

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

MINUTES

April 30, 2024

On this 30th day of April, 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
Arnold Gray
Tyrell Hobbs
Christina Lockhart

MEMBERS ABSENT

Glenda O'Neal
Kent Wilson

OTHERS PRESENT

Larry Price
Mr. B. C. Lee
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES

Mr. Danny Hewitt, President, called the meeting to order at 2:04 p.m. A quorum was present.

The motion was made by Mr. Arnold Gray to excuse the absences of Mrs. Glenda O'Neal and Mr. Kent Wilson. The motion was seconded by Mr. Tyrell Hobbs and approved.

DISCUSSION AND ACTION ON TELEPHONE SYSTEM

Prior to the last regular meeting of the Board of Directors, problems were being experienced with the telephone system. Since that time, the telephone services were restored. Lumen had an outage and was required to replace some of the hardware. Following replacement of the hardware, programming affected Hospital services due to an IP address conflict. It took some time to locate the duplicated IP address to remove it. Once the programming was restored to the previous hardware settings, Hospital services were restored to normal.

The Hospital currently utilizes over 200 telephone lines and faxes. Changing telephone service vendors would put the Hospital at risk of losing telephone numbers. Technology is advancing to internet-based voice over IP, utilizing the internet instead of telephone lines. Rettig Family Health Care, Kosse Community Health Clinic and Mart Clinic utilize voice over IP. Updating the Hospital telephones and printers to voice over IP will be a much larger task, as it will change the infrastructure. It is estimated that it will take approximately 18 months to complete the voice over IP project. Once that is accomplished, a new employee position will be created in the IT Department and that individual will have responsibility for the telephone system.

Management has applied for a \$100,000 grant and if awarded, a portion of those funds will be expended for the telephone system. Mr. B. C. Lee will be contacting vendors to obtain bids to update the Hospital system to voice over IP. The bids will be presented to the Board of Directors for review when compiled. The project will involve a significant amount of cabling and a network will be built to support the system.

DISCUSSION AND ACTION ON RENOVATION PLANNING

Mr. Price commented that management initially considered occupying the clinic building located at 621 McClintic Drive with IT/PACS staff and some Business Office staff. At this time, plans are being considered to move the IT/PACS and clinical informatics staff to this building. The offices vacated by staff will be used for Radiology Department services and the Laboratory Manager's office. The current Laboratory Manager's office will be renovated for additional laboratory instruments to accommodate the larger quantity of tests anticipated with the opening of Limestone County Dialysis Center.

There was general discussion concerning the provision of mammography services. In order to add mammography services, the determination must be made concerning radiologists reading test results remotely. Radiology Partners has expressed concerns with reading tests remotely and management has been communicating with Waco Radiology regarding this matter. Management would not consider diagnostic mammography testing but would consider screening services. If adding mammography services is not feasible, consideration will be given to dividing this area with a curtain to provide additional physical therapy beds.

Management is also considering space in the Medical Records Department. Staff has electronically scanned records and cleaned out a substantial number of records. When completed, that space could be utilized for desks and offices. The Business Office is now utilizing a portion of the former mailroom and one staff member has been moved to the Medical Records Department, which has alleviated Business Office space concerns.

Mr. Gray suggested using the existing Board Room for space and constructing administrative offices that would not necessarily be connected to the building. This current space could be utilized for the Rehabilitation Department or Specialty Clinic. Mr. Price responded by stating that an architect would need to be consulted to add on to the building. Mr. Price commented that he met with Mr. David Lott, Lott Construction, while attending the Texas Organization of Rural and Community Hospitals (TORCH) annual meeting earlier this month. Mr. Price noted that management has also considered expanding Rehabilitation Department patient care hours.

Mr. Gray inquired concerning consideration of increasing space for the Wound Care Clinic, with Mr. Price responding positively. The Wound Care Clinic is operational four days per week as treatment is subject to insurance mandates.

Mr. Gray inquired concerning Cardiac Rehabilitation space with Mr. Price responding that this area is doing well.

