

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

MINUTES

May 31, 2022

On this 31st day of May, 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 Milstead

OTHERS PRESENT

Larry Price
Michael Williams
Samantha Bourgeois
Shelton Chapman
Staci Doyle
Leeann Freeman
Misty Hutchison
Emily Jones
Brandy Kennedy
B. C. Lee
Allec Lincoln
Janie Marler

Michelle Mullinnix
Adrianne Rettig
Melanie Richard
Linda Rojas
Tami Taylor
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 3:02 p.m. A quorum was present.

The motion was made by Mr. Arnold Gray to excuse the absence of Mr. Jack Milstead. The motion was seconded by Mrs. Jennifer Mackey 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.

STATEMENT OF OFFICER AND OATH OF OFFICE FOR POSITIONS 1, 2 AND 5

Mrs. Glenda O'Neal, Position 1; Mr. Arnold Gray, Position 2 and Mr. Danny Hewitt, Position 5, were sworn in as elected to the South Limestone Hospital District Board of Directors. These directors executed the Statement of Officer and Oath of Office.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

CORRESPONDENCE

Wortham High School EMT Class of 2022 has recognized Limestone Medical Center EMS for its unwavering support and unrelenting guidance that helped in leading the class's path to success.

In the May 8, 2022 special section of *Waco Tribune-Herald* Mrs. Corey Tunnell was recognized as one of the extraordinary nurses in the area who goes above and beyond to deliver passionate care.

Mrs. Kim Carter addressed a card to the Board of Directors with appreciation for the employee bonuses and longevity pay.

Texas Health and Human Services has conveyed appreciation for the Hospital's participation in the Tobacco Settlement Distribution Program. The Hospital's 2022 pro rata share of tobacco settlement proceeds is \$81,205.33.

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. Mr. Gray raised a question concerning the air conditioning unit that services the Laboratory. Mr. Price stated that a new unit has been ordered, however, the manufacturer is eight weeks behind in production. Portable units have been ordered to cool the Laboratory until the permanent unit can be installed. Mr. Gray asked the department managers in attendance about their work that remains incomplete while they attend the Board meetings and then the Managers' Meeting tomorrow. Mrs. Debbie Brewer responded by stating that it is not mandatory that the managers attend the Board of Directors meeting; it is voluntary. Speaking from her personal viewpoint, Mrs. Brewer stated that she appreciates having firsthand knowledge of Board member discussions and actions. In addition, when the Board members have questions, the managers are present to respond directly. Mr. Gray raised a question concerning utilizing Texas

Organization of Rural and Community Hospitals (TORCH) health find program to assist with physician recruitment. Mr. Price responded by stating that this program has not been in effect for several years. He continued by stating that he participates in the TORCH CEO Forum where ideas including physician recruitment are shared. The Hospital has registered with 3RNET and has received nine inquiries about the physician position that is open at Family Medicine Center. Three inquiries were received this afternoon and Mr. Price will be sharing the contact information for these three candidates with Kenneth Lomenzo, M.D. Motion was made by Mr. Gray, seconded by Mr. Kent Wilson and carried to approve the consent agenda.

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

Dietary

There are no changes.

Diet Manual

There are no changes.

Disaster

There are no changes to the Bomb/Terroristic/Shooter Threat Plan.

There are no changes to the Emergency Evacuation Plan.

The Emergency Operations Plan has been updated to include Healthcare Coalition (HCC); include the internal disaster form and disaster declaration and standby status notification to the Limestone County Emergency Management Coordinator. Limestone County EMC will also be notified to submit a Support Team Assisted Response (STAR) request as needed for additional medical equipment. Documentation of removing the disaster declaration will be located on the internal disaster form. The LMC Internal Disaster Form and Health Facility Licensing Emergency/Disaster Notification form have been added to the policy.

There are no changes to the Hazard Vulnerability Policy and Procedure.

Endoscopy

A new policy and procedure has been written to provide instructions for monitoring temperature and humidity Monday through Friday (excluding holidays) in the Endoscopy Suite.

Family Medicine Center

A new policy and procedure has been added to provide instructions for using and properly cleaning the CryoPen.

Kosse Community Health Clinic

The downtime policy and procedures have been updated. Specifically the processes have been updated in the Required Documentation When the Electronic Medical Record (EHR) System Fails and Downtime for EHR policies and procedures.

Radiology

The IV Contrast Injections policy and procedure is being updated to add section VII and specifically address the Shortage of Contrast Media (conservation protocol). In addition, with regard to selection and administering contrast, staff will follow the Infection Control policy and procedure for safe sharps practices.

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve the newly created and revisions being recommended by the department managers for the Emergency Operations Plan, Family Medicine Center, Kosse Community Health Clinic and Radiology policies and procedures. As there were no changes made to the Dietary, Diet Manual, Bomb/Terroristic/Shooter Threat Plan, Emergency Evacuation Plan and Hazard Vulnerability policy and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mrs. Mackey and approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The May 11, 2022 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Brewer is requesting the deletion of the Business Office indicators (1) calls received for statements received in error and (2) insuring patient with possible communicable disease are being sent to the Emergency Room admission area. Strong processes have been established to address these indicators. These processes will continue to be reviewed but not reported through quality improvement. She is requesting the addition of Business Office indicators (1) admission errors at 1% and (2) maintaining less than 50 claims in the denial management queue by biller. Admission errors are common during the registration process; however, errors should be maintained at 1% for good revenue cycle management. Admission statistics will be pulled, tracked, calculated and discussed with admission clerks. Within the Rycan software there is a denial management system and a queue and Mrs. Brewer desires to the queue to be maintained to a maximum of 50 claims to be worked. Investigating insurance company billing requirements and personnel changes have attributed to a large workflow. Every effort is being made to address all of the issues that might cause the claims to be denied including contracting and admission errors.

Mr. Robert York is requesting the deletion of Environmental Services indicators (1) environmental staff monitor dumpster lid integrity and (2) oxygen safe storage monitoring to ensure tanks are properly secured. He is requesting the addition of an indicator to monitor employee compliance with wearing BioVigil badge while on shift.

Mrs. Corey Tunnell is requesting a change to the Infection Control indicator to ensure all staff exhibit knowledge of the BioVigil system. She is requesting that the goal be changed to 90% due to the number of PRN staff who may not work for months.

The motion was made by Mrs. Mackey to approve the quality improvement indicator changes for Business Office, Environmental Services and Infection Control. The motion was seconded by Mrs. Glenda O'Neal and approved.

CHIEF OF STAFF REPORT

Prior to the Board of Directors meeting, Dr. Lomenzo communicated that he did not have any issues or concerns to report.

CHIEF MEDICAL OFFICER REPORT

Kody Yerger, M.D. stated that he did not have any issues or concerns to report and offered the opportunity to answer any questions. There were no questions asked of Dr. Yerger.

COMPLIANCE OFFICER REPORT

There were no policy and procedure updates reviewed by the Compliance Committee.

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 20 clinic charts was conducted to review completeness and accuracy and 100% of the charts were in compliance for documentation, coding and billing.

Review of Prescriptive Authority Agreements (PAA) revealed that we were not in compliance with contract and contracts were out of date. Sent out updated PAA sample to providers for their review and approval. Providers are responsible for their PAA with the mid-levels they supervise.

An audit of denials revealed a trend in denials for lab work done in the clinic. After review of the current regulations clinic lab work is not billable on the RHC claim. Because we are hospital-based they must be billed on a hospital claim. Mrs. Brewer put processes in place to facilitate this billing. Will continue to monitor to verify an expected decrease in denials. Note-the entire claim paid as expected but a denial was generated in the system that had to be worked unnecessarily. No monies were lost.

Audit of denials also revealed that our behavioral health department has patients that are outpatient treatment only and do not meet the partial hospitalization program guidelines of 20+ hours a week. These claims must be billed on a 1500 instead of a UB and the psychiatrist must have a written plan of care that the social worker follows. Claims are billed under the psychiatrist's name with a AJ modifier to indicate that services were carried out by social worker under the direction of psychiatrist.

Several Hospital Board members and managers participated in part 1 of 4 part series discussing the Critical Access Hospital Conditions of Participation.

Compliance Risk Assessment Process-

- a. Conduct auditing and monitoring, implement action plans, assess action plans.
- b. Education received at COP training revealed that we need to be educating the public on Texas Advance Directives. I put together a presentation with state of Texas approved forms for Mrs. Leeann Freeman to use when she goes to events at the Senior Centers in the County.

One complaint was received from a patient that had an appointment that had to be rescheduled due to doctor calling in sick. Investigation revealed documentation that patient was left a message regarding the need to reschedule. No other action needed.

The Community Needs Assessment is still in process. Compiling accumulated data and completing interviews by the end of May. Final Report will be available and posted on Hospital website by the end of June.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending April 30, 2022. Total inpatient revenues for the month of April were \$197,216.28 and the amount budgeted was \$325,150 which is 39.35% less than budget. The prior year inpatient revenues were \$425,869.17. Swingbed revenues for the month of April were \$391,464.57 and the amount budgeted was \$320,785 which is 22.03% more than budget. The prior year Swingbed revenues were \$483,723.66. Outpatient revenues for the month of April were \$4,619,826.12 and the amount budgeted was \$4,402,154 which is 4.94% more than budget. The prior year outpatient revenues were \$4,518,175.34. The total revenues for the month of April were \$6,001,155.14 and the amount budgeted was \$6,023,978 which is 0.38% less than budget. The prior year total revenues were \$7,658,504.93. Total revenue deductions for the month of April were \$3,707,363.06 and the amount budgeted was \$3,301,184 which is 12.30% more than budget. The prior year deductions from revenue were \$3,628,865.89. Expenses for the month of April were \$2,081,004.69 and the amount budgeted was \$2,179,013 which is 4.50% less than budget. The prior year expenses were \$2,109,496.46. The actual net operating profit for the month of April was \$212,787.39 and the amount of \$543,781 was budgeted which is 60.87% less than budget. The prior year net operating profit was \$1,920,142.58. Special items affecting the profit and loss statement include the tobacco settlement received in the amount of \$81,205.33. The net operating profit without the special items is \$131,582.06. A report of collections and expenses reflects that in the past twelve months collections total \$22,262,910.33 and expenses total \$25,792,542.56 and that 86.32% of Hospital expenses are covered by collections.

Mr. Williams reported that he will be working on the year-end adjustments from the audit this month and next month. These adjustments will be available during the budget review process. He is also working on the single audit for the nursing homes with BKD. An attempt is being made to establish a conference call meeting regarding the time study.

INVESTMENT REPORT

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$53,674,890.48 invested in texpools and certificates of deposit as of April 30, 2022. 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. The Hospital will Intergovernmental Transfer (IGT) the amount of \$6.7 million for Quality Incentive Payment Program (QIPP) on Friday.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, May 16, 2022. LMC Foundation members have asked Mr. Price to compile a list of departmental equipment needs for review at the June 20, 2022 meeting. It is anticipated that approximately \$80,000 will be designated for equipment purchases. Mr. Price is aware of the need for a defibrillator for the ambulance, a colposcope for the Sexual Assault Nurse Examiner program, an AED for Respiratory Therapy along with equipment requests for Nursing and Physical Therapy. Mrs. Sharon Fredriksson was recently recognized as a recipient of the Groesbeck Lodge 354 Community Builder award. Mrs. Fredriksson is involved in many community activities and chose the LMC Foundation meeting as the location to receive this award.

ADMINISTRATION REPORT

At the May 17, 2022 medical staff meeting, Kenneth Lomenzo, M.D. was elected Chief of Staff and Larry Hughes, D.O. was elected Vice Chief of Staff.

Sports physicians were provided at Groesbeck Independent School District. There were 133 physicals performed and collections total \$2,660.

In April Limestone Medical Center's 340B Program profit was \$13,226.13. There has been a decrease in 340B Program profits due to some of the pharmacy companies pushing back on the 340B Program pricing. 340B ESP™ was established to improve 340B program transparency by bringing pharmaceutical manufacturers and 340B covered entities together. Limestone Medical Center is participating in 340B ESP™. Participating entities can designate one or two participating pharmacies as a single contract pharmacy in the 340B ESP Platform that will allow the 340B Program pricing. In July 2022, Kosse Community Health Clinic and Rettig Family Health Care will be added to the 340B Program.

Preparations continue for the Hospital to participate in the Sexual Assault Nurse Examiner (SANE) Program. Mr. Price informed the directors that the program is now being referred to as the Sexual Assault Forensic Examiner (SAFE) Program. Contractual agreements have been reviewed. The target date to establish this program is July 1, 2022. An organizational meeting for staff and volunteers is scheduled on Monday, June 13, 2022, in the Board Room. Mrs. Brandy Kennedy will attend SAFE training June 1-3, 2022.

TORCH Foundation has announced the 2022 scholarship awardees. Limestone Medical Center employees that each received a \$1,000 scholarship are: Dr. Christie McClain, Mrs. Corey Tunnell, Mrs. Lindsey Taylor and Mrs. Shana Stanley Thomas.

Recruiting efforts continue for a family practitioner to work at Family Medicine Center. Available recruiting resources are being utilized at this time.

Mr. Price commented concerning the Limestone County Dialysis Center and stated that in a recent meeting with Mr. Jim Miceli, Project Superintendent, Mr. Miceli conveyed that the project is moving forward. Gas lines have been designated on Martin Street. A resident expressed concern with the amount of traffic that could possibly be traveling on Martin Street. Martin Street will not be the main entrance to the facility and Mr. Price spoke with the resident. It is expected that the heavy equipment will be transported to the location via McClintic Drive.

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, June 28, 2022, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 3:48 p.m.

_____/s/
Glenda O'Neal
Secretary/Treasurer