



**Board of Trustees Minutes
Wednesday, February 26, 2025**

The February 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, February 26, 2025. 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
Stephen Olson, Secretary
Sam Stadler
Andy Grollmes

KCHS Staff

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

County Board of Commissioners

Brent Stewart, County Liaison - *Absent*

Others

None

II. Public Comments/Communication

Luke Poore, CEO, mentioned a thank you note from CL Jones Middle School for providing a meal for staff during parent-teacher conferences. A thank you for a memorial gift from the Myrtle Halkyard family and a thank you from the family of JoAnn Bruning for the "Lift Up Thine Eyes" Memorial gift sent to the family. A thank-you from a staff member was also included.

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the January 29, 2025 meeting minutes. The motion was seconded.

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

IV. Old Business

1. Acute Recliners

The final recliner was delivered. All recliners have been ordered and received.

2. Website Development

This project will remain ongoing for the next several months as the new website is developed.

V. New Business

1. Arthrex Surgical Equipment Proposal

Kendra Brown, CNO brought forward a proposal for Arthrex Surgical Equipment. The proposed kit would allow Orthopedic Surgeons to complete spur of the moment shoulder repairs without waiting to borrow equipment.

Action Taken: After discussion, Stephen Olson made a motion to approve the request as proposed. The motion was seconded.

Voting Aye: Dahlgren, Hanson, Grollmes, Olson, Stadler

Motion Carried.

2. Rutt's Mechanical & Holmes Plumbing Proposal

Lenny Ginder, Director of Operations brought forth proposals from Rutt's Mechanical for replacement of KCHS Chiller Human Interface and from Holmes Plumbing and Heating Supply Co. for Pressure Relief Valves. Both issues are critical. The valves failed the last inspection and need to be replaced. Lenny also provided the group with an HVAC, plumbing equipment list as well as a roofing map to show potential costs over the next several years. The group was also provided with a list of service providers and costs since July of 2022. This led to a discussion on future needs of the facility over the next 5 years. Lenny will work on a plan for the next fiscal year and include his long-term thoughts.

Action Taken: After discussion, Sam Stadler made a motion to approve the Rutt's Mechanical and Holmes Plumbing and Heating Supply proposals. Motion was seconded.

Voting Aye: Hanson, Grollmes, Olson, Stadler, Dahlgren

Motion Carried.

VI. Reports

1. Kearney County Medical Fund

The Medical Fund will begin work on the Annual Golf Tournament to be held on June 20th at Awarri Dunes.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	January 2025	December 2024
Cash and Cash Equivalents	6,509,304	5,835,595
Total Current Assets	21,338,363	21,427,212

Net Capital Assets	12,900,138	12,943,274
Total Assets	34,238,501	34,370,486
Total Current Liabilities	1,653,656	1,886,521
Total Liabilities	4,148,601	4,196,739
Net Assets	28,436,243	28,287,226
Net Assets and Liabilities	34,238,501	34,370,486

Statement of Profit & Loss	January 2025	Budget	YTD
Net Operating Revenue	1,670,083	1,572,992	11,086,966
Total Operating Expenses	1,589,864	1,526,405	10,884,840
Income (Loss) from Operations	80,219	46,587	202,125
Non-Operating Revenue	68,798	83,842	533,886
Net Earnings (Loss)	149,017	130,428	736,011

Profitability Indicators	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025
Days of Cash on Hand	348	399	357	338	355	373	359	378
Days in Patient AR (Gross)	68	62	56	64	58	54	55	51
Costs Per Day								
Clinic	9,963	7,791	7,266	8,882	8,052	7,993	8,505	8,838
Hospital	36,947	33,383	37,947	40,046	39,141	36,578	38,289	37,295

Statistical Summary		Statistic
Acute Admissions	13	Most since August 2021
Acute Days	39	2 nd most since November 2021
Lab Tests	3,154	Most since March 2023
Nuc Med Procedures	4	Most this fiscal year
ER Visits	118	3 rd most monthly visits ever
SLS Unites	260	Most since January 2024
Specialty Clinic Visits	158	On track for 1,930 (1,811 in 2024)
Clinic Visits	876	On track for 9,425 (8,644 in 2024)
		Most monthly clinic visits since August 2023
Providers		
Andy Craig, MD	170	Most clinic visits since February 2024 (170)
Shelby Liesemeyer, MD	178	Most clinic visits she's ever done
ER Providers		All 4 at or above 22 visits for first time

Accounts Payable Register (Gross)	January 2025
2 Payrolls & 2 Check Runs	1,729,437.30

Bad Debt Analysis				
January 2025	December 2024	November 2024	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
56,814.70	27,770.12	60,200.60	52,000	43,000

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

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

b. Bad Debt Report

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

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

3. Quality Assurance Report

Danielle Morgan (RN) gave the report on the Quality Assurance meeting held on February 20, 2025. The following departments reported:

- Social Services
Current project is tracking number of swing bed referrals. Goal is to have a consistent number of swing bed patients in the hospital over the next 12 months.
- Dietary
Project is to implement IDDS diets (International Dysphagia Diet Standardization Initiative) for Acute diet orders. Goal is to have 100% staff trained.
- Outpatient Specialty Clinic
Over the next year, patient diagnoses will be added to their visit upon completion/receipt of the providers dictation.
- Treatment Room
Project continues. Scanning on medications on treatment rooms patients has not always been done. Although medications have been double witnessed, it is best practice to scan medications with patient identification such as a name band. Current goal is to scan 90% of patient medications. This project is being collaborated with admissions services.
- Human Resources
Yearly forms and background checks to get completed. Currently working on getting forms completed. No new changes at this time. Based on KCHS policy all staff members should be signing the Confidentiality State, Corporate Compliance Policies, and Code of Attestation, and the Employee Certification of Compliance Concurs annually. Goal is to have 100% signatures completed. Department is also working on a time punch study and continues to go over overtime.
- HIM
Currently looking into making sure diagnoses are being coded in the correct sequence
- Nuclear Med
Plan is to have printed EKG on chart for MD to compare to the resting EKG from the nuclear stress test; occasionally there is either one or not a current one. Goal is to have 100% done
- Cardiac Rehab
Over the calendar year, the goal for cardiac rehab is to having 90% of all cardiac rehab patients who have been formally discharged to have optimal blood pressure
- ER
Goal to have 100% or greater of trauma patients each month will have a GCS documented, goal to be measure monthly and reevaluated at 12 months. Another goal is to have 100% of ER patients will have provider notification and arrival times documented. Also working on trauma activations and hard wiring documentation needed for trauma activations. Adding new roles into the process. Another project is to track door to antibiotic times with patients who have

been given the diagnosis of Sepsis. They also continue to monitor and track transfer methods out of ER.

- Emergency Preparedness
Project started to review, update and change red flip books located throughout the hospital. Hoping for 100% of flips books to be changed out with new by Jan 2025.
- Senior Life Solutions
Making sure audits done with appropriate information. Next anticipated audit will be from corporate.

Danielle provided the group with the Medicare Beneficiary Quality Improvement Program data. KCHS is in the 94th percentile for Emergency Department Transfer Communications. Our goal for time from arrival to departure is 85 minutes; KCHS is at 131 minutes. She provided the group with the Hospital-Level HCAHPS Report for the reporting period of Q2 2023-Q12024. We met all 7 values of stewardship. KCHS had 29 completed surveys with a response rate of 39%. The overall state response rate was 33%.

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

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

4. Ancillary Services Report

Rebecca Cooke (COO) reported on the Operations Report for January 2025. The Senior Life Solutions Department currently has 10 (+2) patients enrolled.

Rebecca 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 25.19% of patients responding. KCHS has earned an overall 4.9 stars out of 5, with 2,416 total ratings. KCHS has a Google rating of 4.8 out of 5 with 224 total reviews.

The top page views on our website were for Home, Careers, Minden Medical Clinic and Primary Care Providers.

Hires

Position	Department	Status
Clinic/Hospital Admissions	Clinic/Business Office	Full Time

Separations

Position	Department	Status
None		

Recruiting

Position	Department	Status
Director of Surgical Services	Acute/Surgery	Full-Time
LPN/RN	Clinic	Full-Time

RN (Night)	Acute	Full-Time
Director of Healthcare Informatics	Acute	Full-Time
Cook	Dietary Services	Part-Time
EVS Tech/Housekeeper	Environmental Services	Part-Time

Turnover Rates

January 2025	FYTD	Prior FYTD
0%	0%	1.6%

Employment Numbers

January 2025	Total	Full-Time	Part-Time/PRN	FTEs
	129	87	39	103.09

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

5. CEO Report

a. Outpatient Services

Urology- Dr. Matthew Rutman, MD is officially scheduled to begin outreach in Minden on Tuesday, April 1st. We have begun identifying equipment needs with inReach team for procedures.

Orthopedics - Dr. Davis Hurley is planning to come onsite in the next couple of weeks to meet with medical staff. Dr. Hurley will be coming from Denver, and is planned to be onsite on the weeks opposite of Dr. Schopp.

b. Strategic Planning Update

A draft of the strategic plan overview discussed in January has been presented to our leadership. This has been distributed for review among Senior Administration and will be presented at the March Board Meeting for ultimate approval following medical staff review/approval.

c. Policies for Board Approval

- Code Red - Emergency Preparedness/Safety *{Revised}*
- Petty Cash - Business Office *(Revised)*
- Mail Policy- Business Office *(Revised)*
- Bloodborne Pathogens: Post-Exposure Evaluation - Infection Control/Quality *(Revised)*
- Drug & Biologicals (RHC) - Clinic *(Revised)*
- Late Arrival, No-Show, & Dismissal Policy - Clinic *{Revised}*
- Emergent Care Policy - Clinic *(Revised)*
- Stroke Standards of Care -Acute/Emergency Room *{New}*
- Licensure/Credentialing Log (RHC) - *(Revised)*

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

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

6. Medical Staff Report

Samantha Rogers, APRN provided an update on Medical Staff. It was a busy month in the clinic and ER. Sickness with staff has started dwindling.

VII. Executive Session

Action Taken: At 1:23 PM, a motion was made by Sam Stadler to enter into executive session for Credentials, Charity Care, Personnel and Legal. The motion was seconded.

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

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

APPLICANT	SPECIALITY	FACILITY	STAFF CATEGORY	FIRST APPOINTMENT	RE-APPOINTMENT
ALLISON SUMMER, MD	RADIOLOGY	GRAND ISLAND RADIOLOGY	CONSULTING	3/25/2015	3/1/2025
DAVID LIN, MBBS	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	6/29/2022	3/1/2025
DIANE JACKSON, APRN	FAMILY MEDICINE/ER	KEARNEY COUNTY HEALTH SERVICES	ACTIVE APP	8/30/2018	3/1/2025
JORDAN KOHTZ, APRN	FAMILY MEDICINE/ER	KEARNEY COUNTY HEALTH SERVICES	ACTIVE APP	3/29/2023	3/1/2025
MATTHEW STRITT, MD	PULMONOLOGY	HASTINGS PULMONARY & SLEEP STUDY	CONSULTING	4/25/2012	3/1/2025
RYAN DEHANN, MD	PATHOLOGY	PATHOLOGY MEDICAL SERVICES	CONSULTING	12/29/2010	3/1/2025
SHELBY LIESEMEYER, ME	FAMILY MEDICINE	KEARNEY COUNTY HEALTH SERVICES	ACTIVE PHYSICIAN	9/27/2023	3/1/2025
SUZANNE GREGG, APRN	MENTAL HEALTH	LANNING CENTER BEHAVIORAL HEALTH	AFFILIATE	1/24/2017	3/1/2025
KATHERINE ANDREWS, LIMHP	MENTAL HEALTH	SENIOR LIFE SOLUTIONS/KCHS	AFFILIATE	2/24/2021	2/26/2025
STEVEN MCCORMACK, MD	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	2/26/2025	

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

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

End of Executive Session: at 1:58 PM, a motion was made by Stephen Olson to end Executive Session.

Voting Aye: Hanson, Olson, Stadler, Dahlgren, McBride, Grollmes

Motion Carried

VIII. Other Comments/Communications

Next meeting will be Wednesday, March 26th, at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:59 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary