

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES

MEETING MINUTES

March 26, 2025 – 5:30pm

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

ABSENT: None

OTHERS PRESENT: Mike Johnston (CEO), Tara Spidle (CFO), Shannon Erb (COO), Brandi Oesch (CNO), Feron Leonard (Med Surg/ ED Director), Jenny Keller (Quality), Dr. Ed Wehling (Chief of the Medical Staff), and Mike Trachta (MercyOne).

I. CALL TO ORDER

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

II. AGENDA APPROVAL

Guy Clark made a motion to approve the meeting agenda as presented. Cheryl Zach made the second. Motion carried unanimously.

III. CONSENT AGENDA

Sheri Frost made a motion to approve the Consent Agenda with a second by Larry Griffin. Motion carried unanimously. (1) Meeting Minutes – February 2025 (2) February 2025 Accounts Payable: \$1,404,119.00 (3) February 2025 Payroll: \$616,554.00. (4) February 2025 Accounts Receivable Write-Offs: \$139,273.00.

IV. PUBLIC COMMENT

There was no public comment.

V. MEDICAL STAFF REPORT

Dr. Wehling gave the medical staff report and reviewed the proceedings from the regular meeting of the medical staff on March 19, 2025.

Action Item:

Medical Staff Appointments, Reappointments, Change from Provisional to Full Status, and Additional Privilege Requests: The following were unanimously approved by the Active Medical Staff at their regular meeting on March 19, 2025 and presented to the Board of Trustees for review and final approval:

Appointments:

Stephen Goldman, DO (Emergency Medicine)	Omar Moore, MD (Neurology – NMA)
George Thomas, MD (Neurology – NMA)	Matthew McAuliffe, MD (Neurology – NMA)
McKenzie Woodyard, ARNP (Telehealth Psych)	Nandita Argarwal, MD (Radiology)
Ahmad Babaa, DO (Radiology)	Richard Bedont, MD (Radiology)
Bharanidhar Chandrasekaran, MD (Radiology)	Ryan Cook, MD (Radiology)
Karl Digman, MD (Radiology)	Michael Disbro, MD (Radiology)
Mitchell Erickson, MD (Radiology)	Terry Falk, MD (Radiology)

Seth Gibson, DO (Radiology)

Mark Johnson, MD (Radiology)

Indunil Karunasekera, MD (Radiology)

Kraig Kilpatrick, MD (Radiology)

Thomas Mallisee, MD (Radiology)

William Manzo, MD (Radiology)

Alan McDaniel, MD (Radiology)

Roman Mirsky, MD (Radiology)

Sandra Ruhs, MD (Radiology)

Alexander Stone, DO (Radiology)

Zachary Viets, MD (Radiology)

Reappointments:

Jessica Stark, DDS (Dentistry)

Melissa Snyder, CRNA

Christine Drake, ARNP (Oncology)

William Barnhill, CRNA

Shannon (Schoening) Larson, CRNA

Mindy Gingery, CRNA

Matthew Trump, DO (Pulmonology)

Zeeshan Jawa, MD (Oncology/ Hematology)

Sandra Hall, ARNP (Cardiology)

Nathan Allen, DO (Family Medicine)

Provisional to Full Status:

Amanda Wilford, ARNP (Emergency Medicine)

Denniz Zolnoun, MD (Gynecology)

Additional Staff Privileges:

Rebecca Kuo, MD (Spine Surgery) – Add Epidurals

Cheryl Zach made a motion to approve all appointments, reappointments, change from provisional to full status, and the additional privilege request as presented and described above. Sheri Frost made the second. Motion carried unanimously.

VI. CEO UPDATE

Mike Johnston provided the following updates to the Board members:

- Review of the March 19, 2025 threat bulletin from the American Hospital Association (AHA) and the Health ISAC detailing intercepted information regarding a potential coordinated attack on US hospitals;
- Updated timeline for the Child Care Center project including a target date of June 25, 2025 for presentation of contractor bids to the Board of Trustees; and
- Discussed ongoing issue with Molina insurance.

Action Item:

Review and Approval of Firm for FY2026 Audit: As part of their meeting packet, the Board members received and reviewed quotes for services related to the required FY2026 audit from CLA and Eide Bailey. After a discussion concerning issues encountered with Eide Bailey during the FY2025 audit and the need for additional time to complete activities related thereto, Mike Johnston requested that the Board delegate authority to make a decision as to the audit firm for FY2026 to the Chief Executive Officer (CEO) and the Chief Financial Officer (CFO). This delegation authorizes the CEO and CFO to make a final selection of the auditing firm for FY2026 and to engage the services of the selected firm as applicable without further action of the Board of Trustees. Sheri Frost made a motion to approve the authorization as requested with a second from Teri Foster. Motion carried unanimously.

VII. FINANCIAL REPORT

Tara Spidle presented the financial report for February 2025 as follows:

Total gross revenue was \$4.17 million in February 2025. An operating gain of \$132,522.00 and a net gain of \$261,334.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the February 2025 Financial Report and Rebekah Mendenhall made the second. Motion carried unanimously.

VIII. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- February 2025 employee turnover data; and
- February 2025 new hires.

Shannon provided an overview of Decatur County Hospital's application for the Foster G. McGaw prize (due May 06, 2025) for the Board members.

IX. CLINICAL AND QUALITY REPORT

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

Chest Pain Accreditation Measures for February 2025 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 February 2025 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, EMS, Radiology, and Laboratory;
- Total number of positive blood, wound, and urine cultures requiring antibiotics; 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. MERCYONE REPORT

Mike Trachta provided the MercyOne report.

XI. ADJOURNMENT

The meeting adjourned at 6:06pm.

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:

DRAFT Board Minutes (Regular) February 2025
 Medical Staff Meeting Minutes – March 19, 2025
 OPC Patient Survey Reports – February 2025
 Eide Bailey Audit Services Quote – FY2026
 Blood Culture Contamination Rates – February 2025
 MercyOne Statewide Liaison Report – March 2025

DRAFT Board Minutes (Special) February 2025
 Financial Report – February 2025
 CLA Audit Services Quote – FY2026
 Pathology Turn Around Times (TAT) – February 2025
 Quality Meeting Minutes – February 28, 2025
 AHA Threat Bulletin – March 19, 2025

Attest:

 Sheri Frost, Secretary