



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

12/17/2024



Chelan County Public Hospital District No. 2
 Regular Meeting of the Board of Commissioners
 December 17, 2024, at 1:30 am via TEAMS
 Meeting ID: 264 159 003 701 Passcode: V4RsJL

Agenda

Mission- "To provide the highest quality healthcare with compassion and respect to the community we serve."

FI – For Information; FD – For Discussion; FM – For Motion; FA – For Acceptance; FR-For Resolution

Time	Agenda Item	Facilitator	Topic/Action
1:30	<ul style="list-style-type: none"> Call to Order 	J. LaPorte	
1:32	<ul style="list-style-type: none"> Public Comment 		A. Guild B Presentation
1:35	<ul style="list-style-type: none"> Chair Report 	J. LaPorte	
1:40	<ul style="list-style-type: none"> Consent Agenda 	Commission	A. Regular Board Meeting Minutes 11/19/2024 (FA) B. Special Board Meeting Minutes 12/9/2024 (FA) C. Governance Meeting Minutes 11/20/2024 (FA) D. Warrants & Vouchers (December) (FM) E. Bad Debt & Charity Care (FM) F. Finance Committee Minutes 12/13/2024 (FA)
1:45	<ul style="list-style-type: none"> Executive Session 		A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205
2:00	<ul style="list-style-type: none"> Reports 	S. Hippe MD M. Hillman DO/L. Sahlinger B. Truman A. Edwards S. Ottley	A. Chief of Staff Report (FI) B. Med Staff Report & Credentialing (FM) C. Financial Committee Report (FA) D. CEO Report (FI) E. Strat Plan KPI Report (FI)
3:00	<ul style="list-style-type: none"> Old Business 	S. Ottley S. Ottley R. Eickmeyer Commission A. Edwards/A. Benegas	A. EMS/Admin Building Project Budget (FM) B. Specialty Clinic Update (FI) C. New Ambulances (FI) D. Board Letter (FD) E. CHNA Proposal (FI)
4:00	<ul style="list-style-type: none"> New Business 	Commission	A. Policies: <ol style="list-style-type: none"> Governing Board Bylaws (FD) CEO Decision Matrix (FM) Charity Care Policy (FM) End of Life Care (FM) Hospital Staffing Plan (FM) B. Resolution: <ol style="list-style-type: none"> 2024-12: 2025 Legal Holidays (FM) 2024-13: 2025 BOC Meeting Dates (FM) C. Surplus: 2012 Dodge Caravan (FM) D. Board Nominations (FM)
4:45	<ul style="list-style-type: none"> Roundtable /Action Items 	Commission	
4:55	<ul style="list-style-type: none"> Public Comment 		

5:00	<ul style="list-style-type: none"> Executive Session 		A. RCW 42.30.110(1)(g) to evaluate the performance of a public employee and RCW 42.30110(1)(d) to review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs
5:30	<ul style="list-style-type: none"> Adjournment 		

Board Calendar Reminders:

1/1/2024	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
1/13/2025	TBA	Bragg Room/ TEAMS	9 am
1/9/2025	Med Staff- Quality	Bragg Room/ TEAMS	7:00-8:30 am
1/9/2025	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
TBA	Finance Committee	Bragg Room/ TEAMS	11 am
TBA	DEI Committee		
1/28/2025	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

2/10/2025	TBA	Bragg Room/ TEAMS	9 am
2/13/2025	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
TBA	Finance Committee	Bragg Room/ TEAMS	11 am
TBA	DEI Committee		
2/25/2025	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

03/5/2025	Compliance, Privacy, & Risk Committee	1212 Conference Room	10 am – 11 am
3/10/2025	TBA	Bragg Room/ TEAMS	9 am
3/13/2025	Med Staff	Bragg Room/ TEAMS	7:00-8:30 am
3/13/2025	Quality Committee	Bragg Room/ TEAMS	1 pm – 3 pm
TBA	Finance Committee	Bragg Room/ TEAMS	11 am
TBA	DEI Committee		
3/25/2025	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 November 19, 2024 1:30 pm
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, R. Montgomery, L. Sahlinger, M. Miller, A. Benegas, J. Thompson, R. Eickmeyer

Guests: Chris Colley (Graham Construction), Ellyn Freed (Forte Architects), Dean Gable (Hill International)

Community Members: M. Navarro, A. Moroz, Sarah

Recorder: Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> J. LaPorte called the meeting to order at 1:30 pm and recited the mission statement.
2. Public Comment	<ul style="list-style-type: none"> No public comment
3. Chair’s Report	<ul style="list-style-type: none"> J. LaPorte expressed her heartfelt appreciation to the veterans in our area who have served our country with dedication and bravery. Also expressed that it is essential that we always remember to be respectful and considerate in all our interactions.
4. Consent Agenda	<ul style="list-style-type: none"> Edits to the Consent Agenda <ul style="list-style-type: none"> Regular Minutes- page 2: Change EMS ‘AAI’ to ‘AIA’ <i>M. Murphy motioned to approve Consent Agenda with edits, seconded, motion passed</i>
5. Executive Session	<ul style="list-style-type: none"> Executive Session not required for Credentialing
6. Reports	<ul style="list-style-type: none"> <i>M. Murphy verified all credential files are complete for the proposed list of providers and motioned to approve the deactivation of the providers as presented, seconded, motion passed.</i> Med Staff Update provided by Dr. Hillman via A. Edwards: Continuing to review processes, policies, and delineation of privileges with the assistance of TRC. The Quality Department continues to work with the medical staff to maintain DNV compliance. Finance: <ul style="list-style-type: none"> B. Truman presented the unaudited October 2024 Finance. <i>M. Murphy motioned to accept the unaudited October 2024 Finance Report, seconded, motion approved.</i> B. Truman reviewed the Sources and Uses of Cash, explaining how cash is utilized within the facility. He also discussed the current Project Sources and Uses document, highlighting the hospital's position on accessing additional funding through a loan for planned purchases. Resolution 2024-11 Capital Expenditures: Reviewing options USDA, bank loan, bond. <ul style="list-style-type: none"> <i>D. Gibson motioned to approve Resolution 2024-11, seconded, motion approved.</i> B. Truman reviewed the bonus structure and the intended payout to all eligible staff at

	<p>the beginning of December.</p> <ul style="list-style-type: none"> ▪ J. LaPorte thanked the team for putting together a bonus structure for the staff based on performance. ▪ A. Edwards thanked the Board for approving the use of operation funds to be used as a bonus to the employees and expressing their appreciation to the staff for a job well done. <ul style="list-style-type: none"> • CEO Report: A. Edwards shared the CEO Report with additional notes stating the soft opening of Dermatology last week received great feedback from the community, and the physician expressed gratitude to the staff and the hospital. • Strategic Plan KPIs: S. Ottley reviewed the Strategic Plan KPIs and mentioned the ongoing task of tweaking the current report based on the Board's comments from last month. He is working towards completing a Board dashboard for 2025. • Board Advocacy: <ul style="list-style-type: none"> • J. LaPorte joined the WSHA Governance committee. • Ruby U presentation to the Community regarding healthcare by LCH. Would like to invite the hospital out in the spring/summer for another presentation. • Hospital Holiday Party, Dec 14th • Guild B & Guild E activities with proceeds to be announced at the December Board meeting.
7. Old Business	<ul style="list-style-type: none"> • Specialty Clinic Project Update: Due to setbacks with the city permit, the start date has been moved to December 2nd. <ul style="list-style-type: none"> ○ Change Order Process for Specialty Clinic: Amounts greater than \$25K, require notification to the Board (2 Board Members) 24 hours prior. • EMS/Admin Building Project Presentation: S. Ottley, E. Freed (Forte Architects), D. Gable (Hill Int'l), and Chris Colley (Graham) provided an overview of the current project with diagrams and asked the Board to decide whether to continue with the current track or rework the project. The Board reached a consensus to continue with the planning, with more details to be provided at December's board meeting. • Board Self Evaluation Highlights: Good working relationships; concerns about following processes and feeling free to express concerns; distinction between governance and operations could be better; opportunities to provide educational items for the Board and talk with the community (one-on-one interactions have been beneficial). • Board Discussion: Topics included the 2025 Regular Board of Commissioner meetings, Board Education topics, and Year End Letter topic assignments. • CHNA Discussion: A. Benegas presented possible options for companies to complete the CHNA. The Board addressed questions regarding each company and requested proposals and evaluations for each option.
8. New Business	<ul style="list-style-type: none"> • Policy Review: The Board reviewed the current approved policy process for Board-owned policies and discussed the desire to edit the policies in WORD with tracking on, present them to the Board, and have the EA input the changes into Policy Stat. All were in agreement with the process changes. <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve the Board Member Code of Conduct and the Public Participation in Board Meeting policies with edits, seconded, motion approved.</i> • <i>L. Withrow motioned to approve to use Risk Assessment for the determination of operating room status as non-wet locations in the operation room (NFPA99.6.2.2.8.4 & NFPA 99.6.2.2.8.7), seconded, motion approved.</i>

9. Roundtable/Action Items	<ul style="list-style-type: none"> • S. Ottley to create a Board KPI Dashboard based on input given this month. • Finance to compile a breakdown of funding options and spending for the EMS/Admin build. • Board Members to send assigned 'end of year' letter paragraphs to M. Murphy by December 6. • A. Benegas to create a proposal of all CHNA entities, including cost and pros/cons, for presentation at the December Board Meeting. • W. Kenck to send a draft board acknowledgment and signature page for the Board Member Code of Conduct policy to the Governance Committee for review and edits. • W. Kenck to add the Public Participation Policy to the Board section of the LCH website.
10. Public Comment	<ul style="list-style-type: none"> • No Public Comment
11. Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced Executive Session at 6:10 pm for 20 minutes for <ul style="list-style-type: none"> ○ RCW 42.30.110(1)(g) Evaluate the performance of a public employee. <ul style="list-style-type: none"> ▪ L. Withrow extended the Executive Session 30 minutes ▪ L. Withrow extended the Executive Session 15 minutes ▪ Executive Session ended at 7:15 pm
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 7:15 pm

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant



**Chelan County Public Hospital District No. 2
Special Meeting of the Board of Commissioners
Meeting Minutes December 9, 2024 9:00 am
in person and via Microsoft TEAMS**

Commission Attendance:

(not present present)

<input checked="" type="checkbox"/> Jordana LaPorte, Chair via TEAMS <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,

Guests:

Community Members:

Recorder: Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> • L. Withrow 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 requested comments or questions from the Board members regarding the proposed budget for the EMS/Admin building project. <ul style="list-style-type: none"> ○ Mitigation Water Budget: <ul style="list-style-type: none"> ▪ A placeholder amount has been used for the water mitigation budget due to the city's inability to provide a cost estimate. It is expected that a final number will be provided during the pre-construction phase to finalize the budget and replace the placeholder. ○ Project Contingency: <ul style="list-style-type: none"> ▪ M. Murphy asked to better understand how the total project contingency of 2.5% was determined? ▪ B. Truman explained the 2.5% contingency is in addition to the built-in contingency already included in the budget. For both projects, the total contingency is 10%, with a loan of \$6.5 million to cover both projects. ○ Capital Debt Structuring: <ul style="list-style-type: none"> ▪ The cost report allows for structuring the capital debt either separately or as a whole. Eide Bailly will complete an analysis to determine the best option for the future debt repayment structure. ○ Building Maintenance: <ul style="list-style-type: none"> ▪ M. Murphy emphasized the importance of reinvesting in district buildings to keep them up to date and in good working order. ○ Capital Replacement Plan: <ul style="list-style-type: none"> ▪ The administrative team is working on a 3-5 year capital replacement plan for all facilities within each department and with managers.

4. Roundtable/Action Items	<ul style="list-style-type: none"> • L. England inquired about the status of the MRI project, to which S. Ottley responded that conflicts with L&I have delayed the planned winter start time. L. England also reported positive feedback on the bonus, noting it has seemed to have boosted staff morale and provided a positive attitude among the team. • D. Gibson expressed appreciation for the ED's support of the providers and staff, mentioning that the bonus was well-received and appreciated. • A motion will be requested regarding the overall scope of the EMS/Admin building and the total budget amount at December's Board Meeting.
5. Public Comment	<ul style="list-style-type: none"> • No Comment
6. Executive Session	<ul style="list-style-type: none"> • L. Withrow announced Executive Session at 9:55 am for 20 minutes for RCW 42.30.110(1)(g) Evaluate the performance of a public employee. <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 15 minutes ○ Executive Session ended at 10:45am
7. Adjournment	<ul style="list-style-type: none"> • No action was taken as a result of the Executive Session • L. Withrow adjourned the meeting at 10:46 am

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant



LAKE CHELAN HEALTH

MEETING AGENDA

Name of Group: Governance Committee	Date of Meeting: 11/20/24	Time of Meeting: 8:00 am
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 Bylaws and Matrix for updates		

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

Time	Agenda Item	Topic/Action
8:00 am	1. Call to Order	
8:00 am	2. Revise Board Bylaws	<p>2. Revised board bylaws to ensure alignment with RCWs and other Board and LCH policies and processes. Send to CEO Aaron Edwards for alignment with LCH MedStaff Bylaws and other policies, and to request legal review.</p> <p>Recommend Bylaws updates at December 16 Board meeting.</p>
	3. Initiate review of Board and CEO Decision Matrix	<p>3. Discussed plan to initiate review of Board and CEO Decision Matrix and consult with CEO to ensure alignment with LCH policies and CEO job description.</p> <p>Next meeting: Prepare updated CEO and Board Matrix policy for Board review/approval.</p>
9:00 am	4. Adjournment	

Next meeting: TBD

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - NOV 2024	WARRANT#'S PAYROLL	AMOUNT	pay period
237748-237823	\$ 310,371.41			Direct Deposit	\$ 562,528.55	11/2/2024
237824-237850	\$ 22,220.46			PAYROLL TAXES	\$ 210,285.23	11/2/2024
AP DIRECT DEPOSIT	\$ 58,333.34			CHILD SUPPORT	\$ 320.37	11/2/2024
RETIREMENT	\$ 42,382.34			77525	\$ 7,598.38	11/2/24 RUN #2
237942-238011	\$ 311,068.25			Direct Deposit	\$ 547,400.71	11/16/2024
238012-238019	\$ 2,052.93			PAYROLL TAXES	\$ 192,142.15	11/16/2024
238020-238023	\$ 33,960.61			CHILD SUPPORT	\$ 320.37	11/16/2024
238024-238082	\$ 172,205.22					
AP DIRECT DEPOSIT	\$ 8,751.13					
RETIREMENT	\$ 48,510.73					
AP DIRECT DEPOSIT	\$ 1,583.21					
238083-238156	\$ 225,955.60					
238157	\$ 11,382.81					
DOR	\$ 14,596.15					
238158-238167	\$ 2,624.17					
238168-238243	\$ 392,658.00					
RETIREMENT	\$ 49,163.53					
AP DIRECT DEPOSIT	\$ 94,643.01					
	\$ 1,802,462.90				\$ 1,520,595.76	

DATE November 2024

TOTAL BAD DEBTS - HOSPITAL \$164,644.27
TOTAL MEDICARE BAD DEBTS \$7,978.32
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$44,183.36
TOTAL MEDICARE CHARITY CARE - \$2,212.07

TOTAL ATTESTATION \$219,018.02

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 12/13/24, 11AM in person and via Teams		
Facilitator: Jordana Laporte		Recorder: W. Kenck
Member Attendance:		
<input checked="" type="checkbox"/> Jordana Laporte, BOC <input checked="" type="checkbox"/> Lori Withrow, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO (TEAMS) <input checked="" type="checkbox"/> Brant Truman, CFO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
Participants: V. Bodle, S. Nau		

