Meeting Title:	Board of Trustees Meeting	Chairperson:	James Moreau
Date/Time:	August 20, 2025/ 6:30 p.m.	Location:	Norton County Hospital

Norton County Hospital
Board of Trustees Meeting Minutes

Attended	Position
James Moreau	Board President
Lee Jueneman	Board Secretary
Jerry Hawks	Board Member
Randa Vollertsen (Via Zoom)	Board Treasurer
Robert Wyatt	Board Member
Andrew Black	Board Member
Garrett Beydler	County Commissioner
Kevin Faughnder	NCH Chief Executive Officer
Shannan Hempler	NCH Human Resources Director
Klare Bliss	NCH Chief Information Officer
Amanda Kuxhausen	NCH Quality Control and Risk Management
Sarah Mohr	NCH Chief Nursing Officer
Tabetha Harris	NCH HR Assistant/ Public Relations/ Marketing

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	Agenda Item	Action and/or Time
1.	**July 16th, 2025 Board Meeting Minutes**	Motion by **Lee Juenemann** to approve the minutes of the July 16th, 2025 meeting. Second by **Robert Wyatt.** 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 **James Moreau.** Motion carries unanimously.
3.	**Risk Management/ Quality Assurance** Amanda Kuxhausen, the Risk Management and Quality Assurance Coordinator, presented the following updates: **Risk Management** The Risk Management Plan has been updated to reflect recent personnel changes, specifically the removal of the Acute Care Manager position from the Risk Management Committee (page 11). A corresponding approval box has been added to page 4. **Quality** • Sixteen patient surveys have been received through August 15, representing the ER, Outpatient Surgery, Norton Medical Clinic, and PSG. • Current HCAHPS results were reviewed. • Survey readiness efforts continue, including: o Two videos addressing components of the BCMA process are complete. o Internal CAH risk assessments have been completed for five departments, with two more scheduled for completion by the end of the month. o Development of a structured presentation for the Care Learning program, focusing on essential information employees should know for surveyor interviews. Many of these topics relate to safety, and the Safety Officer is assisting in completing this initiative. **NCH QAPI Program**	

	• QAPI work sessions are now being held to assist department leaders with their projects. • Viking Pure Solutions remains the primary focus of current QAPI efforts, with an ongoing evaluation of the hospital's cleaning system efficiency. Feedback from patients, staff, and visitors is being gathered through short surveys. • The Viking Pure Solutions project will be presented at the KHELSA meeting in Salina on October 23. Amanda expressed enthusiasm about sharing project updates in future meetings.	
4.	**Executive Session: Risk Management**	**James Moreau** moved to enter into executive session: K.S.A. 75-4319(b)(5) for the discussion of of matters relating to actions adversely or favorably affecting a patient or person; with the Risk Management, the Board, CEO, and commissioner in attendance, not to exceed **10** minutes. Seconded by **Lee Juenemann**. Motion passed. The executive session begins at **6:41 p.m**. Exit at **6:50 p.m**.
5.	**Board Action from Executive Session**	n/a
6.	**CIO Report** Klare Bliss, the Chief Information Officer (CIO), provided the following comprehensive updates for the last month: **Cerner EES** • Clinical Data Exchange (Seamless Exchange) implementation continues; testing and training will begin soon. • Providers agreed to a 90-day trial of the Clinical AI Agent; documentation is in progress to initiate the trial. • Cerner OH Patient Accounting rollout remains scheduled for July–August 2026.	

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	Cerner Change Governance • Ongoing meetings with departments to review requested Cerner changes and create Service Requests (SRs). • 16 open Support Requests, primarily for new or optimized workflows related to billing changes, new services, and lab adjustments. **Cybersecurity** • Arctic Wolf cybersecurity reports continue to reflect a strong secure culture score. • The current unresolved risk score is primarily due to recent updates across multiple software systems. Efforts are ongoing to mitigate flagged areas. **Additional Updates** • No Cerner Executive meeting was held this month. • USAC funding approval for next year is $12,578.13, an increase from last year's $11,547.98. • Leadership Norton County has been postponed until next year due to low applicant numbers.	
7.	**Medical Clinic Update** Klare Bliss reported for Mel DeWitt, the Norton Medical Clinic Manager, and shared the following Medical Clinic updates: **Clinic Visit Summary (July/June Comparison)** • Patient Visits: 1,046 / 930 • Acute/Same Day Appointments: 298 / 319 • Saturday Visits: 19 / 17 • Medicare Annual Wellness Visits: 18 / 16 • Follow-Up Visits: 176 / 125 • Established Care Visits: 35 / 26 • Physicals: 57 / 48 • Nurse Visits: 91 / 94 • DOT Physicals: 6 / 4 • No Shows: 35 / 37 • Wellness Visits: 34 / 24 • Well Child Checks: 14 / 11 • Procedures: 18 / 12 **Quality Initiatives** • KanSurvive 2.0 onboarding and meet-and-greet have been completed. • Survey readiness preparations are ongoing for the clinic. **Operational Notes** • Follow-up visits include patients who may not have been initially seen at Norton County Hospital.	

