



**Board of Trustees
Minutes
March 27, 2024**

The January 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, January 31, 2024. Notice of the meeting was posted at Kearney County Health Services, Hospital, Minden Medical Clinic, Minden Post Office, Minden First Bank & Trust 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 12:02 PM and called attention to the public meeting laws that are posted in the meeting room.

Present:

Board Members

AJ Dahlgren (Chairman)

Jeff Hanson

Dick McBride

Stephen Olson (Secretary) - *Absent*

Sam Stadler

County Board of Commissioners

Brent Stuart

Others

Cindy Ramsey (*Minden Courier*)

KCHS Medical Staff

Dr. Andy Craig, MD

KCHS Staff

Luke Poore, CEO

Gavin Blum, CFO

Kendra Brown, CNO

Danielle Morgan, Director of Quality Assurance/IC

Mark Klabunde, Director of Pharmacy Services

Rebecca Cooke, COO

Janell Shelton, Director of Primary Care

Connie Jorgensen, Administrative Assistant

II. Public Comments/Communication

Luke Poore (CEO) commented on the correspondence received by the families of Laura Jensen and Glenn Jacobsen for the "Lift Up Thine Eyes" that KCHS sponsors.

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the February 28, 2024 meeting minutes.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

IV. Old Business

1. Mindray Telemetry Cerner Interface

Luke reported that the Cerner Interface was finishing up final testing for "Go-Live."

2. Olympus Endoscope

Luke reported that the new endoscope is now onsite and in-service.

V. New Business

1. Chemistry Analyzer Interface

Luke Poore (CEO) presented a quote in the amount of \$14,834.40 for the interface through Oracle.

Action Taken: After discussion a motion was made by Jeff Hanson to approve the purchase. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

2. Community Needs Health Assessment (2023)

Action Taken: After discussion and review of the Community Health Needs Assessment materials, a motion was made by Sam Stadler to accept and adopt. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

3. Ultrasound Butterfly Probe Proposal

Kendra Brown (CNO) reviewed the proposal within the board materials. The probe presented was a portal probe designed for external ultrasound imaging using Apple and Android Devices. The quote was for a total of \$9,120.00 cost. AJ Dahlgren (Chairman) brought forward some additional thoughts based on research, speaking to a newer version with sharper imaging for a listed \$1,200.00 more.

Action Taken: After discussion on best direction, a motion was made by Jeff Hanson to approve the purchase, with an option to purchase the newer version for administration. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

VI. Reports

1. Kearney County Health Services Medical Fund

Luke Poore (CEO) reported that the Fund Committee decided on June 7th, 2024 for the 20th Annual KCHS Golf Tournament. Proceeds will be given towards the fund endowment, and the tournament will again be held at the Minden Country Club.

2. Financial/Statistical Reports

1. Gavin Blum, CFO gave the Statistical / Financial Report for February 2023, along with the Bad Debt Report.

Balance Sheet	February 2023	January 2023
Cash and Cash Equivalents	6,857,928	6,854,474
Total Current Assets	19,921,664	19,955,725
Net Capital Assets	13,592,998	13,676,205

Total Assets	33,514,662	33,631,930
Total Current Liabilities	1,334,541	1,423,497
Total Liabilities	4,729,131	4,775,571
Net Assets	27,450,991	27,432,862
Net Assets and Liabilities	33,514,662	33,631,930

Statement of Profit & Loss	February 2024	Budget	YTD
Net Operating Revenue	1,429,192	1,524,833	12,237,211
Total Operating Expenses	1,478,064	1,448,623	11,728,164
Income (Loss) from Operations	48,872	76,211	509,047
Non-Operating Revenue	67,001	42,875	463,393
Net Earnings (Loss)	18,129	119,086	972,440

	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024
Profitability Indicators								
Days of Cash on Hand	335	353	380	353	379	352	402	356
Days in Patient AR (Gross)	62	54	53	49	47	49	49	51
Costs Per Day								
Clinic	7,815	8,743	6,685	6,820	6,949	9,547	7,128	6,956
Hospital	35,434	34,980	34,385	37,654	35,011	35,672	33,834	39,318

Statistical Summary	December 2023	Statistic
Acute Admissions	9	Most since June 2023
Acute Days	27	Most since June 2023
CT Scans	93	Most since May 2023
ER Visits	88	Least since November 2023
Clinic Visits	768	On Track for 8,868 (8,810 in 2023 FY)
Specialty Clinic Visits	165	On Track for 1,827 (1,781 in 2023 FY)
Providers		
Andy Craig, MD	180	2 nd Most Clinic Visits in FY
Cade Craig, MD	172	Most Clinic Visits in FY
Jordan Kohtz, APRN	23	2 nd Most ER Visits since August 2023
Shelby Liesemeyer, MD	155	Most Clinic Visits since Start

Accounts Payable Register (Gross)	December 2023
2 Payrolls & 2 Check-Runs	1,236,065.42

b. Bad Debt Report

Bad Debt Analysis		
February 2024	Average This FY	Average Last FY
\$46,460.81	\$43,000.00	\$48,000

Action Taken: A motion was made by Dick McBride to approve the Financial and Statistical Report including Bad Debt Report. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

3. Quality Assurance Report

Danielle Morgan, RN, Director of QA/IC reported on the Quality Assurance meeting held on March 21, 2024. The following Departments reported:

- **Laboratory**
Project was monitoring and collecting data on contaminated urine samples from the ED. State Lab survey will be in April. Currently in process of creating a written lab QA Plan. Continue to work on cleaning up orders placed in Cerner.
- **Environmental Services**
Plans to update quality indicator spreadsheet.
- **Maintenance**
Tracking work orders and making sure they are completed in a certain amount of time. New work order system is improving completed times.
- **Pharmacy**
Tracking and monitoring bar code scanning on acute/OBS/and swingbed patients. Ne project is to monitor override medication being taken out of the Pxyis. Working out Cerner problems and moving patients from an ED bed to OBS/Acute bed.
- **Anesthesia**
Currently project is making sure anesthesia is documenting appropriately and timely.
- **PT/OT/ST**
Monitoring automated response message system to track appointments for patients. New project assuring progress not are being updated in the chart on non-Medicare patients every 10 days.
- **Informatics**
Tacking use of the video monitor system on acute including virtual visits with provider/patients and family.

Danielle Morgan also reviewed the following documents following a brief discussion on departmental reports and discussed the following measures.

- **Hospital-Level Care Transitions Core Measures**
EDTC Composite Trend in KCHS and all CAHs Nationally
- **Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures**
Trends in KCHS and all CAHs Nationally. Median time from ED arrival to ED discharge patients.
- **Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**
Trends in KCHS and All CAHs Nationally-Healthcare workers given influenza vaccination.
- **Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measurers Report**
Antibiotic Stewardship Trend in KCHS, reflecting meeting 7 of 7 core elements in 2020, 2021 and 2022.

Action Taken: A motion was made by Jeff Hanson to approve the QA/IC Report. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

4. Ancillary Services Report

Rebecca Cooke, COO reviewed the Operations Report for March 2024. Rebecca started with the Senior Life Solutions Department, touching on the current program enrollment which is currently has seven (7) patients.

Rebecca also reviewed some marketing data from her report, as well as with Human Resources as it relates to recruitment and termination. Rebecca reported that results of a patient satisfaction survey conveyed that the Rater8 satisfaction continues to show high-performance among measures for patient satisfaction in both clinic and hospital, and that a permanent agreement has been signed to continue on pass the free trial.

Hires

Position	Department	Status
EVS Technician	Enviro. Services	Part-Time
Maintenance Technician	Plant	Full-Time
Patient Care Tech	Acute	PRN
Patient Care Tech	Acute	Full-Time
Patient Care Tech	Acute	PRN

Recruiting

Position	Department	Status
RN/LPN	Acute	Full/Part-Time
APRN or PA-C	Emergency Room	Full-Time
Outreach/Marketing Coordinator	Amin/Marketing	Full-Time

Turnover Rates

February 2023	YTD	Prior YTD
1.6%	3.1%	0%

Employment Numbers

February 2023	Total	Full-Time	Part-Time/PRN	FTEs
	127	85	39	102.38

Note: For Safety/Risk Review, 13 Incident Reports were reviewed.

5. CEO Report

a. Outpatient Services

Urology – Dr. Julien Dagenais has officially accepted to come on Full-Time with inReach Health. A phone interview will be held with Dr. Dagenais on April 5th. Discussion will be held on expectations on both sides, as well as discussion on schedule, and plans for an onsite visit.

Orthopedics – A facility visit with Dr. Bryan Scheer is scheduled for April 2nd to discuss the overall orthopedic program. One of the biggest points will be to discuss orthopedic presence, and hopefully drive discussion on how to have increased presence.

b. Cerner Community Works Program

Luke stated that the focus as of right now is to complete both the medication uplift that Cerner agreed to, improving processes and workflows to become more automated as designed. Medsys when implementing, established an older setup with manual workflows. Cerner has acknowledged this, and is underway with needed staff to correct. Fix is to be in place by April 15th.

The chargemaster uplift is scheduled to have contracts finalized, and a timeline in place in the next 30 days. This too is to focus on build issues, and improve automation with revenue cycle, and correct linger concerns identified.

Luke finished his report touching on an urgent need in regards to surgery. Luke stated that the Stryker Tourniquet equipment for use in surgery was having some random issues, and that a second would make sense to alleviate an emergent need if one faulted.

Luke provided the cost of \$7,500.00 total.

Action taken: A motion was made by Jeff Hanson to approve the Stryker Tourniquet purchase as presented for surgery by Luke Poore, CEO. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

c. Policies

- Education Assistance & Tuition Reimbursement – Human Resources (*Revised*)
- Admin Contrast Media – Radiology (*Revised*)
- Transfer of Trauma Patients Plan – Emergency Room (*New*)
- Activation of Incident Command and Incident Command Staff – Emergency Preparedness/Emergency Room (*New*)
- Bonus Compensation – Human Resources (*Revised*)

Action taken: A motion was made by Sam Stadler to approve the policies as presented by Luke Poore, CEO. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

6. Medical Staff Report

Dr. Andy Craig gave a brief Medical Report stating that volumes in the month of February were a little down, but that he thinks the dip will be short-lived. Dr. Andy Craig thanked the board of trustees and county supervisors for their continued support for the facility, and conveyed to the group how great of an asset Dr. Shelby Liesemeyer has been to the organization and community.

VII. Executive Session

Action Taken: At 12:45 PM a motion was made by Dick McBride to go into Executive Session for Personnel, Credentials, and Legal. The motion was seconded.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

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

End of Executive Session: At 1:03 PM a motion was made by Sam Stadler to end Executive Session.

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

Name	Title	Scope of Practice	Appoint	Reappoint	Term	Active Staff	Consulting Staff	Affiliate Staff	Locums Staff	Affiliation
Richard Stemm	MD	Radiology		X			X			Plains Radiology
Stanley Smith	MD	Radiology		X			X	X		GI Radiology
Cade Craig	MD	Cardiology		X		X				KCHS
Nathan Murdoch	MD	Radiology		X			X			Plains Radiology
Courtney Tripp	MD	Radiology	X				X			KCHS

The above applications were submitted for appointment, reappointment or termination to the KCHS Medical Staff by Janell Shelton, Clinic Office Director.

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

Voting Aye: Hanson, McBride, Stadler and Dahlgren.

Absent & Not Voting: Olson.

Motion Carried.

VIII. Other Comments/Communication

Next meeting will be April 24, 2024 at Noon in the Functional Health Meeting Room beginning at noon.

IX. Adjournment

The meeting adjourned at 1:03 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary