

<b>Meeting Title:</b>	Board of Trustees Meeting	<b>Chairperson:</b>	James Moreau
<b>Date/Time:</b>	May 15, 2024	<b>Location:</b>	Norton County Hospital

**Norton County Hospital  
Board of Trustees Meeting Minutes**

<b>Attended</b>	<b>Position</b>
James Moreau	Board President
Jimmy Todd	Board Vice-President (via Zoom)
Jerry Hawks	Board Member
Randa Vollertsen	Board Treasurer
Lee Juenemann	Board Member
Garrett Beydler	Norton County Commissioner
Kevin Faughnder	NCH Chief Executive Officer
ReChelle Horinek	NCH Chief Financial Officer (via Zoom)
Shannan Hempler	NCH Director of Human Resources
Mel Dewitt	NCH Clinic Manager
Tabetha Harris	NCH HR Assistant/Public Relations
Sarah Mohr	NCH DON
Amanda Kuxhausen	NCH Quality Control and Risk Management
Kayla Broeckelman	NCH Director of Respiratory Therapy and Cardiac & Pulmonary Rehab Services

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	<b>Agenda Item</b>	<b>Action and/or Time</b>
1.	<b>April 17<sup>th</sup>, 2024 Board Meeting Minutes</b>	Motion by <b>Randa Vollertsen</b> to approve the amended minutes of the April 17 <sup>th</sup> , 2024 meeting. Second by <b>Lee Juenemann</b> . Motion carries unanimously.
2.	<b>Consent Agenda Items:</b> a) Personnel Information b) Accounts Payable – Bills	Motion by <b>Randa Vollertsen</b> to approve the Consent Agenda Items as presented. Second by <b>Lee Juenemann</b> . Motion carries unanimously.
3.	<b>Medical Staff Credentialing Applications</b>	Motion by <b>Andrew Black</b> to approve the Medical Staff Credentialing Applications as presented. Second by <b>Lee Juenemann</b> . Motion carries unanimously.
6.	<b>Governance Manual</b> The governance manual was updated for 2024, based on notes from the CEO and Board members, and put before the board for approval. Update the foundation board members' page 19 Fun facts: recovery audit if they deny a claim they get a commission, we are regulated by 18 different agencies. The finalized Governance Manual will be posted on the drive as a PDF.	Motion by <b>Randa Vollertsen</b> to approve the 2024 Governance Manual with noted changes, and to update as new contracts come through. Second by <b>Lee Juenemann</b> . Motion carries unanimously.
7.	<b>Risk Management</b> Amanda Kuxhausen, the new Risk Management and Quality Assurance Coordinator presented: The KDHA Risk Management Plan outlines our commitment to improving processes, managing performance, and ensuring accountability in accordance with state mandates. We have made several updates to the plan. Once approved by the board, we will	Motion by <b>Andrew Black</b> to approve the Risk Management plan with noted edits. Second by <b>Randa Vollertsen</b> . Motion carries unanimously.



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	<p>submit the revised plan to the Kansas Department of Health and Environment (KDHE) for review. The organizational chart, which has been a point of contention, is under review and pending approval.</p> <p>To improve our processes and performance management, we have developed a Performance Management Decision Guide. This guide assists in determining the intent behind actions and whether they were intended to cause harm. It provides a structured approach to hold individuals accountable, assign blame, and correct actions accordingly. This is a critical component in meeting KDHE's requirements for accountability and transparency. As part of our compliance with state regulations, infractions of a certain severity (three or four) must be reported to the state. This assessment ensures that serious issues are appropriately escalated and addressed.</p> <p>Details of the Risk Management Committee members are provided on page 10 of the Risk Management Plan.</p> <p>All NCH Board members have signed a document acknowledging that they have received in-service education on the risk management plan.</p>	
8.	<p><b>Quality Assurance</b></p> <p>Amanda Kuxhausen, the new Risk Management and Quality Assurance Coordinator presented</p> <p>In April, we received seven patient surveys, a notable increase from previous months. Of these, four were related to sleep studies, one was from at-home care, and two were from the ER. 2024 Quality Work Plan, focuses on improving the acute care floor through the "Call Don't Fall" campaign and enhancing medication scan rates. As data is compiled, regular updates on our progress will be provided.</p> <p>Quality is a daily commitment by every employee at Norton County Hospital. To highlight the vital role each department plays in maintaining and improving service quality, I have invited department heads to present their quality projects to the board. We will feature a short quality presentation monthly.</p> <p>Kayla Broeckelman, RRT – Director of Respiratory Therapy and Cardiac &amp; Pulmonary Rehab Services presented quality measures for her department.</p> <p>I have been a Respiratory Therapist (RT) for 13 years. I began my career at Great Plains Health in North Platte, NE, where I worked</p>	

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	<p>for about seven years, covering all aspects of hospital respiratory care. During my time there, I initiated the COPD Navigation and Education program. I then decided to return to Norton, where my husband and I grew up. After a brief period working in Colby, I joined Norton County Hospital (NCH), where I have been for the past six years.</p> <p>Our current quality initiatives are focused on the sleep lab to ensure we offer our patients the best possible care with quick turnaround times, minimizing delays in their treatment. We provide both in-lab and home sleep studies, where a sleep technician conducts the study overnight. The technician monitors sleep patterns using various sensors and scores these patterns as the study progresses. If the patient qualifies for CPAP during the study, the technician can initiate CPAP to titrate the necessary pressures.</p> <p>Patients can also use easy-to-operate equipment at home to perform a generalized sleep study. We use these studies primarily as a screening tool; if a home study is positive, an in-lab study is typically needed for further evaluation. Our sleep lab and home studies are accredited, which allows us to bill more comprehensively and ensures that most pulmonologists will accept our results.</p> <p>One of the biggest complaints we have received is the lack of a bathroom in the sleep lab area. We aim to return the sleep study results within 10 days, and we have been successful in maintaining this turnaround time. These results are then forwarded to the pulmonologist within the same timeframe. Our track record in meeting this goal has been quite good, reflecting our commitment to efficient and effective patient care.</p>	
9.	<p><b>CNO Report</b>  Sarah Mohr, the Chief Nursing Officer (CNO), presented the comprehensive updates from over the last month.</p> <p><b>Daily Census:</b> 2.6 patients, an increase from 2.3 patients  <b>Inpatient Admissions:</b> 10 patients, a decrease from 14 patients  <b>ER Visits:</b> 160 visits, an increase from 151 visits. Next month, we will have enough data to identify trends in patient feedback. Numbers are remaining relatively consistent, allowing us to phase out our last nursing agency.</p> <p><b>Nursing New Hires:</b>  2 RNs starting on the day shift at the end of the month  1 RN starting in May on nights</p>	



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	<p>2 LPNs starting in June on nights Additional PRN LPN graduates will train this summer but will return to school for their RN programs in the fall</p> <p><b>Quality:</b> Barcode Medication Administration: Monitoring scan rates and analyzing barriers to consistent bedside scanning "Call, Don't Fall" Campaign: Encouraging the use of call lights to prevent falls. We successfully purchased necessary equipment for this campaign through a generous anonymous donor.</p> <p><b>Education:</b> Two nurses will attend the Kansas Hospital Association's Preceptor Academy on May 23 in Hays. The program will enhance their skills in communication, developing clinical judgment among new nurses, and providing effective feedback.</p> <p><b>Patient Connection:</b> "The nurses we thought were the best, were the ones who did a little something extra while they were in the room." — Eric Burks, NCK Tech President. This quote was brought back from a recent meeting and shared with the nursing staff, emphasizing the importance of building a strong connection with patients.</p>	
10.	<p><b>CIO Report</b> Klare Bliss, the Chief Information Officer (CIO), was out of town. Her reports were given to the board, if they have any questions please reach out to Klare and she will get back to you as soon as possible.</p>	
11.	<p><b>Ni2 Update</b> ReChelle Horinek, the Chief Financial Officer (CFO), presented comprehensive Ni2 updates from the last month.</p> <p>Profit-sharing on optimization for infusion, and injection charges continues until May. The remaining charges extend until June or July. This revenue will help cover overhead costs once fully received. A total of 1.2 million has been received in cash receipts, which was posted by Ni2 so we share that revenue. Cash receipts will be transitioning solely to NCH soon. Accounts receivable (AR) is currently stable. A decrease in AR is expected next month, due to transitioning all accounts to NCH for processing.</p>	
12.	<p><b>CFO Report of Statistical/Financial Information</b> ReChelle Horinek, the Chief Financial Officer (CFO), presented statistical and financial information for March 2024, covering various aspects of the organization: Good stats in April! Gross patient revenue for April was \$2,447,234, above budgeted gross revenue by \$195,075. Swing</p>	

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	<p>bed and outpatient have been above. Inpatient has continually gone down. Trying education to boost outpatient services, to continue to bring in more revenue from that department. Contractual adjustments have been consistent. Contracted services continue to increase our monthly expenses. By fall most contract services will be gone.</p> <p>Net loss for the month is at 155 thousand, almost a million dollars better than last year!</p> <p>Filed an interim cost report through February 29th. We were underpaid on outpatient and swing bed. Had them adjust our rates up, and asked for an interim settlement. We received 280k from that. Rates will change on June 1<sup>st</sup>. Can adjust down at any time if we see that we might be underpaying on our rates. No interim cost report needed to adjust down. Ni2 Charge Optimization payments will end August 1st. We have one more month of infusion incentive for them and our large payments will be done.</p> <p>Have been going through the capital budget department by department. Will have a budget draft for the June meeting. Needs to be approved in the July meeting</p> <p>How much of professional fees are for contract hires?? 75%</p> <p>Are you concerned about our cash position? Hoping for sales tax in October, the interim settlement will help. Working on a strategic plan for cash at hand and facility updates/maintenance.</p>	
13.	<p><b>Financial Affairs of Non-Elected Personnel</b></p> <p>Financial Assistance YTD: \$ 237,735</p> <p>Bankruptcy YTD: --</p>	<p>Motion by <b>Randa Vollertsen</b> to send an amount not to exceed \$237,735 for attempted collections, and to approve financials. Second by <b>Lee Juenemann</b></p> <p>Motion carries unanimously.</p>
14.	<p><b>Medical Clinic Update</b></p> <p>Melody DeWitt, the Medical Clinic Manager, provided the following updates:</p> <p>The clinic saw an average of 52 patients a day in April, even with reduced staff.</p> <p>The hourly cost for docs who care is 125 an hour. Trying to reduce that as much as possible without causing provider burnout.</p>	



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	<p>Saturday average between 7-8 patients a day.  Vitalyze is increasing profit month by month. The new case manager is helping with Vitalyze as well, will be implementing ER follow up calls. Better patient care=more profit.  Implimenting more skills day with nurses and aides in the clinic, to address any education gaps with the new Cerner system and improve patient care.  310 free school physicals were provided this month. Thank you to the providers and the clinic staff for sontributing to the community and helping it run so smooth.  Using two agencies for weekend coverage, this usage should lessen by August.</p>	
15.	<p><b>CEO Report</b>  Kevin Faughnder, the Chief Executive Officer, provided a comprehensive report on various initiatives and updates:</p> <ul style="list-style-type: none"> <li>• The Special Election passed. We will create a Facilities strategic plan for improving the main building. The main initiatives are: <ul style="list-style-type: none"> <li>• Optimize profitable services or ones that can be profitable.</li> <li>• Continue to eliminate and/or reduce services that are not profitable. (these ideas will be discussed through departmental budget meetings)</li> <li>• Improve the facility infrastructure so we can make modifications that will allow us to pursue medical services with higher insurance reimbursement options.</li> </ul> </li> <li>• Worked with Dr. wheeler to give us additional surgery dates. Working on updating surgery procedures.</li> <li>• Community Needs Health Assessment Implementation Plan meeting on Friday May 17<sup>th</sup>, 0900-1030 to discuss results. On May 10<sup>th</sup>, we met with the CEO of High Plains Mental Health and a few of his senior staff to discuss increasing MH services in Norton County. We invited High Plains Mental Health to attend the meeting on Friday, too. Will be advertising the 988 MH Hotline.</li> </ul>	

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**2024 CHNA Priorities**  
**Unmet Health Needs - Norton Co, KS**  
on behalf of Norton County Hospital, Norton KS  
Town Hall - 03/21/24 (Attendees 48 / 177 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Healthcare Staffing / Volunteerism (Providers & Supporting Staff)	36	20.3%	20.3%
2	Cost of Healthcare / Affordable Medications	29	16.4%	36.7%
3	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	23	13.0%	49.7%
4	Affordable Healthy Foods	19	10.7%	60.5%
5	Failing Infrastructures (Grid, Water, Streets & Sidewalks)	17	9.6%	70.1%
6	Childcare (Accessible & Affordable)	16	9.0%	79.1%
<b>Total Votes</b>		<b>177</b>	<b>100%</b>	

Other needs receiving votes: Health Apathy/Preventative Screenings, Housing (Affordable & Accessible), Nursing Home/Senior Health, Routine Surgery offered at Hospital, Chronic Disease Management, Art & Music Therapy and Government Truth & Transparency.

- Physician Recruiting: a perspective Dr. is coming on June 7<sup>th</sup> for a face-to-face interview. We have restructured our physician contracts to be more fair to both parties. This has shown positive momentum on physician recruitment. Have also opened up options to have more PA rotations for internships.
- We conducted a MOC-Survey on Risk Management in April. That helped illuminate areas where we need to focus our attention. Amanda is doing great with that program and we have making big strides.
- Attended the Colby Community College Career Fair. We heard great comments from nursing students. Thank you to all of the nurses and staff that support CCC nursing rotations at NCH.
- Budget meetings with each department this month and next.
- More than 124 documents were sent to CMS-approved laboratory accreditation organization (COLA) after the November 2023 inspection. Kansas Pathology Services (our third party vendor) is confident our lab has met all requirements to get approval from the COLA review board. Thanks to Helen for all of her hard work to get our lab back in shape!!


What is the right distribution of providers? Hoping for 3 physicians... still talking about our hopes for that with the current providers.



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<b>16.</b>	<b>Commissioner Report</b> Congrats to Kevin and His staff as well as the board on the sales tax passing.	
<b>17.</b>	<b>Board Member Reports</b> Which school reached out to us about new interns. K-State Do we form an exit interview when staff resign? Yes, standard exit interview. What is the interviewing Dr.'s specialty? General practice, some ER coverage. Where do the new lab techs stay? We house them for at least two months, and help them find housing by then, or rent our house to them after that. We appreciate the community support for the hospital, so glad the sales tax passed.	
<b>18.</b>	<b>Executive Session: Non-Elected Personnel</b>	<b>James Moreau</b> moved to enter into executive session: K.S.A. 75-4319(b)(1) for the discussion of personnel matters of nonelected personnel; with the Board, CEO, HR and county commissioner in attendance not to exceed 20 minutes. Seconded by <b>Andrew Black</b> . Motion passed. The executive session begins at <b>8:20 p.m.</b> Exit at <b>8:42 p.m.</b>
<b>19.</b>	<b>Board Action from Executive Session</b>	No action to be taken
<b>20.</b>	<b>Other Business</b> none	
<b>21.</b>	<b>Adjourn</b>	Meeting adjourned at 8:45 p.m.

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Lee Jueneman, Secretary