



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

Regular Meeting of the Board of Commissioners

08/22/2023



Chelan County Public Hospital District No. 2
Public Hearing Session &
Regular Meeting of the Board of Commissioners
August 22, 2023, at 11:30 am 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
11:30	• Call to Order	J. LaPorte	
11:32	• Public Comment	J. LaPorte	• Public comment regarding the sale of the Highland Campus property.
12:00	• Executive Session		• To review negotiations on the performance of publicly bid contracts. RCW 42.30.110(1)(d)
12:45	• New Business	J. LaPorte	• Board summary of the Executive Session (FD/FM)
12:50	• Break		• Regular Meeting of the Board of Commissioners to reconvene at 1:30pm
1:30	• Reconvene	J. LaPorte	• Commence the Regular Board of Commissioner Meeting
1:32	• Public Comment		
1:35	• Chair Report	J. LaPorte	
1:40	• Consent Agenda	Commission	A. Regular Board Meeting Minutes 7/25/2023 (FA) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Finance Committee Minutes 8/17/2023 (FA)
1:45	• 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. Quality and Compliance Reports. RCW 70.41.205(2) and RCW 42.30.110 (o)
2:20	• Reports	T. Bradley B. Truman A. Edwards S. Ottley	A. Med Staff Report & Credentialing (FM) B. Financial Committee Report (FA) i. Capital Request: Chelan Business Center (FM) ii. Approval of final Ambulance Cost (FM) iii. Incentive Plan (FD) C. CEO Report (FI) D. Strat Plan KPI Report (FI)
3:05	• Old Business	Commission A. Agustin S. Ottley	A. Board Self Evaluation (FD) B. Draft Community Forum Agenda (FD) C. Master Facility Plan Update (FI)
3:35	• New Business	T. Bradley B. Turman A. Edwards R. Eickmeyer Commission	A. Policies: a. Outpatient Service Orders by Non-Privileged Providers Policy (FD) b. Charity Care Policy (FM) B. Introduction of new physicians (FI) C. EMS Recognition (FI) D. Board Advocacy (FD) E. WSHA Recap/WSHA Fall Meeting (FD)

		S. Ottley L. Sahlinger S. Ottley	F. Shawn Ottley Graduate School (FD/FA) G. Quality Plan Presentation (FD) H. Surplus Request (FD)
4:20	<ul style="list-style-type: none"> Roundtable /Action Items 	Commission	
4:21	<ul style="list-style-type: none"> Public Comment 		
4:25	<ul style="list-style-type: none"> Executive Session 		A. Evaluate the performance of a public employee. RCW 42.30.110(1)(g) B. To discuss with legal counsel representing the agency matters relating to agency enforcement actions. RCW 42.30.110(1)(l)
5:00	<ul style="list-style-type: none"> Adjournment 		

Board Calendar Reminders:

9/6/2023	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
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	Dining Hall	5:30 pm
9/26/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

10/4/2023	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
10/12/2023	Med /OB Staff	Bragg Room/ TEAMS	7 am – 8 am
10/12/2023	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
10/18/2023	Budget Workshop	Bragg Room/ TEAMS	10 am -1 pm
10/19/2023	Finance Committee	Bragg Room/ TEAMS	9 am – 10 am
10/22-23/2023	WSHA Annual Meeting	Hyatt Regency Lake Wash.	6pm – 3pm
10/24/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

11/1/2023	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
11/9/2023	Med Staff/Peer Review	Bragg Room/ TEAMS	7:15 am – 9 am
11/9/2023	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
TBD	Approval of Budget (prior to 11/15)	TBD	TBD
TBD	Finance Committee	TBD	TBD
11/28/2023	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 7/25/2023 1:30 pm in person and via Microsoft TEAMS

Commission Attendance:

(not present present)

Mary Murphy, Secretary
 Jordana LaPorte, Chair

Doug Gibson
 Barbara Jensen

Lori Withrow, Vice Chair

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

Community Members: T. Starkweather, Guest, J. Simmons, Rich, P. Gleasman, G. Evans, D. Weakly

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 1:30 pm and recited the mission statement. • B. Jensen accepted the offer of appointment to the Board of Commissioners position #1 and recited the Oath of Office administered by Chair J. LaPorte.
2. Public Comment	<ul style="list-style-type: none"> • No Public Comment
3. Chair's Report	<ul style="list-style-type: none"> • J. LaPorte expressed appreciation to Commissioner Dr. Kim Schrier who toured the hospital facility during the WSHA conference.
4. Consent Agenda	<ul style="list-style-type: none"> • Add the Resolution purpose to the Special Board Meeting Minutes dated 7/7/23 • Change Commissioner Position #2 to #4 • L. Withrow motion to approve the Consent Agenda with the above edits, seconded, motion approved.
5. Reports	<ul style="list-style-type: none"> • B. Truman presented June's unaudited Finance Report <ul style="list-style-type: none"> ○ D. Gibson motion to approve Junes' unaudited Finance Report, seconded, motion approved. • L. Withrow motioned to remove Fred Miller and M. Murphy from the Glacier/North Cascade depository account, seconded, motion approved. • D. Gibson motioned to remove M. Murphy and add S. Ottley as a CPSI signatory, seconded, motion approved. • B. Truman presented the HFMA metrics, and the Finance department will continue to review and report quarterly. • R. Eickmeyer presented an Ambulance replacement Capital Budget request with a delivery in September 2023. <ul style="list-style-type: none"> ○ D. Gibson motioned to approve the EMS request for the 550 Ambulance at a price not to exceed \$310,000, seconded, motion passed. • R. Eickmeyer discussed the purchase of a Sprinter Van via a Grant to support the transportation of patients between facilities. • A. Edwards showcased a mind map diagram designed to encapsulate elements for Strategic Planning 2024. • June's Board KPI progress report was delivered by S. Ottley
6. Old Business	<ul style="list-style-type: none"> • T. Starkweather & D. Weakly requested an update to the Highland Campus property listing as

	<p>it pertains to Heritage Heights with the representation of real estate agent Guy Evans.</p> <ul style="list-style-type: none"> ○ Heritage Heights First Right of Refusal extends to the entire listing. ○ Existing leases will be upheld according to their specified terms. ○ T. Starkweather holds the position of Board Chair and represents Heritage Heights <ul style="list-style-type: none"> ● \$11M to include EMS and administration offices. ● B. Truman delivered a presentation regarding the consolidation of PTO, Sick, and Holiday hours into a unified PTO bucket.
7. New Business	<ul style="list-style-type: none"> ●
8. Roundtable/Action Items	<ul style="list-style-type: none"> ● W. Kenck to send Strat Plan & KPI's to B. Jensen ● W. Kenck to add the RFQ to the BOC SharePoint ● Public Hearing- Surplus of Real Property to be scheduled for 8/22/23 @ 11:30 am <ul style="list-style-type: none"> ○ Public Notice of sale published in the local newspaper and LCH platforms. ● Board Budget Workshop scheduled for 10/18/23
9. Public Comment	<ul style="list-style-type: none"> ● In response to the PTO proposal, P. Gleasman asked how can the Board guarantee sufficient staffing levels during periods of PTO usage? <ul style="list-style-type: none"> ○ At present, maintaining appropriate staffing during PTO utilization is not a concern. Should this become a challenge in the future, department management will assess their requirements accordingly.
10. Executive Session	<ul style="list-style-type: none"> ● J. LaPorte announced Executive Session at 4:05 for 25 minutes to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(1)(o), evaluate the performance of a public employee RCW 42.30.110(1)(g), To consider the minimum price at which real estate will be offered for sale or lease RCW 42.30.110 (1)(c) ● J. LaPorte extended the Executive Session 15 minutes ● J. LaPorte extended the Executive Session 10 minutes ● Executive Session ended at 4:55pm
11. Credentialing	<ul style="list-style-type: none"> ● D. Gibson 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, seconded, motion passed.
12. Adjournment	<ul style="list-style-type: none"> ● J. LaPorte adjourned the meeting at 5:15pm.

Attest:

J. LaPorte, Board Chair

Aaron Edwards, CEO

W. Kenck, Executive Assistant

DATE July 2023

TOTAL BAD DEBTS - HOSPITAL \$53,519.20

TOTAL MEDICARE BAD DEBTS \$11,035.15

TOTAL BANKRUPTCY \$0.00

TOTAL CHARITY CARE – HOSPITAL \$36,318.75

TOTAL MEDICARE CHARITY CARE - \$3,169.51

TOTAL ATTESTATION \$104,042.61

I, The undersigned, do hereby certify that the accounts, as described on the attached “bad debt list”, have been duly examined and have been duly processed in accordance with the hospital credit/collection policies. It is hereby submitted and recommended to the Governing Board that the said accounts be turned over to outside professional collector (s) as indicated on the attached list.

BOARD DESIGNATED AUDITOR _____ DATE: _____

BOARD APPROVAL

DATE: _____

CHAIR _____

VICE CHAIR _____

SECRETARY _____

MEMBER _____

MEMBER _____

ATTEST. ADMINISTRATOR _____



MINUTES

Group: Finance Committee 08/17/2023 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 type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Jordana Laporte, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
Participants: Sam Nau, Mary Kaiser (Foundation)		

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

Agenda Item	Topic/Action
1. Call to Order	J LaPorte called the meeting to order at 9:05 am
2. New Business	<ul style="list-style-type: none"> • B. Truman presented an initial 2024 Capital Budget to the Finance Committee participants. <ul style="list-style-type: none"> ○ Lake Chelan Health & Wellness Foundation request: specific item/needs; fundraising ○ Consider Golf Tournament: potential \$80-100K (vendor sponsors?) ○ M. Kaiser departed meeting at 9:20 am • S. Ottley introduced the Initial cost estimate from Work pointe for Suite #117 furnishings <ul style="list-style-type: none"> ○ Includes 4 offices, 6 cubicles, conference tables, chairs, etc. ○ Excludes additional cabinets requested by department. ○ Approx. \$80k budget request • S. Ottley suggested the surplus of four vehicles.1985 Dodge, 1994 Ford, 1998 Jeep, and 1998 Chevrolet • Finance committee discussed the timeline for the 2024 Budget review process to meet the required regulatory timeframe. • B. Truman outlined the recommended changes to LCH Charity Care Policy as advised by DOH. • B. Truman informed the committee that the USDA is necessitating Coastal Bank to carry out an additional feasibility study before closing the loan. • L. Withrow & J. LaPorte have encountered difficulties in securing their names as signatories for the bank account. • B. Truman introduced the phrasing of the Samaritan Healthcare Bonus Plan. <ul style="list-style-type: none"> ○ L. Withrow proposed altering the percentage amount sequence from higher to lower to a descending-to-ascending scale.
3. Old Business	
4. Reports	<ul style="list-style-type: none"> • B. Truman presented July's Financial Statement (unaudited) and the AR Aging Report <ul style="list-style-type: none"> ○ Draft version of the Statement of Cash Flows

	<ul style="list-style-type: none"> ▪ Suggest keeping this version for the Finance Committee and currently working on a revised cash flow for inclusion in the Board packet. ▪ Utilize blue to signify transfers, use red to denote negatives • S. Nau provided an update on the current A/R and Rev Cycle data. <ul style="list-style-type: none"> ○ AR Days are lower ○ MR coded Dollars is lowering due to IT resolving connectivity issues with the external company
5. Tasks	<ul style="list-style-type: none"> • Recommended for Board approval: <ul style="list-style-type: none"> ○ Approve Chelan Business Center furnishings ○ Approve additional \$9K for Ambulance ○ Approve Charity Care Policy ○ Recommend the surplus of vehicles as opportunities arise • Clarify CEO Matrix wording and prepare final draft before Board submission with the budget presentation this year. • V. Bodle to send bank signature documents for electronic signatures to J. LaPorte and L. Withrow • B. Truman to forward the Samaritan Incentive document to the Board and conduct a review of incentive structures implemented by other facilities.
5. Adjournment	J. LaPorte adjourned the meeting at 11:45pm

DRAFT



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended July 31, 2023

TABLE OF CONTENTS

Balance Sheet	1
Statement of Operations - Current Month	2
Statement of Operations - Year-to-Date	3
Statistics	4
Statistics - Actual vs Budget	5
Notes to Income Statement #1 - #8	6
Cash Flow	7

Balance Sheet
Lake Chelan Health

	Current Month 7/31/2023 unaudited	Prior Year 12/31/2022 Unaudited	Prior Year 7/31/2022 Unaudited
ASSETS:			
CASH	294,715	\$ 443,682	\$ 799,926
PATIENT RECEIVABLES	9,082,188	7,739,790	\$ 6,319,963
LESS: RESERVES FOR ALLOWANCES	<u>(4,907,002)</u>	<u>(4,019,725)</u>	<u>\$ (3,353,065)</u>
NET PATIENT ACCOUNTS RECEIVABLES	4,175,186	3,720,065	2,966,898
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	46,898	(30,129)	(1,000,000)
OTHER RECEIVABLES	569,800	363,128	9,805,937
INVENTORIES	223,278	230,102	213,693
PREPAID EXPENSES	<u>268,780</u>	<u>231,742</u>	<u>236,164</u>
TOTAL CURRENT ASSETS	<u>\$ 5,578,657</u>	<u>\$ 4,958,589</u>	<u>\$ 13,022,618</u>
GENERAL RESERVES	\$ 1,207,832	1,157,151	\$ 1,257,640
Unrestricted Reserves	\$ 3,526,352	4,007,377	\$ 3,647,711
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	\$ -
CMS Advanced Payments	<u>0</u>	<u>0</u>	<u>\$ -</u>
TOTAL LIMITED USE ASSETS	<u>\$ 9,010,508</u>	<u>\$ 9,304,083</u>	<u>\$ 9,044,875</u>
LAND	\$ 4,787,901	4,787,901	\$ 4,787,901
LAND IMPROVEMENTS	5,543,846	5,543,846	\$ 5,141,340
BUILDINGS & IMPROVEMENTS	986,252	986,252	\$ 986,252
EQUIPMENT	9,750,267	9,707,341	\$ 7,306,521
SOFTWARE	2,159,033	2,159,033	\$ 2,139,204
CONSTRUCTION-IN-PROGRESS - NEW HOSPITAL	43,878,038	43,901,861	\$ 32,938,882
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>32,490</u>	<u>18,290</u>	<u>\$ 444,081</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	67,137,827	67,104,525	53,744,181
LESS: ACCUMULATED DEPRECIATION	<u>(16,184,979)</u>	<u>(14,911,507)</u>	<u>\$ (14,062,876)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 50,952,848</u>	<u>\$ 52,193,018</u>	<u>\$ 39,681,306</u>
DEFERRED ITEMS	2,488,824	2,500,062	\$ 1,471,381
TOTAL ASSETS	<u>\$ 68,030,837</u>	<u>\$ 68,955,752</u>	<u>\$ 63,220,180</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 655,145	1,912,962	3,043,425
ACCRUED PAYROLL	694,235	544,965	440,368
ACCRUED VACATION/HOLIDAY/SICK PAY	490,055	508,864	474,358
PAYROLL TAXES PAYABLE	51,762	44,873	33,739
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	-	0	0
OTHER CURRENT LIABILITIES	1,068,459	942,998	293,134
INTEREST PAYABLE	187,701	95,395	78,211
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,001,831	1,001,831	570,000
LINE OF CREDIT	0	0	0
SBA Payroll Protection	0	0	0
CMS Advanced Payments	0	0	816
CMS Stimulus	<u>0</u>	<u>0</u>	<u>1,514,370</u>
TOTAL CURRENT LIABILITIES	<u>\$ 4,150,188</u>	<u>\$ 5,049,888</u>	<u>\$ 6,448,422</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 19,021,080	19,026,399	19,295,467
2013 BONDS	5,021,131	5,018,123	5,370,545
USDA LOANS	18,308,734	18,548,916	19,776,000
LEASES	1,827,965	1,827,965	536,033
PAID LEAVE - LT PORTION	<u>304,376</u>	<u>304,376</u>	<u>299,828</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 44,483,265</u>	<u>\$ 44,725,778</u>	<u>\$ 45,277,872</u>
DEFERRED ITEMS	\$ 3,922,975	3,922,975	2,306,332
TOTAL LIABILITIES	<u>\$ 52,556,428</u>	<u>\$ 53,698,441</u>	<u>\$ 54,032,626</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 15,257,310	10,904,602	9,499,423
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>217,100</u>	<u>4,352,709</u>	<u>(311,869)</u>
TOTAL NET ASSETS	<u>\$ 15,474,410</u>	<u>\$ 15,257,311</u>	<u>\$ 9,187,554</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 68,030,837</u>	<u>\$ 68,955,752</u>	<u>\$ 63,220,180</u>

Statement of Revenue and Expense

Lake Chelan Health

For the month ended July 31, 2023

	CURRENT MONTH				Prior Year 07/31/22
	Actual 07/31/23	Budget 07/31/23	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 498,309	\$ 808,668	(310,359)	-38%	\$ 732,333
OUTPATIENT	4,496,371	3,932,245	564,126	14%	3,294,652
TOTAL PATIENT SERVICE REVENUES	4,994,680	4,740,913	253,767	5%	4,026,985
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(1,985,257)	(1,889,195)	(96,062)	5%	(1,790,421)
BAD DEBT	(64,554)	0	(64,554)	0.00%	0
CHARITY	(39,488)	0	(39,488)	0.00%	0
TOTAL DEDUCTIONS FROM REVENUES	(2,089,299)	(1,889,195)	(200,104)	-11%	(1,790,421)
	41.8%	39.8%			44.5%
NET PATIENT SERVICE REVENUES	2,905,381	2,851,718	53,663	2%	2,236,564
OTHER OPERATING REVENUES	30,572	19,402	11,170	58%	20,343
TOTAL OPERATING REVENUES	2,935,953	2,871,120	64,833		2,256,907
OPERATING EXPENSES					
SALARIES/WAGES	1,450,770	1,354,724	(96,046)	-7%	1,239,488
EMPLOYEE BENEFITS	289,838	299,916	10,078	3%	233,157
PROFESSIONAL SERVICES	101,463	77,758	(23,705)	-30%	142,790
FOOD SUPPLIES	14,438	14,349	(89)	-1%	13,183
MINOR EQUIPMENT	24,457	11,760	(12,697)	-108%	6,328
SUPPLIES	201,189	181,706	(19,483)	-11%	143,417
PLANT UTILITIES	28,961	43,253	14,292	33%	17,495
PURCHASED SERVICES	368,994	253,707	(115,287)	-45%	260,746
REPAIR/MAINTENANCE	60,362	76,892	16,530	21%	74,020
PUBLIC RELATIONS/RECRUITM	10,650	7,770	(2,880)	-37%	7,429
RENT/LEASES	61,940	28,616	(33,324)	-116%	41,059
INSURANCE	29,322	34,003	4,681	14%	21,990
LICENSES/TAXES	17,421	14,684	(2,737)	-19%	13,463
DUES/SUBSCRIPTIONS/OTHER	39,770	38,350	(1,420)	-4%	36,278
TRAVEL/TRAINING	11,669	15,567	3,898	25%	5,390
DEPRECIATION	229,364	240,569	11,205	5%	57,792
TOTAL OPERATING EXPENSES	2,940,608	2,693,624	(246,984)	-9.2%	2,314,025
NET OPERATING SURPLUS (LOSS)	(4,655)	177,496	(182,151)		(57,118)
NON-OPERATING REVENUES	201,123	169,292	31,831		263,644
GIFTS & GRANTS	21,737		21,737		0
PANDEMIC GRANTS PPP LOAN FORGIVENESS	0	0	0		0
NET INCOME	218,205	346,788	(128,583)		206,526
margin	7.4%	12.1%			9.2%
TOTAL NET INCOME (LOSS)	\$ 218,205	\$ 346,788	(128,583)		\$ 206,526

Statement of Revenue and Expense
Lake Chelan Health

For the month ended July 31, 2023

	YEAR-TO-DATE				Prior Year 07/31/22
	Actual 07/31/23	Budget 07/31/23	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 4,073,321	\$ 4,463,851	(390,530)	-9%	\$ 4,418,107
OUTPATIENT	25,309,552	21,706,003	3,603,549	17%	17,810,861
TOTAL PATIENT SERVICE REVENUES	<u>29,382,874</u>	<u>26,169,854</u>	<u>3,213,020</u>	12%	<u>22,228,968</u>
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(11,219,468)	(10,428,361)	(791,107)	8%	(10,311,441)
BAD DEBT	(506,626)	0	(506,626)	0.00%	0
CHARITY	(192,931)	0	(192,931)	0.00%	0
TOTAL DEDUCTIONS FROM REVENUES	(11,919,025)	(10,428,361)	(1,490,664)	-14%	(10,311,441)
	40.6%	39.8%			46.4%
NET PATIENT SERVICE REVENUES	<u>17,463,849</u>	<u>15,741,493</u>	<u>1,722,356</u>	11%	<u>11,917,527</u>
OTHER OPERATING REVENUES	<u>153,239</u>	<u>135,814</u>	<u>17,425</u>	13%	<u>202,097</u>
TOTAL OPERATING REVENUES	<u>17,617,087</u>	<u>15,877,307</u>	<u>1,739,780</u>	11%	<u>12,119,624</u>
OPERATING EXPENSES					
SALARIES/WAGES	9,407,108	9,264,564	(142,544)	-2%	8,593,161
EMPLOYEE BENEFITS	2,037,359	2,051,038	13,679	1%	1,777,802
PROFESSIONAL SERVICES	655,796	544,306	(111,490)	-20%	691,099
FOOD SUPPLIES	102,675	100,443	(2,232)	-2%	94,136
MINOR EQUIPMENT	71,441	82,320	10,879	13%	27,170
SUPPLIES	1,225,098	1,003,017	(222,081)	-22%	872,795
PLANT UTILITIES	228,083	302,771	74,688	25%	124,274
PURCHASED SERVICES	2,133,177	1,775,949	(357,228)	-20%	1,850,063
REPAIR/MAINTENANCE	506,911	538,244	31,333	6%	481,265
PUBLIC RELATIONS/RECRUITMENT	71,619	54,390	(17,229)	-32%	213,947
RENT/LEASES	358,369	200,312	(158,057)	-79%	277,060
INSURANCE	199,138	238,021	38,883	16%	193,401
LICENSES/TAXES	114,893	102,788	(12,105)	-12%	72,394
DUES/SUBSCRIPTIONS/OTHER	247,703	268,450	20,747	8%	255,692
TRAVEL/TRAINING	42,759	108,969	66,210	61%	54,281
DEPRECIATION	<u>1,612,809</u>	<u>1,683,983</u>	<u>71,174</u>	4%	<u>405,487</u>
TOTAL OPERATING EXPENSES	<u>19,014,937</u>	<u>18,319,565</u>	<u>(695,372)</u>	-3.8%	<u>15,984,027</u>
NET OPERATING SURPLUS (LOSS)	(1,397,850)	(2,442,258)	1,044,408		(3,864,403)
NON-OPERATING REVENUES	1,395,232	1,185,044	210,188		1,759,059
GIFTS & GRANTS	219,716		219,716		0
PANDEMIC GRANTS PPP LOAN FORGIVENESS	0	0	0		2,000,000
NET INCOME	<u>217,099</u>	<u>(1,257,214)</u>	<u>1,474,313</u>		<u>(105,344)</u>
margin	1.2%	-7.9%			-0.9%
TOTAL NET INCOME (LOSS)	\$ 217,099	\$ (1,257,214)	\$ 1,474,313		\$ (105,344)

Patient Statistics Lake Chelan Health

For the month ended July 31, 2023

<u>07/31/23</u>	YTD		<u>07/31/22</u>	YTD
		Restricted Days Cash-on-Hand (USDA requirement)		
2				
52		Internally Restricted	56	
61		Unrestricted Days Cash-on-Hand	69	
46		Net AR Days	52	
2.78	1.9	Debt Coverage Ratio	0.49	
182.7		Payroll FTEs	175.2	
<u>Current Month</u>			<u>Year-To-Date</u>	
Actual 07/31/23	Prior Year 07/31/22	STATISTICS	Actual 07/31/23	Prior Year 07/31/22
21	23	medical	120	136
0	0	surgical	0	0
7	5	OB	57	53
28	28	Acute	177	189
1	8	Swing Bed	47	48
7	6	Total Deliveries	58	55
		Patient Days		
57	66	medical	325	423
0	0	surgical	0	0
14	8	OB	111	98
71	74	Acute	436	521
6	105	Swing Bed	422	495
9	8	Total Newborn Days	78	82
		Average Length of Stay		
2.5	2.6	Total Inpatient	2.5	2.8
6.0	13.1	Swing Bed	9.0	10.3
		Avg Daily Census - Hospital		
2.3	2.4	Total Inpatient	2.1	2.5
<u>0.2</u>	<u>3.4</u>	Swing Bed	<u>2.0</u>	<u>2.3</u>
2.5	5.8	total	4.0	4.8
809	698	ED Visits	3,978	3,210
24	26	Surgeries	299	293
1,268	1,002	Imaging Procedures	7,773	6,164
3,633	3,666	Lab Tests	21,221	21,359
552	484	Rehab Visits	3,894	3,363
177	187	EMS Runs	898	844
1,085	706	Clinic Visits	5,497	3,569
97	29	specialty	478	697
127		primary care	892	
861	677	express clinic	4,127	2,872
21	21	working days	150	148

**Patient Statistics
Lake Chelan Health**

For the month ended July 31, 2023

Current Month			STATISTICS	Year-To-Date		
Actual 07/31/23	BUDGET	Prior Year 07/31/22		Actual 07/31/23	BUDGET	Prior Year 07/31/22
Admissions/Patients						
21		23	medical	120		136
0		0	surgical	0		0
7		5	OB	57		53
<u>28</u>		<u>28</u>	Acute	<u>177</u>		<u>189</u>
1		8	Swing Bed	47		48
7		6	Total Deliveries	58		55
Patient Days						
57	72	66	medical	325	396	423
0	0	0	surgical	0	0	0
14	16	8	OB	111	90	98
<u>71</u>	<u>88</u>	<u>74</u>	Acute	<u>436</u>	<u>487</u>	<u>521</u>
6	99	105	Swing Bed	422	547	495
9	14	8	Total Newborn Days	78	76	82
86	201 total			936	1110 total	
Average Length of Stay						
2.5		2.6	Total Inpatient	2.5		2.8
6.0		13.1	Swing Bed	9.0		10.3
Avg Daily Census - Hospital						
2.3		2.4	Total Inpatient	2.1		2.5
0.2		3.4	Swing Bed	2.0		2.3
2.5		5.8	total	4.0		4.8
809	638	698	ED Visits	3,978	3,520	3,210
24	70	26	Surgeries	299	388	293
1,268	1,205	1,002	Imaging Procedures	7,773	6,649	6,164
3,633	3,687	3,666	Lab Tests	21,221	20,350	21,359
552	535	484	Rehab Visits	3,894	2,953	3,363
177	159	187	EMS Runs	898	875	844
1,085		706	Clinic Visits	5,497		3,569
21		21	working days	150		148

Note #1 Contractuals

Contractuals do not include reimbursement that will happen when cost report is filed. AR increased by \$709k from June to July.

Revenues are 12% higher than budgeted

Note #2 SALARIES AND WAGES

ED physician hourly rate was increased for FT only- also affects pto accrual

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)

Radiology increases in July - also affects pto accrual

Note #3 PROFESSIONAL SERVICES

UW Residency Jan - July \$103k not budgeted

Radiology Pro Fees \$283,793 budget \$218,750

Under Budget:) ED Pro Fees \$158k, budget \$178k - \$143k under budget for Cataract Surgery

Note #4 SUPPLIES

Dietary \$38,932 budget \$14,765

PT \$27,395 budget \$6,715

Materials Tagged Supplies \$274,248 budget \$152,488 (volumes up)

ED \$59,572 budget \$30,075

Purchasing \$35,224 budget \$10,936

Note #5 PURCHASED SERVICES

Lab - \$409,033 expense, budget \$204,167 traveler's expense (as of July expense will

start to reduce-hired MLT)

IT \$338,560 budget \$87,500 Scaled Data Contract

Anesthesia and Walk In are a total of \$186k below budget, other areas are also under budget

Accounting \$126,077 budget \$78,750. New Hosp Project \$38k and Cost Based Amb Reporting etc.

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 \$111,942 budget \$57,260

Radiology- \$103k expense, budget \$1,331 - rent expense for old CT Scan removed in February- expense had to be paid through April, new MRI rent started in May

Plant \$37,527 budget \$15,750 still occupying the modular

Note #8 LICENSES/TAXES

The increase in revenue has resulted in an increase in b&o taxes

» Cost Proposal

Product Cost (Includes standard finishes and grade 1 fabrics)

- \$56,252.68

Delivery and Installation

- \$7,250

Design Services

- \$0

Project Management Fees

- \$0



Lake Chelan EMS

July 26, 2023

<u>DESCRIPTION</u>	<u>Unit Price</u>
2023 Ford F550 4x4 Osage Super Warrior Type I Ambulance* Delivered to Chelan, WA	\$243,375.00
Stryker Powerload	\$26,750.00
Stryker Powercot	\$22,850.00
WA State Taxes calculated at .086 per thousand*	\$25,196.00
Total	<u>\$318,171.00</u>

Payment Terms: Due at Delivery

James Ackerman
Sawtooth Emergency Vehicles

OPTIONS

NOTES*

WA State Taxes are based on DOR Website 7-26-23 and are state controlled and subject to change

Includes Ford Motor Company Government Price Concession On Chelan EMS FIN Code Q5316

Acceptance of Quotation

Date



CEO/COO Board Report

People:

- Dr. Douglass (general surgeon) started on 8/14. Dr. Decker (orthopedics) and Hillman (board certified ED) will be starting around 8/23.
- Dr. Park (plastic surgeon) had her first clinic day last week.
- Interviewed a few provider candidates for Express Care and Family Practice.
- HR are working on building out their team and look forward to a new human resources information system (HRIS) which will substantially improve efficiency in HR and Payroll (should also be welcomed by staff).

Community:

- Our 75th Anniversary celebration was well attended. Nice to see so many community members and media in attendance. A huge thank you to Agustin and staff for a well-done party!
- Patient satisfaction scores continue to be strong - based 946 total respondents our 'likelihood to recommend' is at 9.0 out of 10 with a 4.67/5-star rating, and a net promoter score of 72.
- Looking forward to our community forum on 9/21 @ 5pm in the dining room. The agenda will be presented to the public shortly.
- Brant Truman did an excellent job presenting and leading a discussion on budgeting with the Chelan Valley Executive Directors group on 8/10.

Quality:


- A new third party, live 24/7 staffed, compliance hotline is now up and running with a roll out to staff and community soon.

Financial:

- Gross revenue for July was \$4.99M vs \$4.03M last year. Overall, the net for July was \$218K.
- Hospital year to date net income of \$217K is \$300k greater as compared July 2022.
- Lab continues to trail other departments with flat year of year utilization. We are looking for root causes with the goal of increasing volumes.
- Daily revenue up, days in accounts receivable trending down, a great sign for the revenue cycle.

Building for the Future:

- Shawn Ottley presented our project scope and rules for engagement to many architecture and engineering firms on the 9th during our RFQ meeting. Nice to see so many qualified and interested firms.
- Looking for back up plans should the future buyers of the Highland Campus not allow us to rent back space for EMS. We are hopeful for an efficient and smooth sale of the Highland Campus.
- A new ambulance has been found, approved by the board, and ordered for September arrival (a long time coming, thank you Ray and team!).

	2023 Board of Commissioners KPI DASHBOARD								
	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
**KPI-5. By July 2023 50% of all wages will be within +/- 15% of the standard pay range defined in the Wage Plan.				100%					
**KPI-8. 100% of all Leader's Meetings and All Staff Meetings will include a Values focus.	100%	100%	100%	100%					
**KPI-9. 100% of all new employee orientation will include a presentation related to LCH values.	100%	100%	100%	100%					
**KPI-10. Employee Satisfaction survey will include a question related to values knowledge (establish baseline).									
** KPI-45. Aggregate Quality Score >90%		86.6%	85.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
**KPI-47. Service line development / improvement metrics will be executed at => 77%		36%	27%	50%	0%	0%	0%	0%	0%
**KPI-68. Facility Master Plan complete by July 2023. Track to KPI-72 - KPI 76									
**KPI-77. Meet 100% of the 5 key HFMA indicators		N/A	N/A	N/A					
**KPI-88. Complete 2 Community Forums 2023.									
**KPI-92. Quarterly rounding / staff meeting attendance, by Administrative Staff.			YES						



Board Forum Agenda

Event: Lake Chelan Health Board Forum

Date: Thursday September 21, 2023

Time: 5pm-6:30pm (Guided tour is separate)

Location: Hospital Café 110 S Apple Blossom Drive / Teams Option

Facilitator: Jordana LaPorte

Time	Topic	Facilitator
10 min	Introductions <ul style="list-style-type: none"> • Board Members • Admin Staff in Attendance 	J. LaPorte
10	Recognitions <ul style="list-style-type: none"> • 75 Years of Service • Foundation/Guilds • Board of Commissioners 	A. Edwards
15	New Staff Introductions <ul style="list-style-type: none"> • Primary Care Physician Assistant • General Surgeon • Orthopedic Surgeon 	A. Edwards
20	Master Facilities Plan <ul style="list-style-type: none"> • Highland Campus (old hospital building) • Clinic in Downtown Chelan • Future Buildings (EMS) Questions	A. Edwards/S. Ottley
15	Finance Questions	J. LaPorte/L. Withrow
15	Quality/Service <ul style="list-style-type: none"> • Patient Survey Feedback • Programs/Services Questions	D. Gibson / M. Murphy
5	Closing <ul style="list-style-type: none"> • Join regular monthly meetings of the Board • Hospital website LakeChelanHealth.org 	J. LaPorte
30	Hospital Guided Tour	S. Ottley



Origination 7/31/2013
Last Approved N/A
Effective Upon Approval
Last Revised 4/27/2021
Next Review 2 years after approval

Owner **Patti Peters:**
Business Office/
Patient Access/
HIMS Manager
Area **Patient Access Services**

Outpatient Service Orders by Non-Privileged Providers

POLICY STATEMENT:

Lake Chelan Health allows licensed non-staff practitioners or advanced practice professionals to order outpatient tests and services in accordance with CMS Guidelines and as permitted by their license, scope of practice and the State of Washington. An appropriate verification process will be followed to ensure any ordering individual has an NPI and current state licensure.

PURPOSE:

To provide a process for licensed practitioners who are not members of the medical staff to order outpatient tests and services in accordance with Washington State law. For the purpose of this policy, licensed practitioners are defined as health care personnel who are qualified and authorized to order outpatient diagnostic tests and services, and refer patients to outpatient and/or specialty services.

PROCEDURE:

1. The requesting practitioner must fax an order on their office/facility letterhead and include their NPI and state license numbers.
 - a. For non-privileged providers, the request must also include the address and contact numbers(s) of the patient and the name, address, and contact number of the Practitioner responsible for the results.
2. Upon receipt of the order, the reception staff will verify that the ordering or referring practitioner is a member of the Medical Staff or in the Hospital's database.
3. If the provider is not a member of the Medical Staff, nor in the Hospital's data base, the

reception staff will verify the validity and status of the provider's State License by going to the appropriate State's medical practitioner license website.

4. Patient Access Services staff will then print a copy of the practitioner's license status and scan that, along with the faxed order form into the patient's chart.
5. The reception staff will then notify the appropriate department of the patient and the ordered test or service.
6. It is at the discretion of the Laboratory's Medical Director to review and / or reject the non-privileged Providers orders.
7. All reports are to be sent directly to the requesting Practitioner. If there is any questions about the requests, the Practitioner should be contacted for verification.

DIAGNOSTIC TESTS AND SERVICES:

1. Non-staff providers, (MD, DO, DPM, DDS, PAC, PA, ARNP, CRNA, DC, & NT) may order the following tests/outpatient services:
 - Diagnostic imaging
 - Laboratory Services
 - Physical Therapy / Occupational Therapy
 - EKG
 - Wound Care Therapy
 - Blood Transfusions
 - Infusion Therapy
 - PICC Insertion
2. It is also permissible to allow physicians with a confirmed, valid license in their state to order services as defined in item #1.

LIMITATIONS:

1. Chiropractors are limited to ordering non-invasive diagnostic radiological tests (x-rays, MRI or CT scans) and physical therapy or rehabilitation services.
2. Naturopaths are authorized to order only outpatient laboratory tests.

EXCEPTIONS:

1. Orders cannot be accepted from a member of Lake Chelan Health's medical staff or allied health professional whose clinical privileges have been suspended for disciplinary reasons.
2. The Administrator On-Call may make exceptions to this policy under unusual circumstances taking into account the best interest of the patient's medical needs.

Approval Signatures

Step Description	Approver	Date
Owner	Becky McCracken: Medical Staff Coordinator	8/15/2023
Med Exec Committee	Tabetha Bradley: Physician - Surgeon	6/6/2023
Owner	Patti Peters: Business Office/ Patient Access/HIMS Manager	5/15/2023

COPY



CHARITY CARE / FINANCIAL ASSISTANCE FOR THE UNINSURED AND UNDERINSURED

PURPOSE

This Financial Assistance Policy is intended to ensure that residents of Washington State who are at or near the federal poverty level receive Appropriate Hospital-Based Medical Services and Appropriate Non-Hospital-Based Medical Services at a cost that is based on their ability to pay for services up to and including care without charge. Financial Assistance will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation or national origin in accordance with WAC Chapter 246-453 and RCW 70.170.

The written policy includes: (a) eligibility criteria for Financial Assistance, (b) describes the basis for calculating amounts charged to patients eligible Financial Assistance, (c) describes the method by which patients may apply for Financial Assistance and (d) describes how the District will publicize the policy with the community services by the District.

POLICY

Financial Assistance may cover all appropriate hospital-based medical services, received in the hospital inpatient or outpatient/clinic setting. Services not qualifying under financial assistance may include elective or experimental procedures or separately billable professional services provided by the hospital's medical staff. Non-residents of Washington State are eligible for Financial Assistance consistent with Washington Administrative Code 246-453, which includes emergent, non-scheduled services only. Financial Assistance will not be denied based on immigration status.

POLICY AVAILABILITY

Lake Chelan Health is required to provide notice of its Financial Assistance program and will make a good faith effort to provide every patient with information regarding its availability. Lake Chelan Health (inpatient and hospital-based outpatient clinics/facilities) will post signs in Patient Access, Business Office/Financial Counseling, Emergency Department and Outpatient Registration that will notify the public of the Financial Assistance Policy. Eligibility for Financial Assistance requires that patients must fulfill all requirements and expectations as outlined in the Financial Assistance Policy. This Financial Assistance Policy and applications for Financial Assistance are available in any language spoken by the lesser of five percent of the population or 1,000 individuals in the applicable hospital's service area. Additionally, interpreter services will be made available for other non-English speaking or limited-English speaking or other patients who cannot read or understand the written application materials

1) ELIGIBILITY CRITERIA

Initial Determination

For the purpose of reaching an initial determination of eligibility, the District shall rely upon information provided orally or in written form for Financial Assistance as outlined in the Financial Assistance Application Form Instructions. The District may require the responsible party to sign a statement attesting to the accuracy of the information provided to the District for purposes of the initial determination of eligibility.

Patients will be screened for other forms of coverage such as Medicaid and Health Benefits Exchange eligibility.

This application, along with full disclosure of their financial status with supporting documentation, will be considered in the final determination of eligibility.



As part of the Financial Assistance application process, Lake Chelan Health staff will also work with patients/families who do not have applicable Third-Party Coverage to assess whether such patients/families may be eligible for Medicaid and/or health care coverage through Washington's Health Benefit Exchange (RCW 43.71). Staff will provide assistance with Medicaid and Qualified Health Plan applications and including but not limited to providing the patient/family with information about the application process, assisting patients through the application process, providing necessary forms that must be completed, and/or connecting the patient/family with other agencies or resources who can assist the patient/family in completing such applications. Lake Chelan Health will not initiate collection efforts until an initial determination of Financial Assistance eligibility status is made. Where Lake Chelan Health initially determines that a patient may be eligible for Financial Assistance, any and all extraordinary collection actions (including civil actions, garnishments, and reports to collections or credit agencies) shall cease pending a final determination of Financial Assistance eligibility. However, as set forth in WAC 246-453-020 the failure of a patient or responsible party to reasonably complete Financial Assistance application procedures under this policy shall be sufficient grounds for Lake Chelan Health to initiate collection efforts directed at the patient. Accordingly, for purposes of this policy, a patient or responsible party has failed to reasonably complete financial assistance application procedures when the patient or responsible party does not submit application materials within 15 business days of the patient's or responsible party's receipt of the materials. Any collection efforts will be halted if the patient or responsible party reengages in the application process. **Lake Chelan health excludes assets in the calculation of determining eligibility for financial assistance.**

Third-Party Coverage

Financial Assistance is generally secondary to all other third-party coverage resources available to the patient.

This includes:

1. Group or individual medical plans.
2. Workers' compensation programs.
3. Medicare, Medicaid or other medical assistance programs.
4. Other state, federal or military programs.
5. Third-party liability situations. (e.g.: auto accidents or personal injuries).
6. Tribal health benefits.
7. Health care sharing ministry as defined in 26 U.S.C. Sec. 5000A.
8. Other situations in which another person or entity may have legal responsibility to pay for the costs of medical services.

The medically indigent patient will be granted Financial Assistance regardless of race, color, sex, religion, age, national origin, or immigration status. In the event that the responsible party's identification as an indigent person is obvious to District personnel, the District is not obligated to establish the exact income level or request the documentation specified in the financial assistance application. Such individuals are determined to have presumptive eligibility (e.g., have qualified under the state Medicaid or Apple Health program).

In those situations where appropriate primary payment sources are not available, patients shall be considered for Financial Assistance under this District policy based on the following criteria consistent with requirements of WAC 246453-040.

Income

By policy, persons whose income is equal to or below 400% of the federal poverty standard may be eligible to receive Financial Assistance. Lake Chelan Health will consider all sources of income in establishing income eligibility for Financial Assistance. Income includes: total cash receipts before taxes derived from wages and salaries; welfare payments; Social Security payments; strike benefits; unemployment or disability benefits; child support; alimony; and net earnings from business and investment activities paid to the individual patient/guarantor.



1. The full amount of hospital and/or clinic charges will be determined to be Financial Assistance for a patient whose gross family income is at or below 100% of the current federal poverty guidelines (consistent with WAC code 246453-050. These patients shall receive a 100% adjustment on their patient balance.
2. A sliding fee scale shall be used to determine the amount which shall be written off for patients with incomes between 101% and 400% of the current federal poverty level. All resources of the family as defined by WAC 246453-050 are considered in determining the applicability of the sliding fee scale in **Attachment A**.
3. The sliding fee scale shall take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees. In determining the maximum amount of charges, the District calculates this by using the Amounts Generally Billed (AGB) look-back methodology. For the current year, the District's AGB percentage is listed on **Attachment A** (enclosed). No individual qualifying under the Financial Assistance Policy shall be charged more than the AGB for emergency care of other medically necessary services. See 26 USC §501(r)(5)(A)

Catastrophic Financial Assistance

The District may also write off, as Financial Assistance, amounts for patients with family income in excess of 400% of the federal poverty level or at a higher percentage for those above 100% of the federal poverty guidelines, when circumstances indicate severe financial hardship or personal loss. This will be done only upon recommendation by the business office manager with adequate justification and only upon approval by the Chief Financial Officer. These adjustments shall be included in the Chief Financial Officer's regular financial assistance report to the Board of Commissioners.

DEFINITIONS

Residence and Scope of Services:

A person is not a Washington State resident and is not eligible for Financial Assistance when that person enters Washington State solely for the purpose of seeking medical care. Refugees, asylees, and those seeking asylum are exempt from the Washington State residency requirement for Financial Assistance eligibility. Also exempt from the Washington State residency requirement are those patients who have an Emergency Medical Condition. Financial Assistance will not be denied based on immigration status. Exceptions to residence and scope of services requirements outlined in this paragraph may be made only in extraordinary circumstances and with the approval of the Lake Chelan Health Chief Financial Officer or designee. While not required by federal or state law, eligibility for Financial Assistance will be extended to individuals who receive Appropriate Non-Hospital Based Medical Services and meet the above criteria

Financial Assistance: Medically necessary hospital health care rendered to indigent persons when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductible or coinsurance amounts required by a third-party payer based on the criteria in this policy. Persons who have exhausted any third-party coverage, including Medicare and Medicaid, and whose income is equal to or below 400% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, may be eligible for Financial Assistance under this policy.

Appropriate Hospital-Based Medical Services: Those Lake Chelan Health hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment



available or suitable for the person requesting the service. A course of treatment may include mere observation or, where appropriate, no treatment at all.

Appropriate Non-Hospital Based Medical Services: Those services rendered at the clinic offices by LCH Members, which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. A course of treatment may include mere observation or, where appropriate, no treatment at all. For purposes of this Financial Assistance Policy, preventive care services may be considered “Appropriate Non-Hospital-Based Medical Services”.

LCH Members: For purposes of this policy, a physician or other qualified healthcare professional who has executed a practice agreement with LCH, or has otherwise reassigned their services to LCH under a contractual arrangement, and provides services at approved LCH sites of practice.

2) APPLICATION

When a patient wishes to apply for Financial Assistance, the patient shall complete a Confidential Financial Information (CFI) Form (**Attachment B**) and provide necessary and reasonable supplementary financial documentation to support the entries on the CFI. Lake Chelan Health will make an initial determination of a patient’s Financial Assistance status at the time of admission or as soon as possible following the initiation of services to the patient. Financial Assistance application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient’s capability of complying with the application procedures. Screening for eligibility for Medicaid or other relevant public assistance benefits will be coordinated through the Patient Access Department, Discharge Planning/Outcomes Management (if not nursing home placement) or through Patient Financial Services.

1. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance eligibility:
 - a. “W-2” withholding statement;
 - b. Current pay stubs (3 months);
 - c. Bank statements (3 months);
 - d. Last year’s income tax return, including schedules, if applicable;
 - e. Written, signed statements from employers or others (letter of support) stating your current financial situation and circumstances if you have no proof of income;
 - f. Forms approving or denying eligibility for Medicaid and/or state funded medical assistance;
 - g. Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.
2. In addition, in the event the patient is not able to provide any of the documents described above, Lake Chelan Health shall rely upon written and signed statements from either the responsible party or another party describing the applicant’s income. If none of the above is available, Lake Chelan Health may make a determination based on knowledge of a prior grant of financial assistance or based on verbal representation.
3. Income shall be annualized from the date of application based upon documentation provided and verbal information provided by the patient. This process will be determined by the District and will take into consideration seasonal employment and temporary increases and/or decreases of income.
4. Lake Chelan Health may waive income requirements, documentation and verification if Financial Assistance eligibility is obvious. Lake Chelan Health staff discretion will be exercised in situations where factors such as



social or health issues exist. In such cases, Lake Chelan Health shall rely upon written and signed statements from the responsible party for making a final determination of eligibility.

5. Lake Chelan Health shall make a final determination within 14 days of receipt of financial assistance applications and supporting documentation. Supporting documentation includes items listed on the Confidential Financial Information Form Instructions.

Notifications

Lake Chelan Health shall notify persons applying for Financial Assistance of its determination of eligibility for Financial Assistance within 14 days of a receiving person's completed application for Financial Assistance and supporting documentation. Approvals, Requests for More Information or Denials for Financial Assistance applications shall be in writing and shall include instructions for appeal or reconsideration. In the event that Lake Chelan Health denies Financial Assistance, Lake Chelan Health shall notify the person applying for Financial Assistance of the basis for the denial. If denied the patient/guarantor may provide additional documentation to Lake Chelan Health or request review by the Chief Financial Officer or their designee within 30 days of receipt of the notification of denial. If this review affirms the previous denial of Financial Assistance, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

Documentation of Records

All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the financial assistance application form and retained for seven years.

CROSS REFERENCE

- Washington Administrative Code, Chapter 246-453, "Hospital Financial Assistance" with specific reference to the following:
 - o WAC 246-453-020 Uniform procedures for the identification of indigent persons
 - o WAC 246-453-030 Data requirements for the identification of indigent persons
 - o WAC 246-453-040 Uniform criteria for the identification of indigent persons
- RCW 70.170.060 Financial Assistance — Prohibited and required hospital practices and policies
- 26 USC §501(r)(5)(A) and (B)
- Lake Chelan Health Billing & Collection Policy
- Lake Chelan Health (Policy Stat ID 8989696 – "Duty to Provide Appropriate Medical Screen Examination Policy (CAH) - Emergency Medical Treatment and Active Labor Act (EMTALA)"


ATTACHMENTS:

Attachment A: Federal Poverty Guidelines/Sliding Fee Scale

Attachment B: Financial Assistance Application / Confidential Financial Information (CFI) Form

REVIEW/REVISION DATES: 5/8/2017, 11/18/2021, 7/26/2023

**CHARITY CARE ELIGIBILITY GUIDELINE
PAYMENT SCHEDULE**

		Lake Chelan Health Maximum amount patient would be required to pay based on gross monthly earnings and number of family members.				
		FPL	0-200% FPL	201-250% FPL	251-300% FPL	Over 300 FPL
		Discount	100%	75%	50%	0%
Family Size	Annual	Monthly	Monthly Range	Monthly Range	Monthly Range	Monthly Range
1	\$14,580.00	\$1,215.00	Up to \$2430	\$2431 - \$3038	\$3039 - \$3645	\$3646 And Greater
2	\$19,720.00	\$1,643.00	Up to \$3286	\$3287 - \$4108	\$4109 - \$4929	\$4930 And Greater
3	\$24,860.00	\$2,072.00	Up to \$4144	\$4145 - \$5180	\$5181 - \$6216	\$6217 And Greater
4	\$30,000.00	\$2,500.00	Up to \$5000	\$5001 - \$6250	\$6251 - \$7500	\$7501 And Greater
5	\$35,140.00	\$2,928.00	Up to \$5856	\$5857 - \$7320	\$7321 - \$8784	\$8785 And Greater
6	\$40,280.00	\$3,357.00	Up to \$6714	\$6715 - \$8393	\$8394 - \$10071	\$10072 And Greater
7	\$45,420.00	\$3,785.00	Up to \$7570	\$7571 - \$9463	\$9464 - \$11355	\$11356 And Greater
8	\$50,560.00	\$4,213.00	Up to \$8426	\$8427 - \$10533	\$10534 - \$12639	\$12640 And Greater
For Families/households with more than 8 persons, add \$5140 for each additional person						
District's Amounts Generally Billed (AGB) Percentage			65.35%			
Revised 7/26/2023						



Charity Care/Financial Assistance Application Form Instructions

This is an application for financial assistance (also known as charity care) at Lake Chelan Health.

Washington State requires all hospitals to provide financial assistance to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. Please see hospital's policy at <https://lakechelanhealth.org/for-patients-families-2/patient><https://lakechelanhealth.org/for-patients-families-2/patient-billing-services/billing-services/>.

What does financial assistance cover? The hospital financial assistance covers appropriate hospital-based and nonhospital based services provided by Lake Chelan Health, depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application: Please call (509) 682-6103 with any questions that you may have. You may obtain help for any reason, including disability and language assistance.

In order for your application to be processed, you must:

- Provide us information about your family**
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before taxes and deductions)**
- Attach additional information if needed**
- Sign and date the form**

Mail or fax completed application with all documentation to: Lake Chelan Health P.O. Box 908, Chelan, WA 98816. Fax: (509) 682-3432. Be sure to keep a copy for yourself.

To submit your completed application in person: Business Office, 110 S Apple Blossom, Chelan WA 98816 (509) 682-3300. Direct line for questions is (509) 682-6103.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.



Charity Care/Financial Assistance Application Form – confidential

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

SCREENING INFORMATION

Do you need an interpreter? Yes No *If Yes, list preferred language:*

Has the patient applied for Medicaid? Yes No

Does the patient receive state public services such as TANF, Basic Food, or WIC? Yes No

Is the patient currently homeless? Yes No

Is the patient's medical care need related to a car accident or work injury? Yes No

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.
- Within 14 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

PATIENT AND APPLICANT INFORMATION

Patient first name	Patient middle name	Patient last name
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify _____)	Birth Date	
Person Responsible for Paying Bill	Relationship to Patient	Birth Date
Mailing Address		Main contact number(s)
_____		() _____
_____		() _____ Email
City	State	Address:

Employment status of person responsible for paying bill <input type="checkbox"/> Employed (date of hire: _____) <input type="checkbox"/> Unemployed (how long unemployed: _____) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other (_____)		

FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.
FAMILY SIZE _____ *Attach additional page if needed*

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes / No
					Yes / No
					Yes / No
					Yes / No

All adult family members' income must be disclosed. Sources of income include, for example:

- Wages
- Unemployment
- Self-employment
- Worker's compensation
- Disability
- SSI
- Child/spousal support
- Work study programs (students)
- Pension
- Retirement account distributions
- Other (*please explain* _____)



Charity Care/Financial Assistance Application Form – confidential

INCOME INFORMATION

REMEMBER: You must include proof of income with your application.

You must provide information on your family's income. Income verification is required to determine financial assistance. All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income. Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (*3 months*); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

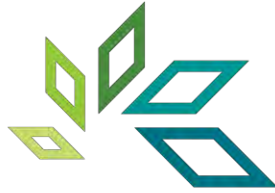
I understand that Lake Chelan Health may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for services provided.

_____ of Person Applying

_____ Date

_____ Signature



LAKE CHELAN HEALTH

2023

Lake Chelan Health

Continuous Quality Improvement

&

Continuous Process Improvement Plan

Scope

The Continuous Quality Improvement, Continuous Process Improvement Plan (CQI/CPI plan), outlines the goals, strategies, and processes that promote safe, optimal patient care, and a high performing culture of safety. This will be achieved through interdisciplinary collaboration for identification, assessment, and continued improvement of process/performance indicators and care outcomes, collectively referred to as the organization's Quality Assurance Process Improvement Plan (QAPI). The scope of this plan will include all patient care and support services organization- wide. The Lake Chelan Health Board of Commissioners approves this plan which supports the Mission of Lake Chelan Health. The Lake Chelan Health Board of Commissioners delegates the oversight of the CQI/CPI Plan to the Lake Chelan Health Chief Executive Officer (CEO). The Lake Chelan Health CEO delegates operational oversight to the Director of Quality, to the committee reporting hierarchy represented in *Appendix 1*, and to the Lake Chelan Health Organizational Leadership Team. The Lake Chelan Health Medical Staff is charged with participating in the CQI/CPI Plan to achieve quality patient care and compliance with regulatory/accreditation organizations. Medical Staff members will contribute to all CQI/CPI activities through Medical Staff Service committees, project team activities and by assuming leadership roles, as necessary in CQI/CPI processes and activities.

Organizational Context

The Vision of Lake Chelan Health is a healthy community. We will accomplish this as our superb medical staff and caregivers partner with others to provide patient- centered care in a respectful, healing environment, while ensuring fiscal responsibility.

The Mission of Lake Chelan Health is to provide patient-centered, quality healthcare with compassion and respect. As caregivers of Lake Chelan Health, we support our mission and vision by basing our decisions and actions on the following:

Core Values:

- ***Relationships***
- ***Integrity***
- ***Compassion***
- ***Respect***
- ***Excellence***

Purpose and Objectives

To uphold the Mission, Vision, and Values of Lake Chelan Health, all members of the organization will be committed to Continuous Quality and Continuous Process Improvement activities using an interdisciplinary approach as laid out in this Enterprise CQI/CPI Plan. This includes but is not limited to:

- Assure safe and effective patient care is provided at a level consistent with professional standards and evidence-based practice.
- Mitigate potential or actual liability exposure through proactive evaluation of systems, processes and patient care delivery.
- Provide a framework for continuous, interdisciplinary process and outcome assessment, monitoring, and improvement across the organization's scope of services (QAPI).
- Prioritize opportunities for improvement based on, but not limited to, identified trends, level of risk, and/or benchmarking data.
- Comply with the requirements of all State, Federal and accrediting agencies in accordance with performance improvement activities.

Quality and Performance Improvement Principles

Quality and Performance Improvement is a systematic approach to assessing services and improving them on a priority basis. The Lake Chelan Health approach to quality is based on the following principles:

- **Patient Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations and achieving equitable results.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction, and support of quality improvement activities by the governing body and CEO are key to improvement.
- **Data Driven & Informed Practice.** Successful improvement processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. Continuous Quality Improvement (CQI) organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms and control charts to turn data into information.
- **Prevention Over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually reviewed, improved and evaluated for effectiveness and sustainability. Small incremental changes do make an impact and staff can always find an opportunity to make things better.

Confidentiality

All matters and activities relating to the performance improvement process will be held in confidence to the extent permitted by law. Performance improvement activities are conducted pursuant to Sections 4.24.250, 43.70.510, 70.41.200 & 74.42.640 of the Revised Code of Washington (RCW) regarding peer review of health care providers. Confidential information may include, but is not limited to, the Medical Staff Quality Committee minutes, Quality Committee minutes, Board of Commissioner Reports, chart abstraction data and reporting, unexpected event reporting, clinical and peer reviews. All employees receive the Lake Chelan Health confidentiality policy and are required to sign a confidentiality agreement upon hire.

The Quality Committee responsibilities

- Develop, revise, approve and oversee the implementation of the Continuous Quality Improvement, Continuous Process Improvement Plan, Work Plan and ongoing action plans to improve the quality of care, services and processes.
- Evaluate and make recommendations for improvement to the CQI/CPI plan and send to Board of Commissioners for final approval.
- Review the Hospital-Wide Continuous Quality Improvement, Continuous Process Improvement Plan and supporting documents annually.
- Establish measurable objectives based upon priorities identified through use of established criteria for improving quality and safety, regulatory requirements, etc.
- Periodically assess information based on the indicators, taking action via performance improvement initiatives to solve problems and pursue opportunities to improve performance.
- Establish and support specific quality improvement initiatives.
- Report to the Board of Commissioners on performance improvement activities of Lake Chelan Health on a regular basis.
- Utilization of formal, best practice, improvement methodologies.
- Determination of annual QAPI projects to be overseen by the CQI/CPI Committee.
- Evaluation of effectiveness of improvement actions and any recommendations to ensure continued effectiveness.

Medical Staff Responsibilities: The Lake Chelan Health Medical staff participate in all phases of CQI CPI activities including representative leadership in the CQI/CPI Committee, and quality subcommittees – refer to *appendix 1*. Medical Staff participate in peer review, credentialing/privileging.

Physicians will also serve as members of Quality Improvement Teams and subcommittees as they are created. The goal of physician involvement is to provide an avenue for physician engagement in organization- wide improvement work.

Board of Commissioners responsibilities:

- Support and guide implementation of CQI/CPI activities at Lake Chelan Health
- Review, evaluate, and approve the CQI/CPI Plan annually.

Leader responsibilities: Support CQI/ CPI activities through planned coordination and communication of the results of measurement activities and overall efforts to continually improve the quality of care provided. Leaders, through a planned and shared communication approach, ensure the Board of Commissioners, staff, patients, and family members have knowledge of and input into ongoing CQI/ CPI initiatives. Annual review of the Quality Management System (QMS) through the Procedure for Management Review.

Leadership roles required to participate includes the CEO, COO, CNO, and CFO.

Quality Sub-Committees

- Refer to Appendix 1.
- Each quality sub-committee will have a formal Committee Charter that specifies:
 - Committee Purpose
 - Scope of Responsibility

- Committee Membership
- Reporting Relationship
- Meeting Structure
- Will have an annual work plan that lays out the scope of the work for that committee for the coming year.
- Will maintain an agenda and take meeting minutes in an action item focused format.
- Will track data that is specific to the area of focus to aid in identifying areas of improvement and conduct formal improvement work to achieve desired goals.
- Will report out quarterly to the CQI/CPI Committee, and representative Medical Staff meeting on current committee progress.

Organizational Departments / Service Lines:

- Each department and/or service line will be actively engaged in CQI/CPI activities.
- These departments will work directly with the Department of Quality to develop their improvement projects and develop tracking systems using accepted improvement methodologies.
- Each department and/or service line will report to the CQI/CPI committee at least once per quarter on their progress.
- Department leaders will actively engage the participation of all team members on improvement work and will formulate strategies to communicate improvement work to staff, patients, and family.
- A list of projects underway will be kept on the Quality SharePoint site in the Quality Committee folder.
 - All projects underway will provide documentation that outlines why the project was chosen and how it intends to use data to inform and drive positive change.
- Records of current and previous QI/PI projects will be retained and maintained on the Quality SharePoint site in the Quality Committee folder.

Attachments

1. Appendix 1. CQI/CPI Committee Reporting Structure
2. Appendix 2. CQI/CPI Committee Charter
4. Appendix 3. CQI/CPI Annual Work Plan

References

1. NIAHO Accreditation for Healthcare Organizations: Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals Revision 23-0, July 15, 2023.
2. HQ Solutions: Resource for the Healthcare Quality Professional, Fourth Edition, Pelletier, Luc R., Beaudin, Christy L., National Association for Healthcare Quality, 2018.
3. [Medicare 42 CFR 482.21 Conditions of Participation](#)
4. [WAC 246-320-136, Leadership](#)
5. [WAC 246-320-171, Improving Organizational Performance](#)
6. NIAHO Accreditation for Healthcare Organizations: Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals Revision 18, 02-20-18. <https://brandcentral.dnvgl.com/fr/gallery/10651/files/original/96194cdda02d4e0493a2bf25c03574b0.pdf> Accessed 4/21/20.

Continuous Quality Improvement, Continuous Process Improvement Plan Approval

The CQI/CPI Plan has been reviewed, approved, and adopted by Lake Chelan Health Executive Administration, Medical Staff, and the Board of Commissioners – attested by the signatures below:

Director of Quality Date

Chief Executive Officer Date

Chief of Medical Staff Date

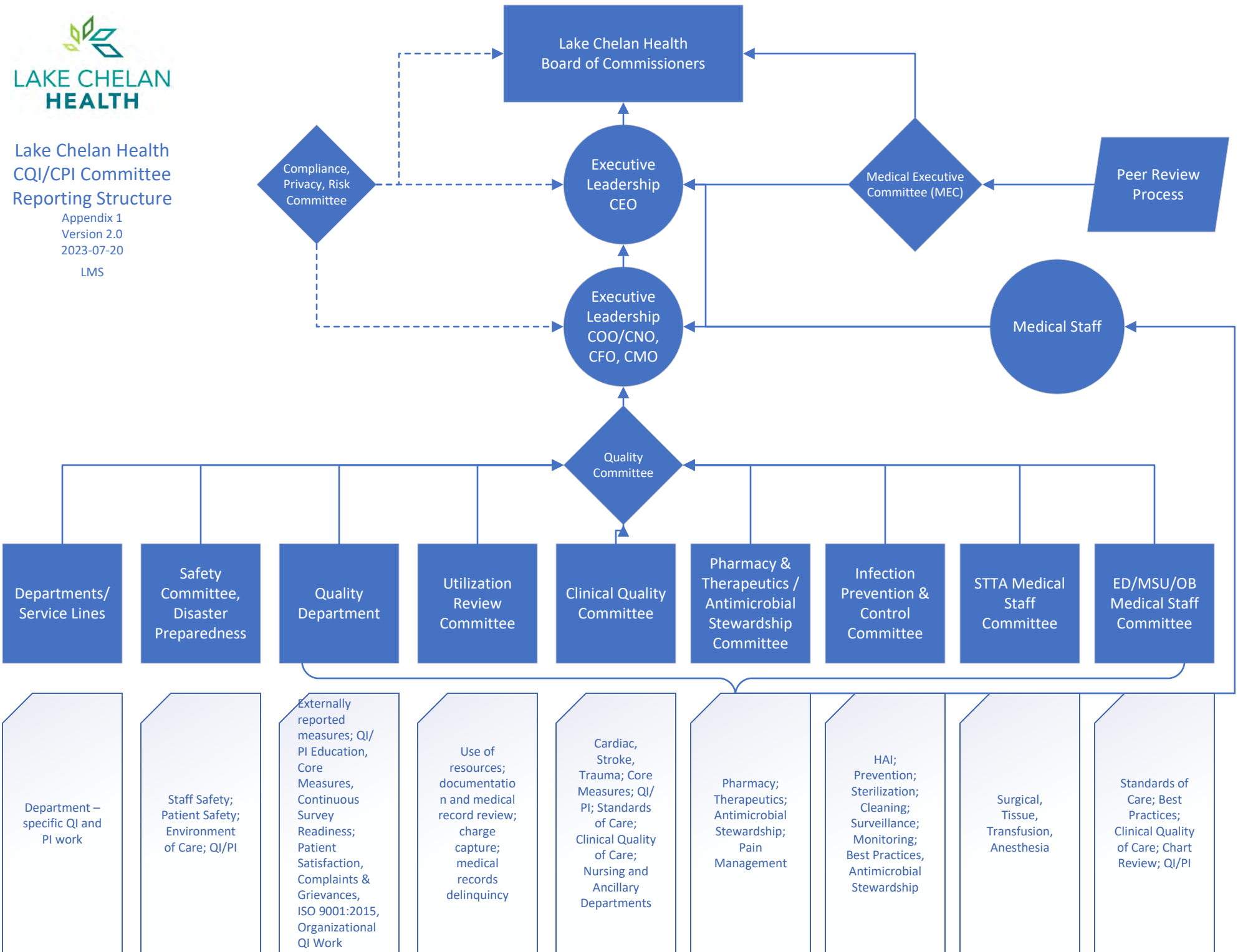
Chairperson of the Board of Commissioners Date



Lake Chelan Health
CQI/CPI Committee
Reporting Structure

Appendix 1
Version 2.0
2023-07-20

LMS



Department – specific QI and PI work

Staff Safety; Patient Safety; Environment of Care; QI/PI

Externally reported measures; QI/PI Education, Core Measures, Continuous Survey Readiness; Patient Satisfaction, Complaints & Grievances, ISO 9001:2015, Organizational QI Work

Use of resources; documentation and medical record review; charge capture; medical records delinquency

Cardiac, Stroke, Trauma; Core Measures; QI/PI; Standards of Care; Clinical Quality of Care; Nursing and Ancillary Departments

Pharmacy; Therapeutics; Antimicrobial Stewardship; Pain Management

HAI; Prevention; Sterilization; Cleaning; Surveillance; Monitoring; Best Practices, Antimicrobial Stewardship

Surgical, Tissue, Transfusion, Anesthesia

Standards of Care; Best Practices; Clinical Quality of Care; Chart Review; QI/PI



Equipment Trade / Sale / Disposal Form

Equipment Information:

Caregiver Name	
Department	Facilities
Equipment Description	Vehicle
Year Purchased	
Grant Funded / Year	
VIN Number	1GCGK29JOWE248437
Hospital ID Number	
Model Number	PU GK2
Manufacturer Name	1998 Chevrolet
Disposal Method	<input type="checkbox"/> Trade-In <input checked="" type="checkbox"/> Sell <input type="checkbox"/> Donate <input type="checkbox"/> Scrap
Reason for Disposal	Disrepair
Service Removal Date	
Sale Value	
Trade Value	
Release of Liability	<input type="checkbox"/> Form complete and attached <input type="checkbox"/> Form is not applicable - SCRAP

Service Removal Signatures:

- PHI Removed
- Decontaminated, no possible exposure
- Removed from inventory
- Asset removed from books

Information Technology	
Environmental Services	
Materials Management	
Finance Department	
Plant Operations	

Approval Signature:

- If this form and all applicable documentation is incomplete, it will be denied.
- Send signed original to the Executive Assistant to archive in Policy Tech.

Approval to dispose by Board: _____

Equipment Trade / Sale / Disposal Form

Equipment Information:

Caregiver Name	
Department	Facilities
Equipment Description	Vehicle
Year Purchased	
Grant Funded / Year	
VIN Number	1FKE30M0RHB59237
Hospital ID Number	
Model Number	Ambulance
Manufacturer Name	1994 Ford
Disposal Method	<input type="checkbox"/> Trade-In <input checked="" type="checkbox"/> Sell <input type="checkbox"/> Donate <input type="checkbox"/> Scrap
Reason for Disposal	Disrepair
Service Removal Date	
Sale Value	
Trade Value	
Release of Liability	<input type="checkbox"/> Form complete and attached <input type="checkbox"/> Form is not applicable - SCRAP

Service Removal Signatures:

- PHI Removed
- Decontaminated, no possible exposure
- Removed from inventory
- Asset removed from books

Information Technology	
Environmental Services	
Materials Management	
Finance Department	
Plant Operations	

Approval Signature:

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- Send signed original to the Executive Assistant to archive in Policy Tech.

Approval to dispose by Board: _____



Equipment Trade / Sale / Disposal Form

Equipment Information:

Caregiver Name	
Department	Facilities
Equipment Description	Vehicle
Year Purchased	
Grant Funded / Year	
VIN Number	1B7HW14T1FS581596
Hospital ID Number	
Model Number	W-100/W-150
Manufacturer Name	1985 Dodge
Disposal Method	<input type="checkbox"/> Trade-In <input checked="" type="checkbox"/> Sell <input type="checkbox"/> Donate <input type="checkbox"/> Scrap
Reason for Disposal	Disrepair
Service Removal Date	
Sale Value	
Trade Value	
Release of Liability	<input type="checkbox"/> Form complete and attached <input type="checkbox"/> Form is not applicable - SCRAP

Service Removal Signatures:

- PHI Removed
- Decontaminated, no possible exposure
- Removed from inventory
- Asset removed from books

Information Technology	
Environmental Services	
Materials Management	
Finance Department	
Plant Operations	

Approval Signature:

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Approval to dispose by Board: _____



Equipment Trade / Sale / Disposal Form

Equipment Information:

Caregiver Name	
Department	Facilities
Equipment Description	Vehicle
Year Purchased	
Grant Funded / Year	
VIN Number	1J4GZ88Z9WC219627
Hospital ID Number	
Model Number	4W
Manufacturer Name	1998 Jeep
Disposal Method	<input type="checkbox"/> Trade-In <input checked="" type="checkbox"/> Sell <input type="checkbox"/> Donate <input type="checkbox"/> Scrap
Reason for Disposal	Disrepair
Service Removal Date	
Sale Value	
Trade Value	
Release of Liability	<input type="checkbox"/> Form complete and attached <input type="checkbox"/> Form is not applicable - SCRAP

Service Removal Signatures:

- PHI Removed
- Decontaminated, no possible exposure
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Information Technology	
Environmental Services	
Materials Management	
Finance Department	
Plant Operations	

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Approval to dispose by Board: _____