

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

**MINUTES
May 25, 2021**

On this 25th day of May 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
Glenda O'Neal
Chet Seelinger

MEMBERS ABSENT

None

OTHERS PRESENT

Larry Price
Michael Williams
Shelton Chapman
LeeAnn Freeman
Jennifer Haynie
Danielle Huh
Emily Jones
Brandy Kennedy
Allec Lincoln
Kenneth Lomenzo, M.D.
Mark Mackey
Michelle Mullinnix
Melanie Rhodes
Melanie Richard
Linda Rojas
Mike Thompson
Corey Tunnell
Lori Wheeler
Julie Wilson
Jean Wragge
Sarah Wyatt
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM, EXCUSE ABSENTEES

The meeting was called to order by Mr. Danny Hewitt at 3:08 p.m. A quorum was present.

INVOCATION

Mr. Jack 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

A note from Mrs. Kim Carter was read. Mrs. Carter expressed her appreciation to the Board of Directors for the provision of employee benefits.

A note from Ms. Stephanie Chapman was read. Ms. Chapman expressed her appreciation to the Board of Directors for having the opportunity to complete her degree requirements at Limestone Medical Center.

An email addressed to Mr. Michael Williams from Ms. Lindsey Swonke was read. Ms. Swonke emailed to make the Board of Directors and Administration aware of an issue that she believes could impact Hospital District tax dollars.

Last year Groesbeck Independent School District student athletic physicals were not conducted due to COVID-19 and this year the athletic physicals were conducted at Parkview Regional Hospital. Mr. Larry Price read an email letter from James B. Cowley, Ed.D., Superintendent of Schools, Groesbeck Independent School District, informing Mr. Price that the School District has employed a new athletic trainer. He also conveyed telephone conversations that transpired between School District staff and Hospital staff. Mr. Price informed Dr. Cowley that he will serve as the point of contact for future student athletic physicals and that Mr. Price will set up the schedule for the physicals with the providers. Dr. Cowley expressed his appreciation for the partnership between the Hospital and the School District.

CONSENT AGENDA ITEMS

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

Mr. Price introduced Ms. Julie Wilson, Compliance Officer, and referenced the Compliance Report provided to the directors.

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

Dietary

There are no changes.

Diet Manual

There are no changes.

Disaster

There are no changes to the Bomb/Terroristic/Shooter Threat Plan.

There are no changes to the Emergency Evacuation Plan.

There are no changes to the Emergency Operations Plan.

The Hazard Vulnerability Policy and Procedure has been updated to change epidemic references to pandemic epidemic both county wide and in the region. This has been raised to the highest levels. Mr. Mike Thompson stated that tomorrow he will be traveling to Austin to procure personal protective equipment through Texas Department of Emergency Management Program. He anticipates receiving a supply of gloves. This will be the last provision of supplies provided through Texas Department of Emergency Management as the program is now being discontinued.

Family Medicine Center

The Pre-Procedure Time Out policy and procedure has been written to maintain patient safety by providing guidelines for verification of correct patient, correct site, correct medication and dosage, correct procedure to be performed and correct physician prior to invasive procedures.

Human Resources

A Background Check policy and procedure has been added to the handbook.

The Employee Disciplinary policy and procedures has been changed to a three step policy including one verbal warning, one written warning and then termination. There are other factors and guidelines within the policy to provide a process which employees can correct any action and/or improve their performance prior to more significant disciplinary action.

The employment status section of the Employment policy and procedure has been changed to clarify part time schedules.

The Code of Conduct has been updated with regard to compliance reporting to the compliance officer.

Specialty Clinic

The Monoclonal Antibody Infusion policy and procedure is being deleted due to Food and Drug Administration revoking the emergency use unless used in combination with another medication that is not available. The Bamlanivimab therapy will no longer be offered through Specialty Clinic.

The members of the Board examined each policy and procedure and the motion was made by Mrs. Glenda O'Neal to approve the revisions to the Disaster Hazard Vulnerability Plan, Family Medicine Center Pre-Procedure Time Out, Human Resources Background Check, Employee Disciplinary, Employment and Code of Conduct policies and procedures. The Board members also approved the deletion of the Specialty Clinic Monoclonal Antibody Infusion policy and procedures. Additionally as there were no changes made to the Dietary, Diet Manual, Bomb/Terroristic/Shooter Threat Plan, Emergency Evacuation Plan and Emergency Operations Plan 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 May 12, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Brandy Kennedy is requesting the addition of the indicator to monitor that the patient was admitted to the appropriate level of care for case management/utilization review. There has been an increase in the number of admissions to the wrong level of care and there is the need to monitor this closely to identify the weakness in the process.

Mrs. Lori Wheeler is requesting the addition of the indicator to monitor that timeouts are completed and documented on all outpatient physician led procedures at Family Medicine Center such as trigger point injections, lesion removals, incision and drainage procedures, etc. This is a new policy and procedure and process that will need to be monitored closely for any needed education or adjustments.

Mrs. Jennifer Haynie is requesting the deletion of the Radiology indicator to monitor the utilization of Health.edu for technologist to earn continuing education units. She would like to add three indicators. The first indicator is to monitor that the on call ultrasound technologist is notified within 15 minutes of examination order time. The second indicator is to monitor that the patient is available and prepped for the on call ultrasound technologist to perform the examination within one hour of technologist being called. There has been a delay noted in patient care with after-hours ultrasound examinations. The third indicator is to monitor pediatric protocols are appropriately used for CT examinations. Mrs. Hayne would like to monitor pediatric CT protocols again to ensure compliance.

Mrs. Michelle Mullinnix is requesting the deletion of the Respiratory Therapy indicator to monitor that the laryngoscope blades are cleaned properly after each use as the desired results for this indicator have been met for several months. She is requesting the addition of the indicator to monitor that all metered dose inhaler charges are captured as these are being used more frequently and need to be charged manually.

Mrs. Brandy Kennedy is requesting the deletion of the Specialty Clinic/CHF Clinic indicator to monitor that signed telephone orders are received from the physician within seven days as the desired results have been met for four consecutive months. She is requesting the addition of the indicator to monitor that timeouts are completed and documented on all outpatient physician led procedures at Family Medicine Center such as trigger point injections, lesion removals, incision and drainage procedures, etc. This is a new process that will need to be monitored closely for any needed education or adjustments.

The motion was made by Mr. Gray to approve the quality improvement indicator changes for Case Management/Utilization Review, Family Medicine Center, Radiology, Respiratory Therapy and Specialty Clinic/CHF Clinic. The motion was seconded by Mrs. Martha Stanton and unanimously approved.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending April 30, 2021. Total inpatient revenues for the month of April were \$425,869.17 and the amount budgeted was \$165,420 which is 157.45% more than budget. The prior year inpatient revenues were \$57,284.67. Swingbed revenues for the month of April were \$483,723.66 and the amount budgeted was \$255,080 which is 89.64% more than budget. The prior year Swingbed revenues were \$220,275.09. Outpatient revenues for the month of April were \$4,518,175.34 and the amount budgeted was \$3,856,970 which is 17.14% more than budget. The prior year outpatient revenues were \$2,634,529.07. The total revenues for the month of April were \$7,658,504.93 and the amount budgeted was \$5,631,788 which is 35.99% more than budget. The prior year total revenues were \$4,355,929.76. Total revenue deductions for the month of April were \$3,628,865.89 and the amount budgeted was \$2,909,311 which is 24.73% more than budget. The prior year deductions from revenue were \$2,054,658.39. Expenses for the month of April were \$2,109,496.46 and the amount budgeted was \$2,050,137 which is 2.90% more than budget. The prior year expenses were \$1,845,531.34. The actual net operating profit for the month of April was \$1,920,142.58 and the amount of \$672,340 was budgeted which is 185.59% more than budget. The prior year net operating profit was \$455,740.03. Special items affecting the profit and loss statement include recording receipts for COVID recognition in the amount of \$1,048,141.58 and Tobacco Settlement in the amount of \$58,928.27. The net operating profit without the special items is \$803,072.73. A report of collections and expenses reflects that in the past twelve months collections total \$18,730,950.15 and expenses total \$23,541,876.54 and that 79.56% of Hospital expenses are covered by collections.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, May 17, 2021. The Foundation members discussed their plans to sponsor a booth at the Heritage Days Festival on Saturday, May 29, 2021. 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. Mrs. LeeAnn Freeman will provide Hospital services information at that location on Friday, May 28, 2021. She will also have a community needs assessment questionnaire for individuals to complete. Bottles of water will be sold and there will be supplies of hand sanitizer, mints and lip balm with the LMC Foundation logo to give away. Ms. Debbie Williams will be moving and is resigning her position with the LMC Foundation.

ADMINISTRATIVE REPORT

In April the Hospital received \$26,344.05 from the SUNRx program. Financial reporting for the time period January 1, 2021 through April 30, 2021 reflects that the Hospital has received \$138,442.81 from the SUNRx program.

Mr. Jim Miceli, Project Superintendent, Limestone County Dialysis Center, returned to Groesbeck last week. He will resume working on the dialysis center. He will be meeting with the concrete and fence contractors today. He anticipates that the project will take six months to complete. Mr. Price will invite Mr. Miceli to attend next month's Board meeting.

Mr. Price met with Mrs. Susan Bond, FNP-C yesterday and they discussed her plans for the future. Mrs. Bond has expressed her desire to work part time and the opportunities for her to work at Limestone Medical Center on Fridays and during provider vacations were considered. Parkview Regional Hospital purchased all of Mrs. Bond's equipment prior to closing the clinic. At this point in time, Mrs. Bond does not know what she will ask for the sale of the building and she is attempting to have it appraised. Once that information is available, Mr. Price will report it to the Board of Directors.

National Health Service Corps (NHSC) applications have been submitted on behalf of Kosse Community Health Clinic and Rettig Family Health Care. Family Medicine Center in an active NHSC site. Being registered through NHSC is good recruiting tool as providers working in rural areas qualify for student loan repayments. Mrs. Debbie Brewer, Ms. Adrienne Rettig and Mrs. Tami Taylor have been diligently working through the application process and management is hopeful of the successful registration in the near future.

Limestone Medical Center participates with 30 other hospitals in the Project Executive Council of Health Organizations (ECHO) a Texas A&M Health Science Center program. There are three groups of 30 hospitals. There are monthly webinars conducted and this month featured Limestone Medical Center's Swingbed Program. Mr. Price recognized Mrs. Brandy Kennedy for her presentation and for her performance. He noted that the Texas A&M Health Science Center representative highly praised the presentation and information provided and commented that Limestone Medical Center is fortunate to employ Mrs. Kennedy. Mr. Price added that Limestone Medical Center is highly regarded in this program.

The new 2020 Ford Transit Connect XLT Wagon that will be used primarily for Behavioral Health Program patients was delivered to the Hospital on Wednesday, May 5, 2021. The vehicle was outfitted with leather seats prior to delivery to the Hospital.

Mr. Robert York reported that the installation of the new stand by generator for Family Medicine Center has been completed. Load bank testing was completed and start up occurred Monday, May 24, 2021 and the unit is fully online.

Installation of the new Hill Rom nurse call system is underway. Mr. York has been working with the installers on a daily basis to ensure a smooth installation to not interrupt patient services.

Mr. Price contacted Mrs. Dalyn Ash, Senior Vice President/Risk Management Officer, Farmers State Bank concerning the status of the Payroll Protection Program loan. She informed Mr. Price that the Small Business Administration website still reflects that the loan is pending validation. It is expected that since the loan exceeded \$2,000,000 that continued review is required.

Mr. Price reminded the Board members that when Mrs. Kristin Rettig, PA-C moved from the area, that position was not filled. The Clinic is always very busy and now it is busier with patients being added with the closure of Parkview Bond Family Clinic. Mrs. Amy Silar, FNP-C, has accepted a position with Rettig Family Health Care. It is expected that her first day at the Clinic will be Monday, June 7, 2021.

Mrs. Jennifer Haynie and Mr. Mark Mackey provided the Directors with information concerning the Hospital's Radiology Department. Mrs. Haynie conveyed the plans to expand MRI services and her desire to upgrade the MRI machine and to train Radiology Department employees secondary in MRI. In addition, staff desires to offer more services and extended services. Mr. Mackey stated that currently cardiac ultrasounds are offered one day a week and he listed the number of services that are not being provided that could also be offered. Staff is pursuing the plan to expand services to four days a week, hire a full time employee to conduct cardiac studies and that person could also assist with vascular studies.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District entered into Executive Session at 3:54 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 5:28 p.m. and returned to open session. The Directors unanimously agreed that Mr. Price should follow the recommendations of the Hospital's attorneys.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, June 22, 2021, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 5:29 p.m.

_____/s/
Glenda O'Neal
Secretary/Treasurer