



# LAKE CHELAN HEALTH

## **BOARD PACKET**

Chelan County Public Hospital District No. 2

10/24/2023



Chelan County Public Hospital District No. 2  
 Regular Meeting of the Board of Commissioners  
 October 24, 2023, at 1:30 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
1:30	• Call to Order	J. LaPorte	
1:32	• Public Comment		
1:35	• Chair Report	J. LaPorte	
1:40	• Consent Agenda	Commission	A. Regular Board Meeting Minutes 9/26/2023 (FA) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Budget Workshop Minutes 10/18/2023 (FA) E. Finance Committee Minutes 10/19/2023 (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)
2:00	• Reports	L. Sahlinger B. Truman  A. Edwards S. Ottley	A. Med Staff Report & Credentialing (FM) B. Wipfli Audit Report (FA) C. Financial Committee Report (FA) i. Capital Request D. CEO Report (FI) E. Strat Plan KPI Report (FI) i. 2024 Updates
3:15	• Old Business	Ottley/Edwards/Truman  L Sahlinger Commission Commissioner Gibson  Governance Committee Governance Committee	A. Master Facility Plan Update i. Commerce Approval for Signatures (FM) ii. Forte Proposal (2341 – Phase 1 – Admin/EMS Concept & Massing) (FM) iii. Forte Proposal (2341 – Phase – 1.1 Specialty Care) (FM) B. Continuous Quality & Process Improvement Plan (FA) C. Artifacts (FD) D. Board Advocacy (FD) E. Policies i. Health Equity Policy (FM) ii. Gift Policy- Updates (FD)
4:30	• New Business	Commission  B Truman S Ottley	A. 2024 Budget (FM) a. Resolution 2023-3 (FM) b. Resolution 2023-4 (FM) c. Resolution 2023-5 (FM) B. Capital Asset Disposal (FA) C. Complaint & Grievance Resolution Policy and Procedure. (FI)
5:00	• Roundtable /Action Items	Commission	

5:05	<ul style="list-style-type: none"> <li>Public Comment</li> </ul>		
5:10	<ul style="list-style-type: none"> <li>Executive Session</li> </ul>		<p>A. Evaluate the performance of a public employee. RCW 42.30.110(1)(g)</p> <p>B. To consider the minimum price at which real estate will be offered for sale or lease. RCW 42.30.110(c)</p>
5:45	<ul style="list-style-type: none"> <li>Adjournment</li> </ul>		

## Board Calendar Reminders:

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
11/13/2023	TBA	Bragg Room/ TEAMS	9 am
TBD	Approval of Budget (prior to 11/15)	TBD	TBD
11/20/23	Finance Committee	Bragg Room/ TEAMS	11 am
11/28/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

12/6/2023	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
12/11/2023	TBA	Bragg Room/ TEAMS	9 am
12/14/2023	Med Staff	Bragg Room/ TEAMS	7:15 am – 9 am
12/14/2023	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
12/14/2023	Finance Committee	Bragg Room/ TEAMS	11 am
12/19/2023	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

1/3/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
1/8/2024	TBA	Bragg Room/ TEAMS	9 am
TBA	Med /OB Staff	TBA	TBA
TBA	Quality Committee	TBA	TBA
TBA	Finance Committee	TBA	TBA
TBA	Regular Board Meeting	TBA	TBA



**Chelan County Public Hospital District No. 2  
Public Hearing & Regular Meeting of the Board of Commissioners  
Meeting Minutes 9/26/2023 1:30 pm in person and via Microsoft TEAMS**

**Commission Attendance:**

(  not present  present )

Mary Murphy, Secretary  
 Jordana LaPorte, Chair

Doug Gibson  
 Barbara Jensen  
joined at 3:15pm

Lori Withrow, Vice Chair

**Staff Participants:** A. Edwards, B. Truman, S. Ottley, S. Krupla, A. Benegas, C. Schmidt, L. Sahlinger, B. McCracken, R. Eickmeyer  
**Community Members:** L. England, Media, L. Slapnicka (Forte Architects), E. Freed (Forte Architects)

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> <li>• J. LaPorte called the meeting to order at 1:30 pm and recited the mission statement.</li> </ul>
2. Public Comment	<ul style="list-style-type: none"> <li>• No public comment</li> </ul>
3. Chair's Report	<ul style="list-style-type: none"> <li>• J. LaPorte acknowledged the Board Community Forum event, giving special recognition to Commissioners Jeremy Jaech, Mary Signorelli, the Guild's Y &amp; B, and the Lake Chelan Health &amp; Wellness Foundation.</li> <li>• Members of the LCH Executive Team, along with one Board Commissioner and EMS representatives, visited Stehekin to express their support for the Community. The purpose of the visit was to assess the community's needs and explore potential avenues for providing assistance.</li> </ul>
4. Consent Agenda	<ul style="list-style-type: none"> <li>• Suggested edits to the Regular Meeting of the Board of Commissioners Meeting Agenda dated 9/26/23               <ul style="list-style-type: none"> <li>○ removed the Executive Session at 1:45pm from the Agenda as the need is no longer required.</li> <li>○ Added the wording "Diabetes Community Workshop" under Old Business item D. Board Advocacy</li> <li>○ Add Executive Session RCW 42.30.110(1)(c) consider the minimum price at which real estate will be offered for sale or lease and RCW 42.30.110(1)(d) review negotiations on the performance of publicly bid contracts</li> <li>○ M. Murphy motioned to accept the Regular Meeting of the Board of Commissioners agenda with the stated edits, seconded, accepted.</li> </ul> </li> <li>• Suggested edits to the Regular Meeting of the Board of Commissioners meeting minutes dated 8/22/23               <ul style="list-style-type: none"> <li>○ Add a.m. to the heading</li> <li>○ Replace A. Agustin with A. Benegas on Item 13.</li> <li>○ L. Withrow motioned to accept the Consent Agenda with the stated edits, seconded, accepted.</li> </ul> </li> </ul>
5. Reports	<ul style="list-style-type: none"> <li>• M. Murphy motioned to approve Dr. Fosnaugh as the Med Staff advisor for the Infection Prevention Program, seconded, approved.</li> </ul>

	<ul style="list-style-type: none"> <li>• M. Murphy verified all credential files are complete for the proposed list of providers and motioned to approve the removal as presented by B. McCracken, seconded, motion passed.</li> <li>• B. Truman shared a quote for the Transit Van for EMS, which is available to be procured at a discounted rate <ul style="list-style-type: none"> <li>○ D. Gibson motioned to approve the purchase of the 2023 Ford Transit Van for a total of \$218,829.00 including sales tax, seconded, motion approved</li> </ul> </li> <li>• B. Truman updated the Board on the \$2.25M USDA loan, highlighting the updated feasibility study requirement with an approximate fee of \$28,000. He mentioned reaching out to Cantwell and others for assistance if needed.</li> <li>• B. Truman presented August’s unaudited Finance Report <ul style="list-style-type: none"> <li>○ D. Gibson motion to accept August’s unaudited Finance Report, seconded, motion approved.</li> </ul> </li> <li>• A. Edwards presented the CEO report, highlighting The Rural Collaborative CEO annual conference.</li> <li>• Board KPI Report was presented by S. Ottley <ul style="list-style-type: none"> <li>○ The Board inquired about the factors leading to the decrease in the service line percentage. <ul style="list-style-type: none"> <li>▪ It was explained that within the 11 items, if one service line is no longer utilized, it can impact the monthly percentage (example: cataracts). It was emphasized that the key is to consider the overall percentage improvement over time rather than focusing on one specific month.</li> </ul> </li> </ul> </li> </ul>
6. Old Business	<ul style="list-style-type: none"> <li>• S. Ottley introduced Lenka Slapnicka and Ellyn Freed from Forte Architects as the chosen firm to partner on the RFQ. <ul style="list-style-type: none"> <li>○ Lenka and Ellyn expressed their and Forte’s enthusiasm and dedication to the project, highlighting their eagerness to collaborate with LCH and the community where they work and have family living.</li> <li>○ The project proposal, along with a comprehensive budget, will be presented to the Board for their approval.</li> <li>○ Board has requested an update on the project progress on a regular basis.</li> <li>○ Discussion on HOA impact and compliance with the current agreement. Forte Architects to investigate HOA implications regarding walkways.</li> </ul> </li> <li>• S. Ottley asked for the Board's participation in formulating a plan for handling donations, artwork, plaques, and similar matters originating from the Highland Campus and moving forward at the current hospital site. <ul style="list-style-type: none"> <li>○ Tasks created and added below from the discussion.</li> </ul> </li> </ul>
7. New Business	<ul style="list-style-type: none"> <li>• A. Edwards discussed the strategic plan with a primary focus on the Operating Room (OR). <ul style="list-style-type: none"> <li>○ Emphasized key factors from G1 to G5.</li> <li>○ Highlighted that there will be a strong emphasis on G2 and G3 in 2024.</li> <li>○ The Board has requested the inclusion of specific goals for G5, and it will be the responsibility of the Board to formulate these goals.</li> <li>○ Tentatively scheduled a micro-strategic planning session for November 13, 2023.</li> </ul> </li> <li>• L. Withrow suggest not sending the full Newsletter out via USPS to the community and utilize the free social sources and local media sources.</li> </ul>
8. Roundtable/Action Items	<ul style="list-style-type: none"> <li>• B. Jenson to edit the Artifacts letter, to be completed by Friday (Aaron to sign on behalf of all members).</li> <li>• A. Edwards to mention the Artifacts letter on KOZI radio this Friday.</li> <li>• D. Gibson to attend the Chelan County Commissioner meeting on Thursday at 5pm</li> <li>• W. Kenck to add monthly TBD Board Special meetings to the Board Agenda Calendar</li> <li>• Governance Committee to review and create Board KPIs for G5 in January 2024.</li> <li>• Governance Committee to review and edit the Board Health Equity Policy and send it to W.</li> </ul>

	<p>Kenck for Board review at next Board meeting and input into Policy Stat.</p> <ul style="list-style-type: none"> <li>• J. LaPorte to draft the annual newsletter for sending out in January.</li> <li>• A. Benegas will explore the idea of implementing the "2nd Cup" suggestion made by community member, L. England, which involves introducing new physicians to the community through the KOZI 2nd Cup radio segment.</li> <li>• L. Withrow to attend the October Quality Committee Meeting in place of D. Gibson</li> <li>• The Governance Committee will revise the current Gift Policy to encompass donated items</li> <li>• B Jensen and D Gibson will address the disposition of items from the Highland Campus, with an emphasis on honoring the donors.</li> </ul>
9. Public Comment	<ul style="list-style-type: none"> <li>• L. England proposed that new staff members introduce themselves during the Second Cup time frame on KOZI radio.</li> </ul>
10. Executive Session	<ul style="list-style-type: none"> <li>• J. LaPorte announced Executive Session a 5:00 pm for 30 minutes to evaluate the performance of a public employee RCW 42.30.110(1)(g), J. LaPorte extended the Executive Session 10 minutes</li> <li>• J. LaPorte extended the Executive Session 15 minutes</li> <li>• J. LaPorte extended the Executive Session 15 minutes</li> <li>• Executive Session ended at 6:00pm</li> </ul>
11. Adjournment	<ul style="list-style-type: none"> <li>• No action was taken as a result of the Executive Session</li> <li>• J. LaPorte adjourned the meeting at 6:01 pm.</li> </ul>

Attest:

\_\_\_\_\_  
M. Murphy, Secretary

\_\_\_\_\_  
Aaron Edwards, CEO

\_\_\_\_\_  
W. Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	BOARD MTG -2023	<i>NEW HOSPT AMNT FROM CKRN</i>	WARRANT#'S PAYROLL	AMOUNT	
233152-23322	\$ 284,388.92			77500-77502	\$ 7,049.03	9/5/2023
233223-233224		voided cks/miss fed		77503-77507		voided checks for CPSI to test new signatures
233225-233299	\$ 308,699.31			DIRECT DEPOSIT	\$ 489,562.53	9/15/2023
233300-233359	\$ 357,477.75	9/29/2023		77508	\$ 439.51	9/15/2023
233360-233362	\$ 28,303.00	10/5/2023		DIRECT DEPOSIT	\$ 511,470.19	9/23/2023
233363-233428	\$ 214,145.35	10/9/2023		77509	\$ 250.27	10/2/2023
				DIRECT DEPOSIT	\$ 492,159.68	10/7/2023
	<i>\$ 1,193,014.33</i>				<i>\$ 1,500,931.21</i>	

DATE September 2023

TOTAL BAD DEBTS - HOSPITAL \$51,946.76  
TOTAL MEDICARE BAD DEBTS \$4,898.45  
TOTAL BANKRUPTCY \$0.00  
TOTAL CHARITY CARE – HOSPITAL \$79,557.79  
TOTAL MEDICARE CHARITY CARE - \$0

TOTAL ATTESTATION \$136,403

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 \_\_\_\_\_





Chelan County Public Hospital District No. 2  
Public Hearing & Regular Meeting of the Board of Commissioners  
Meeting Minutes 10/18/2023 10:00 am 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

**Community Members:**

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"><li>J. LaPorte called the meeting to order at 10:06 am and recited the mission statement.</li></ul>
2. Public Comment	<ul style="list-style-type: none"><li>No public comment</li></ul>
3. New Business	<ul style="list-style-type: none"><li>B. Truman presented the 2024 Budget with discussion from attendees.</li></ul>
4. Roundtable/Action Items	<ul style="list-style-type: none"><li>Finance to add budget amounts under Repairs/ Maintenance for the Highland Building</li><li>Finance to add specific department descriptions (i.e. surgery/build services) to the Capital Budget breakdown</li><li>Finance to break out the Phase 1, 2 ,3 onto a new sheet.</li><li>W. Kenck to send the Budget Spreadsheets to Board members.</li></ul>
5. Public Comment	<ul style="list-style-type: none"><li>No public comment</li></ul>
6. Adjournment	<ul style="list-style-type: none"><li>J. LaPorte adjourned the meeting at 12:50 pm.</li></ul>

Attest:

\_\_\_\_\_  
M. Murphy, Secretary

\_\_\_\_\_  
Aaron Edwards, CEO

\_\_\_\_\_  
W. Kenck, Executive Assistant



## MINUTES

<b>Group:</b> Finance Committee 10/19/2023 at 9:00 AM in person and via Teams		
<b>Facilitator:</b> Jordana LaPorte		<b>Recorder:</b> Wendy Kenck
<b>Member Attendance:</b>		
<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	
<b>Participants:</b> Sam Nau, Vickie Bodle, J. Chesmore (Parker, Smith, & Feek)		

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 9:02 am
2. New Business	<ul style="list-style-type: none"> <li>• J. Chesmore presented an insurance comparison report, outlining the current insurance plan utilized by LCH and potential alternative options, as part of The Rural Collaborative- <i>Physicians Insurance</i>.               <ul style="list-style-type: none"> <li>○ Quote 1 corresponds to the existing plan.</li> <li>○ Quote 2 provides additional coverage with a higher premium.</li> </ul> </li> <li>• B. Truman updated the Finance Committee on the new hospital financing.               <ul style="list-style-type: none"> <li>○ The Executive team met with Senator Murray’s office regarding the USDA funding</li> <li>○ The additional feasibility study required by the USDA is in progress.</li> </ul> </li> </ul>
3. Old Business	
4. Reports	<ul style="list-style-type: none"> <li>• V. Bodle presented Septembers Financial Statement (unaudited).</li> <li>• S. Nau discussed the current Revenue Metrix</li> </ul> <p>Discussion between committee members regarding draft Resolutions 2023-3, 2023-4, 2023-5</p>
5. Tasks	<ul style="list-style-type: none"> <li>• Finance to add the <i>Physician Insurance</i> to the 2024 Budget approvals if decision is made to move in that direction</li> <li>• Finance committee to investigate the remaining balance of funds in the Levy and determine the application of applying them to the premium, along with the necessary adjustments to the remaining schedule.</li> </ul>
5. Adjournment	J. LaPorte adjourned the meeting at 11:06 pm



**Vehicle Quote Number: 2023-10-197** [Create Purchase Request](#) [View organization purchase requests](#)

This is a **quote** only. You must create a purchase request to order this vehicle(s)

**Contract & Dealer Information**

Contract #: 05916	Dealer Contact: [Redacted]
Dealer: [Redacted]	Dealer Phone: [Redacted]

**Organization Information**

Organization: CHELAN COUNTY PUBLIC HOSPITAL DISTRICT 2 - 39072
Email: [Redacted]
Quote Notes:
Vehicle Location: CHELAN CITY

**Color Options & Qty**

Oxford White (Z1) - 1
Tax Exempt: N

**Vehicle Options**

Order Code	Option Description	Qty	Unit Price	Ext. Price
2024-0823-0001	2024 Ford F350 Pickup, 4WD	1	\$48,369.00	\$48,369.00
2024-0823-0003	INFORMATION ONLY: Ford Motor Company is not able to guarantee that this vehicle will be produced during the current model year production cycle. Also, due to uncontrollable increasing costs of raw materials, Ford might not be able to provide price protection for vehicles that will need to be re-ordered as 2025 model year. If Ford is unable to build this vehicle, we will contact you when we receive notification, offering the choice of order cancellation without penalty or acceptance of 25MY CARS contract pricing to re-order vehicle (and upfits if applicable) with factory expedited scheduling.	1	\$0.00	\$0.00
2024-0823-0004	INFORMATION ONLY: Bud Clary Ford offers a \$300 Prompt Payment Discount if payment is received within 20 days of vehicle delivery.	1	\$0.00	\$0.00
2024-0823-0010	2024 Ford F350 Pickup, Regular Cab, 4WD, 142WB, 8ft Box, 6.8L V8 Gas, TorqShift-G 10-Speed Automatic Transmission with Select Drive Modes, 10900# GVWR, 3.73 RAR #X37, LT275/65Rx18E BSW All-Season Tires #TCH, 18in argent painted steel wheels/painted hub covers #64F (F3B/610A/99A/44F/142WB) -- This is the BASE Vehicle, please refer to Vehicle Standard Specifications for complete description.	1	\$0.00	\$0.00

2024-0823-0024	Ford Pro Upfit Integration System (programmable and connected upfit integration system) (recommended for snowplows, box delete #66D and trucks that will utilize upfit aftermarket equipment) (18A)	1	\$393.00	\$393.00
2024-0823-0032	Snow Plow Prep Package (4x4 Only) (includes computer selected springs for snowplow application; 190-Amp Alternator #67D w/ Gas; 410-Amp Dual Alternators #67B w/ Diesel; Rapid-Heat Supplemental Cab Heater #41A w/Diesel) (Not compatible with Heavy Service Front Suspension Packages #67H) (Ford recommends also ordering dual batteries for maximum compatibility) (473)	1	\$246.00	\$246.00
2024-0823-0041	Dual Batteries - Dual AGM 68 AH (included w/ diesel engines) (6.8L and 7.3L Gas Engines - must also order 410-Amp Dual Alternator #67B or Pro Power Onboard 2kW #43K) (86M)	1	\$206.00	\$206.00
2024-0823-0058	360-Degree Dual Beacon LED Warning Strobes (Amber-White) (roof-mounted in front of the CHMSL) (91G/59H)	1	\$639.00	\$639.00
2024-0823-0075	Seats: Cloth 40/20/40 split bench w/ center armrest, cupholder and storage, driver side manual lumbar (Regular/Extended Cab) (TT1)	1	\$98.00	\$98.00
2024-0823-0212	DELETE two (2) extra RKE Fobs w/ Integrated Flip Keys (will receive 2 factory RKE Fobs only) (DLR) (CREDIT)	1	(\$360.00)	(\$360.00)
2024-0823-0213	Trailer Tow Hitch Receiver Option: Sleeve Reducer - 2.5in to 2in (DLR)	1	\$47.00	\$47.00
2024-0823-0218	Floor Mats, HD Rubber Molded, Front (Weather Tech) (DLR)	1	\$135.00	\$135.00

**Quote Totals**

<b>Total Vehicles:</b>	1
<b>Sub Total:</b>	\$49,773.00
<b>8.5 % Sales Tax:</b>	\$4,230.71
<b>Quote Total:</b>	\$54,003.71



## **CEO Board Report** (as of 10/20/23)

### **People:**

- Continue to work with the UW on the ARNP fellowship program.
- Doctor's Decker (ortho) and Douglass (general surgery) are quickly filling their schedules and performing surgeries.
- Michelle Nguyen is attending to new patients in the primary care clinic and has open availability.
- Excitement over the addition of two doctors to the Foot and Ankle Center in Wenatchee, who will be coming up to Chelan frequently to do surgeries in our new OR.
- Dr. Park (plastic surgeon) is seeing patients here and operating at LCH.

### **Community:**

- "Paint the Town Pink" raised approximately \$22K for cardiac monitors.
- New ambulances arrived two weeks ago, and an open house is scheduled for this coming Tuesday.
- Still in the process of examining the feasibility of the highland campus sale. Expecting delays from the city in approving a text amendment for use change for the new buyers.

### **Quality:**

- Preparing for an imminent DNV visit.
- Emphasizing work with managers on departmental policies, cleaning up outdated policies, and updating others.
- The new hospital is operating smoothly but is already facing space constraints in Rehab due to the rapidly growing service line.
- Patient satisfaction scores are improving as we head into fall. Our net promotor score is 72, comparable to Amazon and Zoom. Netflix is at 67, Starbucks is currently 77, Tesla is 97!!

### **Financial:**

- Gross revenue for September was \$4.6M vs \$3.9M last year. This is the first month this year where we are slightly behind the budgeted gross. Overall, the net revenue (loss) for September was -\$102K. Year to date, we are \$462K ahead of expectations. The 2022 cost report settled out with a \$500K+ receivable.
- The preliminary budget was presented this week, projecting a gross of \$62M gross for next year. This year, we anticipate finishing at around \$52M with a net loss of approximately -\$250K (initial projection was a loss of 500K+). We are pleased with this as we substantially adjusted our 2023 expense line for depreciation (a non-cash expense) to account for the new hospital. Our initial projections were slightly low due to the assumed depreciation schedule (the schedule is shorter, resulting in higher monthly expenses).

### **Building for the Future:**

- Seeking board approval for the initial planning with Forte for the EMS/Admin build out. Also exploring a new location for specialty care.



**LAKE CHELAN  
HEALTH**

**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%	100%	100%			
**KPI-9. 100% of all new employee orientation will include a presentation related to LCH values.	100%	100%	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%	80.0%	86.4%	79.4%	0.0%	0.0%	0.0%
**KPI-47. Service line development / improvement metrics will be executed at => 77%		36%	27%	50%	45%	54%	0%	0%	0%
**KPI-68. Facility Master Plan complete by July 2023. Track to KPI-72 – KPI 76				100%					
**KPI-77. Meet 100% of the 5 key HFMA indicators		N/A	N/A	N/A	20%	40%	0%	0%	0%
**KPI-88. Complete 2 Community Forums 2023.						100%			
**KPI-92. Quarterly rounding / staff meeting attendance, by Administrative Staff.			YES						

# Strategic Plan

Approved by the Board May 4, 2023

Pillar	3-year Goal	Objectives
People	<b>G-1.</b> Lake Chelan Health will be the choice for Employment in North Central Washington	<b>O-1.</b> Reimbursement for all staff will be in market, fair, and equitable.
		<b>O-2.</b> The cultural values of Lake Chelan Health will be integrated into every aspect of operations.
		<b>O-3.</b> Lake Chelan Health will prioritize healthy, satisfied, and happy staff who enjoy their employment.
Quality and Safety	<b>G-2.</b> Lake Chelan Health will prioritize quality and standardizing processes across all aspects of operations.	<b>O-4.</b> ISO 9001:2015 certification achieved
		<b>O-5.</b> Achieve DNV re-accreditation
		<b>O-6.</b> Each department will be actively engaged in quality and process improvements work.
		<b>O-7.</b> Lake Chelan Health will maintain an aggregate externally reported quality score of >95%
Growth and Innovation	<b>G-3.</b> Lake Chelan will strive to ensure that appropriate services and facilities are available locally to meet the needs of the community.	<b>O-8.</b> Develop new and improve current services lines to increase access to care for the community.
		<b>O-9.</b> LCH Facilities will meet the needs of the community now and into the future.
Finance	<b>G-4.</b> Lake Chelan Health is committed to achieving and sustaining financial health.	<b>O-10.</b> Financial growth and stability through development of new service lines and improving current service lines.
		<b>O-11.</b> Financial health and stability will be attained through tracking and monitoring of key financial metrics.
Community & Patient Centered Services	<b>G-5.</b> Lake Chelan Health will promote active and thorough communication with our community and staff.	<b>O-12.</b> LCH will focus on strategies for improved external communication.
		<b>O-13.</b> LCH will focus on strategies for improved internal communication.
		<b>O-14.</b> LCH will ensure quality and satisfaction data are visible to staff and the community`

## PROMISSORY NOTE

**Lake Chelan Health**

**\$10,950,000.00**

**Chelan, Washington**

**Date:** \_\_\_\_\_

FOR VALUE RECEIVED, Lake Chelan Health, a Washington Nonprofit Corporation ("Grantee"), promises to pay in lawful money of the United States of America, to the order of State of Washington Department of Commerce, Community Capital Facilities Unit or its successor agency ("Grantor") at 1011 Plum Street, SE, Post Office Box 42525, Olympia, Washington 98504-2525, the principal sum of Ten Million Nine Hundred Fifty Thousand and 00/100 dollars (**\$10,950,000.00**) or so much thereof as may be advanced hereunder.

This Note is subject to the terms and conditions of the Community Capital Facilities Unit Grant Agreement, Grant Number **24-96530-001** ("Contract") executed between the Grantee and the Grantor pursuant to which Grantor has awarded Grantee funds for the purposes outlined in the Contract (the "Award"). Disbursement of the funds evidenced by this Note is to be made subject to the terms and conditions of the Contract. Grantee agrees that a schedule of the dates and amounts of advances and repayments on this Note certified by an officer of Grantor shall be conclusive evidence for all purposes of such dates and amounts. All amounts payable hereunder shall be paid without any set-off or deduction of any nature.

Grantor has no expectation of repayment of the Award so long as the award funds are used according to the conditions set out in the Contract. If the Award is not used as required by the Contract for a period of **ten (10) years** as required in the Contract, Grantor shall be entitled to the unpaid principal balance of this Note with interest at a rate of 5% per annum.

In case Grantee defaults under this Note, Grantee agrees to pay all of Grantor's costs of collection, including but not limited to, reasonable attorney's fees incurred by Grantor or the holder of this Note whether or not suit is instituted. If any legal proceedings are instituted relating to this Note, including without limitation any arbitration, bankruptcy, trial, or appellate proceedings, Grantee will pay Grantor's costs, including reasonable attorney's fees in all such proceedings.

Grantee hereby waives presentment and demand for payment, notice of dishonor, protest, notice of protest, and any other notice not specifically required by the Contract.

This Note is secured by a Deed of Trust covering property situated in Chelan County, Washington, and shall be construed, enforced and otherwise governed by the laws of the State of Washington.

Notwithstanding anything to the contrary herein, Grantee's respective officers, employees, agents and contractors shall have no personal liability for payment of the indebtedness evidenced hereby or performance of the covenants set forth in this Note, or in the Contract, and the recourse of the holder hereof shall be confined to the exercise of its rights under the Contract and Deed of Trust, provided that nothing shall diminish the Grantee's liability for damages or deficiencies resulting from theft, waste, fraud, material misrepresentation or misuse of rents by Grantee's assigns and their respective officers, employees, agents and contractors.

The individual, by signing below, warrants that they have the authority to sign this Note.

**Lake Chelan Health,**  
a Washington Nonprofit Corporation

By: \_\_\_\_\_

Printed Name \_\_\_\_\_

Title: \_\_\_\_\_



**When Recorded Return To:**

The Washington State Department of Commerce  
Local Government Division  
1011 Plum Street, SE  
Post Office Box 42525  
Olympia, Washington 98504-2525  
**Commerce Direct Appropriation Capital Projects**  
Attention: Real Estate Development and Services

**DEED OF TRUST**

Grantor (Borrower): **Chelan County Hospital District No. 2, dba Lake Chelan Health**  
Beneficiary (Lender): Department of Commerce, Federal Unit  
Grantee (Trustee): CW Title  
Legal Description (abbreviated): Lot 2, Boundary Line Adjustment No. 2019-20CH, Chelan County  
Assessor's Tax Parcel ID#: 272318627013 and 272318627014  
Grant Number: **24-96530-001**

THIS DEED OF TRUST is made this \_\_\_\_ day of \_\_\_\_\_, 2023, between Chelan County Hospital District No. 2, dba Lake Chelan Health, a Washington Nonprofit Corporation, whose mailing address is, 110 South Apple Blossom Drive, Chelan, WA 98816 ("Grantor"); CW Title whose mailing address is 1205 N Wenatchee Ave Washington, 98801 as Trustee ("Trustee"); and the Washington State Department of Commerce, or its successor agency, as Beneficiary ("Beneficiary"), whose address is 1011 Plum Street, SE, P.O. Box 42525, Olympia, Washington 98504-2525.

1. Grant. Grantor hereby bargains, sells and conveys to Trustee in Trust for the benefit of Beneficiary, with power of sale the real property located in Chelan County, Washington described as:

**Lots 20 and 21, Lake Chelan Community Hospital Binding Site Plan (City of Chelan BSP 2009-001), recorded October 14, 2009, in Book SP-23 of Short Plats, Page 23.**

**TOGETHER WITH that portion of Lot 22, Lake Chelan Community Hospital Binding Site Plan (City of Chelan BSP 2009-001), recorded October 14, 2009, in Book SP-23 of Short Plats, Page 23, more particularly described as follows:**

**Beginning at the most Easterly corner of said Lot 22, said corner being common with Lot 21 of said Binding Site Plan; thence South 47°40'18" West along the common line of Lots 21 and 22, a distance of 538.80 feet; thence North 41°09'08" West, a distance 42.76 feet to the Southwest corner of said Lot 22; thence North 06°29'30" East along the Westerly line thereof a distance of 45.14 feet; thence North 51°03'53" East, a distance of 507.20 feet to the Easterly line of said Lot 22; thence South 39°09'08" East, a distance of 42.52 feet to the Point of Beginning.**

**Also known as Lot 2, Boundary Line Adjustment No. 2019-20CH, recorded January 24, 2020 under Auditor's File No. 2510023.,**

(the "Property") together with all tenements, privileges, reversions, remainders, irrigation and water rights and stock, oil and gas rights, royalties, minerals and mineral rights, hereditaments and appurtenances belonging or in any way pertaining to the Property, and the rents issues and profits thereof. Said Property is not used principally, or at all, for agricultural or farming purposes.

2. Obligations Secured. This Deed of Trust is given for the purpose of securing the following:

- (a) Payment in the amount of Ten Million Nine Hundred Fifty Thousand and 00/100 dollars (**\$10,950,000.00**) with interest thereon, if any, according to the terms of a Promissory Note (the "Note") of even date herewith, payable by the Grantor to the Beneficiary, including all renewals, modifications and extensions thereof,
- (b) Payment of any further sums advanced or loaned by Beneficiary to Grantor under the Note; and
- (c) Performance of each agreement, term and condition set forth in this Deed of Trust and in the Federal Unit Grant Agreement for Grant Number **24-96530-001** between Grantor and Beneficiary, their successors or assigns, as now or hereafter amended (the "Contract").

3. Protection of Security. To protect the security of this Deed of Trust, Grantor covenants and agrees:

3.1. To keep the Property in good condition and repair; to permit no waste thereof; to complete any building, structure or improvement thereon which may be damaged or destroyed; and to comply with all laws, ordinances, conditions and restrictions affecting the Property.

3.2. To pay before delinquent all lawful taxes and assessments upon the Property; to keep the Property free and clear of all other charges, liens, or encumbrances impairing the security of this Deed of Trust.

3.3. To keep all buildings now or hereafter on the Property continuously insured against loss by fire or other hazards in an amount not less than the replacement cost of the Property. The amount collected under any insurance policy may be applied upon any indebtedness hereby secured in such order as the Beneficiary shall determine, subject to the rights of any senior lien-holder. Such application by the Beneficiary shall not cause discontinuance of any proceedings to foreclose this Deed of Trust. In the event of foreclosure, and subject to the rights of the Beneficiary or beneficiaries of any senior deed of trust, all rights of Grantor in insurance policies then in force shall pass to the purchaser at the foreclosure sale.

3.4. To defend any action or proceeding purporting to affect the security hereof or the rights or powers of Beneficiary or Trustee, and to pay all costs and expenses, including cost of title search and attorney's fees in a reasonable amount, in any such proceeding, and in any suit brought by Beneficiary to foreclose this Deed of Trust.

3.5. To pay all costs, fees and expenses in connection with this Deed of Trust, including the expenses of the Trustee incurred in enforcing the obligation secured hereby and Trustee's and attorney's fees actually incurred, as provided by statute.

3.6. Should Grantor fail to pay when due any taxes, assessments, insurance premiums, liens, encumbrances or other charges against the Property, Beneficiary may, but shall not be obligated, to pay the same, and the amount so paid shall be added to and become a part of the debt secured by this Deed of Trust. The payment of such sums by Beneficiary and addition of the amount thereof to the principal balance secured hereby shall not constitute a waiver of the default.

4. General Conditions. The parties hereto agree that:

4.1. In the event of any fire or other casualty to the Property or eminent domain proceedings resulting in condemnation of the Property or any part thereof, Grantor shall have the right to rebuild the Property, and to use all available insurance or condemnation proceeds therefore, provided that (a) such proceeds are sufficient to keep the loan in balance and rebuild the Property in a manner that provides adequate security to the Beneficiary for repayment of the loan, or if such proceeds are insufficient to provide adequate security or to keep the loan in balance, then Grantor has funded any deficiency, (b) Beneficiary shall have the right to approve plans and specifications for any major rebuilding and the right to approve disbursements of insurance or condemnation proceeds for rebuilding under a construction escrow or similar arrangement, and such approval shall not be unreasonably withheld, and (c) no material default then exists under the Note, this Deed of Trust or the Contract. If the casualty or condemnation affects only part of the Property and total rebuilding is infeasible, then such insurance and/or condemnation proceeds may be used for partial rebuilding and partial repayment of the loan in a manner that provides adequate security to the Beneficiary for repayment of the remaining balance of the loan.

4.2. By accepting payment of any sum secured hereby after its due date, Beneficiary does not waive its right to require prompt payment when due of all other sums so secured or to declare default for failure to so pay.

4.3. The Trustee shall reconvey all or any part of the Property covered by this Deed of Trust to the person entitled thereto on written request of the Grantor and the Beneficiary, or upon satisfaction of the obligations secured and written request for reconveyance made by the Beneficiary or the person entitled thereto.

4.4. Power of Sale. Pursuant to Chapter 61.24 of the Revised Codes of Washington and upon default by Grantor without timely cure and after written notice of thirty (30) days in the payment of any indebtedness secured hereby or in the performance of any agreement contained herein, all sums secured hereby shall immediately become due and payable. In such event and upon written notice of Beneficiary, the Property shall be sold, in accordance with the Deed of Trust Act of the State of Washington, at public auction to the highest bidder. Any person may bid at the Trustee's sale. Subject to the rights of the beneficiary or beneficiaries of any senior deed of trust, the proceeds of the sale shall be applied as follows: (1) to the expense of the sale, including a reasonable Trustee's fee and attorney's fee; (2) to the obligation secured by this Deed of Trust; (3) the surplus, if any, shall be distributed to the person or persons entitled thereto.

4.5. A Trustee shall deliver to the purchaser at the sale its deed, without warranty, which shall convey to the purchaser the interest in the Property which Grantor had or had the power to convey at the time of the execution of this Deed of Trust, and such as Grantor may have acquired thereafter. Trustee's deed shall recite the facts showing that the sale was conducted in compliance with all the requirements of law and of this Deed of Trust, which recital shall be prima facie evidence of such compliance and conclusive evidence thereof in favor of a bona fide purchaser for value.

4.6. The power of sale conferred by this Deed of Trust and by the Deed of Trust Act of the State of Washington is not an exclusive remedy; Beneficiary may cause this Deed of Trust to be foreclosed as a mortgage.

4.7. Beneficiary may at any time appoint or discharge the Trustee.

4.8. This Deed of Trust applies to, inures to the benefit of, and binds all parties hereto and their successors and assigns. The terms "Grantor," "Trustee," and "Beneficiary" include their successors and assigns.

5. Acceleration. If without Beneficiary's prior written consent, all or any part of the Property or any interest in it is not used as required in the Contract, Beneficiary may, at its option, require immediate payment in full of all sums secured by this Deed of Trust. However, this option shall not be exercised by Beneficiary if exercise is prohibited by federal law as of the date of this Deed of Trust. If Beneficiary exercises this option, Beneficiary shall give Grantor notice of acceleration. The notice shall provide a period of not less than thirty (30) days from the date the notice is delivered or mailed within which Grantor must pay all sums secured by this Deed of Trust. If Grantor fails to pay these sums prior

to the expiration of this period, Beneficiary may invoke any remedies permitted by this Deed of Trust without further notice or demand on Grantor.

**[SIGNATURE AND NOTARY PAGE FOLLOWS]**

WITNESS the hand and seal of the Grantor on the day and year first written above.

**Chelan County Hospital District No. 2, dba Lake Chelan Health,**  
a Washington Nonprofit Corporation

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF WASHINGTON            )  
  ) ss.  
COUNTY OF CHELAN            )

On this \_\_\_\_ day of \_\_\_\_\_, 2023, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_, to me known to be the person who signed as the \_\_\_\_\_ of **Chelan County Hospital District No. 2, dba Lake Chelan Health**, the entity that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said entity for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute said instrument on behalf of the entity.

Dated: \_\_\_\_\_, 20\_\_\_\_.

Notary Signature \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Residing at: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**REQUEST FOR FULL RECONVEYANCE**

**TO BE USED ONLY WHEN ALL OBLIGATIONS HAVE BEEN PAID AND ALL  
DUTIES PERFORMED UNDER THIS DEED OF TRUST.**

TO: TRUSTEE:

The undersigned Beneficiary is the party entitled to the performance, benefits, duties, and payments under the Federal Unit contract **24-96530-001** between Grantor and Beneficiary which is secured by this Deed of Trust and other legal documents.

The obligations thus secured have been fully paid, duties performed and satisfied, and you are hereby requested and directed, on payment to you of any sums owing to you under the terms of said Deed of Trust, including Contingent Interest, to cancel evidence of indebtedness secured by said Deed of Trust delivered to you with said Deed of Trust, and to reconvey, without warranty, to the parties designated by the terms of said Deed of Trust, all the estate now held by you hereunder.

\_\_\_\_\_

Dated

\_\_\_\_\_

Name

\_\_\_\_\_

Title



# 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

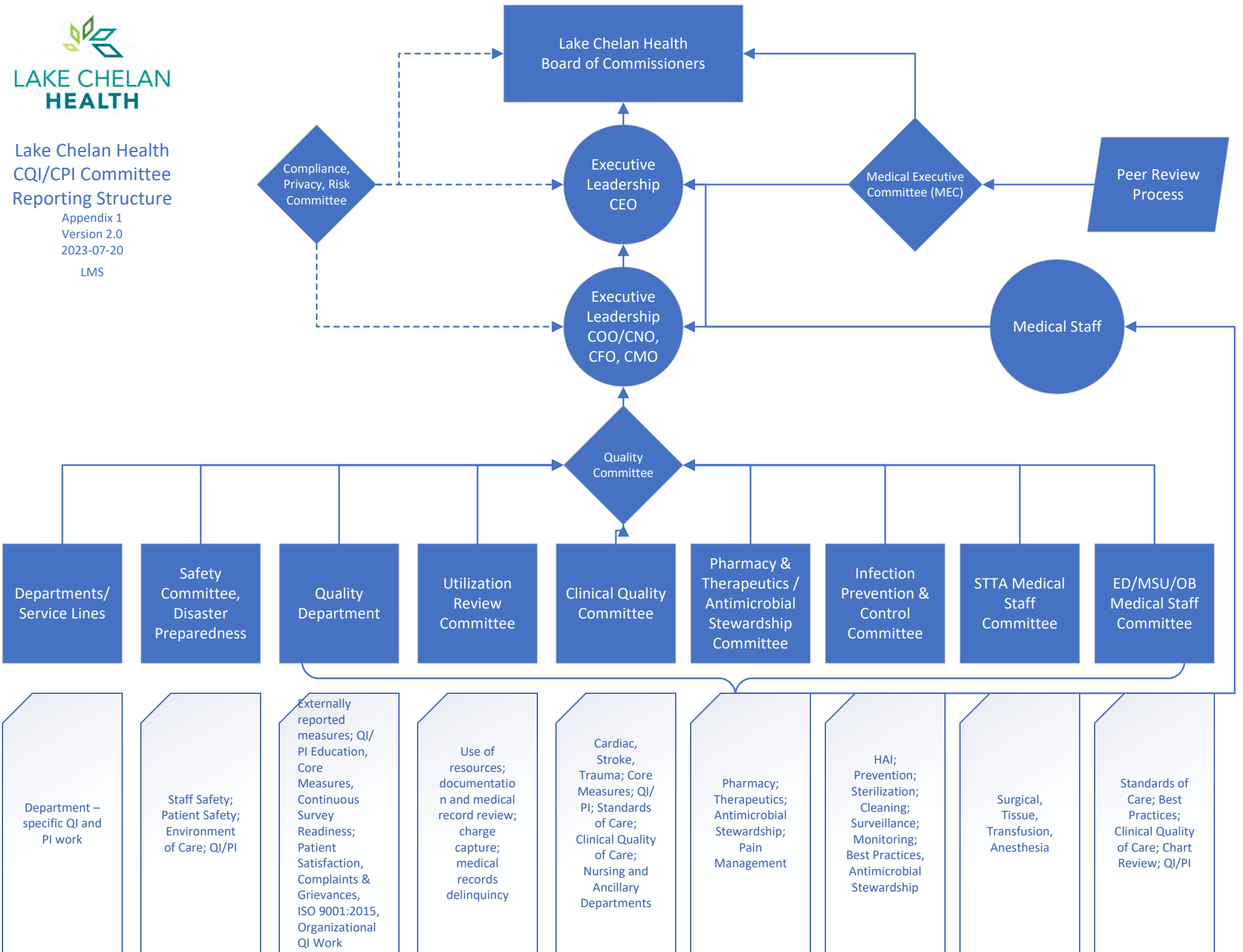




Lake Chelan Health  
CQI/CPI Committee  
Reporting Structure

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



## Chelan County Public Hospital District 2 Health Equity Principles

**We Believe:** Chelan County Public Hospital District No. 2, Lake Chelan Health (LCH) ) supports health equity for all. Health equity is achieved when every person has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Diversity, equity, and inclusion aim to promote the fair treatment and full participation of all individuals, especially those who have historically been under represented or subject to discrimination due to their background, identity, disability and more. Diversity, equity and inclusion are defined in the following ways:

- Diversity is the presence of differences of background, experiences and perspectives within a given setting, collective, or group. Each person has unique characteristics that can contribute to the overall well-being of communities.
- Equity is the process of developing, strengthening, and supporting policies and procedures that ensure that everyone, especially those who have been historically and are currently marginalized, has access to resources and opportunities needed to achieve optimal health outcomes.
- Inclusion is intentionally designed, active, and ongoing engagement with people that ensures opportunities and pathways for participation in all aspects of group, organization, or community, including decision making processes. Inclusion activities encourage a sense of "belonging", feeling valued, respected and supported.

**Why We Are Doing This:** Systemic, social, institutional, ideological, and other forces continue to result in inequitable health outcomes for people of different genders, gender identities, racial and ethnic groups. Social determinants of health for people of diverse backgrounds include the quality and safety of the places where people live, work, heal, learn, pray and play. These include health care, housing, justice, employment, income, transportation, child care, social relationships, and education. These factors have a profound impact on health.

**What We Will Do:** Lake Chelan Health will cultivate a diverse, inclusive, equitable culture in which people from under-represented groups have greater opportunities to access care and be as healthy as possible. Lake Chelan Health values diversity and celebrates the contributions of people of all backgrounds, ages, ethnicities, races, colors, abilities, religions, socioeconomic status, cultures, sexes, sexual orientation and gender identity.

As a health care leader, provider and employer, Lake Chelan Health will strive to build a community and workplace where people working together create lasting positive changes toward health equity with employees, contractors, patients, and all those we serve. Lake Chelan Health can have a significant positive impact to help people attain their health goals.

### **Lake Chelan Health will:**

- **Identify important health disparities.** Many differences in health status among a population, such as diabetes, mental health conditions, and hypertension, are rooted in inequities in the opportunities

and resources needed to be as healthy as possible. The Community Health Needs Assessment identifies some of these disparities. Linguistic and cultural differences, poverty, low health literacy and lack of transportation are social determinants that create barriers to health equity. An increase in opportunities to be healthier will benefit everyone but more focus should be placed on groups that have been excluded or marginalized in the past.

- **Change and implement policies, systems, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.** Increase diversity and cultural humility and reduce implicit bias in the health care workforce. Dedicate time, resources, and efforts to include equity considerations in planning and operations as standard operating procedure. Eliminate organizational conditions that give rise to inequities. Replace old systems with new processes that are just, equitable, diverse, accessible, and inclusive for the benefit of all. Deploy focused quality improvement and service strategies.
- **Evaluate and monitor efforts using short - and long-term measures** as it may take decades or generations to reduce some health disparities. Measure progress using key performance indicators such as access to care, quality of care and other benchmarks.
- **Reassess strategies in light of process and outcomes, and plan next steps.** Actively engage those most affected by disparities in our community and workplace to identify, design, implement, and evaluate promising solutions. Build partnerships with other service, social and health organizations to implement comprehensive and effective approaches.

References:

Washington State Office of Equity, Legislative Action E2SHB 1783, 2020.





Ordinance / Resolution No. 2023-3

Regular

Levy

RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District No. 2 has met and considered its budget for the calendar year 2024; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 911,714.44; and,

WHEREAS, the population of this district is [X] more than or [ ] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2024 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 9,117.14 which is a percentage increase of 1% from the previous year. This increase is exclusive of

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 24 day of October, 2023.

Three horizontal lines for signatures on the left and right sides.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.



# Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Aaron Edwards,  
(Name)

Chief Executive Officer, for Chelan County Public Hospital, do hereby certify to  
(Title) District No. 2  
(District Name)

the Chelan County legislative authority that the Board of Commissioners  
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2024 as provided in the district's  
(Year of Collection)

budget, which was adopted following a public hearing held on 10/24/23 :  
(Date of Public Hearing)

Regular Levy: \$1,300,000.00  
(State the total dollar amount to be levied)

Excess Levy: \_\_\_\_\_  
(State the total dollar amount to be levied)

Refund Levy: \$4,495.90  
(State the total dollar amount to be levied)

Signature: \_\_\_\_\_

Date: 10/24/23

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**Hospital District #2 - Regular Levy**  
*Preliminary* values for 2024 tax year

October 6 2023

Your preliminary assessed value for 2024 taxes is : \$6,901,935,499 Values may change slightly, we do not have state assessed utilities at this time and there may be supplements to the tax roll up to the time of final certification of values for tax collection. Timber value, if any, is not included.

**Basic calculation for district with population 10,000 or over**

The IPD (Implicit Price Deflater) for 2024 tax year is : 3.67 percent

If the IPD falls below 1%, a second resolution is needed for districts over 10,000 population

**Basic calculation for Regular Levy**

Amount of last year's levy	<b>\$911,714.44</b>	
<b>Dollar amount increase over last year's levy</b>	<b>\$9,117.14 if increased by 1%</b>	
Highest lawful levy since 1985:	\$910,119.87	\$910,119.87
x 1% (Initiative 747 limits the rate increase to 1%):	\$9,101.20	\$9,101.20
Possible budget amount less new construction and annexations:		<b>\$919,221.07</b>

New construction assessed value:	\$ 216,908,398	
multiplied by last year's levy rate	0.1547141610 /\$1,000	
Add preliminary new construction revenue:		<b>\$33,558.80</b>

Annexation AV	0	
Add preliminary annexation revenue	\$0.00	\$0.00

<b>Bond amount that can be refunded</b>	<b>\$7,902.73</b>
<b>Amount that can be refunded</b>	<b>\$4,495.90</b>
Preliminary maximum allowed for regular property tax:	<b>\$965,178.50</b>

**The Total Preliminary 2024 Maximum Regular Property Tax Levy: \$965,178.50**

\*notes:

\*If the district takes less than the allowable amount, the balance will be automatically banked for the next years budget needs, should you choose to take it.



Ordinance / Resolution No. 2023-4

EMS Levy

RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District No. 2 has met and considered its budget for the calendar year 2024; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 1,673,710.98; and,

WHEREAS, the population of this district is more than or less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2024 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 16,737.11 which is a percentage increase of 1% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 24 day of October, 2023.

Three sets of horizontal lines for signatures.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.



# Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Aaron Edwards,  
(Name)

Chief Executive Officer, for Chelan County Public Hospital, do hereby certify to  
(Title) District No. 2  
(District Name)

the Chelan County legislative authority that the Board of Commissioners  
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2024 as provided in the district's  
(Year of Collection)

budget, which was adopted following a public hearing held on 10/24/23 :  
(Date of Public Hearing)

Regular Levy: \$2,100,000.00  
(State the total dollar amount to be levied)

Excess Levy: \_\_\_\_\_  
(State the total dollar amount to be levied)

Refund Levy: \$8,288.37  
(State the total dollar amount to be levied)

Signature: \_\_\_\_\_

Date: 10/24/23

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**Hospital District #2 - EMS Levy**  
*Preliminary* values for 2024 tax year

October 6 2023

Your preliminary assessed value for 2024 taxes is : \$ 6,901,935,499 Values may change slightly, we do not have state assessed utilities at this time and there may be supplements to the tax roll up to the time of final certification of values for tax collection. Timber value, if any, is not included.

**Basic calculation for district with population 10,000 or over**

The IPD (Implicit Price Deflator) for 2024 tax year is : 3.67 percent

If the IPD falls below 1%, a second resolution is needed for districts over 10,000 population

**Basic calculation for Regular Levy**

Amount of last year's levy	<b>\$1,673,710.98</b>		
Dollar amount increase over last year's levy	<b>\$16,737.11</b>	<b>% Increase .01</b>	
Highest lawful levy since 1985:	\$1,670,877.00		\$1,670,877.00
x 1% (Initiative 747 limits the rate increase to 1%):	\$16,708.77		\$16,708.77
Possible budget amount less new construction and annexations:			<b>\$1,687,585.77</b>

New construction assessed value:	\$ 216,908,398		
multiplied by last year's levy rate	0.2840218151		
Add preliminary new construction revenue:			<b>\$61,606.72</b>

Annexation AV	0		
Add preliminary annexation revenue	\$0.00		\$0.00

<b>Amount that can be refunded</b>			<b>\$8,288.37</b>
Preliminary maximum allowed for regular property tax:			<b>\$1,757,480.86</b>

**The Total *Preliminary* 2024 Maximum Regular Property Tax Levy: \$1,757,480.86**

**\*\*Note**

\*If the district takes less than the allowable amount, the balance will be automatically banked for the next years budget needs, should you choose to take it.

**CHELAN COUNTY PUBLIC HOSPITAL DISTRICT #2**  
**Lake Chelan Community Hospital**  
**Chelan County, WA**

**RESOLUTION No. 2023-5**

*A Resolution for levying the excess levy to pay for debt on the  
General Obligation Bonds for 2019*

WHEREAS, the Board of Chelan County Public Hospital District #2 is in the process of completing its budget for the calendar year 2024,

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chelan County Public Hospital District #2 on the 24<sup>th</sup> day of October, 2023 do hereby authorize and fix an excess levy of \$1,268,025 for bond payments to be collected in 2024.

ADOPTED by the board Chelan County Public Hospital District #2, Chelan County, Washington, at a special board meeting thereof this 24<sup>th</sup> day of October, 2023.

BOARD OF COMMISSIONERS

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Vice Chairman

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Chief Executive Officer



# Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Aaron Edwards,  
(Name)

Chief Executive Officer, for Chelan County Public Hospital, do hereby certify to  
(Title) District No. 2  
(District Name)

the Chelan County legislative authority that the Board of Commissioners  
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2024 as provided in the district's  
(Year of Collection)

budget, which was adopted following a public hearing held on 10/24/23:  
(Date of Public Hearing)

Regular Levy: \_\_\_\_\_  
(State the total dollar amount to be levied)

Excess Levy: \$1,268,025.00  
(State the total dollar amount to be levied)

Refund Levy: \$7,902.73  
(State the total dollar amount to be levied)

Signature: \_\_\_\_\_

Date: 10/24/23

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Year Ending December 31	25-Years, assume rating of Baa1, Non BQ 2018 Unlimited Tax General Obligation Bonds			102.50% Assessed Value	2.5% Growth Estimated Tax Levy Rate (1)
	Principal (1)	Interest (1)	Annual Debt Service (1)		
2019	165,000	891,826	1,056,826	3,150,270,215	\$0.34
2020	130,000	953,000	1,083,000	3,229,026,970	\$0.34
2021	165,000	946,500	1,111,500	3,309,752,645	\$0.34
2022	200,000	938,250	1,138,250	3,392,496,461	\$0.34
2023	240,000	928,250	1,168,250	3,477,308,872	\$0.34
2024	280,000	916,250	1,196,250	3,564,241,594	\$0.34
2025	325,000	902,250	1,227,250	3,653,347,634	\$0.34
2026	375,000	886,000	1,261,000	3,744,681,325	\$0.34
2027	425,000	867,250	1,292,250	3,838,298,358	\$0.34
2028	475,000	846,000	1,321,000	3,934,255,817	\$0.34
2029	535,000	822,250	1,357,250	4,032,612,212	\$0.34
2030	595,000	795,500	1,390,500	4,133,427,517	\$0.34
2031	660,000	765,750	1,425,750	4,236,763,205	\$0.34
2032	725,000	732,750	1,457,750	4,342,682,286	\$0.34
2033	800,000	696,500	1,496,500	4,451,249,343	\$0.34
2034	875,000	656,500	1,531,500	4,562,530,576	\$0.34
2035	960,000	612,750	1,572,750	4,676,593,841	\$0.34
2036	1,045,000	564,750	1,609,750	4,793,508,687	\$0.34
2037	1,140,000	512,500	1,652,500	4,913,346,404	\$0.34
2038	1,235,000	455,500	1,690,500	5,036,180,064	\$0.34
2039	1,340,000	393,750	1,733,750	5,162,084,565	\$0.34
2040	1,450,000	326,750	1,776,750	5,291,136,680	\$0.34
2041	1,570,000	254,250	1,824,250	5,423,415,097	\$0.34
2042	1,690,000	175,750	1,865,750	5,559,000,474	\$0.34
2043	1,825,000	91,250	1,916,250	5,697,975,486	\$0.34
2044	0	0	0	5,840,424,873	\$0.00
2045	0	0	0	5,986,435,495	\$0.00
2046	0	0	0	6,136,096,382	\$0.00
2047	0	0	0	6,289,498,792	\$0.00
2048	0	0	0	6,446,736,262	\$0.00
<b>Totals</b>	<b>\$19,225,000</b>	<b>\$16,932,076</b>	<b>\$36,157,076</b>		

(1) Preliminary and subject to change, estimated True Interest Cost is 4.61%.

<b>Estimated number for 2019 Tax Collection Roll:</b>	2019		2020
Est. Levy Rate with assumed 6% Tax Delinquency:	\$1,120,236	Target	\$ 1,147,980
Est. Annual Cost to a \$300,000 home:	\$0.35	\$0.38 or less	
Est. Monthly Cost to a \$300,000 home:	\$104.08		2021
	\$8.67		\$ 1,178,190
			2022
			\$ 1,206,545
			2023
			\$ 1,238,345.00
			2024
			\$ 1,268,025.00
			2025
			\$ 1,300,885.00

**October 2023 Capital Surplus List**

<b>Dept</b>	<b>Item</b>	<b>Manufacture</b>	<b>Notes</b>
Nursing	Stress Test Treadmill	GE	Treadmill EOL 2021, Contoller past EOL
Nutrition	Mega top refrigerator	Superior	Nonfunctioning
Rehab	Misc. Pediatric Therapy Items	Misc	No longer using, xtra cost to LCH to store
Lab	Analyzer	Rapid Point 500	No longer needed, out of date equipment
Surgery	Light Source	Welch Allyn	
Surgery	Headlight & Stand	Welch Allyn	
ER	Humidifier	Bipap Unit	No longer needed, out of date equipment
ED	Phillips Vent	Phillips	Item not used since VOSCN implementation



Origination 10/10/2003  
Last Approved N/A  
Effective Upon Approval  
Last Revised 1/26/2023  
Next Review 2 years after approval

Owner Louise Sahlinger:  
Director Of Quality  
Area Quality

## Complaint & Grievance Resolution Policy and Procedure

### Purpose

To assure all patient concerns, complaints and grievances are addressed and appropriately resolved in a timely, reasonable, and consistent manner.

### Policy

- The Board of Commissioners delegates authority for managing grievances to the Grievance Committee.
  - The Grievance Committee is an ad hoc committee comprised of the Director of Quality & Patient Safety or designee, the Department Manager or Director where the grievance originated, and other staff as appropriate including the Risk Manager, medical providers, and executive leadership team.
- Patients are informed of their rights upon seeking care or admission, including the right to voice complaints or grievances.
- Signs are to be posted in patient care areas detailing the options for filing a grievance via phone to the Director of Quality and the Department of Health.
- Complaints or grievances may be filed by a patient or patient representative, or any person who witnesses a potential patient rights or patient safety violation.
- A patient or patient representative may bypass the complaint or grievance process and contact the Washington State Department of Health directly to file a complaint or grievance.
  - Washington State Department of Health  
1-800-633-6828 or [hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)

- Legal claims are managed by Risk Management and/or Legal Services and not considered grievances for resolution according to this policy.
- Complaints or grievances made through online platform reviews (i.e., Google, Yelp, etc.) and social media will not be processed according to this policy.
- Billing concerns or complaints will be reviewed by the Business Office Manager or other designee in collaboration with other leaders, as appropriate, and ultimately resolved by the Director of Quality & Patient Safety. If the billing concern or complaint involves a clinical care concern, it will be reviewed by the Director of Quality & Patient Safety separately from the billing complaint (to include medical director chart review) and the findings and recommended resolution will be communicated to the Business Office Manager or designee.

## Definitions

**Complaint:** Verbal complaint that is made to staff regarding patient care, patient experience or patient satisfaction and can be resolved promptly prior to the patient's discharge from LCH.

**Grievance:** Either an informal or formal written or verbal complaint that is made to the Critical Access Hospital by a patient, or the patient's representative, when a patient issue cannot be resolved promptly by staff present. If a complaint cannot be resolved promptly by staff present or is referred to the Quality department, patient advocate, or Critical Access Hospital management, it is to be considered a grievance. To include high medical/legal/reputation risk or identified care concerns.

Grievances can be received through the following venues:

- Phone call/voicemail
- Email
- USPS letter or certified mail
- Patient Satisfaction Survey
- Face to Face

**Billing concerns or complaints:** A written or verbal complaint regarding a bill that is not related to patient care or services and does not include any patient safety or quality care concerns in the clinical setting.

## Procedure

### Complaints

1. Patients or patient representative may contact any staff member to file a complaint.
2. Staff members aim to resolve concerns or complaint at the time they are received.
3. Concerns and complaints are escalated based on the chain of command if appropriate.
4. If staff are unable to resolve the complaint, they are to complete a Quality Management Memo including the person's contact information making the complaint, and a description of the concern or complaint, for resolution through the grievance procedure.

# Grievances

1. Patients or patient representatives may contact the Director of Quality & Patient Safety at 509-682-3300 ext. 7814, or designee, to file a grievance; they can also call the designated LCH helpline at 1-844-729-4088 to file their grievance.
2. The Grievance Committee reviews and/or investigates all grievances.
  1. The Grievance Committee membership (stated above) is an ad hoc committee.
3. Every effort is made to resolve grievances within 30 days.
  - a. If the review and/or investigation is likely to take more than 10 days, or 10 days has elapsed since the grievance has been filed, the patient or patient representative is notified in writing.
4. All grievances will be responded to in writing. Responses include:
  - a. the contact person for the grievance
  - b. steps taken to investigate the grievance
  - c. results of the grievance process
  - d. the date of completion
5. A grievance is considered resolved when the patient or patient representative is satisfied with the actions taken on their behalf.
  - a. The grievance resolution will include:
    - a. Identification of the Critical Access Hospital's contact person;
    - b. Steps taken to investigate;
    - c. Results of the grievance process; and,
    - d. Date of completion.
  - b. There may be situations where the organization has taken appropriate and reasonable action to resolve the grievance and the patient or patient representative remains unsatisfied. The organization may consider these closed if regulatory requirements have been met and are documented and no further clinical or operational concerns are identified.
  - c. If any grievance remains open after 30 days since the filing and without any further communication from the patient, a letter will be sent to the patient notifying them that their grievance case will be closed; should they wish to keep the grievance open (as appropriate) they are to contact the Director of Quality & Patient Safety.
  - d. If the grievance remains open after 60 days since the original filing of the grievance (and communication attempts are also documented), and after 30-60 days without any further communication from the patient, the grievance case will be closed.
6. Documents pertaining to the review and/or investigation will be maintained by Director of Quality & Patient Safety or designee.

# Billing Concerns or Complaints

1. Patients or patient representatives may contact any staff member to file a complaint.
2. Staff members aim to resolve concerns or complaint at the time they are received.
3. Concerns and complaints are escalated based on the chain of command if appropriate.
4. Staff should complete a Quality Management Memo including the patient or patient representative contact information, and a description of the concern, complaint, or grievance.
5. Should the complaint include quality of care or clinical care concerns, the Director of Quality & Patient Safety will follow up with the patient and follow the formal Grievance procedure described above for clinical care concerns.
6. The Business Office Manager, or designee, will work to resolve any billing complaints they receive according to their own complaint procedure(s).
7. Documents pertaining to the review and/or investigation will be maintained by the Revenue Cycle Director, Business Office Manager or designee.

## Approval Signatures

Step Description	Approver	Date
Board Approval	Wendy Kenck: Executive Assistant	Pending
Executive Approval	Shawn Ottley: COO, CNO	10/17/2023
Quality Director	Louise Sahlinger: Director Of Quality	10/17/2023