



**Board of Trustees
Minutes
July 31, 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, July 31, 2024. Notice of the meeting was posted at Kearney County Health Services, Hospital, Minden Medical Clinic, Minden Post Office, Minden Exchange 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 12:01 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 - *Absent*
Stephen Olson, Secretary
Sam Stadler

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Kendra Brown, CNO
Danielle Morgan, Director of QA/IC
Mark Klabunde, Director of Pharmacy Services
Lenny Ginder, Maintenance Director
Diane Jackson, APRN
Anita Wragge, Marketing/Outreach Coordinator

County Board of Commissioners

Brent Stewart, County Liaison - *Absent*

Others

None

II. Public Comments/Communication

Luke Poore, CEO, mentioned thank-you notes from Steve Favinger and Kevin & Colleen Bensen for the "Lift Up Thine Eyes" that KCHS Sponsors.

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the June 26, 2024 meeting minutes. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Hanson

Absent & Not Voting: McBride

Motion Carried.

IV. Old Business

1. Chemistry Analyzer Interface

Luke Poore gave an update—The Chemistry Analyzer was brought on-site on August 12th, this can be considered resolved.

2. CT Scanner Update

The order for the CT scanner that was approved during the June meeting is in process. We are looking at a go-live date of October 2024.

3. IT HVAC Update

HVAC for the IT room is in process. They have been doing some things to alleviate the problem during the recent heat, but we're still in the process to minimize the risk during heat.

4. Laboratory Refrigerator

The laboratory refrigerator that was approved in the June meeting is here and in place.

5. Stryker Ortho (3rd Set)

The Stryker Ortho set that was approved in the June meeting is also here and in place.

V. New Business

1. Ziemba Roofing Proposal

KCHS Maintenance Director Lenny Ginder brought forth a proposal for labor, material and insurance required to install a Carlisle Syntec adhered EPDM membrane system for a portion of the clinic. The current roof has deteriorated, is leaking and its warranty is at end of life.

Action Taken: After discussion, Sam Stadler made a motion to approve the proposal. The motion was seconded.

Voting Aye: Dahlgren, Hanson, Olson, Stadler

Absent & Not Voting: McBride

Motion Carried

2. Acute Recliners Replacement Proposal

Chief Nursing Officer, Kendra Brown brought forth a proposal to purchase three new recliners for acute rooms. The current ones are in-home grade recliners, not lift recliners. A proposal was made to purchase two hospital grade regular sized lift recliners and one hospital grade bariatric lift recliner.

Action Taken: After discussion a motion was made by Sam Stadler to approve the purchase of three lift recliners. The motion was seconded.

Voting Aye; Stadler, Dahlgren, Hanson, Olson

Absent & Not Voting: McBride

Motion Carried

VI. Reports

1. Kearney County Medical Fund

Luke Poore updated the group on the June 7th KCHS Annual Golf Tournament, reporting that all funds were wrapped up and received. He also mentioned that the next order of business for the Kearney County Medical Fund Board is to look into establishing a Day of Giving, as the Kearney County Community Foundation is no longer hosting an event.

2. Financial/Statistical Reports and Update

Balance Sheet	June 2024	May 2024
Cash and Cash Equivalents	5,635,951	5,870,408
Total Current Assets	20,279,489	20,439,803
Net Capital Assets	13,109,805	13,226,696
Total Assets	33,389,294	33,666,499
Total Current Liabilities	1,342,907	1,219,789
Total Liabilities	4,501,154	4,570,221
Net Assets	27,545,233	27,876,490
Net Assets and Liabilities	33,389,294	33,666,499

Statement of Profit & Loss	June 2024	Budget	YTD
Net Operating Revenue	1,144,936	1,524,833	17,912,048
Total Operating Expenses	1,564,688	1,448,623	17,696,686
Income (Loss) from Operations	(419,751)	76,211	215,361
Non-Operating Revenue	88,494	42,875	851,320
Net Earnings (Loss)	(331,258)	119,086	1,066,682

Profitability Indicators	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024
Days of Cash on Hand	379	352	402	356	405	363	389	348
Days in Patient AR (Gross)	47	49	49	51	54	62	58	68
Costs Per Day								
Clinic	6,949	9,547	7,128	6,956	6,850	9,854	7,371	9,963
Hospital	35,011	35,672	33,834	39,318	64,329	35,422	35,241	36,947

Statistical Summary	Statistic	
SB Days	26	Least since May 2020
Observation Days	4	Least since June 2023
Lab Tests	2,367	Least since May 2021
Nuclear Medicine	1	Least since September 2018
Cardiac Rehab	14	Least since December 2015
Physical Therapy	761	2 nd Lowest monthly total since bringing in house
Specialty Clinic Visits	152	Totaled 1,811 (1,781 in 2023, 1,931 in 2022)
Clinic Visits	660	Totaled 8,644 (8,810 in 2023, 9,177 in 2022)

Accounts Payable Register (Gross)	June 2024
2 Payrolls & 2 Check Runs	1,313,112.60

Bad Debt Analysis				
June 2024	May 2024	April 2024	Fiscal Year Average (Current)	Fiscal Year Average (2023 Fiscal Year)
31,511.96	33,908.39	39,518.99	43,000	48,000

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

Voting Aye: Olson, Stadler, Dahlgren, Hanson

Absent & Not Voting: McBride

Motion Carried

3. Quality Assurance Report

Danielle Morgan (Director of QA/IC) reported on the Quality Assurance meeting held on July 18th, 2024. The following departments reported:

- Radiology
Completed swallow studies project. This was a study to track and utilize supplies better. It resulted in a new supply process being implemented. Radiology is also working on measuring how often low dose lung screen CT exams lead to early cancer diagnosis and identify a way to ensure that patients are receiving follow-up scans.
- Central Sterilization
Over the next 6 months, they will inventory all instruments and update all instruments lists for surgical trays.
- Business Office
Collaborating with Outpatient Services to work on their project of bar code scanning of medications for outpatients and treatment rooms. They are putting a plan in place to make sure name arm bands are being used
- Acute
Preparing for an implementing the Social Determinants of Health Measure that will be a requirement for the 2025 reporting year to CMS.
- Somnitech
Project to create a cohesive effort between partnered facilities and the contract sleep lab services to develop, implement and maintain effective performance improvement.
- Clinic
Current project to improve HgBA1C among clinic pts who come to their yearly wellness visit at 6/12 months. Plan ultimately changed to start keeping track of routine follow up appointments for pts at 3-6 months, current HgBA1C, and medication refills on diabetic medications. Clinic is also working on a project to decrease the amount of No-Show appointments per month to below 15.
- Infection Control
Handwashing compliance and monitoring continues. The goal is to have 90% hand hygiene compliance.
- PT/OT/ST
Completed project of tracking automated response message system. Recent project to monitor non-Medicare charts for progress note completion every 10th visit has started. New project started to ensure the documentation of the hydrocollator temperature check and cleaning is being completed 100% of the time.
- IT
Security awareness projected started. Goal is to improve security awareness with KCHS staff by improving the "human firewall."

Danielle also reported on the scorecard for OPED Measure. This measures the admission to ER to Discharge/Transfer time. The goal is 120 minutes; we are at 136.5 minutes, which is improved from last year. Our DC to Transfer for Psych goal is 180; we are at 102.

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

Voting Aye: Olson, Stadler, Dahlgren, Hanson
 Absent & Not Voting: Dick McBride
 Motion Carried.

4. Ancillary Services Report

Luke Poore reviewed Rebecca Cooke’s Operations Report for June 2024. The Senior Life Solutions Department currently has 8 patients enrolled.

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

Our Rater8 overall response rate is 19.72% of patients responding. KCHS has earned an overall 4.8 stars out of 5, with 1140 total ratings. KCHS has a Google rating of 4.9 out of 5.

Hires

Position	Department	Status
RN	Acute	Full Time
Hospital Admissions Clerk	Acute	Full Time
RN (Night)	Acute	PRN

Separations

Position	Department	Status
Admin Assistant	Administration	Part-Time
Clinic Admissions Clerk	Clinic	Full-Time
Hospital Admissions Clerk	Business Office	Full-Time
RN	Clinic	Full-Time
Clinic Admissions Clerk	Clinic	Full-Time
RN	Acute	PRN

Recruiting

Position	Department	Status
APRN or PA	Emergency Room	Full-Time
LPN	Clinic	Full-Time
EVS Tech	Environmental Svcs.	Full-Time

Turnover Rates

June 2024	FYTD	Prior FYTD
4.5%	12.1%	4.0%

Employment Numbers

May 2024	Total	Full-Time	Part-Time/PRN	FTEs
	133	91	39	105.22

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

5. CEO Report

a. Outpatient Services

Urology – Due to some changes for Dr. Dagenais, we will be pursuing a different urology provider versus starting Dr. Dagenais in August through inReach.

Orthopedics - Continuing to sort through orthopedic options to further augment coverage. Waiting to hear from inReach now on this front.

Emergency Room APP- We will be hosting an onsite interview this week for our open Emergency Room APP. This is for an August 2024 APRN graduate.

b. Cerner “Community Works” Program

The “Chargemaster Review” engagement with Cerner kicked off the week of July 29th. We will report monthly in the coming months how things are progressing through on issues identified.

c. Medical Staff Bylaws Update

In 2023, both the Medical Staff and Board of Trustees approved a revision to the Medical Staff Rules & Regulations. At the August 2024 Medical Staff Meeting, we will have a vote to approve revisions to the Medical Staff Bylaws to match changes with the Rules & Regulations. This will then come to our Board of Trustees for final vote.

d. Chartis Rural Hospital Performance Index

Luke shared our rankings in the Rural Hospital Performance Index. KCHS earned an Overall INDEX score of 96.0. The NE CAH Median is 79.3 and the All U.S. CAH Median is 59.6

e. Policies for Board Approval

- Employee Performance Evaluations – Human Resources (*Revised*)
- COVID-SARS Antigen FIA/Sofia 2 – Laboratory/RHC (*Revised*)
- Influenza A & B FIA, Sofia – Laboratory/RHC (*Revised*)
- Occult Blood Pressure – Laboratory/RHC (*Revised*)
- RSV Test – Laboratory/RHC (*Revised*)
- Strep A+ FIA, Sofia – Laboratory/RHC (*Revised*)
- Urinalysis, Dip and Complete – Laboratory/RHC (*Revised*)
- Pregnancy Test – Laboratory/RHC (*Revised*)
- Guidelines for Positioning Patient in Reverse Trendelenburg – Surgery (*New*)
- Guidelines for Positioning Surgical Patient in Lithotomy or Modifications of Lithotomy – Surgery (*New*)
- Guidelines for Positioning Surgical Patient in Lateral or Modifications of Lateral – Surgery (*New*)
- Terminal Cleaning of Inpatient Rooms – Environmental Services (*Revised*)
- Mechanical Failures – Emergency Preparedness/Maintenance (*Revised*)
- Guidelines for Positioning Surgical Patients in Trendelenburg or Modifications of Trendelenburg – Surgery (*New*)
- Guidelines for Positioning Surgical Patients in Prone or Modifications of Prone – Surgery (*New*)
- Guidelines for Positioning Surgical Patients in Supine – Surgery (*New*)
- Assessments – Senior Life Solutions (*Revised*)
- Discharge Planning – Senior Life Solutions (*Revised*)
- Duty to Protect – Senior Life Solutions (*Revised*)
- Insight Downtime Policy – Senior Life Solutions (*New*)
- Management of Assaultive Behavior – Senior Life Solutions (*Revised*)
- Program Content (CPT Codes) – Senior Life Solutions (*Revised*)
- Referral Process & Screening – Senior Life Solutions (*Revised*)
- Requirements for the Telepsychiatry Process – Senior Life Solutions (*Revised*)

- Scope of Service – Senior Life Solutions *(Revised)*
- Sharepoint Provider Folders – Senior Life Solutions *(Revised)*
- Suicide Assessment – Senior Life Solutions *(Revised)*
- Admission to Skilled Swing Bed – Acute *(Revised)*
- Use of the Hotline 3 Blood and Fluid Warmer – Acute/Medical Staff *(New)*
- KCHS Downtime EMR Documentation – Emergency Preparedness/Acute *(Revised)*
- Workers Compensation –Human Resources/Safety *(Revised)*
- Transitional Duty Program – Human Resources/Safety *(Revised)*
- Holiday Pay – Human Resources *(Revised)*
- Corrective Action Policy – Human Resources *(Revised)*
- Surgical Guidelines for Positioning Surgical Patients in Sitting, Semi-Sitting, or Modifications of Sitting, Semi-Sitting – Surgery *(New)*
- Guidelines for Positioning the Surgical Patient – Surgery *(New)*

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

Voting Aye: Dahlgren, Hanson, Olson, Stadler

Absent & Not Voting: McBride

Motion Carried.

6. Medical Staff Report

Diane Jackson, APRN reported that ER visits in April, May and June were up from last year. She also reported that some insurances are making it difficult to admit patients. The clinic has been busy with school physicals. There was also a discussion on ambulance services and difficulty getting patient transport at times.

VII. Executive Session

Action Taken: A motion was made at 12:47 PM by Jeff Hanson to enter into executive session for Credentials and Personnel. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Hanson

Absent & Not Voting: McBride

Motion Carried.

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

End of Executive Session: at 1:16 PM, a motion was made by Stephen Olson to end Executive Session.

Voting Aye: Hanson, Olson, Stadler, Dahlgren

Absent & Not Voting: McBride

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
Kimberly Herring	LMHP	Mental Health		X				X		KCHS/SLS
Marse McCann-Carpenter	DDS	Dentistry		X				X		McCann-Carpenter Dental

Courtney Tripp	MD	Radiology		X			X			Grand Island Radiology
Karen Phillips	MD	Radiology		X			X			Grand Island Radiology
Steven Kory	MD	Mental Health		X				X		Integrated Telehealth Partners/SLS
Daniel Fuerst	MD	Radiology		X			X			Grand Island Radiology
Richard Jerde	MD	Radiology		X			X			Grand Island Radiology
Kristina Draper	CRNA	Anesthesia		X				X		Kearney Anestheisa
Matthias Albin	MD	Radiology			X		X			Plains Radiology
Taylor Rohrbaugh	PA-C	Cardiology			X			X		Pioneer Heart Institute
Brandon Jahnke	MD	Family Medicine			X				X	KCHS/LOCUM
Ruth Jones	PLMH P	Mental Health			X		X			KCHS/SLS

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

Voting Aye: Hanson, Olson, Stadler, Dahlgren

Absent & Not Voting: McBride

Motion Carried.

VIII. Other Comments/Communications

Next meeting will be Wednesday, August 28th, 2024 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:16 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary