

DECATUR COUNTY HOSPITAL BOARD OF TRUSTEES
MEETING MINUTES
May 22, 2024 – 5:30pm

PRESENT: Denise Elefson, Sheri Frost, Guy Clark, Teri Foster, Larry Griffin, Rebekah Mendenhall and Cheryl Zach

ABSENT: None

OTHERS PRESENT: Mike Johnston (CEO), Tara Spidle (CFO), Shannon Erb (Chief Human Resources and Marketing Officer), Brandi Oesch (Director of Nursing), Feron Leonard (ED/ Med Surg Director), and Jenny Keller (Quality).

I. CALL TO ORDER

Denise Elefson called the meeting to order at 5:30pm.

II. AGENDA APPROVAL

Mike Johnston proposed to amend the meeting agenda as previously published in order to remove the Medical Staff Report item. Dr. Wehling was unable to attend the meeting due to a previously planned absence. Guy Clark made a motion to approve the agenda as amended and Beka Mendenhall made the second. Motion carried unanimously.
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III. CONSENT AGENDA

Teri Foster made a motion to approve the following Consent Agenda items with a second by Sheri Frost: (1) Meeting Minutes – April 2024 (2) April 2024 Accounts Payable (AP): \$1,415,258.00 (3) April 2024 Payroll: \$560,449.00 (4) April 2024 Accounts Receivable Write-Offs: \$968.00. Motion carried unanimously.

IV. CEO REPORT

Mike Johnston provided the following updates to the Board of Trustees:
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| <ul style="list-style-type: none">- Update on the MRI Project;- The date for the hospital’s triennial ambulance license survey has been tentatively set for June 07, 2024; and- At Guy Clark’s request, a review of the “Legislative Session 2024 Bill Summary” provided by MercyOne and included with the Board packet was conducted. |
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Action Items:

<u>Revision to the Medical Staff Bylaws:</u>
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The Active Medical Staff unanimously approved a revision to their bylaws, specifically the rules and regulations portion thereof, to require that Emergency Department (ED) provider notes be completed in no more than twenty-four (24) hours following a patient’s discharge. This approval was given at the regular meeting of the Medical Staff on May 15, 2024 and was submitted to the Board of Trustees for final approval. Larry Griffin made a motion to approve the revision as presented. Cheryl Zach made the second and the motion carried unanimously.
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<u>MercyOne Management Agreement:</u>

The Board received and reviewed the proposed renewal for the MercyOne Management Agreement for the term of July 01, 2024 to June 30, 2027. Following a brief discussion, Guy Clark made a motion to approve the renewal with a second from Teri Foster. Motion carried unanimously.

V. FINANCIAL REPORT

Tara Spidle presented the financial report for April 2024 as follows:

Total gross revenue was \$3.77 million in April 2024. An operating loss of \$91,526.00 and a net gain of \$21,513.00 were realized after tax revenue and other non-operating income in the month. Sheri Frost made a motion to approve the financial reports for April 2024. Teri Foster made the second. Motion carried unanimously.

Action Item:

Approval of Eide Baily Engagement for FY 2024 Audit and Cost Report:

Tara presented the Board members with a letter for the engagement of Eide Baily to complete the FY 2024 Audit (\$32,500.00) and to prepare the Medicare and Medicaid cost reports (\$13,400.00) for the same period at an aggregate cost of \$45,900.00. Sheri Frost made a motion to approve with a second by Beka Mendenhall. Motion carried unanimously.

VI. CLINICAL AND QUALITY REPORT

Brandi Oesch (Director of Nursing), Feron Leonard (ED/ Med Surg Manager), and Jenny Keller (Quality) presented the Clinical and Quality Report to the Board of Trustees as follows:

Chest Pain Accreditation Measures for April 2024 to include:

- Door to EKG times;
- Troponin – arrival to result times;
- Times for 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 patients; and
- Mix of patients admitted to the hospital between observation and acute status.

Quality Improvement Metrics for April 2024 to include:

- Adverse drug events/ medication errors;
- Patient falls;
- Blood incompatibility;
- “Look-Back” incidents;
- Foreign Objects retained after surgery;
- Air embolism(s); and
- Stage III and IV pressure ulcers.

The quality scorecard with metric results to-date was reviewed with the Board members and a written copy of the same was provided in their Board packets for the meeting. Jenny Keller also presented proposed quality metric for FY 2025 to the Board of Trustees.

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.

VII. HR AND MARKETING REPORT

Shannon Erb provided the HR and Marketing Report as follows:

- April 2024 employee turnover data; and
- Welcome to new employees Abigail Alberts (Rad Tech), Jonathan Ross (Paramedic), and Courtney Cloninger (RN Exempt).

Shannon presented the marketing report for April 2024 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.

VIII. ADJOURNMENT

The meeting adjourned at 6:04pm.

Guy Clark, Secretary