

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES

MEETING MINUTES

June 26, 2024 – 5:30pm

PRESENT: Denise Elefson, Sheri Frost, Guy Clark, Teri Foster, Larry Griffin, Rebekah Mendenhall and Cheryl Zach

ABSENT: None

OTHERS PRESENT: Mike Johnston (CEO), Tara Spidle (CFO), Shannon Erb (Chief Human Resources and Marketing Officer), Brandi Oesch (Director of Nursing), Feron Leonard (ED/ Med Surg Director), and Ed Wehling, DO (Chief of the Medical Staff).

**I. CALL TO ORDER**

Denise Elefson called the meeting to order at 5:30pm.

**II. AGENDA APPROVAL**

Teri Foster made a motion to approve the agenda as presented and Cheryl Zach made the second. Motion carried unanimously.

**III. CONSENT AGENDA**

Larry Griffin made a motion to approve the following Consent Agenda items with a second by Beka Mendenhall: (1) Meeting Minutes – May 2024 (2) May 2024 Accounts Payable (AP): \$1,253,237.00 (3) May 2024 Payroll: \$547,538.00 (4) May 2024 Accounts Receivable Write-Offs: \$78,079.00. Motion carried unanimously.

**IV. MEDICAL STAFF REPORT**

Dr. Wehling presented the Medical Staff Report. He requested that the Board of Trustees approve the following Medical Staff Appointment and Reappointment previously approved by the Active Medical Staff at their regular meeting on May 15, 2024:

- Appointment: Cindy Salsberry, ARNP (Wound Care); and
- Reappointment: Haytham Kawji, MD (Endocrinology).

There was no regular meeting of the Medical Staff in June 2024. Dr. Wehling provided the following additional updates:

- The Active Medical Staff is utilizing morbidity and mortality (M+M) conference as a primary vehicle to drive quality for providers. Two (2) such meetings have been held in the past two (2) months and Dr. Wehling indicated that participation by providers has greatly improved.
- He reported on changes to the brain injury guidelines and efforts currently underway to implement new processes at DCH to keep more of these patients in-house as opposed to a transfer that is often burdensome on the patient and their family/ caregivers.
- Issues continue with the ability of the hospital to make appropriate transfers to tertiary medical centers in Des Moines due to bed availability at those facilities, staffing, and similar such problems.
- Providers at Decatur County Hospital are also dealing with recurring problems with MercyOne's radiologist staff and interpretations being provided. These are being worked on.

**IV. CEO REPORT**

Mike Johnston provided the following updates to the Board of Trustees:

- The MRI project is now complete and a final report has been submitted to the state Health Facilities Council. A written copy of the report was provided to the Board of Trustees prior to the meeting for their review. No further discussion was required.
- DCH is replacing the current equipment in the X-Ray room as it is considered to be end-of-life and obtaining parts for repair is becoming increasingly difficult. This was a known, and previously budgeted, expense. The Board reviewed the project timeline which calls for downtime of the X-Ray room for the removal of the old equipment, and installation of the new, between July 17, 2024 and August 05, 2024. During this time, the Radiology Department will utilize our two (2) portable X-Ray units to ensure that the service remains available as needed for both the Emergency Department (ED) and the Outpatient Clinic.

**Action Items:**

Review and Approval of Hospital Insurance Coverage for Fiscal Year (FY) 2025:

Mike reviewed with the Board of Trustees the renewal information, effective July 01, 2025 for the hospital's insurance coverage as to property, general and professional liability, excess liability, automobile coverage, cyber liability, and executive management liability. Minor changes to certain policies were made from the previous fiscal year as well as an increase to business income coverage (under the property policy) to better reflect current operations. The aggregate policy cost (annual) for FY 2025 is \$171,521.00 which represents a rounded increase from FY 2024 of 15% (\$22,532.00). Following discussion, Sheri Frost made a motion to approve the renewals as presented. Teri Foster made the second and the motion carried unanimously.

Review and Approval of Request by the City of Lamoni to Forfeit Property Tax Revenue from 322 East 8<sup>th</sup> Street, Lamoni IA in Order for the City of Lamoni to Purchase the Property:

In a letter dated June 17, 2024, the City of Lamoni requested that Decatur County Hospital forfeit any owed revenue from past property taxes on the address listed above (Parcel #130238609) such that the city could acquire the named parcel. After a review of the relevant information, Larry Griffin made a motion to approve the City of Lamoni's request and Beka Mendenhall made the second. Teri Foster abstained from the vote due to a conflict of interest. Motion carried unanimously by the remaining members of the Board. The Chief Executive Officer was directed to notify the City of Lamoni in writing as to the approval.

The Board received and reviewed the proposed renewal for the MercyOne Management Agreement for the term of July 01, 2024 to June 30, 2027. Following a brief discussion, Guy Clark made a motion to approve the renewal with a second from Teri Foster. Motion carried unanimously.

**V. FINANCIAL REPORT**

Tara Spidle presented the financial report for May 2024 as follows:

Total gross revenue was \$3.88 million in May 2024. An operating gain of \$184,043.00 and a net gain of \$299,862.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the financial reports for May 2024. Beka Mendenhall made the second. Motion carried unanimously.

**Action Item:**

Approval of the Hospital Budget for FY 2025:

The Finance Committee of the Board of Trustees met with Mike Johnston and Tara Spidle on June 26, 2024 beginning at 4:00pm to review the proposed budget for Decatur County Hospital for FY 2025. The committee made a recommendation that the full Board accept and approve the budget as presented. Following review and discussion, Sheri Frost made a motion to approve the FY 2025 budget with a second from Teri Foster. Motion carried unanimously.

## **VI. HR AND MARKETING REPORT**

Shannon Erb provided the HR and Marketing Report as follows:

- May 2024 employee turnover data; and
- Welcome to new employees Tamela Peterson (Paramedic) and JD Horn (Paramedic).

Shannon presented the marketing report for May 2024 to the DCH Board of Trustees. She provided the Board with an overview of current and planned marketing efforts as well as the results of previous campaigns.

## **VII. CLINICAL AND QUALITY REPORT**

Brandi Oesch (Director of Nursing), Feron Leonard (ED/ Med Surg Manager), and Jenny Keller (Quality) presented the Clinical and Quality Report to the Board of Trustees as follows:

Chest Pain Accreditation Measures for May 2024 to include:

- Door to EKG times;
- Troponin – arrival to result times;
- Times for 2<sup>nd</sup> and 3<sup>rd</sup> Troponin draws;
- Required reporting times following Troponin draws;
- Heart Score documentation compliance;
- Patients discharged from observation with non-invasive ischemia evaluation planned;
- “Door-In, Door-Out” Times for STEMI patients;
- “Door to Needle” Times;
- Number of qualifying chest pain patients; and
- Mix of patients admitted to the hospital between observation and acute status.

Quality Improvement Metrics for May 2024 to include:

- Adverse drug events/ medication errors;
- Patient falls;
- Blood incompatibility;
- “Look-Back” incidents;
- Stage III and IV pressure ulcers;
- IV Start Attempts vs. Successes;
- Total Number of Positive Blood, Wound, and Urine Cultures Requiring Antibiotics;
- Total Number of Appropriate Antibiotic Prescriptions; and
- Patient Ambulation Statistics.

The quality scorecard with metric results to-date was reviewed with the Board members and a written copy of the same was provided in their Board packets for the meeting.

A written report prepared by the Infection Prevention Nurse was presented to the Board of Trustees with respect to the following:

- Internal hand hygiene audits;
- Surgical Site Infections (SSI);

- Hospital Acquired Infections (HAI);
- CAUTI;
- CLABSI;
- C.DIFF; and
- Blood culture contamination rates.

## **VII. CLOSED SESSION – IOWA CODE 21.5(1)(L)**

At approximately 6:28pm, a roll call vote was called for the Board to enter closed session for a discussion under the following exemption(s):

- Iowa Code 21.5(1)(L).

The vote results were: Denise Elefson – aye; Sheri Frost – aye; Guy Clark – aye; Teri Foster – aye; Larry Griffin – aye; Rebekah Mendenhall – aye; and Cheryl Zach – aye. Present in addition to the Board members listed were Mike Johnston, CEO, Tara Spidle (CFO), Shannon Erb (Chief Human Resources and Marketing Officer), Brandi Oesch (Director of Nursing), Feron Leonard (ED/ Med Surg Director), and Ed Wehling, DO (Chief of the Medical Staff).

With a consensus of the Board members to do so, the Board returned to open session at approximately 6:50pm. Those present at the time were the same as listed above when the Board of Trustees entered closed session. No action of the Board was required nor taken following the return to open session.

## **VIII. ADJOURNMENT**

The meeting adjourned at 6:52pm.

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Guy Clark, Secretary