



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

**Meeting of the Board of Directors
Wednesday February 27, 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:** 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. Correspondence:

- Stay Vertical Calaveras Thank You - Tina Karratti (Feb. 12, 2019)
- Stay Vertical Calaveras Thank You - Patty Pierce (Feb. 13, 2019)

This Institution is an Equal Opportunity Provider and Employer

Agenda – Feb. 27, 2019 MTHCD Special Board Meeting

B. State Controller Financial Transaction Report 1-30-2019

C. Un-Approved Minutes:

- Un-Approved Special Finance Committee Meeting Minutes for January 16, 2019
- Un-Approved Special Board Meeting Minutes for January 30, 2019

6. MTHCD Reports:

A. Presidents Report:.....Ms. Reed

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

B. Executive Director Report:Dr. Smart

- **VS H&W Center - Draft Policies:** **Action**

1. DRAFT Standardized Procedure for Visual Acuity Testing 111118
2. DRAFT Standardized Procedure for Urinalysis 111118
3. DRAFT Standardized Procedure for Strep A 111118
4. DRAFT Standardized Procedure for Pulse Oximeter 111118
5. DRAFT Standardized Procedure for Pregnancy Testing of Patients on Contraception 111118
6. DRAFT Standardized Procedure for Physical Examinations 111118
7. DRAFT Standardized Procedure for Hemoglobin Assessment 111118
8. DRAFT Standardized Procedure for Glucose Testing of Diabetic Patients 111118
9. DRAFT Standardized Procedure for Childhood Health Screenings 111118
10. DRAFT Standardized Procedure for Administration of Flu Shots 111118
11. DRAFT Withdrawal of Care 111218
12. DRAFT Visual Acuity 111218
13. DRAFT Venipuncture 111218
14. DRAFT Vaccine Administration 111218
15. DRAFT Urine Collection Clean Catch Male 111218
16. DRAFT Urine Collection Clean Catch Female 111218
17. DRAFT Urinary Catherization 111218
18. DRAFT Telephone Request for Medical Advice 111218
19. DRAFT Splints Ace Wraps 111218
20. DRAFT Sensitive Services 111218
21. DRAFT Shelter in Place for Patients and Staff 111918
22. DRAFT Patient with Urgent Complaint or Distress 111918
23. DRAFT Operation During Internal Disaster 111918
24. DRAFT Medication Management Response to Power Failure 111918
25. DRAFT Mass Casualty Response 111918
26. DRAFT Initial Patient Contact and Medical Emergencies 111918

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Agenda – Feb. 27, 2019 MTHCD Special Board Meeting

- 27.DRAFT Fire Safety 111918
- 28.DRAFT Extreme Temperatures 111918
- 29.DRAFT External Hazmat Incident 111918
- 30.DRAFT Emergency Situation Unresponsive Patient 111918
- 31.DRAFT Earthquake or Weather Emergency 111918
- 32.DRAFT Disruption of Electrical Service 111918
- 33.DRAFT Disaster Plan 111918
- 34.DRAFT Disaster - Water Contamination 111918
- 35.DRAFT Cardiopulmonary Resuscitation-Code Blue 111918
- 36.DRAFT Bomb Scare 111918
- 37.DRAFT Bioterrorism Threat 111918
- 38.DRAFT Alternate Communication in an Emergency Situation 111918
- 39.DRAFT Active Shooter 111918
- 40.DRAFT Standardized Procedure Urinalysis for Pregnant Patients 111118

- **Strategic Plan Matrix (Last Updated 12-1-2018):**
- **ACHD Board Self-Assessment:**
- **New Email Address:**
- **Personnel Manual - Change: Action**
- **Finance Committee Meeting Member:**

- C. Corp. Board Report:**.....Ms. Reed / Ms. Atkinson
- D. Stay Vertical Calaveras:**.....Steve Shetzline
- E. Ad Hoc Real Estate:**Ms. Reed / Ms. Al-Rafiq

- **Update on the Valley Springs Health & Wellness Center:**.....Dr. Smart
 - Construction:.....Dr. Smart
 - Project Manager:.....Pat Van Lieshout
 - Operations and Development:.....Dr. Smart
 - VS H&W Center Manager:
 - Physician Recruiting:
 - Employee Benefit and Wages:
- **Update on Valley Springs Property - Phase II:**.....Ms. Reed / Ms. Al-Rafiq

This Institution is an Equal Opportunity Provider and Employer

Agenda – Feb. 27, 2019 MTHCD Special Board Meeting

7. Committee Reports:

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

The Finance Committee was unable to meet in February therefore, financial statements are being presented here for the first time without Finance Committee review.

- Financial Update:..... Mr. Wood
- Financial Statements (Jan 2019) Recommendation-Approval: **Action**.....Ms. Atkinson
- Investment Activities:.....Mr. Wood
- Draft Reserve Policy No. 30: **Action:**.....Ms. Atkinson / Mr. Wood
- March meeting dates:

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

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

C. Ad Hoc Community Grant:.....Ms. Radford / Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

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

9. Next Meeting:

A. Wed. March 27, 2019

10. Closed Session:

A. Public Employee Performance Evaluation (Govt. C. sec. 54957). Title: Executive Assistant.

11. Reconvene to Open Session:

A. Report of Action taken (if any) in Closed Session:

12. Adjournment: **Action:**

This Institution is an Equal Opportunity Provider and Employer

Agenda – Feb. 27, 2019 MTHCD Special Board Meeting

-----Original Message-----

From: noreply@getstreamline.com <noreply@getstreamline.com>

Sent: Tuesday, February 12, 2019 6:53 AM

To: Peggy Stout <pstout@mthcd.org>

Subject: Form submission from Mark Twain Health Care District

Your name:

Tina Karratti

Your email:

tkarratti@hotmail.com

Subject:

Stay Vertical Calaveras

Message:

What a delightful program. I am so enjoying my workouts. This program has gotten me out of the house and up and moving. Jenn's strength training class in Valley Springs is just right. I get a good workout without feeling like I'm trying to keep up and being overworked. I also take Danette's Tai Chi class. What a difference this class makes in my overall well being.

It is nice to be able to speak with other adults, even if it's only an hour a day. Its been 4 weeks for me. I am more focused in my thoughts. I have removed all the area rugs from my home. I now wear slipper socks with safety bottoms. I have a small leaf blower that I am now strong enough to use. I can keep the slippery leaves off the path of my car to the front door (that was one of my falls this past year). I will not be wearing flip flops or unsecured sandals this summer.

I noticed I can get in and out of my car easier. I am able to carry two small bags of groceries from the MarVal to my car without feeling like I am unbalanced and going to fall. I noticed I am so much stronger in my core because I can get in and out of my recliner with less effort than before the classes.

I believe these classes are lowering my blood pressure. I need more data and will see after the 8 weeks are up, but my numbers have been consistently good each day ever since the second week of the program. AND...yesterday a woman in my class told me I looked more toned up. Yes I have lost 4 pounds in these 4 weeks. I have changed nothing about my habits other than adding 2 hours of your strength training and 2 hours of Tai Chi program each week. I am thrilled!

I am fortunate that this program is available in my community. I fell three times last year. I am confident these falls will not be in my future all due to these programs. Thank you!

-----Original Message-----

From: noreply@getstreamline.com <noreply@getstreamline.com>

Sent: Wednesday, February 13, 2019 1:21 PM

To: Peggy Stout <pstout@mthcd.org>

Subject: Form submission from Mark Twain Health Care District

Your name:

Patty pierce

Your email:

ivanafive@msn.com

Subject:

Senior strength training/Power Up

Message:

Just wanted to let you know how much my husband and I are enjoying the Seated Strength Training class offered at Power Up. In the last few weeks we have both noticed an increase in strength and balance. I ride horses and have noticed how much easier it is to swing a 35 lb saddle up on my horse. Jennifer is an excellent instructor who constantly encourages us but never overtaxes. We hope this class is continuing after the initial 8

Weeks. Thank you for providing this very necessary and fun activity

SPECIAL DISTRICTS FINANCIAL TRANSACTIONS REPORT COVER PAGE

Special District of Mark Twain Health Care District

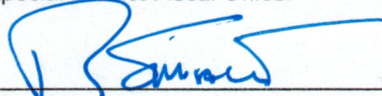
Reporting Year: 2018

ID Number: 12140501000

Certification:

I hereby certify that, to the best of my knowledge and belief, the report forms fairly reflect the financial transactions of the special district in accordance with the requirements as prescribed by the California State Controller.

Special District Fiscal Officer



Signature

Ex D.R

Title

RANDALL SMART

Name (Please Print)

1/30/2019

Date

Per Government Code section 53891(a), this report is due within seven months after the close of the fiscal year. The report shall contain underlying data from audited financial statements prepared in accordance with generally accepted accounting principles, if this data is available.

Please complete, sign, and mail this cover page to either address below:

Mailing Address:
State Controller's Office
Local Government Programs and Services Division
Local Government Reporting Section
P.O. Box 942850
Sacramento, CA 94250

Express Mailing Address:
State Controller's Office
Local Government Programs and Services Division
Local Government Reporting Section
3301 C Street, Suite 700
Sacramento, CA 95816

The Financial Transactions Report was successfully submitted to the State Controller's Office on 1/22/2019 11:07:57 AM

Special District of Mark Twain Health Care District
 Special Districts Financial Transactions Report
 General Information

Fiscal Year: 2018

District Mailing Address

Street 1 Has Address Changed?
 Street 2
 City State Zip
 Email

Members of the Governing Body

| | First Name | M. I. | Last Name | Title |
|----------|--------------------------------------|----------------------|---------------------------------------|--|
| Member 1 | <input type="text" value="Lin"/> | <input type="text"/> | <input type="text" value="Reed"/> | <input type="text" value="President"/> |
| Member 2 | <input type="text" value="Susan"/> | <input type="text"/> | <input type="text" value="Atkinson"/> | <input type="text" value="Treasurer"/> |
| Member 3 | <input type="text" value="Ann"/> | <input type="text"/> | <input type="text" value="Radford"/> | <input type="text" value="Secretary"/> |
| Member 4 | <input type="text" value="Debbie"/> | <input type="text"/> | <input type="text" value="Sellick"/> | <input type="text" value="Member at Large"/> |
| Member 5 | <input type="text" value="Talibah"/> | <input type="text"/> | <input type="text" value="Al-Rafiq"/> | <input type="text" value="Mamber at Large"/> |
| Member | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

District Fiscal Officers

| | First Name | M. I. | Last Name | Title | Email |
|------------|------------------------------------|----------------------|------------------------------------|--|--|
| Official 1 | <input type="text" value="Randy"/> | <input type="text"/> | <input type="text" value="Smart"/> | <input type="text" value="Exec Director"/> | <input type="text" value="rwsmart@pacbell.net"/> |
| Officials | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Report Prepared By

First Name M. I. Last Name
 Telephone Email

Independent Auditor

Firm Name
 First Name M. I. Last Name
 Telephone

1. Is this district a component unit of a City, County, or Special District (Choose one)? If "Yes", answer question 2. Yes No

2. Is this district a blended component unit (BCU) or a discretely presented component unit (DPCU) of a City, County, or Special District (Choose one)? Refer to the Financial Transactions Report (FTR) instructions for definitions of these terms. If the district is a BCU, answer questions 3 - 5.

BCU DPCU

3. Is financial data of this BCU included in the financial statements or Comprehensive Annual Financial Report (CAFR) of a City, County, or Special District (Choose one)?

City County Special District

4. In which City, County, or Special District financial statements or CAFR is the financial data of this BCU included?

City name:

County name:

Special District name:

5. Is financial data of this BCU included in the City, County, or Special District FTR (Choose one)? Yes No

Special District of Mark Twain Health Care District
 Special Districts Financial Transactions Report
 Hospital Enterprise Fund
 Statement of Revenues, Expenses, and Change in Fund Net Position

Fiscal Year: 2018

| | | |
|----------------------------------|--|--|
| Operating Revenues | | |
| Patient Revenues | | |
| R01. | Daily Hospital Services | <input type="text"/> |
| R02. | Ambulatory Services | <input type="text"/> |
| Ancillary Services | | |
| R03. | Inpatient | <input type="text"/> |
| R04. | Outpatient | <input type="text"/> |
| R05. | Other Patient Revenues | <input type="text"/> |
| R06. | Gross Patient Revenues | <input type="text"/> |
| Deductions from Patient Revenues | | |
| R07. | Charity Discounts | <input type="text"/> |
| R08. | Donations for Indigent Care | <input type="text"/> |
| R09. | Provisions for Bad Debts | <input type="text"/> |
| R10. | Medicare Contractual Adjustments | <input type="text"/> |
| R11. | Medi-Cal Contractual Adjustments | <input type="text"/> |
| R12. | Other Contractual Adjustments | <input type="text"/> |
| R13. | Other Deductions from Patient Revenues | <input type="text"/> |
| R14. | Total Deductions from Patient Revenues | <input type="text"/> |
| Capitation Premium Revenues | | |
| R15. | Medicare Capitation Premium Revenues | <input type="text"/> |
| R16. | Medi-Cal Capitation Premium Revenues | <input type="text"/> |
| R17. | Other Capitation Premium Revenues | <input type="text"/> |
| R18. | Total Capitation Premium Revenues | <input type="text"/> |
| R19. | Net Patient Revenues | <input type="text"/> |
| R20. | Tuition and Other Educational Revenues | <input type="text"/> |
| R21. | Services, Commissions and Rentals | <input type="text"/> |
| R22. | Other Operating Revenues | <input type="text" value="1,545,045"/> |
| R23. | Total Operating Revenues | \$1,545,045 |

| Operating Expenses | | |
|------------------------------|---|--------------------|
| R24. | Daily Hospital Services | |
| R25. | Ambulatory Services | |
| R26. | Ancillary Services | |
| Purchased Services | | |
| R27. | Inpatient | |
| R28. | Outpatient | |
| R29. | Research Expenses | |
| R30. | Education Expenses | |
| R31. | Personnel Services | 236,193 |
| R32. | Contractual Services | 332,287 |
| R33. | Materials and Supplies | |
| R34. | General and Administrative Expenses | |
| R35. | Depreciation and Amortization Expenses | 26,582 |
| R36. | Other Operating Expenses | 476,739 |
| R37. | Total Operating Expenses | \$1,071,801 |
| R38. | Operating Income (Loss) | \$473,244 |
| Nonoperating Revenues | | |
| R39. | Investment Earnings | |
| R40. | Contributions and Donated Services | |
| R41. | Maintenance of Restricted Funds Revenues | |
| R42. | Unrestricted Income from Endowment Funds | |
| R43. | Unrestricted Income from Other Restricted Funds | |
| R44. | Term Endowment Funds Becoming Unrestricted | |
| R45. | Transfers from Restricted Funds for Nonoperating Expenses | |
| R46. | Physicians' Offices and Other Rental Revenues | |
| R47. | Medical Office Building Revenues | |
| R48. | Child Care Services Revenues (Nonemployees) | |
| R49. | Family Housing Revenues | |
| R50. | Retail Operations Revenues | |

| | |
|--|-------------------|
| Taxes and Assessments | |
| SD51. Current Secured and Unsecured (1%) | |
| SD52. Voter-Approved Taxes | |
| SD53. Pass-through Property Taxes (ABX1 26) | |
| SD54. Property Assessments | |
| SD55. Special Assessments | |
| SD56. Special Taxes | |
| SD57. Prior-Year Taxes and Assessments | |
| SD58. Penalties and Cost of Delinquent Taxes and Assessments | |
| Intergovernmental – Federal | |
| R59. Aid for Construction | |
| R60. Other Intergovernmental – Federal | |
| Intergovernmental – State | |
| R61. Aid for Construction | |
| SD62. Homeowners Property Tax Relief | |
| SD63. Timber Yield | |
| R64. In-Lieu Taxes | |
| R65. Other Intergovernmental – State | |
| R66. Intergovernmental – County | |
| R67. Intergovernmental – Other | |
| R68. Gain on Disposal of Capital Assets | |
| R69. Other Nonoperating Revenues | |
| R70. Total Nonoperating Revenues | \$0 |
| Nonoperating Expenses | |
| R71. Interest Expense | |
| R72. Intergovernmental Transfers Expense | |
| R73. Maintenance of Restricted Funds Expenses | |
| R74. Physician's Office and Other Rental Expenses | |
| R75. Medical Office Building Expenses | |
| R76. Child Care Services Expenses (Nonemployees) | |
| R77. Family Housing Expenses | |
| R78. Retail Operations Expenses | |
| R79. Loss on Disposal of Capital Assets | |
| R80. Other Nonoperating Expenses | 587,223 |
| R81. Total Nonoperating Expenses | \$587,223 |
| R82. Income (Loss) Before Capital Contributions, Transfers, and Special and Extraordinary Items | \$-113,979 |

| Capital Contributions | | |
|--|---|--------------|
| R83. | Federal | |
| R84. | State | |
| R85. | County | |
| R86. | Other Government | |
| R87. | Other Capital Contributions | |
| R88. | Total Capital Contributions | \$0 |
| R89. | Transfers In | |
| R90. | Transfers Out | |
| Special and Extraordinary Items | | |
| R90.5 | Special Item | |
| R90.6 | Extraordinary Item | |
| R90.7 | Total Special and Extraordinary Items | \$0 |
| R91. | Change in Net Position | \$-113,979 |
| R92. | Net Position (Deficit), Beginning of Fiscal Year | \$18,995,199 |
| R93. | Adjustment | |
| R94. | Reason for Adjustment | |
| R95. | Net Position (Deficit), End of Fiscal Year | \$18,881,220 |
| Net Position (Deficit) | | |
| R96. | Net Investment in Capital Assets | 1,888,972 |
| R97. | Restricted | |
| R98. | Unrestricted | 16,992,248 |
| R99. | Total Net Position (Deficit) | \$18,881,220 |

Special District of Mark Twain Health Care District
 Special Districts Financial Transactions Report
 Statement of Net Position
 Proprietary Funds

Form has been completed.

Fiscal Year: 2018

| | Enterprise | Internal Service |
|--|--------------|------------------|
| Assets | | |
| Current Assets | | |
| Cash and Investments | | |
| R01. Unrestricted | 1,859,305 | |
| R02. Restricted | | |
| R03. Accounts Receivable (net) | 170,422 | |
| R04. Taxes Receivable | | |
| R05. Interest Receivable (net) | | |
| R06. Due from Other Funds | | |
| R07. Due from Other Governments | | |
| R08. Inventories | | |
| R09. Prepaid Items | 16,601 | |
| R10. Other Current Assets 1 | | |
| R11. Other Current Assets 2 | | |
| R12. Total Current Assets | \$2,046,328 | \$0 |
| Noncurrent Assets | | |
| R13. Cash and Investments, Restricted | | |
| R14. Investments | | |
| R15. Loans, Notes, and Contracts Receivable | | |
| Capital Assets | | |
| R16. Land | 1,339,564 | |
| R17. Buildings and Improvements | 4,568,729 | |
| R18. Equipment | 698,156 | |
| R18.5 Infrastructure | | |
| R19. Intangible Assets – Amortizable | | |
| R20. Construction in Progress | 601,422 | |
| R21. Intangible Assets – Nonamortizable | | |
| R22. Other Capital Assets | | |
| R23. Less: Accumulated Depreciation/Amortization | -5,318,899 | |
| R23.5 Net Pension Asset | | |
| R23.6 Net OPEB Asset | | |
| R24. Other Noncurrent Assets 1 | 14,840,434 | |
| R25. Other Noncurrent Assets 2 | 343,194 | |
| R26. Total Noncurrent Assets | \$17,072,600 | \$0 |
| R27. Total Assets | \$19,118,928 | \$0 |

| Deferred Outflows of Resources | | | |
|--------------------------------|--|--------------|-----|
| R28. | Related to Pensions | | |
| R28.5 | Related to OPEB | | |
| R28.6 | Related to Debt Refunding | | |
| R29. | Other Deferred Outflows of Resources | | |
| R30. | Total Deferred Outflows of Resources | \$0 | \$0 |
| R31. | Total Assets and Deferred Outflows of Resources | \$19,118,928 | \$0 |

Liabilities

| Current Liabilities | | | |
|---------------------|--|-----------|-----|
| R32. | Accounts Payable | 173,266 | |
| R33. | Contracts and Retainage Payable | | |
| R34. | Interest Payable | | |
| R35. | Due to Other Funds | | |
| R36. | Due to Other Governments | 47,458 | |
| R37. | Deposits and Advances | | |
| R38. | Accrued Compensated Absences | | |
| R39. | Long-Term Debt, Due Within One Year | 0 | 0 |
| R40. | Other Long-Term Liabilities, Due Within One Year | | |
| R41. | Other Current Liabilities 1 | 16,984 | |
| R42. | Other Current Liabilities 2 | | |
| R43. | Total Current Liabilities | \$237,708 | \$0 |

| Noncurrent Liabilities | | | |
|------------------------|---|-----------|-----|
| R44. | Deposits and Advances, Net of Current Portion | | |
| R45. | Compensated Absences, Net of Current Portion | | |
| R46. | General Obligation Bonds | | |
| R47. | Revenue Bonds | | |
| R48. | Certificates of Participation | | |
| R49. | Other Bonds | | |
| R50. | Loans (Other Long-Term Debt) | | |
| R51. | Notes (Other Long-Term Debt) | | |
| R52. | Other (Other Long-Term Debt) | | |
| R53. | Construction Financing – Federal | | |
| R54. | Construction Financing – State | | |
| R55. | Lease Principal | | |
| R56. | Net Pension Liability | | |
| R57. | Net OPEB Liability | | |
| R58. | Other Noncurrent Liabilities 1 | | |
| R59. | Other Noncurrent Liabilities 2 | | |
| R60. | Total Noncurrent Liabilities | \$0 | \$0 |
| R61. | Total Liabilities | \$237,708 | \$0 |

| Deferred Inflows of Resources | | | |
|--------------------------------------|---|--------------|-----|
| R62. | Related to Pensions | | |
| R62.5 | Related to OPEB | | |
| R62.6 | Related to Debt Refunding | | |
| R63. | Other Deferred Inflows of Resources | | |
| R64. | Total Deferred Inflows of Resources | \$0 | \$0 |
| R65. | Total Liabilities and Deferred Inflows of Resources | \$237,708 | \$0 |
| R66. | Total Net Position (Deficit) | \$18,881,220 | \$0 |
| Net Position (Deficit) | | | |
| R67. | Net Investment in Capital Assets | 1,888,972 | |
| R68. | Restricted | | |
| R69. | Unrestricted | 16,992,248 | |
| R70. | Total Net Position (Deficit) | \$18,881,220 | \$0 |
| R71. | Total Liabilities, Deferred Inflows of Resources, and Net Position (Deficit) | \$19,118,928 | \$0 |

Special District of Mark Twain Health Care District
 Special District Financial Transactions Report
 Footnotes

| Fiscal Year: 2018 | | <input checked="" type="radio"/> Current Year <input type="radio"/> Prior Year |
|------------------------|--|--|
| FORM DESC | FIELD NAME | FOOTNOTES |
| HospitalEnterpriseFund | (R22)OtherOperatingRevenues | Property Tax Increased |
| HospitalEnterpriseFund | (R31)PersonnelServices | Used fewer consultants |
| HospitalEnterpriseFund | (R35) DepreciationandAmortizationExpenses | Less depreciation |
| HospitalEnterpriseFund | (R36)OtherOperatingExpenses | Lower this year |
| HospitalEnterpriseFund | (R80)OtherNonoperatingExpenses | Interest in hospital |
| HospitalEnterpriseFund | (R99)TotalNetPosition(Deficit) | Matches |
| ProprietaryFunds | (R09)Entpr-PrepaidItems | Fewer prepaid items |
| ProprietaryFunds | (R20)Entpr-ConstructionInProgress | Completed more work on the clinic |
| ProprietaryFunds | (R24)Entpr-OtherNoncurrentAssets1 | Value of the hospital decreased |
| ProprietaryFunds | (R25)Entpr-OtherNoncurrentAssets2 | Value increased |
| ProprietaryFunds | (R32)Entpr-AccountsPayable | Fewer A/P this year |
| ProprietaryFunds | (R36)Entpr-DueToOtherGovernments | Liability paid down |
| ProprietaryFunds | (R41)Entpr-OtherCurrentLiabilities1 | Increased payroll |
| ProprietaryFunds | (R56)Entpr-NetPensionLiability | There is no pension |
| ProprietaryFunds | (R67)Entpr- NetInvestmentinCapitalAssets | Net Investment in Capital Assets |
| ProprietaryFunds | (R70)Entpr-TotalNetPosition | Page won't let me add anything in this field. |

Total Footnote: 16



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

**Special Finance Committee Meeting
Wed. January 16, 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 Susan Atkinson, Treasurer, at 9:02am.

2. Roll Call:

Present for roll call was Ms. Atkinson, MSW and Ms. Radford, FNP.

3. Approval of Agenda: Action

Ms. Radford 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:

- Un-Approved Finance Committee Meeting Minutes for December 12, 2018:

This Institution is an Equal Opportunity Provider and Employer

Minutes – January 16, 2019 MTHCD Special Finance Committee Meeting

B. Bank and Investment Statements:

- Bank of Stockton:
- Umpqua Bank:
- Five-Star Bank:

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

6. Accountant's Report: Action

- Financial Status, Trends, Long-Term Views and Cashflow:
- December Financials Will Be Presented to The Committee:

Mr. Wood: Bank reconciliations have been prepared and presented to Dr. Smart for approval which creates a check and balance of the accounts; a check register is included (pkt. pg. 16-17 in addition to a journal entry report (pkt. pg.18). Both reports will be presented to the Committee each month. A draft profit and loss statement was handed out to the Committee for review; a monthly narrative will be added the reports. After reviewing the financial statements, he asked the Committee for their input on data they wish to see in future reports. A consensus was to provide the following; a variation of the dashboard to highlight accounts that may need review; a separate report to show the VS H&W activity;

Dr. Smart: Has started an accounting of his hours between the District and the VS H&W Center. The first year of USDA debt service is interest-only payments and due every 6-months starting in Feb (+/). The second pmt will be due in July (+/-).

Mr. Wood: Will be working on the balance Sheet so it will match the profit and loss information. He has received a thumb-drive of District financial information from Mr. Krieg's Dept. to work with.

• Investment – Update:

Mr. Wood: Five Star Bank pays the same as Local Agency Investment Fund (LAIF) (2.29% currently up from 2.14%).

Ms. Radford: Will call the Bank of Stockton (owner) to see why the District can only transfer up to \$10k?

Ms. Radford moved to approve the Dec. Financial Statements. Ms. Atkinson provided her second and the motion passed 2-0.

7. Executive Director's Report:

- **USDA Loan Draws:**

Dr. Smart: Since the US Government is shut down USDA has not been working nor able to send a draw. The project has been on schedule and progressing, so he paid the contractors from the Bank of Stockton at \$280k (+/-). The intent was to not delay or stall the excellent progress being made. The District is solvent enough to make another payment. The next application for payment will be the last week in January.

Ms. Radford: The contractor is doing an outstanding job so is glad the payment was made.

Ms. Atkinson: Likewise, does not want to see the project shut down (for lack of payment).

Mr. Wood: The District's cash is good and Jeremy of JWT (outside auditor) gave good feedback on USDA's practices.

Dr. Smart: Will seek approval if the next application for payment comes due and the US Government is still shut down.

Dr. Smart: With the signing of an electronic health record (EHR) agreement with Athena Health a new bank account will have to be opened at US Bank to receive clinic revenues. Mr. Wood will be added as a user.

Dr. Smart: Some \$600k (non-loan) will be spent this year for such things as IT, furniture, alarm system and dental furniture.

Mr. Wood: Will create a separate balance sheet for the VS H&W Center.

Dr. Smart: Has been negotiating contracts for furniture and IT and is showing a savings of \$47k. Starting in March items will be delivered on demand.

- **SAS 114 and 115:**

Mr. Wood: Referred to SAS 114 and 115 as Representation Letters associated with and included in the outside audit. When the US Government re-opens staff will send the annual audit to USDA.

8. Treasurer's Report:

- **New Debt Policy – Action:**

Dr. Smart: The debt policy was suggested by Gary Hicks during the USDA loan process. It was reviewed back in December and then forwarded to Mr. Wood for review.

Mr. Wood: Suggested the policy be kept broad enough to allow flexibility for the District.

Ms. Radford moved to recommend the debt policy be put on the Jan. 30th Board agenda for consideration. Ms. Atkinson proved her second and the motion carried 2-0.

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9. Comments and Future Agenda Items:

Dr. Smart: The Dignity and CHI merger is to close on January 31st making them the third largest healthcare organization in the nation.

Dr. Smart: The District's lease of the hospital (10 documents) will be on the Jan. 30th agenda for the Board's review. In the lease the District gets \$14.5million for the District's interest in the hospital and an additional \$6million for prepaid rent (5 years). The District pays \$8million for the MTMC equip and furniture. Escrow instructions are to follow for a February 28 close. An additional agreement is for the District to pay (+/-) \$50k/month in MTMC utility costs for a period of five years.

Ms. Atkinson: While the lease is for 30 years there is an opt-out notice at seven years to end the lease at the 10th year.

Ms. Atkinson: An ad has been sent out to invite interest in a volunteer to join the Finance Committee.

Ms. Atkinson: The new IRS mileage rate for 2019 is \$.58/per mile.

10. Next Meeting:

- The next meeting will be February 13, 2019.

11. Adjournment: Action

Ms. Radford moved to adjourn the meeting. Ms. Atkinson provided her second and the meeting was adjourned at 10:18am.



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

**Special Meeting of the Board of Directors
Wednesday January 30, 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 Lin Reed, President at 7:34am.

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. Al-Rafiq moved to approve the agenda. With Ms. Sellick’s second the motion passed 5-0.

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

Ms. Crane: Thanked the Board for their support of the Volunteer Center in San Andreas; she announced the Sweetheart Supper on Feb. 9th starting 6pm at the new VS Vet’s Hall which is a fundraiser for the Volunteer Center.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for December 12, 2018
- Un-Approved Special Board Meeting Minutes for December 19, 2018

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Minutes – Jan. 30, 2019 MTHCD Special Board Meeting

Ms. Radford moved to approve the Consent Agenda. Ms. Sellick's provided her second and the motion passed 5-0. Ms. Radford moved to approve the Consent Agenda. Ms. Sellick's provided her second and the motion passed 5-0.

6. Election Results:

A. Resolution 2019 – 01: Action

- **Accepting the Canvass of the Nov. 6, 2018 General Election:**

Dr. Smart: mentioned the need for Resolution 2019 -01 (pkt. pgs. 15) and drew attention to the Canvass (pkt. pgs. 20-21) and Certificates of Election for four of the five Board members.

Ms. Radford moved to approve **Resolution 2019 – 01**. Ms. Sellick provided her second. A roll call vote was conducted with the following Board members responded in the affirmative; Ms. Al-Rafiq, Ms. Sellick, Ms. Atkinson, Ms. Radford and Ms. Reed. No one was absent and there were no negative votes recorded. The resolution will be filed with the Calaveras County Elections Office.

7. Oath of Office:

Dr. Smart: Thanked the Board for their continuing service to the District and how they should be proud of the work they are doing for the County of Calaveras; he then administered the Oath of Office to Board Members Lin Reed, Ann Radford, Debbie Sellick and Talibah Al-Rafiq.

8. Election of Officers: Action

Ms. Reed: Opened discussion on how best to proceed with the election (2-yr term) of Board Officers.

Ms. Radford: Considering the importance of what the Board is doing at this time she would like to see the Officers remain the same.

Ms. Sellick: Would also like to keep the Officer team the same.

Ms. Atkinson moved to appoint Ms. Reed to continue as President because she has a great deal of District history and provides good leadership. Ms. Sellick provided her second and the motion passed 5-0.

Ms. Sellick moved to appoint Ms. Radford as Secretary. Ms. Atkinson provided her second and the motion passed 5-0. Ms. Radford moved to appoint Ms. Atkinson as Treasure Ms. Sellick provided her second and the motion passed 5-0.

Ms. Reed: Announced her committee chair appointments as follows; Finance Committee, Ms. Atkinson, Treasurer; Personnel Committee, Ms. Al-Rafiq; Community Grants Committee, Ms. Radford; Policy Committee, Ms. Atkinson; Real Estate Committee, Ms. Al-Rafiq; Ms. Reed will continue to chair the Lease Review Committee which is nearing an end. Ms. Reed, as President will remain on the MTMC Corp. Board and Ms. Atkinson will continue her position as well.

Ms. Radford moved to approve all appointments. Ms. Al-Rafiq provided her second and the motion passed 5-0.

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Minutes – Jan. 30, 2019 MTHCD Special Board Meeting

9. MTHCD Reports:

A. Presidents Report:

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

Ms. Reed: Attended the ACHD Leadership Academy; Dr. Smart spoke during the event about risk assessment and transaction of hospitals. The outlook for California is good considering the Governor's push for health and human services; the Attorney General gave a plug for youth; the annual Legislative Day event will be held in April.

Ms. Al-Rafiq: Attended the sexual harassment session and learned many times what might not seem offensive to one just might be offensive to another person i.e.: touching; she was also pleased to see the Governor's cabinet in place before he took office, so he was ready to govern on day one.

Ms. Reed and Ms. Radford have formed an Ad-Hoc Committee to work on the ACHD Re-Certification for Best Practices in Governance.

Ms. Reed: Is seeking ideas to support ACHD as their funds run out in (approx.) five years.

B. Executive Director Report: **Action**

Dr. Smart: Asked for the Board's input on the 40 policies presented in this agenda; Ms. Duncan, Consultant, is working on a filing and numbering system; the clinic will not be offering EKG-Welch Allyn services so Draft item 38 will be extracted.

- **VS H&W Center - Draft Policies:**

1. DRAFT Crash Cart 111218
2. DRAFT Consents for Treatment-Guidance 111118

Amend: (pkt. pg. 31) Minors: item a. add the word "Armed" to read United States Armed Forces.

3. DRAFT Audiogram - Threshold 111118
4. DRAFT Aseptic Procedures 111218
5. DRAFT Adverse Medication Reaction 111118
6. DRAFT Abnormal Vital Signs 111118
7. Copy of Table of Contents
8. DRAFT Visitors and Relatives 111218
9. DRAFT Vendor Visitor Management 111218
10. DRAFT Supply Outdates 111218
11. DRAFT Supply Ordering 111218
12. DRAFT Sterile Supplies and Instruments 111218
13. DRAFT Sterile Shelf Life 111218
14. DRAFT Staff Meetings 111218
15. DRAFT Service Animal 111218

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Amend: (pkt. pg. 57) Definitions: 3rd paragraph. Change attach to “attack”.

- 16.DRAFT Registering Patient Complaints 111218
- 17.DRAFT Quality Assurance Performance Improvement Plan 111218
- 18.DRAFT Quality Assurance Guidelines 111218
- 19.DRAFT Product and Device Recall 111218

Amend: (pkt. pg. 66) Item 4. Delete “ at end of sentence.

- 20.DRAFT Primary Authority Over Clinic Operations 111218
- 21.DRAFT Pulse Oximeter 111218
- 22.DRAFT Processing X-Ray Requests 111118
- 23.DRAFT Procedure Time Out 111118

Amend: (pkt. pg. 70) Objective: Last sentence is split and needs to be re-joined.

- 24.DRAFT Preventative Services - Adults 111218
- 25.DRAFT Prescription Refills 111218
- 26.DRAFT PPD Test Results 111118

Amend: (pkt. pg. 76) Procedure: Item 1. Change planted to read “placed”. Ad the word “No” to read “.....no sooner than 48 hours and “no” later than 72 hours.....”

- 27.DRAFT Nebulizer Treatment 111218
- 28.DRAFT Injection Intramuscular 111218
- 29.DRAFT Initial Patient Contact and Medical Emergencies 111218
- 30.DRAFT Informed Consent 111118
- 31.DRAFT HIV Testing 111118

Amend: (pkt. pg. 86) Individual Testing: Item 1.a. Change the word than to “that” to read Inform the patient that an HIV test is planned.

- 32.DRAFT Follow-up of Patients 111218
- 33.DRAFT Follow Up Calls 111218

Amend: (pkt. pg. 91). Item 7. a. All transfers. (by ambulance and /or private car) need to be expanded to fit Calaveras County needs.

- 34.DRAFT Flu Shots 111218
- 35.DRAFT Eye Medication - Dispensing 111218
- 36.DRAFT Eye Irrigation 111218
- 37.DRAFT Emergency Situation Unresponsive Patient 111218
- 38.DRAFT EKG - Welch Allyn

Amend: Extract:

- 39.DRAFT Culture Transmittal 111218
- 40.DRAFT Critical Alert Value Notification 111118

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Minutes – Jan. 30, 2019 MTHCD Special Board Meeting

Ms. Atkinson moved to approve policies (item numbers 1-37 and 39-40) as amended. Ms. Radford provided her second and the motion passed 5-0.

- **Strategic Plan Matrix (Last Updated 12-1-2018):**

Nothing to report.

- **iPads:**

Dr. Smart: Board of Directors iPad Usage Policy Number 29 has been approved and the agreement has been signed for Ms. Radford and Ms. Atkinson to be issued an iPad today.

- **Resolution to 2019-02: Action**

- **Resolution to Authorize the Executive Director to sign contract with (CHC) Community Hospital Corp:**

Dr. Smart: Explained the District will be paying for IT services, utilities and equipment at the VS H&W Center and that the District has been exploring a discount through USAC funds which are collected and detailed on most of our phone bills. The District can contract with Community Hospital Corp to apply for eligibility to discounts up to 65%. If the District receives the grant funds it will be after the purchase of items have been made; he has researched CHC and is asking the Board's approval to pursue the option which would be for three years.

Ms. Atkinson moved to approve **Resolution 2019-02**. Ms. Al-Rafiq provided her second. A roll call vote was conducted with the following Board members responded in the affirmative; Ms. Al-Rafiq, Ms. Sellick, Ms. Atkinson, Ms. Radford and Ms. Reed. No one was absent and there were no negative votes recorded.

Dr. Smart: Has contacted the MTMC in hopes they would apply for the funds as well. With the new lease it would help the District over the next five years to save additional money while paying the MTMC utilities.

Mr. Spaugh: He doesn't see MTMC applying for the grant due to internal policies.

C. Corp. Board Report:

Ms. Reed: Larry Phillip is still serving as interim CEO and received Corp authorization to sign the Dignity Health lease documents; Chris Roberts left the CFO position effective yesterday; his duties will revert to Mr. Krieg and Dave Yeager; new CEO interviews took place yesterday with Dave Woodhams herself and Ms. Atkinson participating; Dr. Griffin will be offering a package to a candidate; if accepted a reception will be held in his honor; Dr. Fatma Haney, Pediatrician from New Mexico, was interviewed, well liked and is now working at the Arnold and Angels Camp Clinics; the Dignity Health and CHI merger is complete and will be known as CommonSpirit Health; the hospital got a three-star rating from CMS; the Veterans Administration underpays MTMC so Chris Roberts took the project on to receive some \$700k in back monies; thanked Gary Spaugh for working with the

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District in securing another 30-yr lease in addition to the extensive work and effort from Karl Silberstein (retired Jan 11, 2019) as the process was long, complex and very important.

Ms. Atkinson: Requested more pictures of the new Angels Camp Clinic construction as it sits above street-level and has a fence around it which makes it hard to see progress.

D. Stay Vertical Calaveras:

Mr. Shetzline: Described the Stay Vertical program as busy and the classes are getting bigger; he mentioned some materials he is using in training instructors; Calaveras Title has re-opened as Better Together Fitness and will have classes; often times he will see adult children bring an elderly parent but no little children are included in the program; his power point depicted Timed Up to Go (TUG) by Pinnacle Physical Therapy with remarkable improvement in the 85 yr.-old person.

E. Ad Hoc Real Estate:

- **Physician Recruiting Contract: Action**.....Dr. Smart

Dr. Smart: Has been researching a recruiting service to help locate physicians for the clinic; a well know organization is Cejka Search which on average needs 152 days to complete an assignment; he has received a second draft agreement from Tom Hoecker however he feels additional negotiating needs to be done before the Board acts on the contract; he will likely need to call a special Board meeting to avoid postponing consideration until the Feb. 27th Board meeting; the agreement has an activation fee then a monthly cost both of which was unforeseen during the budget process; there is no cost if the District finds a suitable candidate; the competition pays a \$300 sign-on plus \$250/yr. plus 401k and benefits to include a 7-yr commitment; he is requesting a Special Board Meeting on Wed. Feb 6th to consider the agreement.

Ms. Reed: Expressed a favorable history with Cejka Search.

Ms. Atkinson: Dr. Smith, CMO for the MTMC is using the Cejka Search for an oncologist.

Ms. Radford, Ms. Atkinson and Ms. Al-Rafiq indicated they could make the Feb. 6th meeting.

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

- **Project Manager:**

Mr. Van Lieshout: The project is looking impressive and creating a lot of local excitement; contractual there are 160 days left; the site is weatherized (dirt) so construction can continue even in wet weather.

Dr. Smart: Last Saturday there were 15 workers on site compared to a sister project with mirrored time, size and design features is now delayed 90 days waiting for fabrication; there is a site meeting each Thurs. at 1pm; Industrial Relations has contacted the District to ensure prevailing wages are being paid so a ream of paper was sent to comply.

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Mr. Van Lieshout: The Carpenters Union has consistently monitored Diede Construction projects regarding prevailing wages.

- **Operational:**

Dr. Smart: Has signed with Athena Health for their Electronic Medical Records (EMR) services and training sessions will be weekly in a WebEx format; he has a weekly conf. call with Kelly Hohenbrink & Cheryl Duncan; currently there has been discussion on HR options and other needs of the clinic i.e. business manager, CEO; the three of them will do the interviews for part time hiring to start in March.

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

Nothing to report:

10. Committee Reports:

A. Finance Committee:

Ms. Atkinson: The ad is circulating to find a volunteer with financial strengths to serve on the Finance Committee. She would like to see several to choose from before selecting.

- Financial Update:

Ms. Atkinson: Is pleased to have all the District's finances in house under the direction of Mr. Wood and staff.

- Financial Statements (Dec. 2018) Recommendation-Approval: **Action**

Mr. Wood: In addition to the credit card statement the District will be seeing more information as the VS H&W Center starts up; for now, there is more clean-up to do on the balance sheet; while most of the journal entries will not be needed in the future he will include labeling on those that are necessary;

Dr. Smart: Will review the investment report that will go to the Finance Committee; he is glad to see the US Government open for business again so the USDA Funds will be available; reminder that the budget is hard to understand because it was built on the leased being completed which likely won't happen until the end of Feb.

Ms. Reed: Suggested the State Treasurer's report, completed by Mr. Wood, be include in the Feb. Consent Agenda.

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

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Minutes – Jan. 30, 2019 MTHCD Special Board Meeting

- **Investment Activities:**

Mr. Wood: The District's property tax check (\$595k) was received, deposited and transferred to receive a higher return; the District will be compelled to stay with Bank of Stockton so long as there is the USDA loan; he finds it refreshing to work with a board that works so well together.

- **Draft Debt Policy No. 32: Action**

Ms. Atkinson: The Debt Policy has been around and reviewed by Mr. Wood as well as the Finance Committee. It's now ready for Board consideration.

Ms. Radford moved to approve the Debt Policy. Ms. Atkinson provided her second and the motion passed 5-0.

- **USDA Loan Payments: Action**

Dr. Smart: While the US Government was shut down so was USDA so loan payments could not be transferred; after conferring with Mr. Wood and legal he paid the Jan. 2019 construction payment (\$214k (+/-) to avoid a work stoppage; The US Government opened for business again Jan 25th allowing USDA to authorize the \$214 pmt. The next amount due is \$314k (+/-); per USDA payments will be processed but to prepare for another shut down in three weeks; up until the Govt. shutdown he was hand carrying the payments to the job site when due to promote continued progress which has gained him kudos as many other agencies are 60-90 days in arrears when payments are due .

Ms. Atkinson suggested the Board authorize the Ex. Dir. to make an additional payment if necessary, to avoid further delays in construction payments due to the Government shut down.

Ms. Al-Rafiq moved to authorize Dr. Smart to make an additional construction payment if the government were to shut down again. Ms. Radford provide her second and the motion passed 5-0.

F. Ad Hoc Lease Review Committee:

- **Resolution 2019 – 03: Action**

- **Resolution to Approve the New Lease & Related Transaction Documents between MTHCD and Dignity Health:**

- ❖ Pre-Lease Agreement:
- ❖ Lease Agreement:
- ❖ Supplemental Property Agreement:
- ❖ Equity Transfer Agreement:
- ❖ Lease Termination Agreement:
- ❖ Valley Springs Letter (Valley Springs Health & Wellness Center):
- ❖ By-Laws MTMC Corporation:
- ❖ By-Laws MTMC Community Board:
- ❖ Closing & Incumbency Certificate
- ❖ MTMC Third Amended & Restated Articles of Incorporation

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Dr. Smart: It has taken a year to transition from the term sheet to working documents; the CHI merger is to close tomorrow 1-31-2019 so it seems fitting this Board will review the document for the next 30-yr lease; for accounting purposes the expected close will be Feb. 28th because it affects the financial records; still to come is a check-list of items that need to be done; he will do a post closure check-list the district is required to notify the State Attorney General wit/in 30 days of closing;

Ms. Reed: Thanked everyone who had contributed a part in the lease negotiations by saying all parties were fully committed on both negotiation teams; everyone was respectful; Karl Silberstein was compelling and effective throughout the procedure; Gary (Spaugh) brought into the negotiations a kinship from the last lease; Dr. Griffin was a player during many parts of the process as well.

Ms. Al-Rafiq moved to approve, **Resolution 2019 – 03**, the Dignity Health / Mark Twain Health Care District lease agreements. Ms. Atkinson provided her second. A roll call vote was conducted with the following Board members responded in the affirmative; Ms. Al-Rafiq, Ms. Sellick, Ms. Atkinson, and Ms. Reed. Ms. Radford abstained. No one was absent and there were no negative votes recorded.

Mr. Spaugh: Was proud to have been a part of what turned out to be a tough negotiation process; Dignity thought the MTHCD took some strong positions to fully represent the interests of the residents of Calaveras County.

G. Ad Hoc Policy Committee:

Ms. Atkinson: There was no Dec. meeting; the next meeting is scheduled for Feb. 6th; the Reserve Policy No. 30 will be reviewed.

H. Ad Hoc Community Grant:

Ms. Radford: Ads are in the paper regarding the Community Grant; she plans to reschedule the site visits.

Ms. Cole: The Chamber has circulated the information as well.

Ms. Crane: Invited the Committee to visit the Volunteer Center in SA.

11. Board Comment and Request for Future Agenda Items:

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

Hearing none.

12. Next Meeting:

A. Special Board Meeting will be on Wed. February 6, 2019.

B. Regular Board meeting will be on Wed. February 27, 2019.

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Minutes – Jan. 30, 2019 MTHCD Special Board Meeting

13. Closed Session: Personnel Exemptions §54957 - Public Employee - CEO for VS H&W Center:

The Board moved into Closed Session at 9:58am.

14. Reconvene to Open Session:

A. Report of Action taken (if any) in Closes Session:

The Board reconvened to Open Session at 11:04am. Reportable action per Ms. Reed, President was regarding the position of CEO for the VS H&W Center as follows;

Ms. Sellick moved to extend the Executive Director position to include Chief Executive Officer duties to manage the VS H&W Center and to change the position from part time to full-time. Ms. Reed will work with legal to develop a job description including both job duties. Ms. Atkinson provided her second and the motion passed 5-0.

15. Adjournment: Action:

Ms. Atkinson moved to adjourn the meeting at 11:10am. Ms. Radford provided her second and the motion passed 5-0.

ACHD Advocate

In This Edition

- [From the Desk of Ken Cohen, Chief Executive Officer](#)
- [Legislative Update](#)
- [Become a Certified District Today!](#)
- [Upcoming Events](#)

From the Desk of Ken Cohen, Chief Executive Officer

What a great encouragement it is to the ACHD team to have so many Trustees, CEOs and District leaders attend our annual Leadership Academy just two weeks ago here in Sacramento. Many members have shared how much they appreciated the opportunity to learn from other Districts and share concrete steps on how to balance the many challenges faced in building healthier communities. You can see a [snapshot of the event](#) on our ACHD Facebook page.



Opportunities to learn, network and advocate don't stop for ACHD members - please take time today to register for our [2019 Legislative Day - Advocacy in Action](#) - April 8 and 9. In addition to registering, you can find an outline of our schedule and hotel registration information. This is the event to further our collective legislative work.

I'm pleased to share that our team here in Sacramento has added a new member: Join me in welcoming Marina Servantez, our new Member Services Specialist. Marina comes from CSDA - the California Special Districts Association - and she will be assisting ACHD with member outreach, tools and education.

Finally, I would like to recognize Beach Cities Health District for undergoing Re-Certification and renewing their standing as an ACHD Certified Healthcare District. You can learn more in this newsletter on why the District found the program valuable, ease of the new online portal and why your District should take part in becoming certified too.

Legislative Update

Governor Gavin Newsom released his [2019-20 budget](#) on January 10, shortly after his inauguration. The budget proposal has significant investments in early childhood

education and health care, unlike Governor Brown's more conservative budgets. Governor Newsom also announced, Dr. Nadine Burke Harris, M.D. as California's first state surgeon general. This new position will be focused on combating the root causes of health conditions and she will be sworn in on February 11, 2019. Look forward to a more in-depth analysis of the Governor's budget, recent appointments and what to expect during his term at ACHD's upcoming [Legislative Day](#).

The Democratic supermajority has gained a new member, as Assemblymember Brian Maienschein has recently announced that he is joining the Democratic party. This move from Republican to Democrat adds to the supermajority already held by Democrats in the legislature, with 61 seats in the Assembly and 28 in the Senate. It is important to note the changing demographics within the Legislature have political implications; these changes will be discussed in detail at ACHD's [Legislative Days](#).

The ACHD Advocacy Team will continue to monitor legislation which impacts Healthcare Districts as it is introduced. We look forward to seeing you at our 2019 [Legislative Day](#) in Sacramento to help advocate on these issues.

Become a Certified District Today!

Have you heard the great news? [ACHD's Certified Healthcare District Program is now fully web-based](#) - making it convenient for Districts to participate in this program designed to promote and showcase accountability and compliance in local governance, including finance and website requirements.

Beach Cities Health District - one of the most recent Districts to Re-Certify and use the online portal - said ACHD's Certified Healthcare District program was an important way for its team to review how it communicates its responsibility and value to the public, as well as other elected officials.

"Being an ACHD Certified Healthcare District allows Beach Cities Health District to demonstrate accountability to the community we serve as well as state legislators. As a public agency, our strong commitment to transparency was reinforced through the ACHD certification process, which enabled us to verify our compliance with state requirements and ensure we continue to adhere to best practices in good governance." - Tom Bakaly, CEO

Your Healthcare District can start or renew Certification through our online portal today. Not sure if it's time to Re-Certify? Check out the list of [Certified Districts and the month/year of initial or last Certification on our website](#). We hope you'll take time to learn about this program and gain access to the many valuable resources Districts are sharing.

Upcoming Events

Webinar

February 21, 2019 at 10:00AM:

Influential Drivers of Access to Health Care

With Carla D'Angelo, Vice President, COPE Health Solutions

COPE Health Solutions specializes in aspects of strategy including, population health management, CMS demonstrations, Medicaid redesign, and workforce development to ensure coordinated, financially sustainable population health management systems.

[Register here.](#)

To access webinars on demand, click [here](#).



[Register today!](#)

About ACHD

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state. The Association serves the diverse needs of California's

Healthcare Districts by enhancing public awareness, training and educating its members and advocating for legislation and regulatory policies that allow Healthcare Districts to deliver the best possible health services to Californians. Learn more at

achd.org.

**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**

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|---|--------------------|
| 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**

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| POLICY: Standardized Procedure for Strep A - Rapid | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized procedure for Strep A Rapid (waived) testing

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of Strep A.

Response Rating:

Required Equipment: Rapid Strep A test kit

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 Rapid Strep A testing using Henry Schein One Step + testing kits (swab using two (2) approved swabs) for all patients presenting as noted below with exceptions as stated:

1. Perform Rapid Strep for the following
 - a. If the patient is 3 years or older and sore throat is the only symptom
 - b. Obtain simultaneous throat culture if performing Rapid Strep for patients younger than 18 years old.
 - c. If Rapid Strep is positive, throw away culture swab in biohazard container.
 - d. If Rapid Strep is negative, send swab to the laboratory for throat culture.

2. Do NOT perform Rapid Strep for the following:

If Patient is younger than 3 years old and has cough, congestion, or runny nose. Rapid Strep A testing is an approved and commonly utilized method of quickly determining the presence *streptococcal* bacteria (Group A).

Reference: "Strep Throat". Mayo Clinic. Downloaded from <http://www.mayoclinic.org/diseases-conditions/strep-throat/diagnosis-treatment/diagnosis/dxc-20166050> on March 2, 2016.

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

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|---|--------------------|
| POLICY: Standardized Procedure for Pulse Oximeter | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized procedure for Pulse Oximeter

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of respiratory distress.

Response Rating:

Required Equipment: Pulse oximeter, patient medical record

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 oxygen saturation measurement using Pulse Oximetry for all patients presenting with symptoms or previous diagnosis of any respiratory issues or respiratory distress such as difficulty breathing (dyspnea), shortness of breath and/or upper respiratory infection.

Pulse Oximetry is a procedure that allows a non-invasive measurement of arterial hemoglobin (Mechem, 2013).

The standard of medical care for respiratory distress may be accessed through the link website located at the reference below.

Reference:

Mechem, C. (2013). Pulse Oximetry. Retrieved from http://www.uptodate.com/contents/pulse-oximetry?source=search_result&search=Pulse+oximetry&selectedTitle=1%7E150

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

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|---|--------------------|
| POLICY: Standardized Procedure for Pregnancy Testing of Patients on Contraception | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized procedure for pregnancy testing of patients on contraception

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients who will initiate or are maintaining a contraception method.

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) waived Urine Pregnancy Test for all female patients in the reproductive age group who are initiating or maintaining a contraceptive method. Examples of forms of contraception are Intra-Uterine Devices (IUD), Depo- Provera Injections, Oral Contraceptive Pills (OCP), Birth Control Patch, Birth Control Rings, and Sub dermal Implants.

Known or suspected pregnancy is a contraindication for use of contraception. Urinalysis Pregnancy Testing is a recommended assessment of determining pregnancy status of a patient.

The contraindications for women in a contraceptive method may be accessed through the link website located at the reference below.

Reference:

Merck and Company (2012). Nexplanon Prescribing Information. Contraindications for Nexplanon. Retrieved from http://www.merck.com/product/usa/pi_circulars/n/nexplanon/nexplanon_pi.pdf

Pfizer (2011). DepoProvera Prescribing Information. Contraindications for Depo Provera. Retrieved from <http://labeling.pfizer.com/ShowLabeling.aspx?id=522>

Jansen (2012). Ortho EvraPatch Prescribing Information. General Precaution. Retrieved from <http://www.orthoevra.com/fullprescribeinfo.html>

Bayer (2013). Mirena IUD Prescribing Information. Contraindications for Mirena. Retrieved from http://labeling.bayerhealthcare.com/html/products/pi/Mirena_PI.pdf

Teva (n.d.) ParaGuard IUD Prescribing Information. Contraindications for ParaGuard. Retrieved from http://www.paragard.com/images/ParaGard_info.pdf

Bastian, L. & Brown, H (2013). Clinical Manifestations and Diagnosis of Early Pregnancy. Urine Pregnancy Test. Retrieved from http://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-early-pregnancy?source=search_result&search=urine+pregnancy+test&selectedTitle=1%7E150#H8967182

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

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| POLICY: Standardized Orders for Physical Examinations | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized orders for physical examinations (sports physical, DMV physical, post-offer physical, annual wellness exam).

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for a physical examination.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform components of physical examinations as found on the physical examination forms utilized in the Clinic. This includes:

- *Vital signs (height/length, weight, blood pressure, respiration, temperature, body mass index, head circumference)
- *Sensory screening (Snellen eye test, audiometry, Ishihara test for color blindness)
- *Procedure/Test (capillary specimen collection for hemoglobin and/or blood glucose, capillary specimen collection for Blood Lead, testing of urine via approved urinalysis processes)
- *Risk assessment/anticipatory guidance questionnaires (Tuberculosis, Lead, Tobacco, Nutritional, and Psychosocial-Behavioral), as well as completion of the age-range specific Staying Healthy Assessment (SHA) tool

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

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| POLICY: Standardized Procedure for Hemoglobin Assessment | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized procedure for the assessment for hemoglobin (use of HemoCue)

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with anemia and returning for follow up with a health care provider.

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) waived test of Hemoglobin determination for all patients presenting with a diagnosis of Anemia, all patients who will need a WIC (Women, Infant and Children) referral/appointment, and patients who require a CHDP physical examination and for whom a Hemoglobin Assessment is indicated based upon the current periodicity schedule.

Testing for hemoglobin has been recommended as a sensitive test for the assessment of iron deficiency anemia (USPSTF, 2006).

The US Preventative Task Force Screening Recommendation may be accessed through the link on the USPSTF website located at the reference below.

Reference:

U.S. Preventive Services Task Force (2006). *Screening for Iron Deficiency Anemia—Including Iron Supplementation for Children and Pregnant Women: Recommendation Statement*. Publication No. AHRQ 06-0589, May 2006. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf06/ironsc/ironrs.htm>

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

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| POLICY: Standardized Procedure for Glucose Check for Diabetic Patients | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized procedure for glucose testing of diabetic patients

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with diabetes and returning for follow-up with a health care provider.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test for Random Blood Sugar determination and Hemoglobin A1C for all patients diagnosed with diabetes and presenting to the clinic for a follow up visit.

Testing for Random Blood Sugar is a recommended assessment of glycemic control in the management of diabetes (American Diabetes Association, 2013).

Testing for HbA1C is a recommended assessment of glycemic control in the management of diabetes. (U.S. Department of Health and Human Services, 2012).

The standard of medical care in Diabetes may be accessed through the linked websites located at the reference below.

Reference:

American Diabetes Association (2013). Standards of Medical Care in Diabetes. Diabetes Care ; 36 (S11-66). Retrieved from http://care.diabetesjournals.org/content/36/Supplement_1/S11.full

Diabetes HbA1C (Poor Control), U.S. Department of Health and Human Services Health Resources and Services Administration. Retrieved from <https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/diabetesmodule.pdf> August 8, 2018.

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

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|---|--------------------|
| POLICY: Standardized Orders for Childhood Periodic Health Screening | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized orders for Childhood Periodic Health Screening

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

Response Rating:

Required Equipment:

Procedure:

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

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

- *Sensory screening (Snellen eye test, audiometry)

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

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

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

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

References:

California Department of Health Care Services (2012). CHDP Periodicity Schedule for health assessment requirements by age groups. Children's Medical Services. Retrieved from <http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf>

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

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| POLICY: Standardized Procedure for Flu Shots | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Flu Shots

Objective: To define and clarify procedures that may be performed by a qualified clinical nursing/medical assistant for patients requesting flu shots and to provide flu shots to appropriately screened clinic patients. Flu shots will be administered to Clinic patients in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required Cost Reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to administer flu shots to patients requesting such vaccinations.

1. No flu shots should be given to patients under 6 months of age.
2. The Clinic will be obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
3. Flu shots will not be given prior to the established "start date" which is recommended annually by the National Institutes of Health, unless the patient is deemed "high risk" and meets current high risk criteria established by NIH.
4. Scheduled appointments are not required for patients requesting a flu shot; however, patients must be registered for this encounter.

5. For patients presenting for a flu shot only, staff will complete the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination screening form and follow instructions found there, after the patient or parent/guardian has signed the flu shot release form.
6. If patients mark “yes” for any contraindication on the Screening Checklist, present the completed Checklist to the provider for their review. Administer vaccine only upon approval of provider after review is completed.
7. If patients do not mark “yes” for any contraindication on the Screening Checklist, proceed with the administration of the vaccine.
8. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.
9. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions included on the flu shot log.

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

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|----------------------------|--------------------|
| POLICY: WITHDRAWAL OF CARE | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject:

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

Response Rating:

Required Equipment: None

Procedure

1. To avoid an allegation of abandonment, once a practitioner undertakes to treat a patient, he or she must continue to provide care unless:
 - a. Patient's condition is such that care is no longer reasonably required; and/or
 - b. The patient terminated the-practitioner-patient relationship; and/or
 - c. The practitioner gives written notice of withdrawal of care and allows sufficient time (a minimum of 30 days) for the patient to employ another provider; and/or
 - d. The practitioner agreed to only treat a specific ailment or injury, or agreed to treat at a certain time or place.
2. To avoid an allegation of abandonment, the provider may not discontinue care if:
 - a. If the-practitioner is aware that no other practitioners are available to provide the needed care to the patient, care may not be withdrawn; and/or
 - b. If the patient is in an acute phase of their treatment; and/or
 - c. The patient is a member of a pre-paid health plan; and/or

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

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

Resource:

- Dixon, Laura A. JD, RN (April 2012). "Terminating Patient Relationships". Retrieved 3/12/15 from <http://thedoctors.com>.
- Walden, Roselyn MSN, FNP-BC (May 2012). "Dismiss a Problem Patient in 10 Safe Steps". Retrieved 3/12/15 from <http://clinicaladvisor.com>

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

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|-----------------------|--------------------|
| POLICY: VISUAL ACUITY | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Visual acuity testing

Objective: To test distance vision

Response Rating:

Required Equipment:

Procedure:

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

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

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

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| POLICY: VENIPUNCTURE | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: 2/16/17 |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Venipuncture

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

Acuity Rating: Minimal

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

Procedure: Venipuncture should only be performed by appropriately trained and qualified staff.

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

13. Place appropriate tubes in centrifuge and spin for 5 minutes, if indicated by Lab provider.
14. Complete lab form appropriately, place specimen and lab form in appropriate lab biohazard bag for transporting.
15. Document in the EMR.
16. Store specimen pending pick up by laboratory courier, as indicated by Lab provider.

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

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| POLICY: VACCINE ADMINISTRATION | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Vaccine administration and vaccine program management

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

Response Rating:

Required Equipment:

Procedure:

1. Immunizations are administered, by nursing staff, upon receipt of written orders from the provider.
2. Medical staff members will refer to the Recommended Childhood Immunization Schedule for United States 2018 that is offered by the Centers for Disease Control via their website, www.cdc.gov, and approved by ACIP, AAP, AAFP and the Vaccines for Children program.
3. Every effort will be made to keep patients current with the immunization schedule as published.
4. Request the immunization record (shot card, yellow folder) from the parent on arrival and verbally confirm that all immunizations given are recorded there. Check the online California Immunization Registry to determine whether patient's record is there. Compare patient's Clinic medical record, paper immunization record, and the online data. Question discrepancies.

A complete and accurate immunization history is needed before vaccines can be given. Always initiate an immunization record when appropriate and instruct the parent to present the record at each visit.

5. Providers will assess the patient's immunization history and will write orders for all vaccines determined to be due. The vaccines will be offered according to the approved schedule for immunization for normal infants and children. Advise parent/guardian that after they have read the Vaccine Information Sheet (VIS), the provider will discuss any questions before consent is requested and immunizations given.
6. Determine whether patient's immunizations will be given from Vaccines for Children inventory or via Clinic purchased stock.

7. Nursing staff will administer vaccines after parent/guardian has signed the consent.
8. Advise the patient that they may direct concerns or questions to the provider who ordered the vaccines or the provider or nurse on duty.
9. The Clinic is required to report select events occurring after vaccination to the U.S. Department of Health and Human Services. Vaccine package inserts offer the most current guidance on reporting.
10. The updated vaccination record is returned to the parent/guardian. Reinforce that the card is the permanent record and must be retained for the next immunization visit.
11. Indicate to the parent/guardian when the next immunization is due.
12. The National Childhood Vaccine Injury Act requires that all healthcare providers who administer one or more vaccines or toxoids record in the vaccine recipient's permanent medical record the date the vaccine was administered, the manufacturer and lot number of the vaccine, and the name, address, and title of the person administering the vaccine.
13. All adverse reactions associated with vaccination must be reported to the U.S. Department of Health and Human Services. Adverse events are reported on a Vaccine Adverse Event Reporting System (VAERS) form. VAERS will accept all reports of suspected adverse events after the administration of any vaccine.
14. Patient education is a required element of the vaccination process.
 - a. The provider will educate the parents/guardians about the important of immunizations, the diseases they prevent, the recommended vaccination schedules, the need to receive vaccinations at recommended ages, and the importance of bringing their child's immunization record to each visit.
 - b. The provider should answer all questions regarding immunizations.
 - c. Education materials, in the form of Vaccine Information Sheets (VIS) must be given to the patient/parent/guardian prior to the signing of consent and administration of immunization.
 - d. Prior to vaccinating, the provider will discuss with patient/parent/guardian contraindications, risks, benefits specific to the immunizations being given.
 - e. ALL immunizations require a signed consent form prior to administration. This must be signed by the patient if they are an adult (see Policy Consents for Treatment – Guidance) or if a minor/disabled will be signed by the parent/legal guardian.
15. Administration of vaccines
 - a. Oral Vaccines
 1. When administering oral vaccine, make sure that infants and toddlers swallow the vaccine by pushing up on the chin to stimulate the swallow reflex. If the child spits out all or part of the dose, attempt administration one more time. If the child spits out the second attempt, do not re-administer.

- b. **Injectable Vaccines**
 - 1. Although vaccine inventory is checked for outdates on a monthly basis, always check and double check the vaccine vial to ensure it is not expired.
 - 2. Double check vaccine vial to ensure it is the vaccine ordered.
 - 3. Draw just the required amount for the dose in the syringe, usually 0.5cc, using proper syringe loading techniques. Careful filling of the syringe will prevent vaccine waste and enable use of all doses in the vial.
 - 4. See vaccine guidance tools for routes and sites.
 - 5. There is no known risk of side effects and no loss of vaccine efficacy when Hib, MMR, OPV, and DTP are given simultaneously and this practice is recommended by the ACIP. Simultaneous administration of these vaccines is also approved by the American Academy of Pediatrics.
 - 6. A new needle and syringe must be used for each immunization.
 - 7. Wash hands and don gloves prior to administering the vaccine.
 - 8. Clean the site with alcohol swab.
 - 9. Inject the syringe using proper technique with parent/guardian holding the child.
 - 10. Withdraw the needle quickly while placing alcohol swab just above the injection site and massaging the area. Place Band-Aid over the injection site.
- c. **Holding the child**
 - 1. The infant or child should be properly restrained on a table or an adult's lap. The parent/guardian should be instructed to hold the child securely. Older children preferably should be seated for immunizations.
- d. **Proper needle and syringe disposal**
 - 1. Do not recap or clip needles or separate needle and syringe. Discard syringe and needle in a puncture-proof sharps container.
- e. **Potential reactions**
 - 1. There may be some reactions to immunizations after they have been administered. See Vaccine Reactions, Adverse Effects, Liability Concerns. Report reactions accurately and completely.

16. Documentation

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

17. Storage

- a. Refrigerate vaccine immediately when it is received. Store oral polio and varicella vaccine in freezer. Do not store vaccine in the door of the refrigerator.
- b. Protect MMR from light at all times and keep cold. Do not remove vial from the refrigerator until time to reconstitute and administer. Diluent does not need refrigeration if MMR is administered right after diluent is added.

- c. Rotate vaccine stock to avoid outdating. Note the expiration dates on vials or cartons and use short-dated vaccines first. Keep vials and polio dispettes in their original cartons. Do not use outdated vaccine.
- d. Safeguard the refrigerator and freezer in a lockable room. Make sure they stay plugged in.
- e. Post a warning sign so electricians or janitors don't accidentally unplug the appliances or turn off the circuit or electricity.
- f. Maintain proper temperatures in the refrigerator (2 degrees C to 8 degrees C or 35 degrees F to 46 degrees F) and in the freezer (-14 degrees C or 5 degrees F or lower). Utilize plastic containers of water in the refrigerator and cold packs in the freezer to maintain proper temperature.
- g. Install a data logger in both the refrigerator and freezer. Maintain a spare device in the event of active device failure.
- h. Log refrigerator and freezer temperature temperatures twice a day, first thing in the morning and before the end of the Clinic's business day.
- i. As part of the end of day procedure, confirm both the refrigerator and freezer are secured and closed and units are plugged in.

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

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| POLICY: URINE COLLECTION-CLEAN CATCH MALE | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Urine Specimen Collection

Objective: To obtain a urine sample for microscopic analysis.

Response Rating: Minimal

Required Equipment: Urine container labeled with two patient identifiers, antiseptic towelettes, gloves, urine dipstick specimen container .

Procedure:

1. Explain purpose and procedure to the patient.
2. Wash hands with soap and open specimen container, being careful not to touch the inside of the cup or lid.
3. Put on gloves.
4. Instruct the patient to the following:
 - a. Wash hands.
 - b. Expose the penis as you normally do to urinate.
 - c. Open towelettes and wipe penis away from the opening. Discard the towelette in the wastebasket.
 - d. Pass a small amount of urine into the toilet and stop.
 - e. Hold specimen cup a few inches from the penis and fill the cup 1/3 to 1/2 full.
 - f. Place lid on cup.
 - g. Wash your hands.
 - j. Return cup to nurse or medical assistant.

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

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| POLICY: URINE COLLECTION-CLEAN CATCH FEMALE | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Urine Specimen Collection

Objective: To obtain a urine sample for microscopic analysis.

Response Rating: Minimal

Required Equipment: Urine container labeled with two patient identifiers, antiseptic towelettes, gloves, urine dipstick, specimen container.

Procedure

1. Explain purpose and procedure to the patient.
2. Wash hands with soap and open specimen container, being careful not to touch the inside of the cup or lid.
3. Put on gloves.
4. Instruct the patient to do the following:
 - a. Insert tampon into vagina if menstruating or if requested by the physician.
 - b. Sit as far back on the toilet as possible and open legs.
 - c. Open towelettes.
 - d. With index finger and middle finger on one hand hold the layers of skin apart. Keep apart through the remainder of the procedure.
 - e. Wipe along side the opening from front to back. Repeat down other side. Then wipe down the middle and discard towelette into wastebasket.
 - f. Pass a small amount of urine into the toilet. Hold specimen cup a few inches from opening and catch urine in the cup. Do not overflow cup, 1/3 to 1/2 full is adequate.
 - g. Place lid on cup.
 - h. Remove tampon if used.
 - i. Wash hands.
 - j. Return cup to nurse or medical assistant.

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

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| POLICY: URINARY CATHERIZATION | REVIEWED: 11/21/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Urinary Catheterization

Objective: To remove urine from the bladder, catheterization of clinic patients will be performed by licensed personnel using sterile techniques upon receipt of written orders.

Acuity Rating: Minimal to Severe

Required Equipment: Sterile foley or temporary catheter, Mini Catheter Kit, KY Jelly, specimen container or drainage bag for collection.

Applies to: Providers or nurses only

Procedure:

1. Minicath: The purpose of the Minicath is to provide a sterile accurate urine specimen when a female patient is experiencing menses or vaginal discharge. This procedure should be performed on any female of childbearing age beginning or ending her menses or at the physician's request. The minicath may also be considered for a female who is not on her menses, but complains of a discharge.
 - a. Label the specimen container with two patient identifiers (patient name and date of birth).
 - b. Obtain lubricating jelly and apply to a sterile 2x2 or on the sterile field from which you are working.
 - c. Put on the sterile gloves found in the cath kit.
 - d. Loosen the cap on the specimen bottle and pull the cath tube about ¾ of the way out of the bottle.
 - e. Cleanse the vaginal area with the iodine swabs provided in the kit, cleaning from the front of the vagina to the back of the vaginal area (one swab down the left, one swab down the right and the third swab down the middle).
 - f. Identify the urethral meatus.
 - g. Lubricate the catheter with lubricating jelly.
 - h. Insert the catheter inside the meatus about one to two inches.
 - i. Fill the specimen bottle with urine. Bottle should be at least ¼ to ½ full.
 - j. Remove the catheter from the patient.
 - k. Remove the catheter from the container and close.
 - l. Tighten the lid on the specimen bottle, label the specimen, and place the specimen in a

- m. Biohazard bag.
- n. Remove the specimen to the lab area and complete the lab requisition, ensuring the provider has signed the document and included the diagnosis code(s).

2. **Foley Catheter:** The purpose of the Foley Catheter is to provide a continuing means for emptying the bladder to prevent infection, to keep incontinent patients dry, to allow restoration of normal bladder function, or to allow an accurate record of urine output.

- a. Secure the proper size catheter. Commonly used sizes are 18F (5 cc balloon) for adults, 8F or 10F for children (depending on the age of the child), 14F or 16F for the female patient, and 20F or 22F for the male patient. Ask the doctor for proper size.
- b. **Always employ sterile technique for this procedure.**
- c. **If the catheter has a 5cc balloon, always inflate the balloon to make sure it does not rupture, and that it stays inflated.** To check, use 7-10cc's of saline to inflate balloon through the separate short tube. After checking, remove the solution from the balloon, leaving the syringe in place.

3. Female catheterization:

- a. Cleanse the genitalia using cotton balls soaked with betadine.
- b. Separating the labia with the index finger and thumb, clean from front to back, using a new cotton ball for each stroke
- c. Follow procedure for catheter insertion as stated in mini-cath using proper foley catheter.
- d. Inflate balloon and secure catheter to bag or drain bladder and remove catheter.

4. Male catheterization:

- a. Sit or stand by the toilet or have patient lie on exam table. (A wheelchair-bound person may stay in the chair, and allow urine to drain into a bottle).
- b. Squeeze water-soluble lubricating jelly (not a petroleum based products such as Vaseline) onto a sterile 4 x 4.
- c. Apply sterile gloves.
- d. Retract the foreskin if present and cleanse the head of the penis using 3-4 cotton balls and betadine.
- e. Rotate the small end of the catheter in the jelly and lubricate it from the tip down (about 2 inches).
- f. Hold the penis erect and away from the body. Do not hold too tightly, or the pressure will close off the urethra.
- g. Insert the catheter into the urethra, gently but firmly. When the catheter is about half way in, it will meet resistance (a tight muscle). Continue to push gently until the muscle relaxes. **Never use force.** Having the patient take a deep breath will help to relax the muscle. Continue to insert the catheter until urine flows freely. Insert two more inches and inflate balloon if catheter is to remain in patient (secure catheter to foley bag).
- h. Tape the foley to the side of the leg to prevent traction being felt on the penis.

- h. Many male patients who require a catheter due to acute urinary obstruction due to enlarged prostate. As a result, resistance is almost always encountered. If this is the case, the procedure should immediately be discontinued and reported to the ordering practitioner.
- i.

5. All patients:

- a. If a record of volume is to be maintained, allow urine to flow into a measuring device such as a urinal (or the foley bag).
- b. If the catheter is not to remain in the bladder DO NOT INFLATE BALLOON but slowly remove the catheter. Once removed, hold the ends of the catheter with both hands to prevent urine spillage.
- c. Record the amount (if required) and appearance of the urine.
- d. Save a portion of the urine for lab use. Discard remaining urine into the toilet.
- e. Record in progress notes, including patient tolerance.

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

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| POLICY: TELEPHONE REQUEST FOR MEDICAL INFORMATION | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Telephone Request for Medical Information

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

Response Rating:

Required Equipment: None

Procedure

1. Patients seeking medical advice over the phone will be informed, courteously, that it is the policy of the Clinic that medical advice is not to be given over the phone.
2. Patients will be informed that if they have questions regarding their results or think they need to be seen by a practitioner they should come in to the Clinic.
3. Follow-up information or treatment due to Delayed Procedure Diagnostic Testing (lab, x-ray) may only be given by those personnel authorized to diagnose and prescribe (physicians, physicians' assistants, nurse practitioners).
4. Results of lab work are not to be given to patients by telephone unless approved by the practitioner. If approved by the practitioner, the information will be given to the patient via a designated staff member with a notation in the EMR indicating date, time and name of person giving the information.
5. Confidential results (sexually transmitted diseases, pregnancy, etc.) will never be given over the telephone.
6. When results are given to the patient over the telephone, practitioner must document date/time and what information given in the EMR.
7. Under no circumstances will results of any kind (lab- x-ray, treatment) be left on answering machines or voice mail.

8. Messages left for patients will be confined to providing the name of the person calling, the name of the clinic, the clinic phone number, and a request that the patient return the call at their soonest convenience.

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

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| POLICY: SPLINTS/ACE WRAPS | REVIEWED: 11/12/18 |
| SECTION: PATIENT CARE | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Ace Wraps & Splints

Objective: To protect, secure and immobilize an injured extremity.

Acuity Rating: Mild to moderate

Required equipment: Ring cutter, cold pack, Ace wrap, splint, sling, gauze and/or cotton as per physician's written order.

1. In case of a finger, wrist, hand or upper extremity injury, always remove any jewelry (rings, watch, bracelet) from extremity.
 - a. The ring cutter may be used by the practitioner if the item cannot be successfully removed with the aid of cold soaks or lubrication.
 - b. Should the patient refuse to allow use of the ring cutter, or removal of a ring, the patient will be required to sign a statement of refusal which should include language stating that the patient understands non-removal of the item may impair circulation and cause further damage. This statement should include language that releases the clinic from any liability in the event that further injury/damage occurs. A copy of this statement will be attached to the patient chart, and a copy given to the patient.
2. Elevate the extremity and apply a cold pack.
3. Apply a dressing to an extremity :
 - a. Apply an ace wrap, taking care not to wrap the ace tightly. Too tight a wrap may impair circulation. Ace wrap may not be applied by a Medical Assistant.
4. The following are guidelines for wrapping specific areas:
 - a. Toes: "buddy -tape" the toe and the next toe with 1/2" adhesive tape. Place a cotton or gauze between the toes to absorb moisture. Advise patient to wear firm-soled shoes, not tennis shoes. The practitioner may place the patient in a surgical shoe for this purpose.
 - b. Fingers: use the finger splints provided, and either tape or wrap the splint in place with a 2" ace wrap. Immobilize the finger in a position of function, with the MCPs at 90 degrees and the DIPs and PIPs in extension. Ace wraps may not be applied by a Medical Assistant.

- c. Ankles: if using an air splint or padded splint. A sock or soft roll should be placed between the plastic and the skin to prevent skin breakdown from the contact of plastic to skin. A laced-up ankle brace may be used.
 1. If applying a posterior splint to the ankle, place the ankle in 90 degrees and apply the prefabricated splint. The splint should extend from the metatarsal heads to two fingerbreadths below the fibular head. Moisten the splint material with room temperature water, as hot water may cause a burn to the patient when the splint hardens and heats itself. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
 2. If applying an ace-wrap to an ankle, always enclose the heel. A contour walker may also be chosen for ankle and foot injuries.
- d. Wrists: One may use a Velcro wrist splint provided.
 1. If a fiberglass splint is needed, it should extend from the distal palmar crease to two fingerbreadths below the radial head. Depending on the site of the injury, an ulnar gutter, radial gutter with thumb spica or volar splint is appropriate
 2. If a sling is used it should be worn so the hand/wrist is higher than the heart at a 45-degree angle. Wrist should not droop over the end of the sling.
 3. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
5. Advise the patient to check for signs that the wrap is too snug, i.e.; digits look like "little sausages", become blue, cold, tingle, or feel numb), in which case the wrap should be loosened. Practitioners ordering the application of wraps and/or splints must check the patient's neuro-vascular status including swelling, circulation above and below the injury, sensation, and ensure proper placement of the wrap/splint/cast.
6. Advise the patient of the following instructions:
 - a. Keep the extremity elevated.
 - b. Apply ice to the area, 20-30 minutes per hour when awake several time a day for the first 48 hours. Make sure there is a protective barrier between the skin and the ice bag.
7. Document the procedure accurately in the EMR.
8. Discharge patient with appropriate paperwork and instructions for continuity of care.

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

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| 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**

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| POLICY: Shelter in Place for Patients and Staff | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: 8/23/18 | MEDICAL DIRECTOR |

Subject: Shelter in place for patients and staff in the event of an active shooter or other public safety threat and/or weather event.

Objective: Shelter-in-place refers to a designated area of safety when it is not safe to go outside. An example is a small interior room with no or few windows where refuge can be taken.

Response Rating:

Required Equipment:

Procedure

1. Shelter-in-place for active shooter or other public safety emergency
 - a. Stop work and shut down business operations.
 - b. Share the notification with staff members and patients, using the Dr. Armstrong code.
 - c. Close all windows, exterior doors, and lock same, if possible.
 - d. Move patients, guests, and staff to an interior room, preferably room X which has no windows, the breakroom, bathrooms, and/or medical supply storage room.
 - e. Block the door using the exam table.
 - f. Move persons to the wall furthest from the door, placing children and elders behind adults.
 - g. Use cell phone to call 911 and report the emergency.
 - h. Remain in place until given the all clear by law enforcement or other trusted source.

2. Shelter-in-place for severe weather
 - a. Determine whether it is appropriate to stop work and shut down business operations.
 - b. Share the notification with staff members and patients; do not leave the building.
 - c. Close all windows and exterior doors.
 - d. Ensure all exhaust fans are turned off and HVAC is turned off.
 - e. Select one or more interior rooms that will accommodate patients, guests, and staff being seated.
 - i. Utilize room 5 as it has no windows; consider room 3 for overflow as it has the most floor space.
 - ii. Move exam room and waiting area chairs into the room as needed, placing exam tables against the wall to create more floor space.
 - f. Ensure at least one staff member or provider is in each room with patients and guests and document who is in each space for future reference.

- g. Remain in place, monitoring weather via radio or online weather reporting sources.
- h. When the all clear is given, ask patients to remain in place and ensure it is safe to leave the room by checking the hallway for obstructions.

ANNUAL BOARD REVIEW

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

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|---|--------------------|
| 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**

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| 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 Administrator 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 Administrator, 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**

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| POLICY: Medication Management Emergency Response to Power Failure | REVIEWED 11/19/18 |
| SECTION: Medication Management | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Medication Management – Emergency Response to Power Failure

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

Response Rating:

Required Equipment:

Procedure:

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

5. Requirement for transporting vaccines:

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

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

7. For any questions concerning degradation of viability of vaccines, contact a Vaccines for Children Representative.

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| Karen Turner | 559-228-5840 |
| Souk Mouanoutoua | 559-228-5855 |
| Isidro Fragoza | 559-228-5807 |

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

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|--------------------------------|--------------------|
| 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: BOMB SCARE | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR |

Subject: Bomb scare

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions needs to be taken for the safety of patients, staff, and guests.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.
2. Ask the caller:
 - a. Their name
 - b. Where the bomb is located
3. Record/document:
 - a. Every word spoken by the person making the call
 - b. The time the call was received and terminated
4. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury by many innocent people.
5. If possible, during the call:
 - a. Call law enforcement via 911
 - b. Call clinic leadership, if not present
 - c. Organize staff, patients, and guests to evacuate premises upon police or leadership order.
6. Once the police have arrived:
 - a. Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
 - b. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

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

| | |
|---|--------------------|
| POLICY: INITIAL PATIENT CONTACT AND MEDICAL EMERGENCIES | REVIEWED: 11/19/18 |
| SECTION: CLINICAL | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Medical Emergency Routine

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

Objectives: To provide medical care according to immediate need.

Response Rating: Severe

Required Equipment: This will vary according to patient condition.

Applies to: All Personnel and Practitioners

Policy:

If a patient presents with symptoms that may require immediate care, the patient will be escorted immediately to the clinical area and the nursing staff and practitioner will be made aware of the patient's location and condition immediately.

Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.

If an emergency condition arises the following protocol will be followed:

1. Obtain the patient's vital signs and a brief history.
2. Notify the physician of the patient's condition.
3. If the physician feels there is an emergency situation an EMS squad is to be called immediately. Dial 911.
4. If the patient is unstable or unconscious, bring the emergency medication kit and automatic defibrillator to the patient bedside.
5. Transfer form will be signed by patient or friend/family member who is with patient if patient is unable to sign.

6. Copies of all test results and medical records are to be copied and sent with the patient if transferred.
7. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

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

| | |
|----------------------------|--------------------|
| POLICY: Fire Safety | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Fire Safety

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

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

1. Potential fire hazards, ignition sources, and their control
 - a. Commonly occurring fire hazards may result from flammable and combustible materials, smoking, open flame heaters, electric space heaters, and electrical systems.
 - b. Fuel sources include:
 1. Paper material – good housekeeping and daily removal of trash should minimize this exposure.
 2. Cleaning solvents – keep ignition sources away from cleaning solvents; clean up spills immediately; soiled rags must be disposed of in a can with a lid.
 - c. Ignition sources include:
 1. Keep fuel sources away from electrical equipment.
 2. Electrical equipment requires keeping 36” clearance and good housekeeping.
 3. Microwave oven, toaster, and coffee maker need cleaning after use and weekly.
 4. Temporary electric extension cords are only used for temporary, one-day jobs and not as a replacement for permanent wiring.

2. Housekeeping

- a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.
- b. Employees shall ensure that aisles and workspaces remain clear and free of trash.
- c. Suitable clearances (18" or more) shall be maintained below sprinkler heads to storage.
- d. There shall be no accumulation of paper, rags, sweepings, or debris.
- e. Exits and fire door closures shall remain unobstructed and in good working order.

3. Training

a. Fire classes

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

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

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

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

b. Extinguisher sizes

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

c. Installation and maintenance

1. Extinguishers should be installed in plain view above the reach of children, near an escape route, and away from stoves and heating appliances. Consult the local fire department for advise on the best locations.
2. Extinguishers require routine care. The operator's manual and dealer outline how the extinguisher should be inspected and serviced. Rechargeable models are serviced after use. Disposable fire extinguishers can be only used once; they must be replaced after one use. Following the manufacturer's instructions, check the pressure in the Clinic extinguishers once a month.

d. Remember “P-A-S-S”

1. Stand 6-8 feet away from the fire and follow the four-step P-A-S-S procedure. If the fire does not begin to go out immediately, leave the area at once. Always be sure the fire department inspects the fire site
 - **PULL** the pin: this unlocks the operating lever and allows you to discharge the extinguisher. Some extinguishers have another device that prevents accidental operation.
 - **AIM** low: point the extinguisher nozzle (or hose) at the base of the fire.
 - **SQUEEZE** the lever below the handle: this discharges the extinguishing agent. Releasing the lever will stop the discharge. Note: some extinguishers have a button to press instead of a lever.
 - **SWEEP** from side to side: while moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

4. Fighting the fire

a. Before you begin to fight a fire:

1. Make sure the fire is confined to a small area and is not spreading.
2. Make sure you have an unobstructed escape route where the fire will not spread.
3. Make sure that you have read the instructions and that you know how to use the extinguisher.

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

c. Fire extinguishers

1. Used properly, a portable fire extinguisher can save lives and property by putting out a small fire or controlling it until the fire department arrives.
2. Portable extinguishers (intended for the home or office), are not designed to fight large or spreading fires. But even against small fires, they are useful only under certain conditions:
 - The operator must know how to use the extinguisher. There is no time to read directions during an emergency.
 - The extinguisher must be within easy reach, fully charged, and in working order.
 - Some models are unsuitable for grease or electrical fires.

3. Choose your extinguisher carefully. A fire extinguisher should have the seal of an independent testing laboratory. It should also have a label stating the type of fire it is intended to extinguish.
4. The extinguisher must be large enough to put out the fire. Most portable extinguishers discharge completely in as few as eight (8) seconds.

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

| | |
|------------------------------|--------------------|
| POLICY: EXTREME TEMPERATURES | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE | MEDICAL DIRECTOR: |

Subject: Extreme Temperatures

Objective: To provide precautionary and preventative measures for staff, patients, and guests during the hot summer months. Older adults and children are extremely vulnerable to heat related disorders.

Response Rating:

Required Equipment:

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds, and curtains in rooms exposed to direct sunlight.
3. Have ample fluids, and provide as many fluids as needed.

4. Turn on fans or air conditioner to increase circulation.
5. Assess patients arriving for services for signs and symptoms.
6. If symptoms of heat illness are experienced by staff, patients, or guests report symptoms to medical staff.

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

| | |
|---|--------------------|
| POLICY: EXTERNAL HAZMAT INCIDENT | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: External Hazmat Incident

Objective: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

Response Rating:

Required Equipment:

Procedure:

1. Notify the patients, guests, and staff that a hazmat incident has occurred.
2. Shut down outside intake ventilation.
3. Close all doors to the outside and close and lock all windows.
4. Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper, or aluminum wrap.
5. Turn off all exhaust fans in kitchens and bathrooms.
6. Close as many internal doors as possible in the building.
7. Use take and plastic food wrapping, wax paper, or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
9. If an explosion is possible outdoors, close drapes, curtains, or shades over windows. Stay away from external windows to prevent injury from flying glass.
10. Tune in to the Emergency Broadcasting System on the radio or television for further information and guidance.

11. Call “911” if patient has difficulty breathing or other life threatening condition(s) occur.
12. Notify “911” if evacuation of patients is necessary.

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

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|--|--------------------|
| 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**

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|---|--------------------|
| POLICY: EARTHQUAKE OR WEATHER EMERGENCY | REVIEWED: 11/19/18 |
| SECTION: SAFETY | REVISED: 9/20/17 |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Earthquake or weather emergency response/management

Objective: To ensure the safety of patient, personnel, and visitors in the event of an earthquake or weather-related disaster.

Response Rating: Mandatory

Required Equipment:

Procedure:

In the event of a fire or weather-related disaster:

1. Patients and visitors will be moved to the safest location(s) within the Clinic, as follows:
 - A. Earthquake
 - i. Structurally strong interior spaces, excluding doorways.
 - ii. Away from objects on shelves that may fall and cause injury
 - iii. Exterior areas which are not under trees, near power poles, or other tall structures (north west parking lot, as designated)
 - B. Weather-related disaster
 - i. In the case of a high wind storm/tornado, persons will be moved to interior rooms without windows.
 - ii. In the case of a rainstorm causing flooding, persons will be moved to rooms that are dry and/or have furniture that will allow the person to be up and away from the water.
 - iii. The Clinic Director or designee will ensure that a census of the patients and visitors is developed, with any special needs noted (requirement for oxygen, medication, additional supervision, aided support) and addressed as quickly as possible and documented in a medical record.
 - iv. If required, utilities will be terminated at the source:

| Service Type | Source Location |
|--------------------|-----------------|
| Natural gas | XXX |
| Electrical service | XXX |
| Water | XXX |

- v. Clinic leadership or designee will contact 911 if assistance is required to evacuate or render care to patients, visitors and/or personnel.
- vi. Clinic leadership or designee will contact the Administrator to advise emergency situation and request support, if required.
- vi. Clinic leadership or designee will meet emergency personnel when they arrive.
- vii. Clinic leadership or designee will record all actions taken and include that information in their Incident Report.
- viii. Clinic leadership will prepare a thorough incident report and forward that report to the Administrator.
- viii. Clinic will contact the Administrator for assistance in identifying damage to the premises and to coordinate arrangements for the repair and replacement of damaged facilities and equipment.
- ix. The Administrator will notify Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continue use, and if not, what alternate arrangements have been made so that care of the patients may continue.

2. Clinic staff should prepare to receive additional patients that may result from the situation.

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

| | |
|---|--------------------|
| POLICY: Disruption of Electrical Services | REVIEWED: 11/19/18 |
| SECTION: Operations | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Disruption of Electrical Services

Objective: To ensure maintenance of basic emergency services during a power outage and to ensure the safety of patients, personnel, and visitors during such occurrences.

Response Rating:

Required Equipment:

Procedure

1. In the event of disruption of the electrical service, the telephone will still be operational.
2. Clinic Director or designee will report the service disruption to the local electrical supplier and inquire as to when the electricity will be back in service.
3. In the event the clinician is performing a procedure, he/she will turn the equipment off and make the patient comfortable according to acceptable medical protocol until electrical service is restored.
4. The Clinic Director will maintain a supply of flashlights and fresh batteries in the reception area, nurses' stations, and in the emergency preparedness box (located in the receptionist's area) of the clinic. The receptionist(s) will distribute flashlights to staff members as required.
5. All examination rooms and bathrooms will be checked to ensure patients have sufficient light. Patients who do not have sufficient light will be offered the choice of a flashlight or a seat in the waiting area until electrical service is restored.
6. Should a long-term service outage be anticipated and if the outage occurs after 4pm, staff will reschedule the balance of the day's patients and close the office.
7. In the event of a sustained disruption of electrical services, a 110v generator will be obtained from the storage garage along with a supply of diesel fuel to run the generator. The alternate source of power will be used to ensure medication/vaccine refrigerators and freezers maintain proper temperatures for the safe storage of inventory.

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

| | |
|-----------------------|--------------------|
| POLICY: Disaster Plan | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Disaster Plan

Objective: To ensure the safety of patients, visitors, and personnel during disasters; to provide a means for a safe and orderly evacuation, rendering of emergency medical care and other necessary services; and to establish a routine emergency plan, personnel shall be prepared to follow a planned course of action in the event of a fire, severe weather conditions or other disaster that would affect the normal operation of the Clinic.

Response Rating:

Required Equipment:

Procedure:

1. When notified of a drill or disaster, the staff will report immediately to the Clinic front office area.
2. The Clinic Manager or designee will take charge and document on a communication log all communication activities including the date and time the emergency is called.
3. In case of internal disaster, fire, etc., the designated person in charge will determine evacuation procedure and ensure that all areas of the facility are checked for patients, personnel and visitors.
4. The Clinic will maintain a disaster plan that is reviewed, amended and implemented through drills and as needed.
5. In the case of off-site emergencies (i.e. snowstorm, flood, area mass casualty, wild fire) the Medical Director and/or the Clinic Manager will assess the off-site emergency to determine whether the Clinic will be impacted by a surge of patients and/or a loss of resources (i.e. water, power, access to ambulance service, access to Civil Authorities).
 - a. Based upon that assessment, the Executive Director will be contacted and will support the Clinic by making contact with off-duty personnel, including but not limited to medical care providers, requesting they report to the Clinic per the request of Clinic leadership.
 - b. Where possible, cell phone and text messaging will be used between Clinic and Executive Director's office in order to leave Clinic phone lines available for patients and staff.

6. Should the Clinic find it cannot serve the community, notice will be made (i.e. posted, via the patient portal/clinic website, telephone, text message) an assessment will be made 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.

7. The Executive Director will contact the California Department of Public Health to make notice that the Clinic is unable to serve the community. The notice will outline the reason(s) why the Clinic has closed and will provide an estimated date that the Clinic will return to service (if available).

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**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: 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: BOMB SCARE | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR |

Subject: Bomb scare

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions needs to be taken for the safety of patients, staff, and guests.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.
2. Ask the caller:
 - a. Their name
 - b. Where the bomb is located
3. Record/document:
 - a. Every word spoken by the person making the call
 - b. The time the call was received and terminated
4. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury by many innocent people.
5. If possible, during the call:
 - a. Call law enforcement via 911
 - b. Call clinic leadership, if not present
 - c. Organize staff, patients, and guests to evacuate premises upon police or leadership order.
6. Once the police have arrived:
 - a. Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
 - b. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

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

| | |
|-----------------------------|--------------------|
| POLICY: BIOTERRORISM THREAT | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Bioterrorism Threat

Objective: A bioterrorism threat is the accidental exposure or deliberate release of viruses, bacteria, and/or other agents that cause illness or death in people, animals, or plants. Biological agents can be spread through the air, water, or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents, like smallpox, can spread from person to person. Other agents, such as anthrax, are not spread person to person.

Response Rating:

Required Equipment:

Procedure:

1. In the case of a biological threat:
 - a. Notice of a biological event may come from the California Department of Public Health (CDPH).
 - b. Directions may be received from CDPH on how to proceed.
 - c. Patients with symptoms that may be the result of a biological exposure will be reported according to current policy for the reporting of diseases as outlined by the CDC, the State of California, and the County.
 - d. The Clinic may be directed by CDPH to give information to patients regarding the biological event.

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

| | |
|--|------------------|
| POLICY: Alternate Communications in Emergency Situations | DATE: 11/18/19 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR |

Subject: Alternate communications in emergency situations

Objective: To ensure personnel are able to communicate amongst themselves and with emergency services in the event of a clinic/community telephone/internet failure.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Personnel will be provided with a confidential list of personnel (including provider personnel) so as to maintain those contacts in their personal cell phone for access when Clinic telephone service malfunctions. The list will be updated monthly and the content will not be shared with persons not employed or under contract with the Clinic.
2. The personnel list (with phone numbers) will be available in the Clinic at the following locations:
 - a. Front of the "Staff Huddle Binder"
 - b. At the receptionist desk
 - c. The nurses' station
 - d. Radiology department workstation
 - e. Incident Command Binder
3. The Clinic will purchase and maintain a minimum of the following emergency communications equipment:
 - a. Dual band (VHF/UHF) two way radios
 - b. Car chargers for said radios
 - c. Active and supplemental batteries for said radios
4. Staff will be oriented to the use of the radios as part of their Emergency Preparedness training.
5. Batteries will be charged and radios tested monthly.
6. Radios, batteries and chargers will be stored in the clinic and District office in accessible locations.

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

| | |
|------------------------|--------------------|
| POLICY: ACTIVE SHOOTER | REVIEWED: 11/19/18 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR |

Subject: Active shooter

Objective: When there is an active shooter in your vicinity, you have three options: run, hide, or fight. Therefore, precautions need to be taken for the safety of patients, staff, and guests.

Response Rating:

Required Equipment:

Procedure:

Run

1. Have an escape route in mind
2. Leave belongings (purse, backpack, computer, etc) behind
3. Evacuate regardless of whether others will follow
4. Helps others escape, if possible
5. Do not stop to help or move wounded
6. Stop others from entering the area
7. Call 911 when safe

Hide

1. Hide out of the shooter's view
2. Lock door or block entry
3. Silent your cell phone, including vibrate

Fight

1. Fight as a last resort, if your life is in danger
2. Improvise weapon or throw items at the active shooter
3. 3. Act with as much aggression as possible. Your life depends on it.

Once law enforcement has arrived, keep hands visible and raised over your head. Provide information about location of shooter, wounded and description of shooter, if known.

DRAFT

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

| | |
|--|--------------------|
| POLICY: Standardized Order for Urinalysis on Pregnant Patients | REVIEWED: 11/11/18 |
| SECTION: Clinical | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: Standardized order for Urinalysis on pregnant patients

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for obstetric patients.

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) waived test Urinalysis (Urine Analysis using Dipstick method) for all pregnant patients diagnosed presenting to the clinic for health provider visit.

Urinalysis Testing is a recommended assessment for presence of Bacteriuria, which is commonly asymptomatic in pregnant women.

The standard of medical care in pregnant women may be accessed through the link website located at the reference below.

Reference:

Hooton, T. & Gupta K. (2012). Urinary Tract Infections and Asymptomatic Bacteriuria in Pregnancy. Retrieved from http://www.uptodate.com/contents/urinary-tract-infections-and-asymptomatic-bacteriuria-in-pregnancy?source=search_result&search=urinalysis+on+pregnancy&selectedTitle=1%7E150

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 | |
| 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 | | TBD |
| 24 | | | | |
| 25 | District Records | | | |
| 26 | Fine-Tune District Records Disaster Plan | Stout & Computer | | TBD |
| 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 & Dr. Smart | | Nov. 2018 |
| 42 | | | | |
| 43 | | | | |
| 44 | | | | |
| 45 | | | | |



Governance Practices and Performance Self-Assessment User's Guide

The Association of California Healthcare Districts' (ACHD) board self-assessment tool is an easy-to-use, no-cost member benefit. Two ACHD task forces considered a broad range of self-assessment criteria, and developed two versions of a board self-assessment: one for hospital districts, and one for community-based districts.

Your organization's self-assessment has already been created for you, and is ready for you to use. Follow the step-by-step instructions in this document to conduct your self-assessment and receive a comprehensive summary report at no-cost.

Assessing Governance Performance

A governing practices and performance assessment is an important preventive measure your board can take to ensure continual improvement in your governing health and wellness. And it's one of the most reliable ways to identify and correct governance trouble spots and close "governance gaps."

A successful assessment enables the board to identify areas in which the board has the greatest potential for improvement. The governance assessment process identifies leadership gaps, and helps you to develop and implement initiatives and strategies to improve leadership performance.

Through an effective, well-developed governance practices assessment process, leadership growth opportunities may be realized, education may be pinpointed to unique governance needs, recruitment of new directors may be undertaken with increased confidence, and long-range planning may be conducted within a consensus-based framework, with everybody on the same page.

Using the Assessment to Improve Governance Effectiveness

A successful governance practices and performance assessment engages the board in a wide-ranging evaluation of its overall leadership performance. An excellent assessment process will achieve several key outcomes:

- Define the board's most critical governance success factors;
- Secure anonymous, broad-based and insightful director input on the critical fundamentals of successful governing leadership;
- Create an opportunity to address major issues and ideas in a non-threatening, collaborative manner;
- Clearly demonstrate where the board is both in and out of alignment on leadership fundamentals and issues;
- Objectively assess the degree of common director understanding, expectations and direction for the board;
- Assess the deficiencies that may impact the board's ability to fulfill its fiduciary responsibilities;
- Identify opportunities for meaningful leadership improvement; and
- Help administration better understand and respond to the board's leadership education and development needs.

2000 HIRING PROCESS

The Executive Director is responsible for initiating and completing the hiring process. The Executive Director shall review applicants and their applications / resumes. When the applicant is applying for a position in the Valley Springs Health & Wellness Center, or other District health care facilities, and the position applied for is not the Center CEO, Center Manager or the Center Medical Director, the review and hiring process may be delegated by the Ex. Dir. to the Center Manager, or reside with the Executive Director, and does not require any participation from the District Board or its committees. An appropriate screening process, including evaluation criteria, interview process, and reference checks shall be established. No screening device, application procedure, or evaluation criteria shall discriminate on the basis of any non-job-related factor as delineated in this manual.

Upon completion of the hiring application and interview process, with the exception noted in the above paragraph, the Executive Director will make a recommendation regarding their his/her choice(s) for the position to ~~the Ad Hoc Personnel~~ relevant Board Committee (if in existence) or the Board. The Board or Committee reserves the right to conduct additional interviews or seek additional information. Once the Board makes the final determination, the Executive Director shall offer the position to the candidate and complete any final negotiations. Applicants not selected for the position shall receive a written notice of their status as soon as possible.

When hiring an Executive Director, the Board shall appoint an *ad hoc* Personnel Committee composed of members of the Board. The Board will make the final hiring decision.

All resumes, application forms, monitoring forms (including information regarding age, race, and sex), test results, interview notes, and any other documentation of the selection process relative to all applicants, will be archived for at least twelve months following final selection.



**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
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(209) 754-4468 Phone
(209) 754-2537 Fax

Agenda Item: Financial Reports (as of January 31, 2019)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The DRAFT January 31, 2019 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.

- Seven months into the current fiscal year, with the exception of the items related to the revenues from the new lease, the District appears on track with the Budget.
- An item not currently on the P&L, the “Minority Interest” for January was very positive. Interest from operations to the District was \$481,553.50 and interest from investments to the District was \$57,400.
- Like the revenue section, expenses are tracking well compared to Budget.
- One new item this month is the expenses associated with the Valley Springs Clinic.
- The Balance Sheet shows a strong cash position, and the expected growing debt related to the new clinic.
- We’re still working on an “Investment” page with additional information related to interest earnings (stay tuned ☺).

Mark Twain Healthcare District

BALANCE SHEET As of January 31, 2019

| | TOTAL | |
|---|-----------------------|-------------------------|
| | AS OF JAN 31, 2019 | AS OF JAN 31, 2018 (PY) |
| ASSETS | | |
| Current Assets | | |
| Bank Accounts | | |
| 100.30 Umpqua Bank Checking | 402,975.04 | 632,237.83 |
| 100.40 Money Market - Umpqua | 272,268.07 | 568,583.19 |
| 100.50 Stockton Bank of | 853,392.36 | |
| 100.60 Five Star Bank | 62,464.23 | |
| 100.70 Five Star Bank - MMA | 707,592.69 | |
| 100.80 Five Star Bank - Valley Springs Checking | 16,329.28 | |
| Total Bank Accounts | \$2,315,021.67 | \$1,200,821.02 |
| Accounts Receivable | | |
| 1200 Accounts Receivable | -254,268.20 | 117,272.39 |
| Total Accounts Receivable | \$ -254,268.20 | \$117,272.39 |
| Other Current Assets | | |
| 101.00 Umpqua Investments | 719,994.54 | 707,031.91 |
| 115.05 Due From Calaveras County | -16,676.82 | 33,293.95 |
| 115.10 Due from MTSJHC | 1,618.26 | 0.00 |
| 130.00 Prepaid Expenses | | |
| 130.20 Prepaid Malpractice | 6,644.61 | 5,043.61 |
| 130.30 Other Prepaid Expenses | 0.00 | 2,711.82 |
| Total 130.00 Prepaid Expenses | 6,644.61 | 7,755.43 |
| 1499 Undeposited Funds | 3,873.22 | 0.00 |
| Total Other Current Assets | \$715,453.81 | \$748,081.29 |
| Total Current Assets | \$2,776,207.28 | \$2,066,174.70 |
| Fixed Assets | | |
| 150.00 Land and Land Improvements | | |
| 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 | | |
| 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 | | |
| 152 CIP | 833,382.08 | |
| 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 | 1,078,203.49 | 364,037.95 |
| 160.00 Accumulated Depreciation | -5,332,453.00 | -5,309,231.00 |
| Total Fixed Assets | \$3,190,228.16 | \$1,661,256.29 |
| Other Assets | | |

| | TOTAL | |
|--|------------------------|-------------------------|
| | AS OF JAN 31, 2019 | AS OF JAN 31, 2018 (PY) |
| 170.00 Minority Interest in MTMC | 14,510,261.00 | 14,795,076.50 |
| 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-LLLF | -26,688.11 | -25,560.11 |
| 180.60 Capitalized Lease Negotiations | 378,050.49 | 289,967.91 |
| Total 180.30 Intangible Assets | 379,443.49 | 292,488.91 |
| Total Other Assets | \$14,889,704.49 | \$15,087,565.41 |
| TOTAL ASSETS | \$20,856,139.93 | \$18,814,996.40 |
| LIABILITIES AND EQUITY | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | | |
| 2000 Accounts Payable | 16,289.11 | 0.00 |
| Total Accounts Payable | \$16,289.11 | \$0.00 |
| Other Current Liabilities | | |
| 200.00 Accts Payable & Accrued Expenses | | |
| 200.10 Other Accounts Payable | 5,692.34 | -20.00 |
| 200.40 Accrued Utilities | 36,989.93 | 33,793.70 |
| Total 200.00 Accts Payable & Accrued Expenses | 42,682.27 | 33,773.70 |
| 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 MTSJH - Rental Clearing | 29,002.15 | 60,640.99 |
| 226 Deferred Rental Revenue | 38,393.35 | 38,289.91 |
| 24000 Payroll Liabilities | 5,893.81 | 10,591.01 |
| Total Other Current Liabilities | \$119,246.58 | \$146,570.61 |
| Total Current Liabilities | \$135,535.69 | \$146,570.61 |
| Long-Term Liabilities | | |
| 250.00 Notes Payable - Long Term | | |
| 250.10 USDA Loan - VS Clinic | 1,754,844.49 | 0.00 |
| Total 250.00 Notes Payable - Long Term | 1,754,844.49 | 0.00 |
| Total Long-Term Liabilities | \$1,754,844.49 | \$0.00 |
| Total Liabilities | \$1,890,380.18 | \$146,570.61 |
| Equity | | |
| 290.00 Fund Balance | 648,149.41 | 648,149.41 |
| 291.00 PY - Minority Interest MTSJH | 19,720,638.00 | 19,720,638.00 |
| 3000 Opening Bal Equity | 0.03 | 0.03 |
| 3900 Retained Earnings | -1,485,827.71 | -1,373,588.30 |
| 3901 CY - Minority Interest MTSJH | -149,672.00 | |
| Net Income | 232,472.02 | -326,773.35 |
| Total Equity | \$18,965,759.75 | \$18,668,425.79 |
| TOTAL LIABILITIES AND EQUITY | \$20,856,139.93 | \$18,814,996.40 |

Mark Twain Health Care District
Profit & Loss
Through January 31, 2019

| Revenues | Actual 2015/2016 | Actual 2016/2017 | Actual 2017/2018 | Actual 31-Jan | Year-to-date 2018/2019 | Budget 2018/2019 | Actual vs Budget |
|---|-----------------------------|-----------------------------|-----------------------------|--------------------------|-----------------------------------|-----------------------------|-----------------------------|
| District Taxes | 905,711 | 935,421 | 999,443 | 82,667 | 579,031 | 992,000 | 58.37% |
| Rental Revenue | 319,089 | 319,039 | 313,039 | 26,587 | 186,106 | 728,633 | 25.54% |
| Land Rental Revenue | 5,777 | 5,777 | 5,296 | 481 | 3,851 | 5,777 | 66.67% |
| MOB Rental Revenue | 214,814 | 217,159 | 219,794 | 18,794 | 134,625 | 227,181 | 59.26% |
| Lease Interest Income | 3,698 | 1,982 | 2,428 | 0 | 0 | 397,712 | 0.00% |
| Intrest and Other Income | 2,696 | 4,423 | 5,045 | 8,386 | 13,390 | 120,000 | 11.16% |
| Total Revenue | 1,451,785 | 1,483,801 | 1,545,045 | 136,915 | 917,004 | 2,471,303 | 37.11% |
| Expenses | Actual 2015/2016 | Actual 2016/2017 | Actual 2017/2018 | Actual 18-Dec | Year-to-date 2018 | Budget 2018/2019 | Actual vs Budget |
| Salaries, wages | | | | 16,506 | 118,139 | 220,000 | 53.70% |
| Payroll Expense | 33,587 | 68,794 | 235,531 | 1,648 | 4,028 | 16,184 | 24.89% |
| Benefits | | | 663 | | | 5,300 | 0.00% |
| Insurance | 14,889 | 16,578 | 17,043 | 1,250 | 12,401 | 20,000 | 62.00% |
| Legal Fees | 44,309 | 15,195 | 20,179 | | 11,052 | 60,000 | 18.42% |
| Audit | 10,790 | 13,945 | 18,090 | | 13,635 | 11,500 | 118.57% |
| Operational Consulting | 262,634 | 392,908 | 332,287 | | 29,348 | 60,000 | 48.91% |
| Accounting Services | 805 | 1,304 | 1,141 | 2,433 | 44,672 | 70,000 | 63.82% |
| Community Education & Marketing | 11,949 | 10,895 | 5,488 | 1,720 | 1720 | 20,000 | 8.60% |
| Medical office rent | 215,243 | 220,659 | 226,237 | 19,332 | 135,323 | 233,024 | 58.07% |
| Depreciation and amortization | 85,769 | 35,556 | 26,582 | 2,032 | 14,212 | 36,045 | 39.43% |
| Valley Springs Rental | | 11,198 | 57,593 | 654 | 1,654 | 5,000 | 33.08% |
| Board Stipends | | | | 500 | 1500 | 6,000 | 25.00% |
| Dues & Subscriptions | 12,343 | 12,554 | 14,731 | 50 | 11,865 | 19,000 | 62.45% |
| Outside Training/Conferences | 2,906 | 1,920 | 3,030 | 0 | 9,821 | 15,000 | 65.48% |
| Travel, Meals & Lodging | 7,983 | 6,758 | 17,363 | 187 | 3,678 | 15,000 | 24.52% |
| Office Supplies & Expense | 1,365 | 4,310 | 19,685 | 539 | 11,129 | 30,000 | 37.10% |
| Other Misc Expenses | 10,958 | 65,595 | 28,745 | 190 | 3,310 | 5,000 | 66.21% |
| Utilities | 559,265 | 387,974 | 0 | 1,786 | 6,159 | 675,000 | 0.91% |
| Grants & Sponsorships | 154,969 | 74,159 | 47,413 | 9,268 | 58,407 | 635,000 | 9.20% |
| Valley Springs Clinic | | | | 8,459 | 8,459 | 50,000 | 16.92% |
| Debt Service | | | | | | 88,772 | 0.00% |
| Total Expenses | 1,429,764 | 1,340,302 | 1,071,801 | 66,555 | 500,512 | 2,295,825 | 21.80% |
| Excess of revenues over expenses | 22,021 | 143,499 | 473,244 | 70,360 | 416,492 | 175,478 | 237.35% |

Mark Twain Healthcare District

JOURNAL

January 2019

| DATE | TRANSACTION TYPE | NUM | NAME | MEMO/DESCRIPTION | ACCOUNT # | ACCOUNT | DEBIT | CREDIT |
|------------|------------------|-------|------|--|-----------|---|---------------------|---------------------|
| 01/04/2019 | Journal Entry | 11434 | | Refund over payment from Placer Title Company Check # 555-268076 | 100.60 | 100.60 Five Star Bank | \$10.00 | |
| | | | | Refund over payment from Placer Title Company Check # 555-268076 | 570.20 | 570.20 Interest and Other Income:Other Miscellaneous Income | | \$10.00 |
| | | | | | | | \$10.00 | \$10.00 |
| 01/31/2019 | Journal Entry | 11432 | | Oct Rental pymt from DH/MTMC | 100.30 | 100.30 Umpqua Bank Checking | \$38,545.42 | |
| | | | | Oct Rental pymt from DH/MTMC | 550.10 | 550.10 Rental Revenue | | \$23,200.00 |
| | | | | Oct Rental pymt from DH/MTMC | 550.30 | 550.30 MOB Rental Revenue | | \$15,345.42 |
| | | | | | | | \$38,545.42 | \$38,545.42 |
| 01/31/2019 | Journal Entry | 11433 | | Loan Draw #5 | 100.50 | 100.50 Stockton Bank of | \$214,699.16 | |
| | | | | Loan Draw #5 | 250.10 | 250.10 Notes Payable - Long Term:USDA Loan - VS Clinic | | \$214,699.16 |
| | | | | | | | \$214,699.16 | \$214,699.16 |
| 01/31/2019 | Journal Entry | 11435 | | Payroll Tax Expense | 66000 | 66000 Payroll Expenses | \$732.73 | |
| | | | | Direct Deposit Fee | 66000 | 66000 Payroll Expenses | \$5.25 | |
| | | | | Total Wages | 65000 | 65000 Salaries and Benefits | \$7,056.09 | |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | | \$2,482.00 |
| | | | | Net Pay | 100.60 | 100.60 Five Star Bank | | \$5,312.07 |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | \$1,830.58 | |
| | | | | EDD/IRS | 100.60 | 100.60 Five Star Bank | | \$1,830.58 |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | \$649.00 | |
| | | | | Net Pay | 100.60 | 100.60 Five Star Bank | | \$649.00 |
| | | | | Payroll Tax Expense | 66000 | 66000 Payroll Expenses | \$904.87 | |
| | | | | Direct Deposit Fee | 66000 | 66000 Payroll Expenses | \$5.25 | |
| | | | | Total Wages | 65000 | 65000 Salaries and Benefits | \$9,450.21 | |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | | \$3,455.87 |
| | | | | Net Pay | 100.60 | 100.60 Five Star Bank | | \$6,904.46 |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | \$4,216.20 | |
| | | | | EDD/IRS | 100.60 | 100.60 Five Star Bank | | \$4,216.20 |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | \$1,186.08 | |
| | | | | EDD/IRS | 100.60 | 100.60 Five Star Bank | | \$1,186.08 |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | \$2,619.90 | |
| | | | | EDD/IRS | 100.60 | 100.60 Five Star Bank | | \$2,619.90 |
| | | | | EDD/IRS | 24000 | 24000 Payroll Liabilities | \$835.97 | |
| | | | | EDD/IRS | 100.60 | 100.60 Five Star Bank | | \$835.97 |
| | | | | | | | \$29,492.13 | \$29,492.13 |
| 01/31/2019 | Journal Entry | 11436 | | To accrue 1 month property tax per budget | 115.05 | 115.05 Due From Calaveras County | \$82,667.00 | |
| | | | | To accrue 1 month property tax per budget | 560.10 | 560.10 District Tax Revenue | | \$82,667.00 |
| | | | | | 220.10 | 220.10 Due to MTSJH - Rental Clearing | \$2,636.57 | |
| | | | | | 550.10 | 550.10 Rental Revenue | | \$2,636.57 |

| DATE | TRANSACTION TYPE | NUM | NAME | MEMO/DESCRIPTION | ACCOUNT # | ACCOUNT | DEBIT | CREDIT |
|--------------|---------------------|-------|------|-------------------------------------|--------------|--|---------------------|---------------------|
| | | | | 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 | \$1,250.00 | |
| | | | | amortize 1 mo | 130.20 | 130.20 Prepaid Expenses:Prepaid Malpractice | | \$1,250.00 |
| | | | | amortize 1 mo | 735.75 | 735.75 Depreciation & Amortization:Amortization of Intangible | \$94.00 | |
| | | | | amortize 1 mo | 180.55 | 180.55 Intangible Assets:Accumulated Amortization-LLLF | | \$94.00 |
| | | | | Dec 2018 Rent - Resource Connection | 550.10 | 550.10 Rental Revenue | | \$750.00 |
| | | | | Dec 2018 Rent - Resource Connection | 100.30 | 100.30 Umpqua Bank Checking | \$750.00 | |
| | | | | | | | \$89,335.57 | \$89,335.57 |
| 01/31/2019 | Journal Entry | 11438 | | Dec minority interest ops | 750.03 | 750.03 Minority Interest MTSJ Ops | | \$481,553.50 |
| | | | | Dec minority interest ops | 750.04 | 750.04 Minority Interest MTSJ Invest | | \$57,400.00 |
| | | | | Dec minority interest ops | 3901 | 3901 CY - Minority Interest MTSJH | \$538,953.50 | |
| | | | | | | | \$538,953.50 | \$538,953.50 |
| 01/31/2019 | Journal Entry | 11439 | | New Set up Fee for Athena Health | 840.92 | 840.92 New Valley Springs Clinic:IT/EMR- New Valley Springs Clinic | \$3,675.00 | |
| | | | | New Set up Fee for Athena Health | 100.80 | 100.80 Five Star Bank - Valley Springs Checking | | \$3,675.00 |
| | | | | | | | \$3,675.00 | \$3,675.00 |
| TOTAL | | | | | | | \$914,710.78 | \$914,710.78 |

Mark Twain Healthcare District

BILL PAYMENT LIST

January 2019

| DATE | NUM | VENDOR | AMOUNT |
|--|--------|----------------------------------|-----------------------|
| 100.50 Stockton Bank of | | | |
| 01/02/2019 | 001004 | Diede Construction, Inc. | -183,411.43 |
| Total for 100.50 Stockton Bank of | | | \$ -183,411.43 |
| 100.60 Five Star Bank | | | |
| 01/04/2019 | 15131 | Archer Norris | -387.00 |
| 01/04/2019 | 15130 | Outlet Tek | -160.50 |
| 01/04/2019 | 15129 | Condor Earth Technologies, Inc. | -5,126.00 |
| 01/04/2019 | 15128 | Cheryl Duncan Consulting | -2,160.00 |
| 01/04/2019 | 15127 | PG&E 46578486352 VS Clinic # 10 | -112.30 |
| 01/04/2019 | 15126 | PG&E 46995152991 VS Clinic # 9 | -239.39 |
| 01/04/2019 | 15125 | Kirk Stout | -235.26 |
| 01/04/2019 | 15124 | Arnaudo Bros., L.P. | -19,331.89 |
| 01/04/2019 | 15123 | PG&E 11152462708 SOMO | -40.72 |
| 01/04/2019 | 15118 | Streamline | -200.00 |
| 01/04/2019 | 15119 | Calaveras County Water District | -3,700.00 |
| 01/04/2019 | 15120 | PG&E 39918320076 Cancer | -221.87 |
| 01/10/2019 | 15121 | AT&T OneNet | -929.27 |
| 01/10/2019 | 15122 | City of Angels | -170.40 |
| 01/10/2019 | 15132 | PG&E 2306121143-1 ortho | -525.78 |
| 01/10/2019 | 15133 | MTMC Nutritional Services | -124.00 |
| 01/10/2019 | 15134 | Aspen Street Architects | -6,053.95 |
| 01/10/2019 | 15135 | Condor Earth Technologies, Inc. | -1,652.75 |
| 01/10/2019 | 15136 | J.S. West | -420.73 |
| 01/10/2019 | 15137 | PG&E 74021406306 SAFMC | -438.88 |
| 01/10/2019 | 15138 | Suburban Propane-Ortho | -696.16 |
| 01/10/2019 | 15139 | Tribble and Ayala | -107.44 |
| 01/10/2019 | 15140 | Calaveras Telephone | -467.62 |
| 01/10/2019 | 15141 | Umpqua Bank | 0.00 |
| 01/10/2019 | 15142 | PG&E 71068388090 Pain Mgmt | -614.48 |
| 01/10/2019 | 15143 | PG&E 89195984003 Cancer/Infusion | -722.65 |
| 01/10/2019 | 15144 | CPPA Plant Maint | -19,628.84 |
| 01/10/2019 | 15145 | Sindelar Plumbing | -384.00 |
| 01/15/2019 | ACH 2 | Umpqua Bank | -1,057.25 |
| 01/15/2019 | 15146 | Kirk Stout | -270.00 |
| 01/15/2019 | 15147 | PG&E 42630399709 Hospital | -17,033.08 |
| 01/15/2019 | 15148 | Campora Propane | -1,233.30 |
| 01/15/2019 | 15149 | AT&T 457-7 | -4.64 |
| 01/15/2019 | 15150 | AT&T 0518795579001 | -37.35 |
| 01/15/2019 | 15151 | Condor Earth Technologies, Inc. | -1,465.50 |
| 01/15/2019 | 15152 | AT&T 754-9362 | -1,556.10 |
| 01/15/2019 | 15153 | Calaveras First | -1,720.00 |
| 01/24/2019 | 15154 | Calaveras County Public Works | -328.87 |
| 01/24/2019 | 15155 | Gold Country Regional Chapter | -25.00 |
| 01/24/2019 | 15156 | Mobile Modular | -383.84 |

| DATE | NUM | VENDOR | AMOUNT |
|--|-------|-----------------------------------|-----------------------|
| 01/24/2019 | 15157 | Suburban Propane-Ortho | -65.00 |
| 01/24/2019 | 15158 | Cal.net-Motherlode | -14.53 |
| 01/24/2019 | 15159 | Calaveras County Water District | -194.90 |
| 01/24/2019 | 15160 | California Special District Assn | -25.00 |
| 01/24/2019 | 15161 | Donna Koplen | -2,148.12 |
| 01/24/2019 | 15162 | Mosbaugh Properties-Arnold | -1,078.98 |
| 01/24/2019 | 15163 | Your Type | -190.00 |
| 01/29/2019 | 15164 | AT&T 795-2997749 | -33.63 |
| 01/29/2019 | 15165 | Suburban Propane-Ortho | -505.33 |
| 01/29/2019 | 15166 | Calaveras County Water District | -124.19 |
| 01/29/2019 | 15167 | Calaveras Public Utility District | -1,330.85 |
| 01/29/2019 | 15168 | Your Type | -2,327.87 |
| 01/29/2019 | 15169 | Murphys Senior Center | -8,750.00 |
| 01/30/2019 | 15170 | Hicks, Gary | -4,646.25 |
| 01/30/2019 | 15171 | Condor Earth Technologies, Inc. | -1,442.25 |
| 01/30/2019 | 15172 | Best Best & Krieger, LLP | -7,436.00 |
| 01/30/2019 | 15173 | Talibah Al-Rafiq | -136.40 |
| 01/30/2019 | 15174 | Ann Radford | -100.00 |
| 01/30/2019 | 15175 | Debbie Sellick | -100.00 |
| 01/30/2019 | 15176 | Lin Reed | -100.00 |
| 01/30/2019 | 15177 | Susan Atkinson | -100.00 |
| 01/30/2019 | 15178 | Talibah Al-Rafiq | -100.00 |
| 01/31/2019 | 15179 | Debbie Sellick | -51.04 |
| 01/31/2019 | 15180 | Van Lieshout, Patrick | -12,000.00 |
| 01/30/2019 | ACH 3 | Harland Clarke | -264.40 |
| Total for 100.60 Five Star Bank | | | \$ -133,231.55 |

Reserve Policy:

Draft – All New

1. Purpose:

The Mark Twain Health Care District (the District) shall maintain reserve funds from existing unrestricted funds as designated by the District's Reserve Policy. The Reserve Policy is modeled after the California Special Districts Association: **Special District Reserve Guidelines**. 2nd edition. This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a) Fund replacement and major repairs for the District's physical assets
- b) Fund regular replacement of computer/technology hardware and software
- c) Fund designated conservation projects/programs or other special uses not otherwise funded by grants or requiring additional monetary support
- d) Fund capital improvements
- e) Maintain minimal operational sustainability in periods of economic uncertainty
- f) Fund long term Debt and contract obligations for 2-3 years ongoing

The District shall account for reserves as required by Governmental Accounting Standards Board Statement No. 54, which distinguishes reserves as among these classes: non-spendable, restricted, committed, assigned and unassigned. The reserves stated by this policy, unless otherwise required by law, contract, or District policy shall be deemed "assigned" reserves.

2. Policy:

Use of District Reserves is limited to available "Unrestricted" Funds (not obligated by law, contract or agreement), including donations, interest earned, fees for service or other non-grant earnings. All special use funds will be designated by formal action of the Board of Directors.

- a) **Technology Reserve Fund:**
Technology Reserves will accumulate from existing unrestricted funds. The minimum target amount of Technology Reserves will be \$1,000,000.
- b) **Valley Springs Health & Wellness Center; Operational Reserve Fund:**
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of \$2,200,000. The reserve amount will be determined on each annual review and be based on the projected and historical expenses of the Center. This fund will provide for 180 days of operational expenses.
- c) **Lease and Contract Reserve Fund:**
Financial obligations related to long term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease.

- d) Capital Improvement Reserve Fund:
Capital Improvements Reserve will accumulate from existing unrestricted funds with a minimum target amount of \$12,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction, installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements, etc.).
- e) Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payments on an ongoing basis. This fund will have a minimum target amount of \$1,300,000.

3. Using Reserve Funds:

- A) Technology Reserve:
Technology Reserves will be used to purchase hardware and software in support of District operations, with the intent of maintaining modern technology for employees and patients. This fund can also be used for technology dependent equipment such as radiology or electrocardiography.
- B) Valley Springs Health & Wellness Center; Operational Reserve Fund can be used to support operations at the center, including all line items listed on the Valley Springs Health & Wellness Center operations budget.
- C) Lease and Contract Reserve Fund can be used to meet lease and contract long term obligations, such as MTMC utility payments.
- D) Capital Improvements Reserve:
Capital Improvements Reserves shall be limited to costs related to making changes to improve or maintain capital assets, increase their useful life, or add to the value of these assets.
- E) Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payments on an ongoing basis. This fund is designated primarily, but not exclusively, to the USDA 30-yr construction loan.

4. Monitoring Reserve Levels:

The Executive Director or CEO, in collaboration with the District Accountant or CFO, shall perform a reserve status analysis annually, to be provided to the Board of Directors for annual deliberation/approval of Budget and Reserve Funds.

Additional information may be provided to the Board of Directors upon the occurrence of the following events:

- a) When a major change in conditions threatens the reserve, levels established by this policy or calls into question the effectiveness of this policy;
- b) Upon Executive Director/CEO and/or Board request.

Reference: Special District Reserve Guidelines, California Special Districts Association, 2nd edition