

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

**MINUTES  
June 22, 2021**

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**On this 22<sup>nd</sup> day of June 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.**

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**MEMBERS PRESENT**

Martha Stanton  
Arnold Gray  
Jennifer Mackey  
Jack Milstead  
Glenda O'Neal  
Chet Seelinger

**MEMBERS ABSENT**

Danny Hewitt

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Shelton Chapman  
LeeAnn Freeman  
Jennifer Haynie  
Danielle Huh  
Emily Jones  
Brandy Kennedy  
B. C. Lee  
Michelle Mullinnix  
Adrienne Rettig  
Melanie Richard  
Linda Rojas  
Mike Thompson  
Corey Tunnell  
Lori Wheeler  
Julie Wilson  
Jean Wragge  
Sarah Wyatt  
Cathy Knouse

**CALL TO ORDER, ESTABLISH QUORUM, EXCUSE ABSENTEES**

The meeting was called to order by Mrs. Martha Stanton at 3:01 p.m. A quorum was present.

Texas Funeral Directors Association is hosting a Service of Remembrance today and Mr. Danny Hewitt will receive a hand woven throw in memory of his wife, Mrs. Cindy Hewitt. The motion was made by Mr. Chet Seelinger to excuse the absence of Mr. Hewitt. The motion was seconded by Mrs. Glenda O'Neal and unanimously approved.

#### **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.

#### **UPDATE ON LIMESTONE COUNTY DIALYSIS CENTER**

Mr. Jim Miceli, Project Superintendent, Azuris Dialysis, was introduced. Mr. Miceli congratulated the Board and employees for the services provided in the community during the pandemic. Mr. Miceli provided an update concerning the Limestone County Dialysis Center. He indicated that he is identifying a pool of contractors and has requested bids for various aspects of the construction project. He noted the difficulty with requesting bids due to the elevated cost of materials and the uncertainties with pricing estimates. The property has been staked and it is expected that excavators will begin work in the next couple weeks. Mr. Miceli anticipates that it will take six months to complete the project and there will be a groundbreaking ceremony upon completion. Mrs. Stanton reminded those present that this project was the vision of former Board member, Mr. Joe L. Phillips. Mr. Phillips arranged the initial contact with Azuris Dialysis and continued to pursue this project until his passing.

#### **CORRESPONDENCE**

There was no correspondence.

#### **CONSENT AGENDA ITEMS**

The Board minutes, Accounts Receivable report, Family Medicine Center report, Infection Control report, Kosse Community Health Clinic report, Marketing report, Nursing Home Maintenance and Operations report, Nursing report, Plant Operations report, Rettig Family Health Care report and Inservice were approved. Motion was made by Mr. Seelinger, seconded by Mrs. O'Neal and unanimously carried to approve the consent agenda.

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

##### Compliance

Request remove "Subcontractor Certification and agreement of Compliance" form. It requires each contractor furnishing services over \$25,000 to be given a copy of the Hospital's Compliance Policy and sign this agreement. This information is already covered in the Business Associate Agreement that is part of each contract so the certification is not necessary.

### Facility Wide

The Sliding Fee policy and procedures have been updated to fully comply with National Health Service Corps regulations for certification.

### Human Resources

The Health Insurance Policy (B103) has been updated to make it general since the Hospital now offers more than one supplemental insurance company.

The Releasing Job Reference Policy, has been rewritten to state that the Hospital will only release employee information via email or fax and only with a signed consent form. This also must only be done by Human Resources.

### Infection Control and Antibiotic Stewardship

#### **Section I**

- Infection Control Program Applied Guidelines/resources-resigned 2021
- Updated HIPAA Privacy Standards to current literature 5/29/2018
- Infection control Program Policy changed :
  - secretary to infection control nurse in section 4.2.4
  - removed “community coalition” section 4.2.4.1
  - DON to CNO section 7.4.1
- Infection Control Plan-changed:
  - year to reflect 2021
  - Removed unknown vaccination status from numerator value
  - Added Water Management Program as indicated on Annual Risk Assessment
- Employee Immunizations
  - Revised flu added TORCH declination forms
- Removed Hospital Access and Restriction policy-included this information if COVID 19 Plan
- Revised COVID 19 Employee Health Policy to COVID 19 Plan
  - Needed to meet current OSHA Subpart U Emergency Standard-See attached

#### **Section II**

- Hospital Acquired Infections-removed HIIN reporting
- Management of Antimicrobial Resistant Organism changed :
  - wording to *inpatient wound care*
  - Updated Acintebacter Form
- Tuberculin Skin Testing (TST) Standing Order-Resigned for 2021
  - Updated TST fact sheet

### **Section III**

- Updated Notifiable Conditions to current list 1/21/21
- Updated Weekly Flu Report Form to current 2020-2021
- Added Weekly Flu Report Form-Clinic to current 2020-2021
- Influenza Reporting Policy
  - Removed *does not include clinics*
- Influenza Vaccination Policy/Protocol- Need Signature

### **Section IV**

- Elective Procedures
  - Removed *PCR* and left broader for testing capabilities.

### **Section V**

- No Changes

### **Section VI**

- Statement of Leadership Commitment for Antimicrobial Stewardship-resigned 2021
- Bronchitis Guideline-resigned 2021

#### Kosse Community Health Clinic

The non-discrimination policies and procedures have been updated to comply with NHSC certification requirements and reflect that all services are available without distinction to all program participants regardless of the individual's inability to pay, because payment for those services would be made under Medicare, Medicaid or the Children's Health Insurance Program (CHIP) or based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity.

#### Pharmacy 340B

340B Program Policy and Procedure Manual revised to comply with the program rules and regulations.

#### Pulmonary Rehab

There were general updates with regard to verbiage to reflect provider instead of physician.

#### Respiratory

The treadmill stress testing policy and procedure is being revised to ensure that the physician/provider is on premises and available within five minutes if needed during testing.

The nuclear stress test policy and procedure is being revised to update the medication dosages.

#### Rettig Family Health Care

- Policy 101 – Health Services
  - Changed policy review to annually
- Policy 102 and 1001 – Non Discrimination

- Changed The non-discrimination policies and procedures have been updated to comply with NHSC certification requirements and reflect that all services are available without distinction to all program participants regardless of the individual's inability to pay, because payment for those services would be made under Medicare, Medicaid or the Children's Health Insurance Program (CHIP) or based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity.
- Policy 204 – Hazardous Material Right to Know
  - Changed who is responsible for training employees on hazardous materials
  - Changed who informs contractors of hazardous materials
  - Changed who has the list of hazardous materials
- Policy 302a – Organizational Chart
  - Updated chart to include all current staff
- Policy 407 – Contagious Patients
  - Changed process for how a contagious patient will be taken to exam room
  - Changed process for exiting a contagious patient
  - Added housekeeping to list of staff who may clean room after contagious patient exits
- Policy 506 – Stool Occult Blood
  - Changed who performs the test
- Policy 601 – Abbreviations and Symbols
  - Deleted Policy
- Policy 701 – HIPAA Referral Page
  - Updated to list current compliance officer
- Policy 804 – Quality Assessment
  - Changed program evaluation to annually

#### Emergency Plan

- Attachment E – External Contact List
  - Updated to list current Limestone County Sheriff
- Attachment F – Notification Call List

The members of the Board examined each policy and procedure and the motion was made by Mr. Arnold Gray to approve the revised and existing policies and procedures as presented. The motion was seconded by Mr. Seelinger and unanimously approved.

#### **QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION**

The June 9, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Corey Tunnell is requesting the deletion of the indicator sputum cultures collected by respiratory staff on all inpatients with orders for sputum cultures. This indicator has consistently achieved the desired results and as it is no longer flu and pneumonia season, sputum cultures are less likely to occur.

The motion was made by Mr. Gray to approve the quality improvement indicator change for Infection Control. The motion was seconded by Mr. Seelinger and unanimously approved.

### **COMPLIANCE OFFICER REPORT**

Ms. Julie Wilson reported concerning the screening and evaluation of employees, physicians, vendors and other issues with regard to the Office of the Inspector General (OIG) exclusion data base and Texas Health and Human Services Office of the Inspector General (HHSC OIG) database. None of the Hospital's associates are listed with either organization. A chargemaster review report was completed May 28, 2021. There were 50 Clinic charges reviewed for accuracy of documentation, coding and billing. It was reported that 100% diagnosis codes were correct and supported; 100% had all charges captured; 54% were under-coded and one provider always coded level 2 and 2% were over code with one provider always coding level 3. An inservice was conducted with the Family Medicine Center providers to review 2021 documentation and coding guidelines. Ms. Wilson provided information concerning the compliance risk assessment process. There were no compliance complaints, investigations or remedial action.

### **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending May 31, 2021. Total inpatient revenues for the month of May were \$282,841.19 and the amount budgeted was \$165,370 which is 71.04% more than budget. The prior year inpatient revenues were \$87,824.78. Swingbed revenues for the month of May were \$165,153.88 and the amount budgeted was \$254,757 which is 35.17% less than budget. The prior year Swingbed revenues were \$172,007.85. Outpatient revenues for the month of May were \$4,360,869.86 and the amount budgeted was \$3,856,875 which is 13.07% more than budget. The prior year outpatient revenues were \$3,344,149.61. The total revenues for the month of May were \$5,931,973.31 and the amount budgeted was \$5,631,788 which is 5.34% more than budget. The prior year total revenues were \$4,734,226.18. Total revenue deductions for the month of May were \$3,251,786.25 and the amount budgeted was \$2,909,311 which is 11.77% more than budget. The prior year deductions from revenue were \$2,495,635.30. Expenses for the month of May were \$2,019,209.39 and the amount budgeted was \$2,031,669 which is 0.61% less than budget. The prior year expenses were \$1,904,378.76. The actual net operating profit for the month of May was \$660,977.67 and the amount of \$690,341 was budgeted which is 4.25% less than budget. The prior year net operating profit was \$334,212.12. Special items affecting the profit and loss statement include recording receipts for COVID recognition in the amount of \$83,961.18; Uncompensated Care/UC in the amount of \$20,068.64 and Medicaid Dispro in the amount of \$154,646.83. The net operating profit without the special items is \$556,947.85. A report of collections and expenses reflects that in the past twelve months collections total \$19,158,419.91 and expenses total \$23,656,707.17 and that 80.99% of Hospital expenses are covered by collections.

### **INVESTMENT REPORT**

The Hospital has a total current value of \$44,756,237.66 invested in texpools and certificates of deposit as of May 31, 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, June 21, 2021. Bro. Clifton Fox was installed as a new director replacing Ms. Debbie Williams who has moved from the area. The Foundation members discussed fundraising ideas to be considered. The Foundation members have requested a listing of departmental equipment needs for funding prior to the end of the fiscal year September 30, 2021. Mr. Price has conveyed that the Omnicell automated medication cabinets are now six years old and nearing the end of life. The price to replace the medication cabinets is \$255,000.

### **ADMINISTRATIVE REPORT**

In June the Hospital received \$17,186.61 from the SUNRx program.

Mrs. Susan Bond, FNP-C was hired by the Hospital on June 17, 2021. She will work part time at Kosse Community Health Clinic and Family Medicine Center. There was discussion concerning the sale of Mrs. Bond's building. It was the general consensus that it would be difficult for the Hospital to utilize this building off campus.

Mrs. Dalyn Ash, Senior Vice President/Risk Management Officer, Farmers State Bank informed management that a forgiveness payment in the amount of \$2,155,826.90 was received concerning the Hospital's Payroll Protection Program loan. The funds were applied to the loan that day and the paid loan papers are being mailed to the Hospital. Mr. Price and the Board members recognized Mr. Michael Williams and Mrs. Melanie Price for their efforts to ensure adherence to the loan guidelines and for the provision of all of the required reporting and documentation. Mr. Price noted that no employees were laid off, no regular work hours were reduced and no positions were terminated during the pandemic.

Mr. Price informed the directors that Frank Boyd, D.O. is no longer practicing at Limestone Medical Center and its facilities. In the past Dr. Boyd has filled the role of Chief Medical Officer for the Hospital, Medical Director for Kosse Community Health Clinic, Swingbed, Specialty Clinic, Exposure Control, Infection Control, Antibiotic Stewardship and Rehabilitation.

### **EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District did not enter into Executive Session 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.”

**SETTING OF NEXT REGULAR BOARD MEETING**

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

**ADJOURN**

There was no further business and the meeting adjourned at 4:00 p.m.

\_\_\_\_\_/s/  
Glenda O’Neal  
Secretary/Treasurer