

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

MINUTES

August 29, 2023

On this 29th day of August, 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

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Linda Chambers
Shelton Chapman
Leeann Freeman
Courtney Harryman
Jennifer Haynie
Misty Hutchison
Emily Jones
Brandy Kennedy
B. C. Lee
Allec Lincoln
Janie Marler
Michelle Mullinnix
Adrianne Rettig
Linda Rojas
Mike Thompson
Corey Tunnell
Hope Wallace
Julie Wilson
Jean Wragge
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES

The meeting was called to order by Mr. Danny Hewitt at 3:01 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

Ms. Margie McManus expressed her appreciation for and commendation of the Wound Care Clinic.

Christian Jacobsen, M.D. sent a note expressing gratitude for the hospitality that was extended to him and his family on Friday, July 21, 2023.

The family of Frank A. Brower has expressed appreciation to the LMC staff for the care and kindness provided to Mr. Brower.

Mr. Desmond Anderson provided a five star review for Rucker Clinic.

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, semi-annual Nurse Staffing Committee report, Plant Operations report, Rettig Family Health Care report, Rucker Clinic report and Inservice were presented. Mrs. Misty Hutchison informed the directors that the number of patient visits at Family Medicine Center was lower in the month of July. In attempt to provide additional marketing and advertising for the Clinic, Mrs. Hutchison now has access to the Hospital's Facebook page to add posts and information concerning services provided. The motion was made by Mrs. Glenda O'Neal, seconded by Mr. Tyrell Hobbs and carried to approve the consent agenda.

COMMITTEE REPORT

On Tuesday, August 22, 2023 the Finance Committee members met with management and departmental managers to review the proposed budgets for the new fiscal year beginning October 1, 2023. Each department manager presented the budget requirements as compiled during the individual meetings with Administration. The Board members commended the managers for being well-prepared and knowledgeable concerning their departments.

ADOPTION OF FY2024 HOSPITAL BUDGET

Those present reviewed the summary profit and loss budget for fiscal year 2024. Capital equipment items requested total \$1,237,429.01 and include: anesthesia machine for \$43,053.90 and upgrade of scopes, processor and monitor for \$202,301.75 Specialty Clinic; Omnicell for \$235,247.00 for Pharmacy; HVAC for EMS quarters and Materials Management for \$60,000.00 for Maintenance; Enterprise wide scheduling for \$29,400.00 and domain controller for \$9,000.00 for IT; Citrix remote server for \$7,000.00 for PACS; stress test machine for \$24,000.00 and EKG for \$15,000.00 for Respiratory; i-STAT System for \$11,121.33 and Centrifuge for \$11,895.63 for Laboratory; vaccine refrigerator for \$7,000.00 for Family Medicine Center; Glidescope for \$15,000.00 and trauma stretchers (2) for \$16,000.00 for Emergency Room; parallel bars for \$14,962.50, EMYO® series for \$5,076.00 and Pathway CTS 1500 for \$5,075.00 for Rehabilitation; DEXA machine for \$61,699.00 for Radiology; UPS for \$8,600.00 for CT; stretcher for \$36,440.90, new ambulance for \$222,506.00 and remount ambulance for \$197,050.00 for EMS. Some of these expenses will be offset with grant funds.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District entered into Executive Session at 3:08 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 3:48 p.m. and returned to open session.

It was unanimously approved to add to the budget providing all full-time employees up to a five percent 5% salary increase at the discretion of Mr. Price and the department managers at the time of annual evaluation. Full time employees will also receive longevity pay at the rate of \$100 per year of most recent effective full time date.

The motion was made by Mr. Hobbs to adopt the budget as presented for fiscal year 2024. The motion was seconded by Mr. Arnold Gray and unanimously approved.

DISCUSSION AND ACTION ON PROPOSED TAX RATE

The members present reviewed the proposed 2023 tax rate calculation documents. It is anticipated that nursing home revenues will decrease in the next fiscal year. It is also anticipated the Limestone County Dialysis Center will increase Laboratory revenues. As expected, payroll expenses are a significant portion of the budget with approximately \$425,000 being expended every two weeks.

Last year’s tax rate was set at \$0.3087. There was general discussion concerning the 2023 tax rate. The no new revenue tax rate is \$0.2627; and the voter approval tax rate is \$0.2859. If the no new revenue rate or a lower rate is proposed, the Board of Directors do not have to hold a public hearing. If a rate is proposed above the no new revenue rate the Board will only need to schedule one public hearing at the time of proposal.

The Board may adopt the rate directly following the hearing. The notice of hearing must be published at least five days prior to the hearing. If a hearing is necessary and the Board chooses not to adopt the rate immediately following the hearing, there will be the need to schedule the adoption within seven days of the hearing date. The rate must be adopted no later than September 30, 2023.

The motion was made by Mr. Hobbs to propose the tax rate of \$0.2527/\$100 of property value. The motion was seconded by Mr. Kent Wilson and approved.

VOTE

The members of the governing body voted on the proposal to decrease the current tax rate of \$0.3087/\$100 of property value to the tax rate of \$0.2527/\$100 of property value as follows:

For: Danny Hewitt, Martha Stanton, Glenda O’Neal, Arnold Gray, Tyrell Hobbs and Kent Wilson

Against: None

Present and not voting: None

Absent: None

SET DATE AND TIME OF PUBLIC HEARING ON PROPOSED 2023 TAX RATE

The proposed tax rate of \$0.2527/\$100 of property value does not exceed the notice and hearing limit.

DISCUSSION AND ACTION ON CONSTRUCTION OF DIALYSIS CLINIC ENTRANCE

City of Groesbeck has agreed to construct the improvements to First Street to provide access to Limestone County Dialysis Center when opened. Limestone Medical Center will construct the curbing and tie in from the Hospital to Limestone County Dialysis Center. Moore Excavating, LLC has submitted a quote to construct an entrance out of the north end of the property towards Limestone County Dialysis Center. The quote provides for a concrete drive to be installed that ties First Street into the Hospital’s existing driveway 25 feet to the back of each curb and 56 feet from the driveway to the property line. In addition, a culvert will be installed underneath the drive to allow drainage. The new entrance will match the existing driveway.

The motion was made by Mr. Wilson to approve the Moore Excavating, LLC quote to construct an entrance, curb and culvert to tie Limestone County Dialysis Center and Limestone Medical Center at First Street in the amount of \$34,650.00. The motion was seconded by Mrs. Martha Stanton and approved.

DISCUSSION AND ACTION ON POLICIES AND PROCEDURES

Indigent Care

The Annual 2023 Federal Poverty Guidelines are being updated.

Infection Control Program

Removed:

- 5.1 The Infection Control Committee will meet every month on the last Tuesday of the month if possible if not other dates will be announced.

and replaced with:

The Infection Control Committee will meet quarterly on the last Tuesday of the month. The Infection Control department reserves the right to call any additional meetings to order as necessary for possible outbreaks or issues that may arise.

IT

The HIPAA/HITECH Breach Notification policy and procedures are being updated to comply with new requirements that will become effective Friday, September 1, 2023. Notification is being changed from 60 days to 30 days and the breach involvement is being reduced from 500 to 250 individuals.

The Prohibited Use of Covered Social Media Applications policy and procedures are newly created concerning the prohibited use of certain covered social media applications and services on devices owned or leased by Limestone Medical Center.

Rehabilitation

The Physical Therapy Clinical Supervision policy and procedures are being updated with current employee titles.

Rettig Family Health Care

- *Policy 201 Cleaning Schedule*
 - Removed statement referring to Sani-Cloth Instructions
- *Policy 201b Super Sani-Cloth Instructions*
 - Removed – different kinds of wipes and cleaning products used
- Changed Policy 201c Wheelchair check off list to 201b
- *Policy 202 Exposure Control Plan*
 - Took out all information and put a statement referring to LMC Infection Control Policy as they have policies covering all exposure control aspects
- *Policy 302a Organizational Chart*
 - Updated to include all current staff
- *Policy 408a Emergency Care*
 - Updated crash cart list

- *Policy 601 Drugs & Biologicals*
 - Changed location to FMC where refrigerated drugs will be taken in the event of a power outage
- *Policy 603a Informed Consent Form*
 - Updated to current form used
- *Policy 1007 Auxiliary Aids Policy*
 - Updated company used for interpretation services

Emergency Plan

- *Attachment D: Organizational Chart*
 - Updated to include all current staff
- *Attachment F: Notification Call List*
 - Updated to include all current staff
- *Attachment I: Exercise Documentation*
 - Updated drill list

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve the revisions to the Indigent Care, Infection Control, IT, Rehabilitation and Rettig Family Health Care policies and procedures. The motion was seconded by Mr. Wilson and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The August 9, 2023 minutes of the Quality Assurance and Performance Improvement Committee and the Patient Safety/Risk Management/Workplace Violence Committee were reviewed.

Kenneth Lomenzo, M.D. is the quality assurance medical director. He reviews departmental indicators and workplace violence concerns. Workplace violence plans and proposed signage are being created.

Committee members reviewed the newly approved Quality Improvement Plan. Committee members also reviewed the Specific Measurable Achievable Relevant Time-Bound (SMART) worksheet and the specific definitions, leadership and organization responsibilities, goals and objectives, performance measures, the Plan-Do-Check-Act (PDCA) initiative and the departmental indicator evaluations. Managers will begin submitting departmental indicator evaluations beginning in January 2024.

There were no near misses, inpatient falls or medication errors for the second consecutive month.

COMPLIANCE OFFICER REPORT

There are no policy and procedure updates. None of the Hospital associates are listed on the Office of the Inspector General (OIG) exclusion database or Texas Health and Human Services Commission (HHSC) OIG data base.

Chart audits were completed for the Rural Health clinics and Rucker Clinic. No issues were discovered. A diabetes chart review of 202 of the 2,063 uncontrolled diabetes. This is a compliance rate of 90% with a peer comparison of 90%.

Ms. Julie Wilson spoke at the Family Medicine Center staff meeting regarding Annual Medicare Wellness exams and the importance of having the patient complete the required paperwork. If the paperwork is not completed, billing will change the charge to a regular office visit that the documentation supports

There were no compliance complains, investigations or remedial actions. There were no issues reported with regard to price transparency compliance.

A 340B compliance review was conducted and 100% of claims reviewed were in compliance. The 340B second sight report has been uploaded to 340Besp website for review. A review of 340B regulations revealed that an independent audit is required to be completed on the contracted pharmacy accounts. Management has communicated with FORVIS to obtain additional information about getting the audits completed. Pharmacy Plus is delinquent in paying the invoice for 340B received medications. SunRx has reached out to Pharmacy Plus to establish a payment plan. Management will continue to monitor this issue to verify it is resolved. Due to the delinquency, Pharmacy Plus has been removed from participating in the Hospital's 340B program. The 340B program annual recertification on Office of Pharmacy Affairs Information System (OPAIS) was successfully completed

Healthcare Effectiveness Data and Information Set (HEDIS) measures address a range of health issues including asthma medication use, persistence of beta-blocker treatment after a heart attack, controlling high blood pressure; comprehensive diabetes care, breast cancer screening, chlamydia screening, antidepressant medication management, immunization status and advising smokers to quit. The Hospital has a 16% compliance rate for controlling blood pressure with a peer compliance rate of 47% for Humana. After an internal review of actual blood pressures at Family Medicine Center there is a 48% compliance rate. It is believed that the lower number was obtained through a different reporting method. Currently data is only captured by requests for Medical Records. A worksheet will be implemented to capture the data and amend it to Hospital claims. It is anticipated that this will increase the compliance rate. A form was created to capture CPT II codes for systolic and diastolic blood pressure that will be entered and submitted on the patient claim form with office visit. The insurance company will get the information and this should increase the Hospital's rating. Management will continue to monitor for improvement and make adjustments as needed.

DISCUSSION AND ATTESTATION THAT NO PHYSICIANS HAVE ANY OWNERSHIP OF HOSPITAL

As part of the conditions of participation for Critical Access Hospitals, Limestone Medical Center must attest that none of the physicians or any members of their families have ownership in the Hospital. The motion was made by Mrs. Stanton, seconded by Mr. Hobbs and approved that the Board of Directors do hereby attest that no physicians on staff or their immediate family members have any ownership of the Hospital.

INVESTMENT REPORT

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$67,358,581.77 invested in texpools and certificates of deposit as of July 31, 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.

DISCUSSION AND ACTION ON APPROVED BROKERS FOR PUBLIC FUNDS INVESTMENT ACT COMPLIANCE

A list of approved brokers is required for the investment of public funds. Morgan Stanley, Wells Fargo Advisors, Merrill, Ameriprise and Edward Jones are recommended as approved brokers for the Hospital. Other brokers can be added to the list as the need arises to do business with a brokerage firm. The motion was made by Mr. Gray to approve the brokerage firms on the list of approved brokers. The motion was seconded by Mr. Wilson and approved.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending July 31, 2023. Total inpatient revenues for the month of July were \$167,596.69 and the amount budgeted was \$240,069 which is 30.19% less than budget. The prior year inpatient revenues were \$286,900.44. Swingbed revenues for the month of July were \$274,842.66 and the amount budgeted was \$279,375 which is 1.62% less than budget. The prior year Swingbed revenues were \$405,920.41. Outpatient revenues for the month of July were \$5,380,910.08 and the amount budgeted was \$4,794,817 which is 12.22% more than budget. The prior year outpatient revenues were \$4,382,376.57. The total revenues for the month of July were \$8,349,331.12 and the amount budgeted was \$6,777,973 which is 23.18% more than budget. The prior year total revenues were \$5,817,815.95. Total revenue deductions for the month of July were \$3,809,958.68 and the amount budgeted was \$3,738,821 which is 1.90% more than budget. The prior year deductions from revenue were \$3,621,786.19. Expenses for the month of July were \$2,268,721.22 and the amount budgeted was \$2,378,150 which is 4.60% less than budget. The prior year expenses were \$2,111,162.47. The actual net operating profit for the month of July was \$2,270,651.22 and the amount of \$661,002 was budgeted which is 243.52% more than budget. The prior year net operating profit was \$84,867.29. Special items affecting the profit and loss statement include a UC payment in the amount of \$74,529.53 and third quarter QIPP receivable in the amount of \$1,415,236.71. The net operating profit without the special items was \$780,884.98. A report of collections and expenses reflects that in the past twelve months collections total \$23,243,347.87 and expenses total \$26,611,173.53 and that 87.34% of Hospital expenses are covered by collections.

LMC FOUNDATION REPORT

The LMC Foundation met Monday, August 21, 2023. The members met with a financial advisor during the meeting. LMC Foundation Board members intend to provide the Hospital with approximately \$75,000 for equipment purchases.

ADMINISTRATIVE REPORT

In July Limestone Medical Center's 340B Program profit was \$27,097.04.

The Hospital has been awarded a Rural Health Facility Capital Improvement Program (CIP) grant for \$57,856.26. At the time of the application, the DEXA scanner quote totaled \$61,199.00 and the i-STAT System quote totaled \$11,121.33 for the total project costs of \$72,320.33. The Hospital will provide matching funds in the amount of \$14,464.07.

Texas Mutual has awarded the Hospital a safety group dividend in the amount of \$6,301.02

Limestone Medical Center's Wound Care Clinic has received the RestorixHealth Clinical Distinction Wound Center Recognition for 2023 and the RestorixHealth Patient Satisfaction Wound Center Recognition for 2023.

A luncheon celebrating the tenth anniversary of the Hospital's Wound Care Clinic will be held Thursday, September 21, 2023, at 12:00 p.m., in the Board Room and the directors and their spouses are invited to attend.

On Monday, August 7, 2023, Mr. Price and Ms. Julie Wilson toured the science building that has been donated to Rucker Foundation by Mart Independent School District. The building will require renovations to relocate and operate Rucker Clinic. Renovations will provide space for an additional provider at Rucker Clinic. There have been discussions with the architect who will provide renderings for the building. Renovation costs will be paid by Rucker Foundation.

Mr. Price and Ms. Wilson met with representatives from Waco-McLennan County Public Health District through the City of Waco concerning sub-leasing space at Rucker Clinic for the Women, Infants and Children Program (WIC). It is being proposed that the WIC program will lease space at the science building. The matriarchs of Rucker Foundation and Delaney Foundation were very good friends and these women have provided trusts for health care in the Mart community. It is anticipated that Delaney Foundation will assist with establishing Rucker Clinic in the former science building.

Mr. Robert York and Mr. Price have toured the Rand Building downtown that is currently listed for sale. Management considered this building in anticipation of the lease expiration for Rettig Family Health Care. This building would require significant renovations for use as a clinic and is not a viable option at this time.

Texas Organization of Rural and Community Hospitals (TORCH) risk assessment auditors were on campus Friday, August 25, 2023 to for the dashboard walkthrough. The auditors reviewed computer access, medical records security and toured the facility with Mr. York. The auditors were very pleased and complimentary concerning their findings.

TORCH representatives were on campus Friday, August 25, 2023 to discuss TORCH grants that were originally used for COVID-19 but can now be used for adult and pediatric immunizations. The three Rural Health Clinics can be awarded up to \$300,000. Ms. Wilson is spearheading these grant initiatives and the specific parameters for salaries and equipment pertaining to immunizations.

Mr. Price announced that Mrs. Corey Tunnell has been promoted to Trauma Program Manager and Emergency Room Manager. Mrs. Tunnell recently assisted with the Trauma Survey and responding resolutions for the issues that were listed in the survey. A telephone conference is scheduled on Wednesday, September 6, 2023 to review the survey responses submitted. Mr. Price recognized Mrs. Tunnell for her hard work on the survey.

BioVigil team members were on campus Monday, August 28, 2023 documenting the Hospital's successful practices with the hand hygiene patient safety system.

Christian Jacobsen, M.D. has signed a contract to practice medicine in Groesbeck beginning in August 2025. Eduardo Gonzalez-Fernandez, M.D. has signed a contract to practice medicine in Groesbeck beginning in August 2024. Both physicians have indicated their willingness to admit patients, round on those patients and work as rural physicians. Management expects that these physicians will strengthen the Medical Staff.

Sam Houston State University students have begun clinical rotations at the Hospital. One student is currently working with Larry Hughes, D.O. and another student is working in the Emergency Room. A third student will begin working with Jeffrey Rettig, D.O. in October.

Uday Khosla, M.D., nephrologist, will begin seeing patients at Medical Arts Building on Friday, September 1, 2023. He will see patients every other Friday until the patient volume increases. It is expected that a nurse practitioner from Kidney360 will also see patients.

Fundamental Properties that manages Creekside Terrace Rehabilitation, Falcon Ridge Rehabilitation and San Gabriel Rehabilitation and Care Center is asking for a change to the nursing home management agreements. The Hospital currently maintains a mutually beneficial business partnership and professional relationship with Fundamental Properties. Mr. Price will enter into negotiations with Fundamental Properties management.

Mr. Price stated that he spoke with Rep. Angelia Orr at the Groesbeck Lions Club 100th year celebration on Thursday, August 24, 2023. Mrs. Orr is a strong advocate for rural medicine. Mr. Price extended an invitation to Mrs. Orr to visit and tour Limestone Medical Center and she indicated her willingness to do so.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Texas Government Code Section 551.071 “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 5:01 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 5:29 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, September 26, 2023, at 3:00 p.m. in the Hospital’s Board Room.

ADJOURN

There was no further business and the meeting adjourned at 5:30 p.m.

_____/s
Glenda O’Neal
Secretary/Treasurer