I. Call to order:
The meeting was called to order at 5:01 p.m. by Anderson, Chairman.

II. Approve minutes for the December 26, 2012 Board of Trustees Meeting:
Hertz made a motion to approve the December 26, 2012 Board of Trustees minutes. Hugdahl seconded the motion, which carried unanimously.

III. Approve Agenda:
Hertz made a motion to approve the January 28, 2013 Board of Trustees agenda. Bradshaw seconded the motion, which carried unanimously.

IV. Approve Consent Agenda:
Hertz made a motion to accept the January 28, 2013 consent agenda. Wright Jr. seconded the motion, which carried unanimously.

V. Public Forum:
Deb Linderblood spoke regarding the management agreement. She has worked under both Iowa Health and Mercy and stated with Mercy there is more interaction among the network facilities. She can call one of the dieticians with a question and have an answer within two minutes. She did not have this kind of response from Iowa Health.
Gale Herrera read a letter she wrote to the board. Herrera’s resignation was submitted with a heavy heart. However, she stated she cannot continue to function in any type of administrative capacity with some of the trustees who are more involved with operations than governance and more interested in who started the letter writing campaign than what those people were trying to say. She added it was Cindy White who requested permission from Anderson at the September board meeting to start the letter campaign, which he granted. Herrera ended by saying whatever decision is made, she is certain the employees of Story Medical will continue to excel. If the entire board was supportive, valued the opinions of those they serve, and worked together instead of in cliques, it would be better for all of the citizens of Story County. To those trustees who have made a point of communicating and showing their caring side, she thanked them.
LaVon Schiltz stated our management agreement with Mercy has helped in recruiting new businesses to Nevada along with quality schools. She said she does not understand why the board would choose an agreement that costs more annually. She has visited with several board members and staff and has not
received a logical reason. She stated she wants to know why the board has not involved the providers and staff in this decision. Schiltz stated, “Change is good but change for the sake of change is detrimental.”

Jim Frevert shared he is the founder of the Story Medical Endowment Foundation and in the last 3-4 weeks he received a dozen emails from concerned citizens of Story County wanting to know why Story Medical is changing management agreements. He spoke to all but two of the board members regarding the concerns and Anderson sent him articles. Frevert said he feels the medical center is doing well and it is hard for him to understand why there should be a change if change is not needed. He recently stopped by McDonalds and had 10-12 people approach him with their concerns. Frevert added communication goes two ways and he feels the board is not holding up their end and this is what needs to be changed.

Marcia Engler said she talked to several board members and told them, “If it’s not broke don’t fix it.” She added, “Do we need change? Possibly.” She reminded the board that they are here for the residents of Story County and they are to do what is best for all the residents of Story County.

Cal Halliburton had two items to discuss. His first was a request for the board to make a statement to indicate a long term commitment to senior care whether it is at the north campus or the south. He sternly stated the board should be thinking about the safety of residents of senior care and install a sprinkling system which will be mandatory in August of this year. “Safety matters,” he stated. “Senior care is the heart of Story Medical and this should be done now.” His second item regarded the management agreement. He stated change can be good but not every change is an improvement.

Pam Carnine stated she is a patient of Story Medical and said Story Medical saved her life twice and her husband’s life once. She is upset that the board did not ask the community what they think about changing management agreements. She feels Story Medical is a jewel of a hospital and the staff is wonderful. She feels it is the board’s responsibility to ask the community for their input in big decisions such as this. Carnine added, “Don’t fix it if it’s not broken – it’s thriving.”

VI. Additional Reports:
A. Items moved from Consent Agenda:
   There were no items moved.
B. Provider report – Mary O’Connor, ARNP:
   1. O’Connor stated she has been off work for some time but is now back and her patient numbers are back to normal. She added they use the x-ray machine frequently.
   2. O’Connor was contacted by Brett Barker from NuCara Pharmacy about putting a pharmacy in Zearing. The pharmacy will be located next door to SMC-Zearing. Because of the new pharmacy the InstyMed agreement was not renewed and will expire February 28th. The NuCara Pharmacy should be ready by September 1st. O’Connor is working with Barker on stocking the pharmacy.
   3. O’Connor commented that she could use a partner at SMC-Zearing.
   4. O’Connor added she has been a long time employee and has done what the board has requested of her, i.e. adding a fifth day to her work week and adding a Saturday to cover SMC-Nevada. She stated she has not had any communication from the board regarding the management agreement or any other item. She reminded the board there was a time that we could not put Story County Medical Center on the clinic door because it was not respected in the community, but when we put Mercy on the door the clinic’s reputation improved within the community.
   5. Dr. Check stated he spoke to a couple board members in the last few days. He is unhappy about how the management agreement has been handled. He stated only one board member approached him to ask his opinion. He added at the last board meeting it was commented by the board that all the providers support the change to Iowa Health and added this is not true. He said he has done everything the board requested of him to do. He asked the board if they respected him and he
added that he hopes they do. However, he said if the board did respect him they would have asked him what he thought about the management agreement. He said no board member gave a reason for the change and he wants to know why. He added, in his opinion, the current resignations are a result of how the board handled the situation. He stressed the importance of being a team and communicating and added the communication issues will not be fixed by putting a different name on the door. He requested better, open communication from the board.

C. Approve Quality Committee Report:
1. Schreitmueller voiced concern about education. Deb Chenchar from Mercy has been teaching the “Teach Back” program and if a change occurs then this program will no longer be available. Schreitmueller added administration has asked to implement the Studer Program to improve performance and this has not happened. Leadership has been moving forward with Huddles and the LEAN process but without Mercy as a back-up for performance improvement Schreitmueller believes it will take months for something to be put together.
3. Top box scores over past year have improved significantly in 9 of 11 areas. There were two areas with minor downturns and Schreitmueller started an investigation to follow up and resolve.
4. Schreitmueller pointed out that we have been working on discharge planning and making it better for the patient and staff but now with the loss of our nursing leadership this will be put on hold until new leadership is in place.
5. Schreitmueller reviewed the Dashboard and noted there are two areas of concern with one being employee injuries. Wright Jr. asked what assistive devices are. Schreitmueller explained they are lifting devices to help staff when moving a patient. This will be brought to the Safety Committee for them to review. Schreitmueller also noted the other area of concern is responsiveness of staff. The committee felt we need to collect data on how frequently the charge nurse is being pulled from acute to the ED during the day shift. When the census is up on acute and the charge nurse is in the ED there may be a wait until someone is available to assist with patients.
6. Schreitmueller reported the lawsuit against Story Medical and 21st Century Rahab has been dismissed due to lack of documentation to support the person’s claim. The attorney commented our staff had done an excellent job of documentation. The family has requested to continue to use our services because we give good care.

D. Approve Finance Committee report and warrants:
1. Ramthun stated days in accounts receivable are up due to change in billing service. ProSource has taken over all insurance billing except for Medicare and work comp. This has resulted in a delay in cash because they have to learn our system and get our insurance numbers. This is not an uncommon problem. Claims are still being submitted so we will not be denied for filing delays.
2. Ramthun informed the board her department is still down 3 people in billing – 1 manager and 2 billers. The new manager will start February 4. Once the Patient Accounts Manager is settled there will be a review to determine if we continue with ProSource or hire more staff.
3. Ramthun reported this is the 8th month in a row we have had a positive operating margin and positive net income.
4. Wright Jr. made a motion to approve all committee reports and warrants. Bradshaw seconded the motion, which carried unanimously

E. Set Public Hearing for approval of 2013-2014 capital budget and levy rate:
1. Ramthun stated we need to set a public hearing date regarding the capital budget and tax levy rate.
2. The current levy rate is .5724 and the Finance Committee recommends raising the levy rate to .58 to help pay for a new ambulance. This would bring in an additional $130,000 for the hospital.
3. Hertz asked the board if there were any concerns from the committee with raising the levy. Wright Jr. opposed raising the levy rate.
4. Ramthun stated Story Medical has the 7th lowest levy rate in Iowa.
5. Scofield said raising the rate would allow us to take funds that would have been used on the ambulance and now could be used for senior care.
6. Frevert commented that in the past the foundation raised money to cover the costs of a new ambulance and he thinks this could be done again. Anderson stated this would be a good project for the foundation.
7. Willert reminded the board that the purpose of today is to set a date for a public hearing and recommendation. The issue will be discussed in greater detail at the February meeting.
8. Scofield made a motion to set the public hearing for February 25th, 2013 at 5:00 p.m. with the board meeting following immediately after and recommending an increase in the levy rate from .5724 to .58. Sheets seconded the motion which carried with Bradshaw and Wright Jr. opposed.

F. Proposal for Employee Health Insurance Premiums:
1. Siebrecht stated the health insurance plan was renewed at an increase of 2.06%, which was one of the lowest renewal rates the insurance broker has encountered thus far. Siebrecht is proposing the employees and hospital share the insurance increase. Siebrecht reviewed a spreadsheet she created showing the current renewal strategy where the hospital pays a specific percentage of the insurance rate and the employee pays a specific percentage. This would be a $1,063 per month increase for the hospital and a $500 per month increase for employees all together.
2. Scofield made a motion to accept the renewal strategy Siebrecht proposed. Hertz seconded the motion which carried unanimously.
3. Wright Jr. asked what the health insurance increase was last year. Siebrecht stated 1.7% and the hospital picked it all up.

G. 340 B recapture program – early results:
1. Willert stated that about this time last year Paul Groteluschen, our pharmacist, suggested we look into participation in a 340 B recapture program. The 340 B program was released several years ago by Washington DC and the Office of Pharmacy Affairs (OPA). The program allows “safety net providers” (CAH’s, Federal clinics, etc.) to provide medications to its patients at significant discounts.
2. Basically the program works as follows: A patient seen by one of our contracted providers (employed providers, ED physicians, Dr. Whitmer, etc.) takes a prescription to a participating pharmacy. The patient receives the medication (only certain medications are eligible) from the pharmacy inventory. We then replace the pharmacy inventory through our wholesalers at the discounted prices. We retain the difference in the cost, less the handling fee charged by the pharmacy and the contract fees charged by American Healthcare.
3. On July 1, 2012 we went live with NuCara and Parkview pharmacies. We added Wal-Mart in Ames on October 1, 2012 and just received authorization to add the Hy-Vee pharmacy in Huxley on April 1, 2013. The program limits the number of pharmacies a hospital can contract with. We have made $136,000 from this program since July 2012 and Ramthun expects we will make another $36,000 for the remainder of this fiscal year.

H. Purchase of portable x-ray machine:
1. Willert stated that over the holidays the portable x-ray machine broke and was irreparable. Cindy White obtained 2 quotes for a new machine: Shimadzu at $43,000 and GE at $54,000. The
Shimadzu was chosen because other providers who have this brand stated they are very pleased with its performance and reliability. The Shimadzu is also upgradeable to DR in the future should we decide to go that route.

2. Willert asked for formal approval of the purchase of the Shimadzu for $43,000.
3. Scofield made a motion to approve the purchase and added he would have liked to see some communication from Willert before the purchase was made. Sheets seconded the motion which carried unanimously.

I. Annual Reviews:
   1. Schreitmueller gave a review of the CAH Annual Review and the Zearing Annual Review and noted both reviews are done at the same time every year. Each is a condition of participation as a Rural Health Clinic. Schreitmueller commented that Mary O’Connor and her staff did an excellent job.
   2. Hertz made a motion to accept both the Critical Access Hospital Annual Review and SMC-Zearing Annual Review as presented. Hugdahl seconded the motion which carried unanimously.

