



# LAKE CHELAN HEALTH

## **BOARD PACKET**

Chelan County Public Hospital District No. 2

11/28/2023



Chelan County Public Hospital District No. 2  
 Regular Meeting of the Board of Commissioners  
 November 28, 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	<ul style="list-style-type: none"> <li>Call to Order</li> </ul>	J. LaPorte	
1:32	<ul style="list-style-type: none"> <li>Public Comment</li> </ul>		
1:35	<ul style="list-style-type: none"> <li>Chair Report</li> </ul>	J. LaPorte	
1:40	<ul style="list-style-type: none"> <li>Consent Agenda</li> </ul>	Commission	A. Regular Board Meeting Minutes 10/24/2023 (FA) B. Special Board Meeting Minutes 11/08/2023 (FA) C. Governance Meeting Minutes 11/09/2023 (FA) D. Special Board Meeting Minutes 11/13/2023 (FA) E. Warrants & Vouchers (FM) F. Bad Debt & Charity Care (FM) G. Finance Committee Minutes 11/20/2023 (FA)
1:45	<ul style="list-style-type: none"> <li>Executive Session</li> </ul>		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	<ul style="list-style-type: none"> <li>Reports</li> </ul>	L. Sahlinger B. Truman S Ottley Governance Committee A. Edwards  M Hillman S. Ottley	A. Med Staff Report & Credentialing (FM) B. Financial Committee Report (FA) <ul style="list-style-type: none"> <li>Large Power - Ortho Capital Equipment (FM)</li> <li>CEO Decision Matrix (FM)</li> </ul> C. CEO Report (FI) - <ul style="list-style-type: none"> <li>Forte Update</li> <li>TIF Update</li> </ul> D. CMO Report E. Strat Plan KPI Report (FI)
3:00	<ul style="list-style-type: none"> <li>Old Business</li> </ul>	Commission Commission  Governance Committee  S Ottley	A. Artifacts (FD) B. Board Advocacy (FD) C. Policies <ul style="list-style-type: none"> <li>Gift Policy (FM)</li> <li>LCH Board Orientation Policy (FD)</li> <li>Complaint &amp; Grievance Resolution Policy and Procedure. (FM)</li> </ul>
3:45	<ul style="list-style-type: none"> <li>New Business</li> </ul>	S Ottley S Ottley/B Truman Commission	A. Tort Claims Policy (FD) B. Capital Asset Disposal (FA) C. 2024 Meeting Schedules (FD) <ul style="list-style-type: none"> <li>Annual Meeting, Task Calendar, Legal Holidays</li> </ul>
4:15	<ul style="list-style-type: none"> <li>Roundtable /Action Items</li> </ul>	Commission	
4:20	<ul style="list-style-type: none"> <li>Public Comment</li> </ul>		
4:25	<ul style="list-style-type: none"> <li>Executive Session</li> </ul>		A. Quality and Compliance Reports. RCW 70.41.205(2) and RCW 42.30.110 (o) B. To consider the minimum price at which real estate

			will be offered for sale or lease. RCW 42.30.110(c) C. Evaluate the performance of a public employee. RCW 42.30.110(1)(g)
5:00	• Adjournment		

## Board Calendar Reminders:

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
1/18/2023	Finance Committee	Bragg Room/ TEAMS	11 am
TBA	Regular Board Meeting	TBA	TBA



**Chelan County Public Hospital District No. 2  
Regular Meeting of the Board of Commissioners  
Meeting Minutes 10/24/2023 1:30 pm in person and via Microsoft TEAMS**

**Commission Attendance:**

(  not present  present )

Mary Murphy, Secretary via TEAMS  
 Jordana LaPorte, Chair

Doug Gibson  
 Barbara Jensen

Lori Withrow, Vice Chair

**Staff Participants:** A. Edwards, B. Truman, S. Ottley, L. Sahlinger, B. Douglass, N. Decker, B. McCracken, A. Benegas, J. Sweeney,  
**Guests:** David Imus (Wipfli)

**Community Members:**

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
<ul style="list-style-type: none"> <li>• Call to Order</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte called the meeting to order at 1:34 pm and recited the mission statement.</li> <li>• Edits to the Agenda:               <ul style="list-style-type: none"> <li>○ Move Quality Executive Session to the end of the executive Session</li> <li>○ B. Jensen motioned to approve the above edits, seconded, motion approved</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>• No Public Comment</li> </ul>
<ul style="list-style-type: none"> <li>• Chair’s Report</li> </ul>	<ul style="list-style-type: none"> <li>• Jordann expressed gratitude to Guild B for their successful fundraising event, Paint the Town Pink, which contributed to the Cardiac Program’s funds.</li> <li>• J. LaPorte expressed appreciation to the executive team for their dedicated efforts and progress made in relation to the Bonus Structure.</li> </ul>
<ul style="list-style-type: none"> <li>• Consent Agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Requested edits to the Consent Agenda:               <ul style="list-style-type: none"> <li>○ The Budget Workshop meeting minutes update the title change from ‘Regular’ to ‘Special’.</li> <li>○ In the Finance Committee Minutes, Item 4 ‘Matrix’ changed to ‘Metrics’.</li> </ul> </li> <li>• M Murphy motioned to approve consent agenda with above edits, seconded, motion approved.</li> </ul>
<ul style="list-style-type: none"> <li>• Reports</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>• D. Imus presented the finalized 2022 Year End Audit for LCH to the Commissioners.</li> <li>• A. Edwards presented Operation Stretch Pants, Specialty Care and EMS/Admin PowerPoint               <ul style="list-style-type: none"> <li>○ Dr. Douglass and Dr. Decker emphasized the significance of ensuring proximity between the main hospital and the Specialty Care Clinic for optimal patient care.</li> <li>○ Discussion among all attendees regarding the necessity and the steps to be taken for the future considerations involving the Specialty Care Clinic and the MOB (Medical Office Building), among other options.</li> <li>○ M. Murphy raised inquiries about water and capital project management capacity , prompting A. Edwards to express concerns about retaining excellent staff in the</li> </ul> </li> </ul>

	<p>absence of a commitment to progress in expanding the service line and consolidating space at a single location. A. Edwards also outlined the specific requests highlighted in the PowerPoint presentation.</p> <ul style="list-style-type: none"> <li>• B. Jenson motioned to authorize the Executive team to sign the commerce documents (promissory and deed of trust) and proceed with Forte Architecture on the EMS/Admin build, seconded, motion approved.</li> <li>• B. Truman presented September’s unaudited Finance Report <ul style="list-style-type: none"> <li>○ L. Withrow motioned to accept September’s Unaudited Finance Packet, seconded, motion approved.</li> <li>○ D. Gibson motioned to approve an allocation of up to \$60K for the purchase of the Capital Budget request related to the 2024 Ford F350 Pickup, 4 WD as described. The motion was seconded and approved.</li> <li>○ M. Murphy motioned to approve the purchase/order of the Fleet Vehicle as proposed in the 2024 Budget Packet, seconded, motion approved.</li> <li>○ M. Murphy motioned to approve A. Edwards to purchase the Business Office at a price of \$75K plus tax, seconded, motion approved.</li> </ul> </li> <li>• A. Edwards presented the CEO report.</li> <li>• The Board KPI Report was presented by S. Ottley</li> </ul>
<ul style="list-style-type: none"> <li>• Old Business</li> </ul>	<ul style="list-style-type: none"> <li>• D. Gibson motion to authorize the Executive team to proceed with Forte up to \$125K as outlined in the documents presented by A. Edwards, Breakpoint 1 &amp; 2, seconded, motion approved.</li> <li>• M. Muphy motioned to accept the Continuous Quality &amp; Process Improvement Plan with the change to reflect the current mission statement, seconded, motion accepted.</li> <li>• D. Gibson attended the Chelan County Commissioner meeting and had a discussion with the speaker regarding the inclusion of LCH in the Stehekin emergency response planning.</li> <li>• M. Murphy participated in the Diabetes Meeting, engaging with fellow community members to brainstorm ideas aimed at enhancing Diabetes education within the community.</li> <li>• L. Withrow motioned to approve the Health Equity Policy, seconded, motion approved.</li> </ul>
<ul style="list-style-type: none"> <li>• New Business</li> </ul>	<ul style="list-style-type: none"> <li>• D Gibson motion to approve the below Resolutions, seconded, motion approved. <ul style="list-style-type: none"> <li>○ Resolution 2023-3 <i>Regular Hospital Levy</i></li> <li>○ Resolution 2023-4 <i>EMS Levy</i></li> <li>○ Resolution 2023-5 <i>2019 GO Bond</i></li> </ul> </li> <li>• B. Jenson motioned to accept the Capital Asset Disposal List as presented, seconded, motion accepted.</li> <li>• Requested edits to Complaint &amp; Grievance Resolution Policy and Procedure <ul style="list-style-type: none"> <li>○ Change the CAH to Lake Chelan Health, and remove the word ‘concerns’</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Roundtable/Action Items</li> </ul>	<ul style="list-style-type: none"> <li>• The Artifacts Committee will continue collaborating with Materials, Marketing, and with the Foundation to compile an inventory of items that have been removed from the Highland Campus.</li> <li>• The Governance Committee will meet and update the Gift Policy</li> <li>• J. LaPorte is tasked with reaching out to the community member who submitted a letter concerning the Bond and property taxes.</li> <li>• The Executive team is assigning staff to establish a Diversity, Equity, and Inclusion (DEI) committee.</li> </ul> <p>4:50 PM M. Murphy excused herself from the meeting</p>
<ul style="list-style-type: none"> <li>• Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>• No Public Comment</li> </ul>

<ul style="list-style-type: none"> <li>• Executive Session</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte announced Executive Session at 5:10 pm for 30 minutes to evaluate the performance of a public employee RCW 42.30.110(1)(g),</li> <li>• L. Withrow extended the Executive Session 30 minutes</li> <li>• L. Withrow extended the Executive Session 30 minutes</li> <li>• Executive Session ended at 6:40 pm</li> </ul>
<ul style="list-style-type: none"> <li>• Adjournment</li> </ul>	<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 6:41 pm.</li> </ul>

Attest:

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

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

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

DRAFT



**Chelan County Public Hospital District No. 2  
Special Meeting of the Board of Commissioners  
Meeting Minutes 11/08/2023 9:00 am  
Available in person and via Microsoft TEAMS**

**Commission Attendance:**

(  not present  present )

Mary Murphy, Secretary via TEAMS  
 Jordana LaPorte, Chair

Doug Gibson  
 Barbara Jensen

Lori Withrow, Vice Chair

**Staff Participants:** A. Edwards, B. Truman, S. Ottley, A. Benegas,

**Guests:** J. Simmons

**Community Members:** Candi, A. Rynd

**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 9:10 am and recited the mission statement.</li> </ul>
2. Public Comment	<ul style="list-style-type: none"> <li>• No public comment</li> </ul>
3. Old Business	<ul style="list-style-type: none"> <li>• B. Truman reviewed the 2024 Budget with the Board</li> </ul>
4. Executive Session	<ul style="list-style-type: none"> <li>• J. LaPorte announced Executive Session a 9:30 am for 30 minutes to consider the minimum price at which real estate will be offered for sale or lease. RCW 42.30.110(1)(c) and to evaluate the performance of a public employee RCW 42.30.110(1)(g)               <ul style="list-style-type: none"> <li>○ L. Withrow extended the Executive Session by 15 minutes.</li> <li>○ L. Withrow extended the Executive Session by 5 minutes.</li> </ul> </li> <li>• Executive Session ended at 10:20 am</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>• No action was taken as a result of the Executive Session</li> <li>• J. LaPorte adjourned the meeting at 10:22am</li> </ul>

Attest:

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

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

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



# LAKE CHELAN HEALTH

## MEETING MINUTES

<b>Name of Group:</b> Governance Committee	<b>Date of Meeting:</b> 11/9/23	<b>Time of Meeting:</b> 4 pm
<b>Facilitator:</b> Mary Murphy		<b>Location:</b> phone
<b>Recorder:</b> Mary Murphy		
<b>Members present:</b>		
X BOC Representative (Mary Murphy)		X BOC Representative (Jordana LaPorte)
<b>Other: {other attendees or guests}</b>		
<b>Meeting Objectives(s)/Purpose:</b> Review Matrix ,Update Gift Policy and Orientation Policy, and develop KPIs		

FI – For Information; FD – For Discussion; FM – For Motion

Time	Agenda Item	Topic/Action
4 pm	1. Call to Order	
4 pm	2. Matrix review  3. Gift Policy update  4. Board Orientation Policy Review  5. 2024 Board KPI's	2. Revised Board-CEO Decision Matrix for Board review. Recommend this be Board -approved as a policy and stored in PolicyStat  3. Updated the current Gift Policy to encompass new guidelines/criteria for Board review/approval  4. Updated Board Orientation Policy for Board review/approval  5. Discussed possible 2024 Board KPI's. Recommend topic presented at next Board meeting for Board discussion.
5:55 pm	6. Adjournment	

**Next meeting: TBD**





**Chelan County Public Hospital District No. 2  
Special Meeting of the Board of Commissioners  
Meeting Minutes 11/13/2023 9:00 am  
Available 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, V. Bodle, A. Diehl, C. Welter

**Guests:**

**Community Members:** Nikita

**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 9am and recited the mission statement.</li> </ul>
2. Public Comment	<ul style="list-style-type: none"> <li>• No Public Comment</li> </ul>
3. Executive Session	<ul style="list-style-type: none"> <li>• J. LaPorte announced Executive Session at 9:05am for 40 minutes to consider information regarding staff privileges or quality improvement committees under RCW70.41.205 and RCW42.30.110(1)(o)</li> <li>• L. Withrow extended the Executive Session by 10 minutes.</li> <li>• L. Withrow extended the Executive Session by 5 minutes.</li> <li>• L. Withrow extended the Executive Session by 10 minutes.</li> <li>• L. Withrow extended the Executive Session by 5 minutes.</li> <li>• L. Withrow extended the Executive Session by 5 minutes.</li> <li>• Executive Session ended at 10:20 am</li> </ul>
4. Old Business	<ul style="list-style-type: none"> <li>• No action was taken as a result of the Executive Session.</li> <li>• B. Truman opened the floor for questions regarding the 2024 Budget as previously discussed.               <ul style="list-style-type: none"> <li>○ D. Gibson motioned to approve Resolution 2023-6 2024 Budget as presented by Finance, seconded, motion approved.</li> </ul> </li> <li>• S. Ottley provided a Rough Order of Magnitude (ROM) for the furnishings required for the relocation of the Business Office and Accounting to the clinic space at 219 E. Johnson Ave.               <ul style="list-style-type: none"> <li>○ M. Murphy made a motion to approve the presented ROM with a cap not exceeding 130K, seconded, approved.</li> </ul> </li> <li>• B. Truman delivered a PowerPoint presentation showcasing the Bonus Structure.               <ul style="list-style-type: none"> <li>○ The Board posed questions about the process and expressed gratitude to the team for creating and implementing the process.</li> </ul> </li> </ul>
5. Executive Session	<ul style="list-style-type: none"> <li>• J. LaPorte announced Executive Session at 11:00 am for 15 minutes to consider the minimum price at which real estate will be offered for sale or lease RCW42.30.110(1)(c) and to evaluate the performance of a public employee RCW 42.30.110(1)(g)</li> <li>• L. Withrow extended the Executive Session by 10 minutes.</li> <li>• Executive Session ended at 11:25 am</li> </ul>

6. Public Comment	<ul style="list-style-type: none"><li>• No Public Comment</li></ul>
7. 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 11:26 am</li></ul>

Attest:

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

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

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

DRAFT

DATE October 2023

TOTAL BAD DEBTS - HOSPITAL \$61,920.78  
TOTAL MEDICARE BAD DEBTS \$76.10  
TOTAL BANKRUPTCY \$0.00  
TOTAL CHARITY CARE – HOSPITAL \$34,036.48  
TOTAL MEDICARE CHARITY CARE - \$0

TOTAL ATTESTATION \$96,033.36

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**

<b>Group:</b> Finance Committee 11/20/2023 at 11:00 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, D. Johnson (JJCA), K. Birdsong (Graystone)		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
1. Call to Order	B Truman called the meeting to order at 11:03 am
2. New Business	<ul style="list-style-type: none"> <li>• D. Johnson and K. Birdsong provided an overview of the MOB, covering details such as logistics, financing, and potential collaborations with the hospital, physician tenants, and local investors.               <ul style="list-style-type: none"> <li>○ A. Edwards inquired about the source of data on community needs for healthcare services as the CHNA does not provide a complete picture. In response, D. Johnson recommended conducting a physician feasibility study and offered to provide names of companies specializing in that area.</li> </ul> </li> <li>• LCH is currently leasing approximately 17K square feet.</li> <li>• S. Nau presented a Chargemaster Sensitivity Analysis</li> <li>• B. Truma provided an analysis of the cost breakdown for Pain Management, highlighting areas of concern and emphasizing the necessity to delve deeper into the program.</li> </ul>
3. Old Business	<ul style="list-style-type: none"> <li>• Coastal bank documents require LCH to have a cash holding of \$112K in their bank.</li> </ul>
4. Reports	<ul style="list-style-type: none"> <li>• V. Bodle presented October's Financial Statement (unaudited).</li> </ul>
5. Adjournment	B Truman adjourned the meeting at 1:06 pm



# LAKE CHELAN HEALTH

**Unaudited Financial Statements**

**for**

**For the month ended October 31, 2023**

## TABLE OF CONTENTS

Balance Sheet	1
Statement of Operations - Current Month	2
Statement of Operations - Year-to-Date	3
Statistics	4
Notes to Income Statement #1 - #9	5
Cash Flow	6



**Balance Sheet**  
**Lake Chelan Health**

	Current Month 10/31/2023 unaudited	Prior Year 12/31/2022 Audited	Prior Year 10/31/2022 Unaudited
<b>ASSETS:</b>			
CASH	285,271	\$ 443,682	\$ 752,826
PATIENT RECEIVABLES	9,509,435	7,739,790	\$ 7,815,073
LESS: RESERVES FOR ALLOWANCES	<u>(5,063,407)</u>	<u>(4,019,725)</u>	<u>\$ (4,087,322)</u>
NET PATIENT ACCOUNTS RECEIVABLES	4,446,028	3,720,065	3,727,751
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	(400,790)	(30,129)	(725,001)
OTHER RECEIVABLES	(301,217)	363,128	2,161,082
INVENTORIES	222,459	230,102	217,533
PREPAID EXPENSES	<u>314,659</u>	<u>231,742</u>	<u>241,056</u>
TOTAL CURRENT ASSETS	<u>\$ 4,566,411</u>	<u>\$ 4,958,589</u>	<u>\$ 6,375,247</u>
GENERAL RESERVES	\$ 2,269,973	1,157,151	\$ 1,563,887
Unrestricted Reserves	\$ 3,327,380	4,007,377	\$ 3,954,330
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	30	\$ 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>\$ 9,873,676</u>	<u>\$ 9,304,083</u>	<u>\$ 9,657,771</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	10,592,080	9,707,341	\$ 7,329,410
SOFTWARE	2,185,697	2,159,033	\$ 2,139,204
NEW HOSPITAL	43,901,486	43,901,486	\$ -
CONSTRUCTION-IN-PROGRESS - NEW HOSPITAL	700,172	375	\$ 41,276,445
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>15,378</u>	<u>18,290</u>	<u>\$ 444,081</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	68,712,811	67,104,525	62,104,633
LESS: ACCUMULATED DEPRECIATION	<u>(17,881,931)</u>	<u>(15,132,160)</u>	<u>\$ (14,292,000)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 50,830,881</u>	<u>\$ 51,972,365</u>	<u>\$ 47,812,633</u>
DEFERRED ITEMS	2,484,008	2,500,062	\$ 2,944,028
TOTAL ASSETS	<u>\$ 67,754,976</u>	<u>\$ 68,735,098</u>	<u>\$ 66,789,679</u>
<b>LIABILITIES:</b>			
ACCOUNTS PAYABLE	\$ 1,065,217	1,912,962	1,579,285
ACCRUED PAYROLL	439,083	544,965	315,620
ACCRUED VACATION/HOLIDAY/SICK PAY	488,302	506,864	458,736
PAYROLL TAXES PAYABLE	33,414	44,673	25,764
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	-	0	0
OTHER CURRENT LIABILITIES	1,110,333	942,998	334,418
INTEREST PAYABLE	467,166	95,395	444,842
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	725
CMS Stimulus	<u>0</u>	<u>0</u>	<u>1,514,370</u>
TOTAL CURRENT LIABILITIES	<u>\$ 4,605,346</u>	<u>\$ 5,049,688</u>	<u>\$ 5,243,760</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 19,018,771	19,026,399	19,292,755
2013 BONDS	5,022,420	5,018,123	5,372,263
USDA LOANS	18,206,352	18,548,916	19,776,000
LEASES	1,827,965	1,827,965	396,193
PAID LEAVE - LT PORTION	<u>304,376</u>	<u>304,376</u>	<u>299,828</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 44,379,884</u>	<u>\$ 44,725,778</u>	<u>\$ 45,137,039</u>
DEFERRED ITEMS	\$ 3,922,975	3,922,975	3,914,454
TOTAL LIABILITIES	<u>\$ 52,908,205</u>	<u>\$ 53,698,441</u>	<u>\$ 54,295,253</u>
<b>FUND BALANCE:</b>			
UNRESTRICTED FUND BALANCE	\$ 15,036,657	10,904,602	10,915,594
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(189,885)</u>	<u>4,132,056</u>	<u>1,578,832</u>
TOTAL NET ASSETS	<u>\$ 14,846,771</u>	<u>\$ 15,036,658</u>	<u>\$ 12,494,426</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 67,754,976</u>	<u>\$ 68,735,098</u>	<u>\$ 66,789,679</u>



## Statement of Revenue and Expense Lake Chelan Health

For the month ended October 31, 2023

	CURRENT MONTH				Prior Year 10/31/22	Incr/(Decr) from 2022 to 2023
	Actual 10/31/23	Budget 10/31/23	Positive (Negative) Variance			
GROSS PATIENT SERVICE REVENUES						
INPATIENT	\$ 859,265	\$ 736,670	122,595	17%	\$ 670,907	28.1%
OUTPATIENT	4,038,815	3,582,143	456,672	13%	2,997,541	34.7%
TOTAL PATIENT SERVICE REVENUES	4,898,079	4,318,813	579,266	13%	3,668,447	33.5%
DEDUCTIONS FROM REVENUE						
CONTRACTUAL ALLOWANCES	(1,968,687)	(1,720,993)	(247,694)	14%	(1,621,964)	
BAD DEBT	(61,997)	0	(61,997)	0.00%	0	
CHARITY	(34,036)	0	(34,036)	0.00%	0	
TOTAL DEDUCTIONS FROM REVENUES	(2,064,720)	(1,720,993)	(343,727)	-20%	(1,621,964)	27.3%
	42.2%	39.8%			44.2%	
NET PATIENT SERVICE REVENUES	2,833,359	2,597,820	235,539	9%	2,046,484	38.5%
OTHER OPERATING REVENUES	25,338	19,402	5,936	31%	157,056	-83.9%
TOTAL OPERATING REVENUES	2,858,697	2,617,222	241,475		2,203,540	29.7%
OPERATING EXPENSES						
SALARIES/WAGES	1,510,028	1,354,724	(155,304)	-11%	1,301,682	16.0%
EMPLOYEE BENEFITS	298,510	299,916	1,406	0%	272,601	9.5%
PROFESSIONAL SERVICES	79,485	77,758	(1,727)	-2%	149,831	-47.0%
FOOD SUPPLIES	17,364	14,349	(3,015)	-21%	16,353	6.2%
MINOR EQUIPMENT	25,816	11,760	(14,056)	-120%	14,745	75.1%
SUPPLIES	228,132	165,528	(62,604)	-38%	151,085	51.0%
PLANT UTILITIES	34,375	43,253	8,878	21%	30,901	11.2%
PURCHASED SERVICES	311,984	253,707	(58,277)	-23%	192,843	61.8%
REPAIR/MAINTENANCE	92,321	76,892	(15,429)	-20%	65,306	41.4%
PUBLIC RELATIONS/RECRUITM	6,629	7,770	1,141	15%	11,572	-42.7%
RENT/LEASES	67,553	28,616	(38,937)	-136%	43,496	55.3%
INSURANCE	17,202	34,003	16,801	49%	11,123	54.7%
LICENSES/TAXES	15,554	14,684	(870)	-6%	(1,090)	-1527.4%
DUES/SUBSCRIPTIONS/OTHER	54,234	38,350	(15,884)	-41%	38,271	41.7%
TRAVEL/TRAINING	10,691	15,567	4,876	31%	9,506	12.5%
DEPRECIATION	336,396	240,569	(95,827)	-40%	57,711	482.9%
TOTAL OPERATING EXPENSES	3,106,275	2,677,446	(428,829)	-16.0%	2,365,936	31.3%
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(247,578)</b>	<b>(60,224)</b>	<b>(187,354)</b>		<b>(162,397)</b>	<b>52.5%</b>
NON-OPERATING REVENUES	209,590	169,292	40,298		251,982	-16.8%
GIFTS & GRANTS	0	0	0		26,494	-100.0%
PANDEMIC GRANTS PPP LOAN FORGIVENESS	0	0	0		0	
NET INCOME margin	(37,988) -1.3%	109,068 4.2%	(147,056)		116,079 5.3%	-132.7%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ (37,988)</b>	<b>\$ 109,068</b>	<b>(147,056)</b>		<b>\$ 116,079</b>	<b>-132.7%</b>



## Statement of Revenue and Expense Lake Chelan Health

For the month ended October 31, 2023

	YEAR-TO-DATE					Incr/(Decr) from 2022 to 2023
	Actual 10/31/23	Budget 10/31/23	Positive (Negative) Variance		Prior Year 10/31/22	
<b>GROSS PATIENT SERVICE REVENUES</b>						
INPATIENT	\$ 5,981,938	\$ 6,786,369	(804,431)	-12%	\$ 6,345,726	-5.7%
OUTPATIENT	38,434,379	32,999,515	5,434,864	16%	27,448,848	40.0%
TOTAL PATIENT SERVICE REVENUES	<u>44,416,316</u>	<u>39,785,884</u>	<u>4,630,432</u>	12%	<u>33,794,575</u>	
<b>DEDUCTIONS FROM REVENUE</b>						
TOTAL DEDUCTIONS FROM REVENUES	(16,265,084)	(15,854,178)	(410,906)	3%	(13,039,013)	
BAD DEBT	(839,376)	0	(839,376)	0.00%	0	
CHARITY	(367,002)	0	(367,002)	0.00%	0	
TOTAL DEDUCTIONS FROM REVENUES	<u>(18,333,025)</u>	<u>(15,854,178)</u>	<u>(2,478,847)</u>	-16%	<u>(13,900,576)</u>	31.9%
	41.3%	39.8%			41.1%	
NET PATIENT SERVICE REVENUES	<u>26,083,291</u>	<u>23,931,706</u>	<u>2,151,585</u>	9%	<u>19,893,998</u>	31.1%
OTHER OPERATING REVENUES	<u>232,936</u>	<u>194,020</u>	<u>38,916</u>	20%	<u>400,762</u>	-41.9%
TOTAL OPERATING REVENUES	<u>26,316,227</u>	<u>24,125,726</u>	<u>2,190,501</u>	9%	<u>20,294,760</u>	
<b>OPERATING EXPENSES</b>						
SALARIES/WAGES	13,995,749	13,285,035	(710,714)	-5%	12,420,019	12.7%
EMPLOYEE BENEFITS	2,919,296	2,941,111	21,815	1%	2,565,926	13.8%
PROFESSIONAL SERVICES	927,251	777,580	(149,671)	-19%	1,114,213	-16.8%
FOOD SUPPLIES	148,789	143,490	(5,299)	-4%	142,728	4.2%
MINOR EQUIPMENT SUPPLIES	129,002	117,600	(11,402)	-10%	62,119	107.7%
PLANT UTILITIES	1,851,865	1,524,882	(326,983)	-21%	1,329,208	39.3%
PURCHASED SERVICES	325,594	432,530	106,936	25%	200,360	62.5%
REPAIR/MAINTENANCE	3,069,763	2,537,070	(532,693)	-21%	2,559,287	19.9%
PUBLIC RELATIONS/RECRUITMENT	778,282	768,920	(9,362)	-1%	692,073	12.5%
RENT/LEASES	87,372	77,700	(9,672)	-12%	282,063	-69.0%
INSURANCE	556,451	286,160	(270,291)	-94%	410,564	35.5%
LICENSES/TAXES	283,734	340,030	56,296	17%	259,234	9.5%
DUES/SUBSCRIPTIONS/OTHER TRAVEL/TRAINING	160,985	146,840	(14,145)	-10%	106,374	51.3%
DEPRECIATION	375,962	383,500	7,538	2%	362,007	3.9%
TOTAL OPERATING EXPENSES	<u>28,803,954</u>	<u>26,323,808</u>	<u>(2,480,146)</u>	-9.4%	<u>23,166,120</u>	24.3%
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(2,487,727)</b>	<b>(2,198,082)</b>	<b>(289,645)</b>		<b>(2,871,360)</b>	-13.4%
<b>NON-OPERATING REVENUES</b>						
GIFTS & GRANTS	2,039,216	1,692,920	346,296		2,118,748	-3.8%
PANDEMIC GRANTS PPP LOAN FORGIVENESS	258,625	0	258,625		331,443	-22.0%
NET INCOME margin	0	0	0		2,000,000	-100.0%
<b>TOTAL NET INCOME (LOSS)</b>	<b>(189,886)</b>	<b>(505,162)</b>	<b>315,276</b>		<b>1,578,831</b>	-112.0%
	-0.7%	-2.1%	7.8%			

**Patient Statistics**  
**Lake Chelan Health**

For the month ended October 31, 2023



Current Month			Last Year Month			
Actual vs Budget	10/31/23	BUDGET	STATISTICS	Actual vs Budget	10/31/22	BUDGET
<span style="color: green;">■</span>	122	120	Total Days Cash on Hand	<span style="color: green;">■</span>	140	120
<span style="color: green;">■</span>	47	40	Net AR Days	<span style="color: green;">■</span>	43	40
<span style="color: green;">■</span>	2.06	1.25	Debt Coverage Ratio	<span style="color: green;">■</span>	1.77	1.25
<span style="color: green;">■</span>	187	175	Payroll FTEs	<span style="color: green;">■</span>	179	175

Current Month			Year-To-Date					
Actual vs Budget	Actual 10/31/23	Prior Year 10/31/22	BUDGET	STATISTICS	Actual vs Budget	Actual 10/31/23	Prior Year 10/31/22	BUDGET
<b>Admissions</b>								
NA	17	21	NA	medical	NA	172	183	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	5	8	NA	OB	NA	84	75	NA
NA	22	29	NA	Acute	NA	256	258	NA
NA	10	7	NA	Swing Bed	NA	65	71	NA
NA	5	8	NA	Total Deliveries	NA	84	78	NA

<b>Patient Days</b>								
<span style="color: yellow;">■</span>	48	51	65	medical	<span style="color: yellow;">■</span>	473	580	603
NA	0	0	NA	surgical	NA	0	0	NA
<span style="color: red;">■</span>	9	16	15	OB	<span style="color: green;">■</span>	161	135	135
<span style="color: yellow;">■</span>	57	67	80	Acute	<span style="color: yellow;">■</span>	634	715	738
<span style="color: green;">■</span>	136	113	90	Swing Bed	<span style="color: yellow;">■</span>	620	798	831
<span style="color: red;">■</span>	7	13	13	Total Newborn Days	<span style="color: green;">■</span>	118	115	116
<span style="color: green;">■</span>	200	193	183	TOTAL PATIENT DAYS	<span style="color: yellow;">■</span>	1372	1628	1685
<b>Average Length of Stay</b>								
<span style="color: green;">■</span>	2.6	2.3		Total Inpatient	<span style="color: green;">■</span>	2.5	2.8	
<span style="color: green;">■</span>	13.6	16.1		Swing Bed	<span style="color: green;">■</span>	9.5	11.2	
<b>Avg Daily Census - Hospital</b>								
	1.8	2.2		Total Inpatient		2.1	2.4	
	4.4	3.6		Swing Bed		2.0	2.6	
	6.2	5.8		Total		4.1	5.0	

<span style="color: green;">■</span>	524	491	581	ED Visits	<span style="color: green;">■</span>	5759	4880	5351
<span style="color: green;">■</span>	61	49	64	Surgeries	<span style="color: yellow;">■</span>	476	422	590
<span style="color: green;">■</span>	1235	813	1097	Imaging Procedures	<span style="color: green;">■</span>	11046	8500	10109
<span style="color: red;">■</span>	2785	2964	3358	Lab Tests	<span style="color: green;">■</span>	30490	30139	30938
<span style="color: green;">■</span>	722	546	487	Rehab Visits	<span style="color: green;">■</span>	5875	4958	4489
<span style="color: yellow;">■</span>	114	150	144	EMS Runs	<span style="color: green;">■</span>	1285	1310	1330
	774	697		Clinic Visits		8050	5520	
	168	45		Specialty		903	836	
	118			Primary care		1332	0	
	488	567		Express clinic		5815	4684	
	22	21		working days		216	214	



**Note #1 Contractuals**

Contractuals do not include reimbursement that will happen when cost report is filed. AR increased by \$427k from September to October  
\$335k of the increase is in the Private Pay AR which also is allowed for at a significantly higher contractual percentage.  
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, others happened after  
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 - Oct \$158k not budgeted  
Radiology Pro Fees \$426,259 budget \$312,500  
Other departments are under budget

**Note #4 MINOR EQUIPMENT AND SUPPLIES**

EMS - defibrillator and pads - new ambulances Dietary - refrigerator  
Dietary \$47,460 budget \$22,448 Food \$5k over budget  
PT \$33,647 budget \$12,469  
Materials Tagged Supplies \$479,767 budget \$231,826 (volumes up)  
ED \$83,758 budget \$45,723 (volumes up)  
Purchasing \$46,878 budget \$16,626

**Note #5 PURCHASED SERVICES**

Lab - \$590,617 expense, budget \$291,667 traveler's expense (as of July expense will start to reduce-hired MLT)  
IT \$499,894 budget \$125,000 Scaled Data Contract  
Anesthesia and Ophthalmology are a total of \$265k below budget, other areas are also under budget  
Accounting \$138k budget \$113k. New Hosp Project \$38k and Cost Based Amb Reporting and Feasibility Study 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 \$164k budget \$82k  
Radiology- \$184k expense, budget \$2k - rent expense for old CT Scan removed in February- expense had to be paid through April, new MRI rent started in May  
Plant \$56k budget \$23k still occupying the modular

**Note #8 LICENSES/TAXES**

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

**Note #9 DEPRECIATION**

Accrual was booked using a 25 year life (\$148k / month) Cost Segregation Study shortens the overall life to 16.58 years. New monthly accrual is \$227k/month.  
Change from Jan - July of \$552k was booked in August

**Statement of Cash Flows**  
**Lake Chelan Health**  
**For the month ended October 31, 2023**

9/30/2023	GL ACCOUNT #	ACCT DESCRIPTION	10/31/2023	EXPLANATION
\$36,859	10002000	General Fund Cash In Bank (North Cascades)	\$118,359	<b>\$81,500</b>
				\$3,175,085 deposits \$0 grant \$0 gemt cost report (\$5,389) tsys/payplus fees (\$1,395) fees mckesson/cardinal (\$30) fees and interest \$3 rebates \$2,227 café sales (\$3,089,000) transfer to county
\$486,720	10004000	General Fund Cash w/ Treasurer	\$434,850	<b>(\$51,870)</b>
				(\$1,718,299) AP (\$717) Voids \$1,718,299 warrants issued (\$1,827,754) warrants redeemed \$3,089,000 Bank Transfers from 10002000 \$0 Bank Transfer from 10760000 (\$88,992) Bank Transfer for USDA pmt (\$1,519,876) Payroll/Benefits (\$16,450) B&O taxes \$312,864 Property Taxes \$55 Leasehold Taxes & Misc Taxes \$0 Bond Fee  pmts reclassified when supporting documentation was received
\$27,247	10009000	cash clearing	\$25,813	<b>(\$1,434)</b>
(\$404,960)	20070000	warrants outstanding	(\$293,752)	<b>\$111,208</b>
				(\$985,641) remits (payroll/benefits/b&o) \$1,830,084 warrants redeemed (\$1,718,299) warrants issued ap \$984,347 remits redeemed \$717 voids
\$729,438	10106000	AMB RESERVE	\$1,303,894	<b>\$574,456</b>
				\$574,347 \$100 property taxes \$9 leasehold taxes interest
\$539,512	10910000	2018 GO BOND	\$966,047	<b>\$426,535</b>
				\$426,535 property taxes
\$31	10911000	2018 CASH BOND	\$31	<b>\$0</b>
				interest
\$106,800	10916000		\$106,800	<b>\$0</b>
\$30,000	10917000		\$30,000	<b>\$0</b>
\$136,800			\$136,800	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	<b>\$0</b>
\$7,432,981	10760000	RESERVES	\$7,466,904	<b>\$33,922</b>
				\$33,922 interest
\$8,984,829			\$10,158,947	<b>\$1,174,319</b>



## CEO Board Report (as of 11/21/2023)

### People:

- Dr. Hillman was named CMO/ED Director. Thank you, Dr. Bradley (CMO) and Dr. Simons (ED Director), for your service!
- Hosting an all-staff meeting on Wednesday to provide updates on happenings around the district. Commissioners LaPorte and Murphy will attend, being “re-introduced” to staff.
- CNO/COO Ottley met with the nurse staffing committee this week to set nursing staffing levels across our facility.
- Initiating an incentive program to recognize and reward staff who refer their friends to work at LCH (code named “operation snitch”).
- Working on the recruitment of family practice providers, lab personnel, locum express care providers, and OR staff.

### Community:

- Working on fundraising efforts for Only Seven Seconds with our mustache shaving. We partnered with Woody’s Classic Man here in Chelan, with many of us shaving down to a mustache. Soon the ladies will join us with a “high hair challenge”.
- Foundation hosted a social in the Café with the hopes of signing up staff to donate via payroll deduction.
- The sale of the Highland Campus is moving along with the city planning commission approving a text amendment to zoning which will help the campus have a broader use. The next step is to receive a conditional use permit, after which the campus will head to the closing stage.
- We will recognize our one-year anniversary of December 5<sup>th</sup> through various advertisements and internal celebrations.

### Quality:

- Our patient satisfaction score is up 1 point from last month (net promotor score went from a 72 to a 73).
- Working on refining our aggregate quality score which will be presented to all staff on Wednesday.
- Waiting for the annual DNV inspection, we are expecting them any day now.

### Financial:

- Gross revenue for October is \$4.9M vs \$3.97M last year. Overall, the net revenue (loss) for October was - \$37K. Year to date, we are \$315K ahead of expectations with a current loss of \$190K.
- Almost all departments are up in volume, with the exceptions being EMS and inpatient days.

### Building for the Future:

- An external organization provided a presentation on possible ways to finance a medical office building at the Apple Blossom Campus to prepare for future growth.
- Continuing work on the planning for the constructions of the EMS/Admin and specialty clinic, as well as changes to the clinic to accommodate staff from the Highland Campus.



**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%	100%		
**KPI-9. 100% of all new employee orientation will include a presentation related to LCH values.	100%	100%	100%	100%	100%	100%	100%		
**KPI-10. Employee Satisfaction survey will include a question related to values knowledge (establish baseline).							100%		
** KPI-45. Aggregate Quality Score >90%		86.6%	85.6%	80.0%	86.4%	79.4%	70.0%	0.0%	0.0%
**KPI-47. Service line development / improvement metrics will be executed at => 77%		36%	27%	50%	45%	54%	54%	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%	40%	0%	0%
**KPI-88. Complete 2 Community Forums 2023.						100%			
**KPI-92. Quarterly rounding / staff meeting attendance, by Administrative Staff.			100%			75%			



Origination 4/15/2023  
Last Approved 7/19/2022  
Effective 4/15/2023  
Last Revised 7/19/2022  
Next Review 7/18/2024

Owner Wendy Kenck:  
Executive Assistant  
Area Administration

## Gift Policy

### POLICY STATEMENT:

The Gift Policy is an internal document intended to guide the associates of Lake Chelan Health (LCH) if a gift opportunity presents itself. LCH is recognized as a 501(c)(3) and may accept direct charitable contributions.

LCH acknowledges that there are entities that have provided substantial and continual support of LCH, namely Lake Chelan Health & Wellness Foundation (formerly known as The Lake Chelan Community Hospital Foundation) and associated Guilds. This policy is not intended to interfere with their ability to achieve their organizations' stated missions.

### PURPOSE:

- 1.1 The Gift Policy provides a framework for the management and coordination of LCH gifting, fundraising and external relationship activities.
- 1.2 The mission of the Gift Policy is to raise awareness and funding to enhance the ability of LCH to deliver remarkable medicine and compassionate care.
- 1.3 This policy governs LCH gifting activities undertaken by or on behalf of LCH. This policy is specific to all associates and related entities involved in these activities.
- 1.4 LCH is defined as the Hospital, Clinic, EMS, Staff and Board of Commissioners.
- 1.5 This policy governs the acceptance of gifts and deferred gifts and applies to all gifts received by LCH for any programs or services.
- 1.6 Gifts and deferred gifts may be made to any entity on behalf of LCH or directly to LCH.



1.7 The following activities are out of scope of this policy:

- Naming of physical entities within LCH (see Chelan County Public Hospital District #2 Donor Stewardship & Recognition Policy)
- Awarding honorary titles and conferral of honorary awards (see Chelan County Public Hospital District #2 Donor Stewardship & Recognition Policy)
- Commercial activities
- Gifts offered to individual staff
- Sponsorships
- Federal, state and local government grants

## PRINCIPLES:

2.1 For the purpose of this policy, Fundraising is defined as the seeking of financial support for charity, cause or other enterprise.

2.2 A strategic and collaborative approach to fundraising will be implemented across LCH to better serve the needs of LCH, its donors and the community.

2.3 Relationships with supporters will be appropriately managed for the long term to avoid repetitive, multiple, conflicting, or inappropriate cultivations. LCH should work collaboratively to ensure relationships are managed in a coordinated manner.

2.4 Fund raising activities will be conducted ethically, in line with LCH strategies, values and policies (see Mission & CCPHD2 Board Health Equity Policy). LCH staff engaged in fund raising activities must conduct themselves as ambassadors for the entire LCH in line with the CCPHD2 Board Health Equity Policy and Code of Conduct.

2.5 All fundraising activities will be managed via written agreement.

2.6 Gift agreements will not permit donors to influence any decision or behavior of LCH, its employees or District Commissioners. LCH will safeguard against any undue interference in LCH activities at all times.

2.7 LCH reserves the right to reject funds from any source based on their alignment with LCH values and potential impact on reputational risk.

## PROCEDURE:

This procedure serves as a guideline to assist Staff and Board Members in accomplishing the goals of the policy. While following these procedural guidelines Staff and Board Members are expected to exercise judgment within their scope of practice and/or job responsibilities.

### 3.1 GIFTS

A. Gifts. A gift is an irrevocable charitable contribution for the benefit of LCH programs or



services, which is intended as a donation and given voluntarily without expectation of a return of goods or services. The purpose(s) of a gift must fall within the purpose and mission of LCH. As with all expenditures from a Donor, contributions must support a bona fide LCH activity and further LCH purpose.

B. Deferred Gifts. A deferred gift is a present decision to make a future gift, evidenced by a legal contract, which is intended as a donation and given voluntarily without expectation of payment in return. The purpose(s) of a gift must fall within the mission of LCH.

C. Types of Gifts. LCH, for the benefit of LCH programs or services, may receive gifts in the following forms:

a. Pledges

b. Current Gifts:

- Cash or Checks
- Credit Card Transactions
- Marketable Securities
- Real Estate
- Personal Property (examples: furniture, works of art, office equipment, precious metals, etc.)

D. Types of Deferred Gifts. LCH, for the benefit of LCH programs or services, may receive deferred gifts in the following forms:

- General bequests of money or securities
- Specific bequests of property
- Residuary estate
- Charitable remainder annuity trust
- Charitable remainder unitrust
- Charitable lead trust
- Charitable gift annuity
- Life estate in real property
- Life Insurance policy
- Retirement Funds

This list is not intended to be a complete list of the types of deferred gifts that can be accepted, but rather a list of types of deferred gifts that may be accepted if the gift is appropriate.

Any Trust formed for the benefit of LCH, must have a Trustee approved by LCH Board of Commissioners. LCH staff are not authorized Trustees.

E. Recognition of Donors/Confidentiality. LCH recognizes the paramount role of donors and their gifts to LCH in achieving its mission. LCH staff will recognize and acknowledge

donors in appropriate ways both publicly and privately. If a donor prefers to remain anonymous, all information regarding a donor or prospective donor shall be held in strict confidence by LCH, subject to legally authorized and enforceable requests for information by governmental agencies and courts. See Donor Stewardship & Recognition Policy.

F. Donor Advice. In no event will LCH staff provide legal, accounting, tax or other advice to prospective donors. LCH staff shall urge prospective donors to seek the assistance of independent, personal legal and financial advisors in matters relating to their gift and the resulting tax and estate planning consequences.

## AUTHORITY TO REVIEW AND ACCEPT GIFTS

4.1. Review and Approval. LCH has gift acceptance authority for specific gifts, which may be delegated to a committee, and responsibility to oversee adherence to this policy. All deferred gifts require recommendation by the CEO of LCH and approval from LCH Board of Commissioners. Staff will give LCH all pertinent details of the proposed gift, which must be provided for consideration and acceptance.

4.2 Non-acceptance of a Gift. If a gift cannot be accepted, LCH CEO will immediately notify the donor.

## EXCEPTIONS

Any exceptions made to these policies, including the various thresholds for deferred gifts, must be reviewed by LCH Board of Commissioners, which will have final approval. Such exceptions shall be based upon sound reasons such as the age of the donor(s), the amount of the gift and the likelihood of additional gifts by the donor(s).

## FINDER'S FEES AND COMMISSIONS

Generally, LCH will not pay a finder's fee or commission to any person as consideration for directing a gift to LCH. Such fees may not be legal and, in some cases, the payment of such fees may subject LCH to federal and state securities regulation and undesirable tax consequences.

### Approval Signatures

Step Description	Approver	Date
Board Approval	Wendy Kenck: Executive Assistant	7/19/2022
Administration	Aaron Edwards: CEO	7/19/2022

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## Lake Chelan Health Planning Guidelines for Patient Experience

draft 11/9/23

The interior and exterior environments of Lake Chelan Hospital and Clinics should be coordinated, patient-centered and support a healing and professional environment. Safety, comfort and satisfaction for patients and their support persons, and for staff are critically important in this environment.

Planning for the patient experience should seek to build patient confidence. Confidence in the hospital and clinic services is primarily built by the professionalism, accuracy and consideration shown by caregivers and by physical cues that contribute to a sense of confidence. For example, artwork can provide a needed focal point to alleviate the overload of sensory information one can feel in a healthcare setting (such as lighting, temperature, odors, sounds and pain).

A simple balance of open, airy spaces and informational and art displays must be achieved to create a calming environment.

LCH shall apply these principles when designing, selecting and arranging all exterior and interior displays for recognition, donor and informational purposes. These displays shall:

1. be approved by Lake Chelan Health Administration or select committee
2. meet all state, federal, and local health standards, and organizational policies
3. be low-maintenance
4. be temporary
5. be removable as necessary

Status Active PolicyStat ID 9723193  
Origination 8/26/2004  
Last Approved 4/27/2021  
Effective 4/27/2021  
Last Revised 4/27/2021  
Next Review 4/27/2023  
Owner [Wendy Kenck:Executive Assistant](#)  
Area [Hospital Commission](#)

## **Governing Board Orientation Policy**

### **POLICY:**

All new Chelan County Public Hospital District No. 2 Board members shall participate in Board orientation prior to attending their first Board meeting. The Administrator shall coordinate orientation with the new Board member . The orientation will be initiated soon after the appointment/election and shall be completed within 90 days of appointment/election.

### **PURPOSE:**

1. To provide the new Board member a thorough introduction to Chelan County Public Hospital District No. 2, including mission, organizational structure, programs and services, medical staff, facilities, payroll, and technology.
2. The Board Chair, or Board member designee, shall provide a working understanding of the Governing Board's responsibilities and policies so that the new Board member can function optimally.

### **PROCEDURE:**

#### **A. Public Hospital Laws**

##### **I. Mandatory training includes five lessons:**

1. Open Government Overviews and General Principles
2. Public Records Act Basics - RCW 42.56

Open Government Training (RCW 42.56.150) is required to be completed within 90 days of election\* and Commissioners must complete retraining at least every 4 years while in elected office.

3. Open Public Meetings Act - RCW 42.30
4. Records Management and Retention Basics - RCW 40.14
5. Supplemental Public Records Act Training - RCW 42.56

## **B. Hospital Mission/Values**

1. Liability Coverage. See: Certificate of Liability
2. Remuneration (at current rate established by Washington State)
3. Current Board Members and contact information
4. Board Committees. See: Committee Charters
  1. Finance
  2. Quality
  3. Governance (Ad hoc)
  4. Credentialing
  5. Voucher/Warrants - no meeting
5. Healthcare Regulatory Overview
6. CEO Job Description and evaluation. See: CEO Position Description

## **C. Orientation**

### **I. Hospital & Clinics**

1. Human Resources
2. Financial/Operational Statistics
3. Operations & Non-Operations Capital Budgets
4. Legal/Personnel/Contractual Matters
5. Quality/Risk Management Matters
6. Strategic Planning & current dashboard
7. Programs & Services
8. Tour of Hospital and Clinic
9. Security Awareness Training (Cyber Security)
10. Employee Appreciation Committee

Page 2 of 4

Governing Board Orientation Policy. Retrieved 3/31/2023. Official copy at <http://lch.policystat.com/policy/9723193/> . Copyright © 2023 Lake Chelan Health

## **II. Management Team**

1. Attend Executive Staff Team Meeting (within first 90 days). CEO or designee to provide overview and arrange as appropriate Board member attendance at entire or part of one meeting.
2. Organizational Chart- CEO or designee to provide overview and copy of chart.
3. Departmental Orientation- CEO or designee to provide overview of all departments.

## **III. Medical Staff**

1. Medical Staff Bylaws
2. Medical Staff Roster
3. Medical Staff Meeting

## **IV. Health and Wellness Foundation & Guilds**

1. Foundation contacts and meetings
2. Guilds

## **V. State Associations**

1. Washington State Hospital Association (WSHA)
2. Association of Washington Public Hospital Districts (AWPHD)

## **VI. Board Responsibilities See PolicyStat**

1. Board Member and Board Chair Job Descriptions
2. Board Bylaws
3. Board and Hospital District Policies
  1. Board of Commissioners Continuing Education
  2. Board Member Code of Conduct
  3. Conflict of Interest Policy
  4. Board Health Equity Policy
  5. Board of Commissioners Policy Review Guidelines
  6. Community Relations of the Board of Commissioners
  7. Governing Board Orientation Policy
  8. Board of Commissioners' Policy and Procedure Regarding Ethical and Legal Matters

4. Board Self-Evaluation
5. Board-CEO Decision Matrix
6. CEO Evaluation and Incentive Plan
7. Board Role in Compliance
8. Credentialing Policy & Process

## **VII. Board Orientation and Training Resources:**

1. Washington State Hospital Association Governance Training ([www.wsha.org](http://www.wsha.org))
2. Open Government Training, RCW 42.56.150
3. AWPHD Legal Manual
4. Public Hospital Commissioner Guide, Association of Washington Public Hospital Districts (AWPHD)
5. 20 Questions Every Washington Hospital Board Needs to be Able to Answer, Washington State Hospital Association (WSHA)
6. Effective Governance for Changing Times/Creating a Foundation for Board, CEO and Organizational Effectiveness AWPHD/WSHA Productive Governance Task Force Report Prepared by Kimberly McNally, MN, RN, BCC, McNally & Associates July 27, 2016
7. Washington State Attorney General website, Open Government Resource Manual
8. Practical Guidance for Health Care Governing Boards on Compliance Oversight, Office of Inspector General, US Department of HHS, April 20, 2015

***\*It is the Commissioner's responsibility to report training, meetings, or any commissioner hours to the executive assistant at least monthly.***

**I have read and been orientated in all areas within this policy:**

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**Commissioner**

**Date**

Page 4 of 4





Origination 10/10/2003  
Last Approved N/A  
Effective Upon Approval  
Last Revised 10/25/2023  
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 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 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 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 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 complaints at the time they are received.
3. 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 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 Complaints

1. Patients or patient representatives may contact any staff member to file a complaint.
2. Staff members aim to resolve concerns or complaints at the time they are received.
3. 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 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
Executive Approval	Shawn Ottley: COO, CNO	Pending
Quality Director	Louise Sahlinger: Director Of Quality	10/25/2023



Origination 3/1/2016  
Last Approved N/A  
Effective Upon Approval  
Last Revised 11/7/2023  
Next Review 2 years after approval

Owner Louise Sahlinger:  
Director Of  
Quality  
Area Administration

## Tort Claims Policy

### Purpose:

To identify a clear policy for standard tort claims in accordance with Washington State law.

### Policy:

Lake Chelan Health complies with RCW 4.96.020 for tortious conduct of local governmental entities and their agents. As stated in RCW 4.96.020, the governing body of each local governmental entity shall appoint an agent to receive any claim for damages. The identity of the agent and the address where he or she may be reached during the normal business hours of the local governmental entity are public records and shall be recorded with the auditor of the county in which the entity is located.

Appointed Agent:	CEO
Office Address:	110 S. Apple Blossom Dr. Chelan, WA 98816
Business Hours:	8:00 am to 4:30 pm Monday – Friday except Holidays

### Procedure:

All claims for damages must be presented on the standard tort claim form. The form and instructions are available at public request.

# References:

Governing Board Resolution #565 signed March 22, 2016

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## Attachments

[Standard Tort Packet](#)

## Approval Signatures

Step Description	Approver	Date
Executive Approval	Shawn Ottley: COO, CNO	Pending
Quality Director	Louise Sahlinger: Director Of Quality	11/7/2023

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**November 2023 Captial Surplus List**

<b>Dept</b>	<b>Qty</b>	<b>Item</b>	<b>Manufacure</b>	<b>Notes</b>
Pharmacy	1	Shelves	Grainger	Wood shelves, bent frame, trash
Clinic	1	Chair	Midmark	No longer find repair parts, out of date equipment, no sale value
MSU	1	Reclinder	Flexsteel	Broken cable, unable to replace, rust, bent frame
ER	1	Otoscope	Welch Allyn	Out of Service, no parts available, scrap and replace
Surgery	7	Compression Unit, Intermittent, Foot	Huntleigh	Removed from service for new system

<b>Board Task Calendar 2023</b>	<b>MEETING DATE</b>	<b>GOVERNANCE</b>	<b>CEO RELATIONS</b>	<b>POLICY REVIEWS</b>	<b>FINANCE</b>	<b>FACILITIES</b>	<b>QUALITY</b>	<b>COMMUNITY</b>
<b>JANUARY</b>	1/24/2023	Oath of Office. Officer Elections. Committee Assignments. Conflict of Interest Form.						
<b>FEBRUARY</b>	2/28/2023	2023 Strategic Planning Workshopt					Exec Session: Quality Report Review. Compliance Plan	Community Forum
<b>MARCH</b>	3/24/2023				Budget Review			
<b>APRIL</b>	4/25/2023		Exec Session: CEO Performance Review / Annual Plan	Board Orientation Policy				
<b>MAY</b>	5/23/2023				Medicare Cost Report		Exec Session:Quality and Compliance Report Review	
<b>JUNE</b>	6/20/2023	WSHA Conference 6/27-6/28	WSHA CEO Conference-6/26-6/28			Master Facility Plan Presentation		
<b>JULY</b>	7/25/2023				Finance Committee Review			
<b>AUGUST</b>	8/22/2023					75th Hospital Anniversary	Exec Session: Quality and Compliance Report Review	
<b>SEPTEMBER</b>	9/26/2023	Board Self Improvement Plan Review		DOH Charity Care Policy	Budget Review & Audit Report	Facilities Master Plan Update	Annual Quality Plan Approval	Community Form
<b>OCTOBER</b>	10/24/2023	2024 Strategic Plan Outline and survey	Mid-Year Review	Board Health Equity Policy	Board Budget Workshop/Hearing.- Retirement Review		Complaint & Grievance Resolution Policy & Procedure	
<b>NOVEMBER</b>	11/28/2023				Annual Budget Review & Approval by resolution before Nov 15	Facilities Committee Review	Exec Session: Quality and Compliance Report Review	
<b>DECEMBER</b>	12/19/2023	Approve Annual Meeting/Task Calendar and Legal Holidays	2024 Incentive Plan Work	Conflict of Interest Policy	Budget Quarterly Review			Year End Board message to community



<b>DRAFT Board Task Calendar 2024</b>	<b>MEETING DATE</b>	<b>GOVERNANCE</b>	<b>CEO RELATIONS</b>	<b>POLICY REVIEWS</b>	<b>FINANCE</b>	<b>FACILITIES</b>	<b>QUALITY</b>	<b>COMMUNITY</b>
		Oath of Office. Officer Elections. Committee Assignments. Conflict of Interest Form.						
<b>FEBRUARY</b>							Exec Session: Quality Report Review. Compliance Plan	Community Forum
<b>MARCH</b>					Budget Review			
<b>APRIL</b>			Exec Session: CEO Performance Review / Annual Plan					
<b>MAY</b>					Medicare Cost Report		Exec Session: Quality and Compliance Report Review	
<b>JUNE</b>		WSHA Conference 6/25-6/26	WSHA CEO Conference- 6/24-6/26			Master Facility Plan Presentation		
<b>JULY</b>					Finance Committee Review			
<b>AUGUST</b>							Exec Session: Quality and Compliance Report Review	
<b>SEPTEMBER</b>		Board Self Improvement Plan Review			Budget Review & Audit Report	Facilities Master Plan Update	Annual Quality Plan Approval	Community Form
<b>OCTOBER</b>		2025 Strategic Plan Outline and survey	Mid-Year Review		Board Budget Workshop/Hearing.- Retirement Review		Complaint & Grievance Resolution Policy & Procedure	
<b>NOVEMBER</b>					Annual Budget Review & Approval by resolution before Nov 15	Facilities Committee Review	Exec Session: Quality and Compliance Report Review	
<b>DECEMBER</b>		Approve Annual Meeting/Task Calendar and Legal Holidays	2025 Incentive Plan Work		Budget Quarterly Review			Year End Board message to community