Meeting Title:	Board of Trustees Meeting	Chairperson:	James Moreau
Date/Time:	June 19, 2024	Location:	Norton County Hospital

Norton County Hospital
Board of Trustees Meeting Minutes

Attended	Position
James Moreau	Board President
Jerry Hawks	Board Member
Randa Vollertsen	Board Treasurer
Lee Juenemann	Board Member
Robert Wyatt	Board Member
Garrett Beydler	Norton County Commissioner
Kevin Faughnder	NCH Chief Executive Officer
ReChelle Horinek	NCH Chief Financial Officer
Shannan Hempler	NCH Director of Human Resources
Mel Dewitt	NCH Clinic Manager
Klare Bliss	NCH Chief Information Officer
Sarah Mohr	NCH DON
Amanda Kuxhausen	NCH Quality Control and Risk Management
Tabetha Harris	NCH HR Assistant/Public Relations

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	Agenda Item	Action and/or Time
1.	**May 15th, 2024 Board Meeting Minutes**	Motion by **Randa Vollertsen** to approve the amended minutes of the May 15th, 2024 meeting. Second by **Lee Juenemann.** Motion carries unanimously.

2.	**Consent Agenda Items:**
	  a) Personnel Information
	  b) Accounts Payable – Bills
		Motion by **James Moreau** to approve the Consent Agenda Items as presented. Second by **Randa Vollertsen .** Motion carries unanimously.

3.	**Executive Session: Non-Elected Personnel**	**James Moreau** 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, CFO, HR and county commissioner in attendance not to exceed 10 minutes. Seconded by **Randa Vollertsen.** Motion passed. The executive session begins at **6:38 p.m.** Exit at **6:46 p.m.**
4.	**Board Action from Executive Session**	No action to be taken
5.	**Medical Staff Credentialing Applications**	Motion by **Randa Vollertsen** to approve the Medical Staff Credentialing Applications for Bailey Renner and Docs Who

		Care as presented. Second by **James Moreau** . Motion carries unanimously.
6.	**2024 CHNA Implementation Plan** The 2024 CHNA implementation plan has been finalized. This information will be used to assess community feedback and guide actionable steps. It will soon be posted on the NCH webpage.	Motion by **James Moreau** to approve and adopt the 2024 CHNA Implementation Plan. Second by **Randa Vollertsen** . Motion carries unanimously.
7.	**Risk Management** Amanda Kuxhausen, the Risk Management and Quality Assurance Coordinator, presented the following response from KDHE regarding the approval of the 2024 Risk Management Plan: 1. Added KAR 28-52-4(c), now located at the top of page 6 in the Investigation of Occurrences section. 2. Clarification was provided regarding the readability of the organizational chart; adjustments were made to improve legibility. Pending approval of the aforementioned addition and capturing new approval signatures this evening, the document will be submitted with the inserted signature page as a JPEG placed into a PDF. KDHE should then have all necessary information to approve the 2024 Risk Management Plan. Additionally, it is noted that the plan is reviewed annually for board and state approval, or whenever changes are made.	Motion by **Lee Juenemann** to approve the Risk Management plan with noted edits. Second by **Randa Vollertsen** . Motion carries unanimously.
8.	**Quality Assurance** Amanda Kuxhausen, the Risk Management and Quality Assurance Coordinator, presented updates on her quality assurance project: • **Creating a Culture of Safety**: Initiative to be sent to all department heads for review with staff, emphasizing defect identification, reporting, and learning. • **Provider Attention to Detail**: Emphasizing safety considerations such as patient and personal safety and adherence to standards. • **Engagement with Patients and Families**: Highlighted as crucial for identifying details that aid patient recovery.	

	Pause Protocol: PAUSE (1-5 seconds) - Is it safe for the patient? - Is it safe for you? - Am I following our standards? - Am I doing it right? - When in doubt – ASK! - Self-checking reduces the probability of a skill-based error by a factor of 10 (10x) for a one-second pause. - A two to five-second pause can result in a factor of 100 to 1,000 reduction in errors - STAR (Stop-Think-Act-Review) education being implemented for all departments of the hospital. **Good Catch Initiative**: Encouraging a culture where reporting is safe and appreciated, enhancing patient safety and satisfaction. **Call Don't Fall Signs**: Implemented successfully with support from Trish Lawson and the NCH engineering department, resulting in reduced fall incidents. The months quality project highlight was presented by Norton Medical Clinic Manager Mel Dewitt: **Billing and Copayments**: Identified issues with copay collections, leading to the development of a new policy and procedural changes. **Policy Change**: Adjusting language from "Would you like to make your copayment today?" to "How would you like to pay for your copayment today?" **Monitoring and Reporting**: Staff tasked with daily logs to track copayment collections and reasons for non-payment. **Goal**: Aiming for 90% copay collection rate, currently at 70% after two months (up from 50% initially). **Future Evaluation**: Plan to reassess in four months. **Impact**: Besides financial benefits, improving efficiency in staffing and overhead management.		
9.	**CNO Report** Sarah Mohr, the Chief Nursing Officer (CNO), presented comprehensive updates for the reporting period of May 1st to May 31st:		

	- **Daily Census**: Increased to 2.8 patients from 2.6 patients in April 2024. - **Inpatient Admissions**: Rose to 11 patients from 10 in April 2024. - **Inpatient Days**: Increased to 87 days from 79 in May 2024. - **ER Visits**: Climbed to 174 visits from 160 in May 2024. - **Outpatient Visits**: Grew to 181 visits from 175 in May 2024. Ongoing initiatives include: - Focus on patient and occupational therapy to further boost daily census numbers. - Collective efforts to increase outpatient numbers. - Targeting to transition off the last agency staff by the end of summer. - Monitoring Barcode Medication Administration scan rates and addressing issues with computers on wheels (COWs). - Establishment of a Charge Nurse group to oversee shift operations and enforce standards. - Implementation of Administrative Bedside Rounding to enhance patient care and service recovery. - Continued education for staff on documentation processes in Cerner to ensure accurate billing and service recording. - Emphasis on customer service, including eye contact and involving patients in their care to enhance their experience.	
10.	**CIO Report** Klare Bliss, the Chief Information Officer (CIO), provided the following comprehensive updates for the last month: **Cerner EES:** - **OCI Migration**: Postponed to 2025 to resolve remaining issues; departments will receive 90 days' notice before the migration for downtime preparation. - **RevCycle Optimization**: Awaiting quote from Cerner-Oracle Health; new Patient Accounting system, RevElate, expected by August.	

	• **Change Management**: Encouraged department leaders to utilize the Service Desk for quicker incident response. **Cybersecurity:** • **Incident Preparedness**: Held meeting on June 3rd with department leaders to assess impact of extended downtime or cyberattacks; departments providing system lists for Incident Response and Continuity Plans. • **Partnerships**: Scheduled meeting with Turner Tech for end-of-month cybersecurity discussions; exploring additional education and support options. **Sentrics TV:** • Equipment received; awaiting team assignment to proceed with system implementation.	
11.	**Ni2 Update** ReChelle Horinek, the Chief Financial Officer (CFO), provided the following comprehensive updates for Ni2 from the last month: 1. **Charge Master Optimization**: Successfully discontinued, resulting in monthly savings of $10,000-12,000. 2. **Cash Trends**: Stable, showing no significant changes. 3. **Electronic Billing and Collection**: Efficiency maintained at 1.2-1.9 million billed to Medicaid electronically. 4. **Accounts Receivable**: Slightly increased this month; slight downward trend due to accounts being sent to collection agencies	

12.	**CFO Report of Statistical/Financial Information**
	
	ReChelle Horinek, the Chief Financial Officer (CFO), presented comprehensive financial and statistical updates for May 2024:
	
	• **Financial Performance:**
	   o Gross patient revenue for May was $2,685,880, exceeding the budgeted amount by $433,721.
	   o Outpatient services had a strong month, while Swingbed and Outpatient Revenue were below budget.
	   o Net Gain from Operations for May was $33,468, with a net gain of $307,653 for May 2024 and a	

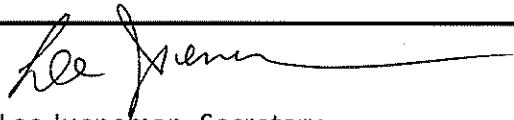|		

	year-to-date loss of -$157,315 (a significant improvement from the prior year's year-to-date loss of -$1,518,292).
	 • **Balance Sheet:**
	    o Cash balance at month-end was $515,714, with 14.33 days of cash on hand.
	    o Purchase of the CT scanner increased Major Movable Equipment in Assets; related payable will reflect in June, impacting Notes Payable.
	 • **Statistics:**
	    o May 2024 statistics showed good Swingbed patient days, although year-to-date figures remained below previous years.
	    o Outpatient services saw an overall increase in May, aligning with fluctuations in revenue.
	 • **Other Updates:**
	    o Working on the 2025 Operating Budget, scheduled for presentation and approval at the June and July 2024 Board of Trustees meetings.
	    o Budget proposal includes detailed financial statements, statistics, budget assumptions, capital equipment plans, and department expenses for FYE 2025.	

13.	**Financial Affairs of Non-Elected Personnel** Financial Assistance YTD: $ 244,061 Bankruptcy YTD: --	Motion by **James Moreau** to send an amount not to exceed $244,061 for attempted collections, and to approve financials. Second by **Jerry Hawks** Motion carries unanimously.
14.	**Policy Report and Update** ReChelle Horinek, the Chief Financial Officer (CFO), presented updates to the Corporate Compliance Policy and shared updates to the Billing and Collections Policy • **Corporate Compliance Policy:** Whitney in HIM previously handled compliance duties, but responsibilities will now transition	Motion by **Jerry Hawks** to approve the updated Corporate Compliance Policy. Second by **Randa Vollertsen** . Motion carries unanimously.

	to ReChelle due to financial oversight alignment. Approval is required due to regulatory nature.
	
	• **Billing and Collections Policy Updates:**
	
	   • Removed Millenia from payment processing in policy.
	   • Major change: Offering patient discounts for full payment of first statements.
	   • Addressing collection efficiency—if we spend a year on collecting a payment we only receive 50% of the payment once overhead costs are considered.
	   • Reviewing statements daily to ensure accuracy and prevent incorrect or duplicate/excessive billing.
	   • Introducing patient new pay-in-full payment plan options.Policy to be implemented upon approval, with details communicated to patients.	

15.	**Capital Purchase Approval: Experian**
	
	ReChelle Horinek, the Chief Financial Officer (CFO), presented updates on new federal requirements regarding pricing transparency and the No Surprise Act:
	
	   • New federal laws mandate posting pricing data on our website in a machine-readable format.
	   • Compliance with these requirements necessitates outsourcing due to complexity.
	   • Experian has been selected to handle this task, providing immediate insurance checks and facilitating accurate billing aligned with insurance coverage.
	   • Integration with Cerner enhances cost estimation accuracy; discrepancies over $300 trigger adjustments to ensure billing compliance and maximize revenue capture.
		Motion by **James Moreau** to approve NCH to start using Experian services to update our price transparency for the website. Second by **Jerry Hawks** . Motion carries unanimously.

16.	**Medical Clinic Update**
	Melody DeWitt, the Medical Clinic Manager, shared the following updates:
	
	   • **Vytalize Credit Care Management**: Received April payments; Vytalize facilitated wellness visit reminders through postcards.
	   • **Patient Care Initiatives**: Promoting yearly wellness visits and maintaining health with four additional appointments	

	per year. Follow-ups are conducted for ER and inpatient cases to schedule PCP appointments. • **Patient Volume**: The clinic has managed to see over 200 patients weekly even with only three providers. • **Saturday Clinic**: Averages 7-8 patients daily; considering closing at 11:30 AM instead of noon. Will share that change with the public before it is implemented. • **Financial Performance**: Weekly gross charges remain stable.	

17.	**CEO Report**
	Kevin Faughnder, the Chief Executive Officer, provided a comprehensive report on various initiatives and updates:
	
	• **Community Needs Health Assessment (CHNA)**: Completed all requirements; awaiting Board of Trustees (BOT) acceptance before uploading the report to the NCH website.
	• **Physician Recruiting**: Dr. Kasselman accepted a position elsewhere; scheduling a Zoom interview with Dr. Massey next week.
	• **Laboratory**: Received COLA accreditation following corrective actions post a failed inspection in November 2023. Pursuing replacement of an oversized Analyzer.
	• **Fire Inspection**: Passed with minor issues noted during an unannounced visit on June 11, 2024.
	• **High Plains Mental Health**: Met to discuss expanding services on June 17.
	• **Updated 2024 Priorities**:
	   o Physician recruiting
	   o Bed-side scanning implementation
	   o Revenue improvement and clearer supply usage tracking
	• **Communications Campaign**: Evaluating media venues to better advertise hospital services, aiming for a comprehensive annual plan to highlight all services, especially underutilized ones.
	• **Facility Strategic Plan**: Using sales tax funds to address facility deficiencies, focusing initially on Fire Marshall requirements to facilitate room modifications for higher insurance reimbursement services.
	• **Women's Health Initiative**: Welcoming Bailey Renner and Caitlyn Cox in early July to collaborate on developing specific women's health services.	

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	• **Cerner Advanced Training**: Facing challenges scheduling Cerner for advanced training despite prepayment for services. • **Surgery Services**: Exploring upgrades in the surgery department to improve hygiene and operational efficiency, such as replacing wooden cabinets and upgrading sinks. These updates demonstrate proactive efforts across various departments to enhance services, comply with regulations, and optimize operational effectiveness at NCH.	
18.	**Commissioner Report** Thanks for the great reports, the work that's being done, and the progress that's happening	
19.	**Board Member Reports** It's great to hear about and see the growing teamwork and camaraderie at each meeting!	
20.	**Other Business** none	
21.	**Adjourn**	Meeting adjourned at **8:40 p.m.**

Lee Jueneman, Secretary