



**Chelan County Public Hospital District No. 2
Regular Meeting of the Board of Commissioners
Meeting Minutes April 29, 2025 at 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 (Virtual -Left Mtg @ 5:45pm)	<input checked="" type="checkbox"/> Mary Murphy, Secretary <input checked="" type="checkbox"/> Doug Gibson (Virtual-Left Mtg @ 5:45pm)	<input checked="" type="checkbox"/> Len England
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Staff Participants: A. Edwards, B. Truman, L. Sahlinger, M. Miller, A. Benegas, T. Lautiki, R. Montgomery, J. Barich, J. Phetteplace, K. French, M. McCormick, B. Deitrich, J. Hetterle, Dr. Rothmeyer, Dr. Hillman,

Guests: Dr. Gray (CVCH), Dr. Moore (CVCH), Dr. Hippe (CVCH), Ellen Forte (Forte Architecture), Chris Colley (Graham), Dean Hill (Hill Int'l), Erin McCool (OMW Law)

Community Members: Nathaniel Mote, Jerry and Sheri Bragg, Anna Moroz, JH, Manuel Navarro, Leslie, Janel

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 1:32 pm and recited the mission statement.
2. Public Comment	<ul style="list-style-type: none"> • Nathaniel Mote expressed appreciation for the work of hospital employees and acknowledged the efforts being made by the hospital. He requested that future meeting minutes avoid acronyms and instead use full names for clarity. He also asked for more detailed documentation of discussions, noting that the current minutes lack sufficient detail. Nat then referenced a Public Records Request (PRR), which revealed limited documentation regarding the decision to transition to a hospitalist model, with only brief mentions in the meeting minutes. He raised concerns about the transparency of that decision. Nat urged the Board to increase transparency in its decision-making process, to keep the community better informed, and to invite public comment before major decisions are finalized. • Jerry Bragg expressed concern regarding the Bragg Scholarship Fund and asserted that the hospital is the owner and manager of the fund. <ul style="list-style-type: none"> ○ Board Response: The Board clarified that the Bragg Scholarship Fund is not managed or controlled by Lake Chelan Health (LCH). Instead, it is under the sole management of the Lake Chelan Community Health and Wellness Foundation, formerly known as the LC Community Hospital Foundation. The Foundation is a separate 501(c)(3) nonprofit organization, and LCH has no governance, oversight, or control over its donations, operations, or organizational structure. The Board also noted that LCH did not receive its own 501(c)(3) status until 1997, while the Bragg Fund was established in 1995 under the Foundation. In response to Jerry's concern about inaccurate information displayed in artwork related to the Bragg Fund, the Board explained that the material was provided by the Foundation. As LCH is not the owner of that content, it cannot make revisions. The Board offered to remove the artwork temporarily until a corrected version is provided by the Foundation.

	<ul style="list-style-type: none"> • Anna Moroz expressed support for Nat Motes’ earlier comments and emphasized the importance of transparency. She encouraged the Board to recognize and act on the need for greater openness in its decision-making processes.
3. Chair’s Report	<ul style="list-style-type: none"> • Chair J. LaPorte thanked the public for their comments and acknowledged the importance of transparency. She clarified that meeting minutes are intended to document decisions made by the Board, not the full discussion leading to those decisions. She addressed common questions about the role of the Board, noting that its responsibility is to provide strategic direction—not operational management. The Board’s focus is on guiding the organization in alignment with the hospital’s mission, which includes ensuring the delivery of the highest quality care. Chair LaPorte explained that certain hospital committees, such as those focused on quality and risk, operate within the law outside public view and are not subject to public records laws. However, many decisions are still brought before the Board by the current administration in an effort to enhance transparency, even when not required. She referenced the book <i>Who Moved My Cheese?</i>, noting that change is often difficult, but adapting to it is necessary. She encouraged continued community participation in meetings to foster mutual understanding and informed engagement. The community is welcome and encouraged to attend Board meetings either in person or electronically.
4. Consent Agenda	<ul style="list-style-type: none"> • <i>M Murphy motioned to approve the Consent Agenda, seconded, motion passed</i>
5. Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced Executive Session at 1:45 pm for 60 minutes for : RCW 42.30.140(4)(a) Consideration of collective bargaining agreement, including contract negotiations and grievance meetings, are exempt from open meeting requirements, and to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(1)(o) <ul style="list-style-type: none"> ○ J. LaPorte extended the Executive Session 15 minutes ○ J. LaPorte extended the Executive Session 15 minutes ○ J. LaPorte extended the Executive Session 10 minutes ○ J. LaPorte extended the Executive Session 10 minutes ○ J. LaPorte extended the Executive Session 15 minutes ○ J. LaPorte extended the Executive Session 15 minutes ○ Executive session ended at 4:05 pm
6. Reports	<ul style="list-style-type: none"> • <i>M. Murphy motioned to amend the agenda to add an action item for the consideration of the collective bargaining agreement between Lake Chelan Health (LCH) and Teamsters Local 760. The motion was seconded and approved.</i> <ul style="list-style-type: none"> ○ <i>M. Murphy motioned to approve the collective bargaining agreement between LCH and Teamsters Local 760 as presented. The motion was seconded and approved.</i> • <i>M. Murphy verified all credential files are complete for the proposed list of providers and motioned to approve the appointments and removals as presented in Executive Session, and to approve temporary privileges for Dr Harberd until anticipated completion of Delineation of Privileges document. Seconded, motion passed.</i> • Graham Construction, Hill Int, and Forte Architecture presented on the Emergency Medical Services (EMS)/ Admin building project update. <ul style="list-style-type: none"> ○ Construction Update Graham Construction reviewed the current Design Development Estimate and Cost Detail Report. A special Board meeting is scheduled for July 7 to review/approve the bid. If the Board approves the July 3 Guaranteed Maximum Price (GMP) by July 7,

construction is scheduled to begin in August.

The companies are being asked to bid based on the current tariffs. A 2.5% construction contingency is built into the project cost. Key concerns include potential impacts from tariffs, securing enough bidders, and earthwork. The decision has been made to stockpile the dirt for now, though it will need to be disposed of at a later date. It is anticipated that the impacts of tariffs and earthwork will become clearer early in the process.

- M. Murphy questioned whether the contract could include language allowing the winning bidder to begin ordering parts in anticipation of the build, prior to the potential impacts of tariffs. Chris confirmed that similar language could be discussed.

- **Architect's Update:**

Forte Architecture presented design mockups displayed around the room, highlighting various spaces within the EMS/Admin building. They also noted that permit documentation is scheduled to be submitted to the City of Chelan on May 14.

- Shawn highlighted the addition of a larger generator to the building design, which will support the building's operations and serve as an emergency resource to provide housing for staff in the event of an emergency.
- Dr. Gray presented a Quality Improvement (QI) project focused on the use of phenobarbital for inpatient management of alcohol withdrawal, which he developed during his residency. This protocol was implemented at Lake Chelan Health in 2021 during his second year of residency and remains the primary inpatient method for managing alcohol withdrawal. Dr. Moore followed by sharing an overview of past, current, and upcoming Residency QI projects.

- **Finance:**

- B. Truman presented the unaudited March 2025 finance report,
 - *M. Murphy motioned to accept the unaudited March 2025 Finance Report; seconded, motion approved.*
- B. Truman reported that the bank has submitted a financing offer at a 5.2% interest rate, while the public bond market came in 1.2% higher for a comparable 20-year note. The bank is currently conducting a financial review in preparation for possible Board approval on May 12. He also presented a Project Sources and Uses spreadsheet outlining funding and projected costs for the Specialty Clinic, EMS/Admin building, and MRI scanner.
- State Auditor Office (SAO) SAO has completed its accountability audit, which reviewed compliance with applicable state laws, policies, and procedures. Areas identified for improvement included annual report filing, payroll processes, and record retention. All areas have since undergone process improvements to ensure future compliance.

- **CEO Report:** A. Edwards presented the CEO Report and shared the following key updates:

- WA State Representative M. Steele successfully secured an additional \$1.1 million in funding for the EMS/Admin project to help address increased project costs. The Board expressed appreciation for his efforts.
- As a result of the recently concluded legislative session, the hospital has lost obstetrics (OB) funding from the state which helped offset the financial loss in the OB department.
- Also stemming from the latest legislative session, the state will begin withholding 1% of Medicaid funding, redirecting it to Managed Care Organizations (MCOs).
- Several LCH new service lines have recently been introduced or are currently in

	<p>development to expand patient care offerings. These include Mohs surgery for skin cancer treatment, ENT (ear, nose, and throat) services to address a range of head and neck conditions, cataract procedures to improve vision and eye health, and cardiology services aimed at enhancing the diagnosis and management of heart-related conditions. These additions are part of the hospital’s ongoing efforts to broaden access to specialty care within the community.</p> <ul style="list-style-type: none"> ○ Year-to-date Emergency Department (ED) patient transfer data was presented; however, the this evaluation is still in the very early stages. <ul style="list-style-type: none"> ▪ ED Length of Stay has shown a significant decrease in Q1 2025 compared to Q1 2024. ● Community Connection Opportunities: <ul style="list-style-type: none"> ○ A Community Forum is scheduled for May 21st at the Ruby Theatre from 5:00–7:00 PM. The event will be held in person. ○ L. England attended the EMS graduation ceremony in Wenatchee. ● S. Ottley reviewed the KPI dashboard. <ul style="list-style-type: none"> ○ L. Sahlinger provided an overview of the internal issues affecting the Aggregate Quality Score, primarily related to policies and corrective action plans.
7. Old Business	<ul style="list-style-type: none"> ● Strategic Planning: July 14th has been reserved in the Bragg Room for the strategic planning session. ● CHNA Update: The Community Health Needs Assessment (CHNA) survey is currently being distributed and will remain open through the end of May. Wipfli is collecting data from various community entities to support the assessment.
● New Business	<ul style="list-style-type: none"> ● Policies: <ul style="list-style-type: none"> ○ M. Murphy presented and reviewed with the Board members the workflow diagram outlining the process for Board policy review, edits, and approvals. ○ <i>M. Murphy motioned to approve the 22025 Continuous Quality Improvement & Continuous Process Improvement Plan, seconded, motion approved.</i> ○ <i>M. Murphy motioned to approve the Reproductive Health Care policy with edits to the attachment form, seconded, approved.</i> ○ <i>M. Murphy motioned to approve the Governing Board Bylaws, seconded, approved.</i> ○ <i>M. Murphy motioned to approve Resolution 2025-4 Disposal of Surplus, seconded, motion approved.</i>
8. Roundtable/Action Items	<ul style="list-style-type: none"> ● B. Truman will send the SAO Audit report to Mary and Jordana. ● Executive Assistant will register all Board members for the WSHA Leadership Conference. ● Administration will finalize the agenda for the upcoming Community Forum. ● Agustin will promote the Community Forum and share the promotional materials with Board members. ● L. Sahlinger and R. Montgomery will review the form attached to the Reproductive Health Care Policy.
9. Public Comment	<ul style="list-style-type: none"> ● A. Moroz encouraged the administration to consider recording Board meetings to improve public access. <ul style="list-style-type: none"> ○ Board Response: Board meetings are currently held in person, with hybrid (in person and virtual) options introduced during the COVID-19 pandemic. Following the lifting of lockdown restrictions, the Board made the decision to continue offering a hybrid format to encourage ongoing community participation. However, Washington State’s public records retention laws require that recordings of public meetings, if made, be retained for a specific length of time. Maintaining and storing these recordings would carry

	logistical and financial challenges, including significant data storage costs, which could impact hospital resources.
10. Executive Session	<ul style="list-style-type: none"> J. LaPorte announced that the final executive session listed on the agenda has been cancelled due to time constraints and the absence of two Board members.
11. Adjournment	<ul style="list-style-type: none"> J. LaPorte adjourned the meeting at 6:33 pm

Attest:

Mary C Murphy
Mary C Murphy (May 28, 2025 16:30 PDT)

M. Murphy, Secretary

Aaron Edwards
Aaron Edwards (May 28, 2025 11:04 PDT)

Aaron Edwards, CEO

wendy kenck

W. Kenck, Executive Assistant










Board Minutes 04.29.25

Final Audit Report

2025-05-28

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