

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

MINUTES

May 30, 2023

On this 30th day of May, 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

Danny Hewitt
Martha Stanton
Glenda O'Neal
Arnold Gray
Tyrell Hobbs
Kent Wilson

MEMBERS ABSENT

Diana Diaz

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Shelton Chapman
Anderson Curry
Kenda Eckols
Leeann Freeman
Cheryl Hardin
Pam Armstrong
Courtney Harryman
Jennifer Haynie
Misty Hutchison
Emily Jones
Brandy Kennedy

Lori Knight
Mark Mackey
Michelle Mullinnix
Jana Raymond
Adrienne Rettig
Melanie Richard
Linda Rojas
Teresa Sample
Mike Thompson
Corey Tunnell
Julie Wilson
Jean Wragge
Kody Yerger, M.D.
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.

The motion was made by Mrs. Glenda O'Neal to excuse the absence of Ms. Diana Diaz. The motion was seconded by Mr. Arnold Gray and approved.

INVOCATION

Mr. Tyrell Hobbs 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

Ms. Bonnie Swinnea was introduced by Mrs. Debbie Brewer. Ms. Swinnea is considering a career in health care administration and is currently shadowing Hospital employees.

Ms. Kenda Echols, Mr. Mark Mackey and Mrs. Jana Raymond individually addressed the Board of Directors concerning the tax rate and exemptions. These individuals shared information from Stone County Conservative Coalition along with the appeal for the implementation of tax exemptions and tax reductions.

Mr. Anderson Curry conveyed a personal experience with Limestone Medical Center that occurred in March 2001 and he encouraged the advertisement of Hospital services.

CORRESPONDENCE

First Baptist Church of Mart wrote a letter thanking the EMS staff for the stand-by services provided at the Church's 145th Homecoming event. The Homecoming Committee was very appreciative of the services provided and especially thanked Mr. Nathan Rogers and Mrs. Michelle Mullinnix for their professionalism and assistance.

Ms. Charlotte Ann Withrow expressed her appreciation for the Emergency Room physicians, nurses and staff.

Mr. Brian Collier provided a complimentary online review of Rettig Family Health Care. He recognized the friendly, professional and knowledgeable staff and great patient care.

Mrs. Kim Carter wrote a note of appreciation to the Board of Directors for the kindnesses she has received during her tenure and for the years of service bonus that she recently received.

A report from a recent Return to Quality in Action Blog Series features Limestone Medical Center's improvement in hand hygiene rates with the electronic monitoring system. Mrs. Corey Tunnell is quoted in the blog citing the Hospital's need for a comprehensive method to obtain insight. The BioVigil System that was installed at the beginning of March 2022 automatically documents each health care worker's "upon entry" and "upon exit" hand hygiene moments, which is part of the "five moments of hand hygiene" recommended by the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO). A total of 63,987 moments were record in March, with a compliance rate of 96.01 percent. In the 14 months since implementation, LMC captured a total of 739,730 hand hygiene opportunities. This averages 49,000 observances per month; 25 times higher than the goal benchmark of 200 observations per unit per month. Cumulative compliance is 95.6 percent as of April 4, 2023. We have seen improvements in cross-contamination. Since implementation, the cross-contamination correction rate is 84 percent with an average of 1,180 corrections per month following a hand hygiene reminder.

CONSENT AGENDA ITEMS

The Board minutes, Accounts Receivable report, Family Medicine Center report, Infectious Disease 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, Rucker Clinic report and Inservice were presented. Mr. Gray commended Mrs. Leeann Freeman for the work that she has been performing to promote Limestone Medical Center services. Mr. Gray inquired concerning the significant number of maintenance and housekeeping work tickets that are being generated and the amount of work being performed. Mr. Price responded by stating that Mr. York is recruiting for another individual with electrical and plumbing experience to work with the maintenance crew. Mr. Wilson commented that the Hospital grounds look very nice. Motion was made by Mr. Gray, seconded by Mr. Hobbs and unanimously carried to approve the consent agenda.

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

Compliance

Quarterly Chart Audit scope and procedure is newly created to address current processes.

Patient and Family Engagement Program is newly created and will be implemented in June 2023.

Dietary and Diet Manual

There are no changes.

Disaster/Emergency Preparedness

The Bomb/Terroristic/Shooter Threat Plan has been updated to include Medical Arts Building.

The Emergency Evacuation Plan has been updated to include Medical Arts Building.

The Emergency Operations Plan has been updated to include Medical Arts Building.

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

Hospital Wide

New policy and procedures to Voice Interpreter Service in the event a translator/interpreter should be needed. Procedures include the use of the Voice interpreter service line or Voice video interpreting iPad.

Infection Control/Antibiotic Stewardship

Hand Hygiene for Health Care Workers

- Removed verbiage regarding Hand antisepsis prior to surgical procedures as we do not perform surgical procedures that require a surgical scrub.

Infection Control Requirements for Inpatient

- Removed verbiage “Protocol” as this does not meet the definition

Infection control Plan

- Increased Employee Immunization goal to match the Infection Control Risk Assessment to mark a goal of 99% overall.

Employee Immunizations

- Removed as a requirement and added as a recommendation regarding employee vaccination record as follows:
 - Employees are encouraged to provide documentation for the following vaccines (If able to) to aid in exposure investigations:
 - Rubella, Rubeola measles which was required after 1957.
 - Diphtheria tetanus immunization every 10 years.
 - Varicella

Removed Covid-19 Vaccine Standing order

- This is no longer offered.
- Revised to allow students seeking clinical rotations to be allowed to file for an exemption that will be reviewed and approved or denied by the Employee Health Committee.

COVID 19 Plan

- Changed isolation requirements for employees infected with Covid from 10 days to current guidelines:
 - HCP with suspected COVID-19 that choose not to seek medical evaluation during the COVID-19 outbreak as defined by the Centers for Disease Prevention and control must self-isolate for 5 days and then may return to work but must wear a mask until day 10.

- Changed Return to work: Non-test based strategy from day 10 to day 5.
 - ***Non-Test-Based strategy.*** HCP can return to work after day 5 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCP following a higher-risk exposure is negative.
 - If viral testing is not performed, HCP can return to work after day 5 following the exposure (day 0) if they do not develop symptoms.

Infection Control Program:

- Changed community involvement to include:
 - Infection Control Department actively serves on the Career and Technology Education Program (CTE Program) to offer guidance and support certification programs in the healthcare field, as well as providing an influenza vaccine clinic to all GISD employees.
- Changed date of Infection Control Meeting:
 - The Infection Control Committee will meet every month on the last Tuesday of the month if possible if not other dates will be announced.

Elective Procedures

- Removed verbiage in regards to universal masking. Not current practice.

Notifiable Conditions

- Updated to current form.

Lab

There are general changes to the Laboratory policies and procedures including some ranges, subtraction and addition of procedures.

There is a new policy and procedure for erythrocyte sedimentation rate (ESR) tests.

There is a new policy for collecting legal samples for police officers and the technologist must verify that the officer sealed the blood samples before leaving the Emergency Room.

Radiology

Updated IV Contrast Injections policy and procedures to include Trauma IV contrast for patients presenting to the Emergency Room and meet trauma criteria and the Emergency Room orders CT with IV contrast for CT examination.

Rehabilitation

The Hot Pack policy and procedures are being updated to include the HydraTherm moist heating pack replacing the hydrocollator moist heating pack. The appropriate water heating levels have been updated along with the procedures for preparing and cleaning the HydraHeat pack.

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 Compliance, Disaster/Emergency Preparedness, Hospital Wide, Infection Control/Antibiotic Stewardship, Laboratory, Radiology and Rehabilitation policies and procedures. Additionally as there were no changes made to the Dietary Department and Diet Manual policies and Hazard Vulnerability procedures, those existing policies and procedures are approved as written. The motion was seconded by Mr. Kent Wilson and unanimously approved.