Mr. Gray inquired concerning constructing additional buildings and the possibility of purchasing additional property adjacent to the Hospital. Mr. Price stated that there is the need to be cautious with regard to water retention on neighboring properties. Mr. Gray suggested that water retention issues could be alleviated with a construction adjustment similar to the construction of the Hospital.

Mr. Price reiterated that management has applied for a \$100,000 grant. If awarded, a portion of those funds will be expended for cabling and connectivity to the 621 McClintic office building and work must be completed within the grant award timeframe. Management desires to upgrade the cabling and connectivity prior to renovating the building. Management will await the grant award determination, which is expected in approximately two months. Two bids to install fiber optic cables for telephone and internet connectivity have been received for the office building. P&C Communications has submitted a bid for \$36,211 with the additional cost of \$10,142.50 if existing conduit is un-usable and new pathway is needed. AA Cabling Solutions has submitted a bid for \$20,725.40. The motion was made by Mr. Gray to approve the P&C Communication bid for \$36,211 with the additional cost of \$10,142.50 if existing conduit is un-usable and new pathway is needed. The motion was seconded by Ms. Christina Lockhart and carried.

Deltav Innovative Builders has submitted a bid to provide remodeling services at the office building located at 621 McClintic Drive for \$44,194.56. The bid includes updating the interior, removing the carpet, upgrading the building to be compliant with the Americans with Disabilities Act Standards for Accessible Design and painting. There is an established professional relationship with Deltav Innovative Builders and management is extremely pleased with the work that Deltav Innovative Builders performed at Family Medicine Center and Rettig Family Health Care. Crews worked on weekends and at nights performing this work to prevent disruption to patient care. This building is not occupied at this time so work can be completed during regular business hours. The motion was made by Mr. Gray to approve the Deltav Innovative Builders bid for \$44,194.56. The motion was seconded by Mr. Hobbs and carried.

DISCUSSION AND ACTION ON STRATEGIC PLAN

The directors reviewed the strategic plan dated 2025 that includes one, three and five year goals. The members of the Board of Directors will review this plan in more detail and discuss it at the next quarterly meeting.

DISCUSSION AND ACTION ON 2023 GOALS ANALYSIS

The Board of Directors reviewed fiscal year 2023 goals and there are no changes

- Physician/provider retention and recruitment including specialty physicians
- Expand facilities
- Explore facilities and perform a return on investment analysis for the provision of mammogram tests
- Productivity/staffing study
- Increase efficiency and responsiveness; study extended hours option at all clinics
- Conduct quarterly goal review meetings
- Continue Board member education involving the role of Board members including Open Meetings Act and closed session meetings and conduct mandatory annual Board member education

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 551.074 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.”

ADJOURN

There was no further business and the meeting adjourned at 3:01 p.m.

/s/
Danny Hewitt
President

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MEMBERS PRESENT

Danny Hewitt
Martha Stanton
Arnold Gray
Tyrell Hobbs
Christina Lockhart

OTHERS PRESENT

Larry Price
Michael Williams
Shelton Chapman
Leeann Freeman
Courtney Harryman
Jennifer Haynie
Misty Hutchison
B. C. Lee
Allec Lincoln
Ken Alpert

MEMBERS ABSENT

Glenda O'Neal
Kent Wilson

Adrienne Rettig
Melanie Richard
Linda Rojas
Catlin Samuels
Corey Tunnell
Hope Wallace
Jean Wragge
Robert York
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.

The motion was made by Mr. Arnold Gray to excuse the absences of Mrs. Glenda O'Neal and Mr. Kent Wilson. The motion was seconded by Mr. Tyrell Hobbs and approved,

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

Mrs. Cheryl Hardin wrote a note to express her appreciation for the cards, prayers and bake sale proceeds provided to her during her illness.

Wortham High School has sent a letter of appreciation for the Hospital's participation in the Career and College Showcase on Thursday, March 28, 2024.

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. Gray, seconded by Mr. Hobbs and carried to approve the consent agenda.

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

Cardiac Rehab

There are no changes to the Cardiac Rehab policies and procedures.

Emergency Medical Services

In accordance with the Texas Department of State Health Services inspection the following policies and procedures were established as part of the EMS protocols:

- Record Retention policy to comply with federal state laws for the retention of EMS corporate records.
- Parenteral Pharmaceuticals policy to comply with state regulations for the storage and temperature range of all medications kept within LMC EMS ambulances.
- Basic Life Support (BLS) Operations Security policy to comply with state regulations on the security of Advanced Life Support (ALS) medications when operating at the BLS level of the ambulance.
- Geographical Area and Duty Status policy to define the working geographical area of LMC EMS and the duty status both within and without said area.

- LMC EMS Cease of Operations policy to state the parameters to cease operations. LMC EMS will not stop responding suddenly and without a closure plan and with proper notification of the neighboring EMS agencies, the dispatch organization, the Regional EMS Council and Texas Department of State Health Services.
- Mass Casualty Incident (MCI) Response policy defines the LMC EMS role and responsibilities in case of MCI.
- Licensure Tracking policy defines how certification and licensure for all personnel will be kept and tracked.

Finance

There are no changes to the Finance policies and procedures.

HIPAA

There are no changes to the HIPAA policies and procedures.

Human Resources

The Use of Bank Credit cards policy and procedures are being updated to include the appropriate expense report processing by the employee after using the credit card.

Lab

There are general changes to the Laboratory policies and procedures including some ranges, subtraction and addition of procedures.

- Distributing Chain of Custody Drug Screens
This policy states that no positive report can be faxed to anyone; it must come from the Medical Review Officer (MRO).
- Returning blood back to the lab
If blood is returned to the Laboratory, it must be within 20minutes and cannot be tapped into the port.
- Checking the blood bag temperature
If the unit of blood is brought back into the lab within 20minutes, it must be at a specific temperature and Laboratory staff check it by laying the blood unit onto a temperature scale and recording the temperature.
- Blood bank alarm check on refrigerator
This policy was updated to reflect the way the refrigerator temperature alarm sounds. The procedure was updated to reflect the American Association of Blood Banks (AABB) policy.

- **Designation Letter for Pathologist to sign**
If the Laboratory Manager designates a staff member to perform a new procedure, the pathologist must sign an approval form.
- **Biological Product Deviation Reporting for blood or plasma**
This is a statement from the Food and Drug Administration (FDA) that Commission on Office Laboratory Accreditation (COLA) states must be maintained in the blood bank policy reflecting how to report blood is used for a transfusion that is not distributed by a certified organization like Carter Blood Care or Red Cross.

Medical Records

There are no changes to the Medical Records policies and procedures.

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

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The Quality Improvement Committee met Wednesday, April 10, 2024. Plans are being made to implement Depression Screenings in all outpatient areas Hospital wide. A version of Patient Health Questionnaire 9 and 2 will be utilized in all non-diagnostic only areas. The screening will indicate if a referral is needed.

In additional verifications are being made to ensure that all outpatient departments are conducting the Tobacco Screening and providing appropriate counseling or referring for smoking cessation counseling if needed. This information is reported through Comprehensive Hospital Increase Reimbursement Program (CHIRPS). Current statistics reflect 7% documented screening. Verification efforts are being made to ensure that the electronic health record data is correctly pulling to reports. Employee education is being provided for all departments that must complete and document for every non-diagnostic only patient. Statistics are reported every six months.

Management is focusing on the Rural Health Clinic monitoring of hypertension and if hypertension is controlled as defined by Rural Access to Primary and Preventive Services (RAPPS) criteria of at most 14/90. The number of flu vaccines being offered, given or received elsewhere is also being monitored. Current statistics reflect 5% mainly due to not documenting if the patient received the flu vaccine elsewhere. There are several flu vaccine clinics outside the Rural Health Clinics and those vaccines are not counted toward the Rural Health Clinic statistics. Management is examining ways to capture the information and improve the reported outcomes. Statistics are reported every six months.

Departmental reports were reviewed. Ms. Julie Wilson will be working with department managers to accomplish more specific focused quality assessment within the departments.

The members of the Patient Family Engagement Committee will attend the next meeting of the Quality Assessment and Performance and provide input.

Staff is working on implementing the Health Equity Assessments and the Social Determinants of Health Care as part of the interviews with patients and doing referrals as needed.

FINANCIAL REPORT

Mr. Williams presented the Financial Report for the month ending March 31, 2024. Total inpatient revenues for the month of March were \$196,947.06 and the amount budgeted was \$292,290, which is 32.62% less than budget. The prior year inpatient revenues were \$303,362.72. Swingbed revenues for the month of March were \$331,094.51 and the amount budgeted was \$256,863, which is 28.90% more than budget. The prior year Swingbed revenues were \$280,663.38. Outpatient revenues for the month of March were \$5,884,412.27 and the amount budgeted was \$5,132,125, which is 14.66% more than budget. The prior year outpatient revenues were \$5,162,727.12. The total revenues for the month of March were \$7,981,442.55 and the amount budgeted was \$6,679,731, which is 19.492% more than budget. The prior year total revenues were \$7,337,607.42. Total revenue deductions for the month of March were \$4,660,540.35 and the amount budgeted was \$4,040,753, which is 15.34% more than budget. The prior year deductions from revenue were \$4,105,796.94. Expenses for the month of March were \$2,452,379.13 and the amount budgeted was \$2,402,456, which is 2.08% more than budget. The prior year expenses were \$2,301,818.79. The actual net operating profit for the month of March was \$868,523.07 and the amount of \$236,522 was budgeted which is 267.21% more than budget. The prior year net operating loss was \$929,991.69. Special items affecting the profit and loss statement include grant funds receipts in the amount of \$126,611.05. The net operating profit without the special item is \$741,912.02. A report of collections and expenses reflects that in the past twelve months collections total \$27,379,115.57 and expenses total \$28,299,312.63 and that 96.75% of Hospital expenses are covered by collections. The directors reviewed the most recent Quality Incentive Payment Program (QIPP) report.

LMC FOUNDATION REPORT

LMC Foundation members met April 15, 2024 to finalize the plans to host a cash raffle fundraiser on April 27, 2024. The fundraiser was successful and was well attended. LMC Foundation members worked very hard to host this event. The members put considerable effort into the decorations, games, prizes and meal. LMC Foundation members personally purchased many of the stretch ticket prizes.

ADMINISTRATIVE REPORT

Mr. Price informed the directors that on Thursday, March 28, 2024 he spoke with Cameron Kilpatrick, M.D. by telephone. She is currently in her second year family medicine residency at the University of New Mexico – Santa Fe Residency Program with anticipated graduation in July 2025. She and her partner are interested in returning to the area after she completes her residency. Her partner is from Tyler and has family in Buffalo and Coolidge.

Eduardo Gonzalez-Fernandez, M.D. will begin working at Limestone Medical Center in Thursday, August 1, 2024. All of the documentation required to complete his J1 Visa has been filed and approved. The Hospital credentialing documents will be processed closer to the beginning of his employment. Dr. Gonzalez had hoped to live in Groesbeck, but is now searching for a home in the Robinson area.

Management is going to institute having a mid-level provider perform inpatient rounds and accept patient admissions. The members of the Medical Staff fully support this initiative and view it as a benefit to the patients and to the physicians. Shana Thomas Stanley, FNP-C currently works part time for Limestone Medical Center Emergency Department and full time for Tejas Urgent Care in Mexia. Beginning Monday, June 3, 2024, Mrs. Stanley will begin orientation to this position. Concord Medical Management has expressed concern with having difficulty recruiting physicians for the dual role of Emergency Department physician and hospitalist.

EMS completed a follow-up inspection and found that the Hospital had implemented the plan of correction and is in compliance with the Health and Safety Code. Mr. Shelton Chapman expressed his appreciation to Mrs. Julie Wilson for her assistance with creating the policies and procedures required. Mrs. Wilson recognized Mr. Chapman for the work that he performed to prepare for and successfully complete the compliance audit. Mr. Chapman informed the directors concerning the status of the ambulances. Mr. Chapman commented concerning the affiliation that the Hospital has with Wortham High School for the EMT Academy. This provides an excellent educational experience for the students and the Mr. Chapman has recruited several students to work at the Hospital. Wortham High School is attempting to expand the program and offer medical assistant training, fire training and phlebotomy training. Mr. Hobbs recognized the EMS crew members that assisted with an automobile accident that occurred Saturday night.

Mrs. Allec Lincoln expressed her appreciation for the kindnesses she has received during her illness. Mrs. Lincoln reported concerning the Rehabilitation Department. Ms. Jayme Emmons, OTR has submitted her resignation effective Wednesday, May 1, 2024; however, she has indicated her wiliness to continue to work PRN. Mrs. Lincoln is researching agency staff to identify potential candidates. Mrs. Lincoln stated that the department is extremely busy and that evaluations are being scheduled two weeks out.

Management is pursing replacing building roofing and HVAC. Preliminary reports estimate the damages to be \$2.8 million. Mr. Price informed the directors concerning the communications that he has had with Chubb Insurance regarding the ongoing HVAC system claims.

Management is applying for the Texas Department of Agriculture \$100,000 capital improvement grant for endoscopy suite equipment.

Management is applying for the Texas Department of Agriculture \$100,000 rural hospital broadband program grant to offset costs of upgrading computer cabling for the office building located at 621 McClintic Drive.

Doug Holzbog, MBA, has been appointed market chief executive officer for Ennis Regional Medical Center, Palestine Regional Medical Center and Parkview Regional Hospital. Mr. Holzbog will be based at Palestine but oversee operations at the three facilities. He began his new tenure April 22, 2024.

Advanced Pain Care joined Groesbeck Chamber of Commerce and Mexia Chamber of Commerce and there was a ribbon cutting ceremony at the Medical Arts Building on Tuesday, April 23, 2024

The Hospital has received \$819.64 for the 2023 fee share through group purchasing organization with Alliant Purchasing Services.

Mr. Price, Mrs. Wilson, Mrs. Debbie Brewer and Mrs. Misty Hutchison attended the Texas Organization of Rural and Community Hospitals (TORCH) Annual Conference in Dallas April 1-4, 2024. Management was introduced to numerous new programs at the conference and will be initiating some of those program in the near future. Mr. Price credited TORCH executives for the significant amount of work that is done on behalf of rural hospitals. He continued by stating that Limestone Medical Center receives substantial recognition from TORCH and he attributes that to the staff for being so successful.

National Hospital Week will be celebrated May 12-18, 2024. Mr. Price invited the Board members to a come-and-go meal on Tuesday, May 14, 2023 in the Board Room. Lunch will be served from 11:30 a.m. to 1:00 p.m. and supper will be served from 6:00 p.m. to 7:00 p.m.

TORCH provides compliance hotline services at no charge to member hospitals. Management will be amending the Hospital policies, procedures and publications to reflect the new compliance hotline information.

Mrs. Wilson provided an update concerning the Rucker Clinic building renovation plans.

Mrs. Wilson reported concerning the Main Street Program that was implemented last month at all four clinics. She stated that the physicians are successfully taking the time to complete the required documentation to be submitted for value based patient care tracking. Ms. Lisa Smith serves as patient advocate and assists patients with obtaining medications.

Mr. Price recognized Mr. Michael Williams, Mrs. Melanie Richard, Ms. Jean Wragge and Mrs. Corey Tunnell for their considerable efforts to have the three nursing homes recently added to the Quality Incentive Payment Program (QIPP) approved by Health and Human Services. He noted that there was a short time frame to complete the lengthy reporting and supporting documentation.

