

Board of Trustees Minutes June 29, 2022

For the June 2022 Board Meeting, 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, June 29, 2022. 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 McBride called the meeting to order at 12:04 PM and called attention to the public meeting laws that are posted in the meeting room.

Present:

Board Members

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

County Board of Supervisors

Brent Stewart

AJ Dahlgren

Others

Cindy Ramsey (Minden Courier)

KCHS Medical Staff

Doug Wulf, APRN

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Kendra Brown, CNO
Rebecca Cooke, COO
Janell Shelton, Director of Primary Care
Mark Klabunde, Director of Pharmacy
Connie Jorgensen, Administrative Assistant
Kathy Middleswart, RN, Director of QA/IC

II. Public Comments/Communication

Luke Poore, CEO acknowledged thank you notes from a Senior Life Solutions patient in regards to the program, Payton Weeder and Brooks Glanzer for the Annual KCHS Scholarships, Heidi Hughes and the Marjorie Wendell Family for the "Lift of Thine Eyes" Book, and Dick and Sally Phillips for a donation to "Be the Gift."

III. Approval of Minutes

Action Taken: A motion was made by Stephen Olson to approve the meeting minutes of the regular meeting of June 1, 2022. The motion was seconded.

Motion carried.

IV. Old Business

None

V. New Business

None

VI. Reports

Kearney County Medical Fund
 Luke Poore, CEO stated the Committee has received several sponsorships and a few teams for the Golf

Tournament scheduled for July 15, 2022 at Awarii Dunes. Connie Jorgensen distributed tournament flyers to those who wanted one.

2. Financial /Statistical Report and Update

a. Statistical / Financial Report for May 2022 as reported by Gavin Blum, CFO. Gavin noted an increase in Capital Assets due to a change in government accounting standards requiring you to put operating leases on the balance sheet. KCHS has only one lease which is with Eakes for copiers.

| Balance Sheet | May | April |
|----------------------------|--------------|--------------|
| Total Current Assets | \$16,745,420 | \$16,689,333 |
| Net Capital Assets | \$12,304,330 | \$12,248,967 |
| Total Assets | \$29,049,750 | \$28,938,300 |
| Total Current Liabilities | \$2,219,569 | \$2,386,202 |
| Net Assets | \$23,813,496 | \$23,678,990 |
| Net Assets and Liabilities | \$29,049,750 | \$28,938,300 |

| Profit and Loss Statement | May 2022 | Budget | YTD |
|--------------------------------------|--------------|-------------|----------------|
| Net Operating Revenue | \$1,280,597 | \$1,320,153 | \$14,964,355 |
| Total Operating Expenses | \$1,219,719 | \$1,149,274 | 13,269,327 |
| Income (Loss) from Operations | \$60,879 | \$170,879 | \$1,695,028 |
| Net Earnings (Loss) | \$134,506 | \$188,695 | \$2,096,045 |
| Financial Indicators | May 2022 | | April 2022 |
| Days of Cash on Hand | 406 | | 365 |
| Days in Patient Accounts Receivables | 52 | | 52 |
| Accounts Payable Register | \$968,499.40 | | \$1,078,578.37 |

| Statistics | May 2022 | April 2022 |
|---|----------|------------|
| Acute, Swing Bed, Observation Days | 100 | 64 |
| Lab Procedures | 2587 | 2657 |
| Radiology Total | 366 | 353 |
| Physical Therapy Total | 1063 | 911 |
| Cardiac Rehab | 42 | 41 |
| Outpatient Surgery | 20 | 36 |
| Specialty Clinic Visits | 150 | 158 |
| ER Visits | 103 | 84 |
| Total Minden Clinic & Nursing Home Visits | 722 | 682 |
| Senior Life Solutions Units | 189 | 166 |

b. Bad Debt Report

| | May 2022 | April 2022 | FY Average 2021 | FY Average 2020 | FY Average 2019 |
|---|-------------|-------------|-----------------|-----------------|-----------------|
| ſ | \$34,274.47 | \$31,274.69 | \$34,000 | \$40,840 | \$30,391 |

With no questions from the Board members Gavin Blum, CFO concluded the Financial /Statistical Reports and Updates.

Action Taken: A motion was made by Jeff Hanson to approve the Bad Debt Report. The motion was seconded. Voting aye: Stadler, Dahlgren, Hanson, McBride, and Olson. Motion carried.

Action Taken: A motion was made by Stephen Olson to approve the Financial / Statistical Report. The motion was seconded. Voting aye: Stadler, Dahlgren, Hanson, McBride, and Olson. Motion carried.

3. Monthly Quality Assurance Report

The Monthly Quality Assurance Meeting was held on June 16, 2022.

Kathy Middleswart, RN gave highlights of the Hospital Patient Experience Core Measures/HCAHPS Report for Q4 2020-Q3 2021. The Medicare Beneficiary Quality Improvement Pro-am (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility Program (FLEX). Through Flex, MBQIP supports more than 1350 small hospitals certified as rural Critical access Hospitals in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other Federal programs.

Number of Completed Surveys: 19 Survey Response Rate: 44%

| HCAHPS Questions | KCHS | State CAH Data | National CAH Data |
|--|------|----------------|-------------------|
| Communication with Nurses | 100% | 86% | 84% |
| Communication with Doctors | 98% | 88% | 84% |
| Responsiveness of Hospital Staff | 85% | 78% | 75% |
| Communication about Medications | 71% | 69% | 67% |
| Cleanliness of Hospital | 82% | 83% | 79% |
| Quietness of Hospital | 86% | 74% | 67% |
| Discharge Information | 97% | 89% | 92% |
| Care Transition | 89% | 59% | 56% |
| Overall Rating of Hospital | 94% | 82% | 78% |
| Willingness to Recommend This Hospital | 87% | 80% | 76% |

Kathy Middleswart also briefed the Board of Trustees on an overview of departmental reports that were given by Maintenance, Pharmacy, Material Management, PT/Wound Care, and Swing Bed regarding current quality assurance projects driven to improve quality.

Action Taken: A motion was made by Sam Stadler to accept the QA report as given. The motion was seconded. Voting aye: Hanson, McBride, Olson, Stadler, and Dahlgren. Motion carried.

4. Ancillary Services Report

Rebecca Cooke, COO outlined the Operations Report for June 2022. Rebecca Cooke gave an overview of the Senior Life Solutions program, speaking to current revenues and expenses, but also noting that a new program director has been hired to start July 1, 2022. Rebecca Cooke mentioned Michelle Hansen, RN as the hire, and stated staff is very excited to get her started.

Rebecca Cooke gave an overview of Outpatient Rehabilitation, speaking to revenues and expenses, showing continued growth and output.

In terms of exposure and marketing, Rebecca Cooke spoke on marketing statistics, but also reiterated that as we continue into the fiscal year, that there will be an increased focus of digital marketing, as well as other opportunities for possibly TV commercial. Discussion also ensued on a recent marketing campaign for WestComm communications featuring KCHS staff, and their adoption of the Kidwell/WestComm patient telecommunications.

Last, Rebecca Cooke touched on Paylocity, which started in late June replacing the previous platform of KRONOS. While new, Rebecca Cooke touched on staff continuing to familiarize themselves, while also ensuring availability for anyone that needs assistance. More will continue to roll out with this in the coming months.

Turnover Rates

| Overall | YTD | Prior YTD 2021 |
|---------|------|----------------|
| 0.0% | 6.3% | 4.7% |

Hires

| Position | Department | Status |
|---------------------|-----------------------|-----------|
| Program Director RN | Senior Life Solutions | Full Time |

Separations

| Position | Department | Status |
|---------------------|-----------------------|-----------|
| Patient Care Tech | Acute | Full Time |
| Program Director RN | Senior Life Solutions | Full Time |

Recruiting

| Position | Department | Status |
|--------------------------|-------------------------------|-------------------|
| RN or LPN | Acute (Night) | Full time |
| Lab Tech or Phlebotomist | Laboratory | Full Time |
| LPN | Outpatient & Specialty Clinic | Full Time |
| Patient Care Technician | Acute | Full or Part Time |
| Admissions Clerk | Clinic | Full Time |

Employment Numbers

| Total Employees | Full Time | Part Time/PRN |
|-----------------|-----------|---------------|
| 117 | 89 | 28 |

5. CEO Report

a. Outpatient Services Update

Discussion continues with Dr. Robert Santa-Cruz who is currently providing services in Cambridge and Valentine for a Urology Clinic

b. Medical Staff Recruitment

In June and July we are not hosting a UNMC resident. In August, Shelby Liesemeyer, MD will begin her rotation with KCHS for one month.

Schedule for UNMC residents throughout the 2023 Fiscal Year

September – October, 2022 Allison Burd - 3rd Year

November – December 2022 Zachary (Zack) Ehresman - 4th Year

May – June, 2023 Vitor Martins da Silva - 3rd Year

In addition, we have begun hosting PA student Tysen McDowell, for clinic shadowing leading up to his scheduled rotation through UNMC in early 2023.

c. Cerner "Community Works" Program

We have been assigned our Cerner project lead. The "blackout" days for KCHS PTO have been

communicated. Luke Poore stated that staff is anxious to begin the "Workflow Integration" milestone event for the week of July 25th. This will consist of each department sitting in on daily sessions, running through current workflows, and how those will translate into Cerner.

- d. Change in next Board of Trustees Meeting Date
 With the week of July 25th being scheduled for the Cerner "Workflow Integration" event, and also the
 week Seim Johnson will be conducting field work for the annual audit, Luke acknowledged the need to
 push back the scheduled monthly board meeting to Wednesday, August 3rd. The Board of Trustees felt
 no issue with this and agreed.
- e. Policies, New and Revised: The following policies were submitted for Board approval. The policies were sent out to the Board members prior to the meeting for review.
 - Cleaning and Maintenance of Dental Machine-Surgery (Revised)
 - Cygnus Airtime Instrument Channel Dryer-Surgery (Revised)
 - Patient/Family Education Form/Instructions-Surgery (New)
 - Employee Access –HIPAA (Revised)
 - Minimum Necessary Standard-Requesting and Disclosing Information-HIPAA (Revised)
 - Notice of Privacy Practices-HIPAA (Revised)
 - Surgical Smoke Surgery (New)
 - Radiation Safety for Operating Room/Procedure Room Staff-Surgery (New)
 - Notification of Provider in PACU-Surgery (New)
 - No Surprises Act Procedures-Administration Business Office (Revised)

Action Taken: A motion was made by Jeff Hanson to approve the policies as provided by CEO, Luke Poore. The motion was seconded. Voting aye: Dahlgren, Hanson, McBride, Olson, and Stadler. Motion carried.

6. Medical Staff Report

Doug Wulf, APRN entered the meeting at 12:33 PM and reported that the Medical Staff is looking forward to the opportunity to work with Good Samaritan Hospital in the Rural Trauma Team Development Course (RTTDC) in July. This team will come onsite and take a full day with the KCHS clinical team to run through various points and education. Doug Wulf also communicated his appreciation with Sheriff Scott White and Chief of Minden Police Department, Brad Butler concerning KCHS security. Both meetings were setup by administration, to further strengthen the relationship and expectation as we continue to see more aggressive circumstances in the emergency room setting.

VII. Other Business

None

VIII. Executive Session

Action Taken: At 12:40 PM, a motion was made by Stephen Olson to go into Executive Session for Charity Care, Credentials, and Personnel issues. The motion was seconded. Voting aye: Hanson, Dahlgren, Stadler, McBride and Olson. Motion carried.

Other staff left the meeting except Janell Shelton, Luke Poore, Gavin Blum, and Rebecca Cooke. Janell Shelton, Director of Primary Care, presented the follow applications to appointment and or reappointment to the KCHS Medical Staff. [Janell Shelton left the meeting at 12:45 PM].

| Name | Title | Scope | Appoint | Reappoint | Active | Consulting | Affiliate | Locums | Association |
|-----------------|-------|-----------------|---------|-----------|--------|------------|-----------|--------|----------------------------|
| David Lin | MD | Radiology | X | | | Х | | | Plains Radiology |
| Robert Heyd | MD | Radiology | | X | | Х | | | Kearney/GI Radiology |
| Diane Jackson | APRN | Family Practice | | Х | Χ | | Х | | KCHS |
| Cade Craig | MD | Family Practice | | Χ | Χ | | | | KCHS |
| Gregory Walburn | LMHP | Mental Health | | Х | | | Х | | KCHS Senior Life Solutions |
| Tiffany Weeder | APRN | Family Practice | | X | | | Х | | KCHS/Phelps County |

Action Taken: A motion was made by Stephen Olson to come out of Executive Session at 1:04 PM. The motion was seconded. Voting aye: Stadler, Dahlgren, Olson, Hanson, and McBride.

Motion carried.

Action Taken: After a brief discussion a motion was made by Jeff Hanson to approve the Charity Care request as presented by Gavin Blum, CFO. Voting aye: Dahlgren, McBride, Hanson, Olson, and Stadler. Motion carried.

Action Taken: After a brief discussion a motion was made by Stephen Olson to approve the applications for appointment and reappointment to the KCHS Medical Staff as presented by Janell Shelton, Director of Primary Care. Voting aye: Dahlgren, McBride, Hanson, Olson, and Stadler.

Motion carried.

With no further business the meeting adjourned at 1:05 PM.

(Rescheduled from what is normally held the last Wednesday of the month)

IX. Other Comments/Communications

Date of the next monthly meeting is scheduled for August 3, 2022 in the Functional Health Area beginning at Noon.

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| Stephen Olson, Secretary | | | | | | |
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