

**SOUTH LIMESTONE HOSPITAL DISTRICT
LIMESTONE MEDICAL CENTER
701 McCLINTIC, GROESBECK, TX 76642**

MINUTES

March 23, 2021

On this 23rd day of March 2021 the Board of Directors of South Limestone Hospital District convened at the regular meeting place of said District. The meeting, open to the public, and notice of said Board in said District giving the date, place and subject thereof, has been posted as described by Article 6252-17, Section 3A, V.A.T.C.

MEMBERS PRESENT

Danny Hewitt
Martha Stanton
Arnold Gray
Jennifer Mackey
Jack Milstead
Chet Seelinger

MEMBERS ABSENT

Glenda O'Neal

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Shelton Chapman
Stephanie Chapman
Staci Doyle
LeeAnn Freeman
Jennifer Haynie
Emily Jones
Brandy Kennedy
B. C. Lee
Allec Lincoln
Michelle Mullinnix
Adrienne Rettig
Melanie Rhodes
Melanie Richard
Linda Rojas
Mike Thompson
Corey Tunnell
Hope Wallace
Jean Wragge
Sarah Wyatt
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM, EXCUSE ABSENTEES

The meeting was called to order by Mr. Danny Hewitt at 3:04 p.m. A quorum was present.

The motion was made by Mr. Arnold Gray to excuse the absence of Mrs. Glenda O’Neal. The motion was seconded by Mr. Jack Milstead and unanimously approved.

INVOCATION

Mr. Milstead offered the invocation.

PLEDGE TO THE FLAG

Those present recited the Pledge of Allegiance to the United States flag.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

CORRESPONDENCE

There was no correspondence.

CONSENT AGENDA ITEMS

The Board minutes, Accounts Receivable report, Family Medicine Center report, Kosse Community Health Clinic report, Marketing report, Medical Staff minutes, Nursing Home Maintenance and Operations report, Nursing report, Physician Credentialing Committee minutes, Plant Operations Report, Rettig Family Health Care report and Inservice were approved. Motion was made by Mrs. Martha Stanton, seconded by Mr. Chet Seelinger and unanimously carried to approve the consent agenda.

DISCUSSION AND ACTION ON NEWLY CREATED AND REQUESTED CHANGES TO POLICIES AND PROCEDURES

IT/PACS

There are no changes.

Facility Wide

The Moderna/Janssen COVID-19 policy and procedure has been updated to include information specific to the Janssen (Johnson & Johnson) vaccine.

Kosse Community Health Clinic

The hours of operation for the Clinic have been updated along with the provision of DOT physicals. Heather Flippin’s name has been added to the consent forms.

Medical Records

A new policy and procedure entitled Physician Queries has been written to provide a process for coders to inquire regarding diagnoses and other information in the patient chart to allow for appropriate coding and billing.

Rehabilitation

A new policy and procedure entitled Incomplete Medical Records has been written to comply with CMS guidelines for unsigned patient plan of care and re-evaluations from the referring physicians/providers for outpatient therapy services. Rehabilitation Services, at times, has difficulty securing a referral doctor's signature POC and re-evaluation forms within the allotted time frame of 30 days. This policy will address the documentation required to get this to Medical Records for Coding and meet Center for Medicare and Medicaid Services (CMS) guidelines.

Specialty Clinic

A new policy and procedure for Colonoscopy/EGD Referral Processing has been written to ensure that colonoscopy and EGD referrals are processed in a consistent and timely manner.

A new policy and procedure for Injections and Infusions has been written to ensure that orders for injections and infusions received by the Specialty Clinic are processed in a timely and consistent manner.

A new policy and procedure for Monoclonal Antibody Infusion has been written to define who is eligible for Monoclonal Antibody Infusion and define how the infusion will be given in the outpatient setting.

The members of the Board examined each policy and procedure and the motion was made by Mr. Seelinger to approve the new policies and procedures for Medical Records, Rehabilitation and Specialty Clinic and to approve the changes to the Facility wide Moderna/Janssen COVID-19 and Kosse Community Health Clinic policies and procedures. Additionally as there were no changes made to the IT and PACS policies and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mr. Gray and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The March 10, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Lori Wheeler is requesting the deletion of indicators (1) tracking of referrals/tests and location; (2) SUNRx monthly totals and (3) payment/denials trigger points and incision/drainage procedures within a year. All three indicators have achieved 100% results for consecutive months and there are no issues at this time. Mrs. Wheeler is requesting the addition of indicators (1) ensure all patients who are identified as potentially infectious related to the COVID-19 virus are provided care within their own personal vehicle to reduce transmission and exposure to staff and other patients; (2) nurse practitioner chart audits completed monthly; and (3) chart completion by the providers for billing. The new indicators are to help with timely completion of chart audits and chart completion by the providers.

Mrs. Cheryl Hardin is requesting the addition of an indicator to monitor that all physician queries are completed and signed within ten days of submission to the physician.

The motion was made by Mr. Gray to approve the quality improvement indicator changes for the Family Medicine Center and Medical Records. The motion was seconded by Mr. Seelinger and unanimously approved.

CHIEF MEDICAL OFFICER REPORT

There was no report.

