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

MINUTES

November 23, 2021

On this 23rd day of November, 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
Glenda O'Neal
Arnold Gray
Jennifer Mackey
Jack Milstead
Chet Seelinger

MEMBERS ABSENT
None

OTHERS PRESENT
Larry Price
Michael Williams
Andrew Baxter
Debbie Brewer
Ericka Brown
Staci Doyle
Jennifer Haynie
Emily Jones
Sunny Kelly
Brandy Kennedy
B. C. Lee
Allec Lincoln
Michelle Mullinnix
Adrianne Rettig
Melanie Rhodes
Melanie Richard
Linda Rojas
Mike Thompson
Corey Tunnell
Hope Wallace
Lori Wheeler
Julie Wilson
Kent Wilson
Jean Wragge
Sarah Wyatt
Chelsea Yerger
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES
The meeting was called to order by Mrs. Martha Stanton at 3:09 p.m. A quorum was present.

The motion was made by Mr. Jack Milstead to excuse the absence of Mr. Chet Seelinger. The motion was seconded by Mrs. Glenda O'Neal and unanimously approved. Mr. Seelinger subsequently joined the meeting by telephone.

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.

LIMESTONE COUNTY DIALYSIS CENTER UPDATE
Mr. Jim Miceli, Project Superintendent for Limestone County Dialysis Center, was scheduled to provide the directors with a project update but was called out of town. Mr. Larry Price reported that Mr. Jay Aldridge, Project Manager, has stated that construction activity should begin with a month. He has renewed the apartment lease.

CORRESPONDENCE
Mr. Chet Seelinger wrote a letter to officially resign his position as a director. He expressed his appreciation for the opportunity to serve in this capacity. Mr. Seelinger has accepted a promotion with Texas Department of Public Safety 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.

A card of appreciation from Emergency Medical Services in recognition of the meal served to a committee representing the Limestone County Fire and EMS by the Dietary Department staff was read. Cards of appreciation for the Board members and their generosity were written by Mrs. Kim Carter and Mrs. Melanie Rhodes.

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. There was general discussion concerning the Infection Control report and specifically the water testing results. Mrs. Corey Tunnell informed those present that representatives from BioVigil will be on campus January 10, 2022 to conduct a site visit. The motion was made by Mr. Arnold Gray, seconded by Mrs. Stanton and unanimously carried to approve the consent agenda.

CHIEF OF STAFF REPORT
Larry Hughes, D.O. is out of the Hospital for vacation time and there was no report.

CHIEF MEDICAL OFFICER REPORT
Kody Yerger, M.D. reported that preparations are being made to review the COVID-19 vaccine declination forms. He commented that there were a significant number of employees in attendance for the vaccine question and answer session conducted last Wednesday, November 17, 2021. Thursday, December 2, 2021 is the deadline for declination forms to be submitted. The declination forms will be reviewed Friday, December 3, 2021.

DISCUSSION AND ACTION ON POLICIES AND PROCEDURES
There are no changes to the Environmental Services policies and procedures.

The facility wide COVID 19 Vaccine Mandate policy and procedure has been written to respond and comply with the Centers for Medicare and Medicaid Services Omnibus COVID-19 Vaccination of Health Care Personnel Interim Final Rule effective November 4, 2021. As a condition of employment all employees covered by this policy are required to be fully vaccinated or approved for an acceptable declination. Staff who may have a reaction to the vaccine will be accommodated so they may receive paid time off.

The Employee Health Program policy and procedure updated and includes the COVID-19 vaccine requirements for new hires.

The Family and Medical Leave Act (FMLA) policy and procedure has been changed to provide that the required time to contact Human Resources for status reporting is every two weeks instead of every 15 days.

The Vacation policy and procedure has been updated to remove the sentence that reflects that vacation time could only be taken in weekly, day or half day increments and added that an employee could take vacation in hourly increments at the discretion of the manager.

The Workers Compensation policy and procedure has been updated with an additional paragraph that states that an employee much check in with Human Resources every two weeks for status reporting, that the Hospital will mail an offer of employment for any light duty work that could be offered to the employee during leave and that the employee will still be responsible for paying for any deductions that would normally be deducted from their paycheck such as health benefits, gym memberships and child support.

There are no changes to the Legal Compliance policies and procedures.

The Specialty Clinic policies and procedures have been reviewed and updated:

The Scope of Service has been updated and the special instructions for Dr. Rettig's scope patients has been removed as the process is the same for all scope patients.

The Staffing Plan has been updated with current staff.

The Patient Identification policy and procedure has been reworded and the process updated.

The Gastroenterology Patient Education policy and procedure has been updated and the special instructions for Dr. Rettig's scope patients has been removed as the process is the same for all scope patients.

The Gastroenterology policy and procedures have been updated to remove redundant information and correct grammatical errors.

The Endoscopy Referral Process has been updated to reflect that the Specialty Clinic nurse will complete the patient education and not Dr. Rettig's staff.

The Diagnostic Test Requirements have been updated to include a urine pregnancy test for female patients 50 and under unless they have undergone a hysterectomy.

The grammatical errors in the Scope Hang Time policy and procedures have been corrected.

The form attached to the Notice of Medicare Non-Coverage (NOMNC) policy and procedures has been updated to include Keystone Peer Review Organization (KEPRO), our Quality Improvement Organization (QIO) information and the phone record portion.

The following Specialty Clinic policies and procedures are being removed as they are addressed in other policy and procedure manuals or have been replaced with other policies and procedures:

Hospital Safety Program (addressed in facility wide manual)
Patient Safety (addressed in facility wide manual)
Employee Evaluation (addressed in human resources)
Licensure Verification (addressed in human resources)
Nursing Improvement Plan (addressed in nursing)
Dress Code for Specialty Clinic (addressed in human resources)
Patients' Rights (addressed in facility wide)
Patient Complaints and Grievances (addressed in facility wide)
Advanced Directives (addressed in facility wide)
Emergency Evacuation Plan (addressed in facility wide)
Autoclave (replaced with Steris policy and procedure)
Consent to Emergency Treatment (addressed in facility wide)
Sentinel Event (addressed in facility wide)
Visitor Fall (addressed in facility wide)
Service Animal (addressed in facility wide)
Outpatient Admission (repeated)
Identification Labels (repeated)
Code Resuscitation Status (nursing)
Nurse Anesthetist Job Description (address in human resources)
Specialty Clinic Nurse Job Description (addressed in human resources)

The members of the Board examined each policy and procedure and the motion was made by Mrs. Stanton to approve the revisions to the Human Resources and Specialty Clinic policies and procedures and to approve the new facility wide COVID-19 Vaccine Mandate policy and procedures. The Environmental Services and Legal Compliance 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 November 10, 2021 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Corey Tunnell is requesting the deletion of the indicator to ensure compliance with Wello Screening procedure as the goal was met prior to three months. She is requesting the addition of an indicator to monitor appropriate indication for insertion of a Foley catheter per Hospital policy.

Ms. Jean Wragge is requesting the deletion of Nursing Medical Floor and Swingbed indicators (1) COVID documentation complete on admission; (2) COVID documentation complete each shift and (3) wounds reassessed on discharge. These three indicators have met the desired results of 97%-100% for the last two months. Ms. Wragge is requesting the addition of the following indicators: (1) continuous IV fluids have infusion complete documented prior to administering next bag of fluid and (2) discharge instructions have treatment and wound addressed with physician order or N/A.

Ms. Wragge is requesting the deletion of the Emergency Room indicators (1) pain reassessment one hour after medication given and (2) vital signs at discharge. Both indicators were 98%-100% for the last two months.

Mrs. Jennifer Haynie is requesting the deletion of the following Radiology Department indicators (1) on call ultrasound technologist notified within 15 minutes of exam order time; (2) patient available and prepped for on call ultrasound technologist to perform exam within one hour of technologist being called and (3) pediatric protocols appropriately used for CT examinations. She is requesting the addition of two indicators (1) receipt of echocardiogram reports form Waco Cardiology within two business days and (2) cleaning of nuclear medicine room after each day in use and logged.

Mrs. Allec Lincoln is requesting the deletion of the following Rehabilitation Services Department indicators: (1) all evaluations will be completed within 24 hours; (2) change verbiage; (4) all disciplines to utilize the communication board in the patient room stating the amount of assistance the patient requires to functional safety; (5) to assure that all e-forms are locked when the patient evaluation is completed and (6) quarterly monitoring of no grievances to complaints, rehab staff to confer with nursing regarding continuing of care of the weekends with Swingbed patients. She is requesting the addition of the following indicators (1) daily monitoring list to be completed every working day; (2) speech therapy using e-forms to assist with completing evaluations within 24 hours; (3) physical therapy to utilize communication board in patient room listing level of care; (4) occupational therapy to utilize communication board in patient room listing level of care; (5) speech therapy to utilize communication board in patient room listing level of care and (6) no occurrences.

The motion was made by Mr. Gray to approve the indicator changes for Infection Control; Nursing Medical Floor, Swingbed and Emergency Room; Radiology and Rehabilitation. The motion was seconded by Mr. Milstead and unanimously approved.

COMPLIANCE OFFICER REPORT
The compliance policy and procedures were reviewed and converted to electronic format.

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.

The annual compliance plan audit was completed and the Hospital is 100% compliant with all requirements. An effective compliance plan is in place and no changes are needed at this time. Effectiveness monitoring will continue.

A billing audit of 50 rural health clinic charts was conducted to review for completeness and accuracy and 100% were in compliance. In addition 48 Hospital charts were reviewed. Occult blood was being billed for each specimen when current procedural terminology (CPT) reflects one to three. The chargemaster was updated to appropriately capture the charge and laboratory staff was educated on the correction. A review of reimbursements revealed that the second and third charges were being denied. No further action is needed. A modifier indicating that a physical therapy assistant (PTA) and/or certified occupational therapy assistant (COTA) was not always used was being used for Medicare claims only. This modifier is now required for all payors and the physical therapy and occupational therapy staff members were educated with regard to using the correct charge code. There was no effect on reimbursement and no further action needed. A provider credentialing audit was performed to verify that all provider files contain all information required by regulation. Five provider charts were audited and one chart was pending peer reference letters in the first 90 days. Medical records staff will ensure follow-up. All other charts were 100% compliant.

Education for local coverage determination (LCD) for A1Cs and Vitamin D testing was provided to the Family Medicine Center physicians. The physicians were informed that the Medicare annual wellness visit does not include lab work and any laboratory tests ordered must be for a specific reason.

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. Completed Q4 - At the quarterly Compliance Committee meeting held November 10, 2021 the committee members reviewed and risk ranked the results of the risk assessment and surveys. Action plans were developed as needed and recorded in the Compliance Risk Assessment for Problem, Assessment and Action Plan.
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 ON WAITING ROOM FURNITURE

There is the need to upgrade the Emergency Room waiting area furniture to continue to comply with infection control patient safety guidelines. Workspace Solutions has provided a quote in the amount of $11,146.15 for 14 21" guest seats and three 30" guest seats. The furniture provides for social distancing and additional bariatric chairs. The furniture is constructed with moisture resistance fabric. Management is proposing that Small Rural Hospital Improvement Grand Program (SHIP) funds be utilized for this purchase if approved. The motion was made by Mr. Milstead to approve the Workspace Solutions quote to purchase 14 21" guest seats and three 30" guest seats in the amount of $11,146.15. The motion was seconded by Mr. Gray and unanimously approved.

DISCUSSION AND ACTION ON APPROVAL OF 2021 TAX ROLL

Pursuant to Chapter 26, Section 26.09 (e) Property Tax Code, the 2021 Tax Roll and total 2021 tax levy in the amount of $4,480,164.70 was presented to the Board of Directors. Motion was made by Mr. Milstead, seconded by Mrs. Stanton and unanimously carried to approve the 2021 Tax Roll as assessed by Ms. Karen Wietzikoski, Chief Appraiser of Limestone County Appraisal District.

INVESTMENT REPORT

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of $47,829,095.75 invested in texpools and certificates of deposit as of October 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 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.

FINANCIAL REPORT

Mr. Hewitt informed the directors that during his recent meeting with the auditors while the annual audit of the Hospital's financial statements was being conducted, the auditors were very complimentary of Mr. Michael Williams. The auditors conveyed that Mr. Williams is always prepared for the audit and BKD, LLP continually seeks to schedule the Limestone Medical Center audit as one of the first audits for the fiscal year ending September 30. The methods and processes that Mr. Williams utilizes to prepare for the audit are those that BKD recognizes as exemplary.

Mr. Michael Williams presented the Financial Report for the month ending October 31, 2021. Total inpatient revenues for the month of October were $313,895.48 and the amount budgeted was $325,720 which is 3.63% less than budget. The prior year inpatient revenues were

$124,311.64. Swingbed revenues for the month of October were $275,355.78 and the amount budgeted was $320,945 which is 14.20% less than budget. The prior year Swingbed revenues were $293,203.29. Outpatient revenues for the month of October were $4,642,692.71 and the amount budgeted was $4,400,916 which is 5.49% more than budget. The prior year outpatient revenues were $3,965,143.71. The total revenues for the month of October were $5,898,231.59 and the amount budgeted was $6,023,470 which is 2.08% less than budget. The prior year total revenues were $4,707,438.70. Total revenue deductions for the month of October were $3,651,069.68 and the amount budgeted was $3,301,184 which is 10.60% more than budget. The prior year deductions from revenue were $2,727,348.74. Expenses for the month of October were $2,101,646.21 and the amount budgeted was $2,295,761 which is 8.46% less than budget. The prior year expenses were $1,950,724.84. The actual net operating profit for the month of October was $145,515.70 and the operating profit amount of $426,525 was budgeted which is 65.88% less than budget. The prior year net operating profit was $29,365.12. Special items affecting the profit and loss statement include recording Medicaid Dispro in the amount of $34,853.39. The net operating profit without the special items is $110,662.31. A report of collections and expenses reflects that in the past twelve months collections total $21,409,072.99 and expenses total $24,656,175.80 and that 86.83% of Hospital expenses are covered by collections.

Mr. Williams recognized Mrs. Debbie Brewer, the Business Office staff and Ms. Julie Wilson for their hard work and efforts to enhance the billing processes and financial reporting.

LMC FOUNDATION REPORT

The LMC Foundation met Monday, November 15, 2021. Plans to raffle a portable generator have been finalized. A Firman portable hybrid series HO7552 9400 W – 50 A powerhouse dual fuel generator will be raffled. Woodson Lumber & Hardware has donated half of the generator cost. When printed, tickets will be available from LMC Foundation members, Farmers State Bank and Hospital Administration. Tickets are $20 each or six tickets for $100. The drawing will be conducted January 17, 2022.

DISCUSSION AND ACTION ON CMS VACCINE MANDATE

Management has participated in numerous webinars concerning the COVID vaccine mandate. Centers for Medicare and Medicaid Services (CMS) has identified three options including getting the vaccine, religious exemption or medical exemption. Management met with employees on Wednesday, November 17, 2021 to review the mandate and options and to respond to questions. The meeting was well attended and it was the consensus that staff members appreciated the opportunity to ask questions, receive information and left the meeting better informed. Staff members were reminded of their value to this facility and Mr. Price emphasized that management does not wish to lose any employees as a result of the vaccine mandate. However, CMS guidelines must be followed in order to receive federal funding and reimbursements. Currently 57.8% of the Hospital employees are vaccinated against COVID-19. There was general discussion concerning the lawsuits being filed against the vaccine mandate and the requirement that health care workers in the United States to be vaccinated.

ADMINISTRATION REPORT

Mr. Price recognized Mrs. Tunnell for her hard work and efforts with regard to the Hospital's response during the pandemic. Mrs. Tunnell has assembled and reported the data with regard to COVID-19, flu and water testing. Mr. Price commended Mrs. Tunnell and stated that when Mrs. Tunnell takes on a project, she takes it on whole heartedly. Mr. Price expressed his appreciation for the staff that assisted in all these processes under Mrs. Tunnell's leadership.

Mr. Price stated that the BKD auditors also meet with him during the annual audit. He stated that Mr. Williams always has everything in order and Mr. Price is very appreciative of his efforts. Mr. Williams stays current with Quality Incentive Payment Program (QIPP) requirements and reporting. Mr. Williams and Mrs. Inez Stewart Groveton work diligently to maintain the nursing home transactions and Mr. Price recognized their hard work.

The District Attorney's Office has contacted Hospital management concerning the possibility of the Hospital reinstating the Sexual Assault Nurse Examiner (SANE) program. Mr. Price stated that in response management is strongly considering providing this program. Mrs. Wanda Roark is certified as a SANE nurse and Mrs. Brandy Kennedy has received grant funds to begin SANE training.

On Wednesday, November 3, 2021 Dr. Stephen L. McKernan, Associate Dean of Clinical Affairs, Sam Houston State University College of Osteopathic Medicine, came to the office to meet with Mr. Price. There are currently 74 students enrolled in the program and in August the students will begin clinical rotation. The students are divided into four geographical areas. There are three students whose home towns are in the Hospital's geographical area. Sam Houston State University program directors are hopeful of assigning those students to Limestone Medical Center with the physician preceptors.

On November 11, 2021 the Hospital received the Critical Access Hospital Texas Gold Standard Performer plaque from CliftonLarsonAllen, LLP. CliftonLarsonAllen is a professional services network and the eighth largest accountancy firm in the United States. Gold Standard performance criteria were created by CliftonLarsonAllen as a way to identify, measure and learn from the top performers. The firm examines publicly available data on more than 1,200 CAHs which includes financial, quality, patient satisfaction, total cost of care and county health results from 2015 through 2019. Top CAHs are identified as Gold Standard performers based on their ability to achieve significantly above average performance on all key areas of focus over a sustained period of time which demonstrates success not just day-today but over the long term.

On Monday, November 15, 2021, Mr. Price met with Providence Hospital Healthcare representatives. Mr. Price inquired about the possibility of having an obstetrician/gynecologist establish a satellite clinic in Groesbeck. There have been a few physician inquiries for this specialty and especially for gynecology. The representatives from Providence have requested to attend the next Medical Staff meeting to provide a presentation and introduce their new orthopedic services. The representatives have also expressed the desire to meet with the midlevel providers, rehabilitation staff and Swingbed services staff.

Mr. Price regretfully reported that Mrs. Sarah Wyatt has submitted her resignation from her position as trauma coordinator. Mrs. Wyatt has expressed her desire to work closer to her family and her home. Her last day will be in January 2022. Mr. Price recognized Mrs. Wyatt and her considerable accomplishments during her tenure.

In October the 340B Program profits were $23,720.17. The Hospital has recently received checks from SUNRx in the amounts of $14,298.22, $57,407.26, $8,641.52 and $18,419.68. Mr. Price recognized the clinic managers and departments that issue the prescription cards to eligible patients.

Mr. Gray complimented the Wound Care Clinic and called attention to the superb work and results being achieved. Mr. Price recognized Mrs. Chelsea Yerger as the main provider for the Wound Care Clinic and stated that the clinic has been very successful under her direction. Mr. Price recognized Mrs. Brandy Kennedy and Mrs. April Leclair for providing high-quality patient care.

EXECUTIVE SESSION
The Board of Directors of South Limestone Hospital District entered into Executive Session pursuant to Section 551.085 of the Texas Government Code "Governing Board of Certain Providers of Health Care Services" at 4:33 p.m.

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-Evaluation of the CEO" at 4:46 p.m.

RETURN TO REGULAR SESSION
The Board of Directors adjourned from closed session at 5:35 p.m. and returned to open session. It was unanimously agreed to authorize Mr. Price to pursue negotiation for additional services at Family Medicine Center.

The motion was made by Mr. Milstead to approve the annual evaluation of the CEO and to compensate the CEO with a $1,000.00 Christmas bonus and effective with the payroll period ending January 15, 2022, a 10% one-time annual performance payment and longevity bonus. The motion was seconded by Mr. Seelinger and approved. The motion was made by Mrs. Stanton to renew the CEO's contract for five years. The motion was seconded by Mr. Milstead and unanimously approved.

CANCEL DECEMBER MEETING
It was unanimously approved to cancel the December 28, 2021 meeting of the Board of Directors.

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SETTING OF NEXT REGULAR BOARD MEETING
The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, January 25, 2022, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN
There was no further business and the meeting adjourned at 5:37 p.m.

/s/
Glenda O'Neal
Secretary/Treasurer