

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES

MEETING MINUTES

August 28, 2024 – 5:30pm

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

ABSENT: Teri Foster

OTHERS PRESENT: Mike Johnston (CEO), Tara Spidle (CFO), Shannon Erb (COO), Brandi Oesch (CNO), and Feron Leonard (ED/ Med Surg Director).

I. CALL TO ORDER

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

II. AGENDA APPROVAL

Larry Griffin made a motion to approve both the meeting agenda as presented and the Consent Agenda in Section III below. Cheryl Zach made the second as to both. Motion carried unanimously.

III. CONSENT AGENDA

The Consent Agenda was approved as described in Section II above: (1) Meeting Minutes – July 2024 (2) July 2024 Accounts Payable (AP): \$2,392,986.00 (3) July 2024 Payroll: \$850,644.00 (4) July 2024 Accounts Receivable Write-Offs: \$344,576.00. Motion carried unanimously. It should be noted that the July 2024 Accounts Payable included the purchase of two (2) new certificates deposit with an aggregate cost of \$950,000.00 (one CD for \$500,000.00 and the other for \$450,000.00). The July 2024 Payroll included three (3) pay periods in the month as opposed to the usual two (2).

IV. PUBLIC COMMENT

Cheryl Zach reported on a positive treatment experience through the DCH Outpatient Clinic and further described a very negative experience with Iowa Heart in Des Moines. Larry Griffin indicated he had received positive comments from a patient concerning Dr. Wehling.

V. MEDICAL STAFF REPORT

Dr. Wehling was not present due to a previously planned absence. There was no meeting of the Medical Staff in August 2024. The next meeting is scheduled for September 18, 2024.

VI. CLOSED SESSION – IOWA CODE 21.5(1)(L)

At approximately 5:35pm, 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; 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 (COO), Brandi Oesch (CNO), and Feron Leonard (ED/ Med Surg Director).

With a consensus of the Board members to do so, the Board returned to open session at approximately 6:29pm. 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.

VII. CEO UPDATE

Action Items:

Approval of Revised Organizational Chart: Guy Clark made a motion to approve with a second from Sheri Frost. Motion carried unanimously.

FY2025 Strategic Plan Approval: Sheri Frost made a motion to approve the FY2025 Strategic Plan. Cheryl Zach made the second. Motion carried unanimously.

Approval of GE Mavric Software Purchase for MRI: Larry Griffin made a motion to approve the purchase at the quoted price of \$17,500.00 with a second from Cheryl Zach. Motion carried unanimously.

Provider House Renovations: Mike Johnston presented the Board of Trustees with four (4) estimates for the previously discussed proposed renovations to the provider house. After some discussion, the estimates were narrowed down to two (2) potential contractors. Sheri Frost made a motion to approve the renovations with the selection of the contractor at the discretion of the CEO (the estimates were below the public bidding threshold). The motion included the caveats that the total approved estimate did not exceed \$70,000 and appropriate due diligence in the way of references for the contractor be conducted prior to signing the agreement. Cheryl Zach made a second and the motion carried unanimously.

Acquisition of a Jackson Table for Spine Surgery: Sheri Frost made a motion to approve the purchase of the table at the quoted cost of \$81,725.49 and Guy Clark made the second. Motion carried unanimously.

V. FINANCIAL REPORT

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

Total gross revenue was \$3.29 million in July 2024. An operating loss of \$558,953.00 and a net loss of \$437,473.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the financial report for July 2024. Rebekah Mendenhall made the second. Motion carried unanimously.

VI. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- July 2024 employee turnover data; and
- Welcome to new employees: Tanner Coe (EMT), Colby Baker (PM, CCP), Rebecca Gingerich (EVS), Cody Enterline (EMT), Cady Atwood (Executive Assistant), and Cassidy Cady (Finance Assistant).

Shannon presented the marketing report for July 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 (CNO) 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 July 2024 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;
- 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
- Total STEMI patients.

Quality Improvement Metrics for July 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 (includes port access);
- 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.

VIII. ADJOURNMENT

The meeting adjourned at 7:06pm.

Written Materials Presented to the Board of Trustees:

In addition to the meeting agenda, the Board members received the following written documentation prior to the meeting via email and as part of their packets at the meeting itself:

FY 2025 QAPI Scorecard
OPC Patient Survey Results – July 2024
Revised Organization Chart – August 2024
Diamond Company Estimate – Provider House
VIP Estimate – Provider House
PAR Industries Estimate – Provider House

LifeServe Quality Report – August 2024
Mercy Pathology TAT Report – July 2024
GE HealthCare Quote #2007929031.2 - Mavric
Breiholz Estimate – Provider House
Steris Quote #BBRENIZE1787909 – Jackson Table

Attest:

Guy Clark, Secretary