

**Kimble County Hospital District
"Healing the Hill Country"**

349 Reid Road; Junction, Texas 76849 Phone:325-446-3321 Fax: 325-446-3769

Notice is hereby given that in accordance with Governor Abbott's declaration of the COVID-19 public health threat and action to temporarily suspend certain provisions of the Texas Open Meetings Act, the Board of Directors of Kimble County Hospital District will meet at 6:00p.m. on Monday, November 15, 2021 or use a web browser with the link www.bluejeans.com/325-446-3321.

Copies of the November 15, 2021, meeting agenda and the board packet may be downloaded online at: <http://new.kimblecountyhospitaldistrict.org>. This meeting will be recorded and will be available by request from the district after the meeting.

**Agenda
Monday, November 15, 2021**

1. Call to order and establish quorum.
2. Public comment (limited to 5 minutes/participant or 15 minutes/organization).
3. Approval of prior meetings minutes: October 25, 2021
4. Discuss and consider update by Preferred Management on operation of KCHD medical facilities and administration.
5. Discuss and consider KCHD Treasurer's reports (financial and bill payments).
6. Discuss and consider 2020-2021 Hospital District annual audit.
7. Discuss and consider employing new professional employees
8. Discuss and consider health care issues for KCHD and Kimble County
9. Discuss and consider 2022 Board elections
10. Discuss and consider date and agenda items for next meeting(s).
11. Adjourn


William (Bill) Simon, Board President

Notes to the Agenda:

1. This notice is given pursuant to the Texas Open Meetings Act (the Act)
2. The Board may vote and/or act upon each item listed on the agenda.
3. The Board reserves the right to enter executive session, closed to the public, concerning any of the agenda items when it is considered necessary and permissible under the Act.
4. Persons with disabilities who plan to attend this meeting and who may need assistance should contact the Kimble Hospital at (325)446-3321 prior to the meeting so appropriate arrangements can be made.
5. This is to certify that I, William Simon, posted this agenda on Wednesday, November 10, 2021 at the Kimble County Courthouse, the bulletin board at Kimble Hospital, the glass window at the front entrance of the Junction Medical Clinic and online at: <http://new.kimblecountyhospitaldistrict.org>.

cc: KCHD Board members, Preferred Management, Kimble Hospital Foundation, KCHD Webmaster; <http://new.kimblecountyhospitaldistrict.org>. and the Junction Eagle.

Filed November 10, 21
at 1:24 o'clock P.M.
Haydee Torres
Haydee Torres, County Clerk, Kimble County Texas
By Carolyn Lawhon Deputy
CAROLYN LAWHON

Kimble County Hospital District
DRAFT MEETING MINUTES
Monday, October 25, 2021 at 6:00 p.m.

Members present: Bill Simon, Bobby Chenault, Barbara Conklin, Lewis Allen, and Marshall Heap. Nicholas Lumbley and Paul Bierschwale were unable to attend. Preferred Hospital Leasing, Junction, Inc.; Duke Young PHLJ Hospital Administrator.

Visitors: Junction Eagle reporter: Larry Harrison for Sarah.

1. Call to order and establish quorum.

A quorum was established, 5 members present. The meeting was called to order by Board President Simon at 6:02 p.m. in the conference room of the Kimble Hospital. Mr. Chenault opened the meeting with prayer.

2. Public comment (limited to 5 minutes/participant or 15 minutes/organization).

Board member Allen addressed the meeting during public comment. He expressed his appreciation for the professional courteous attention and medical care that he and his mother had received at a recent vaccination clinic that had been held by the Kimble Hospital and Junction Medical clinic staff.

3. Approval of prior meeting minutes: September 27, 2021

Board President Simon led the board to review and adopt the Tax Hearing meeting minutes and Regular Scheduled Monthly KCHD Board meeting minutes presented (both meetings held same day).

After review of the September 27, 2021 meeting minutes; *Mr. Allen made a motion to approve the Tax Hearing minutes and Mrs. Conklin seconded the motion, the motion passed 5-0.*

Mr. Heap made a motion to approve the Regular Scheduled Monthly KCHD Board meeting minutes as amended and Mrs. Conklin seconded the motion, the motion passed 5-0.

4. Discuss and consider update by Preferred on operation of KCHD's medical facilities and administration.

Mr. Young addressed this report submitted on the activities at the Hospital and Clinic to date:

1. Hospital/ Clinic Reports.

a. Key Statistics

| | | |
|------|---------------------|-----------|
| i. | Inpatient days | 64% ↑ |
| ii. | Outpatient Services | |
| | 1. Radiology | 26%↑ |
| | 2. Laboratory | 7% ↑ |
| iii. | ER Visits were | 8% ↓ |
| iv. | Clinic Visits | |
| | 1. JMC | 561 11% ↓ |
| | 2. RSMC | 100 25% ↓ |

2. Vaccine Update: Duke spoke about the ongoing covid and flu vaccine clinics being done by the clinic. Also spoke on covid boosters.

3. Capital Equipment Update; AC units are repaired but are waiting on modules to complete full repair. Nurses Call Station installation completed. CT install due mid-November.

4. Medical Staff Update: Duke updated the board on status of hiring new ER PA.

Mr. Young finished his report by engaging the board on issues related to indigent health care of incarcerated individuals and how it is affecting hospital and clinic (feasibility) and best actions to take on the matter.

No official action was required and none was taken.

5. Discuss and consider KCHD Treasurer's reports (financial, budget, and bill payments).

Mrs. Conklin presented the current financials through October 25, 2021 and also reported on bills that had been paid, transfers made and the new budget (after revision) for 2021-2022.

Board President Simon called for action on the presented financials.

Mr. Allen made a motion to approve the financials, the motion was seconded by Mr. Heap and the motion passed 5-0.

At this time Ashley Causey was introduced by Mrs. Conklin (via zoom) to be our (KCHD) potential CPA bookkeeper—she is a junior member of the CPA firm Davidson- Freedle Espenhover and Overby P.C. After her presentation and fielding questions from the board, the board thanked Ashley for meeting with us and giving us background on her professional merits and those of her firm. Ashley was dismissed so that the board could finish the business of the meeting.

Getting back to completion of financials presented, Conklin noted that CD's at JNB (Junction National Bank) needed renewal for another 2 years and a motion was needed to renew the CD's at JNB.

Mr. Allen made a motion to renew the CD's coming due at the Junction National Bank, Chenault seconded the motion, and the motion carried 5-0.

Conklin presented a bill that needed to be paid—The Junction Eagle (Tax Notice) for \$157.50.

Mr. Heap made a motion to pay the bill presented, the motion was seconded by Mr. Chenault and the motion passed 5-0.

6. Discuss and consider 2020-2021 Hospital District annual audit.

No action needed at this meeting----none taken.

7. Discuss and consider employing new professional employees.

KCHD Treasurer had introduced Ashley Causey during the financial report. Taking the information presented, Simon called for action on this agenda item:

Conklin made a motion to hire Ashley Causey with CPA firm Davidson- Freedle Espenhover and Overby P.C., the motion was seconded by Mr. Allen and the motion was passed 5-0.

Mrs. Conklin was charged by the KCHD board to sign the letter of engagement with the CPA firm Davidson- Freedle Espenhover and Overby P.C.

8. Discuss and consider date and agenda items for next

President Simon led the board to set a date for the next regularly scheduled KCHD Board meeting for October. Dates and items were discussed. After consideration and discussion, all present agreed to set the next KCHD Board Meeting for November 15th 2021 at 6:00 pm in the Kimble Hospital meeting room.

9. Adjourn.

Board President Simon called for adjournment at 7:25pm.

Respectfully submitted:

Bobby Chenault, Board Secretary



Kimble Hospital District Board Meeting, October 2021 Review

| 1. Hospital / Clinic Reports | Total | From Prior Month |
|------------------------------|-------|------------------|
| a. Key Statistics | | |
| i. Inpatient Days | 15 | 36%↑ |
| ii. Outpatient Services | | |
| 1. Radiology | 261 | 35%↓ |
| 2. Laboratory | 1,722 | 12%↓ |
| iii. ER Visits | 175 | 23%↓ |
| iv. Clinic Visits | | |
| Junction | 492 | 12%↑ |
| Rocksprings | 82 | 8%↑ |
| 2. Vaccine update | | |
| 3. Capital Equipment Update | | |
| 4. Medical Staff Update | | |
| 5. Indigent Services | | |

**KIMBLE HOSPITAL
PATIENT WORKLOAD AND SERVICE REPORT
October 2021**

| | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | FYTD 2022 |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Total Patient Days | 44 | | | | | | | | | | | | 44 |
| Medicare | 10 | | | | | | | | | | | | 10 |
| Medicare SB | 24 | | | | | | | | | | | | 24 |
| Medicaid | 0 | | | | | | | | | | | | 0 |
| Medicaid SB | 0 | | | | | | | | | | | | 0 |
| Other | 5 | | | | | | | | | | | | 5 |
| Other SB | 5 | | | | | | | | | | | | 5 |
| Average Pt Per Day | 1.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.40 |
| Occupancy Rate % | 9% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 9% |
| Admissions | 6 | | | | | | | | | | | | 6 |
| Medicare | 2 | | | | | | | | | | | | 2 |
| Medicare SB | 2 | | | | | | | | | | | | 2 |
| Medicaid | 0 | | | | | | | | | | | | 0 |
| Medicaid SB | 0 | | | | | | | | | | | | 0 |
| Other | 1 | | | | | | | | | | | | 1 |
| Other SB | 1 | | | | | | | | | | | | 1 |
| Discharges | 9 | | | | | | | | | | | | 9 |
| Medicare | 4 | | | | | | | | | | | | 4 |
| Medicare SB | 2 | | | | | | | | | | | | 2 |
| Medicaid | 0 | | | | | | | | | | | | 0 |
| Medicaid SB | 0 | | | | | | | | | | | | 0 |
| Other | 2 | | | | | | | | | | | | 2 |
| Other SB | 1 | | | | | | | | | | | | 1 |
| Avg. Length Of Stay | 0.0 | | | | | | | | | | | | 0.0 |
| Medicare | 2.5 | | | | | | | | | | | | 2.5 |
| Medicaid | 0.0 | | | | | | | | | | | | 0.0 |
| Other | 2.5 | | | | | | | | | | | | 2.5 |
| SBAvg. Lenth of Stay | 9.7 | | | | | | | | | | | | 9.7 |
| ER Visits | 174 | | | | | | | | | | | | 174 |
| Lab Total | 1,722 | | | | | | | | | | | | 1,722 |
| Radiology Total | 261 | | | | | | | | | | | | 261 |
| CT Scans | 75 | | | | | | | | | | | | 75 |
| OBS Days | 8 | | | | | | | | | | | | 8 |
| Junction Medical Clinic | 492 | | | | | | | | | | | | 492 |
| Rocksprings Clinic | 82 | | | | | | | | | | | | 82 |
| Physical Therapy | 353 | | | | | | | | | | | | 353 |

Junction & Rocksprings Medical Clinic - New Patients - 2021

Junction

| | Retainable* *includes patients not seen at clinic in three+ years, patients establishing new PCP and local newborns | Non-Retainable* * includes hunters/travelers and those working or living here temporarily | Total |
|-----------|--|--|-------|
| January | 16 | 11 | 27 |
| February | 10 | 4 | 14 |
| March | 27 | 1 | 28 |
| April | 22 | 8 | 30 |
| May | 13 | 3 | 16 |
| June | 21 | 10 | 31 |
| July | 23 | 8 | 31 |
| August | 45 | 3 | 48 |
| September | 34 | 4 | 38 |
| October | 25 | 2 | 27 |
| November | | | |
| December | | | |
| Total | 236 | 54 | 290 |

Rocksprings

| | Retainable* *includes patients not seen at clinic in three+ years, patients establishing new PCP and local newborns | Non-Retainable* * includes hunters/travelers and those working or living here temporarily | Total |
|-----------|--|--|-------|
| January | 15 | 0 | 15 |
| February | 27 | 0 | 27 |
| March | 27 | 0 | 27 |
| April | 33 | 0 | 33 |
| May | 25 | 0 | 25 |
| June | 34 | 1 | 35 |
| July | 27 | 0 | 27 |
| August | 45 | 7 | 52 |
| September | 32 | 0 | 32 |
| October | 26 | 0 | 26 |
| November | | | |
| December | | | |
| Total | 291 | 8 | 299 |

**Kimble Hospital Heritage Program for Senior Adults
Outpatient Behavioral Health
October 2021 Monthly Status Report**

TO: Duke Young, Administrator

FROM: Alexis Fletcher, LCSW - Program Director

| | | Gero IOP/SOP |
|-------------------|-------------------|-----------------|
| Billable Units | Budget | 225 |
| | Actual | 169 |
| | Variance | -56 |
| ADC | Budgeted ADC | 4.4 |
| | Actual ADC | |
| | Variance | + |
| Patients Admitted | | 10 |
| Census Activity | Referrals | 3 |
| | Admissions | 1 |
| | Discharges | 1 |
| | Conversion Rate | 33% |
| | Tot OutPt Census | 10 |
| | Days of Operation | 12 |

I. Operations

- Patient census at the end of October was 10 group patients. We had 3 referrals, 1 admissions and 1 discharges. Actual billable units decreased from 193 in September to 169 in October. Medicare Days decreased from 55 in September to 52 in October. In October, multiple marketing and Community Education contacts were made including:
 - Program Director conducted swing bed assessments on 10/4/21
 - Program Director provided Nursing Dept with breakfast on 10/12/21
 - Program Director and MHT did Bingo at United Methodist Church on 10/25/21
 - MHT provided marketing treats to JMC and various hospital dept on 10/28/21
- Patient Compliance to treatment decreased from 73% in September 2021 to 52% in October.
- Staffing Needs: N/A
- Environment (physical needs of unit): a “facelift” for clinic including painting all walls, new flooring throughout, new mini-blinds and curtains, etc (Duke discussed this with PD on 11/3/21);
- Interactions with DHC VP Operations & date of most recent site visit: Donna Tidwell, VPO, DHC, provides oversight support weekly and as needed; regular call with PD on Wednesdays at 9 am and monthly call with PD, VP, and Clinical Director. Donna’s most recent site visit was on 1/18 and 1/19/2021.
- Melissa Lehman, DHC Clinical Services Director, completed a Clinical Service Site Visit Review on 11/11/2020 (scored 94% compliance). Katherine Abernathy, the new DHC Clinical Services Director, is working on a planning a visit in the next couple of months either in-person.

II. Clinical

- Monthly Audit Results= QAPI indicators: 1)Suicide Assessment done at intake and within 3 programming days after admission 100%; 2) Informed Consent for Meds signed 100%; and 3) Master TX Plan Reviews every 30 days 100%
- Kimble Hospital (Heritage Program) Documentation: DHC Compliance Audit/Review—99.5%
- Outcome Measures (%) for 3rd quarter 2021 = PHQ-9 33 % improvement; GAD-7 25 % improvement, Columbia Suicide Screenings completed 100%, Substance Abuse Screenings completed 100%, No-show rate 11%, Patient Satisfaction 91%

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III. Referral and Outreach

- Plans to reach budgetary targets in November 2021 include:
 - Bingo at First United Methodist Church
 - Provide 100 items to Meals on Wheels
 - Provide outreach goodies to Menard Manor
 - PD to attend Med Staff meetings / Director's meetings /QAPI meetings
 - Junction Newspaper Article
 - Follow up with the Duke concerning the **Facebook advertisement** that previous PD created to help increase community awareness of The Heritage Program for Senior Adults
 - Update flyers/ pulltabs in local business

- **November 2021 outreach goals:**
of referrals = 5 # of billable units = 225 # of admissions = 2 # of discharges = 1

Alexis Fletcher, LCSW
Program Director
Diamond Health Care Corporation

DONNA TIDWELL
VP – Operations
Diamond Health Care Corporation

