



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

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

**Wednesday August 28, 2024
9:00am**

Agenda

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

Mark Twain Health Care District Mission Statement

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

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

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

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

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for July 17, 2024.
- Board Meeting Minutes for July 24, 2024.

6. **MTHCD Reports**:

- A. President’s Report**Ms. Reed
- **Association of California Health Care Districts (ACHD) August 2024 Advocate:**
 - **Meetings With MTHCD CEO:**
 - **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Chief Executive Officer’s Report**.....Dr. Smart
- **Glenna Johnston Tribute:**
 - **Resolution: 2024 – 06** Public Comment – Action
 - **General Comments:**
 - **Community Benefits Report: Donations to CAC \$770.00:**
 - **Strategic Planning Matrix From May 3, 2024 Mtg.**
 - **BHCiP – Round 5 Update:**
 - **2024 Local Agency Biennial Notice:**
 - **Resolution: 2024 – 05** Public Comment – Action
Adoption of Conflict of Interest Code & Appendix of Designated Positions.

- **AED for Life:**.....Ms. Vermeltfoort
- **Ralph M. Brown Act of 1953:**.....Ms. Stout
- **VSH&W Center – Policies and Forms:** Public Comment – **Action**
 - Policies for August 2024 Valley Springs Health & Wellness Center:

Revised Policies

- Compliance
- Credit Card on File
- Generator Management
- No Show
- Waived Testing Blood Glucose

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

- Ambulatory Blood Pressure Monitor Testing
- Animal Bite-Reporting
- Aseptic Procedure
- BLS and ACLS Certification
- Emergency Codes
- Expedited Partner Therapy for STDs
- Laboratory Electrical Safety
- Late Arriving Unscheduled Patients
- Laundry and Linen
- Liquid Nitrogen
- Medical Record Chart Audit Policy
- Non-Discrimination
- Non-Discrimination Spanish
- Organization of Nursing Personnel
- Patient With Urgent Complaint or Distress
- Periodontal evaluation
- Processing X-Ray Requisitions
- Registering Patient Complaints
- Scope of Services
- Staff Meetings
- Standardized Procedure for Childhood Periodic Health Screening
- Supply Ordering
- Toothache Policy
- Transfer Of Patient to A Hospital
- Visitors and Relatives
- Volunteer Deployment
- VSHWC Recruitment and Retention
- Waived Testing CoaguCheck XS PT
- Waived Testing - Fecal Occult Stool
- Waived Testing Hemoglobin
- Waived Testing Hemoglobin A1C

- E. **VSHWC Quality Reports** Ms. Terradista
 - Quality – July 2024:
 - MedStatix – July 2024:

7. **Committee Reports:**

- A. **Finance Committee:**.....Ms. Hack / Mr. Wood
 - Financial Statements – July 2024: Public Comment – **Action**
- B. **Ad Hoc Policy Committee:**.....Ms. Hack / Ms. Vermeltfoort
- C. **Ad Hoc Community Grants:**.....Ms. Sellick / Ms. Reed
 - Children’s Advocacy Center: Public Comment – **Action**
 - Pink Tie Gala Sponsorship Public Comment – **Action**
 - Calaveras County Seniors’ Center Inc. Public Comment – **Action**
- D. **Ad Hoc Community Engagement:**Ms. Reed
- E. **Ad Hoc Real Estate:**.....Mr. Randolph / Dr. Smart
 - MTMC Roof Replacement Project:.....Dr. Smart
 - MTMC Main Distribution Frame (MDF) Room Project Update:.....Dr. Smart
 - MOB 704 (Suite 102-105) Update:.....Dr. Smart
 - MTMC Facility Report:.....Dr. Smart
- F. **Ad Hoc Personnel Committee:**Ms. Reed / Ms. Vermeltfoort

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

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

9. **Next Meeting:**

- The next MTHCD Board Meeting will be Wed. September 25, 2024 at 9am.

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Aug 28, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86381107173?pwd=1js69ErPQqzupgoKR6dBFdNoxRYdFG.1>

Meeting ID: 863 8110 7173

Passcode: 372636

One tap mobile

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- +1 386 347 5053 US
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Find your local number: <https://us02web.zoom.us/u/kB83mBrYm>



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

Wednesday July 17, 2024
9:00am

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

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:03am.

2. Roll Call:

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

Quorum: YES

3. Approval of Agenda:

Motion to approve agenda by Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

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

Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for June 19, 2024:

Motion to approve consent agenda with Minutes by Ms. Bettinger
Second: Mr. Randolph
Ayes: 3
Nays: 0

6. Chief Executive Officer’s Report:

The District took the lease option to not pay electric utilities for MTMC. The MTMC should be paying \$72,000/mo. for rent. They have paid \$200,000 over the last 2 months. The MTHCD will deduct \$56,000 from the July rent.

- BHCIP Update:

Pre-Construction meeting today at 2:30pm with Program Manager, Architect and Construction Company.

- Dental Expansion Update:

Still waiting for County zoning rule change. Plans are being drawn up. Hope to submit plans in August.

- Grant Activities:

Working on \$25,000 grant from Health Net for the Robodoc Plus Program.
Applying for \$10,000 From Calaveras Community Foundation for Cardiovascular Monitoring.

Real Estate Review:

- MOB 704 Update:

Working with the attorney to get lease between MTHCD and MTMC for units 103-105.

7. Accountant's Report:

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

June financials will remain in DRAFT form until the audit is complete. Balance Sheet review is in process. The audit process has begun.

Motion to approve DRAFT June Financials with I&R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

- 401k Employee Contribution - July 1, 2023 to June 30, 2024: Public Comment - **Action**

Motion to recommend 10% contribution to employee 401k by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

8. Treasurer's Report:

No Report.

9. Comments and Future Agenda Items:

Hearing None.

10. Next Meeting:

Next Finance Committee Meeting will be August 21, 2024 at 9:00am

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

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Time: 9:52am.

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

Time: Jul 17, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86362566632?pwd=cw9vunj9NgFaOnGMaOE9cpRme1QE0pf.1>

Meeting ID: 863 6256 6632

Passcode: 499792

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**Meeting of the Board of Directors
 Mark Twain Medical Center
 Classroom 5
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**Wednesday July 24, 2024
 9:00am**

UN- Approved Minutes

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

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

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

2. Roll Call:

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

Quorum: YES

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

Motion to approve agenda by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 4

Nays: 0

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

Hearing none.

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for June 19, 2024.
- Board Meeting Minutes for June 26, 2024.

B. Correspondence:

- Notice of Elections Nov 5, 2024 – Two District Open Positions.

Motion to approve consent agenda and minutes by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 4

Nays: 0

6. **MTHCD Reports:**

A. President's Report:

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

- **Meetings With MTHCD CEO:**

Discussed agenda items.

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

No report.

B. MTMC Community Board Report:

Debra Sellick elected Board Vice Chair for MTMC Community Board. The Microsoft crash affected the hospital for 12 hours, causing them to revert back to paper.

C. MTMC Board of Directors:

See attachment.

D. Chief Executive Officer's Report:

- **General Comments:**

The District has been busy with recruiting providers, new construction at the VSHWC and support for the Sunrise Pharmacy.

- **Strategic Planning Matrix - May 3, 2024 Mtg.**

Youth mental health program is having challenges due to summer break for students. Will resume efforts once school resumes.

- **Street Medicine:**

No new report.

- **BHCiP – Round 5 Update:**

Notice of Award to Haggerty Construction has been sent. Finalizing contract.

Architectural documents in process for the Dental Expansion.

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

Ms. Vermeltfoort presented information on Prohibited Meetings.

E. VSHWC Quality Reports:

- **Quality – June 2024:**

2186 Patients seen in June. Total empaneled patients 5894. Only 1 Robo Doc call in June due to school letting out for summer break.

- **MedStatix – June 2024:**

Overall clinic patient satisfaction above National Average.

7. Committee Reports:

A. Finance Committee:

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

\$82k true up check from the County was received. Audit process has begun, projected to be ahead of schedule.

Motion to approve June Financials in DRAFT with I&R Report by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 4

Nays: 0

- 401k Employee Contribution July 1, 2023 to June 30, 2024: Public Comment – Action

Finance Committee recommended a 10% contribution to the 401k.

The Personnel Committee to review the 401k in Jan/Feb.

Motion to contribute 10% to the 401k by Mr. Randolph

Second: Ms. Sellick

Ayes: 4

Nays: 0

B. Ad Hoc Policy Committee:

- Policy No. 23 Presented for 30-day Review on June 26, 2024:
 - **Resolution 2024 04** – Approve Policy No. 23: Public Comment – Action
Request for Public Funds, Community Grants & Sponsorships (incl. Attachments):

Motion to approve Resolution 2024-04 by Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 4

Nays: 0

C. Ad Hoc Community Grants:

- Amy Augustine, AC City Planner: Public Comment – Action
 - Utica Park Lightner Mine Expansion Project:

Committee recommends a \$25k donation towards exercise equipment and assign Staff to work out the details of recognition.

Motion to donate \$25k for exercise equipment available to the public in Utica Park by Ms. Sellick

Second: Ms. Vermeltoort

Ayes: 4

Nays: 0

D. Ad Hoc Community Engagement:

No Report.

E. Ad Hoc Real Estate:

- MTMC Main Distribution Frame (MDF) Room Project Update:

Currently in progress. Experiencing some material delays.

- MOB 704 (Suite 102-105) Update:

Working with Common Spirit regarding condition of the suites after vacating.

- MTMC Facility Report:

Meeting 8/7/24.

F. Ad Hoc Personnel Committee:

No Report.

8. Board Comment and Request for Future Agenda Items:

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

Dr. Smart reported Glenna Johnston passed away. He would like to recognize her and her accomplishments within the community at the August meeting.

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. August 28, 2024 at 9am.

10. Adjournment: Public Comment – Action:

Motion to adjourn by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 4

Nays: 0

Time: 10:38am.

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

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

Join Zoom Meeting

<https://us02web.zoom.us/j/88674739504?pwd=t8bhZyUxfqzes5JhmUJ0uskFa9cmwr.1>

Meeting ID: 886 7473 9504

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• +1 564 217 2000 US

• +1 646 931 3860 US

• +1 689 278 1000 US

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Meeting ID: 886 7473 9504

Passcode: 815094

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

From: Linda Reed

Sent: Wednesday, July 24, 2024 8:04 AM

To: Debbie Sellick; Lori Hack; J Vermeltfoort; Richard Randolph; Randy Smart; Peggy Stout;
Accounting Department

Subject: Board President updates:

7/24/24

To: MTHCD Board and Admin Staff

FROM: Lin Reed, MBA, OTR/L
MTHCD Board President

In case I am unable to attend today's mtg and/or have remote connection issues, below are some updates.

June MTMC Board mtg/updates (Meeting held on July 8th).

1. At the June MTMC Fiduciary Board mtg I was elected Chair.
2. At the June MTMC Community Board mtg Debbie Sellick was elected Vice Chair.
3. I reported to the MTMC Bd the info from the June District Bd mtg (which both Board member Randolph and I abstained from voice and vote) regarding notice to MTMC and action taken for donation of \$300,000 to MTMC that would have been spent on nonelectric utilities payments. MTMC Board expressed appreciation.
4. MTMC Board Chair Kumar has resigned from the Bd due to job change as he will no longer be with Dignity Health/Common Spirit. BJ Predum Market/Regional VP has been added to the MTMC Board. Nikki Ochoa CFO has been promoted to Market/Regional CFO. Scott Banks is our new MTMC CFO. He also serves as CFO for Merced. The Board mtgs have tentatively changed to the last Tues. of the month.
5. Please make your calendars for October 18th for the MTMC Foundation Pink Tie Gala at Ironstone. FYI the Barger golf tournament raised a net \$100,000.
6. Quality scores-patient experience exceeded goal all FY currently 7th of 16 division hospitals; employee engagement 4.04 out of 5 possible total scores which mirrors Common Spirit score; ER scores back up to 3rd of 17 divisional hospital ERs. Physician engagement scores highest in the division.

7. Financials for May: volumes were high, gross revenue 4% above budget. YTD through May clinic visits 11% above budget. Surgeries 57% higher compared to prior yr. Net revenue up 36% compared to budget and included. Two proforma items for provider fees of \$395,000 net and favorable cost report settlement for 12/31/23 of \$2,055,628. EBITDA continues to exceed budget.
8. Draft 24/25 MTMC budget was presented to the Board in April. Will be reflected in 7/1/24 financials. No expected changes from draft.

Weekly call mtgs with Dr Smart:

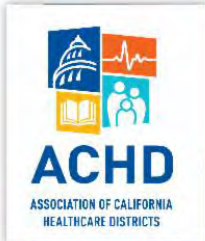
Two calls this month due to vacations for each of us. Items of importance reflected in the July BOD agenda.

Committee meetings:

1. Grants Committee (Debbie Selleck and Lin Reed) held a brief call re: proposed changes in policies and procedures and recommend to the MTHCD Board adoption. A grant recommendation for the Angels Camp park project also discussed and will be presented to the Board. Info passed on to Dr Smart.

2. ACHD:

Reminder about the 2024 Annual Conference Sept. 25-27th at the Embassy Suites in Sacramento.



ACHD

THE ADVOCATE

[CURIOUS ABOUT
ACHD MEMBER
BENEFITS?](#)

[ACHD 72ND ANNUAL
MEETING
REGISTRATION OPEN](#)

[UPCOMING WEBINAR
MID-YEAR ECONOMIC
UPDATE](#)

WHAT'S NEW IN AUGUST

CEO MESSAGE

California lawmakers returned to Sacramento this week for the final stretch of the two-year session. For the remainder of August, much attention will be on the Appropriation Committee in each house where bills that have even the most minimal state cost will need to pass or be placed on the dreaded “suspense file”. The Suspense File process has been around since the mid-1980s as a way to consider the fiscal impacts of legislative proposals on the state budget. The committee’s analysis indicates whether a bill’s fiscal impacts meet the criteria for referral to the Suspense File.

A “Suspense Hearing” will then be held to hear and report bills to the Floor. At which time, bills will either move on to the Floor for further consideration or get “held” in committee, where in year two of the legislative cycle, means they will no longer move through the process. These bills would have to be reintroduced all over again in the next legislative cycle beginning in January, where they start the long journey to becoming law (or not) all over again. **ACHD continues to be closely involved in our high priority bills**, including

[AB 869](#). Please see [Sarah Bridge's](#) legislative update below for the most recent developments and our positions on the most important bills for health care districts.

[ACHD's 72nd Annual Meeting](#) is right around the corner! If you haven't already, [register soon](#). We extended the **Early Bird Registration Discount to August 15th**. The special **hotel room block expires on September 6th**. So be sure to reserve your room before the room block is sold out.

As the Park Fire and others around the state continue to burn, ACHD reminds districts that we are here to support you and your district in any way possible. Many of the fires this season have been close to, or directly located in, health care districts. We continue to monitor the Cal Fire website for incidents near or adjacent to districts. Please don't hesitate to contact [me](#) if we can be helpful in any way.

With gratitude,

Cathy Martin
Chief Executive Officer



Legislative Update



ACHD Legislative Update:

As mentioned, the legislature has returned to Sacramento for the final stretch of the two-year session. Now is crunch time in Sacramento, as final negotiations begin on the thousands of remaining bills.

Bills:

[AB 869 \(Wood\)- 2030 Seismic Mandate](#)

AB 869 is in the Senate Appropriations Committee, where it will be amended to include hospitals that received a Distressed Hospital Loan. Additionally, Senator Caballero (the chair of Appropriations Committee) has agreed to co-author the legislation. ACHD enters final negotiations with the author and stakeholders on the bill in the coming weeks. – **ACHD Support.**

[AB 3129 \(Wood\)- Consolidation](#)

AB 3129 continues to be a point of significant discussion in the health care community, with several stakeholders continuing to raise concern with the bill and its provisions. ACHD was able to agree to language exempting healthcare districts from the requirements. With these amendments, ACHD will be adopting a support position, however, we are closely monitoring the bill to ensure our exemption is preserved. – **ACHD Support**

Hearings of Note:

[Proposition 35](#)

On Tuesday, August 13, the legislature will host a panel on Proposition 35. Proposition 35 would, if passed, make permanent the Managed Care Organizations Tax (MCO), and the original deal that cements Medi-Cal rate increases for certain providers, as well as additional funding allocations to health care workers and facilities. These hearings are constitutionally required as a part of the initiative process. The support panel will include providers representing the positions of CHA, CMA and PPAC, the opposition and concern panels have yet to be finalized. ACHD's Advocacy Committee has recommended a support position on the measure. ACHD's Board of Directors will consider the official adoption of this position at their September meeting. For those interested, this hearing can be viewed, [here](#). ACHD will be in attendance and will share notes and key takeaways.

[Assembly Hearing on Labor and AI](#)

On August 7, the Assembly Labor Committee met jointly with the Assembly Privacy Committee to hear from several panels on AI in the Workplace. The panelists were comprised almost entirely of labor representatives. The hearing can be viewed on demand [here](#) and the agenda can be viewed, [here](#). Folks will note that CNA was a lead panelist and presented on the risks of AI in health care. ACHD will be working to follow-up with legislators to ensure a more wholistic understanding of how AI/Artificial Decision Making (AD) is utilized in a health care setting.

2024 has already presented an incredibly dynamic year for the US economy and capital markets.

For the remainder of the year, the path forward for markets will likely exhibit continued volatility.

For this webinar, Karl Meng will be reviewing some of the key economic variables the [Chandler Investment Team](#) uses to gauge the state of the economy.

[Register Today](#)



UPCOMING WEBINAR

MID-YEAR UPDATE

WHERE WE ARE AND WHERE WE'RE HEADED IN 2024

AUGUST 29, 2024 10:00 AM - 11:00 AM (PDT)

REGISTER TODAY

PRESENTED BY
KARL MENG, PORTFOLIO STRATEGIST

CHANDLER
ASSET MANAGEMENT



P. O. Box 95
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Resolution 2024 - 06
A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE MARK TWAIN HEALTH CARE DISTRICT

Glenna LaVerne Johnston NP

WHEREAS: The Mark Twain Health Care District serves Calaveras County by filling health care gaps, improving access to services, and collaborating with other health care organizations: and

WHEREAS: The Mark Twain Health Care District acknowledges and respects those who have made substantial contributions, and those that have provided years and generations of selfless healthcare services: and

WHEREAS: Glenna LaVerne Johnston earned her Licensed Vocational Nurse degree followed by an Associate’s Degree in Nursing where she worked many long, hard hours at the Mark Twain Hospital caring for patients on the wards, obstetrics, emergency room and the intensive care unit. She established and managed the first nursing school class at Mark Twain Hospital in 1974 in collaboration with St Joseph’s Hospital in Stockton. She quickly became the Assistant Director of Nurses at Mark Twain Hospital and then in 1985 became the Director of Nursing. Glenna had a passion for nursing and was greatly respected by her fellow nurses, doctors, and hospital staff. She also had a passion for professional growth and completed her degree as a Family Nurse Practitioner. Glenna was one of the very first nurse practitioners in Calaveras County. Later in her career Glenna authored one of the most authoritative and factual histories of the Mark Twain Hospital, which still serves as a valued reference document that captures details not otherwise recorded; and,

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This Institution is an Equal Opportunity Provider and Employer

Resolution 2024 – 06

BE IT RESOLVED:

That Mark Twain Health Care District acknowledges Glenna Johnston’s dedication and commitment to the Calaveras County Health Care and wishes to memorialize her lasting contributions.

That the Mark Twain Health Care District produce a professional picture of Glenna with an honoring caption to the Mark Twain Medical Center intended to be mounted to a wall in the Medical Center for public appreciation: and,

That the Mark Twain Health Care District make a \$5,000 contribution to the Mark Twain Medical Center Foundation in Glenna’s name.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on August 28, 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Attest: _____
Debbra Sellick, Secretary

Mark Twain Health Care District Mission Statement

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Life Tributes



GLENNA LAVERNE
JOHNSTON

Glenna LaVerne Johnston passed away peacefully surrounded by family on Sunday, July 21, 2024.

Glenna was a lifelong resident of Calaveras County, spending most of her life in San Andreas, California. She earned her GED from Calaveras Adult School and pursued her passion for nursing, obtaining her LVN degree. She dedicated herself to healthcare, serving alongside Dr. Ione Dzubur, Mark Twain Hospital, and Dr. Ralph Delgado.

Driven by her commitment to learning and balancing the demands of raising three sons, Glenna pur-

sued further education at San Joaquin Delta College, earning an Associate's Degree in Nursing. She continued her career at Mark Twain Hospital as a registered nurse in various wards, including OB, emergency, operating rooms, and the ICU. Glenna's leadership journey began in 1982 as Assistant Director of Nursing and she later assumed the role of Director of Nursing in 1985.

Continuing her educational pursuits, Glenna earned a Bachelor of Health Science, followed by degrees in Public Health, Health Systems Administration, and became a Family Nurse Practitioner/Physician Assistant. Her career concluded with Mark Twain Hospital in 1993, transitioning to work with Dr. Ralph Delgado until her "retirement" in 2007.

Outside of work, Glenna and her husband Dean (Harry) Johnston cherished their travels across the U.S. and Mexico in their RV. She took immense pride in her family, celebrating her three sons, seven

grandchildren, and ten great-grandchildren.

Glenna is survived by her husband Dean (Harry) Johnston, sons Leonard (Mary Ann), Barry (Staci), Troy (Cyndi), grandchildren Jessica (Parker), Joshua (Lauren), Katy (Ricky Bobby), Tracy (Jordyn), Lyndsi (Marcus), Trevor (Sarah), and great-grandchildren Dean, Brooklyn, Serenity, Brennan, Amelia, Brielle, BravelyGray, Harrison, Gracelyn, and Abraham (due in August 2024), sister LaVada (Stanley) Lombardi and nieces Linda (Tom - deceased) Matlock, Janet (Mark) Hamm.

She was preceded in death by her parents LaVerne and L.W. "Red" Wear, sister Patsy Miller, and grandson Kyle Johnston.

In lieu of flowers, the family requests donations to the Glenna Johnston Memorial Scholarship Fund through the Mark Twain Hospital Foundation, supporting future healthcare professionals. Donations can be made online at <https://www.supportmarktwain.org/ways-to-give/donate-online> or by check to:

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

Please indicate "Glenna Johnston Memorial Scholarship Fund" on your donation.



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

Mark Twain Health Care District, County of Calaveras, State of California

August 28, 2024

Resolution 2024 - 05

Resolution Adopting a Conflict-of-Interest Code and Appendix of Designated Positions

WHEREAS, pursuant to the provisions of the Political Report Act (Govt. Code §81000, et seq.) the Mark Twain Health Care District is required to adopt a Conflict-of-Interest Code and Appendix of designated; positions; and

WHEREAS, biennial review of the Appendix to the Conflict of Interest Code is required by state law and changes to the designated positions and disclosure categories and thereafter adopt necessary amendments.

NOW, THEREFORE, BE IT RESOLVED that the Conflict-of-Interest Code and list of designated positions and disclosure categories as set forth in the Appendix to the Conflict-of-Interest Code attached hereto is hereby adopted,

ON A MOTION by Director _____, seconded by Director _____, the foregoing Resolution was duly passed and adopted by the Mark Twain Health Care District of the County of Calaveras, State of California this 28th day of August 2024, by the following vote:

- Ayes:
- Noes:
- Absent:
- Abstained:

Linda Reed, President

ATTEST:

Debbra Sellick, Secretary

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

2024 Local Agency Biennial Notice

Name of Agency: _____

Mailing Address: _____

Contact Person: _____ Phone No. _____

Email: _____ Alternate Email: _____

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict of interest code and has determined that (*check one BOX*):

An amendment is required. The following amendments are necessary:

(*Check all that apply.*)

- Include new positions
- Revise disclosure categories
- Revise the titles of existing positions
- Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions
- Other (*describe*) _____

The code is currently under review by the code reviewing body.

No amendment is required. (If your code is over five years old, amendments may be necessary.)

Verification (to be completed if no amendment is required)

This agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions are reported. The code includes all other provisions required by Government Code Section 87302.

Signature of Authorized Representative

Date

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than **October 7, 2024**, or by the date specified by your agency, if earlier, to:

Calaveras County Board of Supervisors
Attention: Stacy Simpson
891 Mountain Ranch Road
San Andreas, CA 95249

PLEASE DO NOT RETURN THIS FORM TO THE FPPC.

Mark Twain Health Care District
Conflict of Interest Code

The Political Reform Act (Government Code Section 81000, et seq) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which be incorporated by the reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendment to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the Mark Twain Health Care District.

Individuals holding designated position shall file their statements of economic interests with the Chief Executive Officer, which will make the statements available for public inspection and reproduction. Gov. Code Sec. 81008.) All statement will be retained by the Mark Twain Health Care District.



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

Conflict-of-Interest Code

Appendix A – Designated Positions

Designated Positions:

Designated Positions	Disclosure Category
Board Members	1 and 2
Chief Executive Officer	1 and 2
Executive Assist.	1 and 2
Consultants	1 and 2
Accounting Assist.	1 and 2

Appendix B – Disclosure Categories

Disclosure Category 1:

Designated positions assigned to this category shall report:

Interests in real property located within or not more than two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the District.

Disclosure Category 2:

Designated positions assigned to this category shall report:

Investments and business position in business entities, and sources of income, including loans, gifts and travel payments, from sources of the type that provide services, supplies, materials, machinery or equipment to the District. Such sources include, but are not limited to, engineering and construction firms

Mark Twain Health Care District Mission Statement

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

POLICY: Compliance	REVIEWED: 3/1/19; 11/23/20; 8/25/21; 6/28/22; 7/25/23; <u>8/6/24</u>
SECTION: District	REVISED: 6/28/22; 7/25/23; <u>8/6/24</u>
EFFECTIVE: 8/ 23 / 23 28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Compliance

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

2. Benchmarking based upon auditing and monitoring
 - a. Random medical ~~records;~~records.
 - b. Targeted medical records, based on specific issues or ~~populations;~~populations.
 - c. Accounts receivable, with a focus on credit balance accounts that will be resolved in keeping with the policy for Billing Practices.
 - c. Policy and procedure; and
 - d. Program compliance checklists, including regular review of HEDIS scores.
3. Personnel
 - A. Compliance Officer is the District Executive Director. Associate Compliance Officers are the Medical Director and Clinic Manager.
 - B. Clinic personnel and medical staff will be trained annually
 1. Infection Control
 2. Standards of conduct
 3. Conflict of Interest/Ethics
 5. Sexual Harassment Q 2 years**
 - C. Communication
 1. Information will be disseminated to staff in writing and verbally
 2. Staff will have access to the Clinic Policy and Procedure Manual online and through a hard-copy document with guidance including but not limited to:
 - a. Billing practices, including billing audits and chart ~~review;~~review.
 - b. Guidelines for marketing and community ~~outreach;~~outreach.
 - c. Disciplinary and corrective action
 3. Staff may report concerns to the Clinic Manager, Medical Director, District Human Resources and/or the District Administrator verbally and/or in writing.
 - a. Where appropriate, written communication may utilize an Incident Report

- b. Under New California Law, (January 1, 2020) Health Care Entities Must Promptly Report Allegations of Sexual Abuse or Sexual Misconduct to Licensing Boards. Upon receipt of any written allegation submitted by a patient or the patient's representative that a healing arts licensee engaged in sexual abuse or sexual misconduct, the hospital, clinic, or other entity must file the report within 15 days from the date it received the written allegation. There is no grace period or tolling for investigating the allegation...reports under Section 805.8 must be filed regarding *all* individuals who are licensed under Division 2 of the Business and Professions Code. This includes not only physicians, dentists, podiatrists, and psychologists, but also nurses, chiropractors, speech-language pathologists, audiologists, opticians, optometrists, physical therapists, occupational therapists, dieticians, pharmacists, physician assistants, and perfusionists, to name a few. *Return completed form 805.8 by fax: (916) 263-2435, email: complaint@mbc.ca.gov, or mail to listed address. <https://www.mbc.ca.gov/Download/Forms/enf-805-8.pdf>

4. Quality Assurance

- A. Clinic will develop and follow a Quality Assurance and Performance Improvement policy.
- B. QAPI meetings will be conducted quarterly with reporting to staff personnel and the Board.
- C. Required Clinic surveillance will be the foundation of the QAPI program with the addition of problem-resolution focused elements are required.
 - 1. Spot audits of surveillance programs will be conducted and documented, in addition to month-end review of surveillance data.
 - 2. Spot audits of non-surveillance programs will be conducted and documented.
- D. Issue specific quality assurance/performance improvement projects will utilize the PDCA (Plan, Do, Check, Act) process
 - 1. Thorough investigation of issue-specific topics will be completed and ~~documented;documented.~~
 - 2. The problem will be ~~identified~~identified, and an initial plan developed and implemented to resolve the ~~problem;problem.~~
 - 3. Data will be collected and reviewed to determine if the plan is resolving the identified ~~problem;problem.~~
 - 4. Adjustments of the plan will be made as required until the desired results are achieved.

5. Risk Assessment

- A. A Threat/Risk Assessment will be completed ~~annually~~; biennially.
- B. A Business Risk Assessment will be conducted at least annually in conjunction with the Board's Strategic Planning session(s).
- C. ~~An Annual~~ A Biennial Clinic Review will be conducted consistent with RHC program requirements.

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

Resources:

"OIG Guidance Physician Practice Compliance", downloaded June 10, 2016 from <https://oig.hhs.gov/documents/compliance-guidance/801/physician.pdf>

"OIG Work Plan 2016 ", downloaded June 10, 2016 from https://oig.hhs.gov/reports-and-publications/archives/workplan/2016/WorkPlan_April%202016_Final.pdf

"Practical Guidance for Boards", downloaded June 10, 2016 from <https://oig.hhs.gov/documents/root/162/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf>

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

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

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

POLICY: Credit Card on File	REVIEWED: 8/15/19; 5/04/21;5/3/22; 6/05/23; <u>7/12/24</u>
SECTION: Revenue Cycle	REVISED: 5/04/21; <u>7/12/24</u>
EFFECTIVE: 6/28/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Credit Card on File

Objective: The Clinic will encourage a patient to 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~~ comes for an appointment and has a balance or copay due, the receptionist will ~~request~~ inquire if the patient would like to have us keep 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. Medi-Cal 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.b. 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. (These are scanned into the patient's record.)

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Credit Card on File
Policy Number 219

~~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.

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

POLICY: Generator Management	REVIEWED: 3/11/20;5/29/21; 7/26/22;7/25/23; <u>8/6/24</u>
SECTION: Operations	REVISED: <u>8/13/24</u>
EFFECTIVE: 8/ 23 / <u>28</u> /24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Generator

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

Response Rating: Mandatory

Required Equipment: Generator

Procedure:

1. The generator is located on a concrete pad in the Southwest corner of the building, adjacent to the staff lounge, in front of the electrical room access door.
2. The generator doors and fuel box will always be locked with padlocks.
 - a. The Director of Facilities, Clinic Manager and the Nursing key ring have the generator padlock keys.
 - b. The Director of Facilities, Clinic Manager and Nursing key ring have a generator door key.
3. The ~~Director of Facilities~~Clinic Manager will inspect the exterior and interior of the generator for any leakage or abnormalities on a monthly basis.
 - a. Inspection will be ~~logged~~logged, and log will be retained in the Generator Binder.
 - b. Any abnormalities will be addressed/repaired.
4. The fuel gauge will be monitored by the ~~Director of Facilities~~Clinic Manager or designated staff monthly and after any power outage incident when the generator runs to ensure the fuel tank has an adequate amount of fuel.
 - a. Inspection will be ~~logged~~logged, and log will be retained.
5. The scheduled generator maintenance will be performed by the contracted provider on the schedule outlined on the attached contract addendum, which is outlined below:
 - a. Semi-annual PM Service –
 - i. Visual inspection of the site and genset with associated equipment
 - ii. Inspect and service the filtration system

Generator Management
Policy 154

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

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

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

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

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

8-9. A "Run Log" will be maintained by the Clinic Manager or designee with information displayed on the screen, behind the right outside door of the generator. (See "Generator Run Log"). This is to track hours run for power outages verses maintenance/testing hours. This is mandatory.

9-10. In case of an emergency the contact is as follows:

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

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

POLICY: No Show	REVIEWED: 1/28/20; 5/04/21; 5/6/22: 8/30/22; 3/07/23; 5/6/24; <u>8/28/24</u>
SECTION: Admitting	REVISED: 5/04/21; 5/25/22; 8/30/22; 3/07/22; 5/6/24: <u>6/25/24</u>
EFFECTIVE: <u>5/29/24</u> <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patient No Show

Objective: Management and minimization of patient “no shows” which are defined as appointments not attended without the patient contacting the Clinic to reschedule or cancel the appointment.

Response Rating:

Required Equipment: None

Procedure:

Medical, Behavioral Health and Dental Departments

1. The EMR will contact each patient who is in “no show” status, reminding them they have failed to keep their appointment and directing them to contact the Clinic to reschedule.
2. Daily staff will identify patients in “no show” status and contact the patient to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, Athena will make one additional attempt within seven days, documenting both attempts.
3. A monthly “no show” report will be generated after the month’s end and will be forwarded to the CEO for the purpose of inclusion on the Dashboard Report submitted to the Board of Trustees each month.
4. A historical “no show” report will be generated for the most recent six-month period and will be analyzed for the purpose of identifying all patients who are chronically missing their appointments. Behavioral Health patients will be counted separately and provided to that department for handling.
5. Patients who chronically miss their appointments (3 or more “no shows” -defined as not attending their appointment without contacting the office to reschedule or cancel, prior to the appointment, preferably over the course of six months) will have a warning letter mailed to the address on file notifying them of the multiple missed appointments.
6. The list will be aggregated, and the Clinic Manager or designee will meet with the patient’s practitioner of record to determine whether the “no show” status of the patient should be addressed with the patient or if there are mitigating circumstances that should be considered.

No Show
Policy Number 227

7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.
8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.
9. If the patient continues to no show and reaches a total of 4 no shows over the course of six months, the patient will receive a letter advising that they will only be allowed to schedule same day appointments (Medical/Dental). ~~Behavioral Health appointments will not be combined with the Medical or Dental no show count. Behavioral Health patients who exceed this limit will have existing appointments canceled and patients will only be allowed to make same day appointments for a six-month period.~~ Extenuating circumstances will be reviewed on a case-by-case basis.
10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inability of the practice to manage the patient’s medical diagnoses.

a. When a patient no-shows for their initial Dental appointment, they will be cancelled. If they still wish to be a dental patient, they can request it , but they will be put at the end of the current waitlist.

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~~10-11.~~

~~11-12.~~ Behavioral Health ~~Missed-No-Show~~ Appointments

~~a.b.~~ When a patient misses-no-shows for an appointment, patients will be automatically contacted via the Electronic Health Record’s “no-show” campaign.

~~c.~~ Two (2) missed-no-show appointments should be managed either through a phone call or letter will result in the patient receiving a letter reminding them of the no-show policy.

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~~d.~~ Following their third no-show, IBH staff will consult with the BH provider to determine whether a patient will be sent a final letter informing them that their treatment will be closed at this time. If they wish to be re-referred to IBH, they can speak with their PCP.

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~~b.e.~~ When a patient no-shows for a scheduled IBH initial consultation, the referral will be closed.

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~~e.~~ When a patient no-shows a scheduled initial IBH Consultation, the referral is closed. If the patient cancels an IBH Consultation, IBH staff will offer the patient an alternate appointment date. When a patient misses an IBH Follow-Up appointment, patients will be automatically contacted via the Electronic Health Record’s “no show” campaign. 3.4 IBH staff should contact the patient via phone, monitor reason for cancellation, and offer to reschedule the patient’s missed appointment. The staff member may also ask if there were any barriers to attending treatment, such as difficulties with transportation, and should either engage patient in problem solving around the barrier or consult with clinician regarding the patient’s stated barrier.

~~d.~~ If there is no answer at the first call, the IBH should call the patient two more times over a period of 1-2 weeks, for a total of three calls, prior to consulting with the BH clinician regarding sending a letter. All contacts must be documented in the patient’s chart using patient case.

~~e. When a patient has not been successfully reached by phone, a letter is sent to acknowledge that we are aware that the patient has missed appointments and to attempt to re-engage the patient into IBH services. The letter states that IBH will no longer attempt to make calls but that the patient is welcome to contact their PCP or the IBH staff at any time if they would like to resume services.~~

~~f. Following their third "no show", IBH staff or receptionist will consult with the BH Provider to determine whether a patient will be sent a final letter informing them that their treatment will be closed at this time and that if they wish to be re-referred to IBH they can speak with their PCP.~~

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

POLICY: Waived Testing Blood Glucose	REVIEWED: 8/28/19; 2/21/20; 5/21/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Waived Testing	REVISED: 2/21/20: <u>8/6/24</u>
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Waived Testing using the Quintet AC device

Objective: Testing of blood specimens for the purpose of determining the patient’s blood glucose level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Quintet AC device.

Response Rating: Mandatory

Required Equipment: Quintet AC, test strip, lancet, gloves, cotton ball/gauze 2x2, dot band-aid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s blood glucose level.
 - a. Ensure the machine has batteries installed.
 - b. Turn the machine on so that you may insert the test strip. Alternatively, the machine turns on when the test strip is inserted.
 - c. Don gloves.
 - d. Assemble lancet, test strip (confirm in date), band-aid, cotton ball or gauze.
 - e. Warm patient’s finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient’s fingertip, on the side of the finger.
 - i. Squeeze fingertip to express drop of blood and wipe away first drop of blood before collection.
 - j. Squeeze fingertip to express drop of blood and fill test strip with blood and ensure capture area is full.

- l. Results should appear in 5 seconds.
 - m. Record results in EMR.
 - n. Remove test strip and dispose of it in sharps container.
2. Alert the ordering practitioner of the patient's results (in between patient encounters) if the test is abnormal (>126mg% fasting, > 140mg% non-fasting).
3. To clean machine
 - a. Turn the machine off.
 - b. Wipe the exterior of machine with ~~germicidal soap and water~~ or baby wipe.

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

POLICY: Ambulatory Blood Pressure Monitor Testing	REVIEWED: 04/02/21;5/29/21;7/26/22; 7/24/23; <u>8/6/24</u>
SECTION: Patient Care	REVISED: 7/25/23
EFFECTIVE: 8/ 23 / <u>23</u> 8/24	MEDICAL DIRECTOR: Randall Smart, MD

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

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

Response Rating: Mandatory

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

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

Procedure:

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

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

- b. Staff will verify the unit has been returned in good working condition and document.
 - c. Staff will disinfect the Ambulatory Blood Pressure unit.
 - d. Staff will collect the patient diary for Provider review.
 - e. Staff will download the Ambulatory Blood Pressure information to the software per protocol.
 - f. Staff will document as needed in the EMR.
 - g. If ~~patienta~~ patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Ambulatory Blood Pressure monitoring period to 48 hours. In this event, staff will verify blood pressure cuff placement.
3. It is understood that placement of the Ambulatory Blood Pressure monitor on ~~a day~~ the day the patient has been examined by the ordering Provider is preferred.
 4. Charges will be entered upon placement of the Ambulatory Blood Pressure monitor, but the claim will be held until the device is returned by the patient.

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

POLICY: Animal Bite-Reporting	REVIEWED: 7/1/19; 4/15/20;5/29/21; 7/26/22; 7/24/23; <u>8/6/24</u>
SECTION: Mandatory Reporting	REVISED: 4/15/20
EFFECTIVE: 8/ 23 / <u>23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Animal Bites

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

Response Rating: Mandatory

Required Equipment: Calaveras County Animal Bite Report Form

Procedure

1. All animal (mammal) bites must be reported to the Calaveras County Animal Control as soon as possible.
2. Mammals include but are not limited to dogs, cats, raccoons, bats, horses, cows, possums, skunks, squirrels, and foxes.
3. **ALL** animal bites will be reported to the Animal Control Office. This includes animals owned by the victim.
4. Bites to the patient’s face, head, or ~~neck~~neck requires a report to the Animal Control by telephone immediately followed by a mailed report.
5. All other animal bites will be reported as soon as possible by completing the Animal Bite Report Form on the Calaveras County Animal Control website: www.calaveras.gov.us
6. If the animal bite is not to the face, head, or neck, but the animal is running loose and may not be located later, telephone the Calaveras County Animal Control immediately for pick up. (209)-754-6509 8AM-5PM or fax (209) 754-6815 after hours
7. Reports will be completed as follows:
 - a. A Report of Animal Bite Form must be filled out and faxed to both Animal Services 209-754-6815 **AND** Public Health 209-754-4691
 - b. Report forms can be found in the ~~Library~~Library, under Operations Forms.
 - c. Report will be scanned into the patient’s electronic medical record.
 - d. After scanning, the original report will be sent to the Clinic Manager.

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

POLICY: Aseptic Procedure	REVIEWED: 3/1/19; 3/1/20; 5/29/21; 7/26/22; 7/24/23; <u>8/6/24</u>
SECTION: Patient Care	REVISED: 3/1/20
EFFECTIVE: <u>8/23/23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Aseptic Procedures

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

Acuity Rating: Mandatory

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

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

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

The principles of surgical asepsis:

1. The sterile object or area becomes contaminated when touched by a non-sterile object.
2. For an infection to occur there must be:
 - a. A sufficient number of organisms strong enough to produce infection.
 - b. A susceptible host. Factors include age, nutrition, stress, exposure to heat or cold, allergies, chronic disease, and amount of rest.
 - c. A means for organisms to reach the host, either directly (e.g. animal bite), indirectly (e.g. contaminated articles) or droplets (e.g. talking, sneezing, coughing).

Implementation:

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

- f. Containers to hold any of above supplies
 - g. Drapes (fenestrated or non-fenestrated)
2. Surgical aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic medical staff.
- a. Suture removal
 - b. Dressing change
 - c. IV insertion
 - d. Venipuncture
 - e. Minor surgical procedures to include (but not limited to):
 - 1. Laceration repair
 - 2. Wart removal
 - 3. Removal of other skin growths/biopsies
 - 4. Excision of ingrown toenail
 - 5. I & D abscess/paronychia
 - 6. Release of subungual hematoma
3. Dental aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic dental staff:
- a. Suture removal
 - b. Tooth extraction

Additional information:

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

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

POLICY: BLS and ACLS Certification	REVIEWED: 2/25/20; 5/29/21; 7/26/22; 7/24/23; <u>8/6/24</u>
SECTION: Workforce	REVISED: 5/29/21; 7/26/22; 7/24/23
EFFECTIVE: 8/ 23/23 <u>28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

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

Objective: Obtain and retain current Health Care BLS certification

Response Rating: Mandatory

Required Equipment:

Procedure:

Basic Life Saving (BLS)

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

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

3. The Clinic Manager will ensure personnel whose Health Care BLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties to attend their recertification class.
4. Personnel whose BLS certificates have expired will immediately enroll and attend or take a certification class or risk a disciplinary action.

Advanced Cardiac Life Support (ACLS)

1. The following positions a current ACLS certification is recommended, but not a requirement.
 - a. Internal Medicine Physician
 - b. Family Medicine Physician
 - c. General Practice Physician
 - d. Nurse Practitioner
 - e. Physician Assistant
 - f. Registered Nurse
2. ~~Clinic~~The Clinic Manager will ensure individuals are reminded when their ACLS certificate nears expiration.
3. The Clinic Manager will ensure personnel whose ACLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties to attend their recertification class.

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

POLICY: Emergency Codes	REVIEWED: 8/26/19; 3/31/20;5/29/21; 7/25/23; <u>8/6/24</u>
SECTION: Safety and Emergency Planning	REVISED: 3/31/20;5/29/21; 7/26/22
EFFECTIVE: 8/ 23 / 23 <u>28</u> / <u>24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Emergency Codes for Staff Use

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

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain a list of uniform codes relative to emergency and safety situations.
2. Code Blue – Dental and Medical Emergency, including cardiac arrest

Refer to policy Cardiovascular Resuscitation – Code Blue
3. Code Red – Fire

Refer to policy Disaster - Fire
4. Code Gray – Combative person

Refer to policy Threatening or Hostile Patient
Refer to policy Shelter in Place for Patients and Staff
5. Code Black –Armed/Active Shooter on site

Refer to policy Shelter in Place for Patients and Staff – RUN-HIDE-FIGHT
6. Code Silver – Person with a Weapon/Hostage

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

- b. Staff will verify the unit has been returned in good working condition and document.
 - c. Staff will disinfect the Ambulatory Blood Pressure unit.
 - d. Staff will collect the patient diary for Provider review.
 - e. Staff will download the Ambulatory Blood Pressure information to the software per protocol.
 - f. Staff will document as needed in the EMR.
 - g. If ~~patienta~~ patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Ambulatory Blood Pressure monitoring period to 48 hours. In this event, staff will verify blood pressure cuff placement.
3. It is understood that placement of the Ambulatory Blood Pressure monitor on ~~a day~~ the day the patient has been examined by the ordering Provider is preferred.
 4. Charges will be entered upon placement of the Ambulatory Blood Pressure monitor, but the claim will be held until the device is returned by the patient.

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

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 2/1/20; 5/04/21; 5/3/22;6/22/22; 7/25/23; <u>8/6/24</u>
SECTION: Patient Care	REVISED: 6/22/22; 7/25/23
EFFECTIVE: 8/ 23 <u>23</u> 28 <u>24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Expedited Partner Therapy for Sexually Transmitted Diseases

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

Response Rating:

Required Equipment:

Procedure:

1. Clinic patients will be screened for sexually transmitted diseases.
 - a. Yearly for women >25 years old
 - b. ~~During the course of~~During well woman examinations for patients above the age of 21
 - c. Earlier than age 21 for patients that participate in sexual activity.
 - d. More frequently than once a year for patients that participate in risky behavior
 - e. Upon patient presentation to the Clinic with symptoms consistent with recognized sexually transmitted diseases.
2. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).
3. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

Reference:

California Health & Safety Code § 120582.

“Expedited Partner Therapy “~~<https://www.cdc.gov/std/ept/>~~“<https://www.cdc.gov/std/ept/> Last Reviewed: April 19, 2021

“Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea “
<https://www.cdc.gov/std/ept/gc-guidance.htm> Page last reviewed: August 18, 2021

“Legal Status of Expedited Partner Therapy (EPT)” ~~<https://www.cdc.gov/std/ept/legal/>~~
<https://www.cdc.gov/std/ept/legal/>

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

POLICY: Laboratory Electrical Safety	REVIEWED: 11/12/18; 2/18/20; 5/21/21; 5/5/22; 7/06/23; 8/6/24
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Laboratory Electrical Safety

Objective: To present an overview of the Laboratory electrical safety policy.

Response Rating: Mandatory

Required Equipment:

Procedure:

All employees will be educated in and follow these guidelines for electrical safety:

- All electrical equipment will be regularly inspected and serviced per the Clinic’s preventive maintenance program.
- All employees will be trained in the proper handling and operation of equipment prior to use.
- All electrical equipment will be inspected prior to use. If any damage is noted to the electrical cords, junction, or casing, do not use.
- Never use electrical equipment on wet surfaces.
- Never yank electrical cords from outlets.
- Never leave electrical cords across walkways or door openings.
- Never use electrical equipment that does not have a grounded plug.
- All laboratory instruments and appliances are adequately grounded and checked for current leakage before initial use, after repair or modification and when a problem is suspected. If a new instrument is installed or initially checked by the manufacturer, the laboratory will have the required check performed at the next preventive maintenance cycle.
- Charging cords will not be left in the outlet with an exposed connector.

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

POLICY: Late Arriving Unscheduled Patients	REVIEWED: 4/28/19; 2/19/20; 5/21/21; 5/5/22; 7/06/23; 8/6/24
SECTION: Operations	REVISED: 3/27/17; 7/10/18; 2/19/20; 5/25/22; 7/06/23
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Late Arriving Patients

Objective: To ensure effective operation of the Clinic and to reduce unnecessary overtime costs, the Clinic will not schedule patient appointments after 4:30pm and will not register patients for care after 4:30pm unless the patient has a medical emergency. Patients will be expected to arrive at the Clinic promptly relative to their appointment time.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. The Clinic electronic scheduling module will support the scheduling of physical examinations, appointments for acute illness, follow-up, and health maintenance visits.
2. Patients will be expected to arrive promptly for their appointments.
 - a. If a patient arrives more than 10 minutes late for their medical appointment, or 7 minutes late for their Dental appointment, reception may ask the provider if there is time to see the late patient, if not, the late patient will be rescheduled.
 - b. Patients will be advised that tardiness will be tracked and, if habitual, will affect the patient’s ability to schedule appointments in the future.
2. Adult and Child comprehensive physical examinations will not be scheduled after 4:00pm. Sports physicals may be performed after 4:00pm with confirmation from the practitioner.
3. Patients arriving at the Clinic without an appointment after 4:30pm with an acute complaint will be assessed by the registered nurse or provider on duty who will:
 - a. Assess chief complaint
 - b. Take and document ~~vitals~~vital signs, if indicated.

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

4. The registered nurse, licensed vocational nurse, or medical assistant will consult with the practitioner and present chief complaint and vital signs information.
5. Patients with urgent medical complaints will be triaged/seen by a medical practitioner:
 - a. Acute chest pain
 - b. Acute abdominal pain
 - c. Active labor
 - d. Disabling headache
 - e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
 - f. Uncontrollable vomiting
 - g. Uncontrollable bleeding
 - h. Possible fracture
 - i. Head trauma
 - j. Shortness of breath
 - k. Altered mental status
 - l. Critical values on vital signs
 - m. Dental abscess/pain
6. Patients with urgent dental complaints will be seen by the dentist:
 - a. Dental abscess/pain
 - b. Broken tooth
 - c. Facial swelling
 - d. Facial pain

If the dentist is not present, schedule a same day appointment with a medical practitioner, if unable to be seen by a provider, advise the patient to go to the ER.

7. Patients whose complaints are not deemed medically urgent will be scheduled for an appointment on the following day.
8. Patients requesting medication refills will be scheduled for an appointment on the following day.

9. Patients requesting physician “school notes” will have their medical record researched to determine whether they were seen by a Clinic practitioner during the timeframe in question. If the patient was seen, the previously provided note will be re-printed. If the patient was not seen, the Clinic will decline to provide a “school note”.

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

POLICY: Laundry and Linen	REVIEWED: 11/12/18; 2/18/20; 5/21/21; 5/6/22; 7/06/23; 8/6/24
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Laundry and linen

Objective: To ensure use of sanitary gowns, drapes, and other laundry/linen, wherever possible disposable patient gowns, drapes, and sheets will be utilized.

Response Rating:

Required Equipment:

Procedure

1. Disposable patient gowns will be available in a variety of sizes, consistent with the patients served in the Clinic.
2. Disposable drapes will be available in a variety of sizes, consistent with the procedures performed in the Clinic.
3. Disposable table paper will be utilized to cover examination tables/chairs and will be replaced between patients.
4. Disposable will be utilized to cover any gurney located in the Clinic and will be replaced between patients.
5. Should cloth sheets be utilized, soiled sheets will be placed in a covered soiled laundry bin which will be in the locked housekeeping closet.

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

POLICY: Liquid Nitrogen	REVIEWED: 03/02/2020; 11/20/20; 7/26/22; 7/25/23; <u>7/30/24</u>
SECTION:	REVISED:
EFFECTIVE: <u>8/23/23</u> <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Liquid Nitrogen

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

Response Rating: Mandatory

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

Procedure:

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

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

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

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

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

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

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

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

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

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

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

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

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

POLICY: Medical Record Chart Audit Policy	REVIEWED: 6/15/22; 7/06/23; <u>8/6/24</u>
SECTION:	REVISED:
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Medical Record Chart Review

Objective: To ensure accurate and complete charting is performed

Response Rating: Mandatory

Required Equipment:

Procedure:

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

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

POLICY: Non-Discrimination	REVIEWED: 11/9/18; 5/04/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Civil Rights	REVISED: 5/04/21
EFFECTIVE: <u>7/26/23</u> 8/28/24	MEDICAL DIRECTOR: Randall Smart MD

Subject: Non-discrimination

Objective: As a recipient of Federal financial assistance, the Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of the individual’s inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the Clinic directly or through a contractor or any other entity with which the Clinic arranges to carry out its programs and activities.

Required Equipment: None
Procedure

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact: Facility Name: Valley Springs Health and Wellness Center

Contact Person/Section 504 Coordinator: Tina Terradista (Clinic Manager)

Telephone number: 209-772-7070

State Relay number:

California Relay Service:
(For Deaf and Hard of Hearing Callers)
TTY/TDD

Dial 711 or

English TTY/TDD (800) 735-2929

Spanish TTY/TDD (800) 855-3000

Voice (800) 735-2922

Non-discrimination
Policy Number 125

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

POLICY: Non-Discrimination Spanish	REVIEWED: 11/9/18; 5/04/21; 5/6/22; 7/6/23; <u>8/6/24</u>
SECTION: Civil Rights	REVISED: 5/04/21
EFFECTIVE: <u>7/26/23</u> <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart MD

Asunto: No discriminación

Objetivo: Como receptora de asistencia financiera federal, la Clínica no excluye, niega beneficios ni discrimina de ningún otro modo a ninguna persona por su incapacidad de pago; si el pago de esos servicios se haría bajo Medicare, Medicaid o CHIP; la raza, el color, el sexo, el origen nacional, la discapacidad, la religión, la edad, la orientación sexual o la identidad de género de la persona en la admisión, participación o recepción de los servicios y beneficios bajo cualquiera de sus programas y actividades, ya sea llevados a cabo por el Clínica directamente o a través de un contratista o cualquier otra entidad con la que la Clínica acuerde llevar a cabo sus programas y actividades.

Equipo Requerido: Ninguno Procedimiento

Esta declaración está de acuerdo con las disposiciones del Título VI de la Ley de Derechos Civiles de 1964, la Sección 504 de la Ley de Rehabilitación de 1973, la Ley de Discriminación por Edad de 1975 y las Regulaciones del Departamento de Salud y Servicios Humanos de los EE. UU. emitidas de conformidad con estas estatutos en el Título 45 Código de Regulaciones Federales Partes 80, 84 y 91.

En caso de preguntas, comuníquese con: Nombre del centro: Centro de Salud y Bienestar de Valley Springs

Persona de contacto/Coordinadora de la Sección 504: Tina Terradista (Gerente de la clínica)

Número de teléfono: 209-772-7070

Número de retransmisión estatal:

Servicio de retransmisión de California:

(Para personas sordas o con dificultades auditivas)

TTY/TDD

Marque 711 o

TTY/TDD en inglés (800) 735-2929

TTY/TDD en español (800) 855-3000

Voz (800) 735-2922

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

POLICY: Organization of Nursing Personnel	REVIEWED: 7/1/19; 5/04/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>7/26/23</u> 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Organization of nursing personnel

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

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

POLICY: Patient With Urgent Complaint Or Distress	REVIEWED: 7/1/19; 2/14/20; 5/04/21; 5/6/22; 7/06/23; 8/6/24
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patient with Urgent Complaint or Distress

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

POLICY: Periodontal evaluation	REVIEWED: 6/14/2023; <u>8/6/24</u>
SECTION: Dental	REVISED:
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patients with periodontal disease.

Objective: To follow up on the treatment after scaling and root planning is completed.

Response Rating:

Required Equipment:

- Basic dental set up.
- Periodontal probe

Things to be assessed:

- Periodontal healing
- Periodontal measurements
- Visible caries that were difficult to see prior to scaling and root planning treatment

Reasons: To make sure the patient is healing well from the scaling and root planning. After the gingiva has healed and calculus has been removed there may be more visible caries. Some teeth may be mobile before scaling and root planning but after treatment the ligament will tighten, and the teeth will stabilize. A new periodontal measurement will need to be done.

Scheduling: Make the appointment with the dentist 2 weeks after scaling and root planning is completed.

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

POLICY: Processing X-Ray Requisitions	REVIEWED: 2/1/19; 3/1/20; 5/21/21; 5/6/22; 7/06/23; 8/6/24
SECTION: Patient Care	REVISED: 3/1/20; 5/21/21
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Processing X-Ray Requisitions

Objective: To ensure efficient and timely processing of radiology orders and ~~the subsequent~~ subsequent access to newly available images.

Response Rating:

Required Equipment:

Procedure:

1. Confirm that ~~patient~~ the patient has been registered at the registration desk.
2. Confirm and identify correct patient
3. Upon receipt of any x-ray request/order, -the tech opens the order on the Viztech System computer.
- 4. Take images as ordered then transfer the images to Novarad PACS.
5. For Clinic patients, after images have been taken:
 - a. Track exams in the EMR (click on x-ray check exam complete)
 - b. Notify provider that the x-rays are ready on the patient (specify)
6. All x-ray requests are -located in the PACS System for radiologist reference.
7. Copy of completed order is given to billing for confirmation purposes.
8. Upon reading, report is -sent from PACS -to the EMR for review by the ordering provider.

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

POLICY: Registering Patient Complaints	REVIEWED: 2/1/19; 12/26/19; 2/14/20; 3/5/20; 5/21/21;5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Operations	REVISED: 12/26/19; 2/14/20; 3/5/20
EFFECTIVE: <u>7/26/23</u> 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patient complaints

Objective: To give consideration of all complaints and concerns and correct processes that are problematic, all patient complaints and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment: Clinic patient complaint form; patient complaint forms provided by payor groups

Procedure:

1. Patient complaint regarding billing
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will explain the charges and insurance billing procedure.
 - c. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Biller(s) for further breakdown of charges.
 - i. If the Biller(s) is not available, the Clinic Manager will speak with the patient.
 - d. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Chief Executive Office for problem resolution.

2. Patient complaint regarding services rendered
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will refer patient and complaint to the Clinic Manager who will review and explain services rendered and attempt to resolve the patient’s complaint.

- c. If the patient is not satisfied with the Clinic Manager's explanation, the patient and their complaint will be referred to the attending physician, dentist, or mid-level provider for review and recommendation for resolution.
 - d. If the patient is not satisfied with this explanation, the patient will be referred to the Executive Medical Director for further discussion.
 - e. All patient complaints are to be routed to the Clinic Manager, regardless of their resolution status, so that the Clinic Manager can review complaints and determine whether changes in clinic operations are required.
 - f. Complaints will be included in the QAPI meeting agenda and addressed in that venue.
3. Patient complaint regarding Section 504 issues
 - a. Refer to Section 504 Grievance policy
 4. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.
 5. Patient grievances will be analyzed, and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.
 6. Patients are requested to contact Clinic Manager, the Clinic's accreditation agency should they have a complaint or grievance. Clinic Manager can be reach by telephone at 209-772-7070 or via the internet via <https://www.vshwc.org>.

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

POLICY: Scope of Services	REVIEWED: 11/8/18; 10/14/20; 8/25/21; 7/06/23; <u>8/6/24</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Scope of Services

Objective: The Clinic’s scope of services shall include, but not be limited to, the following list of services:

Response Rating:

Required Equipment: None

Procedure:

Services shall be rendered to anyone, regardless of sex, race, color, creed, age, national origin, handicap, or ability to pay for services rendered.

Professional:

A physician and/or a physician assistant (PA, PA-C) or family nurse practitioner (FNP) shall staff the Clinic during posted working hours to provide medical services within the scope of his/her training.

Medical staff will be available to perform:

- Complete medical histories
- Physical examinations (pre-employment, sports, school, health maintenance)
- Assessment of health status, routine laboratory and diagnostic testing
- Treatment for common acute and chronic health problems and medical conditions

Laboratory:

Point-of-care testing, under a CLIA Certificate and California Laboratory license will be provided for some modalities.

Unaffiliated laboratories will provide reference laboratory services.

Unaffiliated laboratories will provide pathology laboratory services.

X-Ray:

Plain film x-rays are performed in the Clinic and overread by a radiologist.

Patients requiring other testing modalities will be referred to the service provider authorized by their insurance coverage.

Medical Procedures:

Minor surgical procedures and basic diagnostic procedures shall be performed within the scope of the medical staff's training; including but not limited to minor laceration repairs, IV hydration, IV antibiotic therapy, splinting, and medical stabilization of medical emergencies for transfer to high acuity facilities.

Pharmacy:

The Clinic will provide stock pharmacy items according to the Clinic formulary.

Prescriptions will be submitted to the patient's pharmacy via ePrescribe.

Higher Level of Care:

Referral for medical causes when the Clinic is operating will be provided on an as needed basis.

Hospitals used for transfer of patients requiring a higher level of care include:

Mark Twain Medical Center

Discharge Instructions:

All patients will be given written notes instructions, and explanations of the treatment they received in the Clinic, as well as written follow-up instructions.

Policies and Procedures:

Written policies and procedures and medical protocols/Standardized Procedures governing the services of the Clinic providers are developed, executed, and annually evaluated by the Medical Committee and the Governing Body. The Committee will consist of the Medical Director, physician assistants/nurse practitioners, Clinic Manager, Executive Director and any other assigned personnel.

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

POLICY: Staff Meetings	REVIEWED: 2/1/19; 3/5/20; 5/21/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Operations	REVISED: 3/5/20
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Staff meetings

Objective: To ensure timely communication, knowledge-sharing, and issue resolution amongst all Clinic personnel in a leadership managed setting, mandatory, scheduled, agenda-driven staff meetings will be conducted on a regular basis, with advance notice to staff members, ensuring maximum participation.

Response Rating:

Required Equipment:

Procedure

1. Staff meetings will be scheduled on a routine basis, typically the first Wednesday of each month, at the same time as the Medical Staff meeting so as not to interrupt the Clinic’s patient care schedule.
2. An agenda will be prepared in advance of each meeting, comprised of old business (not resolved at previous meetings) and new business.
3. Attendance will be taken at each meeting.
 - a. Employees may be absent from a meeting if they are ill, on a leave of absence, or vacation.
 - b. Employees not able to attend for one of the reasons noted above will review meeting minutes and sign-off.
 - c. Employees must attend a minimum of 10 mandatory meetings each year.
4. Minutes will be prepared during each meeting and made available to staff for their reference and for review if the staff member was absent from the meeting.
5. Staff is encouraged to offer agenda items to the Clinic Manager for inclusion on the meeting agenda.
6. Staff is encouraged to actively participate in each meeting, offering insight and recommendations.

7. Meetings may contain educational components relative to Clinic operations, new programs or devices, software, and/or technology.
8. The agenda may include outside speakers/presenters in addition to Clinic personnel.

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

POLICY: Standardized Procedure for Childhood Periodic Health Screening	REVIEWED: 6/1/19; 3/30/21; 7/26/22; 7/25/23; <u>8/6/24</u>
SECTION: Standardized Procedures	REVISED: 3/30/21; 7/25/23
EFFECTIVE: <u>8/23/23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized orders for Childhood Periodic Health Screening

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

Response Rating:

Required Equipment:

Procedure:

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

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

- *Sensory screening (Snellen eye test, audiometry)

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

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

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

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

References:

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

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

Last modified date: 3/8/2022 4:40 PM

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.153909240.1310123246.1658871401-389574524.1657735121 Copyright © 2023 by the American Academy of Pediatrics, updated April 2023.

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

POLICY: Supply Ordering	REVIEWED: 2/1/19; 3/31/20;6/07/21; 7/26/22; 7/25/23; <u>8/6/24</u>
SECTION: Operations	REVISED: 3/31/20; 7/26/22
EFFECTIVE: 8/ 23 / 23 28/24	MEDICAL DIRECTOR: Randall Smart, MD

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

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

Response Rating:

Required Equipment:

Procedure:

1. Regularly inventory should be reviewed for office, utility, medical and dental supplies. A weekly routine is recommended.
2. If a supply is at or below acceptable levels (see Par Level policy), document the quantity required to return to Par Level and inform the Manager or ordering designee.
3. Office and utility supplies (toilet tissue, facial tissue, hand soap, etc.) inventory is the responsibility of the Clinic Manager or their designee.
4. Medical and dental supplies and medication inventory is the responsibility of the Clinic Manager or their designee.
5. Retain a copy of the supply order form and compare the packing slip and items received against the order that was placed when accepting and placing delivered items into their storage location.
6. The order form, packing list and other appropriate documentation will be given to Accounting and attached to the invoice upon receipt and prior to approval for payment.

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

POLICY: Toothache Policy	REVIEWED: 6/14/2023; <u>8/6/24</u>
SECTION: Dental	REVISED:
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patients with moderate to severe toothache.

Objective: To make sure our patients have exceptional care.

Response Rating:

Required Equipment:

Symptoms:

- Patient has severe pain.
- Swelling
- Fever
- Waking up at night from the pain.

Scheduling: Make sure to offer an appointment to the patient within 24 hours. If they are unable to get into dental, then schedule them in medical. They also have the option to do a walk-in appointment. Advise the patient that if the swelling increases or they have difficulty swallowing, breathing, or severe swelling then they need to go to the emergency room as soon as possible. If it's a Friday and they cannot make it into the facility, then advise the patient to go to the emergency room.

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

POLICY: Transfer Of Patient To A Hospital	REVIEWED: 3/1/19; 2/25/20; 5/21/21; 5/6/22; 7/06/23; 8/6/24
SECTION: Safety and Emergency Planning	REVISED: 2/25/20; 7/06/23
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Transfer of the Patient to a Hospital

Objective: To ensure safe transport of a patient to the hospital with copies of all medical documentation.

Response Rating: Severe

Required Equipment: Patient chart, labs, pertinent paperwork, x-rays, Transfer Form, etc.

Policy: Patients requiring transport to the hospital should be informed of this decision by the practitioner. The practitioner will determine the appropriate mode of transportation based on patient condition.

The following guidelines should be followed prior to transport:

1. Call 911 as ordered by the practitioner.
2. All attempts to stabilize the patient prior to transport will be made by the practitioner and staff, in collaboration with EMS.
3. The practitioner will decide if the patient may be transported by private vehicle or ambulance.
4. Patients are to be properly prepared for transport with valuables given to family members or ~~charge~~ member of the ambulance.
5. AMA form will be completed and signed by patient or family member if the patient declines to go to the emergency room via the recommended transport or if they decline to go at all.
6. Copies of all test results and medical records should be made and given to the patient or charge member of the ambulance. If x-ray copying services are available, a copy of the film should be given to the patient. Original films should not be given out.
7. If being transferred by ambulance, the practitioner will provide the transport team with a verbal status report of the patient's condition.

8. If the patient is being transported to the ER via private vehicle, the Practitioner will call and provide verbal report to the ER prior to the ~~patients~~patient's arrival.

Note: It is against Clinic policy for staff members to transport patients in private vehicles. If transport is non-emergency and all other alternatives for travel exhausted, the patient should be transported to the hospital by a taxi or other commercial mode.

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

POLICY: Visitors and Relatives	REVIEWED: 2/1/19; 3/31/20; 6/07/21; 7/26/22; 7/25/23; <u>8/6/24</u>
SECTION: Operations	REVISED: 3/31/20; 7/26/22
EFFECTIVE: 8/ 23 / 23 28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Visitors and relatives

Objective: To minimize the amount of people in the treatment area for safety, privacy and infection control.

Response Rating: Mandatory

Required Equipment: None

Procedure

1. One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room. During a pandemic or when otherwise decided by the Medical Director and/or Manager, visitors will not be allowed to accompany a patient into the treatment area unless the patient has need for assistance.
2. If the patient's condition warrants the need for assistance, one individual may accompany the patient, preferably the next of kin, may act as a representative for the patient to give and receive information necessary ~~with regard to~~ regarding the registration, patient's course of care, assist with mobility, etc. This individual may stay with the patient at the request of the practitioner or the patient.
2. Visitors/relatives may be requested to leave the examination room when:
 - a. The patient's condition warrants.
 - b. Practitioner's orders/treatments are being carried out by nursing staff and/or supportive ancillary personnel.
 - c. At the patient's request.
 - d. When privacy is ~~needed~~ needed, or confidential issues need to be discussed.
3. Visitors/relatives are not allowed to smoke in any area of the facility.
4. One parent or guardian must stay with a minor patient unless otherwise requested by the practitioner or if the minor patient is receiving family planning services and requests their parent/guardian ~~leave~~ to leave the room.
5. Exceptions in the Medical department would ~~be~~ be both parents to accompany a minor child and/or minor children who must join the patient in the exam room as they have no supervision in the waiting area.

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

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

POLICY: Volunteer Deployment	REVIEWED: 3/1/19; 5/04/21; 5/6/22; 7/25/23; <u>8/6/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 8/ 23 / <u>23</u> 28/24	MEDICAL DIRECTOR Randall Smart, MD

Subject: Volunteer Deployment

Objective: To properly manage the use of volunteers in an emergency or other staffing strategies including the process and role for integration of State and Federally designated health care professional to address surge needs during an emergency.

Response Rating: Mandatory

Required Equipment:

Procedure

1. City, County, State, and/or Federal agencies may offer/direct volunteers to the Clinic in the case of an emergency/surge situation. All volunteers will be required to follow Clinic processes before being directed to the Incident Commander for deployment.
2. Volunteer provider and provider support staff will be accepted to serve at the Clinic to assist in meeting patient needs after providing the following minimum information to the Credentialing Specialist or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of license, DEA certificate/furnishing license, and photo identification
 - c. Copy of BLS, ACLS, PALS card(s)
 - d. Signed copy of the Clinic’s HIPAA non-disclosure document
3. Volunteer non-medical staff will be accepted to serve at the Clinic to assist in meeting patient access and Clinic operations needs after providing the following minimum information to the Human Resources Director or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of BLS, ACLS, PALS card(s), if applicable
 - c. Signed copy of the Clinic’s HIPAA non-disclosure document or BAA
4. Community members, not affiliated with City, County, State, and/or Federal agencies may report to the Clinic for the purpose of volunteering in an emergency/surge situation.

5. Community volunteers will be accepted for service, based upon the Clinic's needs and the volunteers' skill set(s). Volunteers who have medical training (MD, DO, DC, DDS, NP, PA, RN, LVN, RT, PT, MA) will be asked to provide information per item 2 above. Volunteers with no medical office experience will be asked to ~~provider~~provide information per item 3 above.
6. Volunteer provider and provider support staff will be paired with current Clinic personnel for orientation to the physical space, equipment, supplies, and documentation resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime medical record forms will be utilized.
7. Volunteer non-medical staff will be paired with current Clinic personnel for orientation to the physical space, telephone equipment, supplies, and registration resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime registration and medical record forms will be utilized.
8. Volunteers will be given assignments by the Incident Commander or their designee commensurate with their licensure and training. Care will be taken to ensure ~~persons~~people are not given assignments that exceed their scope of practice. Example: medical assistants will not be asked/allowed to place or remove urinary or IV catheters
9. A record of all volunteers will be maintained to include:
 - a. Volunteer name, address, and cell phone number
 - b. Agency sending the volunteer or an indication that the volunteer was self-directed from the community
 - c. License/certification information with copies/photos of same
 - d. Time in/time out and assignment
10. If credentials and identity of volunteers were not able to be checked before the volunteers were deployed, Human Resources ~~Director~~ will pursue that verification after the emergency/surge situation has passed.

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

POLICY: VSHWC Recruitment and Retention	REVIEWED: 5/20/21; 5/6/22; 7/25/23; <u>8/6/24</u>
SECTION: Operations	REVISED:
EFFECTIVE: 8/ 23/23 <u>28</u> <u>24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Recruitment and Retention

Objective: To outline the VSHWC Recruitment and Retention plan such that these processes are optimized. Administration will ensure this plan is referenced periodically and, in all cases, where there is active recruitment and retention. This plan is primarily focused on efforts related to providers, nurses, ~~manager~~managers, and ancillary specialists.

Response Rating:

Required Equipment:

Point of Contact: VSHWC Medical Director, VSHWC CEO

Recruitment:

1. Recruitment will be done by a team including HR, CEO, Medical Director and legal when applicable.
2. Media to be considered are Indeed, Facebook, Website, National Health Service Corps (NHSC), local web and printed media, medical societies, blast email, and other sources. The recruiting team can also consider recruiting contractors, such as Cross-Country Search, etc.
3. Recruitment team will consider budget, scope of practice, duplication of services, county demographics, and clinic demand.
4. All applicants will be offered a walk-through tour of the Valley Springs Health & Wellness Center.
5. Applicants will undergo security profile investigation prior to hiring.
6. The Recruiting team will make every effort to work with the NHSC generated applicants.
7. Acceptance of applications will be at the sole discretion of the VSHWC CEO in consultation with the VSHWC Medical Director.
8. Recruitment and hiring will conform with federal, state and District non-discrimination policies.

9. The recruiting team will be knowledgeable about Stark and Anti-kickback laws.

Retention:

1. The retention of all personnel, but especially those with a higher credentialing profile, will be a priority.
2. Retention is accomplished through timely personal communication.
3. Retention is the responsibility of administration, management, Medical Director, and HR.
4. Administration will track all contracts for independent contractors to assure the re-contracting process starts early enough to prevent delays or frustrations.
5. Re-contracting will be the responsibility of the VSHWC CEO and Medical Director. Information sources to be considered are budget, productivity, patient satisfaction, management's input, claims, and peer review data, and clinic priorities.
6. Any NHSC providers will be treated per NHSC guidelines.
7. The VSHWC CEO will have sole discretion over re-contracting decisions.

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

POLICY: Waived Testing CoaguCheck XS PT	REVIEWED: 1/5/20; 5/04/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Waived Testing	REVISED:
EFFECTIVE: <u>7/26/23</u> 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: INR testing using CoaguChek XS PT waived testing kit

Objective: Accurate, timely point-of-care testing to determine quantitative prothrombin time testing for monitoring warfarin therapy using fresh capillary or nonanticoagulated venous whole blood.

Response Rating:

Required Equipment: CoaguChek MS meter, gloves, test strip, test strip code chip, lancet, alcohol swap, dot Band-Aid

Procedure:

1. Test strips are to be stored in their original container with the cap tightly closed. They may be stored at room temperature or in the refrigerator (2-30 degrees C or 36-86 degrees F).
2. Discard test strips that are past their expiration date.
3. Gather supplies as listed above.
4. If using test strips from a new, unopened box, you must change the test strip code chip. The 3-number code on the test strip container must match the 3-number code on the code chip. Refer to the User Manual to correctly install the Code Chip.
5. Ensure the meter is on a flat surface (counter, table, or hold it in a horizontal position so that it will not vibrate or move during testing).
6. Wipe the patient's finger with alcohol. Allow the patient's finger to dry completely before performing the fingerstick.
7. Take a test strip out of the container and close the container tightly.
8. Insert the test strip as far as you can. The meter will then power on.
9. Confirm that the number displayed matches the number on the test strip container, then press M. If the

numbers are different, make sure you are using the code chip that came with the test strips you are using.

10. An hourglass flashes as the meter warms the test strip, which takes up to 30 seconds.
11. When the test strip is warmed, a flashing test strip and blood drop symbol appear and the meter begins a countdown. You have 180 seconds to apply blood to the test strip.
12. Using the lancet and appropriate technique, obtain a good drop of blood from the patient's fingertip.
13. Apply one (1) drop of blood to the top or side of the target area. You must apply blood to the test strip with 15 seconds of lancing the finger and within 30 seconds when using venous blood. Applying blood later than that may produce an inaccurate result as the coagulation process will have begun.
14. Do not add more blood. Do not touch or remove the test strip when a test is in progress. The flashing blood drop symbol changes to an hourglass symbol when the meter detects sufficient samples. If the meter's beeper is turned on, a beep sounds as well.
15. The result appears in about a minute. Record the result.
16. Properly dispose of the lancet and test strip.
17. Power the meter off.
18. Perform QC per the manufacturer's guidelines.

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

POLICY: Waived Testing - Fecal Occult Stool	REVIEWED: 2/20/20; 5/21/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Clinical	REVISED: 5/21/21
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Occult Stool, waived test

Objective: To ensure accurate waived test processed and resulting

Response Rating:

Required Equipment:

Procedure:

1. Upon receipt of written order from the provider, give the patient the hemocult packet that contains instructions on how to prepare for the test, such as diet and medication to take or not before performing the test, along with the specimen collection tool.
2. If the patient will be taking the kit home to collect the specimen, instruct the patient to bring the card back to the Clinic when specimen collection is completed
3. Once completed, the nurse or medical assistant will don PPE and then place two drops of hemocult developer on the backside (opposite side of the collected specimen) of the card along with one drop on the control dots. A positive result should appear blue/purple in color. Upon seeing this result, the test must be repeated.
4. The result must be read within one minute of applying the developer to the card.
5. The control performance monitor should be read within ten seconds of applying the developer on the control dot.
6. Document the results in the patient’s medical record.
7. When the test is done in the Clinic during a clinic visit, place the stool specimen on the card on the front specimen side.
8. Let the specimen dry on the card for three to five minutes before applying the developer as noted above and record the results in the EMR.
9. Complete the result as noted above.

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

POLICY: Waived Testing Hemoglobin	REVIEWED: 8/28/19; 2/20/20; 5/04/21; 5/6/22; 7/06/23; 8/6/24
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 7/26/23 8/28/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Waived Testing using the Consult Diagnostics Hemoglobin Analyzer

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Consult Diagnostics device.

Response Rating: Mandatory

Required Equipment: Consult Hemoglobin Analyzer, lancet, microcuvette, gloves, cotton ball/gauze 2x2, dot bandaid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin level.
 - a. Ensure ~~machine~~the machine is plugged into the wall.
 - b. Turn machine on.
 - c. Don gloves.
 - d. Assemble microcuvette (confirm in date), band aid, cotton ball or gauze.
 - e. Warm patient’s finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient’s fingertip, along the side of finger. Lancet to sharps container.
 - i. Squeeze fingertip to express drop of blood and wipe specimen 3 times before collection

- j. Squeeze fingertip to express drop of blood and fill microcuvette with blood and ensure capture area is full.
 - k. Wipe excess blood from microcuvette before inserting in machine.
 - l. Look for air bubbles in the filled microcuvette. If present, take a new sample. Small bubbles around the edge can be ignored.
 - m. Insert microcuvette in machine and press down. Result displays within seconds. Remove microcuvette immediately after results are displayed.
 - n. Record results in EMR.
 - o. Dispose of microcuvette in the biohazardous waste container.
2. To clean machine
- a. Turn ~~machine~~the machine off.
 - b. Wipe ~~exterior~~the exterior of machine with germicidal wipe.
3. If ~~error~~an error message EO3 displays on machine it means that the microcuvette has been left in the machine too long or was removed too slowly.
- a. Turn ~~machine~~the machine off.
 - b. Remove table.
 - c. Using red handled cleaning tool thoroughly wipe inside of machine.
 - d. Wait 15 minutes
 - e. Insert table into machine, click to engage, and close.

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

POLICY: Waived Testing Hemoglobin A1C	REVIEWED: 12/27/19; 2/20/20; 5/21/21; 5/6/22; 7/06/23; <u>8/6/24</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 7/26/23 <u>8/28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Waived Testing using the A1C Now Professional for Hemoglobin A1C

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin A1C level will be performed in the Clinic using approved waived testing technologies and techniques, a A1C Now Professional analyzer.

Response Rating: Mandatory

Required Equipment: A1C Now Analyzer, A1C Now Hemoglobin A1C Reagent Kit, lint-free tissue, gloves, cotton ball/gauze 2x2, dot band-aid,

Procedure:

1. Store the kits in temperatures below 122 degrees F in the designated laboratory up to four (4) months prior to use.
 - a. If the temperature label, place on the outside of every kit, is exposed to a temperature in excess of 122 degrees F the dot on the label will turn red and the product should not be used.
 - b. Run the rest with all parts of the test kit at the same temperature within the specified range.
 - c. If the kit has recently been at high temperatures (above 82 degrees F) or in the refrigerator, keep the kit at room temperature for at least one hour before use.
 - d. Avoid running the test in direct sunlight, on hot or cold surfaces, or near sources of heat or cold.
 - e. Quality control materials should be used to confirm the test kit is working properly. Refer to the product insert for information on when to run controls.
 - i. Quality control is run automatically with each test.
 - ii. Completed quality control will show QCOK on the device’s display window.
 - f. Use analyzer only with the materials included in the original kit. The analyzer will expire after the programmed number of tests have been run. If another test cartridge is inserted, the analyzer will display “00TL”.

2. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin A1C level.
 - a. Open plastic shaker pouch by tearing plastic pouch open at the perforation line.

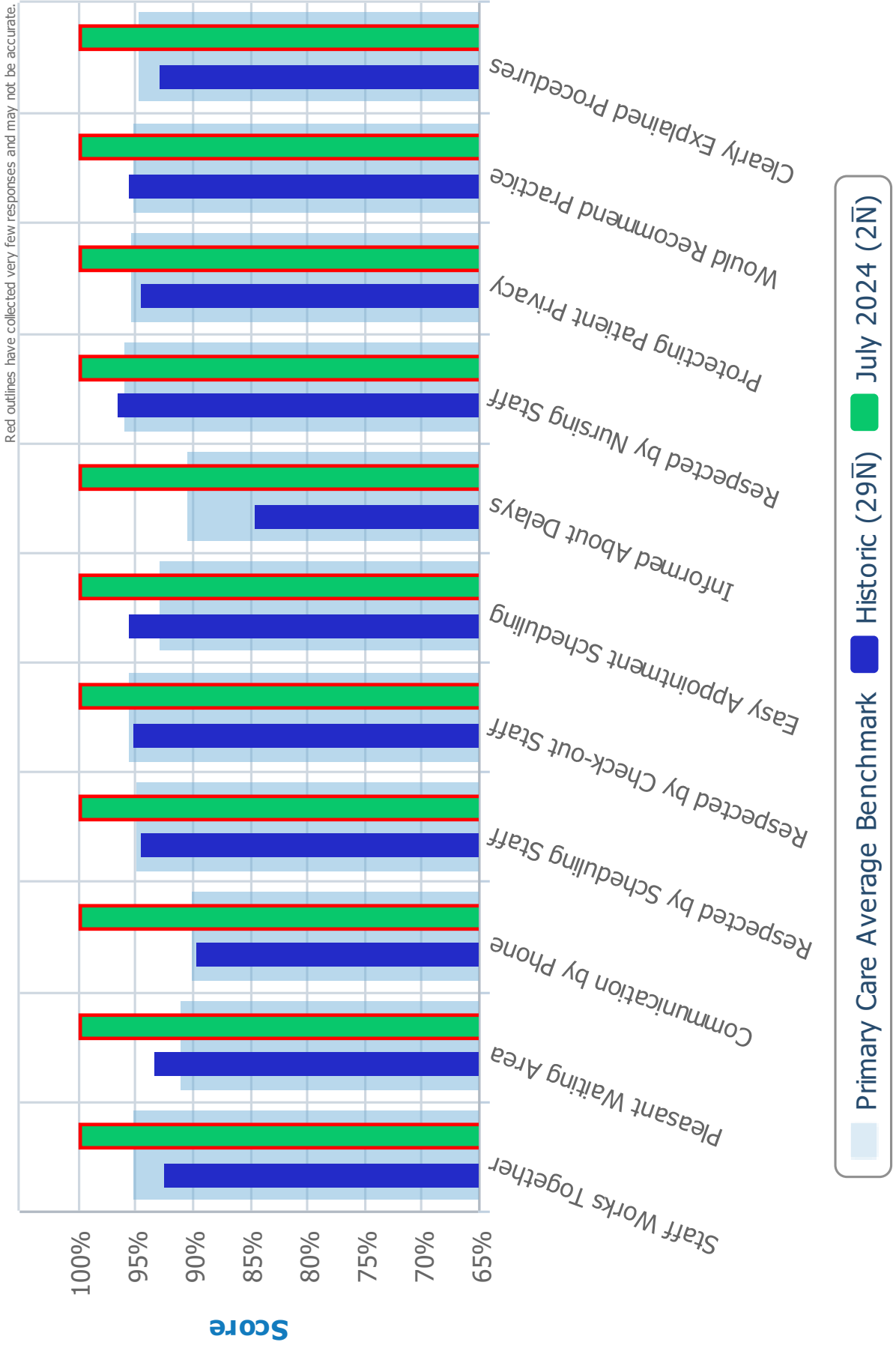
- b. Collect blood using the fingerstick method and available lancets, then utilize the blood collector and fill just to the top of the collection tube.
 - c. Fully insert the blood collector into the shaker body. You may use a twisting motion.
 - d. Mix the specimen by shaking the shaker body vigorously 6-8 times which will mix the ~~blood with~~blood with the testing solution. Stand the shaker on the counter while preparing the cartridge.
 - e. Open the foil cartridge pouch by tearing at the notches on the sides. DO NOT OPEN the pouch until you are ready to use it immediately. Use within 2 minutes of opening. If the foil pouch is damaged, do not use.
 - f. Insert the cartridge by clicking the test cartridge into place. The analyzer and test cartridge codes must match. If codes do not match, call Customer Service at 1-877-870-5610.
 - g. Prepare the shaker base by removing it from the package. Wait for SMPL to display. This indicates the shaker base is ready for the shaker.
 - h. Dispense the sample into the cartridge. Ensure the analyzer is on a level surface. Push down completely to dispense the diluted sample. Then remove quickly. DO NOT handle the analyzer again until the test is complete.
 - i. Results will display in five (5) minutes. The display counts down. The result cycle remains displayed for 15 minutes or until the next test cartridge is inserted.
 - j. Dispose of the cartridge in an approved biohazard bin.
 - k. Record results in the patient's medical record.
3. Between uses, the analyzer may be sanitized using a Super Sani Wipe.

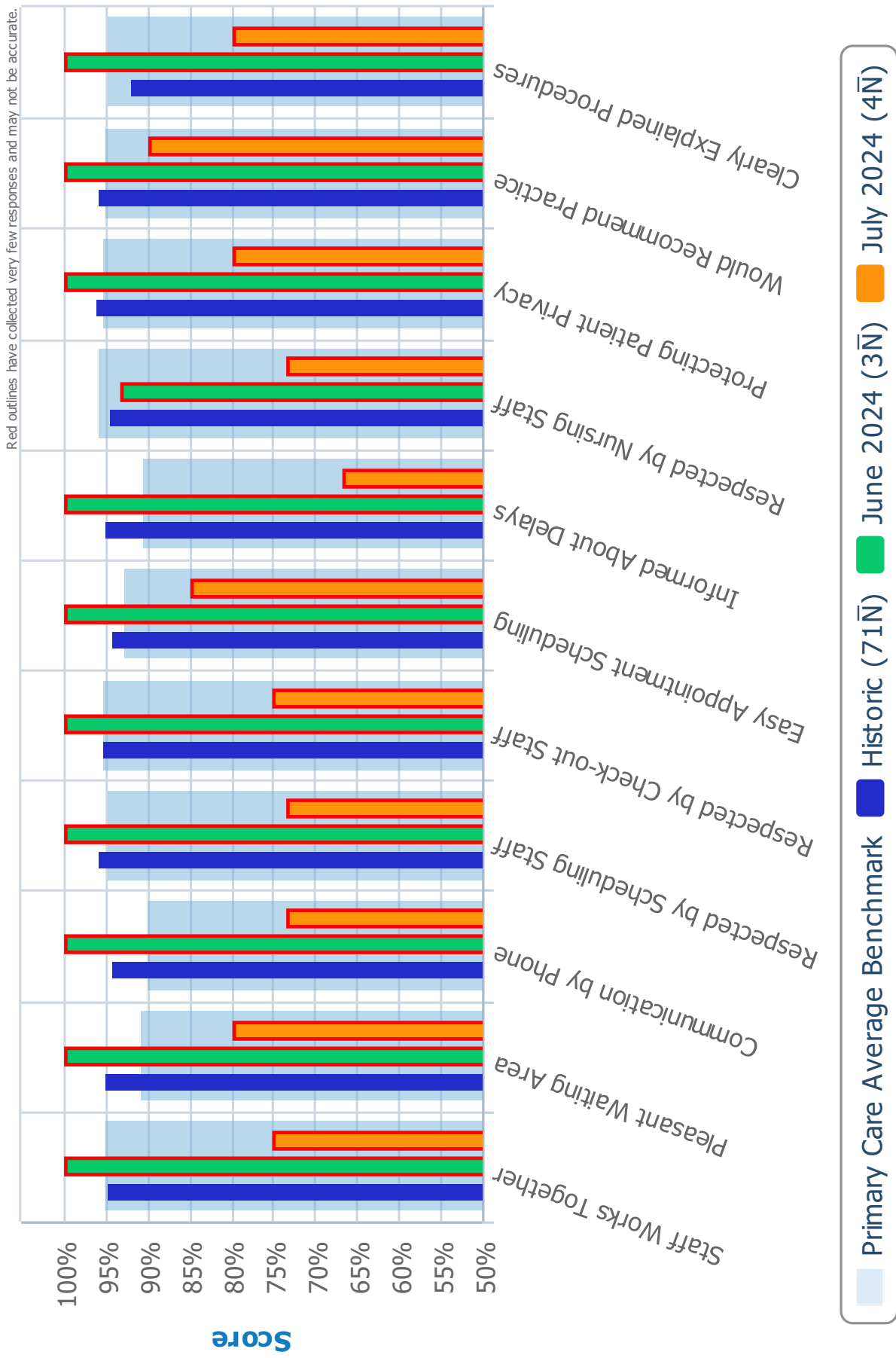
Quality Metric¹	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25 Total	Census		MTD		Fiscal YTD		Historical		
													Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix	
Patient Visits Total	2203												2203								
Medi-Cal	1461												1461								
Medicare	345												345								
Cash Pay	7												7								
Other	390												390								
Pediatrics 0-16 yrs	331												331								
Behavioral Health	307												307								
Dental	429												429								
Total Empanelled Patients	5963												5963								
Total New Patients SEEN	94												94								
Total New PT's REGISTERED	105												105								
Robo Doc Calls	1																				
Incident Reports	3																				
Patient Satisfaction																					
Peer Review/Fallouts																					
Employee turnover																					
Wait time for appointments																					
Patient No-shows	270																				
Monthly % of NO Shows	12%																				
Employee Satisfaction																					

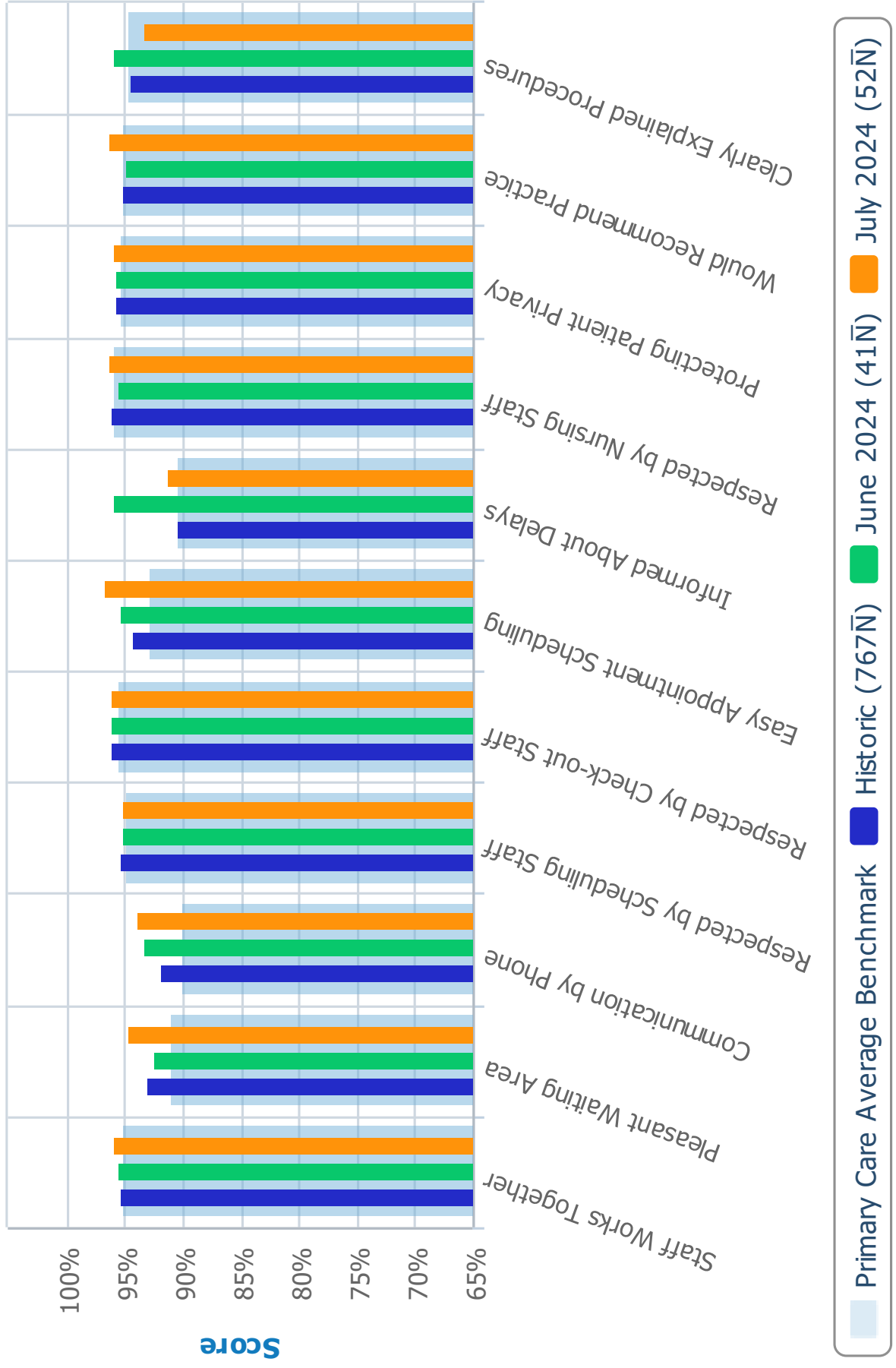
12%

1=All Financial data in Finance Report











**MARK TWAIN
HEALTH CARE DISTRICT**

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

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

BACKGROUND:

Looks like a great start to the Fiscal Year

Obviously, it's only the first month, and it is hard to project what the rest of the year will look like, but the way the District ended the last Fiscal Year, and this start, seems promising.

Mark Twain Health Care District			
Direct Clinic Financial Projections			
	7/31/24		
	Actual	Y-T-D	2024/2025
	Month	Actual	Budget
Total Other Revenue	533,612	533,612	7,480,926
Labor related costs	(254,841)	(254,841)	(3,298,269)
Non labor expenses	(247,570)	(247,570)	(4,479,995)
Total Expenses	(502,411)	(502,411)	(7,778,264)
Net Expenses over Revenues	31,202	31,202	(297,338)

Mark Twain Health Care District						
Annual Budget Recap						
	07/31/24	2024 - 2025 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	961,469	10,445,483	7,480,926	1,089,557	0	1,875,000
Total Revenue	961,469	10,445,483	7,480,926	1,089,557	0	1,875,000
Expenses	(920,053)	(9,913,598)	(7,778,264)	(741,229)	(634,500)	(759,605)
Total Expenses	(920,053)	(9,913,598)	(7,778,264)	(741,229)	(634,500)	(759,605)
Surplus(Deficit)	41,416	531,885	(297,338)	348,328	(634,500)	1,115,395
Historical Totals	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(500,529)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(1,282,214)
	23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
	197,850	392,710	412,064	551,925	546,391	630,489
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	728,240	1,033,067	1,135,447	1,414,580	1,515,345	1,549,413
	Jul-24					
	41,416					

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			7/31/24			VSHWC				
	Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2024/2025 Budget	
4083.49	Urgent care Gross Revenues	752,537	679,401	(73,136)	90.28%	752,537	679,401	(73,136)	90.28%	9,030,446
4083.60	Contractual Adjustments	(129,210)	(145,788)	(16,578)	112.83%	(129,210)	(145,788)	(16,578)	112.83%	(1,550,520)
	Net Patient revenue	623,327	533,612	(89,715)	85.61%	623,327	533,612	(89,715)	85.61%	7,479,926
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				1,000
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			1,000
	Total Other Revenue	623,411	533,612	(89,798)	85.60%	623,327	533,612	(89,715)	85.61%	7,480,926
7083.09	Other salaries and wages	(223,150)	(216,901)	6,249	97.20%	(223,150)	(216,901)	6,249	97.20%	(2,677,802)
7083.10	Payroll taxes	(16,916)	(17,375)	(459)	102.71%	(16,916)	(17,375)	(459)	102.71%	(202,996)
7083.12	Vacation, Holiday and Sick Leave	(13,389)	0	13,389	0.00%	(13,389)	0	13,389	0.00%	(160,668)
7083.13	Group Health & Welfare Insurance	(16,881)	(18,964)	(2,083)	112.34%	(16,881)	(18,964)	(2,083)	112.34%	(202,577)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(2,232)	0	2,232	0.00%	(2,232)	0	2,232	0.00%	(26,778)
7083.16	Workers Compensation insurance	(2,232)	(1,600)	631	71.71%	(2,232)	(1,600)	631	71.71%	(26,778)
7083.18	Other payroll related benefits	(56)	0	56	0	(56)	0			(670)
	Total taxes and benefits	(51,706)	(37,940)	13,766	73.38%	(51,706)	(37,940)	13,766	73.38%	(620,467)
	Labor related costs	(274,856)	(254,841)	20,015	92.72%	(274,856)	(254,841)	20,015	92.72%	(3,298,269)
7083.05	Marketing	(833)	(184)	649	22.08%	(833)	(184)	649		(10,000)
7083.20.01	Medical - Physicians	(91,505)	(49,468)	42,037	54.06%	(91,505)	(49,468)	42,037	54.06%	(1,098,064)
7083.20.02	Dental - Providers	(22,750)	0			(22,750)	0			(273,000)
7083.20.03	Behavioral Health - Providers	(22,533)					0			(270,400)
7083.22	Consulting and Management fees	(2,500)	(2,012)	488	80.49%	(2,500)	(2,012)	488	80.49%	(30,000)
7083.23	Legal - Clinic	0	(451)	(451)	#DIV/0!	0	(451)	(451)		0
7083.26	Other contracted services	(40,417)	(30,344)	10,073	75.08%	(40,417)	(30,344)	10,073	75.08%	(485,000)
7083.27	Other- IT Services	(3,176)	(6,999)	(3,823)			(6,999)			(38,117)
7083.29	Other Professional fees	(4,417)	(1,135)	3,282	25.69%	(4,417)	(1,135)	3,282	25.69%	(53,000)
7083.36	Oxygen and Other Medical Gases	(75)	(49)	26	64.72%	(75)	(49)	26	64.72%	(900)
7083.41.01	Other Medical Care Materials and Supplies	(24,417)	(15,973)	8,444	65.42%	(24,417)	(15,973)	8,444	65.42%	(293,000)
7083.41.02	Dental Care Materials and Supplies - Clinic	(35,165)	(14,044)	21,121		(35,165)	(14,044)	21,121		(421,980)
7083.41.03	Behavioral Health Materials	0	(71)	(71)		0	(71)	(71)		
7083.62	Repairs and Maintenance Grounds	(458)	(275)	183	60.10%	(458)	(275)	183	60.10%	(5,500)
7083.72	Depreciation - Bldgs & Improvements	(61,045)	(61,045)	(0)	100.00%	(61,045)	(61,045)	(0)	100.00%	(732,545)
7083.74	Depreciation - Equipment	(14,151)	(14,151)	0	100.00%	(14,151)	(14,151)	0	100.00%	(169,815)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(7,336)	(919)	114.33%	(6,417)	(7,336)	(919)	114.33%	(77,000)
7083.43	Food	(375)	0	375	0.00%	(375)	0	375	0.00%	(4,500)
7083.46	Office and Administrative supplies	(3,042)	(3,157)	(115)	103.79%	(3,042)	(3,157)	(115)	103.79%	(36,500)
7083.69	Other purchased services	(1,292)	(1,011)	280	78.29%	(1,292)	(1,011)	280	78.29%	(15,500)
7083.81	Insurance - Malpractice	(3,899)	(3,812)	88	97.75%	(3,899)	(3,812)	88	97.75%	(46,791)
7083.82	Other Insurance - Clinic	0	(1,228)	(1,228)		0	(1,228)	(1,228)		
7083.83	License renewals	(1,375)	(190)	1,185	13.82%	(1,375)	(190)	1,185	13.82%	(16,500)
7083.85	Telephone and Communications	(2,083)	(1,652)	432	79.28%	(2,083)	(1,652)	432	79.28%	(25,000)
7083.86	Dues, Subscriptions & Fees	(917)	(5,013)	(4,096)	546.86%	(917)	(5,013)	(4,096)	546.86%	(11,000)
7083.87	Outside Training	(667)	(132)	535	19.75%	(667)	(132)	535	19.75%	(8,000)
7083.88	Mileage - VSHWC	(2,250)	(3,861)	(1,611)	171.59%	(2,250)	(3,861)	(1,611)	171.59%	(27,000)
7083.89	Recruiting	(6,083)	(3,532)	2,551	58.07%	(6,083)	(3,532)	2,551	58.07%	(73,000)
8870.00	Interest on Debt Service	(21,490)	(20,446)	1,045	95.14%	(21,490)	(20,446)	1,045	95.14%	(257,883)
8895.00	Let's All Smile	0	0	0		0	0	0		
	Non labor expenses	(373,333)	(247,570)	125,763	66.31%	(347,623)	(247,570)	100,053	71.22%	(4,479,995)
	Total Expenses	(648,189)	(502,411)	145,778	77.51%	(622,479)	(502,411)	120,068	80.71%	(7,778,264)
	Net Expenses over Revenues	(24,778)	31,202	55,980	163%	848	31,202	30,353	166%	(297,338)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		7/31/24									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2024/2025 Budget	
9260.01	Rent Hospital Asset amortized	72,000	72,000	0	100.00%	72,000	72,000	0	100.00%	864,000	
Rent Revenues		72,000	72,000	0	100.00%	72,000	72,000	0	100.00%	864,000	
9520.62	Repairs and Maintenance Grounds		(1,780)			0	(1,780)				
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(82,652)	(54,652)	295.19%	(28,000)	(82,652)	(54,652)	295.19%	(336,000)	
9521.80	Utility Reimbursements- MTMC	0	20,637				20,637				
9520.85	Telephone & Communications	(625)	(514)	111	82.28%	(625)	(514)	111	82.28%	(7,500)	
9520.72	Depreciation	(8,333)	(18,907)	(10,574)	226.88%	(8,333)	(18,907)	(10,574)	226.88%	(100,000)	
9520.82	Insurance										
Total Costs		(36,958)	(83,216)	(46,258)	225.16%	(36,958)	(83,216)	(46,258)	225.16%	(443,500)	
Net		35,042	(11,216)	(46,258)	-32.01%	35,042	(11,216)	(46,258)	-32.01%	420,500	
9260.02	MOB Rents Revenue	16,069	19,534	3,465	121.56%	16,069	19,534	3,465	121.56%	192,830	
9521.75	MOB rent expenses	(24,611)	(23,781)	830	96.63%	(24,611)	(23,781)	830	96.63%	(295,329)	
Net		(8,542)	(4,247)	4,294	49.72%	(8,542)	(4,247)	4,294	49.72%	(102,499)	
9260.03	Child Advocacy Rent revenue	801	820	18	102.28%	801	820	18	102.28%	9,615	
9522.75	Child Advocacy Expenses	(100)	(225)	(125)	0.00%	(100)	(225)	(125)	0.00%	(1,200)	
Net		701	595	(107)	84.78%	701	595	(107)	84.78%	8,415	
9260.04	Sunrise Pharmacy Revenue	1,926	1,908	(18)	99.07%	1,926	1,908	1,908	0.00%	23,112	
7084.41	Sunrise Pharmacy Expenses	(100)	0	100		(100)	0	0		(1,200)	
Total Revenues		90,796	94,261	3,465	103.82%	90,796	94,261	3,465	103.82%	1,089,557	
Total Expenses		(61,769)	(107,222)	(45,453)	173.59%	(61,769)	(107,222)	(45,453)	173.59%	(741,229)	
Summary Net		29,027	(12,961)	(41,988)	-44.65%	29,027	(12,961)	(41,988)	-44.65%	348,328	

Mark Twain Health Care District									
Projects, Grants and Support									
		7/31/2024							
						Month			
		2021/2022	2022/2023	2023/2024	2024/2025	to-Date	Actual	Actual	Actual
		Budget	Budget	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support	(667,000)	(85,000)	(177,900)	(634,500)	(52,875)	(3,265)	(3,265)	0.51%
8890.00	Miscellaneous (TBD)			(100,000)	(500,000)				
8890.01	AED for Life			(40,000)	(40,000)	(16,667)			0.00%
8890.02	Stay Vertical Calaveras	(14,000)	(35,000)	(37,900)	(64,500)	(26,875)	(3,265)	(3,265)	5.06%
8890.03	Doris Barger Golf				(2,500)	(1,042)			0.00%
8890.04	San Andreas Rotary Club-Hospice								
8890.05	Steps to Kick Cancer								
8890.06	Office of Education (Med. Science)				(25,000)	(10,417)			0.00%
8890.07	Veterans Support								
8890.08	Foundation	(628,000)							
8890.09	Friends of the Calaveras County Fair				(2,500)	(1,042)			0.00%
8890.10	Community Grants		(50,000)						
8890.11	Calaveras Senior Center Meals								
8890.12	High school ROP (CTE) program	(25,000)							
	Project grants and support	(667,000)	(85,000)	(177,900)	(634,500)	(56,042)	(3,265)	(3,265)	3.84%

Mark Twain Health Care District										
General Administration Financial Projections										
		7/31/24				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2024/2025 Budget
9060.00	Income, Gains and losses from investments	31,250	43,228	11,978	138.33%	31,250	43,228	11,978	138.33%	375,000
9160.00	Property Tax Revenues	116,667	116,667	0	100.00%	116,667	116,667	0	100.00%	1,400,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		25,000			25,000	25,000			100,000
9205.03	Miscellaneous Income (1% Minority Interest)		2,912			0	2,912			
	Summary Revenues	147,917	187,807	39,890	126.97%	172,917	187,807	14,890	108.61%	1,875,000
8610.09	Other salaries and wages	(31,041)	(22,421)	8,620	72.23%	(31,041)	(22,421)	8,620	72.23%	(372,487)
8610.10	Payroll taxes	(2,135)	(1,168)	966	54.73%	(2,135)	(1,168)	966	54.73%	(25,617)
8610.12	Vacation, Holiday and Sick Leave	(1,862)	0	1,862	0.00%	(1,862)	0	1,862	0.00%	(22,349)
8610.13	Group Health & Welfare Insurance	(1,134)	0	1,134	0.00%	(1,134)	0	1,134	0.00%	(13,609)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(310)	(12,918)	(12,608)	4161.55%	(310)	(12,918)	(12,608)	4161.55%	(3,725)
8610.16	Workers Compensation insurance	(310)	0	310	0.00%	(310)	0	310	0.00%	(3,725)
8610.18	Other payroll related benefits	(8)	0			(8)	0			(93)
	Benefits and taxes	(5,760)	(14,086)	(8,327)	244.56%	(5,760)	(14,086)	(8,327)	244.56%	(69,118)
	Labor Costs	(36,800)	(36,507)	293	99.20%	(36,800)	(36,507)	293	99.20%	(441,605)
8610.22	Consulting and Management Fees	(2,083)	(316)	1,768	15.15%	(2,083)	(316)	1,768	15.15%	(25,000)
8610.23	Legal	(2,500)	0	2,500	0.00%	(2,500)	0	2,500	0.00%	(30,000)
8610.24	Accounting /Audit Fees	(5,000)	(74)	4,926	1.49%	(5,000)	(74)	4,926	1.49%	(60,000)
8610.05	Marketing	(3,750)	0	3,750	0.00%	(3,750)	0	3,750	0.00%	(45,000)
8610.46	Office and Administrative Supplies	(833)	(520)	313	62.44%	(833)	(520)	313	62.44%	(10,000)
8610.62	Repairs and Maintenance Grounds	-	0	0	#DIV/0!	0	0	0		0
8610.69	Other- IT Services	(1,500)	(774)	726	51.63%	(1,500)	(774)	726	51.63%	(18,000)
8610.82	Insurance	(7,000)	(88,503)	(81,503)	1264.33%	(7,000)	(88,503)	(81,503)	1264.33%	(84,000)
8610.86	Dues, Subscriptions & Fees	(1,667)	(9,800)	(8,133)	588.00%	(1,667)	(9,800)	(8,133)	588.00%	(20,000)
8610.87	Outside Trainings	(833)	(3,835)	(3,002)	460.20%	(833)	(3,835)	(3,002)	460.20%	(10,000)
8610.88	Travel	(833)	0			(833)	0			(10,000)
8610.89	Recruiting	-	0	0		0	0	0		0
8610.90	Other Direct Expenses	(500)	(400)	100	80.00%	(500)	(400)	100	80.00%	(6,000)
8610.95	Other Misc. Expenses	-	0			0	0	0		
8888.00	Calaveras Wellness Foundation		(1,500)				(1,500)			
	Non-Labor costs	(26,500)	(104,223)	(78,556)	393.29%	(26,500)	(105,723)	(78,556)	398.95%	(318,000)
	Total Costs	(63,300)	(140,730)	(78,263)	222.32%	(63,300)	(142,230)	(78,263)	224.69%	(759,605)
	Net	84,616	47,077	(38,372)	55.64%	109,616	45,577	(63,372)	41.58%	1,115,395

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	301,085
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	84,264
1001.45 Five Star Bank - MTHCD Checking NEW	485,346
1001.50 Five Star Bank - Money Market	895,298
1001.60 Five Star Bank - VSHWC Checking	61,081
1001.65 Five Star Bank - VSHWC Payroll	34,107
1001.90 US Bank - VSHWC	123,124
1001.98 Calaveras Wellness Foundation	26,228
1820 VSHWC - Petty Cash	400
Total Bank Accounts	2,017,379
Accounts Receivable	
1201.00 Accounts Receivable	2,576
1210.00 Grants Receivable	23,241
1215.00 Clinic Revenue Settlements	1,054,984
Total Accounts Receivable	1,080,801
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	32,499
1003.20 CLASS Operational Reserve Fund	1,302,695
1004.10 CLASS Lease & Contract Reserve Fund	1,810,722
1004.20 CLASS Loan Reserve Fund	2,210,849
1004.30 CLASS Capital Improvement Reserve Fund	2,675,070
1004.40 CLASS Technology Reserve Fund	272,737
1004.50 Community Programs Reserve Fund	105,099
1004.60 Lease Termination Reserve Fund	516,027
1150.05 Due from Calaveras County	1,315,263
1160.00 Lease Receivable	166,262
1205.50 Allowance for Uncollectable Clinic Receivables	381,804
1205.51 Cash To Be Reconciled	304,105
1300.00 Prepaid Expense (USDA)(MTMC rent)	-138,566
Total Other Current Assets	10,954,565
Total Current Assets	14,052,745
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Bldngs	5,875,622
1220.20 VSHWC - Equipment	937,082
1221.00 Pharmacy Construction	48,536
1250.13 CIP - Dental Expansion	40,223
1521.20 CIP Buildings - BHCiP	369,718
1600.00 Accumulated Depreciation	-9,192,049
Total Fixed Assets	6,394,451

Other Assets	
1710.10 Minority Interest in MTMC - NEW	366,680
1810.60 Capitalized Lease Negotiations	295,987
1810.65 Capitalized Costs Amortization	12,912
Total Intangible Assets	308,899
2219.00 Capital Lease	5,634,394
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,151,747
TOTAL ASSETS	27,598,943
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	138,592
Total 200.00 Accts Payable & Accrued Expenses	138,592
2001.00 Other Accounts Payable (Credit Card)	30,449
Total 200.00 Accts Payable & Accrued Expenses	30,449
2000.10 Other Accounts Payable	0
2010.00 USDA Loan Accrued Interest Payable	83,282
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	27,545
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	26,228
2271.00 Deferred Hospital Lease Rent	56,000
Total Other Current Liabilities	497,105
Total Current Liabilities	666,145
Long-Term Liabilities	
2128.01 Deferred Capital Lease	100,000
2129.00 Other Third Party Reimbursement - Calaveras County	1,198,596
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,579,166
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	8,744,032
Total Liabilities	9,410,177
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-2,221,437
Net Income	41,416
Total Equity	18,188,766
TOTAL LIABILITIES AND EQUITY	27,598,943

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

Reserve Funds	Minimum Target	6/30/2024 Balance	2023/2024 Allocated	2024/2025 Interest	7/31/2024 Balance
Valley Springs HWC - Operational Reserve	2,200,000	1,327,897	0	5,956	1,333,853
Capital Improvement	3,000,000	2,662,840	0	12,230	2,675,070
Technology Reserve	250,000	271,490		1,247	272,737
Lease, Contract, & Utilities Reserve	1,700,000	1,802,444		8,278	1,810,722
Community Programs Reserve	250,000	104,619		481	105,100
Lease Termination Reserve	3,250,000	513,668		2,359	516,027
Loan Reserve	2,000,000	2,200,741	0	10,108	2,210,849
Reserves & Contingencies	12,650,000	8,883,699	0	40,658	8,924,357

Reserves	2024-2025	
	7/31/2024	Interest Earned
Valley Springs HWC - Operational Reserve	32,499	208
Total Cal-Trust Reserve Funds	32,499	208

Valley Springs HWC - Operational Reserve	1,302,695	5,956
Lease & Contract Reserve	1,810,722	8,278
Loan Reserve	2,210,849	10,108
Capital Improvement	2,675,070	12,230
Technology Reserve Fund	272,737	1,247
Community Programs Reserve	105,100	481
Lease Termination reserve	516,027	2,359
Total CA-CLASS Reserve Funds	8,893,199	40,658

	CA CLASS	Interest Rate
Prime	5,814,674	5.42%
Enhanced	3,078,525	5.43%
Total	8,893,199	

Five Star		
General Operating - NEW	520,077	33
Money Market Account	895,298	2,310
Valley Springs - Checking	61,081	7
Valley Springs - Payroll	35,007	9
Total Five Star	1,511,463	2,358

Umpqua Bank		
Checking	301,085	0
Money Market Account	6,446	0.05
Investments	0	0
Total Savings & CD's	307,531	0.05

Bank of Stockton	84,264	4
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Total in interest earning accounts	10,828,956	43,228
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Beta Dividends 1 & 2
Anthem Rebate

Total Without Unrealized Loss	43,228
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.



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

Policy# 23 – Attachment # 1
GOLDEN HEALTH COMMUNITY GRANTS APPLICATION

Name of Group or Individual: Children's Advocacy Center

Address: USMC Campus

Provide your 501 (c) 3 Number: _____

Contact Person: Karen West

Telephone Number: 209 584-9092 Fax Number: _____

Email Address: kwesf@trac.org Website: _____

Description of Project, Including Purpose, Date and Target Population: _____

Basketball hoop/backboard for CAC kids

Amount Requested: \$ 199.98 Total Cost of Project: \$ 199.98

Please Submit Project Budget: Other Sources of Funding: N/A

Please describe how this grant will impact the health of the community within the scope of the

MTHCD Health Priorities: kids get exercise, stay healthy

Please send your completed application to: MTHCD Golden Health Community Grants, P O Box 95, San Andreas, CA 95249 or email to pstout@mthcd.org

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____

Delivering to Sacramento 94204
Update location

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5 VIDEOS



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Color Black
Product Dimensions 65"D x 44.8"W x 144"H

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MARK TWAIN MEDICAL CENTER
PRESENTS

*Pink Tie
Gala*

OCTOBER 18TH | 5:30PM

IRONSTONE VINEYARDS

RESERVE TICKETS AT SUPPORTMARKTWAIN.ORG

10/18



Pink Tie Gala

SPONSORSHIPS

Platinum \$10,000

2 Reserved Tables - 24 Tickets for the Gala
Full page advertisement in the program
Award on stage at the Gala
Recognized with signage at the Gala

Diamond \$5,000

1 Reserved Table - 8 Tickets for the Gala
Recognition as a diamond sponsor in the program
Recognized with signage at the Gala
Award on stage at the Gala

Gold \$2,500

1 Reserved Table - 8 Tickets for the Gala
Recognition as a gold sponsor in the program
Recognized with signage at the Gala
Announcement during the Gala

Silver \$1,500

1 Reserved Table - 8 Tickets for the Gala
Recognition as a silver sponsor in the program
Recognized with signage at the Gala

Bronze \$1,000

4 Tickets for the Gala
Recognition as a bronze sponsor in the program
Recognized with signage at the Gala

For more information please contact:

CJ Singh
209.559.9530

Chaela Martinez
209.754.2566



Pink Tie Gala

SPONSORSHIP LEVELS

- Platinum*.....\$10,000
- Diamond*.....\$5,000
- Gold*.....\$2,500
- Silver*.....\$1,500
- Bronze*.....\$1,000

OCTOBER 18TH | 5:30PM
IRONSTONE VINEYARDS

PLEASE MAKE CHECKS PAYABLE TO:
MARK TWAIN MEDICAL CENTER FOUNDATION
768 MOUNTAIN RANCH ROAD
SAN ANDREAS, CA 95249

NAME: _____
CONTACT NUMBER: _____
EMAIL: _____

Please list all attendees below:

NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____



Calaveras County Seniors' Center, Inc.

**P O Box 1526, 956 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-3967
Non-Profit Organization, Tax No. 68-0091185, Website: www.calaverasseniorcenter.org**

August 14, 2024

Mark Twain Health Care District
P.O. Box 95
San Andreas, California 95249

Plans are underway for our 17th annual SOS, Serving Our Seniors, fundraiser to be held Saturday, September 21, 2024. Once again we are asking our community for their support.

Our food program continues to serve lunch five days a week which includes an entree (hot or cold), soup, salad bar, dessert and beverage. All of this at a very reasonable price.

This year we would like to expand our lending program of medical equipment and hygiene products. The demand is larger than our normal supply for wheelchairs, shower chairs and benches, and four-wheel walkers. The purchase of several units of each of these items would enable us to fill the need.

Any monetary assistance that you provide will be specifically marked for the expansion of our lending program.

Thank you for your consideration.

Kenneth McInturf
Vice President