

Clarinda Regional Health Center, Board of Trustees Monthly Meeting - April

Call to Order

The Board Chair called the meeting to order at 5:00 PM

Action: None required; agenda accepted as presented.

Request for Forum (Public Comment)

The Board Chair opened the Request for Forum. No community members requested to speak.

Action: None required.

Changes to Agenda

There were no formal changes to the agenda.

Action: None required.

Consent Agenda

Trustees have reviewed and discussed the items of the consent agenda and no questions were brought forward.

Regular Board of Trustees – 3/24/2026

Quality Council Report – 4/3/2026

Quality Reporting – 4/10/2026

Organizational Scorecard

Grievance and Service Recovery Report

HQIC

Safety Scorecard

Compliance Scorecard

Chart Review Findings

Infection Prevention – 4/14/2026

Partners in Exceptional Care (PEC) Board Meeting – 3/12/2026

Action: Motion made by **Rob Marsh** and seconded by **Dale Fulk** to approve the consent agenda; motion passed unanimously.

Education – PEC Updates

VP of Community Engagement & Grants, Jennifer McCall, presented an overview of current fundraising trends and community engagement, noting continued stability in donations following the previous capital campaign peak. These funds have enabled patient-focused improvements such as equipment upgrades, facility enhancements, and department renovations. Recent and upcoming projects include updates to transitional care rooms, support for MRI remodeling, campus beautification efforts, installation of sharps disposal

Advancing Exceptional Care

kiosks, and planned upgrades to ER waiting room furniture. Ongoing community events and volunteer involvement remain significant contributors to fundraising success, while scholarships continue to provide support for local students.

Action: The Board received education regarding PEC updates and acknowledged the information presented; no action was required at this time.

Medical Staff Executive Committee Report (Chief of Med Staff)

Dr. Mahoney reported that the Medical Staff Executive Committee reviewed and approved provider privileges, appointments, reappointments, and the month's policy crosswalk. These items were presented for Board approval as part of required credentialing and privileging oversight, and trustees were provided the [attached policy crosswalk](#) and credentialing recommendations for review.

Action: Motion made by **Dale Fulk** and seconded by **Bryan Whipp** to approve all Medical Staff recommendations; motion passed unanimously.

Financial Report (CFO & CAO)

The Chief Financial Officer, Emilee Haffner, reported that March was the second highest performing month of the fiscal year, with strong clinic performance contributing significantly to revenue and volume. Gross patient service revenue was approximately \$10.5 million, with accounts receivable increasing and remaining an area of focus. A temporary discount initiative is being implemented to reduce private pay balances. DPP-related assessment fees created a notable one-time expense impact.

Action: Motion made by **Bryan Whipp** and seconded by **Rob Marsh** to approve the monthly financial report and check register as presented; motion passed unanimously.

Quality, Patient Safety & Regulatory (VP QACM)

The VP QACM, Lisa Haffner, reported that the organization maintained 100% compliance with Iowa Donor Network reporting requirements over the past five years, with a current tissue donation conversion rate of 14.3%. Continued annual staff education supports compliance and process consistency. A clinic quality initiative to improve documentation of medication indications has shown significant progress, increasing from 22% to 87%. The Board acknowledged its oversight role in ongoing accreditation compliance.

Action: Quality will continue progress on current initiatives and provide updates to the Board as appropriate; Discussion Only; no action needed

Clinic Updates (CCO)

CCO, Amy Roop, reported that operations continue to expand, with progress on the Med Spa project including facility design, branding, and service line evaluation. The chronic care management program has achieved positive financial performance with continued patient enrollment growth. Workforce development efforts include staff participation in certified medical assistant training to expand clinical capabilities. Specialty clinic growth includes onboarding new pulmonology and orthopedic providers to improve access to care.

Action: Discussion only; no action needed.

Clinical Report (CNO)

CNO, Stacy Pulliam, reported that patient volumes continue to demonstrate positive trends, with acute patient days increasing year-over-year and observation days decreasing. Transitional care volumes remain strong, supported by continued outreach to referral partners to promote patient retention and care continuity. Improvements to the patient environment are ongoing, including the installation of outdoor gazebos to enhance patient and family experience.

Action: Discussion Only; No action needed

Operational Report (COO)

COO, Tyler Hill, reported that operational initiatives include evaluation of staff safety technology and facility security enhancements. The cafeteria remodel has received approval and is pending final equipment delivery prior to construction. The community pharmacy project remains in progress, with delays related to Medicaid enrollment requirements. Ongoing efforts continue to evaluate vendor partnerships and improve operational efficiency across service areas.

Action: Discussion Only; No action needed

CEO Report

CEO, Chuck Nordyke, provided updates on several strategic initiatives, including continued evaluation of electronic medical record systems with consideration of both Epic and alternative platforms. A recent data breach response is ongoing, with notification processes and legal coordination in progress. Recruitment efforts across clinical and support roles continue, with particular focus on anesthesia services and specialty providers. Additional service line opportunities, including functional medicine, are being explored in response to emerging patient demand. Organizational review of pay practices is underway to ensure consistency and compliance, with implementation timing adjusted to allow for staff communication and education. Strategic partnership opportunities and regional collaboration models were discussed, with a continued focus on maintaining organizational independence while evaluating potential long-term benefits.

Action: Discussion Only; no action needed.

New/Old Business

There was no new or old business to discuss.

Action: Discussion Only; no action needed.

Announcements

The next Board of Trustees meeting is scheduled for May 26, 2026, with the Finance Committee meeting on May 19, 2026.

Action: Discussion Only; No action needed.

Adjournment

A motion was made by **Bryan Whipp** and seconded by **Rob Marsh** to adjourn the meeting at 6:33 PM. With no further business, the meeting concluded.

Action: Meeting adjourned.

Attendees

Dale Fulk, Trustee

Bryan Whipp, Trustee

Tyler Hill, COO

Dr. Mahoney, Chief of Staff

Stacy Pulliam, CNO

Rob Marsh, Trustee

Lisa Haffner, VP QACM

Maggie Brown, CIO

Jennifer McCall, VP CEG

Bri McCuen, Mgr Exec Svcs

Chuck Nordyke, CEO

Emilee Haffner, CFO

Mike Butt, VP MADS

Amy Roop, CCO



Jeff Clark, President



Signature

Dale Fulk, Secretary Treasurer