychology employee was hired and is working via telehealth

- **Grant Report:**

Dr Smart: The Grant Summary represents$1 million some of which are federal and some are state.

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

    - There are no Policies for July 2022 for Valley Springs Health & Wellness Center**:**

- **Program Manager:**

Ms. Stanek: Stay Vertical Calaveras classes have started in West Point. Copper classes will start Aug. 17th at the fitness center. Set-up is taking place for Albert Michelson in Murphys to have Robo-Doc available when school starts.

E. VSHWC Quality Reports:

- **Quality – June 2022:**

Ms. Terradista: Patient visits are down with providers and patients taking vacations this time of year in addition to patients being sick and not wanting to expose the Clinic. There is a policy to apply to the no-show patient rate which is a bit higher. There is a waiting list for medical. Dental is booked out to Nov. Behavioral Health is booked out 30 days.

- **MedStatix – June 2022:**

8. Committee Reports:

A. Finance Committee:

- Financial Statements – May 2022**:** Public Comment – Action

Mr. Wood: May was a good month for the District; The fiscal year end and audit process has already begun. The June financials will be in draft form until the audit is completed; May is the second of three months were the COVID Relief Money was recorded.

Motion to Approve Including the Investment Report: Mr. Randolph
Second: Ms. Vermeltfoort
Vote in Favor: 5-0

- **CA Cooperative Liquid Assets Securities System (CLASS**):

    - **Resolution 2022 – 14**: Naming Dist. Officer to Conduct Business:

Motion to Approve: Mr. Randolph
Second: Ms. Sellick
Vote in Favor: 5-0

B. Ad Hoc Policy Committee:

Ms. Sellick: Nothing new to report.

C. Ad Hoc Personnel Committee:

Ms. Reed: Nothing new to report.

D. Ad Hoc MTMC Utility Committee Update:

Dr. Smart: Since the Committee has completed its task, he recommends the Committee be disbanded.

E. Ad Hoc Community Grants:

Ms. Sellick: Nothing new to report.

9. Board Comment and Request for Future Agenda Items:

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

- Angels-Murphys Rotary Shrimp & Pasta Feed Aug. 20, 0222:
- CSDA Annual Conference & Exhibitor Showcase Aug. 22 - 25, 2022 - Palm Desert:
- ACHD Annual Meeting Sept. 14-16 – Orange County:
- MTMC Health & Community Resources Festival Sept. 17, 2022 - MTMC
- CSDA Special Dist. Leadership Academy Sept. 18-21 - Napa:

Ms. Reed: See staff for arrangements/reimbursement to attend conference/meetings.

10. Next Meeting:

A. The next MTHCD Board Meeting will be Wed. August 24, 2022, at 9am.

11. Adjournment: Public Comment – Action:

Motion: Mr. Randolph
Second: Ms. Sellick
Vote in Favor: 5-0
Time: 10:36am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD BOD Meeting July 27, 2022
Time: Jul 27, 2022 at 9:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/84579416494?pwd=d1NUR3VkSXlGWGY0YWMrb2xJRmd3UT09

Meeting ID: 845 7941 6494
Passcode: 979110
One tap mobile
+16694449171,,84579416494#,,,,*979110# US
+16699006833,,84579416494#,,,,*979110# US (San Jose)

Dial by your location
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 386 347 5053 US
+1 564 217 2000 US
+1 646 931 3860 US
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
Meeting ID: 845 7941 6494
Passcode: 979110
Find your local number: https://us02web.zoom.us/u/kddmdjeH3j

- Effective - Mar 17, 2020.

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

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;"

2. Implements a procedure for receiving and "swiftly resolving" requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.

3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e., 72 hours for regular meetings and 24 hours for special meetings) and

4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

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(209) 754-4468 Telephone
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Resolution No. 2022 - 15
Authorizing Remote Teleconference Meetings
for the Board of Directors & Finance Committee Meetings
for the month of August 2022

Whereas, the Mark Twain Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mark Twain Health Care District's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's Board conduct its business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, such conditions now exist in the District, specifically, the Governor proclaimed a State of Emergency on March 4, 2020 due to COVID-19; and

WHEREAS, on June 11, 2021, the State Public Health Officer ordered all individuals to follow the state guidance on face coverings and its website recommends physical distancing; and

WHEREAS, as a consequence of the state of emergency and the state and local public health guidance, the Board of Directors does hereby find that the Mark Twain Health Care District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, members of the public will be able to participate remotely through the digital means listed on the meeting agenda.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Remote Teleconference Meetings. The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 3. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

Section 4: Certification. The Clerk of the Board shall certify to the passage and adoption of this Resolution and cause it to be maintained in the records of the District.

Adopted, Signed, and Approved this 27th Day of July 2022.

Linda Reed, President ________________________________

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debbra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 - 15 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of August 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debbra Sellick, Secretary: ________________________________

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

Resolution No. 2022 - 17
Authorizing Remote Teleconference Meetings
for the Board of Directors & Finance Committee Meetings
for the month of Sept. 2022

Whereas, the Mark Twain Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mark Twain Health Care District's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's Board conduct its business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, such conditions now exist in the District, specifically, the Governor proclaimed a State of Emergency on March 4, 2020 due to COVID-19; and

WHEREAS, on June 11, 2021, the State Public Health Officer ordered all individuals to follow the state guidance on face coverings and its website recommends physical distancing; and

WHEREAS, as a consequence of the state of emergency and the state and local public health guidance, the Board of Directors does hereby find that the Mark Twain Health Care District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, members of the public will be able to participate remotely through the digital means listed on the meeting agenda.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Remote Teleconference Meetings. The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 3. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

Section 4: Certification. The Clerk of the Board shall certify to the passage and adoption of this Resolution and cause it to be maintained in the records of the District.

Adopted, Signed, and Approved this 24th day of August, 2022.

Linda Reed, President ________________________________

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debbra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 – 17 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of September 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debbra Sellick, Secretary: ________________________________

ACHD Advocate
August 2022

What's New This Month:

- 2020-22 Legislative Session coming to a close
- ACHD Committee Interest Form deadline extended to August 12th
- Annual Meeting Early Bird pricing closes August 23rd

CEO MESSAGE

Cathy Martin
Chief Executive Officer

The legislature reconvened on Monday for the last few weeks of the 2020-22 legislative session. Lawmakers face an August 31st deadline to consider the remaining policy proposals still in play. ACHD will be closely monitoring our top priority bills continuing to move through the process. These last few weeks of session tend to be very dynamic and fast-paced. ACHD's Senior Legislative Advocate, Sarah Bridge, may reach out to members for input on rapidly changing proposals making their way through the process. Member engagement is key to our success!

One tool ACHD uses to engage members is through the work of our standing committees. The Advocacy, Education, Finance, and Governance Committees are a great venue for dialogue, and each play a crucial role in shaping the Association's priorities. **We are currently seeking members to serve on one or more of our committees for the upcoming Association year.** If you are interested in serving, please submit a statement of interest by August 12th. Please contact Bianca De La Torre with any questions.

Speaking of excellent opportunities for dialogue and discussion, the ACHD team remains busy preparing for our 70th Annual Meeting: Celebrating 70 Years Together! ***Early Bird pricing ends August 23rd,*** so there is still time to take advantage of discounted registration. We are excited to bring together a high-caliber speaker line up, as well as some extra special touches to commemorate our **70th anniversary**, so don't miss out!

Last, in case you missed it, **the ACHD office has moved**! We are excited to be located in one of downtown Sacramento's historical buildings across the street

from the state capitol. Be sure you update your records to reflect our new address, 1127 11th Street, Suite 905, Sacramento, CA 95814.

Thank you for your continued membership and we hope to see you at our **70th Annual Meeting in September!**

The legislature returned from summer recess on August 1, to begin the final stretch of the two-year session, which concludes on August 31. This week kicked off with the Appropriations Committee, with a number of bills moving to the floor. ACHD is actively engaged on a number of remaining issues. As we head into the final weeks of session, please be on the lookout for additional alerts and calls to action.

Retention Pay:
As you are likely aware, the State Budget included health care workforce retention payments, for specified health care workers. DHCS announced that the clock for the retention pay program began on July 30 and will run until October 28. The "clock" gives DHCS enough time to determine the eligible recipients of the retention payment

The retention pay program will allocate nearly $1.1 billion in retention payments to part-time and full-time health care employees. The program gives $1,000 to full-time workers, $750 to part-time workers, and allows the employer to make up to a $500 contribution which the state can match. As a reminder, the State will distribute only one set of checks. It is vital for hospitals, skilled nursing facilities, and others to be accurate about the number of employees and to what amount they would qualify, in order to receive the retention payment.

Health Care Minimum Wage Initiative:
SEIU-UHW union has filed 10 ballot initiatives in 10 cities throughout Southern California to increase the minimum wage, for specified health care employees to $25/hr. By setting new pay requirements for private health care workers and health facilities, this ordinance excludes workers who perform the same job at other facilities and creates further pay disparities. More information on the initiatives can be found here.

The City of Los Angeles has already approved an ordinance mandating a $25/hr. minimum wage. The No On the Unequal Pay coalition is currently involved in a

referendum effort, that if successful will halt the implementation of the wage increase.

Bills:

- **SB 1375 (Atkins) Nursing: Nurse Practitioners:** SB 1375 (Atkins) clarifies the implementation of AB 890 (Wood, 2020), the bill which allowed nurse practitioners (NPs) to practice, as specified, without physician supervision. On Wednesday, the bill cleared the Assembly Appropriations Committee with an agreement from the author to accept amendments increasing the number of clinical hours needed for existing NPs to begin practicing independently. The bill now moves to the Assembly floor.

The Federal Reserve and your District's Investments

The recent increases in interest rates have had a negative effect on most fixed income portfolios. Two important questions for California Healthcare Districts, and all investors going forward, are how high the Federal Funds rate will go and what will the subsequent impact on valuations of fixed income securities be.

With additional rate increases forecasted for later in the year and the Federal Reserve's accommodative policy shifting to counteract elevated inflation expectations, learn why the team at Chandler Asset Management recommends positioning portfolios conservatively while preparing them to capture the potential of higher returns that come with higher yields.

To learn more, read Chandler's recent whitepaper, **Tightening Monetary Policy and Risk Management Considerations**.

For additional information on investing and how Chandler can help, please contact Don Penner at (858) 768-5971 or dpenner@chandlerasset.com.

Register Here

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 76 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Mark Twain Health Care District
Strategic Matrix 2021-2023

			Lead	Date	Goals	
I.		**Workforce Health and Stability**			Goals	Activity
	A.	Prevent Burnout, increase retention, emotional support			Ensure 1:1 employee checkups BH Mindfulness exercises Monitor Overtime Positive rewards	**ICE cream social a big success**
	B.	"Grow Your Own", CCOE CTE			Financial Partnerships Integrate HS CTE education	**Nine HS applicants**
	C.	Recruiting and Graduate Medical Education Partnerships			Partner with training NP Partner with Tauro/MTMC Explore Stanislous State NP precepting	**Discussing opportunities with NHSC applicant**
II.		**Relationships, Alignment, Collaboration**				
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			Joint Projects/Programs See III, A,B,C	**LED Sign operational** **Bicillin from County**
	B.	Links on Websites and Social Media			Public Education and Awareness	**District and Clinic Websites Active FB active for District and Clinic**
	C.	"Program of The Month, etc" (billboards, media)			Program Manager to select and implement, Public Awareness	**Billboards will transition in August**
III.		**District Community Programs**				
	A.	Robo-Doc			Kids stay in school Parents can stay at work	**Added Michelson 6/23 Anthem grant for remote services**
	B.	Stay Vertical			Identify and recruit seniors who are at risk to fall	**Transitioned to New Director**

Derived From Strategic Planning Meeting Oct 8-9, 2021

Mark Twain Health Care District
Strategic Matrix 2021-2023

	C.	Let's All Smile!			Design program where children get preventive dentistry	awaiting dental infrastructure
	D.	Covid-19 Vaccination Hub			Continue to follow CDC guidance for community	**Site closed**
IV.		**Tele-Health Expansion**				
	A.	Remote and Distant Site at VSHWC			Review consultation demand and provide specialty care Provide video care for homebound and feeble	**July 2022 started Clinical Psychology Telehealth**
	B.	Tele-Health Kiosks, Senior Centers or Schools			Provide Video primary care for those who are challenged by transportation	TBD
	C.	Tele-Psych: Behavioral Health VSHWC			Recruit and Hire Tele-psych provider	**Clinical Psychologist Operational**
V.		**School Based Clinics**				
	A.	Explore and plan			Keep active dialog with CCOE	**Coordinate ad hoc Community Engagement Committee with new Superintendent of Education**
	B.	School campus and day care 2024				

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN **(RHCCTM)**	$ 100,000.00	$ 100,000.00	$ 52,618.56	Last day of every month	Qrtly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/COVID Pay/McKesson
2	CMS, MIPS	HI-TECH ***(NON-COVID)***	$ 8,500.00	$ 8,500.00	N/A	9/15/2021	***DONE***	***FINISHED***	NO	$8,500 = Robbins
3	FEMA #1	COVID VACCINATION CLINIC	$ 37,995.00	$ 37,995.00	$ 38,104.59	**Use Funds by 3/31/2022 6/30/22**	Monthly	***FUNDS USED***	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	$ 67,716.00	$ -	$ 67,716.00	9/30/2021	***DONE***	UNDER FINAL REVIEW a/o 11/16/21	YES	2020 Expenses
5	HRSA	COVID TESTING **(RHCCT)**	$ 49,461.42	$ 49,461.42	$ 49,541.65	3/31/2022	***DONE***	***FINISHED***	POSSIBLE	McKesson
6	CARES (HRSA)	PROVIDER RELIEF **(PRF)** (Unreimbursed Expenses)	$ 103,253.23	$ 103,253.23	$ 269,398.68	**Use Funds by 12/31/21** 3/31/2022	***DONE***	***FINISHED***	YES	21% 1099/utilities/Lost Revenue --- $165,145.45 left unreimbursed
7	HRSA	COVID PR (Tony Jones)	$ 49,529.00	$ 29,659.20	$ 44,202.32	**Use Funds by 6/30/22** 10/31/22	Qrtly starting 10/31/21	PORTION DRAWN	POSSIBLE	Vaccination confidence USED 50% MTMC LED SIGN
8	CHC	RURAL INTERNET ***(NON-COVID)***	$ 15,000.00	$ 15,020.16	$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC $3,004.20
9	ANTHEM	**LIST BELOW**	**$ 181,500.00**	**$ 140,918.30**	**$ 89,958.59**		**Maybe**	**PORTION RECEIVED**	**NO**	**8 projects w/reporting**
	(NON-COVID)	Behavior Health	$ 50,000.00	$ 50,000.00	$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	$ 30,000.00	$ 30,000.00	$ 25,877.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	$ 5,000.00	$ 5,000.00	$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
		COVID Testing	$ 14,000.00	$ -	$ 3,844.27			PENDING		McKesson
	(NON-COVID)	Student Vaccinations	$ 35,000.00	$ 8,418.30	$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	$ 2,500.00	$ 2,500.00	$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	$ 20,000.00	$ 20,000.00	$ -			RECEIVED		
		COVID Messaging	$ 25,000.00	$ 25,000.00	$ -			RECEIVED		LED Sign - VSHWC
10	CCI ***(NON-COVID)***	Advancing BH Equity in Primary Care	$ 75,000.00	$ 66,250.00	$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	$ 27,476.09	$ 27,476.09	$ 86,548.60		9/29/2021	Requesting Recalculation		Lost Revenue SS
		ARP (Part 2)		$49,193.31						
12	CA. COVID RELIEF	(CSDA)	$ 347,687.00	$ 347,687.00	$ 347,687.00	11/5/2021	12/1/2021	RECEIVED		ID# 373

TOTALS **$1,063,117.74** **$975,413.71** **$1,060,796.15**

Last Updated 4/12/2022
11:41 AM

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Record Chart Audit Policy	REVIEWED: 6/15/22
SECTION:	REVISED:
EFFECTIVE: 8/31/22	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Medical Record Chart Review

Objective: To ensure accurate and complete charting is performed

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Medical Record Chart Audits will be performed using the most current Anthem Blue Cross Managed Medi-Cal Standards Tool and chart audit forms.
2. Charts will be audited at a minimum of 3 charts per Provider quarterly.
3. Chart audits may be completed by any Provider, RN or Medical Assistant or designee and, upon completion, will be submitted to the Clinic Manager for further review and record keeping.
4. The data will be reviewed at QAPI meetings.
5. Feedback will be provided to the audited employees and/or Providers with corrections and possible retraining, to eliminate problem areas.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: BLS and ACLS Certification	REVIEWED: 2/25/20; 5/29/21; 7/26/22
SECTION: Workforce	REVISED: 5/29/21; 7/26/22
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Clinic Medical Staff and Clinic personnel will maintain current Health Care Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification as outlined to ensure readiness in the case of a medical emergency in the Clinic.

Objective: Obtain and retain current Health Care BLS and ACLS certifications

Response Rating: Mandatory

Required Equipment:

Procedure:

Basic Life Saving (BLS)

1. The following positions require a current Health Care BLS certification
   a. Clinic Manager
   b. Physicians
   c. Nurse Practitioner
   d. Physician Assistant
   e. Dentist
   f. Registered Nurse
   g. Licensed Vocational Nurse
   h. Phlebotomist
   i. Medical Assistant
   j. Dental Assistant
   k. Dental Hygienist
   l. Licensed Marriage and Family Therapist
   m. Certified Diabetic Educator
   n. Radiology Technician
   o. Receptionist (preferred)
   p. Biller (preferred)

2. Clinic Manager will ensure individuals are reminded when their Health Care BLS certificate nears expiration.

3. The Clinic Manager will ensure personnel whose Health Care BLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties in order to attend their recertification class.

4. Personnel whose BLS certificates have expired will immediately enroll and attend a certification class or risk a disciplinary action

Advanced Cardiac Life Support (ACLS)

1. The following positions a current ACLS certification is strongly recommended.
    a. Internal Medicine Physician
    b. Family Medicine Physician
    c. General Practice Physician
    d. Nurse Practitioner
    e. Physician Assistant
    f. Registered Nurse

2. Clinic Manager will ensure individuals are reminded when their ACLS certificate nears expiration.

3. The Clinic Manager will ensure personnel whose ACLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties in order to attend their recertification class.

4. Personnel whose ACLS certificates have expired will be counseled by the Medical Director.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Butane Storge and Handling	REVIEWED: 6/11/21; 7/26/22
SECTION: Dental	REVISED: 7/26/22
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Butane for Dental Torch

Objective: Safe Handling and Storage of Butane for Use in the Dental Clinic

Response Rating: Mandatory

Required Equipment: Butane canister, Butane torch, goggles or face shield, gown, gloves.

Procedure:

Best Safety Practices When Handling Butane

Published: 19 September 2014

Butane is ~~one of the most powerful and popular fuel sources used around the world. As~~ a highly flammable, colorless, and odorless easy liquefied gas, ~~butane~~ and can be a health hazard when used improperly or for the wrong purposes. ~~If you follow a simple set of~~By following safety guidelines, ~~however~~, butane is one of the safest fuels to store and use both indoors and outdoors. ~~Let's take a look at a few of the very real risks associated with misuse of butane as well as best practices to avoid these dangers.~~

1. **What are the Dangers of Butane?**

Although the health risks of butane are very low when used correctly, it is a highly flammable and toxic gas that will cause serious problems when handled improperly. The risks of incorrect butane use are brutal and can be fatal.

a. Inhalation

Some have turned to huffing the butane from bottles or aerosols for a quick and easily obtained high. Although inhaling butane can result in euphoria, it can also lead to a host of medical problems such as fluctuating blood pressure, temporary memory loss, frostbite, drowsiness, narcosis, asphyxia, cardiac arrhythmia and in the more severe cases, even death. Butane is one of the most commonly misused substances, and accounts for about half of solvent-related fatalities.

b. Explosion

As a highly flammable and pressurized gas, it's possible that butane may explode if exposed to heat or used improperly. This volatile substance has been known to injure or even kill people when used incorrectly, damaging property and causing fires. Because butane gas is heavier than air, it may travel long distances before it finds a material that ignites it and then travel back to its source at lightning pace.

c. Leaks

In its pure form, butane is an odorless and colorless gas that is not detectable to humans until it causes ill health effects or an explosion. Luckily, organic sulfur compounds are added to bottled butane that cause foul smells so that humans can detect a leak and vacate the premises before their safety is compromised.

d. Skin Exposure

If butane is poured on exposed skin or the eyes, it may cause frostbite or freeze burn. ~~This is why b~~Butane refills must be handled carefully. Butane bottles that are designed for refilling will come with adaptors for refilling various types of appliances.

2. The Best Butane Safety Practices You Must Follow

~~Luckily, b~~Butane safety practices are just as important to butane companies as they are to consumers. Every butane company~~, from Lucienne butane to Puretane butane,~~ is required to provide a material safety data sheet (MSDS) that gives customers specific information about the hazards associated with their product as well as safety precautions to follow. Be sure to read these thoroughly before using the product, but here are a few necessary steps that will help you to use butane safely and efficiently.

a. Take precautions to avoid inhaling butane when using it for cooking, heating, or lighting.
b. Keep butane canisters away from heat, sparks, open flame, and hot surfaces.
c. Don’t smoke near butane or light a cigarette when using it.
d. Store butane in a well-ventilated area away from direct sunlight and food and drink.
e. Let lighters or canisters cool off before refilling them.
f. Use only approved containers for storage.
g. Keep storage containers closed and clearly labeled.
h. Ground and bond containers during product transfers to avoid explosions. Use special slow load procedures if you’re refilling a container that was previously storing another fuel.
i. When using butane industrially, cover eyes with goggles and wear an apron and protective, heat-resistant gloves.
j. Do not try to extinguish a butane-caused fire until the source of the gas can be turned off.
k. Never try to fight a large fire by yourself.
l. Wash or consider disposing of clothing that has come into contact with butane. Sometimes, the gas can start a fire in the washing machine.
m. And, as always, keep out of reach of children.

3. **If you’re exposed to butane gas**, follow these essential safety procedures and obtain medical attention immediately.

a. Get to fresh air. If someone’s breathing is irregular or stops completely, give artificial respiration until medical personnel arrive.
b. Immediately run exposed skin under warm water.
c. Flush out eyes for at least fifteen minutes with warm water. Hold your eyelids open and away from the eye so that the whole surface is washed out.

We'd like to stress that these health and safety risks are extremely unlikely to occur, especially if you follow these few simple rules for properly handling butane. Use every precaution when refilling and storing butane and think twice before engaging in any unauthorized uses of the gas. To find out more about butane safety, visit Butane Source and read the Material Safety Data Sheet for the butane brands that you carry.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Compliance	REVIEWED: 3/1/19; 11/23/20; 8/25/21; 6/28/22
SECTION: District	REVISED: 6/28/22
EFFECTIVE: ~~9/29/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Compliance

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

2. Benchmarking based upon auditing and monitoring

   a. Random medical records;

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

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

   c. Policy and procedure; and

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

3. Personnel

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

   B. Clinic personnel and medical staff will be trained annually

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

   C. Communication

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

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

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

         b. Guidelines for marketing and community outreach;

         c. Disciplinary and corrective action

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

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

b. Under New California Law, (January 1, 2020) Health Care Entities Must Promptly Report Allegations of Sexual Abuse or Sexual Misconduct to Licensing Boards.

Upon receipt of any written allegation submitted by a patient or the patient's representative that a healing arts licensee engaged in sexual abuse or sexual misconduct, the hospital, clinic, or other entity must file the report within 15 days from the date it received the written allegation. There is no grace period or tolling for investigating the allegation…reports under Section 805.8 must be filed regarding *all* individuals who are licensed under Division 2 of the Business and Professions Code. This includes not only physicians, dentists, podiatrists, and psychologists, but also nurses, chiropractors, speech-language pathologists, audiologists, opticians, optometrists, physical therapists, occupational therapists, dieticians, pharmacists, physician assistants, and perfusionists, to name a few.

***Return completed** form 805.8 **by fax: (916) 263-2435, email: complaint@mbc.**ca.**gov, or mail to listed address.**
https://www.mbc.ca.gov/Download/Forms/enf-805-8.pdf

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4. Quality Assurance

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

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

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

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

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

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

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

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

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

5. Risk Assessment

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

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

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

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

Resources:

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

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

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

"Under New California Law, Health Care Entities Must Promptly Report Allegations of Sexual Abuse or Sexual Misconduct to Licensing Boards", Downloaded December 19, 2019 from https://www.hansonbridgett.com/Publications/articles/2019-12-reporting-sexual-abuse-or-misconduct-to-licensing-boards

https://www.mbc.ca.gov/Download/Forms/enf-805-8.pdf

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Codes	REVIEWED: 8/26/19; 3/31/20;5/29/21;
SECTION: Safety and Emergency Planning	REVISED: 3/31/20;5/-29/21; 7/26/22
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Emergency Codes for Staff Use

Objective: Develop and utilize a uniform set of codes for Clinic emergency and safety purposes

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain a list of uniform codes relative to emergency and safety situations.

2. Code Blue – Dental and Medical Emergency, including cardiac arrest

   Refer to policy Cardiovascular Resuscitation – Code Blue

3. Code Red – Fire

   Refer to policy Disaster - Fire

4. Code Gray – Combative person

   Refer to policy Threatening or Hostile Patient
   Refer to policy Shelter in Place for Patients and Staff

5. Code Black –Armed/Active Shooter on site

   Refer to policy Shelter in Place for Patients and Staff – RUN-HIDE-FIGHT

6. Code Silver – Person with a Weapon/Hostage

   Refer to policy Threatening or Hostile Patient
   Refer to policy Shelter in Place for Patients and Staff
   Refer to policy Bioterrorism Threat

7. Code Pink – Baby/Child Abduction

   a. Upon hearing a Code Pink called using the paging system or staff member "call out" all available staff will lock, block or watch any exits to the building. 911 will be immediately called by a designated employee who will state location, verify the Center address and that there is a missing baby/child/abduction with a description, if known. Rooms will be searched, including bathrooms and storage rooms. Any person attempting to leave the building, prior to the child being located, will be searched, any child or baby in their company must be properly identified prior to their exit.

8. Code Orange – External Hazardous Material Disaster

   Refer to policy External Hazmat Incident

9. Code External Triage -

   Refer to policy Mass Casualty Response
   Refer to policy Earthquake or Weather Emergency

9. Rapid Response

   Refer to policy Cardiovascular Resuscitation – Code Blue

   a. Upon hearing Rapid Response called using the paging system or staff member "call out", any available staff will respond to assist.
   b. The Crash Cart and AED will be brought to the location at the time of response.
   c. If physical and/or medical emergency assistance is required, the designated RN/NP, Provider and a Medical Assistant should remain to provide any needed assessment, treatments or tasks to resolve the emergency.
   d. Additional employees or resources may participate if need is determined by the assisting Provider or RN/NP. If not requested, additional staff will continue with the daily routine, assisting as requested.
   e. No employee shall provide care out of their normal scope during a Rapid Response.
   f. Refer to policies regarding specific emergency responses.

10. Code Yellow – Bomb Threat

    Refer to policy Bomb Scare

11. Once initial response occurs for a Medical or Dental Code Blue or Rapid Response, make sure the highest level Provider is among the responder participants, and that he or she remains for the duration of the code.

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19; 9/11/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22
SECTION: Patient Care	REVISED: 9/22/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22
EFFECTIVE: ~~9/29/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Emergency Medications and Supplies

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

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Under the supervision and approval of the Medical Director, the Clinic will maintain emergency medications, which will be stored in the crash cart.

2. At a minimum, these medications will include:

   a.

   b. Epinephrine Snap-V Injectible

3. Current medication inventory includes:

   a. Albuterol Sulfate

   b. Oral Glucose Gel

   c. Solu-Medrol

   d. Diphenhydramine HCL

   e. Atropine

   f. Glucose Tablets

   g. Aspirin (chewable)

   h. Narcan (nasal spray)

j. Nitroglycerin Sublingual

k. Glucagon Emergency Kit

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

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

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

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

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

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

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

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

   d. Blood pressure cuff(s) and stethoscope

   e. EKG machine (in labeled cabinet)

   f. AED (in labeled cabinet)

   g. CPR backboard

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Employee COVID-19 Vaccine and Precautions Policy	REVIEWED: 1/11/2022
SECTION:	REVISED: 3/01/22; 6/28/22
EFFECTIVE: ~~1/26/2022~~8/31/22	MEDICAL DIRECTOR: Dr. Randy Smart

Subject: Employee COVID-19 Vaccine vs. Exemption

Objective: VSHWC seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations.

This COVID-19 Vaccination Policy and Procedure establishes how VSHWC will comply with the "Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination," CMS Interim Final Rule with Comment Period (IFC) published on November 5, 2021,as well as other current applicable federal, state, and local guidelines. (Current as of 1/11/2022)

Response Rating: This COVID-19 Vaccination Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

- facility employees;
- licensed practitioners;
- other contracted repair or maintenance persons
- students, trainees, and volunteers;
- and individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or other arrangement.
- These requirements **do not apply** to individuals who provide services 100% remotely, including fully remote telehealth or payroll services.

Procedure:
The Clinic will follow all current guidelines regarding Employee Vaccination and Booster requirements as put forth by the CDC, Federal and State authorities.

Under current guidelines (as of ~~1/11~~6/10/2022), all employees must:

1. Be fully vaccinated with 2 doses of any of the Moderna or Pfizer vaccines or 1 dose of the J&J vaccine.
2. Have an **approved** exemption
   a. Exemption from vaccination requirements for religious reasons, per **Title VII of the Civil Rights Act of 1964.**
   b. Exemption from vaccination requirement due to medical reasons.
   c. Have a temporary exemption (i.e.: due to a medical condition, my Provider would like me to wait 3 months until I receive the vaccine).
3. Staff must provide accurate information regarding their vaccination status and provide supporting documentation e.g. official vaccine card, photo copy of vaccine card, scanned. Forms of proof include:

CDC COVID-19 vaccination record card (or a legible photo of the card), Documentation of vaccination from a health care provider or electronic health record, or State immunization information system record.

4. Any staff who remains unvaccinated and does not qualify for an exemption by March 28, 2022, will be transitioned to off-site telemedicine **or** terminated, pending determination by the Medical Director and Clinic Manager.
5. Infrequent Contracted Individuals such as repair staff, IT, visitors who are in the Clinic area infrequently, proof of vaccination will not be required, however, ~~will be screened at entry and~~ will wear a mask ~~at all times~~ while in the facility.
6. Housekeeping/Janitorial Service Staff ~~will show proof of vaccination or exemption and~~ will wear a mask while in the building when staff and/or patients are present.

By February 1, 2022, all employees must also have a booster shot of any of the 3 available vaccines.

1. Booster due 6~~5~~ months post series (Pfizer or Moderna)
2. If vaccinated and then gets COVID or receives Monoclonal Antibodies, booster is due ~~60~~ 90 days post infection (Pfizer or Moderna)

Proof of employee vaccinations and boosters:

1. Will be uploaded to the employee's electronic health file*.
2. A copy of an employee's signed and approved exemption form, if indicated, will also be filed in the employee's electronic health file*.
3. A working binder will be kept in the Manager's Office with a copy of the policy, a spreadsheet and all employee's proof of vaccination and boosters (as well as weekly test slips).

If an employee is not fully vaccinated, or by ~~February~~ March 1, 2022, does not receive the booster in addition to the initial series (if qualified and remains a mandate)

1. The employee will be COVID-19 tested in the Clinic 1x/weekly per protocol.
2. A copy of the results sticker will be placed on the sheet under the employee's name, **or results will be placed on the test list at the front of the binder** in the binder. Multiple sheets may be kept.
3. See Standardized Procedure for Employee COVID-19 Rapid Testing.

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COVID SAFETY GUIDELINES, STANDARDS and PRECAUTIONS:

1. All staff will wear a ~~KN95~~ mask ~~while in the clinic and~~ during patient care, subject to State and Federal law and Medical Director guidance.
2. All employees will be offered, at no cost, the COVID-19 vaccine (series and additional dose and/or booster).
3. Education will be provided to all employees and staff regarding the vaccine, options, and current requirements.
4. VSHWC will provide appropriate time off for staff to receive vaccinations and for recovery from any side effects.
5. ~~All staff will be screened at entry (temperature and review of symptoms)~~If infection levels increase, with Medical Director guidance, staff and vendors may be screened at entry (temperature and review of symptoms).

~~6.~~5. Any employee who is displaying signs or symptoms of illness, COVID, or has a known exposure will contact Administration and not come in to work until instructed to do so by the Medical Director and Clinic Manager.

~~7.~~6. Any employee providing patient care to a patient with or suspected of having COVID-19 will increase their PPE to a N95 with eye protection, a gown, and gloves.

Temporary Delays and Exemption Procedures

1. If applicable, staff must submit, in writing, a completed medical or religious exemption form with all required documentation to Clinic Manager prior to providing care, treatment, or other services.
2. In reviewing each request VSHWC will consider whether the request meets the standards for the applicable exemption type, as well as the level of hardship necessary accommodations would impose upon provide VSHWC including but not limited to: threat to patients and staff and direct and indirect costs upon the organization.
3. VSHWC will provide a response to each exemption request within 30 days for exemption requests submitted by new employees.

Medical Delay and/or Exemption Requests

1. CDC guidelines indicate that there are certain clinical precautions and considerations that may delay an individual in becoming fully vaccinated, including but not limited to:

• Receiving monoclonal antibodies for the treatment of COVID-19
• Other illness secondary to COVID-19

2. CDC guidelines also indicate that there are certain clinical precautions and considerations that may permanently exempt an individual in becoming fully vaccinated, including but not limited to:

• Certain allergies or recognized medical conditions
• Certain ADA disabilities

3. Employees seeking a vaccination delay for medical reasons must do the following:

• Submit medical exemption form to include:
  i. The medical reason for the delay consistent with CDC recommendations
  ii. Signed and dated letter by a licensed practitioner, operating within their scope of practice, other than the individual requesting the exemption

• The Medical Director will review delay request according to CDC recommendations
• The qualified employee must take steps towards becoming fully vaccinated after the period of delay or seek other exemption

4. Employees seeking a vaccination exemption for medical reasons must do the following:

• Submit medical exemption form to include:
  i. The medical reason for the exemption including which COVID-19 vaccine(s) are clinically contraindicated for the employee;
  ii. The specific clinical reasons for the contraindications; and
  iii. A signed and dated letter by a licensed practitioner, other than the individual requesting the exemption, operating within their scope of practice

• The Medical Director will review exemption request according to CDC recommendations and approve if the previously outlined requirements are met

Religious Exemptions

1. Employees may submit a written religious exemption request using the attached form, including any additional documentation that may be useful in evaluating their request

The Medical Director and Manager will evaluate the exemption request according to the guidelines established by the U.S. Equal Employment Opportunity Commission (EEOC) in Section L of https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#L

5. While awaiting responses to exemption requests, all employees must adhere to additional precautions established for unvaccinated staff, as outlined below.
6. Per the EEOC, "objections to the vaccine that are based on social, political or personal preferences or on nonreligious concerns about the possible effects of the vaccine" do not qualify for this exemption."

Employee Signature ____ Date ____________________

Medical Director
Signature ____ Date _____________________

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html
Last Updated Jan. 7, 2022Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases\
https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination .

Quality Standard CV 1.0 Related to Interim Rule QSO-22-07:

https://mcusercontent.com/a395ddc1c25a92edfe4016779/files/a6bc5c2c-053f-1576-e6d3-39c46d383276/Quality_Standard_CV1.0_.pdf

CDC staff vaccination tool: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 2/1/20; 5/04/21; 5/3/22;6/22/22
SECTION: Patient Care	REVISED: 6/22/22
EFFECTIVE: ~~5/25/22~~8/31/22	MEDICAL DIRECTOR:

Subject: Expedited Partner Therapy for Sexually Transmitted Diseases

Objective: The Clinic will provide Expedited Partner Therapy (EPT) in the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner*.

Response Rating:

Required Equipment:

Procedure:

1. Clinic patients will be screened for sexually transmitted diseases.

   a. Yearly ~~at physical examinations~~for women >25 years old
   b. During the course of well woman examinations for patients above the age of 21
   c. Earlier than age 21 for patients that participate in ~~risky behavior~~sexual activity.
   d. More frequently than once a year for patients that participate in risky behavior
   e. Upon patient presentation to the Clinic with symptoms consistent with recognized sexually transmitted diseases.

2. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).
3. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

Reference:

California Health & Safety Code § 120582.

https://www.cdc.gov/std/ept/default.html (referenced 1/11/19) Page last reviewed: April 13, 2021

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Fire Safety	REVIEWED: 9/1/19; 3/10/21; 2/09/22; 6/30/22
SECTION: Safety and Emergency Planning	REVISED: 6/30/22
EFFECTIVE: ~~3/23/22~~8/31/22	MEDICAL DIRECTOR:

Subject: Fire Safety

Objective: To identify potential fire hazards or sources of ignition and establishing procedures that minimizes the risk of workplace fires.

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

1. Potential fire hazards, ignition sources, and their control

   a. Commonly occurring fire hazards may result from flammable and combustible materials, smoking, open flame heaters, electric space heaters, and electrical systems.

   b. Fuel sources include:

      1. Paper material – good housekeeping and daily removal of trash should minimize this exposure.

      2. Cleaning solvents – keep ignition sources away from cleaning solvents; clean up spills immediately; soiled rags must be disposed of in a can with a lid.

   c. Ignition sources include:

      1. Keep fuel sources away from electrical equipment.

      2. Electrical equipment requires keeping 36" clearance and good housekeeping.

      3. Microwave oven, toaster, and coffee maker need cleaning after use and weekly.

      4. Temporary electric extension cords are only used for temporary, one-day jobs and not as a replacement for permanent wiring.

2. Housekeeping

   a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.

b. Employees shall ensure that aisles and workspaces remain clear and free of trash.
c. Suitable clearances (18” or more) shall be maintained below sprinkler heads to storage.
d. There shall be no accumulation of paper, rags, sweepings, or debris.
e. Exits and fire door closures shall remain unobstructed and in good working order.

3. Training

a. Fire classes

1. There are three basic fire classes. All fire extinguishers are labeled with standard symbols stating the class of fires they can put out. A red slash through any of the symbols tells you the extinguisher cannot be used on that class of fire. A missing symbol only tells you that the extinguisher has not been tested for a given class of fire.

Class A: ordinary combustibles such as wood, cloth, paper, rubber, and many plastics.

Class B: flammable liquids such as gasoline, oil, grease, oil-based paint, lacquer, and flammable gas.

Class C: Energized electrical equipment including wiring, fuse boxes, circuit breakers, machinery, and appliances.

b. Extinguisher sizes

1. Portable extinguishers are also rated for the size of fire they can handle. This rating is a number from 1 to 40 for Class A fires and 1 to 640 for Class B fires. The rating will appear on the label. The larger the number, the larger the fire the extinguisher can put out. Higher rated models are often heavier. Make sure you can hold and operate the extinguisher before you attempt using it.

c. Installation and maintenance

1. Extinguishers should be installed in plain view above the reach of children, near an escape route, and away from stoves and heating appliances. Consult the local fire department for advise on the best locations.

2. Nothing shall be stored immediately in front of the fire extinguisher that will block or otherwise impede access

2. Extinguishers require routine care. The operator’s manual and dealer outline how the extinguisher should be inspected and serviced. Rechargeable models are serviced after use. Disposable fire extinguishers can be only used once; they must be replaced after one use. Following the manufacturer’s instructions, check the pressure in the Clinic extinguishers once a month.

d. Remember “P-A-S-S”

1. Stand 6-8 feet away from the fire and follow the four-step P-A-S-S procedure. If the fire does not begin to go out immediately, leave the area at once. Always be sure the fire department inspects the fire site

- **P**ULL the pin: this unlocks the operating lever and allows you to discharge the extinguisher. Some extinguishers have another device that prevents accidental operation.
- **A**IM low: point the extinguisher nozzle (or hose) at the base of the fire.
- **S**QUEEZE the lever below the handle: this discharges the extinguishing agent. Releasing the lever will stop the discharge. Note: some extinguishers have a button to press instead of a lever.
- **S**WEEP from side to side: while moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

4. Fighting the fire

a. Before you begin to fight a fire:

1. Make sure the fire is confined to a small area and is not spreading.

2. Make sure you have an unobstructed escape route where the fire will not spread.

3. Make sure that you have read the instructions and that you know how to use the extinguisher.

b. It is reckless to fight a fire under any other circumstances. Instead, close off the area and leave immediately.

c. Fire extinguishers

1. Used properly, a portable fire extinguisher can save lives and property by putting out a small fire or controlling it until the fire department arrives.

2. Portable extinguishers (intended for the home or office), are not designed to fight large or spreading fires. But even against small fires, they are useful only under certain conditions:

- The operator must know how to use the extinguisher. There is no time to read directions during an emergency.
- The extinguisher must be within easy reach, fully charged, and in working order.
- Some models are unsuitable for grease or electrical fires.

3. Choose your extinguisher carefully. A fire extinguisher should have the seal of an independent testing laboratory. It should also have a label stating the type of fire it is intended to extinguish.

4. The extinguisher must be large enough to put out the fire. Most portable extinguishers discharge completely in as few as eight (8) seconds.

d. False Alarms

1. If there is a false alarm (i.e. a child pulls a fire alarm) until it is known there is not an actual danger, unless there is a witness, act as if it is a real alarm. Follow normal fire alarm procedure, clear the area, evacuating, if necessary.

2. To clear a known false or accidental pull,:

a. use the key, located in the Managers key lock box. The key is in space #47 labeled "Fire Pull".
b. Insert the key at the activated fire pull.

c. Push the lever back down and turn the key to reset it.

d. When this is complete, go to the red Signal Service Box at the Nursing Station. Hold the "RESET" button for 3 seconds then release.

e. When prompted, enter the code "123456". There is no key for this red Signal Service Box in the Clinic.

f. Call Signal Service to alert them as to the false alarm and reset. 1-800-983-5300 #14808

g. Call the non-emergency Fire Department number to make sure they are aware it is a false alarm. Verify what action, if any they want to take. 209-772-1268 (Consolidated Fire)

h. Complete an incident report, including the names of all staff present and noting all actions taken, noting any outstanding or unexpected concerns or alternate issues that occurred during the incident

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Incident Reports	REVIEWED: 11/12/18; 2/18/20;5/29/21; 7/26/22
SECTION: Operations	REVISED: 2/18/20;5/29/21; 7/26/22
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Incident Reports

Objective: All unusual events shall be documented on an incident report form to provide proper documentation and follow-up and to support risk identification and trends.

Response Rating:

Required Equipment:

Procedure:

1. An incident report shall be completed promptly when any of the following events occur:

   a. Medication error
   b. Adverse drug reaction
   c. Non-reconcilable narcotic medication inventory error
   d. Patient accident
   e. Employee accident
   f. Visitor accident
   g. Cardiac or respiratory arrest
   h. Newborn delivery
   i. Death
   j. Hostile or threatening person
   k. Theft of Clinic, patient, or employee possessions
   l. Vandalism
   m. Any "out of the ordinary" events with possible risk management consequences

2. The completed Incident Report will be forwarded to the Clinic Manager as soon as possible after the event occurs, but no later than 24 hours after the event.

3. The problem description will be precise, concise, and accurate. It is not necessary to include details regarding any patient care treatment rendered. The description should include the result of action(s) taken and disposition(s).

4. The Persons involved and witnesses shall be listed. If one of these is a patient, the chart number will be used, not the patient name. If an involved person is not a patient, use their name and attempt to obtain

contact information if applicable.

54. All Incident Reports will be reviewed by both the Medical Director and Clinic Manager. Follow-up action(s) shall be recorded in the Quality Assurance Performance Improvement meeting minutes.

65. The Incident Report is a confidential document and will be handled as such. Incident Reports are not part of the patient's medical record and will not be filed therein.

76. The Incident Report will be printed on yellow copy paper, will not be photocopied, or be removed from the clinic site.

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Staff Composition	REVIEWED: 12/26/19; 11/23/20; 8/25/21; 6/15/22
SECTION: Medical Staff	REVISED: 6/15/22
EFFECTIVE: ~~9/29/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Medical Staff Composition

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

Response Rating:

~~**Required Equipment:**~~

Procedure:

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

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

3. Additional members of the Medical Staff may include:

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

~~d.~~e. Physical Therapists and Exercise Physiologists who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Physical Therapists and Exercise Physiologists may be under contract or employed by the Clinic.

025MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19; 5/04/21; 6/15/22
SECTION: Medication Management	REVISED: 9/7/19; 6/15/22
EFFECTIVE: ~~5/26/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Medication management and storage of multi-use containers

Objective: To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Medications will be stored in their original containers according to manufacturer guidelines.

2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a "vial open" label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state "MDV" to indicate multi-dose vial.

2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer's expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.

   a. IPOL polio vaccine shall be labeled with a beyond use date one year after date of opening. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.

3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer's expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).

4. Single-dose vials (without preservatives) shall be discarded after initial puncture

5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

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6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.

7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.

8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedure for Employee COVID-19 Rapid Testing	REVIEWED: 1/12/2022; 6/14/22
SECTION: Standardized Procedures	REVISED: 6/14/2022
EFFECTIVE: ~~1/26/2022~~8/31/22	MEDICAL DIRECTOR: Dr Randall Smart

Subject: Standardized Procedure for Employee COVID-19 Rapid Testing

Objective: To Comply with Federal, State and CDC Standard (which ever is more stict) regarding Employee COVID-19 Vaccine Compliance vs. Testing Requirements for unvaccinated or incompletely vaccinated employees.

Response Rating: Everyone

Required Equipment: Rapid COVID-19 Testing Equipment or alternate available Nasal Rapid Test

Procedure:

After completion of training and documentation of demonstrated competency, the Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Rapid COVID-19 Tests, **on Employees only**, using the Abbott ID NOW Testing platform and the nasal swabs (not nasopharyngeal), 1 per test, to be processed per manufacturer instruction.

1. Perform Rapid COVID-19 test 1~~2~~x/weekly for any employee that is not fully vaccinated or is unvaccinated as per guidelines.
   a. Wearing protective PPE, obtain nasal swab per manufacturer instructions, discarding used swab in biohazard container.
   b. Document test and result, identifying by employee's name on the sticker and lab sheet.
   c. Place a copy of the result sticker in the Employee COVID Vaccine and Weekly Testing Log Binder, located in the Manager's Office.
   d. If test result is positive, notify Management immediately.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Supply Ordering	REVIEWED: 2/1/19; 3/31/20;6/07/21; 7/26/22
SECTION: Operations	REVISED: 3/31/20; 7/26/22
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Ordering office, utility, and medical and dental supplies

Objective: To ensure adequate supplies are available for Clinic operations.

Response Rating:

Required Equipment:

Procedure:

1. Regularly inventory should be reviewed for office, utility, medical and dental supplies. A weekly routine is recommended.

2. If a supply is at or below acceptable levels (see Par Level policy), document the quantity required to return to Par Level ~~using the Supply Order Form~~and inform the Manager or ordering designee.

3. Office and utility supplies (toilet tissue, facial tissue, hand soap, etc.) inventory is the responsibility of the Clinic Manager or their designee.

4. Medical and dental supplies and medication inventory is the responsibility of the Clinic Manager or their designee.

5. Retain a copy of the supply order form and compare the packing slip and items received against the order that was placed when accepting and placing delivered items into their storage location.

6. The order form, packing list and other appropriate documentation will be given to Accounting and attached to the invoice upon receipt and prior to approval for payment.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Visitors and Relatives	REVIEWED: 2/1/19; 3/31/20: 6/07/21; 7/26/22
SECTION: Operations	REVISED: 3/31/20; 7/26/22
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Visitors and relatives

Objective: ~~One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room~~To minimize the amount of people in the treatment area for safety, privacy and infection control.

Response Rating: **Mandatory**

Required Equipment: None

Procedure

1. ~~1.~~ One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room. During a pandemic or when otherwise decided by the Medical Director and/or Manager, visitors will not be allowed to accompany a patient into the treatment area unless the patient has need for assistance.
2. If the patient's condition warrants the need for assistance, ~~O~~one individual may accompany~~ing~~ the patient, preferably the next of kin, ~~shall be requested to~~may act as a representative for the patient to give and receive information necessary with regard to the registration, patient's course of care, assist with mobility, etc. This individual may stay with the patient at the request of the practitioner or the patient.

