

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

MINUTES

June 25, 2024

On this 25th day of June, 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
Tyrell Hobbs
Christina Lockhart
Kent Wilson

MEMBERS ABSENT

Arnold Gray

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Nicholas Blenden
Leeann Freeman
Courtney Harryman
Misty Hutchison
Samantha Bourgeois
Allec Lincoln
Michelle Mullinnix

Adrienne Rettig
Melanie Richard
Shana Stanley, FNP-C
Mike Thompson
Hope Wallace
Julie Wilson
Jean Wragge
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM

Mr. Danny Hewitt, President called the meeting to order at 3:01 p.m. A quorum was present.

The motion was made by Mr. Kent Wilson to excuse the absence of Mr. Arnold Gray. The motion was seconded by Mr. Tyrell Hobbs and approved.

INVOCATION

Mr. Hobbs 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.

APPOINTMENT AND OATH OF OFFICE FOR POSITIONS 4 AND 6

The May 4, 2024 election for the South Limestone Hospital District Board of Directors was cancelled. Mr. Tyrell Hobbs filed for re-election for position 3; Ms. Christina Lockhart filed for re-election for position 4; Mrs. Martha Stanton filed for re-election for position 6 and Mr. Kent Wilson filed for re-election for position 7. Mr. Hobbs and Mr. Wilson were given the Statement of Elected/Appointed Officer and sworn in to their respective positions at the May 28, 2024 meeting.

Statement of Elected/Appointed Officer was given to Mrs. Stanton and Ms. Lockhart. These individuals were given the oath of office and sworn in to their respective positions on the Board of Directors.

NOMINATION AND ELECTION OF BOARD OFFICERS

There was a call for nominations for the election of officers for the Board of Directors. Motion was made by Mr. Wilson to retain the current officers, seconded by Mr. Hobbs and carried. Mr. Danny Hewitt was reelected to the position of President, Mrs. Martha Stanton was reelected to the position of Vice President and Mrs. Glenda O'Neal was reelected to the position of Secretary/Treasurer.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

CORRESPONDENCE

A Facebook post from Brenda Anderson Milstead recognizing Heather Flippin, FNP-C and the Kosse Community Health Clinic staff was read.

A letter of appreciation from the family of former employee Ms. Y'vette Forge was read.

A letter of appreciation from a patient recognizing Mrs. Judy Taylor was read.

Mrs. Leeann Freeman was featured in the Saturday, June 8, 2024 issue of *The Mexia News* and Thursday, June 13, 2024 issue of *Groesbeck Journal*. She promoted the Alzheimer's Walk that was held Saturday, June 22, 2024. The walk was successful and very well attended.

The Supply Chain Excellence Report of Texas Organizations of Rural and Community Hospital (TORCH) members and Alliant Purchasing includes Limestone Medical Center.

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, Nursing report, Patient Safety/Risk Management/Workplace Violence Committee minutes. Plant Operations report, Rettig Family Health Care report, Rucker Clinic report and Inservice were presented. The motion was made by Mr. Hobbs, seconded by Mrs. Glenda O’Neal and carried to approve the consent agenda.

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

Antibiotic Stewardship

There are no changes.

Business Office

A change is being made to the “Discount Policy.” Within the policy the Hospital offered a discount for high-cost injections such as Prolia, Evenity and Reclast where the patient only had to pay \$150.00 out of pocket. Due to the increase in cost, we are not able to offer this discount without experiencing a high loss. Therefore, these services will be scheduled through the same process as other Specialty Clinic services where the patient will be notified of the out of pocket expense.

Infection Control Plan

Updated 9.4 Limestone Medical Center has a goal of 99% influenza vaccination rate this year and 2023 to 9.4 Limestone Medical Center has an annual goal of 99% influenza vaccination.

Covid-19 Plan

- Employee screening
Pre-Screen: Employee’s will submit temperature and assess symptoms prior to them starting work Employees will assess symptoms prior to them starting work.
- Employees ill with Covid-19
5.1.8.3 Employees are encouraged to seek medical evaluation with their current primary care provider or a Health Care Professional of their choosing. For the duration of the COVID-19 outbreak, all full-time as well as all part-time and PRN employees will have access to LMC providers for COVID-19 related testing and treatment. The \$10 fee must be paid at the time of visit. HCP are priority for testing. To Copay must be paid at the time of visit.
- Employee assistance program
All Full-time, Part-Time and PRN employees may seek testing and treatment for COVID-19 at Limestone Medical Center and its Clinics for \$10, due at the time of visit. Changed to Copay due at time of visit.

- Covid Vaccine (removed)
All employees of Limestone Medical Center will be offered the COVID vaccine at no cost. (See policy “COVID Vaccine”)
Employees will be given reasonable time and paid leave (e.g., paid sick leave, administrative leave) to each employee for vaccination and any side effects experienced following vaccination. . Employee may consult with HR to discuss any other options available.

- Patient Screening and Management
All persons entering the facility will be screened upon entry. To All persons entering the facility will be screened upon entry during times of outbreak as identified by Infection Control Department.

Outpatient procedures such as endoscopy, PFT and sleep studies will require a negative COVID test to be completed in house *if supplies allows* prior to procedure. (See policy “**Elective Procedures/COVID**”) to Outpatient procedures such as endoscopy, PFT and sleep studies will require a negative COVID test if during an outbreak as identified by Infection Control Department to be completed in house if supplies allows prior to procedure. (See policy “**Elective Procedures/COVID**”)

Removed- Screening will be logged daily and submitted to Infection Control Department.

- Hospital visitation requirements see “Visitor Policy” Vendors, Students, and Staff
Removed- Outside vendors/students will be permitted after screening at entrance and offered a mask upon entry to the facility.

Hand Hygiene is required by all that enter. To Hand Hygiene is encouraged by all that enter. To Hand sanitizer stations are set up at each entrance.

Hospital Access/Entrances

Removed- Clinic staff will be required to submit to screening utilizing the WELLO process at each facility.

Elective Procedures/COVID

- Pre-Screening
Changed-All patients must be screened for potential symptoms of COVID-19 prior to their in-person appointment and again at the time of the appointment before entering the facility. Added -“during outbreaks as identified by Infection Control Department”
Changed-All patients will continue to be screening using the criteria outlined above in addition to an onsite testing to be perform at a minimum 1 hour prior to procedure and temperature check to determine current status. Added- During outbreaks as identified by Infection Control Department.

- Healthcare Personnel Screening
Changed- All healthcare personnel shall be screening for COVID 19 symptoms and temperature checks daily upon reporting to work to “during outbreaks as identified by Infection Control Department.

Antimicrobial Time Out

Changed Procedure from q 48 hours to q 72 hrs.

Bronchitis Guideline:

Added “or RSV” for testing with Influenza under #3.

Pulmonary Rehab

There are no changes.

Respiratory

All policies were reviewed and updated with current headers and processes.

- The Outpatient Procedures policy and procedures were updated to remove ambulatory blood pressure monitoring.
- The CPAP/BiPAP Units policy and procedures have been updated to add that no patient equipment will be brought in from the patients or family members for personal use unless the same equipment equivalent is not available from the Hospital.
- The Authorized Therapists to Perform Arterial Blood Gases policy and procedures have been updated to name the current therapists and the therapists that can analyze samples.
- The Arterial Blood Gas Sampling policy and procedures have been updated to add washing hands before and after sample, entering patient information into ABL 90 and verification of results to ensure matching machines values.
- The Aerosolized Medications via Small Volume Nebulizers policy and procedures have been updated to include verification of the order in CPSI and inclusion of all clinics.
- The Competency Testing for ABG Analysis policy is being updated to replace CAPS Survey with API Survey and add that Laboratory Manager is conducting the competency testing instead of the Respiratory Therapy Manager.

Policies and procedures updated to include appropriate hand washing before and after procedures:

- Outpatient EKG
- Holter Monitors and Event Monitors.
- Smartvest Airway Clearance System
- CPAP
- Non-Invasive Ventilation
- Inspiratory Muscle Trainer
- Pulse Oximetry

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

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The Quality Improvement Committee met Wednesday, June 12, 2024. It is being recommended that all departments with scheduled patients consider implementing patient satisfaction surveys. It was recognized that some patients are in the department for a minimal amount of time and completing a patient satisfaction survey is not always practical. Each department will review the current processes and determine if patient satisfaction surveys would be beneficial.

Patient Health Questionnaires 2 and 9 (PHQ-2 and PHQ-9) were discussed. These screenings are not appropriate for all departments. Departments that have interviews with patients should document the patient responses to depression screenings and note the referral that was completed if needed.

The committee members discussed quality measures for STAR rating. Centers for Medicare and Medicaid Services (CMS) provide an overall STAR rating based on performance in five categories: staying healthy, managing chronic conditions, member experience, member complaints and performance and customer service. The committee members also discussed Medicare Beneficiary Quality Improvement Project (MBQIP) and Qnet reporting issues. Measures include ratings in mortality, safety of care, readmission, patient experience and timely and effective care.

Department managers were requested to consider how to add questions from the social drivers of health in departmental interviews with patient and how to appropriately respond to positive answers.

Departmental reports were reviewed.

FINANCIAL REPORT

Mr. Williams presented the Financial Report for the month ending May 31, 2024. Total inpatient revenues for the month of May were \$343,879.65 and the amount budgeted was \$292,693, which is 17.49% more than budget. The prior year inpatient revenues were \$286,047.81. Swingbed revenues for the month of May were \$414,510.10 and the amount budgeted was \$256,853, which is 61.38% more than budget. The prior year Swingbed revenues were \$257,980.64. Outpatient revenues for the month of May were \$5,728,947.27 and the amount budgeted was \$5,131,425, which is 11.64% more than budget. The prior year outpatient revenues were \$5,566,430.82. The total revenues for the month of May were \$8,251,127.54 and the amount budgeted was \$6,679,424, which is 23.53% more than budget. The prior year total revenues were \$7,471,200.15. Total revenue deductions for the month of May were \$3,973,767.24 and the amount budgeted was \$4,040,753, which is 1.66% less than budget. The prior year deductions from revenue were \$4,085,648.04.

Expenses for the month of May were \$2,488,072.01 and the amount budgeted was \$2,344,256, which is 6.13% more than budget. The prior year expenses were \$2,245,830.02.

The actual net operating profit for the month of May was \$1,789,288.29 and the amount of \$294,415 was budgeted which is 507.74% more than budget. The prior year net operating profit was \$1,139,722.09. Special items affecting the profit and loss statement total \$410,076.12 and include an insurance claim check in the amount of \$308,296.74; grants in the amount of \$73,279.38 and Main Street receipts in the amount of \$28,500. The net operating profit without the special items is \$1,379,212.17.

A report of collections and expenses reflects that in the past twelve months, collections total \$28,909,456.74 and expenses total \$28,703,198.83 and that 100.72% of Hospital expenses are covered by collections. The directors reviewed the most recent Quality Incentive Payment Program (QIPP) report.

DISCUSSION AND ACTION ON CLOSING THE FARMERS STATE BANK COVID BANK ACCOUNT

The South Limestone Hospital District COVID checking account that was established with Farmers State Bank to process COVID grant funds has been reconciled and all funds deposited and expensed for COVID have been resolved. There are no additional transactions expected to be processed in this account and management is recommending that the account be closed. The motion was made by Mr. Wilson to close the South Limestone Hospital District COVID bank account at Farmers State Bank. The motion was seconded by Mr. Hobbs and carried.

LMC FOUNDATION REPORT

LMC Foundation members met Monday, June 17, 2024. LMC Foundation members approved departmental equipment purchases totaling \$91,082.50 including a Kodak Alaris S3000 scanner for the Business Office in the amount of \$7,300, EMS Physio Control LIFEPAK 35 cardiac/defibrillator in the amount of \$71,433.34 and the Biodex Sound Pro ultrasound table for Radiology in the amount of \$12,349.16. A subsequent request from Rettig Family Health Care for a hi-lo exam table, a bariatric chair and an office chair for \$7,961.92 was received and will be considered at the July LMC Foundation Meeting. If approved, the grand total will be \$99,044.42. The members received a report from the organization's financial advisor.

ADMINISTRATIVE REPORT

Ms. Jean Wragge introduced Shana Stanley, FNP-C and hospitalist. Effective Monday, June 3, 2024, Shana Stanley, FNP-C began seeing patients on the medical floor in the capacity of hospitalist. This first month she is working Monday through Friday from 7:00 a.m. to 4:00 p.m. She is rounding with the Medical Staff for orientation.

The Hospital has received \$41,460.18 from Texas Mutual representing policyholder dividends earned from the Hospital's commitment to workplace safety and loyalty to Texas Mutual.

Christian Jacobsen, M.D. recently emailed Mr. Larry Price to express his enthusiasm with establishing his medical practice with Limestone Medicine Center beginning Friday, August 1, 2025. Dr. Jacobsen is being credentialed through Concord Medical Management so that he can begin covering shifts in the Hospital's Emergency Department.

Eduardo Gonzalez-Fernandez, M.D. will begin working at Limestone Medical Center on Thursday, August 1, 2024. He will establish his practice at Family Medicine Center. Introductory announcements will soon be published in the local newspapers. Management is also considering utilizing a billboard to announce the appointment of Dr. Gonzalez-Fernandez.

On June 6, 2024, Mr. Price spoke with Uday Khosla, M.D. Dr. Khosla stated that Kidney 360 needs to contract with a dietitian and a social worker to receive Centers for Medicare and Medicaid Services (CMS) approval. Mr. Price provided Dr. Khosla with contact information.

Ambulance 429 was repaired and picked up Thursday, June 13, 2024. The new Chevrolet chassis with box for ambulance unit 427 was picked up Friday, June 14, 2024. The ambulance that was rented from Fraser was returned Friday, June 14, 2024. The 2015 Chevrolet C3500 will now be available for maintenance crewmembers to use. A new ambulance will be added to the fleet in October.

On Friday, June 21, 2024, Mr. Josh Hutchison, Department of State Health Services Deputy Commissioner was scheduled to visit Limestone Medical Center. That meeting was cancelled due to illness and rescheduled for Friday, August 30, 2024. At that time, he will tour the Hospital and Hospital departments. This visit is being facilitated by Texas Organization of Rural and Community Hospitals (TORCH) and management is appreciative of this opportunity to meet with Mr. Hutchison.

On Tuesday, June 18, 2024, Mr. Sid Miller, Commissioner, called from Texas Department of Agriculture to notify Mr. Price that the Hospital has been awarded the 2024 Small Hospital Improvement (SHIP) grant for \$10,865 and the 2024 Broadband grant for \$134,915. A percentage of the Broadband grant funds will be utilized to add connectivity to the office building located at 621 McClintic Drive. Renovations will begin once the grant contract has been fully executed. The Hospital received the maximum award for both grants.

Mark Goss, M.D., general surgeon, Parkview Regional Hospital anticipates that he will begin seeing patients in the Limestone Medical Center Special Clinic mid-July.

The next class of Sam Houston State University College of Osteopathic Medicine students will be on campus Monday, July 29, 2024 for orientation. Four students will complete rotations at Limestone Medical Center.

Reed Claymon has been recognized for 20 years of Chambers rankings in Healthcare Law.

Budget preparation meetings will begin next month.

Mr. Price informed the directors that he has been in contact with a Community Healthcare Trust staff member concerning the building currently occupied by Rettig Family Health Care. There have been issues with the air conditioner and Mr. Price requested financial assistance with the repairs. The cost of the condenser is \$4,000; however, the air conditioning unit is 19 years old. There are approximately two and one half years remaining on the lease of the building. The Community Healthcare Trust staff member indicated that Community Healthcare Trust desires to extend the building lease with amendments that remove verbiage about the Hospital's responsibility for repairs. Mr. Price is hopeful of receiving additional information to be presented at the next meeting on Tuesday, July 30, 2024.

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 did not enter into Executive Session pursuant to Section 551.074 of the Texas Government Code "Personnel Matters."

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, July 30, 2024, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 3:36 p.m.

_____/s/
Glenda O'Neal
Secretary/Treasurer