

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

MINUTES

July 25, 2023

On this 25th day of July, 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
Kent Wilson

MEMBERS ABSENT

Diana Diaz
Tyrell Hobbs

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Linda Chambers
Shelton Chapman
Leeann Freeman
Courtney Harryman
Justin Parker
Misty Hutchison
Brandy Kennedy

Allec Lincoln
Michelle Mullinnix
Adrienne Rettig
Melanie Richard
Corey Tunnell
Hope Wallace
Julie Wilson
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES

The meeting was called to order by Mr. Danny Hewitt at 3:03 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

Kody Yerger, M.D. informed the directors that he had recently protested his property taxes and noted that South Limestone Hospital District has no exemptions and that the Hospital District tax is higher than the Groesbeck Independent School District tax. He remarked that this was unusual because the Hospital District bills for services and he expressed his concern with paying more to the Hospital District than the School District. It was noted that there have been changes within Limestone County Appraisal District as well as state legislation changes.

Mrs. Debbie Brewer stated South Limestone Hospital District is a taxing and billing entity. However, if one were to take away all of the special projects that the Hospital participates in that provides revenue, the Hospital would incur loss. She referenced reduced insurance reimbursements and reduced benefits. Mrs. Brewer added that the Hospital District is very fortunate to have special programs or it would have to solely rely on tax revenues to maintain operations. While there are excess revenues at this time, all of these special programs will one day be discontinued.

CORRESPONDENCE

Mrs. Jana Raymond, Secretary, Stone County Conservative Coalition has written a letter addressed to Mr. Larry N. Price and the Board of Directors requesting consideration of lowering the tax rate below the no new revenue rate for the 2023 tax apportionment and taking action to adopt exemptions on the Limestone Medical Center tax.

In May Ms. Diana Diaz wrote a letter to resign her position from the Board of Directors. However, the letter was not dated and did not reflect the resignation effective date. Ms. Diaz has now clarified her intention to resign her position effective May 31, 2023.

The Hospital has earned a dividend from Texas Mutual in the amount of \$24,364.78. This dividend is being awarded for the Hospital's commitment to workplace safety and loyalty to Texas Mutual.

Groesbeck Journal has announced the winners of the 2023 Best of Groesbeck. Limestone Medical Center has been named best employer, best looking business and best hospital. Kenneth Lomenzo, M.D. has been named best doctor, Mrs. Whitney Tucker has been named best nurse, Catlin Samuels, EMT-P has been named best EMT and best paramedic and Ms. Maria Contreras has been named best housekeeper.

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, Nursing Home Maintenance and Operations Report, Physician Credentialing Committee minutes, Plant Operations report, Rettig Family Health Care report, Rucker Clinic report and Inservice were presented. Motion was made by Mr. Arnold Gray, seconded by Mrs. Martha Stanton and unanimously carried to approve the consent agenda.

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

Emergency Medical Services

There are no changes.

Environment of Care

Building Maintenance policy and procedures updated

Safety and Risk Management Plan updated

Patient Safety policy and procedures – moved to Nursing

Occurrence Reporting policy and procedures -updated to reflect online reporting through The Safety Net

Employee Safety Attestation – updated initial and annual training courses

Updated Fire Drill Sign in Sheet

Hospital Wide

Removed Covid-19 Vaccine Mandate as this policy and all supporting documents are updated including employee handbook, employee immunizations, student packet, and new hire packet. This policy was updated based on the CMS Final Rule published on June 5th, 2023, no longer requiring this vaccine for health care workers.

The Employee Immunizations policy and procedures were update to remove verbiage regarding Covid-19 vaccination being included in the requirements LMC is responsible for maintaining in Employee Records.

- 1.1 Limestone Medical Center is responsible for maintenance of employee records regarding tuberculosis screening, flu vaccine, Hepatitis B and COVID 19 immunizations and other immunizations recommended by Department of Public Health and Human Services.

- 1.1.1 See policy” COVID Vaccine Mandate” regarding COVID vaccinations/declinations.

Human Resources

Employee Handbook policy No. E 105, Employment Conditions was updated to remove references to employment requirement related to Covid-19 Vaccine.

Pharmacy

Revisions:

- 1. Policy: Access to the Pharmacy
 - a. Removed list of Personnel with access

2. Policy: Medication Error Reporting
 - a. Added new steps for reporting
3. Policy: Infection Control
 - a. Rephrase where food is NOT to be stored
4. Policy: Emergency Drug Procurement
 - a. Removed Pharmacies no longer applicable
5. Policy: Drug Recalls
 - a. Wording: removed patient try and added Omnicell

Reviewed:

1. Policy: After Hours Monitoring
2. Policy: Investigation Drugs
3. Policy: Medication Security
4. Policy: Controlled Drug Procedures—EMS

Pharmacy 340B Program

There are no changes.

Quality Improvement

The Quality Improvement plan has been updated to include continuous quality improvement monitoring with program tools and priorities.

Respiratory Therapy

The newly created Wellness Program policy and procedures for individuals to utilize Hospital equipment for exercise program. It is anticipated that the program will be offered Tuesday and Thursday afternoons from 2:00 p.m. to 6:00 p.m. Participants will pay \$5 per session. A staff member will be employed to monitor the program.

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 Environment of Care, Hospital Wide, Human Resources, Pharmacy, Quality Improvement and Respiratory Therapy policies and procedures. Additionally as there were no changes made to the EMS, Pharmacy and 340B Program policies and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mr. Kent Wilson and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The July 13, 2023 minutes of the Quality Improvement Committee and the Patient Safety/Risk Management/Workplace Violence Committee meeting minutes were presented and reviewed.

There were no near misses reported. There were four falls reported and there was one report of a patient transferred to the wrong facility.

There is the need to create annual goals and there is the need to re-evaluate re-admissions.

The Environment of Care annual evaluation was completed and approved by the committee. This evaluation comprises building safety, fire safety, patient safety and risk management which includes occurrence reporting.

The Quality Improvement Plan that will become effective August 1, 2023 was presented and reviewed. The Workplace Violence Prevention Plan was presented and reviewed.

COMPLIANCE OFFICER REPORT

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.

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

Senate Bill 490 by Sen. Bryan Hughes (R-Mineola) and Rep. Caroline Harris (R-Round Rock) adds a new Chapter 185 to the Texas Health and Safety Code and is effective Sept. 1, 2023. SB 490 requires hospitals to provide itemized bills to their patients after services are provided and before the hospital initiates debt collection actions. This new law is in addition to laws already in place regarding the provision of itemized statements upon patient request

Ms. Julie Wilson attended the “Getting Ready for SFY2024 Quality Reporting: Comprehensive Hospital Increased Reimbursement Program (CHIRP), Texas Incentives for Physician and Professional Services (TIPPS) and Rural Access to Primary and Preventative Services (RAPPS) webinar.

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.

The Hospital’s legal entity name, DBA name, address, license number, Medicare provider number, contact information and web link for the Hospital’s home page have been submitted as required for price transparency compliance.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending June 30, 2023. Total inpatient revenues for the month of June were \$231,668.51 and the amount budgeted was \$240,391 which is 3.63% less than budget. The prior year inpatient revenues were \$100,720.39. Swingbed revenues for the month of June were \$239,041.71 and the amount budgeted was \$279,400 which is 16.23% less than budget. The prior year Swingbed revenues were \$190,139.49. Outpatient revenues for the month of June were \$5,207,110.78 and the amount budgeted was \$4,795,047 which is 8.59% more than budget. The prior year outpatient revenues were \$4,749,256.60. The total revenues for the month of June were \$6,920,409.50 and the amount budgeted was \$6,778,550 which is 2.09% more than budget. The prior year total revenues were \$7,116,999.48. Total revenue deductions for the month of June were \$3,685,005.98 and the amount budgeted was \$3,738,970 which is 1.44% less than budget. The prior year deductions from revenue were \$3,335,337.36. Expenses for the month of June were \$2,229,634.08 and the amount budgeted was \$2,328,555, which is 4.24% less than budget. The prior year expenses were \$2,207,630.56. The actual net operating profit for the month of June was \$1,005,469.44 and the amount of \$711,025 profit was budgeted. The prior year net operating profit was \$1,574,031.56. Special items affecting the profit and loss include the Medicaid Dispro receivable in the amount of \$130,105.96, the UC receivable in the amount of \$70,458.19 and the Uncompensated Trauma receivable in the amount of \$20,877.64. The net operating profit without the special item is \$784,027.65. A report of patient collections and expenses reflects that in the past twelve months' collections total \$22,826,305.50 and expenses total \$26,453,614.78 and that 86.29% of Hospital expenses are covered by collections. The Quality Incentive Payment Program (QIPP) funds were reviewed.

LMC FOUNDATION REPORT

Mr. Larry Price reported that the LMC Foundation members did not meet this month. The next meeting will be held Monday, August 21, 2023. Plans are in place to purchase a new DEXA scanner. The current DEXA scanner is functioning well but can no longer be serviced or repaired. Management is pursuing capital improvement project funding and if that effort is successful, will utilize those funds for the scanner purchase. If the grant application is not successful, LMC Foundation members have indicated a willingness to purchase the DEXA scanner. If the grant application is successful, LMC Foundation monies will be applied toward the purchase of the new ambulance.

ADMINISTRATION REPORT

The 340B Program profit for the month of June is \$10,307.12 and the year to date total is \$183,119.17.

Mr. Price recognized Mrs. Corey Tunnell for her hard work in assembling the Hospital's trauma survey resolutions and submitting them to the state.

The Hospital has earned a dividend from Texas Mutual in the amount of \$24,364.78. This dividend is being awarded for the Hospital's commitment to workplace safety and loyalty to Texas Mutual.

BioVigil team members were on campus Tuesday, July 18, 2023 documenting the Hospital's successful practices with the hand hygiene patient safety system.

The Fire Marshal conducted an inspection of the Hospital and Clinics on Thursday, July 20, 2023. Mr. Price recognized Mr. Robert York and the maintenance and housekeeping staff for ensuring that the necessary Hospital preparations were made. Mr. York stated that there were a couple items noted at the Hospital, Family Medicine Center and Rettig Family Health Care and all of those items were corrected during inspection. The surveyor did cite the generators for improper Hazmat signage. Upon receiving confirmation that the proper signage was in place, the surveyor wrote a clean report. The Fire Marshal conveyed to Mr. York that the Hospital's kitchen was the cleanest kitchen that he has ever inspected.

Christian Jacobsen, M.D. visited the Hospital on Friday, July 21, 2023. Dr. Jacobsen has expressed interest in establishing a medical practice in and moving to Groesbeck.

Mr. Price informed the directors that he is continuing to work with Eduardo Gonzalez, M.D. and the immigration attorneys. It is anticipated that Dr. Gonzalez will begin working at the Hospital in August 2024.

Mexia Chamber of Commerce has recognized Limestone Medical Center with the Business of the Month award for the month of July.

The schedule of departmental budget review meetings is being assembled. The Finance Committee budget workshop has been scheduled for Tuesday, August 22, 2023.

Management anticipates increasing the cost for meals served by the Dietary Department.

Mr. Price referenced the Financial Report prepared by Mr. Michael Williams and stated that in June collections totaled \$2,391,147.97 and expenses totaled \$2,229,934.08 and that 107.23% of Hospital expenses are covered by collections. He continued by stating that if Hospital operations started to decline the enabling legislation provides that property taxes will be increased up to \$.38 per hundred dollars evaluation. Mr. Price emphasized that management is doing everything possible to prevent that from happening. Currently there are surplus funds, but these funds are attributed to the nursing home program. Management pursues every opportunity to participate in federal and state programs that will support the Hospital to reduce the burden from tax dollars. The Hospital participates with group purchasing organizations to receive discounted pricing and dividends. Mr. Price stated that the Hospital does receive taxpayer monies, but management does everything possible to remain fiscally responsible to the citizens in South Limestone Hospital District. Mr. Price recognized the considerable fund raising efforts of LMC Foundation and LMC Volunteers in support of the Hospital. Mrs. Stanton recognized Mr. Price and Administration for their efforts to reduce expenses and participate in programs that will increase revenues.

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 3:52 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 4:07 p.m. and returned to open session. There was no action.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, August 29, 2023, at 3:00 p.m. in the Hospital’s Board Room.

ADJOURN

There was no further business and the meeting adjourned at 4:16 p.m.

_____/s/
Glenda O’Neal
Secretary/Treasurer