



**Board of Trustees
Minutes
April 24, 2024**

The March 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 24, 2024. Notice of the meeting was posted at Kearney County Health Services, Hospital, Minden Medical Clinic, Minden Post Office, Minden Exchange 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 12:02 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 (*Absent*)
Stephen Olson, Secretary
Sam Stadler

County Board of Commissioners

Brent Stewart, County Liaison

Others

None

KCHS Medical Staff

Cade Craig, MD

KCHS Staff

Luke Poore, CEO
Gavin Blum, CFO (*Absent*)
Kendra Brown, CNO
Danielle Morgan, Director of QA/IC (*Absent*)
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 thank you correspondence received by the families of LaVon Abrahamson and sponsorship of the Minden Trap Team.

III. Approval of Minutes

Action Taken: A motion was made by Sam Stadler to approve the March 27th, 2024 meeting minutes. The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, and Dahlgren.

Absent and Not Voting: McBride.

Motion Carried.

IV. Old Business

1. Mindray Telemetry/Cerner Interface
Luke Poore (CEO) communicated this has been completed, and put into use.
2. Olympus Endoscope
Luke Poore (CEO) communicated this has been received, and put into use.

3. Chemistry Analyzer Interface

Luke Poore (CEO) communicated that there remains a delay from Cerner, however the hope is that engagement will begin to pick up momentum by the end of May.

V. New Business

1. Kendra Brown (CNO) explained the request for a Stryker-LifePak 15 Defibrillator at the purchase price of \$15,876.45. This unit will be compatible with the Minden EMTs.

Action Taken: After discussion a motion was made by Jeff Hanson to approve the purchases of the Stryker-Life Pak 15 Defibrillator.

Voting Aye: Dahlgren, Hanson, Olson and Stadler.

Absent and Not Voting: McBride.

Motion Carried.

VI. Reports

1. Kearney County Health Services Medical Fund

Luke Poore (CEO) reported that the Annual KCHS Golf Tournament is scheduled for June 7, 2024 at the Minden Country Club. Luke added that he has received several team registrations and hopes to have 20-25 teams again this year. Sponsorships and donations too, have started coming in.

2. Financial/Statistical Reports

With the absence of Gavin Blum (CFO), Luke Poore (CEO) provided the Board of Trustees the prepared Financial Reports, and presented for March 2024, along with the Bad Debt Report.

Balance Sheet	March 2024	February 2024
Cash and Cash Equivalents	7,016,539	6,857,928
Total Current Assets	20,215,238	19,921,664
Net Capital Assets	13,463,757	13,592,998
Total Assets	33,678,996	33,514,662
Total Current Liabilities	1,402,988	1,334,541
Total Liabilities	4,664,537	4,729,131
Net Assets	27,611,471	27,450,991
Net Assets and Liabilities	33,678,996	33,514,662

Statement of Profit & Loss	March 2024	Budget	YTD
Net Operating Revenue	1,514,723	1,524,833	13,751,934
Total Operating Expenses	1,422,048	1,448,623	13,150,212
Income (Loss) from Operations	92,675	76,211	601,722
Non-Operating Revenue	67,804	42,875	531,197
Net Earnings (Loss)	160,480	119,086	1,132,920

Profitability Indicators	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024
Days of Cash on Hand	353	380	353	379	352	402	356	405
Days in Patient AR (Gross)	54	53	49	47	49	49	51	54
Costs Per Day								
Clinic	8,743	6,685	6,820	6,949	9,547	7,128	6,956	6,850
Hospital	34,980	34,385	37,654	35,011	35,672	33,834	39,318	64,329

Statistical Summary	Statistic	
Acute Admissions	10	Most since Feb 2022
Acute Days	36	Most since November 2021

Lab Test	2,794	2 nd most this Fiscal Year
Cardiac Rehab	38	Most since June 2023
Procedures	44	5 th Most Ever
Specialty Clinic Visits	135	On track for 1,804 (1,781 in 2023)
Clinic Visits	701	On track for 8,817 (8,810 in 2023)
Providers		
Doug Althouse, MD	37	2 nd Most nursing home visits this fiscal year
Diane Jackson, APRN	22	Tied for most ER visits this month
Shannon Kuehn, APRN	100	Most clinic visits since November 2023
Shelby Liesemeyer, MD	156	Most clinic visits since starting

Accounts Payable Register (Gross)	March 2024
2 Payrolls & 2 Check-Runs	1,189,967.81

Bad Debt Analysis			
March 2024	February 2024	Fiscal Year Average (Current)	Fiscal Year Average (2023 Fiscal Year)
69,694.31	46,460.81	43,000	48,000

Action Taken: A motion was made by Sam Stadler to approve the Financial and Statistical Report including Bad Debt Report.

The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, and Dahlgren.

Absent and Not Voting: McBride.

Motion Carried.

3. Quality Assurance Report

In the absence of Danielle Morgan (Director of QA/IC), Kendra Brown presented the prepared Quality Assurance Report. The following Departments reported:

- Radiology - New project started to help track and utilize supplies better. Another project the Radiology staff is working on is measuring how often low dose lung screen CT exams lead to early cancer diagnosis. They are working with the clinic to utilize best method to communicate.
- Central Sterilization - Over the next 6 months they will inventory all instruments and update all instruments list for surgical trays.
- Acute - They have started preparing for and implementing the Social Determinants of Health Measure that will be a requirement for the 2025 reporting year to CMS.
- Somnitech - Starting a 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.
- Clinic - Working on improving HgBA1C among clinic patient who come to their yearly wellness visits.
- Infection Control - Handwashing compliance and monitoring continues. They are brainstorming a better way to track and monitor how hand hygiene is done in patient care areas.
- IT - A security awareness project has started. Goal is to improve security awareness with KCHS staff by improving the "human firewall".

- Business Office - No project has been started but several quality measures are happening in their department. Arm band placement will be started soon.

Action Taken: A motion was made by Sam Stadler to approve the QA/IC report. The motion was seconded.

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

4. Ancillary Services Report

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

Rebecca reviewed some marketing data from her report, as well as with Human Resources as it relates to recruitment and termination.

Rebecca reported that google rating feedback of patient satisfaction surveys conveyed that KCHS is out performing patient satisfaction in both clinic and hospital and has a Google Rating of 4.9 out of 5. Very good comments with the survey on patient satisfaction.

Hires

Position	Department	Status
Radiology Technologist	Radiology	PRN (Re-Hire)
RN (Nights)	Acute	Full-Time
RN (Nights)	Acute	Full-Time
RN (Days)	Acute	Full-Time

Separations

Position	Department	Status
LPN	Clinic	Full-Time
Housekeeper	Environmental Services	Full-Time

Recruiting

Position	Department	Status
RN (Nights)	Acute	Full/Part-Time
APRN or PA	Emergency Room	Full-Time
LPN or RN	Clinic	Full-Time
Admissions Clerk	Clinic	Full-Time

Turnover Rates

March 2024	FYTD	Prior FYTD
0%	3.1%	3.2%

Employment Numbers

March 2024	Total	Full-Time	Part-Time/PRN	FTEs
	134	84	44	102.38

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

5. CEO Report

Outpatient Services

Urology – A virtual meeting was held with Dr. Julien Dagenais (Urologist) on April 5th with Luke Poore. The Medical Staff is schedule in May to meet with Dr. Dagenais while onsite. Dr. Dagenais is joining inReach full-time, so schedule flexibility will be much improved with our tight availability on specialty outreach.

Orthopedics – Dr. Brian Scheer met with the Medical Staff in April and discussed concerns regarding operating room availability with Dr. Schopp. Luke Poore stated it was discussed bringing on a second orthopedist to compliment Dr. Schopp and come on his off weeks.

Cerner “Community Works” Program

Before proceeding forward with the contractual obligation for Cerner to complete a 1-year post-conversion optimization visits to KCHS, two projects were mentioned needing to be scheduled and completed. The “Medication Uplift” Scope has been implemented and improved the Pharmacy process. The “Chargemaster Review” Scope has been signed. Luke Poore (CEO) mentioned we are still waiting on an official timeline on this project.

Policies

Prior to the meeting two policies listed below were submitted in each member’s Board Packet for review and approval.

- Emergency Protective Custody (EPC) Policy-Acute (Revised)
- Patient Identification Photo Policy & Procedure-Business Office/Acute/Clinic (Revised)

Action Taken: A motion was made by Stephen Olson to approve the policies as presented by Luke Poore (CEO). The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, and Dahlgren.

Absent and Not Voting: McBride.

Motion Carried.

6. Medical Staff Report

Dr. Cade Craig gave a brief Medical Staff Report stating that the clinic has stayed busy for the time of year, and mentioned some new services that might be of interest for the organization to consider offering, including Botox and becoming a certified Aviation Medical Examiner (AME) location to offer Flight Physicals for pilots. Discussion ensued discussing how each could be beneficial, and the progression of each occurring with the organization.

VII. Executive Session

Action Taken: A motion was made at 12:47 PM to enter into executive session for Personnel and Credentials. The motion was seconded.

Voting Aye: Hanson, Olson, Stadler, and Dahlgren.

Absent and Not Voting: McBride.

Motion Carried.

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

End of Executive Session: At 1:07 PM a motion was made by Sam Stadler to end Executive Session.

Voting Aye: Hanson, Olson, Stadler, and Dahlgren.

Absent and Not Voting, McBride.

Motion Carried.

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

Name	Title	Scope of Practice	Appoint	Reappoint	Term	Active Staff	Consulting Staff	Affiliate Staff	Locums Staff	Affiliation
Kalpesh Ganatra	Dr.	Pulmonary		X			X			Hastings Pulmonary
Jonathan Jaksha	Dr.	Radiology		X			X			GI Radiology
Stanley Smith	Dr.	Radiology		X			X			GI Radiology
Douglas Wulf	APRN	Family Practice		X		X		X		KCHS
Jacquelyn Berke	LMHC+	Mental Health			X					No longer employed with PMC

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

Voting Aye: Hanson, Olson, Stadler, and Dahlgren.

Absent and Not Voting: McBride.

Motion Carried.

VIII. Other Comments/Communications

Next meeting will be May 29, 2024 at Noon in the Functional Health Meeting Room.

IX. Adjournment

The meeting adjourned at 1:18 PM.

AJ Dahlgren, Chairman

Stephen Olson, Secretary