

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES
MEETING MINUTES
May 28, 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), Dr. Ed Wehling (Chief of the Medical Staff), and Sandra Christensen (MercyOne).

I. CALL TO ORDER

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

II. AGENDA APPROVAL

Larry Griffin made a motion to approve the meeting agenda as presented. Cheryl Zach made the second. Motion carried unanimously.
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III. CONSENT AGENDA

Sheri Frost made a motion to approve the Consent Agenda with a second by Rebekah Mendenhall. Motion carried unanimously. (1) Meeting Minutes – April 2025 (Regular) and May 14, 2025 (Special) (2) April 2025 Accounts Payable: \$1,936,545.00 (3) April 2025 Payroll: \$662,445.00. (4) April 2025 Accounts Receivable Write-Offs: \$179,812.00.

IV. PUBLIC COMMENT

Sheri Frost discussed positive patient comments with respect to both Dr. Wehling and Brandi Oesch. Cheryl Zach initiated a discussion about the referral process from Infinity Health and presented patient feedback relative to the same.
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V. MEDICAL STAFF REPORT

Dr. Wehling provided the Medical Staff Report to the Board of Trustees. He noted that while there was no regular meeting of the Active Medical Staff in May 2025, educational efforts with providers and staff continue. He indicated the current focus for improvement activities is related to communication.

VI. CEO UPDATE

Mike Johnston provided the following updates to the Board members:
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| <ul style="list-style-type: none">- Day Care Center Project: Bid documents were published as required by law on schedule as of May 23, 2025. The public hearing on the matter is scheduled for the next regular Board meeting on June 25, 2025 at which time the received construction bids, financial projections, and other relevant materials will be presented to the Board of Trustees for a final decision on the project.- 2025 Community Health Needs Assessment (CHNA) and Implementation Plan: The final report on the 2025 CHNA was received on May 12, 2025 and forwarded to the Board members via email as of that date. The required Implementation Plan will be submitted for review and approval by the Board of Trustees at the next regular Board meeting on June 25, 2025.- Review of Proposed Changes to the Iowa Public Meetings Law: A copy of House File (HF) 706 was sent to the members of the Board prior to the meeting for their review. As of today's date, the bill has passed both the Iowa House and Senate and is awaiting final action by the governor. Additional information will be forthcoming assuming the bill is signed into law. |
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VII. FINANCIAL REPORT

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

Total gross revenue was \$4.25 million in April 2025. An operating gain of \$15,921.00 and a net gain of \$145,669.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the April 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:

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

Shannon presented the marketing report for April/ May 2025 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.

Decatur County Hospital has received a \$250,000 grant from the State of Iowa to support educational opportunities and programs for employees who wish to further their careers.

IX. CLINICAL AND QUALITY REPORT

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

Chest Pain Accreditation Measures for April 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 April 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;
- Patient Falls;
- 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

Sandra Christensen gave the MercyOne report.

XI. ADJOURNMENT

The meeting adjourned at 6:00pm.

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 (Special) – May 14, 2025
 Financial Report – April 2025
 OPC Patient Survey Reports – April 2025
 MercyOne Statewide Liaison Report – May 2025

DRAFT Board Minutes (Regular) – April 2025
 Iowa HF 706 – Proposed Public Meeting Law Changes
 Quality Meeting Minutes – April 28, 2025
 Pathology Turn Around Times (TAT) – April 2025

Attest:

 Sheri Frost, Secretary