



Ernesto Cruz, MD (Cardiology)

Oben Ojong, DO (Dermatology)

Courtney Harberg (CRNA)

Shayna Piersma, PA-C (Oncology/ Hematology)

Basil Holoyda, MD (Neurology)

Rachel Ricke, PA-C (Oncology/ Hematology)

Austin Langel, CRNA

**Distant Site Credentialing – Neurology/ Neurophysiology**

Edward Barton, MD

Janice Joo, MD

Justin Cheongsiatmoy, MD

Taha Shokuhfar, MD

Ken Fujimura, MD

David Valentine, MD

Gin Tung (Dan) Huang, DO

**Change of Medical Staff Category**

Maher Loutfi, MD (Neurology) – From Courtesy Staff to Active Staff

Sheri Frost made a motion to approve all of the medical staff appointments et al. as presented on the meeting agenda (pages 2 and 3). Rebekah Mendenhall made the second and the motion carried unanimously.

**VII. CEO REPORT**

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

- Kristen Lange, Director of Marketing and Business Development for DCH begins her employment on December 08, 2025;
- The new sterilizer is in place and fully operational. The new washer; however, was delayed in shipping from the manufacturer. Installation of that final component is scheduled for the weekend of December 19 and December 20, 2025 with operation commencing on December 21, 2025. Until the new washer arrives, the existing washer remains in place for use by the surgical staff;
- Decatur County Hospital gave a notice of non-renewal to RehabVisions indicating their contract will not be renewed following its expiration in August of 2026. Several options for replacement of those services are under consideration by the hospital administration;
- The new Bone Density (DEXA) scanner is going well with good volumes. Based on current performance, ROI is expected much sooner than the one (1) year previously estimated;
- Dr. Dubil’s clinic (Gynecologic Oncology/ Gynecology) is going very well with very positive feedback received from multiple patients. At present, her surgery schedule is fully booked for both December 2025 and January 2026;
- Mike reminded the Board members that the annual review and approval of the Board Bylaws will be on the agenda for the January 2026 meeting. A copy of the current bylaws was previously distributed to the Board members via email. No requests for additions, deletions, or other revisions have been received to-date;
- The annual Board self-assessment is due as we near the end of calendar year (CY) 2025. Mike Johnston indicated that the survey would be sent out via email to the Board members before the end of the year. Results will be compiled and presented to the Trustees at the January 2026 regular meeting; and
- The schedule for Board member attendance at the regular meetings of the Medical Staff in CY 2026 was reviewed with the Trustees. After slight revision as to the specific member attending individual meetings, it was determined to be final.

**Action Items:**

Approval of Revised Organizational Chart: Sheri Frost made a motion, with a second from Teri Foster, to approve the December 2025 revision of the Organization Chart as presented. Motion carried unanimously.

Approval of Contract Buy-Out for Dr. Ojong: Mike Johnston presented the Board with information pursuant to buying out Dr. Ojong’s existing contract with her current employer (Weatherby) and moving her to a direct contract with Decatur County Hospital. As part of the hospital’s agreement with Weatherby, the required buy-out would be approximately \$50,000.00 though some slight variation is possible in the final accounting of the deal. Sheri Frost made a motion to approve the contract buy-out. Teri Foster made the second and the motion carried unanimously.

Approval of Holiday Incentive Pay for Staff Members: Mike Johnston reviewed with the Board of Trustees the hospital administration’s plan for holiday incentive pay to full-time staff members (with additional qualifications as presented) of \$500.00 each as a one-time incentive payment with the addition of gift cards to other staff members not meeting the established criteria for the full incentive. The cost to the hospital for the full-time incentive payments is \$35,500.00 plus an additional \$3,200.00 in IPERS expense for a total of \$38,700.00. The gift card expense is an additional \$2,600.00 for an aggregate cost of \$41,300.00. Larry Griffin made a motion to approve the holiday incentive payments as described. Rebekah Mendenhall made the second. Motion carried unanimously.

Approval of Regular Board Meeting Schedule for Calendar Year (CY) 2026: Larry Griffin made a motion to approve the Board’s regular meeting schedule for CY 2026 and Guy Clark made the second. Motion carried unanimously. The Board directed the Chief Executive Officer (CEO) to post the meeting schedule in the appropriate section of the hospital’s website as soon as reasonably possible.

**VIII. FINANCIAL REPORT**

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

Total gross revenue was \$4.24 million in October 2025. An operating gain of \$53,522.00 and a net gain of \$390,686.00 were realized after tax revenue and other non-operating income in the month. Larry Griffin made a motion to approve the October 2025 Financial Report with a second from Guy Clark. Motion carried unanimously.

**VIII. HR UPDATES, MARKETING, and QUALITY REPORT**

Shannon Erb provided the Quality, HR and Marketing Report as follows:

Quality:

- Successes were reviewed to include improvements made in the Business Office, Lab, and Central Sterile for the month; and
- Areas of focus for improvement to include measures in the Outpatient Clinic, scan rates, Paramedicine, and Radiology.

Human Resources:

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

Marketing:

Shannon presented the marketing report for November/ December 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. NURSING REPORT**

Brandi Oesch (CNO) presented the Nursing Report to the Board of Trustees as follows:

Chest Pain Accreditation Metrics

- Patients discharged from observation with non-invasive ischemia evaluation planned as outpatient;
- Door-in/ Door-out (DIDO) for STEMI patients;
- Door-to-needle time;

- Number of qualifying chest pain patients in the specified period and their mode of arrival;
- Patients admitted for observation;
- Patients admitted for acute care; and
- Heart Score Documentation.

**Additional Metrics Reviewed and Discussed**

- EKG times;
- Troponin arrival to result;
- Median time between the first (1<sup>st</sup>) and second (2<sup>nd</sup>) Troponin results; and
- Median time between the 2<sup>nd</sup> and third (3<sup>rd</sup>) Troponin results.

**X. MERCYONE REPORT**

Mike Trachta presented the MercyOne Report.

**XI. ADJOURNMENT**

With all scheduled business complete, Sheri Frost made a motion to adjourn and Teri Foster made the second. The motion carried unanimously and the meeting adjourned at 6:48pm.

**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 – October 2025  
 DRAFT Regular Board Meeting Schedule – CY26  
 LifeServe Quality Report 2025 – Quarter 3  
 Financial Report – October 2025  
 OPC Survey – Full Packet – October 2025

DRAFT Board Attendees for Medical Staff – CY26  
 DRAFT Medical Staff Minutes – November 12, 2025  
 Pathology Turn-Around-Times (TAT) – October 2025  
 Board Bylaws as Revised/ Approved – January 22, 2025  
 MercyOne Statewide Liaison Report – November 2025

Attest:

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 Sheri Frost, Secretary