2. Visitors/relatives may be requested to leave the examination room when:
    a. The patient's condition warrants.
    b. Practitioner's orders/treatments are being carried out by nursing staff and/or supportive ancillary personnel.
    c. At the patient's request.
    d. When privacy is needed or confidential issues need to be discussed.

3. Visitors/relatives are not allowed to smoke in any area of the facility.

4. One parent or guardian must stay with a minor patient unless otherwise requested by the practitioner or if the minor patient is receiving family planning services and requests their parent/guardian leave the room.

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5. Exceptions in the Medical department would be: both parents to accompany a minor child and/or minor children who must join the patient in the exam room as they have no supervision in the waiting area.

6. Exceptions will not be allowed in the Dental department as a result of space constraints in each dental operatory.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Ambulatory Blood Pressure Monitor Testing	REVIEWED: 04/02/21;5/29/21;7/26/22
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

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Subject: Ambulatory Blood Pressure Monitoring, 24 Hr. (Outpatient)

Objective: For Advanced (24 Hour) Outpatient monitoring of patient blood pressures

Response Rating: Mandatory

Indications: Continuous Non-activated Recorder (e.g., Ambulatory Blood Pressure Monitor): 24- to 48-hour continuous external unattended blood pressure monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of abnormal blood pressures.

Required Equipment: An Ambulatory Blood Pressure monitor with case and strap, Patient Acknowledgement Form, Ambulatory Blood Pressure Monitor Test Patient Instructions.

Procedure:

1. Upon receipt of a signed Provider order, Staff will:
   a. Provide the patient with a copy of the Ambulatory Blood Pressure Monitor Test Patient Instructions and Ambulatory Blood Pressure Monitor Patient Acknowledgement Form.
   b. The patient will review and sign the Ambulatory Blood Pressure Monitor Patient Acknowledgement Form and staff will scan the completed form into the EMR.
   c. The staff will schedule a follow-up nurse visit appointment for the patient to return for removal of the device after the ordered test duration is complete.
   d. The staff member will initiate placement of the Ambulatory Blood Pressure monitor on the same day of the order by:
      - Preparing the Ambulatory Blood Pressure for a new patient test
      - Preparing the patient and placing the blood pressure cuff and monitor per protocol.
   e. The staff will verify the patient has a complete understanding of the test and instructions.

2. When patient returns for the follow-up nurse visit:
   a. Staff will remove the Ambulatory Blood Pressure cuff and monitor from the patient.

b. Staff will verify the unit has been returned in good working condition and signed off on the Patient Acknowledgement Form.
c. Staff will disinfect the Ambulatory Blood Pressure unit.
d. Staff will collect the patient diary for Provider review.
e. Staff will download the Ambulatory Blood Pressure information to the software per protocol.
f. Staff will document as needed in the EMR.
g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Ambulatory Blood Pressure monitoring period to 48 hours. In this event, staff will verify blood pressure cuff placement.

3. It is understood that placement of the Ambulatory Blood Pressure monitor on a day the patient has been examined by the ordering Provider is preferred.

4. Charges will be entered upon placement of the Ambulatory Blood Pressure monitor, but the claim will be held until the device is returned by the patient.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Animal Bite-Reporting	REVIEWED: 7/1/19; 4/15/20;5/29/21; 7/26/22
SECTION: Mandatory Reporting	REVISED: 4/15/20
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Animal Bites

Objective: To report Animal bites in accordance with State regulations, the Clinic will follow State and local requirements regarding bites sustained by Clinic patients.

Response Rating: Mandatory

Required Equipment: Calaveras County Animal Bite Report Form

Procedure

1. All animal (mammal) bites must be reported to the Calaveras County Animal Control as soon as possible.

2. Mammals include but are not limited to dogs, cats, raccoons, bats, horses, cows, possums, skunks, squirrels, and foxes.

3. **ALL** animal bites will be reported to the Animal Control Office. This includes animals owned by the victim.

4. Bites to the patient's face, head, or neck, requires a report to the Animal Control by telephone immediately followed by a mailed report.

5. All other animal bites will be reported as soon as possible by completing the Animal Bite Report Form on the Calaveras County Animal Control website: www.calaveras.gov.us

6. If the animal bite is not to the face, head, or neck, but the animal is running loose and may not be located later, telephone the Calaveras County Animal Control immediately for pick up. (209)-754-6509 8AM-5PM or fax (209) 754-6815 after hours

7. Reports will be completed as follows:
    a. A Report of Animal Bite Form must be filled out and faxed to both Animal Services 209-754-6815 **AND** Public Health 209-754-4691
    b. Report forms can be found in the Library; Operations Forms.
    c. Report will be scanned into the patient's electronic medical record.
    d. After scanning, the original report will be sent to the Clinic Manager.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Annual Clinic Evaluation	REVIEWED: 7/24/19; 3/25/20;5/29/21; 7/26/22
SECTION: Operations	REVISED: 3/25/20
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Annual Clinic Evaluation

Objective: Review of clinic operations will be completed monthly and compiled monthly by the Clinic Manager, in part to develop an Annual Clinic Evaluation Report to be submitted to the District Chief Executive Officer and Board of Directors. Additional reports and review will be completed to address the CMS required topics listed below.

Response Rating:
Required Equipment:
<u>Procedure</u>

1. Annual Evaluation is to determine if:

    a. Utilization of services is appropriate
    b. Established policies are followed
    c. Budgetary goals are being met
    d. Any amendments or additions to policies, operations, or services are required.
    e. Quality Assurance/Performance Improvement elements are being performed, documented, and acted upon

2. The annual evaluation includes review of the following:

    a. Utilization of clinic service, including number of patients served
    b. A representative sample of clinical records (See QA Policies)
    c. Clinic policies, processes, forms
    d. Formulary
    e. Laboratory processes and procedures, including Quality Control records
    f. Financial analysis, by location, payment source, and/or service line
    g. Staffing effectiveness
    h. Staff development
    i. Performance Improvement/Quality Assurance
    j. Guidelines for medical management of health problems.

The evaluation shall be shared and discussed with the staff and Board of Directors, and if necessary, correction action initiated, documented and reviewed.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Aseptic Procedure	REVIEWED: 3/1/19; 3/1/20;5/29/21; 7/26/22
SECTION: Patient Care	REVISED: 3/1/20
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Aseptic Procedures

Objective: To prevent surgical infections in patients undergoing procedures in the Clinic.

Acuity Rating: Mandatory

Required Equipment: Various re-useable instruments that require sterilization or sterile single use disposable instruments.

PURPOSE: Micro-organisms are naturally present in every patient environment. Some may be harmless to most people while others are harmful to many. An important part of providing care is to prevent the patient from acquiring infections by decreasing the spread of micro-organisms. Open wounds, either surgical or traumatic, are especially prone to infection.

Knowledge of sterile technique (surgical asepsis) is important in order to carry out certain procedures with minimal risk of infection. This is a basic skill for all medical assistants and providers.

The principles of surgical asepsis:

1. The sterile object or area becomes contaminated when touched by a non-sterile object.

2. For an infection to occur there must be:

    a. A sufficient number of organisms strong enough to produce infection.
    b. A susceptible host. Factors include age, nutrition, stress, exposure to heat or cold, allergies, chronic disease, and amount of rest.
    c. A means for organisms to reach the host, either directly (e.g. animal bite), indirectly (e.g. contaminated articles) or droplets (e.g. talking, sneezing, coughing).

Implementation:

1. Surgical Asepsis requires the use of sterile:

    a. Surgical gloves
    b. Instruments specific to the procedure being performed
    c. Medications (solutions, anesthetics, ointments)
    d. Suturing material and needles, as required
    e. Dressing supplies (i.e. gauze, telfa, etc.), as required

f. Containers to hold any of above supplies
g. Drapes (fenestrated or non-fenestrated)

2. Surgical aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic medical staff.

    a. Suture removal
    b. Dressing change
    c. IV insertion
    d. Venipuncture
    e. Minor surgical procedures to include (but not limited to):
        1. Laceration repair
        2. Wart removal
        3. Removal of other skin growths/biopsies
        4. Excision of ingrown toenail
        5. I & D abscess/paronychia
        6. Release of subungual hematoma

3. Dental aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic dental staff:

    a. Suture removal
    b. Tooth extraction

Additional information:
See specific procedures for equipment and set-up for procedures such as laceration repair, burn treatment, wart removal, etc.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: EKG	REVIEWED: 2/1/19; 10/28/19; 2/23/20; 6/01/21; 7/26/22
SECTION: Patient Care	REVISED: 10/28/19; 2/23/20
EFFECTIVE: ~~6/16/21~~8/31/22	MEDICAL DIRECTOR:

Subject: EKG

Objective: To obtain a clinical picture of cardiac rhythm and activity.

Response Rating: Moderate to Severe

Required Equipment: EKG Machine, computer (EMR) access

Procedure:

Prepare the patient:

The quality of an EKG/ECG is dependent on the preparation and resistance between the skin and the electrode. To ensure a good quality EKG/ECG and minimize the skin/electrode resistance the following must be completed:

1. Explain the procedure to the patient. Obtain the patient's height, weight, blood pressure, pulse, and current medications. Document in the EMR.

2. Direct the patient to remove all clothing from the waist up and put a gown on with the opening to the front.

3. Direct the patient to lie in a recumbent position. Ensure the patient is warm and relaxed and advise to be as still as possible and not to talk during the procedure.

4. Shave electrode areas if indicated using a disposable razor.

5. If patient is perspiring or has applied any lotions or creams, clean area with an alcohol swab.

6. Attach the electrodes to the patient's limbs and chest as labeled. The leads are coded and numbered:

    a. RA = Right Arm
    b. LA = Left Arm
    c. RL = Right Leg
    d. LL = Left Leg

e. C = Chest - (6 leads attached in sequence)

Connect the EKG to the laptop computer while the EMR program is open to the patient's record:

1. Plug the EKG machine into the laptop computer.

2. Follow the instructions as displayed on the computer screen.

3. Capture the image and print the results.

    a. All EKG results will be read by the ordering practitioner and over-read by an internist on the Clinic Medical Staff.

In the event of a borderline abnormal reading, excluding obvious and definitive Myocardial Infarction:

1. Practitioner will check the lead placement to assure proper lead placement by the MA/Nurse was performed.

2. Adjust the leads and repeat ECG may be indicated upon order from the treating practitioner.

Documentation of findings:

1. The Internal Medicine physician will document their findings on the EKG image using written text.

2. The annotated image will be returned to the ordering practitioner, attached to a patient case, sending the annotated and signed image to the Clinical Inbox.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Generator Management	REVIEWED: 3/11/20;5/29/21; 7/26/22
SECTION: Operations	REVISED:
EFFECTIVE: ~~7/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Generator

Objective: To outline generator use and maintenance to maintain maximum effectiveness in the event of a power failure.

Response Rating: Mandatory

Required Equipment: Generator

Procedure:

1. The generator is located on a concrete pad in the Southwest corner of the building, adjacent to the staff lounge, in front of the electrical room access door.

2. The generator doors and fuel box will always be locked with padlocks.

   a. The Director of Facilities, Clinic Manager and the Nursing key ring have the generator padlock keys.
   b. The Director of Facilities, Clinic Manager and Nursing key ring have a generator door key.

3. The Director of Facilities will inspect the exterior and interior of the generator for any leakage or abnormalities on a monthly basis.
   a. Inspection will be logged and log will be retained.
   b. Any abnormalities will be addressed/repaired.

4. The fuel gauge will be monitored by the Director of Facilities or designated staff monthly and after any power outage incident when the generator runs to ensure the fuel tank has an adequate amount of fuel.
   a. Inspection will be logged and log will be retained.

5. The scheduled generator maintenance will be performed by the contracted provider on the schedule outlined on the attached contract addendum, which is outlined below:

   a. Semi-annual PM Service –
      i. Visual inspection of the site and genset with associated equipment
      ii. Inspect and service the filtration system
      iii. Inspect exhaust system

iv. Inspect turbocharger
v. Inspect cooling system
vi. Inspect engine block heater assembly
vii. Inspect fuel system indication, fuel fill and associated piping
viii. Inspect and test lube oil system
ix. Inspect and test engine starting system
x. Inspect and test engine monitoring and safety controls
xi. Inspect generator assembly
xii. Generator controls
xiii. Inspect Automatic transfer switch

b. Annual Service – which includes the following and the semi-annual services elements:
   i. Inspect air elements and clean housing
   ii. Check turbocharger and endplay of impeller
   iii. Check and adjust valves as necessary and at the recommendation of manufacturer
   iv. Inspect and test radiator cap for correct pressure rating and operation
   v. Replace fuel filter and service primary filter
   vi. Drain and replace lube oil and filters
   vii. Check engine monitoring for accuracy. Test engine shutdown safeties
   viii. Inspect generator end bearing for condition and lubricate as necessary. Inspect exciter, generator conductors, connections and generator fan assembly
   ix. Inspect generator circuit breakers and tighten connections. Inspect and clean engine/generator control panel and connection panel
   x. Inspect and service Automatic Transfer Switch and enclosure. Check for proper operation and timing of ATS and controls.

6. Any alarms or immediate service needs will be reported to the Clinic Manager.

7. The Director of Facilities will be responsible for any needed extra service or repairs through the contracted provider.

8. The generator is programmed to self-start and operate for a 15-minute run time cycle, including cool down, every 1st Friday of the month at 0800.

9. In case of an emergency the contact is as follows:

- Kirk Stout, Director of Facilities 209-743-1201
- Rich Hodge – Service Manager 209-652-8282 (cell)
- Industrial Electrical Company 209-527-2800

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Record Chart Audit Policy	REVIEWED: 6/15/22
SECTION:	REVISED:
EFFECTIVE: 8/31/22	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Medical Record Chart Review

Objective: To ensure accurate and complete charting is performed

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Medical Record Chart Audits will be performed using the most current Anthem Blue Cross Managed Medi-Cal Standards Tool and chart audit forms.
2. Charts will be audited at a minimum of 3 charts per Provider quarterly.
3. Chart audits may be completed by any Provider, RN or Medical Assistant or designee and, upon completion, will be submitted to the Clinic Manager for further review and record keeping.
4. The data will be reviewed at QAPI meetings.
5. Feedback will be provided to the audited employees and/or Providers with corrections and possible retraining, to eliminate problem areas.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Liquid Nitrogen	REVIEWED: 03/02/2020; 11/20/20; 7/26/22
SECTION:	REVISED:
EFFECTIVE: ~~12/09/20~~8/31/22	MEDICAL DIRECTOR:

Subject: Liquid Nitrogen

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

Response Rating: Mandatory

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

Procedure:

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

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

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

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

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

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

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

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

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

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedure for Childhood Periodic Health Screening	REVIEWED: 6/1/19: 3/30/21; 7/26/22
SECTION: Standardized Procedures	REVISED: 3/30/21
EFFECTIVE: ~~4/28/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Standardized orders for Childhood Periodic Health Screening

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

Response Rating:

Required Equipment:

Procedure:

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

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

*Sensory screening (Snellen eye test, audiometry)

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

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

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

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

References:

California Department of Health Care Services/ Bright Futures Periodicity Schedule (2021). CHDP Periodicity Schedule for health assessment requirements by age groups. Children's Medical Services. Retrieved from

https://www.dhcs.ca.gov/services/chdp/Pages/Periodicity.aspx

http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.153909240.1310123246.1658871401-389574524.1657735121

Updated June 21, 2022

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedures for Mid-level Practitioners (NP, PA)	REVIEWED: 9/8/19; 3/30/21: 7/26/22
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: ~~4/28/21~~8/31/22	MEDICAL DIRECTOR:

General Policy Component

Development and Review

The use of these Standardized Procedures is agreed on by the supervising physician and the mid-level provider(s) jointly. A copy of these policies and procedures along with the proper signature/s of approval will be kept with the reference book used in the clinic.

The standardized procedures will be those found in Up-to-Date. The use of this resource will be reviewed annually.

Scope and Setting of Practice

1. Mid-level providers may perform the following functions within their scope of practice and consistent with their experience and credentialing: assessment, management, and treatment of episodic illnesses, chronic illness, contraception, and the common mid-level functions of health promotion, and general evaluation of health status (including but not limited to ordering laboratory tests, imaging studies, and physical therapy, recommending diets, and referring patients for specialty consultation when indicated.

2. Standardized procedure functions are to be performed at the Clinic located at:

   Valley Springs Health and Wellness Center
   51 Wellness Way
   Valley Springs CA 95252

   Consulting physicians are available to the mid-level providers in person or by telephone.

3. Physician consultation should be obtained as specified in the individual protocols and under the following circumstances:

   a. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
   b. Acute decompensation of patient condition.

c. Problem that is not resolving as anticipated.
d. History, physical, or lab findings inconsistent with the clinical picture.
e. Upon request of the patient, mid-level provider, nurse or supervising physician.

Qualifications and Evaluation

1. Each mid-level practitioner performing standardized procedure functions at the Clinic must be currently credentialed by the Clinic medical staff for privileges. In addition, each mid-level provider shall apply for his or her own furnishing number and/or DEA number, as applicable.

2. Evaluation of the mid-level providers' competence in performance of the standardized procedures shall be done in the following manner and in compliance with established Clinic personnel policy:

    a. Initial: Within ninety (90) days from the date of hire the Clinic's Medical Director and Office Manager shall review the mid-level provider for competence through feedback from colleagues, physicians and chart review along with other documented standards of performance.
    b. Routine: Annually
    c. Follow-up: Areas requiring increased proficiencies as determined by the initial or routine evaluation, or at an appropriate interval as determined by the clinic's management.

Authorized Mid-Level Provider(s)

Mid-level practitioners who have signed a supervision agreement with a Clinic Medical Director or supervising physician are authorized under this protocol within their level of competency.

Protocols

The standardized procedure protocols developed for use by the mid-level provider are designed to describe the following circumstances: management of acute/episodic conditions, trauma, chronic conditions, infectious disease contacts, routine gynecological problems, contraception, health maintenance exams and ordering medication.

Medical Directors/Supervising Physician

____ ___________

Medical Director Date

Mid-Level Practitioner

____ ______________

Mid-level Practitioner Date

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Mid-level Practitioner Date

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Mid-level Practitioner Date

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Waived Testing - LeadCare II	REVIEWED: 8/29/19; 2/20/20; 5/04/21: 7/26/22
SECTION: Waived Testing	REVISED: 3/11/18; 2/20/20
EFFECTIVE: ~~5/26/21~~8/31/22	MEDICAL DIRECTOR:

Subject: Waived Testing using the Leadcare II device

Objective: To screen and identify children with elevated BBLs for appropriate treatment, education, and elimination of lead exposure.

Response Rating: Mandatory

Required Equipment: Leadcare II, treatment reagent tube, capillary tube, plunger, lead sensor, dropper, label, powder-free gloves, lancet, cotton ball/gauze 2x2, dot bandaid. Equipment needs to be stored in a clean box with a cover.

Definitions: BBL: Blood Lead Level
Reference Level / Elevated BBL: > 5 ug/dL

Procedure:

Specimen Collection and Testing

1. As a part of the pediatric patient's physical examination. Risk assessment 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. Risk assessment to be performed with appropriate action to follow if positive at 6 months, 9 months, 12 months, 18 months, 24 months, 3 years, 4 years, 5 years, 6 years.
    b. Screening or risk assessment is to be performed at 12 months and 24 months.
    c. If the screening or risk assessment is not performed per the recommended periodicity schedule, document in the EMR the reason.

2. Upon receipt of a written order a capillary blood specimen will be collected and tested to determine the patient's blood lead level.

    a. Ensure machine is plugged into the wall and/or batteries installed.

    b. Don gloves.

c. Label the treatment reagent tube with the patient ID using labels.

d. Wash patient's hands with soap and water and let air dry.

e. Warm patient's finger and press finger at or below first joint. Use alcohol prep pad to wipe fingertip.

f. Allow fingertip to air dry.

g. Use lancet to obtain specimen on patient's fingertip, alongside of finger.

h. Squeeze fingertip to express one drop of blood 2 or 3 times before collection.

i. Squeeze fingertip to express drop of blood and holding capillary tube almost horizontally with green band on top, fill the capillary to the black line.

j Wipe excess blood from capillary tube with a clean wipe or gauze.

k. Look for air bubbles in the filled capillary tube. If present, take a new sample. Small bubbles around the edge can be ignored.

l. Place the capillary tube into the reagent tube. Insert a plunger into the top of the capillary tube and push down, ensuring entire volume of sample is dispensed into the treatment reagent.

m. Replace the reagent tube cap. Invert the tube 8 to 10 times.

n. Insert blood lead sensor into machine to turn it on.

o. Remove the cap from the reagent tube. Squeeze the walls of the dropper and insert into the sample. Release the pressure to draw some sample into the dropper.

p. Touch the dropper tip to the X on the sensor and squeeze to dispense the sample.

q. Wait 3 minutes until the test is done.

r. Record the test results in the ERM.

s. Remove used sensors from the analyzer as soon as the result is recorded.

3. To clean machine

a. Machine goes off automatically.

b. Clean analyzer with a damp cloth and warm, soapy water.

c. Disinfect with ~~Cavi~~ Alcohol Wipes.

d. Do not leave any soap film on the analyzer. Do not allow liquid into the sensor connector. Do not wash the inside of the calibration button reader.

Test Result Reporting

1. Report results on CDPH site https://eblr.cdph.ca.gov using the assigned clinic identifier and password.

2. The reportable range of the test is 3.3 to 65 µg/dL.

3. Capillary blood samples that generate a lead level of 5 ug/dL should be confirmed with a second test sample from a different site. However, if the result of the second sample is also above 5 µg/dL, the patient should be sent to a laboratory for a confirmation blood draw.

4. In cases where the capillary specimen demonstrates an elevated lead level but the confirmation venous sample does not, it is important to recognize that the child may live in a lead-contaminated environment that resulted in contamination of the fingertip. Efforts should be made to identify and eliminate the source of lead in these cases.

- "Low" is a blood level less than 3.3 ug/dL -- should be recorded as <3.3 ug/dL
- "High" in the display windows indicates a blood lead test result greater than 65 µg/dL. When this occurs, report the blood lead result as greater than (>) 65 µg/dL. "High" results on LeadCare II should be followed up immediately as an emergency laboratory test and Reported.
- Blood lead results ≥9.5 µg/dL must be electronically reported within 3 working days from the date of analysis.
- Blood lead results <9.4 µg/dL must be electronically reported within 30 calendar days from the date of analysis.

5. State Reporting

- Abnormal high results must be reported to the state and the receipt scanned into medical record the same day as performed.
- Normal results must be reported to the state at the end of each month.
- Results reported to the state electronically are given an Accession Reporting Number consisting of the Kit Lot# followed by test# (ex: 1234-1, 1234-2 etc). not using any public health information identifier.

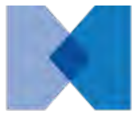
6. Repeat Testing Guidelines

If blood lead level	Childs Age	Perform capillary re-test within
< 5 ug/dL	< 12 months	3 – 6 months
< 5 ug/dL	1 – 5 years	6 – 12 months

If blood lead level	Childs Age	Perform capillary re-test within
5 – 14 ug/dL	1 – 5 years	1 - 3 months
If blood lead level	Childs Age	Perform capillary re-test within
15 -44 ug/dL	1 – 5 years	1 – 4 weeks
➢ 44 ug/dL	1 – 5 years	48 hours

VAlley Springs Health Wellness Center
Quality Assurance Report
2022-2023

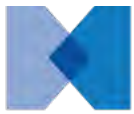
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1															Census	MTD	Fiscal YTD	
2	Quality Metric'	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Total	Fiscal YTD	Payor Mix	Payor Mix	
3																		
4	Patient Visits Total	1303												1303	1303			
5	Total Behavioral Health	128												128				
6	Total Dental	122												122				
7	Total Pediatrics	119												119				
8																		
9	Medi-Cal	671												671	671	0%	51%	
10	Medicare	342												342	342	0%	26%	
11	Cash Pay	13												13	13	0%	1%	
12	Other	277												277	277	0%	21%	
13																		
14	Total Empanelled Patients	4621																
15																		
16	Total New Patients SEEN	67												67				
17																		
18	Total New Pt's REGISTERED	72												72				
19																		
20	Incident Reports	2																
21																		
22	Wait time for appointments	1-2 weeks																
23																		
24	Patient No-shows	135																
25																		
26	Patient No-Show rate	10.30%																
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		



medStatix

CA - Valley Springs

Location: All Locations

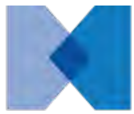


medStatix

CA - Valley Springs

Location: Behavioral Health

Red outlines have collected very few responses and may not be accurate.

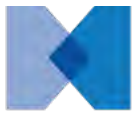


medStatix

CA - Valley Springs

Location: Dental Services

Red outlines have collected very few responses and may not be accurate.



medStatix

CA - Valley Springs

Location: Valley Springs Health and Wellness

Score

100%
95%
90%
85%
80%
75%
70%
65%

Staff Works Together
Pleasant Waiting Area
Communication by Phone
Respected by Scheduling Staff
Respected by Check-out Staff
Easy Appointment Scheduling
Informed About Delays
Respected by Nursing Staff
Protecting Patient Privacy
Would Recommend Practice
Clearly Explained Procedures

Primary Care Average Benchmark | Historic (966N̄) | June 2022 (78N̄) | July 2022 (71N̄)

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

Agenda Item: **DRAFT Financial Reports (as of June, 2022)**

Item Type: **Action**

Submitted By: **Rick Wood, Accountant**

Presented By: **Rick Wood, Accountant**

BACKGROUND:

The DRAFT June, 2022 Profit & Loss statement is attached for your review and approval.

- The DRAFT June 2022 financial reports are attached for your review. Please note that these will stay in DRAFT format until the fiscal year audit is complete.
- The annual audit has commenced, and we have sent some confirmations and have begun reconciling balance sheet accounts.
- May is the third of three months where we have recorded the COVID relief money that has been sitting on the Balance Sheet. This can be found in the VSHWC page in account #4083.92.
- On the “Rental” page, utilities for the month were pretty high, but the actual year-to-date number was reduced to reflect the payment we received from the hospital.
- Our investment income will take some conversation. Basically, we are required to “mark-to-market”, and in a rising interest rate environment, that can appear uncomfortable. We will explain in detail at the meeting.

	06/30/22 Actual Y-T-D	2021 - 2022 Annual Budget Total District	Clinic	Rental	Projects	Admin
Revenues	6,367,141	5,865,872	3,191,007	1,374,865	0	1,300,000
Total Revenue	6,367,141	5,865,872	3,191,007	1,374,865	0	1,300,000
Expenses	(7,665,797)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Total Expenses	(7,665,797)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Surplus(Deficit)	(1,298,656)	(633,235)	(1,127,128)	209,608	(667,000)	951,285
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(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

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	Mark Twain Health Care District								
	Direct Clinic Financial Projections								
					VSHWC				6/30/2022
							2021 - 2022		
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	1,170,321	2,789,431	4,674,075	5,013,050	5,013,050	363,876	3,436,568	68.55%
4083.60	Contractual Adjustments	(953,773)	(1,383,628)	(1,087,124)	(1,848,793)	(1,848,793)	(182,384)	(1,629,535)	
	Net Patient revenue	216,548	1,405,804	3,586,951	3,164,257	3,164,257	181,492	1,807,033	57.11%
						0			
4083.90	Flu shot, Lab income, physicals			1,000	1,000	1,000			0.00%
4083.91	Medical Records copy fees			750	750	750			0.00%
9108.00	Other - Plan Incentives & COVID Relief			30,000	25,000	25,000	115,986	347,687	1390.75%
			0	31,750	26,750	26,750	115,986	347,687	1299.76%
	Total Other Revenue	**216,548**	**1,405,804**	**3,618,701**	**3,191,007**	3,191,007	**297,477**	**2,154,720**	**67.52%**
7083.09	Other salaries and wages	(648,607)	(954,884)	(1,008,540)	(1,503,975)	(1,503,975)	(172,104)	(1,381,991)	91.89%
7083.10	Payroll taxes	(53,339)	(83,696)	(78,666)	(108,979)	(108,979)	(13,869)	(111,692)	102.49%
7083.12	Vacation, Holiday and Sick Leave			(9,077)	(90,239)	(90,239)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(49,982)	(169,346)	(169,346)	(13,319)	(166,865)	98.53%
7083.14	Group Life Insurance			(1,614)		0			
7083.15	Pension and Retirement		(1,403)	(25,214)	(1,987)	(1,987)	(1,739)	(1,739)	87.52%
7083.16	Workers Compensation insurance	(13,597)	(16,697)	(10,085)	(15,040)	(15,040)			0.00%
7083.18	Other payroll related benefits			(1,513)	(376)	(376)			0.00%
	Total taxes and benefits	(98,100)	(234,521)	(176,151)	(385,967)	(385,967)	(28,927)	(280,296)	72.62%
	Labor related costs	**(746,706)**	**(1,189,405)**	**(1,184,691)**	**(1,889,942)**	**(1,889,942)**	**(201,031)**	**(1,662,287)**	**87.95%**
7083.05	Marketing	(7,096)	(2,469)		(1,500)		(2,279)	(38,425)	
7083.20	Medical - Physicians	(607,191)	(844,648)	(905,244)	(970,115)	(970,115)	(42,328)	(718,028)	74.01%
7083.22	Consulting and Management fees	(261,571)	(97,365)	(75,000)	(35,000)	(35,000)	(5,856)	(25,379)	72.51%
7083.23	Legal - Clinic	(27,900)	(19,720)	0	(15,000)			(8,664)	0.00%
7083.25	Registry Nursing personnel			(3,000)	0	0			
7083.26	Other contracted services	(65,565)	(209,741)	(126,907)	(100,000)	(100,000)	(27,958)	(318,083)	318.08%
7083.29	Other Professional fees	(11,199)	(11,554)	(80,932)	(10,000)	(10,000)		(16,742)	167.42%
7083.36	Oxygen and Other Medical Gases	(533)	(578)	(3,703)	(1,200)	(1,200)		(343)	28.54%
7083.38	Pharmaceuticals			(139,504)	(40,000)	(40,000)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(263,109)	(25,714)	(95,000)	(95,000)	(26,545)	(242,845)	255.63%
7083.41.02	Dental Care Materials and Supplies - Clinic		(37,429)				(12,844)	(84,046)	
7083.41.03	Behavior Health Materials		(1,515)				(35)	(2,050)	
7083.44	Linens			(1,200)	0	0			
7083.48	Instruments and Minor Medical Equipment			(24,248)	(20,000)	(20,000)			0.00%
7083.74	Depreciation - Equipment			(150,476)	0	0			
7083.45	Cleaning supplies			(47,578)	0	0			
7083.62	Repairs and Maintenance Grounds	(1,122)		(8,104)	(5,000)	(5,000)	(77)	(565)	11.31%
7083.72	Depreciation - Bldgs & Improvements			(311,017)	(560,000)	(560,000)	(63,379)	(769,699)	137.45%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(37,583)	(95,083)	(80,000)	(80,000)	(4,678)	(72,953)	91.19%
8870.00	Interest on Debt Service	(158,161)	(247,955)	(257,355)	(190,000)	(190,000)			0.00%
7083.43	Food	(935)	(1,070)	(2,000)	(2,000)	(2,000)	(407)	(2,885)	144.27%
7083.46	Office and Administrative supplies	(30,108)	(57,037)	(15,428)	(15,000)	(15,000)	(1,274)	(40,848)	272.32%
7083.69	Other purchased services	(50,362)	(22,248)	(232,076)	(229,727)	(229,727)	(842)	(10,827)	4.71%
7083.81	Insurance - Malpractice	(8,814)		(16,854)	(25,000)	(25,000)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(46,530)	(31,102)	(1,050)	(1,050)	(3,776)	(63,371)	0.00%
7083.83	Licenses & Taxes			(1,500)	(1,500)	(1,500)			
7083.85	Telephone and Communications	(5,253)	(66,112)	(20,903)	(5,100)	(5,100)	(2,103)	(28,399)	556.84%
7083.86	Dues, Subscriptions & Fees	(19,274)	(7,669)	(1,500)	(5,000)	(5,000)		(9,412)	188.25%
7083.87	Outside Training	(199)	(31,537)	(15,000)	(10,000)	(10,000)	(525)	(952)	9.52%
7083.88	Travel costs	(3,704)	(1,498)	(4,000)	(2,500)	(2,500)	(862)	(5,636)	225.42%
7083.89	Recruiting	(25,209)	(4,475)	(40,000)	(10,000)	(10,000)	(25)	(57,418)	574.18%
8895.00	RoboDoc		0	(60,000)	0	0			
	Non labor expenses	(1,502,306)	(2,011,843)	(2,695,428)	(2,429,692)	(2,429,692)	(195,792)	(2,517,571)	103.62%
	Total Expenses	(2,249,012)	(3,201,247)	(3,880,119)	(4,319,635)	(4,319,635)	(396,824)	(4,179,858)	96.76%
	Net Expenses over Revenues	**(2,032,464)**	**(1,795,444)**	**(261,418)**	**(1,128,628)**	**(1,128,628)**	**(99,346)**	**(2,025,138)**	**179.43%**

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	Mark Twain Health Care District								
	Rental Financial Projections				Rental				
									6/30/2022
		2019/2020 Actual	2020/2021 Actual	2020/2021 Budget	2021/2022 Budget	Month to-Date	Actual Month	Actual Y-T-D	Actual vs BudHet
9260.01	Rent Hospital Asset amortized	1,095,293	1,090,174	1,092,672	1,092,672	1,092,672	90,128	1,084,066	99.21%
				0	0				
	Rent Revenues	1,095,293	1,090,174	1,092,672	1,092,672	1,092,672	90,128	1,084,066	99.21%
9520.62	Repairs and Maintenance Grounds	(6,079)		0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(658,014)	(758,483)	(758,483)	(758,483)	(83,121)	(679,137)	89.54%
9520.85	Telephone & Communications		(45,185)				(1,117)	(43,003)	
9520.72	Depreciation	(673,891)	(770,925)	(148,679)	(148,679)	(148,679)	(9,035)	(101,799)	68.47%
9520.82	Insurance								
	Total Costs	(1,331,134)	(1,474,124)	(907,162)	(907,162)	(907,162)	(93,272)	(823,939)	90.83%
	Net	**(235,841)**	**(383,950)**	**185,510**	**185,510**	**185,510**	**(3,144)**	**260,127**	**190.04%**
9260.02	MOB Rents Revenue	220,296	208,946	251,016	251,593	251,593	22,577	217,782	86.56%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(247,095)	(41,938)	(248,382)	100.52%
	Net	**(20,218)**	**(54,504)**	**(10,000)**	**4,498**	**4,498**	**(19,362)**	**(30,600)**	**-680.31%**
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	9,000	773	9,068	100.75%
9522.75	Child Advocacy Expenses	(297)	(5,436)	(11,000)	(11,000)	(11,000)		(195)	1.77%
	Net	**8,703**	**3,564**	**(2,000)**	**(2,000)**	**(2,000)**	**773**	**8,873**	**-443.63%**
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1,836	21,816	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,322,520	1,352,688	1,374,865	1,374,865	115,313	1,332,731	96.94%
		(1,574,119)	(1,746,796)	(1,181,428)	(1,165,257)	(1,165,257)	(135,210)	(1,072,516)	92.04%
	Summary Net	**(249,530)**	**(424,276)**	**171,260**	**209,608**	**209,608**	**(19,897)**	**260,215**	**124.14%**

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Mark Twain Health Care District

Projects, Grants and Support

		6/30/2022	2019/2020 Actual	2020/2021 Actual	2020/2021 Budget	2021/2022 Budget	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget
	Project grants and support			(20,325)	(31,000)	(667,000)	(667,000)	(2,500)	(362,577)	54.36%
8890.00	Community (COVID) Masks			(3,754)						
8890.00	Friends of the Calaveras County Fair								(1,000)	
8890.00	Foundation		(465,163)			(628,000)			(328,000)	
8890.00	Veterans Support			0	(5,000)	0	0		0	
8890.00	Mens Health			0	(5,000)	0	0		0	
8890.00	Steps to Kick Cancer - October			0	(5,000)	0	0		0	
8890.00	Ken McInturf Laptops			(2,571)					(2,436)	
8890.00	Doris Barger Golf			0	(2,000)	0	0	(2,500)	(2,500)	
8890.00	Stay Vertical			(14,000)	(14,000)	(14,000)	(14,000)		(641)	4.58%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals								(3,000)	
8890.00	High school ROP (CTE) program					(25,000)			(25,000)	
	Project grants and support		**(465,163)**	**(20,325)**	**(31,000)**	**(667,000)**	**(14,000)**	**(2,500)**	**(362,577)**	**54.36%**

DRAFT

Mark Twain Health Care District								
General Administration Financial Projections				Admin			6/30/2022	
		2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Actual	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	390,802	39,321	100,000	100,000	(66,927)	(55,596)	-55.60%
9160.00	Property Tax Revenues	1,126,504	1,233,836	1,200,000	1,200,000	100,000	1,200,000	100.00%
9010.00	Gain on Sale of Asset							
9400.00	Miscellaneous Income		19,978.41			0	6,316	
5801.00	Rebates, Sponsorships, Refunds on Expenses		236,723.76				149,216	
5990.00	Other Miscellaneous Income							
9205.03	Miscellaneous Income (1% Minority Interest)	(43,680)	(23,789)		0	(3,737)	(49,781)	
	Summary Revenues	**1,473,626**	**1,506,070**	**1,300,000**	**1,300,000**	**29,336**	**1,250,155**	**96.17%**
8610.09	Other salaries and wages	(133,415)	(273,071)	(137,592)	(137,592)	(24,306)	(242,706)	176.40%
8610.10	Payroll taxes	(14,875)	(10,079)	(10,526)	(10,526)	(1,039)	(11,036)	104.84%
8610.12	Vacation, Holiday and Sick Leave			(8,256)	(8,256)			0.00%
8610.13	Group Health & Welfare Insurance	(12,383)		(11,827)	(11,827)			0.00%
8610.14	Group Life Insurance			0	0			
8610.15	Pension and Retirement	(1,905)	(3,736)	(703)	(703)	(1,739)	(3,978)	565.57%
8610.16	Workers Compensation insurance	(1,226)	924	(1,376)	(1,376)		(924)	67.16%
8610.18	Other payroll related benefits		(800)	(34)	(34)			0.00%
	Benefits and taxes	(30,390)	(13,691)	(32,723)	(32,723)	(2,778)	(15,938)	48.71%
	Labor Costs	**(163,804)**	**(286,762)**	**(170,315)**	**(170,315)**	**(27,084)**	**(258,644)**	**151.86%**
8610.22	Consulting and Management Fees	(14,109)	(4,548)	(3,000)	(3,000)	(494)	(7,236)	241.19%
8610.23	Legal	(15,069)	(4,528)	(10,000)	(10,000)		(1,874)	18.74%
8610.24	Accounting /Audit Fees	(59,232)	(62,977)	(40,000)	(40,000)	(2,364)	(41,962)	104.90%
8610.05	Marketing		(2,031)			(901)	(8,984)	
8610.43	Food	(868)		(1,500)	(1,500)			0.00%
8610.46	Office and Administrative Supplies	(19,595)	(8,306)	(15,000)	(15,000)	(299)	(6,895)	45.97%
8610.62	Repairs and Maintenance Grounds	0	0	(5,000)	(5,000)		(1,250)	25.00%
8610.69	Other- IT Services	(12,877)	(11,066)	0	0	(722)	(9,063)	
8610.74	Depreciation - Equipment			0	0			
8610.75	Rental/lease equipment			0	0			
8610.80	Utilities	(420)		0	0			
8610.82	Insurance	(17,747)	4,257	(41,900)	(41,900)		(54,354)	129.72%
8610.83	Licenses and Taxes	0		0				
8610.85	Telephone and communications	0		(2,500)				
8610.86	Dues, Subscriptions & Fees	(12,529)	(9,648)	(15,000)	(15,000)	(262)	(21,422)	142.81%
8610.87	Outside Trainings	380	(585)	(15,000)	(15,000)	(975)	(1,556)	10.37%
8610.88	Travel	(4,447)		(7,500)	(7,500)			0.00%
8610.89	Recruiting	(2,368)	(2,812)	(2,000)	(2,000)	(703)	(912)	45.58%
8610.90	Other Direct Expenses	(62,312)	(90,083)	(20,000)	(20,000)	(500)	(7,160)	35.80%
8610.95	Other Misc. Expenses	(4,844)						
	Non-Labor costs	(226,037)	(192,327)	(178,400)	(175,900)	(7,219)	(162,667)	91.18%
	Total Costs	(389,841)	(479,090)	(348,715)	(346,215)	(34,303)	(421,311)	120.82%
	Net	**1,083,785**	**1,026,980**	**951,285**	**953,785**	**(4,967)**	**828,844**	**87.13%**

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Investment & Reserves Report
30-Jun-22

Reserve Funds	Minimum Target	6/30/2021 Balance	2021/2022 Allocated	2021/2022 Interest	6/30/2022 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	1,250,000	-66,586	889,813	
Capital Improvement Fund	12,000,000	2,935,435	500,000	1,081	2,436,516	
Technology Reserve Fund	1,000,000	1,002,908	0	415	1,003,323	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	997	2,407,976	
Loan Reserve Fund	2,000,000	2,005,816	0	830	2,006,647	
Reserves & Contingencies	19,600,000	10,557,538	1,750,000	-63,263	8,744,275	0

CalTRUST	6/30/2022	2021 - 2022 Interest Earned
Valley Springs HWC - Operational Reserve Fund	889,813	-66,586
Capital Improvement Fund	2,436,516	1,081
Technology Reserve Fund	1,003,323	415
Lease & Contract Reserve Fund	2,407,976	997
Loan Reserve Fund	2,006,647	830
Total CalTRUST	**8,744,275**	**-63,263**
Five Star		
General Operating Fund	580,947	376
Money Market Account	871,126	1,557
Valley Springs - Checking	72,124	81
Valley Springs - Payroll	91,515	85
Total Five Star	**1,615,713**	**2,100**
Umpqua Bank		
Checking	129,410	0
Money Market Account	6,445	0.65
Investments	0	
Total Savings & CD's	**135,855**	**0.65**
Bank of Stockton	**202,712**	**26**
Total in interest earning accounts	**10,698,555**	**-61,137**
Beta Dividends 1&2		**5,417**
One Time Pay		**24**
Anthem Incentive		**100**
Total Without Unrealized Loss		**-55,596**

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

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Mark Twain Health Care District
Balance Sheet
As of June 30, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	146,173
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	202,712
1001.40 Five Star Bank - MTHCD Checking	504,722
1001.50 Five Star Bank - Money Market	871,126
1001.60 Five Star Bank - VSHWC Checking	72,124
1001.65 Five Star Bank - VSHWC Payroll	89,129
1001.90 US Bank - VSHWC	7,815
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**1,900,645**
Accounts Receivable	
1200 Accounts Receivable	20,343
Total Accounts Receivable	**20,343**
Other Current Assets	
1003.30 CalTRUST	8,744,275
115.05 Due from Calaveras County	22,453
1202.00 Prior Year Grant Revenue	0
1205.50 Allowance for Uncollectable Clinic Receivables	-256,308
130.30 Prepaid VSHWC	415
Total Other Current Assets	**8,510,835**
Total Current Assets	**10,431,824**
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	935,547
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-7,428,931
Total Fixed Assets	**7,746,093**
Other Assets	
1710.10 Minority Interest in MTMC - NEW	389,957
180.60 Capitalized Lease Negotiations	321,811

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180.65 Capitalized Costs Amortization	10,926
Total Intangible Assets	**332,736**
2219 Capital Lease	6,107,069
Total Other Assets	**6,829,762**
TOTAL ASSETS	**25,007,680**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	195,231
Total 200.00 Accts Payable & Accrued Expenes	**195,231**
2001 Other Accounts Payable	-15,088
Total 200.00 Accts Payable & Accrued Expenes	**-15,088**
2010.00 USDA Loan Accrued Interest Payable	91,034
2021 Accrued Payroll - Clinic	47,981
2022.00 Accrued Leave Liability	34,464
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	59,273
227 Deferred Revenue	116,371
Total Other Current Liabilities	**352,399**
Total Current Liabilities	**532,542**
Long-Term Liabilities	
2128.01 Deferred Capital Lease	815,162
2128.02 Deferred Utilities Reimbursement	1,483,358
2129 Other Third Party Reimbursement - Calaveras County	
2210 USDA Loan - VS Clinic	6,691,454
Total Long-Term Liabilities	**8,989,974**
Total Liabilities	**9,522,516**
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-3,584,968
Net Income	-1,298,655
Total Equity	**15,485,164**
TOTAL LIABILITIES AND EQUITY	**25,007,680**

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California State Treasurer's Office
Local Agency Investment Fund (LAIF)

New Regular Account

Date: 07-25-2022

Agency Legal Name: Mark Twain Health Care District

Attention (title only): Chief Executive Officer

Address: 768 Mountain Ranch Road
San Andreas, CA 95247

Telephone: (209) 754-4468 Fax: (209) 754-2537

Only the following individuals of this agency whose names appear in the table below are hereby authorized to order the deposit or withdrawal of funds in LAIF.

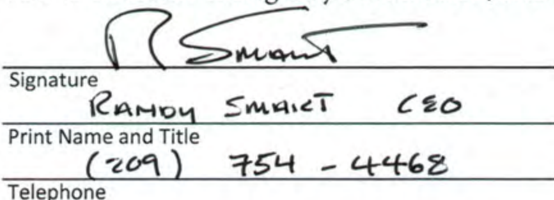
Name	Title
Randall Smart	CEO
Rick Wood	CFO

Banking Information

Bank Name, Branch Number, Address & Telephone	Account & ABA (Routing) Number*	LAIF Bank
Five Star Bank PO Box 779000 Rocklin, CA 95677 (916) 640-1512	Account #: 3508358 ABA #: 121143037	
	Account #: ABA #:	

***Subject to verification by the State Treasurer's Office. Please attach an original voided check or bank statement showing the full bank account number.**

Two authorized signatures required. Each of the undersigned certifies that he/she is authorized to execute this form under the agency's resolution, and that the information contained herein is true and correct.



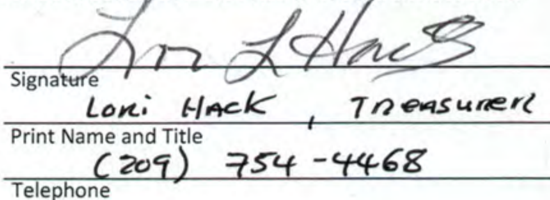
Signature

RANDY SMART CEO

Print Name and Title

(209) 754 - 4468

Telephone



Signature

LORI HACK, TREASURER

Print Name and Title

(209) 754 -4468

Telephone

Please provide email address to receive LAIF email notifications.

Name	Email
RANDY SMART	RWSMART@pacbell.NET

Mail completed form to: **State Treasurer's Office**
Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001

STO-LAIF-4010
Revised 06/2021

P O Box 95
San Andreas, CA 95249
(209) 754-4468

RESOLUTION 2022-16

AUTHORIZING INVESTMENT OF MONIES IN THE LOCAL AGENCY INVESTMENT FUND

WHEREAS, The Local Agency Investment Fund is established in the State Treasury under Government Code section 16429.1 et. seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Board of Directors hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided therein is in the best interests of the Mark Twain Health Care District;

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors hereby authorizes the deposit and withdrawal of Mark Twain Health Care District monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following Mark Twain Health Care District officers holding the title(s) specified hereinbelow **or their successors in office** are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Linda Reed, President **Attest: Debbra Sellick, Secretary**

____________________ (Sign) ____________________ (Sign)

Section 2. This resolution shall remain in full force and effect until rescinded by Board of Directors by resolution and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office.

PASSED AND ADOPTED, by the Board of Directors of the Mark Twain Health Care District, Calaveras County of State of California on August 24, 2022.

Note: Resolution must be adopted by the governing body. Please submit an original resolution or a certified copy of the resolution to LAIF. A certified copy is 1) a copy of the resolution affixed with the seal of the agency or 2) a copy of the resolution attested by the Board Secretary with his/her signature.

Revised February 8, 2013