

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES
MEETING MINUTES
February 26, 2025 – 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 (Med Surg/ ED Director), Jenny Keller (Quality), Mike Trachta (MercyOne), and Morgan Kofoid (MercyOne).

I. CALL TO ORDER
Denise Elefson called the meeting to order at 5:30pm.
II. AGENDA APPROVAL
Cheryl Zach made a motion to approve the meeting agenda as presented. Teri Foster made the second. Motion carried unanimously.
III. CONSENT AGENDA
Larry Griffin made a motion to approve the Consent Agenda with a second by Rebekah Mendenhall. Motion carried unanimously. (1) Meeting Minutes – January 2025 (2) January 2025 Accounts Payable: \$1,888,262.00 (3) January 2025 Payroll: \$625,376.00. (4) January 2025 Accounts Receivable Write-Offs: \$0.00.
IV. PUBLIC COMMENT
Teri Foster related positive comments concerning the array of outpatient services available at DCH. She noted an example of a patient with which she was familiar having a six (6) month wait time for Neurology services in Des Moines. Larry Griffin provided positive feedback on the recently completed Wellness Week lab and health services.
V. MEDICAL STAFF REPORT
Dr. Wehling was not present due to a planned vacation.
VI. CEO UPDATE
Mike Johnston provided the following updates to the Board members: <ul style="list-style-type: none">- Reviewed draft renderings of both the exterior and proposed floor plan of the childcare center;- Discussed the triennial hospital survey by Iowa DIA which is due this year; and- Reviewed the status of growth initiatives as well as additional projects in the remaining fiscal year. Action Item: Stryker Spine Drill Purchase: Mike presented a quote for the purchase of a Stryker Spine Drill to the Board. This is a necessary piece of equipment for various spine and neck related surgeries and utilized by Dr. Kuo. Larry Griffin made a motion to approve the purchase in the amount of \$32,990.97 and Teri Foster made the second. Motion carried unanimously.
VII. FINANCIAL REPORT
Tara Spidle presented the financial report for January 2025 as follows:

Total gross revenue was \$4.2 million in January 2025. An operating loss of \$23,646.00 and a net gain of \$180,798.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the January 2025 Financial Report and Rebekah Mendenhall made the second. Motion carried unanimously.

Action Item:

Corporate Authorization Resolutions – Corydon State Bank and Farmer’s Bank: Guy Clark made a motion to approve both resolutions (one for each bank as stated). Teri Foster made the second. Motion carried unanimously.

VIII. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- DCH served 104 community members during Wellness Week this year;
- January 2025 turnover data; and
- January 2025 new hires.

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 January 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 January 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 6:18pm.

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 – January 2025
 OPC Patient Survey Data – January 2025
 Corydon State Bank Resolution
 Quality Meeting Minutes – February 07, 2025
 MercyOne Liaison Report – February 2025

January 2025 Financial Report
 Pathology Turn Around Times (TAT) – January 2025
 Farmer's Bank Resolution
 Stryker Spine Drill Quote #10921861
 MercyOne Advocacy Update – February 2025

Attest:

Sheri Frost, Secretary