



**Board of Trustees
Minutes
August 28, 2024**

The May meeting of the Board of Trustees of Kearney County Health Services met in the Functional Health Room of Kearney County Health Services, 727 East First Street, Minden, Nebraska on Wednesday, August 28, 2024. Notice of the meeting was posted at Kearney County Health Services, Hospital, Minden Medical Clinic, Minden Post Office, Minden First Bank and www.kchs.org under Board of Trustees. A Board Packet with an agenda of the meeting, minutes, and other pertinent information was emailed to each board member prior to the meeting.

I. Call to Order and Roll Call

Chairman Dahlgren called the meeting to order at 12:00 PM and called attention to the Public Meeting Laws that are posted in the meeting room.

Present:

Board Members

AJ Dahlgren, Chairman
Jeff Hanson
Dick McBride
Stephen Olson, Secretary
Sam Stadler

County Board of Commissioners

Brent Stewart, County Liaison - *Absent*

Others

Randy Hoffmann, Eide Bailly

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Rebecca Cooke, COO
Kendra Brown, CNO
Danielle Morgan, Director of QA/IC
Mark Klabunde, Director of Pharmacy Services
Lenny Ginder, Maintenance Director
Janell Shelton, Clinic Director
Anita Wragge, Marketing/Outreach Coordinator
Dr. Shelby Liesemeyer, MD

II. Public Comments/Communication

Luke Poore, CEO, mentioned a thank you note for KCHS's sponsorship of Light Up the Night 5K Walk/Run.

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the July 31, 2024 meeting minutes. The motion was seconded.

Voting Aye: McBride, Olson, Stadler, Dahlgren, Hanson
Motion Carried.

IV. Old Business

1. Chemistry Analyzer Interface

Luke Poore gave an update—The Chemistry Analyzer was brought on-site on August 12th, it is on schedule to be put into service in September.

2. CT Scanner Update

The order for the CT scanner that was approved during the June meeting is in process. The project is moving along. We will be down for 5 weeks, with a mobile CT on-site. There won't be a loss of CT capability during this time. Nuclear Medicine and MRI will have to implement creative scheduling. The plan is for the new CT scanner to be put into service in October.

3. IT HVAC Update

HVAC for the IT room is in has been installed. It is successful in holding temperatures.

4. Ziembra Roofing

The proposal for the clinic roof that was approved during the July meeting will be scheduled for this fall.

5. Acute Recliners

Recliners approved during the July meeting have been ordered. Currently waiting on a ship date.

V. New Business

1. Eide Bailly Audit Review

Before going over the audit review, Randy Hoffmann, CPA, Eide Bailly complimented Gavin and staff for having the smoothest audit process he's been through with anyone in a while. He reported that there were no new pronouncements or system conversions. KCHS had no audit journal entries. He mentioned that only 20-30% have no journal entries.

Highlights of the audit included:

- Days of Cash on hand – 370 in 2023, 375 in 2024
- Third Party Settlement of \$353K, net receivable, 2023 payable of (151K)
- Increase in net patient revenue of \$512K
- Increase in operating expenses of \$1.6M (This follows the trend in most every facility)
- Operating income of \$750K vs. \$1.7M in 2023
- Decrease in noncapital grants and contributions of \$368K. (The prior year included \$216K of American Rescue Plan Act and \$150K of Rural Health Disparities)
- Increase in net position of \$1.2M vs. \$2.3M in 2023
- Total margin – 6.5% compared to 12.6% in 2023

Comparative Ratios:

NE Peer group composed of CAH's with \$10M-\$20M in net revenue based on 2023 Medicare Cost Report Data. NE Medians based on 2023 & 2022 Medicare Cost Report Data

Comparative Ratio	NE Peer Group	KCHS
Average Age, Plant	14	8.3
Days Cash on Hand	163	375
Days Revenue in Accounts Receivable	52	57
Salaries to Net Patient Revenue	45%	47%
Total Margin	5.6%	6.5%
Medicare Inpatient Payor Mix	79.2%	79.4
Medicare Outpatient Payor Mix	47.2%	39.7%
Medicare Outpatient Cost to Charge Ratio	53%	54%

Action Taken: Jeff Hanson made a motion to approve the findings of the Eide Bailly Audit Review. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Hanson, McBride
Motion Carried

2. Clinic Sub Entrance Proposal

Maintenance Director, Lenny Ginder brought forth a proposal to add a second set of automatic doors to the clinic entrance, creating a vestibule. Insects, weather and wind have become a problem in the waiting room of the clinic. There would be about a 2-week turnaround.

