

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

MINUTES

March 26, 2024

On this 26th day of March, 2024 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
Christina Lockhart
Kent Wilson

MEMBERS ABSENT

None

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Shelton Chapman
Leeann Freeman
Jennifer Haynie
Misty Hutchison
Emily Jones
Samantha Bourgeois
Misty Hutchison

B. C. Lee
Scarlett Lloyd
Ken Alpert
Adrienne Rettig
Linda Rojas
Mike Thompson
Corey Tunnell
Jean Wragge
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM

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

PLEDGE TO THE TEXAS FLAG

Those present recited the Pledge to the Texas flag.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

CORRESPONDENCE

There was no correspondence.

CONSENT AGENDA ITEMS

The Board minutes, Accounts Receivable report, Compliance report, Family Medicine Center report, Infectious Disease report, Kosse Community Health Clinic report, Marketing report, Medical Staff minutes, Nursing Home Maintenance and Operations report, Nursing report, Patient Safety/Risk Management/Workplace Violence Committee minutes. Physician Credentialing Committee minutes, 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 Mrs. Martha Stanton and carried to approve the consent agenda.

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

Emergency Department/Trauma Level IV

- C-Spine Immobilization/Clearance
 - Combined into one policy with more information on criteria for immobilization as well as categories for clearance and clearance procedures.
- Chest Tube
 - Added “obtain consent if patient is alert and oriented”
- Cricothyrotomy
 - Added **The patient who is being considered for a cricothrotomy procedure meets criteria for a higher level of care transfer.**
- **Death in the ED**
 - **Add form for patient family member requested autopsy**
 - **Language added:** In the event the patients family member request an autopsy not otherwise indicated by the Justice of the Peace the family member will need to complete the *Texas Department of State Health Services Postmortem Examination or Autopsy Consent Form.*

1.1.1 NOTE: The person requesting the autopsy will be the responsible party to remit payment for service.

- **Emergency Delivery**
 - **Added** 2.4.10.1 To package the placenta, place in the placenta bucket and add formalin (located in the lab). Once package label with patients name and date of birth and date of delivery.
- **Diversion of EMS**
 - Updated Diversion form to include date and time the ER Medical Director is notified per guidance received from State Survey of Trauma Program.
 - Add language: Level IV Trauma Center Criteria 3.IV; states all diversions are subject to performance improvement procedures and thus will be reviewed in the hospital's Patient Safety and Risk Management Committee." To both form and policy.
- **Extremity Assessment/Management**
 - Removed: Prepare patient for surgical debridement, fasciotomy, and/or amputation
 - Assist with measurement of fascial compartment pressure, as indicated. Normal pressure is > 10 mm Hg (1.3 KPa). A reading of > 35 to 45 mm Hg (4.7-6 KPa) is suggestive of possible anoxia to muscles and nerves.
 - Prepare for fasciotomy, as indicated. A fasciotomy may prevent muscle and/or neurovascular damage and loss of the limb.
 - We do not have the means to perform these tasks, added patient should be transferred to a higher level of care.
- **Neonatal Resuscitation**
 - Removed "follow NRP algorithms" as we no longer certif. staff in NRP.
- **On Call Response Times-Facility Wide**
 - Removed policy very outdated
- **Nursing Procedures**
 - Removed policy very outdated we no longer carry the materials referenced in this policy.
- **Peritoneal Lavage**
 - Removed Per Dr. Coleman
- **School and Work Release**
 - Removed language referring to "Southwest" as the physicians that cover the ED and replaced with "third party contracted"
 - Removed "Workmen's comp. cases must be carefully considered and referred to Dr. Boyd at the LMC clinic or specialty for follow-up." As we no longer have a workers compensation certified physician and Dr. Boyd no longer works here.
- **Triage Priority**
 - Changed initial triage assessment for level 4/5 from 1-2 hours to 30 minutes from registration to ensure there is no life threatening issues.

- Patients Recommended for Transfer
 - Removed information is duplicated in policy titled “ Transfer of Patients to Another Facility”
- Transfer of Trauma Patients
 - Removed, the information is duplicated in policy titled “ Transfer of Patients to Another Facility”
 - Combined language regarding type of patients that required transfer with “ Transfer of Patients to Another Facility”
- Trauma Defines System Activation
 - Combined this policy with “Trauma Team” policy and renamed as Trauma Team Activation Criteria
- Trauma X-Ray Panel
 - Removed due to no longer having an order set and requested as based on physician discretion.
- Trauma Resuscitation (Code Blue)
 - Removed “will call from patients telephone in the room” to using the code blue lever on call system.
 - Removed “Cardiopulmonary Team will respond to the code blue page if in house.” We do not have a “team”
- Protocol for Management of Prisoners
 - Removed “Code Green” for nursing staff to alert staff of prisoner escape as we no longer use codes but instead plain language. Changed to “to call overhead using plain language stating “prisoner escape” to include location”
- Lab Reports
 - Removed “The RN on duty in the ER has this responsibility.” Regarding the responsibility to send lab reports to the PCP. This is automated now through CPSI.
 - Regarding cultures changed to: “All culture results are to be sent to the Primary Care Provider and/or the receiving hospital if transferred. These reports are sent by lab personnel via EHR or fax for all internal Primary care providers. Outside PCP or hospitals in which the patients were transferred will be sent by the infection control nurse.”
- Safe Management of Linen
 - Removed as this policy no longer exists; replaced with *Transmission Based Precautions and Isolation* which encompasses safe linen management procedures.
- Moderate Sedation and Analgesia
 - Included the ASA classification chart as referenced in the policy.

- Trauma Admit
 - Added “for the care and management of the traumatic injury”
- Treatment of Psychiatric/Suicidal Patients in the ED
 - Removed language regarding a “sitter” to be placed in the room with patient for supervision. LMC no longer has sitters available for use. Updated policy to current practices.
- X-Ray, CT, MRI Overreads
 - Removed the ED physician no longer performs reads we rely on Radiology Partners for this service.
 - Replaced with Radiology Policy “Radiology Report Notification Policy”
- Pain Management
 - This policy was more indicated for patients admitted to the medical floor. Pain was addressed in the “ED Vital Sign Assessment/Pain” policy.
 - The ED Vital Sign Assessment/Pain policy is new which required vital sign monitoring and documentation based upon the patients triage level and/or condition. Within this policy the evaluation and documentation of any intervention for pain is addressed.
- Operational Plan Trauma Program
 - NEW Policy that outlines the Trauma Program and systematic approach to PI. This was a request by DSHS during February review.
- Added Downtime Procedure policy specific to ED and use of T-Sheet system for downtime. This policy was existing from medical floor.

HIPAA Security

There are no changes to the HIPAA Security policies and procedures.

IT/PACS

There are no changes to the IT/PACS policies and procedures.

Kosse Community Health Clinic

There are no changes to the Kosse Community Health Clinic policies and procedures

Nursing

Administration and Prescribing of Medications

- Removed policy very outdated.

Admission (Adult)

- Updated policy to current process. Added the Texas Wrist Band number is documented on admission forms when patient is admitted from the ER that are brought in by EMS.

Admission from the ER

- Policy removed as this process is no longer used.

Allergies

- Removed sentence reporting the Adverse Drug Reaction by completing and forwarding a form. This form is no longer a part of the process.

Blood Transfusion

- Changed the frequency of vital signs to baseline, start of infusion, 15 minutes from start of infusion, hourly until complete, when infusion complete and 1 hour post transfusion.
- Added forms *Refusal to Permit Blood Transfusion* and *Blood Transfusion Discharge Sheet*.

Chest Tube Drainage

- Changed to Chest Tube Policy and added “obtain consent if patient is alert and oriented.

CPSI Policies

- Book is all out of date.

Computerized Physician Orders

- Combined into the policy Physician Order/Patient Safety Policy

Confidentiality

- Removed from Nursing Policies as this is listed as a Facility Wide Policy

Out of Hospital Facilities Accessing Patient EMR

- Policy removed as this relates to IT.

Discharge Prescription

- Removed policy due to outdated process. Scripts are now e-scribed.

Emergency Drug Procurement

- Removed policy due to outdated process.

Employee Evaluation

- Updated the current education required for completion of evaluation as per Human Resources.

ER Culture Follow Up

- Removed policy as this is an Infection Control Policy.

Specimen Collection and Transport

- Removed policy as this is an Infection Control Policy.

Fall Risk Assessment

- Policy updated that the fall assessment is to be documented every shift instead of daily.

Interpreter Services

- Updated to reflect using the Voyce Service Line.

Medication Order Processing

- Removed policy due to outdated process since we have the Omnicell for medications.

Medical Record Request

- Removed from Nursing Polices as this pertains to Medical Record process.

Medication Reconciliation

- Deleted the verbiage of written orders and updated to current process.

New Onset of Chest Pain

- Added the process of calling higher level of care to get the patient transferred and notifying EMS when Code-STEMI

Nursing Documentation of Patient Care

- Deleted the reimbursement section as not related to patient care.

Nursing Procedures

- Removed policy very outdated we no longer carry the books the materials referenced in this policy.

Patient Visitation

- This policy was combined into Visitor Policy which is a Facility Wide policy.

Calling in Prescription

- Removed policy as this is an outdated process.

Phone Texting

- Removed from Nursing Policies as this is an IT Policy.

Preparing Parental Products Outside of Pharmacy

- Updated policy to *Policy to Preparing Parental Medications*. Added process of cleaning counters and hand sanitizing through process.

Safe Administration of Drugs

- Removed the verbiage related to written orders

Safe Arms for Babies

- Removed policy as this is an ER policy in ER Policy & Procedure Book.

Surfing the Internet for Medical Conditions and Drugs

- Removed policy from Nursing Policies as this is related to IT.

Safe Management of Linen

- Removed as this policy no longer exists: replaced with *Transmission Based Precautions and Isolation* which encompasses safe linen management procedures.

Staffing Committee

- Added to the policy committee has a semi-annual staffing plan that required data is reviewed to ensure that staffing is adequate for reporting period.

Surveillance Antimicrobial Resistant Organism

- Removed from Nursing Polices as this is an Infection Control Policy.

Vaccine Policy

- Removed the section “pneumonia vaccine only needed once every 5 years” since the pneumonia vaccine requirements have changed.

Vital Signs

- Took out verbiage routine vital signs and added vital signs as entered by Physician Order.

Weighing Patients

- Added weights may be done by Bed Scale and the process of zeroing out prior to obtaining weight.

Writing Physician Orders

- Combined into Physician Order/Patient Safety.

Discharge Planning Process

Home Health Referrals

Utilization Function and Responsibilities

Utilization Review Organization

Utilization Review Plan

- Removed from Nursing Policies as these are Specialty Clinic Policies.

The members of the Board examined each policy and procedure and the motion was made by Mr. Kent Wilson to approve the revised and existing policies and procedures as presented. The motion was seconded by Mr. Tyrell Hobbs and approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The March 13, 2024 minutes of the Quality Improvement Committee were presented and reviewed. Rehabilitation Department submitted a new Specific, Measurable, Achievable, Relevant and Time-bound (SMART) goal to be added for monitoring. Respiratory Therapy Department removed a monitor and added one. Departmental reports from Environmental Services, Clinical Informatics Emergency Medical Services, Purchasing and the Business Office were reviewed.

FINANCIAL REPORT

Mr. Williams presented the Financial Report for the month ending February 29, 2024. Total inpatient revenues for the month of February were \$304,110.81 and the amount budgeted was \$292,922 which is 3.82% more than budget. The prior year inpatient revenues were \$260,416.89. Swingbed revenues for the month of February were \$138,822.87 and the amount budgeted was \$256,904 which is 45.96% less than budget. The prior year Swingbed revenues were \$227,921.27. Outpatient revenues for the month of February were \$5,920,874.82 and the amount budgeted was \$5,131,145 which is 15.39% more than budget. The prior year outpatient revenues were \$4,732,253.60. The total revenues for the month of February were \$7,910,102.25 and the amount budgeted was \$6,679,424 which is 18.42% more than budget. The prior year total revenues were \$6,465,135.08. Total revenue deductions for the month of February were \$4,145,515.87 and the amount budgeted was \$4,040,753 which is 2.59% more than budget. The prior year deductions from revenue were \$4,660,382.02. Expenses for the month of February were \$2,372,607.33 and the amount budgeted was \$2,321,769 which is 2.19% more than budget. The prior year expenses were \$1,992,003.21. The actual net operating profit for the month of February was \$1,391,979.05 and the amount of \$316,902 was budgeted which is 339.25% more than budget. The prior year net operating loss was (\$187,250.15). Special items affecting the profit and loss statement include TORCH Foundation receipts in the amount of \$113,447.38 and Uncompensated Care/UC receipts in the amount of \$203,358.81. The net operating profit without the special items is \$1,075,172.86. A report of collections and expenses reflects that in the past twelve months collections total \$27,103,227.97 and expenses total \$28,148,752.29 and that 96.29% of Hospital expenses are covered by collections. The directors reviewed the most recent Quality Incentive Payment Program (QIPP) report.

LMC FOUNDATION REPORT

Mr. Larry Price reported that the LMC Foundation members met on Monday, March 18, 2024. LMC Foundation members are hosting a cash raffle fundraiser on Saturday, April 27, 2024, at 6:00 p.m. Foundation members are selling 250 tickets for \$100 apiece. There will be the option to purchase \$30 insurance on the tickets. If insurance is purchased, the winning ticket holder is eligible to have his or her ticket in the drawing for one additional draw. The event will be held at Groesbeck Convention Center beginning at 6:00 p.m. with a meal for two individuals, games and silent auction. Stretch tickets will be sold. LMC Foundation members have indicated that they welcome any gift baskets or other items for donation for the event silent auction.

ADMINISTRATIVE REPORT

Texas Hospital Insurance Exchange has sent a check in the amount of \$2,344.65 representing a distribution of subscriber savings.

Kenneth Lomenzo, M.D. has renewed his Physician Employment Agreement with Limestone Medical Center.

Eduardo Gonzalez-Fernandez, M.D. recently communicated with Mr. Price and conveyed his enthusiasm to begin working at Limestone Medical Center in August.

Christian Jacobsen, M.D. is completing his residency program and as a third year resident he will be eligible to work in the Hospital's Emergency Department in June. He will begin working at Limestone Medical Center as an employed physician in August 2025.

Cameron Kilpatrick, M.D. is currently a second year family medicine resident at the University of New Mexico – Santa Fe and she has reached out to express her interest in future employment opportunities at Limestone Medical Center. Mr. Price will speak with Dr. Kilpatrick by telephone on Thursday morning, March 28, 2024, at 9:30 a.m. Dr. Kilpatrick will complete her residency in 2025.

Mr. Price informed the directors concerning 340B Program issues and the potential litigation with Pharmacy Plus. Management will continue to pursue this matter with the assistance of SUNRx executives.

On Tuesday, March 19, 2024, the Medical Staff met via Zoom with Kia Parsi, M.D., Executive Director, Texas A&M Rural and Community Health Institute, and Elizabeth Stacy Varley, FNP-C to discuss mid-level providers rounding on inpatients. Concord Medical Management is having increased difficulties recruiting physicians who are willing to work in the Emergency Department and to perform the duties of hospitalist. Management will continue to work with the Medical Staff to resolve this matter.

Mr. Price stated that he will be attending the 2024 Texas Organization of Rural & Community Hospitals Spring Conference and Trade Show April 1-4, 2024 in Arlington.

For the past two weeks there have been difficulties experienced with the telephone service in the community. CenturyLink acquired Qwest in 2011, rebranding it. CenturyLink has taken a new name and rebranded as Lumen Technologies. Lumen Technologies has identified the problem as a bad IP address, but cannot locate the problem. A Lumen Technologies tier 3 engineer team is now addressing the issue. To consider another option would entail completely changing the Hospital's telephone system which would be time consuming and expensive. There was general discussion concerning voice over IP which is solely internet based telephone service.

