



**Board of Trustees Minutes**  
**Wednesday, August 27, 2025**

The August 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, August 27, 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](http://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  
Jim Miller, County Commissioner

**Other:**

Randy Hoffmann, Eide Bailly

**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  
Doug Wulf, APRN  
Dr. Douglas Althouse, MD  
Janell Shelton, Director of Primary Care  
Erin Schwenka, Director of Material Management  
Brielle Grams, Human Resources Manager  
Anita Wragge, Marketing/Outreach Coordinator  
Ross Oberg, Director of Rehabilitation

**II. Public Comments/Communication**

Luke Poore, CEO, mentioned thank you notes from HelpCare Clinic for a sponsorship, Hot Meals USA for a donation, CHI Health Foundation for a sponsorship and 4-H Members for fair prize sponsorships.

**III. Approval of Minutes**

**Action Taken:** A motion was made by Sam Stadler to approve the July 30, 2025 meeting minutes. The motion was seconded.

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

#### **IV. Old Business**

##### **1. 220V Operating Room - Installation**

As agreed upon in the July Board of Trustees Meeting, a budget of \$52,000 was set for this project. Maintenance continued to receive proposals from other electrical companies and settled on a \$37,000 competing bid. It will take approximately 8 weeks for materials to be on-site and another 2 weeks for installation. Project will remain ongoing.

##### **2. HFG Architecture – Master Planning**

Luke Poore, CEO provided the group with an update. HFG was on-site last week; meeting with department leadership and medical staff. There will be an update call later this afternoon and another in about 2 weeks.

#### **V. New Business**

##### **1. Eide Bailly Annual Audit Presentation**

Before going over the audit review, Randy Hoffmann, CPA, Eide Bailly complimented Gavin and staff on a smooth audit process. He reported that there were no new audit journal entries, no audit adjustments, no disagreements. He congratulated Gavin on good communication throughout the year.

He shared with the group the adoption of a new accounting statement. Provisions of GASB Statement No 101 were recorded on the financial statement. Accordingly, a restatement has been made to KCHS's net position as of July 1, 2024 to restate the beginning net position.

He continued to provide the group with an estimate for a construction project and provided examples on Medicare Reimbursement for Construction. He also provided education on multiple current financing options available to facilities.

Highlights of the audit included:

- Days of Cash on hand – 375 in 2024, 387 in 2025
- Third Party Settlement of \$353K in 2024, net receivable, 2025 payable of (\$115K)
- Accrued expenses of \$821K, compared to \$599K in 2024
- Increase in net patient revenue of \$1.5M
- Increase in operating expenses of \$1.5M
- Operating income of \$829K vs \$705K in 2024
- Increase in net position of \$1.6M vs \$1.2M in 2024
- Total margin – 7.8% compared to 6.5% in 2024
- In June 2025, Centers for Medicare and Medicaid Services approved the State of Nebraska's preprint and provider assessment waiver for the period July 1, 2024 - December 31, 2024. The net program effect was \$269,579.
- As of July 1, 2024, Health Services adopted GASB Statement No. 101, Compensated Absences. This resulted in a Net Position Effect of \$263,096.

Comparative Ratios:

NE Peer group composed of CAH's with \$10M-\$20M in net revenue based on 2024 Medicare Cost Report Data. NE Medians based on 2024 & 2023 Medicare Cost Report Data

Comparative Ratio	NE Peer Group	KCHS
Average Age, Plant	10.9	8.6
Days Cash on Hand	160	387
Days Revenue in Accounts Receivable	54	64
Salaries to Net Patient Revenue	46%	47%
Total Margin	0.2%	7.8%
Cash Flow Margin	3.7%	12.8%
Patient Deductions	28.0%	33.3%
Medicare Inpatient Payor Mix	80.3%	91.0%
Medicare Outpatient Payor Mix	46.0%	60.8%
Medicare Outpatient Cost to Charge Ratio	54%	50%

**Action Taken:** After discussion and questions, Andy Grollmes made a motion to approve the findings of the Eide Bailly Audit Review. The motion was seconded.

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

## VI. Reports

### 1. Kearney County Medical Fund

The Medical Fund will meet on Wednesday, September 3<sup>rd</sup>. The group will discuss Give Big Minden and the possibility of sharing costs with other non-profits.

