

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

**MINUTES**

**October 26, 2021**

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**On this 26<sup>th</sup> day of October, 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  
Samantha Bourgeois  
Debbie Brewer  
Ericka Brown  
Shelton Chapman  
Jennifer Haynie  
Emily Jones  
B. C. Lee  
Allec Lincoln  
Michelle Mullinnix

Adrianne Rettig  
Melanie Richard  
Linda Rojas  
Mike Thompson  
Corey Tunnell  
Hope Wallace  
Lori Wheeler  
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 3:05 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**

Mr. Chet Seelinger expressed his appreciation to the Board members and to the employees for the kindness shown to him during his tenure as a director. He indicated that he has learned a great deal and stated that it has been a pleasure to serve in this capacity. Mr. Seelinger has accepted a promotion and will be relocating with his family to the Dallas/Fort Worth area. His last day to serve as a director will be December 31, 2021.

### **CORRESPONDENCE**

A card of appreciation from the Specialty Clinic staff was read.

The directors were informed concerning some of the comments from the Press Ganey surveys.

### **CONSENT AGENDA ITEMS**

The Board minutes, Finance Committee 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 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 CT policy and procedures were updated to reflect current contrast utilization and the change from Isovue to Omnipaque was made. The MRI policy and procedures were updated to reflect the name change from Shared Imaging to NuMed. There were no changes to the Nuclear Medicine, Radiology and Ultrasound policies and procedures.

The Exposure Control policy and procedures were updated to change wording from “Product Review Meetings” to “Infection Control Meetings” as product review meetings are not conducted and the issue of medical supplies that are lacking proper safety mechanisms can be discussed during the infection control meetings.

New Respiratory Therapy policies and procedures were written to address ventilator weaning and to address extubation.

The members of the Board examined each policy and procedure and the motion was made by Mr. Milstead to approve the revisions to the CT, MRI and Exposure Control policies and procedures and to approve the new Respiratory Therapy policies and procedures. The Nuclear Medicine, Radiology and Ultrasound policies and procedures are approved as written. The motion was seconded by Mrs. Martha Stanton and unanimously approved.

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

The October 13, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Tami Taylor is requesting that the Kosse Community Health Clinic indicators for logging and charging all medications and logging and charging all immunizations be deleted. A monthly count and reconciliation of all medications in the Clinic is conducted and this will continue to be monitored monthly. The logging and charging of immunizations has been consistent. Monthly state reports and private stock reports are completed to ensure the count is accurate. In addition, a daily log of all immunizations is completed and this will continue to be monitored. Mrs. Taylor is requesting the addition of indicators to monitor bi-weekly stocking of rooms for needed supplies, bi-weekly monitoring of expired supplies in examination rooms and to monitor referral follow-up to ensure that appointments are scheduled.

The motion was made by Mrs. Glenda O'Neal to approve the indicator changes for Kosse Community Health Clinic. The motion was seconded by Mr. Milstead 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 40 charts was conducted to review for completeness and accuracy and 100% were in compliance. A provider credentialing audit is in process to verify that all provider files contain all information required by regulation.

The Medical Staff received education on the ICD10 rule changes that occurred as of October 1, 2021. They were informed that because of the change that all documentation in the patient record, not only by provider, may be used to code the diagnosis, the expectation is a more specific diagnosis. The use of unspecified ICD10 codes may result in claim denial. Providers indicated that they will choose the most specific diagnosis available. The business office will alert them if denials begin to occur so they can learn from their mistakes and improve their coding. If denials become a problem there may be the need to add a clinic coder to review all ICD10 codes for specificity before the claims are billed. This process we will continue to be monitored.

#### **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 have not 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.

#### **DISCUSSION AND ACTION TO ESTABLISH A NEW NON-INTEREST BEARING CHECKING ACCOUNT FOR COVID FUNDS**

Management is requesting approval to open a new non-interest bearing checking account to process COVID funds transactions. Federal funds transactions are subject to the terms and conditions established and interest earned would also be recorded under those terms. The motion was made by Mrs. Stanton to approve the opening of a new non-interest bearing checking account to process COVID funds transactions with Mr. Larry Price and Mr. Michael Williams authorized as account signers. The motion was seconded by Mr. Milstead and unanimously approved.

#### **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending September 30, 2021. Total inpatient revenues for the month of September were \$1,331,538.93 and the amount budgeted was \$165,405 which is 705.02% more than budget. The prior year inpatient revenues were \$234,112.96. Swingbed revenues for the month of September were \$88,784.47 and the amount budgeted was \$254,807 which is 65.16% less than budget. The prior year Swingbed revenues were \$596,672.46. Outpatient revenues for the month of September were \$4,794,310.65 and the amount budgeted was \$3,862,690 which is 24.12% more than budget. The prior year outpatient revenues were \$3,706,949.08. The total revenues for the month of September were \$8,980,968.82 and the amount budgeted was \$5,637,220 which is 59.32% more than budget. The prior year total revenues were \$4,195,943.90. Total revenue deductions for the month of September were \$4,108,811.93 and the amount budgeted was \$2,909,311 which is 41.23% more than budget. The prior year deductions from revenue were \$3,027,186.96. Expenses for the month of September were \$2,276,594.30 and the amount budgeted was \$2,051,670 which is 10.96% more than budget. The prior year expenses were \$1,919,137.88. The actual net operating profit for the month of September was \$2,595,562.59 and the operating profit amount of \$676,239 was budgeted which is 283.82% more than budget. The prior year net operating loss was \$750,380.94. Special items affecting the profit and loss statement include recording Medicare Settlements in the amount of \$133,792; QIPP returns in the amount of \$921,803.28 and fourth quarter QIPP in the amount of \$1,225,805.79. The net operating profit without the special items is \$314,161.52. A report of collections and expenses reflects that in the past twelve months collections total \$21,139,407.64 and expenses total \$24,505,254.43 and that 86.26% of Hospital expenses are covered by collections.

This afternoon management submitted an application for Phase IV COVID funds. Applications were submitted for the Hospital and the 19 nursing homes owned by the Hospital District.

Mr. Michael Williams briefed the directors concerning the ongoing program discussions between Centers for Medicare and Medicaid Services (CMS) and Texas Health and Human Services (HHS). CMS has stated it would approve the next fiscal year federal funding but has not yet responded to Texas for final formal approval, so federal fiscal year 2022 programs remain unfunded. Texas is funding the federal approval for now and the dialogue continues. South Limestone Hospital District is holding transfers to nursing facility partners pending final approval and to negate any complications for the recoupment of funds.

#### **LMC FOUNDATION REPORT**

The LMC Foundation met Monday, October 18, 2021. Foundation members were photographed with several pieces of equipment purchased for the Hospital. Plans to raffle a portable generator are being finalized. Woodson Lumbar & Hardware has indicated a willingness to donate half of the cost of the generator.

#### **ADMINISTRATION REPORT**

The Laboratory underwent Commission on Office Laboratory Accreditation (COLA) inspection September 29 and 30, 2021. The inspection was very successful and the inspector spoke highly of the Laboratory staff and operations.

Mr. Price met with Timothy Allen, D.O. last month. Dr. Allen is a hospitalist who is interested in working for Concord Medical Management. He is currently employed as an independent contractor and not subject to a non-complete clause. If employed by Concord Medical Management, Dr. Allen will work in the Emergency Room at Limestone Medical Center.

So far in October the Hospital has received checks from SUNRx in the amounts of \$12,704.25, \$10,066.50 and \$18,914.23. Management has requested that the affiliation with Walmart Pharmacy No. 320 in Marlin be discontinued. This affiliation has not been as successful as initially indicated. However, the affiliations with Pharmacy Plus in Groesbeck and Walmart Pharmacy and HEB Pharmacy in Mexia continue to be successful.

Mr. Jim Miceli, Project Superintendent, Limestone County Dialysis Center, anticipates being back in Groesbeck in the next couple weeks to resume the construction of the Center.

Dileep Bhateley, M.D. has expressed his interest in working at Limestone Medical Center and Mr. Price spoke with Dr. Bhateley last Friday. Mr. Price stated that Ms. Misty Hutchison, Mrs. Heather Flippin and several nurses from the medical floor know him as a hard worker. He is very interested in performing inpatient work. Dr. Bhateley is familiar with CPSI. He will be working for Concord Medical Management and covering shifts at Limestone Medical Center. Dr. Bhateley is currently working under contract at Parkview Regional Hospital and that contract will expire in November. Mr. Price believes that the non-compete mileage clause will prevent Dr. Bhateley from being able to work at Limestone Medical Center. Dr. Bhateley could buy out his contract, but it is an excessive amount of money. Mr. Gray questioned the physician's excessive amount of narcotic prescriptions.

Flu vaccine clinics continued to be 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 for the employees will be hosted in the Board Room on Friday, October 29, 2021, from 1:00 p.m. to 5:00 p.m. COVID-19 vaccines are being administered every Thursday afternoon.

**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, November 23, 2021, at 3:00 p.m. in the Hospital’s Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 3:42 p.m.

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