WASHINGTON COUNTY HOSPITAL AND CLINICS
Meeting of the Board of Trustees
Thursday, July 30, 2026 – 4:00 p.m.

The Washington County Hospital and Clinics Board of Trustees met in the Hospital Conference Room to conduct the monthly Board meeting on Thursday, July 30, 2026, at 4:00 p.m. Board Members present were Edward Weeks, David Mitchell, Sue Rich, Sue Basten, Cathy Rich, David Bruns, Mike Van Osdol. Also present were Todd Patterson, Andrea Leyden, Shelli Cleverley, Phil Roudabush

Recorder: Tara Lord
Press: None
Medical Staff: Steve Schomer, MD, Ryan Flannery, MD
Public: None
Guest:
WCHC Staff: Andrew Billhardt, Tonya Wageman, Kelsey Bayliss, Greta Clemons, Bibiana Ruiz Granado (Teams)

Bruns called the meeting to order at 4:00 p.m.

REVIEW AGENDA

- None

Minutes (Bruns)

The Thursday, June 18, 2026 Board meeting minutes were reviewed and approved with a motion made by Driscoll, seconded by Weeks. Motion carried.

BOARD EDUCATION
Provider Discussion (Driscoll & Bruns)

- Driscoll and Bruns met with Dena Prainito, Behavioral Health Therapist.
- Key points shared:
    - Dena is a licensed behavioral health therapist.
    - Education: University of Iowa.
    - Prior experience: Iowa, California, and the prison system (a role she greatly enjoyed).
    - She applied for seven positions and received seven offers; she chose WCHC due to culture and fit.
    - She was referred by ER staff member Dana King.
    - She expressed appreciation for the “cool vibe” and supportive culture from clinical leadership.
    - Dena is fully booked through February 2027, indicating significant community need.
    - She works with some patients weekly, often requiring trauma based longitudinal therapy.
    - She is interested in developing group therapy offerings.
    - She stated she believes she has found her “forever job.”
- Driscoll emphasized the need for additional behavioral health staffing due to demand.

FINANCE

Financial Report (Cleverley)

- Driscoll shared Micah Roberts from Edward Jones gave their quarterly investment update at Tuesday's, July 28 Finance Committee.
- Cleverley provided a comprehensive report, including review of the investment portfolio and fiscal year-end financial performance.
    - Balance Sheet Highlights
        - Improved overall financial position compared to prior fiscal year.
        - Fund balance increased.
        - Current assets increased.
        - Operating reserves increased.
        - AR (Accounts Receivable) increased — not ideal but partially expected due to volume growth.
        - Long-term debt decreased due to bond payments.
        - Pension liability adjustments (IPERS & OPEB) completed.
    - Income Statement Highlights
        - Operating income: $372,000
        - Net income: $1.2 million
        - Fiscal year operating loss: $581,000 (expected due to strategic investments)
        - Fiscal year net income: $3.6 million
        - Year-to-date net income: $1.86 million
        - Strategic investments included:
            - Hiring two neurologists
            - EPIC enhancements
            - AI exploration and implementation
    - Revenue Growth
        - Patient days: +16%
        - Admissions: +1%
        - Net patient service revenue: +22%
        - Total operating revenue: +20%
        - Revenue has doubled over five years.
    - Expense Trends
        - Operating expenses increased 15%, but revenue growth outpaced expenses.
        - Drug costs increased significantly, especially brand-name medications and infusion therapies.
        - Retail pharmacy noted a single prescription exceeding $5,000.
        - Purchased services increased $7 million, largely due to:
            - EPIC support
            - University of Iowa services
            - Radiology
            - Quest Diagnostics

- Key Metrics
    - Days in AR: 52 (target: 40)
    - Days cash on hand: 139
- Revenue Cycle Update (Roudabush)
    - Discharge Not Billed (DNB)
        - DNB increased significantly due to:
            - EPIC upgrade impacting simple visit coding
            - Quantity mismatch errors
            - Retirement of key staff
            - Rapid growth in urology services (over 6,000 charges in June alone)
        - A gap of $1.3 million in pending charges was identified.
        - Corrective Actions:
            - Contracted with Healthcare Coding & Consulting Services (HCCS)
            - Coders already engaged; backlog decreasing
            - HCCS will also audit coding accuracy
            - Contract structured for flexible hours
            - Long-term plan includes implementing Aretto (AI outpatient coding) in September
            - Outpatient coders will be repurposed to inpatient coding once Aretto is active
    - Accounts Receivable
        - AR increased from $13 million to $17 million year-over-year.
            - AR < 90 days: $2.6 million increase
            - AR > 90 days: $1.3 million increase
        - Outpatient services (lab, radiology) were the largest contributors.
        - Medicare showed the most AR growth.

Quality (Leyden)

- Durable Medical Equipment (DME) Accreditation:
    - Kelsey Bayliss provided an update on Medicare Part B accreditation for diabetic supplies:
        - Historically, accreditation occurred every three years; CMS has now shifted to an annual accreditation cycle.
        - The audit is intensive, including chart reviews and—new this year—direct patient interviews.
        - The interviewed patient provided positive feedback.
        - The organization passed accreditation and is approved for another year.
        - This accreditation is important because patients pay significantly less for diabetic supplies (glucose sensors, test strips, etc.) through DME coverage rather than Medicare prescription benefits.
- Patient Satisfaction – Fiscal Year Review
    - Clinic Performance:
        - Overall clinic satisfaction: 93% (goal: 92%)
        - Patient satisfaction: 84%

- Inpatient Performance:
  - Overall satisfaction: 88%
  - Patient satisfaction: 95%
  - Google star rating: 4.7
- Year-Over-Year Benchmarking:
  - Leyden reviewed multi-year trends showing consistent improvement.
  - Goals are intentionally lofty, designed to place the organization in the top 10% statewide.
  - Current performance places the organization 4th or 5th among approximately 85 Iowa hospitals.
- Key Areas of Improvement:
  - Call light responsiveness: Improved by 28 points.
  - Physician communication: Significant improvement noted.
  - Hand hygiene: Upward trend.
  - Lab services: Strong gains in satisfaction.
  - Specialty clinics: Continued growth
  - Emergency Department:
    - Waiting time to treatment area improved +2.1 points.
  - Surgery:
    - Continued focus on clear discharge instructions.
- Google Rating Trends:
  - FY25 rating was 4.7, with increased review volume, indicating higher public engagement.
  - Benchmark comparison: Most hospitals average 3.7.
  - The organization previously had a rating below 3, showing substantial improvement.
- Leyden noted that while not every goal was met, the organization demonstrated strong commitment and meaningful progress. Staff continue to balance high expectations with growing patient volumes.

MEDICAL STAFF REPORT (Schomer)

- Medical Executive Committee met on Monday, July 27, 2026. Reviewed credentialing and privileging.
- Collaborative Practice Agreements Review:
  - Diabetes Collaborative Practice Agreement
    - Supports providers with medication initiation, titration, monitoring, patient follow-up, and financial assistance.
  - Oncology Collaborative Practice Agreement
    - Supports pharmacist participation in chemotherapy education, medication monitoring, and patient management
    - Initiation of oncology therapy would remain under physician direction while pharmacists would provide education and medication management within the approved scope.

- Therapy Plan Management
  - Authorizes pharmacists to update standardized therapy plans after appropriate multidisciplinary review without requiring provider re-signature for routine evidence-based revisions.
  - This process is intended to reduce provider administrative burden while ensuring therapy plans remain aligned with current clinical guidelines.
- Biosimilar Management
  - Allow staff to select appropriate biosimilars based on insurance coverage.
  - Improves prior authorization efficiency.
- Spotfire Respiratory PCR Testing
  - Improves diagnostic sensitivity and specificity
  - Expanded testing panel
  - Insurance typically supports a 15-minute test
  - Planned implementation: Fall 2026, ahead of cold/flu season

- Quality, Safety & Infection Prevention Reports:
  - Departments will begin using 2027 quality benchmarks.
  - Reviewed patient complaints and service recovery activities.
  - Scheduling processes identified as an area needing continued improvement.
  - Laboratory improvement efforts focused on STAT testing communication and patient flow.
  - Ongoing monitoring of safety and security events across the organization.
  - Continued discussion of infection prevention practices.
  - No MRUR issues reported; year-end review completed and closed.

PERSONNEL (Basten)

- Personnel/Credentials Request
  - The Personnel Committee met on Thursday, July 30, 2026 at 3:45pm to review and approve the following credentialing/privileging files:

Provider Last Name	Provider First Name	Credential	EMPLOYER	SERVICE/DEPT OF MEDICINE	PRIVILEGE Effective DATE	SCHEDULED START DATE	NOTES
COMPLETED							
Initial Appointment (Provisional)							
None							Initial period: 08/01/2026- 07/31/2028
Provisional-to-Full Privileges							
Abou-Hanna	Farris	MD	RCI	Radiology	N/A	N/A	*Provisional to Courtesy
Reappointment							
Bussewitz	Bradly	DPM	Steindler	Podiatric Surgery	08/01/26	N/A	Reappointment period: 08/01/2026- 07/31/2028
Green	Benjamin	DO	WCHC	General Surgery	08/01/26	N/A	Reappointment period: 08/01/2026- 07/31/2028
Gonzalez	Melissa	CRNA	WCHC	Anesthesiology	08/01/26	N/A	Reappointment period: 08/01/2026- 07/31/2028
Nacos	George	MD	WCHC	Family Medicine	08/01/26	N/A	Reappointment period: 08/01/2026- 07/31/2028
Schomer	Stephan	MD	WCHC	Cardiology	08/01/26	N/A	Reappointment period: 08/01/2026- 07/31/2028
Sung	Eric	MD	RCI	Radiology	08/01/26	N/A	Reappointment period: 08/01/2026- 07/31/2028
TERMING PROVIDERS							
Gay	Steven	DO	UIHC	Emergency Medicine	N/A		*No longer providing services at WCHC
Bacon	Amanda	PA	UIHC	Emergency Medicine	N/A		*No longer providing services at WCHC
Mendoza	Anthony	PA	UIHC	Emergency Medicine	N/A		*No longer providing services at WCHC
Sullivan	Benjamin	PA	UIHC	Emergency Medicine	N/A		*No longer providing services at WCHC
OTHER							
None							
							*Pending application processing time and MEC/BOT approval

- Basten reported that the Personnel Committee unanimously approved all credentialing / privileging files.
- Policies reviewed and approved:

- Patient Visitor Behavioral Expectations
- Terminating Provider–Patient Relationship
  - Amendment approved: notices will be sent via both certified and regular mail for termination-related communications.
- Contract Management
- Payment Plan Guidelines
- Employee Medical Discount Program

CEO REPORT (Patterson)

- Employee Recognition & Retirements
  - Two long-tenured employees retired:
    - Lynn Wright — 26+ years of service
    - Mary Burns — long-term inpatient unit staff member
  - The board expressed appreciation for their service.
- Havel Family Cancer Center Construction Update
  - Construction budget modified to not exceed $3.65 million.
  - Contract signed; bids awarded; DCI managing project.
  - Fencing installed; interior demolition begins next week.
  - ICRA walls delivered early; installation underway.
  - Exterior paving demolition begins August 10.
  - Site utility relocation to follow
  - Pharmacy & infusion renovation expected completion: January 11, 2027.
  - Air handling unit delay requires one-week OR shutdown; completion expected mid-February.
- Beans Pharmacy Update
  - Generator delay pushes opening to December 14, 2026.
  - Masonry, windows, insulation, and drywall progressing ahead of schedule.
  - Weed control addressed following board request; paving scheduled in two weeks.
- Specialty Clinic Expansion
  - Construction progressing; flooring installation begins next week.
  - Beds scheduled to be moved August 6.
  - Potential patient-ready date: September 8, pending door installation (doors now delivered).
- Physical Therapy Expansion
  - PT redesign underway; target start date: December 2026.
  - Leadership exploring earlier start due to anticipated space availability.
- Provider Recruitment & Staffing
  - Primary care recruitment remains a high priority.
  - Active engagement with:
    - University of Iowa Physician Assistant Program
    - University of Iowa Department of Family Medicine
    - Des Moines University
    - Genesis Family Medicine Residency Program

    - Multiple recruitment events underway.
    - Commitment to hiring only highly qualified providers.
    - Upcoming provider arrivals:
        - Dr. Grace Chabal — begins September 1; schedule includes Washington (3 days) and Kalona (1 day).
        - Dermatology (Michaela Henneberry) — begins August 18; doubles dermatology capacity; weekly clinics.
        - Clinical Pharmacist (Jenah Ikerd) — begins within two weeks; expands diabetes and chronic disease management services.
- UKG Launch
    - Soft launch began Monday.
    - Full implementation begins mid-August.
    - Modules include payroll, recruiting, job status changes, benefits, performance appraisals, and staff surveys.
    - Shift standardization and overtime calculation improvements implemented.
- EPIC "Hello World" Communication Platform
    - EPIC's new communication module
    - Foundation for future two-way patient communication.
    - Enables:
        - Scheduling alerts
        - Automated scheduling (via AI "Emmie")
        - Statement notifications
        - Service estimates
        - Prescription readiness alerts
        - Scheduling ticket notifications
        - Replaces previous messaging vendor
        - Integrated directly into MyChart.
- Rural Healthcare Video Presentation
    - A preview of the hospital's upcoming rural healthcare video was shown, highlighting:
        - Workforce shortages
        - Rising costs
        - Technology investments
        - Service expansion
        - Importance of local access to care
        - Community support for the Cancer Center
        - Rural healthcare sustainability challenges and successes
- Legislative Visit Update
    - Department of Energy and Commerce visit on June 22nd with Rep. Brett Guthrie, Chair of the Subcommittee (Kentucky) and Rep. Miller-Meeks (Rep. Harshbarger unable to attend due to travel delays)
    - Key points communicated:
        - Appreciation for funding supporting the new CT scanner
        - Concern that capital investments do not offset planned Medicaid cuts

        - Legislators were receptive and engaged
- Judy and Gene Driscoll Award Recognition
    - Shalyn Kirk, Family Medicine, recognized for outstanding performance.

PLAN NEXT MEETING AGENDA

The next regular Board of Trustees meeting will be held on Thursday, August 27, 2026 at 4:00 p.m.

Provider Discussion — Basten & Van Osdol

Thursday, August 20, 2026 | 12:00pm-1:00pm
Christian Junker, MD and Dana King, MD

At 5:17 p.m. Driscoll moved to go into closed session, seconded by Weeks according to:

*State of Iowa Code Chapter 21.5(1)(l) f*or Strategic Planning/Community Based Care
"*To discuss patient care quality and process improvement initiatives in a meeting of a public hospital or to discuss marketing and pricing strategies or similar proprietary information in a meeting of a public hospital, where public disclosure of such information would harm such a hospital's competitive position when no public purpose would be served by public disclosure*."

Present for the closed session were David Bruns, Sue Basten, Ed Weeks, David Mitchell, Mike Van Osdol, Mike Driscoll and Cathy Rich. Also present were Todd Patterson, Phil Roudabush, Shelli Cleverley, Andrea Leyden, Steve Schomer, MD, and Ryan Flannery, MD, and Tara Lord. All were present at the time of voting to go into the Closed Session. Motion to move into closed session by Driscoll seconded by Weeks. The motion carried 7-0 with the vote as follows: Bruns-yes, Basten- yes, Weeks-yes, Van Osdol- yes, Mitchell-yes, Rich– yes, Driscoll – yes.

At 6: 03p.m. the Board moved to go into open session. Weeks made a motion to return to open session, second by Mitchell. The motion carried 7-0 with the vote as follows: Bruns-yes, Basten- yes, Weeks-yes, Van Osdol- yes, Mitchell-yes, Rich– yes, Driscoll – yes.

Meeting adjourned at 6:04 p.m.

David C. Bruns
David C. Bruns (Sep 1, 2026 09:08:11 CDT)
David Bruns, Chair

Susan M. Basten
Susan M. Basten (Sep 1, 2026 09:36:03 CDT)
Sue Basten, Secretary

BOT Minutes 07.30.2026

Final Audit Report 2026-09-01

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