



**Board of Trustees Minutes
Wednesday, July 30, 2025**

The July 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 30, 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
Stephen Olson, Secretary
Sam Stadler
Jeff Hanson
Andy Grollmes

County Board of Commissioners

Brent Stewart, County Liaison

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Rebecca Cooke, COO
Kendra Brown, CNO
Mark Klabunde, Director of Pharmacy Services
Jordan Kohtz, APRN
Janell Shelton, Director of Primary Care
Anita Wragge, Marketing/Outreach Coordinator
Lenny Ginder, Director of Maintenance

Absent:

None

II. Public Comments/Communication

Luke Poore, CEO, mentioned thank you notes from the John R. Finkner family for a memorial, the Minden Public Schools Foundation for purchasing tables for a fundraiser, a thank you from the 11U Southern Bolts of Axtell for a donation, and thank you notes for Lift Up Thine Eyes. He also passed around a thank you note from Help Clinic.

III. Approval of Minutes

Action Taken: A motion was made by Stephen Olson to approve the June 25, 2025 meeting minutes with a correction to the net proceeds from the Medical Fund Golf Tournament. A 4 was changed to a dollar sign. The motion was seconded.

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

IV. Old Business

1. Website Development

The redesigned kchs.org website has been completed and is now live.

V. New Business

1. 220V Operating Room - Installation

Lenny Ginder, Director of Maintenance, brought forward a proposal from Kidwell to install 220V power into the operating room. This power is needed for Urology procedures including Green Light Therapy and procedures for kidney stones. These are standard procedures in the Urology field. The project includes some challenges getting power lines to the room. It was determined that power will have to go through the roof. Maintenance is working on getting proposals from other electrical companies by the end of the current week.

Action Taken: After discussion Sam Stadler made a motion to approve authorizing spending up to the amount on the Kidwell proposal. KCHS staff will gather other quotes and also take timelines into consideration before moving forward. The motion was seconded.

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

2. HFG Architecture – Master Planning

Luke Poore, CEO brought forward a proposal from HFG Architecture for Master Planning. He mentioned we last explored master planning in January of 2021, with an eye on service growth and expansion. The final report from HFG Architecture will detail estimates for renovating our current facility and new construction including a square footage program, an opinion on probable costs based on a preliminary project schedule and space program. HFG Architecture has a portfolio of experience with Critical Access Hospitals and has a great understanding of reimbursements and model of care. Their proposal will tie in with our strategic plan.

Action Taken: After discussion and questions, Stephen Olson made a motion to move forward with the HFG Proposal as presented. The motion was seconded.

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

VI. Reports

1. Kearney County Medical Fund

The Medical Fund will meet on Wednesday, July 6th.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	June 2025	May 2025
Cash and Cash Equivalents	6,224,717	5,874,327
Total Current Assets	21,975,904	22,429,279

Net Capital Assets	12,309,329	12,410,223
Total Assets	36,766,286	34,839,502
Total Current Liabilities	3,617,923	1,491,463
Total Liabilities	4,094,025	3,941,827
Net Assets	29,054,339	29,406,212
Net Assets and Liabilities	36,766,286	34,839,502

Statement of Profit & Loss	June 2025	Budget	YTD
Net Operating Revenue	1,701,832	1,572,992	19,695,852
Total Operating Expenses	1,884,306	1,526,405	19,142,032
Income (Loss) from Operations	(182,474)	46,587	553,820
Non-Operating Revenue	120,828	83,842	1,090,514
Net Earnings (Loss)	(61,646)	130,428	1,644,334

Profitability Indicators	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025
Days of Cash on Hand	373	359	378	407	404	348	367	319
Days in Patient AR (Gross)	54	55	51	49	48	55	60	60
Costs Per Day								
Clinic	7,993	8,505	8,838	6,046	5,938	6,883	6,516	8,684
Hospital	36,578	38,289	37,295	38,555	39,841	45,051	42,339	48,735

Statistical Summary		Statistic
SB Admissions	9	Most since December 2024
Observation Admits	-	0 for first time since February 2024
CT Scans	94	Least since February 2024
Vascular	15	Tied for most this fiscal year
OP Physical Therapy	890	3 rd most units this fiscal year
ER Visits	94	3 rd lest this fiscal year
Specialty Clinic Visits	183	4 th most ever (1,944 for year, 1,811 in 2024)
Clinic Visits	688	Finished with 9,099 up from 8,644 in 2024

Accounts Payable Register (Gross)	June 2025
2 Payrolls & 2 Check Runs	1,481,696.78

Bad Debt Analysis				
June 2025	May 2025	April 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
47,838.53	27,316.25	64,002.96	47,000	43,000

Gavin Blum also presented the group with the Notice of Assessment from the State of Nebraska. This report outlines the amount a hospital is required to pay under the Medicaid Hospital Assessment program administered by the Department of Health and Human Services. This notice details the hospital's share based on state determined formulas. He let the group know that he submitted our payment. He also explained how the process works and how it affected our June financial numbers

Gavin also reported that our bad debt totaled \$564,000 for the fiscal year. He let the group know that our yearly audit has been completed and went well. Auditors will be present at the August board meeting to present their findings

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

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

3. Quality Assurance Report

Kendra Brown, CNO reported on the Quality Assurance report for July. 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 also continues to work on cleaning up orders placed in Cerner. They are also working on a urine drug screen project. Tests were changed from 10 panel to 12 panel tests hoping to improve accuracy of testing. Positive tests are still required to be sent for confirmation.
- **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. The new system allows them to set up times or schedules to help notify them when work orders are needing done. They are also able to go in and edit dates and times when work orders have been completed compared to the old system where they weren't able to do this. 85-95% completion rate. Electrical inspections on-going.
- **Pharmacy**
Project tracking and monitoring bar code scanning on acute/OBS/swingbed patients has moved to the monitoring phase. Monthly scanning reports will still be looked at. Current project is to monitor override medication being taken out in the Pxyxis. A project on Controlled Substance monitoring which includes wasting of medications appropriately has been started. Mark reviews the controlled substance removals, returns and wastes from pyxis against the doses documented in Cerner. Goal is for the med to be documented in 30 minutes and then any remaining med to be wasted in 30 minutes after the dose is given. Another current 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. New items and ideas to be discussed at the next meeting. List of expiring items gone over, these will not be ordered. Another project that is currently being done is to track expired supplies. New supplier program being implanted.
- **Restorix Wound Care**
2023 Performance Improvement Plan to track different wounds classes, days to heal, patient satisfaction, patient safety and readiness, and documentation.
- **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 the getting those corrected and submitted. The report is up and running with minimal errors and then fixing and submitting. Bobbie has been working at putting together a new CIWA scoring tool into Cerner. This will have new more put together orders for patients who meet criteria.

- 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.

The meeting included information on Water Management and Infection Control. Lenny Ginder, Director of Maintenance attend a conference in Lincoln. He felt encouraged with what KCHS is currently doing and plans that are already in place. With surgery continuing to grow, an updated water plan is needed, taking into consideration new standards. Infection control reminders for good hand hygiene, measles information and screenings and plans moving forward to add isolation orders on lab orders. The group was also reminded that surgery attire should be work when in surgery spaces.

Kendra also shared information on the new HCAHPS survey that will be reported on for the first time. The new survey will have 8 new questions added, 5 questions removed. It began Jan 1, 205 on patient discharges. She also shared the Emergency Department Transfer Communication Hospital Report, the Medicaid Direct Payment Data Scorecard, Social Determinants of Health Screening and Post-Partum Depression Screenings.

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

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

Absent and Not Voting: Hanson

Motion Carried.

4. Ancillary Services Report

Rebecca Cooke (COO) reported on the Operations Report for June 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 June response rate is 28.84% of patients responding. Overall, KCHS has earned an overall 4.9 stars out of 5, with 3,152 total ratings. KCHS has a Google rating of 4.8 out of 5 with 289 total reviews.

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

Hires

Position	Department	Status
LPN	Acute	Full Time
Utilization Review Coordinator	Business Office	Full Time
Registration/Admissions	Clinic	Full Time

Separations

Position	Department	Status
EVS Tech	Environmental Svcs	Full Time
LPN	Clinic/Specialty	Full Time
Patient Care Tech	Acute	PRN
Phlebotomist	Lab	Part Time
Registration/Admissions	Clinic	Full Time

Recruiting

Position	Department	Status
RN (Night)	Acute	Full-Time
Cardiac Monitor Tech/Clinical Support Assistant	Acute	Full or Part Time

Turnover Rates

June 2025	FYTD	Prior FYTD
1.4%	4.3%	12.1%

Employment Numbers

June 2025	Total	Full-Time	Part-Time/PRN	FTEs
	143	96	43	112.85

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

5. CEO Report

a. Outpatient Services

- Orthopedics - Luke Poore, CEO will have a call this week to move forward with a second orthopedist.

b. DHHS State & Fire Marshall Surveys (Routine Surveys)

State Surveyors were onsite for a routine Critical Access Hospital Survey from June 23-26, 2025. The DHHS surveys are to be completed at least once every five years, while the State Fire Marshall comes annually. The tags issued were broken down per below:

- DHHS Critical Access Hospital Survey Tags – 1 Tag (Surgery Department – Surgeon Documentation)
- State Fire Marshall Survey Tags – 6 Tags

Plan of Correction was submitted for both surveys once notice of tags were received, and the Plan of Correction has already been approved (July 22, 2025). DHHS Surveyors as well as the Fire Marshall will be back onsite to follow up on ensuring the Plan of Correction was carried out. I would assume we will see this occur by Labor Day.

c. Medicare Accountable Care Organization (ACO)

Following conversation with Medical Staff and within Administration, we will be moving forward with participation in the Bryan Health Connect ACO for the Medicare Shared Savings Program (MSSP). This will be effective January 1, 2026, and notices have already been made to the current ACO within Nebraska Purchasing Group (NPG) ACO. We will continue to utilize the Nebraska Blue Cross & Blue Shield ACO through the NPG ACO at this time.

d. Policies for Board Approval

Release of Uncross Matched Blood in Emergency Situations – Emergency Room (*Revised*)
KCHS Rapid Discharge Plan for Staff – General (*Revised*)
Acute Care Fall Prevention program – Acute/Emergency Room (*Revised*)
Patient Care Orders – Acute/Emergency Room (*Revised*)
Specimen Acceptance or Rejection Requirements – Laboratory (*New*)
Active Shooter – Safety/Security (*Revised*)
Bomb Threat – Safety/Security (*Revised*)
Chest Pain (RHC) – Clinic (*Revised*)
Emergency Department Follow-Up – Clinic (*Revised*)
TB Test – Clinic (*New*)
Injection Procedures – Clinic (*New*)
Mechanical Failures – Safety/Security (*Revised*)
Hazard Communication – Safety/Security (*Revised*)
Remote Telework Policy – Human Resources (*Revised*)
Short Term Telework Policy – Human Resources (*Revised*)
Lab Tests Offered In-House at KCHS – Laboratory (*New*)
Lab Specimens – Compilation of Requirements & Instructions – Laboratory (*New*)
Periodic Review/Annual Evaluation – Clinic (*Revised*)
Preference Card Usage in the Operating Room – Acute/Surgery/ER (*New*)
Reprocessing Times Between Uses of Endoscopes – Acute/Surgery/ER (*New*)
Surgical Wound Classification – Surgery (*New*)
Staffing of Nursing Personnel – Acute/Surgery/ER (*Revised*)
Perioperative Hand Hygiene – Surgery (*Revised*)
Purchase of Electrical Equipment – Materials Management/Maintenance (*Revised*)
Surgical Specimen Handling & Reporting – Laboratory (*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: Stadler, Dahlgren, Hanson, Grollmes, Olson
Motion Carried.

6. Medical Staff Report

Jordan Kohtz, APRN provided the Medical Staff Report. Things are going well for Medical Staff. They are enjoying having 4 full time ER providers. Staffing is currently great in the hospital, leading to things running smoothly. There are no large needs at the moment. He expressed appreciation for the upcoming addition of a procalcitonin machine. It will give staff a quicker, better perspective on how septic a patient is, making it easier to make treatment decisions.

VII. Executive Session

Action Taken: At 1:16PM, a motion was made by Stephen Olson to enter into executive session for Credentials, Charity Care and Personnel. 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	NOTES
Jennifer Leiting, NP	Pain Management	Grand Island Pain Relief Center	Affiliate	7/30/2025		
Adham Shoujaa, MD	Radiology	Grand Island Radiology	Consulting	7/30/2025		
McKenna Bauer, CRNA	Anesthesia	Kearney Anesthesia	Affiliate	7/30/2025		
Jeffrey Klug, MD	Radiology	Hastings Radiology	Consulting	7/30/2025		
Jonathan Hart, MD	Radiology	Hastings Radiology	Consulting	7/30/2025		Held privileges 4-28-2010 to 5-4-2013
David Henley, MD	Radiology	Grand Island Radiology	Consulting	4/29/2020	8/1/2025	
Ryan DeHaan, MD	Pathology	Pathology Medical Services	Consulting	12/29/2010	8/1/2025	
Zi-Rong XU, MD	Radiology	Grand Usland Radiology	Consulting	1/29/2025	8/1/2025	
Philip Vornhagen, CRNA	Anesthesia	Kearney Anesthesia	Affiliate	6/26/2024	9/1/2025	
Brooke Greisen, CRNA	Anesthesia	Kearney Anesthesia	Affiliate	8/26/2020	9/1/2025	
Kirby Knuth, APRN	Cardiology	CHI-Health Clinic	Affiliate	6/30/2021	9/1/2025	

APPLICANT	SPECIALITY	FACILITY			PRIVILEGES TERMED	REASON
David Bulley, MD	Radiology	Real Radiology			6/29/2025	No longer employed with Real Radiology

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

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

Action Taken: A motion was made by Jeff Hanson to approve charity. The motion was seconded

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

End of Executive Session: at 1:37PM, a motion was made by Stephen Olson to end Executive Session.

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

Motion Carried

VIII. Other Comments/Communications

Next meeting will be Wednesday, August 27th , 2025 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:38 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary