

Meeting Title:	Board of Trustees Meeting	Chairperson:	James Moreau
Date/Time:	November 20, 2024	Location:	Norton County Hospital

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

Attended	Position
James Moreau	Board President
Jimmy Todd	Board Vice President
Jerry Hawks	Board Member
Randa Vollertsen	Board Treasurer
Lee Juenemann	Board Secretary
Andrew Black	Board Member
Robert Wyatt	Board Member
Garrett Beydler	Norton County Commissioner
Kevin Faughnder	NCH Chief Executive Officer
Klare Bliss	NCH Chief Information Officer
Sarah Mohr	NCH DON
Amanda Kuxhausen	NCH Quality Control and Risk Management
ReChelle Horinek	NCH Chief Financial Officer
Shannan Hempler	NCH HR Director
Tabetha Harris	NCH HR Assistant/ Public Relations/ Marketing

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	Agenda Item	Action and/or Time
1.	October 16th, 2024 Board Meeting Minutes	Motion by Andrew Black to approve the minutes of the October 16th, 2024 meeting. Second by Jerry Hawks . Motion carries unanimously.
2.	Consent Agenda Items: a) Personnel Information b) Payroll Briefing c) Accounts Payable – Bills	Motion by Andrew Black to approve the Consent Agenda Items as presented. Second by Robert Wyatt . 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, and commissioner in attendance not to exceed 15 minutes. Seconded by Andrew Black . Motion passed. The executive session begins at 6:31 p.m. Exit at 6:46 p.m.
4.	Board Action from Executive Session	n/a
5.	Executive Session: Risk Management	James Moreau moved to enter into executive session: K.S.A. 75-4319(b)(5) for discussion of matters relating to actions adversely or favorably affecting a patient or person; with the Board,

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		Risk Management, CNO, CFO, HR, CEO, and commissioner in attendance not to exceed 10 minutes. Seconded by Andrew Black . Motion passed. The executive session begins at 6:48 p.m. Exit at 6:58 p.m.
6.	Board Action from Executive Session	n/a
7.	Medical Staff Credentialing Applications For 3 HMC providers that will be reading echos for us	Motion by James Moreau to approve the Medical Staff Credentials as presented. Second by Lee Juenemann . Motion carries unanimously.
8.	<p>CNO Report Sarah Mohr, the Chief Nursing Officer (CNO), presented comprehensive updates for the reporting period of October 1st to October 31st:</p> <p>Statistics:</p> <ul style="list-style-type: none"> • Avel E-Emergency Activations: 11 encounters for the reporting period. • Daily Census: 2.7 patients, down from 3.4 in September. • Inpatient Admissions: 7 patients, down from 15 in September. • Inpatient Days: 84 days, slightly up from 83 in September. • ER Visits: 149 visits, a decrease from 156 in September. • Outpatient Visits: 195 visits, up from 191 in September. <p>People:</p> <ul style="list-style-type: none"> • Fundraiser organized for a nurse battling lung cancer. Bidding will be available via Facebook, on December 4th and 5th. • The Acute Care Manager has taken on more day-to-day responsibilities and is performing well. • EMS and Trauma held a successful drill on 11/11, which included a pediatric code scenario and other scenarios. 	