CHIEF OF STAFF REPORT

There was no report.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending February 28, 2021. Total inpatient revenues for the month of February were \$347,542.97 and the amount budgeted was \$165,813 which is 109.60% more than budget. The prior year inpatient revenues were \$290,528.18. Swingbed revenues for the month of February were \$253,181.39 and the amount budgeted was \$255,470 which is 0.90% less than budget. The prior year Swingbed revenues were \$52,708.24. Outpatient revenues for the month of February were \$3,517,424.36 and the amount budgeted was \$3,857,242 which is 8.81% less than budget. The prior year outpatient revenues were \$3,504,733.18. The total revenues for the month of February were \$5,426,783.94 and the amount budgeted was \$5,632,843 which is 3.66% less than budget. The prior year total revenues were \$6,067,604.08. Total revenue deductions for the month of February were \$2,528,822.26 and the amount budgeted was \$2,909,311 which is 13.08% less than budget. The prior year deductions from revenue were \$2,653,465.31. Expenses for the month of February were \$1,767,340.40 and the amount budgeted was \$2,040,689 which is 13.39% less than budget. The prior year expenses were \$1,857,680.74. The actual net operating profit for the month of February was \$1,130,621.28 and the amount of \$682,458.03 was budgeted which is 65.58% more than budget. The prior year net operating profit was \$1,556,458.03. Special items affecting the profit and loss statement include recording QIPP net for January in the amount of \$22,968.63. The net operating profit without the special item is \$1,107,652.65. The operating revenue/expense comparison by department and operating revenue/expense comparison by supervised patient service department reports were reviewed for the month ending February 28, 2021. A report of collections and expenses reflects that in the past twelve months collections total \$17,673,507.02 and expenses total \$23,098,929.06 and that 76.51% of Hospital expenses are covered by collections.

INVESTMENT REPORT

The Hospital has a total current value of \$40,730,787.55 invested in texpools and certificates of deposit as of February 28, 2021. Currently the Hospital has three texpool accounts, two for the general fund and one for the ambulance. The Hospital has six certificates of deposit in terms of 15 months or less. The year-to-date interest is calculated beginning with the first day of the Hospital's fiscal year October 1. The Hospital is in compliance with its investment strategy and the Public Funds Investment Act.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, March 15, 2021. Foundation members are considering a fundraiser to be conducted this spring or summer. The Foundation members will sponsor a booth at the Heritage Days Festival. The booth will be located across from the Limestone County Courthouse near First United Methodist Church. Foundation members will provide information about LMC Foundation, the Tree of Life and other opportunities to make donations. They will also have supplies of hand sanitizer, mints and lip balm with the LMC Foundation logo to give away.

ADMINISTRATIVE REPORT

On Wednesday, March 3, 2021, the dishwasher caught on fire in the electrical wiring. A call was made to 911; however, the maintenance staff was able to contain the fire prior to the arrival of the Groesbeck Fire Department crew. A claim was submitted with the Hospital's insurance carrier and the adjuster inspected the equipment last week. The adjuster is considering whether or not the dishwasher can be repaired. The dishwasher was purchased in 2009 and there have been considerable repairs made since that time. It is anticipated that a new dishwasher will cost between \$15,000 and \$30,000. Mr. Price indicated that if a new dishwasher is approved, it will be leased to include upgrade eligibility and preventative maintenance.

Texas Hospital Insurance Exchange has sent a savings distribution check in the amount of \$1,943. The check represents 5% of the amount of the renewal premium for May 2020.

During the month of February the Hospital received \$77,402.26 from the SUNRx program.

Delivery System Reform Incentive Payment (DSRIP) program is being discontinued. Comprehensive Hospital Increased Reimbursement Program (CHIRP) is a new program. Management will participate in a conference call with BKD, LLP staff tomorrow to receive more information about CHIRP and the specific reporting requirements. Texas Organization of Rural and Community Hospitals (TORCH) has sent information encouraging Hospitals to participate.

Equipment that is no longer being utilized has been sold in the amount of \$220.

Mr. Price called attention to the letter from Greg Blaisdell, M.D. concerning the Behavioral Health Program and invited Mrs. Linda Chambers to speak about the program. Mrs. Chambers stated that the program is in need of an additional master's level therapist to assist with the group, individual and family therapy sessions that are provided through this program. Mr. Price mentioned that one of the issues that burdens the program is that primary care providers (PCPs) are no longer writing the anti-anxiety medication prescriptions and as a result these patients are seeking treatment in the Behavioral Health Program. Dr. Blaisdell expressed his desire for more PCPs to oversee the prescription of anti-anxiety medications. Mrs. Chambers added that some of the patients being referred to Behavioral Health Program must continue therapy in order to continue receiving certain medications. Some patients do not want to participate in therapy.

COVID-19 vaccinations continue to be administered. In addition to the Moderna vaccine, the Johnson & Johnson vaccine is being given. Another vaccine clinic will be held Friday, March 26, 2021, at Groesbeck Community Center.

Mr. Price contacted Farmers State Bank concerning the status of the Payroll Protection Program loan. He was informed that the Small Business Administration website still reflects that the loan is pending validation.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District entered into Executive Session at 3:36 p.m. This closed session is pursuant to Section 551.074 of the Texas Government Code “Personnel Matters.”

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.085 of the Texas Government Code “Governing Board of Certain Providers of Health Care Services.”

RETURN TO REGULAR SESSION

The Board of Directors adjourned from closed session at 4:05 p.m. and returned to open session. Monitoring of the number of prescriptions being written for Soboxone will continue.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, April 27, 2021, at 3:00 p.m. in the Hospital’s Board Room.

ADJOURN

There was no further business and the meeting adjourned at 4:08 p.m.

_____/s/
Danny Hewitt
President