

CRITICAL ACCESS HOSPITAL ANNUAL REPORT

Fiscal Year 2025 Year-In-Review

LUCAS **Lc** COUNTY
HEALTH **HC** CENTER

An Affiliate of  UnityPoint Health



SUMMARY

Fiscal Year 2025 was a year of steady growth, service expansion, and continued investment in quality care at Lucas County Health Center. Through provider recruitment, specialty growth, community partnerships, and facility improvements, LCHC strengthened access to healthcare while maintaining a strong focus on patient experience and safety.

July 2024: Community Preparedness

Lucas County Health Center expanded access to Advance Directives by making informational packets readily available to the community. This initiative supports emergency preparedness and helps ensure patients' healthcare wishes are clearly communicated and respected.

July 2024: Advocacy for Diabetes Care

Dr. Greg Cohen represented LCHC and the American College of Osteopathic Family Physicians at a national forum focused on advancing diabetes care. His participation highlighted LCHC's commitment to chronic disease management and rural healthcare advocacy.

October 2024: Clinical Pharmacy Expanded

LCHC strengthened patient care and medication safety with the addition of Clinical Pharmacist Taylor Sorrells, PharmD. This role supports medication management, chronic disease care, and collaboration with providers across clinical settings.

October 2024: Walk-In Clinic Hours Launched

To improve access and convenience for patients, LCHC Medical Clinic introduced walk-in hours. This expansion allows patients to receive timely care without an appointment, particularly for acute and same-day needs.

October 2024: Mammos & Massages

In recognition of Breast Cancer Awareness Month, LCHC promoted women's health through community education, prevention, and support initiatives. LCHC hosted the Mammos & Massages event to encourage breast health awareness and early detection. In addition, LCHC partnered with Bomgaars' annual Ladies Night fundraiser, which raised more than \$600 to support Comfort Funds for patients undergoing chemotherapy. Together, these efforts reinforced LCHC's commitment to women's health and compassionate cancer care.

January 2025: Provider Expansion

LCHC strengthened access to care by welcoming several providers across service lines. Specialty services expanded with the addition of Dr. Thomas Klein, DO, providing pain management, and Dr. Gregory Larsen, MD, offering urology services. The hospitalist team grew with Heather Worth, ARNP, enhancing coverage for inpatient and emergency department patients. In the Clinic, Cameron Storm, ARNP, completed rotations and began seeing patients independently, supporting evening hours and improved appointment availability.

April 2025: Medicare Education for Seniors

LCHC hosted a free "Welcome to Medicare" seminar to help community members better understand Medicare eligibility, enrollment, and benefits. The event supported informed healthcare decision-making for local seniors.

June 2025: Promoting Child Safety

Each summer, LCHC EMS partners with local law enforcement for the "I Was Caught" program, which rewards children for practicing safe behaviors such as wearing bike helmets. The program builds positive relationships while promoting injury prevention.

June 2025: Food Insecurity

LCHC continued its monthly Food Resource Guide, connecting residents with food pantries, free meal programs, blessing boxes, and other nutrition resources. The guide supports food security and overall community well-being.

June 2025: Community Safety

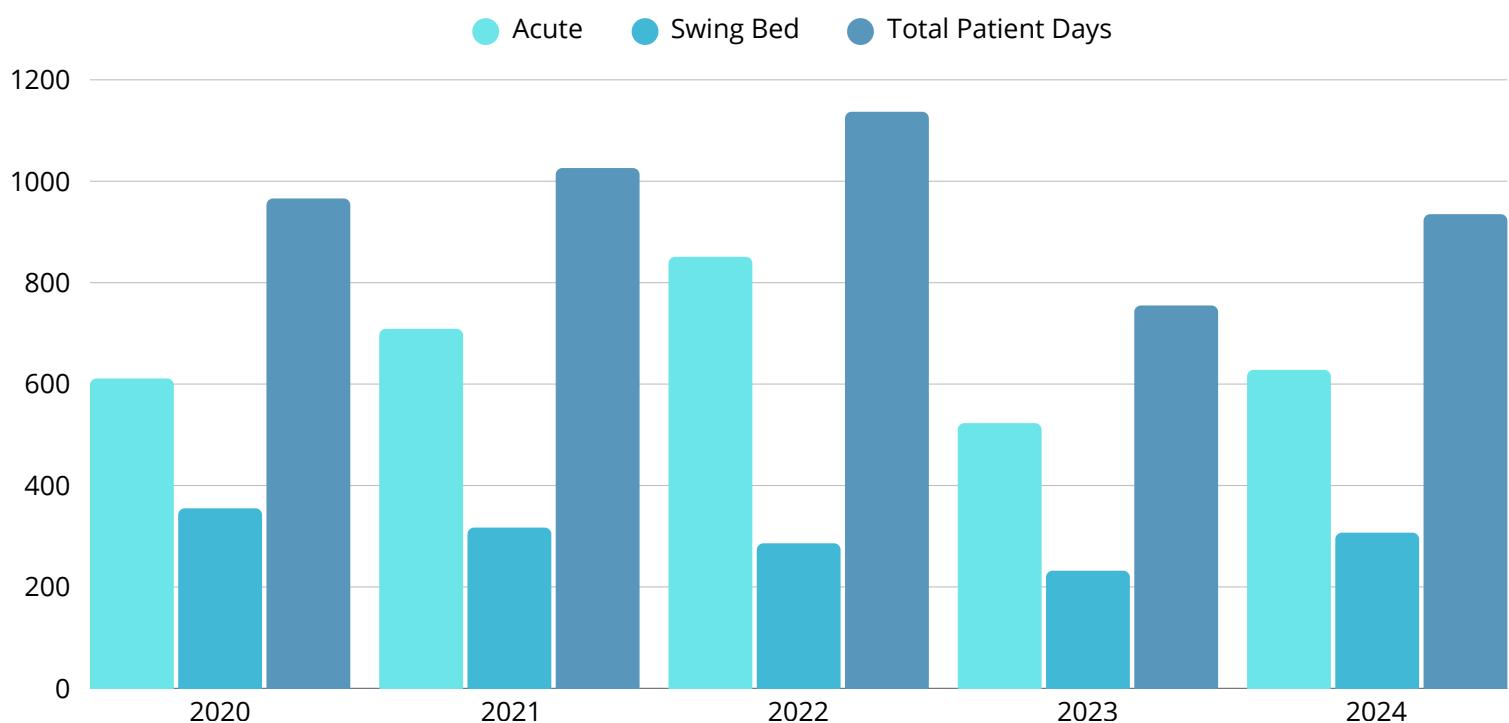
LCHC donated first aid kits to local organizations including Hope Learning Center, Little League, Iowa FBLA, and others. These donations help ensure groups are equipped to respond to minor injuries and emergencies during activities and events.

UTILIZATION OF SERVICES

During the twelve (12) month period being reported, Lucas County Health Center experienced a slight decrease in total admissions, while overall patient days increased. Acute admissions declined modestly, as did acute patient days. In contrast, Swing Bed admissions increased slightly, and Swing Bed patient days rose significantly, reflecting increased utilization of skilled care services.

Overall, total patient days increased by 4.81% compared to the prior fiscal year. While total admissions declined by 4.19%, the increased length of stay and higher utilization of Swing Bed services contributed to overall inpatient growth.

Total Patient Days (Acute/Skilled)



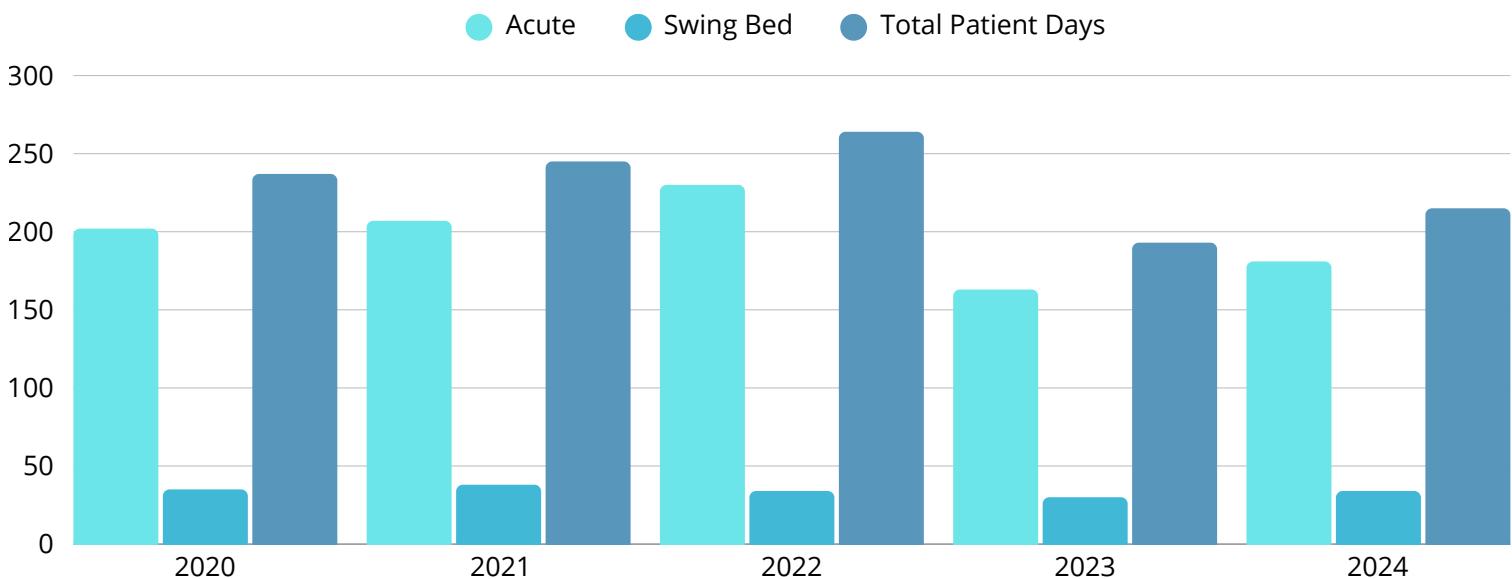
	2021	2022	2023	2024	2025	% Change 2024-2025
Acute	709	851	523	628	577	-8.12%
Swing Bed	317	286	232	307	403	31.27%
Total Patient Days	1026	1137	755	935	980	4.81%

31.3%

Swing bed patient days rose significantly by 31.27%

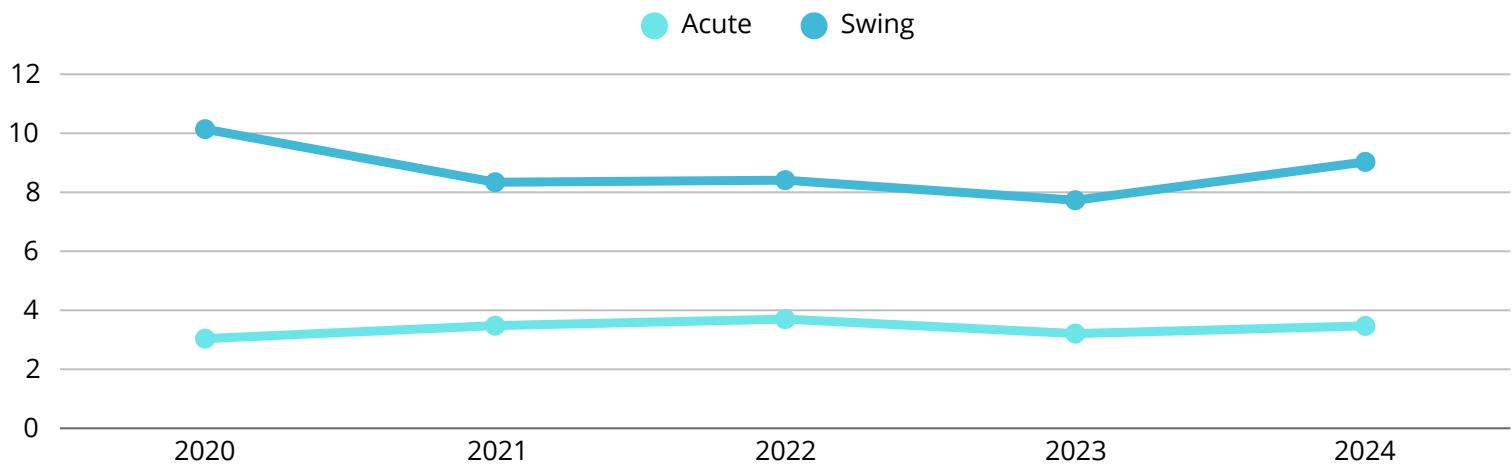
Total Admissions (Acute/Skilled)

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	2021	2022	2023	2024	2025	% Change 2024-2025
Acute	207	230	163	181	171	-5.53%
Swing Bed	38	34	30	34	35	2.94%
Total Patient Days	245	264	193	215	206	-4.19%

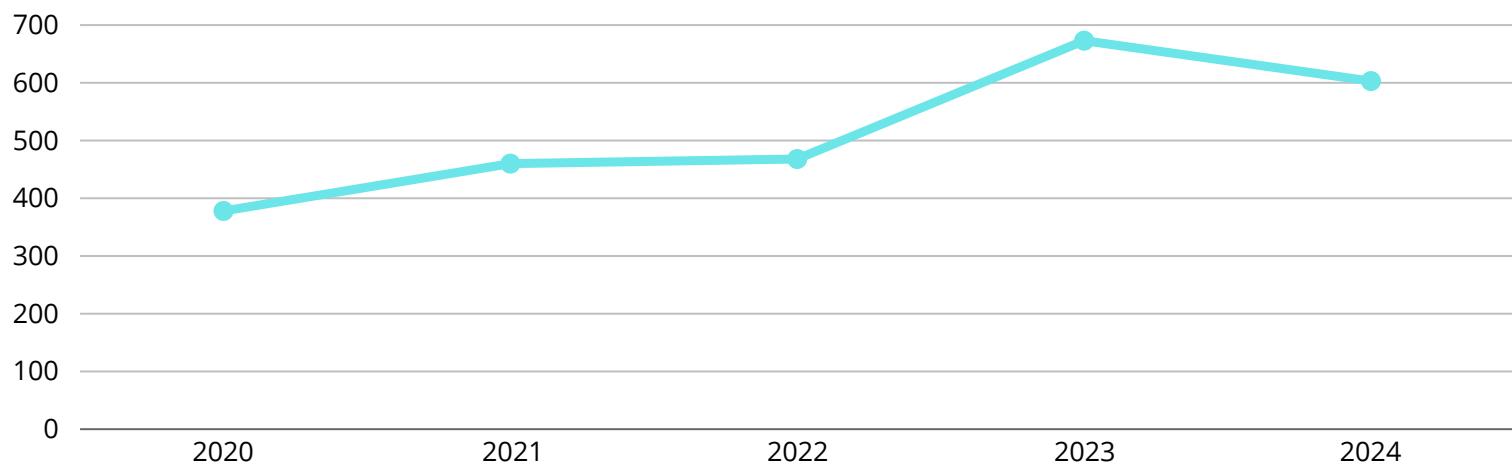
Length of Stay (Days)



	2021	2022	2023	2024	2024	% Change 2024-2025
Acute	3.48	3.7	3.21	3.47	3.47	-2.88%
Swing Bed	8.34	8.41	7.73	9.03	9.03	27.4%

Observation Patients (Patient Days)

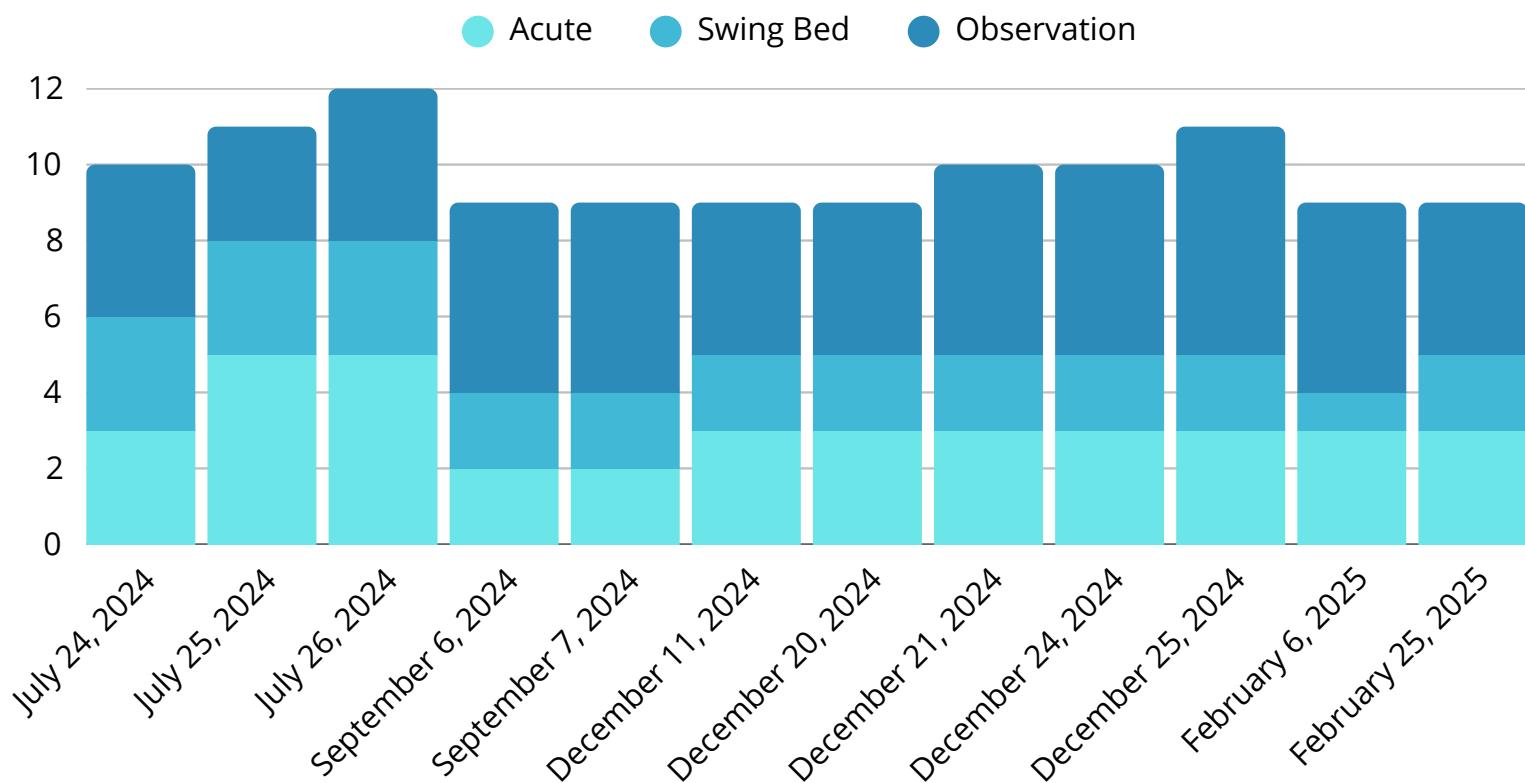
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	2021	2022	2023	2024	2025	% Change 2024-2025
Patient Days	460	468	673	603	603	2.65%

High Census Days

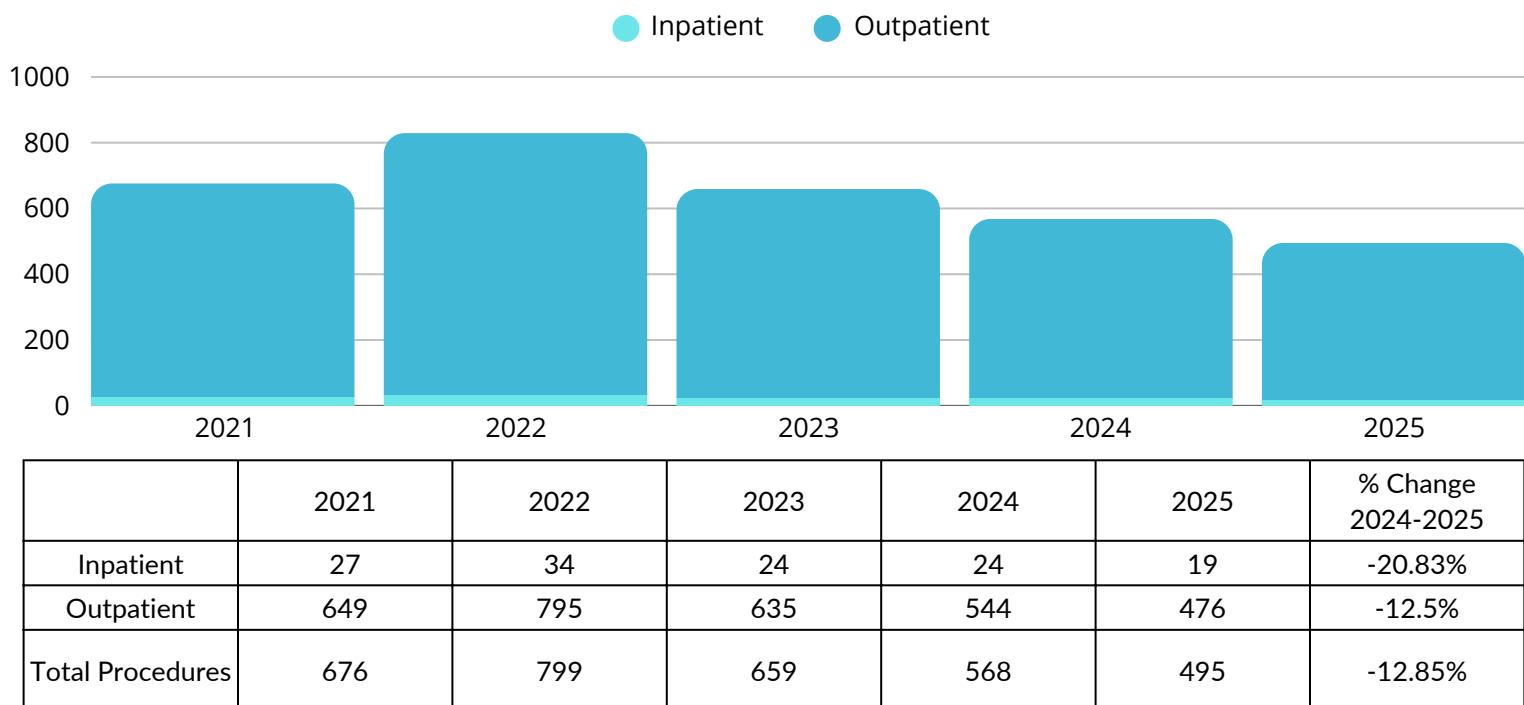
During the twelve (12) month period being reported, the following dates are the days that LCHC experienced the highest census days.



Surgery Services

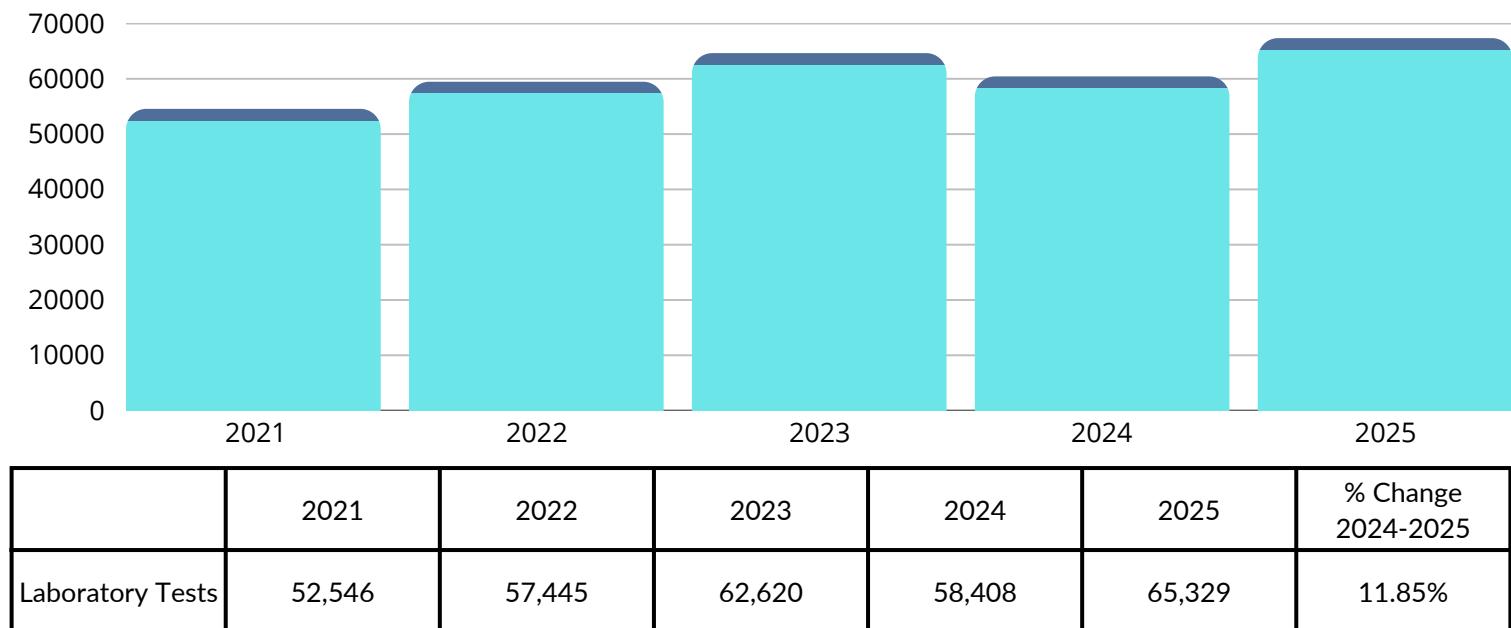
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During the twelve (12) month period being reported, inpatient surgery procedures decreased by 20.83%, while outpatient procedures declined by 12.5%. Surgical volumes were impacted by a nationwide IV fluid shortage and the discontinuation of ophthalmology services. General surgery services continued under Dr. Casey Joe, and additional opportunities for surgical growth are being explored.



Laboratory

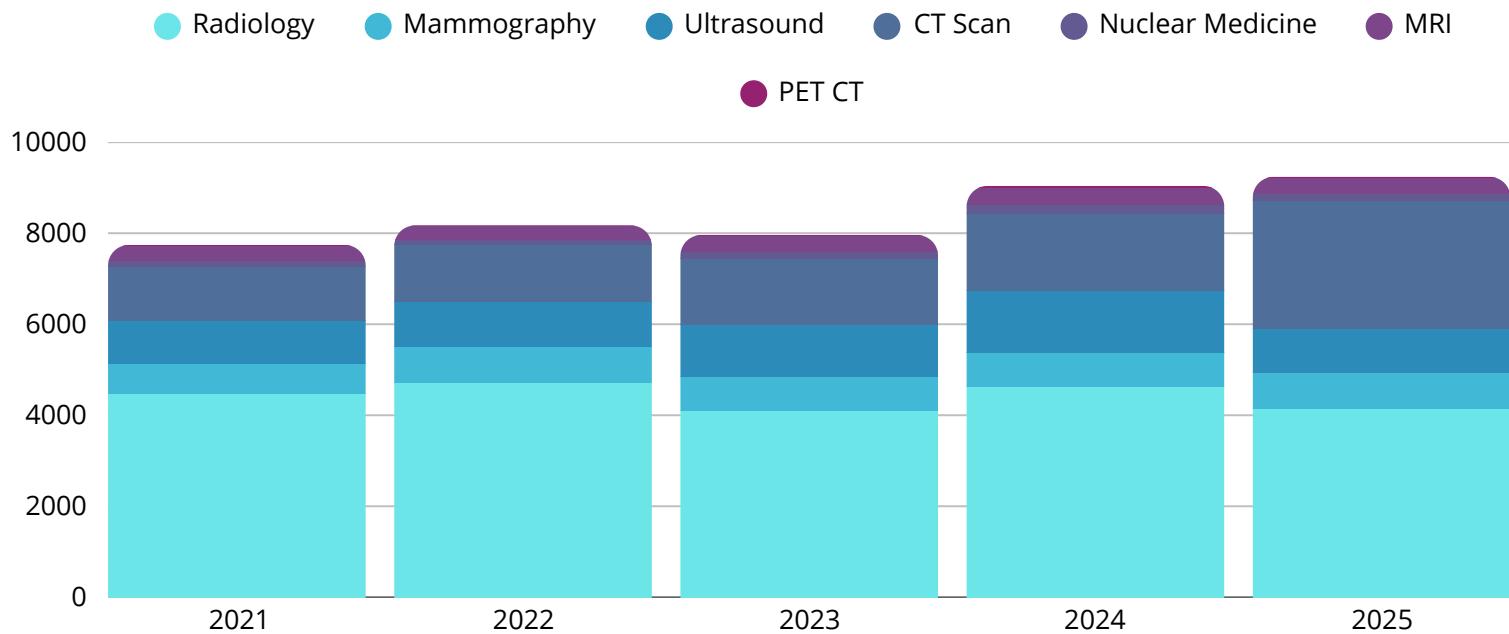
Laboratory procedures increased by 11.85% over the previous year, reaching the highest volume recorded since tracking began in 2005. LCHC continued its partnership with LifeServe Blood Center as the sole provider of blood products. The Blood Bank Agreement was reviewed and approved by the Medical Staff in June 2025.



Diagnostic Imaging

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Total diagnostic imaging procedures increased by 2.2% during the twelve (12) month period being reported. CT scans experienced the largest increase in procedure volume, while mammography showed modest growth and other imaging modalities declined. Nuclear Medicine, PET CT, and MRI services continue to be provided through contracted services, supporting access to advanced imaging for the community.



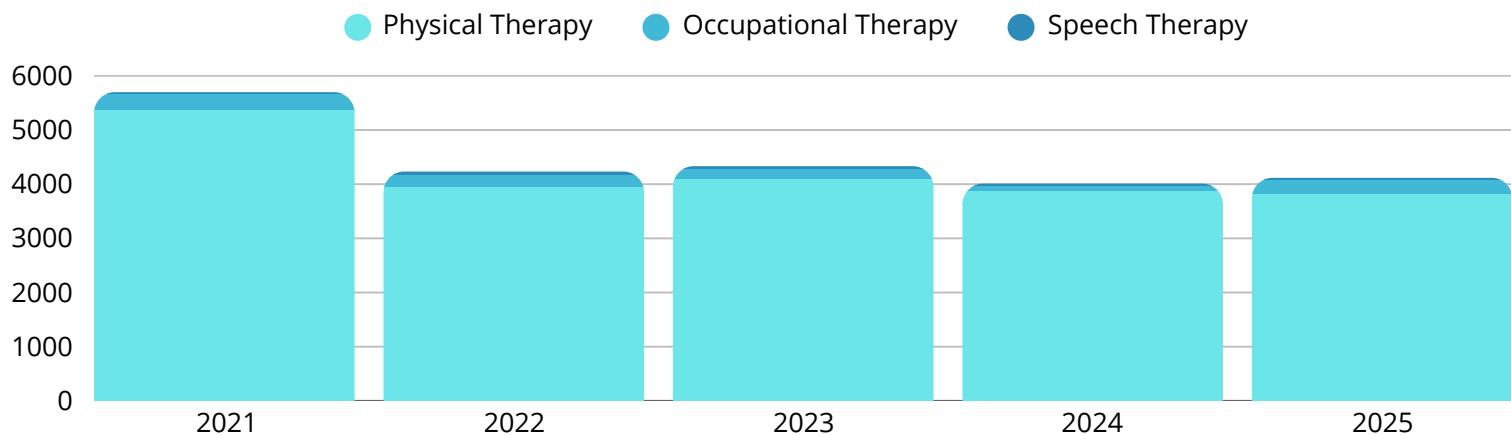
	2021	2022	2023	2024	2025	% Change 2024-2025
Radiology Procedures	4,470	4,727	4,110	4,623	4153	-10.17%
Mammography	674	774	746	761	790	3.81%
Ultrasound	932	1,009	1,138	1,351	965	-28.57%
CT Scan	1,183	1,241	1,453	1,702	2,819	65.63%
Nuclear Medicine	145	113	143	188	145	-22.87%
MRI	323	295	354	383	343	-10.44%
PET CT	13	10	14	30	22	-26.67%
Total Procedures	7,740	8,169	7,958	9,038	9,237	2.2%

Therapy Services

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During the past twelve months, Physical Therapy volumes decreased slightly by 1.29%, due in part to a Physical Therapy Assistant vacancy. Occupational Therapy volumes increased significantly by 184.44% following a change in contracted services, while Speech Therapy volumes declined by 20.93%.

The department is staffed by three physical therapists, with PRN Speech Therapy services supporting inpatient, Swing Bed, and limited outpatient care.



	2021	2022	2023	2024	2025	% Change 2024-2025
Physical Therapy	5,382	3,965	4,112	3,877	3,827	-1.29%
Occupational Therapy	292	220	183	90	256	184.44%
Speech Therapy	24	48	37	43	34	-20.93%

Infusion Therapy Services

Infusion therapy services include outpatient injections, chemotherapy infusions, and Infusaport and PICC line blood draws. During the twelve (12) month period being reported, the Infusion Clinic experienced a 13.83% increase in services compared to the prior year. This represents the highest number of infusion visits recorded since tracking began in 2005.

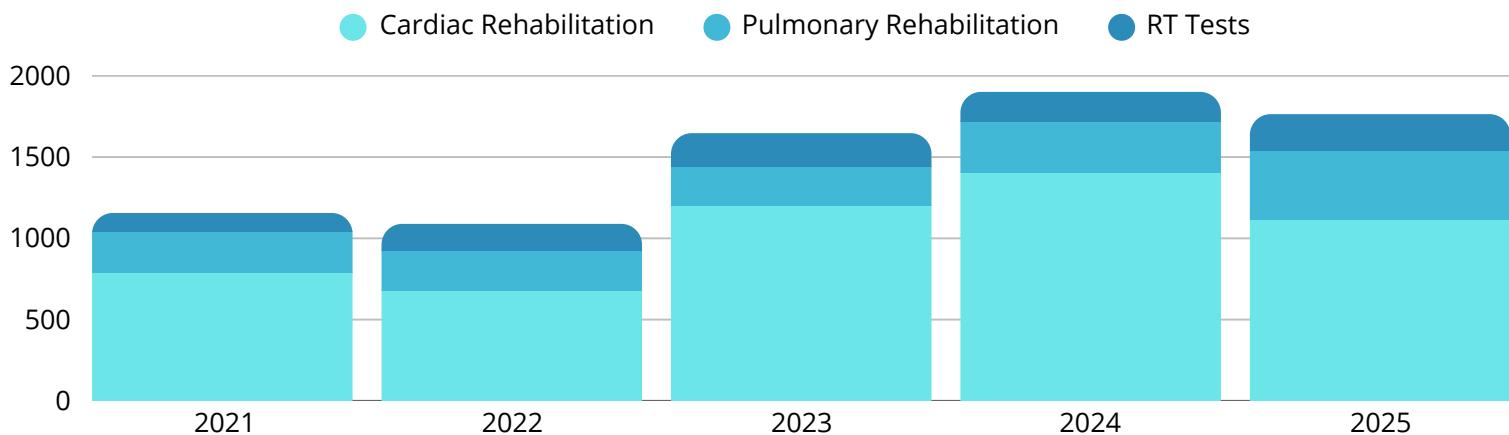


	2021	2022	2023	2024	2025	% Change 2024-2025
Infusion Therapy	1,080	1,617	1,522	1,909	2,173	13.83%

