



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

**Special Meeting of the Board of Directors
Friday September 20, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

Agenda

Mark Twain Health Care District Mission Statement

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

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

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

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

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

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Agenda –September 20, 2019 MTHCD Board Meeting

A. Un-Approved Minutes:

- Special Finance Committee Meeting Minutes for August 16, 2019
- Special Finance Committee Meeting Minutes for August 28, 2019
- Un-Approved Board Meeting Minutes for August 28, 2019

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):

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

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

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

- MTMC Foundation Grants
- Tour – VSHWC

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
 - USDA Form 271 August 2019:.....Dr. Smart
 - Operations and Development:.....Dr. Smart
- **Update on Valley Springs Property - Phase II:**.....Ms. Reed / Ms. Al-Rafiq

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

7. Committee Reports:

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

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

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

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8. VS H&W Center – Draft Policies and Forms: Public Comment - **ActionDr. Smart**

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

1. Draft - Credit Card on File 081519
 2. Draft - Emergency Codes
 3. Draft - Alternate Communications in Emergency Situations
 4. Draft - Bioterrorism Threat 111918
 5. Draft - Active Shooter 083019
 6. Draft - Bomb Scare 083019
 7. Draft - Earthquake or Weather Emergency 083019
 8. Draft - Mass Casualty Response 083019
 9. Draft - Medication Management Storage of Multi-Use Containers 090719
 10. Draft - Shelter in Place for Patients and Staff 083019
 11. Draft - Fire Safety 083019
 12. Draft - Employee Dress Code
 13. Draft - X-Ray Orders 090819
 14. Draft - Eye Irrigation 091119
 15. Draft - Emergency Situation Unresponsive Patient 091119
 16. Draft - Flu Shots 091119
 17. Draft - Drug Samples 112118
 18. Draft - Eye Medication - Dispensing 091119
 19. Draft - Emergency Ambulance Transfer 111218
 20. Draft - Medical Staff Credentialing and Governance 113018
 21. Draft - Disruption of Electrical Service 111918-
 22. Draft - External Hazmat Incident 083019
 23. Draft - Emergency Medications and Supplies 091119
 24. Draft - Extreme Temperatures 083019
 25. Draft - Universal Precautions 112018
 26. Draft - Medication Management Response to Power Failure (08-30-2019) (9-7-2019)
 27. Draft - Mark Twain Policy Manual Signature Page 091019
 28. Draft - Standardized Procedure for Mid-Level Practitioner 090819
 29. Draft - Temperature - All Modalities 072419
 30. Draft - Medical Staff Credentialing and Governance 113018
-
1. Form - Outpatient Medicine

9. Board Comment and Request for Future Agenda Items:

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

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Agenda –September 20, 2019 MTHCD Board Meeting

10. Next Meeting:

- A. The next meeting will be Wednesday October 23, 2019:
- B. Due to the November Holidays the Meeting will be Wednesday November 20, 2019
- C. Due to the December Holidays the Meeting will be Wednesday December 18, 2019

11. Adjournment: Public Comment – Action



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Special Finance Committee Meeting
Friday August 16, 2019
9:00am
Mark Twain Medical Center Education Center - Classroom 5
San Andreas, CA

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 Ann Radford at 9:00am.

2. Roll Call:

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

3. Approval of Agenda: Action

Ms. Hack moved to approve the Agenda. Ms. Radford 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:

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Minutes August 16, 2019 MTHCD Finance Committee Meeting

- **Finance Committee Meeting Minutes for July 10, 2019:**

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

6. Chief Executive Officer's Report

- **USDA (SF 271) Outlay Report August:**

Dr. Smart: Has completed the 12th of 12 applications for payment with USDA. The construction contingency is at \$625K (+/-). A total of \$5,555 million will be the total amount used for Diede Construction when the project is completed; he is working on a proposal for a generator; he has been talking to prospects who are interested in the shelled space and getting two different types of bids ie: one includes a Vanilla Shell bid.

- **2019-20 Tax Projections (8-7-2019):**

Dr. Smart: Explained the County of Calaveras Estimated Revenue for the District (2019-20 estimated at \$1,105 million) which will be used for the accrual basis on a monthly basis; typically the District receives 50% at the end of the calendar year, 45% in April and 5% at the end of the fiscal year to True-Up. Valley Springs Clinic manager is working full time and working closely with consultant Cheryl Duncan. Buying furniture and equipment for VSHWC has been taking place.

7. Accountant's Report: Public Comment **Action:**

- **July Financial Will Be Presented to The Committee:**

Mr. Wood: Explained how Year End closing will take time; discussed how the lease was booked and he will assist the District until the 2018-19 Audit is completed. The Minority Interest report from MTMC will be added to the reports and narrative for the August Board meeting. He will contact Mr. Rick Jackson of the auditing firm to set up a date for audit to take place.

NO ACTION FOR ACCOUNTANT'S REPORT

8. Treasurer's Report:

None to Report.

9. Comments and Future Agenda Items:

- Dr. Smart would like the Bank Statements to be paperless.
- Discussion on the District's investments, bonds and interest rate in July.
- The next Finance Committee meeting will be Wednesday, August 28, 2019 at 7am to review the July Financials.

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10. Adjournment: Action

Ms. Hack moved to adjourn the meeting. Ms. Radford provided her second and the meeting was adjourned at 9:35am



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**Special Finance Committee Meeting
Wednesday, August 28, 2019 7:00am
Mark Twain Medical Center
Mark Twain Medical Center Education Center – Classroom 5
768 Mt. Ranch Rd., San Andreas, CA**

Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order:

The meeting was called to order by Treasurer, Mrs. Susan Atkinson at 7:03am.

2. Roll Call:

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

3. Approval of Agenda: Action

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

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

Hearing none.

5. Chief Executive Officer’s Report

Dr. Smart: Explained that the Financials were not available at the August 16th meeting and this meeting will only be for the reviewing of the July Financials that Mr. Wood will present.

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Minutes August 28, 2019 MTHCD Special Finance Committee Meeting

6. Accountant's Report: Public Comment **Action**

Mr. Wood: Explained the new report shows Revenues in Black and Expenses in Red as a negative (-); he reviewed the Annual Budget Recap page and explained the four departments year-to-date comparison and mentioned the 7/31/19 Actual Year to Date profit is at \$53,614K; he explained the rental page, the budget amount, actual year to date and the VSHWC page which doesn't have much activity and there's a minimum expense as of today which will change as time goes by and expenses rise; the District expenses page shows previous years and that's how the clinic will look in the future; a few highlighted expenses were marked, after reviewing and confirming that some belonged to VSHWC the expense was much lower; the final page reviewed was the Investments and Reserves, that it made \$22,500K and was low due to the Federal Reserves; he will be meeting with Mr. Rick Jackson next week regarding the District's Audit.

Public Comment: Hearing none.

Ms. Radford moved to approved Accountant's Report, Ms. Atkinson provided her second and the motion passed 2-0

7. Treasurer's Report:

None:

8. Comments and Future Agenda Items:

The Next Meeting will be September 11, 2019.

9. Adjournment: **Action**

Ms. Atkinson moved to adjourn the meeting. Ms. Hack provided her second and the meeting was adjourned at 7:24am.



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**Meeting of the Board of Directors
Wednesday August 28, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order:

The meeting was called to order by President, Lin Reed, at 7:30am.

2. Roll Call:

Present for roll call was Lin Reed, MBA OTR/L: Ann Radford, FNP: Susan Atkinson, MSW and Talibah Al-Rafiq. Debbie Sellick, CMP was absent and excused. A quorum was noted.

3. Approval of Agenda: Action

Mr. Shetzline requested Stay Vertical Calaveras be heard after Item 6. Section D.

Ms. Radford moved to approve the Agenda. Ms. Atkinson provided her second and the motion passed 4-0.

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

Kathi Toepel of Common Ground wanted to promote the District’s support in the Caring for the Caregivers Conference 10-3pm at the SA Town Hall on September 27th and passed out flyers.

5. Consent Agenda: Public Comment - Action

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Minutes – August 28, 2019 MTHCD Board Meeting

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for July 10, 2019
- Un-Approved Special Board Meeting Minutes for July 17, 2019
- Un-Approved Special Board Meeting Minutes for July 31, 2019

B. Correspondence:

- Doris Barger Golf Tournament – Thank You:

Public Comment: Hearing none.

Ms. Al-Rafiq moved to approve the Consent Agenda. Ms. Atkinson provided her second and the motion passed 4-0.

6. MTHCD Reports:

A. President's Report:

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

Ms. Reed: Referenced legislation that ACHD and CSDA are trying to weaken that affects excess property; the ACHD annual conference will be in La Jolla this year, Oct. 9-11.

B. Community Board Report:

Ms. Al-Rafiq: The MTMC is in the process of recruiting doctors, reappointing medical and support staff; nine policies were approved; the clinics' go-live with CERNER was very successful; they are also working on a central call center.

C. MTMC Board of Directors.

Ms. Reed: Clinic finances were reviewed; Mr. Archer has an action plan for the clinic that is very solid; staff likes CERNER.

Mr. Archer: Recruiting providers is still a challenge so Dignity colleagues are assisting by doing the first screening then making recommendations to him for consideration; he's researching a loan forgiveness program that underserved areas might qualify for; cash on hand is (+/-) 29 days and being affected by the building of the Angels Camp Clinic; the goal is for 50 days cash on hand.

D. Chief Executive Officer's Report:

Dr. Smart: Supports Mr. Archer in the difficult quest to recruit providers.

E. Ad Hoc Real Estate:

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Minutes – August 28, 2019 MTHCD Board Meeting

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

Dr. Smart: Thanked the Finance Committee for meeting at 7am this morning; introduced Tina Terradista, RN as the new Clinic Manager and thanked staff for assisting in the design, ordering and raising of the new pop-up in the room which depicts the Clinic and District information; the employee manual is being reviewed to accommodate hiring the additional staff for the Clinic; the Clinic Grand Opening Ceremony will be Friday October 18 at 10am.

- **Construction:**

Dr. Smart: It looks like the District will get access to the Clinic September 16th (+/-) with staff training to start September 23rd; AT&T still needs to install the fiber; the budget is on track.

- **Project Manager:**

Mr. Van Lieshout: The Clinic flooring is almost done; PG&E set the meter and the paving will start next week so there is lots of energy on site.

- **USDA Form 271 Aug 2019:**

Dr. Smart: Referred to the Form 271 (pkt. pg.19) and stated the District is in the process of spending the \$600k for IT and furniture as outlined.

- **Operations and Development:**

Dr. Smart: Starting September 23rd the staff will be receiving training (8/hr. days) until the Clinic opens.

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

Dr. Smart: Was just contacted by a group interested in an assisted living project at the VS H&W Center.

F. Stay Vertical Calaveras:

- Budget for 2019-2020
- Budget for 2019-2020 by Community

Mr. Shetzline: Referenced his budget information (pkt. pg20-21); the summer has been slow with an average of 10 in a class; he wants to see why some aren't completing the course (6/wks.); he's working on the power point for Ms. Sellick to take to the ACHD annual meeting in Oct; Mr. Archer has invited him to speak at a provider meeting to promote referrals to keep patients out of the ER; he will also work with Ms. Reed on how to help with the home health program.

Dr. Smart: Sept. 23 is National fall prevention Day.

7. Committee Reports:

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Minutes – August 28, 2019 MTHCD Board Meeting

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

- Financial Statements (July 2019): Public Comment – Action

Mr. Wood: Referenced the financials (pkt. pgs. 22-32) as it has only been a month so not a lot to see: he requested Mr. Hohenbrink revise the budget to reflect standard accounting practices i.e.: black is positive and red is a loss then handed out the revised copy to the Board; there isn't much on the Clinic page but that will change as the Clinic progresses; the payroll will be split between District and Clinic employees.

Mr. Archer: Along with Dr. Smart will be in contact with Dignity to resolve the Community Area Maintenance (CAM) charges that were consistent and unchallenged until recently.

Ms. Al-Rafiq: Would like to see Clinic figures separate to determine cost and progress.

Public Comment: Hearing none.

Ms. Radford moved to approve the financials. Ms. Al-Rafiq provided her second and the motion passed 4-0.

B. Ad Hoc Policy Committee:

Ms. Atkinson: After Labor Day staff will set a meeting for the Committee to meet.

C. Personnel Committee:

- CEO annual Evaluation:

Ms. Reed: Would like to see this item pushed to the September Board meeting so the Board members can get an ACHD email with a link to complete the CEO evaluation; this tool is free and geared for a hospital so will have some items that do not apply to the District CEO.

D. Golden Health Community Grants Committee:

- MTMC Cancer Support Group: Public Comment – Action

Ms. Radford: Described an out of cycle event planned for October 24th put on by MTMC to bring awareness to October being Breast Cancer Awareness Month (pkt. pgs. 33-40); the Grants Committee met and would like to recommend the District support the event in the way of a \$5k grant;

Public Comment: Ms. Cantrall of the MTMC Foundation mentioned the Foundation and others that are included in the event as; the MTMC Volunteers, the Soroptimist and the Wine Grape Alliance; Dr. Atwal will be speaking on 3D mammography as well as Ms. Sellick, breast cancer survivor and Board

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member. There will likely be a spot on the Good Day Sacramento broadcast as host Tina Macuha is a Breast Cancer survivor.

Dr. Smart: Breast Cancer, for men and women, is a fatal disease but is preventable 95% of the time with early detection....so get your checkups.

Ms. Atkinson moved to approve the grant. Ms. Al-Rafiq provided her second and the motion passed 4-0.

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

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

Dr. Smart requested item 1. be corrected.

1. Draft Late Arriving Patients

Revised: (pkt. pg. 42 item 5. to add the word “critical”).

2. Draft Accounts Payable

3. Draft Emergency Medications and Supplies

4. Draft Conflict Of Interest

5. Draft Employee Health

Public Comment: Hearing none.

Ms. Radford moved to approve the policies as amended. Ms. Atkinson provide her second and the motion passed 4-0.

9. Board Comment and Request for Future Agenda Items:

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

Ms. Al-Rafiq: Would like to see staff start planning another strategic planning session for late Spring in 2020.

10. Next Meeting:

A. The next meeting will not be Wednesday September 25, 2019 but instead will be a Special Board Meeting on Friday September 20th:

11. Closed Session:

A. Public Employee Performance Evaluation, CEO, Pursuant to Gov. Code Section 54957:

Ms. Reed: The Closed Session will be tabled until the September meeting.

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Minutes – August 28, 2019 MTHCD Board Meeting

12. Adjournment: Public Comment – Action

Ms. Radford moved to adjourn the meeting at 8:41am. Ms. Atkinson provided her second and the motion passed 4-0.



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate September 2019

In This Edition:

- From the Desk of Ken Cohen, CEO
- Legislative Update
- Upcoming Events



From the Desk of Ken Cohen, CEO

I am excited to share with you some changes ACHD is making in direct response to the feedback you shared in our Member survey earlier this year. We asked what tools, education and resources you value most, as well as how we can best disseminate information to our members.

One of the main refrains we heard was your desire for a regional focus to enhance the work you are doing for your communities. Therefore, in 2020, ACHD will increase our focus on supporting your local engagement with elected officials. We will facilitate meetings between our Member Districts and your elected representatives in their local offices. These meetings, along with ACHD organized targeted and issue specific lobbying by Members in Sacramento will replace Legislative Day going forward. The unique local governance training you've received at our Leadership Academy will continue in February 2020. We are also working hard on new specialized training at regional meetings throughout the year. These regional meetings will be accessible to more Healthcare Districts, will provide in demand training and gives Districts an invaluable opportunity for networking with other Districts in your region.

We've also taken your direction to heart in planning our meeting schedule and educational content. Starting in 2021, we will hold one Annual Meeting that will build on the specialized guidance you received at Leadership Academy. You'll hear from subject-matter experts, network with colleagues and share best practices that will help elevate your Healthcare District's performance.

In January 2020, ACHD will offer Member Healthcare Districts an online Board Self-Assessment Tool and Healthcare District CEO Evaluation for half price. These important tools can help assess how your Trustees perceive the Board and CEO to be functioning.

The Board and ACHD Team are very excited about these changes and look forward to hearing from Healthcare Districts about how a more regional focus will help the communities you serve. We will be going more in depth into these future changes

during the State of the Association at our [67th Annual Meeting next month in La Jolla](#). Make sure you join our exciting event this year! You can register [here](#).

If you have any questions about these changes, please don't hesitate to contact me at ken.cohen@achd.org.

Legislative Update

Today marks the last day of the first year of the 2019-20 legislative session. As of this morning, 697 of the 3,016 Senate and Assembly Bills introduced have been enrolled and await the Governor's signature or veto. Below is an update on bills of interest to Healthcare Districts:

[AB 1486 \(Ting\): Surplus Land Act](#)

Assembly Bill 1486 has been a high priority "oppose unless amended" bill for ACHD. Prior to amendments the bill would have defined sales of District land to private businesses for health care purposes as surplus land, thus subjecting it to the Surplus Land Act. ACHD's Advocacy Team successfully secured amendments that address these concerns and allow Districts to sell land that furthers their purpose without the additional requirements. With these amendments we have removed opposition to the bill.

[AB 1184 \(Gloria\): Public Records Email Retention](#)

Assembly Bill 1184 passed off the Senate floor and moves to the Governor's desk for final action. If signed, AB 1184 would mandate local agencies to retain all emails related to agency business for two years. While the bill does not create any additional record disclosure requirements, it will increase costs for Districts to store thousands of additional emails. ACHD has been a part of a larger coalition of local agencies to oppose the bill through the session and will continue to voice our opposition to the Governor's office.

[SB 39 \(Hill\) Tobacco Products](#)

Senate Bill 39 is the last remaining tobacco bill to make it to the Governor's desk. ACHD has remained supportive of the bill and will be requesting a signature from the Governor. If signed, sellers and distributors of tobacco products would need to deliver tobacco products in conspicuously marked containers and obtain the signature of someone 21 years of age or older before completing the delivery.

[SB 227 \(Leyva\): Nurse Patient Ratios](#)

Senate Bill 227 also awaits final action by the Governor. While ACHD continues to oppose the measure, significant amendments were previously taken in Assembly Health Committee that addressed some of our major concerns. The amendments significantly reduce the penalty for nurse-to-patient ratio violations and addresses cases where the hospital is out of compliance for uncontrollable and unforeseeable staffing changes. If signed, the bill would undermine the current authority of the Department of Public health to regulate this ratio.

The Governor has until October 13, 2019 to sign or veto bills. Those signed will take effect January 1, 2020 unless otherwise stated. ACHD's Advocacy Team will be hosting a webinar December 11th, 2019, [New Laws for 2020](#), to update Members on laws going into effect that may impact your District. You can register for the webinar [here](#). The Legislature will reconvene on January 6, 2020 to begin the second year of a two-year session.

Upcoming Events

[Webinar: Cybercrime in Healthcare - Why it's Time to Take Action](#) September 17, 2019 at 10:00AM

Is your Healthcare District appropriately prepared to respond to a data breach? Join Marc W. Courey, Director of Forensic & Litigation Services at Wipfli LLP, for our September webinar to learn more about the challenges healthcare organizations face protecting electronic data and ways in which your organization can address the challenge of responding to a security incident.

[Register Here](#)



[ACHD's 67th Annual Meeting: Shaping Health Futures](#) October 9-11, 2019

[ACHD's 67th Annual Meeting: Shaping Health Futures](#) is next month! Discover tools to support your District's success, hear from subject matter experts, network with colleagues and share best practices that will help prepare your District for the future landscape of health care and how to adapt to the changing environment in healthy and meaningful ways.


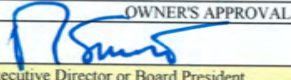
[Register Here](#)

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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



| | A | B | C | D | E | F | G | H | I |
|----|---|--|---------------------|-----------------------|-----------------------------------|---------------------|---|---------------|-------------------|
| 1 | OUT LAY REPORT AND REQUEST FOR REIMBURSEMENT | | | | | | | | |
| 2 | Draw Request Number: #13 | Mark Twain Health Care District | | | Construction of New Health Clinic | |  | | |
| 3 | | 768 Mountain Ranch Road, San Andreas, CA 95249 | | | Payment Requested | | | | |
| 4 | | Initial Budget | Current Budget | Previous Paid to Date | #13 | Paid to Date | | | Balance Remaining |
| 5 | <i>Misc. Soft Costs</i> | | | | | | | | |
| 6 | Administrative/Legal | 530,075.00 | 530,075.00 | 538,621.32 | 2,392.25 | 541,013.57 | (10,938.57) | -2.06% | |
| 7 | Financing/Cost of issuance | 325,000.00 | 275,000.00 | 233,124.25 | | 233,124.25 | 41,875.75 | 15.23% | |
| 8 | Land Acquisition | 890,000.00 | 890,000.00 | 890,000.00 | | 890,000.00 | - | 0.00% | |
| 9 | Furniture Fixtures/Equipment | 350,000.00 | 350,000.00 | - | | - | 350,000.00 | 100.00% | |
| 10 | Structured cabling/IT | 250,000.00 | 250,000.00 | - | | - | 250,000.00 | 100.00% | |
| 11 | | | | - | | - | | | |
| 12 | | | | - | | - | | | |
| 13 | | | | - | | - | | | |
| 14 | Architectural design/other architectural | | | - | | - | | | |
| 15 | Architect/Engineer fees | 433,600.00 | 480,665.00 | 482,102.79 | 19,210.55 | 501,313.34 | (20,648.34) | -4.30% | |
| 16 | Other architectural and engineering fees | | | - | | - | | | |
| 17 | | | | - | | - | | | |
| 18 | 3rd party project management | 157,725.00 | 269,820.00 | 252,805.40 | 12,383.84 | 265,189.24 | 4,630.76 | 1.72% | |
| 19 | Monument sign | | 30,000.00 | 12,748.69 | | 12,748.69 | 17,251.31 | 57.50% | |
| 20 | <i>Construction w/ sales tax</i> | | | | | | | | |
| 21 | | | | - | | - | | | |
| 22 | | | | - | | - | | | |
| 23 | | | | - | | - | | | |
| 24 | | | | - | | - | | | |
| 25 | Construction Contract | 3,587,575.00 | 5,555,000.00 | 1,621,574.11 | 956,564.65 | 2,578,138.76 | 2,976,861.24 | 53.59% | |
| 26 | | | | | | | | | |
| 27 | sidewalks | 25,000.00 | | | | | | | |
| 28 | | | | | | | | | |
| 29 | Contingency | 713,837.00 | 634,895.00 | 9,898.00 | | 9,898.00 | 624,997.00 | 98.44% | |
| 30 | | | | | | | | | |
| 31 | Contingency as a Percent of Total | 20.00% | 11.00% | | | | | | |
| 32 | Total | 7,262,812.00 | 9,265,455.00 | 4,040,874.56 | 990,551.29 | 5,031,425.85 | 4,234,029.15 | 45.70% | |
| 33 | | | | | | | | | |
| 34 | PROJECT FUNDING BREAKDOWN | | | | | | | | |
| 35 | | | | | | | | | |
| 36 | Mark Twain Health Care District (applicant) | 1,062,812.00 | 1,205,455.00 | 1,205,455.00 | | 1,205,455.00 | - | 0.00% | |
| 37 | Mark Twain Health Care District (applicant) | 600,000.00 | 600,000.00 | 339,630.49 | 46,058.51 | 385,689.00 | 214,311.00 | 35.72% | |
| 38 | USDA Loan, Series A | 5,600,000.00 | 6,782,000.00 | 4,742,839.02 | 990,551.29 | 5,733,390.31 | 1,048,609.69 | 15.46% | |
| 39 | USDA Subsequent Loan, Series B | | 678,000.00 | 34,000.00 | | 34,000.00 | 644,000.00 | 94.99% | |
| 40 | | | | | | | | | |
| 41 | Total | 7,262,812.00 | 9,265,455.00 | 6,321,924.51 | 1,036,609.80 | 7,358,534.31 | 1,906,920.69 | 20.58% | |
| 42 | | | | | | | | | |
| 43 | FUNDS - DIFFERENCE | | | | | | | | |
| 44 | Date of Outlay Report | 8/5/2019 | | | | | | | |
| 45 | APPROVAL AND SIGNATURE SECTION | | | | | | | | |
| 46 | OWNER'S APPROVAL: | | | | | | | | |
| 47 |  | | | | | | | | |
| 48 | 09/09/19 | | | | | | | | |
| 49 | Executive Director or Board President | DATE | | | | | | | |
| 50 | OWNER CERTIFICATION: I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award. | | | | | | | | |
| 51 | ENGINEER/ARCHITECT APPROVAL: | | | | | | | | |
| 52 | Invoices will be approved by the borrower and their engineer, as appropriate, and submitted to the processing office for concurrence. The review and acceptance of project costs, including construction pay estimates, by USDA Rural Development does not attest to the correctness of the amounts, the quantities shown or that the work has been performed under the terms of the agreements or contracts. | | | | | | | | |
| 53 | Notes: | | | | | | | | |
| 54 | Architect | DATE | | | | | | | |
| 55 | | | | | | | | | |
| 56 | USDA RURAL DEVELOPMENT | | | | | | | | |
| 57 | CONCURRENCE: | | | | | | | | |
| 58 | | | | | | | | | |
| 59 | | | | | | | | | |
| 60 | Tonja Galentine | DATE | | | | | | | |
| 61 | | | | | | | | | |



MARK TWAIN HEALTH CARE DISTRICT

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

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

BACKGROUND:

The August 31, 2019 financial statements are attached. This is the first presentation using the new 2019 – 2020 budget, and a new reporting format.

- The transaction between Dignity Health and the District has been booked, but we still have some work to do on the Balance Sheet to get prepared to close the June 30, 2019 books. I worked with the Auditor, Rick Jackson, on September 4th, and made one clarifying adjustment that should make the transaction balance going forward.
- The “Minority Interest” for August 2019 has yet to be booked at the new 1% for August.
- We have used Calaveras County’s projected property tax number to accrue the District’s revenue for the coming fiscal year, \$1,105,029 which is slightly higher than the budget number.
- The Balance Sheet shows a strong cash position (adding \$13 million didn’t hurt ☺), and also shows the expected growing debt related to the new clinic.
- The Investment & Reserves Report looks great! CalTRUST had a solid August.

**Mark Twain Health Care District
Annual Budget Recap**

REVISED AS OF 09/06/2019

| | Total District | 08/31/19 | BUDGET | | | |
|-----------------------|-------------------|-----------------|-------------|-----------|-----------|-----------|
| | | Actual Y-T-D | Clinic | Rental | Projects | Admin |
| Non-Cash rent revenue | 1,200,000 | 182,771 | 0 | 1,200,000 | 0 | 0 |
| Revenues | 3,676,864 | 288,060 | 2,080,234 | 232,958 | 0 | 1,363,672 |
| Total Revenue | 4,876,864 | 470,831 | 2,080,234 | 1,432,958 | 0 | 1,363,672 |
| Non-Cash depr expense | (384,665) | | (346,120) | (36,045) | 0 | (2,500) |
| Expenses | (4,686,939) | (823,635) | (2,271,601) | (924,024) | (652,000) | (839,314) |
| Total Expenses | (5,071,604) | (823,635) | (2,617,721) | (960,069) | (652,000) | (841,814) |
| Surplus(Deficit) | (194,740) | (352,804) | (537,487) | 472,889 | 652,000 | 521,858 |

Mark Twain Health Care District
Direct Clinic Financial Projections

15 Rooms

VSHWC

1

| | 2019/2020 Budget | Actual Month | Actual Y-T-D | Actual vs Budget |
|---|---------------------|-----------------|-----------------|---------------------|
| 4083.49 Urgent care Gross Revenues | 2,097,973 | | 0 | 0.00% |
| 4083.60 Contractual Adjustments | 34,637 | | | |
| Net Patient revenue | 2,063,337 | 0 | 0 | 0.00% |
| 4083.90 Flu shot, Lab income, physicals | 765 | | | 0.00% |
| 4083.91 Medical Records copy fees | 383 | | | 0.00% |
| 4083.92 Other - Plan Incentives | 15,750 | | | 0.00% |
| Total Other Revenue | 16,898 | 0 | 0 | 0.00% |
| 7083.09 Other salaries and wages | (650,053) | (47,954) | (47,954) | 7.38% |
| 7083.10 Payroll taxes | (42,278) | (1,827) | (1,827) | 4.32% |
| 7083.12 Vacation, Holiday and Sick Leave | (9,751) | | | 0.00% |
| 7083.13 Group Health & Welfare Insurance | (107,259) | | | 0.00% |
| 7083.14 Group Life Insurance | (1,040) | | | 0.00% |
| 7083.15 Pension and Retirement | (16,251) | | | 0.00% |
| 7083.16 Workers Compensation insurance | (13,001) | | | 0.00% |
| 7083.18 Other payroll related benefits | (975) | | | 0.00% |
| Total taxes and benefits | (190,555) | (1,827) | (1,827) | 0.96% |
| Labor related costs | (840,608) | (49,780) | (49,780) | 5.92% |
| 7083.20 Medical - Physicians | (549,564) | | | 0.00% |
| 7083.22 Consulting and Management fees | (101,250) | (38,111) | (38,111) | 37.64% |
| 7083.23 Legal - Clinic | 0 | (5,041) | (9,844) | 0.00% |
| 7083.25 Registry Nursing personnel | (1,875) | | | 0.00% |
| 7083.26 Other contracted services | (84,563) | | | 0.00% |
| 7083.29 Other Professional fees | (5,625) | | | 0.00% |
| 7083.36 Oxygen and Other Medical Gases | (1,599) | | | 0.00% |
| 7083.38 Pharmaceuticals | (68,513) | | | 0.00% |
| 7083.41 Other Medical Care Materials and Supplies | (10,240) | | | 0.00% |
| 7083.44 Linens | (2,048) | | | 0.00% |
| 7083.48 Instruments and Minor Medical Equipment | (11,878) | | | 0.00% |
| 7083.74 Depreciation - Equipment | (112,857) | | | 0.00% |
| 7083.45 Cleaning supplies | (9,896) | | | 0.00% |
| 7083.62 Repairs and Maintenance Grounds | (5,900) | | | 0.00% |
| 7083.72 Depreciation - Bldgs & Improvements | (233,263) | | | 0.00% |
| 7083.80 Utilities - Electrical, Gas, Water, other | (93,253) | | | 0.00% |
| 8870.00 Interest on Debt Service | (269,494) | | | 0.00% |
| 7083.43 Food | (819) | | | 0.00% |
| 7083.46 Office and Administrative supplies | (8,601) | (663) | (1,155) | 13.43% |
| 7083.69 Other purchased services | (134,280) | (2,036) | (2,240) | 1.67% |
| 7083.81 Insurance - Malpractice | (30,265) | | (3,000) | 9.91% |
| 7083.82 Other Insurance - Clinic | | | (23,332) | 0.00% |
| 7083.85 Telephone and Communications | (10,240) | | | 0.00% |
| 7083.86 Dues and Subscriptions | (1,903) | | | 0.00% |
| 7083.87 Outside Training | (4,915) | | (199) | 4.05% |
| 7083.88 Travel costs | (4,096) | | | 0.00% |
| 7083.89 Recruiting | (20,177) | (190) | (3,506) | 17.38% |
| Non labor expenses | (1,777,114) | (46,040) | (81,387) | 4.58% |
| Total Expenses | (2,617,722) | (95,821) | (131,168) | 5.01% |
| Net Expenses over Revenues | (537,487) | (95,821) | (131,168) | 24.40% |

**Mark Twain Health Care District
Rental Financial Projections**

Rental

| | | 2019/2020 Budget | Actual Month | Actual Y-T-D | Actual vs Budget |
|---------|--|-----------------------------|-------------------------|-------------------------|-----------------------------|
| 9260.01 | Rent Hospital Asset amortized | 1,200,000 | 91,368 | 182,771 | 15.23% |
| | | 0 | | | |
| | Rent Revenues | 1,200,000 | 91,368 | 182,771 | 15.23% |
| 9520.62 | Repairs and Maintenance Grounds | 0 | | | |
| 9520.80 | Utilities - Electrical, Gas, Water, other, Phone | (684,000) | (53,231) | (104,427) | 15.27% |
| 9520.72 | Depreciation | (36,045) | (10,275) | (20,585) | 57.11% |
| 9520.82 | Insurance | (2,000) | | | 0.00% |
| | Total Costs | (722,045) | (63,506) | (125,011) | 17.31% |
| | Net | 477,955 | 27,862 | 57,759 | 32.54% |
| 9260.02 | MOB Rents Revenue | 227,181 | 26,527 | 43,028 | 18.94% |
| 9521.75 | MOB rent expenses | (233,024) | (39,650) | (59,475) | 25.52% |
| | Net | (5,843) | (13,123) | (16,447) | 281.49% |
| 9260.03 | Child Advocacy Rent revenue | 5,777 | 750.00 | 1500.00 | 25.97% |
| 9522.75 | Child Advocacy Expenses | (5,000) | (139) | (139) | 2.78% |
| | Net | 777 | 611 | 1,361 | 175.14% |
| | | 1,432,958 | 118,646 | 227,299 | 15.86% |
| | | (960,069) | (103,296) | (184,626) | 19.23% |
| | Summary Net | 472,889 | 15,350 | 42,673 | 9.02% |

**Mark Twain Health Care District
Projects, Grants and Support
8/31/2019**

| | 2019/2020 Budget | Actual Month | Actual Y-T-D | Actual vs Budget |
|------------------------------------|-----------------------------|-------------------------|-------------------------|-----------------------------|
| Project grants and support | 652,000 | (409,000) | (409,000) | -62.73% |
| 8890.00 Foundation | 500,000 | (372,000) | (372,000) | -74.40% |
| 8890.00 Stay Vertical | 52,000 | (37,000) | (37,000) | -71.15% |
| 8890.00 Golden Health Grant Awards | 100,000 | | | 0.00% |
| Project grants and support | <u>652,000</u> | <u>(409,000)</u> | <u>(409,000)</u> | <u>-62.73%</u> |

Mark Twain Health Care District
General Administration Financial Projections

Admin

8/31/2019

| | 2016/2017 | 2017/2018 | 2019/2020 Budget | Actual Month | Actual Y-T-D | Actual vs Budget |
|---|-----------|-----------|---------------------|-----------------|-----------------|---------------------|
| 9060.00 Income, Gains and losses from investments | 4,423 | 5,045 | 250,000 | 39,436 | 61,939 | 24.78% |
| 9160.00 Property Tax Revenues | 935,421 | 999,443 | 1,098,672 | 92,086 | 184,172 | 16.76% |
| 9010.00 Gain on Sale of Asset | | | | | | |
| 9400.00 Miscellaneous Income (1% Minority Interest) | 0 | 0 | 15,000 | (2,578) | (2,578) | -17.19% |
| Summary Revenues | 939,844 | 1,004,488 | 1,363,672 | 128,944 | 243,532 | 17.86% |
| <hr/> | | | | | | |
| 8610.09 Other salaries and wages | (33,587) | (235,531) | (362,024) | (23,088) | (35,162) | 9.71% |
| <hr/> | | | | | | |
| 8610.10 Payroll taxes | | | (22,225) | (1,884) | (2,808) | 12.63% |
| 8610.12 Vacation, Holiday and Sick Leave | | | (5,430) | | | 0.00% |
| 8610.13 Group Health & Welfare Insurance | | (663) | (59,734) | (1,788) | (5,363) | 8.98% |
| 8610.14 Group Life Insurance | | | (579) | | | 0.00% |
| 8610.15 Pension and Retirement | | | (9,051) | | (1,000) | 11.05% |
| 8610.16 Workers Compensation insurance | | | (7,240) | | (1,153) | 15.93% |
| 8610.18 Other payroll related benefits | | | (543) | | | 0.00% |
| Benefits and taxes | 0 | (663) | (104,802) | (3,672) | (10,324) | 9.85% |
| Labor Costs | (33,587) | (236,194) | (466,826) | (26,760) | (45,486) | 9.74% |
| <hr/> | | | | | | |
| 8610.22 Consulting and Management Fees | (392,908) | (332,287) | (61,500) | (284) | (11,278) | 18.34% |
| 8610.23 Legal | (15,195) | (20,179) | (30,000) | (1,566) | (3,793) | 12.64% |
| 8610.24 Accounting /Audit Fees | (15,249) | (19,231) | (123,000) | (2,248) | (4,730) | 3.85% |
| 8610.43 Food | | | (1,538) | (124) | (248) | 16.13% |
| 8610.46 Office and Administrative Supplies | (4,310) | (19,685) | (20,000) | (1,103) | (2,018) | 10.09% |
| 8610.62 Repairs and Maintenance Grounds | | | 0 | | | |
| 8610.69 Other | | | | (439) | (898) | |
| 8610.74 Depreciation - Equipment | (35,556) | (26,582) | (2,500) | | | 0.00% |
| 8610.75 Rental/lease equipment | (11,198) | (57,593) | (9,200) | | | 0.00% |
| 8610.80 Utilities | | | 0 | | | |
| 8610.82 Insurance | (16,578) | (17,043) | (35,000) | (1,288) | (16,304) | 46.58% |
| 8610.83 Licenses and Taxes | | | 0 | | | |
| 8610.85 Telephone and communications | | | 0 | | | |
| 8610.86 Dues and Subscriptions | (12,554) | (14,731) | (19,475) | (39) | (8,195) | 42.08% |
| 8610.87 Outside Trainings | (1,920) | (3,030) | (15,375) | | | 0.00% |
| 8610.88 Travel | (6,758) | (17,363) | (15,375) | (86) | (652) | 4.24% |
| 8610.89 Recruiting | | | (10,250) | | | 0.00% |
| 8610.90 Other Direct Expenses | (76,490) | (34,233) | (31,775) | (4,223) | (5,239) | 16.49% |
| Non-Labor costs | (588,716) | (561,957) | (374,988) | (11,399) | (53,356) | 14.23% |
| Total Costs | (622,303) | (798,151) | (841,814) | (38,158) | (98,841) | 11.74% |
| Net | 317,541 | 206,337 | 521,859 | 90,785 | 144,691 | 27.73% |

**Investment & Reserves Report
31-Aug-19**

| Reserve Funds | Minimum Target | 12/31/2018 Balance | 2019 Allocated | 2019 Interest | 8/31/2019 Balance | Annual Funding Goal |
|---|-----------------------|---------------------------|-----------------------|----------------------|--------------------------|----------------------------|
| Valley Springs HWC - Operational Reserve Fund | 2,200,000 | 0 | 0 | 0 | 0 | 0 |
| Capital Improvement Fund | 12,000,000 | 0 | 0 | 0 | 0 | 0 |
| Technology Reserve Fund | 1,000,000 | 0 | 0 | 0 | 0 | 0 |
| Lease & Contract Reserve Fund | 3,000,000 | 0 | 0 | 0 | 0 | 0 |
| Loan Reserve Fund | 1,300,000 | 0 | 0 | 0 | 0 | 0 |
| Reserves & Contingencies | 19,500,000 | 0 | 0 | 0 | 0 | 0 |

| CalTRUST | 2019 - 2020 | | Annualized Rates | Duration |
|---|--------------------|------------------------|-------------------------|-----------------|
| | 8/31/2019 | Interest Earned | | |
| Valley Springs HWC - Operational Reserve Fund | 0 | 0 | | |
| Capital Improvement Fund | 0 | 0 | | |
| Technology Reserve Fund | 0 | 0 | | |
| Lease & Contract Reserve Fund | 0 | 0 | | |
| Loan Reserve Fund | 0 | 0 | | |
| Total CalTRUST | 10,304,723 | 42,097 | 2.54% - 2.73% | 1 Year or Less |
| Five Star | | | | |
| General Operating Fund | 286,136 | 72.18 | | |
| Money Market Account | 3,945,956 | 19,254.07 | | |
| Valley Springs - Checking | 28,207 | 12.69 | | |
| Total Five Star | 4,260,298 | 19,338.94 | 2.44% | 1 Year or Less |
| Umpqua Bank | | | | |
| Checking | 111,323 | 0.00 | | |
| Money Market Account | 4,898 | 12.31 | | |
| Investments | 496,389 | 491.27 | 1.60% | |
| Total Savings & CD's | 612,610 | 503.58 | | |
| Bank of Stockton | 445,276 | 0 | 0.00% | 1 Year or Less |
| Total in interest earning accounts | 15,622,908 | 61,939 | | |
| Potential Unrealized Loss | | 0 | | |
| Total Without Unrealized Loss | | 61,939 | | |

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

Mark Twain Health Care District
List of Renters and Leases
August 31, 2019

| Name | Contract Date | Commencement Date | CPI Increase Date | Increase Rate (%) | Lease Term | Expire Date | MOB Suite | Location | District Pays Utilities | Type | Monthly Rent | Sq Ft Rate | CAM | Total | Sq Ft. | Comments |
|---|---------------|-------------------|-------------------|-------------------|------------|-------------|-------------|--|-------------------------|----------|--------------|------------|------------|-------------|--------|--|
| <u>Medical Office Building Subleases</u> | | | | | | | | | | | | | | | | |
| Stockton Cardiology | 8/15/2007 | 8/14/2017 | 8/14/2019 | 2.0 | 3 years | 8/14/2020 | 101 | see above | N | Office | \$ 2,896.09 | 2.27 | \$ 552.50 | \$ 3,448.59 | 1,276 | Current thru 8/2019 |
| Multi-Specialty Clinic | 9/1/2012 | 9/1/2017 | 9/1/2019 | 3.0 | 5 years | 9/1/2022 | 102 | see above | Y | Clinic | \$ 2,798.65 | 2.19 | \$ 552.50 | \$ 3,351.15 | 1,276 | Current thru 8/2019 |
| San Andreas FMC | 7/1/2014 | 7/1/2019 | 6/30/2024 | CPI | 5 years | 7/1/2024 | 103 / 104 | see above | Y | Clinic | \$ 7,456.93 | 3.24 | * | \$ 7,456.93 | 2,304 | Current thru 8/2019 |
| San Andreas FMC | 7/1/2014 | 7/1/2019 | 6/30/2024 | CPI | 5 years | 7/1/2024 | 105 | see above | Y | Office | \$ 3,984.84 | 2.42 | \$ 552.50 | \$ 4,537.34 | 1,644 | Current thru 8/2019 |
| Total MOB lease income | | | | | | | | | | | \$17,136.51 | | \$1,657.50 | \$18,794.01 | 6,500 | |
| <u>Valley Springs Rental</u> | | | | | | | | | | | | | | | | |
| Resource Connection | 3/1/2018 | 3/1/2018 | 2/1/2019 | | 3 years | 3/1/2021 | N/A | 1934 Highway 26 | Y | Office | \$ 750.00 | N/A | N/A | \$ 750.00 | | Current thru 8/2019 |
| <u>Hospital Lease Agreement w/Corporation</u> | | | | | | | | | | | | | | | | |
| Mark Twain Medical Center | 1/1/1990 | 1/1/1990 | | | 30 years | 6/1/2049 | | 768 Mountain Ranch Rd | Reimburse | Hospital | \$ - | | N/A | \$ - | | |
| <u>Office Lease</u> | | | | | | | | | | | | | | | | |
| San Andreas Medical and Professional Offices (Arnaudo Bros) | 3/1/2007 | 7/1/2019 | | 3.0 | 5 years | 2/28/2027 | First Floor | 704 Mountain Ranch Rd, Building E | N | Office | \$12,627.30 | | \$2,314.71 | \$14,942.01 | 6,500 | Rent increases 3% each year. CAM IS NOT BEING PAID |
| <u>Land Lease</u> | | | | | | | | | | | | | | | | |
| Jake Koplen | 5/31/1994 | 5/31/1994 | | | 50 years | 5/2/2044 | | Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C | Y | Land | \$ 481.42 | | N/A | \$ 481.42 | N/A | UNTIL ACCT RECONCILED At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements. |
| San Andreas Medical and Professional Offices (Arnaudo Bros) | 5/20/2004 | 5/20/2004 | | | 50 years | 5/19/2054 | | Parcel 3, Building E (MOB Property) | N | Land | \$1 / Yr. | | N/A | \$1 / Yr. | N/A | At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements. |

* CAM Charges included in rent

Mark Twain Healthcare District

JOURNAL
August 2019

| DATE | TRANSACTION TYPE | NUM | NAME | MEMO/DESCRIPTION | ACCOUNT # | ACCOUNT | DEBIT | CREDIT |
|------------|------------------|-------|---|------------------|-----------|---|--------------------|------------|
| 08/01/2019 | Journal Entry | 11494 | Wages - District | | 8610.09 | 8610.09 Other salaries and wages - Admin. | \$8,264.58 | |
| | | | Wages - VS Clinic | | 7083.09 | 7083.09 Other salaries and wages - Clinic | \$7,560.00 | |
| | | | Employer Tax Expenses (Medicare) - District | | 8610.10 | 8610.10 Payroll taxes - Admin. | \$119.84 | |
| | | | Employer Tax Expenses (Medicare) - Clinic | | 7083.10 | 7083.10 Payroll taxes - Clinic | \$109.62 | |
| | | | Employer Tax Expenses (SocSec) - District | | 8610.10 | 8610.10 Payroll taxes - Admin. | \$512.42 | |
| | | | Employer Tax Expenses (SocSec) - Clinic | | 7083.10 | 7083.10 Payroll taxes - Clinic | \$468.72 | |
| | | | Employer Tax Expenses (SUI & IT) - District | | 8610.10 | 8610.10 Payroll taxes - Admin. | \$56.70 | |
| | | | Employer Tax Expenses (SUI & IT) - Clinic | | 7083.10 | 7083.10 Payroll taxes - Clinic | \$34.02 | |
| | | | Medicare - EE & ER | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$458.92 |
| | | | SocSec - EE & ER | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$1,962.28 |
| | | | Federal W/H | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$2,830.62 |
| | | | State W/H | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$1,034.51 |
| | | | State SUI & IT | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$90.72 |
| | | | Payroll People Processing Expense | | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$319.80 |
| | | | Payroll Processing Expense - District | | 8610.22 | 8610.22 Consulting and Management Fees - District | | \$198.00 |
| | | | Payroll Processing Expense - Clinic | | 7083.22 | 7083.22 Consulting and Management fees - Clinic | | \$121.80 |
| | | | Payroll Liabilities | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$6,377.05 |
| | | | Payroll Liabilities Payment | | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$6,377.05 |
| | | | Payroll Checks Issued | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$2,428.48 |
| | | | Payroll Checks Direct Deposit Withdrawn from Five Star Bank | | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$8,320.37 |
| | | | | | | \$23,822.75 | \$23,822.75 | |
| 08/05/2019 | Journal Entry | 11496 | Payroll Checks Cleared | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | \$2,428.48 | |
| | | | Payroll Checks Cleared | | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$2,428.48 |
| | | | | | | \$2,428.48 | \$2,428.48 | |
| 08/13/2019 | Journal Entry | 11498 | Payroll Checks Cleared | | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | \$5,616.40 | |
| | | | Payroll Checks Cleared | | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$5,616.40 |
| | | | | | | \$5,616.40 | \$5,616.40 | |
| 08/15/2019 | Journal Entry | 11495 | Wages - District | | 8610.09 | 8610.09 Other salaries and wages - Admin. | \$6,569.14 | |
| | | | Wages - VS Clinic | | 7083.09 | 7083.09 Other salaries and wages - Clinic | \$6,457.80 | |
| | | | Employer Tax Expenses (Medicare) - District | | 8610.10 | 8610.10 Payroll taxes - Admin. | \$95.26 | |

| DATE | TRANSACTION TYPE | NUM | NAME | MEMO/DESCRIPTION | ACCOUNT # | ACCOUNT | DEBIT | CREDIT |
|------------|------------------|-------|------|---|-----------|---|---------------------|---------------------|
| | | | | Employer Tax Expenses (Medicare) - Clinic | 7083.10 | 7083.10 Payroll taxes - Clinic | \$93.64 | |
| | | | | Employer Tax Expenses (SocSec) - District | 8610.10 | 8610.10 Payroll taxes - Admin. | \$407.28 | |
| | | | | Employer Tax Expenses (SocSec) - Clinic | 7083.10 | 7083.10 Payroll taxes - Clinic | \$400.38 | |
| | | | | Employer Tax Expenses (SUI & IT) - District | 8610.10 | 8610.10 Payroll taxes - Admin. | \$61.42 | |
| | | | | Employer Tax Expenses (SUI & IT) - Clinic | 7083.10 | 7083.10 Payroll taxes - Clinic | \$36.86 | |
| | | | | Medicare - EE & ER | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$377.80 |
| | | | | SocSec - EE & ER | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$1,615.32 |
| | | | | Federal W/H | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$2,203.50 |
| | | | | State W/H | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$745.43 |
| | | | | State SUI & IT | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$98.28 |
| | | | | Payroll People Processing Expense | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$69.00 |
| | | | | Payroll Processing Expense - District | 8610.22 | 8610.22 Consulting and Management Fees - District | \$43.12 | |
| | | | | Payroll Processing Expense - Clinic | 7083.22 | 7083.22 Consulting and Management fees - Clinic | \$25.88 | |
| | | | | Payroll Liabilities | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | \$5,040.33 | |
| | | | | Payroll Liabilities Payment | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$5,040.33 |
| | | | | Payroll Checks Direct Deposit Withdrawn from Five Star Bank | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$9,081.45 |
| | | | | | | | \$19,231.11 | \$19,231.11 |
| 08/20/2019 | Journal Entry | 11493 | | Loan Draw #12 | 100.50 | 100.50 Stockton Bank of | \$542,757.62 | |
| | | | | Loan Draw #12 | 250.10 | 250.10 Notes Payable - Long Term:USDA Loan - VS Clinic | | \$542,757.62 |
| | | | | | | | \$542,757.62 | \$542,757.62 |
| 08/30/2019 | Journal Entry | 11497 | | Wages - District | 8610.09 | 8610.09 Other salaries and wages - Admin. | \$8,254.30 | |
| | | | | Wages - VS Clinic | 7083.09 | 7083.09 Other salaries and wages - Clinic | \$8,935.80 | |
| | | | | Employer Tax Expenses (Medicare) - District | 8610.10 | 8610.10 Payroll taxes - Admin. | \$119.68 | |
| | | | | Employer Tax Expenses (Medicare) - Clinic | 7083.10 | 7083.10 Payroll taxes - Clinic | \$129.57 | |
| | | | | Employer Tax Expenses (SocSec) - District | 8610.10 | 8610.10 Payroll taxes - Admin. | \$511.77 | |
| | | | | Employer Tax Expenses (SocSec) - Clinic | 7083.10 | 7083.10 Payroll taxes - Clinic | \$554.02 | |
| | | | | Employer Tax Expenses (SUI & IT) - District | 8610.10 | 8610.10 Payroll taxes - Admin. | \$0.00 | |
| | | | | Employer Tax Expenses (SUI & IT) - Clinic | 7083.10 | 7083.10 Payroll taxes - Clinic | \$0.00 | |
| | | | | Medicare - EE & ER | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$498.50 |
| | | | | SocSec - EE & ER | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$2,131.58 |
| | | | | Federal W/H | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$3,159.08 |
| | | | | State W/H | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | | \$1,174.80 |
| | | | | State SUI & IT | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | \$0.00 | |
| | | | | Payroll People Processing Expense | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$69.00 |

| DATE | TRANSACTION TYPE | NUM | NAME | MEMO/DESCRIPTION | ACCOUNT # | ACCOUNT | DEBIT | CREDIT |
|--------------|------------------|-------|------|---|-----------|---|---------------------|---------------------|
| | | | | Payroll Processing Expense - District | 8610.22 | 8610.22 Consulting and Management Fees - District | \$43.12 | |
| | | | | Payroll Processing Expense - Clinic | 7083.22 | 7083.22 Consulting and Management fees - Clinic | \$25.88 | |
| | | | | Payroll Liabilities | 2110.00 | 2110.00 Payroll Liabilities - New Account for 2019 | \$6,963.96 | |
| | | | | Payroll Liabilities Payment | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$6,963.96 |
| | | | | Payroll Checks Direct Deposit Withdrawn from Five Star Bank | 100.80 | 100.80 Five Star Bank - Valley Springs Health & WC Checking | | \$11,541.18 |
| | | | | | | | \$25,538.10 | \$25,538.10 |
| 08/31/2019 | Journal Entry | 11499 | | Deffer Capital Lease | 2128.01 | 2128.01 Deferred Capital Lease | \$35,506.59 | |
| | | | | Interest Income | 9260.01 | 9260.01 Deferred Lease Income | | \$26,874.97 |
| | | | | Capital Lease | 2219 | 2219 Capital Lease | | \$8,631.62 |
| | | | | Deferred Utility Reimbursement | 2128.02 | 2128.02 Deferred Utilities Reimbursement | \$64,493.41 | |
| | | | | Other Income | 9260.01 | 9260.01 Deferred Lease Income | | \$64,493.41 |
| | | | | | | | \$100,000.00 | \$100,000.00 |
| 08/31/2019 | Journal Entry | 11500 | | August 2019 Accrual Deferred Reimbursement Calaveras County | 2129 | 2129 Other Third Party Reimbursement - Calaveras County | \$92,085.75 | |
| | | | | August 2019 Accrual Deferred Reimbursement Calaveras County | 9160.00 | 9160.00 Property Tax Revenues - District | | \$92,085.75 |
| | | | | | | | \$92,085.75 | \$92,085.75 |
| 08/31/2019 | Journal Entry | 11501 | | August 2019 Rent - Resource Connection | 9260.03 | 9260.03 Child Advocacy Rent Revenue | | \$750.00 |
| | | | | August 2019 Rent - Resource Connection | 100.30 | 100.30 Umpqua Bank Checking | \$750.00 | |
| | | | | | | | \$750.00 | \$750.00 |
| 08/31/2019 | Journal Entry | 11502 | | August 2019 Rental pymt from DH/MTMC | 100.30 | 100.30 Umpqua Bank Checking | \$9,854.17 | |
| | | | | August 2019 Rental pymt from DH/MTMC | 9260.02 | 9260.02 MOB Rents Revenue | | \$9,854.17 |
| | | | | | | | \$9,854.17 | \$9,854.17 |
| 08/31/2019 | Journal Entry | 11503 | | August 2019 Rent for San Andreas Medial & Professional Offices - Bldg E | 9260.02 | 9260.02 MOB Rents Revenue | | \$12,627.30 |
| | | | | August 2019 Rent for San Andreas Medial & Professional Offices - Bldg E | 100.30 | 100.30 Umpqua Bank Checking | \$12,627.30 | |
| | | | | | | | \$12,627.30 | \$12,627.30 |
| 08/31/2019 | Journal Entry | 11506 | | Depreciation Expense for August 2019 - Additional Monthly Amortization | 9520.72 | 9520.72 Depreciation | \$10,275.38 | |
| | | | | Capitol Lease for August 2019 - Additional Monthly Amortization | 2219 | 2219 Capital Lease | | \$10,275.38 |
| | | | | | | | \$10,275.38 | \$10,275.38 |
| TOTAL | | | | | | | \$844,987.06 | \$844,987.06 |

Mark Twain Healthcare District

BILL PAYMENT LIST

August 2019

| DATE | NUM | VENDOR | AMOUNT |
|--|-------|--|-----------------------|
| 100.50 Stockton Bank of | | | |
| 08/20/2019 | 1012 | Diede Construction, Inc. | -532,455.80 |
| Total for 100.50 Stockton Bank of | | | \$ -532,455.80 |
| 100.60 Five Star Bank | | | |
| 08/01/2019 | 15541 | Condor Earth Technologies, Inc. | -742.50 |
| 08/01/2019 | 15542 | Hicks Pension Services | -1,000.00 |
| 08/01/2019 | 15543 | Ann Radford | -100.00 |
| 08/01/2019 | 15544 | Debbie Sellick | -100.00 |
| 08/01/2019 | 15545 | Expeditor Systems | -19.00 |
| 08/01/2019 | 15546 | Lin Reed | -100.00 |
| 08/01/2019 | 15547 | Susan Atkinson | -100.00 |
| 08/01/2019 | 15548 | Talibah Al-Rafiq | -100.00 |
| 08/01/2019 | 15549 | Arnaudo Bros., L.P. | -19,825.05 |
| 08/01/2019 | 15550 | RJ Pro Innovative I.T. Services | -99.00 |
| 08/01/2019 | 15551 | Helen & Company Advertising Inc. | -247.50 |
| 08/02/2019 | 15552 | Van Lieshout, Patrick | -12,000.00 |
| 08/07/2019 | 15553 | Outlet Tek | -40.50 |
| 08/07/2019 | 15554 | San Andreas Sanitary District | -5,843.09 |
| 08/07/2019 | 15555 | PG&E 46578486352 VS Clinic # 10 | -254.75 |
| 08/07/2019 | 15556 | PG&E 46995152991 VS Clinic # 9 | -310.85 |
| 08/07/2019 | 15557 | Debbie Sellick | -63.80 |
| 08/07/2019 | 15558 | J.S. West | -6.70 |
| 08/07/2019 | 15559 | MTMC Nutritional Services | -124.00 |
| 08/07/2019 | 15560 | PG&E 74021406306 SAFMC | -708.19 |
| 08/07/2019 | 15561 | Susan Atkinson | -241.16 |
| 08/07/2019 | 15562 | Alliant Insurance Services, Inc.- NPB Main | -1,288.00 |
| 08/07/2019 | 15563 | Calaveras Telephone | -484.15 |
| 08/07/2019 | 15564 | PG&E 39918320076 Cancer | -271.41 |
| 08/07/2019 | 15565 | PG&E 71068388090 Pain Mgmt | -816.39 |
| 08/07/2019 | 15566 | PG&E 89195984003 Cancer/Infusion | -966.01 |
| 08/07/2019 | 15567 | Streamline | -200.00 |
| 08/07/2019 | 15568 | Murphys Senior Center | -5,000.00 |
| 08/07/2019 | 15569 | Murphys Senior Center | -32,000.00 |
| 08/13/2019 | 15570 | Calaveras County Public Works | -133.32 |
| 08/13/2019 | 15571 | Condor Earth Technologies, Inc. | -2,518.75 |
| 08/13/2019 | 15572 | Joana Motiu (Grant for Dental work for Veterans) | -4,000.00 |
| 08/13/2019 | 15573 | Tribble and Ayala | -120.78 |
| 08/13/2019 | 15574 | AT&T 248 134-7000 | -37.36 |
| 08/13/2019 | 15575 | AT&T 457-7 | -4.64 |
| 08/13/2019 | 15576 | AT&T OneNet | -1,181.25 |
| 08/13/2019 | 15577 | PG&E 11152462708 SOMO | -2,466.92 |
| 08/13/2019 | 15578 | Calaveras Power Agency | -27,466.53 |
| 08/13/2019 | 15579 | PG&E 2306121143-1 ortho | -1,239.28 |
| 08/13/2019 | 15580 | PG&E 42630399709 Hospital | -5,736.87 |

| DATE | NUM | VENDOR | AMOUNT |
|--|--------|--------------------------------------|-----------------------|
| 08/13/2019 | 15581 | Calaveras County Public Works | -300.00 |
| 08/13/2019 | 15582 | AT&T 754-9362 | -1,016.48 |
| 08/14/2019 | 15583 | Your Type Graphic Design | -932.98 |
| 08/14/2019 | 15584 | Dr. Randall Smart | -261.00 |
| 08/15/2019 | ACH 10 | Umpqua Bank Credit Card | -33,198.68 |
| 08/15/2019 | 15585 | J.M. Keckler Medical Sales, Inc. | -3,030.48 |
| 08/20/2019 | 15586 | Lin Reed | -100.00 |
| 08/20/2019 | 15587 | California Special District Assn | -2,247.76 |
| 08/20/2019 | 15588 | Campora Propane | -30.86 |
| 08/20/2019 | 15589 | Mobile Modular | -383.84 |
| 08/20/2019 | 15590 | Weber-Ghio & Associates Inc | -5,626.89 |
| 08/20/2019 | 15591 | Ebbetts Pass Gas Services | -25.50 |
| 08/20/2019 | 15592 | La Contenta Plaza | -1,269.75 |
| 08/20/2019 | 15593 | Merry X Ray | -39,760.00 |
| 08/22/2019 | 15594 | Cheryl Duncan Consulting | -14,143.81 |
| 08/22/2019 | 15595 | Best Best & Krieger, LLP | -6,606.53 |
| 08/23/2019 | 15596 | Calaveras First | -368.38 |
| 08/23/2019 | 15597 | Anthem Blue Cross | -1,787.52 |
| 08/23/2019 | 15598 | Kirk Stout | -229.18 |
| 08/27/2019 | 15599 | Condor Earth Technologies, Inc. | -3,034.00 |
| 08/27/2019 | 15600 | AT&T 795-2997749 | -74.41 |
| 08/27/2019 | 15601 | Seats & Stations | -3,249.03 |
| 08/27/2019 | 15602 | Harvard M. Robbins, M.D. | -25,000.00 |
| 08/28/2019 | 15603 | Mark Twain Medical Center Foundation | -372,000.00 |
| 08/29/2019 | 15604 | Aspen Street Architects | -7,288.41 |
| 08/29/2019 | 15605 | Calaveras County Water District | -1,074.79 |
| 08/29/2019 | 15606 | RJ Pro Innovative I.T. Services | -99.00 |
| 08/29/2019 | 15607 | Calaveras Public Utility District | -2,792.18 |
| 08/29/2019 | 15608 | San Andreas Sanitary District | -6,492.09 |
| 08/29/2019 | 15609 | California Special District Assn | -2,247.76 |
| 08/29/2019 | 15610 | Ann Radford | -100.00 |
| 08/29/2019 | 15611 | Debbie Sellick | -100.00 |
| 08/29/2019 | 15612 | Lin Reed | -100.00 |
| 08/29/2019 | 15613 | Susan Atkinson | -100.00 |
| 08/29/2019 | 15614 | Talibah Al-Rafiq | -100.00 |
| Total for 100.60 Five Star Bank | | | \$ -663,129.06 |

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

| | |
|----------------------------------|-------------------|
| POLICY: Credit Card on File | REVIEWED: 8/15/19 |
| SECTION: Revenue Cycle | REVISED: |
| EFFECTIVE: Date of Board Meeting | MEDICAL DIRECTOR: |

Subject: Credit Card on File

Objective: The Clinic will encourage (or require?) a patient maintain a credit or debit card on file in support of timely payments on account and/or compliance with payment plans.

Response Rating:

Required Equipment:

Procedure:

1. When registering a new patient to the practice, the receptionist will request a credit or debit card to place on file.
 - a. Self-pay patients (no insurance)
 - b. Commercially insured patients (examples include Aetna, Cigna, Blue Shield)
 - c. MediCare only patients (to address the 20% co-pay and any non-covered services)
 - d. MediCare Advantage patients (to address any co-pay)
 - e. MediCal patients with a share of cost confirmed through the eligibility checking process
2. The patient will be offered a One Year Card on File Agreement that will cover any charges incurred within a year.
 - a. The One Year Card on File agreement will have a maximum limit of \$1500
 - b. The patient will indicate the maximum limit they will allow
 - c.
 - d. Patients with a One Year Card on File agreement may make a time-of-service payment (co-pay) or a telephone payment without swiping their card for that payment.
3. Alternatively, a patient may prefer a Single Visit Card on File agreement that would only cover charges for the visit that occurs on the day the agreement is signed.
4. Signed Card on File Agreements must be retained for at least 18 months.
 - a. Scan signed Card on File Agreements to the designed shared folder
 - b. Name the Card on File Agreement as follows:

- i. Patient Last Name, Patient First Name: Date Signed, One Year
(Jones, Mary: 081519 One Year)
- ii. Patient Last Name, Patient First Name: Date Signed Single Visit
(Jones, Mary: 081519 Single Visit)

- 5. If a patient has a One Year Card on File Agreement they may not also have a Single Visit Card on File Agreement.
- 6. A patient may establish a Payment Plan and utilize their existing One Year Card on File Agreement to satisfy that Payment Plan.
- 7. Enter the Card on File agreement details into the EMR following the approved workflow EMR.
- 8. The patient's credit/debit card must be swiped in the office to implement the Card on File agreement.

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

| | |
|--|-------------------|
| POLICY: Emergency Codes | REVIEWED: 8/26/19 |
| SECTION: Safety and Emergency Planning | REVISED: |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Emergency Codes for Staff Use

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

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain a list of uniform codes relative to emergency and safety situations.
2. Code Blue – Medical Emergency, including cardiac arrest
Refer to policy Cardiovascular Resuscitation – Code Blue
a. ~~Upon hearing a Code Blue called using the paging system or staff member “call out”~~
3. Code Red – Fire
Refer to policy Disaster - Fire
a. ~~Upon hearing a Code Red called using the paging system or staff member “call out”~~
4. Code Gray – Combative person
Refer to policy Threatening or Hostile Patient
Refer to policy Shelter in Place for Patients and Staff
a. ~~Upon hearing a Code Gray called using the paging system or staff member “call out”~~
5. Code Black – Armed/Active Shooter on site
Refer to policy Shelter in Place for Patients and Staff – RUN-HIDE-FIGHT
a. ~~Upon hearing a Code Gray called using the paging system or staff member “call out”~~

6. Code Silver – Person with a Weapon/Hostage

Refer to policy Threatening or Hostile Patient

Refer to policy Shelter in Place for Patients and Staff

Refer to policy Bioterrorism Threat

~~a. Upon hearing a Code Gray called using the paging system or staff member “call out”~~

7. Code Pink – Baby/Child Abduction

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

8. Code Orange – External Hazardous Material Disaster

Refer to policy External Hazmat Incident

9. Code External Triage -

Refer to policy Mass Casualty Response

Refer to policy Earthquake or Weather Emergency

~~a. Upon hearing a Code Orange called using the paging system or staff member “call out”~~

9. Rapid Response

Refer to policy Cardiovascular Resuscitation – Code Blue

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

10. Code Yellow – Bomb Threat

Refer to policy Bomb Scare

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**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: 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: Active Shooter | REVIEWED: 8/30/19 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: September Board Meeting | 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, **stay away from windows**
3. **Silent your cell phone, including vibrate, turn off lights**

Fight

1. Fight as a last resort, if your life is in danger
2. Improvise weapon or throw items at the active shooter
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.

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

| | |
|------------------------------------|-------------------|
| POLICY: Bomb Scare | REVIEWED: 8/30/19 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: September Board Meeting | 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
 - c. Any identifiable background sounds (i.e. train whistles, traffic noise)
 - d. Any voice identifiers (i.e. accents, stuttering, tone, male or female sounding)
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: Earthquake Or Weather Emergency | REVIEWED: 8/30/19 |
| SECTION: Safety | REVISED: 9/20/17 |
| EFFECTIVE: September Board Meeting | 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 (XX parking lot, as designated in Emergency Preparedness Plan)
 - B. Weather-related disaster
 - i. In the case of a high wind storm/tornado, persons will be moved to interior rooms without windows. (See Shelter in Place Policy)
 - 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 Manager 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: Mass Casualty Response | REVIEWED: 8/30/19 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: September Board Meeting | 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)

2-way 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

Hand Sanitizer

Masks (N-95)/Respirators

PPE (gloves/gowns/masks/eye protection)

Duct tape

Pads and pens

Patient registration forms (downtime)

Patient care forms (downtime)

Incident command forms

a. If care is to be moved outside or if there is an evacuation, Staff will also need to collect:
Emergency Medication Kit: (Nitroglycerine/ASA/Benadryl/Epi/Narcan/Glucose/Albuterol)

Trauma grab bag

BP Cuffs (Manual or portable battery)

Satellite cell phone (if available)

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 Valley Springs 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.

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

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|---|----------------------------|
| POLICY: Medication Management – Storage of Multi-Use Containers | REVIEWED: 11/21/18; 9/7/19 |
| SECTION: Medication Management | REVISED: 9/7/19 |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Medication management and storage of multi-use containers

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

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a “vial open” label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state “MDV” to indicate multi-dose vial.
2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer’s expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.
 - a. IPOL polio vaccine shall be labeled with a beyond use date one year after date of opening. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.
3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer’s expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).
4. Single-dose vials (without preservatives) shall be discarded after initial puncture
5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.
6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.

7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.
8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.

REVISED

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

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|---|-------------------|
| POLICY: Shelter in Place for Patients and Staff | REVIEWED: 8/30/19 |
| SECTION: Emergency and Safety | REVISED: |
| EFFECTIVE: September Board Meeting | 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. All cell phones should be turned off or to silent mode, including no vibration.
 - i. 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 X as it has no windows; consider room X 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.

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

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

Subject: Fire Safety

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

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

1. Potential fire hazards, ignition sources, and their control
 - a. Commonly occurring fire hazards may result from flammable and combustible materials, smoking, open flame heaters, electric space heaters, and electrical systems.
 - b. Fuel sources include:
 1. Paper material – good housekeeping and daily removal of trash should minimize this exposure.
 2. Cleaning solvents – keep ignition sources away from cleaning solvents; clean up spills immediately; soiled rags must be disposed of in a can with a lid.
 - c. Ignition sources include:
 1. Keep fuel sources away from electrical equipment.
 2. Electrical equipment requires keeping 36” clearance and good housekeeping.
 3. Microwave oven, toaster, and coffee maker need cleaning after use and weekly.
 4. Temporary electric extension cords are only used for temporary, one-day jobs and not as a replacement for permanent wiring.
2. Housekeeping
 - a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.
 - b. Employees shall ensure that aisles and workspaces remain clear and free of trash.
 - c. Suitable clearances (18” or more) shall be maintained below sprinkler heads to storage.

- d. There shall be no accumulation of paper, rags, sweepings, or debris.
- e. Exits and fire door closures shall remain unobstructed and in good working order.

3. Training

a. Fire classes

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

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

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

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

b. Extinguisher sizes

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

c. Installation and maintenance

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

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

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

d. Remember "P-A-S-S"

1. Stand 6-8 feet away fro 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.

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

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|--|---------------------|
| POLICY: Employee Dress Code Guidelines | REVIEWED: 8/13/2019 |
| SECTION: Workforce | REVISED: |
| EFFECTIVE: 9/20/19 | MEDICAL DIRECTOR: |

Subject: Employee Dress Code Guidelines

Objective: To provide guidelines for acceptable employee work attire and appearance.

Response Rating: All employees.

Required Equipment: N/A

Statement of Policy:

Dress, grooming and personal cleanliness standards contribute to the morale of all employees and affect the business image we present to patients and visitors. During business hours, employees are expected to present a professional, business-like appearance and to dress according to the requirements of their positions. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstance, employees will not be compensated for their time away from work. Supervisors are responsible for ensuring appearance is appropriate. Supervisors will consider extent of contact with the public, physical requirements of each job and hours of work when interpreting this Policy. The guidelines established for appearance and dress cannot be all inclusive. Consequently, when a decision regarding the appropriateness of work attire is needed, management will decide.

General guidelines for all staff:

- ID badges will be issued by the District and should always be visible and positioned at shoulder height, so patients can differentiate between staff and the public. ID badges should be kept clean and nothing may cover the name or photo on the ID badge. ID badges can be worn with a collar clip.
- Clothes should be clean, free from stains, tears and/or excessive wrinkles.
- Hair (including sideburns, mustaches and beards) should be clean, combed and neatly trimmed. Long hair should be tied back or restrained.
- Make-up, fragrances and accessories will be worn in moderation.
- Fingernails should be clean and groomed, nail polish without chips, no acrylic nails.
- Fit and length of clothing should look professional and be appropriate for the physical requirements of the employee's position.
- Appropriate undergarments will always be worn.
- Shoes will be appropriate for the job, low heeled, closed toe, in good condition and clean/polished.
- Exceptions will be made for Holiday shirts to be worn, per Management discretion, or scheduled "Theme" days (i.e.: Cowboy dress for Rodeo Week) which will be decided by Management.

Examples of Inappropriate Attire:

- Shorts, sweats, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.
- Beach thong style sandals, athletic sandals, open toe shoes of any kind in a patient care area.
- Visible body piercing (to include ear gauges, tongue bars and nasal piercing) other than earrings (maximum 2)
- Tattoos and body art should be covered as much as possible, no facial or neck tattoos are to be visible. Lewd or explicit markings may not be exposed.
- Unnatural hair colors (i.e., pink, purple, green, etc.).

Medical Providers and Managers:

- Providers and Managers may wear business or business casual dress.
- Shoes should be comfortable, closed toe and low heeled.
- A solid color lab coat is optional, but not required.
- Providers may wear solid, coordinating scrubs, pants and shirts preferably in shades of greens, blues, burgundy or purples.

Nurses, Dental Staff (RDA, Hygienists), Medical Assistants, Lab, Phlebotomist and Radiology Staff:

- Staff may wear solid, coordinating scrubs, pants and shirts in shades of greens, blues, burgundy or purples.
- A similar solid color or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe and low heeled.

Health Information Services/Medical Billing:

- HIM/Billing staff may wear business or business casual attire.
- HIM/Billing staff may wear solid, coordinating scrubs, pants and shirts in shades of greens, blues, burgundy or purples.
- A similar solid color or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe and low heeled.

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

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|------------------------------------|-------------------|
| POLICY: X-Ray Orders | REVIEWED: 9/6/19 |
| SECTION: Patient Care | REVISED: |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: X-ray Orders

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

Responsive Rating: Moderate to severe

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

Policy:

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

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

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|------------------------------------|-----------------------------|
| POLICY: Eye Irrigation | REVIEWED: 11/12/18; 9/11/19 |
| SECTION: Patient Care | REVISED: 9/11/19 |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Eye Irrigation

Objective: To flush secretions, chemicals and foreign bodies from the eye.

Response Rating: Minimal to Severe

Required Equipment: Irrigation solution, IV tubing, eye tray, towel, shampoo tray, and kick bucket.

Procedure:

1. Review written provider order.
2. Tap water may be used initially in an emergency, but is not preferred. There is an eyewash station in the laboratory and the patient care hallway, attached to the sink faucet.
3. The amount of solution used depends on the contaminant.
 - a. Secretions require only small amounts.
 - b. Chemical burns require copious amounts.
 - c. Use of IV tubing connected to an IV solution of normal saline and Morgan lens may be used.
4. Adjust the flow of solution to ensure adequate, but not forceful, flow.
5. Place the patient in a supine position with their head turned to the affected side on the shampoo tray that will drain into kick bucket.
6. Have patient hold a towel against affected side to catch excess solution.
 - a. If the patient is a child, parent and/or caregiver should be engaged to assist in calming and restraining the patient.
7. Using the thumb and index finger of your non-dominant hand, separate the patient's eyelid.
8. Direct a constant gentle stream at the inner canthus so the solution flows over the cornea.

9. The physician shall check the affected eye or eyes for effectiveness of the procedure.
10. Install medication and place eye pads if ordered by the physician.
11. After completion of procedure, arrange for transportation home if needed, care and instructions and follow-up care.
12. Document the care rendered in the EMR.

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

| | |
|--|-----------------------------|
| POLICY: Emergency Situation/Unresponsive Patient | REVIEWED: 11/19/18; 9/11/19 |
| SECTION: Clinical | REVISED: 9/11/19 |
| EFFECTIVE: September Board Meeting | 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 51 Wellness Way, Valley Springs. We have a full cardiac arrest in progress. Please send an ambulance.”
 - f. Receptionist attends to family and moves them away from scene, calms other patients and apprises them of an emergency in the office.
 - g. The team leader directs 2-person CPR to be initiated. The team leader assigns the following responsibilities to team members: Airway management, chest compressions, documentation, and medication administration.
 - h. Medication administration is performed only by a practitioner or nurse.
 - i. Intubation, if needed, is performed only by a practitioner.
 - j. Documentation is done on a designated code sheet.
 - k. If the patient is a child, a staff member should be assigned by the RN/Team Leader to inform the parent(s)/caregiver(s) of the patient’s status and to take them to a nearby location away from the patient.

2. After the patient is stabilized:

- a. Prepare the path for EMS crew to transport patient.
- b. Prepare the medical record for transfer.
- c. Give report to receiving hospital.
- d. Document in medical record using code sheet to record all medications and times given.
- e. Attach a copy of progress notes and EKG strip(s) to code sheet and submit to Clinic 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.

REVISSED

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

| | |
|------------------------------------|-----------------------------|
| POLICY: Flu Shots | REVIEWED: 11/12/18; 9/11/19 |
| SECTION: Patient Care | REVISED: 9/11/19 |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Flu Shots

Objective: To provide flu shots to appropriately screened clinic patients, flu shots will be administered 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:

1. The Clinic will obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Staff will perform Vaccines for Children eligibility screening for all patients 18 years and younger prior to administering flu vaccine. 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.
2. 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.
3. Appointments are not required for patients requesting a flu shot.
4. For pediatric patients presenting for a “flu shot only”, staff will complete a flu shot screening form and follow instructions found there, after the parent/guardian has signed the flu shot release form.
5. For adult patients presenting for a “flu shot only”, staff will take patient vital signs and administer the shot only if the patient is afebrile and they have signed the flu shot release form.
6. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.

7. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions included on the flu shot log.
8. The practitioner will enter an order in the EMR for the patient's vaccine administration.
9. The staff member administering the vaccine (MD, DO, NP, PA, RN, LVN, MA) will document administration of the vaccination and issuance of the VIS in the EMR.
10. Ordering practitioners are reminded to be vigilant of the CDC recommendations for young patients:

Ages 6 months – 3 years and
Age 3 years – age 8 years

There are specialized recommendations such as: no preservatives and specialized vaccine schedules.

Practitioner is reminded to review the differences and order according to the patient's age-specific needs.

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

| | |
|--------------------------------|--------------------|
| POLICY: Drug Samples | REVIEWED: 11/21/18 |
| SECTION: Medication Management | REVISED: |
| EFFECTIVE: | MEDICAL DIRECTOR: |

Subject: In order to ensure compliance with approved formulary and medication management policy, drug samples are not permitted in the Clinic.

Objective: Mandatory

Response Rating:

Required Equipment:

Definitions:

1. Drug Sample: a unit of a drug, which is not intended to be sold and is intended to promote the sales of the drug.

Procedure

1. Drug samples are not allowed in the Clinic.
2. Medical Director and Clinic Director will ensure no drug samples exist in the Clinic.
3. Drug samples found will be confiscated by Clinic Manager and placed in the medication waste stream, after being removed from their packaging.
4. Drug company sales representatives who present themselves to the Clinic will be advised that they must have an appointment to meet with the Medical Director and may leave printed materials, but no drug samples or drug sample vouchers.

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

| | |
|------------------------------------|-----------------------------|
| POLICY: Eye Medications-Dispensing | REVIEWED: 11/12/18; 9/11/19 |
| SECTION: Patient Care | REVISED: 9/11/19 |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Eye Medications-Dispensing

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

Response Rating: Minimal to Moderate

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

Procedure:

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

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

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

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|--------------------------------------|-------------------|
| POLICY: Emergency Ambulance Transfer | REVIEWED: 9/11/19 |
| SECTION: Admitting | REVISED: |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Emergency Ambulance Transfer documentation preparation

Objective: To assist the Clinic staff in the transfer of a patient, via ambulance, to a higher level of care.

Response Rating:

Required Equipment:

Procedure:

1. When notified that a patient will be transferred to a higher level of care, front desk staff will assist by printing two sets of insurance cards and patient demographic sheets.
2. One set of the copies will be placed in a manila envelope and marked for the receiving facility.
3. The second set of copies will be placed in a white envelope for use by the ambulance company.
4. Both envelopes will be given to the nurse or medical assistant, who will be responsible for giving them to the ambulance team.
5. The practitioner will document the medical record by selecting procedure code "MISCOUT AMB". This code will ensure the patient's departure by ambulance will be captured for reporting purposes.
6. For minor patients, the practitioner should speak with the parent(s)/caregiver(s) regarding:
 - i. The reason for the transfer
 - ii. Location of transfer
 - iii. Directions to the transfer location

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

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| POLICY: MEDICAL STAFF CREDENTIALING AND GOVERNANCE | REVIEWED: 11/30/18 |
| SECTION: MEDICAL STAFF | REVISED: 09/20/19 |
| EFFECTIVE: | MEDICAL DIRECTOR: Dr. Randy Smart (interim) |

Subject: Medical Staff Appointment Credentialing Process

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

Response Rating:

Required Equipment: None

Procedure:

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

By-Laws:

Article IV: Responsibilities

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

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

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

Monitoring of these goals will be accomplished through periodic reports from the clinic manager or the Chief Executive Officer.

Article V: Administration

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

The Chief Executive Officer shall be responsible for:

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

recruitment and director of the facility staff assisted by the WSHCD Board of Directors.

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

Article VI: Medical Staff

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

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

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

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

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

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

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

- c. In the event the Practitioner receives notification that the policy or professional liability insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;
- d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

Article VIII: Officers

General Information:

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

Duties of the Medical Staff Committee:

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

Article IX: Medical Staff Committees

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

Body President, in cooperation with the Director. The Chairman of the Committee may, additionally, appoint more members subject to the approval of the Director and/or Governing Body.

Medical Executive Committee

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

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

Annual Staff Meetings

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

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

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|---|--------------------|
| 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 area 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**

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|------------------------------------|-------------------|
| POLICY: External Hazmat Incident | REVIEWED: 8/30/19 |
| SECTION: Safety | REVISED: |
| EFFECTIVE: September Board Meeting | 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 tape 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 Medications and Supplies | REVIEWED: 7/24/19; 9/11/19 |
| SECTION: Patient Care | REVISED: 9/22/29 |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Emergency Medications and Supplies

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

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Under the supervision and approval of the Medical Director, the Clinic will maintain emergency medications, which will be stored in the crash cart.
2. At a minimum, these medications will include:
 - a. Benadryl Injectable 50mg/1ml (prepared syringe)
 - b. Epinephrine 1:1000 Injectable 1ml
3. The drawer will be clearly labeled "Emergency Medications".
4. Easily accessible and clearly legible in the drawer will be a dosage chart that takes into account the Clinic's patient population.
5. The kit will be checked to ensure the contents are in-date. This inspection will take place on a monthly basis and will be documented on the Crash Cart log. The inspector will document their findings and sign the log upon completion of the inspection.

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

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

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

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|-----------------------------------|-------------------|
| POLICY: Extreme Temperatures | REVIEWED: 8/30/19 |
| SECTION: Safety | REVISED: |
| EFFECTIVE September Board Meeting | 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**

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|-------------------------------|--------------------|
| POLICY: Universal Precautions | REVIEWED: 11/20/18 |
| SECTION: Infection Control | REVISED: |
| EFFECTIVE: 3/27/19 | MEDICAL DIRECTOR: |

Subject: Universal Precautions

Objective: To prevent the transmission of blood borne pathogens by following universal precautions as recommended by the Centers of Disease Control, the California Department of Public Health and other pertinent regulatory agencies.

Response Rating: Mandatory

Required Equipment:

Procedure:

General Guidelines:

1. Blood and body fluid precautions will consistently be practiced for all patients since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens.
2. Wash hands between all patient contacts and immediately if soiled with blood or body fluids.
3. Skin or other mucous membranes should be washed with soap and water, or flushed with water, as appropriate, as soon as feasible following contamination with blood or other body fluids.
4. Gloves will be worn in the following situations:
 - a. Touching blood and body fluids
 - b. Touching mucous membranes (e.g. inside mouth, rectum, vagina)
 - c. Touching non-intact skin of all patients or when health care worker's skin is not intact
 - d. Handling items or surfaces soiled by blood or other body fluids
 - e. Performing venipuncture
 - f. Processing blood or any other fluid specimen
5. Gloves should be changed after contact with each patient and hands should be thoroughly washed with soap and water.
6. Surgical masks and protective eyewear (e.g. goggles) should be worn during procedures that are likely to generate droplets, splattering or aerosolization of blood or body fluids, to prevent exposure to

mucous membranes of the mouth, nose, and eyes.

7. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, flu, tuberculosis).
8. Impermeable gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids.
9. Disposable personal protective equipment shall be removed and placed in refuse containers in the immediately area after single patient use.
10. All procedures involving blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of the substances.
11. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Use and disposal of needles and “sharps”:

1. Precautions should be taken to prevent accidental injuries with needles, scalpels, or other sharp devices used during procedures, when cleaning reusable instruments, during disposal of needles, or when handling sharp instruments during or after procedures.
2. Contaminated needles and other contaminated “sharps” shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulate by hand.
3. If the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
4. After use, needles and syringes, scalpel blades, and other sharp disposable items should be placed in a puncture resistant container for disposal. Reusable “sharps” containers should be sealable, puncture resistant, labeled with a biohazard label and leak proof.
5. All collection containers when filled shall be sealed and put in the appropriate place for disposal. Containers shall be disposed of when $\frac{3}{4}$ full or every 90 days.
6. Although saliva has not been implicated in the transmission of HIV[<] to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas where the need for resuscitation might arise.
7. Personnel with exudative skin lesions or weeping dermatitis should refrain from direct patient contact or handling patient care equipment, until the skin condition resolves. If this is not possible, gloves

must be worn during patient examination procedures.

Sterilization and Disinfection:

1. All non-disposable instruments, items, and devices that come in contact with blood, other body fluids, or mucous membranes, shall be sterilized prior to re-use.
2. Medical devices that require sterilization shall be thoroughly cleansed prior to sterilization with the germicidal soap.
3. When a brush is used to wash instruments prior to sterilization, workers shall be careful to avoid splashing to the eyes and face (eye goggles or a face shield are recommended).
4. Surfaces contaminated with blood and body fluids shall be decontaminated with an appropriate chemical germicide. Gloves shall be worn during this procedure.

Specimens:

1. Body fluids, tissues, and other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimen.
2. Any specimens that could puncture a primary container shall be placed within a secondary container that is puncture resistant.
3. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Management of Exposures:

1. An incident must be documented on a Personal Accident/Incident and OSHA 300, 300A, and 301 report forms (see Personal Accident/Incident Policy Exposure Control Policy) in the event there is a:
 - a. Parenteral (e.g. needle stick or cut) or mucous membrane (e.g. splash of the eye or mouth) exposure of blood or other body fluids;
 - b. Cutaneous (e.g. skin) exposure involving large amounts of blood.
2. If the source of exposure is known and available, testing for Hepatitis B and C and HIV should be carried out with informed consent and counseling. See HIV Testing policy.
3. If the source refused testing, follow the procedure for an unknown source.
4. If the source is unknown, the employee should be advised to have blood drawn as soon as possible following the incidents and this blood should be tested for HIV, Hepatitis B and C.
5. If on the basis of clinical history or laboratory information it is suspected that the patient from whom the blood came from might be infected with HIV, following the current Human Resources Policy requirements.

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

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| POLICY: Medication Management Emergency Response to Power Failure | REVIEWED 8/30/19 |
| SECTION: Medication Management | REVISED: |
| EFFECTIVE: September Board Meeting | 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. Medical Director/CEO
3. Short term power outage (1 to 2 hours)
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS.
 - b. The 1 to 2 hour time frame is affected by the room temperature
 1. The hotter the room, the shorter the time the medications may remain in the fridge/freezer
 2. If the room temperature is excessive, plan to remove the medications more quickly
 3. Monitor the data-logger connected to the thermometer in the device and posted on the exterior of the fridge/freezer
4. Long term power outage (greater than 2 hours)
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS until you are ready to remove the contents and move those items to an appropriate location.
 - b. Relocate the medications from the refrigerator and freezer to the designated back up location per vaccine plan

5. Requirement for transporting vaccines:

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

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

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



**MARK TWAIN
HEALTH CARE DISTRICT**

These policies
are to be used

and procedures
by the Mark

Twain Health Care District/Valley Springs Health and Wellness Center staff. The manual is reviewed and updated annually.

REVIEWED AND APPROVED:

| Name and Title | Date |
|---|------|
| Lin Read, MBA, OTR/L – President, Mark Twain Health Care District | |
| Ann Radford, FNP – Secretary, Mark Twain Health Care District | |
| Susan Atkinson, MSW – Treasurer, Mark Twain Health Care District | |
| Debbie Sellick, CMP - Member-at-Large, Mark Twain Health Care District | |
| Talibah Al-Rafiq - Member-at-Large, Mark Twain Health Care District | |
| Randy Smart, MD – Chief Executive Officer, Mark Twain Health Care District; Medical Director, Valley Springs Health and Wellness Center | |
| Brandi Gomez, FNP-C – Nurse Practitioner, Valley Springs Health and Wellness Center | |
| Tina Terradista, RN – Manager, Valley Springs Health and Wellness Center | |

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|----------------------------|--|
| Cheryl Duncan – Consultant | |
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**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

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|--|-------------------|
| POLICY: Standardized Procedures for Mid-level Practitioners (NP, PA) | REVIEWED: 9/8/19 |
| SECTION: Standardized Procedures | REVISED: |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

General Policy Component

Development and Review

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

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

Scope and Setting of Practice

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

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

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

3. Physician consultation should be obtained as specified in the individual protocols and under the following circumstances:
 - a. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
 - b. Acute decompensation of patient condition.

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

Qualifications and Evaluation

1. Each mid-level practitioner performing standardized procedure functions at the Clinic must be currently credentialed by the Clinic medical staff for privileges. In addition, each mid-level provider shall apply for his or her own furnishing number and/or DEA number, as applicable.
2. Evaluation of the mid-level providers' competence in performance of the standardized procedures shall be done in the following manner and in compliance with established Clinic personnel policy:
 - a. Initial: Within ninety (90) days from the date of hire the Clinic's Medical Director and Office Manager shall review the mid-level provider for competence through feedback from colleagues, physicians and chart review along with other documented standards of performance.
 - b. Routine: Annually
 - c. Follow-up: Areas requiring increased proficiencies as determined by the initial or routine evaluation, or at an appropriate interval as determined by the clinic's management.

Authorized Mid-Level Provider(s)

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

Protocols

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

Medical Directors/Supervising Physician

_____ Date _____
Medical Director

Mid-Level Practitioner

_____ Date _____
Mid-level Practitioner

_____ Date _____
Mid-level Practitioner

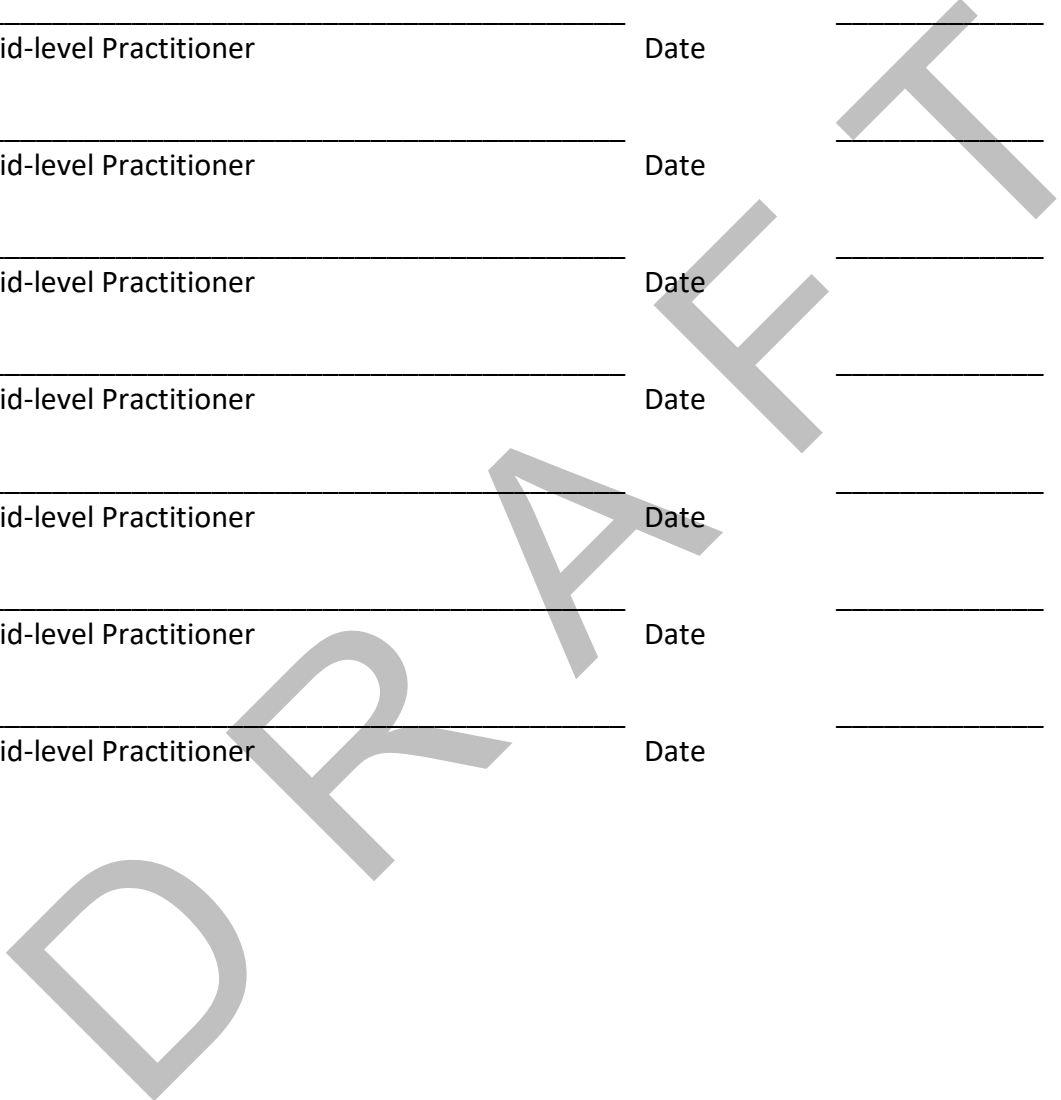
_____ Date _____
Mid-level Practitioner

_____ Date _____
Mid-level Practitioner

_____ Date _____
Mid-level Practitioner

_____ Date _____
Mid-level Practitioner

_____ Date _____
Mid-level Practitioner



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

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|--------------------------------------|-------------------|
| POLICY: Temperature – All Modalities | REVIEWED: 7/24/19 |
| SECTION: Patient Care | REVISED: |
| EFFECTIVE: September Board Meeting | MEDICAL DIRECTOR: |

Subject: Vital signs: temperature, all modalities

Objective: Accurate capture of patient’s temperature

Response Rating:

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

Procedure:

Tympanic Thermometer

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

Rectal thermometer

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

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

Oral thermometer

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

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

Axillary Thermometer

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

patient's skin and the probe is required.

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

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

| | |
|--|---|
| POLICY: MEDICAL STAFF CREDENTIALING AND GOVERNANCE | REVIEWED: 11/30/18 |
| SECTION: MEDICAL STAFF | REVISED: 09/20/19 |
| EFFECTIVE: | MEDICAL DIRECTOR: Dr. Randy Smart (interim) |

Subject: Medical Staff Appointment Credentialing Process

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

Response Rating:

Required Equipment: None

Procedure:

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

By-Laws:

Article IV: Responsibilities

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

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

Monitoring of these goals will be accomplished through periodic reports from the clinic manager or the Chief Executive Officer.

Article V: Administration

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

The Chief Executive Officer shall be responsible for:

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

recruitment and director of the facility staff assisted by the WSHCD Board of Directors.

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

Article VI: Medical Staff

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

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

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

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

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

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

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

- c. In the event the Practitioner receives notification that the policy or professional liability insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;
- d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

Article VIII: Officers

General Information:

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

Duties of the Medical Staff Committee:

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

Article IX: Medical Staff Committees

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

Body President, in cooperation with the Director. The Chairman of the Committee may, additionally, appoint more members subject to the approval of the Director and/or Governing Body.

Medical Executive Committee

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

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

Annual Staff Meetings

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

Valley Springs Health & Wellness Center
51 Wellness Way, Valley Springs, CA 95252
Privileges in Outpatient Medicine

Name: _____

Please Print

| CORE PRIVILEGES | | | | | | |
|---|---|--|--|--------------------------|--------------------------|--------------------------|
| Request | Procedure | Initial Criteria | Renewal Criteria | Proctoring Requirements | Approved | Deferred |
| <input type="checkbox"/> | <p><u>Cross out & INITIAL any privileges you are not applying for in this set of Basic Privileges.</u></p> <p>Privileges include:</p> <ul style="list-style-type: none"> • Evaluate, diagnose, consult, perform history and physical exam, and provide treatment for non-surgical patients without life-threatening complications AND • Aspiration of intra-, subcutaneous cysts, furuncles, etc. • Biopsy: Punch, Shave • Breast mass aspiration, breast cyst aspiration • Cryotherapy • Diaphragm fitting, IUD insertion and removal • Excision of malignancy of the skin with closure • I&D abscess • Liquid nitrogen treatment warts, keratoses • Management of uncomplicated minor closed fractures and uncomplicated dislocations • Performance of simple skin biopsy, excision or grafting • Removal of non-penetrating corneal foreign body, foreign body from conjunctival sac, ear, nose, skin • Soft tissue lesion, biopsy & removal • Suture of uncomplicated lacerations • Therapeutic injection and aspiration of large joint, small joint • Toe nail avulsion • Trigger point injections | Documentation or attestation of the management of general medicine problems for outpatients during the past two years. | <p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p> <p>Minimum 200 cases required in the past year</p> | Minimum 10 chart reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| SPECIAL PRIVILEGES (Must also meet the Criteria Above) | | | | | | |
| Request | Procedure | Initial Criteria | Renewal Criteria | Proctoring Requirements | Approved | Deferred |
| <input type="checkbox"/> | Adult Privileges: Outpatient privileges to perform a medical screening exam (MSE), history & physician, evaluate, diagnose, treat, and manage adult non-surgical diseases | 100 cases in the past two years – documentation required | <p>_____ # of cases in 2 years</p> <p>Minimum of 200 cases required</p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Pediatric Privileges: Outpatient privileges to perform a medical screening exam (MSE), history & physician, evaluate, diagnose, treat, and manage medical and non-surgical problems of children and adolescents. | 100 cases in the past two years – documentation required | <p>_____ # of cases in 2 years</p> <p>Minimum of 100 cases required</p> | | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | | |
|--------------------------|---|--|--|-----------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Women's Health Privileges: Outpatient privileges to perform a medical screening exam (MSE), history & physician, evaluate, diagnose, treat, and manage medical and non-surgical problems of women. | 100 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 100 cases required | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Cervix - biopsy | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Cervix - cryocautery | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Colposcopy | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Diagnostic paracentesis | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Excision of malignancy of the skin. Closure with skin flap or free graph | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | General newborn care | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 1 Observation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Hemorrhoidal rubber banding | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Newborn circumcision | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Vasectomy | 10 cases in the past two years – documentation required | _____ # of cases in 2 years Minimum of 10 cases required | 3 Chart Reviews | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL PRIVILEGE REQUEST

(Write in your request and provide additional experience or training documentation)

| Request | Procedure | Initial Criteria | Renewal Criteria | Proctoring Requirements | Approved | Deferred |
|--------------------------|-----------|------------------|------------------|-------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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51 Wellness Way, Valley Springs, CA 95252

Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any clinic and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Name: _____
Print

Signature: _____ Date: _____

Practitioner's Name _____

Medical Director Recommendation

Upon review of all credentialing information available with particular focus on education/training, experience, demonstrated current competence, and ability to perform the privileges requested, I recommend this applicant/reapplicant as capable of carrying out the required Medical Staff duties and competent to perform each of the specific privileges requested and approved as noted above, I make the following recommendation(s).

I have reviewed the requested clinical privileges and supporting documentation of r the above named applicant and make the following recommendation(s):

- Recommend all requested privileges**
- Recommend requested privileges with the following conditions/modifications:**
- Do not recommend the following requested privileges**

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The requested clinical privileges are recommended with the following conditions, or modifications and the explanation for same.

| Privileges | Condition/Modification |
|--------------|------------------------|
| 1 | |
| 2 | |
| Explanation: | |

Medical Director Signature _____ Date _____

***** For Staff Office Use Only *****

Board of Trustees Action: _____ **Date:** _____