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	<ul style="list-style-type: none"> Nursing students continue through the end of the month, with a break until January. New lab tech hired eliminating the need for a contract lab tech. Current lab supervisor has agreed to a 5-month contract extension until a permanent replacement is found. <p>Operations:</p> <ul style="list-style-type: none"> High Plains Psychiatry Telehealth Clinic began operations on 11/4, will also start running ½ day every other Monday. In talks with an additional general surgeon to start performing scopes in 2025. Looking in to better lab analyzer to decrease downtime resulting in diversions of patients and threatening our trauma center designation status. <p>Education:</p> <ul style="list-style-type: none"> Ongoing staff training on proper documentation in Cerner to support audits and reporting. Emphasis on reinforcing basic patient care standards, including daily bathing, linen changes, and lotion application. <p>Customer Service:</p> <ul style="list-style-type: none"> Staff training on effective patient communication, following the Acknowledge-Introduce-Duration-Explain-Thank (AIDET) model, to enhance patient comfort and service quality. <p>Financial:</p> <ul style="list-style-type: none"> Submitted a \$40,000 grant for the acquisition of a 3D mammography machine and Dexa scanner. Winners will be announced in February. Compiling a list of OB equipment to sell to area hospitals at fair market value. 	
9.	<p>Risk Management/ Quality Assurance Amanda Kuxhausen, the Risk Management and Quality Assurance Coordinator, presented the following updates:</p> <p>Risk Management:</p> <ul style="list-style-type: none"> Risk Management Plan Update: Page 11 has been updated to include the addition of Shannon Sandefur, APRN, Acute Care Manager. <p>Quality:</p> <ul style="list-style-type: none"> Patient Surveys: As of November 15, 2024, a total of 5 patient surveys have been received, covering the following departments: ER, Physical Therapy, Surgery, HST, and PSG. AVEL eCare Emergency Quality Metrics: 	<p>Motion by James Moreau to approve the Updated Risk Management plan as presented. Second by Randa Vollertsen. Motion carries unanimously.</p>

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	<ul style="list-style-type: none"> ○ The AVEL eCare Emergency Service, located in T-1 and T-5 (former delivery room), has been used for 49 encounters in 2024. ○ August 2024 saw high utilization, driven by an increase in trauma events. ○ Chief Complaints: A wide variety of conditions were addressed, including trauma, overdose, neurological/altered mental status, cardiac/chest pain, cardiac arrest, sepsis, and behavioral health. ○ Time-Critical Data: AVEL eCare allows collection of data for time-sensitive conditions like chest pain and stroke. ○ Skills Utilization: Data is also captured for less frequently used skills, such as intubation, to ensure readiness in critical situations. <p>Next Steps/Action Items:</p> <ul style="list-style-type: none"> • Continue monitoring patient survey feedback across departments. • Assess impact and utilization trends for AVEL eCare Emergency Services, particularly in trauma and time-critical care scenarios. • Review the effectiveness of less frequent skills, such as intubation, through the AVEL data. 	
10.	<p>CIO Report Klare Bliss, the Chief Information Officer (CIO), provided the following comprehensive updates for the last month:</p> <p>Cerner EES (Electronic Health System):</p> <ul style="list-style-type: none"> • New Patient Portal: A new patient portal is in development. The facility will be holding off on implementation until bugs in the system are resolved. • Dashboard Training: The acute care manager is being trained on utilizing Cerner dashboards as tools to help optimize nursing documentation time. • OCI Migration: The OCI migration to Cerner has been postponed to September 2025. We will receive 90 days' notice prior to the migration date. • RevCycle Optimization: ReChelle is gathering workload details for Cerner's Oracle Health to align the timing of this with the upcoming onboarding of Experian. • New Patient Accounting System: Cerner is rolling out the OH Patient Accounting system, more details coming soon. • Experian Project: Awaiting a finalized schedule for the upcoming Experian project. 	

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	<p>Cerner Change Governance:</p> <ul style="list-style-type: none"> • Ongoing Change Requests: Continued meetings with various departments to address requests for changes or enhanced functionality in Cerner. Changes are being reviewed and Service Requests (SRs) are being created. <ul style="list-style-type: none"> ◦ Current Change Governance Projects: <ul style="list-style-type: none"> ▪ Lab ABN Process: Reviewed with clinic nurses; a follow-up meeting with providers is planned for further guidance. ▪ EKG Order Integration: Effort underway to create one universal order for RT/Nursing EKGs. ▪ Outpatient Charge Automation: Working on automating the population of outpatient charges and tasks. ▪ Lab Orders: Developing a new lab order set for specialty clinics and expanding lab orders for other departments. <p>Cybersecurity – Arctic Wolf:</p> <ul style="list-style-type: none"> • Project Kickoff: The Arctic Wolf cybersecurity implementation kicked off on October 30, 2024. Technical setup is underway, with the system expected to go live by December. <p>Leadership Development:</p> <ul style="list-style-type: none"> • Leadership Norton County Graduation: Congratulations to Tabby Harris, Todd Boller, and Jessica Ninemire, who will graduate from the Leadership Norton County class on November 26, 2024. • KLC Instructor Training: Klare has completed KLC Instructor Training and plans to lead classes next year, exploring opportunities to incorporate this into facility operations. 	
11.	<p>Medical Clinic Update</p> <p>Kevin Faughnder, the Norton County Hospital CEO, shared the following Medical Clinic updates:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vitalyze Impact: The implementation of Vitalyze has contributed an additional average of about \$10,000 in monthly revenue. <input type="checkbox"/> Provider Performance: Clinic daily numbers have been strong over the past few months, reflecting the hard work of our providers. <input type="checkbox"/> Since Mel was unable to attend the meeting today, please reach out to her if you have any questions about the graphs presented. 	

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12.	<p>HR Benefits Update Shannan Hempler, Norton County Hospital HR Director, shared the following updates on the upcoming year's benefits packages: Health Insurance Plan Change: NCH will transition to Blue Cross Blue Shield (BCBS) effective January 1, 2025.</p> <ul style="list-style-type: none"> • The BCBS quote provides lower premiums and a change to 80/20% coinsurance. • The high deductible plan will be reduced to \$6,000/\$12,000. • Employee Premium Payroll Deductions: NCH will reduce employee premium payroll deductions by about 7% compared to the previous year. • Estimated Savings: The switch to BCBS is expected to result in an estimated annual premium savings of \$60,000. • Projected Facility Savings: NCH expects to save around \$4,000 per month based on current employee enrollment. These savings will be transferred into NCH's health insurance bank account each pay period, in hope to switch to a self-funded insurance within the next couple of years. • Overall Savings: NCH believes the switch to BCBS will result in an overall savings of 7.3%, with 7% of the savings passed on to employees through reduced premiums. • NCH has absorbed all insurance rate increases over the last five years to help reduce employee costs. 	
13.	<p>Ni2 Update ReChelle Horinek, the Chief Financial Officer, provided the following comprehensive updates for Ni2 from the last month: Cash Payments: For the 11th month, NCH has achieved over \$1 million in cash payments. Note that this figure does not include cash payments made in-house, only payments that are processed electronically. Accounts Receivable (AR): AR fluctuates based on the hospital's patient volume and the overall level of activity. As patient encounters increase, AR fluctuates accordingly.</p>	
14.	<p>CFO Report of Statistical/Financial Information ReChelle Horinek, the Chief Financial Officer, presented comprehensive financial and statistical updates for October 2024: Financial Performance:</p> <ul style="list-style-type: none"> • October Performance: Another good month for NCH! <ul style="list-style-type: none"> ○ Gross Patient Revenue: \$2,828,966 ○ Inpatient revenue dropped below budget, but outpatient services remain strong. 	<p>Motion by Jerry Hawks to approve the purchase of a new lab analyzer with a lease through The Bank, if we can get out of the current service agreement with the</p>

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<ul style="list-style-type: none"> ○ Contractual Adjustments: Consistent with estimated accrual percentages (45-48% of gross revenue). ○ Operating Expenses: Totaled \$1,684,496, with payroll over budget due to PTO payouts. ○ Other Operating Revenue: Includes payments for 340B, sale of services, and dietary revenue. ○ Net Loss from Operations: -\$4,266 for the month. ○ Non-operating Revenue: Included tax distribution accruals, contributions, interest, and donations. ○ Net Gain: \$15,588 for October. ○ Year-to-date (YTD) 2025: \$407,790, showing a \$522,656 improvement from YTD 2024, which was a loss of -\$114,866. ○ NCH is making strides toward improving financial stability. ● Depreciation: <ul style="list-style-type: none"> ○ The depreciation line item reflects equipment purchases over \$5,000, which must be listed as an expense on the income statement. ○ The AHA provides a schedule outlining the depreciation timeline for equipment, and it helps with Medicare reimbursement, as it makes NCH appear to be spending more money. However, it's important to note that depreciation is a non-cash expense and doesn't represent a true out-of-pocket expense. <p>Cash Flow and Balance Sheet:</p> <ul style="list-style-type: none"> ● Cash Balance: As of month-end, cash (including investments) totals \$280,133. ● Cash Decline: <ul style="list-style-type: none"> ○ Cash flow was impacted by a 10-day issue with the claim submission software at the start of October, which prevented electronic claim filings. ○ Three payrolls in October also contributed to a decline in cash on hand. ○ Cash levels are expected to improve by mid-December. <p>Cost Report and Medicare Reimbursement:</p> <ul style="list-style-type: none"> ● Cost Report: The 2024 Cost Report has been submitted, and \$345,000 is expected to be receivable back from Medicare due to underpayments throughout the year. This is typically received by February. NCH would like to open another bank account, with a bank that offers the best 	<p>current analyzer. Second by Robert Wyatt . Motion carries unanimously.</p> <p>Motion by James Moreau to open a reserve account through the bank with the most competitive offer, to start a capital fund. Second by Randa Vollertsen . Motion carries unanimously.</p>
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	<p>interest rates, to place reserves and to fund capital purchases for facility updates.</p> <p>Leases:</p> <ul style="list-style-type: none"> Lease for Analyzer: The analyzer lease was quoted at a rate of 4.72%, with corresponding expenses reflected on the income statement. <p>Statistics:</p> <ul style="list-style-type: none"> Inpatient Days: Inpatient days are down, but this is comparable without OB services. Outpatient Services: Show consistent increases from 2023 onward. Clinic Visits: 100 additional visits in October compared to September. <p>Other Updates:</p> <ul style="list-style-type: none"> PRF Funding 2023: The HRSA review of Provider Relief Fund (PRF) expense reporting showed around \$24,000 in unused expenses. Fixed asset purchases were identified to prevent repayment to HRSA. KHA Legislative Update: Attended the Kansas Hospital Association (KHA) Legislative Dinner on November 14. Key areas for KHA advocacy in the upcoming legislative session will focus on workforce, patient access to care, and financial viability. Takeaways from the dinner have been shared on the shared drive. Experian Implementation: <ul style="list-style-type: none"> The Experian product for patient eligibility and cost estimates has been kicked off. A call is scheduled for November 19 to set implementation dates. Christen Skrdlant, Business Office Manager, will lead the project, which will take approximately 4 months to fully implement. This will help reduce claim errors and ensure compliance with the No Surprise Act. Pricing Transparency: <ul style="list-style-type: none"> Cleverly has been engaged to generate the machine-readable file for posting pricing information on the NCH website, meeting the Pricing Transparency Rule. Starting January 1, 2025, additional pricing for drugs and pharmaceuticals will be required. Cleverly will assist with these updates. 	
15.	<p>Financial Affairs of Non-Elected Personnel Financial Assistance YTD: \$ 85,067.81</p>	<p>Motion by Andrew Black to send an</p>

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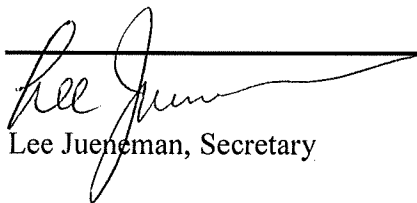
	<p>Bankruptcy YTD: --</p>	<p>amount not to exceed \$3,792.43 for attempted collections, and to approve financials. Second by Randa Vollertsen . Motion carries unanimously.</p>
<p>16.</p>	<p>CEO Report Kevin Faughnder, the Chief Executive Officer, provided a comprehensive report on various initiatives and updates: Physician Recruiting:</p> <ul style="list-style-type: none"> NCH’s recruitment team has received significant interest from physicians, but the scope of the work remains a challenge. The role requires physicians to act as generalists: providing care in the clinic, on the hospital floor as internists, and in the Emergency Department. Many physicians prefer specializing in one area with more predictable hours (e.g., 4 days/week, 0800-1600). The current strategy is to remain patient and wait for the right fit for these multi-disciplinary roles. <p>Medicare Advantage Town Halls:</p> <ul style="list-style-type: none"> Three Medicare Advantage town halls were held—two at the hospital and one at the Senior Citizens Center—with Abby and Chase Rice presenting the differences between traditional Medicare and Medicare Advantage. These sessions were well-attended and highly engaging, with positive feedback from participants. <p>Specialty Expansion:</p> <ul style="list-style-type: none"> NCH has entered into a contract with Dr. Hinze, a podiatrist who previously accepted only a limited number of insurance carriers. Under the new agreement, Dr. Hinze will see patients covered by all insurance carriers accepted by NCH, including United Healthcare and Veterans Administration (VA) patients. This contract expansion is a major benefit for the community, and credentialing is currently underway (a process that may take a few months). <p>Employee Health Initiatives:</p> <ul style="list-style-type: none"> As part of the annual birthday benefit, NCH now offers free audiology testing for employees. These tests will be available every Tuesday from 9:00 AM to 11:00 AM. The equipment is already owned by the hospital, so no additional costs are incurred. The basic hearing test helps identify whether employees need more specialized care. 	

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	<p>Facility Upgrades:</p> <ul style="list-style-type: none"> • Elevator Modernization: After the board approved the elevator modernization project, concerns regarding the contractor arose. The project was paused for investigation, including feedback from other Kansas organizations and direct discussions with the company. These concerns have been addressed in writing, and the project will move forward. However, due to an urgent repair needed for the elevator motor, the project has been delayed by a few months to focus on upgrading the surgery department (sink and cabinetry) in early 2025. The elevator project will be postponed until funding is more stable, and the loan for this upgrade will be delayed as long as possible. • Mammogram Machine Replacement: The current mammogram machine is malfunctioning and is likely to lose its service contract in April 2025. As a result, replacing it with a 3D mammogram machine has become a priority to prevent revenue loss and patient diversion. The architectural costs for the fire alarm and sprinkler system (estimated at \$65,000) will be delayed to focus on securing the new mammogram machine. Once pricing is finalized, the board will be asked for funding approval, and fundraising efforts will be launched to assist with costs. <p>Safety Improvements:</p> <ul style="list-style-type: none"> • A suggestion from the Safety Director to number all exterior doors across the facility is underway. This system will make it easier to report issues and ensure faster responses. The goal is to have this completed by the end of the year. <p>Locum and Staffing:</p> <ul style="list-style-type: none"> • NCH has significantly reduced the reliance on locum providers for staffing. For November and December, there will be no locum/contract staff on the schedule, resulting in a substantial cost savings for the hospital. <p>Lab Analyzer:</p> <ul style="list-style-type: none"> • NCH has filed its Corporate Compliance report with Roche. Efforts are underway to move away from Roche and find a more suitable partner for rural healthcare needs. Roche has reached out to address concerns, and NCH is working on replacing the existing machine with one better suited to the facility's needs. ReChelle has requested bids from local banks to finance the purchase of a new lab analyzer, estimated at \$142,000. <p>HIPAA and Quality Improvement:</p>	
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	<ul style="list-style-type: none"> NCH is emphasizing HIPAA compliance and has developed a new policy to improve employee awareness. A new Quality Improvement project will also focus on registering all employees for the NCH portal, which is expected to reduce HIPAA violations. <p>Employee Health Insurance:</p> <ul style="list-style-type: none"> Health Insurance Transition: NCH will transition from United Healthcare to Blue Cross Blue Shield of Kansas effective January 1, 2025. This change will be communicated to employees, and open enrollment will occur on: December 4th and 5th. 	
17.	<p>Commissioner Report Keep moving forward! We like hearing all the good news happening at NCH!</p>	
18.	<p>Board Member Reports n/a</p>	
19.	<p>Other Business n/a</p>	
20.	<p>Adjourn</p>	Meeting adjourned at 8:22 p.m.



Lee Jueneman, Secretary