KEARNEY COUNTY
HEALTH SERVICES

Board of Trustees Minutes
Wednesday, August 5, 2026

The July 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, August 5, 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, CNO
Danielle Morgan, Director of QC/IC
Janell Shelton, Director of Primary Care
Anita Wragge, Marketing/Outreach Coordinator
Sue Driver, Director of Laboratory
Sarah Halkyard, Director of Radiology
Dr. Douglas Althouse, MD
Lenny Ginder, Director of Maintenance

County Board of Commissioners
Brent Stewart, County Liaison

Other
None

II. Public Comments/Communication

Luke Poore, CEO, shared thank you letters for donations to Mosaic, Silver Lake Mustangs Booster Club, HelpCare Clinic Holiday Home Tour, and 4H Members. He also shared thank you notes from family members for "Lift Up Thine Eyes".

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the June 24, 2026 Regular Meeting minutes. The motion was seconded.

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

Action Taken: A motion was made by Jeff Hanson to approve the July 29th, 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. Sewer Line Replacement - Update

   This project is completed. The amount did not go over the original proposal as our maintenance team helped out quite a bit. There were a couple of issues that needed to be worked through, but the problems seem to be resolved at this point.

2. HFG Architecture – Phase 1 Update

   Luke Poore (CEO) provided an update on Phase 1. We have entered a land purchase agreement pending a successful site survey. Miller & Associates has started work on the site survey. The hope is to wrap up the land purchase in 2026. The next step would be to start moving towards project manager and site clean-up. Gavin Blum continues to work with the USDA, First National Bank and Trust and Eide Bailey on potential reimbursement, looking at past and future finances and completing a financial feasibility study. They also continue to work on possible energy credits. It is hopeful that Phase 1 will wrap up at the end of August.

V. New Business

1. Engineered Controls HVAC Upgrade - Proposal

   Lenny Ginder, Director of Maintenance brought forward a proposal for a new temperature control system for KCHS. This would include a new Jace Controller to replace the existing unit that isn't compatible with new controllers as the old ones continue to go out. The proposal includes labor, all costs and a free upgrade if the quote is started by September 15th.

Action Taken: After questions, a motion was made by Stephen Olson to approve the Engineered Controls proposal. The motion was seconded.

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

2. Stryker Orthopedic Instrument - Proposal

   Luke Poore brought forward a proposal for Kelli Carey, Director of Surgery brought forward a proposal for small joint instrumentation set and handpiece. These instruments are needed to perform procedures more microscopically. We haven't done these procedures previously, but will with the addition of Dr. Sean Griggs. Because we would be expanding our Orthopedic capabilities, we should see an ROI on this project.

Action Taken: A motion was made by Stephen Olson to approve proposal as requested. The motion was seconded.

Voting Aye: Olson, Stadler, Dahlgren, Hanson

Absent and Not Voting: Grollmes
Motion Carried.

VI. Reports

1. Kearney County Medical Fund

   Luke Poore provided the group with an update on the Kearney County Medical Fund. The next big project for the group will be Give Big Minden. Anita Wragge, Marketing/Outreach Coordinator will help the Minden Legacy Fund move forward with taking over this event. The group will meet today at 2:30 PM.

2. Financial/Statistical Reports and Update

   a. Statistical Report/Bad Debt Analysis

Balance Sheet	June 2026	May 2026
Cash and Cash Equivalents	8,106,521	7,435,170
Total Current Assets	25,887,142	22,458,902
Net Capital Assets	11,323,152	11,217,521
Total Assets	37,210,294	36,259,495
Total Current Liabilities	3,412,794	2,145,565
Total Liabilities	3,685,513	3,526,154
Net Assets	30,111,987	30,587,776
Net Assets and Liabilities	37,210,294	36,259,495

Statement of Profit & Loss	June 2026	Budget	YTD
Net Operating Revenue	1,441,731	1,715,063	21,944,272
Total Operating Expenses	2,037,186	1,685,439	22,060,101
Income (Loss) from Operations	(595,455)	29,623	(115,830)
Non-Operating Revenue	119,667	89,025	1,193,478
Net Earnings (Loss)	(475,788)	118,648	1,077,648

Profitability Indicators	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026
Days of Cash on Hand	331	350	397	337	343	370	371	**330**
Days in Patient AR (Gross)	54	47	47	52	49	52	65	**54**
Costs Per Day								
Clinic	6,733	7,876	6,132	6,639	6,663	7,016	6,439	**8,168**
Hospital	52,120	48,550	44,047	53,808	52,514	48,617	47,562	**54,616**

Statistical Summary	June 2026	Fiscal Year Comparisons	
Acute Days	23	253 this fiscal year, 312 last fiscal year	-19%
SB Days	97	1,238 this fiscal year, 1,008 last fiscal year	23%
Observation Days	1	70 this fiscal year, 121 last fiscal year	-42%
Imaging	366	4,300 this fiscal year, 4,687 last fiscal year	-8%
Lab	2545	31,139 this fiscal year, 33,354 last fiscal year	-7%
Physical Therapy	1109	12,715 this fiscal year, 12,428 last fiscal year	2%
SLS	207	2,735 this fiscal year, 2,902 last fiscal year	-6%
ER Visits	91	1,123 this fiscal year, 1,227 last fiscal year	-8%
OP Procedures	31	508 this fiscal year, 417 last fiscal year	22%
Specialty Clinic Visits	299	2,687 this fiscal year, 1,944 last fiscal year	38%
Clinic Visits	783	8,820 this fiscal year, 9,099 last fiscal year	-3%

Accounts Payable Register (Gross)	June 2026
2 Payrolls & 2 Check Runs	1,630,451.66

b. Bad Debt Analysis

Bad Debt Analysis				
June 2026	May 2026	April 2026	Fiscal Year Average (Current)	Fiscal Year Average (Prior Fiscal Year)
47,911.05	49,812.90	35,358.34	51,000	47,000

Gavin Blum also provided the group with a SDP Breakdown for the 2026 Fiscal Year, Q1-Q4 2025 and Q1 - Q2 2026. This included revenue, receivable, fees and payable information. The team is hoping to have a call with the Nebraska Hospital Association this week to help understand the SDP Program. A group discussion on the SDP including questions followed.

Action Taken: A motion was made by Sam Stadler to approve the Statistical Reports for June. The motion was seconded.

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

Action Taken: A motion was made by Stephen Olson to approve the Bad Debt Report. The motion was seconded.

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

3. Quality Assurance Report

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

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

- Central Sterilization
  Working on new CS space-this continues. Washer arrived today; decontamination is also almost finished. New space created for surgery to store equipment and supplies. This will help with IP concerns where supplies and equipment were previous being stored. New shelving will be installed as well. Implementing the new Endo scope cabinet this was installed and is currently being used. COMPLETED. Implemented a system for scopes to be trackable to their last processing (started new process and working well – still looking for a less labor intense system. Other projects include Instrument trays being trackable to sterilizer load/case/patient, Instrument lists, sterile processing competency assessment finished, 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. Project coming to a close. New project needed.

- 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. Project #3 to implement a new tele-health stroke/neuro program with Bryan Health. Equipment has been ordered, Meeting setup for departments. Goal is to have 100% staff complete training.

- 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. Pulmonary Rehab is up and going-need project. New projected started. In-home sleep study equipment and program now functional.

- Clinic
  Project #1—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, quirks seem to be getting worked out, education provided to staff. Mark with pharm to run monthly report for compliancy. Project 2#--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.

- 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.

- Information Technology
  Project is to monitor internet connections. Track up and down time. New Project—Antivirus tracks apps that are installed on computers-reports can be run to see if they are outdated and making sure they stay up to date.

Danielle also shared reports including the Medicaid Direct Payment Data scorecard for Q1 2026, SDOH Screening, Post-Partum Depression Screening, Sepsis Mortality Rates, EDTC

2026, EDTC Composite Trend, MBQIP Measures Hospital Report 2026 and the Monthly Quality Dashboard.

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 June 2026. The Senior Life Solutions Department currently has 8 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 June was 31.3% of patients responding. Overall, KCHS has earned a 4.9 out of 5 stars. KCHS has a 4.8 Google Rating with 418 total reviews.

Hires

Position	Department	Status
Patient Care Tech	Acute	Part Time
RN	Acute/ER	Full Time

Separations

Position	Department	Status
RN	Acute/ER	PRN
Cardiac Monitor Tech	Acute/ER	PRN
RN	Acute/ER	Full Time

Recruiting

Position	Department	Status
RN (Day & Night Shift)	Acute/ER	Full-Time or Part-Time
Surgical Tech	Surgical Services	Part-Time
Primary Care Physician	Minden Medical Clinic	Full-Time
Director of Inpatient Nursing	Acute	Full-Time
Outpatient Clinic RN or LPN	Specialty Clinic	Part-Time
Environmental Services Tech	General or Surgery	Part-Time

Turnover Rates

June 2026	FYTD	Prior FYTD
1.4%	2.9%	5.0%

Employment Numbers

June 2026	Total	Full-Time	Part-Time/PRN	FTEs
	146	103	39	117.9

Safety/Risk Incident reports were reported and shared with the Board of Trustees. Rebecca Cooke also shared the Hospital Survey on Patient Safety from AHRQ's Survey on Patient Safety Culture for 2026.

5. CEO Report

   a. Outpatient Services

   Neurosurgery - Dr. Sri Kanuri, MD, a board-certified Emergency Room physician, that completed an Interventional Pain Management Fellowship. Dr. Birthi was onsite this week to discuss revising our current agreement, with some changes to accommodate bringing Dr. Kanuri to Minden.

   Cardiology - With Dr. Gorantla relocating, we continue to have Dr. Douglas Netz (Pioneer Heart), Lindy Vakoc, PA-C (Pioneer Heart), Dr. Douglas Kosmicki (NHI), and Amy Theesen, APRN (NHI).

   Following discussion with medical staff, there was interest in having Dr. Thomas Lanspa come back to Minden if Bryan Health was willing, and had capacity. I had a meeting with Platte Valley Medical Group Administrator, Tom McCleod, in which it was discussed that Dr. Lanspa would not be an option at this time due to limited capacity. Tom McCleod mentioned that Dr. Vinayak Nagaraja, MD would be an interventional cardiologist option that has availability. This will be discussed further with medical staff.

   Family Medicine - We continue to source options for how we want to proceed with recruitment for a physician. There will be another visit in Early-August from a physician as we continue to evaluate.

   Senator Dan Lonowski Visit - Mary Lanning Memorial Hospital (Shawn Nordby, CFO and Susan Meeske, Development) coordinated a meeting with District Senator Dan Lonowski on July 6th. The purpose of the meeting was to share as hospitals in his local district, the opportunities and impacts of recent legislation.

   b. Policies for Board Approval

Bloodborne Pathogens : Post-Exposure Evaluation - Infection Control *(Revised)*
Monitoring Blood Pressure - Clinic *{Revised)*
Admin Contrast Media - Radiology *(Revised)*
Infestation Management - Infection Control *(Revised)*
Antimicrobial Stewardship Program - Infection Control *(Revised)*
Patient Identification Photo - Business Office *(Revised)*
EQUIP for Mammography- Radiology *(Revised)*
Injection Procedures - Clinic *(Revised)*
Food and Beverage Consumption in Patient Care Areas - Human Resources *{New)*
Local Anesthesia Systemic Toxicity (LAST) - Acute/Surgery *(Revised)*
Use of Cautery with Flammable Prep Solutions - Acute/Surgery *(Revised)*
Newborn Emergencies - Emergency Room *(Revised)*
Cleaning and Maintenance of Dental Machine - Surgery *(Revised)*
Surgical Instruments Care and Cleaning (Point of Use Clean & Transport) - Surgery *{New)*
SET PAD Program - Cardiopulmonary Rehab *{New)*
Chest Pain - Cardiopulmonary Rehab *{New)*
Cardiac Rehabilitation Infection Prevention & Control - Cardiopulmonary Rehab *(Revised)*
Staff Competency Skills - Cardiopulmonary Rehab *(Revised)*
Untoward Events - Cardiopulmonary Rehab *(Revised)*
Ventricular Tachycardia - Cardiopulmonary Rehab *(Revised)*
Nurse Practitioner Scope of Practice - Clinic *(Revised)*
Short Form Authorization & Consent - Form

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

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

VII. Executive Session

Action Taken: At 1:07 PM, a motion was made by Jeff Hanson to enter into Executive Session 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 1:53 PM, a motion was made by Stephen Olson to end Executive Session.

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

Action Taken: A motion was made by Sam Stadler to approve Charity Care applications as presented. The motion was seconded.

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, August 26, 2026 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting Adjourned at 1:54 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary