



**Board of Trustees Minutes
Wednesday, June 25th, 2025**

The June 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, June 25, 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 12:02 PM and called attention to the Public Meeting Laws that are posted in the meeting room.

Present:

Board Members

AJ Dahlgren, Chairman
Sam Stadler
Stephen Olson, Secretary
Andy Grollmes

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Rebecca Cooke, COO
Kendra Brown, CNO
Mark Klabunde, Director of Pharmacy Services
Shelby Liesemeyer, MD
Janell Shelton, Director of Primary Care
Anita Wragge, Marketing/Outreach Coordinator

County Board of Commissioners

Brent Stewart, County Liaison, *Absent*

Absent:

Jeff Hanson

II. Public Comments/Communication

Luke Poore, CEO, mentioned a thank you note from the Ginder family for memorial plants, a post-prom donation thank you and thank you notes for Lift Up Thine Eyes.

III. Approval of Minutes

Action Taken: A motion was made by Stephen Olson to approve the June 4, 2025 meeting minutes. The motion was seconded.

Voting Aye: Grollmes, Olson, Stadler, Dahlgren

Absent and Not Voting: Hanson

Motion Carried.

IV. Old Business

1. Website Development

This project is set to go live this week.

2. Operating Room Table

This item is purchased, on-site and in service.

3. EKG Units

Two units have been purchased. They are both on-site and are being set up. We expect to have them in service by the end of the week.

4. Health Insurance Premiums-Update

Gavin Blum, CFO shared the adjustments to premiums and deductibles as voted on in the previous meeting. HE provided the group with current premiums versus renewal premiums for both HAS and Co-Pay Plans. The renewal window is open with changes taking place on July 1st.

V. New Business

1. 2025-2026 Fiscal Year Amended Budget Proposal

Gavin Blum, CFO, brought forward a revised budget proposal. The only change made is to keep our tax revenue at status quo instead of the previously proposed increase.

Action Taken: After discussion Sam Stadler made a motion to approve the budget as proposed. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Grollmes

Absent and Not Voting: Hanson

Motion Carried.

VI. Reports

1. Kearney County Medical Fund

The group is projecting to net 425,000 from the annual golf tournament. Final numbers will be presented at the next Fund meeting on July 2nd. There was great participation this year. The group will also discuss a donation made for specific equipment.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	May 2025	April 2025
Cash and Cash Equivalents	5,874,327	6,091,825
Total Current Assets	22,429,279	22,485,204
Net Capital Assets	12,410,223	12,527,933
Total Assets	34,839,502	35,013,137
Total Current Liabilities	1,491,463	1,779,559
Total Liabilities	3,941,827	3,990,779
Net Assets	29,406,212	29,242,799
Net Assets and Liabilities	34,839,502	35,013,138

Statement of Profit & Loss	May 2025	Budget	YTD
Net Operating Revenue	1,649,892	1,572,992	17,994,020
Total Operating Expenses	1,676,984	1,526,405	17,257,726
Income (Loss) from Operations	(27,092)	46,587	736,294
Non-Operating Revenue	190,505	83,842	969,686
Net Earnings (Loss)	163,413	130,428	1,705,980

Profitability Indicators	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025
Days of Cash on Hand	355	373	359	378	407	404	348	367
Days in Patient AR (Gross)	58	54	55	51	49	48	55	60
Costs Per Day								
Clinic	8,052	7,993	8,505	8,838	6,046	5,938	6,883	6,516
Hospital	39,141	36,578	38,289	37,295	38,555	39,841	45,051	42,339

Statistical Summary		Statistic
Observation Admits	8	2 nd most this fiscal year
Observation Days	19	3 rd most this fiscal year
CT Scans	146	T-3 rd most scans ever
MRIs	17	2 nd most scans ever
Ultrasounds	34	Most scans ever
Cardiac Rehab	50	Most units since May 2023
Specialty Clinic Visits	179	On track for 1,921 (1,811 in 2024)
Clinic Visits	747	On track for 9,178 (8,644 in 2024)

Accounts Payable Register (Gross)	May 2025
3 Payrolls & 3 Check Runs	1,529,745.45

Bad Debt Analysis				
May 2025	April 2025	March 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
27,316.25	64,002.96	38,910.58	47,000	43,000

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: Grollmes, Olson, Stadler, Dahlgren

Absent and Not Voting: Hanson

Motion Carried

3. Red Flag Report

An annual report was given to the group by Gavin Blum, Corporate Compliance Officer, on KCHS Identity Theft Prevention Program for the year. He reported on effectiveness of policies and procedures in addressing the risk of identity theft which included:

- We are continuing to follow our Identity Theft Prevention Program which includes asking for a copy of photo identification upon admission if we do not already have it on file. The main challenge we face is patients stating that they do not have photo identification upon admission.
- When suspicious information is given upon admission, we use an external verification source which checks social security numbers, addresses, names given, etc. The results of the search are then placed in the medical record and scanned into the information system for future reference.

- Upon admission, when documents are presented (photo identification, insurance card, etc.), those documents are scanned into the EHR and are attached to the patient's medical record number. This process allows easy accessibility to those identifying documents upon every admission.

Gavin also reported that there are no current or proposed service agreements at this time. Over the course of the year, there have been no significant incidents.

Recommendations for material changes to the program were to continue to monitor that photos are being taken, drivers licenses are being updated when expired and information is verified at admission.

Action Taken: A motion was made by Sam Stadler to approve the Identity Theft Prevention Program Annual Report. The motion was seconded.

Voting Aye: Grollmes, Olson, Stadler, Dahlgren
Absent and Not Voting: Hanson
Motion Carried

4. Quality Assurance Report

Kendra Brown, CNO reported on the Quality Assurance report for June. The following departments reported:

- Lab
Evaluating the number of specimens being taken to CHI-GSH for testing to determine the need for an alternate source of transportation. Lab has continued to work on cleaning up orders placed in Cerner-dates/times and then reaching out to providers to decide what to do with them. They are also working on a urine drug screen project where tests were changed a few months ago from 10 panel to 12 panel test to improve accuracy of testing.
- Maintenance
Current project has been tracking work orders and making sure they are completed in a certain amount of time. New work order system was implemented several months ago. Since this was completed completion times have been improved
- Pharmacy
The project tracking and monitoring bar code scanning on acute/OBS/swingbed patients has moved to the monitoring phase. Current project is to monitor override medication being taken out in the Pxyxis. Another project on Controlled Substance monitoring which includes wasting of medications appropriately has been started. An anesthesia project is making sure anesthesia is documenting appropriately and timely on all surgical and procedure cases.
- Swingbed
Current project is looking at the CAH Swing Bed Report. Poor documentation in Stroudwater portal. Average daily patients 3/day, over the age of 70. Average length of stay was just under 10 days. No therapy documentation.
- Material Management
Value Analysis Committee started and has been having quarterly meetings for a while now. Several products have been discussed. Cost comparison and usefulness discussed.

- **Restorix Wound Care**
2023 Performance Improvement Plan to track different wounds classes, days to heal, patient satisfaction, patient safety and readiness, and documentation. About 110 completed visits for the last year. 16 canceled visits and 3 missed. Only 1 new patient in the last 3 months. Dr Liesemeyer has the most referrals.
- **Informatics**
Currently building reports for several other departments quality projects. Reports built for ACO in clinic to help pull data, clinic rounding report built for providers to see when patients have +screenings, current VS, Etc. Jen has also been working with Cerner and the NHA for getting a report set up for NHA Data Verification and then getting those corrected and submitted. Bobbie has been working on putting together a new CIWA scoring tool in Cerner.
- **Surgery**
Currently tracking follow ups for complications after OR procedures. Currently in the middle of report building with Jen, hopefully will be able to gather this information from EHR.
- **Colonoscopy**
Current project to follow up with patients post colonoscopy with needs for future follow up/procedure. Currently patient list with recommended dates/times comes from Dr Schroeder's nurse at this clinic. Working with Outpatient clinic to help with this process.

Kendra also mentioned that the social determinants of health may change. Details will be shared as they are available. She also let the group know that State Surveyors are here this week.

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

Voting Aye: Olson, Stadler, Dahlgren, Grollmes

Absent and Not Voting: Hanson

Motion Carried.

5. Ancillary Services Report

Rebecca Cooke (COO) reported on the Operations Report for May 2025. The Senior Life Solutions Department currently has 9 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 May response rate is 26.7% of patients responding. Overall, KCHS has earned an overall 4.9 stars out of 5, with 2,988 total ratings. KCHS has a Google rating of 4.8 out of 5 with 273 total reviews.

The top page views on our website were for Home, Outpatient Surgical Procedures, Primary Healthcare Providers, Symptoms of a Broken Heart Blog Post, Minden Medical Clinic.

Hires

Position	Department	Status
LPN (Weekend)	Acute	Full Time
EVS Tech/Housekeeper	Env Services	Full Time

Separations

Position	Department	Status
RN	Acute	PRN

Recruiting

Position	Department	Status
Director of Surgical Services	Acute/Surgery	Full-Time
RN (Night)	Acute	Full-Time
Ward Clerk	Acute	Full or Part Time

Turnover Rates

May 2025	FYTD	Prior FYTD
0.7%	2.9%	18.1%

Employment Numbers

May2025	Total	Full-Time	Part-Time/PRN	FTEs
	144	97	43	108.06

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

6. CEO Report

a. Outpatient Services

- Orthopedics - Dr. Davis Hurley had been pursuing a Chief Medical Officer position with Intermountain Healthcare, in which he was planning to do concurrently with a bi-monthly orthopedic outreach clinic at KCHS. Upon completion of interviews, and ultimately acceptance, he was made aware that his new position with Intermountain will be quite time extensive with multiple state oversight. A partner of his, Dr. Jed Maslow, held a virtual interview with KCHS last week. We are working on a date for an onsite interview in the next two weeks.
- Cardiology- With input from Medical Staff, and review of utilization, we will be holding Dr. Waters last clinic in August, and Dr. Gorantla will be taking his clinic slot in Minden effective in September 2025. Also, from discussions, Dr. Kosmicki will be coming a full-day, versus his current half-day rotation.

b. Medicare Accountable Care Organization (ACO)

Following up from our last meeting on Medicare ACO participation, Dr. Althouse and Administration will be focusing on the Bryan Health Connect ACO, as well as the Cibolo ACO. Many across the state of Nebraska have opted to move forward with Cibolo in recent media. We will weigh both, and make a recommendation in the next few weeks.

c. Policies for Board Approval

Ordering Supplies – Creating a Requisition in Powerchart APP BAR – Materials Management *(Revised)*
 Acute Care Extra Shift Incentive – Acute/Human Resources *(Revised)*
 Parking Policy – Human Resources *(Revised)*
 Recruitment Privacy Policy – Human Resources *(New)*
 Language and Effective Communication Access – Corporate Compliance *(Revised)*
 Emergency Room – Acute *(Revised)*
 Refusal of Treatment – Acute/ER *(Revised)*
 Personal Protective Equipment (PPE) – Infection Control *(Revised)*
 Standard Precautions – Infection Control *(Revised)*
 Grab Bag Instructions – Emergency Preparedness *(New)*
 Live On Nebraska (Tissue Donation) Strategic Plan Review *(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: Stadler, Dahlgren, Grollmes, Olson
 Absent and Not Voting: Hanson
 Motion Carried.

7. Medical Staff Report

Shelby Liesemeyer, MD provided the Medical Staff Report. She mentioned a special School and Sports Clinic to be held in the evening. They are planning to have another in July.

VII. Executive Session

Action Taken: At 12:43PM, a motion was made by Stephen Olson to enter into executive session for Credentials, Charity Care, Personnel and Legal. The motion was seconded.

Voting Aye: Stadler, Dahlgren, Grollmes, Olson
 Absent and Not Voting: Hanson
 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	APPOINTMENT	NOTES
SHANNON KUEHN, APRN	FAMILY MEDICINE	KCHS	ACTIVE APP	10/28/2013	7/1/2025	
JASON GRENNAN, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	5/19/2014	7/1/2025	
JAKE VRDOLJAK, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	2/24/2021	7/1/2025	
PRAVARDHAN BIRTHI, MD	PAIN MANAGEMNT	MANAGEMENT CLINIC	CONSULTING	11/25/2020	7/1/2025	
AMY THEESEN, APRN	CARDIOLOGY	NEBRASKA HEART	AFFILIATE	9/28/2022	8/1/2025	
JONATHAN BLECHA, MD	OTOLARYNGOLOGY	ENT OF KEARNEY	CONSULTING	4/28/2021	8/1/2025	
DOUGLAS KOSMICKI, MD	CARDIOLOGY	NEBRASKA HEART	CONSULTING	8/31/2022	8/1/2025	
DANIEL HEROLD, MD	RADIOLOGY	HASTINGS RADIOLOGY	CONSULTING	6/25/2025		

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

Voting Aye: Stadler, Dahlgren, Grollmes, Olson

Absent and Not Voting: Hanson

Motion Carried.

End of Executive Session: at 1:18PM, a motion was made by Stephen Olson to end Executive Session.

Voting Aye: Stadler, Dahlgren, Grollmes, Olson

Absent and Not Voting: Hanson

Motion Carried

VIII. Other Comments/Communications

Next meeting will be Wednesday, July 20th, 2025 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:19 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary