

**Audubon County Memorial Hospital Board of Trustees
Meeting Minutes**

July 25, 2024, at 12 Noon
Board Room

ATTENDANCE

Board Members Present:	Michelle Sprague, Marlene Ballou, Brady Griffin, Brett Irlmeier, Anne Miller
Absent:	Mark Kessler, Vicky Robinson
Staff Present:	Suzanne Cooner, Melinda Alt, Dr. Maire, Melanie Larsen, Al Comito.

I. CALL TO ORDER

Michelle Sprague, Board Chair, called the meeting to order at 12:00 p.m.

II. AGENDA APPROVAL

Brady Griffin made a motion, seconded by Brett Irlmeier, to approve the agenda in accordance with the Code of Iowa Open Meetings Law. Motion carried.

III. PUBLIC COMMENTS

No public comments.

IV. CONSENT AGENDA

Brett Irlmeier made a motion, seconded by Brady Griffin to approve the June 27, 2024, meeting minutes with the correction to remove the word "Annual" at the top and place a parenthesis after "X-ray machine". Motion carried.

VI. FINANCIAL REPORT

Melinda Alt, CFO, reviewed the financial reports, budget scorecard, balance sheet, Monthly Cash summary, accounts receivable. The financial report for the month of June 2024 Operating Statement was a positive \$31,713 and YTD is a negative \$223,133.
Marlene Ballou made a motion, seconded by Brady Griffin, to approve the financials. Motion Carried.

VII. MEDICAL STAFF / CREDENTIALING / REPORT

Dr Maire gave the Medical Staff report and credentialing recommendations. The following initial appointments, removal of temporary privileges, and resignations were reviewed:

Initial Appointment to Consulting Medical Staff:

- Katherine Vosberg, D.O. – Avel eHospitalist

Initial Appointment to the Consulting Allied Health Staff:

- Lorraine Chidester, ARNP - Walnut Creek Psychiatry

Remove Temporary Privileges:

- Briles Christensen, PA-C, - Walnut Creek Psychiatry

Resignation from Consulting Medical Staff:

- Tamara Sturm, D.O.- Avel eHospitalist

Resignation from Allied Health Staff

- Seth Meyers, CRNA

Action: Based on this review, it is the Board's opinion that the above applicants meet the requirements for Medical Staff initial appointments, removal of privileges, and resignation of clinical privileges. Marlene Ballou made a motion, seconded by Brady Griffin, to approve the above credentialing recommendations. Motion carried.

VIII. COMPLIANCE/QUALITY/RISK MANAGEMENT REPORT

Melanie Larsen reported on the June Quality meeting.

Melanie Larsen reported on MIPS and Promoting Interoperability data.

Melanie Larsen gave the Risk Management Report.

Melanie Larsen gave the Compliance Report.

Melanie Larsen presented the Summary of Operations Report (see attached).

IV. APPROVALS

- Melanie Larsen presented the Annual 2024 Compliance and Integrity Workplan.
- Melanie Larsen presented the Section 1557 Non-discrimination Policy - updated to add new federal regulations effective July 5, 2024 for approval.
- Suzanne Cooner presented the requested appointment of Melanie Larsen as the Section 1557 Coordinator.

Action: Anne Miler made a motion, seconded by Marlene Ballou, to approve the Annual 2024 Compliance and Integrity Workplan, PAC policy, and appointment of Melanie Larsen as the Section 1557 Coordinator as presented. Motion carried.

Suzanne Cooner presented the following contract for approval: Laser Lithotripsy- Dr. Zafar agreement which was found to be within FMV for such equipment. The lithotripsy machine will be housed at ACMH.

Action: After discussing the contract, Marlene Ballou made a motion, seconded by Brady Griffin to approve the Laser Lithotripsy contract as presented. Motion Carried.

Al Comito presented the City Ambulance agreement for approval. Additional requirements for the agreement will include repayment from City Ambulance to ACMH if the patient pays later after ACMH has been billed and clarification of the term "reasonable" when identifying the time it takes to provide emergent transport.

Action: After reviewing the contract, Brett Irlmeier made a motion, seconded by Brady Griffin to approve the contract as presented. Motion Carried.

X. CEO REPORT

1. Two staff received promotions: Melanie Larsen was promoted to Chief Administrative Officer, and Sarah Asmus has been promoted to OPC/Surgery Manager.
2. The Med Surg/ED department received recognition for their work with the Lifeline Stroke Post-Acute Care Initiative.

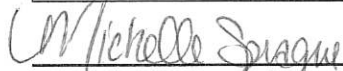
3. New Staff: Hannah Nelson, PRN CNA/Ward Clerk, Med/Surg, Brenna Whitrock, FT, CNA/Ward Clerk, Med/Surg, and Cassey Jacobsen, PRN Paramedic, Med/Surg/ED.
Change of status: Molly Hays will be moving from FT RN on Med/Surg/ED to PRN after August 5th.
4. The Plant Operations staff have painted the kitchen.
5. HRSA's Obstetric Emergency Simulation Team came on site July 9 and 10 surveying our ER set-up and OB supplies and then hosting (4) 3-hour sessions on obstetric emergencies.
6. We had our first telemedicine clinic with Dr. Ulveling on July 10th, which went very well. The patients liked that he could do the exam and hear the heart and lungs with an advanced remote stethoscope.
7. The hospital participated in the Exira 4th of July celebration.
8. We have a new provider, Lorraine Chidester, DNP from Walnut Creek Psychiatry that will be continuing services with ACMH replacing Nicole Topliff. Lorraine started on July 5th seeing patients and will continue every Friday morning via telehealth. Lorraine provides additional services to include pediatric patients age 4 and older.
9. ACMH received a new ventilator through a grant we wrote from the federal government National Strategic Stockpile.
10. Plant Operations staff finished construction on a new closet for Physical Therapy. The next project is to move the secretary's desk to the other side of the room and build one new exam room.

XII. BOARD COMMENTS:

Suzanne reported on physician recruitment status and the status of the CEO succession plans.

XIII. ADJOURNMENT

The meeting was adjourned at 1:42 p.m. with a motion by Marlene Ballou and seconded by Brady Griffin. Motion carried.


Michelle Sprague, Board Chair


Marlene Ballou, Board Secretary/Treasurer

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial statements and for providing a clear audit trail. The document also notes that proper record-keeping is essential for identifying and correcting errors in a timely manner.

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2. In addition, the document highlights the need for regular reconciliations between the general ledger and the subsidiary ledgers. This process helps to ensure that the total debits equal the total credits and that all transactions are properly recorded. The document also discusses the importance of reviewing the records periodically to identify any discrepancies or irregularities.

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3. Finally, the document stresses the importance of maintaining the records in a secure and accessible location. It recommends that the records be stored in a fireproof safe or a secure digital storage system. The document also notes that the records should be retained for a sufficient period of time to allow for any future audits or investigations.