



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

10/22/2024

4:35	<ul style="list-style-type: none"> Public Comment 		
4:45	<ul style="list-style-type: none"> Executive Session 		<p>A. RCW 42.30.110 (1)(c) to consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such, consideration would cause a likelihood of increased price.</p> <p>B. RCW 42.30.110(1)(g) to evaluate the performance of a public employee.</p>
5:30	<ul style="list-style-type: none"> Adjournment 		

Board Calendar Reminders:

11/6/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
11/11/2024	TBA	Bragg Room/ TEAMS	9 am
11/14/2024	Med Staff/Peer Review	Bragg Room/ TEAMS	7:15 am – 9 am
11/14/2024	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
11/15/2024	Finance Committee	Bragg Room/ TEAMS	11 am
11/19/2024	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

12/4/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
12/9/2024	TBA	Bragg Room/ TEAMS	9 am
12/12/2024	Med Staff/Peer Review	Bragg Room/ TEAMS	7:15 am – 9 am
TBA	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
12/13/2024	Finance Committee	Bragg Room/ TEAMS	11 am
12/17/2024	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm



**Chelan County Public Hospital District No. 2
Regular Meeting of the Board of Commissioners
Meeting Minutes September 24, 2024 1:30 pm
in person and via Microsoft TEAMS**

Commission Attendance:

(not present present)

<input checked="" type="checkbox"/> Jordana LaPorte, Chair <input checked="" type="checkbox"/> Lori Withrow, Vice Chair	<input checked="" type="checkbox"/> Mary Murphy, Secretary <input checked="" type="checkbox"/> Doug Gibson	<input checked="" type="checkbox"/> Len England
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Staff Participants: A. Edwards, B. Truman, S. Ottley, R. Montgomery, L. Sahlinger, B. McCracken, S. Villasano, B. Kipp, C. Onda, J. Phetteplace, L. Hippe, P. Peters, C. Schmidt, R. Wallace, T. Lautiki, A. Benegas, D. Eisenhard, M. Bennett, A. Thomas, Shay Raplee, Mindy Garfoot, Jenna Smith

Guests: Dr. Hippe

Community Members: Brenda Brodigan, Bob Johnson, J Hawes, Mrs. Smith, Neal Gallagher, Tobe Harberd, Nelvin Wright, Deanna Griggs, Amy Bennett, Jennifer Snyder, Debra, Suzy Hepner, Lisa Marshall, Jacques Burn, Dr. Gray, Dr. Bradley, Guest, Manuel Navarro, Tom, Glen Snyder, Amy, Michael W., Jaime Minnock, Debra Egeck, Lisa Marshall, Nelvin Wright, Sandrs

Recorder: Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at 1:32pm and recited the mission statement.
2. Public Comment	<ul style="list-style-type: none"> • No public comment
3. Chair’s Report	<ul style="list-style-type: none"> • J. LaPorte remarked on the wonderful and beautiful time in the valley of Chelan, announced Dr. Waszkewitz’s upcoming retirement with a planned lunch event to be announced, and welcomed a new provider and Physician Assistant at the Clinic for Family Care.
4. Consent Agenda	<ul style="list-style-type: none"> • A. Edwards proposed amending the agenda to include the Disposal Form for the 3-door refrigerator to the Finance Section • <i>L. Withrow motioned to approve Consent Agenda with the addition proposed, seconded, motion passed</i>
5. Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced Executive Session at 1:36 pm for 15 minutes to consider information: regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(1)(o) • Executive session ended at 2:01 pm
6. Reports	<ul style="list-style-type: none"> • <i>L. Withrow verified all credential files are complete for the proposed list of providers and motioned to approve the appointments and removals as presented, seconded, motion passed.</i> • Dr. Hillman presented the Board with the changes to the Medical Staff Bylaws that were approved by the Medical Staff. <ul style="list-style-type: none"> ○ <i>M. Murphy motioned to approve the proposed Med Staff Bylaw changes, seconded, motion approved.</i> • Dr. Hippe provided the Quarterly Med Staff update <ul style="list-style-type: none"> ○ Congratulations were extended to Dr. Decker for passing her written Orthopedic boards, and new providers were welcomed to the Medical Staff. ○ Hospitalist comments: <ul style="list-style-type: none"> ▪ Dr. Hippe discussed concerns regarding the new Hospitalist service line.

- During the discussion, the Board Chair invoked Robert’s Rules of Order. The Chair requested Dr. Hippe to stay focused on the update, noting that his comments did not reflect the views of the entire Medical Staff as a whole. Emphasizing the importance of remaining on topic, the Chair reiterated to Dr. Hippe the need to focus on the Quarterly Medical Staff Update.”
 - Dr. Hippe stated that his comments reflected the perspective of the Medical Staff and were relevant to the Quarterly Update.
 - The Board Chair suspended the discussion and asked for any motions related to Med Staff to be presented, and then to continue with the agenda as outlined.
 - Dr. Hippe presented Dr. Rothmeyer for approval as Secretary of the Medical Staff.
 - *D. Gibson motioned to approve Dr. Rothmeyer as Secretary of the Medical Staff, seconded and approved.*
- Finance:
 - B. Truman presented the unaudited August 2024 Finance.
 - *D. Gibson motioned to accept the 2023 Audit Report completed by Wipfli, seconded, motion accepted*
 - The Board Budget Workshop is scheduled for Oct 14th at 9am which is a open public meeting.
 - *L. Withrow motioned to accept the August 2024 Finance Report, seconded, motion approved.*
 - Disposal of a Beverage Air three door refrigerator due to unrepairable, no value
 - *D. Gibson motioned to accept the disposal of the Beverage Air three door refrigeration, seconded, motion approved.*
- A. Edwards shared the CEO Report with additional notes of interest:
 - Dr. Hillman has successfully passed both his written and oral boards, while Dr. Decker has passed her written boards.
 - Comments regarding Hospitalist: LCH has no complaints against CVCH. CVCH providers are busy with their clinic patients and OB duties. The inpatient care at the hospital is an additional responsibility on top of their already full day. Contracting out the Hospitalist service line is not a criticism of CVCH; rather, it is intended to help move the hospital in a new direction to serve the community more comprehensively.
 - Clinic Updates by M. Miller:
 - Express Care: The clinic has been working with temporary providers while onboarding new staff. Three new PAs have joined the Express Clinic, and once fully onboarded, the clinic will be able to extend its hours. Efforts are ongoing to bolster the clinical staff for additional support.
 - Primary Care: Dr. Tyler Goeser and Guadalupe Munoz PA joined the team this past month. The focus is on improving and updating policies and procedures. Dr. Wasz's public retirement party is scheduled for 9/17.
 - Specialists: Efforts are underway to add new service lines, including sports medicine, dermatology, and cardiology. The new Specialty Clinic build is progressing well and remains on track.
 - R. Montgomery provided an update on nurse staffing, including open positions and those filled with Travelers. The OB position has been open for a year, and despite efforts, it has not been filled with a full-time employee or Traveler, leading to diversions when necessary.
- S. Ottley presented the August KPI report

<p>7. Old Business</p>	<ul style="list-style-type: none"> • The Board discussed the self-improvement plan concerning education topics for the monthly board education sessions. • S. Ottley sent an email to the Board members with a draft of the updated strategic plan for their review and feedback, based on the meeting held in February • S. Ottley updated the Board on the Specialty Clinic and EMS/Admin projects. <ul style="list-style-type: none"> ○ Specialty Clinic Plans: <ul style="list-style-type: none"> ▪ The plans for the specialty clinic are currently under review by the city and the Department of Health. ▪ Hard bids are due on October 8th after which the contractor selection will take place ▪ The target completion date is the end of March, with a tentative use permit by the beginning of April 2025. ○ EMS/Admin Project Update <ul style="list-style-type: none"> ▪ Public bid opening is scheduled for September 26th. ▪ The scope and fee proposal will be presented at the October Board Meeting.
<p>8. New Business</p>	<ul style="list-style-type: none"> • Discussion regarding the CHNA with the possibility of considering exploring a new vendor or potentially partnering with another hospital, or potentially THRIVE. <ul style="list-style-type: none"> ○ Emphasis on the importance of engaging with community members who are often underrepresented. The last CHNA report there was inadequate representation from young families and the Latina community. • Amy presented an IT update regarding the current projects and upcoming plans for 2025
<p>9. Roundtable/Action Items</p>	<ul style="list-style-type: none"> • L. Withrow stated the LCH Golf Tournament was a great success with 21 teams participating this year, marking a fantastic start. A big thank you to all the staff who helped pull it all together! • M. Murphy announced the First Annual Open House for local nonprofit organizations on 10/16 from 4-6pm at the Senior Center; LCH will be in attendance. • Board to review the Strategic Planning draft and discuss it at the next board meeting. • Each Board member selects a month and an education topic for presentation for 2025 Board Meetings. This will be added as a KPI and included on the 2025 Board Calendar. • Board members are to complete their Self Evaluations and send them to the Executive Assistant by the October 14th Budget Board Meeting. M. Murphy will compile the results for presentation at the October Board meeting. • A. Edwards will reach out to colleagues regarding CHNA financing and Matt from AWPMD joining a Board meeting.
<p>10. Public Comment</p>	<ul style="list-style-type: none"> • Manuel Navarro- resident of Chelan hospital district 13 years and CEO as CVCH for 2 years and is speaking as a CEO. The official stance with any decision that LCH and the District make we fully support the success of LCH as viable healthcare partner in our community and we trust that all decisions made by LCH are with the same goal in mind. That said, in regard to involvement in the Hospitalist program, CVCH was not involved in the decision to implement the program at LCH. CVCH was informed several months ago that LCH was exploring such a program we were notified the day prior to the medical staff announcement. I felt it was inappropriate to suggest that Dr. Hippe remarks in his role as Chief of Med Staff represented CVCH. Ultimately the topic is not about whether CVCH supports the decision to implement a Hospitalist program, it is about continuing to work together as partners to provide the best healthcare to our community. • J. Minnock expressed concerns from a clinical standpoint about the Hospitalist program increasing the number of high-acuity patients. J. Minnock is worried that this will challenge the staff's ability to stay adequately trained. Additionally, J. Minnock feels that transitioning from

	<p>CVCH providers to a 24/7 Hospitalist program may lead to dissatisfaction among patients in the community.</p> <ul style="list-style-type: none"> • Amy Bennett asked when the August minutes would be available. <ul style="list-style-type: none"> ○ J. LaPorte responded that they are included in today’s meeting packet and were approved during the meeting. Once signed, they will be posted on the website with the other minutes by the end of the week at the latest. • Brenda Brodigan, a nurse, expressed satisfaction with the current inpatient care and understands the hospital’s goals. She feels that House Supervisors limit the types of patients admitted due to nurse training. Brenda believes that the providers and residents are deeply invested in the community, advocating for patients and ensuring excellent continuity of care. However, she is concerned that residents may not want to stay if they are unable to provide the level of care they aspire to. • Scott Hippe wanted to clarify that the CVCH providers currently covering calls plan to continue caring for patients in the hospital with their medical staff privileges, even after the Hospitalist program goes into effect in January. He believes they can provide the best care and continuity for their patients. • J. LaPorte would like to acknowledge the comments and emphasize that all concerns raised were thoroughly discussed by the Board and the administrator in numerous meetings prior to finalizing the Hospitalist contract. We understand the nurses’ concerns and have implemented plans to provide additional training. Having a hospitalist on site 24/7 will also support this training. We recognize that all providers aim to deliver the best care for our community’s patients. Our goal is to elevate the level of care, accept more patients, and continuously improve hospital services. To achieve progress, we must move forward and not remain stagnant. J. LaPorte expressed appreciation for all the comments and welcomed anyone who wishes to write to the Board.
11. Executive Session	<ul style="list-style-type: none"> • L. Withrow announced Executive Session at 4:05 pm for 20 minutes for <ul style="list-style-type: none"> ○ RCW 42.30.110(1)(g) Evaluate the performance of a public employee. ○ RCW 42.30.110 (1)(d) to review negotiations on the performance of publicly bid contracts
12. Adjournment	<ul style="list-style-type: none"> • No action was taken as a result of the Executive Session • J. LaPorte adjourned the meeting at 4:25 pm

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - OCT 2024	WARRANT#'S PAYROLL	AMOUNT	pay period
237246-237310	\$ 300,583.02			Direct Deposit	\$ 524,453.05	9/7/2024
237311-237379	\$ 306,084.88			PAYROLL TAXES	\$ 192,232.71	9/7/2024
AP DIRECT DEPOSIT	\$ 8,068.29			CHILD SUPPORT	\$ 320.37	9/7/2024
RETIREMENT	\$ 43,734.17			Direct Deposit	\$ 511,024.20	9/21/2024
DOR	\$ 11,953.47			PAYROLL TAXES	\$ 185,773.89	9/21/2024
237380-237462	\$ 465,752.35			CHILD SUPPORT	\$ 320.37	9/21/2024
AP DIRECT DEPOSIT	\$ 1,583.21					
237463-237484	\$ 5,057.34					
237485-237553	\$ 392,268.88					
AP DIRECT DEPOSIT	\$ 58,333.34					
RETIREMENT	\$ 41,175.00					
237554-237640	\$ 337,798.65					
AP DIRECT DEPOSIT	\$ 7,180.08					
	\$ 1,979,572.68				\$ 1,414,124.59	

DATE September 2024

TOTAL BAD DEBTS - HOSPITAL \$134,423.31
TOTAL MEDICARE BAD DEBTS \$5,031.09
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$107,628.32
TOTAL MEDICARE CHARITY CARE - \$8,704.29

TOTAL ATTESTATION \$255,787.01

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

BOARD DESIGNATED AUDITOR _____ DATE: _____

BOARD APPROVAL

DATE: _____

CHAIR _____

VICE CHAIR _____

SECRETARY _____

MEMBER _____

MEMBER _____

ATTEST. ADMINISTRATOR _____



MINUTES

Group: Finance Committee 10/16/2024 11 AM in person and via Teams		
Facilitator: Jordana LaPorte		Recorder: Wendy Kenck
Member Attendance:		
<input checked="" type="checkbox"/> Jordana Laporte, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO/CNO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
Participants: Sam Nau, Vickie Bodle,		

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

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at 11:15am
2. New Business	<ul style="list-style-type: none"> • Medicare Advantage discussion regarding hospital acceptance <ul style="list-style-type: none"> ○ B. Truman recommended offering one Medicare Advantage plan for 2025 and recommends contracting with WellCare, with the contract to be signed next week and the community to be informed. ○ The Finance Committee agreed to proceed with the WellCare Medicare Advantage plan and to provide information to CHW and the community. • Minor adjustments to be made to the 2025 budget before the final presentation, including some IT items. <ul style="list-style-type: none"> ○ Budget discussion regarding cash reserved for EMR
3. Old Business	<ul style="list-style-type: none"> • Project Financing <ul style="list-style-type: none"> ○ Contrary to earlier thoughts, a USDA guarantee loan will need to close at the same time as a direct loan if they are tied together. ○ The \$800K loan paperwork is being finalized and submitted to close out the current USDA loan <ul style="list-style-type: none"> ▪ A new loan will need to be acquired for future endeavors through USDA, Bond or Public bid, or through a Bank. ▪ B. Truman investigating the various options and requirements.
4. Reports	<ul style="list-style-type: none"> • V. Bodle presented the unaudited September Financial Statement • S. Nau presented a Revenue Cycle update • S. Nau presented an OB/ED/ Surgery Review
5. Adjournment	<ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 12:46p



September 2024

Meeting Minutes

Name of Group: DEI Committee	Date of Meeting: 09-19-2024	Meeting Start: 1300 Meeting End: 1345
Title of Meeting: DEI Committee		
Facilitator/ Chairperson: Ray Eickmeyer		Location: Room 1212
Recorder: Ray Eickmeyer		
Participants:		
<input type="checkbox"/> Commissioner #1 – (Mary Murphy) <input type="checkbox"/> Commissioner #2 (Doug Gibson) <input checked="" type="checkbox"/> CEO or designee (Aaron Edwards) <input checked="" type="checkbox"/> Nurse manager or designee (Rhianna Montgomery) <input type="checkbox"/> ER representative () <input checked="" type="checkbox"/> Clinic manager or designee (Giovanne / Marcus) <input type="checkbox"/> CHW representative (George Rohrich) <input checked="" type="checkbox"/> EMS-Community Paramedicine (Ray Eickmeyer) <input checked="" type="checkbox"/> Social worker (Codi Onda) <input checked="" type="checkbox"/> Education worker or designee (Dave Dawson)	<input type="checkbox"/> HR or designee () <input checked="" type="checkbox"/> Quality (Louise Sahlinger) <input type="checkbox"/> Communications or designee (Agustin Benegas) <input type="checkbox"/> Adhoc- physician () <input type="checkbox"/> Adhoc- community public member ()	
Meeting Objectives(s)/Purpose:		
<ol style="list-style-type: none"> 1. Meet LCH equity policy 2. Create an environment that is inclusive, equitable, and diverse. 		

FI – For Information; FD – For Discussion; FA – For Action

Agenda Item	Facilitator/Time	Topic/Action
1. Call to Order a. Introductions FI	R. Eickmeyer / 2	Aaron motioned to approve July and August meeting minutes. All present approved. Motion carried.

2. Wins/Manage-Ups FI	N/A	
<p>3. People</p> <p>A. Updated CLAS Implementation plan- review only Governance, leadership and workforce</p> <p>B. Reports:</p> <ul style="list-style-type: none"> a. Patient survey report b. Language services report c. Pt outcomes report d. Staff feedback report 		<p>Discussion from previous meeting updates included:</p> <p>A.1) Follow-up from certified interpretation needs question from August meeting: Louise informed the team that only patient care conversations need to have a certified interpreter. Conversational interactions with patients (i.e registration, ect.) do not require a certified interpreter. Marcus stated he asked clinic staff if anyone was interested in becoming a certified interpreter and he said that there was some ‘lukewarm’ interest. Marcus asked the question do we need to incentivize more interpreting certification. After discussion, it was determined the best process is the virtual iPad certified interpretation.</p> <p>A.2) Draft employee survey: the committee reviewed the survey and made recommendations to the survey located here: https://forms.office.com/r/XpnBUL8iXA</p> <p>Ray will update and send out to the committee members for final approval.</p> <p>B) Reports</p> <p>Patient survey reports- Louise reported she is going to add language questions to patient surveys that include: “where you offered translations services?” , “was the language services effective?” and “who translated for you?”</p> <p>Language services report- Agustin handed out the data report on these services. See information attached at the end of these meeting minutes. It was noted that the language service was quick to answer when requested last month.</p> <p>Pt outcomes report- Louise had no reports of DEI effecting any patient care outcomes.</p> <p>Staff Feedback report- In progress of creation.</p>



VRIDashboard

Video Remote Interpreting

Parent Account Name: Lake Chelan Health

Account Name: Lake Chelan Health

Start Date: January 01, 2024

End Date: August 31, 2024

Created on: September 18, 2024 @ 04:37

Created by: abenegas@lcch.net

Top 5 Languages	Minutes	Calls	Avg. Duration	Avg. Speed of Answer	Rollover Calls
Spanish	29,412	2,606	11.29	12	0
ASL	138	7	19.71	8	0
CDI	38	2	19.00	5	0
Vietnamese	8	1	8.00	3	0
Cantonese	2	1	2.00	7	0
All Other Languages	14	9	1.56	7	0
Total	29,612	2,626	11.28	12	0





OPI Dashboard Over the Phone Interpreting

Parent Account Name: Lake Chelan Health

Account Name: All

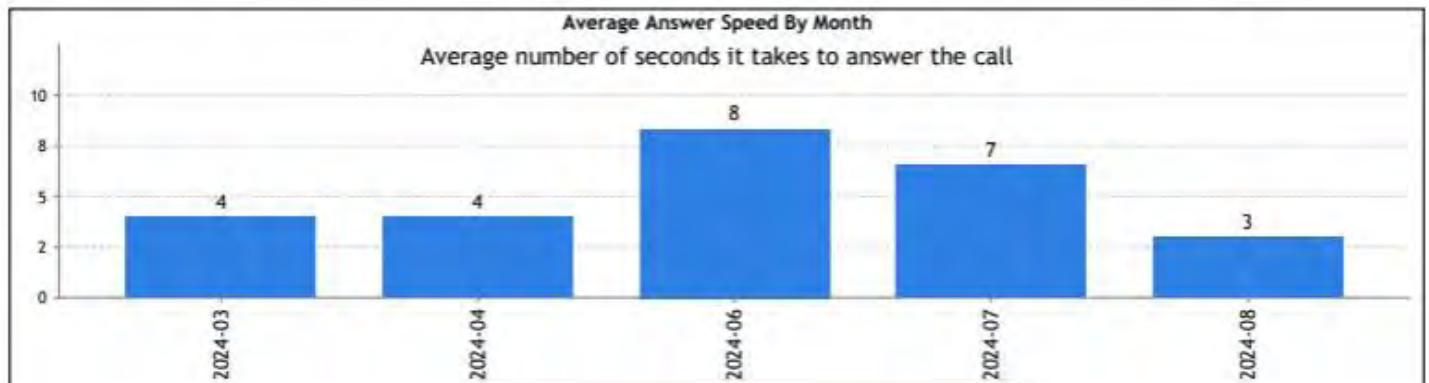
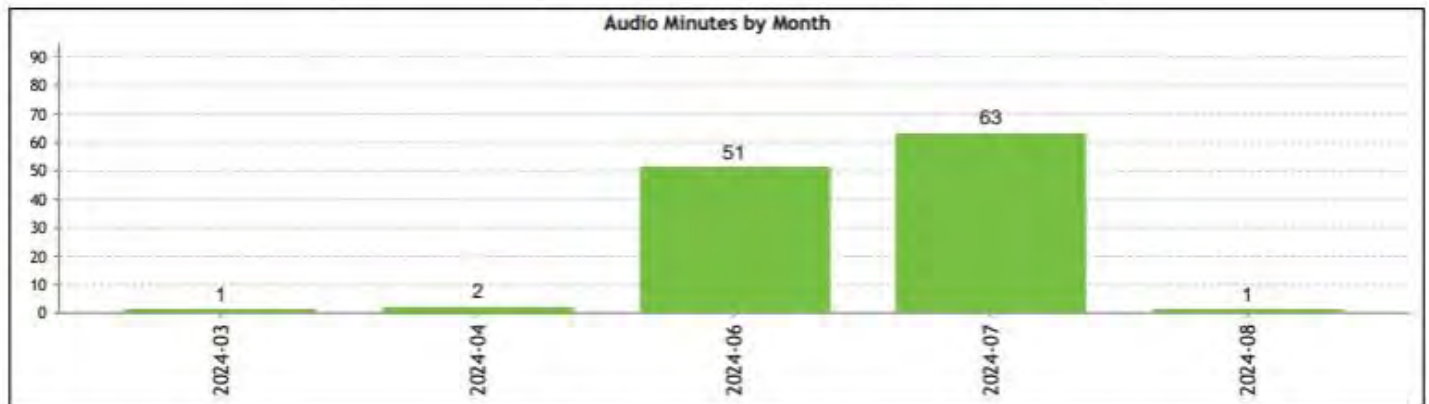
Start Date: January 01, 2024

End Date: August 31, 2024

Created on: September 18, 2024 @ 04:34

Created by: abenegas@lcch.net

Top 5 Languages	Minutes	Calls	Avg. Duration	Avg. Speed of Answer*
Spanish	110	9	12.22	6
Vietnamese	4	1	4.00	7
Croatian	2	1	2.00	2
Dari	1	1	1.00	7
French	1	1	1.00	4
All Other Languages	0	0		N/A*
Total	118	13	9.08	6





LAKE CHELAN HEALTH

MEETING AGENDA

Name of Group: Governance Committee	Date of Meeting: 10/9/24	Time of Meeting: 3:10 pm
Facilitator: Mary Murphy		Location: Zoom
Recorder: Mary Murphy		
Members present:		
X BOC Representative (Mary Murphy)		X BOC Representative (Lori Withrow)
Other: {other attendees or guests}		
Meeting Objectives(s)/Purpose: Review Board best practices for open public Board meetings.		

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

Time	Agenda Item	Topic/Action
3:10 pm	1. Call to Order	
3:10 pm	2. Study best practices for conducting Board meetings	<p>2. Discussed a board policy for hybrid meetings to meet OPMA, PRA and hospital policies, and encourage community attendance.</p> <p>Recommend the development of a Board policy regarding Board meetings to address technology changes, public comment opportunities, OPMA and PRA requirements, expectations and education.</p> <p>Governance Committee will continue to study and include best practices in a policy statement for Board consideration.</p>
5:00 pm	3. Adjournment	
Next meeting: TBD		



**Chelan County Public Hospital District No. 2
Budget Workshop Meeting of the Board of Commissioners
Meeting Minutes October 14, 2024 9 am
in person and via Microsoft TEAMS**

Commission Attendance:

(not present present)

Jordana LaPorte, Chair
 Lori Withrow, Vice Chair

Mary Murphy,
Secretary
 Doug Gibson

Len England

Staff Participants: A. Edwards, B. Truman, S. Ottley, M. Miller, V. Bodle,

Guests:

Community Members:

Recorder: Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at 9:00 am and recited the mission statement.
2. Public Comment	<ul style="list-style-type: none"> • No public comment
3. New Business	<ul style="list-style-type: none"> • B. Truman presented a 6 year review of financial statements: <ul style="list-style-type: none"> ○ Operational Margin: Moving in the right direction. ○ Excess Margin: <ul style="list-style-type: none"> ▪ 2021 & 2022: Enhanced by COVID funds. ▪ 2023 & 2024: Require a 4% rise with non-COVID funds to keep positive momentum. ▪ J. LaPorte noted the significant improvement in recent years. ○ Unrestricted Net Assets: <ul style="list-style-type: none"> ▪ Increased markedly over the past six years. ▪ 2022-2024: Expected 24% decrease due to a notable rise in unrestricted assets. ○ Daily Cash Requirements: <ul style="list-style-type: none"> ▪ Showing positive trends. ▪ Aim: Reach 180 days in the future. • B. Truman reviewed LCH current Moody's Bond Rating • B. Truman presented for Board discussion the 2025 budget assumptions and proposed 2025 budget, statement of cash flows and capital budget • Discussion around creating a more aggressive marketing/advertising plan <ul style="list-style-type: none"> ○ Board requested to allocate more of the budget towards marketing/advertising • EMR continued discussions and a meeting is scheduled with a vendor today. • <i>D. Gibson motioned to approve the 2024-5 Coastal Bank new bank account and depositing \$50k, seconded, motion approved.</i> • S. Ottley discussed the EMS/Admin bldg project <ul style="list-style-type: none"> ○ GCCM Resolution to be ready at the Oct 22 Board Meeting ○ Pre-Construction services to be discussed at the Oct 22 Meeting ○ Schematic review set for Nov 19 ○ Total Project Budget to be presented at a later date. • Specialty Clinic

	<ul style="list-style-type: none"> ○ RFP issued with bid opening on Oct 15 at 2pm ○ Request for a Resolution to authorize Aaron to sign the contract post – legal review and the winning bidder securing the bond. ● S. Ottley updated the Board on the upcoming changes to Electric Vehicle (EV) charging stations and Solar Energy requirements, which will take effect on January 1.
4. Roundtable/Action Items	<ul style="list-style-type: none"> ● Finance Team to review the contingency and total budget for the Specialty Clinic and EMS/Admin project ● S. Ottley to send Len an electronic version of the EMS/Admin draft contract ● Admin and Board to set guidance on change orders
5. Public Comment	<ul style="list-style-type: none"> ● No Public Comment
6. Adjournment	<ul style="list-style-type: none"> ● J. LaPorte adjourned the meeting at 11:29 am

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant

DRAFT



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended September 30, 2024

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Balance Sheet
Lake Chelan Health

	Current Month 9/30/2024 <u>unaudited</u>	Prior Year 12/31/2023 <u>AUDITED</u>	Prior Year 9/30/2023 <u>Unaudited</u>	
ASSETS:				
CASH	675,088	\$ 858,781	\$ 145,866	
PATIENT RECEIVABLES	13,119,789	9,941,632	\$ 9,081,961	august 2024 was 13.4m
LESS: RESERVES FOR ALLOWANCES	<u>(7,095,447)</u>	<u>(5,504,105)</u>	<u>\$ (4,845,198)</u>	
NET PATIENT ACCOUNTS RECEIVABLES	6,024,343	4,437,527	4,236,763	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	424,619	961,911	43,059	
OTHER RECEIVABLES	1,082,914	157,502	695,830	safety net \$214k
INVENTORIES	321,213	336,059	221,214	prop taxes \$862k
PREPAID EXPENSES	337,146	353,146	285,948	
TOTAL CURRENT ASSETS	<u>\$ 8,865,323</u>	<u>\$ 7,104,927</u>	<u>\$ 5,628,679</u>	
GENERAL RESERVES	\$ 2,057,517	1,541,164	\$ 1,268,982	
Unrestricted Reserves	\$ 5,303,877	3,395,024	\$ 3,293,457	
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524	
2018 BONDS	0	0	\$ -	
USDA 2023	273,600	273,600	\$ 138,800	
Bond Payment Transfer	0	0	\$ -	
TOTAL LIMITED USE ASSETS	<u>\$ 11,774,518</u>	<u>\$ 9,349,312</u>	<u>\$ 8,838,763</u>	
LAND	\$ 4,133,845	4,620,195	\$ 4,787,901	
LAND IMPROVEMENTS	0	5,222,565	\$ 5,543,846	
BUILDINGS & IMPROVEMENTS	10,390	986,252	\$ 986,252	
EQUIPMENT	9,923,762	9,589,003	\$ 10,047,321	
SOFTWARE	2,166,371	2,146,019	\$ 2,185,697	
NEW HOSPITAL	44,763,709	44,718,237	\$ 43,901,486	
LOCUM HOUSING	635,484	0	\$ -	
GASB 87 BUILDINGS AND EQUIPMENT	1,642,567	1,642,567	\$ -	
CONSTRUCTION-IN-PROGRESS - PROJECTS	497,650	67,113	\$ 425,867	
CONSTRUCTION-IN-PROGRESS - HOSPITAL	10,030	11,490	\$ 15,378	
GROSS PROPERTY, PLANT, & EQUIPMENT	63,783,808	69,003,440	67,893,748	
LESS: ACCUMULATED DEPRECIATION	<u>(13,895,000)</u>	<u>(17,553,759)</u>	<u>\$ (17,566,157)</u>	
GASB 87 AMORTIZATION	<u>(522,446)</u>	<u>(522,446)</u>	<u>\$ -</u>	
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 49,366,363</u>	<u>\$ 50,927,235</u>	<u>\$ 50,327,591</u>	
DEFERRED ITEMS	\$ 1,540,547	1,554,995	\$ 2,485,614	
TOTAL ASSETS	<u>\$ 71,546,751</u>	<u>\$ 68,936,469</u>	<u>\$ 67,280,647</u>	
LIABILITIES:				
ACCOUNTS PAYABLE	\$ 757,041	979,973	646,226	
ACCRUED PAYROLL	403,228	685,983	305,345	
ACCRUED VACATION/HOLIDAY/SICK PAY	914,201	701,299	493,245	
PAYROLL TAXES PAYABLE	31,566	55,324	24,129	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0	
OTHER CURRENT LIABILITIES	906,186	1,077,236	1,212,491	Jan 2024 867,440
INTEREST PAYABLE	366,925	93,697	374,011	accr vac/sick
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,046,831	1,046,831	1,001,831	as of 1/31 793,882
LINE OF CREDIT	0	0	0	as of 9/30 914,201
TOTAL CURRENT LIABILITIES	<u>\$ 4,425,978</u>	<u>\$ 4,640,343</u>	<u>\$ 4,057,278</u>	Int on 2018 bonds
CAPITALIZED LEASES	\$ -	\$ -	\$ -	as of 1/31 147,917
2018 BONDS	\$ 18,710,381	18,717,246	19,019,534	as of 9/30 295,388
2013 BONDS	4,662,147	4,658,279	5,021,990	bond pmt due on 12/1
USDA LOANS	17,818,904	18,136,999	18,241,770	int LTGO bonds
LEASES	2,090,329	2,091,679	1,827,965	as of 1/31 37,205
PAID LEAVE - LT PORTION	200,959	200,959	304,376	as of 9/30 71,538
TOTAL LONG TERM LIABILITIES	<u>\$ 43,482,720</u>	<u>\$ 43,805,163</u>	<u>\$ 44,415,635</u>	bond pmt due on 12/1
DEFERRED ITEMS	\$ 3,364,205	3,364,205	3,922,975	
TOTAL LIABILITIES	<u>\$ 51,272,902</u>	<u>\$ 51,809,711</u>	<u>\$ 52,395,887</u>	
FUND BALANCE:				
UNRESTRICTED FUND BALANCE	\$ 17,126,757	15,036,656	15,036,657	
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0	
YTD Net Revenue/(Expenses)	<u>3,147,092</u>	<u>2,090,102</u>	<u>(151,897)</u>	
TOTAL NET ASSETS	<u>\$ 20,273,849</u>	<u>\$ 17,126,756</u>	<u>\$ 14,884,760</u>	
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 71,546,751</u>	<u>\$ 68,936,469</u>	<u>\$ 67,280,647</u>	

Statement of Revenue and Expense
Lake Chelan Health

For the month ended September 30, 2024

	CURRENT MONTH				Prior Year 09/30/23
	Actual 09/30/24	Budget 09/30/24	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 434,206	\$ 5,721,423	(5,287,216)	-92%	\$ 470,947
OUTPATIENT	4,888,485	0	4,888,485	0.00%	4,104,940
TOTAL PATIENT SERVICE REVENUES	<u>5,322,692</u>	<u>5,721,423</u>	<u>(398,731)</u>	-7%	<u>4,575,887</u>
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(1,560,936)	(2,265,748)	704,812	-31%	(1,833,923)
BAD DEBT	(139,454)	0	(139,454)	0.00%	(56,845)
CHARITY	(116,333)	0	(116,333)	0.00%	(79,558)
TOTAL DEDUCTIONS FROM REVENUES	<u>(1,816,723)</u> 34.1%	<u>(2,265,748)</u> 39.6%	<u>449,025</u>	20%	<u>(1,970,326)</u> 43.1%
NET PATIENT SERVICE REVENUES	<u>3,505,968</u>	<u>3,455,675</u>	<u>50,294</u>	1%	<u>2,605,561</u>
OTHER OPERATING REVENUES	<u>20,828</u>	<u>19,402</u>	<u>1,426</u>	7%	<u>37,361</u>
TOTAL OPERATING REVENUES	<u>3,526,796</u>	<u>3,475,077</u>	<u>51,719</u>		<u>2,642,921</u>
OPERATING EXPENSES					
SALARIES/WAGES	1,495,312	1,638,969	143,657	9%	1,496,006
EMPLOYEE BENEFITS	317,007	361,666	44,659	12%	281,809
PROFESSIONAL SERVICES	273,464	91,897	(181,567)	-198%	63,031
FOOD SUPPLIES	17,523	15,044	(2,479)	-16%	15,537
MINOR EQUIPMENT	8,042	17,388	9,346	54%	5,942
SUPPLIES	222,501	250,794	28,293	11%	168,923
PLANT UTILITIES	22,241	29,741	7,500	25%	29,806
PURCHASED SERVICES	306,280	298,636	(7,644)	-3%	307,953
REPAIR/MAINTENANCE	93,582	98,597	5,015	5%	116,208
PUBLIC RELATIONS/RECRUITM	5,478	11,024	5,546	50%	6,551
RENT/LEASES	80,203	40,833	(39,370)	-96%	80,103
INSURANCE	32,185	43,700	11,515	26%	33,142
LICENSES/TAXES	3,062	19,888	16,826	85%	16,017
DUES/SUBSCRIPTIONS/OTHER	66,438	62,327	(4,111)	-7%	38,840
TRAVEL/TRAINING	15,737	15,830	93	1%	10,918
DEPRECIATION	300,373	383,900	83,527	22%	309,184
AMORTIZATION	15,475				
TOTAL OPERATING EXPENSES	<u>3,274,905</u>	<u>3,380,234</u>	<u>120,804</u>	3.6%	<u>2,979,970</u>
NET OPERATING SURPLUS (LOSS)	<u>251,891</u>	<u>94,843</u>	<u>157,048</u>		<u>(337,049)</u>
NON-OPERATING REVENUES	245,768	322,084	(76,316)		234,966
TAXES					
INTEREST					
GIFTS & GRANTS	208,990		208,990		
OTHER	0	0	0		0
NET INCOME margin	<u>706,648</u> 20.0%	<u>416,927</u> 12.0%	<u>289,721</u>		<u>(102,083)</u> -3.9%
TOTAL NET INCOME (LOSS)	<u>\$ 706,648</u>	<u>\$ 416,927</u>	<u>289,721</u>		<u>\$ (102,083)</u>

Statement of Revenue and Expense
Lake Chelan Health

For the month ended September 30, 2024

	YEAR-TO-DATE				Prior Year 09/30/23
	Actual 09/30/24	Budget 09/30/24	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 5,385,168	\$ 16,102,284	(10,717,116)	-67%	\$ 5,122,673
OUTPATIENT	44,080,265	30,857,154	13,223,112	43%	34,395,564
TOTAL PATIENT SERVICE REVENUES	49,465,433	46,959,438	2,505,995	5%	39,518,237
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(18,253,345)	(18,596,466)	343,121	-2%	(15,157,961)
BAD DEBT	(1,139,159)	0	(1,139,159)	0.00%	(777,379)
CHARITY	(790,086)	0	(790,086)	0.00%	(332,965)
TOTAL DEDUCTIONS FROM REVENUES	(20,182,590)	(18,596,466)	(1,586,124)	-9%	(16,268,305)
	40.8%	39.6%			41.2%
NET PATIENT SERVICE REVENUES	29,282,844	28,362,972	919,872	3%	23,249,932
OTHER OPERATING REVENUES	295,546	174,618	120,928	69%	207,599
TOTAL OPERATING REVENUES	29,578,390	28,537,590	1,040,800	4%	23,457,530
OPERATING EXPENSES					
SALARIES/WAGES	14,695,758	14,914,611	218,853	1%	12,485,721
EMPLOYEE BENEFITS	2,901,141	3,291,163	390,022	12%	2,620,786
PROFESSIONAL SERVICES	1,339,657	827,073	(512,584)	-62%	847,766
FOOD SUPPLIES	165,805	135,396	(30,409)	-22%	131,425
MINOR EQUIPMENT	475,026	156,492	(318,534)	-204%	103,186
SUPPLIES	1,915,016	1,917,179	2,163	0%	1,623,733
PLANT UTILITIES	302,711	267,669	(35,042)	-13%	291,219
PURCHASED SERVICES	2,862,706	2,687,724	(174,982)	-7%	2,757,779
REPAIR/MAINTENANCE	828,640	887,373	58,733	7%	685,961
PUBLIC RELATIONS/RECRUITMENT	64,847	99,216	34,369	35%	80,743
RENT/LEASES	643,207	367,497	(275,710)	-75%	488,898
INSURANCE	348,510	393,300	44,790	11%	266,533
LICENSES/TAXES	196,749	178,992	(17,757)	-10%	145,432
DUES/SUBSCRIPTIONS/OTHER	433,621	560,943	127,322	23%	321,728
TRAVEL/TRAINING	95,898	142,470	46,572	33%	61,476
DEPRECIATION	2,778,934	3,455,100	676,166	20%	2,785,293
AMORTIZATION	78,525	0	(78,525)		
TOTAL OPERATING EXPENSES	30,126,751	30,282,198	155,447	0.5%	25,697,679
NET OPERATING SURPLUS (LOSS)	(648,361)	(1,744,608)	1,196,247		(2,240,149)
NON-OPERATING REVENUES		2,898,752			
PROPERTY TAXES FOR OPERATIONS	2,039,133				1,957,088
GRANTS/CONTRIBUTIONS	740,649				257,625
INVESTMENT EARNINGS	317,375				294,534
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	956,616				931,139
INTEREST EXPENSE	(1,357,023)				(1,376,352)
GAIN / (LOSS) ON ASSET DISPOSAL	998,702				24,237
NET INCOME margin	3,147,092 10.6%	1,154,144 4.0%	1,992,948		(151,898) -0.6%
TOTAL NET INCOME (LOSS)	\$ 3,147,092	\$ 1,154,144	\$ 1,992,948		\$ (151,898)

unaudited

Patient Statistics
Lake Chelan Health

For the month ended September 30, 2024



Current Month			Last Year Month			
Actual vs Budget	09/30/24	BUDGET	STATISTICS	Actual vs Budget	09/30/23	BUDGET
■	125	120	Total Days Cash on Hand	■	116	120
■	48	40	Net AR Days	■	45	40
■	1.25	1.25	Debt Coverage Ratio	■	1.61	1.25
■	197	175	Payroll FTEs	■	186	175

Current Month				Year-To-Date				
Actual vs Budget	Actual 09/30/24	Prior Year 09/30/23	BUDGET	STATISTICS	Actual vs Budget	Actual 09/30/24	Prior Year 09/30/23	BUDGET
Admissions								
NA	12	14	NA	medical	NA	154	155	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	9	8	NA	OB	NA	77	79	NA
NA	21	22	NA	Acute	NA	231	234	NA
NA	3	5	NA	Swing Bed	NA	49	55	NA
NA	10	8	NA	Total Deliveries	NA	77	79	NA

Patient Days								
■	27	46	61	medical	■	437	425	499
NA	0	0	NA	surgical	NA	0	0	NA
■	16	16	19	OB	■	137	152	158
■	43	62	80	Acute	■	674	577	657
■	29	29	63	Swing Bed	■	535	484	518
■	12	9	16	Total Newborn Days	■	103	111	120
■	84	100	158	TOTAL PATIENT DAYS	■	1212	1172	1296

Average Length of Stay								
■	2.0	2.8		Total Inpatient	■	2.5	2.5	
■	9.7	6.8		Swing Bed	■	10.9	8.8	

Avg Daily Census - Hospital								
	1.4	2.1		Total Inpatient		2.1	2.1	
	1.0	1.0		Swing Bed		2.0	1.8	
	2.4	3.0		Total		4.0	3.9	

■	552	607	693	ED Visits	■	5301	5236	5605
■	49	58	92	Surgeries	■	586	415	756
■	1331	1169	1205	Imaging Procedures	■	11825	9611	9886
■	3389	2932	3868	Lab Tests	■	28960	27705	31748
■	561	602	807	Rehab Visits	■	6276	5153	6622
■	132	137	146	EMS Runs	■	1247	1166	1200
■	731	818	1009	Total Clinic Visits	■	7647	7152	2993
■	81	116	74	Specialty	■	798	737	218
	169	109		Primary care		1413	1214	0
■	481	549	935	Express Care (budget shows primary and express)	■	5436	5201	2775
	21	21		working days		195	194	

Note #1 Contractuals

Contractuals do not include reimbursement that will happen when the cost report is filed.
AR decreased \$310k from August to September.
Charity care was \$116,333 for September. Bad Debt was \$139,454.
Charity and Bad Debt are 3.90% of gross charges ytd compared to 2.62% this same time last year and 1.96% in September 2023.
We received \$312,423 in Safety Net Funds in September

Note #2 PROFESSIONAL SERVICES

Radiology Pro Fees budget is \$416k vs expense of \$463k
UW Residency Program budget is \$150k vs expense of \$154k
ED Pro Fees budget \$113k vs expense of \$441k

Note #3 MINOR EQUIPMENT AND SUPPLIES

Surgery - Budget \$21k, Actual \$340k Stryker Orthopaedics \$194k for instruments for total knees and hips (this expense was not known at budget time) \$5k workpointe for desks

Note #4 SUPPLIES & FOOD

Revenue is over budget (\$2.5m). Complexity of surgeries = higher supply costs.
Food - Supplies is over \$30k and revenue is over \$27k

Note #5 PURCHASED SERVICES

HR is over budget \$23k, Radiology is over \$29k
Med Surg \$99k and Surgery \$105k are also over due to the use of travelers. Lab is (\$202k) under budget.)
Anesthesia is over budget by \$116k due to the use of contracted employees for anesthesia and pain management.

Note #6 UTILITIES

LCH is still occupying the old hospital building. Winter utility bills were higher. PUD for old hospital was \$26,065 and water/garbage was \$35,092 through September. Roots does help offset some of these costs. The hospital sale is complete and costs will go down.

Note #7 RENTS/LEASES

Chelan Business Center lease \$4,920 per month (44,280 ytd) not budgeted for Ortho and Gen Surg
Acute Care budget \$21k, expense \$65k (carefusion, pyxis, kelly copier)
The reclass to GASB 87 has not been done in 2024. The budget reflects the reclass.
This is why depreciation and amortization are under budget

Note #8 LICENSES/TAXES

Expense is higher due to increase in revenues and personal property taxes paid for leased assets

Note #9 NON OPERATING REVENUE

The sale of the old hospital resulted in a net gain of \$996,288
There were assets that had not been fully depreciated

We received a grant for Labor & Delivery for \$177k in September

For the month ended September 30, 2024

8/31/2024	GL ACCOUNT #	ACCT DESCRIPTION	9/30/2024	EXPLANATION	
\$132,722	10002000	General Fund Cash In Bank (North Cascades)	\$100,416	(\$32,306) \$3,666,788 deposits dsh medicaid cost report (\$16,446) isys/payplus fees (\$390) fees mckesson/cardinal (\$24) fees and interest rebates \$2,768 café sales (\$3,686,000) transfer to county	
\$523,581	10004000	General Fund Cash w/ Treasurer	\$980,422	\$456,840 (\$1,480,065) AP (\$3,661) Voids \$1,469,746 warrants issued (\$1,505,857) warrants redeemed \$3,685,000 Bank Transfers from 10002000 \$0 Bank Transfer to/from 10106000 (\$80,992) Bank Transfer for USDA pmt \$0 Bank Transfer to USDA reserve (\$1,635,289) Payroll/Benefits (\$11,953) B&O taxes \$13,880 Property Taxes \$32 Leasehold Taxes & Misc Taxes \$0 Fees	
\$11,295	10008000	cash cleaning	\$17,579	\$6,283 pmts posted as remits received	
(\$483,100)	20070000	warrants outstanding	(\$423,329)	\$39,771 (\$1,035,477) remits (payroll/benefits/b&O) \$1,505,857 warrants redeemed (\$1,469,746) warrants issued ap \$1,035,477 remits redeemed \$3,661 voids	
\$1,445,486	10109000	AMB RESERVE	\$1,471,030	\$25,544 \$0 transfer to reserves transfer from reserves \$25,477 property taxes \$58 leasehold taxes \$9 interest	
\$588,169	10910000	2018 GO BOND	\$688,456	\$18,288 \$18,243 property taxes \$44 bond pmt	Days of Cash on Hand Cash: current assets 675,088 unrestricted reserves 2,057,517 unrestricted reserves <u>5,303,877</u> 8,036,482
\$31	10911000	2018 CASH BOND	\$31	\$0 interest	
\$213,600	10916000		\$213,600	\$0 funded year 2 per LOC	USDA reserve 273,600
\$60,000	10917000		\$60,000	\$0 funded year 2 per LOC	restricted reserves - pending covid ca <u>4,139,524</u> 4,413,124
\$273,600			\$273,600		
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0 paid bond interest	Expenses: total YTD 30,126,751 less depreciation <u>-2,857,459</u> 27,269,292
\$9,409,971	10760000	RESERVES	\$9,443,401	\$33,430 \$33,430 interest \$1,600,000 transfer	number of days YTD 274
\$11,901,756			\$12,449,606	\$547,850	Days of Cash on Hand 6 80.8
					Restricted Days Cash on Hand 44.3
					Total Days Cash on Hand 125.1



CEO Board Report (as of 10/17/2024)

People:

- Celebrated the career of Dr. Charles Jay Waszketwitz who has served the Chelan community since 1987!
- Dr. Goeser and PA Guadalupe Martinez-Vera are accepting new patients down at the clinic and often have same day access to appointments!
- Happy to welcome a new part time speech therapist to the hospital.
- Continue to work on filling open positions at MA, CNA, nursing (surgical, OB, ED), PT/OT, Plant engineer, MRI and Lab Tech, patient access, family practice provider (both MD/DO and APP), and our business office. Go to www.lakechelanhealth.org/careers/ to see what is available and apply and see which positions have additional incentives!

Community:

- Paint the Town Pink was a success this year raising over \$12K for new blood pressure monitors. Huge thank you to Guild B!

Quality:

- Focusing on contracts and policy to build our aggregate quality score. Remain steady at a 9.1 out of 10 likely to recommend, and a 4.73 stars out of 5. Net promoter score has dropped a little of recent, which we will address at various leaders meetings.

Financial:

- The preliminary '25 budget shows a slight deficit driven largely by increased depreciable assets as well as increases in staffing costs.
- This month's net income was \$707K with an operating surplus of \$252K. Our year-to-date net income is \$3.1M. Last year at this time we had a -\$152K net income. Our overall operating loss is \$548K vs \$2.2M last year. Gross revenue was \$5.3M vs \$4.6M last year. Year to date gross revenue is \$49M vs \$39.5M at this time last year. Budget is just under \$47M year to date. So far in October we are trending \$300K above budgeted revenue. Average daily rate (what we bring in each day) has risen over the last two weeks and is substantially higher than prior years.

Building for the Future:

- Effective January 14, 2025, we are moving to a full-time hospitalist model which we hope will allow us to speed patient stays from the emergency room to inpatient status, allow us to hold on to a few more patients keeping them close to their community, and allow our surgeons to operate on more complicated patients. **In no way does this decision reflect poorly on the CVCH doctors that provide inpatient care now, nor does this decision threaten the residency.** CVCH will continue to deliver babies in our facility and likely work with pediatric inpatients. We feel strongly that this change will improve patient care and keep more of our patients close to home while they heal.
- Working on a few new possibilities for service line additions ahead of the completion of the new specialty clinic which is on target for a Feb/March open this coming new year. Contractor will be announced at Board.
- EMS build project is set to break ground in spring of this coming year. Graham Construction has been selected as our contractor.

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

RESOLUTION No. 2024-4
GC/CM Selection EMS Building

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the “District”), affirming and ratifying the Board’s approval to hire a general contractor to work in concert with the architect to develop a design, a cost structure, and to execute the construction phase of an Emergency Medical Services and Administrative Office Building for the Chelan County Public Hospital District #2.

WHEREAS, the District intends to design and construct an Emergency Medical Services and Administrative Office Building utilizing the services of a General Contractor/Construction Manager (GC/CM), and

WHEREAS, short-listed GC/CM finalists were interviewed on September 11th and 12th, 2024, with Graham Construction submitting the best of three proposals to provide GC/CM services, part of which includes preconstruction services, and

WHEREAS, Chelan County Public Hospital District #2 wishes to enter into an agreement for the GC/CM to provide pre-construction and future construction services to the District;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF PUBLIC HOSPITAL DISTRICT NO. 2, CHELAN COUNTY, WASHINGTON, hereby approves an agreement to retain the services of Graham Construction for a cost of \$385,005.00, excluding Washington State taxes, for preconstruction services.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington, at a regular open public meeting thereof this 22nd day of October 2024, and the following Commissioners being present and voting in favor of the adoption of the resolution.

Chairman and Commissioner

Vice Chairman and Commissioner

Secretary and Commissioner

Commissioner

Commissioner

Attested by Chief Executive Officer
and Administrator

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

RESOLUTION No. 2024-6
Specialty Care Clinic Construction

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the “District”), affirming and ratifying the Board’s approval to hire a general contractor to perform the construction of a Specialty Care Clinic for the Chelan County Public Hospital District #2.

WHEREAS, the District intends to construct, via tenant improvements, a 6,000-square-foot Specialty Clinic through tenant utilizing the services of a General Contractor (GC), and

WHEREAS, the GC bids were opened on October 15th, 2024, with Cascade Central Construction LLC having the lowest bid for construction services and

WHEREAS, Chelan County Public Hospital District #2 wishes to enter into an agreement for GC services to the District;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF PUBLIC HOSPITAL DISTRICT NO. 2, CHELAN COUNTY, WASHINGTON, hereby authorizes the CEO, Aaron Edwards, to enter into an agreement to retain the services of Cascade Central Construction LLC at the cost of \$1,463,000.00, excluding Washington State taxes, for construction services.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington, at a regular open public meeting thereof this 22nd day of October 2022, and the following Commissioners being present and voting in favor of the adoption of the resolution.

Chairman and Commissioner

Vice Chairman and Commissioner

Secretary and Commissioner

Commissioner

Commissioner

Attested by Chief Executive Officer
and Administrator

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

RESOLUTION No. 2024-7
2025 Budget

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the ‘District’), adopting the 2025 District budget.

WHEREAS, the District is required to prepare an annual budget and file it in the records of the District.

BE IT RESOLVED that the Board of Commissioners, Chelan County Public Hospital District No. 2 hereby approve the 2025 District budget.

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 22nd day of October 2024, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO



Ordinance / Resolution No. 2024-8

Regular

Levy

RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District No. 2 has met and considered its budget for the calendar year 2025; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 956,386.50; and,

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

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2025 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 9,563.87 which is a percentage increase of 1% from the previous year.

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

Adopted this 22 day of October, 2024.

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

If additional signatures are necessary, please attach additional page.

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

To ask about the availability of this publication in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.

REV 64 0101e (w) (12/9/14)



Ordinance / Resolution No. 2024-9

EMS Levy

RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District No. 2 has met and considered its budget for the calendar year 2025; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 1,755,848.35; and,

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

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2025 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 17,558.48 which is a percentage increase of 1% from the previous year.

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

Adopted this 25 day of October, 2024.

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

If additional signatures are necessary, please attach additional page.

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

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use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.

REV 64 0101e (w) (12/9/14)

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

RESOLUTION No. 2024-10

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

WHEREAS, the Board of Chelan County Public Hospital District #2 is in the process of completing its budget for the calendar year 2025,

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chelan County Public Hospital District #2 on the 22nd day of October, 2024 do hereby authorize and fix an excess levy of \$1,300,885 for bond payments to be collected in 2025.

ADOPTED by the board Chelan County Public Hospital District #2, Chelan County, Washington, at a special board meeting thereof this 22nd day of October, 2024.

BOARD OF COMMISSIONERS

Chairman of the Board

Commissioner

Vice Chairman

Commissioner

Secretary

Chief Executive Officer

Status

Pending

PolicyStat ID

16219341



Origination 3/11/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 10/15/2024
 Next Review 2 years after approval

Owner Wendy Kenck:
 Executive Assistant
 Area Administration

Board of Commissioners Policy and Procedure regarding Ethical and Legal Matters

I. PURPOSE

N/A

II. POLICY STATEMENT

The Board of Commissioners shall apply the highest ethical and legal standards in fulfilling in their role. The Board members should hold themselves accountable to each other, to Chelan County Public Hospital District 2, and to the public for their actions and omissions. From time to time governance and /or Board issues might arise that indicate or require the Board to seek legal counsel to identify the best way to address a Board or governance issue.

III. SCOPE

N/A

IV. ROLES AND RESPONSIBILITIES

N/A

V. DEFINITIONS

N/A

VI. PROCEDURE

1. When a Board member identifies an improper governmental action that increases a risk of legal or ethical issue, or does not comply with law(s) or Lake Chelan Health's (LCH) Compliance Plan or policies and procedures, the Board member must promptly report this matter to the Compliance Officer according the Compliance Plan. In the case that the Compliance Officer is the person whose action allegedly places the District at legal risk, the Board member must report this action to the CEO.
2. The Board duty includes an obligation to report suspected violations of laws, regulations, or organizational policies to appropriate officials and to avoid retaliation against others who in good faith report such violations. A Board member may in good faith, report the suspected violation to the Hospital District Board Chair or CEO, (or the Compliance Officer, if the CEO and/or Board Chair made the suspected violation), an alleged "improper governmental action," which is defined by RCW 42.41.020(1) to mean:
 1. Action by a local government officer or employee;
 2. Taken in the performance of the officer's or employee's official duties, whether or not the action is within the scope of the officer's duties or employee's employment.

In these circumstances, the reporting Board member is protected by the Whistle-Blower Protection policy.

3. The Board duty includes an obligation to prohibit retaliation against others who in good faith report such violations. In these circumstances, the reporting Board member and /or employee is protected by the Whistle-Blower Protection policy
4. Board members are encouraged to seek legal advice from the Municipal Research and Services Center (MRSC) as appropriate. MRSC legal advice services are free to individual Board members of the public hospital district through its membership in Association of Washington Public Hospital Districts.
5. Written advice may be requested from MRSC, and may be distributed as appropriate to all or select Board members, to assist them in their specific role. If MRSC attorney advises that a District seek advice from the hospital's contracted legal counsel, the Board member must request action through the Board Chair and/or CEO, as appropriate.
6. The Hospital District may contract legal counsel services with one or more outside law firms according to their special expertise to provide services regarding Board or governance matters, such as legal advice, investigation and report of findings, representation of the Hospital District in dealings with other entities, preparation of documents such as Board resolutions, and review and/or development of contracts.. Contracted legal counsel works for the Hospital District and not any individual Board member or employee of the District. Therefore, communication with contracted legal counsel regarding Board matters shall be conducted by CEO, Board Chair or authorized representative as indicated. See LCH Compliance Plan.
7. When contracted legal counsel is deemed necessary, the CEO or Board Chair should discuss the need to determine the most effective approach.

8. Confidentiality in all legal matters of the Hospital District is imperative to protect attorney- client privilege. See the policy, Compliance Plan

VII. REFERENCES

Compliance Plan

VIII. ATTACHMENTS

N/A

*This policy may be revised at any time without prior notice. All revisions supersede prior policy and are effective immediately upon approval.” AND “Any printed policy is not valid past the print date and should not be relied on for official purposes. Current versions of all policies can be found in PolicyStat.

Approval Signatures

Step Description	Approver	Date
Executive Assistant	Wendy Kenck: Executive Assistant	Pending
Policy Management Committee	Committee Policy Management: Policy Management Committee	10/14/2024
	Wendy Kenck: Executive Assistant	10/11/2024

Status

Pending

PolicyStat ID

16426388



Origination 7/19/2022
Last Approved N/A
Effective Upon Approval
Last Revised 10/11/2024
Next Review 8/27/2024

Owner Wendy Kenck:
Executive Assistant
Area Administration

Donor Stewardship & Recognition Policy

I. PURPOSE

1. To thank and honor our donors.
2. To build lasting relationships with donors inviting further contributions and providing reciprocal positive exposure for their philanthropy.
3. To encourage and excite others. By publicly recognizing gifts, other potential donors will realize the level of support Lake Chelan Health (LCH) receives. They may be encouraged to join in the giving. Also, this often serves to raise people's awareness of giving and raise their own standards.
4. To create a community spirit. As the donor begins to be recognized or as people note the number of donors who support LCH, it is a source of pride for us all – an indication of the community's willingness to support LCH Community, Programs and Services.

II. POLICY STATEMENT:

Lake Chelan Health (LCH) is committed to recognizing and honoring the generosity of our donors. This policy outlines the principles and procedures for acknowledging gifts and providing appropriate recognition to donors. By doing so, we aim to build strong, lasting relationships with our donors, encourage further contributions, and foster a spirit of community support for LCH's mission, programs, and services.

III. SCOPE

In line with the Gifting Policy, the principles of workforce diversity, strategic alignment, equality of opportunity and transparency of process apply for this policy.

This policy does not cover:

1. giving or receiving donations (refer to the Gift Policy),
2. key technology partnerships,
3. honorary awards, honorary titles and honor names (including recognition names) conferred or awarded before January 2022, and
4. honorary awards, honorary titles and honor names conferred or awarded to LCH associates or affiliates by external bodies.

IV. ROLES AND RESPONSIBILITIES

N/A

V. DEFINITIONS

N/A

VI. PROCEDURE

GIFT ACKNOWLEDGEMENT

LCH associates will work to acknowledge every gift within the following guidelines. At any time, a donor may decline public recognition.

HONOR NAMING NOMINATION AND CONFERRAL

LCH may recognize substantial support (normally, donations or sponsorships from individuals or organizations), distinguished service or outstanding contributions to LCH through honor naming. Honor naming may apply to a structure, facility or collection:

1. outdoor physical features such as green spaces and walkways
2. collections such as library and art collections.
3. The honor naming of an entity must be reasonable, applied consistently and proportionate to the contribution made by the individual or organization. An individual's or organization's name will be honor named only once.
4. Gift and naming shall be guided by written agreements between Donor and LCH and shall specify the term of years and conditions (title/name, signage, duration etc.). Naming actions of internal spaces and building shall have an initial duration of twenty years, or the life of the space or building, whichever is shorter. Names shall stand until changed by Board action if necessary to meet other terms of this policy.

LCH Board of Commissioners, from time to time, may establish minimum amounts for which honor naming will not be considered.

Honor naming proposals should be submitted to LCH CEO and Board of Commissioners for full evaluation and approval. Donations shall not require changes in hospital procedures, policies, construction, budget and/or staff resources without LCH Board of Commissioner approval. The

nominator is responsible for the content, quality and accuracy of the proposal. Proposals should include:

1. internal and external consultation on the merits of the proposal,
2. a strategic impact and advantage assessment, particularly in the context of LCH strategy, and
3. a background check and risk assessment of the proposal.

Proposals to honor name a physical entity in recognition of a LCH associate will not be considered until after the individual has left LCH.

The form and duration of the honor name will be agreed and documented in consultation with the individual or organization (or the relevant trustee(s)) as part of the approval proposal. The form of honor name should be in line with the guidelines described within this policy. Naming actions shall have an initial duration of twenty years, or the life of the building or space, whichever is shorter. Names shall stand until changed by action of the Board or administration. Gift and naming agreements shall specify the term of years

LCH CEO and Board of Commissioners may remove a naming opportunity if said naming gives rise to conflict of interest or creates a position of misalignment with LCH obligations, legal responsibility, mission, vision or values. This restriction does not preclude the use of the name of an individual who has at one time held public office, or an individual or organization which manufactures or distributes commercial products.

VII. REFERENCES

Gift Policy

VIII. ATTACHMENTS

N/A

This policy may be revised at any time without prior notice. All revisions supersede prior policy and are effective immediately upon approval.

Any printed policy is not valid past the print date and should not be relied on for official purposes. Current versions of all policies can be found in PolicyStat.

Approval Signatures

Step Description	Approver	Date
Executive Assistant	Wendy Kenck: Executive Assistant	Pending

Policy Management
Committee

Committee Policy
Management: Policy
Management Committee

10/14/2024

Wendy Kenck: Executive
Assistant

10/11/2024

COPY



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

COPY