

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

**MINUTES**

**August 24, 2021**

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**On this 24<sup>th</sup> day of August, 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**

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

**MEMBERS ABSENT**

None

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Debbie Brewer  
Barbara Carter  
Linda Chambers  
Shelton Chapman  
Staci Doyle  
LeeAnn Freeman  
Penny Gray  
Jennifer Haynie  
Emily Jones  
Brandy Kennedy  
B. C. Lee  
Allec Lincoln  
Adrienne Rettig  
Linda Rojas  
Tami Taylor  
Corey Tunnell  
Lori Wheeler  
Julie Wilson  
Sarah Wyatt  
Kody Yerger, M.D.  
Cathy Knouse

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

The meeting was called to order by Mr. Danny Hewitt at 3:05 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**

Mrs. Penny Gray stated that several individuals in the community have complained to her concerning the retinal image scanner at the facility entrances. She continued by stating that no one can guaranty what happens to the retinal image when it gets on the dark web. Mr. Milstead told Mrs. Gray that she should refer those individuals to Mr. Larry Price. He continued by stating that it is not correct that the Wello temperature scanner transmits information to the web. Mrs. Gray responded by stating that she has been told that a company does have a lawsuit against them with Mr. B. C. Lee responding that there are many lawsuits filed against many companies. He added that smart phones recognize images and it was noted that many businesses including the Hospital utilize cameras for security purposes. Mr. Lee stated that Wello does not scan images and there is no imaging identifying information reported. Mrs. Corey Tunnell stated that Wello is U.S. Food and Drug Administration approved and was selected over numerous other vendors because of the low risk rating.

Mrs. Gray inquired about the locked exit doors in the Hospital and compliance with the fire safety code whereby every door that is marked as an exit must be accessible for use as an exit. She called attention to the door near the rehabilitation gym that is locked. Mrs. Brandy Kennedy stated that if an individual will hold the door handle for three seconds, the door will open. It was confirmed that all exit doors will open when the door handle is held for this length of time including the medical floor and dietary.

Mrs. Gray inquired concerning the length of time employees are wearing masks and stated that it is her opinion that once a mask is lowered from an individual's nose and mouth it becomes contaminated and should be changed every time it is lowered or changed once a day. She continued by stating that employees who wear fabric masks should wash those masks every day. Mrs. Tunnell stated that Hospital policy provides for single use masking and it was confirmed that every department manager in attendance was aware of this policy.

Mrs. Gray commented that she serves on the Limestone County Appraisal District review board and there have been a significant number of complaints about the poor condition of the roads. She suggested that Mr. Price and Mr. Shelton Chapman consider being added to the Limestone County Commissioner's Court agenda to convey the number of ambulance repairs that are needed due to the roads.

### **CORRESPONDENCE**

Mrs. Debbie Brewer has written to express her appreciation for the card, thoughts and prayers during her recent illness.

### **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, semi-annual Nurse Staffing Committee report, Plant Operations report, Rettig Family Health Care report and Inservice were presented. The motion was made by Mr. Arnold Gray, seconded by Mr. Milstead and unanimously carried to approve the consent agenda.

### **DISCUSSION AND ACTION ON POLICIES AND PROCEDURES**

The Charity Care policies and procedures have been updated to include the sliding scale poverty guidelines based on 21% and the Indigent Care policies and procedures have been updated to include the annual 2021 federal poverty guidelines. Effective October 1, 2021 the indigent care program will be transferred to the Business Office.

The facility wide Language Line policies and procedures have been updated to include the statement “available staff may be utilized in the business office or registration areas to translate in order to retrieve patient data for registration purposes only.”

There are no changes to the Sliding Scale Fee, Physical Therapy, Occupational Therapy and Speech Therapy policies and procedures. Mrs. Allec Lincoln announced that Ms. Sarah Strike, PT has been hired to work full time in the department. Ms. Strike brings 30 years of experience to her position. Mrs. Lincoln will introduce Ms. Strike at the next meeting.

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve the revisions to the Charity Care, Indigent Care and Language Line policies and procedures. The Sliding Scale Fee, Physical Therapy, Occupational Therapy and Speech therapy policies and procedures are approved as written. The motion was seconded by Mr. Milstead and unanimously approved.

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

The August 11, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Ms. Adrienne Rettig is requesting that the desired results for the indicated new patients called within two business days of provider’s decision be lowered to 90%. The desired results of 100% have not been met for over a year and Ms. Rettig believes that meeting this indicator consistently at 90% is a satisfactory desired result.

The motion was made by Mr. Gray to approve the indicator changes for Rettig Family Health Care. The motion was seconded by Mrs. Martha Stanton and unanimously approved.

### **DISCUSSION AND ACTION ON PURCHASE OF BIOVIGIL TOOL**

Information concerning the Biovigil automated hand hygiene compliance system was distributed to the Board members and the members viewed an informational video. Mrs. Tunnell stated that this system is currently in use at many of the larger health care facilities. This system is associated with decreased rates of health care associated infections (HAI). Articles that have appeared in the press were also distributed for reference. The findings suggest that monitoring hand hygiene practices with an automated system, in addition to other infection control measures, may be an effective means of reducing healthcare care associated infections. The Biovigil system will aid in achieving and sustaining good hygiene. Staff currently uses a tool to monitor hand hygiene and there were 280 observances last month. Management desires to reduce the number of HAIs and to improve quality and outcome performance. The system will provide baseline HAI data to demonstrate that the Hospital is performing due diligence. This system will empower patients in the care that they receive, promote patient safety, lower operating costs and produce hand hygiene monitoring reports. The system is timed to the work flow. It will monitor cross contamination. It will also monitor hand washing events for those employees actually washing their hands when needed instead of hand sanitizer. Leapfrog's new hand hygiene standard replaces the National Quality Forum's Safe Practice #19 – Hand Hygiene which had previously been used in the Leapfrog Hospital Survey. Leapfrog's new hand hygiene standard applies to both hospitals and ambulatory surgery centers and includes monitoring, feedback, training and education, infrastructure and culture. The standard encourages facilities to adopt a multimodal approach to hand hygiene, emphasizing the importance of monitoring and feedback. Centers for Medicare and Medicaid Services (CMS) Conditions of Participation have also been updated in response to the coronavirus and conveys the importance of engaging patients, staff and visitors with regard to hand hygiene. The Biovigil automated hand hygiene compliance system is turnkey with easy installation and system beacons attach to door frames. Biovigil representatives will provide all of the staff training and marketing materials. Mrs. LeeAnn Freeman will utilize these materials while marketing and the marketing materials will be added to patient admission packets and will be used with social media.

Management is proposing that the Biovigil automated hand hygiene compliance system be installed at the Hospital and Rural Health Clinics. The software and subsequent upgrades and updates are included. There is a three year service contract for the system and a 15% discount if the sales price is paid up front. The Hospital has received COVID test and Mitigation Program grant funds from Health Resources and Services Administration (HRSA). The cost of the system is \$197,000 and management is proposing that the system be purchased for a three year period as a behavior modification tool and then review it in three years to determine whether or not there is the desire to continue using the system for an additional \$7,500 per year per department. If approved, the system would be installed in January

The motion was made by Mr. Milstead to approve the purchase of the Biovigil automated hand hygiene compliance system in the amount of \$197,000. The motion was seconded by Mr. Chet Seelinger and unanimously approved.

### **COMPLIANCE OFFICER REPORT**

There are no policy and procedure updates and none of the Hospital associates are listed on the Office of the Inspector General (OIG) exclusion database or Texas Health and Human Services Commission (HHSC) OIG data base.

The Medical Records Department is monitoring the issue with verbal orders through Quality Improvement. A review of Clinic charts reveals that all charts are 100% compliant with coding. Ten inpatient charts were reviewed and all were found to be 100% compliant.

Mrs. Staci Doyle has been trained on the Safety Officer duties. The Safety and Environment of Care policies and procedures have been reviewed.

Quarter three of the compliance risk assessment process has been completed. A risk assessment questionnaire was developed and was sent to all Hospital staff. Quarter four is in process with the review and ranking of risk assessment surveys. An internal audit plan and compliance monitoring plan are being developed. When finalized the internal audit plan will be launched along with any action plans that have not already been implemented. Auditing and monitoring will continue to be conducted along with the implementation and assessment of action plans. The cycle will be repeated annually.

There are no compliance complaints investigations or remedial actions reported this month

### **UPDATE ON KOSSE COMMUNITY HEALTH CLINIC**

Mrs. Tami Taylor reported that Kosse Community Health Clinic is a primary care facility in Kosse. Members of the Kosse community see the Clinic as an urgent care facility. Mrs. Taylor conveyed three patient visits when the patients wanted to be seen at the Clinic prior to or instead of going to the Emergency Room for care. Clinic operations are extremely busy and the patient census has increased to averaging 16-18 patients per day.

### **DISCUSSION AND ATTESTATION THAT NO PHYSICIANS HAVE ANY OWNERSHIP OF HOSPITAL**

As part of the conditions of participation for Critical Access Hospitals, Limestone Medical Center must attest that none of the physicians or any members of their families have ownership in the Hospital. The motion was made by Mr. Milstead, seconded by Mr. Seelinger and unanimously approved that the Board of Directors do hereby attest that no physicians on staff or their immediate family members have any ownership of the Hospital.

### **INVESTMENT REPORT**

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$41,370,557.56 invested in texpools and certificates of deposit as of July 31, 2021. Currently the Hospital has three texpool accounts, two for the general fund and one for the ambulance. The Hospital has five certificates of deposit (two certificates of deposit were combined) in terms of 12 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.

## **DISCUSSION AND ACTION ON APPROVED BROKERS FOR PUBLIC FUNDS INVESTMENT ACT COMPLIANCE**

A list of approved brokers is required for the investment of public funds. Morgan Stanley, Wells Fargo Advisors, Merrill Lynch, Ameriprise and Edward Jones are recommended as approved brokers for the Hospital. Other brokers can be added to the list as the need arises to do business with a brokerage firm. The motion was made by Mr. Milstead and seconded by Mrs. Glenda O'Neal to approve the brokerage firms on the list of approved brokers. The motion unanimously carried.

## **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending July 31, 2021. Total inpatient revenues for the month of July were \$449,564.19 and the amount budgeted was \$165,360 which is 171.87% more than budget. The prior year inpatient revenues were \$134,433.96. Swingbed revenues for the month of July were \$143,686.66 and the amount budgeted was \$254,772 which is 43.60% less than budget. The prior year Swingbed revenues were \$128,027.51. Outpatient revenues for the month of July were \$4,899,278.03 and the amount budgeted was \$3,862,755 which is 26.83% more than budget. The prior year outpatient revenues were \$3,906,088.77. The total revenues for the month of July were \$6,746,066.90 and the amount budgeted was \$5,637,205 which is 19.67% more than budget. The prior year total revenues were \$7,363,565.62. Total revenue deductions for the month of July were \$4,046,557.16 and the amount budgeted was \$2,909,311 which is 39.09% more than budget. The prior year deductions from revenue were \$2,909,003.27. Expenses for the month of July were \$2,128,025.29 and the amount budgeted was \$2,036,777 which is 4.48% more than budget. The prior year expenses were \$1,933,604.68. The actual net operating profit for the month of July was \$571,484.45 and the amount of \$691,117 was budgeted which is 17.31% less than budget. The prior year net operating profit was \$2,520,957.67. Special items affecting the profit and loss statement include recording DSRIP Net revenue funds in the amount of \$375,499.20 and Medicaid Dispro revenue in the amount of \$49,342.78. The net operating profit without the special items is \$146,642.47. A report of collections and expenses reflects that in the past twelve months collections total \$20,125,417.57 and expenses total \$24,061,655.95 and that 83.64% of Hospital expenses are covered by collections.

## **LMC FOUNDATION REPORT**

The LMC Foundation met Monday, August 16, 2021. LMC Foundation members discussed plans for the upcoming fundraiser. LMC Foundation members approved the additional purchase of \$23,817.25 for Hospital equipment including furniture for Specialty Clinic in the amount of \$11,710.04; furniture and supplies for the Dietary Department in the amount of \$6,345.83; software and a scanner for Radiology in the amount of \$2,477.85; furniture and supplies for Rehabilitation in the amount of \$3,283.53.

## **ADMINISTRATIVE REPORT**

The amount of \$10,919.878 was received for the SUNRx program in July and the amount of \$6,704.77 was received in August.

Texas Mutual has provided the Hospital's most recent safety group dividend in the amount of \$3,325.85.

Mr. Larry Price informed the Board members that Ms. Cristi Cannon, Controller and Senior Vice President, StoneGate Senior Living, has contacted him with the request to set up six new bank accounts on behalf of the StoneGate Senior Living nursing homes. Currently these facilities only have a single depository account set up at Farmers State Bank and there is the need to separate all cash receipts to comply with a bank refinance project. The Executive Committee met Friday, August 20, 2021 and approved the additional bank accounts for: Baybrooke Village, Settlers Ridge, Providence Park, Garnet Hill, Accel at Willowbend and Villages on MacArthur. The new account numbers will be inserted in to the DAISA agreements. Once the transaction is closed, StoneGate Senior Living will update the direct deposit instruction for Medicare and Medicaid to begin depositing funds to the newly established accounts. In addition, once the transaction closes, StoneGate Senior Living will provide updated wiring instructions for the transfers. The August 20, 2021 Executive Committee meeting minutes will be formally presented at the September Board of Directors meeting.

The Texas Legislature passed new requirements for posting the financial and operating information of certain special purpose districts, including hospital districts that are authorized to impose property taxes and did impose property taxes during the most recent fiscal year. These requirements apply to districts that during the most recent fiscal year (1) had outstanding bonds; (2) had gross receipts from operations, loans, taxes or contributions in excess of \$250,000 or (3) had cash and temporary investments in excess of \$250,000. Effective September 1, 2021, a hospital district that meets the criteria must post the following information on its internet website:

1. The name of the district;
2. The name and term of office of each member of the governing body of the district;
3. The contact information for the main office of the special purpose district, including the physical address, the mailing address and the telephone number;
4. The official contact information for each member of the governing body of the district;
5. The name of the administrator, chief executive officer, executive director;
6. If the district contracts with a utility operator, the contact information for a person representing the utility operator, including a mailing address and telephone number;
7. If the district contracts with a tax assessor-collector, the contact information for a person representing the tax assessor-collector, including a mailing address and telephone number;
8. The rate of the ad valorem tax of the district;
9. If the district imposes a sales and use tax, the rate of the sales and use tax of the district;
10. Any notice of tax hearing required to be given under Chapter 26, Tax Code;
11. The location and schedule of meetings of the governing body of the district;
12. Each notice of a meeting of the governing body of the district for meetings conducted in the current calendar year and the immediately preceding calendar year;

13. The minutes of a public meeting of the governing body of the district for meetings conducted in the current calendar year and the immediately preceding calendar year; and
14. The most recent financial audit of the district.

Management utilizes a CMS audit tool in anticipation of impending survey. It is expected that CMS will focus on infection control and COVID-19 related issues including entrances to facilities, registration and triage. Mr. Price remarked that it is difficult to retain employees as screeners. The Wello system is a process to help register patients.

At the Managers' Meeting tomorrow, Mr. Price will inform the managers that all employees are to wear facemasks according to the Hospital's COVID-19 Plan and to set an example for patients and visitors.

### **COMMITTEE REPORT**

On Tuesday, August 17, 2021 the Finance Committee members met with management and departmental managers to review the proposed budgets for the new fiscal year beginning October 1, 2021. Each department manager presented the budget requirements as compiled during the individual meetings with Administration. Mr. Price commended the managers for being well-prepared and knowledgeable concerning their departments.

### **ADOPTION OF FY2022 HOSPITAL BUDGET**

The directors discussed employee compensation and proposed methods for employee raises at annual review. There was discussion concerning the evaluation process, job descriptions and job performance. Mr. Price conveyed that it has been a difficult year for the employees. It was proposed that hourly wages remain stable and that employees receive the percentage merit increase in one lump sum payment at the time of evaluation. Full time employees would also receive the \$100 per year of service longevity pay. There was discussion concerning providing the employees that are not within the 90 day probationary period with a bonus in December. It is expected that having worked 12 shifts between October 1 and December 1 will serve as the stipulation for PRN and part time employees to receive a pro-rated bonus. It was noted that employed physicians are not eligible to receive the Christmas bonus. The motion was made by Mr. Gray to provide all full time employees that are not within the 90 day probationary period with a \$1,000 Christmas bonus the first pay period in December and all PRN and part time employees that are not within the 90 day probationary period will receive a bonus depending upon hours worked; to provide all employees up to a seven percent (7%) one-time annual performance payment at the discretion of Mr. Price and the department managers and full time employees will also receive longevity pay at the rate of \$100 per year of most recent effective full time date. The motion was seconded by Mrs. Stanton and approved with Mrs. Mackey and Mr. Seelinger abstaining.

Those present reviewed the summary profit and loss budget for fiscal year 2022. Capital equipment items requested total \$693,896 and include: golf carts for the Maintenance Department in the amount of \$35,000; server/software licensing for the PACS Department in the amount of \$6,096; Enterprise Scheduling in the amount of \$30,000 and a domain controller



in the amount of \$7,000 for the IT Department; 3 R human resources module for the Business Office in the amount of \$11,900; four examination tables for Rettig Family Health Care in the amount of \$28,000 (\$7,000 each); DEXA bone density machine in the amount of \$49,900 and pediatric ultrasound probe/software in the amount of \$50,000 for the Radiology Department; Biovigil hand hygiene for the Infection Control Department in the amount of \$197,000; Omnicell for the Pharmacy Department in the amount of \$272,000; Hill-Rom OB/GYN stretcher for the Nursing Department in the amount of \$7,000.

The motion was made by Mr. Gray to adopt the budget as presented for fiscal year 2022. The motion was seconded by Mr. Milstead and unanimously approved.

### **DISCUSSION AND ACTION ON PROPOSED TAX RATE**

The members present reviewed the proposed 2021 tax rate calculation documents.

Last year's tax rate was set at \$0.3244. There was general discussion concerning the 2021 tax rate. The no new revenue tax rate is \$0.3218; and the voter approval tax rate is \$0.3501. If the no new revenue rate or a lower rate is proposed, the Board of Directors do not have to hold a public hearing. If a rate is proposed above the no new revenue rate the Board will only need to schedule one public hearing at the time of proposal. The Board may adopt the rate directly following the hearing. The notice of hearing must be published at least five days prior to the hearing. If a hearing is necessary and the Board chooses not to adopt the rate immediately following the hearing, there will be the need to schedule the adoption within seven days of the hearing date. The rate must be adopted no later than September 30, 2021.

The motion was made by Mrs. Stanton to propose the tax rate of 0.3218/\$100 of property value. The motion was seconded by Mr. Seelinger and approved.

### **VOTE**

The members of the governing body voted on the proposal to decrease the current tax rate of \$0.3244/\$100 of property value to the tax rate of \$0.3218/\$100 of property value as follows:

**For:** Danny Hewitt, Martha Stanton, Glenda O'Neal, Jennifer Mackey, Jack Milstead and Chet Seelinger

**Against:** Arnold Gray

**Present and not voting:** None

**Absent:** None

### **SET DATE AND TIME OF PUBLIC HEARING ON PROPOSED 2021 TAX RATE**

The proposed tax rate of \$0.3218/\$100 of property value does not exceed the notice and hearing limit.

**EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District entered into Executive Session pursuant to Section 551.074 of the Texas Government Code “Personnel Matters” at 4:37 p.m.

**EXECUTIVE SESSION**

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 5:46 p.m. and returned to open session. The Directors unanimously agreed on the Christmas bonuses, longevity pay and annual employment evaluation compensation to be paid to the employees.

**SETTING OF NEXT REGULAR BOARD MEETING**

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, September 28, 2021, at 3:00 p.m. in the Hospital’s Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 5:49 p.m.

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