

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES  
MEETING MINUTES  
July 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 (COO), Brandi Oesch (CNO), Feron Leonard (ED/ Med Surg Director), Ty Green (EMS Director), and Ed Wehling, DO (Chief of the Medical Staff).

|                         |
|-------------------------|
| <b>I. CALL TO ORDER</b> |
|-------------------------|

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

|                            |
|----------------------------|
| <b>II. AGENDA APPROVAL</b> |
|----------------------------|

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

|                            |
|----------------------------|
| <b>III. CONSENT AGENDA</b> |
|----------------------------|

|                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Teri Foster made a motion to approve the following Consent Agenda items with a second by Guy Clark: (1) Meeting Minutes – June 2024 (2) July 2024 Accounts Payable (AP): \$1,747,190.00 (3) June 2024 Payroll: \$564,150.00 (4) June 2024 Accounts Receivable Write-Offs: \$74,806.00. Motion carried unanimously. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |
|---------------------------|
| <b>IV. PUBLIC COMMENT</b> |
|---------------------------|

|                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Teri Foster provided positive comments about the recent experience of a patient in the Emergency Department. Guy Clark described a recent “rapid response” in the hospital that he had witnessed and made positive comments related thereto. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                 |
|---------------------------------|
| <b>IV. MEDICAL STAFF REPORT</b> |
|---------------------------------|

|                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 July 17, 2024: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>- Appointment: Luis Salazar-Arc, PMHNP (Telemedicine - Psych); and</li><li>- Reappointment: Jeffrey Hartung, DO (ED/ Hospitalist).</li></ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Larry Griffin made a motion to approve the appointment and reappointment as presented. Teri Foster made the second and the motion carried unanimously. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dr. Wehling discussed the regular meeting of the Active Medical Staff on July 17, 2024 with the Board of Trustees to include his presentation on new “Brain Injury Guidelines (BIG).” A copy of the minutes for this meeting was provided to the Board members in their written packet. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| He also updated the Board on a meeting held at the hospital on July 24, 2024 with respect to the development of a new stroke management program. Besides Dr. Wehling, the group included Dr. Loutfi, Dr. Van Maanen, and representatives from nursing, radiology, and hospital administration. New protocols were discussed and are being developed for review by the Active Medical Staff at their next regular meeting in September 2024. With the availability of Dr. Loutfi’s services, the new in-house MRI unit, and other foundational components, the goal of the program is to begin keeping some stroke patients at DCH as opposed to transferring them to Des |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Moines where this can be accomplished safely and as is consistent with the standard of care. The nearly automatic transfer of these patients places a burden of travel, expense, and other inconveniences on the patient and their families/ caregivers while, according to the reports received from several of them, they spend the night at a Des Moines hospital and little to no treatment is being conducted.

#### **IV. CEO REPORT**

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

- The X-Ray Room replacement is well underway and on schedule. Thus far, no major issues have been encountered and we expect the room to be operational in the week of August 05, 2024.
- The new gynecologist, Dr. Denniz Zolnoun, is tentatively scheduled to begin her clinic here at DCH on August 28, 2024. This is subject to her pending application for an Iowa medical license to be completed on time.
- The site visit for our perspective spine surgeon has been rescheduled for August 16, 2024.

#### **Action Items:**

##### Board Resolution – Approval of Alayna Link, LPN, as Infection Preventionist for Decatur County Hospital:

After discussion at their regular meeting on July 17, 2024, and with the recommendation of the Chief Executive Officer and the Chief Nursing Officer, the Active Medical Staff unanimously approved by written resolution the appointment of Alayna Link, LPN to the Infection Preventionist position. A written resolution granting final approval to this appointment was presented to the Board of Trustees. Following a brief discussion, Sheri Frost made a motion approve the resolution and Teri Foster made the second. Motion carried unanimously.

##### Iowa Public Agency Investment Trust (IPAIT) and Resolution Naming Depositories:

As part of their written meeting packet, the Board of Trustees received in advance multiple items of information concerning IPAIT as an additional source of investment opportunities for excess funds of the hospital. IPAIT is fully compliant with Iowa law for public agency investments and is utilized by multiple municipal and hospital entities throughout the state. The CEO and the Chief Financial Officer both recommend that the Board approve IPAIT as an approved depository for Decatur County Hospital and authorize the Chief Executive Officer and the CFO to invest funds consistent with Board and hospital policy.

In authorizing this investment, the Board of Trustees was also requested to approve a revised Resolution Naming Depositories for Decatur County Hospital to include IPAIT (and the IPAIT Administrator) as well as City State Bank and PCSB Bank (both in Mt. Ayr, IA) for the deposit of funds.

Following a brief review of the material, and a short discussion, Larry Griffin made a motion to both approve the IPAIT written resolution and to approve the revised Resolution Naming Depositories with a second by Beka Mendenhall. Motion carried unanimously.

#### **V. FINANCIAL REPORT**

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

Total gross revenue was \$4.01 million in June 2024. An operating gain of \$436,249.00 and a net gain of \$608,611.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the financial report for June 2024. Teri Foster made the second. Motion carried unanimously.

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

Shannon Erb provided the HR and Marketing Report as follows:

- June 2024 employee turnover data; and

- Welcome to new employees Lee Collom (EMT), Breanne Hammond, RN, and Teya Still-Becker, MT (Lab).

Shannon presented the marketing report for June 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 June 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; and
- Number of qualifying chest pain patients.

Quality Improvement Metrics for June 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. |
| <b>VIII. ADJOURNMENT</b>             |
| The meeting adjourned at 6:24pm.     |

**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:

- |                                        |                                                         |
|----------------------------------------|---------------------------------------------------------|
| June 2024 Financial Report             | DRAFT Board Meeting Minutes – June 2024                 |
| FY 2024 QAPI Scorecard                 | DRAFT Medical Staff Meeting Minutes – July 2024         |
| IPAIT Fact Sheet                       | LifeServe Quality Report – 1 <sup>st</sup> Quarter 2024 |
| IPAIT Information Sheet                | OPC Patient Survey Results – June 2024                  |
| IPAIT Annual Report – FY2023           | Med Staff Resolution – IP Nurse Appointment             |
| IPAIT Board Resolution                 | Board Resolution – IP Nurse Appointment                 |
| 2024 EMS State Survey Report           | MercyOne Statewide Liaison Report                       |
| Mercy Pathology TAT Report – July 2024 |                                                         |

Attest:

\_\_\_\_\_  
Guy Clark, Secretary