J. Approval of Initial Appointment and Reappointment Credential files:
   1. Packer stated there are three re-appointments and two initial appointment credential files to be approved. The re-appointments are for those providers whose privileges were granted for one year and will expire on February 7, 2013. Wright Jr. and Scofield reviewed all five files before the board meeting.
   2. Wright Jr. made a motion to approve the following initial appointment credential files:
      • Trevor Bond, D.O. – EmCare – Emergency Medicine
      • Frederick Steinberg, M.D. – Iowa Radiology – Tele-Radiology
   Scofield seconded the motion which carried unanimously.
   3. Scofield made a motion to approve the following reappointment credential files:
      • Timothy Greenwald, M.D. – McFarland Clinic – Orthopedic Surgery
      • David Sneller, M.D. – McFarland Clinic – Orthopedic Surgery
      • Erin Nelson, D.P.M. – McFarland Clinic – Podiatry
   Wright Jr. seconded the motion which carried unanimously.

K. Selection of management company (Management Agreement & CAH Agreement):
   1. Hertz stated she was assigned the task of convening a sub-committee to compile and share with the board the available information regarding the two different management agreement options. She said we are very fortunate to have 2 great health systems to choose from. Hertz noted the committee’s goal was to select the network affiliation that will best help Story Medical achieve its mission, while maintaining local control, so we can continue to make decisions that are best for patients, community, physicians and staff; while being good stewards of the county resources and taxpayer dollars. Hertz noted the committee discovered it would be very difficult to objectively determine which system offers a better package as the contract are relatively similar, there are trade-offs in the financial factors, and both networks offer an extensive list of services to ensure quality of care. It became clear the distinguishing factors were subjective and the evaluation would be based on an individual’s intuitive assessment of three different questions:
      • Which network leadership style and philosophy would be most effective at preparing Story Medical for long-term success and mission fulfillment
      • How significant of an impact would a change have on daily operations
      • How significant of an impact would a change have on public relations
   2. Hugdahl stated he has heard from many people their concerns with changing management companies. He stated the reason he came to Story Medical is the excellent quality of care. The success we have had is because of quality of care. He added the relationships we have with Mary
Greeley and McFarland are due in large part to Willert. Everyone he has spoken to is very pleased with where Story Medical is now. Hugdahl stated he has not had any calls saying we should change to Iowa Health. He stated the public has been unanimous of who they would like us to stay with.

3. Cal Halliburton thanked the board for their service and for staying through difficult times and for making difficult decisions.

4. Hertz said her personal opinion is if it is not broken, don’t fix it. She remembers when the hospital was not doing very well and reminded everyone to look at where we are now. She said our biggest challenge then was public perception and now we are looking at changing our affiliation and is she afraid this will set us back while we try to rebuild our team.

5. Scofield stated this is a county facility, not a facility of the City of Nevada. He feels Story Medical has not been represented in all of Story County.

6. Paul Robertson said he disagreed with the statement from Scofield.

7. Schiltz agreed with Robertson stating Story Medical has great representation with all the clinics across Story County.

8. Anderson stated this is a tough job for the board, if one had to rank priority of what we perceive as most important that would be tough, patient care needs to be number one all the time. This board has some stakeholders who are not represented. Being on the board of a county hospital is different than being on the board at MGMC or a bank because we have a lot of people to answer to. Healthcare is changing dramatically which means the board must make tough decision.

9. Marcia Engler stated she has a relationship with the doctors in outpatient. She said that Dr. Whitmer has a huge following here and if he would leave his patients would follow him to Des Moines and leave Story Medical. She said some changes may need to be made but we need to think about our patients too.

10. Mary O’Connor stated that every 2-3 years we have discussions trying to anticipate what the bottom line holds. Excellent patient care is always the answer and we have that in spades. We have to keep our patients in mind and continue to provide quality care to them.

11. Mary LaMar asked who the other shareholders were in reference to a comment previously made by Anderson. Anderson responded by saying they are the tax payers of Story County and they are wondering where and how the taxes are being spent and he has heard that several times from them.

12. Lisa Whitaker asked the board if they share with the stakeholders that we have charity care and that’s where the taxpayer money is going.

13. Anderson commented that we are very fortunate being in the position we are, some county hospitals are very stressed and have been advised to pick a merger partner. He added if we wanted to save money we could get rid of the ED and ambulance turning Story Medical into a super clinic. He said we are doing as much as we can to prevent that.

14. Stephanie Baker asked if stakeholders question where the tax money (levy increase) is going and if we reinforcing that we are in the lowest 7 counties. Anderson stated we do.

15. Schiltz asked how Iowa Health will do a better job than Mercy. Anderson stated he didn’t know if there is any one reason or there are any reasons. He stated, as Liz mentioned earlier, it all comes down to subjective reasons. Robertson asked if it came down to personal opinions and Anderson answered yes.

16. Laura Robinson asked why the board won’t tell us why we need a change. Bradshaw said when she first joined the board the financials were very bad and the hospital was about to close. She said she fought hard for the hospital. The board is facing challenges because of the new healthcare bill. She added this is a difficult time as she just lost her husband 10 days ago. She said there are things
that have happened that affect the board’s decisions. She stressed the board has listened and has
to be prepared for the future. She said there is going to be change that is going to affect all of us
no matter if we are with Mercy or Iowa Health. She has been pleased with how well the board has
worked together and has taken this issue seriously.
17. Steve Cassabaum said that both Hertz and Hugdahl did a good job of telling us how they feel about
the agreements and he wants to know how the rest of the board feels.
18. Jim Axline said that being affiliated with Mercy is why the hospital was able to get through tough
years.
19. Axline stated that both Pat Allen and Meg Tait were from the League of Women Voters and were
put on the board to shut Story Medical down. However they ended up changing their minds.
Allen was instrumental on starting the strategic planning process.
20. Bradshaw said she has a lot of things that would go under HIPAA that affect her decision. She
wants change and asked to respect her decision.
21. Schreitmueller has been doing this for a long time and said that one thing you can count on every
year is that there is always change in healthcare and we have relied on Mercy for a great deal of
help and we have proved we can do this.
22. Candy Schainker said if this was a personnel issue the board should deal with it and not change
affiliations because of it.
23. Wright Jr. said he feels there is a wall and he is disappointed from what he has heard from some
people in audience. He thinks both Iowa Health and Mercy would be a good affiliation. He doesn’t
think there is a big difference with operations. Iowa Health excites him with their vision and the
strides they have taken recently and in the past. Every board member respects each other and the
citizens of Story County and we want what is best for Story Medical.
24. Bradshaw commented that she would clap to that and that the board does respect each other and
the community.
25. Baker asked Wright Jr. if he could share what that vision is that Iowa Health has presented to him.
Wright Jr. responded by saying the vision of Mercy is different than Iowa Health and that he won’t
give specifics. In general that is his impression.
26. Robinson said she hears the board is looking for the positives and asked why Iowa Health would be
a positive and what will Story Medical see that will be a positive outcome of this move. Wrigth Jr.
said an example is that Iowa Health are go getters regarding clinics and hospitals are more
proactive. Robinson stated she works in the Story Medical clinics and she recognizes some of the
board members but some she does not and asked the board if they use our clinics. Scofield
answered by saying that being on the board doesn’t mean he has to choose a Story Medical as his
healthcare provider. Robinson noted she did not hear of Story Medical until she started working
here and since then she has changed healthcare providers for her family to Story Medical. Hertz
said most members of the board have received some health care from Story Medical. Scofield
asked Robinson why the clinics do not have a larger market share in Nevada if this is a great
facility. Robinson responded the clinic is not promoted and Scofield agreed.
27. Someone from the community asked how changing the network is going to help Story Medical get
promoted. Scofield answered by saying leadership has not done enough and that there is a huge
difference between philosophies. He suggested maybe we haven’t asked for enough networking
from Mercy. He doesn’t want this facility to slip backwards because we have worked too hard. We
won’t know if this is right decision for 3-5 years. This is not immediate.
28. Shane Higgins, PA said that he respects the board. However, he added the one thing that is
missing is the connection between the board members. He noted he was at last month’s meeting
and there were 2 board members who said they had not been involved in the discussion of Iowa Health and did not feel comfortable voting on something they were not fully informed about. Higgins added, in his opinion, if it was not brought up that Iowa Health management agreement was not an action item on the agenda the board would have voted. He said it is evident there is a lack of communication between board members. Higgins added he has worked for Iowa health and that was fine and he’s worked with Mercy and had no issues but would like to know why there will be a change now.

29. Anderson stated the board will take the point and he stated he will take some responsibility. Communication between board, between board and staff can always be improved and Anderson said the board will work on that. Pat Allen and he have been working on moving to Iowa Health for 7 years. It is difficult to get information to all board members. Anderson again said the board will work on communication.

30. Hertz clarified Anderson did a great job of trying to get everyone together despite various scheduling conflicts and personal family issues. She said the thing that was missing was the sharing of information. Only 3 board members can meet at one time or it must be posted as a public meeting.

31. White stated she doesn’t know what the vote will be but each employee will come to work tomorrow and continue to give the best patient care. White stated she has too much invested in Story Medical to let the quality in her department decline and she thinks every employee feels the same way. She said we love our patients and they come first. She added, as important as this vote is, there is an outstanding staff who will be here tomorrow. Anderson applauded her statement and the staff.

32. Schiltz if the decision could be delayed for a month since the staff and the providers have not had any input. Everyone agreed this is not an option.

33. Bradshaw said Dr. Check has had opportunity every month to sound his complaints to her and to the board and it is a part of his responsibility to take the information from the board meetings to the other providers. She added it hurt when Dr. Check told claimed the board wasn’t listening. She said it is part of Dr. Check’s responsibility to take concerns back to staff. She added when she started there was only 2 doctors.

34. Dr. Check responded the board knows they have a great staff of providers. He added he has worked at different hospitals and groups and there are a lot of groups that don’t get along well. He said we have a number of providers that are soft spoken, but that doesn’t mean they don’t have an opinion. He said mid-levels are not likely to voice their opinion because they feel they could lose their position if they did. Dr. Check said he tried to report concerns medical staff had regarding the management agreement at the last two board meetings but he was not listened to. He said the providers have not had communication regarding this issue and have had zero input regarding the management agreement and still have not met with any of the board members regarding Iowa Health or Mercy. He added he is not sure how to get through to the board that the providers want to have input in decisions that affect their practice. Dr. Check reminded the board that when they (board) were thinking about building the south campus that they (board) was asking everyone what they thought before beginning the process. He inquired why this situation was different.

35. Bradshaw answered Dr. Check’s question with a story about when her husband had a faculty member who was convinced the president was not listening to them. The faculty member had voiced concerns to the president but still believed the president wasn’t listening. Bradshaw concluded the faculty member perceived the president wasn’t listening because the faculty didn’t
her way. Bradshaw said the board was listening to Dr. Check. She then added she read every letter sent to her.

36. Scofield stated the board read all the letters. He also asked if there were employees who are afraid to speak up in favor of a change for fear their managers will retaliate. He added some are silent because they are afraid. Schreitmueller responded by saying she doesn’t believe that is the culture at Story Medical.

37. Mike Doyon said he left Story Medical but came back because we have excellent management and great leadership. He asked why we want change.

38. Sue Rucker said that she has been at Story Medical for 13 years. She said, “If it’s not broke don’t fix it. We have grown and that was with Mercy.”

39. Willert said he wanted to go back to something Hertz said at December meeting. He said if this is a management issue it needs to be addressed but a change in contracts isn’t necessary. He said it’s obvious the relationship is very important to employees. He asked the board to ask themselves if this is a Todd issue or if this is a Mercy issue when making their decision.

40. Anderson said this was talked about at last month’s meeting and the board made sure the consideration was not based on personal issues.

41. Vern Shepard asked the board to think about who got us to this position. He stated Willert is a great administrator and he has worked his heart out for this hospital. He said he has heard there are a lot of issues with Todd. He heard it that night from a board member. He said the board should not bring personal feelings into this decision.

42. Axline thinks the public perception in the community is this will not be a good move. He said if the board is concerned with public perception this will not be a good change. Axline said, “I want to thank Todd; he is the only administrator that has gotten us here today. He started when we were going broke and about to close our doors. Todd got us here.”

43. Schainker thanked Willert for all he has done to bring Story Medical to where it is now and for bringing us this far.

44. Dr. Palar said he has seen where we were before. He said, “We have improved a lot with this administration. If you are looking for something that is perfect you will never find it. I don’t think we can find a perfect affiliation.” Dr. Palar told Bradshaw that Dr. Check likes to talk and always communicates what the board says. Dr. Palar recommended the board stay with Mercy.

45. Anderson thanked everybody for their comments and assured everyone the comments were appreciated and taken to heart.

46. Sheets made a motion to renew the Mercy Management Agreement. Rick Hugdahl seconded the motion. Roll call vote: Rick Hugdahl, aye; Patrick Sheets, aye; Liz Hertz, aye; Glenda Bradshaw, nay; James Wright Jr., nay; Gaylan Scofield, nay; Dave Anderson, nay. Motion defeated.

47. Wright Jr. made a motion to sign a management and critical access hospital agreement with Iowa Health Des Moines. Scofield seconded the motion. Roll call vote: Rick Hugdahl, nay; Patrick Sheets, nay; Liz Hertz, nay; Glenda Bradshaw, aye; James Wright Jr., aye; Gaylan Scofield, aye; Dave Anderson, aye. Motion carried.

L. Other business:

1. Senior Care
   - Hugdahl stated that we need to address senior care and start the process of moving forward to install a sprinkler system. He said Story Medical owes it to the public especially since it is a safety issue.
   - Anderson said he would like to get a resolution by next month meeting from the 2 companies that have been in contact with us.
• Hertz said she regrets we didn’t push a timeline to move this along. She said it seems like we are waiting too long and asked if there is something we can do to expedite the decision of senior care.
• Bradshaw said we have to do it with the deadline approaching on sprinkler system.
• Wright Jr. said that Scenic Development has been speaking with the City of Nevada Planning and Zoning and waiting on more information.
• Shepard noted that a decision regarding the sprinkler system needs to be made by March at latest.
• Hertz asked what our backup plan is if something doesn’t happen in the timeframe.
• Bradshaw asked Shepard to send the bids he’s received regarding the sprinkler system electronically before next board meeting and asked to have the sprinklers as an action item on February board meeting agenda.

2. Hertz asked what the next steps were. Anderson stated the board and Iowa Health will get together and come up with an implementation plan by tomorrow.

3. Packer asked if the new agreement goes into effect now or February 1st. Anderson answered February 1st.

4. Anderson said on behalf of the board that they appreciated the relationship with Willert and Mercy. He said, “We have thought very highly of Todd. You (Willert) are very straightforward and business like in all decisions. We look forward to seeing you in future.”

VII. Meeting Evaluations:
Evaluations were distributed to the board members.

IX. Adjournment:
There being no further business Wright Jr. made a motion for the meeting to be adjourned. Scofield seconded the motion, which carried unanimously. The meeting was adjourned at 7:12 p.m.

_________________________________________  ________________
Secretary, Board of Trustees               Date

Service, Teamwork, Openness, Relationships, Your Story