

LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

Regular Meeting of the Board of Commissioners

06/20/2023



Chelan County Public Hospital District No. 2
 Regular Meeting of the Board of Commissioners
 June 20, 2023, at 1:30pm via TEAMS
 Meeting ID: 263 126 243 784 Passcode: dkJHdr

Agenda

Mission- "To provide the highest quality healthcare with compassion and respect to the community we serve."

FI – For Information; FD – For Discussion; FM – For Motion; FA – For Acceptance; FR-For Resolution

Time	Agenda Item	Facilitator	Topic/Action
1:30	• Call to Order	J. LaPorte	
1:32	• Public Comment	J. LaPorte	
1:35	• Chair's Report	J. LaPorte	
1:40	• Consent Agenda	Commission	A. Regular Board Meeting Minutes 5/23/2023 (FA) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Finance Committee Minutes 6/15/2023 (FA)
1:50	• Reports	B. Truman A. Edwards S. Ottley	A. Financial Committee Report (FA) B. CEO Report (FI) C. Strat Plan KPI Report (FI)
2:15	• Old Business	Commission Aaron/Brant Aaron/Shawn	A. Governing Board Orientation Policy (FI) B. PTO Policy/Changes (FM) C. Facility Plan (FI,FM) a. EMS/Maintenance Steel Building
2:45	• New Business	Commission M. Murphy/J. LaPorte/A. Edwards Commission Commission/Bouten	A. Open Commissioner Position/Committee Re-assignments/Forum Recognition (FD) B. WSHA Rural Health Leadership Meeting Plan (FD) C. CEO Decision Matrix (FD) D. Board Self Evaluation (FI) E. Bouten Seismic Change Order Reclassification (FD)
3:30	• Roundtable /Action Items	Commission	
3:35	• Public Comment		
3:40	• Executive Session		A. To consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(1)(o) B. Consider the selection of a site or the acquisition of real estate by lease or purchase RCW 42.30.110 (1)(b) C. Evaluate the qualifications of a candidate for appointment to elective office. RCW 42.30.110(1)(h) D. Evaluate the performance of a public employee. RCW 42.30.110(1)(g)
4:30	• Credentialing	T. Bradley/B. McCracken	A. Med Staff Report & Credentialing (FM)
4:45	• Adjournment		

Board Calendar Reminders:

6/29/2023	Compliance, Privacy, & Risk Committee	Bragg Room	11am- 12pm
7/7/2023	Facility Planning (JJCA)	Bragg Room	9 am - 12 pm
7/13/2023	Med Staff	Bragg Room/ TEAMS	7 am – 8 am
7/13/2023	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
7/20/23	Finance Committee	Bragg Room/ TEAMS	9 am – 10 am
7/25/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm
8/2/2023	Compliance, Privacy, & Risk Committee	Bragg Room	11 am – 12 pm
8/10/2023	Med Staff	Bragg Room/ TEAMS	7:15 am – 9 am
8/10/2023	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
8/17/2023	Finance Committee	Bragg Room/ TEAMS	9 am – 10 am
8/22/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm
9/6/2023	Compliance, Privacy, & Risk Committee	Bragg Room	11 am – 12 pm
9/14/2023	Med Staff	Bragg Room/ TEAMS	7:15 am – 9 am
9/14/2023	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
9/21/2023	Finance Committee	Bragg Room/ TEAMS	11 am – 12 pm
9/21/2023	Community Forum	Sr. Center?	5:30 pm
9/26/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm



Chelan County Public Hospital District No. 2
Regular Meeting of the Board of Commissioners
Meeting Minutes 5/23/25 2023 1:30 pm in person and via Microsoft TEAMS

Commission Attendance:

(not present present)

Mary Murphy, Secretary
 Jordana LaPorte, Chair

Doug Gibson
 Mary Signorelli

Lori Withrow, Vice Chair

Staff Participants: A. Edwards, B. Truman, S. Ottley, L. Sahlinger, B. McCracken, S. Nau, A. Benegas, J. Phetteplace, T. Bradley

Guests: T. Harberd

Community Members: P. Gleasman, Lake Chelan Mirror, J Minnock

Recorder: Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at pm and recited the mission statement. • Removal of Executive Session RCW 42.30.110(1)(I) from the agenda
2. Public Comment	<ul style="list-style-type: none"> • No public comment
3. Chair's Report	<ul style="list-style-type: none"> • May is Healthcare month (Hospital Week, Nurse Week, EMS Week) • Thank you to all who have shared education regarding the TIF
4. Residency Report	<ul style="list-style-type: none"> • T. Harberd presented a power point with the graduating, current, and upcoming residents.
5. Consent Agenda	<ul style="list-style-type: none"> • Change Governing Minutes to state 'Minutes'. • M. Signorelli motioned to approve the Consent Agenda with the above edits, seconded, motion approved.
6. Reports	<ul style="list-style-type: none"> • B. Truman presented April's unaudited Finance Report <ul style="list-style-type: none"> ○ D. Gibson motioned to accept the Finance Report, seconded, motion approved. • Finance continues to work with the USDA regarding document for the new hospital loan • L. Sahlinger educated the Board regarding ISO 9001
7. Old Business	<ul style="list-style-type: none"> • Community Forum is set for 2 times a year <ul style="list-style-type: none"> ○ Completed: January 2023 ○ Upcoming: September 21, 2023 • L. Withrow motioned to accept the Board Alternate Participant on Committees as policy, seconded, motion approved • Facilities update: <ul style="list-style-type: none"> ○ LCH is compliant for the Ecology grant, ○ The yard sale liquidation was a success with a considerable cost savings in reduction of dump runs <ul style="list-style-type: none"> ▪ Agreement to allocate the yard sale income to the Employee Recognition funds. ○ Highland Campus building improvements ongoing from Leaser ○ The three large Weagant paintings have been appraised. ○ Admin will be sending out RFQ's for the upcoming EMS design building. ○ Bouten punch and warranty issues regarding landscaping are scheduled to start in a

