

# LAKE CHELAN HEALTH

## **BOARD PACKET**

Chelan County Public Hospital District No. 2

3/26/2024



Chelan County Public Hospital District No. 2  
 Regular Meeting of the Board of Commissioners  
 March 26, 2024, at 1:30 am via TEAMS

## 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

<i>Time</i>	<i>Agenda Item</i>	<i>Facilitator</i>	<i>Topic/Action</i>
1:30	• Call to Order	J. LaPorte	
1:32	• Public Comment		
1:45	• Chair Report	J. LaPorte	
1:50	• Consent Agenda	Commission	A. Regular Board Meeting Minutes 2/27/2024 (FA) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Finance Committee Minutes 3/20/2024 (FA)
1:55	• Executive Session		A. RCW 42.30.110(1)(o) To consider information regarding staff privileges or quality improvement committees under RCW 70.41.205
2:05	• Reports	L. Sahlinger B. Truman A. Edwards S. Ottley Commissioners	A. Credentialing (FM) B. Financial Committee Report (FA) C. CEO Report (FI) D. Strat Plan KPI Report (FI) E. Board Advocacy/Community Connections a. Foundation Mtgs (1 <sup>st</sup> Thursday 4/5PM) i. Joint Policy: Funds Circulation b. CVCH/Residency/OB Discussion
3:00	• Old Business		A. Strat Plan/Retreat (FD) B. Community Meeting (FD)
3:15	• New Business	S. Ottley  B. Truman  S. Ottley	A. Policies a. Complaint & Grievance Resolution Policy and Procedure (FD) b. Cardiac, Stroke & Trauma Quality Improvement Plan (FM) B. Resolution 2024-1 <i>Cancelling Warrants</i> (FM) C. Medicare Advantage & Charity Care (FI) D. Forte EMS/Admin Update (FI)
4:00	• Roundtable /Action Items	Commissioners	
4:10	• Public Comment		
4:15	• Executive Session		A. RCW 42.30.110(1)(o) To consider information regarding quality improvement committees under RCW 70.41.205 B. RCW 42.30.110(1)(g) Evaluate the performance of a public employee.
5:00	• Adjournment		

## Board Calendar Reminders:

4/3/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
4/8/2024	TBA	Bragg Room/ TEAMS	9 am
4/11/2024	Med /OB Staff/ED Clinical Line Services	Bragg Room/TEAMS	7am-9am
4/11/2024	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
4/18/2024	DEI Committee	1212 Conference/ TEAMS	1 pm
4/17/2024	Finance Committee	Bragg Room/ TEAMS	10 am – 12 pm
4/23/2024	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

5/1/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
5/9/2024	Med Staff/Peer Review	Bragg Room/ TEAMS	7:15 am – 9 am
5/9/2024	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
5/13/2024	TBA	Bragg Room/ TEAMS	9 am
5/16/2024	DEI Committee	1212 Conference/ TEAMS	1 pm
5/22/2024	Finance Committee	Bragg Room/ TEAMS	11 am
5/28/24	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

6/5/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
6/10/2024	TBA	Bragg Room/ TEAMS	9 am
6/13/2024	Med /OB Staff/ED Clinical Line Services	Bragg Room/TEAMS	7am-9am
6/13/2024	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
6/14/2024	Finance Committee	Bragg Room/ TEAMS	10 am – 12 pm
6/18/2024	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm
6/20/2024	DEI Committee	1212 Conference/ TEAMS	1 pm



**Chelan County Public Hospital District No. 2**  
**Regular Meeting of the Board of Commissioners**  
**Meeting Minutes February 27, 2024 1:30 pm in person and via Microsoft TEAMS**

**Commission Attendance:**

(  not present  present )

Mary Murphy, Secretary  
 Jordana LaPorte, Chair

Doug Gibson  
 Len England

Lori Withrow, Vice Chair

**Staff Participants:** A. Edwards, B. Truman, S. Ottley, L. Sahlinger, M. Hillman, R. Montgomery, A. Benegas, A. Porter, B. Kipp, J. Thompson, S. Krupla

**Guests:** M. Cruz

**Community Members:** L. Marshall, M. Miller, M. Kayser, T. Lyman, D. Griggs,

**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 1:30 pm and recited the mission statement.</li> <li>• Removal of the first Executive Session to the Agenda.</li> </ul>
<ul style="list-style-type: none"> <li>• Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>• Maribel Cruz, Executive Director of the Lake Chelan Community Center, addressed the community center's development and its upcoming phases:               <ul style="list-style-type: none"> <li>○ The 1st phase, set to open in June 2024, will include a play area, coffee shop, multipurpose rooms, commercial kitchen, and a True Fitness center.</li> <li>○ The 2nd phase, comprising a gym, landscaping, and retaining walls, is awaiting funding of \$5 million, with details to be determined.</li> <li>○ Plans for the 3rd phase involve a covered, year-round accessible pool, with opening dates and costs yet to be finalized.</li> <li>○ Q: "Will there be any community space available before the gym and pool are completed?"                    A: Yes, there will be shared spaces and a play area accessible for community use.</li> <li>○ Q: "What rates will be offered for non-profits?"                    A: We aim to provide non-profits with reduced rates to support their involvement in our facility.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Chair's Report</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte conveyed deep sadness regarding the loss of a staff member and extended heartfelt condolences to their family.</li> <li>• J. LaPorte had an opportunity to testify in the legislative house this month.</li> <li>• The board has undergone significant changes, aiming to be more impactful to the organization and accountable to the district and community. J. LaPorte expressed gratitude for the efforts and results of the hard work.</li> </ul>
<ul style="list-style-type: none"> <li>• Consent Agenda</li> </ul>	<ul style="list-style-type: none"> <li>• <i>D. Gibson motioned to approve Consent Agenda, seconded, motion passed</i></li> </ul>
<ul style="list-style-type: none"> <li>• Reports</li> </ul>	<ul style="list-style-type: none"> <li>• <i>M. Murphy verified all credential files are complete for the proposed list of providers and motioned to approve the removals as presented, seconded, motion passed.</i></li> <li>• <i>CMO Dr. Hillman presented highlights of Medical Staff bylaws changes. M. Murphy motioned to approve the Med Staff By-Laws changes, seconded, motion approved.</i></li> <li>• Finance:</li> </ul>

	<ul style="list-style-type: none"> <li>○ It has been conveyed to LCH that the USDA funding must be completed by 4/16/24</li> <li>○ The local USDA office has received national USDA inquiries and is currently working to respond to them</li> <li>○ B. Truman presented the Unaudited January 2024 Financials <ul style="list-style-type: none"> <li>▪ <i>D. Gibson motioned to accept the January unaudited Finance Report, seconded, motion approved.</i></li> </ul> </li> <li>○ Discussion on tax reduction for property tax holders: The Board requested proposals for discount options that are equitable to the community.</li> <li>○ 2025 Budget Workshop Dates were discussed and finalized.</li> <li>● S. Ottley provided an update to the Specialty Care Clinic &amp; EMS building. <ul style="list-style-type: none"> <li>○ Forte has approved floor plans and is progressing towards creating bid documents for the city and DOH. This process is estimated to take 8 weeks.</li> <li>○ Anticipated timeline for construction: earliest completion in 4 months and latest in 8 months, with construction slated to commence in late summer or early fall 2024.</li> <li>○ The project is expected to be completed by mid-2025.</li> <li>○ EMS sites require a Geotech evaluation for both sites.</li> </ul> </li> <li>● S. Ottley presented an overview of December's Key Performance Indicator (KPI) dashboard. <ul style="list-style-type: none"> <li>○ The aggregate quality score is showing improvement, although final year-end results are still pending.</li> <li>○ HFMA (Healthcare Financial Management Association) metrics have achieved two out of three goals, with ongoing efforts to address outliers.</li> <li>○ Off-site Community Forums are scheduled for April, July, and November.</li> </ul> </li> <li>● Board Advocacy: <ul style="list-style-type: none"> <li>○ M. Murphy provided an update on CHW's initiative to survey the community regarding their needs and will report back with findings.</li> <li>○ L. Withrow attended the Heart Health Community Meeting presented by M. Nguyen. The meeting marked a successful start, and there is anticipation for increased attendance as word spreads about the ongoing work.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>● Old Business</li> </ul>	<ul style="list-style-type: none"> <li>● Discussion regarding the upcoming Strat Planning offsite meeting and the proposed agenda.</li> </ul>
<ul style="list-style-type: none"> <li>● New Business</li> </ul>	<ul style="list-style-type: none"> <li>● Policies: <ul style="list-style-type: none"> <li>○ <i>M. Murphy motioned to approve the following policies, seconded, motion approved.</i> <ul style="list-style-type: none"> <li>▪ Board Member Code of Conduct</li> <li>▪ Community Relations of the Board of Commissioners</li> <li>▪ CCPHD2 Board Health Equity Policy</li> <li>▪ Accounts Receivable Small Balance Write off</li> </ul> </li> </ul> </li> <li>● <i>D. Gibson motioned to terminate the Agreement between the Chelan County Public Hospital District #2 (Lake Chelan Community Hospital) and Lake Chelan Community Hospital Foundation (Lake Chelan Health and Wellness Foundation), seconded, motion approved.</i></li> </ul>
<ul style="list-style-type: none"> <li>● Roundtable/Action Items</li> </ul>	<ul style="list-style-type: none"> <li>● M. Murphy will reach out to inquire about the Senior Center's availability for the last week of April.</li> <li>● A. Edwards will communicate with the city council to arrange a presentation at a Council Meeting, focusing on discussing the hospital's impact on the city.</li> <li>● W. Kenck is tasked with sending a contract termination letter to the Foundation, coordinating with the Twisp Venue for Strategic Planning, and adding the Med Staff annual update to the Board TASK calendar.</li> </ul>
<ul style="list-style-type: none"> <li>● Public</li> </ul>	<ul style="list-style-type: none"> <li>● No Public Comment</li> </ul>

Comment	
<ul style="list-style-type: none"> <li>• Executive Session</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte announced Executive Session at 4:15 pm for 45 minutes to Evaluate the performance of a public employee. RCW 42.30.110(1)(g), to consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of increased price RCW 70.41.205, and to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(1)(o) <ul style="list-style-type: none"> <li>○ L. Withrow extended the Executive Session 45 minutes</li> <li>○ L. Withrow extended the Executive Session 15 minutes</li> <li>○ L. Withrow extended the Executive Session 15 minutes</li> <li>○ L. Withrow extended the Executive Session 15 minutes</li> <li>○ L. Withrow extended the Executive Session 5 minutes</li> <li>○ L. Withrow extended the Executive Session 5 minutes</li> <li>○ L. Withrow extended the Executive Session 5 minutes</li> <li>○ Executive Session ended at 6:15 pm</li> </ul> </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 6:16 pm</li> </ul>

Attest:

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

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

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

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - MARCH 2024	<i>NEW HOSPT AMNT FROM CKRN</i>	WARRANT#'S PAYROLL	AMOUNT	pay period
Retirement	\$ 40,650.33		1/10/2024		PAYROLL TAXES	\$ 184,817.98	12/30/2023
DOR	\$ 16,573.51		1/16/2024		CHILD SUPPORT	\$ 430.68	12/30/2023
Unclaimed Property	\$ 214.07		1/23/2024		PAYROLL TAXES	\$ 193,091.60	1/13/2024
Retirement	\$ 44,485.01		1/24/2024		CHILD SUPPORT	\$ 430.68	1/13/2024
Family Paid Leave	\$ 28,415.27		1/29/2024		PAYROLL TAXES	\$ 187,737.79	1/27/2024
Long term care	\$ 21,964.41		1/29/2024		CHILD SUPPORT	\$ 430.68	1/27/2024
Retirement	\$ 48,957.40		2/6/2024		Direct Deposit	\$ 473,376.24	2/10/2024
JANUARY DEPT OF REV	\$ 12,992.21		2/13/2024		PAYROLL TAXES	\$ 179,018.98	2/10/2024
Retirement	\$ 40,399.23		2/16/2024		CHILD SUPPORT	\$ 430.68	2/10/2024
234838-234840	\$ 24,163.00		2/5/2024		Direct Deposit	\$ 498,886.85	2/24/2024
234841-234916	\$ 240,362.45		2/8/2024		PAYROLL TAXES	\$ 189,990.15	2/24/2024
234917-234984	\$ 280,520.66	\$ 44,007.22	2/15/2024		CHILD SUPPORT	\$ 430.68	2/24/2024
234985-235065	\$ 398,902.29		2/22/2024		Payroll Warrant	\$ 80.68	2/10/2024
235066-235122	\$ 430,341.02		2/29/2024				
235123	\$ 2,800.00		3/1/2024				
Retirement	\$ 49,201.17						
	<i>\$ 1,680,942.03</i>	<i>\$ 44,007.22</i>				<i>\$ 1,909,153.67</i>	

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - Dec 2023	NEW HOSPT AMNT FROM CKRN	WARRANT#'S PAYROLL	AMOUNT	
233718-233795	\$ 340,793.59	\$ 16,803.88	11/2/2023				
233796-233890	\$ 212,808.29	\$ 13,618.05		\$ 220,374.46	DIRECT DEPOSIT	\$ 498,907.23	11/18/2023
233891-233997	\$ 432,587.89		11/16/2023		DIRECT DEPOSIT	\$ 492,077.01	12/2/2023
233998-233999	\$ 73,883.22		11/21/2023				
234000-234003	\$ 1,733.88		11/22/2023				
234004-234092	\$ 479,872.93		11/30/2023				
234093	\$ 12,950.00		12/1/2023				
234094-234096	\$ 25,803.00		12/4/2023				
234097-234171	\$ 125,590.87		12/8/2023				
	<b>\$ 1,706,023.67</b>	<b>\$ 30,421.93</b>		<b>\$ 220,374.46</b>		<b>\$ 990,984.24</b>	

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - Jan 2024	NEW HOSPT AMNT FROM CKRN	WARRANT#'S PAYROLL	AMOUNT	pay period
234172-234277	\$ 234,487.12	\$ 38,152.19	12/14/2023		Direct Deposit	\$ 496,118.44	12/16/2023
234278			12/15/2023	\$ 26,316.15			
234279-234352	\$ 298,824.30		12/21/2023				
234353-234387	\$ 314,405.51		12/27/2023				
234388-234389	\$ 160.00		12/28/2023				
	<b>\$ 847,876.93</b>	<b>\$ 38,152.19</b>		<b>\$ 26,316.15</b>		<b>\$ 496,118.44</b>	

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - FEB 2024	NEW HOSPT AMNT FROM CKRN	WARRANT#'S PAYROLL	AMOUNT	pay period
234390-234391	\$ 8,010.05		1/4/2024		Direct Deposit	\$ 489,629.05	12/30/2023
234392-234450	\$ 181,661.51	\$ 131,008.12	1/5/2024		Direct Deposit	\$ 499,173.71	1/13/2024
234451	\$ 3,855.24		1/10/2024		Direct Deposit	\$ 494,102.81	1/27/2024
234452-234548	\$ 305,417.66		1/11/2024				
234549-234628	\$ 347,635.52		1/18/2024				
234629-234771	\$ 428,718.71		1/25/2024				
234772-234837	\$ 271,150.46		2/1/2024				
	<b>\$ 1,546,449.15</b>	<b>\$ 131,008.12</b>				<b>\$ 1,482,905.57</b>	



DATE February 2024

**TOTAL BAD DEBTS - HOSPITAL \$90,214.63**

**TOTAL MEDICARE BAD DEBTS \$7,135.79**

**TOTAL BANKRUPTCY \$0.00**

**TOTAL CHARITY CARE – HOSPITAL \$144,464.94**

**TOTAL MEDICARE CHARITY CARE - \$14,712.15**

**TOTAL ATTESTATION \$259,648.96**

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 3/20/2024 at Time 10 AM in person and via Teams		
<b>Facilitator:</b> Jordana LaPorte		<b>Recorder:</b> B. Truman
<b>Member Attendance:</b>		
<input checked="" type="checkbox"/> Lori Withrow, BOC	<input 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> S. Nau, B. Dietrich, V. Bodle		
<b>Guests:</b> DZA, Wipfli, Eidebailly		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
1. Call to Order	<ul style="list-style-type: none"> <li>J. LaPorte called the meeting to order at 10 am</li> </ul>
2. New Business	<ul style="list-style-type: none"> <li>B. Truman provided an update to the remaining new hospital financing status.</li> <li>Review of the surplus items from the Business Office move.</li> <li>CR and Audit presentation by:               <ul style="list-style-type: none"> <li>Eidebailly</li> <li>Wipfli</li> <li>DZA</li> </ul> </li> </ul>
3. Old Business	<ul style="list-style-type: none"> <li>Review of the Submittal for reimbursement</li> <li>Discussion regarding the tax rebate for landowners and sunseting the policy in 2024</li> </ul>
4. Reports	<ul style="list-style-type: none"> <li>V. Bodle presented February 2024 Financial Statement (unaudited).</li> <li>S. Nau presented a Revenue Cycle and HFMA update</li> </ul>
	<i>Meeting ended @ 3:00</i>



# LAKE CHELAN HEALTH

**Unaudited Financial Statements**

**for**

**For the month ended February 29, 2024**

## 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 - #6	5
Cash Flow	6

---

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

	<b>Current Month</b> <b>2/29/2024</b>	<b>Prior Year</b> <b>12/31/2023</b>	<b>Prior Year</b> <b>2/28/2023</b>
	<u>unaudited</u>	<u>Unaudited</u>	<u>Unaudited</u>
<b>ASSETS:</b>			
CASH	771,293	\$ 858,227	\$ 256,290
PATIENT RECEIVABLES	10,370,397	9,941,632	\$ 8,234,574
LESS: RESERVES FOR ALLOWANCES	<u>(5,569,639)</u>	<u>(5,504,105)</u>	<u>\$ (4,319,765)</u>
NET PATIENT ACCOUNTS RECEIVABLES	4,800,758	4,437,527	3,914,809
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	23,012	575,410	(195,181)
OTHER RECEIVABLES	742,212	97,661	979,532
INVENTORIES	332,935	216,700	232,249
PREPAID EXPENSES	<u>338,456</u>	<u>339,306</u>	<u>339,597</u>
TOTAL CURRENT ASSETS	<u>\$ 7,008,667</u>	<u>\$ 6,524,831</u>	<u>\$ 5,527,296</u>
GENERAL RESERVES	\$ 1,435,744	1,541,164	\$ 353,259
Unrestricted Reserves	\$ 3,461,949	3,395,024	\$ 4,066,353
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	0	\$ -
USDA 2023	273,600	273,600	\$ 136,800
Bond Payment Transfer	<u>0</u>	<u>0</u>	<u>\$ -</u>
TOTAL LIMITED USE ASSETS	<u>\$ 9,310,817</u>	<u>\$ 9,349,312</u>	<u>\$ 8,695,936</u>
LAND	\$ 4,787,901	4,787,901	\$ 4,787,901
LAND IMPROVEMENTS	4,359,652	5,625,071	\$ 5,543,846
BUILDINGS & IMPROVEMENTS	996,641	986,252	\$ 986,252
EQUIPMENT	10,557,166	10,523,549	\$ 9,368,425
SOFTWARE	2,158,462	2,158,462	\$ 2,159,033
NEW HOSPITAL	44,718,237	43,928,486	\$ 43,901,486
GASB 87 BUILDINGS AND EQUIPMENT	1,265,419	0	0
CONSTRUCTION-IN-PROGRESS - PROJECTS	120,925	674,884	\$ 462
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>19,022</u>	<u>15,378</u>	<u>\$ 9,290</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	68,983,425	68,699,983	66,776,696
LESS: ACCUMULATED DEPRECIATION	<u>(18,433,871)</u>	<u>(18,318,226)</u>	<u>\$ (15,244,482)</u>
	(489,897)		
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 50,059,658</u>	<u>\$ 50,381,757</u>	<u>\$ 51,532,214</u>
DEFERRED ITEMS	2,477,587	2,480,797	\$ 2,496,851
<b>TOTAL ASSETS</b>	<u><b>\$ 68,856,728</b></u>	<u><b>\$ 68,736,697</b></u>	<u><b>\$ 68,252,297</b></u>
<b>LIABILITIES:</b>			
ACCOUNTS PAYABLE	\$ 391,831	886,533	1,713,184
ACCRUED PAYROLL	911,444	685,983	642,789
ACCRUED VACATION/HOLIDAY/SICK PAY	869,287	597,882	492,293
PAYROLL TAXES PAYABLE	(34,213)	55,324	51,924
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,139,923	906,970	886,470
INTEREST PAYABLE	276,547	93,697	281,704
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,046,831	1,046,831	1,001,831
LINE OF CREDIT	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL CURRENT LIABILITIES	<u>\$ 4,601,649</u>	<u>\$ 4,273,220</u>	<u>\$ 5,070,195</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,715,720	18,717,246	19,024,873
2013 BONDS	4,659,140	4,658,279	5,018,982
USDA LOANS	18,069,013	18,136,999	18,483,381
LEASES	1,524,999	1,853,765	1,827,965
PAID LEAVE - LT PORTION	<u>200,959</u>	<u>304,376</u>	<u>304,376</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 43,169,831</u>	<u>\$ 43,670,665</u>	<u>\$ 44,659,577</u>
DEFERRED ITEMS	\$ 3,922,975	3,922,975	3,922,975
TOTAL LIABILITIES	<u>\$ 51,694,455</u>	<u>\$ 51,866,860</u>	<u>\$ 53,652,747</u>
<b>FUND BALANCE:</b>			
UNRESTRICTED FUND BALANCE	\$ 17,270,338	15,036,657	15,036,657
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(108,065)</u>	<u>1,833,180</u>	<u>(437,108)</u>
TOTAL NET ASSETS	<u>\$ 17,162,273</u>	<u>\$ 16,869,837</u>	<u>\$ 14,599,549</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>\$ 68,856,728</b></u>	<u><b>\$ 68,736,697</b></u>	<u><b>\$ 68,252,297</b></u>

