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

MINUTES
July 27, 2021

On this 27th day of July 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

MEMBERS ABSENT
Chet Seelinger

OTHERS PRESENT
Larry Price
Michael Williams
Ken Alpert
Zack Barkouskie
Staci Doyle
LeeAnn Freeman
Erin Gentry
Jennifer Haynie
Larry Hughes, D.O.
Brandy Kennedy
B. C. Lee
Allec Lincoln
Adrianne Rettig
Melanie Rhodes
Linda Rojas
Mike Thompson
Corey Tunnell
Hope Wallace
Julie Wilson
Jean Wragge
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 3:03 p.m. A quorum was present.

The motion was made by Mr. Arnold Gray to excuse the absence of Mr. Chet Seelinger. 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
Mr. Richard Duncan, Limestone County Judge, has written to convey notice of hearing on Limestone County Reinvestment Zone No. 3- Waco Solar and consideration of tax abatement. Pursuant to Chapter 312, Tax Code, this morning on or after 10:00 a.m. in the Commissioners Courtroom, the Commissioners Court of Limestone County will take up for consideration the application for Tax Abatement Agreement with Waco Solar, LLC, within a geographic area as identified to be known as Limestone County Reinvestment Zone No. 3-Waco Solar.

Ms. Pam Cooper awarded the Hospital a five-star review through Google. Ms. Cooper was very complimentary of the Hospital, Emergency Room doctors, nurses and housekeepers.

Mrs. Patsy Morton wrote a letter to express her appreciation for the care provided to her recently in the Hospital Emergency Room.

A letter from the Internal Revenue Service indicates that representatives are reviewing the Hospital's account with regard to penalties assessed and that an additional 60 days is needed for response. There is no information that is needed from the Hospital at this time.

CONSENT AGENDA ITEMS
The Board minutes, Accounts Receivable report, Family Medicine Center report, Infection Control 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 are approved. Motion was made by Mr. Gray, seconded by Mrs. Glenda O'Neal and unanimously carried to approve the consent agenda.

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

EMS
There are no changes.

Environment of Care
Environment of Care is a newly created policy and procedure manual. The newly created Hazard Communication Worker's Right to Know policies and procedures are being added to the Environment of Care policies and procedures. The program addresses workplace chemical list, safety data sheets and material safety data sheets, chemical container labels, employee training, reporting employee deaths and injuries, posting the notice to employees, personal protective equipment, maintaining employee rights. Verbiage and audits were added to comply with Texas Administrative Code requirements. The applicable lists, rosters and notices are included. The current Safety Manual, the current Risk Management manual and the current Fire/Safety manual will be retired. The Safety and Risk Management policies and procedures are being combined. Mrs. Staci Doyle is being recommended to be appointed Safety/Risk Manager in addition to her positions as Quality Assessment and Performance Improvement (QAPI) Coordinator and Infection Preventionist.

Environmental Services
A new policy and procedure has been written concerning Electrostatic Sprayers. The policy and procedures address how to properly use the sprayers, where to post signage, personal protective equipment, safety data sheets and the user manual. This will be utilized as an additional layer of disinfection.

Facility Wide
Twelve WELLO screens have been purchased for use at the facility entrances. All visitors and staff will screen by answering four questions and submitting to a temperature check. The temperature threshold is 100 degrees and if a person is outside of that threshold or has a chronic disease that negatively affects his or her answer to the questions, that individual will be directed to an employee for individual screening. The WELLO Screening policy and procedure is being added for implementation of this screening process through the temperature/COVID screening kiosk. This is a facility wide safety project. Training will begin Friday, July 30, 2021 and it is anticipated that the WELLO screening process will begin Monday, August 2, 2021. The kiosks will be established at the Hospital first and then a tiered screening process will be established at the Clinics. It is the responsibility of every employee to look for individuals wearing the screening stickers. The kiosks will be staffed for a minimum three month period to allow for training.

Mrs. Corey Tunnell stated that Capital Area Trauma Regional Advisory Council (CATRAC) Health Care Coalitions (HCC) has provided the Hospital with five cots that can be used for employees on the premises as needed. The cots will be stored in the garage. In addition, new filters for the Powered Air Purifying Respirator (PAPR) and three Royall Victory Static Electric Atomizers have been received. These items are all provided at no cost to the Hospital.

Human Resources
The COVID-19 employee health policy and procedure has been replaced with the COVID-19 Plan policy and procedure.

Pharmacy
Revisions:

1. **Policy:** Floor Stock
   a. Added Kosse Community Clinic and Rettig Family Health Care to areas were stock supplies will be established

2. **Policy:** Multiple Dose Vials
   a. Revised when how long open vials can be used: manufacture expiration date or 28 days after initial opening. These dates are as desired by the CDC website.

3. **Policy:** Preparing Parenteral Products Outside Pharmacy
   a. An emphasis on the hand washing portion of the steps to be observed, addition were added as agreed

4. **Policy:** Continuous Quality Improvement Plan for the Pharmacy Department
   a. Facility additions added to section of "Scope of Service " to include all parts of LMC; also, several verbiage changes made for clearer interpretation for reader
   b. Under 'Addendum, step # 6 removed because this is done with every order by Pharmacy Tech as well as Pharmacist

5. **Policy:** Insulin Dispensing
   a. To include the fact that LMC does NOT use individual insulin pens unless Physician ordered and it is the Patient's own medication

Reviewed:

1. **Policy:** Drug Defect Criteria:
   This policy was reviewed to keep in compliance with Pharmacy recommendations
2. **Policy:** Procurement of Medications for Use by EMS
3. **Policy:** Adverse Drug Reactions
4. **Policy:** Emergency Drug Supply for Crash Carts

Pharmacy 340B Program
There are no changes.

Quality Improvement
There are no changes.

Risk Management
This manual is being retired and replaced by Environment of Care policies and procedures.

The members of the Board examined each policy and procedure and the motion was made by Mr. Milstead to approve the revised and existing policies and procedures as presented. The motion was seconded by Mrs. Martha Stanton and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The July 14, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Tunnell is requesting the deletion of the indicator to ensure appropriate documentation of daily pericare for all patients with indwelling catheters as this indicator has met the desired results at 100% for five consecutive months. Mrs. Tunnell is requesting the addition of the indicator to monitor the new process with screening upon entry to the Hospital by ensuring WELLO stickers are in place for both employees, patients and/or visitors.

Mrs. Linda Rojas is requesting the deletion of two indicators (1) monthly inventory list submitted and (2) instrument down time. These indicators have consecutively met the desired results. She is requesting the addition of the indicator to monitor turnaround time.

Mrs. Cheryl Hardin is requesting the addition of the indicator to monitor verbal orders and physician documentation signed within 48 hours. Department staff will be checking the delinquent e-sign list on a daily basis to be sure that the orders and documentation are signed.

Ms. Hope Wallace is requesting the addition of the indicator to monitor Omnicell return bins monthly. Currently there is not any given protocol as to when or how often to empty the Omnicell return bin.

The motion was made by Mrs. O'Neal to approve the quality improvement indicator changes for Infection Control, Laboratory, Medical Records and Pharmacy. The motion was seconded by Mrs. Stanton and unanimously approved.

DISCUSSION AND ACTION ON APPROVAL OF THE SAFETY/RISK MANAGEMENT PLAN AND AUTHORIZE SAFETY COMMITTEE TO TAKE ACTION WHEN CONDITIONS EXIST THAT ARE A POSSIBLE THREAT TO LIFE, HEALTH OR BUILDING DAMAGE

The policies and procedures for Risk Management, Patient Safety, and Hospital safety program are being reviewed. There are revisions being made to the structure of the program. They will all now fall under the umbrella of Environment of Care. It was requested that Mrs. Staci Doyle's appointment as Safety/Risk Manager be approved. It was also requested that the Safety/Risk Management Plan be approved and that the Safety Committee be authorized to take action when conditions exist that are a possible threat to life, health or building damage. The motion was made by Mr. Gray to appoint Mrs. Staci Doyle as Safety/Risk Manager and to approve that the Safety Committee be authorized to take action when conditions exist that are a possible threat to life, health or building damage. The motion was seconded by Mr. Milstead and unanimously approved.

COMPLIANCE OFFICER REPORT

Ms. Julie Wilson reported concerning the Compliance Committee Charter review and approval by the Compliance Committee.

In a recent audit of Family Medicine Center charts, 97% of the charts were accurate. There was one fall out. Mrs. Jennifer Mackey raised a question concerning those charts that fell out during the last audit and Mrs. Wilson responded that she will document a reference regarding there being no change in reimbursement.

During the policy and procedure reviews and revisions, the committee confirmed that all new employees continue to sign Code of Conduct at time of hire and all employees re-sign annually. There is a concern that the Providers under contract that are employees may not have signed the Code of Conduct. Human resources manager will get with each provider and verify that all required signatures for employees are obtained. The Price Estimator and Machine Readable File are online and operational.

With regard to the development of open lines of communication, Mr. Larry Price expressed concern about the hotline still being located in the chief executive officer's office. Even though he does not have the password to get messages it probably need to be moved to the compliance officer's office. A work order will be written to move hotline into that office. Completed compliance risk assessments are being received. The deadline to submit these forms for compilation is Thursday, July 15, 2021. A reminder was given to all managers at the Quality Assessment and Performance Improvement Committee meeting.

It was verified that new employee orientation includes information about the Hospital's compliance program, who the compliance officer is and how to use the hotline. Texas Tech University Health Sciences Center training courses including alpha, beta and gamma are required for new employee orientation and for annual training for all staff as appropriate. The providers received training regarding the 2021 Evaluation and Management (E & M) code changes.

The committee members reviewed the internal monitoring and auditing. During the documentation, charging, coding and billing chart audits there was a problem identified with E & M coding in the clinics being either overcoded or undercoded. Appropriate training was provided. A focus review will be conducted on E & M coding next quarter. There was an issue identified with verbal orders not being signed in a timely manner. A special committee meeting was held and corrective action was taken. Additional training was provided to the providers. Medical Records will add this as a QAPI monitor and report monthly. During the 340B Monthly Audit 101 charts were reviewed and all were in compliance. The policies and procedures for Risk Management, Patient Safety, and Hospital safety program are being reviewed. There are revisions being made to the structure of the program. They will all now fall under the umbrella of Environment of Care. Currently all CMS audit walkthroughs are done by each department and given to the chief executive officer. For future reference, it will be added to the process that a copy is given to Mrs. Doyle to analyze for trends and follow-up of corrective action when needed.

All policies are being revised to include Texas Administrative Code requirements for workplace safety and safe patient movements. The revised policies will be presented at the November Board meeting for approval.

Mrs. Julie Wilson has been conducting a chargemaster review. Several actions have been taken

Symplr is utilized for the sanctions check of employees, physicians and vendors upon new hire or contract and a monthly check is conducted monthly on all established personnel.

DISCUSSION ON ECHO SERVICES

Mrs. Jennifer Haynie introduced Mrs. Erin Gentry, newly hired cardiovascular ultrasonographer. In the past the department has only been able to offer Echocardiography services for a half day a week and now services will be provided full time, Monday through Thursday. This will enable Radiology to conduct a significant number of the echoes from the Emergency Room or those ordered in the Hospital. Mr. Mark Mackey will undergo training and when completed, services will be offered five days a week. In the distant future, it is anticipated that services will be provided seven days per week. Staff is receiving advanced echo training from Philips Healthcare. A Philips representative was on campus this past week to work through the protocols to be implemented. Currently staff is able to perform adult echoes and pediatric echoes for patients weighing over 100 pounds. Within 90 days staff will be able to test all pediatrics patients. Staff is in the process of working closely to develop a relationship with McLane Children's Hospital and it is expected that Mrs. Gentry will go there for training. Radiology will be able to get the images to them within minutes. Since Mrs. Gentry came on board the turnaround time for echoes has gone from several days to several hours.

Radiology will also be adding contrast echocardiography. Services will go to full pediatric and then will also do what is called strain stents. In order to do that a system upgrade is needed. The reimbursement will fully pay itself as contrast more than doubles the reimbursement. Definity or Lumason contrast studies will be utilized for myocardial enhancement to improve images. It can improve significantly the outcome of the patient if there is a better read of the ejection fraction, especially on patients that are surgical reasons, pacemakers, defibrillators, chemo patients, etc. This will be beneficial for patients undergoing chemo to make sure they are not experiencing toxicity. If a patient presents with stroke, staff will be able to perform agitated saline studies to make sure there is no patent foramen ovales (PFO). All of these cardiac studies are forwarded to the cardiologist to be read through the virtual private networks (VPN) associated with the cardiologist.

The immediate impact will be performing contrast, strain and pediatric echoes; increasing availability to four full days; increase hours and to expand vascular services. The short term goals will be to eliminate contract echocardiography services expense, limited availability and scope of practice; to prepare for the Limestone County Dialysis Center opening and to increase capacity and accommodate additional volume.

DISCUSSION ON RETTIG FAMILY HEALTH CARE

Mr. Price informed the directors that effective July 23, 2021 the Hospital has been affiliated with Rettig Family Health Care for three years. The building is still being leased and there is five and one half years remaining on the lease. The carpet throughout the building is causing infection control issues and management is obtaining quotes to replace the flooring in that building to ensure the safety of employees and patients.

DISCUSSION AND ACTION ON PURCHASE OF GENERATOR FOR KOSSE COMMUNITY HEALTH CLINIC

Limestone Medical Center has initiated the first amendment to lease with City of Kosse with regard to the purchase, installation and operation of a generator to provide stand by power for Kosse Community Health Clinic. If approved, the Hospital will ensure proper installation and load bank testing will be completed prior to the equipment being placed in service. When the lease terminates, City of Kosse will have the option to purchase the generator from the Hospital at fair market value or the Hospital will remove the generator from the premises within ninety days. The motion was made by Mr. Milstead to approve the first amendment to lease with City of Kosse with regard to the purchase, installation and operation of a generator to provide stand by power for Kosse Community Health Clinic. When the lease terminates, City of Kosse will have the option to purchase the generator from the Hospital at fair market value or the Hospital will remove the generator from the premises within ninety days. The motion was seconded by Mrs. O'Neal and unanimously approved.

CHIEF OF STAFF REPORT

Larry Hughes, D.O., Chief of Staff, reported concerning the changes in personnel. Clinic operations are being adjusted with the changes. He added that the Medical Staff is going to be making changes with regard to active staff based on meeting attendance requirements specified in the Medical Staff Bylaws, Rules and Regulations. Active staff members are required to attend 75% of the meetings. The Medical Staff reviewed the physician credential files presented. Dr. Hughes informed the directors that he is now supervising Sissie Roark, FNP-C and stated that she is doing excellent work.

DISCUSSION AND ACTION ON APPOINTMENT OF CHIEF MEDICAL OFFICER

There was discussion concerning the designation of the chief medical officer for the Hospital. In order for the Hospital to employ physicians, a Chief Medical Officer must be designated to serve as the liaison between the employed physicians and Administration. The Medical Staff is recommending the appointment of Kody Yerger, M.D. as Chief Medical Officer. Mr. Price remarked that in addition to indicating his willingness to serve in this capacity, Dr. Yerger has indicated his willingness to serve as Medical Director for Infection Control and Antibiotic Stewardship. Jeffrey Rettig, D.O. has assumed medical directorship for numerous departments and is serving as Medical Director of Kosse Community Health Clinic. Dr. Hughes and Kenneth Lomenzo, M.D. have also assumed medical directorship for Hospital departments. Mr. Price stated that management is very appreciative of the physicians for stepping into these roles. The motion was made by Mr. Gray to approve the appointment of Dr. Yerger as Chief Medical Officer. The motion was seconded by Mr. Milstead and unanimously approved.

CHIEF MEDICAL OFFICER REPORT

Dr. Yerger stated that there are no concerns at this time. The medical directors are becoming familiar with their new roles and he will be adjusting his schedule to attend required meetings. The providers remain busy at Family Medicine Center seeing former patients of Frank Boyd, D.O. and Susan Bond, FNP-C.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending June 30, 2021. Total inpatient revenues for the month of June were $178,172.18 and the amount budgeted was $165,390 which is a difference of $12,782.18 and 7.73% more than budget. The prior year inpatient revenues were $175,653.87. Swingbed revenues for the month of June were $163,405.66 and the amount budgeted was $254,752 which is a difference of ($91,346.34) and 35.86% less than budget. The prior year Swingbed revenues were $233,509.60. Outpatient revenues for the month of June were $4,836,309.24 and the amount budgeted was $3,862,735 which is a difference of $973,574.24 and 25.20% more than budget. The prior year outpatient revenues were $3,752,284.16. The total revenues for the month of June were $10,589,632.68 and the amount budgeted was $5,637,195 which is a difference of $4,952,437.68 and 87.85% more than budget. The prior year total revenues were $6,229,153.67. Total revenue deductions for the month of June were $3,602,305.69 and the amount budgeted was $2,909,311 which is a difference of $692,994.69 and 23.82% more than budget. The prior year deductions from revenue were $2,861,033.94. Expenses for the month of June were $1,998,856.98 and the amount budgeted was $2,057,027 which is a difference of ($58,170.02) and 2.83% less than budget. The prior year expenses were $1,788,328.81. The actual net operating profit for the month of June was $4,988,470.01 and the amount of $670,857 was budgeted which is a difference of $4,317,613.01 and 643.60% more than budget. The prior year net operating profit was $1,579,790.92. Special items affecting the profit and loss statement include recording receipts for COVID recognition in the amount of $1,749,688.52 and Payroll Protection Program loan forgiveness in the amount of $2,131,591. The net operating profit without the special items is $1,107,190.49. A report of collections and expenses reflects that in the past twelve months collections total $19,862,523.17 and expenses total $23,867,235.34 and that 83.22% of Hospital expenses are covered by collections.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, July 19, 2021. The Foundation members discussed fundraising ideas to be considered. The Foundation members approved the reimbursement of departmental equipment needs in the amount of $56,678.21. The reimbursement includes a Fujitsu scanner for Behavioral Health Program in the amount of $834.60; an EZ-Glide Stair Chair for Emergency Medical Services in the amount of $4,188.11; a Scifit Pro-2 total body cycle for Respiratory Therapy in the amount of $5,037.68; a Total Gym Fit, three Clinton mobile hand therapy tables, a refrigerator, a work table and Aphasia examination set for Rehabilitation in the amount of $5,157.69; and a Stryker LIFEPACK monitor/defibrillator for nursing in the amount of $37,380.14.

ADMINISTRATIVE REPORT

On Friday, July 16, 2021 The Compliance Team conducted Rural Health Clinic on-site clinic evaluation at Rettig Family Health Care and Kosse Community Health Clinic. There was one minor deficiency noted at each Clinic. Management is awaiting the formal results of the evaluations.

On June 25, 2021 the Hospital received a check for the amount of $34,206.02 for participation in the SUNRx program.

On June 28, 2021 the Hospital received a check for the amount of $14,688.98 for commitment to workplace safety dividends and loyalty to Texas Mutual.

Excavation of the lot where Limestone County Dialysis Center will be constructed has begun. A groundbreaking ceremony will be held and Mr. Price will advise the directors of that event.

Azuris Dialysis is interested in having a nephrologist see patients in Groesbeck. Consideration is being given to have a nephrologist on campus two days a week depending on patient census. The nephrologist will work at the dialysis center and lease space at Limestone Medical Center's Medical Arts Building. In addition, Azuris Dialysis is hopeful of bringing a pulmonologist and interventional pain management physician to Groesbeck.

Umad Ahmad, M.D., Chief Medical Officer, Baylor Scott and White Hillcrest Medical Center, met with Mr. Price on Monday, July 26, 2021. Dr. Ahmad expressed his desire to increase the opportunities for Baylor Scott and White Hillcrest Medical Center and Limestone Medical Center to work together. Previously the Hospitals participated in the 1115 Waiver project and have been associated over the years. Dr. Ahmad has been in his position for eight months and Mr. Charles Williams is currently Chief Executive Officer. Dr. Ahmad expressed his desire to meet with the Medical Staff during a regular Medical Staff meeting or during a provider meeting.

Management is expecting a Centers for Medicare and Medicaid Services (CMS) inspection at any time. It has been four years since the facility was surveyed. Staff continues to utilize the CMS audit tool and infection control rounding in preparation for survey.

Groesbeck Journal has announced the results of the Best of the Best contest. In addition to being the best hospital, Ms. Shana Thomas has been voted best nurse, Jeffrey Rettig, D.O. has been voted best doctor and the Hospital has been voted for having the best chicken fried steak.

Departmental budget reviews will begin at the end of this week and will continue next week and the week after. The Finance Committee will meet with department managers on Tuesday, August 17, 2021, beginning at 1:30 p.m.

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, August 24, 2021, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN
There was no further business and the meeting adjourned at 4:09 p.m.

/s/
Glenda O'Neal
Secretary/Treasurer