



**Board of Trustees Minutes  
Wednesday, August 26, 2026**

The August 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 26, 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

**KCHS Staff**

Luke Poore, CEO  
Gavin Blum, CFO  
Rebecca Cooke, COO  
Kendra Brown, Chief Nursing Officer  
Janell Shelton, Director of Primary Care  
Anita Wragge, Marketing/Outreach Coordinator  
Lisa McNair, Clinic Admissions Clerk

**County Board of Commissioners**

Brent Stewart, County Liaison

**Other**

Kelley Ayres, First Bank and Trust  
Doug Hammer, First Bank and Trust  
Randy Hoffmann, Eide Bailly

**II. Public Comments/Communication**

Luke Poore (CEO) shared thank you letters from the family of Leon Stadler for a memorial, from the University of Nebraska Foundation for a KHOP Fund Donation and from the Minden Opera House for a sponsorship donation.

**III. Approval of Minutes**

**Action Taken:** A motion was made by Jeff Hanson to approve the August 5, 2026 Regular Meeting minutes. The motion was seconded.

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

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

1. Engineered Controls HVAC Upgrade

All parts for this project have been ordered, but not all received. We are hoping for this to be completed next month.

2. Stryker Orthopedic Equipment (Microscopic Hand/Wrist)

Most of the supplies for this project have been received. An inventory will take place this week.

3. HFG Architecture - Phase 1 Update

Luke Poore, CEO provided an update on Phase 1 of the HFG Architecture building project. The Board of Trustees will have a special meeting next week to review department orientation, size, layout and site orientation. This meeting will be held Wednesday, September 2<sup>nd</sup> at Noon.

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

1. 2025-2026 Fiscal Year Audit Review

Randy Hoffmann, Eide Bailly presented the 2026 Annual Kearney County Health Services Report. He let the group know that the audit process went very well. He reported that there zero audit adjustments, zero passed audit adjustments, no unusual transactions and two reclass audit adjustments for state directed payment activity for financial statement presentation and disposal of fully amortized lease. He shared with the group the adoption of GASB Statement No 103, Financial Reporting Models.

He continued to provide the group with an example of Medicare reimbursement for construction as well as construction project financing options. He also shared a State Directed Payment Program (SDP) summary of the impact to KCHS financials as well as SDP Impact on Profitability Ratios.

Noteworthy items of the audit included:

- Cash and investments increased \$2.4M
- Third party settlement of (\$115K) in 2025, net payable 2026 net payable of (\$97K)
- Capital assets decrease \$916K
- Net position increased \$1.1M
- Increase in net patient revenue of \$2.3M
- Increase in operating expenses of \$2.9M

Comparative Ratios:

Comparative groups used include NE medians based on 2025 and 2024 Medicare Cost Report Data and NE Peer Group composed of CAH's with \$10-\$20M in net revenue based on 2025 Medicare Cost Report Data.

| Comparative Ratio                        | NE Peer Group | KCHS  |
|------------------------------------------|---------------|-------|
| Average Age, Plant                       | 10.8          | 9.6   |
| Days Cash on Hand                        | 145           | 374   |
| Days Revenue in Accounts Receivable      | 53            | 50    |
| Salaries to Net Patient Revenue          | 43%           | 45%   |
| Total Margin                             | 4.0%          | 4.7%  |
| Cash Flow Margin                         | 7.4%          | 8.5%  |
| Patient Deductions                       | 19.4%         | 27.5% |
| Medicare Inpatient Payor Mix             | 80.0%         | 98.9% |
| Medicare Outpatient Payor Mix            | 45.7%         | 64.9% |
| Medicare Outpatient Cost to Charge Ratio | 59%           | 53%   |

**Action Taken:** After discussion and questions, a motion was made by Stephen Olson to approve the findings of the Eide Bailly Audit Review. The motion was seconded.

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

## 2. Chargemaster Increase - Proposal

Gavin Blum (CFO) brought forward the Kearney County Health Services Chargemaster Review Executive Summary. He let the group know that a review is completed every three years with a full-service review. He also provided the group with information on the past 5 increases. He provided the group with Pricing Increase Recommendations and a proposed average increase of 7.6% with a scheduled increase to be discussed every September.

**Action Taken:** After discussion and questions, a motion was made by Sam Stadler to approve the proposed rate increase. The motion was seconded.

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

## VI. Reports

### 1. Kearney County Medical Fund

The Kearney County Medical Fund will meet in September to discuss Give Big Minden. Kelley Ayres, Fund Chairman let the group know that the fund is going well and we were pleased with the successful golf tournament this year.

### 2. Financial/Statistical Reports and Update

#### a. Statistical Report/Bad Debt Analysis

| Balance Sheet              | July 2026  | June 2026  |
|----------------------------|------------|------------|
| Cash and Cash Equivalents  | 7,813,636  | 8,106,521  |
| Total Current Assets       | 25,555,394 | 25,887,142 |
| Net Capital Assets         | 11,280,928 | 11,323,152 |
| Total Assets               | 36,836,322 | 37,210,294 |
| Total Current Liabilities  | 3,074,159  | 3,412,794  |
| Total Liabilities          | 3,634,891  | 3,685,513  |
| Net Assets                 | 30,127,272 | 30,111,987 |
| Net Assets and Liabilities | 36,836,322 | 37,210,294 |

| Statement of Profit & Loss    | July 2026 | Budget    | YTD       |
|-------------------------------|-----------|-----------|-----------|
| Net Operating Revenue         | 1,803,460 | 1,924,708 | 1,803,460 |
| Total Operating Expenses      | 1,874,537 | 1,858,783 | 1,874,537 |
| Income (Loss) from Operations | (71,076)  | 65,925    | (71,076)  |
| Non-Operating Revenue         | 86,361    | 98,217    | 86,361    |
| Net Earnings (Loss)           | 15,285    | 164,142   | 15,285    |

| Profitability Indicators   | December 2025 | January 2026 | February 2026 | March 2026 | April 2026 | May 2026 | June 2026 | July 2026 |
|----------------------------|---------------|--------------|---------------|------------|------------|----------|-----------|-----------|
| Days of Cash on Hand       | 350           | 397          | 337           | 343        | 370        | 371      | 330       | 365       |
| Days in Patient AR (Gross) | 47            | 47           | 52            | 49         | 52         | 65       | 54        | 52        |
| Costs Per Day              |               |              |               |            |            |          |           |           |
| Clinic                     | 7,876         | 6,132        | 6,639         | 6,663      | 7,016      | 6,439    | 8,168     | 8,275     |
| Hospital                   | 48,550        | 44,047       | 53,808        | 52,514     | 48,617     | 47,562   | 54,616    | 47,533    |

| Statistical Summary     | July 2026 | Stat                     |
|-------------------------|-----------|--------------------------|
| Acute Admits            | 9         | 3rd Most over Last Year  |
| Acute Days              | 34        | 3rd Most over Last Year  |
| Lab Tests               | 2907      | Most since April 2025    |
| CT Scans                | 81        | Least since March 2021   |
| MRIs                    | 17        | Tied for Most Ever       |
| ER Visits               | 102       | Most since December 2025 |
| Specialty Clinic Visits | 309       | Most Ever                |
| Clinic Visits           | 828       | Most since December 2025 |

| Accounts Payable Register (Gross) | July 2026    |
|-----------------------------------|--------------|
| 2 Payrolls & 2 Check Runs         | 1,952,003.03 |

#### b. Bad Debt Analysis

| Bad Debt Analysis |           |           |                               |                                         |
|-------------------|-----------|-----------|-------------------------------|-----------------------------------------|
| July 2026         | June 2026 | May 2026  | Fiscal Year Average (Current) | Fiscal Year Average (Prior Fiscal Year) |
| 70,876.23         | 47,911.05 | 49,812.90 | 70,876                        | 51,000                                  |

**Action Taken:** A motion was made by Stephen Olson to approve the Statistical Reports for July. The motion was seconded.

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

**Action Taken:** A motion was made by Jeff Hanson to approve the Bad Debt Report. The motion was seconded.

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

### 3. Quality Assurance Report

Kendra Brown, Director of Nursing reported for Danielle Morgan, RN on the Quality Assurance report for August. The following departments reported:

- **Social Services**  
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. 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. Project #2 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.
- **Treatment Room**  
Project #1 ensuring scanning on medications in treatment rooms is taking place. Project #2 Implementing a standardize scheduling workflow, standardized authorizations forms, and pharmacy notification through monthly audits.
- **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. Project #2 time punch study and monitoring overtime. Project #3 Goal is to have job descriptions listed for all employees in 6-12 months. Project #4 patient safety survey was completed through AHRQ in June. Project #5 is to have an emergency contact on file in Paylocity for every KCHS employee.
- **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.
- **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.
- **Sleep Study**  
Tracking orders throughout process from beginning to end. Including order to prior-auth-to scheduling-patient education-test completion-results reported.
- **Emergency Department**  
Project #1 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. Project #2 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 #3 Working on trauma activations and hard wiring documentation needed for trauma activations. Project #4 Project Sepsis goals of 3-hour bundle being met or completed. New DA2 report made for sepsis metrics. Project #5 working on our Trauma Re-designation, planning for submission in March 2027. Project #6 Working on Peds documentation.

- **Emergency Preparedness**  
Working on full scale drill sometime this winter/spring. Mock drills/code started throughout facility. Code Blue drills have been completed. Have identified gaps and need for improvement. This will be on-going throughout facility. Decontamination and Fire training completed.
- **Senior Life Solutions**  
Project to hold discharge preparedness groups for patients so they have be more prepared post program.

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, Grollmes Olson, Stadler, Dahlgren  
Motion Carried.

#### 4. Ancillary Services Report

Rebecca Cooke (COO) reported on the Operations Report for July 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 July was 29.43% of patients responding. Overall, KCHS has earned a 4.9 out of 5 stars. KCHS has a 4.8 Google Rating with 437 total reviews.

| Hires    |            |           |
|----------|------------|-----------|
| Position | Department | Status    |
| RN       | Acute/ER   | Full Time |

| Separations |            |        |
|-------------|------------|--------|
| Position    | Department | Status |
| None        |            |        |

### Recruiting

| Position                                     | Department               | Status                 |
|----------------------------------------------|--------------------------|------------------------|
| RN (Night Shift)                             | Acute/ER                 | Full Time or Part Time |
| Surgical Technician                          | Surgical Services        | Part Time              |
| Primary Care Physician                       | Minden Medical Clinic    | Full Time              |
| Environmental Services Tech                  | General or Surgical Svcs | Part Time              |
| LPN or RN                                    | Minden Medical Clinic    | Full Time              |
| Radiological<br>Technologist/Ultrasound Tech | Radiology                | Full Time              |
| Patient Care Tech                            | Acute/ER                 | Full Time              |

### Turnover Rates

| July 2026 | FYTD | Prior FYTD |
|-----------|------|------------|
| 1.4%      | 4.3% | 10.10%     |

### Employment Numbers

| July 2026 | Total | Full-Time | Part-Time/PRN | FTEs  |
|-----------|-------|-----------|---------------|-------|
|           | 145   | 102       | 39            | 117.9 |

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

#### 5. CEO Report

##### a. Outpatient Services

**Neurosurgery** - Dr. Sri Kanuri, MD has begun his practice in Minden.

**Cardiology** - In discussions with medical staff, and Bryan Health KRMCM regarding their cardiology team in Kearney, they are able to provide Dr. Vinayak Nagaraja, MD, an interventional cardiologist for outreach. We will begin moving down this direction, and setting up a facility visit.

**Family Medicine** - We continue to source options for how we want to proceed with recruitment for medical staff needs. Medical staff will be meeting this week with another physician interested in Minden on Wednesday. Following that meeting, I will be circling up with medical staff on what direction we would like to pursue.

**Wound Care** - Sally Farquhar, APRN has shared her notice of resignation with administration, with plans to relocate her practice Mid-November 2026. With this change, we will begin moving toward options outside of Restorix Health, and begun visiting with other providers in the area.

##### b. Policies for Board Approval

None

#### VII. Executive Session

**Action Taken:** At 1:27 PM, a motion was made by Sam Stadler to enter into Executive Session. The motion was seconded.

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

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

**Action Taken:** At 2:14 PM, a motion was made by Andy Grollmes to end Executive Session

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 |
|-----------------------------|---------------|---------------------------|----------------|-------------------|----------------|
| Scott Bauer, CRNA           | Anesthesia    | Kearney Anesthesia        | Affiliate      | 8/26/2026         |                |
| Southern Boller, CRNA       | Anesthesia    | Kearney Anesthesia        | Affiliate      | 8/26/2026         |                |
| Michelle Kennedy, CRNA      | Anesthesia    | Kearney Anesthesia        | Affiliate      | 8/26/2026         |                |
| Steven Kory, MD             | Mental Health | KCHS/SLS                  | Consulting     | 10/27/2021        | 8/1/2026       |
| Veronica Ruvo, DO           | Radiology     | Real Radiology            | Consulting     | 11/27/2024        | 9/1/2026       |
| Christopher Birkestrand, DD | Dentistry     | Minden Dental Clinic      | Consulting     | 10/30/2024        | 9/1/2026       |
| Emma Wilken, AuD            | Audiology     | ENT Physicians of Kearney | Affiliate      | 8/25/2021         | 9/1/2026       |
| Amanda Hall-Warburton, LMHP | Mental Health | KCHS                      | Affiliate      | 3/24/2016         | 10/1/2026      |
| Greg Walburn, LMHP          | Mental Health | KCHS/SLS                  | Affiliate      | 7/29/2020         | 10/1/2026      |

| APPLICANT            | SPECIALITY      | FACILITY                        |  |  | PRIVILEGES TERMED | REASON                               |
|----------------------|-----------------|---------------------------------|--|--|-------------------|--------------------------------------|
| Jason Martinez, CRNA | Anesthesia      | Kearney Anesthesia              |  |  | 8/7/2026          | No longer with Kearney Anesthesia    |
| Joseph Vavricek, MD  | Radiology       | Real Radiology                  |  |  | 8/1/2026          | No longer provides services for KCHS |
| Tamera Belz, APRN    | Pain Management | Grand Island Pain Relief Center |  |  | 8/21/2026         | No longer provides services for KCHS |

**Action Taken:** A motion was made by Stephen Olson to approve the credential report. The motion was seconded

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

#### VIII. Other Comments/Communications

The next special meeting will be held on Wednesday, September 2, 2026 at Noon in the Functional Health Meeting Room.

The next regular meeting will be held Wednesday, September 30, 2026 at Noon in the Functional Health Meeting Room.

**IX. Adjournment**

The meeting Adjourned at 2:15 PM.

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AJ Dahlgren, Chairman

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Stephen Olson, Secretary