Action Taken: After discussion and questions about other options, a motion was made by Sam Stadler to approve the purchase proposal. The motion was seconded.

Voting Aye; Stadler, Dahlgren, Hanson, McBride, Olson
Motion Carried

3. Medical Staff Bylaws Revision

The medical staff approved new bylaws. The main change is voting changed to physicians only. This was a recommended change to improve delineation. Bylaws can only be initiated and voted on by physicians moving forward.

Action Taken: A motion was made by Dick McBride to approve the changes to Medical Staff Bylaws. The motion was seconded.

Voting Aye; Dahlgren, Hanson, McBride, Olson, Stadler
Motion Carried

4. Senior Life Solutions-Roofing Shingles

A proposal was brought forward by Lenny Ginder, Maintenance Director to purchase shingles and other necessary materials to replace deteriorating shingles on the Senior Life Solutions roof. After quotes came in, it was decided that the KCHS Maintenance staff will do the labor. This proposal is for materials only. Warranties were looked into, but are no longer in play.

Action Taken: After questions and discussion, a motion was made by Jeff Hanson to approve the proposal. The motion was seconded.

Voting Aye; Hanson, McBride, Olson, Stadler
Abstaining: Dahlgren
Motion Carried

5. Operating Room Electrical Breaker

Maintenance Director, Lenny Ginder brought forth a proposal to repair the Sq D ISO Breaker panels in the OR. This breaker monitors life-saving equipment, keeping the equipment running without tripping breakers. The current one isn't functioning properly. Monitors will need to be upgraded to work properly.

Action Taken: A motion was made by Stephen Olson to approve the proposal. The motion was seconded

Voting Aye; McBride, Olson, Stadler, Dahlgren, Hanson
Motion Carried

VI. Reports

1. Kearney County Medical Fund

The Medical Fund has decided to move forward with a Day of Giving. The group is looking into having a Day of Giving in December with online donations and an in-person social event. No final details have been decided at this time. The group will meet next week to start looking into details.

2. Financial/Statistical Reports and Update

Balance Sheet	July 2024	June 2024
Cash and Cash Equivalents	5,654,408	5,635,951
Total Current Assets	20,692,500	20,279,489
Net Capital Assets	13,079,014	13,109,805
Total Assets	33,771,514	33,389,294
Total Current Liabilities	1,537,483	1,342,907
Total Liabilities	4,453,509	4,501,154
Net Assets	27,780,521	27,545,233
Net Assets and Liabilities	33,771,514	33,389,294

Statement of Profit & Loss	July 2024	Budget	YTD
Net Operating Revenue	1,431,745	1,572,992	1,431,745
Total Operating Expenses	1,428,277	1,526,405	1,428,277
Income (Loss) from Operations	3,468	46,587	3,468
Non-Operating Revenue	76,822	83,842	76,822
Net Earnings (Loss)	80,289	130,428	80,289

Profitability Indicators	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024
Days of Cash on Hand	352	402	356	405	363	389	348	399
Days in Patient AR (Gross)	49	49	51	54	62	58	68	62
Costs Per Day								
Clinic	9,547	7,128	6,956	6,850	9,854	7,371	9,963	7,791
Hospital	35,672	33,834	39,318	64,329	35,422	35,241	36,947	33,383

Statistical Summary		Statistic
SB Days	15	Least since May 2020
CT Scans	124	2 nd most in last 6 months-top 15 all-time
Mammograms	33	Most since March 2024
Cardiac Rehab	47	Most since June 2023
ER Visits	101	2 nd most in last 7 months
OP Physical Therapy	853	2 nd most in last 8 months
Specialty Clinic Visits	145	On track for 1,740 (1,811 in 2024)
Clinic Visits	770	On track for 9,240 (8,644 in 2024)
Providers		
Doug Althouse, MD	176	Most clinic visits since July 2023
Diane Jackson, APRN	30	Most ER visits since December 2022
Jordan Kohtz, APRN	37	Most ER visits since July 2023
Shannon Kuehn, APRN	133	Most clinic visits since May 2016
Doug Wulf, APRN	33	3 rd most ER visits he's ever done

Accounts Payable Register (Gross)	July 2024
2 Payrolls & 2 Check Runs	1,214,200.13

Bad Debt Analysis				
July 2024	June 2024	May 2024	Fiscal Year Average (Current)	Fiscal Year Average (2023 Fiscal Year)
36,259.36	31,511.96	33,908.39	36,000	48,000

Action Taken: A motion was made by Dick McBride to approve the Financial and Statistical Report including the Bad Debt Report. The motion was seconded.

Voting Aye: Stadler, Dahlgren, Hanson, McBride, Olson
Motion Carried

3. Quality Assurance Report

Danielle Morgan (Director of QA/IC) reported on the Quality Assurance meeting held on August 15, 2024. The following departments reported:

- **Social Services**
Current project is tracking swing bed referrals.
- **Dietary**
Goal is to implement IDDS diets (International Dysphagia Diet Standardization Initiative) for Acute diet orders. Goal is to have 100% of staff trained.
- **Outpatient Specialty Clinic**
Project started-over the next year, patient diagnoses will be added to their visit upon completion/receipts of the providers dictation.
- **Treatment Room**
Continue project of scanning medications on treatment room patients. It is best practice to scan medications with patient identification such as a name band. Project is being collaborated with admissions services.
- **Human Resources**
Badge access monitoring, updating and deactivating badges for people who are no longer employees. A new project to start-yearly forms and background checks to get completed
- **HIM**
HIM is looking for a new project
- **Nuclear Med**
Continuing project tracking the amount of time it takes from when an order is placed for a patient to when the stress test gets completed.
- **Cardiac Rehab**
Goal is to have 90% of all cardiac rehab patients who have been formally discharged to have optimal blood pressure over the calendar year.
- **ER**
Goal to have 100% of trauma patients each month to have a GCS documented. Goal to be measured monthly and reevaluated at 12 months. Another goal is to have 100% of ER patients have provider notification and arrival times documented. They are also working on trauma activations and hard wiring documentation needed for trauma activations. They are also working on a project to track door to antibiotic times with patients who have been given the diagnosis of Sepsis.

- Senior Life Solutions
Current project is to track absences that are happening in SLS.

Danielle also reported on the Hospital-Level Patient Experience Core Measures/HCAHPS Report, covering the Q1 2023-Q42023 period. This is a series of questions asked to a sampling of patients after care. The team is looking into care transitions as a result of the report.

Action Taken: A motion was made by Sam Stadler to approve the Quality Assurance Report
The motion was seconded.

Voting Aye: Hanson, McBride, Olson, Stadler, Dahlgren
Motion Carried.

4. Ancillary Services Report

Rebecca Cooke, COO reported on the Operations Report for July 2024. The Senior Life Solutions Department currently has 8 patients enrolled.

Rebecca also reviewed some marketing data from her report as well as Human Resources as it relates to recruitment and termination.

Annual staff performance reviews have been completed.

Our Rater8 overall response rate is 22.51% of patients responding. KCHS has earned an overall 4.8 stars out of 5, with 1,323 total ratings. KCHS has a Google rating of 4.9 out of 5.

The top searches on our website were for Careers, Medical Clinic and Primary Care Providers.

Hires

Position	Department	Status
EVS Tech	Environmental Services	Part-Time
EVS Tech	Environmental Services	Part-Time
Clinic Admissions	Clinic	Full-Time

Separations

Position	Department	Status
Housekeeper	Environmental Services	Full-Time

Recruiting

Position	Department	Status
APRN or PA-HIRED!	Emergency Room	Full-Time
LPN	Clinic	Full-Time

Turnover Rates

July 2024	FYTD	Prior FYTD
2.2%	14.3%	6.3%

Employment Numbers

July 2024	Total	Full-Time	Part-Time/PRN	FTEs
	134	90	41	104

Safety/Risk Incident reports were reported and shared with the Board of Trustees

5. CEO Report

a. Outpatient Services

Urology – We are still working with inReach on potential Urologist targets. We have also reached out to Hastings Urology with CHI Health is now over. Early discussion sounds like their group through CHI Health is open for outreach in Minden.

Orthopedics -- Continuing to sort through Orthopedic options to further augment coverage. Dr. Scheer has been out of the office for the last 10 days, however is planning to jump on a call with myself and Dr. Althouse hopefully this week.

Emergency Room APP -- Samantha Rogers (APRN) will begin in the Emergency Room Mid-December. Samantha is currently a registered nurse working at Phelps Memorial in the Emergency Room. She will graduate and take boards in September. She also has experience in emergency services as a paramedic.

b. Cerner “Community Works” Program

The “Chargemaster Review” engagement with Cerner has continued, and will for the next few months. Discussion over the last two weeks has been tremendous, as it seems we are finally getting the traction we have needed.

c. Policies for Board Approval

- Eyewash Stations – Safety *(New)*
- Power Strip Maintenance – Maintenance *(New)*
- Electrical Device Inspections – Maintenance *(New)*
- Lock-Out/Tag-Out – Maintenance/Safety *(New)*
- Missing Individual – Emergency Preparedness/Safety *(New)*
- Liquid Nitrogen Handling – Clinic *(New)*
- Ear Wash/Irrigation Process – Clinic *(New)*
- Backup Restore – HIPAA *(New)*
- Guidelines for Surgical Attire – Surgery *(New)*
- Local Anesthesia Systemic Toxicity – Surgery/Acute *(New)*
- Operation of the LifePak 15 – Acute *(New)*

Action Taken: A motion was made by Stephen Olson to approve the policies as presented by Luke Poore, CEO. The motion was seconded.

Voting Aye: Hanson, McBride, Olson, Stadler, Dahlgren
Motion Carried.

6. Medical Staff Report None

VII. Executive Session

Action Taken: A motion was made at 1:33 PM by Sam Stadler to enter into executive session for Credentials, Charity and Personnel. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Hanson, McBride
 Motion Carried.

Other staff left the meeting except Luke Poore and Gavin Blum.

End of Executive Session: at 1:48 PM, a motion was made by Stephen Olson to end Executive Session.

Voting Aye: Hanson, Olson, Stadler, Dahlgren, McBride
 Motion Carried

The below applications were submitted for appointment, reappointment or termination to the KCHS Medical Staff by Janell Shelton, Clinic Office Director.

Name	Title	Scope of Practice	Appoint	Reappoint	Term	Active Staff	Consulting Staff	Affiliate Staff	Locums Staff	Affiliation
John A.E. Craig	MD	Family Medicine		X		X				Kearney County Health Services
Greg Walburn	LMPH	Mental Health		X				X		SLS-Kearney County Health Services
Jeffrey Lee	MD	Radiology		X			X			Grand Island Radiology
Jeffrey Schopp	MD	Orthopedic Surgery		X			X			Kearney County Health Services
Brian Toalson	ME	Pathology		X			X			Pathology Medical Services
Enna Wilken	AUD	Audiology		X				X		ENT Physicians of Kearney
Thomas Clinch	ME	Ophthalmology		X			X			Kearney Eye Institute
Jarret Kuo	MD	Radiology	X				X			Grand Island Radiology
Bryan Suchecki	MD	Radiology	X				X			Grand Island Radiology
Brandon Olivierei	MD	Radiology	X				X			Grand Island Radiology
Kaitlyn Carlson	APRN	Family Medicine	X			X				Kearney County Health Services
Cade Craig	MD	Family Medicine				X				KCHS-Addition of Botox

Action Taken: A motion was made by Sam Stadler to approve the Credential Report. The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, Dahlgren, McBride
 Motion Carried.

VIII. Other Comments/Communications

Next meeting will be Wednesday, September 25, 2024 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:49 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary