

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

MINUTES

March 22, 2022

On this 22nd day of March, 2022 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
Kent Wilson

MEMBERS ABSENT

Jack H. Milstead

OTHERS PRESENT

Larry Price
Michael Williams
Staci Doyle
Jennifer Haynie
Larry Hughes, D.O.
Misty Hutchison
Emily Jones
Brandy Kennedy
Melanie Rhodes

Melanie Richard
Mike Thompson
Corey Tunnell
Hope Wallace
Julie Wilson
Jean Wragge
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM

The meeting was called to order by Mr. Danny Hewitt at 3:05 p.m. A quorum was present.

The motion was made by Mrs. Martha Stanton to excuse the absence of Mr. Jack Milstead. The motion was seconded by Mr. Kent Wilson and approved.

INVOCATION

Mr. Larry Price offered the invocation.

PLEDGE TO THE FLAG

Those present recited the Pledge of Allegiance to the United States flag.

COMMENTS FROM CONCERNED CITIZENS

Mr. Wilson expressed his appreciation to the staff for working and covering shifts at the Hospital last evening during the storms.

CORRESPONDENCE

There was no correspondence.

CONSENT AGENDA ITEMS

The Board minutes, Executive Committee minutes, Accounts Receivable report, Family Medicine Center report, Infection Control report, Kosse Community Health Clinic report, Marketing report, Nursing report, Physician Credentialing Committee minutes, Plant Operations Report, Rettig Family Health Care report and Inservice were presented. Motion was made by Mr. Wilson, seconded by Mrs. Glenda O’Neal and carried to approve the consent agenda.

CHIEF OF STAFF REPORT

Larry Hughes, D.O. reported that the Medical Staff meeting scheduled for Tuesday, March 15, 2022 was cancelled. Dr. Hughes informed the directors concerning Advanced Pain Care services and providers. Dr. Hughes indicated that he is looking forward to having the Limestone County Dialysis Center in operation. There is discussion concerning a nephrologist establishing a clinic and that will positively impact the community. Dr. Hughes expressed his desire to affiliate with as many specialty providers as possible to accommodate Hospital patients with doctor visits in Groesbeck. Dr. Hughes mentioned that when the Hospital providers refer to specialists, those specialists are required to send patient visit notes to the Hospital. Centers for Medicare and Medicaid Services will follow up on referrals to ensure that referral notes are in file.

CHIEF MEDICAL OFFICER REPORT

Kody Yerger, M.D. reported concerning the Infection Control Program and BioVigil hand hygiene compliance monitoring system.

DISCUSSION AND EXECUTION OF ASSUMED NAME RECORDS CERTIFICATE OF OWNERSHIP

The Limestone Medical Center Assumed Name Records Certificate of Ownership filed in the Limestone County Clerk’s Office will expire March 29, 2022. The motion was made by Mr. Arnold Gray, seconded by Mrs. Stanton and approved to continue this assumed name certificate of record for Limestone Medical Center. The directors executed the Assumed Name Records Certificate of Ownership that will be filed in the Limestone County Clerk’s Office and valid for a period not to exceed ten years.

DISCUSSION REGARDING THE DEFINITION OF NEW PATIENT STATISTICS FOR MONTHLY REPORTING

Mrs. Stanton made the motion to table discussion regarding the measures and definitions for monthly reporting until the next meeting when all of the Clinic managers will attend. The motion was seconded by Mr. Wilson and approved.

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

IT/PACS

There are no changes.

Kosse Community Health Clinic

There are no changes.

Rehabilitation

Updates to the Soft Tissue Mobilization policy and procedures have been made to provide current techniques and precautions.

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve the revisions being recommended by the department manager for the Rehabilitation policy and procedures. As there were no changes made to the IT/PACS and Kosse Community Health Care policies and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mr. Wilson and approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The March 9, 2022 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

There are no quality improvement requests for indicator changes to be presented for review and approval.

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.

An audit of 50 clinic charts was conducted to review completeness and accuracy and 100% of the charts were in compliance for documentation, coding and billing. The Chargemaster Audit was completed by an outside company and all updates were made as indicated with no issues noted. The 2022 codes were updated. The 340B Program audits are 100% compliant. A CMS mock walkthrough was performed and the outcome is 96% compliance. All fallouts were corrected.

Compliance Risk Assessment Process

- a. Q1- Launched Internal Audit plan, compliance monitoring plan and implement any action plans that have not already been implemented.
- b. Q2-Q4 – Conduct auditing and monitoring, implement action plans, assess action plans.
- c. Repeat cycle annually.

Compliance Complaints, Investigation and Remedial Action

- a. An employee was investigated for inappropriate use of Hospital resources. Complaint was found valid and appropriate action was taken. No further action is needed.
- b. An employee was investigated for complaint of breach of Hospital code of conduct. After investigation was completed, appropriate action was taken. No further action is needed.

Ms. Julie Wilson provided the directors with information concerning the Hospital's participation in the 340B Program and the efforts being made to ensure that there are no occurrences of duplicate payments. Program profits checks will be reduced during the invoice and payment review period.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending February 28, 2022. Total inpatient revenues for the month of February were \$193,859.35 and the amount budgeted was \$325,440 which is 40.43% less than budget. The prior year inpatient revenues were \$347,542.97. Swingbed revenues for the month of February were \$181,954.45 and the amount budgeted was \$320,990 which is 43.31% less than budget. The prior year Swingbed revenues were \$253,181.39. Outpatient revenues for the month of February were \$3,939,931.13 and the amount budgeted was \$4,403,174 which is 10.52% less than budget. The prior year outpatient revenues were \$3,517,424.36. The total revenues for the month of February were \$5,119,706.21 and the amount budgeted was \$6,025,493 which is 15.03% less than budget. The prior year total revenues were \$5,426,783.94. Total revenue deductions for the month of February were \$2,805,531.22 and the amount budgeted was \$3,301,184 which is 15.01% less than budget. The prior year deductions from revenue were \$2,528,822.26. Expenses for the month of February were \$1,981,296.06 and the amount budgeted was \$2,127,113 which is 6.86% less than budget. The prior year expenses were \$1,787,340.40. The actual net operating profit for the month of February was \$332,878.93 and the amount of \$597,196 was budgeted which is 44.26% less than budget. The prior year net operating profit was \$1,130,621.28. Special items affecting the profit and loss statement total \$78,513.22 and include receipt of COVID SHIP grant funds in the amount of \$78,513.22 and QIPP January net in the amount of \$22,968.63. The net operating profit without the special items is \$254,365.71. A report of collections and expenses reflects that in the past twelve months collections total \$22,523,695.27 and expenses total \$25,518,121.87 and that 88.27% of Hospital expenses are covered by collections.

Mr. Williams conveyed the request to change the meeting day of the Board of Directors from the fourth Tuesday to the last Tuesday of the month to accommodate month end closing and reporting. There was general discussion and it was agreed to formally vote on this date change at the next regular meeting.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members did not meet on Monday, March 21, 2022. LMC Foundation members continue to promote the Tree of Life.

ADMINISTRATIVE REPORT

The annual Health Fair will be presented at the Hospital on Friday, April 29, 2022, from 9:00 a.m. to 12:00 p.m.

The Executive Committee met last month and approved the Lochridge-Priest bid in the amount of \$173,647 to replace two Hospital HVAC Systems. One is needed for the Medical Floor and one is needed for the Specialty Clinic Endoscopy Suite. The Hospital has applied for state funding and project pre-approval is required through the Texas Department of Agriculture Small Rural Hospital Improvement Program (SHIP) grant coordinator. Limestone Medical Center will engage Lochridge-Priest to provide minor alteration/renovation for replacement of two HVAC units in accordance with a signed owner/contractor agreement.

Mr. Charles Williams, President, Baylor Scott and White Medical Center – Hillcrest will be meeting with Mr. Price on Monday, April 4, 2022. Mr. Price will provide Mr. Williams with a tour of the Hospital following their meeting. The last time that Mr. Price and Mr. Williams met there was discussion concerning opportunities for additional specialists to conduct satellite clinics at the Limestone Medical Center campus and Mr. Williams had indicated his willingness to help in this regard.

Mr. Price commented concerning the successful Azuris Dialysis groundbreaking ceremony for Limestone County Dialysis Center that was hosted on Friday, March 4, 2022.

Preparations for the Hospital to participate in the Sexual Assault Nurse Examiner (SANE) Program are progressing. Sissie Roark, FNP-C has received SANE certification and Mrs. Brandy Kennedy will be taking those courses in the near future. Program documentation and policies and procedures are being assembled to support the program. Patient advocate training is being conducted and several employees are participating in this training.

Providers from Advanced Pain Care were on campus at Medical Arts Building on Tuesday, March 15, 2022. Advanced Pain Care clinics will be conducted every Tuesday.

In February Limestone Medical Center's 340B Program profit was \$26,839.64.

Limestone Medical Center has received Class Member settlement checks in the amounts of \$557.01 and \$2,755.07.

Limestone Medical Center has received a subscriber savings distribution check from Texas Hospital Insurance Exchange in the amount of \$2,227.30. The check represents 5% of the amount of the renewal premium for May 2021.

City of Kosse officials anticipate receiving information in the near future concerning the grant award for the application to expand Kosse Community Health Clinic. Currently the application is in position 12 and the top 14 grant applications will be approved. Applicants were given the opportunity to write a letter in support of the application submitted for additional placement consideration. City of Kosse officials did submit a letter; however, it did not result in an application position change.

The generator has not yet been installed at Kosse Community Health Clinic. Management is waiting for the generator to arrive from the manufacturer. This generator is sized to serve the Clinic at 100% capacity at the current building size or at double the size of the building if expanded.

During a recent Texas A&M presentation, another hospital that had previously committed to provide the Swingbed presentation declined at the last minute. It was requested that Limestone Medical Center's program be used for the presentation. A physician from Mayo Center spoke concerning the Swingbed program and then referenced the Hospital's Swingbed program. The physician was very complimentary of the Hospital's Swingbed program and processes in place. The directors and staff present at the Board meeting recognized Mrs. Brandy Kennedy for her Swingbed program leadership.

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, April 26, 2022, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 4:10 p.m.

/s/
Glenda O'Neal
Secretary/Treasurer