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

MINUTES

April 25, 2023

On this 25th day of April, 2023 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

MEMBERS ABSENT

None

Danny Hewitt Martha Stanton Glenda O'Neal Diana Diaz

Arnold Gray Tyrell Hobbs Kent Wilson

OTHERS PRESENT

Larry Price B. C. Lee Michael Williams Allec Lincoln Debbie Brewer Michelle Mullinnix Shelton Chapman Adrianne Rettig Leeann Freeman Melanie Richard Teresa Sample Cheryl Hardin Courtney Harryman Catlin Samuels Jennifer Havnie Corey Tunnell Danielle Huh Julie Wilson Misty Hutchison Jean Wragge

Emily Jones Kody Yerger, M.D.

Brandy Kennedy Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES

The meeting was called to order by Mr. Danny Hewitt at 3:00 p.m. A quorum was present.

INVOCATION

Mrs. Leeann Freeman led those present in the invocation.

PLEDGE TO THE FLAG

The meeting attendees recited the Pledge of Allegiance to the United States flag.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

CORRESPONDENCE

Ms. Amy Eskew, Chief Executive Officer and President, Texas Healthcare Trustees, has written to congratulate Mr. Arnold Gray for successfully completing the Certified Healthcare Trustee examination. He will serve as a certified trustee from May 28, 2023 to May 27, 2026.

A note of appreciation from a patient was read. The patient expressed appreciation for the professional patient care provided while being treated for a finger injury. The patient indicated that everyone was concerned, courteous and friendly. The patient also recognized Dr. Steven Roberts for his medical skills.

A note of appreciation from Rettig Family Health Care was read. Staff members thanked the Board of Directors for the fleece jackets and pay increases provided at annual evaluation.

Limestone Medical Center EMS crewmembers Mr. Nathan Rogers, Mrs. Theresa Miller and Mr. Rick Hempel were featured in a *Groesbeck Journal* article on Thursday, March 30, 2023. The crewmembers presented an overview of the "Staying Alive" compression only CPR administration to Groesbeck Study Club on Tuesday, March 21, 2023

CONSENT AGENDA ITEMS

The Board minutes, Accounts Receivable report, Family Medicine Center report, Infectious Disease report, Kosse Community Health Clinic report, Marketing report, Nursing report, Plant Operations report, Rettig Family Health Care report, Rucker Clinic report and Inservice were presented Motion was made by Mr. Arnold Gray, seconded by Mr. Kent Wilson and unanimously carried to approve the consent agenda.

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

Cardiac Rehab

There are no changes to the Cardiac Rehab policies and procedures.

Finance

There are no changes to the Finance policies and procedures.

HIPAA

There are no changes to the HIPAA policies and procedures.

Human Resources

There are no changes to the Human Resources policies and procedures.

Kosse Community Health Clinic

Adding Work In policy and procedures to define what constitutes work-in status and explain the scheduling process for those patients on work-in status.

Medical Records

There are no changes to the Medical Records policies and procedures.

Rehabilitation

The Family Medicine Center Animal Assisted Visitation Program was updated to provide for current and active Canine Good Citizen (CGC) certification. In addition there will be a limit of one animal per handler.

The Hospital Animal Assisted Therapy Visitation Program policy and procedures were reviewed and there are no changes.

Last Saturday, April 22, 2023, seven dogs were certified through the Canine Good Citizen program. The visitation program is expected to resume at the end of May.

Mrs. Allec Lincoln reported that the Rehabilitation Department had 1,172 visits las month.

The members of the Board examined each policy and procedure and the motion was made by Mrs. Martha Stanton to approve the newly created and revisions being recommended by the department managers for Kosse Community Health Clinic and Rehabilitation policies and procedures. Review of the Laboratory policy and procedure changes is being tabled until the next meeting. Additionally as there were no changes made to the Cardiac Rehab, Finance, HIPAA, Human Resources and Medical Records policies and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mr. Hobbs and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The April 12, 2023 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed. Many departments are deleting indicators that have met the desired results for consecutive months. New indicators that are focus driven will be added following risk adjustment factor (RAF) guidelines.

There were no risk management incidents reported. One near miss was reported. There is signage posted reminding staff to report near misses.

COMPLIANCE OFFICER REPORT

There are no policy and procedure updates.

None of the Hospital associates are listed in the Office of the Inspector General (OIG) Exclusion Database and none of the Hospital associates are listed with the Texas Health and Human Services Commission OIG.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and Health Information Technology for Economic and Clinical Health (HITECH) Act audit tool was completed. Interviews were conducted with several members of the Hospital admissions staff. The audit revealed that the Hospital is compliant with general overall HIPAA training but lacked HIPAA training specific to Limestone Medical Center HIPAA policies and procedures. A HIPAA training PowerPoint presentation was created addressing areas specific to Hospital policies. This training is being given to all employees in the month of May 2023. Thereafter, this specific HIPAA training will be included in the annual skill competencies evaluation. Signed documents attesting to training will be kept in Human Resources for at least six years.

Infection Control and Quality Assessment and Performance Improvement managers attended monthly Texas Medical Foundation Hospital Quality Improvement Contract meeting. Staff provided additional heart failure and Swingbed quality improvement tools and discussed the patient family engagement program. A Hospital workgroup is been established to create a plan to address this requirement. Policies and procedures are being created for the patient family engagement program. It is anticipated that the program will be presented to the Board of Directors at the regular meeting on Tuesday, June 27, 2023 for review and, if approved, the program will be implemented on Saturday, July 1, 2023.

There were no compliance complaints, investigation and remedial action.

The 340B compliance review reveals that 100% of claims reviewed were in compliance. The 340B second sight report was uploaded to 340Besp website for review.

The Good Faith Estimate policy was put in place in the Hospital and all Clinics according to regulatory guidelines. All Clinics are in compliance with the price transparency process. There have been no questions or complaints.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending March 31, 2023. Total inpatient revenues for the month of March were \$303,362.72 and the amount budgeted was \$241,669 which is 25.53% more than budget. The prior year inpatient revenues were \$255,702.12. Swingbed revenues for the month of March were \$280,663.38 and the amount budgeted was \$279,570 which is 0.39% more than budget. The prior year Swingbed revenues were \$251,008.48. Outpatient revenues for the month of March were \$5,162,727.12 and the amount budgeted was \$4,796,372 which is 7.64% more than budget. The prior year outpatient revenues were \$4,533,024. The total revenues for the month of March were \$7,337,607.42 and the amount budgeted was \$6,781,323 which is 8.20% more than budget. The prior year total revenues were \$6,188,253.84. Total revenue deductions for the month of March were \$4,105,796.94 and the amount budgeted was \$3,740,742 which is 9.76% more than budget. The prior year deductions from revenue were \$3,581,516.94. Expenses for the month of March

were \$2,301,818.79 and the amount budgeted was \$2,397,919 which is 4.01% less than budget. The prior year expenses were \$2,339,575.56. The actual net operating profit for the month of March was \$929,991.69 and the amount of \$642,662 profit was budgeted. The prior year net operating profit was \$267,161.34. Special items affecting the profit and loss include the UC/DSH receivable in the amount of \$308,554.90. The net operating profit without the special item is \$621,436.79. A report of collections and expenses reflects that in the past twelve months collections total \$21,917,906.43 and expenses total \$26,144,750.22 and that 83.83% of Hospital expenses are covered by collections.

Mr. Williams introduced Ms. Teresa Sample, newly hired Human Resources Director.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, April 17, 2023. LMC Foundation members are raffling a Louis Vuitton purse valued at \$1,760 for \$50 per ticket. The winning ticket will be drawn Monday, May 1, 2023 and the winner does not need to be present to win.

ADMINISTRATIVE REPORT

The Compliance Team resurveyed Kosse Community Health Clinic on Tuesday, April 11, 2023. The Clinic was approved and management is awaiting the official accreditation award certificate.

The Trauma Survey was conducted Sunday and Monday, April 23 and 24, 2023. Mr. Price recognized Mrs. Staci Rogers for her preparations for and management of this survey. Mr. Price commented that there were some recommendations concerning policy and procedure changes. In addition, it was recommended that the Hospital provide trauma continuing education training for the staff and Emergency Room physicians. A formal letter conveying the recommendations is forthcoming. Mr. Price stated that the survey process is a valuable learning tool to strengthen Hospital programs.

Mr. Shelton Chapman informed the directors that Kenneth Lomenzo, M.D. has served as EMS Medical Director for a number of years and he has expressed his desire to step down from this position. Mr. Price reached out to Concord Medical Management and Warren Worsham, M.D. has indicated his willingness to serve as EMS Medical Director. Dr. Worsham will be teaching classes for personnel and working on program protocols.

On Saturday, May 6, 2023, four Hospital employees will be going to Paramedic classes. These classes are provided through state funds.

The 340B Program profit for the month of March was \$40,026.34. The Walmart Pharmacy in Marlin was added to the program effective Saturday, April 1, 2023. A conference call was conducted Wednesday, April 19, 2023 to discuss issues being experienced with one of the participating pharmacies. Management is hopeful of resolving these issues and not suspending the program at this pharmacy. Management is working toward establishing an in house 340B Program with split billing.

On Wednesday, April 19, 2023, Mr. Price, Mrs. Jennifer Haynie and Mr. B. C. Lee met with Jeffrey White, M.D., diagnostic radiologist, practicing at Ascension Providence in Waco. Radiology Partners currently reads the diagnostic imaging studies for the Hospital. Ascension Providence currently provides the same services for Freestone Medical Center, Coryell Health and Hamilton Healthcare System. There have been some changes proposed to the contractual arrangement with Radiology Partners and management is currently considering the proposal. Mr. Price expressed his desire for Dr. White to meet with the Medical Staff. Mrs. Jennifer Haynie indicated that contracting with an agency that is geographically closer would be beneficial for consults and communications of all types.

Aristotle Callado, D.O. has also expressed interest in working at Limestone Medical Center. He completed his medical training in Nebraska. He is currently completing residency training at Texoma Medical Center in Anna. He sat for the Texas Medical Board examination on Monday, April 17, 2023. Mr. Price and Dr. Lomenzo have spoken by telephone with Dr. Callado. Dr. Callado has indicated his desire to work including working at the Clinic, in the Emergency Room and inpatient admissions. A tentative Hospital tour was planned for Friday, April 21, 2023 and that is being rescheduled.

Mr. Price stated that he received a communication from Uday Khosla, M.D. who indicated that there have been bank issues concerning the Limestone County Dialysis Center. Those issues were expected to be resolved last week and in the near future the vendors will resume construction.

National Hospital Week will be recognized May 7-13, 2023. The directors and their spouses are invited to join the staff on Tuesday, May 9, 2023 in the Board Room. Lunch will be served from 11:30 a.m. to 1:00 p.m. and dinner will be served from 6:00 p.m. to 7:00 p.m.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.071 of the Texas Government Code "Consultation with Attorney."

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."

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."

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, May 30, 2023, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 3:30 p.m.

/s/ Glenda O'Neal

Secretary/Treasurer