



**Board of Trustees Minutes  
Wednesday, November 5, 2025**

The October 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, November 5, 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

**KCHS Staff**

Luke Poore, CEO  
Gavin Blum, CFO  
Rebecca Cooke, COO  
Kelli Carey, Director of Surgery  
Kendra Brown, Chief Nursing Officer  
Danielle Morgan, Director of QA/IC  
Samantha Rogers, APRN  
Janell Shelton, Director of Primary Care  
Anita Wragge, Marketing/Outreach Coordinator  
Mark Klabunde, Director of Pharmacy  
Joshua Hart, Pharmacy Student

**II. Public Comments/Communication**

Luke Poore, CEO, mentioned thank you notes for a memorial from the families of Russell E. Meyer and Joyce Bantam. He also shared a thank you from Jenny Madsen for the care of Doc Madsen and a thank you for "Lift Up Thine Eyes."

**III. Approval of Minutes**

**Action Taken:** A motion was made by Sam Stadler to approve the September 24, 2025 meeting minutes. The motion was seconded.

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

**IV. Old Business**

1. 220V Operating Room - Installation

This project is ongoing. A panel has been ordered; we expect delivery around the end of November. Installation will be scheduled when the panel arrives.

2. HFG Architecture – Master Planning

This project remains ongoing. A call is scheduled for this week.

3. Rhino -Sterilizer & Sink

Materials have been ordered, but not received. Some work to prep for installation was started after approval in the September Board of Trustees Meeting.

4. Ziemba – Surgery Suite Roof

There is no definitive date for this project. We are waiting to be placed on Ziemba's schedule. We are hoping it will be completed before the first snow, but may have to wait until Spring.

**V. New Business**

1. Endoscope Cart/Storage – Raspberry Med

Kelli Carey, Director of Surgery, brought forward a proposal for an Endoscope Storage Cabinet for our endoscopes. The storage cart under consideration can hold up to 8 scopes and has a key lock. It also has a HEPA air filtering system that creates positive pressure in the cart to prevent contamination.

**Action Taken:** After discussion and questions, Jeff Hanson made a motion to approve the Raspberry Med 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 served over 300 Harvest Lunches at 3 locations in October. The group will also be moving forward with Give Big Minden plans. The event will be held on December 12<sup>th</sup> and will include a social event at the Minden Opera House.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	September 2025	August 2025
Cash and Cash Equivalents	7,716,786	6,724,206
Total Current Assets	21,719,108	21,388,947
Net Capital Assets	12,008,039	12,133,468
Total Assets	36,233,526	36,028,794
Total Current Liabilities	3,107,264	2,878,068
Total Liabilities	3,928,072	4,002,116

Net Assets	29,198,190	29,148,610
Net Assets and Liabilities	36,233,526	36,028,794

Statement of Profit & Loss	September 2025	Budget	YTD
Net Operating Revenue	1,732,963	1,715,063	5,153,009
Total Operating Expenses	1,819,785	1,685,439	5,291,025
Income (Loss) from Operations	(86,822)	29,623	(138,016)
Non-Operating Revenue	136,403	89,025	301,868
Net Earnings (Loss)	49,581	118,648	163,852

Profitability Indicators	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025
Days of Cash on Hand	407	404	348	367	319	371	370	360
Days in Patient AR (Gross)	49	48	55	60	60	54	59	48
Costs Per Day								
Clinic	6,046	5,938	6,883	6,516	8,684	7,373	8,793	6,963
Hospital	38,555	39,841	45,051	42,339	48,735	42,908	42,371	48,530

Statistical Summary	Statistic
SB Days	131 Most since July 2020
CT Scans	120 Most since July 2025
Physical Therapy	1,204 2nd most since April 2024
Specialty Clinic Visits	176 On track for 2,232 (1,944 in 2025)
Clinic Visits	692 On track for 8,692 (9,099 in 2025)

Accounts Payable Register (Gross)	September 2025
2 Payrolls & 2 Check Runs	1,885,772.44

Bad Debt Analysis				
September 2025	August 2025	July 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
57,656.23	39,583.77	50,059.89	48,000	47,000

**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: Hanson, Grollmes, Olson, Stadler, Dahlgren  
Motion Carried.

#### b. Health Insurance Plan Update

Gavin Blum, CFO shared an update on the Health Insurance Plan with the group. He shared a 2025/2026 Funding Analysis, which included information on enrollment, premiums, Fees, Claims, Total Claims Paid, Total Funding and Aggregate Attachment Point. It was decided that quarterly updates will be shared with the group moving forward.

### 3. Quality Assurance Report

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

- Radiology  
New project started. Over the next 6 months, the goal is to monitor the use of utilizing 22 gauge IV sites for CTA exams in the event that a 20 gauge cannot be accessed. A second project is measuring how often low dose lung screen CT exams lead to early



cancer diagnosis and identify a way to ensure that patients are receiving follow-up scans in order to be able to catch the cancer early. Project #3 Implementing ALARA CT radiation monitoring project. CT radiation monitoring will be a new CMS measure 2026, voluntary to report 2025

- Central Sterilization  
Over the next 6 months we will inventory all instruments and update all instruments list for surgical trays, this includes laryngoscopes blades and handles.
- Business Office  
Project is to track ER admissions to make sure that insurance, identification, and all other important information is being collected. Project #2 is bar code scanning of medications for outpatients and treatment rooms.
- Acute  
New measure to start reporting falls. Currently in the gathering data phase. Project #2 was implementing the PREPARE tool to gather Social Determinants of Health information on acute care patients. This is CMS measure that was a requirement for the 2025 reporting year but that has since changed and will no longer be reported.
- Somnitech  
Project to create a cohesive effort between partnered facilities and the contract sleep lab services; to develop, implement, and maintain effective organization-wide performance improvement. Including the ongoing monitoring of client/patient grievances/satisfaction, the monitoring of function of sleep equipment, turnaround times, scoring reliability, clinical competency, and review patient records.
- Clinic  
Current project to improve HgBA1C among clinic pts who come to their yearly wellness visit at 6/12 months. Plan ultimately changed to start keeping track of routine follow up appointments for pts at 3-6 months, current HgBA1C, and medication refills on diabetic medications. Project #2 is to decrease the amount of No-Show appointments per month to below 15. Plans to use newly written policy, education of policy to patients, tracking of follow up calls and sending No Show letters. The goal is to make sure that patients receive the appropriate care and helping assure that patients are able to receive timely care by not having open times in provider schedules.
- Infection Control  
Handwashing compliance and monitoring continues. Goal is to have 90% hand hygiene compliance
- PT/OT/ST  
New project starting. Looking at the time it takes for an OT/ST order placed to the time the evaluation happens.
- IT  
Project is to monitor internet connections. Track up and down time. Using Google as a baseline.

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

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

#### 4. Ancillary Services Report

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

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

Our Rater8 September response rate is 27.43% of patients responding. Overall, KCHS has earned an overall 4.8 stars out of 5, with 3,728 total ratings. KCHS has a Google rating of 4.8 out of 5 with 312 total reviews.

The top page views on our website were for Home, Careers, Minden Medical Clinic, Primary Healthcare Providers, Pain Management

##### Hires

Position	Department	Status
None		

##### Separations

Position	Department	Status
Housekeeper	Environ Services	Full Time
LPN	Clinic	Full Time
LPN	Acute	Part Time

##### Recruiting

Position	Department	Status
Environmental Services Tech	Environmental Services	Full Time or Part Time

##### Turnover Rates

September 2025	FYTD	Prior FYTD
1.5%	13%	17.3%

##### Employment Numbers

September 2025	Total	Full-Time	Part-Time/PRN	FTEs
	136	99	33	113.49

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

#### 5. CEO Report

##### a. Outpatient Services

Orthopedics - First total shoulder procedure was done in October, went very well. We are prepared to schedule Total Hip Replacements as well now. After visiting with Dr. Bryan Scheer (in Reach CEO), it was decided to move forward with interviewing additional Orthopedic candidates to get started with complimenting Dr. Schopp's current times in Minden.

Urology- Dr. Matthew Rutman continues to grow his practice steadily, has been doing a nice job of marketing through NTV News, and has a scheduled "Lunch & Learn" for November 18<sup>th</sup>. We extended current terms of our current agreement as he continues to grow his practice.

Pain Management - Dr. Pravardhan Birthi as mentioned last month, has begun his additional onsite days in October. He opens his new practice in Kearney starting in November. All anesthesia needed cases from his clinic in Kearney will be scheduled in Minden.

Dermatology-There has always been discussion on having a dermatology presence at KCHS, however, this is a limited practice in terms of availability. After discussion with Dr. Althouse, he is going to touch base with some consistently referred to providers to see about getting an APP onsite for clinic in the future.

b. Policies for Board Approval

None

6. Medical Staff Report

Samantha Rogers, APRN provided the Medical Staff Report. 144 flu shots were given during our KCHS Drive-Thru Flu Shot Clinic. The facility held a mass casualty drill along with Minden EMS and local volunteers. There was a great staff turnout. The group held a discussion on aircraft transports.

**VII. Executive Session**

**Action Taken:** At 12:56 PM, a motion was made by Stephen Olson to enter into executive session for Credentials, Charity Care, Personnel and CEO Review. 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
ANTHONY ROWE, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	10/30/2024	11/1/2025
MOHAMMED QURAIJNI, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	1/28/2016	11/1/2025
TIMOTHY CONNER, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	2/19/2020	11/1/2025
JONATHAN REED, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	11/27/2024	11/1/2025
SEAN CHANG, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	11/27/2024	11/1/2025
KYLE HIRSCHMAN, DO	RADIOLOGY	REAL RADIOLOGY	CONSULTING	11/27/2024	11/1/2025
JEFFREY KLUG, MD	RADIOLOGY	HASTINGS RADIOLOGY	CONSULTING	7/30/2025	12/1/2025
RON PEARSON, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	10/29/2025	
PAUL RODRIGUEZ, MD	RADIOLOGY	HASTINGS RADIOLOGY	CONSULTING	10/29/2025	
ANDREA KOHMETSCHER, APRN	PAIN MANAGEMENT	GRAND ISLAND PAIN MANAGEMENT	AFFILIATE	10/29/2025	

**Action Taken:** A motion was made by Sam Stadler 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 Andy Grollmes to approve charity. The motion was seconded

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

**Action Taken:** A motion was made by Stephen Olson to approve the CEO Review. The motion was seconded

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

**End of Executive Session:** At 2:29PM, 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, November 26, 2025 at Noon in the Functional Health Meeting Room.

#### IX. Adjournment

The meeting Adjourned at 2:31 PM.

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AJ Dahlgren, Chairman

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Stephen Olson, Secretary