



**Board of Trustees Minutes  
Wednesday, March 25, 2026**

The March 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 25, 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](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

**Other**

Matt Conard, HFG Architecture  
Rick Wilson (via phone), HFG Architecture

**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  
Danielle Morgan, Director of QA/IC  
Sarah Halkyard, Director of Radiology  
Anita Wragge, Marketing/Outreach Coordinator  
Brielle Grams, Human Resources Manager  
Kailey Leisinger, Cardiac Rehab RN  
Shelby Shannon, Cardiac Rehab RN  
Diane Jackson, APRN

**II. Public Comments/Communication**

Luke Poore, CEO, mentioned thank you notes from Janell Shelton for memorials and time away during the passing of her dad, a thank you from Hildreth Public Library for a donation, a thank you from the Family of Barbara K. Lynn for a memorial and a thank you from the Minden Senior Center for a donation. Gavin Blum also explained some of the organization donations to the group. Staff members are allowed to pay to wear jeans on Fridays. That money is collected and donated to local organizations that staff votes on.

**III. Approval of Minutes**

**Action Taken:** A motion was made by Stephen Olson to approve the March 4, 2026 Regular meeting minutes. The motion was seconded.

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

Motion Carried.

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

1. Rhino Group - Sterilizer

Our originally ordered sterilizer was accidentally shipped overseas by the manufacturer. We are expecting a rectifying shipment during the first week in April.

2. Endoscope Cart/Storage - Raspberry Med

This is on-site and complete.

3. Hamilton Bi-Pap Unit

This is on-site.

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

1. HFG Architecture Agreement Proposal/Approval

Matt Conard and Rick Wilson from HFG Architecture presented a proposed preliminary draft schedule to outline the process for Phase I and Phase II.

They outlined a proposed schedule for Phase I, which is preparing submittal for USDA funding. Phase I includes a Project Kickoff (orientation & planning summary, visioning & scope discussion, special project requirements, selected department meetings, site selection discussion, environmental site analysis, site survey), Concept (initial site & building concept, program finalization, major medical equipment inventory), Design Charrette (inspiration images, interior and exterior relationships/appearance), Design Concept Review (application of inspiration images to design), PAR/50% Schematic Design Review (Submit PAR to USDA).

Then, a USDA Preview/Funding period would be entered. This includes USDA Process, Geotechnical Survey/ Report and CM Procurement.

Phase II starts after USDA Approval. This phase includes Continuation to 100% Construction Documents, Procurement of Sub-Contracts by CM, USDA Plan Review, State & Local Regulatory Submittals, Construction and Occupancy.

The agreement discussion including legal will be continued in executive session.

2. Sleep System Proposal

Kendra Brown, CNO, brought forward a proposal for Sleep Study sleep system for in-home sleep studies. In-house sleep studies have declined over the past several years due to changes in insurance. We've been sending 10-15 sleep studies per month to an outside source. Keeping those patients in-house benefits the patients and KCHS. Our Cardiac Rehab Department would teach patients how to use them and check the equipment in and out. Our patients would get personalized CPAP settings.

**Action Taken:** A motion was made by Sam Stadler to approve the purchase of two Sleep Systems as proposed. The motion was seconded.

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

3. Scott Care TeleRehab Monitoring Proposal

Kailey Leisinger, Cardiac Rehab RN and Shelby Shannon, Cardiac Rehab RN brought forward a proposal for a ScottCare TeleRehab Monitoring System. This system would allow us to offer Pulmonary Rehab, a new service at KCHS. The system works with our existing equipment and would allow for continuous monitoring while exercising. We would be able to serve a large local population with this service

**Action Taken:** A motion was made by Stephen Olson to approve the purchase of the ScottCare TeleRehab Monitoring System as proposed. The motion was seconded.

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

**VI. Reports**

1. Kearney County Medical Fund

The next meeting of the Medical Fund will be on Wednesday, April 1<sup>st</sup>. The group will be discussing plans for the annual golf tournament which will be held at the Minden Country Club on Friday, June 12th this year. The group will begin work on advertising and sponsorships.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	February 2026	January 2026
Cash and Cash Equivalents	8,003,471	7,566,640
Total Current Assets	22,683,122	22,182,233
Net Capital Assets	11,433,189	11,500,538
Total Assets	36,648,276	36,214,735
Total Current Liabilities	2,760,676	2,559,586
Total Liabilities	3,678,380	3,734,778
Net Assets	30,209,219	29,920,372
Net Assets and Liabilities	36,648,276	36,214,735

Statement of Profit & Loss	February 2026	Budget	YTD
Net Operating Revenue	2,011,337	1,715,063	14,888,567
Total Operating Expenses	1,828,885	1,685,439	14,414,468
Income (Loss) from Operations	182,452	29,623	474,099
Non-Operating Revenue	106,395	89,025	700,782
Net Earnings (Loss)	288,847	118,648	1,174,881

Profitability Indicators	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026
Days of Cash on Hand	371	370	360	394	331	350	397	337

Days in Patient AR (Gross)	54	59	48	47	54	47	47	52
Costs Per Day								
Clinic	7,373	8,793	6,963	7,329	6,733	7,876	6,132	6,639
Hospital	42,908	42,371	48,530	43,780	52,120	48,550	44,047	53,808

Statistical Summary		Statistic
SB Days	122	5th most ever
Observation Admits	6	Tied for most this fiscal year
MRIs	11	Most this fiscal year
Cardiac Rehab	41	2nd most since May 2025
Outpatient Procedures	58	Most ever
ER Visits	83	On track for 1,154 (1,227 in 2025)
Specialty Clinic Visits	248	Most ever - On track for 2,406 (1,944 in 2025)
Clinic Visits	806	On track for 8,906 (9,099 in 2025)

Accounts Payable Register (Gross)	February 2026
2 Payrolls & 2 Check Runs	1,616,909.65

b. Bad Debt Analysis

Bad Debt Analysis				
February 2026	January 2026	December 2025	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
28,173.58	110,715.13	35,401.51	55,000	47,000

**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

c. Rural Health Transformation Fund Update

Gavin Blum also provided the group with an update on the Rural Health Transformation Fund. KCHS continues to work through deadlines and qualifications for funds allocated to states. Currently, we could be eligible for Chronic Care dollars, which are dollars related to direct patient care. The application is due this Friday and he continues work on it.

3. Quality Assurance Report

Danielle Morgan, RN reported on the Quality Assurance report for March. The following departments reported:

- Lab  
New lab equipment implementation and process completed. New Procal and Resp machines are up and running-project complete. New EKG Machine implementation and process. Training provided to lab and acute staff-project complete. New project-noticed uptake in contaminated urines cultures. Aim of project is to decrease contaminated cultures, including blood and urine. Goal to have less than 10% monthly.
- EVS

Project to ensure that all assigned tasks-both daily and weekly-are completed and documented upon completion 100% of the time over the next 6 months. Over the next year, ensure that all assigned monthly tasks on acute are accomplished and documented upon completion 100% of the time. Improve the cleaning of dismissal room and ensure all tasks are completed as assigned 100% of the time over the next 6 months. Goal over the next 3 months to have all staff train to ensure they understand how to properly operate the UVC lights and are using them correctly 100% of the time.

- **Maintenance**  
Current project has been tracking work orders and making sure they are completed in a certain amount of time. New work system implemented several months ago. Since this was completed completion times have been improved. This project nearing end. Monthly electrical inspections continue.
- **Pharmacy**  
Project to track and monitor bar code scanning on acute/OBS/swingbed patients. On-going, continue to monitor monthly scanning reports, automatic reports gets sent. Project 2- monitor override medications being taken out of the Pyxis. Project 3- to document narcotics. Making sure nursing staff is documenting wasted medications within 30 minutes of administration.
- **Anesthesia**  
Project to make sure anesthesia documenting appropriately and timely on all surgical and procedure cases. Plan has been hard to developed as there are several anesthesia providers that are coming to the hospital to provide services. This is looked at every day that surgery is here or doing procedures.
- **Swingbed**  
CAH swingbed report. Current project to get all information entered into Stroudwater. Q4 2025, no readmissions to acute care from discharged patients from swingbed.
- **Material Management**  
Current project was to start the Value Analysis Committee. The goal for the year is to discern whether or not products would meet the standards of the VAC in the areas of Product Comparison, Clinical Outcome, Product Quality, Financial Analysis, Education and Contract Utilization and to decrease the amount of waste we have on expired products. This committee meets quarterly. Several products have been discussed. Cost comparison and usefulness discussed. New items and ideas discussed at each meeting. List of expiring items gone over, these will not be ordered.
- **Informatics**  
New scheduling process implemented to help the clinic improve getting appointments scheduled with the help of tracking reports. They are also working with Cerner on a new reminder call for patients so they can get labs done prior to these appointments.
- **Surgery**  
New project is to ensure that all perioperative time-outs are completed prior to procedures and documented appropriately. New Time out policy will be developed.

New Project: The aim of this study is to ensure that all surgical antibiotics are administered within 60 minutes of surgical incision.

Danielle Morgan also provided the group with the HCAHPS Report for Q2 2025. This report included Communication with Nurses, Communication with Doctors, Communication about Medicines, Discharge Information, Cleanliness of Hospital Environment, Quietness of Hospital Environment, Overall Rating of Hospital and Willingness to Recommend This Hospital.

**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 February 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 28.09% of patients responding. Overall, KCHS has earned a 4.8 out of 5 stars. KCHS has a 4.8 Google Rating with 373 total reviews.

Hires

Position	Department	Status
Cardiac Monitor Tech/Clinical Support	Acute	Full Time

Separations

Position	Department	Status
None		

Recruiting

Position	Department	Status
RN (Day & Night Shift)	Acute/ER	Full Time or Part Time
Nursing Externship	Acute/ER	Temporary Part Time
Housekeeper (OR & Weekender)	Environmental Services	Part Time
Surgical Tech	Surgical Services	Part Time

Turnover Rates

January 2026	FYTD	Prior FYTD
0.0%	0%	0%

Employment Numbers

February 2026	Total	Full-Time	Part-Time/PRN	FTEs
	138	100	33	112.65

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

## 5. CEO Report

### a. Outpatient Services

**Orthopedics** - Dr. Sean Griggs, MD will likely begin his practice closer to May 2026 due to some unforeseen circumstances.

**Neurosurgery** - Working with the CommonSpirit Physician Network Administration on completing the details for Dr. Lynn Mubita, MD, and outreach in Minden. No scheduled date at this time for a potential start.

**Dermatology** - Still working through some dialogue of how this would be setup. Initial proposal from Dermatology practice needed to reflect better balance. Hoping to have an additional conversation this week to follow up. No scheduled date at this time for a potential start.

**Outpatient Rehabilitation Update** - No new update to report, will be following up with Mr. Widdifield next week as we planned to revisit in Late-March.

**Congressman Adrian Smith Visit** - Congressman Smith will be coming to KCHS on Wednesday, April 1st at 11:00 AM. If possible, he would like to meet with a couple board members as well.

### b. Policies for Board Approval

Radiation Safety for Operating Room/Procedure Room Staff- Radiology/Surgery (*New*)

Surgery Suite Communication for Utility Interruptions -Acute/Maintenance (*New*)

SET PAD Program - Cardio-Pulmonary Rehab (*New*)

Suicide Assessment - Senior Life Solutions (*Revised*)

Patient Transportation Policy- Senior Life Solutions (*Revised*)

Follow-Up - Senior Life Solutions (*Revised*)

MRI Contrast Media Policy- Radiology (*Revised*)

Radiology Report Procedure - Radiology (*Revised*)

Specimen Acceptance or Rejection Requirements - Laboratory (*Revised*)

Radiology Disaster Procedure - Radiology (*Revised*)

Radiology Business Continuity Plan - Radiology (*Revised*)

Mammography QA/MQSA- Radiology (*Revised*)

CT Low Dose Procedure - 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, Grollmes, Olson  
Motion Carried.

## 6. Medical Staff Report

Diane Jackson, APRN gave the Medical Staff Report. She reported that the hospital has been very busy. The ER has been very steady. The medical staff is enjoying the Radiology transition to Hastings Radiology. The staff is looking forward to ventilator training tomorrow.

## VII. Executive Session