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"> J. Laporte called meeting to order 11 am
<ul style="list-style-type: none"> New Business 	<ul style="list-style-type: none"> The Committee reviewed the 2025 Calendar and added dates for monthly Finance Committee meetings and additional meeting dates for budget review. The Committee discussed a goal for 2025 and proposed to work on a 3-5 year Capital Improvement/Purchase list with a long-term goal of drafting a 5-10 year plan. B. Truman reviewed the Apple Blossom Center Owners Association 2025 Fee Schedule proposal. L. Withrow will attend the January 9, 2025 annual meeting as a representative of the Board. B. Truman reviewed the information that was provided to the negotiators regarding the financial state of LCH.
<ul style="list-style-type: none"> Old Business 	<ul style="list-style-type: none"> B. Truman updated the committee regarding the USDA loan progress.
<ul style="list-style-type: none"> Reports 	<ul style="list-style-type: none"> V. Bodle presented the unaudited November 2024 Financial Statement S. Nau presented the current Revenue Cycle status.
<ul style="list-style-type: none"> Adjournment 	<ul style="list-style-type: none"> J. LaPorte adjourned the meeting at 12:45 pm



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended November 30, 2024

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Balance Sheet
Lake Chelan Health

	Current Month 11/30/2024 unaudited	Prior Year 12/31/2023 AUDITED	Prior Year 11/30/2023 Unaudited	
ASSETS:				
CASH	566,982	\$ 858,781	\$ 285,271	
PATIENT RECEIVABLES	12,897,199	9,941,632	\$ 9,509,435	october 2024 was 13.0m
LESS: RESERVES FOR ALLOWANCES	(6,896,101)	(5,504,105)	\$ (5,063,407)	
NET PATIENT ACCOUNTS RECEIVABLES	6,001,099	4,437,527	4,446,028	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	(469,999)	961,911	(400,790)	
OTHER RECEIVABLES	359,076	157,502	(301,217)	property taxes are accrued over 12 months
INVENTORIES	320,837	336,059	222,459	Safety Net 4th qtr accrual was \$348k
PREPAID EXPENSES	321,417	353,146	314,659	
TOTAL CURRENT ASSETS	\$ 7,099,412	\$ 7,104,927	\$ 4,566,411	
GENERAL RESERVES	\$ 2,740,920	1,541,164	\$ 2,269,973	
Unrestricted Reserves	\$ 6,388,592	3,395,024	\$ 3,327,380	
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524	
2018 BONDS	470,431	0	\$ -	
USDA 2023	410,400	273,600	\$ 136,800	
Coastal Bank	50,000	0	\$ -	
TOTAL LIMITED USE ASSETS	\$ 14,179,867	\$ 9,349,312	\$ 9,873,676	
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	9,933,651	9,589,003	\$ 10,592,080	
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 67 BUILDINGS AND EQUIPMENT	1,742,567	1,642,567	\$ -	
CONSTRUCTION-IN-PROGRESS - PROJECTS	885,947	87,113	\$ 700,172	
CONSTRUCTION-IN-PROGRESS - HOSPITAL	541,692	11,490	\$ 15,378	
GROSS PROPERTY, PLANT, & EQUIPMENT	64,613,657	69,003,440	68,712,811	
LESS: ACCUMULATED DEPRECIATION	(14,438,677)	(17,553,759)	\$ (17,681,931)	
GASB 87 AMORTIZATION	(539,112)	(522,446)	\$ -	
NET PROPERTY, PLANT, & EQUIPMENT	\$ 49,635,868	\$ 50,927,235	\$ 50,830,881	
DEFERRED ITEMS	\$ 1,537,337	1,554,995	\$ 2,484,008	
TOTAL ASSETS	\$ 72,452,483	\$ 68,936,469	\$ 67,754,976	
LIABILITIES:				
ACCOUNTS PAYABLE	\$ 672,188	979,973	1,065,217	
ACCRUED PAYROLL	1,309,032	685,983	439,083	
ACCRUED VACATION/HOLIDAY/SICK PAY	1,008,134	701,299	488,302	
PAYROLL TAXES PAYABLE	89,712	55,324	33,414	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0	
OTHER CURRENT LIABILITIES	856,966	1,077,236	1,110,333	jan 2024 867,440
INTEREST PAYABLE	549,775	93,697	467,166	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 11/30 1,008,134
TOTAL CURRENT LIABILITIES	\$ 5,532,837	\$ 4,640,343	\$ 4,605,346	int on 2018 bonds
CAPITALIZED LEASES	\$ -	\$ -	\$ -	as of 1/31 147,917
2018 BONDS	\$ 18,708,856	18,717,246	19,018,771	as of 11/30 443,295
2013 BONDS	4,663,006	4,658,279	5,022,420	bond pmt due on 12/1
USDA LOANS	17,747,273	18,136,999	18,206,352	int LTGO bonds
LEASES	2,115,029	2,091,679	1,827,965	as of 1/31 37,205
PAID LEAVE - LT PORTION	200,959	200,959	304,376	as of 11/30 106,479
TOTAL LONG TERM LIABILITIES	\$ 43,435,123	\$ 43,805,163	\$ 44,379,884	bond pmt due on 12/1
DEFERRED ITEMS	\$ 4,256,945	3,364,205	3,922,975	
TOTAL LIABILITIES	\$ 53,224,704	\$ 51,809,711	\$ 52,908,205	
FUND BALANCE:				
UNRESTRICTED FUND BALANCE	\$ 17,126,756	15,036,656	15,036,657	
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0	
YTD Net Revenue/(Expenses)	2,101,022	2,090,102	(189,885)	
TOTAL NET ASSETS	\$ 19,227,778	\$ 17,126,758	\$ 14,846,771	
TOTAL LIABILITIES AND NET ASSETS	\$ 72,452,483	\$ 68,936,469	\$ 67,754,976	

Statement of Revenue and Expense Lake Chelan Health

For the month ended November 30, 2024

	CURRENT MONTH				Prior Year 11/30/23
	Actual 11/30/24	Budget 11/30/24	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 717,055	\$ 5,127,395	(4,410,340)	-86%	\$ 582,740
OUTPATIENT	4,234,001	0	4,234,001	0.00%	4,769,455
TOTAL PATIENT SERVICE REVENUES	4,951,056	5,127,395	(176,339)	-3%	5,352,196
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(1,636,241)	(2,042,887)	406,646	-20%	(2,313,450)
BAD DEBT	(172,623)	0	(172,623)	0.00%	(101,847)
CHARITY	(46,395)	0	(46,395)	0.00%	(28,239)
TOTAL DEDUCTIONS FROM REVENUES	(1,855,260)	(2,042,887)	187,627	9%	(2,443,536)
	37.5%	39.8%			45.7%
NET PATIENT SERVICE REVENUES	3,095,797	3,084,508	11,288	0%	2,908,660
OTHER OPERATING REVENUES	32,882	19,402	13,480	69%	19,766
TOTAL OPERATING REVENUES	3,128,679	3,103,910	24,768		2,928,426
OPERATING EXPENSES					
SALARIES/WAGES	2,318,353	1,638,969	(679,384)	-41%	1,519,386
EMPLOYEE BENEFITS	369,291	361,666	(7,625)	-2%	276,965
PROFESSIONAL SERVICES	199,911	91,897	(108,014)	-118%	110,485
FOOD SUPPLIES	23,097	15,044	(8,053)	-54%	15,304
MINOR EQUIPMENT	24,766	17,388	(7,378)	-42%	10,858
SUPPLIES	188,607	212,976	24,369	11%	200,236
PLANT UTILITIES	27,440	29,741	2,301	8%	32,424
PURCHASED SERVICES	393,385	298,636	(94,749)	-32%	263,872
REPAIR/MAINTENANCE	79,713	98,597	18,884	19%	91,261
PUBLIC RELATIONS/RECRUITM	14,426	11,024	(3,402)	-31%	8,235
RENT/LEASES	81,598	40,833	(40,765)	-100%	61,869
INSURANCE	49,224	43,700	(5,524)	-13%	71,715
LICENSES/TAXES	11,615	19,888	8,273	42%	24,585
DUES/SUBSCRIPTIONS/OTHER	55,168	62,327	7,159	11%	36,654
TRAVEL/TRAINING	11,892	15,830	3,938	25%	7,689
DEPRECIATION	277,751	383,900	106,149	28%	321,390
AMORTIZATION	15,475				
TOTAL OPERATING EXPENSES	4,141,713	3,342,416	(783,822)	-23.5%	3,052,926
NET OPERATING SURPLUS (LOSS)	(1,013,034)	(238,506)	(774,529)		(124,501)
NON-OPERATING REVENUES	270,336	322,084	(51,748)		207,299
TAXES					
INTEREST					
GIFTS & GRANTS	16,569		16,569		
OTHER	0	0	0		0
NET INCOME	(726,130)	83,578	(809,708)		82,798
margin	-23.2%	2.7%			2.8%
TOTAL NET INCOME (LOSS)	\$ (726,130)	\$ 83,578	(809,708)		\$ 82,798

Statement of Revenue and Expense
Lake Chelan Health

For the month ended November 30, 2024

	YEAR-TO-DATE				Prior Year 11/30/23
	Actual 11/30/24	Budget 11/30/24	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 6,765,822	\$ 26,544,662	(19,778,841)	-75%	\$ 6,564,678
OUTPATIENT	53,459,635	30,857,154	22,602,481	73%	43,203,834
TOTAL PATIENT SERVICE REVENUES	60,225,457	57,401,816	2,823,640	5%	49,768,512
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(21,584,056)	(22,744,146)	1,160,090	-5%	(19,440,097)
BAD DEBT	(1,476,352)	0	(1,476,352)	0.00%	(941,224)
CHARITY	(896,591)	0	(896,591)	0.00%	(395,241)
TOTAL DEDUCTIONS FROM REVENUES	(23,956,999)	(22,744,146)	(1,212,853)	-5%	(20,776,561)
	39.8%	39.6%			41.7%
NET PATIENT SERVICE REVENUES	36,268,457	34,657,670	1,610,787	5%	28,991,951
OTHER OPERATING REVENUES	349,504	213,422	136,082	64%	252,702
TOTAL OPERATING REVENUES	36,617,962	34,871,092	1,746,870	5%	29,244,653
OPERATING EXPENSES					
SALARIES/WAGES	18,797,043	18,247,180	(549,863)	-3%	15,515,135
EMPLOYEE BENEFITS	3,607,785	4,026,551	418,766	10%	3,196,261
PROFESSIONAL SERVICES	1,714,052	1,010,867	(703,185)	-70%	1,037,736
FOOD SUPPLIES	209,216	165,484	(43,732)	-26%	164,094
MINOR EQUIPMENT	508,550	191,268	(317,282)	-166%	139,860
SUPPLIES	2,311,019	2,363,609	52,590	2%	2,052,101
PLANT UTILITIES	357,129	327,151	(29,978)	-9%	356,018
PURCHASED SERVICES	3,640,354	3,284,996	(355,358)	-11%	3,333,635
REPAIR/MAINTENANCE	1,003,041	1,084,567	81,526	8%	869,543
PUBLIC RELATIONS/RECRUITMENT	83,282	121,264	37,982	31%	95,607
RENT/LEASES	811,958	449,163	(362,795)	-81%	618,320
INSURANCE	485,523	480,700	(4,823)	-1%	355,449
LICENSES/TAXES	232,427	218,768	(13,659)	-6%	185,570
DUES/SUBSCRIPTIONS/OTHER	544,944	685,597	140,653	21%	412,616
TRAVEL/TRAINING	118,943	174,130	55,187	32%	79,856
DEPRECIATION	3,324,378	4,222,900	898,522	21%	3,443,080
AMORTIZATION	154,750	0	(154,750)		
TOTAL OPERATING EXPENSES	37,904,393	37,054,195	(850,198)	-2.3%	31,856,881
NET OPERATING SURPLUS (LOSS)	(1,286,431)	(2,183,103)	896,671		(2,612,228)
NON-OPERATING REVENUES		3,542,920			
PROPERTY TAXES FOR OPERATIONS	2,502,607				2,394,819
GRANTS/CONTRIBUTIONS	807,517				282,327
INVESTMENT EARNINGS	382,379				362,831
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	1,169,197				1,130,427
INTEREST EXPENSE	(1,655,210)				(1,681,868)
GAIN / (LOSS) ON ASSET DISPOSAL	180,962				16,603
NET INCOME	2,101,021	1,359,817	741,204		(107,088)
margin	5.7%	3.9%			-0.4%
TOTAL NET INCOME (LOSS)	\$ 2,101,021	\$ 1,359,817	\$ 741,204		\$ (107,088)

unaudited

Patient Statistics Lake Chelan Health

For the month ended November 30, 2024



Current Month			Last Year Month			
Actual vs Budget	11/30/24	BUDGET	STATISTICS	Actual vs Budget	11/30/23	BUDGET
■	139	120	Total Days Cash on Hand	■	115	120
■	53	40	Net AR Days	■	49	40
■	-0.31	1.25	Debt Coverage Ratio	■	2.58	1.25
■	209	175	Payroll FTEs	■	188	175

Current Month				Year-To-Date				
Actual vs Budget	Actual 11/30/24	Prior Year 11/30/23	BUDGET	STATISTICS	Actual vs Budget	Actual 11/30/24	Prior Year 11/30/23	BUDGET
Admissions								
NA	21	19	NA	medical	NA	201	191	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	6	6	NA	OB	NA	85	90	NA
NA	27	25	NA	Acute	NA	286	281	NA
NA	6	9	NA	Swing Bed	NA	62	74	NA
NA	6	6	NA	Total Deliveries	NA	85	90	NA

Patient Days								
■	74	42	55	medical	■	605	515	611
NA	0	0	NA	surgical	NA	0	0	NA
■	11	16	17	OB	■	153	177	193
■	85	68	72	Acute	■	758	692	804
■	50	71	57	Swing Bed	■	631	691	634
■	8	9	13	Total Newborn Days	■	116	127	147
■	143	138	142	TOTAL PATIENT DAYS	■	1505	1510	1584

Average Length of Stay								
■	3.1	2.3		Total Inpatient	■	2.7	2.5	
■	8.3	7.9		Swing Bed	■	10.2	9.3	

Avg Daily Census - Hospital								
	2.8	1.9		Total Inpatient		2.3	2.1	
	1.7	2.4		Swing Bed		1.9	2.1	
	4.5	4.3		Total		4.1	4.1	

■	510	546	616	ED Visits	■	6335	6305	6855
■	50	66	83	Surgeries	■	702	542	925
■	1263	1303	1086	Imaging Procedures	■	14438	12349	12091
■	3321	3047	3488	Lab Tests	■	35706	33637	38829
■	591	631	727	Rehab Visits	■	7605	6506	8099
■	108	127	132	EMS Runs	■	1489	1404	1468
■	759	792	1009	Total Clinic Visits	■	9145	8750	2993
■	60	155	74	Specialty	■	958	1060	218
	155	109		Primary care		1725	1506	0
■	544	495	935	Express Care (budget shows primary and express)	■	6462	6184	2775
	0	22		working days		195	238	

Note #1 Contractuals

Contractuals do not include reimbursement that will happen when the cost report is filed.
AR decreased \$122k from October to November.
Charity care was \$46,395 for November. Bad Debt was \$172,623.
Charity and Bad Debt are 3.98% of gross charges ytd compared to 2.67% this same time last year and 2.43 in November 2023.
We accrued for the \$347k and related \$62k fee for 4th quarter Safety Net

Note #2 SALARIES AND WAGES

The hospital paid a bonus of \$581k in November

Note #3 PROFESSIONAL SERVICES

Radiology Pro Fees budget is \$509k vs expense of \$570k
UW Residency Program budget is \$183k vs expense of \$188k
ED Pro Fees budget \$138k vs expense of \$607k

Note #4 MINOR EQUIPMENT AND SUPPLIES

Surgery - Budget \$26k, Actual \$344k Stryker Orthopaedics \$194k for instruments for total knees and hips (this expense was not known at budget time) \$5k workpointe for desks
Dermatology - Budget \$0, Expense \$10k - started service in November 2024

Note #5 SUPPLIES & FOOD

Revenue is over budget (\$2.8m). Complexity of surgeries = higher supply costs.
Food - Supplies is over \$43k and revenue is over \$34k

Note #6 PURCHASED SERVICES

HR is over budget \$32k, Radiology is over \$55k, Express Clinic is over \$114k
Med Surg \$232k and Surgery \$123k are also over due to the use of travelers. Lab is (\$255k) under budget.
Anesthesia is over budget by \$131k due to the use of contracted employees for anesthesia and pain management.

Note #7 UTILITIES

LCH is still occupying the old hospital building. Winter utility bills were higher. PUD for old hospital was \$26,561 and water/garbage was \$35,528 through November. Roots did help offset some of these costs. The hospital sale is complete and costs have reduced.

Note #8 RENTS/LEASES

Chelan Business Center lease \$4,920 per month (54,120 ytd) not budgeted for Ortho and Gen Surg
Acute Care budget \$25k, expense \$83k (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 #9 LICENSES/TAXES

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

Note #10 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
Per GASB we are to recognize the gain over 24 months.
Current gain recognized is \$178,548

For the month ended November 30, 2024

10/31/2024	GL ACCOUNT #	ACCT DESCRIPTION	11/30/2024	EXPLANATION	
\$287,246	10002000	General Fund Cash in Bank (Wheatland)	\$233,957	(\$53,290)	
				\$2,883,151 deposits dsh medicaid cost report (\$16,569) tsys/payplus fees (\$2,884) fees mckesson/cardinal (\$35) fees and interest rebates \$3,047 café sales (\$2,920,000) transfer to county	
\$2,018,241	10004000	General Fund Cash w/ Treasurer	\$1,002,468	(\$1,015,773)	
				(\$1,270,218) AP (\$7,233) Voids \$1,277,451 warrants issued (\$1,039,494) warrants redeemed \$2,920,000 Bank Transfers from 10002000 \$31 Bank Transfer to/from 10106000 (\$88,992) Bank Transfer for USDA pmt (\$1,136,800) Bank Transfer to USDA reserve (\$1,715,649) Payroll/Benefits (\$14,596) B&O taxes \$48,649 Property Taxes \$11,077 Leasehold Taxes & Misc Taxes Fees	
\$1,780	10009000	cash clearing	\$13,278	\$11,497	pmts posted as remits received
(\$451,995)	20070000	warrants outstanding	(\$562,720)	(\$230,725)	
				(\$1,117,528) remits (payroll/benefits/b&O) \$1,039,494 warrants redeemed (\$1,277,451) warrants issued ap \$1,117,528 remits redeemed \$7,233 voids	
\$2,049,985	10106000	AMB RESERVE	\$1,669,190	(\$380,795)	
				transfer to reserves (\$470,431) transfer from reserves (bond pmt) \$89,318 property taxes \$317 leasehold taxes \$0 interest	
\$1,007,064	10910000	2018 GO BOND	\$1,071,730	\$64,666	properly taxes
				\$64,666 properly taxes \$0 bond pmt	
\$31	10911000	2018 CASH BOND	\$0	(\$31)	interest
\$213,600	10916000		\$320,400	\$106,800	funded year 3 per LOC
\$60,000	10917000		\$90,000	\$30,000	funded year 3 per LOC
\$273,600			\$410,400	\$136,800	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0	paid bond interest
\$9,476,116	10760000	RESERVES	\$10,508,116	\$1,032,000	\$1,000,000 from general interest
\$50,000	10764000	COASTAL BANK	\$50,000	\$0	
\$14,712,068			\$14,276,418	(\$435,651)	6
					Days of Cash on Hand 94.2
					Restricted Days Cash on Hand 44.8
					Total Days Cash on Hand 138.9



CEO Board Report (as of 12/13/24)

People:

- Hosted a dinner with the new inpatient docs and CVCH docs to promote continuity of care when the transition occurs.
- Will be renewing efforts to find additional ED docs that live in or near our community.
- Working towards a contract with our new nursing union.
- Dr. Goeser and PA Guadalupe Martinez-Vera are accepting new patients down at the clinic and often have same day access to appointments!
- Wendy et. al. is working very hard on the new HR module and are nearing completion. They are moving towards payroll next.
- 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, internist (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:

- Both our primary care and express care providers are seeing increases year over year.
- The new dermatology service line begins 11/15 with the next dermatology day being 12/9.
- Great availability for our general surgeon and orthopedic surgeon. They will be visiting Cascade Hospital to see if there is an opportunity to get patients in sooner than services available in Wenatchee or Seattle. We have increased our '25 almost double over '24 to let the community know what services we have to offer.
- Attended the rural health committee in Seattle this week. Will be asking legislators for double our OB Distressed Hospital fund (\$170K+ in '24) to help sustain labor and delivery.
- Welcome Guild B as they present a couple of checks to us at the December Board. We are appreciative of their support!

Quality:

- The patient satisfaction score (known as the net promotor score) is running at 88.2 which is quite high compared to our historical performance which averages around 75. The average net promotor score industry wide is between 38 and 58 depending on specialty.
- Met with my peers at the Rural Health Collaborative and Enterprise meetings in Centralia this past week. Great discussion around GPO's, Medicare Advantage, and payer negotiations.

Financial:

- November was a little behind on gross revenue by roughly \$100K. Still remain well ahead of our projections for the year at \$62.3M, which is about \$2.95M above forecast. This past month (November) our net was well below where we like to see it at -\$726K. Overall, we remain with a positive margin for the year of \$2.1M.

Building for the Future:

- Our first two dermatology days with Dr. Touloe went very well. Good feedback from patients and staff. 17 on the first day and 25 on the second day. He will have appointments on January 16-17 this coming new year.
- Specialty building is well underway without issue. Shawn and I did "cookie patrol" with neighbors hoping they will excuse our construction noise.
- Working hard on refining our EMS building budget so that the design team can move forward.



Origination 11/28/2023
Last Approved N/A
Effective Upon Approval
Last Revised 12/10/2024
Next Review 12 months after approval

Owner Mary Murphy:
Board Governance Committee Member
Area Hospital Commission

Board and CEO Decision Matrix

Board and CEO Decision Matrix

I. PURPOSE

To support each board member in carrying out their governance duties and the CEO in carrying out administrative duties to ensure the highest quality of care to patients and the community. This policy aims to enhance efficient performance and avoid duplication of effort by clearly defining the coordination of roles and responsibilities between the Board of Directors and the Chief Executive Officer (CEO) of Lake Chelan Health (LCH).

II. POLICY STATEMENT

Policy Statement: A productive and positive working relationship between Lake Chelan Health (LCH) Board of Directors' and the CEO is critically important to a high-performing excellence in the governance and the administration of the Chelan County Public Hospital District 2. A Policy that defines the coordination of the Board and CEO roles and responsibilities is aimed to enhance efficient performance and to avoid duplication of effort.

The purpose of the "Board and CEO Decision Matrix" ~~Policy~~ policy is to support each board member in carrying out their governance duties and the CEO in carrying out ~~his/her~~ administrative duties to ensure the highest quality of care to patients and the community. The Board Chair and the Board Committees and Task Forces also have duties around specific tasks.

Procedure: ~~The attached Exhibit A lists each item requiring a decision or action, and whether the CEO or Board, or Board Chair or Committee has the primary duty to approve the action or advise regarding the action.~~

~~The source for the authority to carry out each duty is listed in the far right column.~~

III. SCOPE

N/A

IV. ROLES AND RESPONSIBILITIES

The Board and CEO will review and revise this Policy/Procedure and Decision Matrix at least annually, or as necessary to keep updated.

V. DEFINITIONS

The code "D" stands for Decision role, "A" stands for Advisory role and "I" ~~stands for~~ refers to other circumstances when information about the decision must be communicated to the Board, either before or after the decision is made, as appropriate.

From time to time the types of decisions, roles and authorities to carry out ~~the~~ these duties ~~may~~ could change, ~~for~~ For example, this might be due to ~~changes~~ a change in sources that could include: among others, state law, governance and administration best practices, Board bylaws, position descriptions, committee charters, accreditation requirements, contracts, and/or Hospital District policy.

~~The Board and CEO will review and revise this Policy/Procedure and Decision Matrix at least annually, or as necessary to keep updated.~~

VI. PROCEDURE

The attached Exhibit A lists each item that requires a decision, action, or information, and whether the CEO or Board, or Board Chair or Committee has the primary duty to approve the action, advise regarding the action or inform regarding the action.

VII. REFERENCES

Governing Board Bylaws

CEO Position Description and CEO Agreement

Revised Code of Washington (RCW) 70.44.060 and 70.44.080

Board Position Description

VIII. ATTACHMENTS

Exhibit A: Board and CEO Decision Matrix

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

Attachments

[XXLCH Board - CEO Decision Matrix 11.28.23 .pdf](#)

Approval Signatures

Step Description	Approver	Date
	Mary Murphy: Board Governance Committee Member	Pending

COPY

Chelan County Public Hospital District No 2		Board and CEO Decision Matrix- Exhibit A					
	Type of Decision	Board of Directors	Chair	Board Committees/ Task Forces	CEO	Note	Source
Board of Directors- General (RCW 70.44)							
1	Bylaw changes	D		A	A		
2	Develop/approve Board policies	D		A	A		Board bylaws
3	Finance Policy related to records maintenance and accuracy	D		A	A		Board bylaws
4	Operations policies	I/D (DOH select)			D		Board bylaws
5	Board Meeting agenda	A	D		A		Board bylaws
6	Regular Meeting schedule	D			A		Board bylaws
7	Special Board meetings- set/agenda	D	D		A		Board bylaws
8	Provider appointment and credentials, including renewals	D		A	A		Board bylaws
9	Acquire, construct, maintain, operate, develop, sell real property	D		A	A		Board position description/RCW 70.44.060
10	Contracts with US, state, municipalities, hospital	D		A	A		RCW 70.44.060
11	Approve formation of volunteer/auxiliary groups working on the Districts Objectives	D		A	A		Board bylaws
12	Appoint Auditor/Comptroller (internal and external)	D		A	A		Board bylaws
13	Avoid Conflicts of Interest	D		A	D		Board bylaws
Board Specific Processes							
14	Board officer election	D					Board bylaws
15	CEO appointment/contract/compensation	D			A		bylaws/RCW 70.44.070
16	CEO title/job description	D		A	A		Board bylaws
17	CEO performance evaluation	D		A	A		Board bylaws
18	Approve annual operational and capital budget	D		A	A		Board bylaws
19	Approve Organizational Structure/Chart (Executive Postions)	D			A		As Related to Budget
20	Approve Strategic plan/KPI Initiatives	D		A	A		Board bylaws
21	Approve Quality Plan	D		A	A		Board bylaws
22	Approve Med-Staff Bylaws	D		A	A		Board bylaws
23	Board self evaluation/performance improvement plan	D		A			Board position description
24	Board-level committee/task force assignments	D					Board bylaws
25	Select candidates/action to fill vacant Board positions	D		A			Board bylaws
Board Committees							
26	Approve Board committee/task force charters	D		A	A		Board bylaws
27	Approve recommendations from Committee	D		A	A		Committee Charter
Staff Processes - Informational items							
28	Develop the strategic plan objectives	I		A	D		
29	Implement the strategic plan	I			D		
30	Develop, Implement and evaluate Quality Plan			A	D		
31	Approve operating and capital budgets	D		A	A		
32	Hire and manage Executive Team; and other team members as deemed appropriate	I			D		CEO position description

33	Regulator relationships (DOH, DNV, State findings)	D		A	D		
34	Legal issues outside of normal business operations	D		A	D		CEO/Board position descriptions
35							
36	Establishing (diversity, equity, inclusion) culture	D		A	D		Board Health Equity policy
	Financial Guardrails - items not in Budget or current Strat Plan						
37	Service contracts over \$250,000 unbudgeted	D			A		CEO position description
38	Unbudgeted hire or contract of physician	D			A		CEO position description
39	Unbudgeted compensation increases	D		A	A		(date)
40	Pay legal claims over policy limits	D			A		CEO position description
41	New and renewing multi-year (three or more) contracts when three year total cost equals or exceeds \$750,000	D			A		Board meeting 5/25/2021
42	Unbudgeted equipment Lease over \$250,000	D			A	emergency exception	CEO position description/update 5/24/23
43	Unbudgeted purchase capital equipment over \$250,000	D			A	emergency exception	CEO position description/update 5/24/23
	<p>LEGEND: D - <u>Decision-making</u> authority/responsibility to act - vested here A - <u>Advisor</u> to the decision maker; Advice from this group/individual may be sought prior to making a decision I - Will be <u>informed</u> of the decision, perhaps after the decision is made</p>						

i. PURPOSE

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

The written policy includes: (a) eligibility criteria for Financial Assistance, (b) describes the basis for calculating amounts charged to patients eligible Financial Assistance, (c) describes the method by which patients may apply for Financial

Assistance and (d) describe how the District will publicize the policy with the community services by the District.

ii. POLICY STATEMENT

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

iii. SCOPE

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

iv. ROLES & RESPONSIBILITIES

All LCH staff can provide a charity care application for LCH patients. The financial counselor will receive the charity care application and supporting documentation to support the determination of a discounted rate based on the FPL LCH accounting department and will review and validate the charity care application. Upon approval, the accounting department will provide the requested adjustment to the business office manager for the appropriate discount

v. DEFINITIONS

1. Residence and Scope of Services:

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

Financial Assistance: Medically necessary hospital health care rendered to indigent persons when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductible or coinsurance amounts required by a third-party payer based on the criteria in this policy. Persons who have exhausted any third-party coverage, including Medicare and Medicaid, and whose income is above 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, may be eligible for Financial Assistance under this policy.

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

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

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

2. APPLICATION

When a patient wishes to apply for Financial Assistance, the patient shall complete a Confidential Financial Information (CFI) Form (Attachment B) and provide necessary and reasonable supplementary financial documentation to support the entries on the CFI. Lake Chelan Health will make an initial determination of a patient's Financial Assistance status at the time of admission or as soon as possible following the initiation of services to the patient. Financial Assistance

application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient's capability of complying with the application procedures. Screening for eligibility for Medicaid or other relevant public assistance benefits will be coordinated through the Patient Access Department, Discharge Planning/Outcome Management (if not nursing home placement) or through Patient Financial Services. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance eligibility:

1. "W-2" withholding statement;
 2. Current pay stubs (3 months);
 3. Bank statements (3 months);
 4. Last year's income tax return, including schedules, if applicable;
 5. Written, signed statements from employers or others (letter of support) stating your current financial situation and circumstances if you have no proof of income;
 6. Forms approving or denying eligibility for Medicaid and/or state funded medical assistance;
 7. Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.
3. In addition, in the event the patient is not able to provide any of the documents described above, Lake Chelan Health shall rely upon written and signed statements from either the responsible party or another party describing the applicant's income. If none of the above is available, Lake Chelan Health may make a determination based on knowledge of a prior grant of financial assistance or based on verbal representation.
4. Income shall be annualized from the date of application based upon documentation provided and verbal information provided by the patient. This process will be determined by the District and will take into consideration seasonal employment and temporary increases and/or decreases of income.
5. Lake Chelan Health may waive income requirements, documentation and verification if Financial Assistance eligibility is obvious. Lake Chelan Health staff discretion will be exercised in situations where factors such as from the responsible party for making a final determination of eligibility.
6. Lake Chelan Health shall make a final determination within 14 days of receipt of financial assistance applications and supporting documentation. Supporting documentation includes items listed on the Confidential Financial Information Form Instructions.

vi. PROCEDURE

1. Initial Determination

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

2. Third-Party Coverage

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

This includes:

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

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

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

3. Income

By policy, persons whose income is equal to or above 201% of the federal poverty standard may be eligible to receive Financial Assistance. Lake Chelan Health will consider all sources of income in establishing income eligibility for Financial Assistance. Income includes total cash receipts before taxes derived from wages and salaries; welfare payments; Social Security payments; strike benefits; unemployment or disability benefits; child support; alimony; and net earnings from business and investment activities paid to the individual patient/guarantor. gross family income is at or below 100% of the current federal poverty guidelines (consistent with WAC code 246453-050. These patients shall receive a 100% adjustment on their patient balance.

A sliding fee scale shall be used to determine the amount which shall be written off for patients with incomes above 200% of the current federal poverty level. All resources of the family as defined by WAC 246453-050 are considered in determining the applicability of the sliding fee scale in Attachment A.

The sliding fee scale shall take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees. In determining the maximum amount of charges, the District calculates this by using the Amounts Generally Billed (AGB) look-back methodology. For the current year, the District's AGB percentage is listed on Attachment A (enclosed). No individual qualifying under the Financial Assistance Policy shall be charged more than the AGB for emergency care of other medically necessary services. See 26 USC §501(r)(5)(A)

4. Catastrophic Financial Assistance

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

5. Notifications

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

6. Documentation of Records

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

vii. REFERENCES

1. Washington Administrative Code, Chapter 246-453, "Hospital Financial Assistance" with specific reference to the following:
2. WAC 246-453-020 Uniform procedures for the identification of indigent persons
3. WAC 246-453-030 Data requirements for the identification of indigent persons
4. WAC 246-453-040 Uniform criteria for the identification of indigent persons
5. RCW 70.170.060 Financial Assistance – Prohibited and required hospital practices and policies
6. 26 USC §501(r)(5)(A) and (B)
7. Lake Chelan Health Billing & Collection Policy
8. Lake Chelan Health (Policy Stat ID 8989696 – "Duty to Provide Appropriate Medical Screen Examination
9. Policy (CAH) - Emergency Medical Treatment and Active Labor Act (EMTALA)"

viii. ATTACHMENTS

1. Attachment A: Federal Poverty Guidelines/Sliding Fee Scale
2. Attachment B: Financial Assistance Application / Confidential Financial Information (CFI) Form
3. REVIEW/REVISION DATES: 5/8/2017, 11/18/2021, 7/26/2023 11/5/2024

**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.*



Origination 3/7/2014
Last Approved N/A
Effective Upon Approval
Last Revised 11/13/2024
Next Review 2 years after approval

Owner David Dawson:
Clinical Practices
and Professional
Development Co
Area Patient Care
Services
References DOH

End-of-Life Care

I. PURPOSE:

~~Lake Chelan Health values relationships, integrity, compassion and respect. These are integrated into end of life care with provision of optimum patient and family-centered care, and caring to support the patient and family through the life-death transition.~~

To ensure that patients at the end-of-life receive compassionate, respectful, and individualized care that aligns with their values, wishes, and needs.

II. POLICY: STATEMENT

~~End of life care will focus on symptom management and emotional and spiritual support to provide comfort to the patient and family. Therapeutic presence is an essential intervention to provide appropriate, supportive, end of life care.~~

At Lake Chelan Health, maximizing our patient's comfort is a priority at all times during the course of their care. When a patient is rapidly approaching end-of-life, and, death is anticipated in the next few hours or days, the overall focus is prioritized to their comfort and symptom management. End-of-life care will focus on symptom management, emotional, and spiritual support to comfort the patient and family. Therapeutic presence is essential to provide appropriate, supportive, end-of-life care. This includes an expanded tolerance for medication side effects such as sedation or respiratory depression and an abandonment of goals for recovery. The patient's (or their surrogates) declarations of value will hold the most significant influence upon which interventions are added, continued, discontinued, or avoided.

III. SCOPE

This policy applies to all healthcare professionals, support staff, and volunteers caring for patients in the hours/days approaching the anticipated end-of-life within the hospital.

IV. ROLES & RESPONSIBILITIES

1. Provider Role:

1. The provider will discuss with the patient/surrogate decision-maker/family member that imminent death is approaching. Explore with them their definitions of quality in their final hours/days. Do not presume what their preference will be; many will prioritize avoiding the side effects of medications to preserve the ability to communicate with loved ones at the expense of experiencing physical symptoms. Others will request all symptoms to be maximally managed despite side effects such as sedation or respiratory suppression.
 1. Priority of Decision Making:
 1. The patient
 2. The surrogate decision-maker/durable power of attorney for healthcare (DPOAHC)
 3. Next of kin (if no surrogate decision maker/DPOAHC has been identified)
 1. The patient can declare their surrogate decision-maker even if DPOAHC has not been formally documented.
 2. There are instances where the requests of the family or surrogate decision-maker are medically futile and are not in the patient's best interest; in this scenario, it is appropriate for the provider to declare the medical futility and enact treatments that maintain patient dignity and adhere to what is known about how the patient would speak for themselves if they were able regarding symptom management.
 3. All providers at Lake Chelan Health are expected to respond to any patient's query about life-ending medication with openness and compassion. Lake Chelan Health believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, Lake Chelan Health & Clinics' goal is to help patients make informed decisions about end-of-life care.
2. The provider will make decisions regarding medications, artificial fluid, nutrition, and other treatments on a case-by-case basis.
 1. Some of the patient's medications may be continued due to the likelihood of adding to the patient's burden of suffering if they are removed (e.g., rate control medications for atrial fibrillation)

2. Many of the patient's medications may need to be discontinued as they are intended for prevention (e.g., lipid-lowering medications) or could cause risk with the anticipated decreased intake of food and fluids in the coming hours/days (e.g., diabetes medications).
3. Guidelines for intervention will also need to be adjusted; for example, sliding scale insulin should be adjusted for when a patient has a profound blood sugar elevation, when/if naloxone will need to be administered, etc.
4. Scheduled future radiographs and recurring lab testing should be discontinued in most circumstances.
5. There is no substantial evidence that artificial hydration or nutrition during the end-of-life is helpful; in many cases, it may even be harmful, as it can cause discomfort and complications without improving quality of life. Decisions regarding artificial nutrition and hydration at the end-of-life should be made on a case-by-case basis.
6. The provider may discontinue or minimize vital signs frequency; decisions regarding vital signs at the end-of-life should be made on a case-by-case basis.
 1. **This does not apply to pain scale measurements.**
7. It is imperative to document medical decision-making conversations with the family in adequate detail to ensure the healthcare team members understand how to proceed in their role.

2. Nursing Role:

1. Provide Patient-Centered Care:

1. Respect the patient's wishes and values in all aspects of care.

2. Communication:

1. Ensure clear, compassionate, and honest communication with patients and their families.

3. Interdisciplinary Approach:

1. Involve a team of healthcare professionals to address the patient's physical, emotional, social, and spiritual needs.

4. Comfort and Dignity:

1. Prioritize the comfort and dignity of the patient at all times.
2. The nurse will support the focus of symptom management consistent with and respectful of the patient/surrogate decision-maker requests.
3. The patient's wishes should guide personal care.
4. Advocate for discontinuing any interventions that appear to have lost value or contribute to patient discomfort or distress.

5. Assessments:

1. Continue ordered assessments to help identify any developing issues that may need to be addressed to prevent additional symptom burden.
2. Post-intervention assessments are essential to ensure symptoms are efficiently managed during end-of-life care.
3. Communicate rapid escalation of symptoms to the provider; medication doses, intervals, or other orders may be necessary if the patient's symptom management is incomplete.
4. Care Plans should be adjusted to reflect new goals of care.
6. Standard safety measures such as bar-code medication administration and skin protection should continue.
7. Vital signs frequency can and should be minimized or even discontinued. The provider will place an order to either discontinue vital signs or specify the reduced frequency that is appropriate for the patient's needs.
 1. **This does not apply to pain scale measurements.**

V. DEFINITIONS

1. End-of-Life:
 1. The time period for patients with little likelihood of cure, further aggressive therapy is judged to be futile, and comfort is the primary goal of health care.
2. DNR:
 1. Do Not Resuscitate.
3. Palliative Care:
 1. Symptom management for a terminal/non-curable illness:
 1. Treatment for disease control may be aggressively occurring but without the goal of a cure. Life expectancy is measured in years.
4. Hospice Care:
 1. This term should be limited to care provided as part of a formal hospice program. As a Critical Access Hospital, we are not eligible to participate in providing this Medicare benefit while also providing Swing Bed services (both are Medicare part B services, and only one can be utilized at a time). Our use of the term should only be used as a transition of care recommended upon discharge and should not be used to describe the care provided by us.
5. Comfort Care:
 1. This term is to be AVOIDED at LCH. Regardless of a patient's status, we are always considerate of their comfort.
6. End-of-Life Care:
 1. PREFERRED LANGUAGE - This phrase will be used to indicate we are managing the active dying process with a focus on symptom management. While maximizing our

patient's comfort is a priority at all times during the course of their care, when a patient is rapidly approaching end-of-life, and, death is anticipated in the next few hours or days, the overall focus is prioritized to their comfort and symptom management. End-of-life care will focus on symptom management, emotional, and spiritual support to comfort the patient and family. Therapeutic presence is essential to provide appropriate, supportive, end-of-life care. This includes an expanded tolerance for medication side effects such as sedation or respiratory depression and an abandonment of goals for recovery. The patient's (or their surrogates) declarations of value will hold the most significant influence upon which interventions are added, continued, discontinued, or avoided.

7. Death with Dignity:

1. Death with dignity allows Washington residents who are terminally ill, competent adults medically predicted to die within six months to request and self-administer lethal medication prescribed by a physician.

VI. PROCEDURE:

~~Upon admission, or upon identification that a patient is nearing end of life, the patient care staff will discuss with the patient and family any advance directives, as well as additional details related to their desires and priorities for symptom management and comfort care. The interdisciplinary care team will collaborate to assure appropriate orders are provided, end of life care is coordinated, and goals and desired outcomes are documented in the plan of care. End of life care will follow current best practice guidelines.~~

~~Symptom management may include the following:~~

- ~~A. Pain management – for patient comfort, opioids and other adjunct medications may be used as indicated.~~
- ~~B. Constipation – can result from opioids and decreased mobility and may require aggressive management until end of life is imminent.~~
- ~~C. Infections – if causing discomfort, antibiotics may be used to decrease associated symptoms.~~
- ~~D. Anorexia – small amounts of easily digested food and/or liquids frequently may be more palatable to patient; near end of life, a "recreational diet," where patient chooses what and how much to eat or drink, without regard to issues of hydration, aspiration, or disease control may be most appropriate.~~
- ~~E. Oral care – frequent oral care can increase comfort by removing secretions and moistening oral mucosa.~~
- ~~F. Nausea/vomiting – may be related to opioids or constipation; dietary measures include use of ginger, ginger ale, or ginger teas and bland, low-fat foods served cold or at room temperature.~~
- ~~G. Skin care – important to prevent skin breakdown and associated discomfort; care team will consider using pressure relieving mattresses or surfaces, turning patient frequently, massage, especially bony prominences, and applying lotion to dry skin; if incontinence is an issue care team may discuss appropriateness of an indwelling catheter with provider, and obtain order if indicated; if pain is exacerbated by movement, administer appropriate pain medications pro-~~

actively.

- H. ~~Adjunctive therapies – care team will consider and implement other adjunctive therapies as appropriate.~~
- I. ~~Family participation – include the family in providing care and comfort measures to the extent they are comfortable; support their presence and comfort as well.~~

~~As the patient enters the final stage of life-death transition, consider the following, and consult with provider as necessary:~~

- ~~• Eliminate unnecessary medications~~
- ~~• Consider alternative routes for end-of-life medications, such as sublingual, rectal, or topical; consult with Pharmacist regarding options~~
- ~~• Manage secretions with atropine drops or scopolamine patch~~
- ~~• Continue providing oral and skin care to maximize comfort~~
- ~~• Constipation management is no longer a priority at end-of-life~~
- ~~• Continue complementary/adjunctive therapies as indicated~~
- ~~• Continue to provide support to family/friends~~

NA

VII. REFERENCES:

[RCW 70.245.010](#)

[Akdeniz M, Yardimci B, Kavukcu E. Ethical considerations at the end-of-life care. SAGE Open Medicine. 2021;9. doi:10.1177/20503121211000918](#)

[WAC 246-320-141](#)

RELATED POLICIES:

[Advance Directives](#)

[Physician Orders for Life-Sustaining Treatment \(POLST\) Policy](#)

[Death with Dignity](#)

VIII. ATTACHMENTS

NA

**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
Board Approval	Wendy Kenck: Executive Assistant	Pending
Administration	Aaron Edwards: CEO	12/13/2024
CMO Review	Matthew Hillman: Chief Medical Officer	12/11/2024
Executive Review (CNO)	Rhianna Montgomery: ED/Med Surg Nurse Manager	11/27/2024
Policy Management Committee	Committee Policy Management: Policy Management Committee	11/27/2024
	David Dawson: Clinical Practices and Professional Development Co	11/13/2024





Origination 7/1/2010
Last Approved 12/13/2024
Effective 1/1/2023
Last Revised 12/13/2024
Next Review 12/13/2025

Owner Rhianna
Montgomery: ED/
Med Surg Nurse
Manager
Area Administration
References DOH

Hospital Staffing Plan Policy

I. Purpose

The purpose of this policy is to establish a comprehensive staffing plan annually to ensure the hospital maintains safe, adequate, and efficient staffing levels in accordance with the Lake Chelan Health Staffing Plan, guided by the Lake Chelan Health Staffing Committee Charter and RCW 70.141.420.

II. Policy Statement

In accordance with RCW 70.141.420 , the hospital will maintain staffing levels that ensure the safety, well-being, and effectiveness of care provided to all patients. This policy reinforces the hospital's commitment to operational efficiency, patient safety, and the health and safety of both patients and staff.

III. Scope

The scope of this policy applies to the Lake Chelan Health Hospital Departments and Clinics under the Hospital Licensure as outlined in the Lake Chelan Health Hospital Staffing Committee Charter

IV. Roles & Responsibilities

It is the responsibility of the hospital staff involved in the implementation, monitoring, and evaluation of the Lake Chelan Health Staffing Plan to ensure compliance.

V. Definitions

Not applicable

VI. Procedure

The Hospital Staffing Committee at Lake Chelan Health, as defined in the Staffing Committee Charter, is responsible for developing and overseeing the annual Hospital Staffing Plan.

VII. References

[DOH Summary of Revised Law](#)

[RCW 70.41.420](#)

[RCW 70.41.425](#)

VIII. Atachements

Attachments

[2024 Hospital Staffing Committee Charter - Approved 6.25.2024.pdf](#)

[LCH 2025 Staffing Plans - Approved 12.12.2024.pdf](#)

Approval Signatures

Step Description	Approver	Date
Executive Approval	Aaron Edwards: CEO	12/13/2024
Policy Management Committee	Committee Policy Management: Policy Management Committee	12/13/2024
	Rhianna Montgomery: ED/Med Surg Nurse Manager	12/12/2024

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

RESOLUTION No. 2024-12
2025 Legal Holidays

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), defining certain holidays during the year as recognized; and

WHEREAS RCW 1.16.050 amends the 'Legal Holidays' for calendar year 2025 adopted by the Washington State Legislature; now, therefore,

BE IT RESOLVED that the Board of Commissioners, Chelan County Public Hospital District No. 2 hereby adopts and approves the recognition of the following Holidays from the 2025 calendar provided by Washington State Legislature.

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 17th day of December 2024, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

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

RESOLUTION No. 2024-13
2025 Board of Commissioners Meeting Dates

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), establishing Board of Commissioners meeting dates and times for 2025, and;

WHERE AS, the District advertises all meeting dates on the website of Lake Chelan Health, and;

WHERE AS, the District normally meets on the last Tuesday of each month at 1:30pm, and;

WHERE AS, the District changes the dates for the months of June and November 2025 from the last Tuesday due to holiday conflicts, and;

BE IT RESOLVED the District shall post the meeting time for the following dates:

January 28	February 25
March 25	April 29
May 27	June 17
July 29	August 26
September 30	October 28
November 18	December 30

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 17th day of December 2024, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

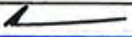

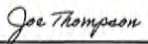


Equipment Trade / Sale / Disposal Form

Equipment Information:

Caregiver Name	
Department	EMS
Equipment Description	Paratransit Bus
Year Purchased	2004
Grant Funded / Year	N/A
Serial Number	
Hospital ID Number	
Model Number	2012 Dodge Grand Caravan
Manufacturer Name	Dodge
Disposal Method	<input type="checkbox"/> Trade-In <input checked="" type="checkbox"/> Sell <input type="checkbox"/> Donate <input type="checkbox"/> Scrap
Reason for Disposal	Needs a new motor
Service Removal Date	12-02-2024
Sale Value	\$ 1000 Engine needs replaced
Trade Value	\$ 1000
Release of Liability	<input type="checkbox"/> Form complete and attached <input type="checkbox"/> Form is not applicable - SCRAP

Service Removal Signatures:

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

Information Technology	 Amy J. Thomas (Dec 2, 2024 09:37 CST)
Environmental Services	 Tyler Ehlert (Nov 26, 2024 08:05 PST)
Materials Management	
Finance Department	 Brant Truman (Nov 26, 2024 09:26 PST)
Plant Operations	 Kenneth Peters (Nov 26, 2024 09:26 PST)

Approval Signature:

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

Approval to dispose by Board: _____