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	• Established care visits are expected to increase as Jonna's patients transition to new providers. • A major project to update all clinic policies has been completed, thanks to strong teamwork.	
8.	**Ni2 Update** Kevin Faughnder, the Chief Executive Officer, provided the following comprehensive updates for Ni2 from last month: Gross revenue increased by 12% compared to the previous month. Accounts Receivable days continue to improve, reflecting strong performance in billing and collections. Cash flow remains stable, with monthly balances consistently exceeding $1 million. Overall cash trends continue to improve each month, positioning the hospital on solid financial footing, showing that our hard work is paying off and we are continuing to get better and better	
9.	**CFO Report of Statistical/Financial Information** Kevin Faughnder, the Chief Executive Officer, presented comprehensive financial and statistical updates from July 2025: **Income Statement** • Gross patient revenue for July was $3,143,419, with outpatient revenue exceeding budget expectations. • Inpatient and swing bed revenue were below budget for the month; however, year-to-date inpatient and swing bed days have tripled compared to this time last year, contributing to stronger overall revenue performance. • Clinic revenue was slightly under budget. • All other revenue categories remained consistent with historical percentages and include an accrual estimate of 50–55%. • A $300,000 payable to Medicare for FY 2026 remains budgeted and will be evaluated after the 2024 audit; an increase is likely. The recent patient surge is expected to help offset this payable. • Net income for July was $168,121, which includes a $25,000 bookable payback to Medicare. • Operating expenses for July totaled $1,594,962, which was lower than usual due to closing out June's year-end expenses; normalization is expected in August. • Other operating revenue includes payments from the 340B program, service revenue, and dietary income. • Non-operating revenue for July includes tax distribution accrual, contributions, interest, donations, and sales tax distribution.	

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	• Grant income reflects a negative balance this month due to expending previously received funds. **Balance Sheet** • Cash balance, including investments, totaled $1,251,962.29 at month-end, with 23.81 days of cash on hand as of July 30, 2025. • Cash on hand decreased slightly in July due to several major payments, including: o Jayhawk Fire Sprinkler – $20,000 (sprinkler plan) o TKE – $48,575 (½ elevator project) o Hologic – $42,405 (DEXA machine) o Don's Floorcovering – $16,837 (final blinds payment) o Image Monitoring – $26,095 (segmental pressure machine) • These capital investments were largely supported by available tax funds, minimizing the financial impact. • All other balance sheet totals remain within normal range. Multiview is working on a fix to properly display YTD profit/loss on the balance sheet. **Statistics** • July statistics correlate with revenue performance. • Inpatient and swing bed statistics remain significantly higher year-to-date compared to 2024, along with most ancillary departments. **Additional Updates** • Both Experian Insurance Verification and the Patient Estimate Tool are live. • Eide Bailly engagement: All requested information has been submitted for chart review. A separate agreement was signed for rural health clinic evaluation. Completion is expected before year-end. • 2025 FYE Financial Audit: FORVIS staff will be onsite the week of September 29 to conduct the audit. • IV Pumps: Purchase of new IV pumps is moving forward, funded by Match Day contributions. Monthly update fees will resume with the new pumps. Andrew asked if we are still seeing people utilize the pay in full discount? Answer: Yes!! We have seen a huge increase in pay in full plans.	
10.	**Financial Affairs of Non-Elected Personnel** Financial Assistance YTD: $8,475.81	Motion by **Randa Vollertsen** to send an

	Bankruptcy YTD: --	amount not to exceed $66,075.00 for attempted collections. Second by **Robert Wyatt**. Motion carries unanimously.
11.	**CNO Report** Sarah Mohr, the Chief Nursing Officer (CNO), presented comprehensive updates for the reporting period of July 1st to July 31st: **Volume & Census** • **Daily Census:** 2.5 patients (↓ from 2.7 in June) • **Inpatient Admissions:** 13 patients (↑ from 11) • **Inpatient Days:** 46 days (↓ from 82) • **ER Visits:** 150 (↓ from 162) • **Outpatient Visits:** 252 (↑ from 227) • **Avel E-Emergency Activations:** 10 encounters **People Updates** • Stefanie Rutherford resigned as Acute Care Manager; position posted with two applicants so far. • Lab hired a PRN MLT, and PRN CNA added to weekend coverage. **Operations Highlights** • **Laboratory:** Transitioned to Vitros analyzer, resolving initial QC issues; Iron Panel, D-dimer, Troponin I, and Fentanyl testing being implemented in-house; saved $14,000 on old analyzer disposal. • **Outpatient Therapy:** Record patient volume; promoting new segmental pressure machine for wound patients. • **Specialty Clinic:** Dr. Straub concluded; Dr. Asghar begins 9/9. Holistic Pain Management clinic continues successfully. • **Respiratory:** Sleep studies and nuclear medicine active; badge reader installed; segmental pressure treadmill acquired in-house saving $6,000; working on oxygen charge capture. • **Nursing:** Crash cart process updates; tub room remodel complete. • **Radiology:** 456 exams completed; segmental pressure service operational and advertised regionally. • **Surgery:** First HPM procedure day completed with 5 patients; 10 surgeries performed. • **Pharmacy:** Completed intubation meds order set.	

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	Education & Training • Nursing Skills Day successfully completed. • De-escalation training held 8/12 with 50+ staff participants. • Mock survey conducted at Graham County Hospital; reciprocal survey scheduled for September. **Customer Service** • Emphasis on slowing down and ensuring understanding during discharge instructions. **Shout Out** • Maintenance team recognized for multiple projects, including whirlpool installation, lab analyzer disassembly, and plumbing work	
12.	**CEO Report** Kevin Faughnder, the Chief Executive Officer, provided a comprehensive report on various initiatives and updates: We have had a great month overall! **Physician Recruiting** • Interviewed a perspective PA and NP. The PA opted for a another role with more surgery opportunities. The NP will visit Norton on Aug 21–22. • Zoom interview conducted with another PA on Aug 15; in-person visit planned for Aug 28. **Security & Safety** • One application received for the security guard role; efforts underway to raise awareness with local law enforcement. • Exploring badge-based 911 call system to enhance staff safety; vendor cost estimate pending. • Advanced de-escalation training provided by High Plains Mental Health on Aug 12; over 50 staff attended. **Human Resources** • Olson Group contacted for advanced HR training sessions for employees and managers; dates pending. **Community & Communications** • Fourth "Destination Health" event held on July 30, highlighting heart and vascular services; presentations well received. **Modernization & Facilities** • Whirlpool room installation completed; Nursing added patient-friendly enhancements. • Elevator upgrade project underway; 50% of project paid ($48,575).	

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	• Surgery Department increased procedures by 127% compared to last year (Jan–Aug 2025 vs. same period 2024). • Grant submitted to Patterson Foundation (fire alarm $122K, sprinkler $370K); asbestos assessment ongoing prior to sprinkler installation. **Medicare Advantage** • Slight decline in MA enrollment noted last year; proactive town-halls planned to support informed community decisions. **Conferences & Advocacy** • Sarah and leadership attending KHA Annual Conference in Wichita, Sept 4–5. • Senator Moran visited NCH on Aug 12; discussed support for rural hospitals, Community Care for veterans, and challenges with commercial insurance reimbursement rates. Andrew suggested doing a Facebook live of Destination Health presentations?! Tabby will try next month and see how it goes!	
13.	**Commissioner Report** None	
14.	**Board Member Reports** Jerry asked if we are still doing weekly facility updates? It comes out every month after the Board and Leadership meetings. Can we get a weekly update for the board members?! Would like to feel more connected to the facility. James suggested logging into the beat to check out the daily huddle. Has lots of great information as to what's going on in the hospital each day. Robert asked how many specialists are on site, and how many are telehealth? There are only three telehealth providers. Pulled up ntcohosp.com to show the availability of our specialists and which specialties we offer.	
15.	**Other Business** None	
16.	**Executive Session: Non-Elected Personnel**	n/a
17.	**Board Action from Executive Session**	n/a

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18.	**Adjourn**	Meeting adjourned at **7:50 p.m.**

Lee Jueneman, Secretary