



KEARNEY COUNTY
HEALTH SERVICES

**Board of Trustees Minutes
Wednesday, April 29, 2026**

The April 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, April 29, 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

County Board of Commissioners

Brent Stewart, County Liaison

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
Jordan Kohtz, APRN

Other

None

II. Public Comments/Communication

None

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the March 25, 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 April 15, 2026 Special Meeting minutes. The motion was seconded.

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

Motion Carried.

IV. Old Business

1. Rhino Group-Sterilizer

This has been received and installed. Project is complete.

2. Scott Care – TeleRehab Monitoring

This is on-site and complete.

3. Sleep System – Home Sleep Studies

Items have been received. We are currently waiting on Cerner for charge codes.

4. HFG Architecture – Phase 1 Update

Luke Poore, CEO provided the group with a Phase 1 and Phase 2 Project Schedule from HFG Architecture. He also let the group know that the Board of Trustees is invited to the kickoff meeting on May 13th. He also gave the group an update on marketing including an FAQ to all employees, a web page has been created and a social media post scheduled. There will be an article in the Minden Courier next week as well. Luke Poore also updated the group on NHA data. We should be getting new information to share with the group around May 4th. Northland Bank reached out for interim financing which is being worked on. We are expecting a proposal from them soon. There is a meeting scheduled with the USDA for the week of May 4th. Phase 1 is anticipated to continue from now through the month of August.

V. New Business

1. Medical Staff By-Laws Revision - Approval

Luke Poore, CEO provided the group with information on changes to the Medical Staff By-Laws. These changes were approved by Medical Staff in the most recent meeting.

Action Taken: A motion was made by Jeff Hanson to approve the changes to the Medical Staff By-Laws. The motion was seconded.

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

Motion Carried.

2. Insurance Renewal (Jones Group Proposal)

Gavin Blum, CFO provided the group with a Premium Summary for renewal of Property, Liability and Workers Compensation insurance. It outlined the expiring premium, the renewal premium and the percentage increase/decrease. No action was taken as this is business.

VI. Reports

1. Kearney County Medical Fund

The Medical Fund group is currently working on the annual golf tournament. Work continues on sponsorships and teams, which will be finalized in the next 30 days. The Auxiliary has agreed to put together lunches for the golfers again this year.

2. Financial/Statistical Reports and Update

a. Statistical/Financial Report/Bad Debt Analysis

Balance Sheet	March 2026	February 2026
Cash and Cash Equivalents	7,814,952	8,003,471
Total Current Assets	22,541,380	22,683,122
Net Capital Assets	11,381,188	11,433,189
Total Assets	36,480,380	36,648,276
Total Current Liabilities	2,536,527	2,760,676
Total Liabilities	3,627,253	3,678,380
Net Assets	30,316,601	30,209,219
Net Assets and Liabilities	36,480,380	36,648,276

Statement of Profit & Loss	March 2026	Budget	YTD
Net Operating Revenue	2,003,678	1,715,063	16,892,245
Total Operating Expenses	1,978,145	1,685,439	16,392,230
Income (Loss) from Operations	25,533	29,623	500,016
Non-Operating Revenue	81,464	89,025	782,246
Net Earnings (Loss)	106,997	118,648	1,282,262

Profitability Indicators	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026
Days of Cash on Hand	370	360	394	331	350	397	337	343
Days in Patient AR (Gross)	59	48	47	54	47	47	52	49
Costs Per Day								
Clinic	8,793	6,963	7,329	6,733	7,876	6,132	6,639	6,663
Hospital	42,371	48,530	43,780	52,120	48,550	44,047	53,808	52,514

Statistical Summary		Statistic
Acute Admits	10	Most since May 2025
Acute Days	30	2nd most in last 12 months
SB Days	158	Most days ever
CT Scans	131	Averaging 117 for the fiscal year
Physical Therapy	1262	Most units ever
ER Visits	89	On track for 1,144 (1,227 in 2025)
Specialty Clinic Visits	239	2nd most ever - On track for 2,457 (1,944 in 2025)
Clinic Visits	730	On track for 8,889 (9,099 in 2025)

Accounts Payable Register (Gross)	March 2026
2 Payrolls & 2 Check Runs	1,949,292.19

b. Bad Debt Analysis

Bad Debt Analysis				
March 2026	February 2026	January 2026	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
44,013.90	28,173.58	110,715.13	54,000	47,000

Action Taken: A motion was made by Andy Grollmes 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. Health Insurance Update

Gavin Blum also provided the group with an update on the 2025/2026 Health Insurance Funding Analysis. It included Administration, Fees, Premiums, Medical Claims, RX Claims and Total Claims Paid through March 2026. It also included information on Total Funding, Funding Difference and the Aggregate Attachment Point through March of 2026.

3. Quality Assurance Report

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

- 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 projected was started—KCHS switched PACS image storage systems from Novarad PCS to Offsite IQ Web cloud based PACS. 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 send.

Implementing ALARA CT radiation monitoring project. CT radiation monitoring will be a new CMS measure 2026, voluntary to report 2025.

Another 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 cancer early.

- Central Sterilization

Working on new CS Space. This project continues. Other projects include implementing the new Endoscope cabinet, instrument trays being trackable to sterilizer load/case/patient, instrument lists complete, sterile processing competency assessment, 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.

- 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. Goal is to complete audit tool on bedded patients so if need for improvement, that can happen sooner than waiting until significantly later.

Project #2 was implemented the PREPARE tool to gather Social Determinants of Health information on acute care patients. CMS reported measure. Social Determinants of Health include housing, food, transportation, utilities, personal safety, social connection, nutrition, physical activity, substance abuse and access to health care. Patients complete this form and it is entered in their EHR and scored.

- SomniTech

Accreditation coming up soon. Currently gathering data/information to submit for this. New projected started. Implementing new home sleep study equipment and program. There has been a decline in in-house sleep studies conducted in 2025. As more sleep studies are being completed in home and this is what insurance companies are preferring, proving this option to patients will hopefully increase overall sleep studies being conducted.

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—Implemented new bar-code scanning for medications. Goal was to get the scanners in place and get 100% of staff educated on new process. These are now up and running.

New project--Improved blood pressure tracking with increased number of patients with a controlled Blood Pressure of < 140/90.

- Infection Control

Handwashing compliance and monitoring continues. Goal to have 90% hand hygiene compliance. Hand washing signage updated throughout facility. Secret shopper. New handout to email out. Department directors to complete for department.

- 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.

- IT

Project is to monitor internet connections. Track up and down time. Using Google as a baseline.

Danielle Morgan also provided the group with the Medicaid Direct Payment Scorecard for Q42025. This included Cauti Rates, SDOH Screening and Post Partum Depression Screening. She also provided the group with the MBQIP Hospital Measure Report which covers Emergency Department, CAH Quality Infrastructure, Patient Safety and Hybrid-Hospital Wide Readmissions. It charted EDTC Transfers, EDTC Performance at Kearney County Health Services, OP-18b Trend, Performances at KCHS, OP-22 Performance at KCHS, CAH Quality Infrastructure Performance at KCHS and Safe Use of Opioids Trends and Performance at KCHS.

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 March 2026. The Senior Life Solutions Department currently has 9 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 March was 28.10% of patients responding. Overall, KCHS has earned a 4.9 out of 5 stars. KCHS has a 4.8 Google Rating with 389 total reviews.

Hires

Position	Department	Status
Admin/HR Intern	Administration	Temp Part-Time
Surgical Technician	Surgical Services	PRN

Separations

Position	Department	Status
None		

Recruiting

Position	Department	Status
RN (Day & Night Shift)	Acute/ER	Full Time or Part Time
Accounts Receivable Specialist	Business Office	Full Time
Housekeeper (OR & Weekender)	Environmental Services	Part Time
Surgical Tech	Surgical Services	Part Time

Turnover Rates

March 2026	FYTD	Prior FYTD
0.0%	0%	1.5%

Employment Numbers

March 2026	Total	Full-Time	Part-Time/PRN	FTEs
	139	101	33	112.39

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 begin his practice in Minden on June 2nd, 2026.

Neurosurgery- Plans in motion to begin Dr. Sri Kanuri, MD, a board-certified Emergency Room physician, that completed an interventional Pain Management Fellowship, in July 2026.

Behavioral Health - Suzie Gregg, APRN with Lanning Behavioral has an outreach clinic in Minden. Following discussion and growth through this outreach with Mary Lanning leadership, we will be provided additional support through an APRN with Lanning Behavioral. No name mentioned quite yet, it will depend on scheduled availability among their providers, and what days we have open.

Dermatology- We will not be pursuing further with Dr. Smith though Advanced Dermatology and Skin Cancer Center, P.A. out of Manhattan, KS.

Outpatient Rehabilitation Update - Notified by Mr. Widdifield that Minden Public Schools will continue to move forward with Family PT and their school-based therapy needs. We will not proceed with planning staff expansion contingent on school-based program.

Congressman Adrian Smith Visit- Congressman Smith visited KCHS on Wednesday, April 1st. Board members AJ Dahlgren and Jeff Hanson were present, as well as senior administration. Communicated at a high-level, ongoing issues for rural health impacted by legislation.

b. Policies for Board Approval

Rural Health Information Map - Clinic (*Revised*)

Brain Natriuretic Peptide (BNP) - Laboratory (*Revised*)

Platelet Poor Plasma - Laboratory (*Revised*)

Type and Screen - Laboratory (*Revised*)

COAG-SYSMEX CA-600-PT/PTT/D-DIMER- Laboratory (*Revised*)

TROPONIN I-TOSOH - Laboratory (*Revised*)

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

Jordan Kohtz, APRN gave the Medical Staff Report. He reported that the past month has been really busy. It's great to see inpatient up. The medical staff is really excited about the prospect of a new

build. They are also enjoying better communication with specialty providers which is helping to get things taken care of for patients.

VII. Executive Session

Action Taken: At 12:51 PM, a motion was made by Stephen Olson to enter into executive session for Credentials, Charity Care, Personnel and Legal. The motion was seconded.

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

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

Action Taken: At 1:46 PM, a motion was made by Sam Stadler to end Executive Session

Voting Aye: Stadler, Dahlgren, Hanson, Olson, Grollmes
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
DOUGLAS WULF, APRN	FAMILY MEDICINE/ED	KEARNEY COUNTY HEALTH SERVICES	ACTIVE APP	8/31/2017	5/1/2026
STANLEY RHETT SMITH, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	4/29/2020	5/1/2026
KAREN PHILLIPS, MD	RADIOLOGY	GRAND ISLAND RADIOLOGY	CONSULTING	8/31/2022	5/1/2026
JONATHAN JAKSHA, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	5/19/2014	5/1/2026
MARCUS KIRKPATRICK, MD	RADIOLOGY	GRAND ISLAND RADIOLOGY	CONSULTING	2/18/2026	6/1/2026
PETER BRITT, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING	4/29/2026	

APPLICANT	SPECIALITY	FACILITY			PRIVILEGES TERMED	REASON
RONG-ZI XU, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING		3/30/2026	NO LONGER WITH REAL RADIOLOGY
JILL KREIMEYER, LIMHP	MENTAL HEALTH	PMC	AFFILIATE		4/6/2026	HAS A NEW POSITION
BENJAMIN WEIGMAN, MD	RADIOLOGY	REAL RADIOLOGY	CONSULTING		4/1/2026	NO LONGER WITH REAL RADIOLOGY
KIMBERLY HERRING, LMHP	MENTAL HEALTH	PMC	AFFILIATE		4/22/2026	NO LONGER WITH PMC

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

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

VIII. Other Comments/Communications

IX. After discussion, the decision was made to have a Special Board Meeting on May 13th at 9:30AM to attend the HFG Architecture Kickoff Meeting.

The next regular meeting will be held Wednesday, May 27th, 2026 at Noon in the Functional Health Meeting Room.

X. Adjournment

The meeting Adjourned at 1:48 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary