

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

**MINUTES**

**August 27, 2024**

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**On this 27<sup>th</sup> day of August, 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.**

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**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  
Pam Armstrong  
Debbie Brewer  
Linda Chambers  
Shelton Chapman  
Leeann Freeman  
Courtney Harryman  
Jennifer Haynie  
Misty Hutchison  
Emily Jones  
Brandy Kennedy

Allec Lincoln  
Karah Medlock  
Michelle Mullinnix  
Adrienne Rettig  
Linda Rojas  
Mike Thompson  
Corey Tunnell  
Hope Wallace  
Julie Wilson  
Jean Wragge  
Robert York  
Cathy Knouse

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

The meeting was called to order by Mr. Danny Hewitt at 3:00 p.m. A quorum was present.

**INVOCATION**

Mr. Tyrell 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.

### **COMMENTS FROM CONCERNED CITIZENS**

There were no concerned citizens in attendance.

### **CORRESPONDENCE**

Ms. Christina Howell Smiley recently expressed her appreciation for the Limestone Medical Center staff and recognized the Emergency Department staff, the nursing staff and Shana Stanley, FNP-C.

Mrs. Sondra Williams expressed her appreciation for the Emergency Department night shift staff and recognized the staff's excellent service, efficiency and caring spirit.

### **CONSENT AGENDA ITEMS**

The Board minutes, Accounts Receivable report, Compliance Report, Compliance Committee charter, Family Medicine Center report, Infectious Disease report, Kosse Community Health Clinic report, Marketing report, Nursing report, semi-annual Nurse Staffing Committee report, Nursing Home Maintenance and Operations 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 Mr. Kent Wilson and carried to approve the consent agenda.

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

#### **HIPAA**

The Notice of Privacy Practices brochure has been updated.

The Permitted Uses and Disclosures of PHI – No authorization required policy and procedures have been updated.

The Designated Record Set policy and procedures are newly created to facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), and the Information Blocking restrictions pursuant to the 21st Century Cures Act and all Federal regulations and interpretive guidelines and to establish guidelines for the definition and content of the designated record set.

The Patient Right to Access policy and procedures are newly created to provide patients with the right to inspect and/or obtain a copy of their protected health information that is contained within the designated record set. Exceptions include psychotherapy notes, information compiled for use in civil, and criminal or administrative actions. The facility may deny a request under certain circumstances outlined in the procedure.

The Information Blocking policy and procedures are newly created to provide for exchanging and making electronic health information available and usable for authorized and permitted purposes in accordance with applicable law.

The Limited Data Set Policy and Data Use Agreement Policy and procedures are newly created to provide for the disclosure of a limited data set for public health purposes, including those that are emergency preparedness activities.

### **Indigent Care**

The Annual 2024 Federal Poverty Guidelines are being updated.

### **Laboratory**

The Blood Inventory Receiving and Ordering policy and procedures are newly created to address the processes whereby Carter Blood Center supplies the total blood needs of Limestone Medical Center. The processes include typing for O negative blood, normal inventory, inventory and ordering, emergency orders, receiving blood shipment and proper storage and the Carter Blood Center return and transfer policies.

### **Nursing/Emergency Department**

The PRN Staffing policy and procedures are newly created to ensure that PRN staff performing duties adhere to departmental updates and documentation requirements as well as to provide full time staff with holiday coverage.

### **Rehabilitation**

The Perceptual/Visual Retraining policy and procedures have been updated with current precautions and current instruments specifically designed to evaluate perceptual and visual disorders.

The Sensory Stimulation policy and procedures have been updated to include current equipment being used.

The Home Management policy and procedures have been updated to include appropriate adaptive equipment and appropriate assistive equipment.

The Fine Motor Coordination policy and procedures have been updated to include Kineso Taping.

The Splinting policy and procedures have been updated to use replace the wording ready made splints with thermoplastic splints that are customizable.

The Cognitive Retraining policy and procedures have been updated to provide for current processes. Specifically, the precautions have been updated providing what should be avoided in continuous stimulation and the instructions for assessment have been updated.

The ADL and IADL Retraining policy and procedures have been updated to more appropriately describe Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

Ms. Madison Williford, occupational therapist, was introduced to the directors.

### **Rettig Family Health Care**

- *ALL POLICIES* – changed verbiage from Office Manager to Clinic Director
- *ALL POLICIES* – Corrected any grammatical errors
- *Policy 201 Cleaning Schedule*
  - Changed “medical assistants” to “clinical staff” for those responsible for cleaning inside of equipment
- *Policy 201b* – changed title to Information For Sanitation Wipes
  - Added print outs for each type of sanitation wipes used
- Changed Policy 201c Wheelchair check off list to 201b
- *Policy 202 Exposure Control Plan*
  - Updated contact info for current Infection Control staff
- *Policy 203 Failure of Essential Services*
  - Removed statement saying patients would be moved to a safe area
  - Changed statement saying we would contact the power company and replaced it with “Clinic Director or designee will contact LMC EVS to report outage”
  - Changed statement saying patients would be reschedule to say patients will be given the option to reschedule their appointment
  - Removed statement that we would attempt to cancel remaining appointments during the power outage
  - In the event of a water outage changed the responsible party to the Clinic Director in the event staff needed to be sent to buy bottled water
  - Party responsible for making the decision to close the clinic if needed due to water outage changed to LMC CEO or Clinic Director
- *Policy 208 Preventive Maintenance*
  - Changed to “as needed” for cleaning refrigerator and freezer
- *Policy 406a* title changed to “Consent to Treat a Minor”
- *Policy 408a* title changed to “Crash Cart Supply List”
  - Updated with current supplies and expiration dates
- *Policy 501 Laboratory Services*
  - Changed statement that provider will review all initial results to say that provider will review all results

- *Policy 601 Drugs & Biologicals*
  - Changed verbiage to state we will contact LMC EVS to report outage, get details on cause and estimated time we will be without power
  - Changed location to Family Medicine Center for where we will move refrigerated contents to in the event of a power outage
- *Policy 603a Informed Consent Form*
  - Updated to current form used
- *Policy 608a Communicable Disease Report Form*
  - Updated to current form used by Texas DSHS
- *Policy 614 Visual Acuity*
  - Added nurse or medical assistant to the staff who would perform the visual acuity test for patients
- *Policy 701 HIPAA Referral Page*
  - Removed Cheryl Hardin as a HIPAA Officer
- *Added Policy 802a LMC Compliance Plan*
- *Policy 1006 Limited English Proficiency Policy*
  - Updated to state we utilize the “Voyce” interpretation service per LMC’s instruction.
- *Policy 1007 Auxiliary Aids Policy*
  - Removed statement that we provide notice of and procedure for requesting auxiliary aids and services.
  - Removed statement that an offer for an interpreter and the patients response will be documented in the chart.

#### Emergency Plan

- *Policy 901c Emergency Operation Plan*
  - Changed verbiage to state we will contact LMC EVS to report outage, get details on cause and estimated time we will be without power
- *Attachment D: Organizational Chart*
  - Updated to include all current staff
- *Attachment E: External Contact List*
  - Updated to include current personnel
- *Attachment F: Notification Call List*
  - Alternate contact to notify staff changed to Karah Medlock
  - Secondary receptionist to contact patients changed to Brissa Galvan
  - Updated to include all current staff
- *Attachment I: Exercise Documentation*
  - Updated drill list

### **Trauma Program**

The Trauma Program Operational plan is being updated to provide that in the event the Trauma Program medical director is no longer available for any reason, the Emergency Department medical director will assume this role until a new Trauma Program medical directors is obtained. In the event that the Trauma Program medical director and Emergency Department medical director are the same person, the succession will then fall to the chief of staff.

The trauma survey they was conducted approximately one year ago revealed eight citations and the facility was placed on contingency status. In an exit interview today with Texas Department of State Health Services, it was revealed that all citations have been successfully resolved. Mr. Larry Price recognized Mrs. Corey Tunnell for her diligence and hard work to achieve successful survey designation.

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 August 14, 2024 minutes of the Quality Assurance and Performance Improvement Committee were reviewed.

The Health Insurance Portability and Accountability Act (HIPAA) security policies and procedures have been updated to include a Confidentiality and Security Team. The committee will meet quarterly with the Compliance Committee. Meeting agenda topics include discussion concerning security issues, reviewing concerns and identifying areas that should be addressed during annual training and reviewing and updating the HIPAA security policies as needed. The committee members reviewed the updated HIPAA notice of privacy practices and the departmental reports.

### **DISCUSSION AND ATTESTATION THAT NO PHYSICIANS HAVE ANY OWNERSHIP OF HOSPITAL**

As part of the conditions of participation for Critical Access Hospitals, Limestone Medical Center must attest that none of the physicians or any members of their families have ownership in the Hospital. The motion was made by Mrs. Glenda O'Neal, seconded by Mr. Wilson and approved that the Board of Directors do hereby attest that no physicians on staff or their immediate family members have any ownership of the Hospital.

### **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending July 31, 2024. Total inpatient revenues for the month of July were \$337,218.77 and the amount budgeted was \$290,887 which is 15.93% more than budget. The prior year inpatient revenues were \$167,596.69. Swingbed revenues for the month of July were \$116,289.65 and the amount budgeted was \$256,858 which is 54.73% less than budget. The prior year Swingbed revenues

were \$274,842.66. Outpatient revenues for the month of July were \$6,120,558.69 and the amount budgeted was \$5,208,700 which is 17.51% more than budget. The prior year outpatient revenues were \$5,380,910.08. The total revenues for the month of July were \$9,067,953.53 and the amount budgeted was \$6,677,740 which is 35.79% more than budget. The prior year total revenues were \$8,349,331.12. Total revenue deductions for the month of July were \$4,503,559.08 and the amount budgeted was \$4,040,753 which is 11.45% more than budget. The prior year deductions from revenue were \$3,809,958.68. Expenses for the month of July were \$2,703,215.34 and the amount budgeted was \$2,409,265 which is 12.20% more than budget. The prior year expenses were \$2,409,265. The actual net operating profit for the month of July was \$1,861,179.11 and the amount of \$227,722 was budgeted which is 717.30% more than budget. The prior year net operating profit was \$2,270,651.22. Special items affecting the profit and loss statement include grant receipts in the amount of \$182,765.36; Main Street project receipts in the amount of \$19,179.99 and third quarter QIPP receipts in the amount of \$822,637.80. The net operating profit without the special items was \$836,595.96. A report of collections and expenses reflects that in the past twelve months collections total \$29,273,924.53 and expenses total \$29,185,453.03 and that 100.30% of Hospital expenses are covered by collections. The directors reviewed the most recent Quality Incentive Payment Program (QIPP) report.

#### **INVESTMENT REPORT**

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$84,635,562.75 invested in texpools and certificates of deposit as of July 31, 2024. Currently the Hospital has three texpool accounts, two for the general fund and one for the ambulance. The Hospital has five certificates of deposit in terms of 12 months or less. The year-to-date interest is calculated beginning with the first day of the Hospital's fiscal year October 1. The Hospital is in compliance with its investment strategy and the Public Funds Investment Act.

#### **DISCUSSION AND ACTION ON APPROVED BROKERS FOR PUBLIC FUNDS INVESTMENT ACT COMPLIANCE**

A list of approved brokers is required for the investment of public funds. Morgan Stanley, Wells Fargo Advisors, Merrill, Ameriprise and Edward Jones are recommended as approved brokers for the Hospital. Other brokers can be added to the list as the need arises to do business with a brokerage firm. The motion was made by Mr. Wilson to approve the brokerage firms on the list of approved brokers. The motion was seconded by Mr. Arnold Gray and approved.

#### **LMC FOUNDATION REPORT**

LMC Foundation members met Monday, August 19, 2024. Foundation members reviewed the financial statements. The members agreed to focus on a spring fundraiser. Mrs. Susie Altland has resigned from the Foundation board. At the next meeting, potential Board members will be considered. The Foundation board will restructure and elect officers for the next fiscal year at the October meeting.

## **ADMINISTRATIVE REPORT**

In July Limestone Medical Center's 340B Program profit was \$232,062.51.

A letter from Texas A&M University Rural and Community Health Institute recognizing the newly established partnership with Limestone Medical Center for financial performance support, workforce coordination, value based care and service line development was received. This partnership is made possible through the state-funded Texas A&M Health Rural Engagement Program known as TX-REP.

Mr. John Henderson, President and Chief Executive Officer, Texas Organization of Rural and Community Hospitals (TORCH) forwarded a letter from Mr. Michael Denis thanking and encouraging all rural hospital executives.

The results of the *Groesbeck Journal* best of the best in Groesbeck have named: Limestone Medical Center as the best hospital, Jeffrey Rettig, D.O. as the best doctor and Catlin Samuels as the best EMT/paramedic.

Mr. Price met with Uday Khosla, M.D. on Friday, August 2, 2024 and introduced Eduardo Gonzalez-Fernandez, M.D. Dr. Khosla is still awaiting Medicare certification for Limestone County Dialysis Center. He has learned that certification can take up to six months.

TORCH staff and representatives from Google in Austin visited the Hospital on Wednesday, August 21, 2024 for a site visit and to tour the Hospital and Clinics. These individuals are making an assessment to determine if Limestone Medical Center can receive additional services under the White House initiative for rural health cybersecurity.

On Friday, August 30, 2024, Mr. Josh Hutchison, Department of State Health Services Deputy Commissioner is scheduled to visit Limestone Medical Center. At that time, he will tour the Hospital and Hospital departments. This visit is being facilitated by TORCH and management is appreciative of this opportunity to meet with Mr. Hutchison.

Limestone Medical Center has received the Texas Mutual Safety grant for \$1,500 and has received the Texas Mutual safety group dividend for \$7,958.76.

Providence Hospice-Community Healthcare of Texas published an article in the *Groesbeck Journal* announcing its palliative care clinic at the Hospital's Medical Arts Building. A ribbon cutting ceremony was held Thursday, August 15, 2024.

A retirement reception will be hosted in honor of Mrs. Cheryl Hardin and recognizing her years of service tomorrow at 2:00 p.m., in the Board Room.

During the week of September 16, work will begin to run fiber optic cables from the Hospital to the office building located at 621 McClintic Drive. Once the cable is installed, the building will be renovated to provide offices for IT staff.



Mr. Hobbs inquired concerning the possibility of relocating Emergency Medical Services (EMS) to the building located at 621 McClintic Drive and moving the IT/PACS staff to the current EMS building. Mr. Price responded by stating that having EMS crews in close proximity to the Emergency Department is beneficial for both patient care and security. Mr. Gray inquired if Purchasing could be relocated with Mr. Price responding that an additional building would be required. Mr. Price noted that the Hospital could pursue the purchase of additional land to construct a building for Wound Care, which would free space for rehabilitation. Then possibly move EMS to a new building and use the existing space for offices. Mr. Price stated that possibly this could be discussed at the next strategic planning meeting.

**DISCUSSION AND ACTION ON PROPOSED TAX RATE**

The members present reviewed the proposed 2024 tax rate calculation documents. Last year's tax rate was \$0.2527. There was general discussion concerning the 2024 tax rate. The no new revenue tax rate is \$0.2310 and the voter approval tax rate is \$0.2764. If the no new revenue rate or a lower rate is proposed, the Board of Directors do not have to hold a public hearing. If a rate is proposed above the no new revenue rate, the Board will only need to schedule one public hearing at the time of proposal.

The Board may adopt the rate directly following the hearing. The notice of hearing must be published at least five days prior to the hearing. If a hearing is necessary and the Board chooses not to adopt the rate immediately following the hearing, there will be the need to schedule the adoption within seven days of the hearing date. The rate must be adopted no later than September 30, 2024.

The motion was made by Mr. Gray to propose the tax rate of \$0.2310/\$100 of property value. The motion was seconded by Mr. Wilson and carried.

**VOTE**

The members of the governing body voted on the proposal to decrease the current tax rate of \$0.2527/\$100 of property value to the tax rate of \$0.2310/\$100 of property value as follows:

**For:** Danny Hewitt, Martha Stanton, Glenda O'Neal, Arnold Gray, Tyrell Hobbs  
Christina Lockhart and Kent Wilson

**Against:** None

**Present and not voting:** None

**Absent:** None

**SET DATE AND TIME OF PUBLIC HEARING ON PROPOSED 2024 TAX RATE**

The proposed tax rate of \$0.2310/\$100 of property value does not exceed the notice and hearing limit.

### **COMMITTEE REPORT**

On Tuesday, August 20, 2024 the Finance Committee members met with management and departmental managers to review the proposed budgets for the new fiscal year beginning October 1, 2024. Each department manager presented the budget requirements as compiled during the individual meetings with Administration. The Board members commended the managers for being prepared and knowledgeable concerning the departments.

### **ADOPTION OF FY2025 HOSPITAL BUDGET**

Those present reviewed the summary profit and loss budget for fiscal year 2025.

Capital equipment items requested total \$1,540,920 and include: mobile plate and dish dispenser for \$5,000 and convection oven for \$29,000 for Dietary Department; Rad room for \$197,000, CAT Scan-UPS for \$8,600 and mammography machine for \$436,060 for Radiology Department; Enterprise wide scheduling for \$29,400 and domain controller for \$9,000 for IT; treadmill for \$8,000 and stationary exercise bike for \$6,000 for Respiratory Therapy Cardiopulmonary Department; Allegra centrifuge for \$9,198, AL Top 350 Coag for \$55,000, Evopqua water system for \$24,367 and Interface PCR for \$9,000 for Laboratory; vaccine refrigerator for \$5,444 for Family Medicine Center; GlideScope for \$16,000, ultrasound for \$40,000 and infant warmer for \$17,000 for Emergency Department; ambulance for \$165,071 for Emergency Medical Services and building management system for \$300,000 and test and balance system for \$92,000 for Maintenance.

The Board of Directors approved providing all full time employees up to a five percent (5%) salary increase at the discretion of Mr. Larry Price and the department managers at the time of annual evaluation. The directors also approved that at the time of annual evaluation, full time employees will receive longevity pay at the rate of \$100 per year of most recent effective full time date.

The motion was made by Mr. Wilson to adopt the budget as presented for fiscal year 2025. The motion was seconded by Mr. Hobbs and approved.

### **EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District entered into Executive Session at 3:39 p.m. This closed session is held pursuant to Section 551.074 of the Texas Government Code "Personnel Matters".

### **RETURN TO REGULAR SESSION**

The Board of Directors adjourned from closed session at 4:00 p.m. and returned to open session. There was no action.

### **EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District entered into Executive Session at 4:00 p.m. This closed session is held 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 adjourned from closed session at 4:09 p.m. and returned to open session. There was no action

**EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Texas Government Code Section 551.071 “Consultation with Attorney.”

**SETTING OF NEXT REGULAR BOARD MEETING**

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, September 24, 2024, at 3:00 p.m. in the Hospital’s Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 4:10 p.m.

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