Meeting Title:	Board of Trustees Meeting	Chairperson:	James Moreau
Date/Time:	May 21, 2025	Location:	Norton County Hospital

Norton County Hospital
Board of Trustees Meeting Minutes

Attended	Position
James Moreau	Board President
Jimmy Todd **via Zoom**	Board Vice President
Lee Juenemann	Board Secretary
Jerry Hawks	Board Member
Randa Vollertsen	Board Treasurer
Robert Wyatt	Board Member
Andrew Black	Board Member
Kevin Faughnder	NCH Chief Executive Officer
ReChelle Horinek	NCH Chief Financial Officer
Shannan Hempler	NCH Human Resources Director
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
Tabetha Harris	NCH HR Assistant/ Public Relations/ Marketing
Eva Harrington	NCH Environmental Services/ Linen Manager

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	Agenda Item	Action and/or Time
1.	**April 16th, 2025 Board Meeting Minutes**	Motion by **Robert Wyatt** to approve the minutes of the April 16th, 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 **Robert Wyatt** to approve the Consent Agenda Items as presented. Second by **Jerry Hawks.** Motion carries unanimously.
3.	**Executive Session: Actions Adversely or Favorably Affecting a Patient or Person**	**Jerry Hawks** moved to enter into executive session: K.S.A. 75-4319(b)(5) for the discussion of matters relating to actions adversely or favorably affecting a patient or person; with the Board, CEO, CFO, CNO, and HR Director in attendance, not to exceed 20 minutes. Seconded by **Andrew Black**. Motion passed. The executive session begins at **6:54 p.m**. Exit at **7:17 p.m**.
4.	**Board Action from Executive Session**	Motion by **Jerry Hawks** to grant Kevin the ability to explore the option of an off-duty policeman or security guards if need

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		be. Second by **James Moreau.** Motion carries unanimously.
5.	**Risk Management/ Quality Assurance** Amanda Kuxhausen, the Risk Management and Quality Assurance Coordinator, presented the following updates: **Risk Management:** • **Annual Review**: RM Plan and Annual Education materials reviewed; Board acknowledgment requested via signature on the Risk Management Education Declaration page. • **Education Materials**: Includes Risk Management In-Service for medical staff and slides used in annual employee training. • **Team Update**: ReChelle Horinek and Julie Kitt have been added to the Risk Management team. **Quality:** • **Patient Surveys**: 27 surveys received as of May 15 (departments: ER, PT, OP Surgery, PSG, HST). • **QAPI Plan 2025**: Updated version (year removed from heading; revision date updated) submitted for Board approval. o **Areas Identified for Improvement**: ▪ Communication of QAPI Plan ▪ Use of SQSS ▪ Statistical techniques in data analysis ▪ Engagement of frontline staff in QI practices o QAPI Director will initiate a Performance Improvement Project to address these. • **HCAHPS Project**: Focus areas include Care Transitions, Communication with Doctors, and Communication with Nurses, following NRC vendor guidelines. • **Survey Readiness**: o **Survey Awareness Team**: Producing CareLearning videos (first on med pass procedures). o **Survey Preparation Team**: Conducting mock departmental surveys using KAMMCO risk assessment (Emergency Preparedness, EVS, Pharmacy first). • **Departmental Highlights**: o Nursing completed hourly rounding initiative with 95.53% accuracy.	Motion by **Randa Vollertsen** to approve the annual review of the Risk Management Plan as presented. Second by **Lee Juenemann.** Motion carries unanimously.

	○ New initiative to collect Social Determinants of Health (SDOH) using PRAPARE for all adult inpatients. • **Charge Capture Improvements**: Targeted by Pharmacy, Radiology, Respiratory Therapy, Outpatient Nursing, Medical Clinic, and UR. • **Safety**: Completed facility-wide safety survey to establish a baseline; part of broader culture-of-safety initiative. **Board Action Items Requested**: • Sign acknowledgment of Risk Management education • Approve NCH QAPI Plan 2025	
6.	**CIO Report** Klare Bliss, the Chief Information Officer (CIO), provided the following comprehensive updates for the last month: **Cerner & Clinical Interfaces:** • **Antimicrobial Interface**: Implementation underway to support CMS antimicrobial usage reporting standards. • **Clinical AI Agent**: Will assist providers by auto-generating notes to enhance documentation quality. • **Lab MDI Interface**: Now connected; Lab department is validating all orders and results for accurate integration into Cerner. • **EKG Interface & AI Optimization**: Being explored as future system enhancements. • **Cerner OH Patient Accounting**: Discussed with ReChelle; rollout planned for July/August 2026. • **Cerner Community Works Forum**: Attended April 29–30; discussed best practices and updates. **Cerner Change Governance:** • Ongoing department meetings to identify needed system changes or enhancements. • Change requests are submitted as Service Requests (SRs). • Current Status: No active governance projects; 14 SRs open, including HPM order and workflow adjustments. **Other Updates:** • **Federal Funding**: Applied through USAC for cost support related to Nex Tech, AT&T, and Turner Tech networking. ○ YTD funds received: $12,821.32; Cost to NCH: $3,205.35. • **Future Planning**: Collaborating with department leaders and administration to identify IT project priorities for the next fiscal year.	

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7.	**Medical Clinic Update** Mel DeWitt, the Norton Medical Clinic Manager, shared the following Medical Clinic updates: **Clinic Visit Summary (April / March):** • Total Visits: 1,006 / 977 • Acute/Same-Day Appointments: 330 / 386 • Saturday Visits: 22 / 37 • Medicare Annual Wellness Visits: 30 / 31 • Follow-Up Visits: 119 / 115 • Established Care Visits: 27 / 15 • Physicals: 38 / 43 • Nurse Visits: 76 / 78 • DOT Physicals: 2 / 4 • No-Shows: 33 / 34 • Wellness Visits: 23 / 21 • Well Child Checks: 7 / 10 • Procedures: 13 / 15 **Vytalize Payments:** • March: $10,520.35 • February: $10,543.08 **Copayment Collection Project:** • Currently analyzing patient statements to identify why copays are not collected at time of service. • Majority of missed copays are due to patient refusal. **Staffing Updates:** • Two PRN Nurse Aides will begin in June to support clinic operations throughout the summer. • Dr. Hatton is scheduled to work 10 days in June.	
8.	**Ni2 Update** ReChelle Horinek, the Chief Financial Officer, provided the following comprehensive updates for Ni2 from last month: **Cash Trends:** • **Revenue & Cash Flow:** Both total revenue and total cash have shown a slight downward trend in recent months but are now beginning to rebound. • **Documentation Hold:** A manual 7-day hold remains in place to ensure timely and complete documentation prior to billing. **Accounts Receivable (AR):** • **Days in AR:** Represents the average number of days from claim submission to payment receipt. This metric continues to be closely monitored.	

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Date/Time:	May 21, 2025	Location:	Norton County Hospital

	• **Cash Receipts:** Consistently maintaining over $1 million in monthly cash receipts. • **Bad Debt:** Collaborating with Ni2 to improve collections and manage bad debt more effectively.	
9.	**CFO Report of Statistical/Financial Information** ReChelle Horinek, the Chief Financial Officer, presented comprehensive financial and statistical updates from April 2025: **Financial Report:** • Final bound drafts of the Financial Report were distributed to Board Members. • Presented infographic from the Kansas Hospital Association (KHA) highlighting key hospital financial trends (copy available upon request). **Provider Approvals (HPM):** • Two CRNAs, one PA, and one Nurse Practitioner affiliated with HPM have been approved by the Medical Staff. • Board of Trustees approval is now required. **April 2025 Financial Highlights:** • **Gross Patient Revenue:** $2,447,234 – above budget by $195,075. o Outpatient and Swingbed revenue exceeded budget; inpatient revenue remains below projections. • **Operating Expenses**: $1,699,155 – increases attributed to contracted services. • **Net Loss from Operations:** -$155,156 o $237,735 attributed to contractual adjustments tied to collections activity. • **Net Loss (including non-operating income):** -$108,086 for April o **YTD Loss**: -$464,968, a significant improvement compared to -$1,444,402 YTD prior year. • **Other Operating Revenue:** Includes 340B (now fully paid after Optum cyber attack delay), dietary revenue, and sale of services. • **Balance Sheet:** o Cash Balance: $331,320 o Days Cash on Hand (including investments): 10.6 o Year-end entries by FORVIS adjusted liabilities, primarily affecting long-term debt and pensions. **Statistical Highlights:** • Good April patient days, but YTD totals remain lower than prior years.	Motion by **Andrew Black** to approve the new HPM providers as presented. Second by **Randa Vollertsen**. Motion carries unanimously.

	• Outpatient departments generally at or above budgeted activity levels. • Lab volume was high due to Health Fair activity. **Additional Financial Information:** • **2024 Interim Cost Report:** Filed 2/29/2025; rates increased for Acute and Swing Bed. Interim settlement of $286,900 received 5/14/2025. • **Ni2 Charge Optimization:** Incentive payments end 8/1/2025 (average monthly cost $10,000–$15,000). • **2025 Operating Budget:** In progress with departmental input. Draft will be presented for approval at the June 2025 BOT meeting.	
10.	**Financial Affairs of Non-Elected Personnel** Financial Assistance YTD: $12,113.18 Bankruptcy YTD: --	Motion by **Randa Vollertsen** to send an amount not to exceed $24,650.24 ($2,386.15) for attempted collections, and to approve April financials. Second by **Jimmy Todd**. Motion carries unanimously.
11.	**Consulting Agreement** ReChelle Horinek, Chief Financial Officer, presented a proposed Consulting Agreement to fulfill USDA requirements. The total cost of the engagement is $21,300. This agreement is necessary in preparation for the submission of the 2025 Financial Assessment. ReChelle requested a motion from the Board of Trustees to approve and sign the engagement letter so that the process can move forward promptly.	Motion by **Randa Vollertsen** to approve signing the engagement letter with Eide Bailly Consulting Services. Second by **Andrew Black**. Motion carries unanimously.
12.	**CNO Report** Sarah Mohr, the Chief Nursing Officer (CNO), presented comprehensive updates for the reporting period of April 1st to April 30th: **Patient Volume & Census:** • **Daily Census:** 4.3 patients (↑ from 2.8 in March) • **Inpatient Admissions:** 17 patients (↑ from 14 in March) • **Inpatient Days:** 85 days (↓ from 91 in March) • **ER Visits:** 164 visits (↑ from 162 in March) • **Outpatient Visits:** 186 visits (↑ from 184 in March) • **Emergency Activations:** 11 encounters in April	

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	Personnel Updates: • New Lab Manager: Julie Kitt started May 20 • Specialty Clinic Manager position still open • Radiology: Allison McChesney completed Mammography Accreditation for new 3D system • New full-time CNA Ashlynn Buffington started; day shift is fully staffed • RN staffing updates: Angie Alexander starting full-time May 30, Kasey Kier started night shift May 6, Toni Schoemaker transitioned from contractor to full-time employee, night shift is fully staffed **Operations & Equipment:** • Proposal to acquire Falcon Xpress FX5 segmental pressure machine to provide local vascular diagnostic testing, reducing patient travel time • Lab analyzer integration with Cerner ongoing; quality control issues being resolved • Outpatient pharmacy revenue already exceeds 2024 full-year totals ($7.93M YTD vs $7.83M in FY24) • Specialty Clinic busy; added clinic hours for Dr. Liedke; telemedicine rheumatology and endocrinology remain at capacity • Sleep lab activity increased significantly in April and May despite scheduling challenges • Radiology performed 507 imaging exams in April (target 500/month); DEXA scanner installation scheduled for June 23, with training in July • Surgical department completed 9 surgeries in April; pain clinic with HPM onboarding, starting procedures July 15 • Sterilization improvements cut scope processing time from 15 to 8 minutes **Education & Training:** • All nurses completed NIH Stroke Scale (NIHSS) training • Nursing team will complete post-birth training by June end • Staff attended regional trauma and survey training sessions • Upcoming internal mock survey by external hospital team planned for summer **Customer Service:** • Staff demonstrated exceptional teamwork and responsiveness during a recent mass trauma activation •	
13.	**CEO Report** Kevin Faughnder, the Chief Executive Officer, provided a comprehensive report on various initiatives and updates:	Motion by **Jerry Hawks** to approve moving forward with

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	Physician Recruiting: • Elite 365 has assigned a new recruiter to enhance the physician search. • The "Verification of Need" statement was refined to better communicate our needs to potential candidates. **Communications Campaign:** • Klare was on the radio on May 14 to promote the upcoming community car seat check event scheduled for May 24. **Pharmacy Inspection:** • Surprise pharmacy inspection on April 30 confirmed full compliance with all rules and regulations. • Kudos to Charli Enfield for excellent pharmacy program management. **Modernization Efforts:** • Installed **Viking Pure Disinfectant** machine, which uses salt and water to replace harsh chemicals. • This system eliminates 80% of cleaning chemicals previously used, focusing on patient and employee safety and environmental benefits. • NCH is the first Critical Access Hospital to adopt this technology, previously used only in large facilities like KU Med Center and Children's Mercy KC. • **Sprinkler System:** o Cancelled Letter of Intent (LOI) to Patterson Foundation due to changes in scope. o Maintenance Supervisor contacted Jayhawk Fire Sprinkler, who offered to design and perform the sprinkler system work for $40,000—significantly less than the architect's $80,000 fee. o Plan to resubmit the grant request during the next window in July. • **DEXA Machine:** o Installation scheduled for June 23, with application training beginning July 1. o This is part two of the 3D Mammography machine purchase. • **Bariatric Chair:** o New bariatric chair was received this month. Positive patient feedback noted. Thanks to the Board for their approval. **Community Engagement:** • Sarah and staff participated in the "Empower Norton" quarterly meeting with local officials and businesses on May 19.	Jayhawk Fire Suppression to outline the sprinkler system plan for $40,000. Second by **Andrew Black**. Motion carries unanimously. Motion by **Jerry Hawks** to move forward with the elevator modernization project for $100,000. Second by **Randa Vollertsen**. Motion carries unanimously. Motion by **Andrew Black** to approve the purchase of a new step machine for Cardiac Rehab for $7,000. Second by **Robert Wyatt**. Motion carries unanimously. Motion by **Randa Vollertsen** to approve the purchase of a new commercial washing machine for $6,236. Second by **Andrew Black**. Motion carries unanimously.

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14.	**Commissioner Report**	n/a
15.	**Board Member Reports** Board members inquired about tax money usage; funds have not been spent yet and have been reserved for elevator updates. A news article is planned to inform the community about tax revenue impacts and project expenditures once underway. We are proud of how the hospital team handled the recent trauma incident. Throughout the event, everyone demonstrated calm professionalism and worked seamlessly together. This coordinated effort reflects the strength and dedication of our staff in providing excellent care even in high-pressure situations.	
16.	**Other Business**	n/a
17.	**Adjourn**	Meeting adjourned at **8:15 p.m.**

Lee Jueneman, Secretary