

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES
MEETING MINUTES
December 04, 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 (COO), Brandi Oesch (CNO), and Jenny Keller (Quality).

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 meeting agenda as presented. Larry Griffin made the second. Motion carried unanimously.
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III. CONSENT AGENDA

Guy Clark made a motion to approve the Consent Agenda with a second by Rebekah Mendenhall. Motion carried unanimously. (1) Meeting Minutes – October 2024 (2) October 2024 Accounts Payable (AP): \$2,243,522.00 (3) October 2024 Payroll: \$660,954.00 (4) October 2024 Accounts Receivable Write-Offs: \$62,520.00.

IV. PUBLIC COMMENT

Teri Foster relayed positive feedback received concerning Drs. Ojong and Zolnoun. Guy Clark had additional positive comments with respect to Dr. Ojong. Denise Elefson reflected on the recent joint marketing efforts with Infinity Health and the insert in the special edition of the Leon Journal-Reporter. The Board commended Shannon Erb for her excellent work on this project.

V. MEDICAL STAFF REPORT

Dr. Wehling was not present due to a previously planned vacation.

VI. CEO UPDATE

Mike Johnston provided the following updates to the Board members:
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| <ol style="list-style-type: none">1. Reminder to complete the calendar year (CY) 2024 Board Self-Assessment Survey;2. To-date, no request for changes to the Board Bylaws have been received. As required, they will be formally reviewed and approved at the January 2025 meeting of the Board of Trustees;3. Spine Surgery: Dr. Kuo's first spine clinic will be Friday, December 06, 2024;4. Dermatology/ MOHS procedures: Dr. Ojong will begin performing MOHS surgical procedures at Decatur County Hospital in January of 2025. At present, we have nine (9) confirmed patients with a possible tenth (10th) in the process of scheduling;5. Gynecology: Dr. Zolnoun performed her first surgical procedures at DCH in November 2024 with a total of five (5) completed. Patient volumes and revenues are trending significantly higher than under our previous service model for gynecology;6. Schedule for Board Liaison to Medical Staff Meetings – CY 2025: The Board liaison schedule for meetings of the medical staff in CY 2025 was reviewed. With minor changes, the schedule was deemed acceptable to the Board members based on their dates of required attendance; and |
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7. The Board of Trustees was provided with the Executive Summary Report for our 2024 FRSecure cybersecurity risk assessment. Discussion followed.

Action Items:

Purchase (Replacement) of Community Transportation Van: The Board of Trustees received two (2) quotes for the purchase of a new community transport van as a replacement for the current vehicle that is nearing the end of its serviceable life. After a brief discussion, Larry Griffin made a motion to approve the quotation for the model most similar to the existing one at a cost of \$79,293.00. Cheryl Zach made the second. Motion carried unanimously.

Purchase (Upgrade) of VapoTherm Unit: The quote presented was for the replacement of one (1) of the three (3) existing VapoTherm units with a newer, portable model to assist with patient transfers and for enhanced mobility within the facility. Teri Foster made a motion to approve the purchase for \$12,022.00 with a second by Cheryl Zach. Motion carried unanimously.

Medical Staff Appointments and Reappointment: The following medical staff appointments and reappointments were unanimously approved by the Active Medical Staff at their regular meeting on November 13, 2024 and presented to the Board for final approval:

Appointments:

Courtney Hartberg, CRNA;

Basil Holoyda, MD (Neurology);

Austin Langel, CRNA; and

Shayna Piersma, PA-C (Oncology).

Reappointments:

Seth Myers, CRNA

Guy Clark made a motion to approve the appointments and reappointments as presented and Rebekah Mendenhall made the second. Motion carried unanimously.

Revised Organizational Chart: Cheryl Zach made a motion to approve the revised organizational chart as presented. Teri Foster made the second. Motion carried unanimously.

Board Regular Meeting Schedule – Calendar Year (CY) 2025: Teri Foster made a motion to approve the regular meeting schedule of the Board of Trustees for CY 2025 with a second by Cheryl Zach. Motion carried unanimously. The Board Chairperson instructed the CEO to publish the approved schedule in the applicable place on the hospital website.

MercyOne Management Agreement – Amendment: Larry Griffin made a motion to approve the amendment as presented and Teri Foster made the second. Motion carried unanimously.

VII. FINANCIAL REPORT

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

Total gross revenue was \$4.4 million in October 2024. An operating gain of \$219,818.00 and a net gain of \$346,473.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the financial report for October 2024. Rebekah Mendenhall made the second. Motion carried unanimously.

VIII. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- October and November 2024 employee turnover data; and
- New Hires.

Shannon presented the marketing report for October 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.

IX. CLINICAL AND QUALITY REPORT

Brandi Oesch (CNO) and Jenny Keller (Quality) presented the Clinical and Quality Report to the Board of Trustees as follows:

Chest Pain Accreditation Measures for October 2024 to include:

- Door to EKG times;
- Troponin – arrival to result times;
- Median time between 1st and 2nd Troponin draws;
- Median time between 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 October 2024 to include:

- Adverse drug events/ medication errors;
- Blood incompatibility;
- Stage III and IV pressure ulcers;
- Correct antibiotic prescription rates;
- IV start attempts vs. successes (includes port access) for Med Surg/ ED, Surgery/ Infusion, and Laboratory;
- Total number of positive blood, wound, and urine cultures requiring antibiotics;
- Total number of appropriate antibiotic prescriptions; and
- Patient ambulation statistics.

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.

X. CLOSED SESSION – Iowa Code 21.5(1)(i) and 21.5(1)(l)

At approximately 6:06pm, a roll call vote was called for the Board to enter closed session for discussion under the following exemption(s):

- Iowa Code 21.5(1)(i): Personnel. **The closed session was requested by the individual/ personnel member to be discussed; and*

- Iowa Code 21.5(1)(l): Marketing and Other Proprietary Information.

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. Those present in addition to the Board members were Mike Johnston and Shannon Erb.

With a consensus of the Board members obtained to do so, the Board returned to open session at approximately 6:52pm on the same date. The Board members present when the open session reconvened were Denise Elefson, Sheri Frost, Guy Clark, Teri Foster, Larry Griffin, Rebekah Mendenhall, and Cheryl Zach. Mike Johnston and Shannon Erb were also present.

Following the return to open session, no action was required of, nor taken by, the Board of Trustees.

XI. ADJOURNMENT

The meeting adjourned at 6:54pm.

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:

October 2024 Financial Report
November 2024 Medical Staff Minutes
OPC Patient Survey Results – October 2024
Blood Culture Contamination Report – Oct 2024
FRSecure Executive Summary Report – Nov 2024
Cummings Mobility Quote #38773 – Transport Van
Revised Organizational Chart – December 2024
Mercy One MSA Proposed Amendment
Board Med Staff Liaison Schedule – CY 2025

DRAFT Board Meeting Minutes – October 2024
Quality Committee Meeting Minutes – Nov 2024
Quality Committee Meeting Minutes – Oct 2024
Mercy Pathology TAT Report – October 2024
Cummings Mobility Quote #38772 – Transport Van
VapoTherm Quote #00032400
Board Meeting Schedule – Calendar Year 2025
Board Standing Committee Assignments CY 23-24
MercyOne Board Liaison Report – November 2025

Attest:

Guy Clark, Secretary