

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

**MINUTES**

**July 30, 2024**

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**On this 30<sup>th</sup> day of July, 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  
Cathy Knouse

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

Mr. Danny Hewitt, President, called the meeting to order at 2:00 p.m. A quorum was present.

**DISCUSSION AND ACTION ON STRATEGIC PLAN**

The directors reviewed the strategic plan dated 2025 that includes one, three and five year goals.

Mr. Arnold Gray inquired concerning the Wound Care Clinic with Mr. Larry Price responding that the Wound Care Clinic statistical data is stationary and that an increase in patient census would substantiate moving the clinic to another location.

It was noted that some of the coils are damaged on the newly installed Heating, Ventilation and Air Conditioning (HVAC units. Management is considering purchasing new HVAC units for the Emergency Medical Services building and using the allocated monies to replace units rather than installing new coils in older units.

The Rehabilitation Department has requested that a van be purchased to acclimate patients with getting in and out of the van. The car previously used for this function has been disposed of. At this time, the Hospital owns three vans that can be utilized to assist patients in this regard.

Mr. Kent Wilson expressed his desire to add the purchase of a new ambulance or chassis to the three-year plan. Mr. Price responded by stating that replacement of the ambulance depends upon the mileage of the vehicles and whether or not the trucks are gasoline or diesel engines. A brand new ambulance will be added to the fleet in October. At that time, Mr. Shelton Chapman plans to rotate the ambulances in service being mindful of the miles driven. The motion was made by Mr. Tyrell Hobbs to approve adding the three-year replacement plan for the ambulances. The motion was seconded by Mrs. Glenda O'Neal and carried.

It was noted that a significant number of the five-year plan items are included with the planning for additional departmental space.

Mr. Hobbs mentioned that he was recently in the Emergency Department and the security door at the ambulance entrance to Emergency Department was not secure. The door opened without a passcode.

Mr. Hobbs mentioned that the oxygen panel on an Emergency Department wall was alerting and the staff was not sure how to silence the alarm.

Mr. Hobbs mentioned the radios in the Emergency Department and the importance of the radios for communication. Mr. Price concurred and stated that the Emergency Department has panic buttons installed as well as a satellite telephone for communication.

When the windows were originally installed, in the Dietary Department, the windows were not set properly with panels for the water to run off. Recently the windows were sealed properly and the cosmetic work for these windows is now being performed.

Management was notified that the Texas Department of Agriculture 2024 Broadband grant award has increased from \$134,915 to \$136,078. The grant period will be from August 1, 2024 to August 31, 2026. A portion of the grant proceeds will be used to install fiber optic cable for the office building located at 621 McClintic Drive. Once the cable is installed, the building will be renovated.

Uday Khosla, M.D. will be seeing patients at Medical Arts Building on Friday, August 2, 2024. Mr. Price will meet with him to discuss the referral of patients and the status of opening Limestone County Dialysis Center.

#### **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

Mr. Price expressed his desire to extend the Family Medicine Center hours of operation to 7:00 p.m. a few days per week. Mr. Price continued by stating that he will wait until Dr. Gonzalez establishes his schedule and then speak with him. Extending hours includes not only the provider, but also front office staff and nursing staff.

#### **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 entered into Executive Session at 2:50 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 of South Limestone Hospital District adjourned its Closed Session and returned to Open Session at 3:07 p.m.

There was no action.

#### **ADJOURN**

There was no further business and the meeting adjourned at 3:08 p.m.

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/s/  
Glenda O’Neal  
Secretary/Treasurer



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**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

**OTHERS PRESENT**

Larry Price  
Pam Armstrong  
Debbie Brewer  
Leeann Freeman  
Courtney Harryman  
Jennifer Haynie  
Misty Hutchison  
Emily Jones  
Samantha Bourgeois  
Allece Lincoln

Michelle Mullinnix  
Karah Medlock  
Adrienne Rettig  
Linda Rojas  
Mike Thompson  
Catherine Tobola  
Corey Tunnell  
Hope Wallace  
Julie Wilson  
Cathy Knouse

**CALL TO ORDER, ESTABLISH QUORUM**

Mr. Danny Hewitt, President called the meeting to order at 3:09 p.m. A quorum was present.

**INVOCATION**

Mrs. Leeann Freeman 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. Shannon Spear recently provided a five star review on Google complimenting the Hospital and staff.

Ms. Debbie Brewer sent a note expressing her appreciation and the appreciation of the Business Office staff for the Board of Directors.

Ms. Nikki Patrick sent a note conveying her appreciation for the expressions of sympathy on the passing of her son.

**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, Medical Staff minutes, Nursing report, Patient Safety/Risk Management/Workplace Violence Committee minutes. Risk Assessment Workplace Violence, Risk Management Annual Program Evaluation, Environment of Care Annual Program Evaluation, Hospital Security Program Checklist, 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. Tyrell Hobbs and carried to approve the consent agenda.

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

**EMS**

There are no changes.

**Environment of Care**

The Environment of Care annual program evaluation dated June 30, 2024 has been completed. The Workplace Violence Risk Assessment evaluation dated July 2024 has been completed.

**Facility Wide**

The Visitor policy and procedures are being revised to reflect the normal visitor policy with the option of reinstating the screening for sick persons in the event of another respiratory pandemic.

### **Medical Records**

The Advanced Practice Providers policy and procedures are newly created to address the Advanced Practice Providers in the role of hospitalist.

### **Pharmacy**

#### Revisions:

1. Policy: Pharmacy Inventory Inspection
  - a. Removed steps #6 & #7: random medication count form and the filing of it. This process is done stored in through the Omnicell Omnicenter
2. Policy: Omnicell Locations
  - a. Added Specialty Clinic
3. Policy: Omnicell Downtown Procedures
  - a. Included availability of drawer-by-drawer mapping of each Omnicell
4. Policy: Orientation for New Pharmacy Personnel
  - a. Clarified use of DEA Form 222 and Logging

#### Reviewed:

1. Policy: Administration and Prescribing of Medication
2. Policy: Formulary System
3. Policy: Heparin Flush Protocol for Central IV lines
4. Policy: Manufacturing of Drugs
5. Policy: Pharmacy Patient Profile

### **Pharmacy 340B Program**

The Inventory Management policy and procedures are newly created to address split billing; physical inventory; purchasing accounts and wasted 340B medications. This is being added to the existing policies.

The 340B Program Compliance Monitoring/Reporting policy and procedures are newly created to address maintaining auditable records demonstrating compliance with the 340B Program requirements. This is being added to the existing policies.

The 340B Program will submit recertification documentation by Monday, August 12, 2024.

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 Mrs. Glenda O'Neal and approved.

**DISCUSSION AND ACTION ON OPIOID ABATEMENT FUND COUNCIL HOSPITAL DISTRICT RESOLUTION**

In response to Senate Bill 1827, passed by the 87<sup>th</sup> Legislature, Texas Organization of Rural and Community Hospitals (TORCH) has worked with Texas Comptroller of Public Accounts Glenn Hegar's office to request assistance through the Texas Opioid Abatement Fund Council (OAFC) in addressing the opioid crisis across the state of Texas, as well as publishing statewide opioid settlement agreement records to the public. The Directors reviewed proposed Resolution No. 072024 that addresses the previously experienced and continuing harm suffered by South Limestone Hospital District as a result of the ongoing opioid epidemic. Further, the Resolution addresses the Hospital District's intent to accept money distributed to the Hospital District by the Texas Opioid Abatement Fund Council under Texas Government Code Section 403.508(a)(2) and 34 Texas Administrative Code Section 16.222, and use that money to remediate the opioid crisis.

The motion was made by Mr. Kent Wilson to approve the Resolution and authorize Mr. Larry N. Price, Chief Executive Officer, to act on behalf of the Hospital District in all matters related to the money distribution and that the money received from the Council by the Hospital District will be used to remediate the opioid crisis or for a specific purpose use mandated by a court order or settlement agreement. The motion was seconded by Mr. Hobbs and approved.

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

The Quality Improvement Committee met Wednesday, July 10, 2024.

The patient satisfaction surveys are being changed in title to follow current standards. Hospital staff will move from evaluating patient satisfaction to the patient experience. Patient experience is associated with a patient's perception of care, while patient satisfaction is about the patient's expectations for care. To assess patient experience, staff must find out from patients whether something that should happen in a health care setting (such as clear communication with a provider) actually happened or how often it happened.

Currently the Hospital's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) numbers on the Hospital Compare website, from last year, are low in patient understanding of medication and discharge instructions. Staff has taken steps to improve those numbers. A staff member has been added in the Specialty Clinic to allow one staff member to focus on discharge planning and make follow-up calls to all discharged patients. In addition, hospitalist, Shana Stanley, FNP-C meets with the patients and reviewed the medications and has more time to devote to inpatient health and medications education.

Depression screenings have been added to all departmental initial interviews.

The managers reviewed the quality measures for STAR rating and examples of potential indicators based on Electronic Clinical Quality Measures (eCQMs). As a Critical Access Hospital, the Hospital is currently exempt from reporting, however it was a good opportunity to review the examples of what will need to be considered with clinical monitoring.



Many of the questions included in the Social Drivers of Health questionnaire are already being asked in the initial interviews. Department managers will review current questions and add questions where necessary to capture all needed information. Managers will document any patients that were referred for assistance.

Departmental reports were reviewed.

### **FINANCIAL REPORT**

Mrs. Debbie Brewer presented the Financial Report for the month ending June 30, 2024. Total inpatient revenues for the month of June were \$309,899.80 and the amount budgeted was \$292,207, which is 6.05% more than budget. The prior year inpatient revenues were \$231,668.51. Swingbed revenues for the month of June were \$196,778.27 and the amount budgeted was \$256,873, which is 23.39% less than budget. The prior year Swingbed revenues were \$234,041.71. Outpatient revenues for the month of June were \$5,728,947.27 and the amount budgeted was \$5,209,243, which is 8.35% more than budget. The prior year outpatient revenues were \$5,207,110.78. The total revenues for the month of June were \$7,417,546.48 and the amount budgeted was \$6,679,618, which is 11.05% more than budget. The prior year total revenues were \$6,920,409.50. Total revenue deductions for the month of June were \$4,009,384.58 and the amount budgeted was \$4,040,753, which is 0.78% less than budget. The prior year deductions from revenue were \$3,685,005.98.

Expenses for the month of June were \$2,277,694.16 and the amount budgeted was \$2,312,648, which is 1.51% less than budget. The prior year expenses were \$2,229,934.08.

The actual net operating profit for the month of June was \$1,130,467.74 and the amount of \$326,217 was budgeted which is 246.54% more than budget. The prior year net operating profit was \$1,005,489.44. Special items affecting the profit and loss statement total \$79,913.91 grant receipts and Main Street receipts in the amount of \$23,300. The net operating profit without the special items is \$1,027,253.83.

A report of collections and expenses reflects that in the past twelve months, collections total \$28,865,102.48 and expenses total \$28,750,958.91 and that 100.40% 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 Monday, July 15, 2024. LMC Foundation members approved departmental equipment requests from Rettig Family Health Care for a hi-lo exam table, a bariatric chair and an office chair for \$7,961.92 for the grand total of \$99,044.42.

### **ADMINISTRATIVE REPORT**

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. It is expected that he will complete orientation Thursday, August 1, 2024 and Friday, August 2, 2024 and begin seeing patients Monday, August 5, 2024

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

Texas State Board of Pharmacy conducted a surprise inspection Tuesday, July 9, 2024. There were no deficiencies found by the inspector. Surprise inspections are typically conducted every two years. Mr. Price recognized Rose Levels, R.Ph., Ms. Hope Wallace, Ms. Tracy Kennedy and Ms. Danielle Huh.

Mrs. Judy Taylor is resigning from her position in the Laboratory. A reception will be hosted in her honor of her 33 years of service on Friday, August 23, 2024 at 2:00 p.m. in the Board Room.

Mrs. Cheryl Hardin resigned from her position as Medical Records manager effective Friday, July 12, 2024. A reception is being planned to recognize Mrs. Hardin and her 33 years of service on Monday, August 26, 2024, at 2:00 p.m. Mrs. Pam Armstrong has assumed the responsibilities as Medical Records manager and she was introduced to the directors.

The fire marshal was on campus to perform a scheduled Fire Safety Survey on Wednesday, July 17, 2024. Minor deficiencies were corrected during the inspection.

Larry Hughes, D.O. has renewed his physician employment agreement with the Hospital.

Articles in *Groesbeck Journal* and *The Mexia News* feature the announcement of appointment of Eduardo Gonzalez-Fernandez, M.D. and articles entitled ‘South Limestone Hospital: From Concept to Reality’, ‘Strides made with first ever Walk to End Alzheimer’s’ and ‘Driven with Care: LMC Upgrades to New Ambulance’.

Meetings are scheduled to review the 2024/2025 budget with the managers the first and second week of August. The Finance Committee will meet Tuesday, August 20, 2024.

Uday Khosla, M.D. was not able to have a clinic here on Monday, July 8, 2024 because of inclement weather caused by Hurricane Beryl. His next clinic is Friday, August 2, 2024.

Management was notified that the Texas Department of Agriculture 2024 Broadband grant award has increased from \$134,915 to \$136,078. The grant period will be from August 1, 2024 to August 31, 2026. Grant proceeds will be used to install fiber optic cables for the clinic building located at 621 McClintic Drive and possible to upgrade the telephone system.

William Coleman, M.D. has resigned as Emergency Department Medical Director effective Monday, July 1, 2024 and James Clark, M.D. is assuming that role. Dr. Coleman will remain as Trauma Medical Director.

Mrs. Julie Wilson updated the directors concerning the Rural Health Clinic grant that was established in November 2023. The Hospital has received approximately \$700,000 for personnel and immunization instruction and education. Mrs. Wilson informed the directors concerning the expense categories and amounts.

**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 enter into Executive Session at 3:34 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."

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."

**RETURN TO REGULAR SESSION**

The Board of Directors of South Limestone Hospital District adjourned its Closed Session and returned to Open Session at 4:12 p.m.

Mr. Price will be communicating with Pharmacy Plus executives concerning the 340B program concerns.

**SETTING OF NEXT REGULAR BOARD MEETING**

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, August 27, 2024, at 3:00 p.m. in the Hospital's Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 4:13 p.m.

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/s/  
Glenda O'Neal  
Secretary/Treasurer