	<ul style="list-style-type: none"> ○ couple weeks. ○ HVAC is issue free for 12 days (ongoing monitoring). ● LCH 75th Anniversary is to be celebrated on August 9th, 11am – 1pm. ● S. Ottley presented a mockup of the Board KPI Dashboard to be presented quarterly ● Risk Assessment to set up with Compliance, focusing on policy updates regarding HIPPA, compliance, privacy, etc. <ul style="list-style-type: none"> ○ Currently evaluating tools to track compliance and event concerns internally and externally. ○ The board will take turns attending the committee meeting until a formal assignment is given. ● City Council meeting today with the TIF as an agenda item. <ul style="list-style-type: none"> ○ Small group break out (Brant, 2 Board Members) to create questions for the meeting today.
8. New Business	<ul style="list-style-type: none"> ● Marlena Morningstar, LCH employee received the North Central Washington Nurse of the Year for Excellence in Clinical Practice ● S. Ottley accepted into the UW Executive Program ● A. Edwards, 1 year CEO anniversary in April
9. Roundtable/Action Items	<ul style="list-style-type: none"> ● M. Signorelli to secure the Sr. Center for Community Forum on September 21, 2023 ● Executive Assistant to secure July 7th for JJCA to present to the Board the Facility Plan ● Executive Assistant to add link to the Strat Plan X Matrix in the BOC Sharepoint ● L. Sahlinger to invite D. Gibson to the June 7th Compliance, Privacy, & Risk meeting
10. Public Comment	<ul style="list-style-type: none"> ● No public comment
11. Executive Session	<ul style="list-style-type: none"> ● 4:15 J. LaPorte announced Executive Session for 25 minutes to discuss To consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(o), Quality and Compliance Reports. RCW 70.41.205(2) and RCW 42.30.110 (o), Consider the selection of a site or the acquisition of real estate by lease or purchase RCW 42.30.110 (1)(b), Evaluate the performance of a public employee. RCW 42.30.110(1)(g). ● L. Withrow extends session 15 minutes ● L. Withrow extends session 10 minutes
12. Credentialing	<ul style="list-style-type: none"> ● M. Signorelli verified all credential files are complete for the proposed list of providers and motioned to approve the full list of provisional status to full membership, reappointments, and removal as presented by B. McCracken and T. Bradley, seconded, motion passed.
13. Adjournment	<ul style="list-style-type: none"> ● The meeting was adjourned at 5:10pm

Attest:

M. Murphy, Board Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	BOARD MTG -JUNE 2023	<i>NEW HOSPT AMNT FROM CKRN</i>	WARRANT#'S PAYROLL	AMOUNT	
231954-232029	\$ 328,567.74			DIRECT DEPOSIT	\$ 434,900.90	5/6/2023
232030-232107	\$ 419,419.71	wasted cks 232062,232085&232106		DIRECT DEPOSIT	\$ 456,697.46	5/20/2023
232108-232155	\$ 187,332.83			CK# 77497	\$ 6,359.90	5/6/2023
				DIRECT DEPOSIT	\$ 467,589.05	6/3/2023
	\$ 935,320.28				\$ 1,365,547.31	

May 2023 Hospital Bad Debt

\$(54,345.29) NET
\$(49,599.15) GROSS

May 2023 Hospital Charity Care

\$(32,150.52) NET
\$(31,721.63) GROSS

Lake Chelan Community Hospital
Vouchers/Warrants Register Approval

Payroll Period Ending: _____

Date: 5/18/2023

Accounts Payable

Vouchers: 231954

232029

VOIDED CKS: _____

Amount: \$ \$328,567.74

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair


Vice Chair

Secretary

Member

Member

Attest: _____
Administrator

**Lake Chelan Community Hospital
Vouchers/Warrants Register Approval**

Payroll Period Ending: _____

Date: 5/25/2023

Accounts Payable

Vouchers: 232030 232107

WASTED CKS: 232065, 232085 & 232106 Amount: \$ \$419,419.71

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair

[Signature] 6-8-23

Vice Chair

Secretary

Member

Member

Attest: _____
Administrator

Lake Chelan Community Hospital
Vouchers/Warrants Register Approval

X

Payroll Period Ending: _____

Date: 6/2/2023

Accounts Payable

Vouchers: 232108

232155

WASTED CKS: _____

Amount: \$ \$187,332.83

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair

for W. Alan 6-8-23

Vice Chair

Secretary

Member

Member

Attest: _____
Administrator

Lake Chelan Community Hospital
Vouchers/Warrants Register Approval

✓

✓ Payroll Period Ending 5/6/2023

Date: 5/10/2023

Accounts Payable

VOUCHER: DIRECT

DEPOSIT

WARRANT: _____

Voided Warrant : _____

Amount: \$ 434,900.90

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair


Vice Chair

Secretary

Member

Member

Attest: _____
Administrator

Lake Chelan Community Hospital
Vouchers/Warrants Register Approval

X

✓ Payroll Period Ending 5/20/2023

Date: 5/24/2023

Accounts Payable

VOUCHER: DIRECT DEPOSIT

WARRANT: _____

Voided Warrant : _____ Amount: \$ 456,697.46

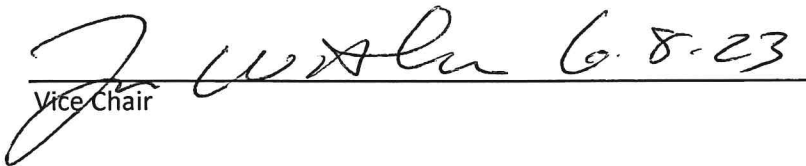
I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair

 6.8.23

Vice Chair

Secretary

Member

Member

Attest: _____
Administrator

Lake Chelan Community Hospital
Vouchers/Warrants Register Approval

X

✓ Payroll Period Ending 5/6/2023

Date: 5/12/2023

Accounts Payable

VOUCHER:

WARRANT:

77497

77497

Voided Warrant :

Amount: \$

6,359.90

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair

Ju Chen 6.8.23
Vice Chair

Secretary

Member

Member

Attest:

[Signature]
Administrator

5/31/23

Lake Chelan Community Hospital
Vouchers/Warrants Register Approval

X

✓ Payroll Period Ending 6/3/2023

Date: 6/7/2023

Accounts Payable

VOUCHER: DIRECT DEPOSIT

WARRANT: _____

Voided Warrant : _____ Amount: \$ 467,589.05

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described on the payment vouchers and as listed on the attached register. I further certify that the claims are just, due, and an obligation against the Hospital, and that I am authorized and certify to said claims.

Board Approval

The vouchers, which are listed on the attached register, have been duly examined and are hereby allowed by the Governing Board at a regular meeting thereof; the following members being present and voting in the affirmative:

Date: _____

Chair

John W. Wilson 6-8-23
Vice Chair

Secretary

Member

Member

Attest: _____
Administrator



MINUTES

Group: Finance Committee 06/15/2023 at 9:00 AM in person and via Teams		
Facilitator: Jordana LaPorte		Recorder: Wendy Kenck
Member Attendance:		
<input checked="" type="checkbox"/> Lori Withrow, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO/CNO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Jordana Laporte, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
Participants: Sam Nau, Vickie Bodle,		

FI – For Information; FD – For Discussion; FR – For Recommendation

<i>Agenda Item</i>	<i>Topic/Action</i>
1. Call to Order	J LaPorte called the meeting to order at 9:05 am
2. New Business	<ul style="list-style-type: none"> • The committee recommend reviewing the PTO pay at the June Board meeting. • The Finance team is reviewing the Budget Process for ways to improve the process and tracking. • B. Truman presented a company credit card option using the company Brexa. <ul style="list-style-type: none"> ○ There is a \$10/mo. charge per card with no interest rate charge. ○ Minimal employees would be assigned a card for company use only. ○ Offers better tracking and accountability for purchases over the current process.
3. Old Business	<ul style="list-style-type: none"> • Vickie will finalize the documents to add signories to the North Cascade Bank account. • LCH has completed the paperwork for the New Hospital Financing and is waiting on the USDA • Pausing the retirement plan transition to National until the IRS discrepancy regarding the 501c3 status has been resolved.
4. Reports	<ul style="list-style-type: none"> • V. Bodle presented May’s Financial Statement (unaudited) and the AR Aging Report • Sam provided an update on the current Rev Cycle data.
5. Adjournment	J. LaPorte adjourned the meeting at 11:03 am



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended May 31, 2023

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Balance Sheet
Lake Chelan Health

	Current Month 5/31/2023 <u>unaudited</u>	Prior Year 12/31/2022 <u>Unaudited</u>	Prior Year 5/31/2022 <u>Unaudited</u>
ASSETS:			
CASH	495,336	\$ 435,358	\$ 362,697
PATIENT RECEIVABLES	7,715,097	7,401,256	\$ 6,409,727
LESS: RESERVES FOR ALLOWANCES	<u>(4,173,913)</u>	<u>(3,869,685)</u>	<u>\$ (3,442,309)</u>
NET PATIENT ACCOUNTS RECEIVABLES	3,541,184	3,531,571	2,967,418
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	(788,767)	(864,107)	(1,228,275)
OTHER RECEIVABLES	438,006	949,560	12,647,720
INVENTORIES	230,227	230,102	214,538
PREPAID EXPENSES	<u>260,597</u>	<u>231,742</u>	<u>304,932</u>
TOTAL CURRENT ASSETS	<u>\$ 4,176,582</u>	<u>\$ 4,514,226</u>	<u>\$ 15,271,030</u>
GENERAL RESERVES	\$ 1,611,931	1,157,151	\$ 1,892,322
Unrestricted Reserves	\$ 3,659,258	4,007,377	\$ 1,639,326
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	30	\$ -
USDA 2023 / SBA Payroll Protection 2022 - Restricted	136,800	0	\$ 2,002,605
CMS Advanced Payments	<u>110,978</u>	<u>0</u>	<u>\$ 73,611</u>
TOTAL LIMITED USE ASSETS	<u>\$ 9,658,491</u>	<u>\$ 9,304,083</u>	<u>\$ 9,547,388</u>
LAND	\$ 4,787,901	4,787,901	\$ 4,787,901
LAND IMPROVEMENTS	5,141,340	5,141,340	\$ 5,141,340
BUILDINGS & IMPROVEMENTS	986,252	986,252	\$ 986,252
EQUIPMENT	8,881,734	8,763,791	\$ 7,286,691
SOFTWARE	2,159,033	2,159,033	\$ 2,139,204
CONSTRUCTION-IN-PROGRESS - NEW HOSPITAL	43,811,954	43,267,771	\$ 30,609,008
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>9,290</u>	<u>18,290</u>	<u>\$ 444,081</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	65,777,504	65,124,378	\$ 51,394,478
LESS: ACCUMULATED DEPRECIATION	<u>(15,235,187)</u>	<u>(14,416,593)</u>	<u>\$ (14,007,518)</u>
NET PROPERTY, PLANT, & EQUIPMENT	\$ 50,542,318	\$ 50,707,785	\$ 37,386,960
DEFERRED ITEMS	2,932,791	2,940,818	\$ 1,472,986
TOTAL ASSETS	<u>\$ 67,310,181</u>	<u>\$ 67,466,912</u>	<u>\$ 63,678,363</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 505,747	1,272,800	3,445,263
ACCRUED PAYROLL	451,013	544,965	361,890
ACCRUED VACATION/HOLIDAY/SICK PAY	491,025	511,412	480,387
PAYROLL TAXES PAYABLE	37,721	44,673	29,425
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	-	0	0
OTHER CURRENT LIABILITIES	559,926	435,636	238,516
INTEREST PAYABLE	561,169	95,395	439,853
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,001,831	620,000	570,000
LINE OF CREDIT	0	0	0
SBA Payroll Protection	0	0	0
CMS Advanced Payments	0	0	73,611
CMS Stimulus	<u>0</u>	<u>1,514,370</u>	<u>1,514,370</u>
TOTAL CURRENT LIABILITIES	<u>\$ 3,612,431</u>	<u>\$ 5,039,351</u>	<u>\$ 7,153,316</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 19,022,585	19,026,399	19,296,145
2013 BONDS	5,020,271	5,018,123	5,370,115
USDA LOANS	19,254,990	19,808,650	19,776,000
LEASES	1,345,941	1,365,096	536,033
PAID LEAVE - LT PORTION	<u>304,376</u>	<u>299,828</u>	<u>299,828</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 44,948,163</u>	<u>\$ 45,518,095</u>	<u>\$ 45,278,121</u>
DEFERRED ITEMS	\$ 3,914,454	3,914,454	2,306,332
TOTAL LIABILITIES	<u>\$ 52,475,048</u>	<u>\$ 54,471,900</u>	<u>\$ 54,737,768</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 14,697,629	10,915,592	9,499,423
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>137,505</u>	<u>2,079,419</u>	<u>(558,828)</u>
TOTAL NET ASSETS	<u>\$ 14,835,134</u>	<u>\$ 12,995,012</u>	<u>\$ 8,940,595</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 67,310,181</u>	<u>\$ 67,466,912</u>	<u>\$ 63,678,363</u>

Statement of Revenue and Expense

Lake Chelan Health

For the month ended May 31, 2023

	CURRENT MONTH				Prior Year 05/31/22
	Actual 05/31/23	Budget 05/31/23	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 417,318	\$ 683,226	(265,908)	-39%	\$ 576,637
OUTPATIENT	3,996,256	3,322,264	673,992	20%	2,825,671
TOTAL PATIENT SERVICE REVENUES	<u>4,413,574</u>	<u>4,005,490</u>	<u>408,084</u>	10%	<u>3,402,307</u>
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(1,643,707)	(1,596,138)	(47,569)	-3%	(1,583,625)
	37.2%	39.8%			46.5%
NET PATIENT SERVICE REVENUES	<u>2,769,867</u>	<u>2,409,352</u>	<u>360,515</u>	15%	<u>1,818,683</u>
OTHER OPERATING REVENUES	<u>30,015</u>	<u>19,402</u>	<u>10,613</u>	55%	<u>5,932</u>
TOTAL OPERATING REVENUES	2,799,883	2,428,754	371,129		1,824,614
OPERATING EXPENSES					
SALARIES/WAGES	1,402,765	1,354,724	(48,041)	-4%	1,293,764
EMPLOYEE BENEFITS	303,021	299,916	(3,105)	-1%	290,302
PROFESSIONAL SERVICES	137,459	77,758	(59,701)	-77%	95,108
FOOD SUPPLIES	15,816	14,349	(1,467)	-10%	15,942
MINOR EQUIPMENT	5,977	11,760	5,783	49%	2,229
SUPPLIES	195,437	153,519	(41,918)	-27%	181,870
PLANT UTILITIES	26,064	43,253	17,189	40%	15,866
PURCHASED SERVICES	319,668	253,707	(65,961)	-26%	202,792
REPAIR/MAINTENANCE	89,972	76,892	(13,080)	-17%	70,676
PUBLIC RELATIONS/RECRUITM	25,209	7,770	(17,439)	-224%	14,313
RENT/LEASES	65,231	28,616	(36,615)	-128%	39,025
INSURANCE	25,326	34,003	8,677	26%	21,729
LICENSES/TAXES	24,678	14,684	(9,994)	-68%	5,681
DUES/SUBSCRIPTIONS/OTHER	42,369	38,350	(4,019)	-10%	27,002
TRAVEL/TRAINING	8,620	15,567	6,947	45%	10,428
DEPRECIATION	233,777	240,569	6,792	3%	56,660
TOTAL OPERATING EXPENSES	<u>2,921,389</u>	<u>2,665,437</u>	<u>(255,952)</u>	-9.6%	<u>2,343,389</u>
NET OPERATING SURPLUS (LOSS)	(121,506)	(236,683)	115,177		(518,775)
NON-OPERATING REVENUES	202,055	169,292	32,763		233,996
Included in Non Operating Revenue:					
GIFTS/GRANTS	57,731	0	57,731		0
NET INCOME	<u>138,280</u>	<u>(67,391)</u>	<u>205,671</u>		<u>(284,778)</u>
margin	4.9%	-2.8%			-15.6%
TOTAL NET INCOME (LOSS)	\$ 138,280	\$ (67,391)	205,671		\$ (284,778)

Statement of Revenue and Expense Lake Chelan Health

For the month ended May 31, 2023

	YEAR-TO-DATE				Prior Year 05/31/22
	Actual 05/31/23	Budget 05/31/23	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 3,030,188	\$ 2,866,755	163,433	6%	\$ 2,917,447
OUTPATIENT	16,760,986	13,939,934	2,821,052	20%	11,358,342
TOTAL PATIENT SERVICE REVENUES	<u>19,791,174</u>	<u>16,806,689</u>	<u>2,984,485</u>	18%	<u>14,275,789</u>
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(7,904,872)	(6,697,256)	(1,207,616)	-18%	(6,857,774)
	39.9%	39.8%			48.0%
NET PATIENT SERVICE REVENUES	<u>11,886,302</u>	<u>10,109,433</u>	<u>1,776,869</u>	18%	<u>7,418,015</u>
OTHER OPERATING REVENUES	90,862	97,010	(6,148)	-6%	158,014
TOTAL OPERATING REVENUES	<u>11,977,164</u>	<u>10,206,443</u>	<u>1,770,721</u>	17%	<u>7,576,029</u>
OPERATING EXPENSES					
SALARIES/WAGES	6,639,701	6,598,817	(40,884)	-1%	6,124,611
EMPLOYEE BENEFITS	1,452,961	1,460,881	7,920	1%	1,295,834
PROFESSIONAL SERVICES	451,059	388,790	(62,269)	-16%	414,049
FOOD SUPPLIES	70,954	71,745	791	1%	65,740
MINOR EQUIPMENT	31,327	58,800	27,473	47%	17,861
SUPPLIES	846,707	644,153	(202,554)	-31%	616,453
PLANT UTILITIES	166,577	216,265	49,688	23%	91,216
PURCHASED SERVICES	1,442,128	1,268,535	(173,593)	-14%	1,303,099
REPAIR/MAINTENANCE	378,540	384,460	5,920	2%	336,144
PUBLIC RELATIONS/RECRUITMENT	51,028	38,850	(12,178)	-31%	201,808
RENT/LEASES	227,906	143,080	(84,826)	-59%	198,532
INSURANCE	139,652	170,015	30,363	18%	161,308
LICENSES/TAXES	77,845	73,420	(4,425)	-6%	43,682
DUES/SUBSCRIPTIONS/OTHER	170,954	191,750	20,796	11%	183,979
TRAVEL/TRAINING	28,067	77,835	49,768	64%	41,897
DEPRECIATION	1,152,913	1,202,845	49,932	4%	292,336
TOTAL OPERATING EXPENSES	<u>13,328,319</u>	<u>12,990,241</u>	<u>(338,078)</u>	-2.6%	<u>11,388,548</u>
NET OPERATING SURPLUS (LOSS)	(1,351,155)	(2,783,798)	1,432,643		(3,812,519)
NON-OPERATING REVENUES	995,550	846,460	149,090		1,253,690
Included in Non Operating Revenue:	0		0		0
GIFTS/GRANTS	493,108	0	493,108		2,000,000
NET INCOME margin	<u>137,504</u> 1.1%	<u>(1,937,338)</u> -19.0%	<u>2,074,842</u>		<u>(558,829)</u> -7.4%
TOTAL NET INCOME (LOSS)	\$ 137,504	\$ (1,937,338)	\$ 2,074,842		\$ (558,829)

