

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

MINUTES

October 31, 2023

On this 31st day of October, 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

None

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Shelton Chapman
Courtney Harryman
Jennifer Haynie
Misty Hutchison
Brandy Kennedy
Allec Lincoln
Michelle Mullinnix

Adrianne Rettig
Mike Thompson
Corey Tunnell
Hope Wallace
Julie Wilson
Jean Wragge
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES

Mr. Danny Hewitt, President, called the meeting was called to order at 3:04 p.m. A quorum was present.

INVOCATION

Mr. Tyrell Hobbs led those present in 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

A note of appreciation from Ms. Jean Wragge and the Medical Floor staff was read.

A Facebook post recognizing the Rucker Clinic staff was read.

CONSENT AGENDA ITEMS

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

DISCUSSION AND ACTION ON POLICIES AND PROCEDURES

Emergency Room

Sexual Assault Forensic Exam policy and procedures are being updated to provide for examination of sexual assault victims who are minors, regardless of when the victim presents to the provider, if the minor or a person authorized to act on behalf of the minor an employee of the Department of Family and Protective Services consents to the exam.

Any victim can refuse a sexual assault nurse examination or any portion of the exam.

For a sexual assault victim who is not a minor, the exam must be performed if the victim presents to the provider within 120 hours after the assault occurred, or, under a new requirement, later than 120 hours if the victim was referred by a law enforcement agency or referred by a physician, sexual assault examiner or sexual assault nurse examiner who has conducted a preliminary medical evaluation and determined a forensic medical examination should be conducted. A law enforcement agency may refer a victim of sexual assault for a forensic medical exam regardless of timing if it will further the investigation or prosecution.

The triage nurse procedures are being updated with regard to calls to law enforcement and the victim advocates. The triage nurse will make the patient aware of SAFE nursing availability at this facility or another facility. If the patient refuses to go elsewhere the exam will be completed by the ER nurse who has completed forensic evidence collection education.

Family Medicine Center

The Refusal of Treatment/Transport by EMS policy and procedures have been added to ensure that the patient and/or patient's family is appropriately notified of responsibility in refusing treatment.

Human Resources

The Jury Duty and Subpoena Policy (B 105) is being updated to provide the employees will receive 8 hours of pay per day and that if the employee is not selected to serve, the employee should return to work after the jury selection process. Employees will complete the jury duty leave request form upon return from service. In addition, any employee who does not submit the jury payment will forfeit the Hospital's compensation for jury service.

The Travel Policy (G 121) is being updated in the employee handbook. Employees will follow the travel policy as representatives of Limestone Medical Center regardless of the agency or entity sponsoring and/or reimbursing participation. Meal allowances have been increased. The Hospital will not reimburse for hotel incidental charges, personal expenses or amenities in a hotel room.

Infection Control

There are no changes to the Exposure Control Plan.

Laboratory

A new policy and procedures have been written for the new i-STAT system.

Radiology

The Radiology policy and procedures were updated to add sections required by Texas Department of State Health Services (TDSHS) pertaining to inspections and notifications, regulations, registration and fees and equipment performance evaluation. The updated policy and procedures also name Jennifer Haynie as Radiation Safety Officer.

The Digital Radiography quality assessment will be performed every three months as indicated by TDSHS.

CT There were no changes.

MRI There were no changes.

Nuclear Medicine There were no changes.

Ultrasound There are no changes.

Specialty Clinic

The Prohibiting Discharges to Unlicensed or Unpermitted Group-Centered Homes is newly created and provides that:

SB 186 prohibits hospitals or other health facilities from discharging or otherwise releasing patients to the care of an unlicensed or unpermitted group home, boarding home facility or similar group-centered facility.

SB 186 further specifies the following exceptions, under which a facility may discharge a patient to an unlicensed or unpermitted group, boarding or group-centered facility:

If there are no licensed group-centered facilities in the county in which the patient is discharged.

If the patient voluntarily elects to reside in the unlicensed or unpermitted group-centered facility.

The bill specifies that hospitals and other health facilities are not liable for damages to the patient resulting from the patient's discharge or release to a group, boarding or group-centered facility or home.

SB 186 also prohibits local health authorities from issuing orders related to discharge that conflict with this bill.

Hospitals will need to ensure discharge planning procedures align with the specifics of the bill and may not discharge a patient to an unlicensed group home unless one of the exceptions applies.

The members of the Board examined each policy and procedure and the motion was made by Mr. Kent Wilson to approve the revisions to the Emergency Room, Family Medicine Center, Human Resources, Laboratory, Radiology, and Specialty Clinic policies and procedures. The Infection Control Exposure Control Plan, CT, MRI, Nuclear Medicine and Ultrasound 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 October 11, 2023 minutes of the Quality Improvement Committee and the Patient Safety/Risk Management/Workplace Violence Committee were presented and reviewed.

The Texas Health and Human Services Hospital Quality Based Program Potentially Preventable Readmissions report has been received. Out of five admissions potentially at risk, one was identified to be deemed potentially preventable.

There were no near misses reported. The importance of ensuring that national drug codes for Pharmacy Department medications are loaded in the computer was discussed by the committee members. In addition the committee members are continuing to address closing gaps in patient care. All fire drills are current. There was one patient fall in Speech Therapy and two falls at Family Medicine Center. There were no hazardous communications, no workplace violence occurrences and no restraint usage. Workplace violence training will be added to the new employee orientation process and the annual employee skills and competencies evaluation.

COMPLIANCE OFFICER REPORT

The Code of Conduct includes vendors, contractors and students. The complete packet with Compliance policies and the Code of Conduct has been added to the managers share drive for reference.

There are no reports of fraud reporting. The Hospital contracted with Texas Organization of Rural and Community Hospitals (TORCH) to provide an IT risk assessment and add policy management software so that all Hospital-wide and departmental policies and procedures will be easily accessible to all staff.

Workplace violence training will be added to the new employee orientation process and the annual employee skills and competencies evaluation.

There are no issues with the 340B monthly audit reporting. Split billing implementation is in process. Specialty Clinic is adding new infusion services as soon as the split billing processing the Pharmacy is completed so that medications can be purchased through the 340B program. There were two HIPAA issues reported and appropriate employee re-education was provided.

The membership of the Patient Safety/Risk Management/Workplace Violence Committee has been reduced to specific departments including but not limited to the chief executive officer, chief nursing officer, compliance officer, director of plant operations, infection preventionist, chief information officer, medical records manager and quality improvement medical director.

A review of inpatient charts revealed the regular use of unacceptable abbreviations as indicated by the National Institute of Health. QD or QOD were frequently hard coded in CPSI. These abbreviations were eliminated and updated to “daily” or “every other day” in CPSI to comply with industry standards.

There were no investigations or actions and no calls for fraud reporting.

Sanctions checks of employees, physicians and vendors is ongoing to comply with enforcement of the disciplinary standards.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending September 30, 2023. Total inpatient revenues for the month of September were \$196,199.93 and the amount budgeted was \$240,059, which is 18.27% less than budget. The prior year inpatient revenues were \$148,428.74. Swingbed revenues for the month of September were \$378,078.33 and the amount budgeted was \$279,385, which is 35.33% more than budget. The prior year Swingbed revenues were \$253,938.55. Outpatient revenues for the month of September were \$5,233,139.06 and the amount budgeted was \$4,794,722, which is 9.14% more than budget. The prior year outpatient revenues were \$4,520,938.64. The total revenues for the month of September was \$7,327,548.79 and the amount budgeted was \$6,777,878, which is 8.11% more than budget. The prior year total revenues were \$7,695,577.68. Total revenue deductions for the month of September were \$3,732,612.41 and the amount budgeted was \$3,738,813, which

is 0.17% less than budget. The prior year deductions from revenue were \$3,480,459.25. Expenses for the month of September were \$2,356,293.64 and the amount budgeted was \$2,325,703, which is 1.32% more than budget. The prior year expenses were \$2,367,842.47. The actual net operating profit for the month of September was \$1,238,642.74 and the operating profit amount of \$713,362 was budgeted which is 73.63% more than budget. The prior year net operating profit was \$1,847,275.96. Special items affecting the profit and loss statement total \$98,357 and include recording receipts for Medicare settlements in the amount of \$19,357 and a donation from LMC Foundation in the amount of \$79,000. The net operating profit without the special items is \$1,140,285.74. A report of collections and expenses reflects that in the past twelve months collections total \$24,121,625.97 and expenses total \$26,840,468.81 and that 89.87% of Hospital expenses are covered by collections.

INVESTMENT REPORT

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$71,931,349.10 invested in texpools and certificates of deposit as of September 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

The LMC Foundation met Monday, October 16, 2023. LMC Foundation members have donated the amount of \$79,000 to the Hospital for equipment purchases. Management has identified equipment needs for the Nursing Department and Respiratory Therapy Department and the remaining monies will be applied toward the purchase of the new ambulance. LMC Foundation members are considering fundraising ideas.

ADMINISTRATION REPORT

State Representative Angelia Orr was scheduled to visit Limestone Medical Center on Tuesday, October 24, 2023, but had to cancel that visit. That visit will be rescheduled in November.

Limestone County Dialysis Center construction crew members began pouring concrete at the location on Wednesday, October 25, 2023.

In the October 26, 2023 issue of *Groesbeck Journal* there is an article concerning breast cancer survivor Ms. Theresa Worsham that features Kody Yerger, M.D.

Texas Department of Housing and Community Affairs has provided City of Kosse with the notice to proceed with construction of the health clinic expansion project. A groundbreaking ceremony was scheduled Thursday, October 26, 2023, but was cancelled due to inclement weather.

On Sunday, October 29, 2023, Mr. Price attended church services in Mexia to support Mr. Steve Trantham. Mr. Trantham's nephew, Roy M. Trantham, M.D., is currently affiliated with Waco Family Medicine in Waco and in conversation with Mr. Price he spoke very highly of Christian Jacobsen, M.D. Dr. Trantham is very complimentary of Dr. Jacobsen and his job performance and work ethic.

FORVIS auditors are currently conducting the annual audit of the Hospital's financial statements. Mr. Price recognized Mr. Michael Williams for his hard work and the departments that assist him in the preparations for the audit.

The September 340B program profit is \$6,164.58.

Ascension Providence DePaul Center in Waco will be closing in November. Joshua Warren, M.D. has indicated that this closing will not affect his practice at Limestone Medical Center. In addition, Dr. Warren indicated that if this closing affects the practice of Cody McMahan, M.D., Dr. Warren is willing to assume additional shifts at Limestone Medical Center.

Limestone Medical Center is partnering Providence Hospice to sponsor a car show on Saturday, November 11, 2023, 10:00 a.m. to 2:00 p.m. The car show is a salute to veterans and will include Kidz Zone, live music and hamburgers.

In honor of National Rural Health Day, November 16, 2023, Mr. Sid Miller, Commissioner, Texas Department of Agriculture has written to recognize Limestone Medical Center for promoting health and safety.

Parkview Regional Hospital Chief Executive Officer, Dr. Jeff Comer, is leaving his position.

Siskind Susser immigration lawyers have advised that the Health and Human Services is recommending the waiver submitted for Eduardo Gonzalez, M.D. to the Department of State.

Flu vaccine clinics are being conducted every Monday through Thursday from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. and Friday from 9:00 a.m. to 12:00 p.m. in the Specialty Clinic.

Health Resources and Services Administration (HRSA), Office of Pharmacy Affairs (OPA) is undertaking program integrity measures related to participation in the 340B Drug Pricing Program to ensure compliance with program requirements. Limestone Medical Center has been selected for audit. Program participation requires a 10% facility internal audit, however, Medical Records Department staff audits 100% of all program records. Management has also scheduled a third party program audit. HRSA has contracted with Bizzell US to perform this audit January 8-9, 2024. Management is assembling supporting documentation for this audit.

DISCUSSION AND ACTION ON APPROVAL OF 2023 TAX ROLL

Pursuant to Chapter 26, Section 26.09 (e) Property Tax Code, the 2022 Tax Roll and total 2023 tax levy in the amount of \$4,470,288.39 was presented to the Board of Directors. Motion was made by Mrs. Martha Stanton, seconded by Mr. Hobbs and unanimously carried to approve the 2023 Tax Roll as assessed by Ms. Terri Lenamon, Chief Appraiser of Limestone County Appraisal District.

DISCUSSION AND ACTION ON RESOLUTION AND AMENDMENT FOR THE THA SECTION 457 PLAN AND LMC MONEY PURCHASE PENSION PLAN

In order to comply with Internal Revenue Service Code, management is presenting resolutions authorizing the amendment of the Texas Hospital Association Section 457 Plan (Deferred Compensation Agreement) for Limestone Medical Center and the Limestone Medical Center Money Purchase Plan. It is being recommended that the plans be amended without interruption to the plans, to require that the distribution of a participant's employer contribution account be delayed until six-months after the date of termination of employment unless the distribution is due to death, disability or retirement at age 65 or above. The Texas Hospital Association Section 457 Plan will also provide an exception for an unforeseeable emergency.

**RESOLUTION AUTHORIZING THE AMENDMENT OF THE
TEXAS HOSPITAL ASSOCIATION SECTION 457 PLAN
(DEFERRED COMPENSATION AGREEMENT)
FOR LIMESTONE MEDICAL CENTER**

WHEREAS, Limestone Medical Center (the employer) has maintained an eligible deferred compensation plan under Internal Revenue Code Section 457 for eligible employees continuously from an original effective date of July 1, 2001;

WHEREAS, it is now the desire of the employer to amend without interruption such plan, to require that the distribution of any portion of a participant's account be delayed until six-months after the date of termination of employment unless the distribution is due to death, disability, retirement at age 65 or above, or an unforeseeable emergency;

BE IT RESOLVED, that the amendment of the plan as presented is hereby approved and that the officers of the employer are authorized and directed to execute such document and to take any other actions necessary to secure IRS approval of the plan's and related assets' qualified status as amended under the appropriate sections of the Internal Revenue Code (including the addition of any further amendments identified by the IRS as necessary to secure a favorable determination letter).

**RESOLUTION AUTHORIZING THE AMENDMENT OF THE
LIMESTONE MEDICAL CENTER
MONEY PURCHASE PENSION PLAN**

WHEREAS, Limestone Medical Center (the employer) has maintained a money purchase pension plan for eligible employees continuously from an original effective date of October 1, 1983;

WHEREAS, it is now the desire of the employer to amend without interruption such plan, to require that the distribution of a participant's employer contribution account be delayed until six-months after the date of termination of employment unless the distribution is due to death, disability or retirement at age 65 or above;

BE IT RESOLVED, that the amendment of the plan as presented is hereby approved and that the officers of the employer are authorized and directed to execute such document and to take any other actions necessary to secure IRS approval of the plan's and related assets' qualified status as amended under the appropriate sections of the Internal Revenue Code (including the addition of any further amendments identified by the IRS as necessary to secure a favorable determination letter).

The motion was made by Mrs. Glenda O'Neal, seconded by Mr. Gray and carried to approve the resolutions to the Texas Hospital Association Section 457 Plan (Deferred Compensation Agreement) for Limestone Medical Center and the Limestone Medical Center Money Purchase Plan.

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 entered into Executive Session at 3:31 p.m. This closed session is held pursuant to Section 551.074 of the Texas Government Code "Personnel Matters."

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 adjourned its Closed Session and returned to Open Session at 4:19 p.m.

Kody Yerger, M.D. has submitted his letter of resignation and the directors unanimously agreed to authorize Mr. Price to speak with the Hospital's attorney about Dr. Yerger's resignation.

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, November 28, 2023, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 4:25 p.m.

_____/s/
Glenda O'Neal
Secretary/Treasurer