



# LAKE CHELAN HEALTH

## **BOARD PACKET**

Chelan County Public Hospital District No. 2

5/27/2025



Chelan County Public Hospital District No. 2  
 Regular Meeting of the Board of Commissioners  
 May 27, 2025, at 1:30 am via TEAMS  
 Meeting ID: 298 885 195 850 Passcode:Jm3G8g7G

## Agenda

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

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

<i>Time</i>	<i>Agenda Item</i>	<i>Facilitator</i>	<i>Topic/Action</i>
1:30	1. Call to Order	J. LaPorte	
1:31	2. Public Comment		
1:40	3. Chair Report	J. LaPorte	
1:45	4. Consent Agenda	Commission	<ul style="list-style-type: none"> <li>A. Regular Board Meeting Minutes 4/29/2025(FM)</li> <li>B. Special Board Meeting Minutes 5/12/2025(FM)</li> <li>C. Warrants &amp; Vouchers (FM)</li> <li>D. Bad Debt &amp; Charity Care (FM)</li> <li>E. Finance Committee Minutes 5/21/2025 (FA)</li> </ul>
1:50	5. Executive Session		<ul style="list-style-type: none"> <li>A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205</li> </ul>
2:05	6. Reports	J. Barich B. Truman  A. Edwards S. Ottley Commission	<ul style="list-style-type: none"> <li>A. Med Staff Report &amp; Credentialing (FM)</li> <li>B. Financial Committee Report (FA)               <ul style="list-style-type: none"> <li>i. Employee Benefit Proposal (FI)</li> <li>ii. New Outpatient Services Request (FM)</li> </ul> </li> <li>C. CEO Report (FI)</li> <li>D. Strat Plan KPI Report (FI)</li> <li>E. Community Connections (FD)</li> <li>F. Board Education Topic (FI)</li> </ul>
3:05	7. Old Business	S. Ottley  Commission	<ul style="list-style-type: none"> <li>G. Specialty Clinic &amp; EMS Capital Project Update (FI)               <ul style="list-style-type: none"> <li>i. Ellyn Freed, Principle Forte Architects, presenting on EMS build</li> </ul> </li> <li>H. Strat Plan Meeting 7/14/25 Planning (FD)</li> </ul>
3:30	8. New Business	Commission	<ul style="list-style-type: none"> <li>A. Resolution 2025-5 Disposal of Fencing (FM)</li> <li>B. Resolution 2025-6 Disposal of Television/Monitor (FM)</li> </ul>
3:45	9. Public Comment		
4:00	10. Executive Session		<ul style="list-style-type: none"> <li>A. RCW 42.30.110(1)(g) to evaluate the performance of a public employee.</li> </ul>
4:20	11. Roundtable/Action Items	Commission	
4:30	12. Adjournment		

## Board Calendar Reminders:

6/9/2025	TBA	Bragg Room/ TEAMS	9 am
6/12/2025	Med Staff	Bragg Room/ TEAMS	7:30-8:30
6/12/2025	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
6/22-6/25/25	WSHA Rural Hosp Leadership Conf	Campbells	Varies
6/26/2025	Finance Committee	Bragg Room/ TEAMS	10 am
6/30/2025	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

7/2/2025	Compliance, Privacy, & Risk Committee	1212 / TEAMS	10-11am
7/10/2025	Med Staff	Bragg Room/ TEAMS	7:30-8:30am
7/10/2025	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
7/14/2025	Special Board Meeting: Strategic Planning	TBA	TBA
7/23/2025	Finance Committee	Bragg Room/ TEAMS	10 am
7/29/2025	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

8/11/2025	TBA	Bragg Room/ TEAMS	9 am
8/14/2025	Med Staff	Bragg Room/ TEAMS	7-8:30
8/14/2025	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
8/20/2025	Finance Committee	Bragg Room/ TEAMS	10 am
8/26/2025	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 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"/> Mary Murphy, Secretary	<input checked="" type="checkbox"/> Len England
<input checked="" type="checkbox"/> Lori Withrow, Vice Chair (Virtual -Left Mtg @ 5:45pm)	<input checked="" type="checkbox"/> Doug Gibson (Virtual-Left Mtg @ 5:45pm)	