Patient Statistics

Lake Chelan Health

For the month ended May 31, 2023

<u>05/31/23</u>	YTD		<u>05/31/22</u>	YTD
		Restricted Days Cash-on-Hand (USDA requirement)		
2				
51		Internally Restricted	84	
72		Unrestricted Days Cash-on-Hand	50	
43		Net AR Days	58	
1.69	1.7	Debt Coverage Ratio	-0.25	
180.9		Payroll FTEs	172.9	
Current Month			Year-To-Date	
Actual	Prior Year		Actual	Prior Year
<u>05/31/23</u>	<u>05/31/22</u>	STATISTICS	<u>05/31/23</u>	<u>05/31/22</u>
11	17	medical	89	92
0	0	surgical	0	0
8	4	OB	42	37
19	21	Acute	131	129
7	8	Swing Bed	40	29
8	4	Total Deliveries	43	38
Patient Days				
18	46	medical	240	310
0	0	surgical	0	0
11	8	OB	85	71
29	54	Acute	325	381
66	66	Swing Bed	347	282
9	6	Total Newborn Days	59	60
Average Length of Stay				
1.5	2.6	Total Inpatient	2.5	3.0
9.4	8.3	Swing Bed	8.7	9.7
Avg Daily Census - Hospital				
0.9	1.7	Total Inpatient	2.2	2.5
<u>2.1</u>	<u>2.1</u>	Swing Bed	<u>2.3</u>	<u>1.9</u>
3.1	3.9	total	4.5	4.4
582	545	ED Visits	2,501	1,947
48	63	Surgeries	233	225
1,255	978	Imaging Procedures	5,346	4,168
2,882	3,048	Lab Tests	14,338	14,351
600	614	Rehab Visits	2,679	2,258
127	137	EMS Runs	555	519
888	452	Clinic Visits	3,528	2,269
130	130	specialty	265	624
142		primary care	619	
616	322	express clinic	2,644	1,645
22	21	working days	107	105

**Patient Statistics
Lake Chelan Health**

For the month ended May 31, 2023

Current Month			STATISTICS	Year-To-Date		
Actual 05/31/23	BUDGET	Prior Year 05/31/22		Actual 05/31/23	BUDGET	Prior Year 05/31/22
Admissions/Patients						
11		17	medical	89		92
0		0	surgical	0		0
8		4	OB	42		37
19		21	Acute	131		129
7		8	Swing Bed	40		29
8		4	Total Deliveries	43		38
Patient Days						
18	61	46	medical	240	255	310
0	0	0	surgical	0	0	0
11	14	8	OB	85	58	71
29	74	54	Acute	325	313	381
66	84	66	Swing Bed	347	351	282
9	12	6	Total Newborn Days	59	49	60
104	170 total			731	713 total	
Average Length of Stay						
1.5		2.6	Total Inpatient	2.5		3.0
9.4		8.3	Swing Bed	8.7		9.7
Avg Daily Census - Hospital						
0.9		1.7	Total Inpatient	2.2		2.5
<u>2.1</u>		<u>2.1</u>	Swing Bed	<u>2.3</u>		<u>1.9</u>
3.1		3.9	total	4.5		4.4
582	539	545	ED Visits	2,501	2,261	1,947
48	59	63	Surgeries	233	249	225
1,255	1,018	978	Imaging Procedures	5,346	4,270	4,168
2,882	3,115	3,048	Lab Tests	14,338	13,069	14,351
600	452	614	Rehab Visits	2,679	1,896	2,258
127	134	137	EMS Runs	555	562	519
888		452	Clinic Visits	3,528		2,269
22		21	working days	107		105

Note #1 Contractuals

Contractuals do not include reimbursement that will happen when cost report is filed.
AR increased by \$278k from April to May.

Revenues are 18% higher than budgeted

Note #2 SALARIES AND WAGES

Nursing wage increases happened in April.

Dietary - two positions that were not in the budget

Community Health Workers and Support Services have grant related positions that were not budgeted
- we received reimbursement through a grant (will show other non-operating)

Note #3 PROFESSIONAL SERVICES

UW Residency Jan - May Bills \$75k

Radiology Pro Fees \$192,664 budget \$156,250

Note #4 SUPPLIES

Dietary \$32,196 budget \$9,482

PT \$19,043 budget \$5,266

Materials Tagged Supplies \$165,707 budget \$97,930 (volumes up)

ED \$39,730 budget \$19,315

Lab - \$205,870 expense, budget \$186,126

Note #5 PURCHASED SERVICES

Lab - \$289,262 expense, budget \$145,833 traveler's expense

IT \$224,645, budget \$62,500 Scaled Data Contract

Radiology - Heritage April Tech Fees \$25k

Note #6 RECRUITMENT

Clinic - Recruitment of Mid Level \$15k

Note #7 RENT/LEASES

Building rent costs are evenly spread over 12 months. The plans to move the clinic to the hospital changed and this expense will be over budget