DISCUSSION AND ACTION ON PURCHASE OF AMBULANCE CHASSIS

Mr. Shelton Chapman reminded the directors of the order placed for a new ambulance that is expected to be available for service in April 2024. Recently Mr. Chapman emailed the manufacturer to ensure that the order is still progressing allowing for the Ford ordering window. The manufacturer's representative responded to Mr. Chapman indicating that he randomly receives chassis and that he is able to place a Chevy chassis on hold for the Hospital in addition to the Ford chassis in expected in April 2024. The red Chevrolet chassis that is on hold could be used as a remount for unit 427. Unit 429 is a 2019 model with approximately 129,000 miles and unit 430 is a 2021 model with approximately 77,000 miles. With the delays in production, a chassis ordered in 2024 would not be available for service until 2026 or 2027. There was general discussion concerning the distances and the frequencies that the ambulances are used for patient transports. The manufacturer's representative will meet with Mr. Chapman in the near future to review the upgrades and remount costs. Mr. Chapman anticipates receiving an email this week with the ambulance specifications for bid. This ambulance would not be in service daily, but would serve as a reliable backup. Mr. Wilson made the motion to table discussion and action on the purchase of an ambulance chassis until the chassis is approved as meeting state standards and the associated costs are provided. The motion was seconded by Mrs. Martha Stanton and approved.

DISCUSSION AND ACTION ON APPOINTMENT OF PATIENT-FAMILY ENGAGEMENT AND HEALTH EQUITY COORDINATOR

Limestone Medical Center recognizes that a major part of a patient's well-being is determined by that patient's investment in his or her health. By improving patient engagement strategies, the Hospital will provide better service and see lasting results for patients. Patient engagement focuses on ensuring that patients and providers work together to improve the patient's health. Limestone Medical Center strives to encourage patients to have a voice in their health care experience. Patient engagement is important as it improves customer satisfaction and retention, it improves patients' long-term health and wellbeing, it reduces waste, reduces potentially preventable readmissions and reduces overall costs.

The action plan includes nine projects and the first project is to designate a hospital employee as Patient Family Engagement Coordinator. The coordinator will begin the remaining eight projects including (1) planning process and implementation of online appointment scheduling and check in including admission forms and patient history; (2) assemble focus groups for specific populations in need; (3) review admission and discharge checklists; (4) review nurse bedside shift reporting; (5) train staff to partner with patients and family using “Working with Patient and Family as Advisors Implementation Manual; (6) utilize Chronic Care Management Program for patients that qualify and provide follow-up calls for those patients that do not qualify; (7) include an opt-in announcement and communication through various channels and (8) implement Patient and Family Advisor Council. The directors reviewed the Health Equity Organizational Assessment tool prepared by Health Services Advisory Group (HSAG), a Hospital Quality Improvement Contractor (HQIC) under contract with Centers for Medicare and Medical Services (CMS). Health equity is a vital component of quality and patient safety. The assessment comprises seven areas of infrastructure and culture of equity including: patient demographic data collection; training for patient demographic data collection reliability; patient demographic data validation; patient demographic data stratification; communication of patient population findings; addressing and resolving gaps in care and organizational infrastructure and culture. The motion was made by Mr. Hobbs to appoint Ms. Julie Wilson as Patient Family Engagement Coordinator responsible and accountable for patient and family engagement. The motion was seconded by Mr. Wilson and approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The May 10, 2023 minutes of the Quality Assurance and Performance Improvement Committee and the Patient Safety/Risk Management meeting minutes were presented and reviewed.

There were no risk management incidents reported. Two near misses, one inpatient fall and two injuries were reported.

COMPLIANCE OFFICER REPORT

The Compliance Committee met Tuesday, May 23, 2023 and the meeting minutes were provided to the directors to review.

No employees, physicians vendors or other Hospital associates are listed in the Office of the Inspector General exclusion database or Texas Health and Human Services Commission Office of the Inspector General database.

The training that was scheduled to be given to all employees in the month of May 2023 has been delayed until the end of June. Ms. Teresa Sample, newly appointed Human Resources Director is reviewing the training material and will help with implementation.

Chart audits were completed for the Rural Health Clinics and there were no issues found.

There was an issue with all BlueCross BlueShield (BCBS) claims in the month of April. There was a glitch in the BCBS system where they had the Hospital National Provider Identifier (NPI) tied to the BCBS internal number for the Hospital as well as Family Medicine Center (FMC). Likewise, the FMC NPI was tied to the Hospital as well as FMC. This caused nearly all BCBS claims for the Hospital and FMC to deny or be paid incorrectly due to processing with the wrong BCBS identification. The Hospital's BCBS representative corrected the BCBS system and Hospital staff resubmitted the claims for re-processing and appealed the claims that paid incorrectly. Claims are now processing correctly and the Hospital is receiving payments on all incorrectly paid claims.

Ms. Julie Wilson attended a week of Compliance Essentials webinar May 15-18, 2023. She received enough continuing education units and with her experience will sit for the Certified Healthcare Compliance (CHC) certification exam in June.

There were no compliance complaints, investigation and remedial action.

A review of the 340B Program compliance was conducted and 100% of the claims reviewed were in compliance. The 340B second sight report was uploaded to the 340Besp website for review.

There have been no price transparency compliance questions or complaints.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending April 30, 2023. Total inpatient revenues for the month of April were \$197,842.97 and the amount budgeted was \$241,095 which is 17.94% less than budget. The prior year inpatient revenues were \$197,216.28. Swingbed revenues for the month of April were \$310,151.48 and the amount budgeted was \$279,540 which is 10.95% more than budget. The prior year Swingbed revenues were \$391,464.57. Outpatient revenues for the month of April were \$4,809,735.97 and the amount budgeted was \$4,795,867 which is 0.29% more than budget. The prior year outpatient revenues were \$4,619,826.12. The total revenues for the month of April were \$7,397,292.83 and the amount budgeted was \$6,861,214 which is 7.81% more than budget. The prior year total revenues were \$6,001,155.14. Total revenue deductions for the month of April were \$3,607,119.61 and the amount budgeted was \$3,739,774 which is 3.55% less than budget. The prior year deductions from revenue were \$3,707,363.06. Expenses for the month of April were \$2,205,525.40 and the amount budgeted was \$2,339,147 which is 5.71% less than budget. The prior year expenses were \$2,081,004.69. The actual net operating profit for the month of April was \$1,584,647.82 and the amount of \$782,293 profit was budgeted. The prior year net operating profit was \$212,787.39. Special items affecting the profit and loss include the Tobacco Settlement receivable in the amount of \$88,922.71 and the QIPP quarter two receivable in the amount of \$975,052.50. The net operating profit without the special item is \$520,672.61. A report of collections and expenses reflects that in the past twelve months collections total \$22,024,621.62 and expenses total \$26,269,270.93 and that 83.84% of Hospital expenses are covered by collections. The Quality Incentive Payment Program (QIPP) funds were reviewed.

INVESTMENT REPORT

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$67,164,061.94 invested in texpools and certificates of deposit as of April 30, 2023. 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.

LMC FOUNDATION REPORT

Mr. Larry Price reported that the LMC Foundation members met on Monday, May 15, 2023. LMC Foundation members realized a profit of \$4,151 for raffling a Louis Vuitton purse valued at \$1,760 for \$50 per ticket. The winning ticket was drawn Monday, May 1, 2023.

ADMINISTRATIVE REPORT

The 340B Program profit for the month of April is \$27,953.61 and the year to date total is \$145,190.58

The 2023 LMC Volunteers Sarah Sims employee scholarship awardees are Mrs. Lindsay Taylor and Ms. Julie Wilson. Both employees received \$500 to further their education.

Management is evaluating an increase in the cost of meals being served in the LMC Café. Currently meals are \$6.00 and management is considering raising that price to \$7.00. Senior citizens receive a 20% discount for the meals.

On Tuesday, April 25, 2023 Mrs. Brandy Kennedy received notification that the Office of the Attorney General has approved her certified adult/adolescent sexual assault nurse examiner application. Her certificate is valid for two years, April 20, 2023 through April 19, 2025.

On April 25, 2023 The Compliance Team provided official notification that Kosse Community Health Clinic is in compliance with the Medicare Conditions for Certification and the Exemplary Provider RHC quality standards participating in the Medicare/Medicaid programs. The effective date of the accreditation is June 9, 2023 through June 9, 2026.

On Tuesday, May 2, 2023, Vaccines for Children Program (VFC) inspectors conducted a site visit at Kosse Community Health Clinic. There were no compliance issues identified during this visit. Mrs. Stephanie McCall, LVN worked very hard to ensure that there were no citations.

Recently the air conditioning unit for the MRI went out. Mr. Albert Michalewicz was very appreciative of Mr. Robert York and his staff for quickly responding with portable air conditioning units to keep the unit going. Successful MRI testing is contingent upon keeping the equipment cooled.

On Tuesday, May 9, 2023 Ms. Adrienne Rettig and Mr. Price met with City of Kosse officials, Grant Works representatives and the project architect to discuss the Kosse Community Health Clinic expansion. Updates to the plan were discussed along with a list of the proposed changes. It is anticipated that the project will be ready to go out to bid on Wednesday, July 19, 2023. This group met again on Thursday, June 8, 2023.

Management was very pleased when Mr. Wayland Burger, Project Manager, Limestone County Dialysis Center called on Tuesday, May 16, 2023 and said that the project financing was approved the day before. He inquired about the apartment availability and he will reach out to Mr. Jay Aldridge. Mr. Burger anticipates being on campus in the next few days.

Texas Department of State Health Services conducted a Life Safety Code Survey on Monday, May 15, 2023. Management is awaiting report the formal findings report.

After participating in the Compliance Essentials webinar May 15-18, 2023 and with her significant experience, Ms. Julie Wilson has earned enough CEUs to site for the Certified Healthcare Compliance (CHC) certification examination in June.

A new 2023 KIA Carnival van was purchased on Wednesday, May 24, 2023. This van will be used for nursing home visits and serve as a backup for Behavioral Health Program patient transports.

Texas Organization of Rural and Community Hospitals (TORCH), Texas Department of State Health Services (TDSHS), Texas Department of Agriculture (TDA) and several other vendor volunteers have indicated the desire to perform a landscaping service project at the Hospital on Thursday morning, June 1, 2023. They will arrive at 8:00 a.m. and provide the supplies and materials.

Limestone Medical Center will celebrate its 50th anniversary on Thursday, June 1, 2023. There will be a reception in the Board Room from 12:00 p.m. to 2:00 p.m.

On Friday, June 2, 2023, Mr. Price will speak with a physician currently in residency at Waco Family Practice. The physician will graduate from the residency program in 2025 and has expressed interest in working at Limestone Medical Center.

Aristotle Callado, D.O. has decided to pursue another year of emergency medicine training.

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 entered into Executive Session at 4:37 p.m. This closed session is held pursuant to Section 551.074 of the Texas Government Code “Personnel Matters.”

RETURN TO REGULAR SESSION

The Board of Directors adjourned from closed session at 4:54 p.m. and returned to open session. The motion was made by Mr. Wilson to approve that the immigration fees associated with sponsoring Mrs. Eduardo Gonzalez will be deducted from the sign on bonus offered to Eduardo Gonzalez-Fernandez, M.D. The motion was seconded by Mr. Hobbs and carried.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, June 27, 2023, at 3:00 p.m. in the Hospital’s Board Room.

ADJOURN

There was no further business and the meeting adjourned at 4:55 p.m.

_____/s/
Glenda O’Neal
Secretary/Treasurer