



**Board Attendance:** Jane O’Keeffe, Chair; John Shine, Treasurer; Greg Larson, Secretary; Shannon Theall, Member

**LHD Managers in Attendance:**

Landon Dybdal, CEO; Kyle Byers, COO; Dr. Scott Graham, CMO; TeddiAnne Damuth, Interim CNO; Dala Pardue, Clinics Director; Stacey Van Nes, Clinics Manager; Kim Wright, HR Director; Tyson Lane, EMS Director; Judy Clarke, Public Health Director; Alena Acklin, Process and Quality Improvement Coordinator; Shawn Cosby, Risk, Compliance, Security Manager; Abigail Finneti, CDI Manager

**Others in Attendance:**

Jane O’Keeffe, Chairperson, called the meeting to order in open session at 5:30PM and led the Pledge of Allegiance.

**Consent Agenda Item Approval:**

John Shine made the motion to approve the consent agenda items, which included:

- October 23, 2025, meeting minutes
- December 2025 check signing calendar

Greg Larson seconded the motion. The motion was presented, all members voted, and the motion passed unanimously.

**Financial Reports:** *Kelly Johnston, CFO*

*October 2025 LHD Financial Report*

- Cash on Hand: 24 – goal: 90-120 days
- Days in Accounts Receivable (AR): 84 – goal 55 days
- Contribution Margin: \$419,950 in October.
- Revenue: 3,762,049

Kelly reported that she met with the audit team today to review outstanding items, noting that the cost report submission is due next week and is anticipated to be submitted within the next few days. With the government reopening, Method 2 billing has begun to flow again, and claims are expected to drop in the first or second week of December. Revenue Cycle continues to show strong improvement in both collections and workflow efficiency, and two Revenue Cycle Director candidates will soon be onsite for interviews. Accounts Payable continues to catch up with vendors, with negotiations ongoing for a few remaining items. Accounts Receivable has seen significant progress—down to 84 days from a high of 148 days—and the clean claim rate has improved markedly from 71% last month. Swing bed days are now being tracked and will be reported to the Board monthly. Kelly also noted that the organization is currently outperforming budget expectations in profit and loss projections. Purchasing and AP are reviewing vendors falling below the 30-day target and working to renegotiate contracts as needed. The current year-to-date loss is \$205,870, and the organization remains on track for a projected 2.8% profit for FYE26.



Greg Larson made a motion to approve the October 2025 financials as presented. Shannon Theall seconded the motion. The motion was presented, all members present voted, and the motion was passed unanimously.

**Quality Measures:** *Alena Acklin, Process & Control Quality Improvement Coordinator*

Alena reported continued improvement in hospital quality measures, with notable gains in clinic metrics. She recognized Dala and Stacey for their contributions.

A new process has been implemented to verify PDMP data, particularly for patients with opioid prescriptions originating in the Emergency Department. While progress has been made, opportunities for further improvement remain. The group was reminded that meeting at least 50% of required metric is necessary to avoid a potential penalty.

Quality performance is exceeding the 2% target, with a current improvement of 3.5%. Provider engagement and support from Abby were noted as positively impacting outcomes.

A new HCAHPS metric and reporting format were introduced and are reflected in the dashboard. Three positive patient comments were also reported.

Shannon Theall made a motion to approve the Quality Measures as presented. John Shine seconded the motion. The motion was presented, all members present voted, and the motion was passed unanimously.

**Medical Staff Report:** *Dr. Scott Graham, CMO*

Dr. Graham presented the following provider to the Board of Directors. The applicant's category and privileging request was reviewed.

1. *Privileging Requests*
  - a. Mark Bradbury, MD – Active, General Surgery

John Shine made a motion to approve the privileging request as presented. Greg Larson seconded the motion. The motion was presented, all members present voted, and the motion was passed unanimously.

**Manager Report:** *Swing Bed Program Update - Teddianne Damuth, Interim CNO*

Teddianne reported that the goal for the Swing Bed Program is to achieve an average daily census of 15 patients. Strategies to support this goal include engagement with Sky Lakes executive leadership to explore collaboration opportunities and planned monthly outreach to Sky Lakes case managers to maintain visibility and promote post-acute care capacity. A radio advertisement promoting the program is currently airing multiple times daily on KLAD.

Performance data shows year-over-year improvement, with FY25 averaging 144 swing bed days per month and a daily census of 4.73, compared to FY 2026 year-to-date averages of 165 swing bed days per month and a daily census of 5.33.



Teddianna also provided an update on the TEAM (Transforming Episode Accountability Model), a Centers for Medicare & Medicaid Services requirement for certain PPS facilities to be accountable for total patient costs incurred for 30 days post-procedure. Applicable procedures include CABG, major bowel procedures, spinal fusion, lower extremity joint replacement, and surgical hip/femur fracture treatment.

Potential collaboration opportunities were also noted with Asante. Strategic discussion focused on leaning into organizational strengths by specializing in stroke recovery, surgical recovery for athletes, and targeted youth and specialty rehabilitation. Opportunities include partnering with orthopedic providers statewide to coordinate referrals and patient aftercare.

It was also noted that there are no state staffing ratio laws specific to swing bed patients; by comparison, acute and Med/Surg units typically operate at a 1:5 nurse-to-patient ratio.

#### **CEO Report:**

Landon reported being pleasantly surprised by the October financial results, despite three payrolls occurring during the month. He noted optimism that similar performance could continue for most upcoming months and stated the organization is on track to reach 30 days cash on hand within the next couple months. He reflected that while the past year and a half included several wins, progress often felt incremental; however, the organization is now in a period of financial recovery and beginning to see the results of sustained efforts.

#### *Primary Care Recruitment:*

There are currently no Family Practice/Primary Care candidates in the active pipeline. Ongoing communication continues with an FPOB resident in the Casper program who plans to visit in April. Additionally, a third-year FPOB resident in Klamath Falls is expected to visit in January or February, with the goal of bringing her onsite prior to starting an OB fellowship in Spokane. She plans to obtain an unrestricted license early next year and may work in the Emergency Department from March through June. If she joins, coordination on scheduling and support will occur with Dr. Graham and Dr. Gallagher.

Landon reported there will be six residents at LHD this year, with another beginning Monday. Recruitment success was attributed in large part to outreach efforts by Dr. Graham and Landon in Klamath Falls, resulting in five of eight residents from the last visit expressing interest. He noted the long-term recruitment strategy is progressing well, particularly with younger residents.

#### *Patient Access:*

Patient access has improved significantly with the introduction of walk-in appointment slots throughout the day across providers, not solely with a designated walk-in provider. While this represents a shift in practice, the team is adapting and continuing to refine workflows.

#### *General Surgery & OB Recruitment:*

Landon reported that Dr. Nuttleman was not a good fit for the organization. Dr. Qureshi, from Colorado, is scheduled to be onsite on December 3, and two additional general surgery candidates are in the pipeline. An OB/GYN candidate in Texas remains interested but is slightly hesitant due to location. Efforts to bring her onsite are ongoing; however, she is currently the sole OB provider at her hospital (averaging one birth per day) and has recently experienced a family emergency that limited available PTO.



Board of Directors Meeting Minutes  
November 20, 2025, 5:30PM Lake District Hospital  
Lake Health 501c3

Public Comment: N/A

**Adjournment:**

At 6:47PM, Chair Jane O’Keeffe adjourned the open session for the 501(c)(3). Immediately following the adjournment of the 501(c)(3) meeting, at 6:48PM, Chair Jane O’Keeffe called the District meeting to order. The District meeting was recorded in separate minutes.

Respectfully submitted,

  
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Greg Larson, Secretary

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