

Advancing Exceptional Care

Time	Agenda Item / Topic	Presenter	Discussion	Conclusion / Action	1st	2nd	Responsible Person(s)	Expected Completion Date
17:00	Call to Order	BOT Chairperson	Call meeting to order	Called to Order at 5:01 PM			B Whipp	7/22/2025
17:01	Changes to Agenda	BOT Chairperson	No changes	No Action Needed			B Whipp	7/22/2025
17:02	Request for Forum	BOT Chairperson	N/A	N/A			B Whipp	7/22/2025
17:03	Voice of Patient/Employee (Public Comment)	BOT Chairperson	N/A	No Comments presented			B Whipp	7/22/2025
17:03	BOT Education	Lisa Carrhuff	Lisa Carrhuff from Hometown Health delivered a comprehensive session on value-based care (VBC). She outlined the national shift away from fee-for-service models and emphasized CRHC's strong positioning, with 83% of key practices already in place or in progress. She praised the hospital's performance and four-star rating while highlighting opportunities for growth in leadership engagement, patient coordination, and community outreach.	The Board of Trustees received a DNV-compliant educational session from Lisa Carrhuff of Hometown Health on value-based care, highlighting CRHC's strong positioning (83% of practices in place or developing) and opportunities for improvement in leadership, care coordination, and community outreach.			B Whipp	7/22/2025
17:30	Consent Agenda	BOT Chairperson	Trustees have reviewed and discussed the items of the consent agenda and no questions were brought forward. Regular Board of Trustees - 6/24/2025 Special Board Meeting - 7/1/2025 Quality Council Report - No July Meeting Quality Reporting - 7/11/2025 Organizational Scorecard Grievance and Service Recovery Report HQIC Safety Scorecard Compliance Scorecard Chart Review Findings Infection Prevention - 7/8/2025 Partners in Exceptional Care (PEC) Board Meeting - 6/12/2025	The Board reviewed all reports included in the consent agenda. Opportunity was provided to discuss trends, concerns, and action plans. A motion was made to approve the consent agenda as presented. Motion was approved unanimously.	Boysen	Clark	D Fulk	7/22/2025
			Committee Reports presented and Reviewed by BOT Members Medical Staff Report (MEC) - 7/15/2025 Medical Staff Privileges Recommendations Policy Review and Approval (crosswalk): AOC in the Absence of the CEO Board Bylaws Conference Room Usage and Scheduling DIAL Notification of Change in Leadership Mileage Reimbursement Provision of Services Purchasing Signature Procurement Guidelines Survey Readiness and Preparation Guidelines Clarinda High School Concussion Protocol Informed & General Consent Policies & Procedures Management Death, Autopsy & Medical Examiner Policy EZ-IO Pediatric Code Cart Modified Duty Policy Electrical Testing Emergency Call List Fire Extinguisher Use & Checks Fire Safety - Staff Responsibilities					

17:30	Committee Reports:		In-Service Education Key Control Policy Linen and Trash Receptacles Outside Contractors Working in the Facility Preventative Maintenance Removing Hospital Property from the Premises Utilities Systems Management Plan Water Management Plan Welding Safety Contracted Staff Meal Breaks & Rest Periods Tuition and Certification Reimbursement Workplace Violence, Harassment & Discrimination Maintenance and Repair of Waste Processing Systems Public Sharps Disposal Cleaning and Disinfection of Respiratory Care Devices Blood Bank Type and Screen Emergency Release of Blood Signing Out Blood Bariatric Protocol Stripping Patient Rooms Prior to EVS Arrival Dispensing Nutrition Products MedGem (Indirect Calorimeter) Nutrition Therapy Role for Skin and Wound Care Partners Gift Shop IV Contrast Procedure Home Sleep Study Scope of Services - Sleep Lab Six Minute Walk Test Sleep Study - In House Code Adam - Child Abduction Code Orange - Decon Safety Management Plan Mist Therapy TCC-EZ Contact Case Removal	Based on the recommendations of the medical staff of CRHC, the Board of Trustees Voted and Approved	Whipp	Clark	D Fulk	7/22/2025
17:40	Financial Report	Em Haffner, CFO and John Byland, CAO	Due to fiscal year-end reconciliation, formal financials were unavailable. However, statistical highlights showed stable trends in surgeries and specialty visits, with notable increases in radiology, lab, and pharmacy usage.	No action was taken on the financials this month.			D Fulk	7/22/2025
17:55	Check Run	Finance Committee Members: Bryon Whipp and Jeff Clark	Check Run: No check run was presented due to fiscal year-end	No action was taken regarding the check run this month.				
17:56	Quality Report	Lisa Haffner, VP of Quality, Accreditation & Care Management	Lisa presented CRHC's CMS Care Compare report and reviewed the measures from the Hospital Inpatient Quality Reporting (IQR) Program, Outpatient Quality Reporting (OQR) Program, and patient surveys (HCAHPS). The review included clinical outcomes, patient safety, and patient-reported experience of care, along with comparisons to state and national benchmarks. Interventions implemented this year and opportunities for the upcoming year were discussed. Notable strengths were identified in communication, responsiveness, with improvements also seen in patient transitions and discharge education. Areas for continued focus include addressing slight declines in flu vaccination rates and sepsis metrics, while ongoing initiatives aim to enhance chronic care management and reduce hospital readmissions.	Discussion Only, No Action Needed				

		Dave Fast, Director of Radiology	Annual Safety & HVA-SVA Report (Dave) Dave reviewed the annual safety assessment, emphasizing snowfall, tornadoes, and IT downtime as leading risks. While infrastructure remains strong, opportunities were identified around visitor identification processes. The board approved the safety report with no changes.	The Board of Trustees approved the Annual Safety Report and HVA-SVA Assessment as presented, noting snowfall, tornadoes, and IT downtime as key risks and identifying visitor identification as an area for improvement.	Marsh	Whipp	D Fulk	7/22/2025
17:58	Clinical Report	Stacy Pulliam, Chief Nursing Officer	Stacy reported that the transitional care data partner will cease services by July 31, prompting development of an internal tracking system. AED training is underway via the EMS grant. Staffing updates included recent hires and continued recruitment. Staff development efforts and clinical education remain a priority	Discussion Only, No Action Needed				
18:05	Operational Report	Tyler Hill, Chief Operating Officer	Tyler highlighted ongoing work to align hospital operations with value-based care goals. Facilities are in good condition with renovation updates underway. Recent IT issues were addressed, and plans for improvements in infrastructure and data tools are in motion.	Discussion Only, No Action Needed				
18:10	CEO Report	Chuck Nordyke, Chief Executive Officer	Chuck expressed his appreciation to the board for their engagement and recognized the staff's dedication and teamwork. He reflected on the earlier education session on value-based care, affirming that the hospital is well-aligned with the trends discussed. He emphasized continued focus on patient care, staff support, and strategic growth through collaboration and quality improvement.	Discussion Only, No Action Needed				
18:15	Old Business/Action Items	BOT Chairperson	In accordance with Medicare Conditions of Participation and DNV Accreditation Standards, the board approved the appointment of individuals to key hospital leadership and committee roles, as recommended by the Medical Staff. Appointments included Crystal Hopf as Antibiotic Stewardship Program Leader; Chuck Nordyke, Lisa Haffner, and Maggie Brown to the Grievance Committee; Lisa Haffner as Quality Program Leader; NaTausha Harvey as Infection Preventionist; Leah Coston as Medical Records Responsible Professional; and Emily Bontrager as Dietary Services Leader. These assignments support regulatory compliance and align with departmental recommendations.	The Board of Trustees approved the appointment of required program and committee leaders in alignment with Medicare CoPs and DNV standards, as recommended by the Medical Staff. Appointments include: Crystal Hopf (Antibiotic Stewardship), Chuck Nordyke, Lisa Haffner, Maggie Brown (Grievance Committee), Lisa Haffner (Quality), NaTausha Harvey (Infection Prevention), Leah Coston (Medical Records), and Emily Bontrager (Dietary Services).	Boysen	Whipp	D Fulk	7/22/2025
18:15	Announcements:	BOT Chairperson	Next Meeting: 8/27/2025 Next Finance Meeting: 8/19/2025	Information Only			D Fulk	7/22/2025
18:16	Adjournment	BOT Chairperson	Adjournment	Meeting adjourned at approximately 6:42 PM	Whipp	Clark	D Fulk	7/22/2025
Attendance:								
Jeff Clark	Kathy Boysen	Bri McCuen	Dr. Schaeffer	Stacy Pulliam	Amy Roop			
Bryan Whipp	Chuck Nordyke	Tyler Hill	Lisa Haffner	Dave Fast	Lisa Carrhuff			
Robert Marsh	John Byland	Em Haffner	Maggie Brown	Dale Fulk				


Dale Fulk, Chairperson


Jeff Clark, Secretary/Treasurer