Respiratory Therapy and Cardiac/Pulmonary Rehabilitation

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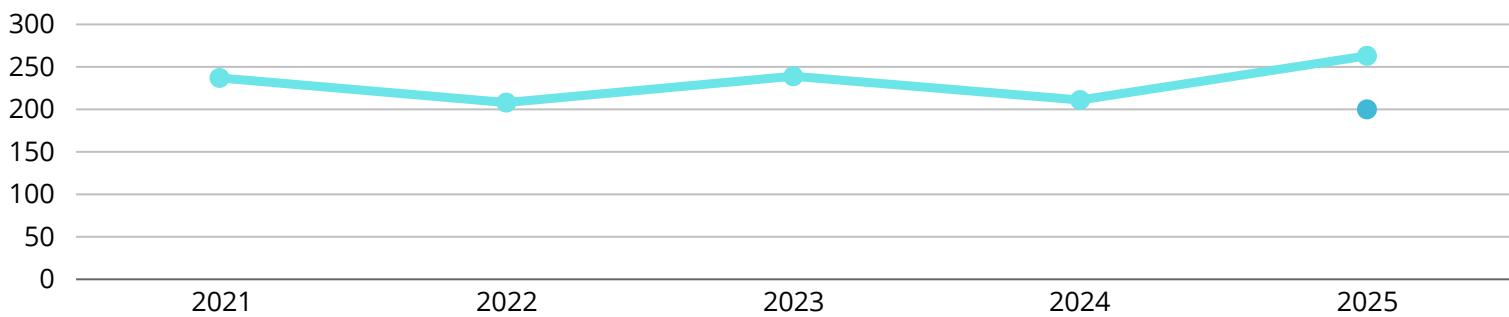
During the twelve (12) month period being reported, Cardiac Rehabilitation services decreased by 20.54% compared to the prior year, while Pulmonary Rehabilitation services increased by 36.19%. Respiratory Therapy testing increased by 20.11% and includes pulmonary function tests and sleep studies.



	2021	2022	2023	2024	2025	% Change 2024-2025
Cardiac Rehabilitation	792	680	1,203	1,402	1,114	-20.54%
Pulmonary Rehabilitation	252	245	240	315	429	36.19%
RT Tests	112	164	204	184	221	20.11%

Health Services - Diabetes Education and Clinical Pharmacy

In Fiscal Year 2025, Diabetes Education and Clinical Pharmacy were combined into a single Health Services department. Clinical Pharmacy transitioned to the hospital and began seeing patients in September 2024 under the direction of Clinical Pharmacist Taylor Sorrells. Diabetes Education services, provided one day per week by Linda Klejch, CDE, RD, continued to support patient self-management. Diabetes Education visits increased by 11.72% compared to the prior year.

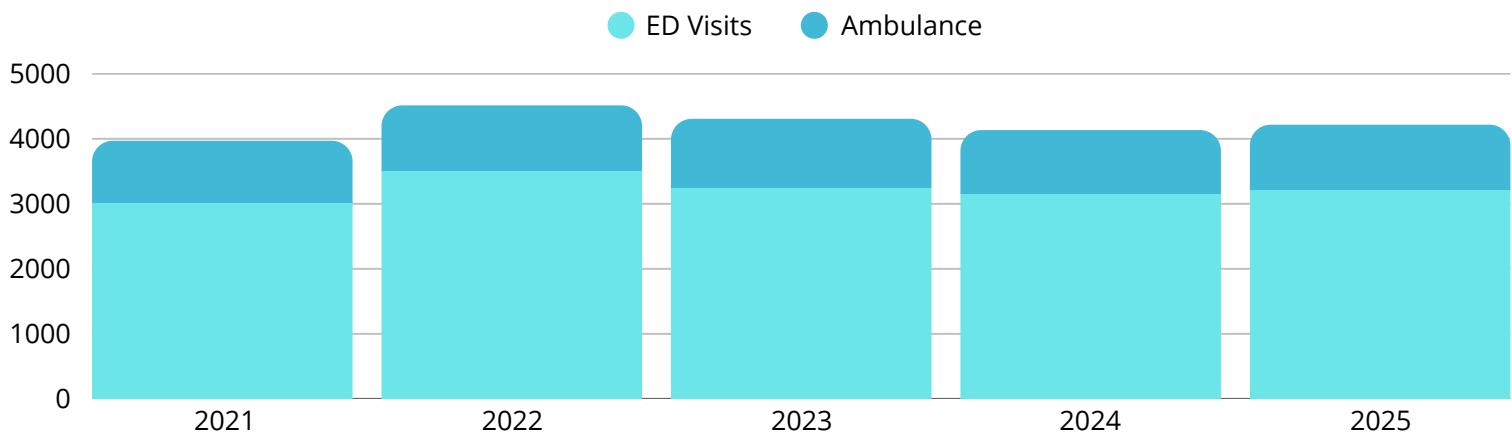


	2021	2022	2023	2024	2025	% Change 2024-2025
Diabetes Education	237	208	239	211	263	11.72%
Clinical Pharmacy	0	0	0	0	200	

Emergency Department & Ambulance Services

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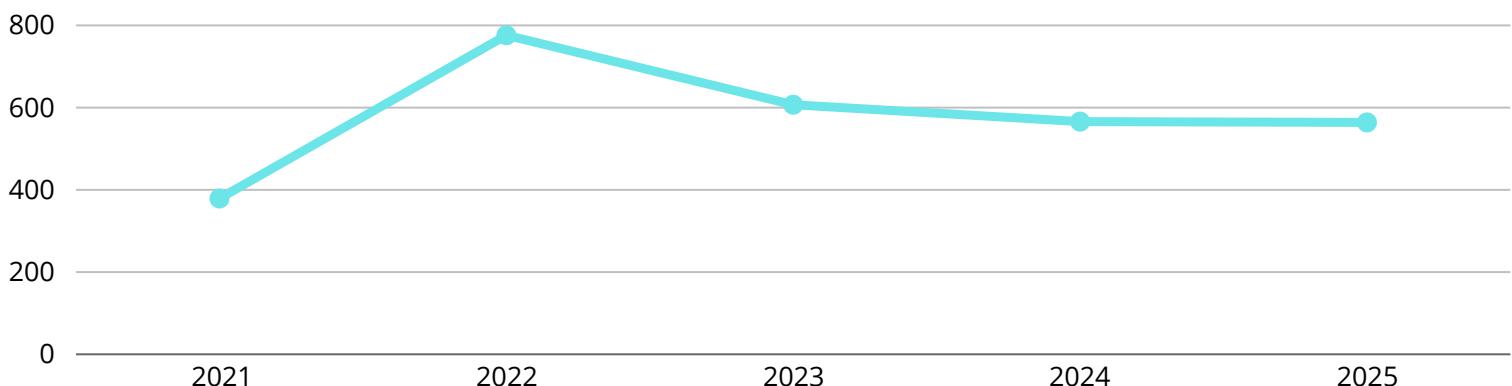
Emergency Department visits decreased by 2.86% from the prior year. Ambulance runs decreased for the 2023-2024 year by 7.70%.



	2021	2022	2023	2024	2025	% Change 2024-2025
ED Visits	3,021	3,508	3,256	3,163	3,217	1.71%
Ambulance	949	1,006	1,052	971	1,000	2.99%

Wound Care Services

The LCHC Wound Healing Clinic experienced a slight decrease of 0.35% in patient visits compared to the prior year. Wound care services continued to be provided by Dr. Sundquist and Dr. Muhm during the twelve (12) month period being reported.



	2021	2022	2023	2024	2025	% Change 2024-2025
Visits	379	776	607	566	564	-0.35%

Outpatient Specialty Services

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The Outpatient Specialty Services leases office space to providers in order to offer specialty services that otherwise would only be available in metro areas or at other healthcare facilities. Specialty providers for 2024-2025 included the following:

Ravinder Agarwal, MD	Allergy/Immunology	Ian Lin, MD	Orthopedics
Laurie Barr-Cronin	Orthotics/Prosthetics	Mason Olson, HIS	Audiology
Rodney Clark, ARNP	Dermatology	Eric Scott, MD	Vascular Surgery
Daniel Dodge, DO	Pulmonology/Sleep Medicine	Todd Troll, MD	Physical Medicine
Amerlon Enriquez, MD	Pulmonology/Sleep Medicine	Vignesh Viswanathan, MD	Nephrology
Matt Finnern, PA-C	Otorhinolaryngology (ENT)	Simon Wright, MD	Otorhinolaryngology (ENT)
AnnMarie Kinsella, HIS	Audiology		

Some Specialty Services are offered as a service out of the LCHC Medical Clinic. Those specialty providers providing services in the LCHC Medical Clinic during the 2024-2025 year included the following.

Casey Joe, MD	General Surgery	Eric Muhm, DPM	Podiatry
Thomas Klein, DO	Pain Management	Jessica Ogden, ARNP	Rheumatology
Gregory Larsen, MD	Urology	Rachel Onsrud, ARNP	Cardiology
Kelli Larson, ARNP	Cardiology	Matthew Schulte, PA-C	Oncology
Dale Lensing, MD	Gynecology	Megan Yonkovic, ARNP	Oncology
Giselle Mery, MDP	Oncology		

Summary of Utilization of CAH Services

During the period being reviewed, Lucas County Health Center experienced mixed utilization trends across service lines. Total patient days increased, driven primarily by growth in Swing Bed utilization and longer skilled lengths of stay, while total admissions declined slightly. Acute volumes decreased modestly, and observation services remained stable.

Surgical volumes declined due to external factors, while Laboratory services showed strong growth, reaching the highest volumes recorded since tracking began. Diagnostic imaging increased overall, led by significant growth in CT scans. Therapy Services reflected mixed results, with declines in Physical Therapy and Speech Therapy and substantial growth in Occupational Therapy. Pulmonary Rehabilitation, Respiratory Therapy testing, and Infusion Therapy services increased, while Cardiac Rehabilitation declined.

Diabetes Education visits increased during the reporting period following the integration of Health Services. Emergency Department visits and ambulance runs remained stable, and Wound Healing Clinic visits showed a slight decrease. Overall, Fiscal Year 2025 reflected stable utilization with growth in key service areas and continued opportunities for service line development.

QUALITY IMPROVEMENT

Lucas County Health Center maintains a comprehensive Quality Improvement (QI) program focused on patient safety, clinical effectiveness, regulatory compliance, and continuous improvement. Oversight of the program is provided by the Quality Improvement Committee, which includes physician representation, nursing leadership, quality management, and department leaders. The committee met regularly throughout Fiscal Year 2025 to review quality indicators, identify opportunities for improvement, and monitor corrective actions. Quality findings are reported to the Medical Staff and the Board of Trustees.

Clinical Monitoring

Clinical monitoring activities during FY 2025 included review of medication errors, patient falls, readmissions, trauma cases, sepsis cases, unplanned returns to the Emergency Department, and billing compliance audits. Care plan audits and transfer reviews were also conducted. Data from these reviews were used to identify trends, guide education, and implement process improvements to support safe and effective patient care.

Infection Prevention

Infection prevention remained a priority during the reporting period. All medical-surgical records were reviewed, with one catheter-associated urinary tract infection identified during FY 2025. In July 2024, LCHC implemented the Bugsy infection tracking system within Epic, improving infection surveillance, reporting accuracy, and coordination with state and national health departments. Hand hygiene compliance improved overall, supported by expanded observation efforts, staff education, and updated signage.

LCHC continued its antibiotic stewardship program in collaboration with Pharmacy and Infection Control. Antibiotic therapies were reviewed within 48 hours to assess appropriateness and continued need, with regular reporting to the Pharmacy and Therapeutics Committee.

Medical Record Reviews

Comprehensive medical record reviews were conducted across inpatient, emergency, and outpatient settings. Reviews evaluated documentation completeness, medical necessity, coding accuracy, billing compliance, and adherence to clinical standards. Chart audits supported ongoing provider education and ensured compliance with regulatory and quality requirements.

Peer Review

The peer review process at LCHC is conducted to support practitioner performance and quality of care. All providers undergo peer review during credentialing and reappointment cycles. External peer review services through UnityPoint Health-Des Moines are utilized as needed to ensure objective evaluation and consistency with network standards.

QUALITY IMPROVEMENT

EMTALA & Transfers

EMTALA compliance and transfer documentation were reviewed following patient transfers. Identified issues were addressed through staff education to ensure compliance with regulatory requirements and appropriate patient transitions.

Patient Satisfaction

Patient satisfaction is measured through follow-up phone calls and NRC Health surveys across multiple departments. Survey results, including Net Promoter Score (NPS) data, were reviewed with department leadership, Medical Staff, and the Board of Trustees. Feedback was used to identify opportunities for improvement and support a positive patient experience.

Patient Survey Data

Department	2023 NPS Score	2023 N-Size	2024 NPS Score	2024 N-Size	2025 NPS Score	2025 N Size
Med Surg	81.82	121	79.10	110	70.5	105
Cardiac Rehab	88.2	17	95.8	24	85.7	14
CT	80.8	26	86	43	91.2	57
Diabetes Education	87.5	16	100	12	68.8	16
Emergency Department	76.4	225	75.3	235	82.7	197
General Radiology	86.1	158	91.1	225	89.4	198
Lab Administration	87.7	81	86.2	87	79.4	63
Mammography	94.1	102	89.8	128	94.2	138
MRI	91.9	37	83.7	43	84.4	32
Occupational Therapy	33.3	3	50	2	100	9
Outpatient Services	94.4	54	89	73	95.4	65
Peripheral Vascular	93.9	33	82.6	23	83.4	24
Physical Therapy	92	75	91.5	94	91.2	80
Pulmonary Rehab	100	8	100	9	100	3
Respiratory Therapy	89.3	28	82.4	17	923.	13
Speech Therapy	33.3	3	33.3	3	-	-
Surgery	85.8	120	85.6	90	86.5	104
Ultrasound	88.7	71	94.1	51	93.3	59
Wound Clinic	60	5	91.7	12	90.9	11
Medical Clinic	81.9	1,272	81.6	1,349	80.9	1,402

FINANCIAL PERFORMANCE

Gross Patient Revenue

During the last fiscal year, gross patient revenue increased by 1.97%. Surgery volume was still lower than previous years, including the loss of Ophthalmology coverage.

Contractual Deductions

Overall, contractual deductions as a portion of gross patient revenue increased 3.45% during fiscal year 2025. Medicare Advantage and Blue Cross plans paid lower percentages of overall charges than previous years.

Net Income (Loss)

Lucas County Health Center's total operating income decreased \$293,488 in fiscal 2025. Total salaries and benefits increased by 11% to \$16,351,914 and total professional fees and purchased services increased 2% to \$2,814,277 in fiscal year 2025. Lucas County Health Center reported net income of \$3,041,130. Medicaid Directed Payments continued to have a significant positive impact on operations and the bottom line.

Critical Access Hospital designation is extremely important to the financial viability of Lucas County Health Center. The CAH designation allows LCHC to continue providing services to the citizens of the community, fund depreciation so that the hospital can maintain the quality of equipment/technology necessary to be competitive and support the economy of the community by employing 216 individuals.

	2021	2022	2023	2024	2025	% Change 2023-2024
Gross Patient Revenue	\$36,467,326	\$41,898,351	\$45,193,956	\$44,593,144	\$45,470,448	1.97%
Contractual Deductions	\$14,137,527	\$15,790,045	\$16,512,681	\$12,504,140	\$12,934,977	3.45%
Net Income (Loss)	\$4,595,039	\$2,525,329	\$1,153,384	\$3,332,956	\$3,041,130	-8.76%

CLINICAL COMPETENCE

Credentialing

Consistent with the CAH Network Agreement with Central Iowa Hospital Corporation (CIHC), CIHC conducts an annual review of the credentialing process for all initial applicants to the Medical Staff, as well as a random sample of at least 10% of reappointments from the past year. This review includes an audit of the credentialing plan and process to ensure compliance with the Health Center's credentialing policy.

Criteria included in the review are:

- Application
- Practice Information
- Affiliations
- Employment History
- Professional references
- Education
- Continuing Medical Education information
- License number and expiration date
- DEA number and expiration date
- CSA number and expiration date
- Board Certification (if applicable)
- Liability Insurance coverage
- National Practitioner's Data Bank
- Authorization of Release of Information
- Date of Medical Staff Review and Recommendation
- Date of Board of Trustees decision/approval
- Letter of Approval sent to the applicant

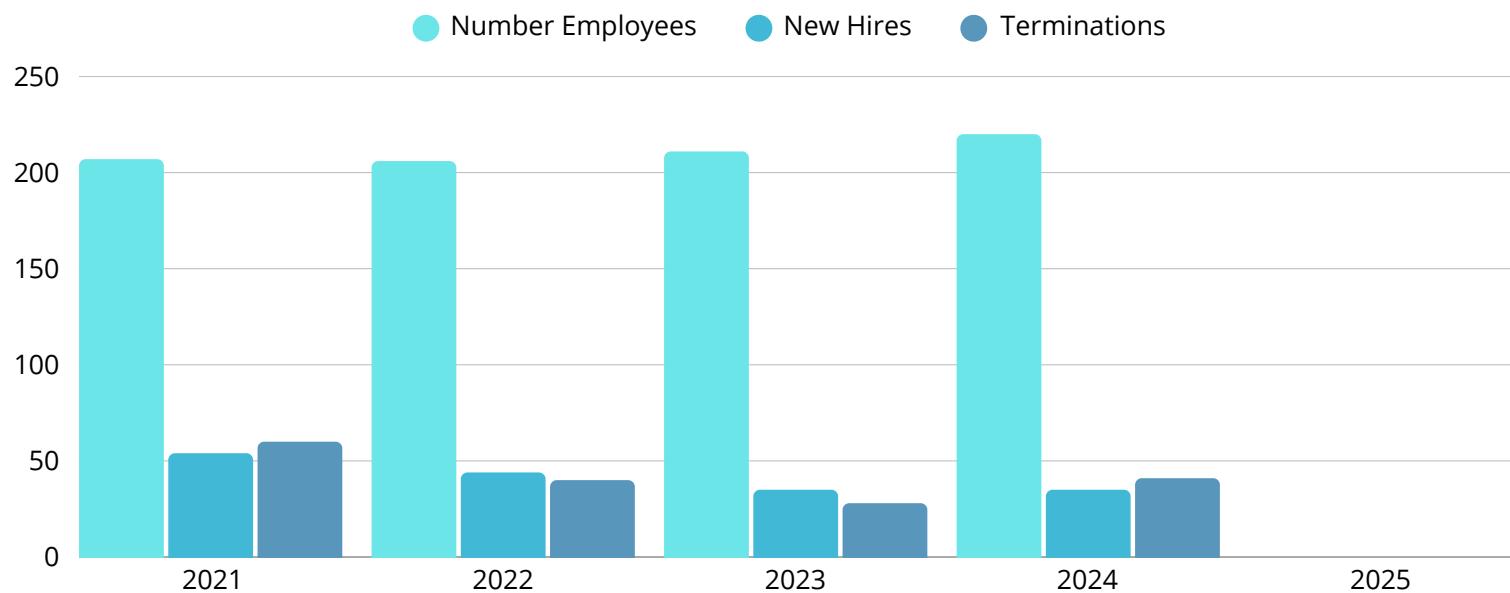
Medical Staff appointments and re-appointments are reviewed by the LCHC Medical Staff Executive Committee who recommends appropriate action, such as approval or denial, to the LCHC Board of Trustees.

Staff Competence

Specific to departments, various certifications are required but not limited to BLS, ACLS, PALS, TNCC, and cardiac monitoring. Along with these, the nursing department conducts annual competencies skills review of EMTALA, restraint use, equipment, and respiratory therapy. Mock Code Blue drills and Rapid Response Team drills are also now routinely performed. Hospital staff members complete annual training in Universal Precautions, TB, Infection Control, Fire Safety, General Safety, Customer Service, HIPAA, HAZMAT, Patient Rights & Responsibilities, Emergency Preparedness, Ergonomics, Workplace Violence, Diversity, and SDS.

HUMAN RESOURCES

As of June 30, 2025, LCHC employed 216 individuals compared to 220 one-year prior. The turnover rate increased to 17.05% from 14.19% in the previous year with 41 terminations and 39 new hires.



	2021	2022	2023	2024	2025	% Change 2023-2024
Number Employees	207	206	211	220	—	4.3%
New Hires	54	44	35	35	—	0%
Terminations	60	40	28	41	—	(46.4%)

HIPAA COMPLIANCE

Lucas County Health Center incorporates HIPAA education in annual training required for all employees. A HIPAA program has been implemented, employees trained, and the process is being continuously monitored.

PHYSICAL PLANT STANDARDS & SAFETY

Lucas County Health Center last received a Fire Marshall and Iowa Department of Inspections and Appeals recertification survey visit in October of 2020.

Routine safety programs which include biomedical equipment safety checks, electrical safety checks, routine maintenance of equipment, fire drills, tornado drills, safety inspections, emergency generator testing and sprinkler testing are completed annually or more frequently as required/recommended by code.

GOALS

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Building on a strong foundation of quality care, access, workforce stability, and community engagement, Lucas County Health Center's fiscal year 2026 goals focus on sustainable growth and long-term planning to meet the evolving needs of our community.



Strategic Direction

Implement the four year strategic plan focused on patient experience, workforce engagement, community connection, and financial stability



Access To Care

Recruit physicians and providers to strengthen access and expand specialty services



Surgical Growth

Evaluate opportunities to expand or enhance surgical specialties



Workforce Development

Develop a scholarship program for local students and staff in healthcare careers



Facilities & Equipment

Advance facility modernization and equipment upgrades



Future Growth

Finalize plans for new construction starting in Spring 2027.



People & Culture

Strengthen workforce stability and a positive, team-centered culture



Financial Sustainability

Explore new revenue opportunities and strategic partnerships