



**Board of Trustees Minutes
Wednesday, February 4, 2026**

The January 2026 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, February 4, 2026. 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

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO
Rebecca Cooke, COO
Kendra Brown, Chief Nursing Officer
Mark Klabunde, Director of Pharmacy
Janell Shelton, Director of Primary Care
Anita Wragge, Marketing/Outreach Coordinator
Dr. Douglas Althouse, MD
Lisa McNair

County Board of Commissioners

Brent Stewart, County Liaison

II. Public Comments/Communication

Luke Poore, CEO, mentioned thank you notes from the Minden Opera House and Kearney County Historical Society for give Big Minden, from Kearney/Buffalo Co CASA for a donation, thank you notes from staff for memorials and a thank you from staff for year end bonuses.

III. Approval of Minutes

Action Taken: A motion was made by Andy Grollmes to approve the January 7, 2026 Regular meeting minutes. The motion was seconded.

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

Action Taken: A motion was made by Stephen Olson to approve the January 22, 2026 Special 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 complete. Procedures have been scheduled for February.

2. Rhino -Sterilizer & Sink

Materials have been ordered, but not received. We are looking at a February 18th arrival.

3. Ziemba – Surgery Suite Roof

There is no definitive date for this project. We are waiting to be placed on Ziemba’s schedule. There is a chance this could be completed in February if the weather cooperates.

4. Endoscope Cart/Storage-Raspberry Med

This has been ordered. We are still waiting on arrival.

5. Hamilton Bi-Pap Unit

This has been ordered, but not received.

6. HFG Architecture – Master Planning

A proposal and contract have been provided. The group will discuss specifics and legal in executive session.

V. New Business

1. Election of Officers

Action Taken: After brief discussion, a motion was made by Jeff Hanson to leave officers as is; President AJ Dahlgren and Secretary Stephen Olson. The motion was seconded.

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

2. Reverse Osmosis – Proposal

Luke Poore, CEO brought forward a proposal for a Culligan M1-1F Reverse Osmosis System-2000 GPD. Dry weather, along with more procedures and sterile processing have contributed to our water needs increasing. The proposed option will fill tanks quicker and reduce the risk of running out.

Action Taken: After brief discussion, a motion was made by Sam Stadler to approve the purchase as proposed. The motion was seconded.

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

VI. Reports

1. **Kearney County Medical Fund**

The Medical Fund will not be meeting in February. The group will pick back up in March and start discussions on the Annual Golf Tournament.

2. **Financial/Statistical Reports and Update**

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

Balance Sheet	December 2025	November 2025
Cash and Cash Equivalents	7,399,581	7,122,752
Total Current Assets	21,879,003	21,331,900
Net Capital Assets	11,591,027	11,730,819
Total Assets	36,001,996	35,594,684
Total Current Liabilities	2,518,790	2,369,625
Total Liabilities	3,778,481	3,835,072
Net Assets	29,704,725	29,389,988
Net Assets and Liabilities	36,001,996	35,594,684

Statement of Profit & Loss	December 2025	Budget	YTD
Net Operating Revenue	2,142,032	1,715,063	11,018,305
Total Operating Expenses	1,910,599	1,685,439	10,873,477
Income (Loss) from Operations	231,433	29,623	144,828
Non-Operating Revenue	83,304	89,025	525,558
Net Earnings (Loss)	314,737	118,648	670,386

Profitability Indicators	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025
Days of Cash on Hand	367	319	371	370	360	394	331	350
Days in Patient AR (Gross)	60	60	54	59	48	47	54	47
Costs Per Day								
Clinic	6,516	8,684	7,373	8,793	6,963	7,329	6,733	7,876
Hospital	42,339	48,735	42,908	42,371	48,530	43,780	52,120	48,550

Statistical Summary	Statistic
Acute Days	35 Most since March 2025
Lab Tests	2895 Most since May 2025
CT Scans	135 2 nd most this fiscal year
Mammograms	53 Most since November 2023
ER Visits	105 2 nd most this fiscal year
Specialty Clinic Visits	192 On Track for 2,342 (1,944 in 2025)
Clinic Visits	881 Most since Aug'22 – on pace 8,814 (9,099 in 2025)

Accounts Payable Register (Gross)	December 2025
2 Payrolls & 2 Check Runs	1,527,199.42

Bad Debt Analysis				
December 2025	November 2025	October 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
35,401.51	52,899.77	66,864.88	50,000	47,000

b. **Health Insurance Update**

Gavin Blum, CFO also provided the group with an update on Health Insurance. He provided the group with a Reinsurance Audit Report for claims incurred from 7/1/25-6/30/26 and claims paid from 7/1/25-12/31-26. He also provided the group with several statistics on health insurance information from July-December 2025. Through six months of the fiscal year, there is a funding excess of \$141.69.

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

3. Quality Assurance Report

Kendra Brown, CNO reported for Danielle Morgan, RN on the Quality Assurance report for December and January. The following departments reported in the most recent meeting:

- Radiology
Over the next 6 months (optional 12 months) our 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. We want to identify what factors influence the success rate of the scan to ensure we continue to provide quality scans for an optimal radiologist read for the best patient care. We want to also ensure that acute continues to utilize a 20G as much as possible.

New project was started—KCHS switched PACS image storage systems from Novarad PCS to Offsite IQ Web cloud based PACS. There was a total of 47,000 images that were imported. Of those, 3500 failed to successfully migrate-which is 7.45% lost. The Rad department went through all 3500 files to confirm which images were missing from each exam. Once found these images were manually retrieved to be send. It was also discovered that not all mam images were successfully imported. They again manually retrieved and imported. On completion there were 1.025 failed studies what were not able to be successfully retrieved due to image corruption. Total 2.18% loss. 108 of those were either mammo or US breast studies. These failed images have been saved and stored on the S-Drive.

Project—Implementing ALARA CT radiation monitoring project. CT radiation monitoring will be a new CMS measure 2026, voluntary to report 2025. Our piece fully implemented with ALARA. Awaiting Cerner integration. CMS may extend reporting time for facilities to get needed steps in place to report. On-going.

Project-- 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.

- Central Sterilization
Projects include working on new CS space, implementing new Endo scope cabinet, implementing a system for scopes to be trackable to their last processing, instrument trays being trackable to sterilizer load/case/patient, instrument lists and sterile processing competency assessment. Also helping with a fairly large QI project to help decrease OR traffic and mechanical equipment inventory.

- **Business Office**
 Project to track ER admissions to make sure that insurance, identification, and all other important information is being collected. New ward clerk position was filled and training completed.
- **Acute**
 New project was started. To ensure all nursing staff is documenting appropriately, this includes PTC, staff has begun to audit chart documentation of their peers. Staff given an audit tool to complete. Another project 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. Patients complete this form and it is entered in their EHR and scored. Positive screenings may indicate need for additional resource or help. Collaborated with Amanda to help capture forms on acute visit and getting those entered. We will still continue to gather the information from patients. This is an on-going project. This is a submitted quality measure.
- **Somnitech**
 Accreditation coming up soon. Currently gathering data/information to submit for this. 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. Evaluated sleep study turnaround times between phases from beginning to end.
- **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. New project—Implementing new bar-code scanning for medications. Goal will be to get the scanners in place and get 100% of staff educated on new process. Project 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.
- **Infection Control**
 Handwashing compliance and monitoring continues. Goal is to have 90% hand hygiene compliance. Also talked about respiratory etiquette and importance of mask wearing for the safety and health of patients, visitors and co-workers.
- **PT/OT/ST**
 New project. Over the next 6 months, we will work to ensure physical therapy, occupational therapy, and speech therapy evaluations are being completed within 24-48 hours of the order for therapy, to ensure timeliness of onset of the plan of care.

Kendra Brown, CNO also updated the group on the status of CMS measures. There will also be an independent survey through the State of Nebraska. She also reported that Quality worked with Medical Staff to make sure provider dictation reporting when patients are transferred to other facilities will be improved. Dictation was happening, Medical Staff will make sure that faxes are documented correctly.

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
Motion Carried.

4. Ancillary Services Report

Rebecca Cooke (COO) reported on the Operations Report for December 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.

For 2025 overall, KCHS has earned an overall 4.84 stars out of 5, with 4,411 total ratings.

The top page views on our website were for Home, Minden Medical Clinic, Primary Providers, Careers, Patient Portal, Contact Us, Acute ER RN Job Posting

Hires

Position	Department	Status
None		

Separations

Position	Department	Status
None		

Recruiting

Position	Department	Status
RN (Day Shift)	Acute	Full Time or Part Time

Turnover Rates

December 2025	FYTD	Prior FYTD
0.7%	17.5%	23.2%

Employment Numbers

December 2025	Total	Full-Time	Part-Time/PRN	FTEs
	135	99	31	110.67

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

5. CEO Report

a. Outpatient Services

Orthopedics -The in Reach team met onsite with Dr. Sean Griggs, MD on January 9th to meet with staff and tour the facility. Following discussion with Medical Staff during their monthly meeting, we will proceed with Dr. Griggs to compliment Dr. Schopp in Minden. Dr. Griggs has already applied and received his Nebraska license, and credentialing has started. Looking like a March-April 2026 start. When Dr. Griggs begins, we will be moving all Orthopedics down the south hallway of the former nursing home, which will open up availability in the existing specialty clinic space to add more specialty availability.

Pain Management - Dr. Paul Meyer, MD out of Cambridge came and visited with staff. Dr. Meyer brought a Nurse Practitioner with him that would be filling in for follow-up clinics around his scheduled days. After discussion, we will be holding off at this time.

Neurosurgery- Speaking with Dr. Birthi, he is going to discuss with Dr. Joshua Anderson (Neurosurgeon) out of Grand Island, about what an outreach in Minden would look like. Dr. Birthi stated he sends quite a bit to Dr. Anderson procedurally, and that it would be a good opportunity to look into to bring patient care access.

Dermatology-There is a physician dermatologist out of Kansas that has begun looking into outreach in Nebraska Critical Access Hospitals. I have reached out, and hope to hear soon on possibly looking into Dermatology at Kearney County Health Services.

Luke Poore, CEO also provided the group with an update on our partnership with Minden EMS services.

b. Policies for Board Approval

Platelet Poor Plasma – Laboratory *(Revised)*

Uncrossmatched Blood – Laboratory *(Revised)*

Lab Test Offered In-House at KCHS – Laboratory *(New)*

Procalcitonin – Laboratory *(New)*

Prior-Authorization & Consent for Surgery, Diagnostic or Therapeutic Procedure – Clinic *(New)*

Action Taken: A motion was made by Sam Stadler to approve the Policies as presented. The motion was seconded.

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

6. Medical Staff Report

Doug Althouse, MDE gave the Medical Staff report. He let the group know that the change to shorter appointment times has gone well. It is helping with more same-day appointments and getting patients in easier. He also complimented the upcoming EMS partnership and mentioned that KCHS nurses are being trained to ride along when needed.

Dr. Althouse also expressed our growth in Outpatient and Specialty services has been great. He mentioned concerns about space and infrastructure to be able to keep growing. He let the group know that a lot of good things are happening and growing in the Outpatient/Specialty areas is the future.

VII. Executive Session

Action Taken: At 12:46PM, a motion was made by Jeff Hanson to enter into executive session for Legal and Credentials. 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
CODY CARLSON, CRNA	ANESTHESIA	KEARNEY ANESTHESIA ASSOCIATES	AFFILIATE	1/28/2026	
TERRY DUNLOP, LIMHP	MENTAL HEALTH	SLS -KEARNEY COUNTY HEALTH SERVICES	AFFILIATE	11/1/2023	1/28/2026
NEIL FUEHRER, MD	PATHOLOGY	PATHOLOGY MEDICAL SERVICES	CONSULTING	2/23/2022	2/1/2026
DOUGLAS NETZ, MD	CARDIOLOGY	PIONEER HEART INSTITUTE	CONSULTING	8/28/2001	2/1/2026
JACOB FLEECES, MD	RADIOLOGY	GRAND ISLAND RADIOLOGY ASSOCIATES	CONSULTING	6/26/2024	3/1/2026
MATTHEW BOURNE, DO	RADIOLOGY	GRAND ISLAND RADIOLOGY ASSOCIATES	CONSULTING	10/30/2024	3/1/2026
DAVID HADFORD, MD	RADIOLOGY	GRAND ISLAND RADIOLOGY ASSOCIATES	CONSULTING	3/29/2017	4/1/2026

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 1:13 PM, a motion was made by Stephen Olson to end Executive Session.

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

VIII. Other Comments/Communications

After discussion, the group decided a special meeting to discuss the HFG Architecture Contract will be held on Wednesday, February 18th at Noon in the Functional Health Meeting Room.
 After discussion, the group decided the next regular meeting will be held Wednesday, March 4, 2026 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:15 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary