Regular Board of Trustees Meeting Minutes

Organization	Clarinda Regional Health Center
Meeting	Board of Trustees Meeting
Date	July 28, 2026
Location	CRHC Board Room
Call to Order	5:00 PM
Presiding Officer	Jeff Clark, Board President

Call to Order, Agenda, and Quorum

The meeting was called to order by the presiding officer. The agenda was reviewed, and no changes were identified. Quorum was stated. A closed session was discussed for legal updates; however, the Board proceeded without closed session.

Voice of the Patient / Board Education

No Voice of the Patient presentation was provided. Board education and oversight reports were presented throughout the meeting, including infection prevention, quality/regulatory, safety, and governance topics.

- ### Annual Infection Prevention Report

  The Board received the Infection Prevention report. The report included education initiatives, policy updates, sepsis improvement efforts, pediatric sepsis protocol development, sharps container implementation, water management policy updates, public sharps disposal activity, and upcoming education priorities related to urine contamination and vascular access.

- ### Physical Environment Management Program Annual Evaluation

  The Board reviewed the Fiscal Year 2026 Physical Environment Management Program Annual Evaluation, including the Safety, Life Safety, Security, Hazardous Materials and Waste, Emergency Management, Medical Equipment, and Utility Systems Management programs. The evaluation included review of performance indicators, risk assessments, corrective actions, required inspections, testing and preventive maintenance activities, regulatory compliance, emergency preparedness activities, employee safety events, cybersecurity training compliance, Good Catch reporting, and identified organizational risks and opportunities for improvement. Leadership reported that the Physical Environment Management Program remains appropriate for the organization's size, scope, services, and patient population and is designed to support ongoing compliance with DNV NIAHO standards and CMS Conditions of Participation. The Board reviewed Fiscal Year 2027 safety priorities and directed continued monitoring of identified risks and improvement activities through the Safety Committee and Quality Assurance and Performance Improvement (QAPI) program. The Board reviewed, discussed, and accepted the annual evaluation as presented.

- ### Annual Quality Report/CRO Report

  The Board received the Quality and Regulatory/Care Compare report. Topics reviewed included the hospital star rating, patient experience measures, sepsis measures, emergency department throughput, stroke-related measures, immunization data, colonoscopy performance, opioid/VTE/stroke measures, mortality measures, healthcare-associated infection reporting, unplanned hospital visits, excess days in care, and medical imaging measures. The Board discussed select measures and opportunities for continued improvement.

- **Regulatory Appointments**

  In accordance with Medicare Conditions of Participation and DNV accreditation standards, the Board approved recommended appointments to key hospital leadership and committee roles supporting Antibiotic Stewardship, Grievance Committee, Quality Program, Infection Prevention, Medical Records, and Dietary Services.

Consent Agenda

The consent agenda was reviewed. No changes were identified. The Board approved the consent agenda as presented.

Chief of Staff - Medical Executive Committee Report

The Board received the Medical Executive Committee report from the July 21, 2026, meeting. Policy review/crosswalk items and medical staff privilege recommendations from the Credentialing Committee were reported as approved with no concerns. The Board approved the recommendations as presented.

Financial Report (CAO/CFO)

The Board received the financial update. Final financial statements were not presented because annual audit work was in process. Unaudited dashboard and statistical information were reviewed, including June gross revenue, cash days, AR days, clinic visits, payer mix, acute statistics, capital request status, DPP funds received, cost report status, and the anticipated audit presentation. The Board approved the check run with follow-up review to occur and any concerns to be communicated.

CNO Report

Stacy Pulliam, CNO, provided updates to the Board on acute volume trends, observation days, transitional care utilization, visit volume, new graduate nurse recruitment, implementation of the Iowa Online Nurse Residency Program, and Emergency Department American Heart Association Get With The Guidelines recognitions.

CDO Report - Operations, Facilities, and Project Updates

Tyler Hill, CDO, provided updates regarding facility projects, cafeteria renovation/reopening planning, donor open house planning, Community Pharmacy operations, EMS fleet planning, and Goldenrod facility assessment/remediation options. The Board received the reports and discussed project status, risks, and next steps at a governance level.

Capital / EMS Ambulance Actions

The Board reviewed EMS vehicle mileage, replacement options, estimated costs, build timelines, available funding, and grant opportunities. The Board approved moving forward with a Type 2 transport ambulance and conditionally approved moving forward with a Type 1 ambulance if the grant is awarded.

CEO Report

Chuck Nordyke, CEO, reported on strategic path implementation, DNV readiness, contract management and provider contract review processes, legal updates, breach fulfillment service utilization, manager development,

evaluation process improvement, employee recognition, provider recruitment, grant activity, and next steps for governance and operational alignment. The Board approved the resolution adopting the organizational purpose, mission, vision, core values, and strategic path.

Old Business / Action Items / Next Meetings

The Board reviewed and approved amended and restated bylaws language addressing strategic governance and oversight of quality, patient safety, organizational performance, financial stewardship, compliance, enterprise risk management, emergency preparedness, cybersecurity, and long-term strategic planning while delegating day-to-day operations to administration.

The next Board meeting was stated as August 25, 2026. The next Finance meeting was stated as August 18, 2026.

Adjournment

There being no further business and no closed session, the meeting was adjourned upon motion duly made, seconded, and carried at 6:38 PM.

Motions and Board Actions

Agenda Item	Board Action	Motion/Second	Disposition
Consent Agenda	Approved the consent agenda as presented.	Motion duly made by **Dale Fulk** and seconded by **Rob Marsh**.	Carried.
Regulatory Appointments	Approved appointments to key hospital leadership and committee roles as recommended.	Motion duly made by **Kathy Boysen** and seconded by **Bryan Whipp**.	Carried.
Annual Reports	Physical Environment Management Program Annual Evaluation and Infection Prevention Report reviewed, discussed, and accepted as presented.	Motion duly made by **Kathy Boysen** and seconded by **Bryan Whipp**.	Carried
Medical Executive Committee / Credentialing	Approved medical staff recommendations as presented.	Motion duly made by **Bryan Whipp** and seconded by **Rob Marsh.**	Carried.
Check Run	Approved the check run, with designated follow-up review and notification of any concerns.	Motion duly made by **Bryan Whipp** and seconded by **Rob Marsh**.	Carried.
Type 2 Transport Ambulance	Approved moving forward with the Type 2 transport ambulance.	Motion duly made by **Bryan Whipp** and seconded by **Rob Marsh**.	Carried.
Type 1 Ambulance	Conditionally approved moving forward with a Type 1 ambulance if the grant is awarded.	Motion duly made by **Bryan Whipp** and seconded by **Rob Marsh**.	Carried.
Strategic Path Resolution	Approved resolution adopting the organizational purpose, mission, vision, core values, and strategic path.	Motion duly made by **Rob Marsh** and seconded by **Kathy Boysen.**	Carried.
Amended and Restated Board Bylaws	Approved amended bylaws language addressing board governance and oversight responsibilities.	Motion duly made by **Kathy Boysen** and seconded by **Rob Marsh**.	Carried.

Adjournment	Approved adjournment.	Motion duly made by **Bryan Whipp** and seconded by **Dale Fulk**.	Carried.

Meeting Attendees

Jeff Clark, Chairperson
Kathy Boysen, Trustee
Tyler Hill, CDO
Lisa Haffner, CRO
Dr. Mahoney, Chief of Staff
Bri McCuen, Mgr Exec Srvs
Bryan Whipp, Vice Chairperson
Rob Marsh, Trustee
Em Haffner, CFO
Mike Butt, Chief Ancillary Officer
John Byland, CAO
Dale Fulk, Secretary/Treasurer
Chuck Nordyke, CEO
Stacy Pulliam, CNO
Jennifer McCall, Chief Engagement Officer
NaTausha Poore, IP Coord.

Approval

Prepared by Bri McCuen, Manager of Executive Services

Approved by the Board on (date): 8/25/2026

Board Chair Signature:

Secretary Signature: