



Board Attendance: Jane O’Keeffe, Chair; John Shine, Treasurer; Greg Larson, Secretary; Kelsie Bostwick, Member; 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:

Call to Order:

Jane O’Keeffe, Chairperson, called the meeting to order in open session at 5:47PM.

Consent Agenda Item Approval:

Greg Larson made the motion to approve the consent agenda items, which included:

- November 20, 2025, meeting minutes
- January 2026 check signing calendar

Kelsie Bostwick seconded the motion. The motion was presented, all members voted, and the motion passed unanimously.

Financial Reports: Kelly Johnston, CFO

November 2025 LHD Financial Report

- Cash on Hand: 25
- Days in Accounts Receivable (AR): 114
- Contribution Margin: \$(482,097)
- Revenue: \$2,833,250

Kelly provided a financial update, noting that the prior month was challenging due to contractual adjustments related to insurance payer activity. October contractual adjustments were favorable at approximately \$1 million, followed by positive adjustments of approximately \$2 million in November. Commercial payers continue to present challenges and maintain significant leverage in negotiations; Kelly is actively working with payers to address these issues.

A swing-bed case was discussed in which reimbursement was denied due to failure to meet the three-midnight inpatient requirement, as the first night was classified as observation and therefore did not count toward the requirement. Partial reimbursement may be recoverable; however, this remains uncertain. It was noted that payer practices have become more restrictive in recent years, with commercial insurance posing the greatest challenges.



Despite these issues, revenue remains strong and above budget, while expenses are trending downward. Cash on hand remains steady at approximately 25 days but has not increased due to ongoing contractual adjustments. Accounts payable remains at approximately \$1 million.

Additional updates included shifts in labor costs, with wages increasing and contract labor decreasing. Kelly also noted developments in the DME department and shared that a recent meeting was held with Sean Jessup at MODA to discuss upcoming changes, with additional information to be provided as it becomes available.

Kelsie Bostwick made a motion to approve the November 2025 financials as presented. Shannon Theall 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. Each applicant's category and privileging requests were reviewed.

1. **Privileging Requests**
 - a. Nicholas Branting, MD CONSULTING/Radiology (Recredentialing)
 - b. Jozef Brozyna, MD CONSULTING/Radiology (Recredentialing)
 - c. Stephen Carroll, MD CONSULTING/Radiology (Recredentialing)
 - d. Christopher Coleman, MD CONSULTING/Radiology (Recredentialing)
 - e. Casey Curran, MD CONSULTING/Radiology (Recredentialing)
 - f. Jason Doye, MD CONSULTING/Radiology (New credentialing)
 - g. Benjamin English, MD CONSULTING/Radiology (Recredentialing)
 - h. Amber Faast, MD CONSULTING/Radiology (Recredentialing)
 - i. Stephen Haltom, MD CONSULTING/Radiology (Recredentialing)
 - j. Theodore Jennerman, MD CONSULTING/Radiology (Recredentialing)
 - k. Thomas Koehler, MD CONSULTING/Radiology (Recredentialing)
 - l. Karen Lynn, MD CONSULTING/Radiology (Recredentialing)
 - m. Dana Mann, MD CONSULTING/Radiology (Recredentialing)
 - n. Steven Michel, MD CONSULTING/Radiology (Recredentialing)
 - o. JOHN STASSEN, MD CONSULTING/Radiology (Recredentialing)
 - p. Brant Wommack, MD CONSULTING/Radiology (Recredentialing)
2. **Resignation/Retirement**
 - a. Paula Schultz, MD CONSULTING/Radiology (Retiring 12.31.25)

Kelsie Bostwick made a motion to approve the privileging requests as presented. Greg Larson 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 that November was a strong month for quality performance, with the Acute and Emergency Department averaging 89% compliance with established metrics. The Clinic also demonstrated



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significant improvement, increasing from a 2024 average compliance rate of 73.7% to 86.8% in November. Alena noted that she is now beginning work on establishing quality targets for 2026.

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

Manager Report: *Physical Therapy/Rehab - Amron Lym, PT/Rehab Director*

Amron presented the Rehabilitation Department's 2025 quality improvement measures, reporting strong performance across all five tracked indicators, with most measures meeting or exceeding established goals. The department achieved near-perfect compliance with unexpired hand sanitizer, medications, and supplies through consistent monitoring processes. Rehabilitation-related patient readmission rates significantly outperformed national benchmarks, with rates at or near zero in multiple quarters. A peer chart review process was implemented in Q4, achieving 85% compliance toward a 90% goal, with plans to address identified gaps and expand reviews to Occupational Therapy (OT) and Speech Therapy (ST) staff. Overall, the department demonstrated excellent quality performance in 2025 and outlined plans to refine targets and expand monitoring efforts in the coming year.

Amron also reported that the Speech Therapy department continues to perform well, with a full schedule, including outpatient visits to local schools. Volumes were noted to be lower in wound care, cardiac rehabilitation, pulmonary rehabilitation, and the sleep lab. Physical Therapists average approximately nine patients per day, with an average of 1.5 no-shows daily. While no-shows are common in PT and rehabilitation clinics, accountability remains challenging due to the inability to charge no-show fees to Medicaid patients.

It was noted that Lake Health is fortunate to maintain a robust therapy department, a service not available at many CAHs, and expressed appreciation for the opportunity to serve the community.

CEO Report:

Landon reported that recruitment efforts are ongoing, with hopes to hire a surgeon in the near future. Two strong candidates are under consideration, and an offer is anticipated, with a preference toward the candidate willing to relocate. The second candidate is also highly qualified; while relocation is not planned, travel logistics would be manageable, and the candidate is regarded as a highly skilled surgeon.

Primary care recruitment activity has been limited. Obstetrics services are once again in the early stages of recruitment, with two Family Practice-OB candidates expressing interest; both are approximately 18 months from availability. One candidate is planning an onsite visit in January, and the second in April. The OB/GYN candidate from Texas has withdrawn, leaving no active candidates currently in the pipeline, and locum obstetric coverage continues to be challenging to secure. Several residents have expressed interest, with a site visit planned for early April and efforts underway to onboard a couple of candidates early in the year. Additionally, one former resident has expressed interest in covering one week every two months beginning in November 2026.



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Landon also reported that meetings were held this week with a podiatrist and that a meeting is scheduled in January with an optometrist, Dr. Mark Fay. Restoring optometry services in Lakeview was noted as a valuable opportunity to serve the community. In addition, Dr. Heaton has agreed to expand his availability to include Thursdays and Fridays each month, effectively doubling his onsite coverage.

Kyle reported that the CMS survey results were received, totaling 72 pages and identifying 35 deficiencies. The Plan of Correction is scheduled for submission by the end of the day tomorrow. One deficiency cited involved the relocation of a service from one location to another, which was referenced as an example of regulatory overreach at the state level. Landon noted that he is advocating with the state and the Oregon Health Authority (OHA) to reduce regulatory burden, adding that there is growing legislative frustration with OHA and optimism for potential positive change in the future.

Public Comment: N/A

Adjournment:

At 6:16PM, Chair Jane O’Keeffe adjourned the open session for the 501(c)(3) and convened an executive session pursuant to ORS 192.660(2)(b). The executive session began at 6:26PM and was adjourned at 6:41PM.

Respectfully submitted,



Greg Larson, Secretary

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