Meeting Title:	Board of Trustees Meeting	**Chairperson:**	Jimmy Todd
Date/Time:	April 16, 2025	**Location:**	Norton County Hospital

Norton County Hospital
Board of Trustees Meeting Minutes

Attended	**Position**
Jimmy Todd **via Zoom**	Board Vice President
Jerry Hawks	Board Member
Randa Vollertsen	Board Treasurer
Robert Wyatt	Board Member
Andrew Black	Board Member
Garrett Beydler	Norton County Commissioner
Kevin Faughnder	NCH Chief Executive Officer
Klare Bliss	NCH Chief Information Officer
Mel DeWitt	Norton Medical Clinic Manager
Amanda Kuxhausen	NCH Quality Control and Risk Management
Sarah Mohr	NCH Chief Nursing Officer
ReChelle Horinek	NCH Chief Financial Officer
Tabetha Harris	NCH HR Assistant/ Public Relations/ Marketing

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	Agenda Item	Action and/or Time
1.	**February 19th, 2025 Board Meeting Minutes**	Motion by **Robert Wyatt** to approve the minutes of the February 19th, 2025 meeting. Second by **Lee Juenemann.** Motion carries unanimously.
2.	**Consent Agenda Items:** a) Personnel Information b) Payroll Briefing c) Accounts Payable – Bills	Motion by **Randa Vollertsen** to approve the Consent Agenda Items as presented. Second by **Robert Wyatt.** Motion carries unanimously.
3.	**Executive Session: Non-Elected Personnel**	**Robert Wyatt** moved to enter into executive session: K.S.A. 75-4319(b)(1) for the discussion of personnel matters of non-elected personnel; with the Board, CEO, CFO, CNO and commissioner in attendance not to exceed **15** minutes. Seconded by **Randa Vollertsen**. Motion passed. The executive session begins at **6:34 p.m**. Exit at **6:48 p.m.**
4.	**Board Action from Executive Session**	n/a
5.	**Ni2 Update** ReChelle Horinek, the Chief Financial Officer, provided the following comprehensive updates for Ni2 from last month: We're receiving more detailed data with the new report format. Ni2 primarily reports claims information. Self-pay and miscellaneous accounts are handled in-house. The dip in revenue from mid-	

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	February to March was due to a Medicare remittance issue between the ACO and the claims vendor.	
6.	**CFO Report of Statistical/Financial Information** ReChelle Horinek, the Chief Financial Officer, presented comprehensive financial and statistical updates from February 2025: **Medicare Payable:** A $150K monthly payable to Medicare is being accrued to prepare for an estimated year-end settlement of $750K–$1M, as projected by Forvis. This is due to lower operating costs and increased patient volume, which resulted in a potential overpayment. The final reconciliation will occur with the cost report filing in November. • Operational Efficiency: Cost reductions in anesthesia (shift to as-needed CRNA coverage) and emergency services (increased APP use, fewer locums) contributed to a favorable cost-to-charge ratio. Medicare reimbursement is designed for break-even, so increased efficiency can lead to overpayments. • Contract Strategy: Commercial contracts have been updated, with ongoing negotiations through KHA groups, including with Blue Cross. These contracts help offset the limitations of Medicare reimbursement. **March Financials:** • Net loss: $98,595 (includes $150K Medicare payable) • YTD profit: $587,549 • Gross revenue: $2.71M • Expenses: $1.6M (less than 1% over budget) • Days cash on hand: 34.24 (up from 10.6 a year ago) • Patient days: 75 more than prior year with no added cost • Provider visits (Norton Clinic): 988 **Technology & Compliance:** • Super user and staff training underway to improve claim accuracy. • Patient estimator tool in development for website and in-house use. • Insurance verification system (Experian) goes live May 1, increasing claim accuracy and reducing denials. **Equipment Update:** 3D mammography lease finalized in April, with $65K in grant funding received. This will be included in the April cost report. **Other Revenue:** Includes 340B, dietary, service revenue, and tax distributions. March also reflected grant expense timing.	

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7.	**Financial Affairs of Non-Elected Personnel** Financial Assistance YTD: $46,238.60 Bankruptcy YTD: --	Motion by **Randa Vollertsen** to send an amount not to exceed $34,905.96 for attempted collections ($3,795.00 for March and $30,110.96 for February), and to approve February and March financials. Second by **Andrew Black**. Motion carries unanimously.
8.	**Audit Report** ReChelle Horinek, the Chief Financial Officer, presented comprehensive financial and statistical updates from Forvis/Maazars Audit 2025: The mid-year 2025 audit is complete. The auditors issued a clean opinion, confirming that our financial statements fairly present the Hospital's financial position in accordance with U.S. GAAP. Bound paper copies will be available at the next board meeting. • A long-standing payable account balance was corrected, resulting in a one-time positive impact of $245,366 to the bottom line. • Overall financials remain strong. The only concern is the potential Medicare overpayment, which is being closely monitored and accounted for through monthly accruals.	Motion by **Andrew Black** to approve the updated 2025 Financial Audit as presented. Second by **Lee Juenemann.** Motion carries unanimously.
9.	**Strategic Plan** Kevin Faughnder, the Chief Executive Officer, provided an overview of NCH's updated 2025 Strategic Plan: On February 1st, the leadership team met to update the 2025–2027 Strategic Plan. The revised plan accurately reflects our current initiatives and future goals. It will be made available on our website for public access.	Motion by **Jerry Hawks** to approve the updated 2025 Strategic Plan as presented. Second by **Andrew Black.** Motion carries unanimously.
10.	**Org Chart Approval** Kevin Faughnder, the Chief Executive Officer, provided an overview of NCH's updated 2025 Organizational Chart:	Motion by **Andrew Black** to approve the updated NCH Org Chart as presented. Second by **Randa**

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	Updates were made to the organizational chart to reflect recent staff position changes. These adjustments are mostly formalities, with no major structural changes. The chart is organized in accordance with regulatory mandates.	**Vollertsen.** Motion carries unanimously.
11.	**CNO Report** Sarah Mohr, the Chief Nursing Officer (CNO), presented comprehensive updates for the reporting period of February 1st to March 31st: **Key Metrics (March 1–31):** • Avel E-Emergency Activations: 11 • Daily Census: 2.9 (↑ from 2.5 in February) • Inpatient Admissions: 14 (↑ from 13) • Inpatient Days: 91 (↑ from 71) • ER Visits: 162 (↓ from 170) • Outpatient Visits: 184 (↓ from 228) **Staffing Updates:** • Two RN resignations (day shift); two new RNs starting in May and June • Lab Manager and Outpatient Supervisor resigned; positions are being recruited • Agreement signed with Barton County Community College for clinical training of lab assistant • Various staff attended professional development events in March and April **Operational Highlights:** • New mammography machine installed; scans began in March • Outpatient nurse shifted to 4-day week to improve department coverage and patient access • New exam chair installed in outpatient for improved patient and staff comfort • Lab equipment upgrades in progress, including new analyzer and Triage machine setup • Pain management services transitioning to a Kansas-based provider starting in July • Weekly Utilization Review meetings are recovering denied charges **Survey & Quality Initiatives:** • Preparing for CMS survey with mock survey program and internal readiness teams • Lab implementing SQSS system to track quality control and maintenance	

	• Ongoing chart audits focusing on provider notification and discharge timing accuracy • Enhancing prior authorization process to reduce insurance write-offs **Education & Community Engagement:** • Staff participating in stroke certification training to improve assessment timelines • Seminar on advanced directives hosted by Clinkscales Law Firm on March 27 • Presentation by Dr. Moser from KU Med Center reviewed updated sepsis, stroke, and chest pain protocols **Customer Service:** • Continued positive feedback on administrative rounding • Ongoing focus on friendliness and attentiveness in patient interactions	
12.	**Risk Management/ Quality Assurance** Amanda Kuxhausen, the Risk Management and Quality Assurance Coordinator, presented the following updates: **Question from Randa:** Why are laboratory technicians not listed in the Risk Management Plan? **Response:** The professionals listed in the plan must be licensed in Kansas, as per the Risk Management Program statute. Since Kansas does not require licensure for lab technicians, they are not included in the statutory list. However, they are not exempt from participation or internal review within the hospital's Risk Management Program. **Patient Experience:** • 25 surveys received (ER, Physical Therapy, OP Surgery, PSG, HST). • HCAHPS response rate is 20%—efforts are underway to improve this. • Significant increase in facility-wide HCAHPS scores this quarter. • Only "Always" responses count toward our score; others do not. • Congratulations to Eva and the EVS team for exceptional HCAHPS performance. **Improvement Strategy:** • Three-prong education approach: 1. Inform medical staff about survey questions. 2. Encourage providers to improve patient interactions.	Motion by **Andrew Black** to approve of providing annual training to emergency room providers, nursing staff, as well as other departments, as deemed necessary by the CNO to comply with the new Conditions of Participation. Second by **Jerry Hawks.** Motion carries unanimously.

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	3. Explain medications and care more clearly to patients. • Public education on surveys is underway within NRC legal guidelines. • Kansas CAHs are advocating to replace HCAHPS with a star rating model for more accurate representation. **Emergency Services & Survey Readiness:** • New CMS Conditions of Participation (COP) take effect July 1, 2025, requiring: o Written protocols and provisions o Staff training on emergency readiness • Based on updates from the 2025 Care Collaborative Annual Summit, this applies to all CAHs providing emergency services. • An increase in ED incidents this quarter is largely attributed to lab service diversions. • Department-level satisfaction surveys remain mostly positive. **Survey Preparedness Plan:** • Participation in KRHOP Mock Survey Program underway. • Two internal teams: o Survey Awareness – Develops ongoing and onboarding education. o Survey Preparation – Audits departments for compliance gaps. • Commitment to maintaining state and federal readiness standards. Board Action Requested: Approval to provide annual emergency protocol training to ER staff, including providers and nurses. Other departments will be included as needed at the discretion of the CNO. **Education Already Completed:** • Time Critical Diagnosis Refresher (April 4) • NIH Stroke Scale Certification for nursing staff • OB Emergency/Post-Delivery Training **QAPI Project – Stroke Care:** • Using KISS guidelines since January 2025 • Focus: Earlier administration of lytics, earlier NIH scoring • All suspected stroke cases abstracted for tracking and quality improvement	
13.	**Executive Session: Non-Elected Personnel**	**Robert Wyatt** 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, Risk Management, CEO, and commissioner in attendance not to exceed **5** minutes. Seconded by **Andrew Black**. Motion passed. The executive session begins at **8:04 p.m.** Exit at **8:06 p.m.**
14.	**Board Action from Executive Session**	n/a
15.	**CIO Report** Klare Bliss, the Chief Information Officer (CIO), provided the following comprehensive updates for the last month: **Cerner / Oracle Health:** • Seamless Exchange: This feature will reduce manual work by allowing providers and nurses to securely and efficiently share patient data across facilities. Improves continuity of care and workflow efficiency. • Cerner Change Governance: Tiffany is leading a Utilization Review (UR) committee to identify and submit system improvements to Cerner. Currently, 15 support requests are active. • Cerner Community Works Conference (April 29–30): Key opportunity for networking, best practices, and troubleshooting. Expected to support optimization across departments. • Lab Analyzer Integration: Interface testing with Cerner is underway. • OCI Migration: Postponed; we will receive 90 days' notice once Oracle resolves remaining issues. • RevCycle Optimization and OH Patient Accounting: On hold, but rollout is planned for fiscal year 2025. **Cybersecurity (Arctic Wolf):**	

	• Active monitoring has successfully tested endpoint lockdown, demonstrating effective threat response. • Current risk assessment identifies outdated systems and third-party vendors as vulnerabilities. • Ongoing staff training and user adaptation are in early stages (first 90 days), with education efforts increasing soon.	

16.	**Medical Clinic Update**
	Mel DeWitt, the Norton Medical Clinic Manager, shared the following Medical Clinic updates:
	
	• **Focus on Wellness:** We continue to push Medicare Annual Wellness Visits, with 21 visits in March, up from 13 in February. Follow-up visits also increased due to our continued partnership with Vytalize (Feb. payment: $10,543; Jan.: $10,476).
	• **No-Show Reduction:** A new quality project is underway to address no-shows (March: 34, Feb: 29). We're also developing a copayment policy and analyzing patient data to better understand why copays are often refused.
	• **Clinic Access & Staffing:**
	  o A PRN RN was hired to provide better clinic coverage.
	  o Both registration staff are now cross-trained to assist with rooming. The goal is to cross-train all clinic staff.
	  o Continued promotion of the patient portal has made access easier and increased usage at check-in.
	• **Upcoming Events:**
	  o May 7 – High School Physicals
	  o May 12 – Almena Physicals
	• **March Clinic Stats:**
	  o 977 total visits (Feb: 965)
	  o 386 acute/same-day (Feb: 520)
	  o 115 follow-ups (Feb: 91)
	  o 43 physicals, 15 procedures, 78 nurse visits, and 4 DOT physicals
	  o 34 no-shows, 21 wellness visits, and 10 well-child checks	

17.	**CEO Report** Kevin Faughnder, the Chief Executive Officer, provided a comprehensive report on various initiatives and updates:	

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	Strategic Plan & Readiness: The 2025–2027 Strategic Plan is ready for adoption. We've initiated survey readiness focus groups, aligning with key plan objectives. **Modernization Progress**: • Two outpatient clinic treatment rooms were updated with new flooring and a medical lift chair, improving cleanliness and patient comfort. • We submitted a Letter of Intent to the Patterson Foundation for funding architectural fees tied to our fire and sprinkler upgrades—essential for future Oncology services. • New career page launched by HR to streamline job applications. **Grants & Donations**: • We've advanced to the next step in the Patterson Foundation grant process. • Received a $55,000 anonymous community donation to replace the medical whirlpool and update first-floor window treatments. **Physician Recruitment**: • Dr. Rivera declined our offer due to salary expectations. We will continue the search for a candidate who aligns with NCH's values and goals. **Equipment & Tech**: • 3D Mammogram machine installation complete; scans are underway. A promotional "Coffee Time" event is planned. • Lab Analyzer go-live set for April 28, final integration with Cerner is wrapping up. **Personnel & Evaluation**: • Updated personnel evaluation system to be more efficient and user-friendly while maintaining essential feedback components. **Community Engagement**: • Hosted our second **Destination Health event** ("Marching Toward Better Health") on March 26, with a strong turnout and presentations by NCH staff. **Recognition**: • NCH received the 2024 Readers' Choice Award for Best Hospital from multiple regional publications.	
18.	**Commissioner Report** HPMHC shared that they were happy with the relationship that we have formed with them.	

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19.	**Board Member Reports** Keep James in your thoughts and prayers. Hopefully, he will be running the meeting again next month	
20.	**Other Business**	n/a
21.	**Adjourn**	Meeting adjourned at **8:42 p.m.**

Lee Jueneman, Secretary