Clinic \$80,186, budget \$40,900

Radiology- \$48,114 expense, budget \$950- rent expense for old CT Scan removed in February- expense had to be paid through April,
new MRI rent started in May for \$27k

Statement of Cash Flows
Lake Chelan Health

For the month ended May 31, 2023

Cash flows from operating activities:	
Net Operating Surplus (Loss)	26,827
Provided by Operating Activities:	
Depreciation	85,443
(Increase)/Decrease in Net Patient Accounts Receivable	(100,164)
(Increase)/Decrease in Other Receivables	(15,913)
(Increase)/Decrease in Inventories	3,739
(Increase)/Decrease in Prepaids	13,907
(Increase)/Decrease in Third Party Receivables	(120,392)
Increase/(Decrease) in Accounts Payable	(74,713)
Increase/(Decrease) in Accrued Payroll and Benefits	165,501
Increase/(Decrease) in Third Party Liabilities	0
Increase/(Decrease) in Other Current Liabilities	88,299
Increase/(Decrease) Paid Leave	0
	72,533
 Cash flows from noncapital financing activities:	
Property Tax	213,050
Grants	
CDHD monies received in excess of receivables	
Transfers Out - USDA loan payment	
Other - transfers from reserve	
Other	59,578
	272,628
 Cash flows for capital and related financing activities	
Increase/(Decrease) in Debt	(35,261)
Interest Expense	(29,060)
Purchase of Property, Plant and Equipment	(13,184)
Construction in Progress - New Hospital	114,285
Construction in Progress - Hospital	0
New Hospital, Net	0
	36,780
	381,941
Net Increase/(Decrease) in Cash	381,941
Cash, Beginning of Month	9,660,907
Cash, End of Month	10,042,848



CEO Board Report (as of 6/14/2023)

People:

- Working with staff on a plan to propose adjustments to our PTO/Sick policy.
- Signing a contract with a Rural Health Collaborative partner to get a 24/7 monitored compliance/ethics hotline up.
- Visited with our incoming Ortho Dr. Decker, excited to have her and Dr. Decker move to the community in early August.
- We have a new clinic family practice PA coming to join us shortly = Michelle Nguyen.
- Internal discussions around how to revive/stand up a DEI committee.
- Thank you, former Commissioner Signorelli, for your 11.5 years of service! 6/2 was her last day.

Community:

- Attended foundation and guild B meetings this past month.
- Hosted the "HWY 97" hospital CEO group this past month discussing various regional and state topics.
- Will be presenting at the WSHA Rural Health Committee meeting on regulatory issues around EMS working in the hospital as staff extenders.
- TIF ordinance passed city council, this will be a topic at our AWPMD meetings at the end of the month.
- Visited with Heritage Heights representatives to discuss the future of our Highland campus.
- Visited with our City Planner and others from the city sharing our future for the property.
- Visited with the owner of Apple Blossom re future area development and water issues.

Quality:

- As a part of our ISO initiative Admin will be working towards a more streamlined ED Provider scheduling process.

Financial:

- Overall imaging, ED Visits, Express Visits are up. EMS runs, lab, rehab numbers were slightly down.
- April was a difficult month with a net gain of \$138 (last year same period = a loss of \$285K) and an operating loss of \$122K. Although our operating loss for the same period in '22 was \$519K. Gross revenue was \$4.4M vs \$3.4M in the same period last year. Year to date our total net gain is \$138K vs a loss of \$559K last year this time. Keep in mind that one entire week in May we had NO CT scans! That has a substantial impact on our inpatient days as well (no CT = docs leery to keep patients in house).

Building for the Future:

- Found an option for a steel building that could work into our campus to help move EMS to campus sooner + long term serve as storage, keeping vehicles out of the weather, and a nice place for maintenance to do their work.
- Dr. Teeny is up and running performing 6 surgeries in May (slower start due to insurance payer credentialing – typical tom foolery from the insurance industry). He is working on 3-4 patients needing a total joint surgery (staff is working with him to be prepared for that with a weekly multidisciplinary meeting = nursing, registration, PT/OT, pharmacy, radiology lab, etc.).
- Leasing agreement completed with the business park across the street, we will be moving specialty care across the street.

Status **Active** PolicyStat ID **13056582**



Origination 1/1/2023
Last Approved 2/24/2023
Effective 1/1/2023
Last Revised 2/24/2023
Next Review 2/23/2025

Owner Tara Lautiki
Area Human Resources

PTO Donation Policy

COPY

PTO Donation Policy

<p>POLICY STATEMENT:</p>	<p>Lake Chelan Health recognizes the importance of replacing income and continuing benefits when an employee or an employee's eligible family member suffers serious, short-term and long-term health problems. WAC 357-31-425</p>
<p>APPLICABILITY: All employees except temporary employees and contracted employees</p>	
<p>ATTACHMENTS: PTO Donation Form</p>	
<p>DEFINITIONS:</p>	<p>Family member: This term applies to the employee's spouse or domestic partner, and the following for the employee and their spouse or domestic partner:</p> <ul style="list-style-type: none"> • Parent (includes one who stood in loco parentis (in place of a parent) when the employee was a child) • Child (and child's spouse) (includes a child whom the employee stood in loco parentis) • Sibling (and sibling's spouse) • Grandparent • Grandchild • The above include step, adoptive and foster • Members of the immediate household <p>Parental Leave: Leave from work that is taken for the birth, adoption or placement of a foster child. As used in this policy, Parental Leave does not include pregnancy- related disability, post-partum serious illnesses of either the child or the parent. Also refer to Washington State Policy: WAC 357-31-425 https://app.leg.wa.gov/wac/default.aspx?cite=357-31-425</p>
<p>POLICY:</p>	

1. Lake Chelan Health administers a donated leave program that allows LCH employees to support other Lake Chelan Health employees in serious need by donating PTO time. The yearly PTO max that any employee can receive on a yearly basis is 480 hours.
2.
 - a. Program Administration
 - A. Lake Chelan Health administers this policy as the agency's program. The policy allows an employee to voluntarily donate PTO leave, to an eligible employee's PTO leave bank.
 - B. Lake Chelan Health may only apply donated PTO leave to an eligible employee as the need occurs.
 - C. Lake Chelan Health will base the amount of donated PTO hours on the conversion of the donor's salary rate to sick leave hours at the recipient's base rate of pay. The amount of PTO leave transferred to the recipient may

not exceed the equivalent of the recipient's normal rate of pay.

- D. If the recipient of donated PTO leave needs more leave than the initial amount time requested, they may submit subsequent requests for donated leave and updated medical certification.
- E. An employee may not donate time they have lost due to PTO leave accrual limits set by Lake Chelan Health policy.
- F. Lake Chelan Health must consider time taken under this program to be PTO leave with pay. Lake Chelan Health must consider these hours to be time-worked for purposes of PTO leave accrual.

b. Eligibility and Request for Donated Leave

- A. A regular status employee may request and be eligible to receive donated leave under either of the following circumstances:
 - i. To recover from or seek treatment for a serious health condition or parental leave. To care for or seek treatment for a family member with a serious health condition which is expected to continue for at least 7 consecutive calendar days following the employee's exhaustion of accumulated leave and the total absence is expected to last at least 15 consecutive calendar days
- B. An eligible employee must submit a written request for donated leave to the Human Resources Department.
 - i. If an employee is unable to submit a written request, Lake Chelan Health may accept a written request from a family member or other responsible party.
 - ii. The request must include the specific amount of time requested based on the projected need.
 - iii. A certification from an attending physician or practitioner must accompany the request, verifying a qualifying medical need exists for either the employee or a family member. The certification must state the estimated amount of time the
 - iv. employee will need to be away from work; it must also be consistent with the amount of time the employee requests. Medical certification obtained for other purposes such as FMLA or PFMLA may also be used for the purpose of verifying an employee's eligibility to receive donated leave.
- C. An employee may request PTO donated leave for short-term or sporadic conditions or illnesses that are common, expected, or anticipated. This includes, but is not limited to, sporadic, short-term recurrences of chronic allergies or conditions, short-term absences due to contagious diseases, short-term, recurring medical or therapeutic treatments. Each situation must be examined and decided on a case-by-case basis and must be

handled consistently and equitably within Lake Chelan Health.

- D. An employee may not request donated leave when they are eligible to receive disability payments or if the employee is receiving workers' compensation.
- E. Donated PTO leave can impact long- and short-time disability benefits. Before applying for donated PTO leave while receiving disability benefits, employees should consult with Lake Chelan Health's payroll office for information on how donated leave will impact their specific circumstances.

c. PTO Donations within Lake Chelan Health:

- A. The donor must submit a written request to donate leave to an eligible employee. The donor's request must be processed as per agency program procedures before the transfer of PTO occurs
- B. An employee may donate leave only in one-hour increments to a recipient.
- C. Donated PTO hours transfer from the donor's accrued PTO leave as needed by the recipient. If total leave donated exceeds the total amount of leave accepted, the unaccepted leave remains in the donor's accrued leave balance.

(ci) Documentation Requirements. Lake Chelan Health maintains the following documentation in the separate confidential medical file for each request for donated leave for a period of four years from the date of the request:

- A. Employee's request to receive donated leave with supporting medical certification
- B. Appointing authority (or designee) approval or denial of request for donated leave
- C. The donor's authorization via the (PTO Donation form, which includes the number of donated PTO hours) to donate leave with appropriate signatures, including the appointing authority or designee and Department Manager.
- D. Record of total leave accepted by receiving employee via the PTO Donation Form.

1. Policy Clarification:

- a. Lake Chelan Health informs employees that the use of donated PTO leave may offset disability & workers compensation payments. **The following language is suggested for inclusion on Lake Chelan Health's donated leave request forms:** "I understand that my use of donated PTO leave may offset the receipt of any disability or workers compensation payments."
- b. Donated PTO leave may be taken on an intermittent basis for the same condition and only after an employee has met the initial eligibility criteria listed in (1)(b).
- c. Reduced Work Schedules: An employee meets the eligibility requirements in (1)(b)(A) when a serious health condition requires a reduced work schedule resulting in partial day absences in excess of 15 calendar days following the exhaustion of accrued leave and whose absence related to the condition exceeds 30 calendar days, (whether partial or full days) in combination of paid and unpaid leave.

- d. Example of Policy: Each receiving employee's hourly wage will be reviewed and computed against the hourly wage of the donor to make sure the total dollar amounts equal. I.e. A donor that makes \$40 an hour would need to donate 4 hours ($\$40 \times 4 = \160) of PTO to a receiving employee that makes \$20 an hour, for 8 hours of work. ($\$20 \times 8 = \160)

Attachments

[PTO_Donation_Form.pdf](#)

Approval Signatures

Step Description	Approver	Date
Executive Approval	Aaron Edwards: CEO	2/24/2023
Executive Team	Wendy Kenck: Executive Assistant	2/24/2023
	Tara Lautiki	2/24/2023



-----Message-----

From: Mary Signorelli <msignorelli@lcch.net>

Sent: Friday, June 2, 2023 12:57 PM

To: [REDACTED]

Subject: Resignation

Dear Commissioners,

It is with regret that I submit my resignation from the LCH Board of Commissioners. It has been my privilege and pleasure to serve these last 11 plus years.

It has become a matter of continuing my career as a Realtor or continuing as an elected official. For me, although, difficult, I choose to continue my career, my livelihood.

It has been a great learning experience for me and I appreciate all of you over the long haul and short for your commitment and support.

Thank you, and best wishes!

Mary

Mary Signorelli, Commissioner

LAKE CHELAN HEALTH

msignorelli@lcch.net

[REDACTED]

Lake Chelan Health Board Policy and Procedure
Board and CEO Decision Matrix

draft 5.9.23

Policy Statement: A productive and positive working relationship between Lake Chelan Health Board of Directors' and the CEO is critically important to a high performing Hospital District.

The purpose of the "Board and CEO Decision Matrix" Policy is to support each board member in carrying out their governance duties and the CEO in carrying out his/her administrative duties to ensure the highest quality of care to patients and the community. The Board Chair and the Board Committees and Task Forces also have duties around specific tasks.

Procedure: The attached Exhibit A lists each item requiring a decision or action, and whether the CEO or Board, or Board Chair or Committee has the primary duty to approve the action or advise regarding the action.

The source for the authority to carry out each duty is listed in the far right column.

The code "D" stands for Decision role, "A" stands for Advisory role and "I" stands for circumstances when information about the decision must be communicated to the Board, either before or after the decision is made, as appropriate.

From time to time the types of decisions, roles and authorities to carry out the duties may change, for example, due to changes in sources that include: state law, governance and administration best practices, Board bylaws, position descriptions, committee charters, accreditation requirements, contracts, and/or Hospital District policy.

The Board and CEO will review the Decision Matrix at least every two years, and as necessary to keep the Board and CEO roles aligned with these changes.

1	Chelan County Public Hospital District No 2	Board and CEO Decision Matrix					Bd Approved 5-25-2021
	Type of Decision	Board of Directors	Chair	Board Committees/ Task Forces	CEO	Note	Source
2							
3							
4	Board of Directors- General						
5	Bylaw changes	D		A	A		
6	Evaluation of board performance	D	A		A		Board policy
7	Develop/approve Board policies	D		A	A		Board bylaws
8	Finance Policy	D		A	A		Board bylaws
9	Operations policies	I/D (DOH select)			D		Board bylaws
10	Board Meeting agenda	A	D		A		Board bylaws
11	Regular Meeting schedule	D			A		Board bylaws
12	Special Board meetings- set/agenda	D	D		A		Board bylaws
13	Provider appointment and credentials	D		A	A		Board bylaws
14	Approve formation of volunteer groups	D			A		Board bylaws
15	Acquire, construct, maintain, operate, develop, sell real property	D		A	A		Board position description/RCW
16	Contracts with US, state, municipalities, hospital	D		A	A		RCW 70.44.060
17	Unbudgeted equipment Lease over \$50,000	D			A	emergency exception	CEO position description/update 5/24/23
18	Unbudgeted purchase capital equipment over \$50,000	D			A	emergency exception	CEO position description/update 5/24/23
19							
20	a) Organizational Processes						
21	Organizational Chart	D			A		Board confirmed 3/24/21
22	Organization Mission, Vision and Values	D		A	A		
23	Appoint auditors	D		A	A		Board bylaws
24	Approve Hospital District annual budget	D		A	A		RCW 70.44.070
25	Contract indebtedness or borrow money for corporate purposes	D		A	A		RCW 70.44.060
26	Purchase supplies and goods over \$100,000 unbudgeted	D			A		CEO position description
27	Physician hire/contract if compensation over budget	D			A		CEO position description
28	Service contracts over \$100,000 unbudgeted	D			A		CEO position description
29	Unbudgeted hire or contract of physician	D			A		CEO position description

	Type of Decision	Board of Directors	Chair	Board Committees/ Task Forces	CEO	Note	Source
30	Unbudgeted compensation increases	D		A	A		
31	Pay legal claims over policy limits	D			A		CEO position description
32	New and renewing multi-year (three or more) contracts when three year total cost equals or exceeds \$100,000	D			A		Board meeting 5/25/2021
33	b) Board Specific Processes						
34	Approve Organizational Structure/Chart	D			A		
35	Approve Pillars of Excellence and Strategic plan	D		A	A		Board bylaws
36	Approve Quality Plan	D		A	A		Board bylaws
37	Develop, Implement and Evaluate Quality Plan			A	D		Board bylaws
38	annual operational and capital budget	D		A	A		Board bylaws
39	CEO title/job description	D		A	A		Board bylaws
40	CEO appointment/contract/compensation	D			A		bylaws/RCW 70.44.070
41	Board officer election	D					Board bylaws
42	CEO performance evaluation	D		A	A		Board bylaws
43	Board self evaluation/performance improvement plan	D		A			Board position description
44	Board-level committee/task force assignments	D					Board bylaws
45	Select candidates/action to fill vacant Board positions	D		A			Board bylaws
46							
47	c) Board Committees						
48	Approve Board committee/task force charters	D		A	A		Board bylaws
49	Approve recommendations from Committee	D		A	A		Committee Charter
50							
51	d) Staff Processes						
52	Develop the strategic plan objectives	I		A	D		
53	Implement the strategic plan	I			D		
54	Develop, Implement and evaluate Quality Plan			A	D		
55	Develop operating and capital budgets	I		A	D		
56	Hire and manage Executive team, managers, staff	I			D		CEO position description
57	Regulator relationships	I			D		
58	Legal issues	D			D		CEO/Board position descriptions
59	Facilities maintenance issues	I		A	D		
60	Establishing (diversity, equity, inclusion) culture	D		A	D		Board Health Equity policy
61							
	LEGEND: D - Decision-making authority/responsibility to act - vested here A - Advisor to the decision maker; Advice from this group/individual may be sought prior to making a decision I - Will be informed of the decision, perhaps after the decision is made						



**Chelan County Public Hospital District No. 2
Board of Commissioners Self-Evaluation
2021**

Check the box that corresponds to your Board's practice	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Best Practice: Focus on Governing					
1. All Board members participate to ensure compliance with OPMA and other laws					
2. All Board members respected the distinction between the role of the Board and the role of management.					
3. The Board's time is appropriately spent on governance-level concerns rather than on management activities.					
Best Practice: Self-Evaluation					
4. The full Board participates in a self-evaluation process on an annual basis.					
5. The Board implements a plan each year to enhance Board performance.					
Best Practice: Exhibit Team Behaviors					
6. All Board members display professional courtesy and respect when interacting with other Board members					
7. All Board members feel comfortable voicing opinions of concern regardless of how sensitive the issue may be.					
8. Board exhibits clear communication and transparency with community.					
Best Practice: Strong Board-CEO Relationship					
9. The Board had a productive working relationship with the CEO.					
10. All Board members asked appropriately challenging questions of the CEO and senior management.					
Best Practice: Effective Committees					
11. The Board has the appropriate number of committees and each committee serves an appropriate governance function.					

12. The full Board is kept adequately apprised of the work going on in all Board committees and ad hoc task forces.					
Best Practice: Well Run Meetings					
13. The Board chair effectively runs Board meetings.					
14. The Board members receive materials with sufficient time for review.					

Comments:

Name: _____
Date: _____