### 2. Financial/Statistical Reports and Update

#### a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	July 2025	June 2025
Cash and Cash Equivalents	6,575,641	6,224,717
Total Current Assets	21,171,755	21,975,904
Net Capital Assets	12,200,519	12,309,329
Total Assets	35,853,327	36,766,286
Total Current Liabilities	2,706,941	3,617,923
Total Liabilities	4,044,734	4,094,025
Net Assets	29,101,651	29,054,339
Net Assets and Liabilities	35,853,327	36,766,286

Statement of Profit & Loss	July 2025	Budget	YTD
Net Operating Revenue	1,724,713	1,715,063	1,724,713
Total Operating Expenses	1,724,298	1,685,439	1,724,298
Income (Loss) from Operations	415	29,623	415
Non-Operating Revenue	66,897	89,025	66,897
Net Earnings (Loss)	67,313	118,648	67,313

Profitability Indicators	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025
Days of Cash on Hand	359	378	407	404	348	367	319	<b>371</b>
Days in Patient AR (Gross)	55	51	49	48	55	60	60	<b>54</b>
Costs Per Day								
Clinic	8,505	8,838	6,046	5,938	6,883	6,516	8,684	<b>7,373</b>

Hospital	38,289	37,295	38,555	39,841	45,051	42,339	48,735	<b>42,908</b>
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Statistical Summary		Statistic
SB Admissions	3	Least since July 2024
SB Days	49	Least since October 2024
CT Scans	143	Tied for 5th most ever
Dexascans	12	Most since December 2024
Vascular	18	Most since August 2022
OP Procedures	42	2nd most since August 2024
ER Visits	113	6th most monthly visits ever
Specialty Clinic Visits	204	Most ever (On track for 2,448, 1,944 in 2025)
Clinic Visits	743	On track for 8,916 (9,099 in 2025)

Accounts Payable Register (Gross)	July 2025
2 Payrolls & 2 Check Runs	1,648,180.10

Bad Debt Analysis				
July 2025	June 2025	May 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
50,059.89	47,838.53	27,316.25	50,059.96	47,000

**Action Taken:** After discussion and questions, 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, Grollmes  
Motion Carried

### 3. Quality Assurance Report

Danielle Morgan, Director of QA/IC reported on the Quality Assurance report for August. The following departments reported:

- **Social Services**  
Current project is tracking number of swing bed referrals. Goals is to have a consistent number (1-5) swing bed patients in the hospital over the next 12 months weekly, tracking referral information: admissions, declines, and decline reasons. Swing bed referrals have been steady for the last quarter
- **Dietary**  
Project is to implement IDDS diets (International Dysphagia Diet Standardization Initiative) for Acute diet orders. Goal is to have 100% staff trained. Barb along with Amy will conduct training geared towards the different diets, different levels of food textures will be explained and discussed, and then hands on training will take place.
- **Outpatient Specialty Clinic**  
Project started (HIM is also collaborating with this) 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**  
Ongoing project-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 Concerns annually. Goal is to have 100% signatures completed. Departments are also working on a time punch study as well as continuing going over overtime. A new project with a goal to have job descriptions listed for all employees in 6-12 months. 139 current employees, 6 without/or job descriptions needed. Department managers were reached out to and awaiting completion.
- **HIM**  
Project started. Currently looking into DNFB days are correct. Goal is to have 7 or less. Last month had 13 but there were multiple things going on that led to an increase, she is anticipating this month will be better. Also currently looking into making sure diagnoses are being coded in the correct sequence.
- **Nuclear Med**  
Project continues. 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**  
Goal is over the calendar year to have 90% of all cardiac rehab patients who have been formally discharged to have optimal blood pressure. Optimal blood pressure is defined as <130/80 based on AHA guidelines. A formally discharged patients is defined as having completed at least 12 CR sessions and he/she has undergone a formal discharge with updated individual treatment plan.
- **ER**  
Goal to have 90% or greater sustained over 6 months of trauma patients each month will have a GCS documented, goal to be measure monthly and reevaluated at 12 months. Another long-term goal is to have 100%, short term goal of 80% for 3 consecutive months of ER patients will have provider notification and arrival times documented. Also, Provider notification on Trauma patients (long term Goal 100% short term goal >80% for 3 consecutive months). ER charts will be audited monthly and then re-evaluated., staff will receive update on compliance numbers. Also working on trauma activations and hard wiring documentation needed for trauma activations. ER also has a project to track door to antibiotic times with patients who have been given the diagnosis of Sepsis. Another project is to monitor and track transfer methods out of ER as transport continues to be a contributing factor for increase in times of ED discharge and transferring patients.
- **Emergency Preparedness**  
NIMS classes have been successfully implemented into CareLearning as well as in person ICS 100 classes twice a year. Looking to add 200 to the in-person learning. There are Nursing specific NIMS classes for managing incidents until Incident Command staff arrives.
- **Senior Life Solutions**

Making sure audits done what appropriate information, more information to come. Corporate audit completed in March. Scored 98% at that time. Plan is to continue to audit charts monthly.

Danielle also mentioned infection control initiatives. Flu shots for employees as well as N95 Fit Testing are being planned. All health alerts will be posted on the board outside of her office.

**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 July 2025. The Senior Life Solutions Department currently has 9 patients enrolled.

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

Our Rater8 July response rate is 22.97% of patients responding. Overall, KCHS has earned an overall 4.9 stars out of 5, with 3,293 total ratings. KCHS has a Google rating of 4.8 out of 5 with 290 total reviews.

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

##### Hires

Position	Department	Status
Registration/Admissions	Clinic	Full Time
RN (Weekends)	Acute	Full Time

##### Separations

Position	Department	Status
Patient Care Tech	Acute	PRN
EVS Tech	Environmental Services	PRN

##### Recruiting

Position	Department	Status
None		

##### Turnover Rates

July 2025	FYTD	Prior FYTD
5.1%	10.1%	14.3%

##### Employment Numbers

July 2025	Total	Full-Time	Part-Time/PRN	FTEs
	139	99	36	114.31

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

## 5. CEO Report

### a. Outpatient Services

- Orthopedics - Orthopedics – We are going to hold out for Dr. Davis Hurley to be our 2nd Orthopedic Clinic. Speaking with inReach, they seem to feel good about the possibility of Dr. Hurley starting in January 2026 for Kearney County Health Services. He is starting a new full-time position, but still interested in accepting Minden for outreach once he is in a routine with his full-time position.

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

Just to recap, State Surveyors were onsite for a routine Critical Access Hospital Survey from June 23-26, 2025. A revisit was conducted by DHHS on August 8, 2025 following the submission of our Plan of Correction. Upon the completion of the revisit, we were given approval for both the DHHS Critical Access Hospital Survey, and the Fire Marshall Survey.

### c. Medicare Accountable Care Organization (ACO)

As discussed last month, the decision was made to execute an agreement to participate 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. Bryan Health is tentatively planning to send personnel out to begin educating on ACO data requirements in Mid-Late October in preparation.

It has begun to feel that NPG could possibly be moving on from their Blue Cross & Blue Shield ACO that we began participating in with risk, starting January 1, 2025, and transitioning to be alongside the new MSSP ACO known as Cibolo, which we decided against when we executed an agreement with Bryan Health Connect. To some degree, we anticipated this, and have begun conversations with the Bryan Health Connect ACO Network on joining their risk based ACO with Blue Cross & Blue Shield effective January 1, 2026 as well.

Participation in both ACOs are off to a good start in 2025, currently with NPG in each.

### d. Policies for Board Approval

Activation of Trauma Team – Emergency Room (*Revised*)  
Heat Stress – Emergency Preparedness/General (*New*)  
Overhead Paging for Emergency Alerts – Emergency Preparedness/General (*Revised*)  
AMSCO Warming Cabinet – Surgery (*New*)  
Mass Casualty – Emergency Preparedness (*Revised*)  
Mass Casualty and Patient Surge Naming Convention – Emergency Preparedness/General (*Revised*)  
ER Trauma Patient Transfer Guidelines – Emergency Room (*Revised*)  
Combative Person – Safety/Security (*Revised*)  
Evacuation and Shelter in Place Guidelines for Incident Command – Emergency Preparedness (*Revised*)  
KCHS Reunification Policy – Emergency Preparedness (*Revised*)  
KCHS Evacuation for Staff – General (*Revised*)  
Trauma Bypass Policy – Emergency Preparedness (*Revised*)  
Information Technology (IT) Disaster Procedure – Information Technology (*New*)

**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

Doug Wulf, APRN provided the Medical Staff Report. The medical staff is getting ready for the fall cold/flu season. He shared appreciation with the group for the approval of a procalcitonin machine. This will greatly improve the current process in determining sepsis. The medical staff continues to struggle with critical patient transfers.

VII. Executive Session

**Action Taken:** At 1:31PM, a motion was made by Sam Stadler 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
ROBERT HINZE, DPM	PODIATRY	HIGH PLAINS PODIATRY	CONSULTING	4/1/2008	9/1/2025
ODED GREENBERG, MD	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	6/26/2024	9/1/2025
JONATHAN HART, MD	RADIOLOGY	HASTINGS RADIOLOGY	CONSULTING	7/30/2025	9/1/2025
JARRET KUO, MD	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	8/28/2024	9/1/2025
JOHN WATERS, MD	CARDIOLOGY	CHI HEALTH CLINIC	CONSULTING	2/28/2024	10/1/2025
TREVOR LEWIS, MD	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	8/25/2025	

APPLICANT	SPECIALITY	FACILITY			PRIVILEGES TERMED	REASON
JEFFREY LEE, MD	RADIOLOGY	RADIOLOGY ASSOCIATES			8/31/2025	ONLY READING FOR KANSAS FACILITIES

**Action Taken:** A motion was made by Jeff Hanson to approve the credential report. The motion was seconded

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



**End of Executive Session:** at 1:42PM, a motion was made by Sam Stadler to end Executive Session.

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

Motion Carried

**VIII. Other Comments/Communications**

Next meeting will be Wednesday, September 24<sup>th</sup>, 2025 at Noon in the Functional Health Meeting Room.

**IX. Adjournment**

The meeting Adjourned at 1:43 PM.

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AJ Dahlgren, Chairman

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Stephen Olson, Secretary