

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES

MEETING MINUTES

January 24, 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), Dr. Ed Wehling (Chief of the Medical Staff), Brandi Oesch (Director of Nursing), and Feron Leonard (ED/ Med Surg Director).

I. CALL TO ORDER

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

II. AGENDA APPROVAL

Mike Johnston requested one change to the meeting agenda – the removal of Dr. Russell Kilpatrick from the list of Medical Staff appointments for Board approval. Teri Foster made a motion to approve the agenda as revised and Larry Griffin made the second. Motion carried unanimously.

III. CONSENT AGENDA

Rebekah Mendenhall made a motion to approve the following Consent Agenda items with a second by Cheryl Zach: (1) November 2023 Regular Meeting Minutes (2) November 2023 Accounts Payable (AP): \$1,280,608.00/ December 2023 Accounts Payable (AP): \$1,400,723.00 (3) November 2023 Payroll: \$548,004.00/ December 2023 Payroll: \$566,976.00 (4) November 2023 Accounts Receivable Write-Offs: \$138,498.20/ December 2023 Accounts Receivable Write-Offs: \$173,566.00. Motion carried unanimously.

IV. MEDICAL STAFF REPORT

Dr. Wehling presented the Medical Staff report. The DCH Medical Staff held its regular meeting on January 17, 2024. Dr. Wehling provided a summary of the meeting and noted the Active Medical Staff's unanimous approval of staff appointments and reappointments as noted on the Board meeting agenda:

Medical Staff Appointments:

Tessa Sandel, ARNP (Hospitalist);

Nicolet Newhoff, CRNA;

Peter Jorgenson, PMHNP-BC (Tele-Psych);

Heather Glasser, PMHNP-BC (Tele-Psych);

Alesha Luckett, PMHNP-BC (Tele-Psych);

Kathryn Keuhner, DO (Tele-Psych);

Michelle Vore, PMHNP-BC (Tele-Psych);

Paige Hektoen, PMHNP-BC (Tele-Psych); and

Markie Sargent, PMHNP-BC (Tele-Psych).

Medical Staff Reappointments:

Edwin Wehling, DO (General and Vascular Surgery)

The Active Medical Staff recommended that the Board of Trustees approve the staff appointments and re-appointments as presented. Sheri Frost made a motion to approve this recommendation and Teri Foster made the second. Motion carried unanimously.

Dr. Wehling indicated to the Board that during the regular meeting of the medical staff on January 17, 2024, the Active Medical Staff of Decatur County Hospital also reviewed and unanimously approved the following:

- Medical Staff Bylaws (reviewed and approved with no revisions from the previous);
- The appointment of Mia Hutchison as the Infection Preventionist for DCH;
- Trauma Program Letter of Commitment; and
- Antimicrobial Stewardship Program Letter of Commitment.

Each item as noted immediately above was referred to the Board of Trustees for final approval with the full recommendation of the medical staff (see “CEO Report” section for final action on these items).

Dr. Wehling updated the Board on the following additional items:

- The DCH Active Medical Staff held a morbidity and mortality (M+M) conference earlier in the day on January 24, 2024 for peer review of identified cases. He described the meeting as very productive with a focus on provider education and process improvement.
- Mock codes continue to be held throughout the hospital in various departments for training and education with staff members. The most recent was held on January 24, 2024.

VI. CEO REPORT

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

- The hearing before the State Facilities Council with respect to our Certificate of Request for an in-house MRI unit is scheduled for January 25, 2024 beginning at 9am. Results will be communicated to the Board members via email as soon as possible upon receipt.
- Installation on the nuclear medicine camera begins Monday, January 29, 2024. A technician has been hired to run the equipment and we expect to be operational by the end of February/ beginning of March 2024.
- Cindy Salsberry’s new wound clinic at DCH will begin on February 05, 2024.
- The Mercy management agreement will be up for renewal at the end of June 2024. A draft of the proposed new contract has not yet been received but will be forwarded to Board members as soon as possible.
- The contract with Dr. Kilpatrick (Dermatology) has ended and he will not be returning.

Action Items:

Annual Review and Approval of Medical Staff Bylaws: Larry Griffin made a motion to approve the medical staff bylaws as recommended by the active medical staff. Teri Foster made the second and the motion carried unanimously.

Annual Review and Approval of Board Bylaws: Cheryl Zach made a motion to approve the Bylaws for the Decatur County Hospital Board of Trustees with no revisions from the previous version. Rebekah Mendenhall made the second. Motion carried unanimously.

Approval of Infection Preventionist Appointment: Upon review, and having received the recommendations of the Chief Executive Officer, the Director of Nursing, and a formal resolution of approval passed unanimously by the Medical Staff of Decatur County Hospital, Teri Foster made a motion to confirm the appointment of Mia Hutchison as Infection Preventionist. Sheri Frost made the second and the motion carried unanimously.

Approval of the Trauma Program and Antimicrobial Stewardship Program Letters of Commitment: Larry Griffin made a motion to approve the renewal of both the Trauma Program Letter of Commitment and the Antimicrobial Stewardship Letter of Commitment with a second from Sheri Frost. Motion carried unanimously.

Approval of Authorization to Invest Funds: The Board of Trustees reviewed the current “Authorization to Invest Funds” granting Board approval to the CEO and CFO to invest surplus funds of the hospital in accordance with such investment

policies as adopted by the Board of Trustees. After review, Teri Foster made a motion to renew the authorization as described. Guy Clark made the second. Motion carried unanimously.

Approval of Resolution Naming Depositories: The Board reviewed the banking facilities currently approved for the deposit of hospital funds. Following, Teri Foster made a motion to approve the list of approved depositories as presented with a second from Guy Clark. Motion carried unanimously.

Annual Review and Approval of the Board Self-Evaluation Survey Results – Calendar Year (CY) 2023: Written copies of the survey results were distributed to the Board members via email prior to the meeting for their review. A short discussion was held at the conclusion of which Sheri Frost made a motion to accept the results as presented. Teri Foster made a second and the motion carried unanimously.

VII. FINANCIAL REPORT

Tara Spidle presented the financial report for November and December of 2023 as follows:

Total gross revenue was \$3.63 million in November 2023/ \$3.1 million in December 2023. Operating gain of \$63,802.00 and a net gain of \$175,411.00 was realized after tax revenue and other non-operating income in November. December had an operating loss of \$335,232.00 with a net loss of \$132,751.00. Larry Griffin made a motion to approve the financial reports for November 2023 and December 2023 with a second from Teri Foster. Motion carried unanimously.

Tara presented the final, written report for the FY 2023 audit as performed by Eide Bailey to the Board of Trustees. Sheri Frost made a motion to accept and approve the report. Teri Foster made the second and the motion carried unanimously.

VIII. CLINICAL AND QUALITY REPORT

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

Chest Pain Accreditation Measures for both November and December of 2023 to include:

- Door to EKG times;
- Troponin – arrival to result times;
- Times for 2nd and 3rd Troponin draws;
- Required reporting times following Troponin draws;
- Heart Score documentation compliance;
- Follow-up with Primary Care Providers;
- “Door-In, Door-Out” Times for STEMI patients; and
- “Door to Needle” Times.

Quality Improvement Metrics for both November and December of 2023 to include:

- Adverse drug events/ medication errors;
- Patient falls;
- Blood incompatibility;
- “Look-Back” incidents;
- Foreign Objects retained after surgery;
- Air embolism(s);
- Stage III and IV pressure ulcers; and
- Blood culture contamination rates.

The written format for the report on internal quality metrics for fiscal year (FY 2024) was reviewed with the Board members.

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;
- RSV and Flu season updates;
- Changes to TB screening made by IDPH; and
- The next Infection Prevention meeting is scheduled for March 20, 2024 following the regular meeting of the Medical Staff.

IX. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- November 2023 and December 2023 employee turnover data.
- Welcome to new employees: Valerie Nisly (EVS Tech), Michelle LeGuerrier, RN, Michelle Banks, RN, Julie McMillen, RN, and James Culbert (PRN Rad Tech)

Shannon presented the marketing report for both November and December 2023 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.

X. MERCYONE REPORT

There was no MercyOne representative present at the meeting.

XI. ADJOURNMENT

The meeting adjourned at 6:37pm.

Guy Clark, Secretary