

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES
MEETING MINUTES
July 23, 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 Manager), 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

Sheri Frost 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 Cheryl Zach. Motion carried unanimously. (1) Meeting Minutes – June 2025 (2) June 2025 Accounts Payable: \$1,308,082.57 (3) June 2025 Payroll: \$630,568.00. (4) June 2025 Accounts Receivable Write-Offs: \$56,542.00.

IV. PUBLIC COMMENT

Denise Elefson discussed information received from the community concerning the hospital's child care construction project. Larry Griffin shared positive comments related to Dr. Homedan and the hospital's orthopedic program.

V. MEDICAL STAFF REPORT

Dr. Wehling presented the Medical Staff Report. He reviewed the minutes of the regular meeting of the Active Medical Staff from July 16, 2025 (copies of the minutes provided to the Board members prior to the meeting). Dr. Wehling further discussed changes to the hospital's Antibiotic Stewardship Committee.

Action Items:

Medical Staff Appointments, Reappointments, and Additional Staff Privileges: The Medical Staff Appointments, Reappointments, and Additional Staff Privileges as listed below were unanimously approved by the Active Medical Staff at their regular meeting on July 16, 2025. Dr. Wehling presented these to the Board of Trustees for final approval. Sheri Frost made a motion to accept and approve each of the appointments, reappointments, and additional staff privileges as enumerated with a second by Larry Griffin. Motion carried unanimously.

Medical Staff Appointments:

Denise Gordon, CRNA;

Rachel Ricke, PA-C (Oncology); and

Matthew Schulte, PA-C (Oncology).

Medical Staff Reappointments:

Aaron Glenn, ARNP (ED/ Hospitalist);

Richard Jacobson, CRNA (Pain Management);

Maher Loutfi, MD (Neurology);

Nicholas Vellema, PA-C (Orthopedics); and

Eugene Yoder, ARNP (ED/ Hospitalist).

Additional Staff Privileges:

Nick Vellema, PA-C

VI. CEO REPORT

Mike Johnston presented the CEO Report to the Board of Trustees as follows:

- The kick-off call for the Child Care Center Construction Project is scheduled for July 24, 2025. This call involves the hospital, the architects, the general contractor, and several of the sub-contractors; marking the official start of the construction.
- As of August 01, 2025, the “Big” component of the LSVT Big and Loud Therapy will return to service offerings of the Rehabilitation Department.
- Recent changes to state law requires approved training by newly elected Board members with respect to public meeting laws within 90-days of their election. While this requirement applies only to newly-elected personnel and, as such, is not applicable to any of the current members of the Board of Trustees, it is highly recommended that each member participate in the training as an educational tool on new and/ or revised legal compliance. Information was sent to the Board members via email on July 17, 2025 containing four (4) available training course dates through September 25, 2025 from the Iowa Public Information Board (IPIB). The Trustees were advised to let Mike know if they wished to attend any of the available dates and the hospital would handle the required registration.

VII. FINANCIAL REPORT

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

Total gross revenue was \$4.44 million in June 2025. An operating gain of \$373,125.00 and a net gain of \$573,996.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the June 2025 Financial Report and Teri Foster made the second. Motion carried unanimously.

VIII. HR UPDATES AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

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

Shannon presented the marketing report for June/ July 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.

IX. CLINICAL CARE 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 June 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 (QFP) patients;
- QFP patients admitted for observation; and
- QFP patients admitted to acute.

Quality Improvement Metrics for June 2025 to include:

- Adverse drug events/ medication errors;
- 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

Mike Trachta provided the MercyOne Report.

XI. ADJOURNMENT

The meeting adjourned at 6:14pm.

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 – June 2025
 DRAFT Medical Staff Minutes – July 16, 2025
 Pathology Quality Report – April to June 2025
 Financial Report – June 2025

Financial Report – May 2025
 OPC Surveys – Full Packet – June 2025
 Pathology Turn-Around-Times (TAT) – June 2025
 MercyOne Liaison Report – July 2025

Attest:

 Sheri Frost, Secretary