



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

The February 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, March 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 - *Absent*

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. Cade Craig, MD

County Board of Commissioners

Brent Stewart, County Liaison

II. Public Comments/Communication

Luke Poore, CEO, mentioned thank you notes for "Lift Up Thine Eyes", a thank you from the family of Shirley M Nielsen for care, a donation to the Wilcox Library, a donation to Wilcox-Hildreth Public School and a thank you from an employee for flexibility, perks and a memorial for her brother.

III. Approval of Minutes

Action Taken: A motion was made by Andy Grollmes to approve the February 4, 2026 Regular meeting minutes. The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, Dahlgren
Absent and Not Voting: Grollmes
Motion Carried.

Action Taken: With a correction to the order of credential approvals and executive session ending, a motion was made by Stephen Olson to approve the February 18, 2026 Special meeting minutes. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Hanson
Absent and Not Voting: Grollmes
Motion Carried.

IV. Old Business

1. 220V Operating Room - Installation

This project is complete. Our first laser procedure is scheduled for next week.

2. Rhino Group - Sink

This project is complete.

3. Rhino Group-Sterilizer

Our originally ordered sterilizer was accidentally shipped to Australia by the manufacturer. A replacement is being manufactured and is expected to arrive in approximately 4 weeks.

4. Ziemba – Surgery Suite Roof

This project is complete.

5. Endoscope Cart/Storage-Raspberry Med

This has been ordered. Shipping information has been updated. We expect for this to be on-site by March 23rd.

6. Hamilton Bi-Pap Unit

This has been ordered and is expected to arrive this Friday, March 6th.

7. HFG Architecture – Master Planning

We continue to work through legal, USDA and feasibility studies. Legal will be touched on in executive session.

V. New Business

None

VI. Reports

1. Kearney County Medical Fund

The next meeting of the Medical Fund will be on Wednesday, March 11th. The group will be discussing plans for the annual golf tournament which will be held at the Minden Country Club this year.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	January 2026	December 2025
Cash and Cash Equivalents	7,566,640	7,399,581
Total Current Assets	22,182,233	21,879,003
Net Capital Assets	11,500,538	11,591,027
Total Assets	36,214,735	36,001,996
Total Current Liabilities	2,559,586	2,518,790
Total Liabilities	3,734,778	3,778,481
Net Assets	29,920,372	29,704,725
Net Assets and Liabilities	36,214,735	36,001,996

Statement of Profit & Loss	January 2026	Budget	YTD
Net Operating Revenue	1,858,926	1,715,063	12,877,231
Total Operating Expenses	1,712,107	1,685,439	12,585,584
Income (Loss) from Operations	146,819	29,623	291,647
Non-Operating Revenue	68,828	89,025	594,386
Net Earnings (Loss)	215,648	118,648	886,033

Profitability Indicators	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026
Days of Cash on Hand	319	371	370	360	394	331	350	397
Days in Patient AR (Gross)	60	54	59	48	47	54	47	47
Costs Per Day								
Clinic	8,684	7,373	8,793	6,963	7,329	6,733	7,876	6,132
Hospital	48,735	42,908	42,371	48,530	43,780	52,120	48,550	44,047

Statistical Summary	Statistic
SB Admissions	18 Most ever
SB Days	132 2 nd most ever
Ultrasounds	30 2 nd most ever
Vascular	17 7 th most ever
Cardiac Rehab	41 Most since May 2025
IP/SB/OV PT	403 Most since bringing service in-house in 2021
ER Visits	98 On track for 1,176 (1,227 in 2025)
Specialty Clinic Visits	185 On track for 2,325 (1,944 in 2025)
Clinic Visits	724 On track for 8,796 (9,099 in 2025)

Accounts Payable Register (Gross)	January 2026
2 Payrolls & 2 Check Runs	1,630,176.47

Bad Debt Analysis				
January 2026	December 2025	November 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
110,715.13	35,401.51	52,899.77	59,000	47,000

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

Voting Aye: Olson, Stadler, Dahlgren, Hanson

Absent and Not Voting: Grollmes

Motion Carried

3. Quality Assurance Report

Kendra Brown, CNO reported for Danielle Morgan, RN on the Quality Assurance report for February. The following departments reported:

- **Social Services/Utilization Review**
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 #1 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. Plan is to continue to measure thickness of fluids and textures to ensure proper servings to acute patients. Project #2 is to ensure that all swingbed patients receive a dietary assessment and consult when Dietary Supervisor is gone.
- **Outpatient Services**
Project #1 Working with HIM to make sure patient diagnoses are added to their visit upon completion/receipt of the providers dictation. 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. Insurance prior auth and frequent denials of pain procedures.
- **Treatment Room**
Project #1 No update, project on-going. 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 standardize 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 a time punch study and monitoring overtime. Project #3 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 COMPLETED, will keep on-going to monitor. 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. Currently all trauma charts will be audited monthly for compliance, staff will receive quarterly reminders on documentation standards, staff identified as routinely not documenting GCS will be monitored and have one on one education to help identify barriers to achieving documentation. Project #2 Project #1 COMPLETED, will keep on-going to monitor. 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. Currently all trauma charts will be audited monthly for compliance, staff will receive quarterly reminders on documentation standards, staff identified as routinely not documenting GCS will be monitored and have one on one education to help identify barriers to achieving documentation. Last 3 months have been >90%. If goal made to Dec this project will go to being on-going, monitoring.

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. All ER charts will be audited monthly for 3 months and then frequently will be re-evaluated, staff will receive bi-monthly updated on compliance numbers, and one on one coaching and messaging to be given if needed

Project #3 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.

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

Project #6 Started working on our trauma re-designation

- Emergency Preparedness
Working on table-top drill. Mock drills/code started throughout facility. Code Blue drill completed in Cardiac Rehab. This went well, there were some good communication and logistic points discussed.
- Senior Life Solutions
Making sure audits done what appropriate information, more information to come. Corporate audit completed. Scored 99.29% at that time. Survey completed. Plan is to continue to audit charts monthly.

Kendra Brown, CNO also provided the group with the MBQIP Measures Hospital Report, a quality dashboard that included Emergency Department Transfer Sources, EDTC Composite trend at KCHS, the Median Time from ED Arrival to ED Departure for Discharged ED Patients, CAH Quality Infrastructure Performance at Kearney County Health Services, Healthcare Provider Influenza Vaccination, Antibiotic Stewardship Performance at Kearney County Health Services and Hybrid Hospital-Wide Readmission Performance.

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

The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, Dahlgren

Absent and Not Voting: Grollmes

Motion Carried.

4. Ancillary Services Report

Rebecca Cooke (COO) reported on the Operations Report for January 2026. The Senior Life Solutions Department currently has 11 patients enrolled.

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

Our Rater 8 Response rate for January was 29.27% of patients responding. Overall, KCHS has earned a 4.8 out of 5 stars. KCHS has a 4.8 Google Rating with 363 total reviews.

The top page views on our website were for Home, Careers, Primary Healthcare Providers, Minden Medical Clinic, Contact Us, Senior Leadership, Simple Self Care Activities Blog Post and Cardiac Rehab.

Hires

Position	Department	Status
Maintenance Technician	Maintenance	Full Time
RN	Surgical Services	PRN
LPN-RN (Day Shift)	Acute/ER	Full Time

Separations

Position	Department	Status
N/A	N/A	N/A

Recruiting

Position	Department	Status
RN (Day & Night Shift)	Acute/ER	Full Time or Part Time
Cardiac Monitor Tech/Clinical Support	Acute/ER	Full Time
Nursing Externship	Acute/ER	Temporary Part Time
Housekeeper	Environmental Services	Part Time

Turnover Rates

January 2026	FYTD	Prior FYTD
0.0%	0%	0%

Employment Numbers

January 2026	Total	Full-Time	Part-Time/PRN	FTEs
	135	99	31	113.72

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

5. CEO Report

a. Outpatient Services

Orthopedics - Dr. Sean Griggs, MD is scheduled to start in Minden on Tuesday, April 7th. We will begin discussing internally logistical changes for patient parking, check-in, etc., as all of Orthopedics clinics will begin down south hallway of former Long-Term Care building.

As we move into this, we will need to continue to evaluate APP support (APRN or PA-C) in specialty clinic, as we will need to keep an eye on a permanent plan for this as we continue to grow, and the need becomes more full-time.

Neurosurgery - Dr. Lynn Mubita, MD is reviewing availability with CommonSpirit Health leadership to carve out time for a Minden outreach. Hopeful to meet with Dr. Mubita and our team in March.

Dermatology - Discussion has continued with Advanced Dermatology and Skin Cancer Center out of Manhattan, Kansas on a clinic outreach in Minden. They are currently serving Cambridge, Alma, and Kearney. Discussions have revolved around the Electronic Health Record utilized, Biopsies, Travel Compensation, Staff Support, and Patient Flow at this time. A good projection of a clinic start I would assume is May-June 2026.

Outpatient Rehabilitation Update - Have started discussions internally on both Occupational and Speech Therapy hiring. Should have more to report on this for our board meeting at the end of March.

b. Policies for Board Approval

Emergency Department Register - Emergency Room (*Revised*)
Mammography Infection Control - Radiology (*Revised*)
Preparation for Dental Procedures - Surgery (*Revised*)
Stroke Standards of Care - Acute/ER/Medical Staff (*Revised*)
Identification of Correct Surgical Site - Surgery (*Revised*)
Hospital Discharge Planning & Utilization Review - Acute/ER (*Revised*)
Hospital Utilization Management Plan -Acute/ER (*Revised*)
Specialists/Specialty Clinic Referral - Clinic (*Revised*)
Spouse Program - Cardiac Rehab (*New*)
Laser Safety in the OR - Surgery (*New*)
Butterfly Ultrasound Probe - Radiology (*Revised*)
Emergency Treatment of Persons on KCHS Property- Emergency Preparedness/ER (*New*)
Drug & Biologicals (RHC) - Clinic (*Revised*)
Patient Care Management - Clinic (*New*)
Patient Grievance Policy & Procedure - Clinic (*New*)
Licensure/Credentialing Log- Clinic (*New*)
Jury Duty/Witness Duty/Civic Duty- Human Resources (*Revised*)
Employment Classifications - Human Resources (*Revised*)
Scheduling of Surgery- Surgery (*Revised*)
Discharge Criteria for Ambulatory Surgical Patients -Surgery (*Revised*)
Airborne Precautions in the Operating Room - Surgery (*Revised*)
Cardiopulmonary Rehabilitation Description & Goals - Cardiac Rehab (*Revised*)
Set PAD Admission Order Form - Cardiac Rehab (*New*)
Individual Treatment Plan - Cardiac Rehab (*Revised*)
Risk Stratification - Cardiac Rehab (*Revised*)
Cardiac Rehabilitation Participant Entry - Cardiac Rehab (*Revised*)
Beta-Hydroxybutyrate {EKF Diagnostics STAT-Site WB) - Laboratory (*New*)
COVID-19 2.0 ID NOW - Clinic/Laboratory (*New*)
RSV ID NOW- Clinic/Laboratory (*New*)
Influenza A & B 2 ID NOW - Clinic/Laboratory (*New*)
STREP A 2 ID NOW - Clinic/Laboratory (*New*)
Lead Apron Policy - Radiology (*Revised*)

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

Voting Aye: Stadler, Dahlgren, Hanson, Olson
Absent and Not Voting: Grollmes
Motion Carried.

6. Medical Staff Report

Cade Craig, MD gave the Medical Staff Report. Dr. Craig expressed his gratitude for the number of services we've added over the past 5 years. He also expressed gratitude for the Procalcitonin Machine as it has been incredibly helpful for sick patients to receive timely treatment. He also mentioned that adjusting the length of clinic visits has been a positive change. They've been able to provide appointments to more patients while still giving them the same amount of time and care. He mentioned that Med Staff is aligned in this thinking and appreciate the guidance and changes.

VII. Executive Session

Action Taken: At 12:38 PM, a motion was made by Jeff Hanson to enter into executive session for Legal, Charity Care and Personnel. The motion was seconded.

Voting Aye: Stadler, Dahlgren, Hanson, Olson
Absent and Not Voting: Grollmes
Motion Carried.

Other staff left the meeting except Luke Poore, Gavin Blum and Rebecca Cooke.

Action Taken: At 1:56 PM, a motion was made by Sam Stadler to end Executive Session

Voting Aye: Stadler, Dahlgren, Hanson, Olson
Absent and Not Voting: Grollmes
Motion Carried.

Action Taken: A motion was made by Stephen Olson to approve Charity Care.

Voting Aye: Stadler, Dahlgren, Hanson, Olson
Absent and Not Voting: Grollmes
Motion Carried.

VIII. Other Comments/Communications

The next regular meeting will be held Wednesday, March 25th, 2026 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:57 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary