



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

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

Agenda

Mark Twain Health Care District Mission Statement

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

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

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

- 5. Consent Agenda: 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 June 12, 2019
- Un-Approved Special Finance Committee Meeting Minutes for June 19, 2019
- Un-Approved Special Board Meeting Minutes for June 19, 2019.

This Institution is an Equal Opportunity Provider and Employer

Agenda – July 31, 2019 MTHCD Special Board Meeting

B. Correspondence:

- MTMC Foundation-Barger Golf Outing & 3-D Mammography Equip. Thanks (6-25-2019):

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):

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

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

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

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

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

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

- o Construction:.....Dr. Smart

- o Project Manager:.....Pat Van Lieshout

- o USDA Form 271 July 2019:.....Dr. Smart

- o Operations and Development:.....Dr. Smart

- o Medicare Contract: Public Comment:

- o **Resolution 2019 – 07** - Public Comment - **Action**

- **Update on Valley Springs Property - Phase II:**.....Ms. Reed / Ms. Al-Rafiq

F. Stay Vertical Calaveras:.....Steve Shetzline

7. Committee Reports:

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

- Financial Statements (June 2019): Public Comment - **Action**.....Ms. Atkinson

- o Local Agency Investment Fund (LAIF):Dr. Smart

- o **Resolution 2019 – 06** - Public Comment - **Action**

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Agenda – July 31, 2019 MTHCD Special Board Meeting

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

- Escrow Settlement Statement / Final Accounting – TrueUp.....Dr. Smart

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

D. Personnel Committee:

8. VS H&W Center – Draft Policies: Public Comment - **Action**Dr. Smart

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

1. DRAFT Policy Development and Review (Revised) 071719
2. DRAFT Fluoride Varnish for Pediatric Patients 070819
3. DRAFT Well Child Examinations
4. DRAFT Emergency Medications and Supplies 072419
5. DRAFT Annual Clinic Evaluation 072419
6. DRAFT Temperature - All Modalities 072419
7. DRAFT Disaster - Fire 072419
8. DRAFT Emergency Situation Unresponsive Patient 111918
9. DRAFT Instrument Cleaning for Sterilization 072419
10. DRAFT Annual Review of Contracts 072419
11. DRAFT Animal Bite Reporting 113018
12. DRAFT Billing Practices
13. DRAFT Cardiopulmonary Resuscitation-Code Blue 111918
14. DRAFT Child Abuse Reporting 113018
15. DRAFT Co-Signature of Mid-Level Practitioner Medical Records 113018
16. DRAFT Communicable Disease Reporting 113018
17. DRAFT Domestic Violence and Suspicious Injury 113018
18. DRAFT Lapses of Consciousness - DMV Reporting 112018
19. DRAFT LVN Scope of Practice
20. DRAFT Medical Director Direction of Practitioners in the Clinic 113018
21. DRAFT Medical Staff Credentialing and Governance 113018
22. DRAFT Billing Personnel - Organization
23. DRAFT Board Conflict of Interest 111218
24. DRAFT Cash Collection Policy
25. DRAFT Codes
26. DRAFT Disaster - Water Contamination 111918
27. DRAFT Employee Health
28. DRAFT Late Arriving Patients 042819
29. DRAFT Mass Casualty Response 111918
30. DRAFT Medical Records Security and Retention 112118
31. DRAFT Mission Statement 110918

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Agenda – July 31, 2019 MTHCD Special Board Meeting

32. DRAFT Narcotic Policy 113018
33. DRAFT Organization of Nursing Personnel
34. DRAFT Patient with Urgent Complaint or Distress 111918
35. DRAFT Sensitive Services 111218
36. DRAFT Standardized Procedure for Visual Acuity Testing 111118
37. DRAFT Motor Vehicle Accident Reporting 113018
38. DRAFT Operation During Internal Disaster 111918
39. DRAFT Patient Medical Record Content 113018
40. DRAFT Peer Review 113018
41. DRAFT Standardized Procedure for Urinalysis 111118
42. DRAFT Storage Handling and Delivery of Medications 113018

9. Board Comment and Request for Future Agenda Items:

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

10. Next Meeting:

A. The next meeting will be Wed. Aug 28, 2019:

11. Adjournment: Public Comment - **Action**

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Agenda – July 31, 2019 MTHCD Special Board Meeting



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Finance Committee Meeting
Wed. June 12, 2019
9:00am
Mark Twain Medical Center Education Center - Classroom 5
San Andreas, CA

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order:

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

2. Roll Call:

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

3. Approval of Agenda: Action

Amended - #8 Treasurer’s Report: Budget Cycle Planning & Input is a duplicate so was removed.

Public Comment: Hearing None.

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

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

Hearing none.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- **Finance Committee Meeting Minutes for May 8, 2019:**

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Minutes June 12, 2019 Finance Committee Meeting Board Approved

Public Comment: Hearing None

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

6. Chief Executive Officer's Report

- **USDA (SF 271) Outlay Report 5-31-2019:**

Dr. Smart: Explained summary tracking on Construction Cost which is on track; Explained Row 37 of the Out Lay report and the District's obligation to spend \$600K on furniture and IT with a total spent to date of \$137K; looking into purchasing a back-up generator for the clinic; signed and submitted loan draw to USDA.

- **Lease Closing - Update**

Dr. Smart; The new MTMC (30-year) Lease was closed on May 31st, 2019. The closing statement was handed out showing the final figures. The District will incur and pay all utilities for the next five (5) years.

- **Second Draft 2019-20 Budget: Action**

Dr. Smart: Explained the budget is a guide and may be a challenge due to no history; in the 1st quarter there will be no operation revenue so the budget needs to be based on 9 months of operations; budget salaries were discussed and the salary for the MD Family Practice is not competitive and needs to be raised; HR Manger title will be removed and HR duties will be handled (60%) by the contracted firm of Payroll People and (40%) by the Ex. Assist; account 7083.13 Group Health & Welfare Insurance needs to be changed to \$175K to be competitive; the acronym VSRHC will be changed to VSHWC.

Public Comment: Hearing None:

No Action was taken. The Budget will undergo corrections and be presented at a Special Finance Committee Meeting in the District Office on Wednesday, June 19, 2019 at 7:00am.

7. Accountant's Report: Action

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

Mr. Wood: Explained the District is on track with the budget; the Property Tax the District has received, \$37k, is more than budgeted; The Balance Sheet shows a strong cash position; the June financials will reflect the new MTMC (30-year) lease.

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

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

- **Update on Progress to Quick Books Conversion to OSHPD Formatting:**

Mr. Wood: Discussed how QuickBooks has entry limitations and is looking into upgrading the program
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and is also working on OSHPD programming.

- **Investment – Update:**

Mr. Wood: Handed out the Investments & Reserves Report; mentioned all investments are doing well; Cal Trust account earns 15 to 20 more base points; explained how Local Agency Investment Fund (LAIF) investing works and gave a recommendation to open an account.

Public Comment: Hearing None.

Ms. Hack moved to approve the May Financials including investments. Ms. Atkinson provided her second and the motion passed 2-0

9. Comments and Future Agenda Items:

Hearing None.

10. Next Meeting:

- The next meeting will be a Special Finance Committee meeting at the District Office on Wed. June 19, 2019.

11. Adjournment: Action

Ms. Hack moved to adjourn the meeting. Ms. Atkinson provided her second and the meeting was adjourned at 10:54am



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**Special Finance Committee Meeting
Wed. June 19, 2019 7:00am
Mark Twain Medical Center
Administration Room
768 Mt. Ranch Rd., San Andreas, CA**

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order:

The meeting was called to order by Treasurer, Susan Atkinson at 7:00am.

2. Roll Call:

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

3. Approval of Agenda: Action

Public Comment: Hearing None.

Ms. Radford moved to approve the Agenda. Ms. Hack provided her second. The motion passed 3-0.

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

Hearing none.

5. Chief Executive Officer's Report

- **Third Draft 2019-20 Budget:** Action

Dr. Smart: The Budget was changed as follows; from 12 months to 9 months to reflect the 9 months of operations; acronym corrected to read VSHWC; changed the Labor Budget for the MD Positions from \$197K to \$250K to be competitive; HR duties and Work Areas were corrected; Health Benefits were discussed; IT will be outsourced to 2 companies and there will be 6 insurance policies from various insurance companies.

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Minutes June 19, 2019 Special Meeting Finance Committee Meeting
Board Approved

Public Comment: Hearing None.

Ms. Radford moved to approve the Third Draft 2019-20 Budget. Ms. Hack provided her second and the motion passed 3-0.

6. Next Meeting:

- The next meeting will be July 10, 2019.

7. Adjournment: Action

Ms. Radford moved to adjourn the meeting. Ms. Hack provided her second and the meeting was adjourned at 7:23am



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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order:

The meeting was called to order by President, Lin Reed at 7:32am.

2. Roll Call:

Present for roll call was Lin Reed, MBA OTR/L; Ann Radford, FNP; Susan Atkinson, MSW; Debbie Sellick, CMP and Talibah Al-Rafiq.

3. Approval of Agenda: Action

Ms. Sellick moved to approve the agenda. Ms. Radford provided her second and the motion passed 5-0

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

Hearing None.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for May 8, 2019
- Un-Approved Board Meeting Minutes for May 31, 2019.

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B. Correspondence:

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

Dr. Smart: Mentioned it was a requirement (Health & Safety Code) to notify the Attorney General of the new 30-year lease.

Public Comment: Hearing None.

Ms. Al-Rafiq moved to approve the Consent Agenda. Ms. Atkinson provided her second and the motion passed 5-0.

6. MTHCD Reports:

A. President's Report:

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

Ms. Reed: ACHD has made adjustment to their budget putting them in a better financial position; Ken Cohen will be retiring effective Feb. 2020; the annual conference will be in La Jolla in Oct.

B. Corp. Board Report:

Ms. Reed: The Corp. Board has been officially retired after 30 years of service to the Community. The District will now receive reports from the MTMC Community Board by member, Ms. Al-Rafiq and the MTMC Board of Directors by member, Ms. Reed. The MTMC Board of Directors will keep the same schedule as the Corp. Board with a new start time.

Ms. Al-Rafiq: Wasn't present for the first Community Board meeting on June 7th. The next meeting will be Friday and officers will be selected.

C. Chief Executive Officer's Report:

Dr. Smart: Cheryl Duncan, Consultant will be on site two weeks in July to continue in the VS H&W operations and planning; effective July 1st the current employee's payment method will be switched to Payroll People which has a robust HR component.

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

Ms. Atkinson: Will provide staff with a VA contact in hopes of adding services for the veterans.

- **Community Outreach:**

Dr. Smart: Spoke to the SA Rotary and the VS Rotary and had an interview with Tori James of mymotherlode.com; contact staff if you'd like tickets for the June 22 Mentoring Boots & Bling fund raiser; Ms. Reed, Ms. Sellick and himself attended the MTMC Foundation golf event/dinner where the District presented a check to the Foundation for \$372k for their Breast Health Program.

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D. Ad Hoc Real Estate:

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

- **Construction:**

- **Project Manager:**

Mr. Van Lieshout: The water line and PG&E lines are in; taping the sheetrock then texturing will be next; at this point in the project you'll start to see considerations as decisions being made based on budget; the daily reports are showing construction hours at 13k man hours.

Dr. Smart: The project is 90 days to opening; an interested party contacted the District wanting to consider putting a pharmacy in the shelled space;

- **USDA Form 271: May 31, 2019:**

Dr. Smart: Noted activity has started (row 37) with the \$600k District contribution to purchase furniture and IT and expenditures will escalate as the project nears completion; the Ad Hoc Real Estate Committee is working on ideas to use the Contingency funds (row 29); Row 15 Architect/Engineer fees contract has expired so will pay them at time-and-materials.

Mr. Van Lieshout: Prefers the time-and-materials approach because it allows an approval process.

- **Operations and Development:**

Dr. Smart: It's been a challenge even with a recruiter to secure providers for the clinic; such issues are pay, location, and wanting to be employees which the District cannot do; excited about two doctors, one with a lot of experience in pediatrics and one general practice; contact staff for information to attend a meet-n-great on July 6 and 13 respectfully; as an RHC no license is required however a site review will be conducted on Sept. 18th by Anthem Blue Cross; contact staff to participate in the Grand Opening Committee set for Sept. 20th; the Clinic opening is set for Sept. 23.

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

Ms. Al-Rafiq: Will provide PACE contact information for invitation to VS H&W Grand Opening Event.

E. Stay Vertical Calaveras:

Mr. Shetzline: Stay Vertical Calaveras is in its second year and still growing; District website is current with upcoming classes and contact information; he'll provide data to the Board along with seeking grants to help fund the program instructor and venue costs; he'll contact MTMC clinics, PT and ER to encourage participation from those unaware of the outcome of falling; he'll prepare data for Ms. Sellick to take to ACHD conference in early Oct.

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Staff: Will provide SVC/District business cards to distribute to those asking about SVC, Silver Streak drivers and to those discharged at MTMC.

7. Committee Reports:

A. Finance Committee:

Ms. Atkinson: The Finance Committee met for their regular June session and again this morning regarding changes to the 2019-20 draft budget.

- **Financial Update:**

Mr. Wood: The District is 11 months into the budget year and all is on track minus the new lease; a true-up will take place as part of the 6-3-2019 closing; he is working with Rick Jackson, Auditor and Sue Cosgrove, consultant, on how to book the new lease amounts which will change the balance sheet.

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

Public Comment: Hearing none.

Ms. Al-Rafiq moved to approve the May Financials including the Investment Reserve Report. Ms. Radford provided her second and the motion passed 5-0.

- **Investment Activities:**

Mr. Wood. Upon receiving the proceeds from the New Lease, the District earned \$5.4k interest the first six hours invested.

- **New Budget (2019 - 2020):** Action

Dr. Smart: Reminded the Board a budget is a fluid document; he along with Mr. Wood, CPA, prepared the District portion of the budget; the VS H&W Center clinic portion of the budget was prepared by Kelly Hohenbrink, consultant, and himself with no prior history except Mr. Hohenbrink's institutional knowledge; some budget changes are as follows; (1) the clinic won't open until Sept. so the budget was changed from a 12-month to a 9-month budget (2) increasing the insurance line-item to cover additional policies including USDA from \$20,500 to \$30-35k (3) Mr. Shetzline requested additional funding for Stay Vertical Calaveras from \$46,500 to \$52k.

Ms. Atkinson and Ms. Radford: Concerns from the Finance Committee included; Mr. Shetzline was asking for additional funding at the end of the 3-month budget process in addition to receiving a Community Health Grant in May

Ms. Al-Rafiq moved to approve the SVC increase to \$52k. Ms. Sellick provided her second because she'd like to see a class started in West Point. The motion passed 3-2 without support from the Finance Committee.

Public Comment: Hearing None.

Ms. Atkinson moved to approve the 2019-20 budget with the following changes;

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Increase District insurance 8610.82 to \$35,000.
Increase SVC 8890.00 to \$52,000.
Add Descriptive detail to 8610.69 and 8610.90. Add a separate line item for IT in the Clinic.
Provide a budget narrative that includes the assumptions.

Ms. Radford provided her second and the motion passed 5-0.

B. Ad Hoc Lease Review Committee:

• **Escrow Statement:**

Dr. Smart: Referenced (pkt. pg. 40) as the First American Title Insurance Company Escrow Statement summarizing the May 31, 2019 closing of the 30-year MTMC Lease.

• **Final Accounting:**

Dr. Smart: The May 31st closing was based on the April closing. Mr. Krieg is working on the true-up.

C. Ad Hoc Policy Committee:

Ms. Atkinson: The Policy Committee didn't meet this month however all, but two District policies have been reviewed this year and will be done annually.

D. Personnel Committee:

• **Pensions & Health Benefits:**

Dr. Smart: The Board is being asked to review and approve the 401(k) plan for District employees. Reference is made in Resolution 2019-05 to Exhibits A, B, C, and D which would fill a binder and is not included in the Board pkt. The full document is available for review at the District office. The District plans to match a portion of the employee contribution. The match will be determined and awarded after one full budget cycle.

○ **Resolution 2019-05 – Retirement: Action**

Public Comment: Hearing None.

Ms. Radford moved to approve **Resolution 2019-05** with the first sentence changed to read “the Mark Twain Health Care District 401(k) Plan (the Plan)”. Ms. Atkinson provided her second and the motion passed 5-0.

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

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

- 1. Draft Medication Administration
- 2. Draft Withdrawal of Care 111218

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Amended: (pkt. pg. 46) item 11. Last line: Strike “at the” to readfrom care utilizing this policy.

- **3. Draft Vaccine Administration 111218**

Amended: (pkt. pg. 48) item 8. Replace “Patient” with “Parent/Guardian”

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

Public Comment: Hearing None.

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

9. Board Comment and Request for Future Agenda Items:

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

Dr. Smart: Has noticed a positive change in the new MTMC leadership and has been meeting often with Doug Archer, CEO.

Ms. Reed: MTMC is in the process of reorganizing after Dr. Smith, CMO left.

10. Next Meeting:

A. The next meeting will not be Wed. July 24, 2019:

Ms. Reed: With planned vacations in July it was decided to change the meeting to July 31, 2019.

11. Adjournment: Action

Public Comment: Hearing None.

Ms. Radford moved to adjourn the meeting at 9:44am. Ms. Sellick provided her second and the motion passed 5-0.

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June 25, 2019

Mark Twain Health Care District
768 Mountain Ranch Road
San Andreas, CA 95249

Dear Dr. Smart:

On behalf of The Barger Golf Outing Committee and everyone at Mark Twain Medical Center, I would like to sincerely thank you for being a supporter of the Foundation's tournament on June 3rd as a \$2500 - Gold Sponsor. Thanks to your support the Foundation was able to raise more than \$78,000 for Women's Health. The proceeds, combined with the generous gift from the Mark Twain Health Care District, are purchasing 3-D Mammography for the community! — Awesome!! 😊

The 3D Mammography (Digital Breast Tomosynthesis) is a revolutionary diagnostic imaging tool that can detect 20-30% more breast cancers compared to our current technology. The technology has been ordered! Once delivered and installation is completed, we will apply for state inspection and licensing. It is anticipated our first 3D Mammography patient will be seen in early Fall.

Without your generous support, The Barger Golf Outing would not have been as successful. Thank you so much for all that you did throughout the entire event. I greatly appreciate your act of kindness – I promise the proceeds will make a difference to so many in our community!

Thank you so much for helping the Foundation succeed!

Sincerely,



Julie Eckardt-Cantrall
Chief Philanthropy Officer

*Mark Twain Medical Center Foundation is a 501(c)3. Our Tax ID is 68-0023507.
Your donation may be tax deductible, please consult your tax preparer.*



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate July 2019

In This Edition:

- From the Desk of Ken Cohen, Chief Executive Officer
- Legislative Update
- Upcoming Events
- Don't Forget to Submit Your Nomination for CEO, District and Trustee of the Year!



From the Desk of Ken Cohen, Chief Executive Officer

Last month, the ACHD Team had the pleasure of visiting Beach Cities Health District where they explored the District's innovative approach to addressing all areas of community health. The Team was able to visit the District's Center for Health and Fitness and Adventure Plex and ended the day at one of the District's first "Blue Zones" certified restaurants. Thank you to Jacqueline Sun and Tom Bakaly for the thorough tour. We look forward to seeing your exciting future plans unfold!

To learn more about Beach Cities Health District's "Blue Zones" program, view our past webinar featuring the District's Tom Bakaly and Blue Zone's Ben Leedle [here](#).



In the coming months, the ACHD team will visit more Members to highlight the innovative services that respond to local community needs.

I am grateful for our Districts' dedication to our Association and more importantly for the work you do to improve the health and wellness of your communities. As our Member Districts continue to drive change and help advance ACHD's advocacy goals, please note that July 31st marks the initial deadline to pay annual dues. If you are interested in becoming a Member of ACHD, [click here](#) to download our Membership Brochure and learn how ACHD Membership can help you deliver the best possible health services to your community.

Finally, I would like to recognize Eden Health District for undergoing Re-Certification and renewing their standing as a Certified Healthcare District! Congratulations to the Eden Health Team! Be sure to [learn more about the Certified Healthcare District program](#) and the value it can add for your District in ensuring you maintain the highest levels of transparency and accountability.

Legislative Update

Today is the beginning of summer recess for the Legislature. Legislators return to their Districts during this break, and we encourage you to utilize this time to meet with them and their staff. They will reconvene on August 12, 2019.

2019-20 Budget:

June 27th marked Governor Newsom's first signature on a balanced California State Budget. The budget consists of \$214.8 billion total, of which \$147.8 billion comes from the General Fund. The budget makes significant investments in health care including expanding Medi-Cal coverage to undocumented young adults, and increased subsidies for Covered California health insurance premiums.

[AB 1486 \(Ting\):](#)

Assembly Bill 1486 (Ting) continues to be priority legislation for ACHD. Lead advocate Amber King recently testified on the bill, reiterating concerns specific to Healthcare Districts:



ACHD is particularly concerned with the portions of the bill which would define sales of District land to private businesses for health care purpose as surplus land and thus subject it to the Surplus Land Act. AB 1486 passed out of the Senate Housing Committee (8-3) and will be heard next in Senate Appropriations Committee. ACHD will continue to seek amendments to address our concerns as the bill continues to move.

SB 227 (Leyva):

With significant amendments taken in the Assembly Health Committee, SB 227 passed out of the Appropriations Committee and will next be heard on the Assembly floor. The penalties in the bill have been substantially reduced from \$30,000 to \$15,000 for the first violation and \$60,000 to \$30,000 for the second. Additionally, violations occurring more than three years after the date of the last violation shall be treated as a first violation, this having been amended down from six years. Lastly, the amendments address several cases where the hospital shall not be subject to administrative penalty, including when staffing changes are unforeseeable and uncontrollable, and when prompt efforts were made to maintain required staffing levels. ACHD will continue to engage on this bill, as it undermines the current authority of the Department of Public Health to regulate hospital nurse-to-patient ratios.

You can view ACHD's current Legislative Reports [here](#) and view committee hearings and floor sessions on [CalChannel](#).

Upcoming Events

July Webinar: Using Technology to Close the Gap Between Service Providers and the Community

Join us for our [July webinar](#) to learn how the Desert Healthcare District is using an innovative and responsive online resource platform to connect people in need with beneficial programs in their community.

[Register Here](#)



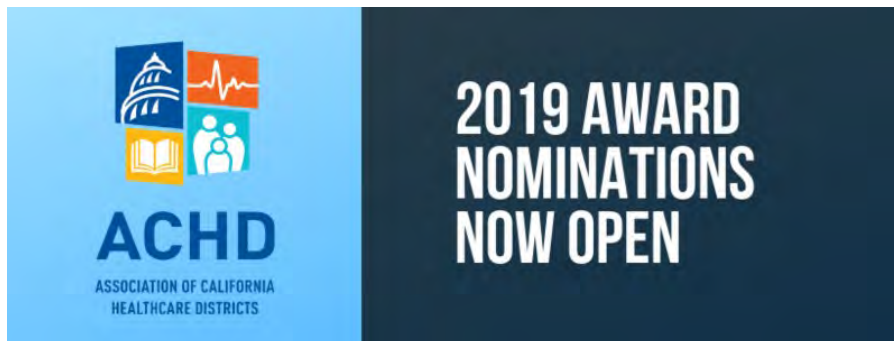
SHAPING HEALTHY FUTURES

ANNUAL MEETING
OCTOBER 9-11, 2019 | LA JOLLA

ACHD's 67th Annual Meeting: Shaping Health Futures

Have you registered for [ACHD's 67th Annual Meeting: Shaping Health Futures](#)? Make sure you join us in La Jolla so you don't miss out on hearing from subject matter experts, networking with colleagues and sharing best practices that will help prepare your District for the future landscape of health care.

[Register Here](#)



Don't Forget to Submit Your Nomination for CEO, District and Trustee of the Year!

ACHD's Education Committee is now soliciting award nominations to recognize the hard work of Healthcare Districts, CEOs and Trustees on behalf of their communities. [Nominate your District, CEO and Trustee Today!](#)

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


Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



Mark Twain Health Care District Strategic Matrix 2018

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

	A	B	C	D	E	F	G	H	I	
1	OUT LAY REPORT AND REQUEST FOR REIMBURSEMENT									
2	Draw Request Number:	Mark Twain Health Care District			Construction of New Health Clinic					
3		768 Mountain Ranch Road, San Andreas, CA 95249			Payment Requested					
4	#11	Initial Budget	Current Budget	Previous Paid to Date	#11	Paid to Date		Balance Remaining	%	
5	<i>Misc. Soft Costs</i>									
6	Administrative/Legal	530,075.00	530,075.00	538,475.14	146.18	538,621.32		(8,546.32)	-1.61%	
7	Financing/Cost of issuance	325,000.00	275,000.00	233,124.25		233,124.25		41,875.75	15.23%	
8	Land Acquisition	890,000.00	890,000.00	890,000.00		890,000.00		-	0.00%	
9	Furniture Fixtures/Equipment	350,000.00	350,000.00	-		-		350,000.00	100.00%	
10	Structured cabling/IT	250,000.00	250,000.00	-		-		250,000.00	100.00%	
11				-		-				
12				-		-				
13				-		-				
14	Architectural design/other architectural			-		-				
15	Architect/Engineer fees	433,600.00	480,665.00	470,965.56	1,219.25	472,184.81		8,480.19	1.76%	
16	Other architectural and engineering fees			-		-				
17				-		-				
18	3rd party project management	157,725.00	269,820.00	240,037.72	12,383.84	252,421.56		17,398.44	6.45%	
19	Monument sign		30,000.00	12,748.69		12,748.69		17,251.31	57.50%	
20	<i>Construction w/ sales tax</i>									
21				-		-				
22				-		-				
23				-		-				
24				-		-				
25	Construction Contract	3,587,575.00	5,555,000.00	1,621,574.11	373,548.39	1,995,122.50		3,559,877.50	64.08%	
26				-		-				
27	sidewalks	25,000.00				-				
28				-		-				
29	Contingency	713,837.00	634,895.00	9,898.00		9,898.00		624,997.00	98.44%	
30										
31	Contingency as a Percent of Total	20.00%	11.00%							
32	Total	7,262,812.00	9,265,455.00	4,016,823.47	387,297.66	4,404,121.13		4,861,333.87	52.47%	
33										
34	PROJECT FUNDING BREAKDOWN									
35										
36	Mark Twain Health Care District (applicant)	1,062,812.00	1,205,455.00	1,205,455.00		1,205,455.00		-	0.00%	
37	Mark Twain Health Care District (applicant)	600,000.00	600,000.00	136,735.22	198,492.68	335,227.90		264,772.10	44.13%	
38	USDA Loan, Series A	5,600,000.00	6,782,000.00	3,812,783.74	387,297.66	4,200,081.40		2,581,918.60	38.07%	
39	USDA Subsequent Loan, Series B		678,000.00	34,000.00		34,000.00		644,000.00	94.99%	
40										
41	Total	7,262,812.00	9,265,455.00	5,188,973.96	585,790.34	5,774,764.30		3,490,690.70	37.67%	
42										
43	FUNDS - DIFFERENCE									
44	Date of Outlay Report	5/31/2019								
45	APPROVAL AND SIGNATURE SECTION									
46	OWNER'S APPROVAL:									
47										
48										
49	Executive Director or Board President	DATE		OWNER CERTIFICATION: I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.						
50										
51	ENGINEER/ARCHITECT APPROVAL:									
52										
53										
54	Architect	DATE		Invoices will be approved by the borrower and their engineer, as appropriate, and submitted to the processing office for concurrence. The review and acceptance of project costs, including construction pay estimates, by USDA Rural Development does not attest to the correctness of the amounts, the quantities shown or that the work has been performed under the terms of the agreements or contracts.						
55										
56	USDA RURAL DEVELOPMENT									
57	CONCURRENCE:									
58										
59										
60	Tonja Galentine	DATE								
61										

BEFORE THE BOARD OF DIRECTORS
OF THE
MARK TWAIN HEALTH CARE DISTRICT
COUNTY OF CALAVERAS
STATE OF CALIFORNIA

RESOLUTION AUTHORIZING THE)
DISTRICT CHIEF EXECUTIVE OFFICER)
TO OPEN RURAL HEALTH CLINICS)

RESOLUTION NO. 2019 -07

WHEREAS, the Mark Twain Health Care District, is a hospital district organized pursuant of California Health and Safety Code Section 32000 et seq.; and

WHEREAS, the Board of Directors of the Mark Twain Health Care District find that it is in the best interests of the District to operate one or more Rural Health Clinics;

NOW THEREFORE, BE IT RESOLVED, that the Mark Twain Health Care District Board of Directors authorizes the District Administrator to open Rural Health Clinics on behalf of the District within the District’s catchment area and after appropriate due diligence has been performed.

The foregoing Resolution was approved by the Board of Directors for the Mark Twain Health Care District Board of Directors on July 31, 2019, by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Lin Reed, President
Mark Twain Health Care District

ATTEST: _____
Ann Radford, Secretary
Mark Twain Health Care District



MARK TWAIN HEALTH CARE DISTRICT

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

Agenda Item: Financial Reports (as of June, 2019)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The June 30, 2019 PRELIMINARY financial statements are attached. This presentation provides a comparison against the three previously completed years, the previous month, and a Year-to-Date comparison to the 2018/2019 budget.

- The transaction between Dignity Health and the District has been booked, but we still have some work to do on the Balance Sheet to get prepared to close the June 30, 2019 books.
- The “Minority Interest” for June 2019 has been booked at the new 1%.
- We have booked a “True-up” number to record actual property tax received versus the budgeted amount and added an additional \$37,810.
- District expenses tracked well compared to Budget.
- QuickBooks has been upgraded to accommodate a much larger chart-of-accounts, as required by the newly adopted budget. Rosanna has begun to build the new accounts, and we will be switching over for the July reports.
- The Balance Sheet shows a strong cash position (adding \$13 million didn't hurt 😊), and also shows the expected growing debt related to the new clinic.
- The Investment & Reserves Report is taking shape, and will become a very handy report once the Reserves are funded.

DRAFT

Mark Twain Health Care District Profit & Loss Through June 30, 2019

Revenues	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 30-Jun	Year-to-date 2018/2019	Budget 2018/2019	Actual vs Budget
District Taxes	905,711	935,421	999,443	120,110	1,029,810	992,000	103.81%
Rental Revenue	319,089	319,039	313,039	19,206	288,458	728,633	39.59%
Land Rental Revenue	5,777	5,777	5,296	481	5,777	5,777	100.00%
MOB Rental Revenue	214,814	217,159	219,794	18,737	208,645	227,181	91.84%
Lease Interest Income	3,698	1,982	2,428	91,436	91,436	397,712	22.99%
Gain on Sale of Fixed Assets				658,325	658,325		
Intrest and Other Income	2,696	4,423	5,045	33,107	62,021	120,000	51.68%
Total Revenue	1,451,785	1,483,801	1,545,045	941,403	2,344,473	2,471,303	94.87%
Expenses	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 30-Jun	Year-to-date 2018/2019	Budget 2018/2019	Actual vs Budget
Salaries, wages				35,087	237,611	220,000	108.01%
Payroll Expense	33,587	68,794	235,531	2,739	13,420	16,184	82.92%
Benefits			663	0	513	5,300	9.68%
Insurance	14,889	16,578	17,043	1,645	19,157	20,000	95.78%
Legal Fees	44,309	15,195	20,179	0	12,902	60,000	21.50%
Audit	10,790	13,945	18,090		13,635	11,500	118.57%
Operational Consulting	262,634	392,908	332,287		22,969	60,000	38.28%
Accounting Services	805	1,304	1,141	2,113	57,190	70,000	81.70%
Community Education & Marketing	11,949	10,895	5,488	0	15,898	20,000	79.49%
Medical office rent	215,243	220,659	226,237	19,332	231,983	233,024	99.55%
Depreciation and amortization	85,769	35,556	26,582	2,955	25,295	36,045	70.18%
Valley Springs Rental		11,198	57,593	0	2,444	5,000	48.88%
Board Stipends				500	3,900	6,000	65.00%
Dues & Subscriptions	12,343	12,554	14,731	0	12,365	19,000	65.08%
Outside Training/Conferences	2,906	1,920	3,030	141	10,262	15,000	68.41%
Travel, Meals & Lodging	7,983	6,758	17,363	600	8,213	15,000	54.75%
Office Supplies & Expense	1,365	4,310	19,685	5,994	21,049	30,000	70.16%
Other Misc Expenses	10,958	65,595	28,745	595	4,008	5,000	80.16%
Utilities	559,265	387,974	0	14,408	26,985	675,000	4.00%
Grants & Sponsorships	154,969	74,159	47,413	3,000	154,283	635,000	24.30%
Valley Springs Clinic				15,954	86,916	50,000	173.83%
Debt Service				0	21,608	88,772	24.34%
Total Expenses	1,429,764	1,340,302	1,071,801	105,062	1,002,606	2,295,825	43.67%
Excess of revenues over expenses	22,021	143,499	473,244	836,341	1,341,867	175,478	764.69%

Valley Spring Clinic Expenses

Marketing	248	1,537
Office Supplies & Expenses	655	3,509
OP Consultant	1,755	29,954
IT/EMR	0	3,675
Physician/Provider Recruiting	13,156	43,156
Admin.	140	4,906
Lab	0	180
Total - Valley Springs Clinic Expenses	15,954	86,916

Mark Twain Healthcare District

BALANCE SHEET

As of June 30, 2019

	TOTAL	
	AS OF JUN 30, 2019	AS OF JUN 30, 2018 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	57,991.60	383,808.53
100.40 Money Market - Umpqua	144,885.56	771,257.02
100.50 Stockton Bank of	421,225.29	100.00
100.60 Five Star Bank	140,609.96	
100.70 Five Star Bank - MMA	4,726,701.44	
100.80 Five Star Bank - Valley Springs Health & WC Checking	16,346.06	
Total Bank Accounts	\$5,507,759.91	\$1,155,165.55
Accounts Receivable		
1200 Accounts Receivable	31,225.52	109,294.15
Total Accounts Receivable	\$31,225.52	\$109,294.15
Other Current Assets		
101.00 Umpqua Investments	495,897.92	710,297.78
103.00 CalTRUST	10,262,626.47	
115.05 Due From Calaveras County	0.00	60,553.74
115.20 Accrued Lease Revenue	11,994.27	0.00
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	0.00	15,394.61
130.40 Prepaid Valley Springs Clinic	349,180.95	
Total 130.00 Prepaid Expenses	349,180.95	15,394.61
Total Other Current Assets	\$11,119,699.61	\$786,246.13
Total Current Assets	\$16,658,685.04	\$2,050,705.83
Fixed Assets		
150.00 Land and Land Improvements	0.00	0.00
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements	0.00	0.00
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP	2,802,684.27	
152.1 CIP Consulting Services	4,646.25	
152.10 Fixed Equipment	698,156.25	698,156.25
152.92 CIP - VS Clinic Land Costs	1,180,331.92	601,421.64
160.00 Accumulated Depreciation	-5,342,143.00	-5,318,899.00
Total Fixed Assets	\$5,251,968.78	\$1,888,971.98
Other Assets		

	TOTAL	
	AS OF JUN 30, 2019	AS OF JUN 30, 2018 (PY)
170.00 Minority Interest in MTMC	261,340.66	14,840,434.00
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLLF	-28,081.11	-26,030.11
180.60 Capitalized Lease Negotiations	426,410.67	341,143.21
Total 180.30 Intangible Assets	426,410.67	343,194.21
2219 Capital Lease	6,798,064.31	
Total Other Assets	\$7,485,815.64	\$15,183,628.21
TOTAL ASSETS	\$29,396,469.46	\$19,123,306.02
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	55,867.17	12,685.00
Total Accounts Payable	\$55,867.17	\$12,685.00
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenses		
200.10 Other Accounts Payable	17,991.97	65,651.09
200.30 Accrued Professional Fees	0.00	16,983.86
200.40 Accrued Utilities	38,218.30	53,189.81
Total 200.00 Accts Payable & Accrued Expenses	56,210.27	135,824.76
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	1,000.00
220.10 Due to MTMC - Rental Clearing	0.00	47,458.14
226 Deferred Rental Revenue	38,393.35	38,464.65
24000 Payroll Liabilities	5,892.81	0.00
Total Other Current Liabilities	\$103,771.43	\$225,022.55
Total Current Liabilities	\$159,638.60	\$237,707.55
Long-Term Liabilities		
2128.01 Deferred Capital Lease	2,094,889.41	
2128.02 Deferred Utilities Reimbursement	3,805,110.59	
250.00 Notes Payable - Long Term		
250.10 USDA Loan - VS Clinic	3,846,783.74	0.00
Total 250.00 Notes Payable - Long Term	3,846,783.74	0.00
Total Long-Term Liabilities	\$9,746,783.74	\$0.00
Total Liabilities	\$9,906,422.34	\$237,707.55
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTMC	19,720,638.00	19,717,119.00
3000 Opening Bal Equity	0.03	0.03
3900 Retained Earnings	-1,479,669.97	-1,370,069.30
Net Income	600,929.65	-109,600.67

	TOTAL	
	AS OF JUN 30, 2019	AS OF JUN 30, 2018 (PY)
Total Equity	\$19,490,047.12	\$18,885,598.47
TOTAL LIABILITIES AND EQUITY	\$29,396,469.46	\$19,123,306.02

**Investment & Reserves Report
30-Jun-19**

Reserve Funds	Minimum Target	12/31/2018 Balance	2019 Allocated	2019 Interest	6/30/2019 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	0	0	0	0	0
Capital Improvement Fund	12,000,000	0	0	0	0	0
Technology Reserve Fund	1,000,000	0	0	0	0	0
Lease & Contract Reserve Fund	3,000,000	0	0	0	0	0
Loan Reserve Fund	1,300,000	0	0	0	0	0
Reserves & Contingencies	19,500,000	0	0	0	0	0

CalTRUST	6/30/2019	2019 Interest Earned	Annualized Rates	Duration
Valley Springs HWC - Operational Reserve Fund	0	0		
Capital Improvement Fund	0	0		
Technology Reserve Fund	0	0		
Lease & Contract Reserve Fund	0	0		
Loan Reserve Fund	0	0		
Total CalTRUST	10,262,626	12,626	2.54% - 2.73%	1 Year or Less
Five Star				
General Operating Fund	140,610	220.73		
Money Market Account	4,583,898	28,890.44		
Valley Springs - Checking	16,346	21.06		
Total Five Star	4,740,855	29,132.23	2.44%	1 Year or Less
Umpqua Bank				
Checking	96,537	0.00		
Money Market Account	144,886	320.68		
Investments	495,898	18,137.00	1.60%	
Total Savings & CD's	737,320	18,457.68		
Bank of Stockton	421,225	0	0.00%	1 Year or Less
Total in interest earning accounts	16,162,027	60,216		
Potential Unrealized Loss		0		
Total Without Unrealized Loss		60,216		

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

Mark Twain Healthcare District

JOURNAL

June 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
06/01/2019	Journal Entry	11475		Record sale/lease of Minority Interest	227	227 Deferred Revenue	\$14,500,000.00	
				Record sale/lease of Minority Interest	170.00	170.00 Minority Interest in MTMC		\$13,841,675.00
				Record sale/lease of Minority Interest	570.30	570.30 570.30 - Gain on Sale of Fixed Assets		\$658,325.00
				Record sale/lease of Minority Interest	740.85	740.85 Miscellaneous:Bank Fees and Charges	\$561.00	
				Record sale/lease of Minority Interest	227	227 Deferred Revenue		\$561.00
				Record sale/lease of Minority Interest	227	227 Deferred Revenue		\$6,806,628.00
				Record sale/lease of Minority Interest	2219	2219 Capital Lease	\$6,806,628.00	
				Record sale/lease of Minority Interest	227	227 Deferred Revenue	\$6,000,000.00	
				Record sale/lease of Minority Interest	2128.01	2128.01 Deferred Capital Lease		\$2,130,396.00
				Record sale/lease of Minority Interest	2128.02	2128.02 Deferred Utilities Reimbursement		\$3,869,604.00
				Record sale/lease of Minority Interest	1200	1200 Accounts Receivable	\$142,803.00	
				Record sale/lease of Minority Interest	227	227 Deferred Revenue		\$142,803.00
							\$27,449,992.00	\$27,449,992.00
06/18/2019	Journal Entry	11468		Loan Draw #10	100.50	100.50 Stockton Bank of	\$480,748.61	
				Loan Draw #10	250.10	250.10 Notes Payable - Long Term:USDA Loan - VS Clinic		\$480,748.61
							\$480,748.61	\$480,748.61
06/30/2019	Journal Entry	11470		June 2019 Rent - Resource Connection	550.10	550.10 Rental Revenue		\$750.00
				June 2019 Rent - Resource Connection	100.30	100.30 Umpqua Bank Checking	\$750.00	
				Refund payment District Made to CCWD in 01/29/19 Ck# 15166	730.79	730.79 Utilities:Water/Sewer		\$124.19
				Refund payment District Made to CCWD in 01/29/19 Ck# 15166	100.30	100.30 Umpqua Bank Checking	\$124.19	
							\$874.19	\$874.19
06/30/2019	Journal Entry	11471		June 2019 Rental pymt from DH/MTMC	100.30	100.30 Umpqua Bank Checking	\$3,351.15	
				June 2019 Rental pymt from DH/MTMC	550.30	550.30 MOB Rental Revenue		\$3,351.15
							\$3,351.15	\$3,351.15
06/30/2019	Journal Entry	11472		MTMC - First American Title Refund for Title Overages in Recording	100.70	100.70 Five Star Bank - MMA	\$189.00	
				MTMC - First American Title Refund for Title Overages in Recording	227	227 Deferred Revenue		\$189.00
							\$189.00	\$189.00
06/30/2019	Journal Entry	11473		Payroll Tax Expense	66000	66000 Payroll Expenses	\$907.95	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$11,604.60	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,640.70
				Net Pay	100.60	100.60 Five Star Bank		\$7,877.10
				EDD Payroll tax payment	24000	24000 Payroll Liabilities	\$889.18	

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				Net Pay	100.60	100.60 Five Star Bank		\$889.18
				IRS Fed Payroll tax payment	24000	24000 Payroll Liabilities	\$3,751.52	
				Net Pay	100.60	100.60 Five Star Bank		\$3,751.52
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$941.23	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$12,061.85	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,861.96
				Net Pay	100.60	100.60 Five Star Bank		\$8,146.37
				EDD Payroll tax payment	24000	24000 Payroll Liabilities	\$933.52	
				Net Pay	100.60	100.60 Five Star Bank		\$933.52
				IRS Fed Payroll tax payment	24000	24000 Payroll Liabilities	\$3,928.44	
				IRS Fed Payroll tax payment	100.60	100.60 Five Star Bank		\$3,928.44
							\$35,028.79	\$35,028.79
06/30/2019	Journal Entry	11474		June 2019 Rental DH/MTMC	550.30	550.30 MOB Rental Revenue		\$11,994.27
				June 2019 Rental DH/MTMC	115.20	115.20 Accrued Lease Revenue	\$11,994.27	
							\$11,994.27	\$11,994.27
06/30/2019	Journal Entry	11476		June 2019 Capital Lease Payment	2128.01	2128.01 Deferred Capital Lease	\$35,506.59	
				June 2019 Capital Lease Payment	9260.01	9260.01 Deferred Lease Income		\$26,942.90
				June 2019 Capital Lease Payment	2219	2219 Capital Lease		\$8,563.69
				June 2019 Capital Lease Payment	2128.02	2128.02 Deferred Utilities Reimbursement	\$64,493.41	
				June 2019 Capital Lease Payment	9260.01	9260.01 Deferred Lease Income		\$64,493.41
							\$100,000.00	\$100,000.00
06/30/2019	Journal Entry	11477		Record Lease True-up	100.70	100.70 Five Star Bank - MMA	\$142,803.00	
				Record Lease True-up	1200	1200 Accounts Receivable		\$142,803.00
							\$142,803.00	\$142,803.00
06/30/2019	Journal Entry	11478		June 2019 Minority Interest in MTMC OPS 1%	750.03	750.03 Minority Interest MTSJ Ops	\$5,059.76	
				June 2019 Minority Interest in MTMC Investment 1%	750.04	750.04 Minority Interest MTSJ Invest		\$845.42
				June 2019 Minority Interest in MTMC	170.00	170.00 Minority Interest in MTMC		\$4,214.34
							\$5,059.76	\$5,059.76
06/30/2019	Journal Entry	11480		True-Up Property Tax Revenue from Calaveras County	115.05	115.05 Due From Calaveras County	\$120,110.34	
				True-Up Property Tax Revenue from Calaveras County	560.10	560.10 District Tax Revenue		\$120,110.34
							\$120,110.34	\$120,110.34
06/30/2019	Journal Entry	11481			220.10	220.10 Due to MTMC - Rental Clearing	\$18,455.87	
					550.10	550.10 Rental Revenue		\$18,455.87
				Depreciate 1 month	735.72	735.72 Depreciation & Amortization:D & A - Buildings	\$1,938.00	
				Depreciate 1 month	160.00	160.00 Accumulated Depreciation		\$1,938.00
				Amortize 1 mo	710.81	710.81 Insurance:Insurance - D & O	\$1,644.61	
				Amortize 1 mo	130.20	130.20 Prepaid Expenses:Prepaid Malpractice		\$1,644.61
				Amortize 1 mo	735.75	735.75 Depreciation & Amortization:Amortization of Intangible	\$1,017.00	
				Amortize 1 mo	180.55	180.55 Intangible Assets:Accumulated Amortization-LLLF		\$1,017.00
							\$23,055.48	\$23,055.48
06/30/2019	Journal Entry	11482		Correct USDA Draw #4 deposit	100.50	100.50 Stockton Bank of	\$303,884.26	
				Correct USDA Draw #4 deposit	250.10	250.10 Notes Payable - Long Term:USDA Loan - VS Clinic		\$303,884.26
							\$303,884.26	\$303,884.26

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
06/30/2019	Journal Entry	11483		Payroll Tax Expense	66000	66000 Payroll Expenses	\$873.69	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$11,420.69	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,540.31
				Accrual Net Pay	200.10	200.10 Accts Payable & Accrued Expenes:Other Accounts Payable		\$7,759.32
				EDD Payroll tax payment	24000	24000 Payroll Liabilities	\$853.93	
				Accrual Net Pay	200.10	200.10 Accts Payable & Accrued Expenes:Other Accounts Payable		\$853.93
				IRS Fed Payroll tax payment	24000	24000 Payroll Liabilities	\$3,686.38	
				Accrual Net Pay	200.10	200.10 Accts Payable & Accrued Expenes:Other Accounts Payable		\$3,686.38
							\$16,839.94	\$16,839.94
TOTAL							\$28,693,930.79	\$28,693,930.79

Mark Twain Healthcare District

BILL PAYMENT LIST

June 2019

DATE	NUM	VENDOR	AMOUNT
100.50 Stockton Bank of			
06/19/2019	1010	Diede Construction, Inc.	-447,702.09
Total for 100.50 Stockton Bank of			\$ -447,702.09
100.60 Five Star Bank			
06/06/2019	15420	Cheryl Duncan Consulting	-4,497.52
06/06/2019	15421	Outlet Tek	-160.50
06/06/2019	15422	PG&E 46578486352 VS Clinic # 10	-169.86
06/06/2019	15423	PG&E 46995152991 VS Clinic # 9	-250.27
06/06/2019	15424	Signal Service, Inc.	-1,207.36
06/06/2019	15425	California Special District Assn	-1,532.76
06/06/2019	15426	Condor Earth Technologies, Inc.	-1,011.50
06/06/2019	15427	Talibah Al-Rafiq	-100.00
06/06/2019	15428	Arnaudo Bros., L.P.	-19,331.89
06/06/2019	15429	Calaveras Telephone	-466.02
06/06/2019	15430	Helen Foraker Advertising	-247.50
06/06/2019	15431	Your Type Graphic Design	-687.48
06/06/2019	15432	Streamline	-200.00
06/06/2019	15433	Susan Atkinson	-100.00
06/06/2019	15434	Ann Radford	-100.00
06/06/2019	15435	Debbie Sellick	-100.00
06/06/2019	15436	Lin Reed	-100.00
06/06/2019	15437	Debbie Sellick	-38.28
06/06/2019	15438	Lin Reed	-364.24
06/12/2019	ACH 7	Umpqua Bank Credit Card	-749.32
06/13/2019	15439	J.S. West	-94.15
06/13/2019	15440	Your Type Graphic Design	-1,167.39
06/13/2019	15441	Condor Earth Technologies, Inc.	-1,811.25
06/13/2019	15442	PG&E 74021406306 SAFMC	-460.90
06/13/2019	15443	AT&T 248 134-7000	-37.36
06/13/2019	15444	AT&T 457-7	-4.64
06/13/2019	15445	AT&T OneNet	-1,175.72
06/13/2019	15446	PG&E 39918320076 Cancer	0.00
06/13/2019	15447	PG&E 71068388090 Pain Mgmt	-520.14
06/13/2019	15448	PG&E 89195984003 Cancer/Infusion	-503.01
06/13/2019	15449	Calaveras Power Agency	-22,607.00
06/13/2019	15450	PG&E 2306121143-1 ortho	-708.15
06/13/2019	15451	Suburban Propane-Ortho	-145.47
06/13/2019	15452	PG&E 42630399709 Hospital	-8,483.58
06/13/2019	15453	Dr. Randall Smart	-150.64
06/13/2019	15454	PG&E 39918320076 Cancer	-205.35
06/19/2019	15455	Susan Atkinson	-181.31
06/19/2019	15456	J.M. Keckler Medical Sales, Inc.	-198,492.68
06/19/2019	15457	AT&T 754-9362	-887.75
06/19/2019	15458	PG&E 11152462708 SOMO	-1,321.61

DATE	NUM	VENDOR	AMOUNT
06/19/2019	15459	Campora Propane	-46.91
06/19/2019	15460	Best Best & Krieger, LLP	-20,438.00
06/19/2019	15461	Mobile Modular	-383.84
06/19/2019	15462	Calaveras County Water District	-146.18
06/19/2019	15463	Ann Radford	-100.00
06/19/2019	15464	Debbie Sellick	-100.00
06/19/2019	15465	Lin Reed	-100.00
06/19/2019	15466	Susan Atkinson	0.00
06/19/2019	15467	Talibah Al-Rafiq	-100.00
06/20/2019	15468	Your Type Graphic Design	-3,636.31
06/20/2019	15469	Peggy Stout	-113.10
06/25/2019	15471	Suburban Propane-Ortho	-92.11
06/25/2019	15472	Ebbetts Pass Gas Services	-190.45
06/25/2019	15473	La Contenta Plaza	-1,268.78
06/25/2019	15474	Calaveras County Water District	-792.55
Total for 100.60 Five Star Bank			\$ -297,880.83

Mark Twain Healthcare District

TRANSACTION REPORT

May 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
05/31/2019	Bill	May 2019 6507	Umpqua Bank Credit Card	Conf. Training - CA Assoc. of RHC	740.87 Miscellaneous:Outside Training/Conferences	2000 Accounts Payable	300.00	300.00
05/31/2019	Bill	May 2019 6507	Umpqua Bank Credit Card	Office supplies purchased	740.89 Miscellaneous:Office Supplies and Expense	2000 Accounts Payable	309.32	609.32
05/31/2019	Bill	May 2019 6507	Umpqua Bank Credit Card	Calaveras Mini Storage	840.95 New Valley Springs Clinic:Admin. - New Valley Springs Clinic	2000 Accounts Payable	140.00	749.32
TOTAL							\$749.32	

Mark Twain Health Care District
List of Renters and Leases
June 30, 2019

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	Expire Date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq Ft Rate	CAM	Total	Sq Ft.	Comments
<u>Medical Office Building Subleases</u>																
								704 Mountain Ranch Rd, First Floor Building E								
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 6/2019
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 6/2019
San Andrus FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	103 / 104	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 6/2019
San Andrus FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 6/2019
Total MOB lease income											\$ 17,136.51		\$ 1,657.50	\$ 18,794.01	6,500	
<u>Valley Springs Rental</u>																
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 years	3/1/2021	N/A	1934 Highway-26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 6/2019
<u>Hospital Lease Agreement w/Corporation</u>																
Mark Twain Medical Center	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch Rd	Reimburse	Hospital	\$ -		N/A	\$ -		
<u>Office Lease</u>																
San Andrus Medical and Professional Offices (Arnaudo Bros)	3/1/2007	3/1/2007		3.0	20 years	2/28/2027	First Floor	704 Mountain Ranch Rd, Building E	N	Office	\$ 16,438.50		\$ 2,893.39	\$ 19,331.89	6,500	Rent increases 3% each year.
<u>Land Lease</u>																
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C	Y	Land	\$ 481.42		N/A	\$ 481.42	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.
San Andrus Medical and Professional Offices (Arnaudo Bros)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$ 1 / Yr.		N/A	\$ 1 / Yr.	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.

* CAM Charges included in rent

	42,327,023	9,510,360	TOTALS AS OF 5-31-19		
		(4,699,000)	Pre 2013 OFFSET		
	SUBTOTAL	4,811,360			
		1,995,268	CONSTRUCTION IN PROGRESS		
	FINAL PPE	6,806,628			
		6,949,431	PER 5/31/19 CLOSING TRANSACTION		
		(142,803)	ADJUSTMENT TO DISTRICT		

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

POLICY: Policy Development and Review	REVIEWED: 11/12/18; 7/17/19
SECTION: Operations	REVISED: 7/17/19
EFFECTIVE: 7/31/19	MEDICAL DIRECTOR:

Subject: Policy development and review

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

Response Rating:

Required Equipment:

Procedure

Policy Development

1. Clinic will develop policies as required
 - a. By licensing agencies
 - b. By accreditation bodies
 - c. By payor groups and/or when required by contract
 - d. By organization leadership
 - e. To resolve operational or patient safety issues
 - f. When patient care service lines are added
2. Policies will be drafted using the approved Policy Template.
3. Policies will be developed with collaboration between leadership (Executive Director, Medical Director, Clinic Director, Department Head), clinicians (Physician, Dentist, Mid-level Practitioner, Nurse Midwife, Nurse), line staff (Medical Assistant, Receptionist, Biller/Coder).
4. Policies will be drafted and submitted for approval by the Medical Director.
5. Policy Manual will be submitted to the Board for approval, as follows to ensure the manual is reviewed and edited annually:
 - a. All new policies will be submitted at the next Board meeting

b. All revised policies will be submitted at the next Board meeting

c. The compendium of policies will be divided into four groups and each group will be submitted to the Board for approval on a “rolling quarterly basis”. The compendium will consist of non-edited policies that have been in place for 9-12 months.

d. The Board may, at its discretion, delegate responsibility for review and oversight of the Clinic Policy Manual to the Executive Director.

Policy Review

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

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

POLICY: Fluoride Varnish for Pediatric Patients	REVIEWED: 7/8/19
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR

Subject: Fluoride varnish use for pediatric patients

Objective: To define the appropriate use and application of oral fluoride varnish for pediatric patients.

Response Rating:

Required Equipment: Single use fluoride varnish packets, gloves

Procedure

1. Screening requirements for patients – infants through age 5
 - a. An inspection of the mouth, teeth, and gums must be performed at every health assessment visit. Dental caries are classified according to treatment needs, from routine dental referrals to referrals for emergency (immediate) treatment.
 - b. Document findings as required by the California PM 160 Dental Guide.
 - c. Assess risk for dental caries in accordance with relevant, reliable resources such as:
 - American Academy of Pediatrics - [Preventive Oral Health Intervention for Pediatricians](#)
 - American Academy of Pediatrics - [Oral Health Risk Assessment Tool](#)
 - National Maternal & Child Oral Health Resource Center – Bright Futures in Practice: [Oral Health--Pocket Guide](#) 2nd edition
 - d. Provide anticipatory guidance.
 - i. For prevention of caries and gum disease, key topics to emphasize include establishing a dental home, parents’/caregivers’ oral health, transmissibility of caries-causing bacteria, proper oral hygiene practices, fluorides, and dental sealants.
 - ii. Other important areas to stress include dental injuries (especially related to sports), tobacco use and oral cancer, eating disorders, and oral piercing. See [Table 2 Anticipatory Guidance for Oral Health](#), which contains age specific messages.

2. Fluoride varnish application
 - a. Practitioners and Clinic staff will be trained in the application of fluoride varnish and that training will be documented prior to the implementation of the fluoride varnish program.
 - b. Practitioners will provide a written order for the application of fluoride varnish, where it is

determined such a service is appropriate for the pediatric patient. (Patients age 5 and less, no more than four times per year)

c. Apply the varnish according to the manufacturer's guidelines.

3. Post-application guidance for parents

a. Child may drink water after application of fluoride varnish

b. Child should not eat any foods that are hard, crunch, or chewy for the rest of the day

c. Do not brush or floss the child's teeth today or tonight

d. Brush and floss teeth beginning the next day

e. After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed.

Resources:

California Department of Health Care Services, Systems of Care Division
Child Health and Disability Prevention Program, Health Assessment Guidelines
March 2016

**SEQUOIA FAMILY MEDICAL CENTER
POLICY AND PROCEDURES**

POLICY: Well Child Examinations	REVIEWED: 7/24/19
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Well Child Examinations

Objective: The Child Health and Disability Prevention program periodicity schedule will be utilized as the template for the Clinic's Well Child Examination processes. Additionally, the CDC Child and Adolescent and Adult Immunization schedules will be utilized as the template for timely and complete vaccine administration.

Response Rating:

Required Equipment:

Procedure

1. The periodicity schedule provides guidance for:
 - a. Physical examination intervals for patients newborn through age 20.
 - b. Testing modalities that must be deployed during the examination and the intervals at which those modalities are deployed.
 - c. Laboratory tests (waived and reference laboratory) required and the intervals at which those tests are performed.
2. The CDC Immunization schedules provide listings of all vaccines and the age intervals at which they should be administered.

Reference:

CHDP Periodicity Schedule

CDC Child and Adolescent Immunization Schedule

CDC Adult Immunization Schedule

CDC Catch-up Schedule

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

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19
SECTION: Patient Care	REVISED:
EFFECTIVE:	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 an Emergency Medication Kit.

2. The kit will contain the following medications, at a minimum:
 - a. Benadryl Injectable 50mg/1ml (prepared syringe)
 - b. Epinephrine 1:1000 Injectable 1ml

3. The kit will be clearly labeled "Emergency Medication Kit".

4. Easily accessible and clearly legible in the kit will be a dosage chart that takes into account the Clinic's patient population.

5. 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 Emergency Medications log. The inspector will document their findings and sign the log upon completion of the inspection.

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

7. Emergency supplies will include, but not be limited to:
 - a. Oxygen tank with regulator, tubing, and nasal cannula/mask
 - b. Airways in sizes consistent with the patient population served.
 - c. Ambu bags in sizes consistent with the patient population served.
 - d. Blood pressure cuff(s) and stethoscope
 - e. EKG machine
 - f. AED

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

POLICY: Annual Clinic Evaluation	REVIEWED: 7/24/19
SECTION: Administration	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Annual Clinic Evaluation

Objective: Review of clinic operations will be completed monthly and compiled to develop an Annual Clinic Evaluation Report to be submitted to the District Chief Executive Officer and Board of Directors.

Response Rating:

Required Equipment:

Procedure

1. 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 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: Temperature – All Modalities	REVIEWED: 7/24/19
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Vital signs: temperature, all modalities

Objective: Accurate capture of patient’s temperature

Response Rating:

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

Procedure:

Tympanic Thermometer

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

Rectal thermometer

1. Ensure the rectal probe (red ejection button) and the red probe well are installed.
2. Put on non-sterile gloves.
3. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.
4. Verify that the Lower Body Mode icon is selected by observing the flashing, press the Mode Selection button until the Lower Body Mode icon appears.

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

Oral thermometer

1. Ensure the oral probe (blue tipped ejection button) and the blue probe well are installed.
2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle withdraw the probe from the probe well.
3. Verify that the Oral Mode icon is selected by observing the flashing head icon on the instrument display. If this icon is not flashing, press the Mode Selection button until the head icon appears.

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

Axillary Thermometer

1. Ensure the oral probe (blue ejection button) and the blue probe well are installed.
2. Holding the probe handle with your thumb and two fingers on the indentations of the probe handle, withdraw the probe from the probe well.
3. Verify that the Axillary Mode icon is selected by observing the flashing, press the Mode Selection button until the adult axillary or pediatric axillary icon appears.
4. Do not take axillary temperature readings through a patient's clothing. Direct contact between the

patient's skin and the probe is required.

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

**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Disaster - Fire	REVIEWED: 7/24/19
SECTION: Safety	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Disaster - Fire

Objective: To ensure the safety of patients, personnel, and visitors Clinic personnel shall be prepared to follow a planned course of action in the event of a fire to ensure safety to patients, staff and visitors.

Response Rating:

Required Equipment:

Procedure:

1. In the event of a fire in the facility:
 - a. The first responder will direct a staff member to call 911 to report the fire.
 - b. The first responder will use the nearest fire extinguisher to attempt to extinguish the fire, if this can be done safely.
 - c. Patients and visitors will be evacuated as follows:
 1. The front office personnel will direct the patients and visitors from the front waiting area to the outside and away from the building through the nearest clear exit per the posted evacuation plan.
 2. The nursing staff will direct the patients and visitors from the exam and procedure areas to the nearest clear exit per the posted evacuation plan.
 3. Personnel will direct patients and visitors to the paved parking area located at the south end of the Clinic building.
 - d. The Clinic Manager or designee will ensure that the building is evacuated of patients, visitors and staff. They will perform a head count once the building is considered evacuated. The head count will reflect scheduled staff, patients, guests, and vendors present at the time the emergency occurred.
 - e. The Clinic Manager or designee will meet fire personnel when they arrive.

- f. The Clinic Manager or designee will record all actions taken and include that information in their Incident Report.
- g. The Clinic Manager will prepare a thorough incident report and forward that report to the District Chief Executive Officer.
- h. The Office Manager will work with the Maintenance Supervisor to outline the damage to the premises and coordinate arrangements for the repair and replacement of damaged premises and equipment through the District Chief Executive Officer.
- i. The District Chief Executive Officer will notify California Department of Public Health Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continued use, and if not, what alternate arrangements have been made so that care of patients may continue.

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

POLICY: EMERGENCY SITUATION/UNRESPONSIVE PATIENT	REVIEWED: 11/19/18
SECTION: CLINICAL	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Emergency Situation - Patient Unresponsive

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

Acuity Rating: Severe

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

Policy:

1. If a patient collapses and becomes unresponsive:
 - a. First person at patient establishes unresponsiveness (ARE YOU OK?).
 - b. Shake patient, check for carotid pulse for adults, brachial for infants.
 - c. Call for help. Unresponsive, no pulse is confirmed by doctor/nurse.
 - d. Code is initiated by the code team leader who is the staff member with the highest level of licensure at the time. Code is initiated at the location of collapse, unless patient can be easily transported to the emergency holding room, in which case code is initiated there.
 - e. Receptionist calls 911 and states, “This is the Clinic at **INSERT ADDRESS**. We have a full cardiac arrest in progress. Please send an ambulance.”
 - f. Receptionist attends to family and moves them away from scene, calms other patients and apprises them of an emergency in the office.
 - g. The team leader directs 2-person CPR to be initiated. The team leader assigns the following responsibilities to team members: Airway management, chest compressions, documentation, and medication administration.
 - h. Medication administration is performed only by a practitioner or nurse.
 - i. Intubation, if needed, is performed only by a practitioner.
 - j. Documentation is done on a designated code sheet.

2. After the patient is stabilized:

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

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

POLICY: Instrument Cleaning for Sterilization	REVIEWED: 7/24/19
SECTION: Infection Control	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Instrument Cleaning for Sterilization

Objective: To prevent cross-contamination by killing infectious bacteria, viruses, yeasts, molds and bacterial spores.

Disposable sterile supplies will be used when possible but some instruments and suture sets will be sterilized by autoclaving.

Sterilization is the process of destroying all forms of microbial life including infectious bacteria, viruses, yeast, mold and bacterial spores. The first step of sterilization is cleaning. Dirt cannot be sterilized. Steam or gas cannot make contact with surfaces that have oils, grease, proteins, soap curds, blood, pus or feces on them. The instruments to be sterilized will be returned clean and ready to sterilize.

Response Rating: Mandatory

Required Equipment: Personal protective equipment (gloves, gown, face shield), brush, approved soap, approved instrument soaking solution at proper dilution

Procedure:

1. Items to be sterilized will be prepared as follows:
 - a. After rinsing, place dirty instruments in the designated “dirty” area of the utility room.
 - b. Scrub the instruments with a brush, soap, and water until visible soil is removed. Serrated instruments will be scrubbed with special attention paid to the hinged area. Implements that can be broken down into parts should be broken down with the joints and clasps given close attention.
 - c. Rinse and soak for thirty (30) minutes in approved instrument soak.
 - d. Spray with approved instrument foam and allow for process for 15 minutes.
 - e. Instruments will be rinsed in cold water, dried and set aside for sterilization.

- f. Single use implements will be properly disposed of after use. Single use implements are not to be cleaned or sterilized under any circumstances.

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

POLICY: Annual Review of Contracts	REVIEWED:
SECTION: Operations	REVISED:
EFFECTIVE	MEDICAL DIRECTOR:

Subject: Annual Review of Contracts

Objective: In order to ensure all contracts are current and in the best interest of the Clinic, all Clinic contracts will be reviewed on an annual basis.

Response Rating:

Required Equipment:

Procedure:

1. Contracts for goods and services will be entered into on behalf of the Clinic and in keeping with the Clinic’s needs.
2. Upon entering into a contract, contract information will be entered into a Contract Management matrix.
 - a. Name of entity
 - b. Contact person
 - c. Contact number
 - d. Contact email address
 - e. Purpose of contract
 - f. Contract start date
 - g. Contract end date
 - h. Special conditions
3. On an regular basis and no less than once a year, the Matrix will be reviewed and all contracts due to expire will be reviewed and considered for renewal.
4. Review of contract will be documented in the special conditions section of the Contract Management Matrix.

5. Contracts which require renewal will be forwarded to the Chief Executive Officer for further consideration and negotiation with the contracting entity.

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

POLICY: Animal Bite-Reporting	REVIEWED: 11/30/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Animal Bites

Objective: To report Animal bites in accordance to 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: 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. (XXX)-XXX-XXXX 8AM-5PM or fax (XXX) XXX-XXXX after hours
7. Reports will be completed as follows:
 - a. Reports will be completed online at <https://animal-calaveras.gov.us> by the attending nurse.
 - b. Report will be printed and scanned into the patient's electronic medical record.
 - c. After scanning, the report will be sent to the Clinic Manager.

d. Mail report to designated address.

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

POLICY: Billing Practices	REVIEWED: 11/12/18
SECTION: Revenue Cycle	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Billing practices

Objective: To define Clinic billing practices

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will establish a schedule of fees that are charged for all services rendered, regardless of the payer source.
2. Contractual adjustments, reflective of Clinic agreements with insurance carriers and other third party payers will be applied to patient accounts upon receipt of final payment from the payer.
3. The Clinic will accurately document each patient encounter in the record for the purpose of recording care rendered.
 - a. Regardless of payment methodology (i.e.: fee-for-service, flat rate, prospective payment) billing will reflect the scope and complexity of the patient examination and treatment.
3. The Clinic will accurately document the care rendered, tests/procedures performed and medications/supplies utilized to ensure a complete record of the care rendered and for the purpose of preparing a bill for payment.
 - a. Payer reimbursement methodology does not affect the posting of charges to the patient's account.
3. Unless extraordinary circumstances arise, patient medical records will be completed before the end of the practitioner's work shift.
4. The Medical Director will review for prior day open medical records and ensure practitioners complete any pending entries before the end of the second business day.
5. Practitioners will select the E&M code that most accurately reflects the history of the patient, the physical examination, and the medical decision-making involved in the patient's care and treatment.

6. Practitioners will select CPT codes that most accurately reflect the procedures performed in the course of patient care and will indicate supplies and medications utilized.
 - a. Practitioners will avoid unspecified codes.
7. Claims will be reviewed before submission to ensure accurate capture of procedures, tests, and medications/supplies.
8. Claims that require correction will be pulled from the queue by the designated staff member, revised, and resubmitted within five business days of the date of service.
8. Contractual adjustments will be made to accounts after posting of payer reimbursements.
9. Accounts Receivable Aging reports will be reviewed within five days of the monthly Accounts Receivable report being made available.
10. Credit balance accounts will be identified and promptly audited.
11. Audited credit balance accounts will be refunded to the payor no later than 30 days after being identified.
12. Balance due (remainder balance) statements will be sent to non-MediCal patients after the insurance payor reimbursement has been made and posted and any contractual adjustment made to the account. Open account statements are sent every 28 days. Statements are sent for accounts with balances over \$9.99.
13. If the patient does not make payment (either in full or in part) during the first 120 days after their insurance has paid its portion, the account will be reviewed and considered for transfer to the designated Collection Agency.
14. Past due accounts with balances less than \$10.00 will not be sent to collections, but will be managed by Clinic staff in an effort to collect.
15. Adjustments made to self-pay flat fee accounts will be considered Charity Care and documented accordingly.
16. Administrative adjustments made to outstanding accounts, in consideration of the patient's inability to pay, will be considered Charity Care and documented accordingly.
17. Accounts sent to collections will be written off and documented accordingly. The balance of the account in collection will remain visible to Clinic staff. Should the patient present at the Clinic, staff will require a payment on the balance in collections before the patient can be treated.
18. Accounts identified as Bad Debts will be written off and documented accordingly. The balance of the account in Bad Debt will remain visible to Clinic staff. Should the patient present to the Clinic, staff will require a payment on the bad debt balance before the patient can be treated.
19. "On-the-spot" credits may be issued in the Clinic if the patient has paid their co-pay, deductible, or flat rate fee but decides to not be seen. In this case, the patient's funds are returned and/or their credit or debit card transaction is cancelled.

20. Should a practitioner and/or staff member believe a patient should be refunded their payment and/or their visit charges should be reversed, that individual will complete an Incident Report, as soon as possible, and forward their documentation to the Clinic Manager for review by the Director or their designee. In no instance may a patient refund be made “on-the-spot” after a patient has received care.

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

POLICY: Cardiopulmonary Resuscitation/ Basic Life Support	REVIEWED: 11/19/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Cardiopulmonary Resuscitation/Basic Life Support

- Objective:**
- A. To maintain competence of clinic staff in the performance of cardiopulmonary resuscitation.
 - B. To initiate CPR efficiently and effectively when needed.
 - C. To maintain CPR until advanced cardiac life support of EMS practitioners arrive at the clinic.
 - D. To provide optimum management of "CODE BLUE" incident which insures that the personnel as well as supplies and drugs required to restore circulatory or respiratory action are immediately available and ready for use.

Acuity Rating: Severe

Required Equipment: Crash cart, AED, oxygen, Code Blue report form

Policy: Cardiopulmonary Resuscitation (CPR) should be initiated by the Clinic staff when a person is assessed to have no pulse or is non-breathing. Notify the practitioner immediately, call 911, and announce CODE BLUE.

Front Office Staff:

1. Responsible for identifying a patient who presents to the Clinic with serious symptoms may require CPR and to notify the nurse and/or practitioner immediately.
2. Will help maintain calm for the remaining patients.
3. May be called upon for record keeping in the event of cardiac arrest.

Medical Assistants/Nurses:

1. Will have current BLS certification and renew it every two years.
2. Will complete crash cart and AED monthly inspections and document same.
3. Responsible for administering medications as directed, obtaining the crash cart and AED for the practitioners.

4. When possible, place the patient on the floor or safe hard surface. CPR cannot be effectively administered on a standard exam table

Practitioners:

1. All practitioners must have current ACLS certification. It is the responsibility of the practitioner to keep this current and to provide the Medical Staff Coordinator with a current copy of their certificate.
2. All practitioners will be given an orientation to the emergency procedures of the clinic. Mock code drills will be held to assist in maintaining these skills.
3. The practitioner on duty will be in charge of the “Code” until relieved by the Paramedic team.
4. Unresponsive patients will be assessed and treated according the latest AHA guidelines for ACLS.
5. Ensure a staff member calls 911 immediately.
6. Document all care rendered in the EMR.

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

POLICY: CHILD ABUSE-REPORTING	REVIEWED: 11/30/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Child Abuse Reporting

Objective: Mark Twain Health Care District and its Clinics will comply with all state and federal regulations for reporting child abuse. California PC 11165.7 requires all health practitioners, who have knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he or she knows or reasonably suspects has been the victim of child abuse and/or neglect to report the known or suspected instance of child abuse to a child protection agency immediately, or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Response Rating: Mandatory

Required Equipment: Suspected Child Abuse Form

Procedure:

Reporting to Child Protective Services:

1. All reasonable suspicion of child abuse and/or neglect will be reported to the appropriate agencies.
2. Child abuse forms will be completed by the licensed nurse and/or provider who is treating the child. These forms must be completed and sent to the appropriate agencies within 36 hours from time of contact with the patient.
3. If it is determined or suspected that the child is in immediate danger, law enforcement will be called immediately.
4. All reports of abuse/neglect will be made verbally, followed by the written report. Calaveras County Department of Human Services (TCDHS) maintains a 24 hour/7 day a week hotline. **DO NOT FAX IN LIEU OF VERBAL REPORT.**
5. The first copy of the written report of Suspected Child Abuse Report (SCAR) can be mailed or faxed to the XXX.
6. 2nd copy will be mailed or faxed to the Law Enforcement Agency that has jurisdiction.

7. 3rd copy will be mailed to the District Attorney's office.
8. Original copy will be filed at the Clinic. This will be given to the Clinic Manager and will be filed in the Medical Director's office.

CALAVERAS COUNTY DEPARTMENT OF HUMAN SERVICES

Fax (XXX) XXX-XXXX (Reporting Form)
Mandated Reporting Line (XXX) XXX-XXXX

XXX POLICE DEPARTMENT

XXX
(XXX) XXX-XXXX

XXX COUNTY SHERIFFS DEPARTMENT
Central Dispatch (XXX) XXX-XXXX

1. REPORTING BY FAX:

Form SS 8572 should be faxed to Child Protective Services immediately upon suspicion of the child abuse or neglect. By faxing the form, both written and verbal notification are completed.

2. REPORTING BY PHONE:

Reports may be made to the CPS Mandated Reporting Line that is available 24 hours a day, 7 (seven) days a week. CPS monitors the phone regularly.

3. REPORTING TO LAW ENFORCEMENT:

If it is suspected that the child is in immediate danger, the appropriate law enforcement agency must be contacted. Possible appropriate law enforcement agencies include the XXX Police Department and the XXX County Sheriff's Department.

4. RESPONSIBILITY TO REPORT:

All professional medical personnel, including physicians, physician assistants, nurse practitioners, nurses and all other medical professionals are required by Section 11166 of the Penal Code are to report any case of suspected abuse, neglect, or exploitation of children. Any mandated reporting party knowingly failing to report suspected abuse or neglect may result in criminal or civil prosecution. No health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by Section 11166 of the Penal Code unless it can be proven that a false report was made, and the person knew or should have known that the report was false.

5. IDENTIFICATION OF VICTIMS:

The following indicators may be cause to report child abuse or neglect:

- a. Any suspicion of physical abuse or non-accidental injury.
- b. Sexual abuse of a minor.
- c. Parental or guardian incapacity (drugs, alcohol, mental or developmental disability)
- d. Abandonment by parent or guardian.
- e. Neglect: failure to provide adequate food, clothing or shelter.
- f. Selling or giving away an infant/child.
- g. Medical neglect that endangers a child.
- h. Emotional or mental abuse.
- i. Parent/guardian threatens to harm or kill the child.

6. HOW TO USE THE CALAVERAS COUNTY CHILD ABUSE AUTOMATED LINE (800) 331-1585.

Using a completed Form SS 8572 as a guide, reporters should provide the following information:

- a. Information regarding the reporter:
- b. Professional name and title
- c. Business mailing address, including city and zip code.
- d. Business phone number including area code.
- e. Information regarding the child:
 1. Full name. Spell the last name. Also spell the first name and other names if they have alternate spellings or are uncommon names.
 2. Gender, race, language spoken, birthdates if known or approximate age, school or day care facility they attend, and if known social security number, hair and eye color and religion.

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

POLICY: Co-Signature of Mid-Level Medical Records	REVIEWED: 11/30/18
SECTION: Medical Staff	REVISED:
EFFECTIVE	MEDICAL DIRECTOR:

Subject: Co-Signature of Mid-Level Practitioner Medical Records

Objective: To ensure compliance with current State of California regulations regarding the supervision of Nurse Practitioners and Physician Assistants; to ensure compliance with Peer Review standards in the Clinic: clinic notes completed by the mid-level practitioner (nurse practitioner, physician assistant, certified nurse midwife, LCSW) will be reviewed by the Physician Supervisor(s) for the timely review and co-signature of a minimum of **10%** of the mid-level practitioners' clinic notes.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A list of the patients treated by each mid-level practitioner will be developed at the end of each clinic day and be treated as a log upon which review of the medical record will be documented.
2. The Supervising Physician(s) will be presented with the list no later than the morning of the next business day.
3. The Supervising Physician(s) will review the clinic note for a random **10%** of patients listed, ensuring proper care was rendered and that said care was appropriately documented.
4. Should the Supervising Physician(s) determine that the care rendered to the patient was not appropriate and/or sufficient:
 - a. They will counsel the mid-level practitioner(s) to ensure they contact the patient and supplement their treatment per the direction of the Supervising Physician(s).
 - b. Document on the daily log that the mid-level practitioner(s) was counseled regarding their patient care.
5. The co-signature logs will be stored centrally, in a locked area, to ensure both HIPAA compliance and privacy relative to any personnel action documented.
6. The co-signature logs will be considered when the performance evaluation of the mid-level practitioner(s) are completed.

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

POLICY: COMMUNICABLE DISEASE REPORTING	REVIEWED: 11/30/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Communicable Disease Reporting

Objective: To comply with State and CDC Communicable Disease Reporting.

Response Rating: Mandatory

Required Equipment: Morbidity Report Form

1. REPORTING GUIDELINES

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the “Confidential Morbidity Report” (CMR) for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies (<https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/infectious-diseases/>)

2. CONDITIONS TO BE REPORTED IMMEDIATELY

The following conditions should be reported immediately by telephone to (209) 754-6460. In light of existing outbreaks and the potential for epidemics, the Calaveras County Health Department has included those diseases marked with an asterisk (*) as being of utmost importance and are requesting that these diseases be reported immediately by telephone.

- a. Anthrax (human or animal)
- b. Botulism (infant, foodborne, wound)
- c. Brucellosis, human
- d. Cholera
- e. Ciguatera fish poisoning
- f. Dengue virus infection
- g. Diphtheria
- h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- i. Escherichia Coli 0157:H7 Infection
- j. Flavivirus infection of undetermined species
- k. Hemolytic Uremic Syndrome
- l. Influenza, novel strains (human)
- m. *Measles (Rubeola)
- n. *Meningococcal Infections
- o. Novel virus infection with pandemic potential

- p. Paralytic Shellfish Poisoning
- q. Plague (Human or Animal)
- r. Rabies (Human or Animal)
- s. Scomboroid Fish Poisoning
- t. Shiga toxin (detected in feces)
- u. Smallpox (Variola)
- v. Tularremia, human
- w. Viral Hemorrhagic Fevers
- x. Yellow Fever
- y. Zika virus
- z. Occurrence of any unusual disease
- aa. Outbreaks of any disease

For outbreaks of any disease the report should specify if institutional and/or open community.

3. CONDITIONS TO BE REPORTED WITHIN ONE (1) WORKING DAY

- a. Amebiasis
- b. Babesiosis
- c. Campylocacteriosis
- d. Chickenpox
- e. Chikungunya virus
- f. Cryptosporidiosis
- g. Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- h. *Foodborne Disease
- i. Haemmophilus Influenza Invasive Disease, all serotypes
- j. Hantavirus infection
- k. *Hepatitis A (acute infection)
- k. Human Immunodeficiency Virus (HIV), acute infection
- l. Listeriosis
- m. Malaria
- n. Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- n. *Pertussis (Whooping Cough)
- o. Poliovirus Infection
- p. Psittacosis
- q. Q Fever
- r. Relapsing Fever
- s. Salmonellosis (other than typhoid fever)
- t. Shigellosis
- u. Streptococcal Infections (Outbreaks of any type and Individual cases of food handlers and dairy workers only).
- v. Syphylis
- w. Trichnosis
- x. *Tuberculosis/Tuberculosis suspect
- y. Typhoid Fever, cases and carriers
- z. Vibrio Infections

- aa. West Nile Virus (WNV) Infection
- bb. Yersiniosis

4. CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS:

- a. Anaplasmosis
- b. Brucellosis, animal
- c. Chancroid
- d. Chlamydial Infections
- e. Coccidiomycosis
- f. Colorado Tick Fever
- g. Creutzfeldt-Jacob disease and other transmissible Spongiform Encephalopathies
- h. Cyclosporiasis
- i. Cysticercosis ot taeniasis
- j. Ehrlichiosis
- k. Giardiasis
- l. Gonococcal Infections
- m. Hepatitis B (specify acute case or chronic)
- n. Hepatitis C (specify acute case or chronic)
- o. Hepatitis Delta (D) (specify acute or chronic case)
- p. Hepatitis Em acute infection
- q. Legionellosis
- r. Leprosy (Hansens Disease)
- s. Leptospirosos
- t. Lyme Disease
- u. Mumps
- v. Respiratory Syncytial Virus (report a death of a patient less than five years of age)
- w. Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
- x. Rocky Mountain Spotted Fever
- y. Rubella (German Measles)
- z. Rubella Syndrome, Congenital
- aa. Tetanus
- bb. Tulaemeia, animal

5. NON-COMMUNICABLE DISEASES AND CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS.

The following conditions should be reported within seven (7) calendar days from the time of identification:

- a. Alzheimer's Disease and related conditions
- b. Disorders characterized by lapses of consciousness
- c. Cancer

6. FOLLOW-UP PROCEDURES

The provider will notify the Clinic Manager and the staff who have been in contact with these patients and recommend follow-up procedures.

7. INTERNAL DOCUMENTATION

A copy of all reporting documents is kept on file in the Medical Director's Office.

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

POLICY: DOMESTIC VIOLENCE REPORTING SUSPICIOUS INJURY REPORTING	REVIEWED: 11/310/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Domestic Violence Reporting-Suspicious Injury Reporting

Objective: To ensure compliance with California Penal Code regarding the reporting of injuries from a deadly weapon and/or assaultive or abusive behavior. This includes suspected spousal/partner or intimate violence.

Policy: Health Care providers, which include but are not limited to physicians, physician assistants, nurse practitioners, nurses and other health care professionals are required to report Domestic Violence/Suspicious Injuries as directed by Penal Code 11160, 11161.9, 11165, 11162.5, 11162.7, 11163, and 11163.2.

Acuity Rating: Mandatory

Applies to: all Personnel and Practitioners

Procedure:

1. California mandates reporting of suspected criminal acts such as the following:
 - a. Any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm, or other deadly weapon.
 - b. Any wound or other physical injury inflicted upon the person where the injury is the result of abusive or assaultive behavior.
 - c. Assaultive or abusive behavior is defined to include a long list of criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.
2. When the health care provider suspects that domestic violence is involved with a patient, the health care provider or designee is required to telephone the appropriate law enforcement agency, complete a Suspicious Injury Report in compliance with Penal Code Section 11160.

Elder/Dependent Adult Abuse

California law mandates that any case of suspected elder/dependent abuse shall be reported to the appropriate law enforcement agency and/or Adult Protective Service.

Child Abuse

California Law manages any case of suspected child abuse, neglect or exploitation of children shall be reported to the appropriate law enforcement agency and to the Child Protective Service of Kern County.

Expired Patient

A report must be made even if the person has expired, regardless of whether or not the injury contributed to the death and even if evidence of conduct of the perpetrator was discovered during an autopsy.

APPROPRIATE LAW ENFORCEMENT AGENCIES

Emergency	911
XXX Police	(XXX) XXX-XXXX
XXX Police Department	(XXX) XXX-XXXX
XXX County Sheriff's Department	(XXX) XXX-XXXX

Patient Referrals

Patient who have suffered domestic violence will be given information and referral to:

XXX

Internal Documentation

A copy of the reporting documentation, incident report and supporting documents, is kept in a secure file in the Clinic Director's office.

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

POLICY: Lapses Of Consciousness – Dmv Reporting	REVIEWED: 11/20/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Lapses of consciousness and reporting regulations

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

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

b. Examples of medical conditions that do not always, but may progress to the level of functional severity described in subsection (a) of this section include Alzheimer’s disease and related disorders, seizure disorders,

brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

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

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

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

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

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

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

For information on the California Department of Motor Vehicles’ guidelines for physical and mental conditions and licensure options, see dmv.ca.gov/physical-and-mental-evaluation-guidelines.

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

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

POLICY: LVN Scope of Practice	REVIEWED: 11/30/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: LVN Scope of Practice

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

Response Rating:

Required Equipment:

Procedure

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

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

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

CROSS REFERENCE:

- Vocational Nursing Practice Act, July 31, 2015

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

POLICY: Medical Director Direction of Practitioners in the Clinic	REVIEWED: 11/30/18
SECTION: Medical Staff	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Direction of Practitioners in the Clinic

Objective: The Medical Director agrees to ensure the provision of medical care on a scheduled and non-scheduled basis for the ill and injured patient when he/she or his/her representative requests it. All patients seen with illnesses or injuries requesting medical attention will be seen and receive proper medical evaluation, the necessary treatment and disposition consistent with current standards of medical practice regardless of his/her condition or financial status. Patients with emergency medical conditions or in active labor will be stabilized to the best of the capabilities of the medical staff and transferred to a provider that can render the appropriate level of care. The necessary complement of personnel, facilities, and equipment will be maintained during Clinic operating hours.

Response Rating:

Required Equipment:

Procedure

1. Medical Supervision
 - a. The Medical Director, or the designee, shall handle all problems concerning medical patient management, which are beyond the scope and capabilities of the attending practitioner or support staff.
 - b. The Medical Director, or the designee, has the following responsibilities:
 1. Be on site on a routine basis and receive reports on the patients by Clinic Director, a medical assistant, nurse and/or the practitioner on duty.
 2. Review and/or co-sign charts as indicated for supervision of appropriate care to Clinic patients.
 3. Be available for consultations regarding patient management
 4. Perform Peer Review and provide feedback to practitioner(s).
 - c. The Medical Director, Nurse Practitioner, and Clinic Director are responsible for recommending and approving policies and procedures. They will meet on a regular basis through QAPI meetings, but not less than quarterly to discuss any problem areas, review and revise policies and procedures, review and recommend new equipment, review charts/peer review of

selected patients and identify areas to assist in educational activities of clinic for physicians, mid-level practitioners and other staff personnel.

- d. The QAPI Committee is composed of the following:
Medical Director who shall act as Chairperson
Mid-level practitioner: Nurse practitioner or Physician Assistant
Clinic Director
Executive Director or designee

2. Medical Director

- a. The Medical Director and/or their designee shall be responsible for scheduling all physicians and mid-level practitioners so that practitioner coverage is maintained during operating hours.
- b. The Medical Director shall:
 - 1. Direct and be responsible for the professional medical staff.
 - 2. Direct care rendered by the physicians and the mid-level practitioners.
 - 3. Be available for consultation with other members of the staff.
 - 4. Assist in formulating and enforcing policies and objectives.
 - 5. Develop and enforce medical policies and procedures in conjunction with the Clinic Director and Executive Director.
 - 6. Respond to patient complaints involving medical care.
 - 7. Assist in assuring that the Clinic is in compliance with all state, federal, and accrediting-body standards.
 - 8. Assist in providing and coordinating educational opportunities for the various disciplines within the facility.
 - 9. Ensure the appropriate consultations and referrals are obtained on patients seen in the facility.
 - 10. Act as consultant to staff and all other professional disciplines.
 - 11. Perform as Chairperson of the QAPI Committee and assist in coordinating the Medical Quality Improvement Program at the facility.

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

POLICY: MEDICAL STAFF CREDENTIALING AND GOVERNANCE	REVIEWED: 11/30/18
SECTION: MEDICAL STAFF	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Medical Staff Appointment Credentialing Process

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

Response Rating:

Required Equipment:

Procedure:

1. Prior to medical staff appointment, each applicant’s credentials from their medical staff application shall be verified by XXX, under the direction of the Executive Director and Medical Director.
2. The following information will be required from the practitioner to complete the credentialing process:
 - a. Medical School/Internship OR Nurse Practitioner program OR physician assistant program
 - b. Board Certifications
 - c. Residency
 - d. Hospital Affiliation(s)
 - e. Personal references
 - f. State licensure
 - g. DEA/BNDD
 - h. Work history
 - i. Any legal or litigation actions, past and present
3. XXX and/or their designee will be responsible for submitting completed insurance plan credentialing packets to payors with whom the District has contracts to ensure providers are recognized and accepted by those plans. This may include online application submissions (CAQH) as well as paper application submission.

By-Laws:

Article IV: Responsibilities

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

1. Deliver and maintain the highest quality care to its patients.
2. Provide for the safety and welfare of patients and staff.
3. Develop policies and procedures that will result in accreditation by regulatory agencies.
4. Assure the hiring and training of competent personnel through credentialing and orientation process.
5. Encourage the staff to take part in appropriate continuing education.
6. Acknowledge its fiscal responsibilities for controlling the cost to patients.
7. Periodically evaluate its methods as to improve services offered to the community.
8. Assure that the Clinic is integrated into the medical community.
9. Monitor the results of the Quality Assurance/Performance Improvement program.
10. Approve all professional consulting or service agreements.
11. Exercise general supervision of construction of all improvements of and acquisition of new equipment.

Monitoring of these goals will be accomplished through the activities of the Medical Executive Committee at the Clinic.

Article V: Administration

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

The Executive Director shall be responsible for:

1. Overall operation of the facility as defined within the Policy and Procedure Manual.
2. The operation of the facility within the applicable local, regional, state, and federal laws.
3. For the central utilization and conversion of the physical and financial assets of the Clinic and recruitment and director of the facility staff assisted by the WSHCD Board of Directors.

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

Article VI: Medical Staff

After completing the credentialing process, the Board of Directors shall grant clinical privileges to professional staff under Medical Staff By-Laws as approved by the governing body.

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

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

Article VII: Reduction, Suspension, or Denial of Privileges of Staff Membership

1. If any member of the Medical Staff makes or exhibits acts, statements, demeanor, or professional conduct, either inside or outside the Clinic, which is reasonably likely to be:
 - a. Detrimental to patient safety or to the delivery of care of an acceptable quality within the Clinic;
 - b. Display disruptive behavior or conduct to the Center and/or its operations;
 - c. Violation of the Clinic or Medical Staff rules and regulations or policies

Privileges may be suspended by action of the Medical Executive Committee with approval of the Governing Body.

2. The Medical Director shall have authority to rescind immediately the Medical Staff membership status and all or any portion of the clinical privileges of the physician to protect health, safety, and/or patient's welfare.
3. The Director shall have the authority to provide for alternative medical coverage of the patients of the suspended physician still in the Clinic at the time of the suspension. The wishes of the patient shall be considered in selecting an alternative physician and treatment plan.
4. Each Medical Staff member is subject to automatic suspension under the following conditions:
 - a. The Practitioner's license, certificate, or other legal credential authorizing him/her to practice in the State of California is revoked;
 - b. The Practitioner's Drug Enforcement Agency (DEA) or other controlled substance number is revoked or suspended;
 - c. In the event the Practitioner receives notification that the policy or professional liability

insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;

- d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

Article VIII: Officers

General Information:

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

Duties of the Medical Staff Committee:

1. The Director shall serve as the Chief of the Medical Staff, and in this capacity shall:
 - a. Act in coordination and cooperation with the Governing Body in all matters of mutual concern within the Clinic.
 - b. The Medical Executive Chair shall call, preside at, and be responsible for the agenda of all general meetings of the medical staff.
 - c. Be responsible for enforcing or assuring the enforcement of staff rules, regulations, and policies, for implementing sanctions where indicated: for the medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a physician.
 - d. Represent the views, policies, needs, and grievances of the Medical Staff to the Governing Body.
 - e. Receive and interpret to the staff the policies and report to the Governing Body the performance of the staff in providing an acceptable level of care.
 - f. Be responsible for ensuring that the staff maintains an adequate educational program.
 - g. Act as spokesman for the Medical Staff in its external professional and public relations.
 - h. Appoint an acting Director in his/her absence.

Article IX: Medical Staff Committees

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

more members subject to the approval of the Director and/or Governing Body.

Medical Executive Committee

1. The Medical Executive Committee shall consist of the Executive Director, the Clinical Director, members of the Quality Improvement committee, physician/nurse/practitioner, assigned members of the Governing Board and any other member assigned by the Executive Director or Governing Board.
2. The Medical Executive Committee shall:
 - a. Represent and act on behalf of the Medical Staff, subject to such limitations imposed by those rules.
 - b. Coordinate the activities and general policies of the Clinic.
 - c. Review and act upon committees if requested by the Governing Body.
 - d. Review and adopt measures to improve the quality of care in the Clinic, including coordination of the Quality Assurance Plan and its activities.
 - e. Implement policies of the staff.
 - f. Recommend action to the Governing Body on matters of medical-administration nature.
 - g. Ensure that the staff is kept abreast of the accreditation(s) programs of the Clinic.
 - h. Review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges and, as a result of such reviews, make recommendations for reappointment and renewal or changes in clinical privileges.
 - i. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the staff, including initiation of or participation in staff corrective or review measures when warranted.

The Medical Executive Committee shall meet at least once quarterly and maintain a permanent written record of its proceeding and actions.

Annual Staff Meetings

A staff meeting including all the Medical Staff, nursing staff, support staff, and Governing Body will be held annually to discuss goals, plans, and accomplishments of the previous year. Date and time will be determined by the Governing Body and Executive Director/Administrator.

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

POLICY: Billing Personnel - Organization	REVIEWED: 11/30/18
SECTION: Administrative	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: The Clinic Manager, Billing Supervisor, Practice Management Consultant and/or District CEO will be the liaisons between the EMR vendor and the medical staff. Billing procedures are delivered according to policies and procedures that have been authorized by the Governing Body.

Objective:

1. To clarify administrative and supervisory responsibilities for the billing personnel.
2. To delineate areas of responsibility.
3. To clarify determination of billing staff hours.
4. To determine the evaluation of patient billing.
5. To identify the methods used for patient billing.

Response Rating:

Required Equipment:

Procedure:

1. Billing hours are 8:00am – 5:00pm, Monday through Friday.
2. Evaluation of billing procedures will be performed. The following methods may be used to determine quality and appropriateness of billing procedures:
 - a. Quality Assurance Program
 - b. Patient needs satisfaction (verbal and/or written)
 - c. Monthly receivable report and monthly accounts payable report
 - d. Collection by Insurances report
 - e. Census reports
3. The Clinic Manager will meet with the Billing Supervisor on at least a monthly basis to discuss mutual concerns.

4. The Billing Supervisor or their designee is responsible for submitting claims from the EMR using the missing slips, claims on hold, and manager hold “buckets”.
5. The Billing Supervisor or their designee will work closely with the Medical Director to ensure providers complete medical record documentation timely and completely with the goal of providing an accurate, detailed record of care and proposed follow-up course of care complete with diagnosis and procedure codes as appropriate.
6. The Billing Supervisor or their designee will ensure timely follow-up of billing related correspondence, including balance due correspondence to self-pay patients with an open balance and will document actions taken within the appropriate data capture fields in the EMR’s billing functionality.
7. The Billing Supervisor or their designee will work closely with the Director of Clinic Operations, the Clinic Director and District Accounting Department to identify and audit credit balance accounts and will bring those accounts to the attention of the Clinic Director and Executive Director for review and follow-up, including the issuance of a refund check via the District Accounting Office or a requested “take back” requested of the insurance payor.

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

POLICY: Conflict Of Interest	REVIEWED: 11/12/18
SECTION: District	REVISED:
EFFECTIVE:	EXECUTIVE DIRECTOR:

Subject: Conflict of Interest

Objective: The purpose of this Board policy is to protect Mark Twain Health Care District’s interest when it contemplates entering into a transaction or arrangement that might benefit the private interest of a Board officer, director, committee member, or employee.

This policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interest applicable to nonprofit organizations.

Response Rating: Mandatory

1. Definitions:

- a. *Conflict of Interest*- occurs when a covered person solicit or accepts gifts, do business with the District and/or engage in prohibited employment or business relationships, accept unauthorized compensation, misuse their position, or disclose or use certain information.
- b. *Covered Person*- Any District Board member, committee member, Executive Director, Administrator, or employee.
- c. *Contract*- means and includes any written agreement.
- d. *District*- the Mark Twain Health Care District and its affiliated entities including, but not limited to Valley Springs Health and Wellness Center.
- e. *Exempt Employee*- an employed executive, administrative, professional, computer, or outside sales position and is not subject to the minimum wage and overtime provisions
- f. *Gift*- something which is paid or given by a person or entity to a Covered Person, directly or indirectly. This may include, but not limited to; real property, a preferential rate or terms on a loan, debt, goods or services, food or beverages, membership dues, entrance fees, admission fees, tickets to events, performances, facilities, parking or lodging.

2. Procedure:

- a. Duty to Disclose- In connection with any actual or possible conflict of Interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board.
- b. Recusal of Self- Any director may recuse himself or herself at any time for involvement in any decision or discussion in which the director believes he or she or may have a conflict of interest, without going through the process of determining whether a conflict of interest exists.
- c. Determining Whether a Conflict of Interest Exists- After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board members shall determine if a conflict of interest exists.
- d. Procedure for addressing the Conflict of Interest- An interested person may make a presentation at the Board meeting, but after the presentations, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. The Board President shall, if appropriate, appoint a disinterested person to investigate alternatives to the proposed transaction or arrangement.

3. Violations of the Conflict of Interest Policy:

- a. Violations include, but are not limited to: Bribery, payments for appointments to offices, willful or corrupt misconduct in office, embezzlement, misuse of public funds, violation of Open Meeting Law/Brown Act, prohibited political activities, conviction of a crime.
- b. If the Board has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- c. If after hearing the member's response, the Board still determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

4. Record of Proceedings:

The minutes of the Board shall contain:

- a. The names of the person(s) who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes related to the transaction or arrangement, the content of the discussion including any alternatives to the proposed transaction or arrangement, and any record of any votes in connection with the proceedings.

5. Annual Statements:

1. Each Board member or Administrator with delegating powers shall annually sign a statement which affirms such person:
 - a. Has received a copy of the conflict of interest policy,
 - b. Has read and understands the policy
 - c. Has agreed to comply with the policy.
2. Each voting member of the Board shall annually sign a statement called a “Statement of Economic Interests: with the Fair Political Practices Commission, when you begin your term, annually, or when you end your term.

Resources:

<http://www.fppc.ca.gov/Form700.html>

FPPC Form 700 Reference Pamphlet (2015/2016)

Special District Board Member/Trustee Handbook

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

POLICY: Cash Collections	REVIEWED: 11/12/18
SECTION: Revenue Cycle	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Collection of cash payments from patients

Objective: To reduce the Accounts Receivable days outstanding and the number of aged, open balance accounts carried and managed by the Clinic.

Response Rating: Mandatory

Required Equipment:

Procedure: At the time of registration, the patient’s account will be reviewed and the patient will be asked by staff to address the following financial/payment situations:

Co-pay

Patient co-pays are due at the time of service. Co-pays are accepted in the form of cash, check, debit or credit card. Confirm the patient’s co-pay amount by checking their insurance card details and/or their online eligibility. Provide the patient with a receipt for the payment made.

Flat rate fees and/or sliding fees

Patients that participate in the flat rate or sliding fee schedule programs are required to pay their bill, in full, at the time of service. In part, these program rates are established with the assumption that no statements or billing staff follow-up will be required. payments are accepted in the form of cash, check, debit or credit card. Provide the patient with a receipt for the payment made.

Current remainder balance

After a patient’s insurance has paid in full, the patient may be responsible for an unpaid, remainder balance. Patients will be sent balance due statements after their insurance payments are received. Additionally, patients should be asked to make a payment toward their current remainder balance when they present to the Clinic for a subsequent encounter. Remainder balance payments are accepted in the form of cash, check, debit or credit card. Provide the patient with a copy of their current account balance and a receipt for any payment made.

Aged remainder balance/payment plan

It is the Clinic's practice to not allow patient account balances to age to the extent that the account is considered for collections or bad debt status. Patients that do not promptly address their remainder balances, will be offered an installment payment plan and will be asked to provide a debit or credit card number to support that agreement. There are a variety of payment plans available.

Balances in collections

Patient account balances that remain unpaid for 120 days after the date of service may be submitted to a debt collection service. The Clinic is able to collect payments for accounts in collections. Staff will see the patient's "collection service" balance on the patient's registration screen and will ask the patient for a payment toward the old balance. Staff will provide the patient with a receipt for any payment made. After payment is posted in the system, staff will report changes to the patients balance to the agency. The receipt will indicate that the payment is to be applied toward a collections balance. Recording the payment and related accounting functions will be performed by the Biller.

Bad debt balances

Patient account balances that remain unpaid and are deemed "uncollectable" may be written off as bad debt. Once an account has been written off to bad debt, staff will see the bad debt amount displayed on the patient's registration screen. Staff will ask the patient for a payment toward the bad debt balance and will provide the patient with a receipt for any payment made. The receipt will indicate that the payment is to be applied toward a bad debt balance. Recording the payment and related accounting functions will be performed by the Biller.

Non-sufficient fund (NSF) checks

When a patient's check is returned for non-sufficient funds (NSF), the Accounting Office is responsible for documenting the return of the check and for entering the NSF fund charge in recordkeeping system.

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Emergency Codes

Code Blue	medical emergency
Code Red	fire
Code Green	angry patient
Code Black	lock down/shelter in place

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

POLICY: Disaster - Water Contamination	DATE: 11/19/18
SECTION: Safety	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Disaster – Water contamination

Objective: In the event of a breach of the Clinic’s potable water supply, leadership will ensure a consistent supply of potable water is available to patients, visitors, and Clinic personnel.

Response Rating:

Required Equipment:

Procedure:

1. Upon disruption of potable water service, the Clinic will turn off access to the City’s water supply at all sinks and drinking fountains. Water flow will continue to all toilets unless advised to the contrary by City utilities resources.
2. Clinic staff will post a written notice to advise patients that sinks and drinking fountains are out of service and bottled water will be provided at the patient’s request.
3. The Clinic will store and supply potable drinking water for patients, personnel and visitors from a bottled water supply.
 - a. Bottled water vendor, by delivery
 - b. Bottled water supply via a local, retail resource (e.g. Albertson’s Grocery Store)
4. Store and supply alternative methods of hand washing for staff.
 - c. Use of gallon bottles of water placed at hand-washing sinks
 - d. Use of alcohol-based hand sanitizer
5. Utilize gallon bottles of water when scrubbing implements before sterilization.
6. Call for bottled water from local supplier to supplement inventory and/or replace used inventory.
7. Clinic will obtain sufficient quantities of bottled water to cover a short-term emergency, as necessary.

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

POLICY: EMPLOYEE HEALTH	REVIEWED: 11/30/18
SECTION: Workforce	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Employee Health

Objective: Prior to starting work and annually thereafter, employees and contractors will ensure completion of minimum Employee Health processes to ensure a well workforce.

Response Rating:

Required Equipment:

Procedure:

1. The following minimum procedures will be completed and documented in the confidential health file prior to the employee and/or contractor's first day of work.
 - a. Post-offer physical examination.
 - b. Two-step PPD skin test or chest x-ray if prior PPD was positive.
 - c. Proof of Hepatitis B vaccinations or laboratory results (titers) to demonstrate immunity.
 - i. If patient is not immune, Clinic will provide Hepatitis B vaccinations at cost to the Clinic or, if the employee wishes to decline the vaccination, sign a declination statement.
2. The following minimum procedures will be completed and documented in the confidential health file annually for employees and contractors:
 - a. PPD skin test or chest x-ray if prior PPD was positive.
3. Clinic provided flu shots for employees and contractors are encouraged but optional.
4. PPD skin test will be repeated annually and documented in the confidential health file.

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

POLICY: Late Arriving Unscheduled Patients	REVIEWED: 4/28/19
SECTION: Operations	REVISED: 3/27/17; 7/10/18
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Late Arriving Patients

Objective: To ensure effective operation of the Clinic and to reduce unnecessary overtime costs, the Clinic will not schedule patient appointments after 5:30pm and will not register patients for care after 5:30pm unless the patient has a medical emergency. Patients will be expected to arrive at the Clinic promptly relative to their appointment time.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. The Clinic electronic scheduling module will support the scheduling of physical examinations, appointments for acute illness, follow-up, and health maintenance visits.
2. Patients will be expected to arrive promptly for their appointments.
 - a. If a patient arrives more than 10 minutes late for their appointment, they will be treated as a walk-in patient and worked in to the schedule.
 - b. Patients will be advised that tardiness will be tracked and, if habitual, will affect the patient's ability to schedule appointments in the future.
2. Adult and Child comprehensive physical examinations will not be scheduled after 5:00pm. Sports physicals may be performed after confirmation with the practitioner.
3. Patients arriving at the Clinic without an appointment after 5:30pm will be assessed by the registered nurse on duty who will:
 - a. Document of chief complaint
 - b. Take and document vitals signs

In absence of a registered nurse, the licensed vocational nurse or medical assistant will document chief complaint and vital signs.

4. The registered nurse, licensed vocational nurse, or medical assistant will consult with the practitioner and present chief complaint and vital signs information.
5. Patients with urgent medical complaints will be seen by the practitioner
 - a. Acute chest pain
 - b. Acute abdominal pain
 - c. Active labor
 - d. Disabling headache
 - e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
 - f. Uncontrollable vomiting
 - g. Uncontrollable bleeding
 - h. Possible fracture
 - i. Head trauma
 - j. Shortness of breath
 - k. Altered mental status
6. Patients whose complaints are not deemed medically urgent will be scheduled for an appointment on the following day.
7. Patients requesting medication refills will be scheduled for an appointment on the following day.
8. Patients requesting physician "school notes" will have their medical record researched to determine whether they were seen by a Clinic practitioner during the timeframe in question. If the patient was seen, the previously provided note will be re-printed. If the patient was not seen, the Clinic will decline to provide a "school note".

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

POLICY: Mass Casualty Response	REVIEWED: 11/19/18
SECTION: Safety	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR

Subject: Mass casualty response

Objective: For the purpose of this policy, Mass Casualty will be defined as any patient care situation that disrupts regular Clinic operations.

Response Rating:

Required Equipment:

Procedure

1. Clinic may be advised of a mass casualty from one of the following sources:
 - a. Law enforcement
 - b. Community member
 - c. County EMS
 - d. Patient surge
 - e. News broadcast (television, radio, internet)

2. In a mass casualty situation, the Clinic will activate the Command Center. The Command Center will be located in one of the following locations commensurate with the situation and weather conditions:
 - a. Clinic lobby
 - b. Clinic parking lot, adjacent to the Clinic
 - c. Clinic parking lot, across the street from the Clinic
 - d. District parking lot, adjacent to the District Office
 - e. District Office

3. Until replaced by District personnel or Clinic leadership, the Incident Commander will be the staff member present with the RN or LVN license. Absent an RN or LVN, the Radiology Technician will function as the Incident Commander. Absent a Radiology Technician, the senior Medical Assistant will function as the Incident Commander.

4. The following supplies will be placed in the Emergency Response bin, which will be stored at the Clinic in the reception desk area:

Incident Command Team t-shirts/vests (incident Commander, Safety Officer, Operations Officer, Logistics Officer)

Dual band radios, batteries, car chargers

A copy of the current, approved Emergency Preparedness Plan which contains contact information for personnel, providers, and resources

Flashlights and batteries

Duct tape

Pads and pens

Patient registration forms (downtime)

Patient care forms (downtime)

Incident command forms

5. Additional supplies, such as Easy-Up temporary shelters, bottled water, etc. will be located at the District storage area.
6. If the building is safe for use, Clinic operations will take place within the confines of the building building.
7. If the Clinic building is not safe for use the parking lot(s) will be established as the alternative patient care site.
8. If neither the Clinic building nor the parking lots are safe for Clinic operations, District and/or Clinic leadership will coordinate with City of Soledad resources to determine where Clinic personnel may set up to provide patient care services.
9. It is understood that, based upon the type and severity of the emergency the Clinic may not be able to offer usual and customary Clinic services in the location and manner to which patients are accustomed. Clinic services may be enhanced or reduced based upon provider and staff availability. At no time will Clinic personnel provide service outside their training and/or scope of practice.
10. If forced to move Clinic operations out of the Clinic building:
 - a. Use duct tape on pavement to designate space for command and/or patient intake/assessment
 - b. Move clinic furniture and medical supplies/medications that do not require refrigeration outside to accommodate patient waiting and care, if appropriate
11. Utilize approved forms for documentation.
12. Activate on duty and off duty staff, as required.
13. If not already involved, notify ambulance service and local law enforcement of Clinic status (normal operations, partially operational (define), non-operational).
14. Contact local ambulance service to ensure they have contacted potential receiving hospital(s)
15. RN and/or FNP serve as triage nurse.
16. LVN serves as MA lead and makes assignments. Absent an LVN, the RN/FNP will assign a lead MA.
17. Reception chair #1 will serve as front office lead and will manage registration and the telephone traffic.

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

POLICY: Security And Retention Of Medical Records	REVIEWED: 11/21/18
SECTION: Medical Records	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Security and retention of medical records

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

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

POLICY: MISSION STATEMENT	REVIEWED: 11/9/18
SECTION: ADMINISTRATION	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Mission Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

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

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

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

POLICY: Narcotics	REVIEWED: 11/30/18
SECTION: Medication Management	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Purpose: Narcotic Policy

Objective: The Clinic is oriented to provide relief of acute medical conditions and acute pain. In that context, it is sometimes appropriate to prescribe narcotics. We recognize that there are patients in the community who require chronic pain management and others who are drug seeking. This policy is intended to allow relief of acute pain without encouraging drug seeking patients and preventing drug diversion, within the limits of state and federal laws.

Policy:

It is the goal of our practice to provide effective pain relief for acute conditions and injuries. We will not practice chronic pain management, except in the context of diagnosed medical conditions. Narcotics may be prescribed in limited quantities for acute conditions with a quantity of no more than 20 with NO REFILLS.

In the rare instances of chronic pain requiring narcotics, a plan of care needs to be outlined in the chart and a Pain Contract signed by the Physician and the patient. This plan should include the number of pills per month, a clear diagnosis, documentation of prior non-narcotic treatments, and regular follow-ups with the same physician on a scheduled basis.

The following narcotics are **acceptable** in limited quantities:

- Codeine
- Hydrocodone
- Ultram (Tramadol)
- Oxycodone
- Morphine IM/IV (administered at the Clinic)

The following narcotic medications are unacceptable at this facility:

- Dilaudid
- Methadone
- Any other triplicate narcotics

Any exceptions to this policy need to be approved by the Medical Director and one other physician and documented in the chart.

Should the patient fail to comply with their Pain Contract, the patient will be terminated from the practice.

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

POLICY: ORGANIZATION OF NURSING PERSONNEL	REVIEWED: 11/30/18
SECTION: Workforce	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Organization of nursing personnel

Objective: Under the direction of the Clinic Director, who functions as the liaison between nursing personnel and the medical staff, nursing care is delivered according to policies and procedures which have been authorized by the Medical Staff and the Governing Body.

1. To clarify administrative and supervisory responsibilities for nursing personnel.
2. To delineate areas of responsibility.
3. To clarify determination of nursing care hours.
4. To determine the evaluation of patient care.
5. To identify the methods used for patient care delivery.

Response Rating:

Required Equipment:

Procedure:

1. Nursing hours are determined based on the Clinic's hours of operation. A physician or a nurse practitioner/physician assistant will remain in the Clinic during hours of operation.
2. Nursing staff is organized according to the details outlined in the approved job descriptions, which define staff relationships and details of responsibility for each category of nursing personnel.
3. Nursing Administrative personnel
 - a. The Clinic Director has 24-hour responsibility for the administration of the Clinic.
 - b. The Director's designee shall be appointed to act in the absence of the Director. The Medical Director and staff will be notified of the designee in the absence of the Director.
 - c. Staff, licensed nurses, and Medical Assistants are delegated nursing care responsibilities by the physician and the Clinic Director.

4. Evaluation of Nursing care to determine quality and appropriateness of nursing care will be completed using the following methods
 - a. Review of incident reports
 - b. Quality Assurance Program
 - c. Patient needs satisfaction (verbal and/or written)
 - d. Nursing staff needs satisfaction (verbal and/or written)
 - e. Medical Staff needs satisfaction (verbal and/or written)

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

POLICY: Patient With Urgent Complaint Or Distress	REVIEWED: 11/19/18
SECTION: Admitting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Patient with Urgent Complaint or Distress

Objective: To assure patients with urgent medical conditions are directed to care as required based on their medical condition.

Response Rating:

Required Equipment:

Procedure:

When a patient presents to the Clinic with an urgent complaint or in distress:

1. Registration personnel will immediately request the nurse and direct the nurse to the patient in question.
2. The nurse will follow the current Initial Patient Contact and Medical Emergency policy.
3. If the patient is accompanied by a friend or family member, ask that individual for patient demographic information so as to complete a registration and open the EMR for use.
4. If the patient is unaccompanied or their companion is unable to provide the requested information, obtain the information from the patient after the practitioner has seen them and they are deemed able to respond to queries.
5. If the patient is unable to complete a sign in sheet, personnel may interview the patient and obtain the information verbally and enter that information into the EMR.
6. If the patient is in extremis, provide life saving treatment and call 911. Input of demographic information into the EMR becomes a low priority task.

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

POLICY: Sensitive Services	REVIEWED: 11/12/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Sensitive Services

Objective: The Clinic will implement and maintain procedures to ensure confidentiality and ready access to sensitive services, consistent with services offered, for all patients, including minors. Patients shall be able to access sensitive services promptly, and where applicable, in keeping with the guidelines of their insurance payor.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sensitive services are defined as services related to:
 - a. Sexual assault
 - b. Drug or alcohol abuse for children 12 years of age or older
 - c. Pregnancy
 - d. Family planning
 - e. Sexually transmitted diseases designated by the State for children 12 years of age or older
 - f. Sexually transmitted diseases for adults
 - g. HIV testing
 - h. Outpatient mental health for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.

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

POLICY: Standardized Procedure for Visual Acuity Testing	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Standardized procedure for visual acuity

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with injury and/or pain of the eye.

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 visual acuity testing for all patients presenting with a complaint of injury and/or pain of the eye.

Visual Acuity Testing is a useful assessment of determining patients that are reporting signs or symptoms of eye pain and/or eye injury; complaints of blurred vision; and patients with a complaint of red/itching eyes consistent with conjunctivitis.

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

POLICY: MOTOR VEHICLE ACCIDENT REPORTING	REVIEWED: 11/20/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Motor Vehicle Accident Reporting

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

Response Rating:

Required Equipment:

Procedure:

1. Upon registration, if patient report they were in any type of Motor Vehicle accident, the following information will be recorded on Motor Vehicle Accident Report form:
 - a. Patient name
 - b. Date of birth
 - c. Type of motor vehicle
 - d. Location of accident
 - e. Who was involved in the accident
 - f. Law Enforcement Agency contacted
2. All motor vehicle accidents will be reported to appropriate law enforcement agency regardless of the patient stating they already reported the accident.
3. If patient sustained injuries from a motor vehicle accident (car, truck, motorcycle, pedestrian), patient will be given a copy of the treatment notes to attach to the DMV Report of Traffic Accident.

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

POLICY: Operation During Internal Disaster	REVIEWED: 11/19/18
SECTION: Safety	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Operation of the Clinic during an internal disaster

Objective: To ensure continuity of services, as well as patient and staff safety in the event of a facility internal disaster.

Response Rating:

Required Equipment:

Procedure:

1. In the event of an internal disaster (e.g. fire, flood, extended power failure) that renders the Clinic inoperable, Clinic personnel will report to the CEO per their assigned Clinic schedule and receive assignments from the Clinic Director.
2. The Clinic's designated contract/facilities maintenance vendor will inspect the Clinic to determine the severity of the issues and estimate costs and timeline to return the facility to operational status.
3. The CEO, Clinic Director, and Medical Director will meet to discuss current status of the Clinic facility, the contractor's recommendation(s), and to formulate an operations plan during repair activities.
 - a. Short term solution
 - b. Long term solution, if required
4. If the Clinic will be non-operational for a period to exceed 24 hours, a formal written notice will be sent to the appropriate District Office of the California Department of Public Health to advise the Clinic's status, including short- and long-term activities that are planned.
5. Clinic Director will make assignments, including:
 - a. The placement of signs on the building exterior, advising the Clinic's status and options for patients to receive care elsewhere.
 - b. Revision of the Clinic's voice mail outgoing message to reflect the Clinic's status and options for patients to receive care elsewhere.
 - c. Direct personnel to locate themselves in a safe and secure location near the Clinic building for

the purpose of informing patients who walk-up to the Clinic that the Clinic is not currently operational, the anticipated timeline before the Clinic returns to operation, and options for patients to receive care elsewhere.

- i. An assessment will be made at the time of the disaster as to what alternative health care resources are available in the community and that information will be made available upon patient inquiry. It is acknowledged that there are sparse alternatives in the community and options for patients may be limited.
- d. Direct personnel to utilize computer resources to access the “cloud-based” electronic medical record software to contact patients with scheduled appointments for the purpose of advising that the Clinic is not operational, the anticipated timeline before the Clinic returns to operation, and options for patients to receive care elsewhere.
- e. In cooperation with Medical Director, ensure that active patient records in the “cloud-based” electronic medical record are reviewed to ensure all incoming consultative reports, laboratory results, and other pertinent content is reviewed and clinical follow-up initiated, (e.g. calls to patients with results, request for referral to specialist practitioners when clinically necessary, etc.) so as to ensure continuity of patient care.
- f. Direct personnel to utilize computer resources to access the “cloud-based” electronic medical record software and District shared folders for the purpose of continuing work on authorizations and referrals in progress and to results tracking logs for mammography, Pap smears, and pathology requests.
- g. Assign one staff member to respond to billing service requests for information to address incomplete and/or denied insurance claims filings.
- h. If safe to do so, assign two or more staff members to report to the Clinic for the purpose of securing and relocating medications (including Vaccine for Children inventory) and oxygen tanks.

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

POLICY: Patient Medical Record Content	REVIEWED: 11/30/18
SECTION: Medical Records	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Medical record content

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

POLICY: Peer Review	REVIEWED: 11/30/18
SECTION: Medical Staff	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Peer review of medical records

Objective: Peer review will be conducted for the Clinic in accordance with guidelines established by the Medical Director, in collaboration with the Executive Director and Clinic practitioners. Those guidelines will be reviewed regularly and revised as deemed necessary.

Response Rating:

Required Equipment: None

Procedure

1. The Medical Director in collaboration with the Executive Director and Clinic practitioners will develop criteria for the selection of clinic medical records for chart review. Peer review will be accomplished on a monthly basis.
2. Per the agreed upon criteria, clinic charts will be selected and presented to the Medical Director or his designee(s) for review.
3. Chart review will be completed and documented using the Clinic Peer Review data capture tool or other appropriate worksheet. Peer review will be confidential within the medical/provider group and reports thereof will be summarized and reported in a confidential manner through QAPI reports to the Board.
4. Medical Director may modify the selection criteria at any time. Peer review may be performed by qualified physicians from outside the District at the direction of the Medical Director and with approval of the leadership.
5. Medical Director may alter the data capture tool utilized for Peer Review at their discretion.
6. The results of the Peer Review process will be shared and distributed to each provider whose work was reviewed.
7. After review by the Medical Director, the results of the Peer Review process will be maintained with other pertinent Medical Staff information.

8. Peer review results will be considered during scheduled practitioner performance evaluation periods.

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

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

Subject: Standardized procedure for urinalysis

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with urinary tract infections.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) Urinalysis Test (Dipstick Method) for all patients presenting with symptoms of urinary tract infection such as dysuria, urgency or frequency of urination and/or a history of or complaints of urinary frequency.

Urinalysis Testing is a useful assessment of determining patients that are reporting signs or symptoms of urinary tract infections.

The standard of medical care for urinary tract infections may be accessed through the link website located at the reference below.

Reference:

Kelley, N. (2013). Screening test in Children and Adolescents. Urinalysis. Retrieved from http://www.uptodate.com/contents/screening-tests-in-children-and-adolescents?source=search_result&search=urinalysis&selectedTitle=3%7E150

Meyrier, A. (2013). Urine sampling and culture in the diagnosis of urinary tract infection in adults Retrieved from http://www.uptodate.com/contents/urine-sampling-and-culture-in-the-diagnosis-of-urinary-tract-infection-in-adults?source=search_result&search=urinalysis&selectedTitle=2%7E150#H6

American Family Physician (2006).AFPIN’s Clinical Inquiries. Urine Dipstick in Diagnosing Urinary Tract Infection. American Family Physician 73(1), 129-132. Retrieved from <http://www.aafp.org/afp/2006/0101/p129.html>

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

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 11/30/18
SECTION: Medication Management	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All pharmaceuticals are stored according to the manufacturer’s recommendations or, in the absence of such recommendations, according to a pharmacist’s instructions.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
4. Proper consideration is given to the safe storage of poisons and flammable compounds.
5. Internal medications are stored separately from external medications.
6. Non-medications and flammables are not to be stored in medication refrigerators.
7. Room Temperature – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). Medication rooms and drug storage area temperatures will be maintained within this range. A log will be maintained for each medication room to document the temperature daily. Pharmacy and Plant Maintenance will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Manager will be consulted to insure proper relocation.
8. Refrigerator Temperature - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.

9. If the temperature is not within the specified range, the Clinic Manager will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented either directly on the Refrigerator Temperature Log.
10. Freezer Temperature - Freezer temperature, as it applies to medication storage shall be below -20°C (-4°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, both the Pharmacy and Plant Maintenance will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The pharmacist will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Plant Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -20°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*

11. Each refrigerator/freezer will have a serviceable temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Manager or designee to check and document the temperature twice daily.
 - b. Medication Rooms – Medication room(s) are to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, and Medical Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. Med Dispense – Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The ~~Pyxis~~ Med Dispense cabinets maintain control and storage of medications and keeps specific documentation of all transactions in regards to distribution and administration.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives **MUST** sign-in with the District Office and are allowed **ONLY** to the Clinic if approved by the Medical Director. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without **PRIOR** approval from the Medical Director.

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.
2. Medications are dispensed in ready-to-administer form to the extent possible.

3. For most medications, not more than a 14 days supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved by obtaining use data from the Pyxis machine and refilling inventory based on use as identified by the Pyxis report.
4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to insure counts are accurate based upon use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Staff, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts
2. In keeping with Clinic policy, Crash Carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.