



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

The November 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 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 12:04 PM and called attention to the Public Meeting Laws that are posted in the meeting room. He also welcomed guest, Ryleigh Garey, a 3rd Year Medical Student working with Dr. Andy Craig through February.

Present:

Board Members

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

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Rebecca Cooke, COO
Kelli Carey, Director of Surgery
Kendra Brown, Chief Nursing Officer
Andy Craig, MD
Ryleigh Garey, Medical Student
Janell Shelton, Director of Primary Care
Anita Wragge, Marketing/Outreach Coordinator
Mark Klabunde, Director of Pharmacy

County Board of Commissioners

Brent Stewart, County Liaison, *Absent*

II. Public Comments/Communication

Luke Poore, CEO, mentioned multiple thank you notes from the family of Dick McBride and a thank you from the Hans Engenberg and family. He also passed around a thank you note from the HelpCare Team for a donation. He also shared a thank you from Michael Meyer you for "Lift Up Thine Eyes."

III. Approval of Minutes

Action Taken: A motion was made by Stephen Olson to approve the November 5, 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. We are waiting on the electrical panel. We are hoping for a week of December 18th delivery and a week of December 26th installation.

2. HFG Architecture – Master Planning

Luke Poore, CEO forwarded a link to board members with options and cost variants. He asked the group to look those over in the next couple of weeks. He has also reached out to HGF Architecture for more details on some points. Piper Sandler is also working with Gavin Blum on dept capacity and opportunities for funding. Please reach out to Luke or HFG with questions.

3. Rhino -Sterilizer & Sink

Materials have been ordered, but not received. We are looking at a February arrival.

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.

5. Endoscope Cart/Storage-Raspberry Med

We are still waiting on arrival.

V. New Business

None

VI. Reports

1. Kearney County Medical Fund

The Medical Fund group is working on Give Big Minden, including adding sponsors. There will be an event at the Minden Opera House on Friday, December 12th from 3-6PM.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	October 2025	September 2025
Cash and Cash Equivalents	7,892,480	7,716,786
Total Current Assets	21,702,216	21,719,108
Net Capital Assets	11,866,603	12,008,039
Total Assets	36,075,198	36,233,526
Total Current Liabilities	2,871,082	3,107,264
Total Liabilities	3,878,303	3,928,072
Net Assets	29,325,814	29,198,190
Net Assets and Liabilities	36,075,198	36,233,526

Statement of Profit & Loss	October 2025	Budget	YTD
Net Operating Revenue	1,800,931	1,715,063	6,953,940
Total Operating Expenses	1,746,836	1,685,439	7,037,861
Income (Loss) from Operations	54,095	29,623	118,493
Non-Operating Revenue	73,529	89,025	375,397
Net Earnings (Loss)	127,623	118,648	291,475

Profitability Indicators	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025
Days of Cash on Hand	404	348	367	319	371	370	360	394
Days in Patient AR (Gross)	48	55	60	60	54	59	48	47
Costs Per Day								
Clinic	5,938	6,883	6,516	8,684	7,373	8,793	6,963	7,329
Hospital	39,841	45,051	42,339	48,735	42,908	42,371	48,530	43,780

Statistical Summary		Statistic
Acute Days	12	Down 52% year over year (32 days)
SB Days	105	Up 32% year over year (98 days)
Lab Tests	2860	Most since May 2025
Dexascans	14	Up 41% year over year (14 scans)
Vascular	18	Up 54% year over year (22 scans)
Cardiac Rehab	12	Down 164% year over year (100 scans)
Total Physical Therapy	1215	Up 16% year over year (604 units)
OP Procedures	57	Most ever (Up 15% year over year)
Specialty Clinic Visits	217	On track for 2,325 (1,944 in 2025)
Clinic Visits	696	On track for 8,607 (9,099 in 2025)

Accounts Payable Register (Gross)	October 2025
3 Payrolls & 3 Check Runs	1,610,388.73

Bad Debt Analysis				
October 2025	September 2025	August 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
66,864.88	57,656.23	39,583.77	54,000	47,000

Gavin Blum, CFO also provided the group with a State Directed Payment Program update. The report detailed the Managed Medicaid Organizations and DHHS vs. the KCHS Records & Eide Bailly Audit numbers.

Action Taken: A motion was made by Sam Stadler 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

3. Quality Assurance Report

Kendra Brown, CNO provided the Quality Assurance Report for October for Danielle 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.
- **Dietary**
Project is to implement IDDS diets (International Dysphagia Diet Standardization Initiative) for Acute diet orders. Goal is to have 100% staff trained.
- **Outpatient Services**

Project #1 Working with HIM to make sure patient diagnoses are added to their visit upon completion/receipt of the providers dictation. Project #2 New project started to make sure that Pain Clinic patients have a documented (Part A) pain assessment using a standardized tool during every clinic encounter verified through monthly audits, goal is 95% of patients. (Part B) of this project is to ensure that 90% of high-risk pain patients will receive a naloxone co-prescription, verified through EMR reporting chart audits. Part C Working on measurement and tracking goals.

- Treatment Room

Project #1 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. Project #2 is Implementing a standardized scheduling workflow, standardized authorizations forms, and pharmacy notification through monthly audits. Looking at the average time from provider order entry/time order is received from an outside provider to scheduled infusion/injection appointment will decrease from 3 business days or less.

- Human Resources

Project #1 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. Project #2 is time punch study and monitoring overtime. Project #3 Goal is to have job descriptions listed for all employees in 6-12 months.

- HIM

Project is to look into DNFB (Discharged not final billed) days are correct. Goal is to have 7 or less.

- 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.

- Emergency Department

Project #1 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. Project #2 Provider notification times. Long term Goal to have 100%, short term goal of 80% for 3 consecutive months of ER patients will have provider notification and arrival times documented. Project #3 Provider notification on Trauma patients (long term Goal 100% short term goal >80% for 3 consecutive months). Project #4 Working on trauma activations and hard wiring documentation needed for trauma activations. Adding new roles into the process.

Project #5 Project to track door to antibiotic times with patients who have been given the diagnosis of Sepsis. Time interval study divided in quarters.

- Emergency Preparedness
Mass Casualty Event planned and carried out in Nov hospital and community wide. This went well and there was a lot of participation.
- Senior Life Solutions
Making sure audits done what appropriate information, more information to come. Corporate audit completed in March. Scored 99.5% at that time.

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 October 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 October response rate is 28.16% of patients responding. Overall, KCHS has earned an overall 4.8 stars out of 5, with 4,000 total ratings. KCHS has a Google rating of 4.8 out of 5 with 328 total reviews.

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

Hires

Position	Department	Status
LPN	Clinic	Full Time

Separations

Position	Department	Status
LPN	Acute	PRN
Patient Care Tech	Acute	PRN
Patient Care Tech	Acute	PRN

Recruiting

Position	Department	Status
RN (Day Shift)	Acute	Full Time or Part Time
Patient Care Tech	Acute	PRN
Maintenance Technician	Maintenance	Full Time

Turnover Rates

October 2025	FYTD	Prior FYTD
3.0%	16.0%	18.0%

Employment Numbers

October 2025	Total	Full-Time	Part-Time/PRN	FTEs
	133	100	29	112.57

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

5. CEO Report

a. Outpatient Services

Primary Care - With some upcoming maternity leave planned for the coming months, we will have Sara Slingsby, APRN assisting with clinic on a Part-Time, temporary basis. Sara currently resides in Kearney, and in the last year, rotated through the Minden Medical Clinic.

Alongside this, since the conversion to Cerner, we have been operating under 45-minute primary care appointments. With Cerner, and downstream processes now in a better place, effective immediately we will be transitioning to 30- minute appointments. This will improve accessibility for same-day appointments, and allow for more capacity within a clinic day.

Orthopedics -A call was held with inReach last week, including Kendra Brown and Kelli Carey. The inReach team plans to schedule a December interview with Dr. Sean Griggs, MD. Dr. Griggs is board-certified in orthopedic surgery and hand surgery. Dr. Griggs completed his medical degree from the University of Louisville, his orthopedic residency at Brown University in Rhode Island, and completed a hand and micro fellowship at the University of Houston in Texas, along with an additional Shoulder and Elbow fellowship at the University of Pennsylvania.

b. Policies for Board Approval

Radiology Report Policy - Radiology *(Revised)*
 Radiology Orders & Procedure - Radiology *(Revised)*
 Contrast Reaction Policy - Radiology *(Revised)*
 Radiology Report Policy Form - Radiology *(Revised)*
 Maintenance and Cleaning of Ultrasound Products & Transducers -Acute/Radiology *(Revised)*
 Cardiac Rehab Maintenance Program - Cardiac Rehab *(New)*
 Hyperglycemia & Hypoglycemia - Cardiac Rehab *(Revised)*
 Code of Conduct and Confidentiality/Ethical Business Practices-Administration/Human Resources *(Revised)*
 EKG (ECG) Procedure (Adult & Pediatric) -Acute/Lab *(Revised)*
 Personnel Files - Human Resources *(Revised)*
 Radiology New Employee Orientation - Radiology *(Revised)*
 Separation of Employment- Human Resources *(Revised)*
 Works Schedules/Low Census - Human Resources *(Revised)*
 Media Relations - Human Resources *(Revised)*
 Admin Contrast Media - Radiology *{Revised}*
 Lead Apron Policy- Radiology *(Revised)*
 Mary Lanning Student Policy- Radiology *{Revised}*
 Specialty Clinic Late/No Show Policy -Acute/Outpatient *(Revised)*
 Specialty Clinic Late/No Show Letter -Acute/Outpatient *(Revised)*
 Surgical Patient Selection Criteria -Acute/Outpatient *(Revised)*
 Surgical Patient Selection Criteria Form -Acute/Outpatient *(Revised)*

Action Taken: A motion was made by Stephen Olson to approve the Policies as presente. The motion was seconded.

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

6. Medical Staff Report

Dr. Andy Craig gave the Medical Staff report. He introduced Ryleigh Garey, a medical student who will be working with him. He praised the medical staff, noting that they're like a family who really cares about caring for people. The team is preparing for illness season coming up.

VII. Executive Session

Action Taken: At 12:49 PM, a motion was made by Andy Grollmes to enter into executive session for Credentials 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
MOHAMMED QURAISHI, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	1/28/2016	12/1/2025
JEFFREY HEBERT, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	1/29/2025	12/1/2025
ANDREW CICCARELLI, MD	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	8/29/2023	12/1/2025
COREY ALLARD, DO	PATHOLOGY	PATHOLOGY MEDICAL SERVICES	CONSULTING	8/31/2022	12/1/2025
TODD PANKRATZ, MD	OBGYN	OBSTETRICS & GYNECOLOGISTS	CONSULTING	8/27/2002	12/1/2025
TRAVIS PETREE, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	1/29/2025	12/1/2025
SHANNON ST CLAIR, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	1/26/2022	1/1/2026
BRAD GREISEN, APRN	ANESTHESIA	KEARNEY ANESTHESIA ASSOCIATES	AFFILIATE	9/30/2015	1/1/2026
PAUL RODRIGUEZ, MD	RADIOLOGY	HASTINGS RADIOLOGY	CONSULTING	10/29/2025	1/1/2026
GREGORY GORDON, MD	RADIOLOGY	PLAINS RADIOLOGY	CONSULTING	10/30/2024	1/1/2026
SARA SLINGSBY, APRN	FAMILY MEDICINE	KEARNEY COUNTY HEALTH SERVICES	AFFILIATE	11/26/2025	

APPLICANT	SPECIALITY	FACILITY			PRIVILEGES TERMED	REASON
SEAN FEINBERG, MD	RADIOLOGY	REAL RADIOLOGY			11/10/2025	NO LONGER WITH REAL RADIOLOGY
ANDREA KOHMETSCHER, APRN	PAIN MANAGEMENT	GRAND ISLAND PAIN MANAGEMENT CLINIC			11/10/2025	NO LONGER JOINING GRAND ISLAND PAIN MANAGEMENT CLINIC

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

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

End of Executive Session: At 1:44PM, 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, December 31, 2025 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:45 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary