

Idea of what was asked of each group to cover

- what quality information is meaningful to board members
- how they were onboarded with quality and annual training
- what kinds of quality data they see including what is on a dashboard they may get in their packets
- how they interact with the quality department
- lessons learned/changes to the process for improvement

Rooks County Health Center

Plainville



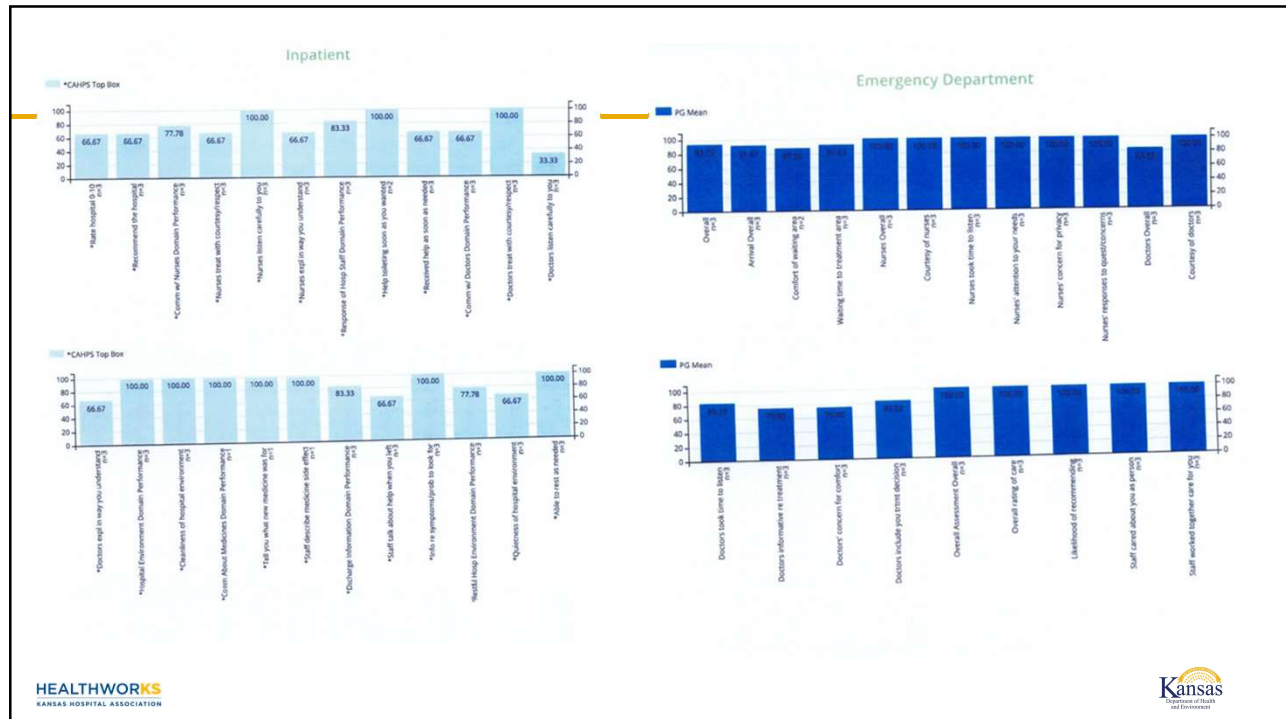
4

| July 2025 Patient Satisfaction Survey Comments | |
|---|------------------|
| <ul style="list-style-type: none">Extremely happy with overall experience of my visit & definitely plan to use services again! All 5's. (Radiology-MRI)You wish service like yours could be transferred to large facilities. All 5's. (Short Stay Surgery)Mary makes me feel well informed. She offers options and listens to your concerns. She goes above and beyond to find answers to questions that are not in her area and reports these answers to me. Excellent health care provider!!! All 5's. (RCH Clinics)Caitlin Wessel is so compassionate! She goes above and beyond for her patients and staff. It was a joy and blessing to have her for a nurse. All 5's. (Short Stay Surgery)I have had an MRI 4 years in a row and Randy is always great! (Radiology-MRI)Moved here from out of state and the services available here are amazing! Very pleased! All 5's. (Lab)Thank you! All 5's. (Pain Clinic)My doctor in Salina Ortho was impressed with my recovery. All 5's. (Occupational Therapy)I've been to your facility for 2 consults only. Everything was fine at these 2 visits. For me, it is much closer to come to Plainville rather than go to Salina from where I live. Glad for this option. All 5's. (Surgical Clinic)This was my first time being a patient at RCH. Everyone was very competent and made me feel comfortable. I was taken care of very well. It was a pleasant experience and I would definitely recommend RCH to my family and friends. (Short Stay Surgery)We are very lucky to have RCH here. Let's hope we can keep it. All 5's. (Physical Therapy)Everyone was really nice! All 5's. (Podiatry Clinic)The one thing I didn't like was having to go to the second desk to check in. I bring my dad in to see Dr. Ottley, as well as myself. That extra step I didn't see as a necessity. Thank you for sending out this survey. All 5's. (Neurology Clinic)Being from Hays and having to come to Plainville for the same procedure I had in Hays two times before, I was a little concerned. My concern was, "would there be a drop in quality of care." <u>Now</u> I would tell others: "don't worry, you will have quality care and professional service with the personal touch!" Well done! Thank you. (Short Stay Surgery)I was very impressed with the hospital and staff. Will definitely recommend & use this hospital for other needs. Thank you. All 5's. (Podiatry Clinic)Excellent care!! Caitlin was especially caring! All 5's. (Short Stay Surgery) | |
| ROOKS COUNTY HEALTH CENTER JULY 2025 OUT-PATIENT/SURGICAL DEPARTMENT SURVEYS | |
| 68 SURVEYS SENT 27 RETURNED = 39.7% | |
| 11= Short Stay Surgery, 3= Treatment Room, 3= Neurology Clinic, 2= Cardiac Clinic, 1= Surgical Clinic 3= Podiatry Clinic, 0= OB/GYN Clinic, 1= Wound Care, 2= Pain Clinic, 1= Pain Management | |
| Scale: 1 = Very Poor 2 = Poor 3 = Fair 4 = Good 5 = Very Good | |
| A. Registration | 4.9 99.3% |
| 1. Efficiency & timely manner of the registration process | 4.9 98.5% |
| 2. Courtesy of registration staff | 5.0 100.0% |
| 3. Willingness of registration staff to offer assistance | 4.9 99.3% |
| B. Treatment Area | 4.9 98.9% |
| 1. Cleanliness of your treatment area | 4.9 99.3% |
| 2. Noise level in & around your treatment area | 4.9 98.5% |
| 3. Temperature of your treatment area | |
| Too Cool = 2 Just Right = 25 Too Warm = 0 | |
| C. Provider (MD, DO, PA, APRN, CRNA) | 4.9 99.1% |
| 1. Time the provider spent with you | 4.8 96.9% |
| 2. How well the provider addressed your questions & concerns | 5.0 100.0% |
| 3. How well your provider kept you informed | 4.9 99.2% |
| 4. Courtesy of providers involved in your care | 5.0 100.0% |
| 5. Skill of providers involved in your care | 4.9 99.2% |
| D. Staff | 4.9 99.2% |
| 1. Friendliness & courtesy of staff with which you had contact | 5.0 100.0% |
| 2. Willingness of staff to offer assistance | 4.9 99.3% |
| 3. Staff's attitude towards your requests | 4.9 99.3% |
| 4. Skill of caregivers | 4.9 98.5% |
| 5. How well staff provided your care & kept you informed | 4.9 99.0% |
| 6. Information given to your family about your condition & tx | 4.9 99.1% |
| E. Discharge | 4.9 99.1% |
| 1. How well staff prepared you for discharge after your treatment or procedure | 4.9 99.1% |
| 2. Coordination & organization of discharge activities | 4.9 99.1% |
| 3. Involvement of your family in discharge planning | 4.9 98.9% |
| F. Overall Assessment | 4.9 98.5% |
| 1. How well was your pain managed during your hospital stay | 4.8 97.8% |
| 2. How well staff worked together to provide your care | 4.9 99.1% |
| 3. Likelihood of you recommending RCH to others | 4.9 98.4% |
| 4. Overall rating of care given at RCH | 5.0 100.0% |

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| Outpatient-Surgical Satisfaction Surveys | | | | | | | | | | | | |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Month to Month Average Comparisons | | | | | | | | | | | | |
| | Jan. '25 | Feb. '25 | Mar. '25 | Apr. '25 | May '25 | June '25 | July '25 | Aug '24 | Sept'24 | Oct'24 | Nov. '24 | Dec. '24 |
| Registration | (4.9)99.3% | (4.9)99.7% | (4.9)99.2% | (4.8)97.8% | (4.9)98.2% | (4.8)97.8% | (4.9)99.3% | (4.9)99.6% | (4.9)98.9% | (4.9)98.8% | (4.9)98.6% | (4.8)96.4% |
| Tx Area | (4.9)99.5% | (5.0)100% | (5.0)100% | (4.8)98% | (4.9)98.1% | (4.8)97.8% | (4.9)98.9% | (5.0)100% | (5.0)100% | (4.9)98.3% | (5.0)100% | (4.8)97.8% |
| Provider | (4.8)96.8% | (4.9)98.7% | (4.8)97% | (4.8)97.1% | (4.8)96.5% | (4.9)98.3% | (4.9)99.1% | (4.9)99.5% | (4.9)98.7% | (4.7)94.3% | (4.9)99.4% | (4.8)96% |
| Staff | (4.8)97.6% | (4.9)99.9% | (4.9)98.5% | (4.8)97.9% | (4.7)95.6% | (4.9)99% | (4.9)99.2% | (5.0)100% | (5.0)100% | (5.0)100% | (4.9)98.9% | (4.8)97.4% |
| Discharge | (4.7)95.1% | (4.9)99.3% | (4.9)98.6% | (4.9)98.8% | (4.8)97.4% | (4.9)98.7% | (4.9)99.1% | (4.9)99.4% | (5.0)100% | (4.7)95.7% | (5.0)100% | (4.5)91.5% |
| Overall | (4.9)98.6% | (5.0)100% | (4.9)98.6% | (4.8)97.3% | (4.9)98% | (5.0)100% | (4.9)98.9% | (5.0)100% | (5.0)100% | (4.9)99% | (4.9)98.8% | (4.8)96.6% |
| Highest score in the Past 12 Months Improvement from Previous Month Decline from Previous Month Lowest score in the past 12 Months Same as previous month | | | | | | | | | | | | |
| Notes: Excellent job!! Improvement from the previous month in 5 categories! Decline from the previous month in 1 category, with the lowest score (4.9) 98.9%. These scores look great! Thank you all for all you do to take great care of our patients!! | | | | | | | | | | | | |

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Holton Hospital

Holton

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION

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Quality Corner – October 9th, 2025

Cody Utz, Director of Clinical Informatics & Quality/Risk Manager
Carrie Lutz, CEO

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Holton Community Hospital (HCH) is a 14-bed Critical Access Hospital providing inpatient, swing bed, emergency services, imaging, surgical, laboratory, therapy, cardiopulmonary, primary care, and additional outpatient specialty services to the residents of Holton, Kansas, and surrounding communities.

In addition to the primary hospital, HCH also operates four clinics:

- Hoyt Family Medicine (Rural Health Clinic)
- Holton Family Medicine (Rural Health Clinic)
- Wetmore Family Medicine (Rural Health Clinic)
- Outpatient Specialty Clinic

HCH serves a 4-zip code region with approximately 13,456 residents

HCH employs 5.30 primary care physician FTEs and 4.75 advanced practice provider (APP) FTEs in addition to engaging with multiple specialists to service the HCH market

HCH does partner with two other hospitals (Nemaha Valley Hospital and Sabetha Community Hospital) to provide general surgery services to their service area

HCH underwent a facility expansion and renovation project in 2021, which resulted in the addition of a new two-story facility attached to the primary hospital site as well as renovations to almost all clinical service departments

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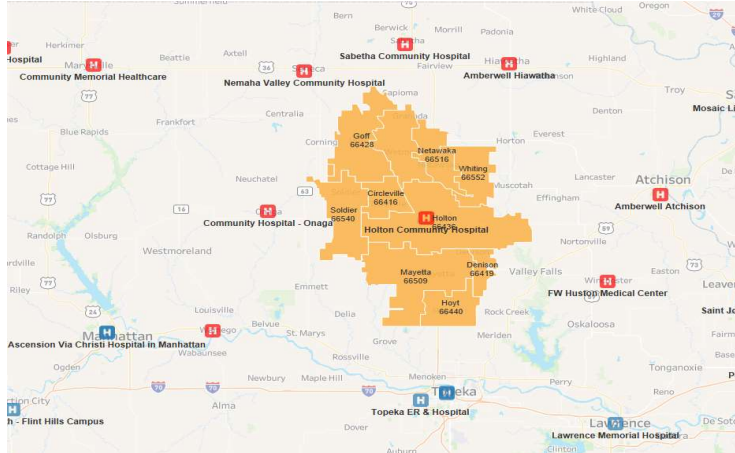
Service Area overview

Holton Community Hospital's Primary Service Area (PSA) comprises 10 ZIP codes

The service area was derived by looking at ZIP codes where Holton Community Hospital had 10% or better Medicare market share in 2023 OR had a significant amount of Medicare cases for FY2022 or FY2023

The source of the Medicare market share is taken from the Hospital Service Area File (HSAF) released by CMS.gov

 Critical Access Hospital
 Short Term Acute Care Hospital
 Service Area
 Primary Service Area



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HCH Board Onboarding

| Rural Health Resources of Jackson Co Inc dba Holton Community Hospital Board of Directors Meeting Agenda October 30 th , 2024, 5:30 p.m. Conference Rm 2 nd Floor | | |
|--|---|-------------------|
| Time | Item | Discussion/Action |
| 5:30p.m. | Call to Order | Approval |
| | Approval of Consent Agenda: | |
| | Approval of HCH Board Meeting Minutes – September 25 th , 2024 | |
| | Department Annual Policies and Procedures/Manual Review: | |
| | • Health Information Management – see attached changes | |
| | Medical Staff Reappointment | |
| 5:32p.m. | <ul style="list-style-type: none"> Jeremy Jones, MD Robert Sherrill, DPM Megan Fries, APRN, Ortho | A |
| | September FY2025 Financials and October 24, 2024 Meeting Minutes – attached | |
| | Medical Staff September 17 th , 2024 Meeting Minutes – attached | |
| | Quality Report – attached | |
| 5:40p.m. | Executive Session | |
| | Old Business | |
| 6:00p.m. | <ul style="list-style-type: none"> USDA Action Plan Home Health and Hospice – Management Agreement County Commissioner Tax Proposal Rural Health Provider Transition Project – Technical Assistance | A |
| | New Business | |
| 6:30 p.m. | <ul style="list-style-type: none"> Establish November Board meeting date 2024 Employee Engagement Survey Results Board Education | D/A |
| 6:35 p.m. | Management Update | D |
| 6:45 p.m. | Adjourn | A |
| | Upcoming Dates: | |
| | Community Health Needs Assessment – Town Hall Meeting – 5p.m. Thursday, November 7 th | |

Rural Health Resources of Jackson Co Inc,
d.b.a.
Holton Community Hospital

Board of Trustees Governance Manual



May 2022; July 2023

Our Mission: To provide professional, compassionate and excellent in healthcare for a healthier community.

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| 2024 | Key Measures | Goal | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT |
|----------------------|---|-------------------------|--------|--------|-------|--------|-------|-------|-------|--------|-------|-----|
| BCBS | Patient falls with an injury level of minor or greater/1,000 patient days | BCBS < 8.5 HCH < 4.4 | 0.0 | 0.0 | 4.7 | 7.6 | 8.2 | 0.0 | 0.0 | 0.0 | 0.0 | |
| | Sepsis: All elements met of 3-hour bundle | BCBS > 50% | 66.7 | 66.7 | 0.0 | 100.0 | N/A | 80.0 | N/A | N/A | N/A | |
| | Hypoglycemia (BS < 50) in IP receiving insulin | BCBS < 10% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 16.7% | 0.0% | N/A | 0.0% | |
| | # of CAUTI/1,000 IP Days | BCBS < 1.0 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | |
| | # of HAIs per 100 IP Days for IP/SWB admits | BCBS < 0.50 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | |
| | EDTC all elements met | BCBS > 74% | 100.0% | 100.0% | 88.0% | 100.0% | 93.0% | 93.0% | 67.0% | 100.0% | 80.0% | |
| | IP Readmissions within 30 Days (All Cause) | BCBS < 10% HCH < 4.5 | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 7.7% | 0.0% | 14.3% | 0.0% | |
| | # IP/OBS/SWB Falls / 1,000 Pt Days With or Without Injury | HCH < 4.9 | 4.6 | 0.0 | 14.0 | 30.5 | 8.2 | 5.6 | 11.9 | 0.0 | 0.0 | |
| Patient Safety | Med/Surg Medication Barcode Scan Rate | HCH > 80% | 73% | 75% | 85% | 77% | 80% | 83% | 81% | 75% | 63% | 68% |
| | ADE (Adverse Drug Events) (patient days (IP/OBS/SWB)) | HCH < 0.5% | 4.6 | 23.0 | 4.7 | 22.9 | 0.0 | 0.0 | 11.9 | 14.2 | | |
| | | | | | | | | | | | | |
| Infection Prevention | Surgical Site Infection (SSI) Rate - All Surgeries | ≤ 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| | Surgical Site Infection (SSI) Rate for Total Knee Replacements | ≤ 1.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| | Surgical Site Infection (SSI) Rate for Total Hip Replacements | ≤ 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | N/A | N/A | | |
| | Hand Hygiene Compliance Score | HCH > 93.0 BCBS* | 98.1 | 97.9 | 96.8 | 84.8 | 95.2 | 94.5 | 90.5 | 72.6 | 90.8 | |
| | | | | | | | | | | | | |
| Nursing | Chest Pain: Door to EKG Interp time ≤ 10 minutes | 90% | 85% | 80% | 73% | 64% | 90% | 40% | 93% | 80% | 78% | 53% |
| | Stroke: Door to CT Interp Time ≤ 45 minutes | 80% | 80% | 80% | 50% | 100% | 50% | 100% | 0% | 25% | 75% | |
| | Sepsis: IVF < 1 hr in hypotensive/lactate ≥ 4 patients | 50% | 100% | N/A | 100% | 0% | N/A | N/A | N/A | N/A | N/A | N/A |
| | ED LWBS: Left Without Being Seen (MBQIP) | 1.1 | 0.3 | 0.6 | 0.3 | 0.6 | 0.0 | 0.0 | 0.6 | 0.6 | 0.3 | 0.9 |
| | Average of length of stay (LOS) in days for Skilled Swing Bed patients | 21.8 | 8.7 | 10.4 | 15.0 | 6.3 | 12.3 | 11.2 | 17.0 | 12.7 | 3.8 | |

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Up and Coming 2025

- Designated Board member dedicated and interested in Quality participation
- Defined frequency
- Orientation to role/Quality Council
- 1st attendance at Quarterly meeting September 2025

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Coffey County Hospital

Burlington

HEALTHWORKS
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- Located in Burlington, KS
- Critical Access Hospital
- 4 Rural Health Clinics
- Assisted Living Facility
- Approx. 240 Employees

Coffey Health System

Presenters:

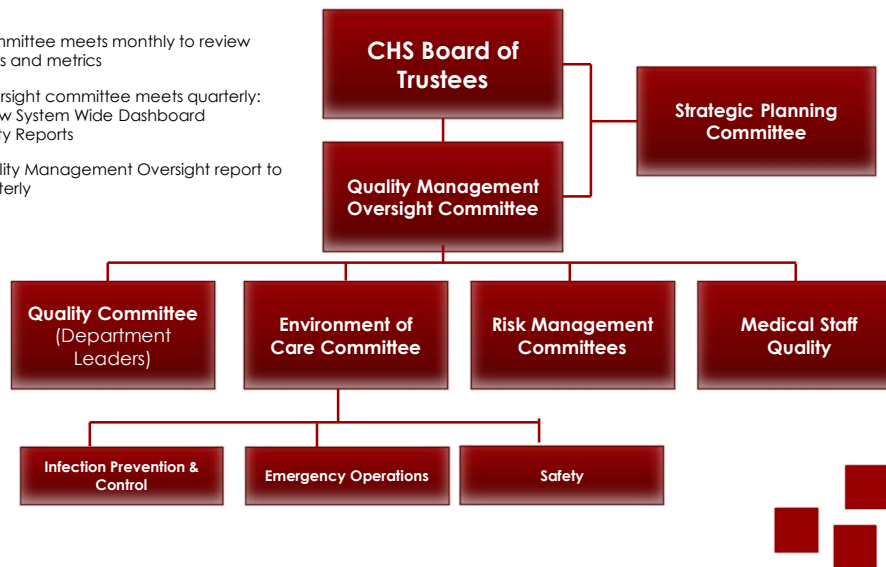
Steve Hopkins, Board of Trustees Vice Chairman
Linsey Knipp, Director of Quality and Risk Management
Stacy Augustyn, Chief Executive Officer



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Quality Reporting & Communication Pathway

- Quality Committee meets monthly to review quality goals and metrics
- Quality Oversight committee meets quarterly:
 - Review System Wide Dashboard
 - Quality Reports
- Formal Quality Management Oversight report to Board Quarterly



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Departmental Quality Boards



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Integration of Quality into Strategic Planning

Coffey Health System **STRATEGIC PLAN** 2024-2027



Mission

Working together to relieve suffering, restore health, and promote the highest quality of life for our community.

Vision

Exceptional care for all generations.

Core Values

Respect

Our patients, residents, families, and colleagues deserve nothing less than to be treated with dignity.

Teamwork

Success is achieved by one team working together at all times.

Knowledge

Education doesn't end. It continues every day and is actively pursued at all levels.

Compassion

We strive to recognize the needs of every life we touch—whether those needs are spoken, or just as importantly, unspoken.

Professionalism

We hold ourselves to high standards of professionalism, ethics, and personal responsibility, worthy of the trust our community places in us.

2024-2027 Strategic Priorities

To achieve our mission, we will pursue five priorities:

People

Foster a culture that embodies our values, making Coffey Health System a place where people thrive and succeed.

Quality & Patient Safety

Provide safe, high-quality, compassionate healthcare services to our patients and community.

Service Excellence

Be the trusted provider of excellent care that is patient-centered and responds to the changing needs of the community.

Financial Stewardship

Pursue efficient business and clinical practices and develop innovative approaches to address the high cost of care while improving outcomes for patients we serve.

Growth & Engagement


Enhance the quality of life and the economic strength of our communities through continual growth and engagement.

Your health. Our mission. **CHS**

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Panel Discussion

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How do you ensure that board members feel confident and informed when making decisions related to quality and patient safety?

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KANSAS HOSPITAL ASSOCIATION

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What has helped your board become more engaged with quality initiatives — and what barriers have you faced?

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How do you tailor quality reporting to meet the needs of your specific board — especially when members have varying levels of healthcare experience?

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Can you share an example of a time when board involvement directly influenced a quality improvement outcome?

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In what ways are board members actively connecting with frontline staff and the day-to-day realities of care delivery — such as unit visits, walkabouts, or reviewing quality boards — and how does that influence their understanding of quality?

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Takeaways

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What Matters to a Board Member About Quality

- **Patient Safety and Experience**

- They care deeply about whether patients are safe, treated with respect, and receive timely care.
- Stories of real patients — especially from their own community — resonate more than abstract metrics.

- **Community Trust**

- Quality is tied to the hospital's reputation. Board members want assurance that the hospital is meeting standards and earning the community's confidence.

- **Financial Stewardship**

- They may view quality through the lens of cost-effectiveness, regulatory compliance, and risk reduction.

- **Clear, Actionable Information**

- They prefer simple, visual summaries over complex dashboards. They want to know: Are we improving? Where are we falling short? What's being done?

How Can Quality Staff Make Quality More Meaningful

- **Use Plain Language and Visuals**

- Avoid abbreviations, acronyms, and jargon. Translate data into everyday terms. For example, "We reduced infections by 30% — that's 12 fewer patients harmed this quarter."
- Use charts, infographics, and color-coded scorecards to show trends.

- **Tell Stories, Not Just Stats**

- Pair data with patient narratives. For example, "Because of our fall prevention program, we had another patient able to return home safely."

- **Connect Quality to Mission and Community Impact**

- Frame quality initiatives as part of the hospital's commitment to the community's health and well-being.
- Highlight how improvements affect local families, seniors, and the community.

- **Invite Engagement and Feedback**

- Encourage questions and offer short educational sessions tailored to their interests.


- **Celebrate Wins and Show Progress**

- Share successes regularly. Even small improvements build confidence and reinforce the value of quality work.

Resources

- <https://www.kha-net.org/Trustees/>

Critical Issues Advocacy Education Communications Data



KHA governWell
Better governance. Better healthcare.



Kansas governWell™ is your single source of valuable governance programs, BoardBriefs, templates and tools that will enable your board to practice better governance and ensure better health care for your community. Kansas hospital staff and trustees will need to login. [Click on the logo above or go to www.KansasgovernWell.net and enter:](#)

- username: kansastrustee
- password: 1governWell+

[Board of Trustees Governance Manual](#)

The Kansas Hospital Association's *Board of Trustees Governance Manual*, is a customizable governance manual for hospital trustees. The documents below are in Microsoft Word templates that enable Kansas hospitals to quickly and easily add and delete content to customize the manual and appendices to your organization's unique needs. Updated in October 2024.

- [Instruction Guide for Board of Trustees Governance Manual](#)
- [Board of Trustees Governance Manual](#)
- [Appendix A: Kansas Health Care Terms and Abbreviations](#)
- [Appendix B: Effective Grassroots Involvement](#)
- [Appendix C: Writing Effective Letters](#)
- [Appendix D: Elected Officials Contact Information](#)
- [Appendix E: False Claims Guidelines and Sample Policy](#)
- [Appendix F: Hospital Corporate Compliance Program](#)
- [Appendix G: Sample Conflict of Interest Disclosure Statement](#)





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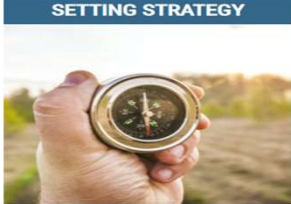
Resources

- <https://www.kha-net.org/Trustees/>


GOVERNANCE EXCELLENCE




SETTING STRATEGY




TRUSTEE EDUCATION




SUCCESSION PLANNING



QUALITY AND SAFETY



PARTNER IN YOUR FUTURE?






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Resources

- <https://www.kha-net.org/Trustees/>

Effective Board Governance of Quality



One of the most valuable roles of a board is oversight of quality and patient safety. The expansion of health services beyond hospital walls has created complexity in terms of what to govern to support high-quality care and how to oversee quality inside and outside of the traditional hospital setting and across the health care continuum.

The *Quality and Patient Safety* governance topic provides videos, webinars, written board briefs, a glossary of quality and patient safety terms, and virtual in-boardroom education programs.

Trustee Education Resources

BoardBRIEFs and Other Resources

Understanding the Board's Role in Quality

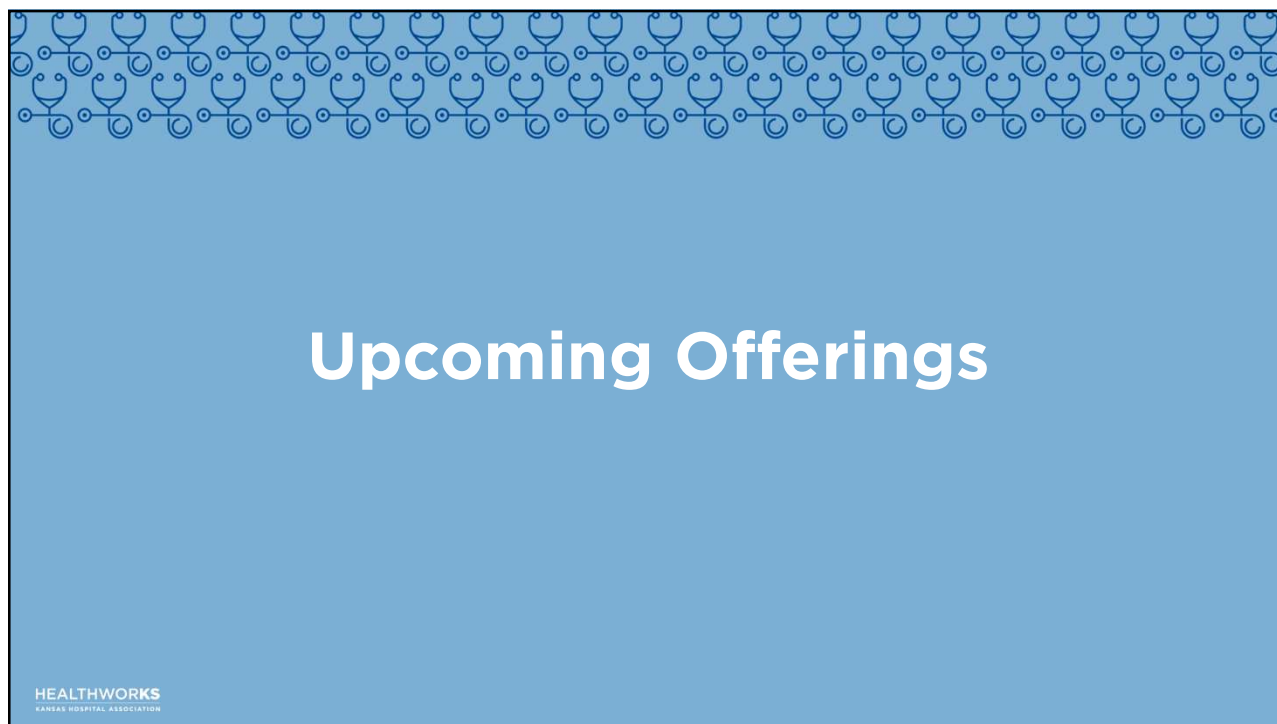
Improving Experiences for Patients and Families



- ▶ Home
- ▶ Governance Modules
 - ▶ learnWell
 - ▶ recruitWell
 - ▶ orientWell
 - ▶ guideWell
 - ▶ taskWell
 - ▶ assessWell
 - ▶ retreatWell
 - ▶ leadWell
 - ▶ compareWell
 - ▶ affiliateWell
 - ▶ measureWell
- ▶ KHA Resources
- ▶ About governWell™
- ▶ Contact Us
- ▶ Search
- ▶ Log Out

Resources

- KHA governWell: <https://www.kha-net.org/Trustees/>
- KHA Board's Guide to Quality: <https://krhop.net/wp-content/uploads/2024/06/Guide-to-Quality.pdf>
- Getting Started Kit: Governance Leadership "Boards on Board" How to Guide: <https://krhop.net/wp-content/uploads/2024/05/How-to-Guide-Governance-Boards-on-Board-1.pdf>
- How Hospital Boards Can Support Quality and Patient Safety: <https://krhop.net/wp-content/uploads/2024/05/2CONVE1.pdf>
- "Getting There" Guide: <https://krhop.net/wp-content/uploads/2024/05/1-Getting-There-Guide-web.pdf>




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Upcoming Offerings

- CAH Quality Assessment – Due October 17
- Quality Corner Call - November 6 – NRHA Awards and Best Practices
- Virtual MBQIP Basics – November 11
- Rural Health Symposium – November 20 in Hays
- SHIP Quarterly Webinar – December 11
- Population Health Networking Group – December and January TBD

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