

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

MINUTES

July 26, 2022

On this 26th day of June, 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

None

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Shelton Chapman
Staci Doyle
Misty Hutchison
Samantha Bourgeois
Allec Lincoln
Kimberly McAlpine
Michele Mullinnix
Adrianne Rettig

Linda Rojas
Tami Taylor
Mike Thompson
Catherine Tobola
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 3:11 p.m. A quorum was present.

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

There were no concerned citizens in attendance.

CORRESPONDENCE

Limestone Medical Center EMS responded along with ten fire departments and multiple agencies to a 64-acre fire on Freestone County Road 1081 on Sunday, July 10, 2022.

A card of appreciation addressed to the Board of Directors from the Laboratory staff was read.

CONSENT AGENDA ITEMS

The Board minutes, Finance Committee minutes, Accounts Receivable report, Family Medicine Center, 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, risk Management Annual Evaluation report and Inservice were presented. Mr. Arnold Gray referenced the Medical Staff minutes and inquired about Dr. Uday Khosla's desire to establish a nephrology clinic in Groesbeck. Mr. Price responded by stating that Dr. Khosla has toured and is considering the clinic building located at 621 McClintic Drive as well as Medical Arts Building as clinic options to support Limestone County Dialysis Center. It has not yet been determined how many days per week the nephrology clinic will be open. In addition, the area previously designated for use as the COVID-19 Clinic at Rettig Family Health Care is being considered. The motion was made by Mrs. Glenda O'Neal, 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

The Dietary Infection Control policy and procedures are being updated to provide for refrigeration and freezer temperatures and equipment operation based on manufacturer guidelines.

The Dish Washing policy and procedures are being updated to provide for current operating temperatures and processes.

The Food Storage policy and procedures are being updated to provide that freezer temperatures are to be maintained at a level to keep frozen food solid.

EMS

There are no changes to the Emergency Medical Services policies and procedures.

Environment of Care

There are no changes to the Environment of Care policies and procedures.

Family Medicine Center

A new policy has been created entitled Family Practice Nurse Practitioner and Medical Assistant medication administration delegation to ensure compliance with Rural Health Clinic Code of Federal Regulations for medical direction, lines of authority and responsibilities and essential health care staff. In order to adhere to Board of Nursing guidelines for Advanced Practice Registered Nurses supervising a medical assistant, this policy is required.

HIPAA

Updated the Table of Contents to include the new policy for:

- Policy outlining the “HIPAA Privacy Rule”
- Policy for “Communicable Disease Reporting” was updated, stating the Policy is within the “Infection Control” Policy and Procedures
- A policy for “HIPAA Breach Notification” was added

Human Resources

The Employee Health Program (E 105) policy and procedures are being updated to reflect current processes with regard to immunization status.

The Payroll (E 114) policy and procedures are being updated to remove the provision of pay advances.

The Vacation (B 110) policy and procedures are being updated to state that employees with benefits may not take vacation days until after 90 days of full time employment. Previously this was stated to be after 180 days of full time employment.

Pharmacy

Revisions:

1. **Policy:** Labeling of Drug Products
 - a. Removed step #4, this is NOT a requirement of the Board of Pharmacy
2. **Policy:** Medication Cart Filling
 - a. Revised for this to be applicable in the event of a prolonged downtime of the Omnicell

Reviewed:

1. **Policy:** Clarification of Drug Orders
2. **Policy:** Discharge Prescriptions
3. **Policy:** Electronic Data Processing Policy
4. **Policy:** Medication Error Reporting
5. **Policy:** P & T Committee

Pharmacy 340B Program

New policy 340B Upload to 340ESP Contract Pharmacy has been created to provide a process for uploading a second sight report twice monthly for contracted pharmacies to review and ensure there are no duplicate discounts.

Quality Improvement

There are no changes to the policies and procedures. The Quality Assessment and Performance Improvement Report form is being updated to reflect evaluation, trends, action and follow-up.

The members of the Board examined each policy and procedure and the motion was made by Mr. Wilson to approve the newly created and revised policies and procedures being recommended by the department managers as well as the unchanged existing policies and procedures reviewed as written. The motion was seconded by Mr. Gray and approved.

DISCUSSION AND ACTION ON GRANT APPLICATIONS FMC, KCHC AND RFHC

Management currently has several grant applications in process. The Texas Rural Health Capacity Building grant application is open for applicants to apply for \$25,000 to \$50,000 in grant funds. Management intends to submit applications for all three rural health clinics. These grants are not related to COVID-19. The deadline to apply is Friday, July 29, 2022. Matching funds are required in the amount of 15% of the total amount requested. The Hospital's portion would be \$7,500 per clinic based on the \$50,000 grant request. The projects would begin at the end of August and must be completed by next July. A review of the supporting documentation for each grant was reviewed.

The directors reviewed the facility improvement grant documentation to make repairs and paint Family Medicine Center. The bids received are for weekend and after hours work so that patient care will not be interrupted. Quotes were reviewed and the motion was made by Mr. Gray to approve the Deltav Innovative Builders, LLC bid in the amount of \$68,655. The motion was seconded by Mr. Wilson and approved.

The directors reviewed the facility improvement grant documentation to make repairs and paint Rettig Family Health Care. There was general discussion concerning the building lease with Community Healthcare Trust and management's unsuccessful attempts to negotiate costs associated with building improvements made by the Hospital. This building was Groesbeck's original hospital and a significant number of renovations have been made at this building over the years. The motion was made by Mr. Gray seconded by Mr. Wilson and approved to accept the Deltav Innovative Builders, LLC bid in the amount of \$66,815 contingent upon the grant being awarded and if not awarded the Board of Directors will reconsider the bid. .

The directors reviewed the capital equipment/asset grant documentation to purchase durable medical equipment for the expansion of Kosse Community Health Clinic. A list of equipment totaling \$54,663.07 was reviewed and it was noted that there is additional equipment required to complete the clinic expansion. The motion was made by Mr. Wilson to approve the purchase of durable medical equipment in the amount of \$54,663.07. The motion was seconded by Mr. Gray and approved.

DISCUSSION AND ACTION ON GRANT APPLICATION HHSC HHS0011335: RURAL HOSPITALS COVID-19 IN HEALTHCARE RELIEF

Texas Health and Human Services Commission Rural Hospital COVID-19 Healthcare Relief grant is specifically for Hospitals and Clinics for COVID-19 relief. The grant application deadline is August 4, 2022.

Management has expressed the desire to apply for grant funds for the purchase of a AAON RTU Unit Number 4 for the Emergency Room in the amount of \$131,800.

Management is requesting approval for Miracle Method Flooring to refinish the tile floors at the Hospital and Family Medicine Center in the amount of \$71,223. It was noted that Miracle Method Flooring was installed at Medical Arts Building approximately ten years ago and the floor finishing is still holding up. It is an epoxy finish that will be used in the grouted and ceramic restrooms. The bids for this work includes after hours and weekend shifts when possible to lessen the interruptions to patient care. The contractor will utilize an air purification system during the installation.

Management is requesting approval to install Santi Flooring on the current floors in the Endoscopy Suite and Emergency Room. In addition to the infection control benefits that the new flooring would provide, Santi Flooring will withstand Tru-D Smart UVC disinfection. The current floors do not withstand UVC lights. There was general discussion concerning the bids received from Industrial Flooring Services in the amount of \$83,182 and Vector Concepts in the amount of \$87,398.51. Mr. Robert York stated that the difference in the bids is the result of hot weld seams which provides seamless flooring.

The motion was made by Mr. Kent Wilson to approve the Lochridge-Priest Inc. bid in the amount of \$131,800; the Miracle Method Surface Refinishing bid in the amount of \$71,223 and the Vector Concepts bid in the amount of \$87,387.51 for the total amount of \$290,410.51. The motion was seconded by Glenda O'Neal and approved.

DISCUSSION AND ACTION ON AMBULANCE PURCHASE

Limestone Medical Center currently operates four ambulances and the Board members reviewed a listing of those trucks and the current odometer readings. Units 429 and 430 are used daily; unit 428 serves as a back-up truck and unit 427 is used in reserve. In a recent conversation with the ambulance manufacturer, Mr. Shelton Chapman was informed that the waiting list for a new truck is approximately 14 months and the cost is approximately \$240,000. Mr. Price conveyed management's preference for the Dodge truck and he indicated that there is a limited window of opportunity to order trucks. Mr. Kent Wilson inquired about the possibility of remounting a unit and there was general discussion concerning the significant modifications that have been made recently. One of the two newer ambulances could be remounted, but the two older ambulances could not be remounted. Mr. Chapman is recommending that unit 428 be moved to reserve status and unit 427 would be considered for trade-in on a new vehicle. The motion was made by Mr. Wilson to approve moving forward with the purchase of a new ambulance. The motion was seconded by Mr. Gray and unanimously approved.

CHIEF OF STAFF REPORT

There was no report from the Chief of Staff.

CHIEF MEDICAL OFFICER REPORT

Dr. Kody Yerger reported to the Board in his capacity as Chief Medical Officer concerning the Thrive Web Client transition and Medical Staff recommendations for improvements.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The July 13, 2022 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Ms. Adrienne Rettig is requesting the deletion of the Rettig Family Health Care indicator to ensure social security number is obtained from the patients. This indicator has been me consistently for five months.

Mrs. Brandy Kennedy is requesting the deletion of Specialty Clinic Congestive Heart Failure (CHF) Clinic indicators to monitor timeouts completed and documents on all outpatient physician led procedures such as trigger point injections, lesion removals, incision and drainage, etc. and to monitor employee compliance with wearing BioVigil badge while on shift. The indicator results have met the desired results for over three consecutive months. Mrs. Kennedy is requesting the addition of indicators to monitor orders for CHF patients renewed annually and medication reconciliation updated at each visit. The results of these additional indicators will be monitored for compliance.

Mrs. Brandy Kennedy is requesting the revision of the Specialty Clinic Wound Care Clinic indicator for fifteen of mid-level charts reviewed by physician to five of mid-level charts reviewed by physician. Compliance documentation supports that only five charts are required to be reviewed each month.

The motion was made by Mrs. Martha Stanton to approve the quality improvement indicator changes for Rettig Family Health Care, Special Clinic CHF Clinic and Special Clinic Wound Care Clinic. The motion was seconded by Mrs. O'Neal and approved.

Ms. Julie Wilson informed the directors that she consulted with the Centers for Medicare and Medicaid Services survey team and confirmed that the Board members do not need to formally approve actual individual indicator changes. Managers will inform the Quality Assessment and Performance Improvement Committee members and that information will be recorded in the meeting minutes that directors review and the medical director will sign off on the changes.

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 36 charts was conducted to review completeness and accuracy. All charts were coded and billed appropriately. It was also reported that 100% of the charts reviewed for documentation for Gordon Lee, PA-C were 100%.

Educational material was conveyed to the providers regarding appropriate reasons and covered diagnosis for Vitamin B-12 and Folate lab testing. In addition there was discussion concerning covered diagnosis for Hep B screening and appropriate Current Procedural Terminology (CPT) code. There is a different CPT for non-pregnant versus pregnant individuals.

There were no compliance complaints, investigations or remedial actions.

It was reported that 100% of the 340B compliance claims reviewed were in compliance.

Management was notified by Health and Human Services (HHS) that the Hospital is out of compliance for website price transparency. HHS could not generate an estimate. Ms. Julie Wilson was able to generate an estimate in house and CPSI could generate an estimate. HHS staff requested screen shots of how the estimate is generated. Upon receipt of the screen shots, HHS staff was able to generate an insurance and a self-pay estimate. HHS verified that the Hospital is in compliance with the price transparency rule.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending June 30, 2022. Total inpatient revenues for the month of June were \$100,720.39 and the amount budgeted was \$325,140 which is 69.02% less than budget. The prior year inpatient revenues were \$178,172.18. Swingbed revenues for the month of June were \$190,139.49 and the amount budgeted was \$320,725 which is 40.72% less than budget. The prior year Swingbed revenues were \$163,405.66. Outpatient revenues for the month of June were \$4,749,256.60 and the amount budgeted was \$4,401,419 which is 7.90% more than budget. The prior year outpatient revenues were \$4,836,309.24. The total revenues for the month of June were \$7,116,999.48 and the amount budgeted was \$6,023,173 which is 18.16% more than budget. The prior year total revenues were \$9,394,803.63. Total revenue deductions for the month of June were \$3,335,337.36 and the amount budgeted was \$3,301,184 which is 1.03% more than budget. The prior year deductions from revenue were \$3,602,305.69. Expenses for the month of June were \$2,207,630.56 and the amount budgeted was \$2,129,002 which is 3.69% more than budget. The prior year expenses were \$1,998,856.98. The actual net operating profit for the month of June was \$1,574,031.56 and the amount of \$592,987 was budgeted which is 165.44% more than budget. The prior year net operating profit was \$3,793,640.96. There are no special items affecting the profit and loss statement. A report of collections and expenses reflects that in the past twelve months collections total \$22,300,425.62 and expenses total \$26,065,896.44 and that 85.55% of Hospital expenses are covered by collections.

Mr. Michael Williams reported that the financial report includes the estimate of June finances for the nursing home and Quality Incentive Payment Program (QIPP) data. The single audit is undergoing FORVIS quality control review at this time and should be completed this week.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, July 18, 2022. There was discussion concerning another fundraiser to be conducted in the fall. Consideration is being given to a fundraiser with a cash prize. LMC Foundation members have tabled purchasing additional equipment for the Hospital pending the determination of the amount needed to be spent prior to fiscal year end September 30, 2022.

ADMINISTRATION REPORT

Mr. Price introduced Ms. Kimberly McAlpine, newly appointed Human Resources Director.

The Sexual Assault Forensic Examiner (SAFE) Program was officially established July 7, 2022.

In June Limestone Medical Center's 340B Program profit was \$8,572.96. Management is considering bringing the 340B Program in house through split billing. If successful, the Hospital would realize benefits through purchasing medications for the Hospital at 340B prices. Management will continue to evaluate this concept.

The expansion of Kosse Community Health Clinic is in the environmental phase of the project. When the environmental phase is completed, the engineer contract will be completed and then a contractor will be approved. An updated timeline is expected within a couple of weeks. It is anticipated that construction will begin at the first of the New Year.

Mr. Price reported concerning the Limestone County Dialysis Center construction. It is anticipated that the project will be completed in early December. It is also anticipated that recruitment for Dialysis Center employees will begin in the near future. Groesbeck City Council will consider opening First Street during the August City Council meeting.

Texas Mutual has issued a check to the Hospital in the amount of \$17,333.67. This check represents 2022 dividends for workplace safety and loyalty to Texas Mutual.

Texas Department of State Health Services conducted a successful infection control audit at the Hospital on Friday, July 1, 2022.

Texas State Fire Marshal presented today to conduct an inspection of the facilities. In addition surveyors from Centers for Medicare and Medicaid Services have presented to conduct an inspection.

Mrs. Debbie Brewer informed the directors that during a recent bake sale to benefit Mr. Anthony Medlock who recently lost three family members, the employees raised \$1,100. The Employee Recreation Committee and LMC Volunteers assisted with donations and the total amount of \$1,600 was given to Mr. Medlock

The budget process for FY2023 will begin soon. It was agreed to schedule the Finance Committee budget review meeting on Thursday, August 25, 2022 beginning at 1:30 p.m.

EXECUTIVE SESSION

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” at 4:46 p.m.

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 of South Limestone Hospital District returned to regular session at 6:01 p.m.

The motion was made by Mr. Gray that Ms. Julie Wilson will review the policies and procedures for investigation of a grievance against the chief executive officer. The motion was seconded by Mr. Wilson and approved.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, August 30, 2022, at 3:00 p.m. in the Hospital’s Board Room.

ADJOURN

There was no further business and the meeting adjourned at 6:08 p.m.

_____/s/
Glenda O’Neal
Secretary/Treasurer