

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

**MINUTES**

**September 26, 2023**

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**On this 26<sup>th</sup> day of September, 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.**

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**MEMBERS PRESENT**

Danny Hewitt  
Martha Stanton  
Glenda O'Neal  
Arnold Gray  
Tyrell Hobbs  
Kent Wilson

**MEMBERS ABSENT**

None

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Natasha Noel  
Linda Chambers  
Shelton Chapman  
Leeann Freeman  
Veronica Alonso  
Courtney Harryman  
Jennifer Haynie  
Sheri Liscano  
Samantha Bourgeois

Allec Lincoln  
Michelle Mullinnix  
Adrienne Rettig  
Melanie Richard  
Linda Rojas  
Mike Thompson  
Corey Tunnell  
Hope Wallace  
Jean Wragge  
Robert York  
Cathy Knouse

**CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES**

Mr. Danny Hewitt, President, called the meeting was called to order at 3:00 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**

Craig Boudreaux, D.O. Assistant Professor of Family Medicine and Medical Director and Ms. Stephanie Vandyke were introduced. Dr. Boudreaux and Ms. Vandyke expressed their appreciation for the clinical affiliation that Limestone Medical Center has established with Sam Houston State University College of Osteopathic Medicine.

### **CORRESPONDENCE**

Texas Department of State Health Services has re-designated Limestone Medical Center as a Basic (Level IV) Trauma Facility in Trauma Service Area-M. This state designation is valid for a three-year period and will expire October 1, 2026.

The Texas Healthcare Trustees Trustee Guidebook “Navigating Rural Health Care Compliance” was distributed to the directors.

Notes of appreciation for the Board of Directors were received from Emergency Room staff, Family Medicine Center staff, Kosse Community Health Clinic staff and Rettig Family Health Care staff.

A note was received from Mart Independent School District in appreciation for the Hospital participating in the back to school bash and health fair on Thursday, August 10, 2023.

### **CONSENT AGENDA ITEMS**

The Board minutes, Accounts Receivable report, Family Medicine Center report, Infectious Disease report, Kosse Community Health Clinic report, Marketing report, Medical Staff minutes, Nursing report, Nursing Home Maintenance and Operations report, 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 Mr. Kent Wilson and carried to approve the consent agenda.

### **CHIEF OF STAFF REPORT**

Kenneth Lomenzo, M.D., Chief of Staff, did not have any issues or concerns to report.

### **CHIEF MEDICAL OFFICER REPORT**

Larry Hughes, D.O., Chief Medical Officer, did not have any issues or concerns to report.

### **ADOPT TAX RATE OF \$0.2527/\$100 PROPERTY VALUE**

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

### **PRESENTATION OF BIOVIGIL VIDEO FOR TORCH CONFERENCE**

Mrs. Corey Tunnell and Mrs. Courtney Harryman presented the BioVigil video that was filmed at Limestone Medical Center on Monday, August 28, 2023. The presentation is part of the Texas Organization of Rural and Community Hospitals (TORCH) Fall Conference, September 25-28, 2023.

## **DISCUSSION AND ACTION ON POLICIES AND PROCEDURES**

There are no changes to the Behavioral Health Program policies and procedures.

The Employee Handbook Travel policy is being updated to reference that the van that is used by the Behavioral Health Program (replacing S.A.P.) and to provide that the department manager will use the Hospital credit card to make hotel reservations.

The Employee Handbook Probationary Period policy is being updated to add that an employee may not transfer to another department during the 90 day probationary period.

There are no changes to the Polysomnography policies and procedures.

The motion was made by Mrs. Glenda O'Neal to approve the changes to the Employee Handbook. The Behavioral Health Program and Polysomnography policies and procedures are approved as written. The motion was seconded by Mrs. Martha Stanton and approved.

## **QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION**

The September 13, 2023 minutes of the Quality Improvement Committee and the Patient Safety/Risk Management/Workplace Violence Committee were presented and reviewed.

Quality Assessment and Performance Improvement (QAPI) manager training materials have been provided to all department managers. Training will be conducted over the next three months. There were several indicator change requests approved in August. In conjunction with the Rapid Cycle Improvement Methodology, managers are encouraged to submit request and to begin monitoring new indicators as soon as possible. There were two near misses reported in August. There was one patient fall without injury on the medical floor.

Mrs. Julie Wilson will be speaking at the October Groesbeck Chamber of Commerce meeting in an attempt to recruit members to join the Hospital Patient and Family Engagement Committee. White boards are going to be ordered and installed in the patient rooms for patient and family questions. Referencing insurance company websites where Hospital providers are the primary care provider is being incorporated to close gaps in patient care. Forms and processes are being developed for implementation and to capture Healthcare Effectiveness Data and Information Set (HEDIS). This measure data will be added on claim forms to provide insurance companies with needed information. The Patient Safety/Risk Management/Workplace Violence Committee discussed Medication Administration Record (MAR) and staff education was provided. An occurrence revealed the lack of passing information and staff education was provided. Patient transports via foot, wheelchair and ambulance were reviewed by the committee. The Patient Refusal for EMS Transport form was created. There were no Hospital security issues, trends, significant events or department initiatives. All fire drills are up-to-date. There were no hazardous communication incidents reported. There were no workplace violence incidents reported. Workplace violence education will be added to the Hospital's annual skills training and competencies. There was one medication error. There was no restraint usage.

## **COMPLIANCE OFFICER REPORT**

There are no policy and procedure updates.

None of the Hospital associates are listed in the OIG Exclusion Database and none of the Hospital associates are listed with the Texas Health and Human Services (HHSC) Office of Inspector General (OIG).

A review of inpatient charts revealed the regular use of unacceptable abbreviations as indicated by the National Institute of Health. QD or QOD were a frequent choice in CPSI. Statistics show that the use of QD contributed to 43% of medication errors nationally. These abbreviations were eliminated and changed to “daily” or “every other day” in CPSI by Nursing Informatics. Nursing Informatics staff will educate providers as necessary on the changes.

Ms. Wilson attended the webinar entitled Implementing Culturally and Linguistically Appropriate Services (CLAS) to Improve Health Equity: Assessing Your Communication and Language Assistance Efforts to Meet CLAS. The webinar covered the importance of the Hospital’s communication and language services program in meeting the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) and how it can help advance health equity. Ms. Wilson also attended the webinar entitled CPT CAT II Codes Impact on Quality and Documentation

There were no compliance complaints, investigation and remedial action this month.

A review of the 340B Program compliance reveals 100% of the claims reviewed are in compliance. The 340B second sight report has been uploaded to the 340Besp website for review. FORVIS has submitted a bid to audit the Hospital’s contract pharmacies for the 340B Program. Walmart pharmacy in Mexia is the only active pharmacy at this time. Management is attempting to reactivate the Walmart pharmacy in Marlin. Once the facility is reactivated, transactions are retroactive beginning April 2023. Pharmacy Plus has addressed the outstanding debt owed to the Hospital. Pharmacy Plus is suspended from the 340B Program pending full payment of the debt. Management is moving forward with the implementation of the 340B Program split billing. The initial training started with the go live date on Thursday, September 21, 2023. Additional training is scheduled over the next couple weeks. It is estimated that the Hospital will realize a savings of \$15,000 month in drug costs based on the current volume.

There are no issues concerning price transparency compliance.

## **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending August 31, 2023. Total inpatient revenues for the month of August were \$251,213.09 and the amount budgeted was \$240,059, which is 4.65% more than budget. The prior year inpatient revenues were \$146,952.74. Swingbed revenues for the month of August were \$208,203.75 and the amount budgeted was \$279,385, which is 25.48% less than budget. The prior year Swingbed revenues

were \$338,726.06. Outpatient revenues for the month of August were \$5,757,707.70 and the amount budgeted was \$4,794,687, which is 20.09% more than budget. The prior year outpatient revenues were \$4,696,274.73. The total revenues for the month of August was \$7,456,025.48 and the amount budgeted was \$6,777,843, which is 10.01% more than budget. The prior year total revenues were \$6,397,369.02. Total revenue deductions for the month of August were \$3,952,518.98 and the amount budgeted was \$3,738,750, which is 5.72% more than budget. The prior year deductions from revenue were \$3,540,765.85. Expenses for the month of August were \$2,390,433.29 and the amount budgeted was \$2,310,332, which is 3.47% more than budget. The prior year expenses were \$2,310,332. The actual net operating profit for the month of August was \$1,113,073.21 and the operating profit amount of \$728,761 was budgeted which is 52.74% more than budget. The prior year net operating profit was \$707,013.99. Special items affecting the profit and loss statement total \$104,104 for Medicare settlements. The net operating profit without the special items is \$1,008,969.21. A report of collections and expenses reflects that in the past twelve months, collections total \$23,748,865.77 and expenses total \$26,852,017.64 and that 88.44% of Hospital expenses are covered by collections. The summary year-to-date profit and loss budget for fiscal year 2024 was distributed

#### **DISCUSSION AND ACTION ON NURSING HOME MANAGEMENT AGREEMENT AMENDMENT**

Mr. Larry Price informed the Board members that he has been communicating with management at Fundamental Properties concerning the existing management agreements. Fundamental Properties manages Creekside Terrace Rehabilitation in Belton, Falcon Ridge Rehabilitation in Hutto and San Gabriel Rehabilitation and Care Center in Round Rock. Fundamental Properties has two additional nursing homes and is inquiring if South Limestone Hospital District would be interested in executing change of ownership documents for these facilities. Mr. Price commented that he and Mr. Williams will want to ensure that the nursing homes are located within the 150-mile radius of the Hospital District and have requested additional information including Medicaid patient days.

The motion was made by Mr. Gray that if management determines that the appropriate partnership criteria for the proposed addition of two nursing homes with Fundamental Properties is met, to approve the opening of checking accounts for the Quality Incentive Payment Program (QIPP) for banking transactions with Mr. Larry N. Price and Mr. Michael F. Williams designated signers. The motion was seconded by Mr. Hobbs and approved

Mr. Price continued by stating that he has also been communicating with management at Gulf Coast LTC Partners concerning the existing management agreements. Gulf Coast manages Groesbeck LTC Nursing and Rehabilitation, Mexia LTC Nursing and Rehabilitation and Teague Nursing and Rehabilitation. Gulf Coast has an additional nursing home in Carthage and is inquiring if the Hospital District would be interested in executing change of ownership documents for this facility. Mr. Price commented that he and Mr. Williams will want to ensure that the nursing home is located within the 150-mile radius of the Hospital District and have requested additional information including Medicaid patient days. Mr. Price is expecting to continue this discussion next week.

The motion was made by Mr. Gray that if management determines that the appropriate partnership criteria for the proposed addition of one nursing home with Gulf Coast LTC Partners is met, to approve the opening of checking accounts for the Quality Incentive Payment Program (QIPP) for banking transactions with Mr. Larry N. Price and Mr. Michael F. Williams designated signers. The motion was seconded by Mr. Hobbs and approved.

Mr. Price remarked that the Mrs. Melanie Richard, Skilled Nursing Facility Liaison, has resumed on site nursing home visits and the Hospital District has a true partnership with these facilities. In-person visits were suspending during COVID-19; however, Mrs. Richard continued to collect data and information by telephone.

### **LMC FOUNDATION REPORT**

The LMC Foundation met Monday, September 18, 2023. LMC Foundation members have donated \$79,000.00 for the purchase of Hospital equipment. Mr. Price will be meeting with the managers that have requested equipment. Any monies remaining will be applied toward the purchase of the new ambulance.

Mrs. Brandy Agnew has resigned from the LMC Foundation Board. Mrs. Melissa Arney and Ms. Leah Hardison have been appointed to the LMC Foundation Board. The election of officers was conducted. Mrs. Sharon Fredriksson will serve as President; Mrs. Mary Rand will serve as Vice President, Mr. Don Altland will serve as Treasurer and Mrs. Karon Golden will serve as secretary.

### **ADMINISTRATION REPORT**

The August 340B program profit is \$1,391.51. HEB prescriptions are processing through the 340B program; however, the store has not yet updated its software program. Once the software update is installed, the prescription benefits will be retroactive.

Management was very pleased with the luncheon celebrating the tenth anniversary of the Hospital's Wound Care Clinic on Thursday, September 21, 2023.

Management was also pleased to have the Rose Coach on campus Thursday, September 21, 2023. Plans are in place to continue this partnership to provide mammography services.

The Omnicell automated medication dispensing cabinets were delivered on Monday, September 18, 2023 and they are being assembled. It is anticipated that some cabinets will be installed this week and the remaining cabinets will be installed next week.

A capital improvement project grant was received from Texas Department of Agriculture for \$57,856.26. Those funds will be used to purchase a DEXA scanner for Radiology and an i-STAT<sup>®</sup> System for the Laboratory.

Mr. Price attended the Navarro College Health careers luncheon on Thursday, September 14, 2023. The Hospital was recognized as a clinical site.

There have been some issues with the generator transfer switches at Limestone County Dialysis Center. Those switches have been ordered and will be replaced. This afternoon Uday Khosla, M.D. ordered an ultrasound for a dialysis patient.

Medical students from Sam Houston State University's College of Osteopathic Medicine are performing clinical rotations on campus. One student is being taught by Dr. Hughes and one will be coming Monday to work with Jeffrey Rettig, D.O.. There are medical students in the Emergency Room and additional students will be coming in the future. Sam Houston is very appreciative of Limestone Medical Center accepting their students.

Texas Department of State Health Services presented for an EMS inspection on Monday, September 25, 2023. The majority of the minor citations were corrected on site.

The Hospital will begin administering influenza vaccines on Monday, October 2, 2023. Specialty Clinic staff will provide these vaccines Monday-Wednesday 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.

The LMC Volunteer program is being suspended. The last meeting of the LMC Volunteers will be Monday, November 20, 2023. Bank account funds will be donated to the Hospital for use in providing educational scholarships for employees.

#### **ANNUAL BOARD MEETING EVALUATION**

The directors reviewed the compiled results of the annual Board meeting evaluation.

#### **DISCUSSION AND ACTION ON REVIEW AND AMENDMENT OF THE BYLAWS**

The Board members reviewed the Bylaws. There was discussion concerning Texas Senate Bill 232 that provides for the automatic removal of an elected or appointed official of a political subdivision upon pleading guilty or no contest to receiving deferred adjudication for, or being convicted of one of several qualifying offenses related to public corruption. The motion was made by Mr. Gray to amend the Bylaws Article IV Officers Section 4.03 Resignation and removal to include that

Any person who holds an elected or appointed office at Limestone Medical Center is automatically removed from and vacates the office upon entering such a plea to, or receiving deferred adjudication for, the included list of qualifying offenses. Qualifying offenses: bribery, theft of public money, perjury, coercion of public servant or vote, tampering with a governmental record, misuse of official information, abuse of official capacity or conspiracy, or the attempt to commit any of these offenses. At the first regularly scheduled meeting (for which notice is required) following a removal from office, the governing body of Limestone Medical Center will either order an election, if an election is required, to fill the vacancy on the first day that allows sufficient time to comply with all requirements; or fill the vacancy in the manner provided for in law if an election is not required. Existing appeals processes are not available for a local official removed under these offenses.

The motion was seconded by Mr. Wilson and approved.

**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 3:48 p.m. This closed session is 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. 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, October 31, 2023, at 3:00 p.m. in the Hospital’s Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 4:21 p.m.

\_\_\_\_\_/s/  
Glenda O’Neal  
Secretary/Treasurer