

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

**MINUTES**

**September 28, 2021**

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**On this 28<sup>th</sup> day of September, 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  
Ericka Brown  
Linda Chambers  
Shelton Chapman  
Leeann Freeman  
Jennifer Haynie  
Larry Hughes, D.O.  
Emily Jones  
Brandy Kennedy  
B. C. Lee  
Allec Lincoln  
Michelle Mullinnix

Adrienne Rettig  
Melanie Rhodes  
Melanie Richard  
Mike Thompson  
Corey Tunnell  
Hope Wallace  
Lori Wheeler  
Julie Wilson  
Jean Wragge  
Sarah Wyatt  
Kody Yerger, M.D.  
Robert York  
Cathy Knouse

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

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

**INVOCATION**

Mr. Jack Milstead led those present in 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 card of appreciation was read from the Medical Records Department staff.

A card of appreciation was read from the Nursing staff.

Ms. Kayla Skinner's recent internet post and recommendation of Limestone Medical Center was read.

Ms. Melanie Baker's recent five star rating on Google review was read.

### **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 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 PROVIDER RELIEF FUNDS LOST REVENUE RECOGNITION METHODOLOGY**

Mr. Michael Williams informed the directors that this agenda item has been resolved and no action is required. He continued by stating that the determination has been made for provider relief funds lost revenue reporting and that should be finalized tomorrow or Thursday. This is the first round of reporting and there were issues with all of the various ways entities can report on behalf of the nursing homes. There were three different ways to report lost revenue recorded. The additional funds can be requested starting at the end of next week.

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

#### **Behavioral Health Program**

Cultural Diversity has been added as required annual training.

The Use of Group Attendance policy and procedures has been deleted.

The Ages 4-18 Admission policy and procedure has been added.

#### **Facility Wide**

- The COVID-19 Plan has been updated to include verbiage stating that health care providers who are confirmed positive and are well enough to return to work prior to 10 days from illness onset may return to work to care for other confirmed positive patients. Work restrictions apply.

- The policy and procedures concerning visitors in the Hospital has been updated to address visitation to the Intensive Care Unit (ICU), inpatient area, times and entrances. Essential visitors such as those helping to provide patient care and/or caring for pediatric patients are permitted. There is the limit to one visitor/caregiver per patient with COVID-19 at a time. Movement of visitors in the healthcare facility should be restricted. Visitors should only visit the patient they are caring for and should not go to other locations in the facility. Training on personal protective equipment (PPE) use should be conducted by a trained health care worker and include observations of the visitor to ensure correct donning and doffing of PPE and appropriate hand hygiene. Appropriate disposal of PPE should be ensured by facility staff. Visitors will be permitted to enter this area during scheduled visitation hours of 1600-1800 daily. This area is separate from the general population and therefore risk of exposure to other patients is reduced. Visitors will be subject to the same stipulations indicated above. All entrances to the Hospital will be locked except the main Hospital entrance which will be accessible seven days a week 0700-1930, Dietary Department entrance 0700-2000 and the Emergency Department 24 hours/7 days a week. The preferred entrance for patient visitation is the main entrance or Dietary Department to avoid the high risk of exposure in the Emergency Department. Regeneron infusion patients will be permitted to enter/exit in the side entrance of the hospital adjacent to the specialty clinic to avoid potential exposure to the general population as these patients are a confirmed positive. No other access is allowed via this entrance.
- The Bed Bug policy and procedures were updated to include that visitors who reside in the same environment as the patient can be restricted from visiting the Hospital at the discretion of the nursing supervisor or manager. Answers to the following questions can be used to help make this decision:
  - Are bed bugs visible on the visitor?
  - Does the patient or visitor state that the home is infested with bed bugs?
  - Does the visitor describe characteristic bed bug bites on his/her extremities, neck or shoulders?

In certain situations, when it is necessary for a family member to be present, the visitor can be asked to change into a Hospital-issued disposable garment and their clothes sealed in a bag.

- Formulas have been added to the Sedation policy and procedures for continuous infusions of sedation medications and added Diprovan to the list. An emergency medication chart has been added as attachment to the policy. Removed the requirement for physician to be at bedside. Revised statement on CRNA to reflect "LMC on staff CRNA will be contacted for support of sedation medications and oversight of process."
- Students performing clinical rotations in the Hospital must meet the same standards that are established for the employees. The Employee Immunizations policy and procedures have been updated to add students will be required to submit a current shot

record to include a current PPD, influenza vaccine and hepatitis b vaccine. A copy including all childhood vaccines is preferred. If applicable, fit testing will be provided once the OSHA N-95 Respirator Medical Evaluation has been completed and signed by the Infection Control Physician. Declinations will be addressed by a committee that will review declinations for required immunizations to include: Infection Control Physician Champion, Infection Control Nurse, Quality/Risk Management, Compliance Officer, member of Clergy/Hospital Chaplain.

#### Family Medicine Center

The entire book of policies and procedures has been reviewed and updated to correspond with the Rural Health Clinic policies and procedures and those that are specific to daily operations at the Clinic.

#### Polysomnography

There were no changes to the Polysomnography policies and procedures.

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve the revisions to the Behavioral Health Program, Facility Wide and Family Medicine Center policies and procedures. The Polysomnography 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 September 15, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Debbie Brewer is requesting that the indicator for collecting PEN information be changed to 95% as there will always be various reasons why the form is not completed. Mrs. Brewer is also requesting deletion of the indicator to monitor Family Medicine Center accounts waiting to have missing charges or diagnosis codes added. This indicator has been monitored approximately one year. A process has been put into place and will be maintained for monitoring, just not reported to Quality Assessment and Performance Improvement.

The motion was made by Mr. Gray to approve the indicator changes for Business Office. The motion was seconded by Mrs. Martha Stanton and unanimously approved.

#### **DISCUSSION AND ACTION ON PURCHASE OF EXAM TABLES AND LOBBY CHAIRS FOR RETTIG FAMILY HEALTH CARE**

There is the need to upgrade some of the equipment at Rettig Family Health Care to continue to comply with infection control patient safety guidelines. Ms. Adrienne Rettig presented the request to purchase 3 PROfrontstep examination tables for the amount of \$4,047 plus applicable freight charges. The tables are equipped with two front storage drawers, two large reversible side storage drawers and are covered by a five year warranty.

Ms. Rettig is also requesting the purchase of one UMF Medical FusionONE ADA Hi-Lo examination table with pneumatic backrest for the amount of \$2,299 plus applicable freight charges. The table is equipped with a foot control, front storage drawer and rear reversible storage drawer. The total cost for the examination tables is \$6,346 plus freight charges.

Ms. Rettig then presented the Workspace Solutions quote with the request to purchase 27 Global Sidero 4 leg chairs for the amount of \$7,371 and three Global Sidero 4 leg bariatric chairs for the amount of \$1,956. These items plus freight totals \$10,051.

The motion was made by Mr. Milstead to approve the purchase of the examination tables and lobby chairs in the amount of \$20,444 plus freight charges. The motion was seconded by Mrs. Glenda O'Neal and unanimously approved.

#### **DISCUSSION AND ACTION ON PURCHASE OF FLOORING FOR RETTIG FAMILY HEALTH CARE**

There is also the need to replace the flooring at Rettig Family Health Care to continue to comply with infection control patient safety guidelines. Two estimates to replace the flooring at Rettig Family Health Care were reviewed by the Board of Directors. One quote has been received from Joel Valdez in the amount of \$43,733.92 and one quote has been received from Hometown Flooring & Carpet Cleaning in the amount of \$27,772.02. The scope of work is basically the same for both quotes, however, there is a difference in the cost to provide labor to complete the work after business hours. The motion was made by Mrs. Stanton to approve the Hometown Flooring & Carpet Cleaning quote in the amount of \$27,772.02. The motion was seconded by Mr. Gray and unanimously approved.

#### **DISCUSSION AND ACTION FOR THE FORMAL DISSOLUTION OF LIMESTONE HILLCREST HEALTHCARE PARTNERSHIP**

Mr. Williams reminded the directors of the 1115 Waiver partnership with Baylor Scott & White Hillcrest Medical Center that previously established Limestone Hillcrest Healthcare Partnership. Approximately two years ago, the partnership officers voted to dissolve the partnership. Since that time the Baylor Scott & White Hillcrest Medical Center chief executive officer, chief financial officer and chief medical officer have resigned or retired. It has been determined that the partnership is not officially dissolved and Internal Revenue Service guidelines require action by the South Limestone Hospital District Board of Directors. The motion was made by Mr. Gray to officially dissolve Limestone Hillcrest Healthcare Partnership. The motion was seconded by Mr. Seelinger and unanimously approved.

#### **COMPLIANCE OFFICER REPORT**

There are no policy and procedure updates.

None of the Hospital associates are listed in the OIG Exclusion Database and none of the Hospital associates are listed with the Texas HHSC OIG.

A billing audit of 57 RHC claims were found to be billed with incorrect type of bill. This was due to a CPSI issue. If there was not a type of bill input into the financial class master and it defaulted to a 131 bill type. This resulted in claims being paid incorrectly and some patients being left with a deductible or coinsurance in error, instead of their copay. The following action was taken and the issue has been resolved.

- 100% of the claims have been rebilled with corrected claims.
- Patient portion corrected
- The appropriate type of bill has been entered in the financial class master.

The Medical Staff was presented an overview of our Environment of Care Policy and Procedures. The overview was approved with no changes.

#### Compliance Risk Assessment Process-

- a. COMPLETED Q3 – Develop Risk Assessment questions, compliance survey. Launch risk assessment process by sending Compliance Risk Assessment to all hospital staff.
- b. IN PROCESS- Q4- Review and risk rank results of risk assessment and surveys. Develop internal audit plan, compliance monitoring plan and any action plans and present to Compliance Committee and Board for approval.
- c. Q1- Launch Internal Audit plan, compliance monitoring plan and implement any action plans that haven't already been implemented
- d. Q2-Q4 – Conduct auditing and monitoring, implement action plans, assess action plans
- e. Repeat cycle annually

There were no compliance complaints, investigation and remedial action this month.

#### **CHIEF OF STAFF REPORT**

Larry Hughes, D.O., Chief of Staff, reported concerning the Medical Staff meeting held Tuesday, September 21, 2021. In response to the recently converted ICU the Medical Staff recommended establishing the Scarce Management Resources Committee. The committee members will review the ICU patient census closely and the medications now being utilized in greater amounts. The committee will review ventilator usage as well and adopt rules for decision making. There are federal and state algorithms that can be modified for Hospital use. One of the issues raised concerns who can take care of the emergency ventilated patients as primary care physician is not listed as approved. Hospitalists and a variety of specialists are listed with approval to care for the ICU patients. It was agreed that the physicians are covering the ICU through the Emergency On Call schedule and essentially qualified as emergency physicians. At this time there are no patients in the ICU. The last two patients were transferred to facilities in Austin this past Saturday and Mr. Price recognized Mrs. Corey Tunnell for her leadership role in the transfers. Mr. Price continued by stating that the staff has worked long, hard hours to care for these patients. The physicians will meet again tomorrow for ongoing communication and discussion. Mr. Milstead requested that Mr. Price provide an update of the meeting outcome. Managing ICU patients is very objective and Dr. Hughes emphasized

the need for physician input. Managing the ICU will continue to be a team approach. Dr. Hughes recognized Kody Yerger, M.D. for taking the initial responsibility for the ICU and for his excellence in performing his duties as ICU supervising physician. The physicians will use the Emergency On Call backup schedule to determine the days that the physicians will manage the critical care patients. Dr. Hughes remarked that there are issues with caring for COVID patients at Family Medicine Center as staff makes every effort to keep COVID patients away from healthy patients. Providers have been seeing patients in their cars; however, when the weather becomes inclement this will become difficult. There is the need for further discussion to care for the patients. Dr. Hughes indicated that he is drafting a letter to send to Mr. Price and the Board of Directors expressing the thoughts of the physicians along with cost effective ways to respond using available resources. The Board members recognized Dr. Yerger for overseeing the ICU for the initial three week period. The Board members also recognized Mrs. Chelsea Yerger for writing COVID protocols for the Hospital. Mr. Hewitt expressed his appreciation to Mrs. Tunnell for assisting him with information for a family friend as he transitioned from a hospital in Houston to his home. Mr. Price recognized and expressed his appreciation to Dr. Hughes and Dr. Yerger for covering the Emergency Room on two occasions.

#### **CHIEF MEDICAL OFFICER REPORT**

Dr. Yerger informed the directors that all of the staff worked really hard and did very well while care for the patients in the ICU. Dr. Yerger commended the staff and stated that numerous staff members stepped up doing a lot of procedures that have not been done in a long time. Arrangements for agency staffing were made, the endoscopy suite was converted into an ICU, Respiratory Therapy staff has provided other treatments including nebulizer treatments, departments have been organized with regard to response and staff has been educated to operate the ventilators. Baylor Scott and White Hillcrest Medical Center staff responded positively to the Hospital's request for education and training. Two ICU nurses were provided through the state. One nurse works the day shift and the other nurse works the night shift to provide education and training for the Hospital staff. Pharmacy staff has successfully obtained the medicines needed and Radiology staff has ensured that ventilated patients or patients receiving Vapotherm received chest X-rays. Protocols for documenting and protocols for patient care were developed including ventilators, Vapotherm and extubation. Orders for drips had to be added. ICU specific software is being reviewed. Dr. Yerger stated that all of the staff came together very well. Going forward there is the need to identify a leadership plan to define responsibilities whether that is the physician, department manager or department medical director so that everyone will be aware to provide continuity of care and to do what is best for the patients. Mr. Price responded by stating that departmental staff should contact Dr. Yerger for direction in consultation with the department medical director. Dr. Yerger stated that he had suggested that the physicians work weekly stints for the backup coverage but the other physicians expressed their desire to work one to two day stints according to the backup call schedule for now. Dr. Yerger expressed his concerns with regard to continuity of care and stated that this will be discussed again at the physician meeting tomorrow. Dr. Yerger mentioned that Jeffrey Rettig, D.O. is not familiar with the CPSI system and he is learning to use e-scribe. Records and notes will also be discussed at the physician meeting tomorrow.

### **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending August 31, 2021. Total inpatient revenues for the month of August were \$896,525.96 and the amount budgeted was \$165,390 which is 442.07% more than budget. The prior year inpatient revenues were \$158,875.34. Swingbed revenues for the month of August were \$228,525.59 and the amount budgeted was \$254,817 which is 10.32% less than budget. The prior year Swingbed revenues were \$220,670. Outpatient revenues for the month of August were \$4,869,825.54 and the amount budgeted was \$3,862,700 which is 26.07% more than budget. The prior year outpatient revenues were \$3,785,718.10. The total revenues for the month of August \$6,118,499.80 and the amount budgeted was \$5,637,225 which is 8.54% more than budget. The prior year total revenues were \$4,868,527.85. Total revenue deductions for the month of August were \$4,108,548.13 and the amount budgeted was \$2,909,311 which is 41.22% more than budget. The prior year deductions from revenue were \$2,402,397.98. Expenses for the month of August were \$2,010,896.59 and the amount budgeted was \$2,047,155 which is 1.77% less than budget. The prior year expenses were \$1,924,754.53. The actual net operating loss for the month of August was \$944.92 and the operating profit amount of \$680,759 was budgeted which is 100.14% less than budget. The prior year net operating profit was \$541,375.34. Special items affecting the profit and loss statement include recording lost revenue stimulus in June in the amount of \$1,194,829.05 and Medicare Settlements in the amount of \$510,753. The net operating profit without the special items is \$683,131.13. A report of collections and expenses reflects that in the past twelve months collections total \$20,465,438.84 and expenses total \$24,147,798.01 and that 84.75% of Hospital expenses are covered by collections.

### **LMC FOUNDATION REPORT**

The LMC Foundation met Monday, September 20, 2021. The election of officers was conducted and the officers remained the same. Mrs. Sharon Fredriksson will serve as President, Mrs. Susie Altland will serve as Vice President, Mr. Don Altland will serve as Treasurer and Ms. Karon Golden will serve as Secretary. Plans for a fundraiser were discussed and the possibility of organizing a raffle for a large Generac generator is being considered.

### **ADMINISTRATION REPORT**

Mrs. Michelle Mullinnix provided an update concerning the Respiratory Therapy Department. She stated that prior to the pandemic, the department had one transport ventilator. At the end of last year, the Hospital received two additional transport ventilators from the state. Transport ventilators are only intended for 48-72 hours use. The Hospital has acquired three ventilators for use in addition to the three transport ventilators. Additional ventilators can be acquired if needed. Mrs. Mullinnix noted that staff has not seen this level of patient acuity for a long time. Staff is receiving training and working on protocols for policies. Mrs. Mullinnix recognized Mrs. Chelsea Yerger for her assistance with developing the protocols.

This morning the Bureau of Radiation Control conducted an unannounced inspection of the Radiology Department. There were no deficiencies. Mr. Price recognized Mrs. Jennifer Haynie and the Radiology Department staff.



The Laboratory will undergo Commission on Office Laboratory Accreditation (COLA) inspection tomorrow and Thursday.

Mr. Price stated that he will be meeting with Timothy Allen, D.O. tomorrow at 1:30 p.m. Dr. Allen will also meet with the Emergency Room physician on campus at that time. Dr. Allen is a hospitalist who is interested in working for Concord Medical Management. If employed by Concord Medical Management, Dr. Allen will work in the Emergency Room at Limestone Medical Center.

In August and September the Hospital has received checks from SUNRx in the amounts of \$21,843.17, \$5,421.71 and \$11,728.59 totaling \$38,993.47. Mr. Price noted that the addition of Pharmacy Plus in Groesbeck has been very beneficial for patients and the Hospital. Mr. Price has completed the process of recertification for the Hospital and Family Medicine Center to participate in the 340B Program. There were some issues with the recertification process and the inability for entities to upload their cost reports. Mr. Price is keeping a record of his email communications with the site administrators and his attempts to upload the cost report. Rettig Family Health Care and Kosse Community Health Clinic will be enrolled in the 340B Program in October 2021 or January 2022.

The Hospital has received the amount of \$1,500 from Texas Mutual for the 2021 Safety Grant. These monies will be utilized to purchase new housekeeping carts.

Flu vaccine clinics are being conducted every Monday and Wednesday from 9:00 a.m. to 12:00 p.m. and Friday from 1:00 p.m. for 4:00 p.m. in the Specialty Clinic. A flu vaccine clinic will also be hosted in the Board Room on Friday, October 29, 2021, from 1:00 p.m. to 5:00 p.m.

The eighth annual Limestone Medical Center family picnic will be held Saturday, October 2, 2021 at Thornton Slab from 11:00 a.m. to 4:00 p.m.

Mr. Larry Price stated that he has informed the Medical Staff about Senate Bill 6, the Pandemic Liability Protection Act. Senate Bill 6 provides broad liability protection from litigation for businesses that have acted in good faith during the pandemic.

Mr. Price recognized Dr. Yerger for overseeing the ICU while it was established and he recognized Mrs. Chelsea Yerger for developing the protocols for COVID patients in the ICU. Concord Medical Management has worked with Hospital physicians daily to ensure care for inpatients while Kody Yerger, M.D. has been overseeing the critical care patients. William Coleman, M.D. stated that inpatient rounds are conducted at the appropriate times. Mr. Price recognized Dr. Hughes and Dr. Yerger for assisting with covering the ER. The state has sent two ICU nurses and 1 floor med/surg nurse.

Abdul Keyhani, M.D. has joined Waco Heart and Vascular. It is anticipated that he will begin seeing cardiology patients at Medical Arts Building on the third Monday of each month beginning in October.

An agreement for the overlap in patient care is in place with Concord Medical Management. The oncoming Emergency Room physician will present to the nursing floor allowing ample time to round on patients prior to presenting in the Emergency Room for shift hours.

Mr. Williams informed those present that beginning Sunday, October 24, 2021, individuals will have to dial 10 digit telephone numbers for local and long distance calls. This change is being made to accommodate the national wide suicide prevention hotline. Mr. B. C. Lee commented that fax machines with pre-programmed number will need to be updated with the ten digit numbers.

Howard Axtell, M.D. will work his last day at Family Medicine Center on Thursday, September 30, 2021. He is interested in seeing patients as an independent contractor and wants to lease office space at Medical Arts Building.

#### **DISCUSSION OF VACCINE MANDATE**

The directors reviewed *The Epoch Times* article dated September 15, 2021 entitled Texas Hospital Faces Closure Over COVID-19 Vaccine Mandate: CEO. The article includes references from several hospitals in Texas and the potential loss of employees if the COVID-19 vaccine mandate goes through. Mr. Price commented that he has read similar articles from other rural hospitals on the CEO forum. Texas Organization of Rural and Community Hospitals (TORCH) expects Centers for Medicare and Medicaid Services (CMS) will implement conditions of participation in mid or late October that will require health care workers to be vaccinated. Hospitals are being told that non-compliance can result in the withholding of Medicare funds and there will be fines for facilities that do not comply. Mr. Price stated that Limestone Medical Center cannot survive without Medicare funds. One of the biggest concerns for rural hospitals is that these facilities already have difficulties with staffing some positions. The COVID-19 vaccine mandate will elevate the staffing burden as some employees will not take the vaccine and there is concern. Texas has a large number of rural hospitals compared to other states in the nation. American Hospital Association (AHA) is urging CMS to ensure that the ruling is feasible and fair. AHA is petitioning CMS to provide exemptions for medical reasons and sincerely held religious beliefs and to provide guidance with regard to applying these exemptions. Without this, it is anticipated that rural hospitals will experience severe workforce shortages. Mrs. Jennifer Mackey stated that she has been made aware of religious exemptions being disputed. Management and the directors will continue to review information concerning the COVID-19 vaccine mandate.

#### **ANNUAL BOARD MEETING EVALUATION**

The directors reviewed the compiled results of the annual Board meeting evaluation.

#### **ADOPT TAX RATE OF \$0.3218/\$100 PROPERTY VALUE**

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

### **DISCUSSION AND ESTABLISHMENT OF GOALS AND OBJECTIVES FOR FY22**

The Board members reviewed the current fiscal year 2021 goals. There was general discussion concerning expanding the facilities. A question was raised concerning the Rose Coach with Mrs. Jennifer Haynie responding that the Rose Coach is on campus approximately every six months to provide examinations for uninsured patients. She had contacted Rose Coach staff to inquire about monthly screenings for insured patients; however, there were not enough coaches available at that time to provide monthly screenings. In a follow up communication, Mrs. Haynie was informed that the Rose Coach could not come in this area for monthly screenings. She informed the directors that there are extensive regulations to establish mammography services. Expensive equipment would need to be purchased, staff hired, data lines installed, PACS storage units purchased and paperwork filed. It is estimated that 80 screenings per month would be required for the service to be cost effective. There was discussion concerning the provision of barium swallow tests at the Hospital and it was noted that there is a company that provides these tests for a group of patients onsite. However, most patients do not want to wait until a group of patients is scheduled for testing. The costs associated with providing barium swallows includes a C Arm table for approximately \$80,000 and the salary for a physician with modified barium swallow testing training to supervise the testing. Mrs. Haynie indicated her willingness to inquire concerning the mobile services. The motion was made by Mr. Seelinger, seconded by Mr. Milstead and unanimously approved to retain the 2021 goals for 2022:

- (1) Physician retention and recruitment including specialty physicians
- (2) Expand facilities
- (3) Maintain a fleet of ambulances to cover the 911 service area and the entire Hospital District
- (4) Explore facilities and perform a return on investment analysis for the provision of mammogram tests
- (5) Study and review pay scale for employees to determine if a salary cap is needed.
- (6) Productivity/staffing study
- (7) Increase efficiency and responsiveness; study extended hours option at all clinics

### **DISCUSSION AND ACTION ON REVIEW AND AMENDMENT OF THE BYLAWS**

The Board members reviewed the Bylaws. The motion was made by Mr. Milstead to approve the Bylaws as written and there are no changes to be made. The motion was seconded by Mr. Seelinger and unanimously approved.

### **EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District entered into Executive Session at 5:07 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 5:23 p.m. and returned to open session. There was no action.

**SETTING OF NEXT REGULAR BOARD MEETING**

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, October 26, 2021, at 3:00 p.m. in the Hospital's Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 5:24 p.m.

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