# Statement of Revenue and Expense Lake Chelan Health

For the month ended February 29, 2024

	CURRENT MONTH				Prior Year 02/28/23
	Actual 02/29/24	Budget 02/29/24	Positive (Negative) Variance		
<b>GROSS PATIENT SERVICE REVENUES</b>					
INPATIENT	\$ 512,843	\$ 4,595,897	(4,083,054)	-89%	\$ 668,005
OUTPATIENT	4,153,291	0	4,153,291	0.00%	3,257,874
<b>TOTAL PATIENT SERVICE REVENUES</b>	<u>4,666,134</u>	<u>4,595,897</u>	<u>70,237</u>	<u>2%</u>	<u>3,925,878</u>
<b>DEDUCTIONS FROM REVENUE</b>					
CONTRACTUAL ALLOWANCES	(1,732,421)	(1,820,027)	87,606	-5%	(1,637,234)
BAD DEBT	(97,350)	0	(97,350)	0.00%	(113,274)
CHARITY	(159,177)	0	(159,177)	0.00%	(22,688)
<b>TOTAL DEDUCTIONS FROM REVENUES</b>	<u>(1,988,949)</u> 42.6%	<u>(1,820,027)</u> 39.6%	<u>(168,922)</u>	<u>-9%</u>	<u>(1,773,196)</u> 45.2%
<b>NET PATIENT SERVICE REVENUES</b>	<u>2,677,185</u>	<u>2,775,870</u>	<u>(98,685)</u>	<u>-4%</u>	<u>2,152,682</u>
<b>OTHER OPERATING REVENUES</b>	<u>24,049</u>	<u>19,402</u>	<u>4,647</u>	<u>24%</u>	<u>13,530</u>
<b>TOTAL OPERATING REVENUES</b>	<u>2,701,234</u>	<u>2,795,272</u>	<u>(94,038)</u>		<u>2,166,212</u>
<b>OPERATING EXPENSES</b>					
SALARIES/WAGES	1,508,970	1,529,704	20,734	1%	1,170,209
EMPLOYEE BENEFITS	322,470	337,555	15,085	4%	280,899
PROFESSIONAL SERVICES	81,556	91,897	10,341	11%	85,330
FOOD SUPPLIES	14,026	15,044	1,018	7%	13,218
MINOR EQUIPMENT	12,567	17,388	4,821	28%	4,122
SUPPLIES	162,945	168,010	5,065	3%	162,222
PLANT UTILITIES	39,479	29,741	(9,738)	-33%	36,113
PURCHASED SERVICES	273,330	298,636	25,306	8%	316,012
REPAIR/MAINTENANCE	91,427	98,597	7,170	7%	54,914
PUBLIC RELATIONS/RECRUITM	7,575	11,024	3,449	31%	8,783
RENT/LEASES	48,795	40,833	(7,962)	-19%	38,826
INSURANCE	22,493	43,700	21,207	49%	29,884
LICENSES/TAXES	17,549	19,888	2,339	12%	8,487
DUES/SUBSCRIPTIONS/OTHER	38,402	62,327	23,925	38%	30,475
TRAVEL/TRAINING	8,144	15,830	7,686	49%	4,052
DEPRECIATION	298,161	383,900	85,739	22%	221,625
AMORTIZATION	15,788				
<b>TOTAL OPERATING EXPENSES</b>	<u>2,963,676</u>	<u>3,164,074</u>	<u>216,186</u>	<u>6.8%</u>	<u>2,465,171</u>
<b>NET OPERATING SURPLUS (LOSS)</b>	<u>(262,442)</u>	<u>(368,802)</u>	<u>106,360</u>		<u>(298,959)</u>
<b>NON-OPERATING REVENUES</b>					
TAXES	207,055	322,080	(115,025)		230,876
INTEREST					
GIFTS & GRANTS	0		0		
PANDEMIC GRANTS PPP LOAN FORGIVENESS	0	0	0		0
<b>NET INCOME margin</b>	<u>(55,387)</u> -2.1%	<u>(46,722)</u> -1.7%	<u>(8,665)</u>		<u>(68,083)</u> -3.1%
<b>TOTAL NET INCOME (LOSS)</b>	<u>\$ (55,387)</u>	<u>\$ (46,722)</u>	<u>(8,665)</u>		<u>\$ (68,083)</u>

**Statement of Revenue and Expense  
Lake Chelan Health**

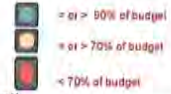
For the month ended February 29, 2024

	YEAR-TO-DATE				Prior Year 02/28/23
	Actual 02/29/24	Budget 02/29/24	Positive (Negative) Variance		
<b>GROSS PATIENT SERVICE REVENUES</b>					
INPATIENT	\$ 1,287,796	\$ 9,473,176	(8,185,379)	-86%	\$ 1,441,451
OUTPATIENT	8,723,040	0	8,723,040	0.00%	6,139,763
<b>TOTAL PATIENT SERVICE REVENUES</b>	<b>10,010,836</b>	<b>9,473,176</b>	<b>537,661</b>	<b>6%</b>	<b>7,581,214</b>
<b>DEDUCTIONS FROM REVENUE</b>					
TOTAL DEDUCTIONS FROM REVENUES	(3,803,077)	(3,751,484)	(51,593)	1%	(3,119,282)
BAD DEBT	(200,809)	0	(200,809)	0.00%	(201,486)
CHARITY	(204,853)	0	(204,853)	0.00%	(84,595)
<b>TOTAL DEDUCTIONS FROM REVENUES</b>	<b>(4,208,739)</b>	<b>(3,751,484)</b>	<b>(457,255)</b>	<b>-12%</b>	<b>(3,405,362)</b>
	42.0%	39.6%			44.9%
<b>NET PATIENT SERVICE REVENUES</b>	<b>5,802,097</b>	<b>5,721,692</b>	<b>80,405</b>	<b>1%</b>	<b>4,175,852</b>
OTHER OPERATING REVENUES	60,952	38,804	22,148	57%	32,000
<b>TOTAL OPERATING REVENUES</b>	<b>5,863,048</b>	<b>5,760,496</b>	<b>102,553</b>	<b>2%</b>	<b>4,207,852</b>
<b>OPERATING EXPENSES</b>					
SALARIES/WAGES	3,169,758	3,223,304	53,546	2%	2,514,937
EMPLOYEE BENEFITS	648,604	711,277	62,673	9%	566,410
PROFESSIONAL SERVICES	188,212	183,794	(4,418)	-2%	164,450
FOOD SUPPLIES	30,455	30,088	(367)	-1%	24,179
MINOR EQUIPMENT	207,902	34,776	(173,126)	-498%	11,196
SUPPLIES	394,837	341,366	(53,471)	-16%	309,749
PLANT UTILITIES	79,212	59,482	(19,730)	-33%	76,175
PURCHASED SERVICES	520,533	597,272	76,739	13%	566,200
REPAIR/MAINTENANCE	181,959	197,194	15,235	8%	132,699
PUBLIC RELATIONS/RECRUITMENT	13,690	22,048	8,358	38%	16,950
RENT/LEASES	88,978	81,666	(7,312)	-9%	83,418
INSURANCE	63,274	87,400	24,127	28%	59,767
LICENSES/TAXES	34,341	39,776	5,435	14%	21,919
DUES/SUBSCRIPTIONS/OTHER	95,903	124,654	28,751	23%	63,371
TRAVEL/TRAINING	18,504	31,660	13,156	42%	9,125
DEPRECIATION	634,070	767,800	133,730	17%	451,658
AMORTIZATION	31,575	0	(31,575)		
<b>TOTAL OPERATING EXPENSES</b>	<b>6,401,804</b>	<b>6,533,557</b>	<b>131,753</b>	<b>2.0%</b>	<b>5,072,203</b>
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(538,756)</b>	<b>(773,061)</b>	<b>234,305</b>		<b>(864,351)</b>
<b>NON-OPERATING REVENUES</b>					
PROPERTY TAXES FOR OPERATIONS	453,743	644,164	(644,164)		432,542
GRANTS/CONTRIBUTIONS	412				32,529
INVESTMENT EARNINGS	67,928				59,051
OTHER EXPENSE	0	0	0		
TAXES FOR DEBT SVC PMTS	212,581				206,920
INTEREST EXPENSE	(304,472)				(303,800)
GAIN / (LOSS) ON ASSET DISPOSAL	500				
<b>NET INCOME</b>	<b>(108,066)</b>	<b>(128,897)</b>	<b>20,831</b>		<b>(437,109)</b>
margin	-1.8%	-2.2%			-10.4%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ (108,066)</b>	<b>\$ (128,897)</b>	<b>\$ 20,831</b>		<b>\$ (437,109)</b>

unaudited

## Patient Statistics Lake Chelan Health

For the month ended February 29, 2024



Current Month			Last Year Month			
Actual vs Budget	02/29/24	BUDGET	STATISTICS	Actual vs Budget	02/28/23	BUDGET
	105	120	Total Days Cash on Hand		112	120
	42	40	Net AR Days		54	40
	1.23	1.25	Debt Coverage Ratio		1.21	1.25
	189	175	Payroll FTEs		191	175

Current Month				Year-To-Date				
Actual vs Budget	Actual	Prior Year	BUDGET	STATISTICS	Actual vs Budget	Actual	Prior Year	BUDGET
<b>Admissions</b>								
NA	17	46	NA	medical	NA	37	46	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	3	15	NA	OB	NA	14	15	NA
NA	20	61	NA	Acute	NA	51	61	NA
NA	7	12	NA	Swing Bed	NA	12	23	NA
NA	2	8	NA	Total Deliveries	NA	13	16	NA

<b>Patient Days</b>								
	52	54	49	medical		126	138	101
NA	0	0	NA	surgical	NA	0	0	NA
	4	18	15	OB		27	32	32
	56	72	64	Acute		153	170	133
	74	111	51	Swing Bed		123	200	105
	2	13	12	Total Newborn Days		19	23	24
	132	196	127	TOTAL PATIENT DAYS		285	393	261

<b>Average Length of Stay</b>								
	2.8	1.2		Total Inpatient		3.0	2.8	
	10.6	9.3		Swing Bed		10.3	8.7	

<b>Avg Daily Census - Hospital</b>								
	1.9	2.6		Total Inpatient		2.6	2.9	
	2.5	4.0		Swing Bed		2.1	3.4	
	4.5	6.5		Total		4.6	6.3	

	503	455	549	ED Visits		959	894	1131
	69	44	74	Surgeries		147	80	153
	1113	934	968	Imaging Procedures		2385	1916	1994
	2872	2872	3107	Lab Tests		5815	5811	6405
	682	547	648	Rehab Visits		1394	970	1336
	105	100	117	EMS Runs		198	197	242
	798	605	963	Total Clinic Visits		1577	1232	1984
	90	22	70	Specialty		192	43	145
	135	109		Primary care		280	218	0
	573	474	893	Express Care (budget shows primary and express)		1105	971	1840
	21	20		working days		43	42	



**Note #1 Contractuals**

Contractuals do not include reimbursement that will happen when cost report is filed.  
AR decreased \$369k from January to February  
Charity care was \$159k for February.  
Revenues are 6% higher than budgeted

**Note #2 PROFESSIONAL SERVICES**

Radiology budget budget is \$92,504 vs expense of \$94,116. Stats are over budget by 19% and revenue is also over budget  
UW Residency Program budget is \$33,334 vs expense of \$37,895

**Note #3 MINOR EQUIPMENT AND SUPPLIES**

Surgery - Stryker Orthopaedics \$190k for instruments for total knees and hips (this expense was not known at budget time)

**Note #4 SUPPLIES**

Revenue is over budget. Complexity of surgeries = higher supply costs. Will continue to research.

**Note #5 UTILITIES**

LCH is still occupying the old hospital building. Winter utility bills are higher. PUD for old hospital was \$11,793 and water/garbage was \$8,773. Roots does help offset some of these costs

**Note #6 RENTS/LEASES**

Chelan Business Center lease \$4,920 per month not budgeted for Ortho and Gen Surg

**Lake Chelan Health**  
**For the month ended February 29, 2024**

1/31/2024	GL ACCOUNT #	ACCT DESCRIPTION	2/29/2024	EXPLANATION		
\$381,246	10002000	General Fund Cash In Bank (North Cascades)	\$171,821	<b>(\$209,425)</b>		
				\$2,812,563 deposits		
				\$35,814 dsh		
				\$271,399 medicaid cost report		
				<b>(\$8,725)</b> tsys/payplus fees		
				<b>(\$444)</b> fees mckesson/cardinal		
				<b>(\$33)</b> fees and interest rebates		
				café sales posted in March		
				<b>(\$3,320,000)</b> transfer to county		
\$220,805	10004000	General Fund Cash w/ Treasurer	\$667,722	<b>\$466,917</b>		
				<b>(\$1,690,131)</b> AP		
				<b>(\$2,465)</b> Voids		
				\$1,690,131 warrants issued		
				<b>(\$1,319,656)</b> warrants redeemed		
				\$3,320,000 Bank Transfers from 10002000		
				Bank Transfer to/from 10106000		
				<b>(\$86,992)</b> Bank Transfer for USDA pmt		
				\$0 Bank Transfer to USDA reserve		
				<b>(\$1,430,843)</b> Payroll/Benefits		
				<b>(\$12,992)</b> B&O taxes		
				\$1,294 Property Taxes		
				\$571 Leasehold Taxes & Misc Taxes		
				\$0 Bond Fee		
\$19,014	10009000	cash clearing	\$1,512	<b>(\$17,502)</b>	prmts reclassified	
\$273,463	20070000	warrants outstanding	<b>(\$89,762)</b>	<b>(\$363,225)</b>		
				<b>(\$967,479)</b> remits (payroll/benefits/b&O)		
				<b>(\$1,690,131)</b> warrants redeemed		
				\$1,319,656 warrants issued ap		
				\$972,263 remits redeemed		
				\$2,465 voids		
\$1,103,100	10106000	AMB RESERVE	\$1,106,533	<b>\$3,433</b>		
				transfer to reserves		
				transfer from reserves		
				\$2,376 property taxes		
				\$1,049 leasehold taxes		
				\$9 interest		
\$327,404	10910000	2018 GO BOND	\$329,180	<b>\$1,776</b>		
				\$1,776 property taxes		
				\$0 bond pmt		
\$31	10911000	2018 CASH BOND	\$31	\$0	interest	
\$213,600	10916000		\$213,600	\$0	funded year 2 per LOC	
\$60,000	10917000		\$60,000	\$0	funded year 2 per LOC	
\$273,600			\$273,600			
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0		
\$7,569,064	10760000	RESERVES	\$7,601,473	<b>\$32,390</b>		
				\$32,390 interest		
\$10,167,746			\$10,082,110	<b>(\$85,636)</b>	<b>6</b>	
					<b>Days of Cash on Hand</b>	
					Cash:	
					current assets	771,293
					unrestricted reserves	1,435,744
					unrestricted reserves	3,461,949
						<u>5,668,986</u>
					USDA reserve	273,600
					restricted reserves - pending covid ca	4,139,524
						<u>4,413,124</u>
					Expenses:	
					total YTD	3,438,129
					less depreciation	<u>-351,697</u>
						3,086,432
					number of days YTD	31
					<b>Days of Cash on Hand</b>	59.30
					<b>Restricted Days Cash on Hand</b>	46.16
					<b>Total Days Cash on Hand</b>	105.46



## CEO Board Report (as of 3/21/2024)

### People:

- Marcus Miller, Director of Outpatient Services, will start on Monday 3/21 (Board was introduced to him at the last board).
- We have a tentative agreement with a new ED provider and ARNP (Express/clinic). Hopefully that will be finalized by Board time.
- Scaled Data has added a new site manager here in Chelan which has been very helpful in improving their service to us.

### Community:

- Continue to make progress on a September 13<sup>th</sup>, 2024, golf tournament to raise funds for the foundation and hospital.
- Working on the possibility of displaying select key pieces of art from the old hospital at the new community center.
- The USDA pulled the plug on our originally promised 90% guaranteed loan package which has been expected/promised since 2018.

### Quality:

- Scaled Data mostly successfully completed the move of all infrastructure from the highland campus to Apple Blossom. The BO (now EMS) and the old building were slow coming back online (phones and internet took a couple of days to restore).
- Working on OR efficiencies and scheduling so that we can open a second OR on certain days starting in June. This will lower pressure on elective cases when we have an emergent case. Considering outside consulting for optimization.
- CRNA's will be pulled in house starting July 1. We have been with an outside vendor for the past few years.
- Attended/chaired an offsite Rural Health Collaborative meeting discussing a wide range of topics pertinent to rural facilities.

### Financial:

- Gross revenue for February was \$4.7M vs \$3.9M last year overall, the net revenue for February was - \$55K. The loss was driven by a slow month for inpatients, swing beds and L&D. Last year in February we had a loss of \$68K. Working on a plan for the Board to examine and address the trend of decline of inpatient services.
- Charity care was way up year over year in February. We are taking a deeper dive into why.
- February volumes for various services are mostly up year over year (the clinic was way off budget and EMS was only a little up). However, this year we had only 20 admissions to MSU vs 61 this time last year!

### Building for the Future:

- Working on drafting a plan for the EMS/Admin building, we are on our third draft and will have copies at board for review.
- Continue to work on our plan for a hybrid tele/in person dermatology plan.
- Specialty clinic plans are mostly finalized as is the clinic space lease.



2023 Board of Commissioners KPI DASHBOARD

2024 Board of Commissioners KPI DASHBOARD

	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
**KPI-5. By July 2023 50% of all wages will be within +/- 15% of the standard pay rage 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%	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%	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%	65.0%	57.0%	72.0%	49.0%			
**KPI-47. Service line development / improvement metrics will be executed at => 77%		36%	27%	50%	45%	54%	61%	69%	50%					
**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					20%	40%	40%	20%	20%	40%	40%			
**KPI-88. Complete 2 Community Forums 2023.						100%								
**KPI-92. Quarterly rounding / staff meeting attendance, by Administrative Staff.			100%			75%			75%					
<b>Governance Committee KPI-1:</b> Complete 3 Board Community Forums 2024														
<b>Governance Committee KPI-2:</b> Representation of hospital at Community meetings.										100%				



Origination	10/10/2003
Last Approved	N/A
Effective	Upon Approval
Last Revised	2/27/2024
Next Review	2 years after approval

Owner	Louise Sahlinger: Executive Director of Quality, Safety and Risk
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.~~

To assure consistent and effective communication and resolution of patient complaints and grievances, all Lake Chelan Health employees should be aware of the processes in place to immediately resolve issues or how to escalate them in order to provide an acceptable resolution to the patient and also take advantage of the opportunity to learn and support our commitment to continuous improvement.

### 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 Executive Director of Quality, Safety & Patient Safety Risk, 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 Executive Director of Quality, Safety & Risk 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 [Executive Director of Quality, Safety & Patient Safety Risk](#). If the billing complaint involves a clinical care concern, it will be reviewed by the [Executive Director of Quality, Safety & Patient Safety Risk](#) 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 expression of dissatisfaction by a patient or patient representative](#) 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. [Complaints may include but are not limited to:](#)

1. [Standard of care or quality of care issues;](#)
2. [Reports of inadequate pain management;](#)
3. [Miscommunication between patients/families and healthcare providers;](#)
4. [Housekeeping, diet/food, or room issues.](#)

**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. [A complaint becomes a grievance when:](#)

1. [It is received in writing;](#)
2. [A patient or their representative requests that their complaint be handled as a formal complaint or grievance;](#)
3. [A patient or their representative requests a written response;](#)
4. [A patient care complaint requires another team member's review or investigation to occur, including a formal clinical chart review.](#)

**Patient Representative:** [The patient's representative is someone who, in accordance with state law, may speak for the patient. This would include but is not limited to: Legal Guardian, Medical Durable Power of Attorney for Healthcare, family members \(spouse, adult child, parent, adult sibling, and grandparent\). The](#)

representative may also be someone whom the patient has indicated may speak for them. If the patient is unable to communicate this information, it will be assumed that anyone coming forward with a complaint is acting on behalf of the patient and will be considered a patient representative.

Grievances can be received through the following venues:

- Phone call/voicemail
- Email
- USPS letter or certified mail
- ~~Patient Satisfaction Survey~~ Response to patient satisfaction survey detractor letter, or patient satisfaction comments that cause the Quality department to investigate further
- 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. At any time during the complaint resolution process, the Quality Department may be contacted for assistance, advice, or support.
5. At any time during the complaint process, the patient's physician may be notified if appropriate under the circumstances and should be given the opportunity to assist in resolving any complaints related to clinical care.
6. If staff are unable to resolve the complaint, they are to complete a Quality Management Memo (QMM) including the person's contact information making the complaint, and a description of the complaint, for resolution through the grievance procedure.
7. The QMM submitter shall immediately notify the Compliance Officer of any complaint concerning privacy/patient confidentiality in addition to entering the QMM.

### Grievances

1. Patients or patient representatives may contact the Executive Director of Quality, Safety & Patient SafetyRisk 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~~Compliance Hotline at 1-888-866-6321.
2. The Grievance Committee reviews and/or investigates all grievances.
  1. The Grievance Committee membership (stated above) is an ad hoc committee.
3. The Executive Director of Quality, Safety & Risk will contact the patient or patient

- representative to gather all pertinent information if they did not originally speak with the patient.
4. A letter notifying the patient of receipt of the complaint/grievance will be drafted and mailed to the patient or patient's representative. The letter will explain that an investigation will be conducted and that it is expected to close within 30 days.
    1. If the patient or authorized representative of the patient is not the person making the grievance, Protected Health Information of a patient that may be included in the investigation summary can only be released as allowed by law.
  5. Every effort is made to resolve grievances within 30 days.
    - a. If the review and/or investigation is likely to take more than ~~10~~30 days, or ~~10~~30 days has elapsed since the grievance has been filed, the patient or patient representative is notified in writing.
  6. All grievances that have a completed investigation 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
  7. 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. Alternatively, the grievances can be forwarded to the Chief Executive Officer for final disposition.
    - 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 Executive Director of Quality, Safety & Patient SafetyRisk.
    - 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.



8. Documents pertaining to the review and/or investigation will be maintained by [Executive Director of Quality, Safety & Patient Safety Risk](#) 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 [Executive Director of Quality, Safety & Patient Safety Risk](#) 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.

## Reporting

1. [Grievances and complaints are reported internally via the QMM report which is published for review every quarter.](#)
2. [All QMMs, including grievances and complaints are tracked and trended to identify opportunities for improvement. Results are shared with the appropriate leaders and/or committees.](#)
3. [Data is shared with the Quality Committee no less than once per quarter.](#)

## Confidentiality

[All records, reports, database information, investigations, and other related documents are prepared for quality improvement processes under Lake Chelan Health Executive Leadership, quality related committees, other medical staff committees and medical staff peer review. As such, this information is confidential, privileged, and protected from discovery and inappropriate disclosure. Employees should not openly discuss grievances that they receive outside of the established grievance process set forth by this policy.](#)

## Retaliation

[No person may retaliate against any patient or person acting on behalf of a patient for filing a complaint or grievance with the organization.](#)

## Approval Signatures

Step Description	Approver	Date
Board Approval	Wendy Kenck: Executive Assistant	Pending
Executive Approval	Shawn Ottley: Chief Operating Officer	3/5/2024
Quality Director	Louise Sahlinger: Executive Director of Quality, Safety and Risk	2/27/2024

COPY

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

**RESOLUTION No. 2024-1**  
*Canceling Warrants*

“A RESOLUTION to cancel warrants (stop payment) that have been outstanding for over a year and need to be removed from the County Treasurer’s records.”

WHEREAS, R.C.W. 39.56.040 requires the canceling of warrants not presented for payment within one (1) year of date of issue, and

WHEREAS, the following list of outstanding warrants have not been presented for payment:

Check Date	Check #	Amount
11/10/2022	229658	\$ 15.80
11/10/2022	229660	\$ 156.05
12/29/2022	230246	\$ 30.00
12/29/2022	230250	\$ 20.00
12/29/2022	230259	\$ 20.00
12/29/2022	230260	\$ 25.00
1/6/2023	230370	\$ 54.39
1/20/2023	230503	\$ 3.29
1/27/2023	230624	\$ 154.85
3/2/2023	231005	\$ 1,220.18
3/2/2023	231007	\$ 1,258.38
3/2/2023	231019	\$ 35.00
3/2/2023	231029	\$ 30.50
3/9/2023	231136	\$ 26.71
3/9/2023	231159	\$ 40.44
3/10/2023	231262	\$ 4.41
3/31/2023	231437	\$ 67.28
3/31/2023	231458	\$ 34.17
5/11/2023	231860	\$ 102.51
5/11/2023	231873	\$ 16.18
6/9/2023	232233	\$ 50.00
6/9/2023	232237	\$ 49.50
6/9/2023	232239	\$ 50.00
		\$ 3,464.64

NOW, THEREFORE, BE IT RESOLVED that the Chelan County Auditor and the Chelan County Treasurer be authorized to cancel the above listed outstanding warrants.

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 2, Chelan County, Washington, at a regular meeting thereof this 26<sup>th</sup> day of March 2024, the following Commissioners being present and voting.

·  
\_\_\_\_\_  
CHAIRPERSON OF THE BOARD

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
VICE CHAIRPERSON

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
CEO