**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"> <li>• J. LaPorte called the meeting to order at 1:32 pm and recited the mission statement.</li> </ul>
2. Public Comment	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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"> <li>○ Board Response:                 <p>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.</p> <p>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.</p> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
3. Chair’s Report	<ul style="list-style-type: none"> <li>• <b>Chair J. LaPorte</b> 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.</li> </ul>
4. Consent Agenda	<ul style="list-style-type: none"> <li>• <i>M Murphy motioned to approve the Consent Agenda, seconded, motion passed</i></li> </ul>
5. Executive Session	<ul style="list-style-type: none"> <li>• <b>J. LaPorte</b> 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"> <li>○ J. LaPorte extended the Executive Session 15 minutes</li> <li>○ J. LaPorte extended the Executive Session 15 minutes</li> <li>○ J. LaPorte extended the Executive Session 10 minutes</li> <li>○ J. LaPorte extended the Executive Session 10 minutes</li> <li>○ J. LaPorte extended the Executive Session 15 minutes</li> <li>○ J. LaPorte extended the Executive Session 15 minutes</li> <li>○ Executive session ended at 4:05 pm</li> </ul> </li> </ul>
6. Reports	<ul style="list-style-type: none"> <li>• <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"> <li>○ <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></li> </ul> </li> <li>• <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></li> <li>• Graham Construction, Hill Int, and Forte Architecture presented on the Emergency Medical Services (EMS)/ Admin building project update. <ul style="list-style-type: none"> <li>○ <b>Construction Update</b> 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,</li> </ul> </li> </ul>

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"> <li>○ 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"> <li>▪ ED Length of Stay has shown a significant decrease in Q1 2025 compared to Q1 2024.</li> </ul> </li> <li>● <b>Community Connection Opportunities:</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ L. England attended the EMS graduation ceremony in Wenatchee.</li> </ul> </li> <li>● <b>S. Ottley</b> reviewed the KPI dashboard. <ul style="list-style-type: none"> <li>○ <b>L. Sahlinger</b> provided an overview of the internal issues affecting the Aggregate Quality Score, primarily related to policies and corrective action plans.</li> </ul> </li> </ul>
7. Old Business	<ul style="list-style-type: none"> <li>● <b>Strategic Planning:</b> July 14th has been reserved in the Bragg Room for the strategic planning session.</li> <li>● <b>CHNA Update:</b> 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.</li> </ul>
● New Business	<ul style="list-style-type: none"> <li>● <b>Policies:</b> <ul style="list-style-type: none"> <li>○ M. Murphy presented and reviewed with the Board members the workflow diagram outlining the process for Board policy review, edits, and approvals.</li> <li>○ <i>M. Murphy motioned to approve the 22025 Continuous Quality Improvement &amp; Continuous Process Improvement Plan, seconded, motion approved.</i></li> <li>○ <i>M. Murphy motioned to approve the Reproductive Health Care policy with edits to the attachment form, seconded, approved.</i></li> <li>○ <i>M. Murphy motioned to approve the Governing Board Bylaws, seconded, approved.</i></li> <li>○ <i>M. Murphy motioned to approve Resolution 2025-4 Disposal of Surplus, seconded, motion approved.</i></li> </ul> </li> </ul>
8. Roundtable/Action Items	<ul style="list-style-type: none"> <li>● B. Truman will send the SAO Audit report to Mary and Jordana.</li> <li>● Executive Assistant will register all Board members for the WSHA Leadership Conference.</li> <li>● Administration will finalize the agenda for the upcoming Community Forum.</li> <li>● Agustin will promote the Community Forum and share the promotional materials with Board members.</li> <li>● L. Sahlinger and R. Montgomery will review the form attached to the Reproductive Health Care Policy.</li> </ul>
9. Public Comment	<ul style="list-style-type: none"> <li>● A. Moroz encouraged the administration to consider recording Board meetings to improve public access. <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> </ul>

	logistical and financial challenges, including significant data storage costs, which could impact hospital resources.
10. Executive Session	<ul style="list-style-type: none"> <li>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.</li> </ul>
11. Adjournment	<ul style="list-style-type: none"> <li>J. LaPorte adjourned the meeting at 6:33 pm</li> </ul>

Attest:

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

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

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



**Chelan County Public Hospital District No. 2  
Regular Meeting of the Board of Commissioners  
Meeting Minutes May 12, 2025 at 9:00 am  
in person and via Microsoft TEAMS**

(  not present  present )

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Jordana LaPorte, Chair   | <input checked="" type="checkbox"/> Mary Murphy, Secretary | <input checked="" type="checkbox"/> Len England |
| <input checked="" type="checkbox"/> Lori Withrow, Vice Chair | <input checked="" type="checkbox"/> Doug Gibson            |   |

**Staff Participants:** A. Edwards, B. Truman, L. Sahlinger, M. Miller, S. Ottley, A. Benegas

**Guests:** Gary Hicks (Fieldman), Christina English (Fieldman), Jim Nelson (DA Davidson)

**Community Members:** RN

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> <li>J. LaPorte called the meeting to order at 9:02 am and recited the mission statement.</li> </ul>
2. Public Comment	<ul style="list-style-type: none"> <li>No Public Comment</li> </ul>
3. New Business	<ul style="list-style-type: none"> <li>G. Hicks presented Resolution 2025-3, which outlines additional hospital revenue bond funding for the Emergency Medical Services (EMS) and Specialty Clinic capital projects.               <ul style="list-style-type: none"> <li>Discussion followed regarding the United States Department of Agriculture (USDA), financing options, and interest rates.</li> <li><i>L. England moved to approve Resolution 2025-3 authorizing additional bond funding for the EMS and Specialty Clinic, seconded, motion approved</i></li> </ul> </li> </ul>
4. Old Business	<ul style="list-style-type: none"> <li>L. Withrow led the discussion on the Community Forum agenda, finalizing the details in preparation for the Board Community Forum on May 21.</li> </ul>
5. Executive Session	<ul style="list-style-type: none"> <li>J. LaPorte announced the executive session at 10:05 am for 30 minutes for the purpose of RCW 42.30.110 (1) (g) to evaluate the performance of a public employee.               <ul style="list-style-type: none"> <li>L. Withrow extended the executive session 20 minutes</li> <li>L. Withrow extended the executive session 10 minutes</li> </ul>               Executive session ended 11:05 am             </li> </ul>
6. Adjournment	<ul style="list-style-type: none"> <li><i>L. Withrow moved to approve the CEO's Cost of Living Adjustment, in accordance with the current employment contract, effective April 17, 2025.</i></li> <li>J. LaPorte adjourned the meeting at 11:15 am</li> </ul>

Attest:

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

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

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



**MINUTES**

<b>Group:</b> Finance Committee 4/23/25, 10AM in person and via Teams		
<b>Facilitator:</b> Jordana Laporte		<b>Recorder:</b> W. Kenck
<b>Member Attendance:</b>		
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Lori Withrow, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
<b>Participants:</b> V. Bodle, M. Miller, S. Nau, R. Montgomery, T. Lautiki,		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
<ul style="list-style-type: none"> <li>• Call to Order</li> </ul>	<ul style="list-style-type: none"> <li>• L. Withrow called meeting to order at 10:02 am:</li> </ul>
<ul style="list-style-type: none"> <li>• Goals</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee has set an ambitious target of achieving a net income of \$2M.</li> <li>• Develop a 5-year Capital Budget.</li> </ul>
<ul style="list-style-type: none"> <li>• New Business</li> </ul>	<ul style="list-style-type: none"> <li>• USDA application has been approved as of today.</li> <li>• Revenue Cycle Update – Presented by S. Nau               <ul style="list-style-type: none"> <li>○ Exploring improved payment collection methods and ways to streamline the patient payment experience</li> <li>○ Conducting a Real Payer Performance review to analyze payer denials and identify reduction strategies</li> <li>○ Partnering with TRC Rural Health Foundation and Microsoft Philanthropy to launch a free denial management tool, which will integrate with the Microsoft Suite</li> </ul> </li> <li>• B. Truman proposed rolling out the fringe benefits that were ratified with the nurse union contract to all employees               <ul style="list-style-type: none"> <li>○ Move per diem addition rate from 12% to 13%</li> <li>○ Differentials adjustments to time and increasing the rate across the board</li> <li>○ Adjust the Max PTO accrual from 400 to 450 hours for employees with 16+ years of service.</li> <li>○ Retirement adjustment from 50% employee contribution, match limit from 3% to 4%</li> </ul> </li> <li>• B. Truman provided a presentation on the potential addition of a cataract surgery line, including details on anticipated reimbursement rates, associated costs, and projected income estimates.</li> </ul>

	<ul style="list-style-type: none"> <li>• Finance committee recommends Board approval for Resolution 2025-5 and 2025-6</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Old Business</i></li> </ul>	<ul style="list-style-type: none"> <li>• B Truman discussed the federal impact of the changes to Medicare and Medicaid proposals.</li> </ul>
<ul style="list-style-type: none"> <li>• Reports</li> </ul>	<ul style="list-style-type: none"> <li>• V. Bodle presented the unaudited April 2025 Financial Statement</li> </ul>
<ul style="list-style-type: none"> <li>• Adjournment</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte adjourned the meeting at 12:10 pm</li> </ul>

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - MAY 2025	WARRANT#'S PAYROLL	AMOUNT	pay period
239840-239931	\$ 754,532.29			DIRECT DEPOSIT	\$ 591,299.25	4/19/2025
AP DIRECT DEPOSIT	\$ 41,369.57			PAYROLL TAXES	\$ 217,111.64	4/19/2025
DOR	\$ 23,197.43			CHILD SUPPORT	\$ 444.91	4/19/2025
AP ACH	\$ 76,181.79			DIRECT DEPOSIT	\$ 635,805.14	5/3/2025
239932-239995	\$ 369,129.01	239967 voided		PAYROLL TAXES	\$ 247,266.96	5/3/2025
239996-240059	\$ 26,445.68			CHILD SUPPORT	\$ 444.91	5/3/2025
FPL& LTC	\$ 79,533.83					
RETIREMENT	\$ 54,752.01					
AP ACH	\$ 45,322.52					
240060-240119	\$ 297,134.79					
IDAHO STATE TAXES	\$ 799.00					
AP ACH	\$ 88,318.16					
240120-240190	\$ 213,023.21					
RETIREMENT	\$ 59,630.31					
	<b>\$ 2,129,369.60</b>				<b>\$ 1,692,372.81</b>	

DATE April 2025

**TOTAL BAD DEBTS - HOSPITAL \$23,496.99**

**TOTAL MEDICARE BAD DEBTS \$11,475.70**

**TOTAL BANKRUPTCY \$0**

**TOTAL CHARITY CARE – HOSPITAL \$103,417.00**

**TOTAL MEDICARE CHARITY CARE - \$10,001.95**

**TOTAL ATTESTATION \$148,391.64**

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 \_\_\_\_\_



# LAKE CHELAN HEALTH

**Unaudited Financial Statements**

**for**

**For the month ended April 30, 2025**

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

	Current Month 4/30/2025 unaudited	Prior Year 12/31/2024 AUDITED	Prior Year 4/30/2024 Unaudited
<b>ASSETS:</b>			
CASH	468,571	\$ 658,937	\$ 1,029,822
PATIENT RECEIVABLES	13,310,433	12,753,621	\$ 10,807,022
LESS: RESERVES FOR ALLOWANCES	<u>(6,711,990)</u>	<u>(6,866,738)</u>	<u>\$ (5,719,539)</u>
NET PATIENT ACCOUNTS RECEIVABLES	6,598,443	5,886,883	5,087,484
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	170,097	(100,278)	23,012
OTHER RECEIVABLES	(222,966)	390,232	(285,722)
INVENTORIES	337,282	335,411	320,131
PREPAID EXPENSES	480,260	321,417	266,009
TOTAL CURRENT ASSETS	<u>\$ 7,831,687</u>	<u>\$ 7,492,603</u>	<u>\$ 6,440,735</u>
GENERAL RESERVES	\$ 1,698,636	1,341,519	\$ 2,418,812
Unrestricted Reserves	\$ 6,270,569	6,405,615	\$ 3,530,428
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	0	\$ -
USDA 2023	410,400	410,400	\$ 273,600
Coastal Bank	50,004	50,000	\$ -
TOTAL LIMITED USE ASSETS	<u>\$ 12,569,133</u>	<u>\$ 12,347,058</u>	<u>\$ 10,362,363</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,787,900
LAND IMPROVEMENTS	0	0	\$ 5,222,565
BUILDINGS & IMPROVEMENTS	10,390	10,390	\$ 996,641
EQUIPMENT	10,200,256	10,471,292	\$ 9,731,720
SOFTWARE	2,345,184	2,166,371	\$ 2,158,462
NEW HOSPITAL	44,757,019	44,763,709	\$ 44,718,237
LOCUM HOUSING	635,382	635,484	\$ -
GASB 87 BUILDINGS AND EQUIPMENT	1,825,543	1,742,567	1,265,419
CONSTRUCTION-IN-PROGRESS - PROJECTS	2,231,403	926,355	\$ 214,710
CONSTRUCTION-IN-PROGRESS - HOSPITAL	134,622	9,290	\$ 12,934
GROSS PROPERTY, PLANT, & EQUIPMENT	66,273,644	64,859,304	69,108,589
LESS: ACCUMULATED DEPRECIATION	<u>(15,448,370)</u>	<u>(14,753,073)</u>	<u>\$ (19,071,235)</u>
GASB 87 AMORTIZATION	(867,247)	(543,279)	(489,897)
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 49,958,027</u>	<u>\$ 49,562,952</u>	<u>\$ 49,547,457</u>
DEFERRED ITEMS	\$ 1,529,310	1,535,731	\$ 2,474,376
TOTAL ASSETS	<u>\$ 71,888,157</u>	<u>\$ 70,938,345</u>	<u>\$ 68,824,932</u>
<b>LIABILITIES:</b>			
ACCOUNTS PAYABLE	\$ 1,035,512	1,201,176	582,353
ACCRUED PAYROLL	600,595	861,750	470,627
ACCRUED VACATION/HOLIDAY/SICK PAY	1,308,337	1,005,811	932,341
PAYROLL TAXES PAYABLE	46,274	(44,816)	38,392
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,325,811	734,009	1,229,625
INTEREST PAYABLE	448,882	91,605	459,396
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,129,475	1,046,831	1,046,831
LINE OF CREDIT	0	0	0
TOTAL CURRENT LIABILITIES	<u>\$ 5,894,885</u>	<u>\$ 4,896,368</u>	<u>\$ 4,759,566</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,353,481	18,368,093	18,714,195
2013 BONDS	4,285,154	4,283,436	4,659,998
USDA LOANS	18,388,522	17,710,433	17,995,298
LEASES	1,491,011	2,114,879	1,524,549
PAID LEAVE - LT PORTION	82,334	200,959	200,959
TOTAL LONG TERM LIABILITIES	<u>\$ 42,600,502</u>	<u>\$ 42,677,800</u>	<u>\$ 43,094,999</u>
DEFERRED ITEMS	\$ 4,055,825	4,212,308	3,922,975
TOTAL LIABILITIES	<u>\$ 52,551,212</u>	<u>\$ 51,786,475</u>	<u>\$ 51,777,540</u>
<b>FUND BALANCE:</b>			
UNRESTRICTED FUND BALANCE	\$ 19,709,568	17,126,756	17,268,073
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(372,624)</u>	<u>2,025,114</u>	<u>(220,681)</u>
TOTAL NET ASSETS	<u>\$ 19,336,944</u>	<u>\$ 19,151,870</u>	<u>\$ 17,047,392</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>\$ 71,888,157</b></u>	<u><b>\$ 70,938,345</b></u>	<u><b>\$ 68,824,932</b></u>

property taxes are accrued over 12 months

# Statement of Revenue and Expense

## Lake Chelan Health

For the month ended April 30, 2025

	CURRENT MONTH				Prior Year 04/30/24
	Actual 04/30/25	Budget 04/30/25	Positive (Negative) Variance		
<b>GROSS PATIENT SERVICE REVENUES</b>					
INPATIENT	\$ 426,472	\$ 637,485	(211,012)	-33%	\$ 702,385
OUTPATIENT	5,265,145	4,995,797	269,348	5%	4,172,670
<b>TOTAL PATIENT SERVICE REVENUES</b>	<b>5,691,617</b>	<b>5,633,282</b>	<b>58,335</b>	<b>1%</b>	<b>4,875,055</b>
<b>DEDUCTIONS FROM REVENUE</b>					
CONTRACTUAL ALLOWANCES	(2,295,572)	(2,330,082)	34,510	-1%	(1,463,118)
BAD DEBT	(34,973)	0	(34,973)	0.00%	(229,507)
CHARITY	(113,419)	0	(113,419)	0.00%	(45,634)
<b>TOTAL DEDUCTIONS FROM REVENUES</b>	<b>(2,443,964)</b> 42.9%	<b>(2,330,082)</b> 41.4%	<b>(113,882)</b>	<b>-5%</b>	<b>(1,738,259)</b> 35.7%
<b>NET PATIENT SERVICE REVENUES</b>	<b>3,247,653</b>	<b>3,303,200</b>	<b>(55,547)</b>	<b>-2%</b>	<b>3,136,796</b>
<b>OTHER OPERATING REVENUES</b>	<b>27,965</b>	<b>22,417</b>	<b>5,548</b>	<b>25%</b>	<b>32,167</b>
<b>TOTAL OPERATING REVENUES</b>	<b>3,275,618</b>	<b>3,325,616</b>	<b>(49,999)</b>		<b>3,168,962</b>
<b>OPERATING EXPENSES</b>					
SALARIES/WAGES	1,799,647	1,860,208	60,561	3%	1,608,977
EMPLOYEE BENEFITS	405,080	403,029	(2,051)	-1%	312,882
PROFESSIONAL SERVICES	287,156	261,209	(25,947)	-10%	117,832
FOOD SUPPLIES	19,873	19,329	(544)	-3%	20,160
MINOR EQUIPMENT	13,846	31,093	17,248	55%	28,675
SUPPLIES	180,373	212,201	31,827	15%	166,098
PLANT UTILITIES	29,978	30,254	276	1%	43,816
PURCHASED SERVICES	470,151	327,951	(142,201)	-43%	381,838
REPAIR/MAINTENANCE	81,534	100,412	18,878	19%	69,566
PUBLIC RELATIONS/RECRUITM	13,881	13,009	(873)	-7%	3,882
RENT/LEASES	86,290	61,633	(24,656)	-40%	72,704
INSURANCE	71,059	45,774	(25,284)	-55%	33,918
LICENSES/TAXES	30,224	31,325	1,101	4%	14,883
DUES/SUBSCRIPTIONS/OTHER	59,595	67,200	7,605	11%	44,628
TRAVEL/TRAINING	5,366	14,736	9,370	64%	9,860
DEPRECIATION	305,782	362,973	57,191	16%	317,188
AMORTIZATION	15,475				
<b>TOTAL OPERATING EXPENSES</b>	<b>3,875,310</b>	<b>3,842,336</b>	<b>(17,499)</b>	<b>-0.5%</b>	<b>3,246,905</b>
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(599,693)</b>	<b>(516,720)</b>	<b>(82,973)</b>		<b>(77,943)</b>
<b>NON-OPERATING REVENUES</b>	<b>303,188</b>	<b>256,233</b>	<b>46,955</b>		<b>310,947</b>
TAXES					
INTEREST					
GIFTS & GRANTS	23,266		23,266		
OTHER	0	0	0		0
<b>NET INCOME margin</b>	<b>(273,238)</b> -8.3%	<b>(260,487)</b> -7.8%	<b>(12,751)</b>		<b>233,004</b> 7.4%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ (273,238)</b>	<b>\$ (260,487)</b>	<b>(12,751)</b>		<b>\$ 233,004</b>

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

For the month ended April 30, 2025

	YEAR-TO-DATE				Prior Year 04/30/24
	Actual 04/30/25	Budget 04/30/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 2,640,845	\$ 2,625,394	15,451	1%	\$ 2,622,029
OUTPATIENT	19,523,856	20,574,492	(1,050,636)	-5%	17,455,206
TOTAL PATIENT SERVICE REVENUES	22,164,701	23,199,887	(1,035,185)	-4%	20,077,235
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(8,320,869)	(9,596,118)	1,275,249	-13%	(7,482,197)
BAD DEBT	(510,373)	0	(510,373)	0.00%	(610,237)
CHARITY	(444,198)	0	(444,198)	0.00%	(323,755)
TOTAL DEDUCTIONS FROM REVENUES	(9,275,440)	(9,596,118)	320,678	3%	(8,416,189)
	41.8%	41.4%			41.9%
NET PATIENT SERVICE REVENUES	12,889,262	13,603,769	(714,507)	-5%	11,661,047
OTHER OPERATING REVENUES	121,435	89,667	31,768	35%	126,449
TOTAL OPERATING REVENUES	13,010,697	13,693,435	(682,739)	-5%	11,787,496
OPERATING EXPENSES					
SALARIES/WAGES	6,966,042	7,440,832	474,789	6%	6,451,746
EMPLOYEE BENEFITS	1,471,665	1,612,116	140,451	9%	1,279,746
PROFESSIONAL SERVICES	1,105,351	1,044,837	(60,514)	-6%	398,516
FOOD SUPPLIES	81,149	77,317	(3,832)	-5%	70,479
MINOR EQUIPMENT	71,329	124,373	53,045	43%	291,490
SUPPLIES	731,424	873,919	142,495	16%	808,387
PLANT UTILITIES	121,905	121,016	(888)	-1%	153,431
PURCHASED SERVICES	1,799,838	1,311,802	(488,035)	-37%	1,196,749
REPAIR/MAINTENANCE	375,711	401,649	25,937	6%	357,570
PUBLIC RELATIONS/RECRUITMENT	48,165	52,035	3,871	7%	20,579
RENT/LEASES	342,382	246,533	(95,849)	-39%	253,634
INSURANCE	198,914	183,097	(15,817)	-9%	137,482
LICENSES/TAXES	104,533	125,301	20,768	17%	64,947
DUES/SUBSCRIPTIONS/OTHER	234,290	268,798	34,509	13%	185,906
TRAVEL/TRAINING	25,136	58,944	33,808	57%	39,466
DEPRECIATION	1,267,010	1,451,891	184,881	13%	1,268,009
AMORTIZATION	0	0	0		0
TOTAL OPERATING EXPENSES	14,944,842	15,394,461	449,619	2.9%	12,978,139
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(1,934,145)</b>	<b>(1,701,025)</b>	<b>(233,120)</b>		<b>(1,190,643)</b>
NON-OPERATING REVENUES		1,024,931			
PROPERTY TAXES FOR OPERATIONS	930,879				907,048
GRANTS/CONTRIBUTIONS	473,627				99,971
INVESTMENT EARNINGS	132,468				138,756
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	432,264				425,163
INTEREST EXPENSE	(589,373)				(602,388)
GAIN / (LOSS) ON ASSET DISPOSAL	181,654				1,413
NET INCOME	(372,625)	(676,094)	303,469		(220,681)
margin	-2.9%	-4.9%			-1.9%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ (372,625)</b>	<b>\$ (676,094)</b>	<b>\$ 303,469</b>		<b>\$ (220,681)</b>

## Patient Statistics Lake Chelan Health

For the month ended April 30, 2025



Current Month			Last Year Month			
Actual vs Budget	04/30/25	BUDGET	STATISTICS	Actual vs Budget	04/30/24	BUDGET
<span style="color: green;">■</span>	114	120	Total Days Cash on Hand	<span style="color: green;">■</span>	116	120
<span style="color: green;">■</span>	61	40	Net AR Days	<span style="color: green;">■</span>	57	40
<span style="color: red;">■</span>	0.61	1.25	Debt Coverage Ratio	<span style="color: green;">■</span>	1.41	1.25
<span style="color: green;">■</span>	221	175	Payroll FTEs	<span style="color: green;">■</span>	195	175

Current Month				Year-To-Date				
Actual vs Budget	Actual 04/30/25	Prior Year 04/30/24	BUDGET	STATISTICS	Actual vs Budget	Actual 04/30/25	Prior Year 04/30/24	BUDGET
<b>Admissions</b>								
NA	14	16	NA	medical	NA	75	73	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	2	9	NA	OB	NA	22	33	NA
NA	16	25	NA	Acute	NA	97	106	NA
NA	9	6	NA	Swing Bed	NA	27	25	NA
NA	2	8	NA	Total Deliveries	NA	21	31	NA

<b>Patient Days</b>								
<span style="color: red;">■</span>	35	36	65	medical	<span style="color: yellow;">■</span>	201	218	266
NA	0	0	NA	surgical	NA	0	0	NA
<span style="color: red;">■</span>	3	17	14	OB	<span style="color: yellow;">■</span>	47	60	57
<span style="color: red;">■</span>	38	53	78	Acute	<span style="color: yellow;">■</span>	248	278	323
<span style="color: green;">■</span>	67	93	59	Swing Bed	<span style="color: green;">■</span>	288	290	242
<span style="color: red;">■</span>	2	9	10	Total Newborn Days	<span style="color: yellow;">■</span>	31	40	41
<span style="color: yellow;">■</span>	107	155	147	TOTAL PATIENT DAYS	<span style="color: green;">■</span>	547	608	606

<b>Average Length of Stay</b>								
<span style="color: green;">■</span>	2.4	2.1		Total Inpatient	<span style="color: green;">■</span>	2.6	2.6	
<span style="color: yellow;">■</span>	7.4	15.5		Swing Bed	<span style="color: green;">■</span>	9.9	11.6	

<b>Avg Daily Census - Hospital</b>								
	1.3	1.8		Total Inpatient		2.1	2.3	
	2.2	3.1		Swing Bed		2.2	2.4	
	3.5	4.9		Total		4.3	4.7	

<span style="color: yellow;">■</span>	469	457	530	ED Visits	<span style="color: yellow;">■</span>	1884	1935	2182
<span style="color: red;">■</span>	68	78	78	Surgeries	<span style="color: red;">■</span>	219	290	320
<span style="color: green;">■</span>	1403	1221	1219	Imaging Procedures	<span style="color: green;">■</span>	4978	4823	5022
<span style="color: green;">■</span>	3767	2875	2956	Lab Tests	<span style="color: green;">■</span>	14782	11633	12176
<span style="color: green;">■</span>	771	799	699	Rehab Visits	<span style="color: green;">■</span>	2838	2951	2879
<span style="color: green;">■</span>	116	109	123	EMS Runs	<span style="color: yellow;">■</span>	424	441	505
<span style="color: yellow;">■</span>	847	861	1043	Total Clinic Visits	<span style="color: yellow;">■</span>	3449	3297	4297
<span style="color: green;">■</span>	153	102	85	Specialty	<span style="color: green;">■</span>	502	392	350
	176	109		Primary care		615	590	
<span style="color: red;">■</span>	518	688	958	Express Care (budget shows primary and express)	<span style="color: red;">■</span>	2332	2315	3947
	22	22		working days		87	86	

#### **Note #1 Contractuals**

Contractuals do not include reimbursement that will happen when the cost report is filed.  
AR decreased (\$532k) from March to April  
Charity care was \$113,419 for April. Bad Debt was \$34,973.  
Charity and Bad Debt are 4.22 of gross charges ytd compared to 4.70% this same time last year.

#### **Note #2 PROFESSIONAL SERVICES**

ED Pro Fees over budget \$33,850  
Dermatology is over budget \$39,811

#### **Note #3 PURCHASED SERVICES**

Med Surg is over budget \$154,612 due to increase use in travelers  
Surgery is over budget by \$93,180. Whitman Partners was not budgeted.  
Lab is over budget by \$69,755. Budget appears too low based on history.  
Pharmacy is over budget by \$11,166  
Business Office is over budget by \$27,653.  
Provider Based clinic is over budget by \$186,252 due to traveler agency expenses  
Laundry is over budget by \$12,937 due to Vestis expenses

#### **Note #4 RENTS/LEASES**

Radiology is over budget by \$56,001 due to MRI lease. All expenses were spread over 12 and this is expected to end in May.  
The reclass to GASB 87 has not been done in 2025. The budget reflects the reclass.  
This is why depreciation and amortization are under budget

#### **Note #5 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  
Current gain recognized is \$223,185 for 2024 and \$181,604 for 2025

#### **Grants/Contributions -**

##### ***restricted contributions***

WA ST Ecology 151,272

Foundation 3,775

##### ***unrestricted contributions***

AZ Wells 32,849

##### ***grants***

Community Choice 26,418 - CARES

CWH Grant 43,355

WA ST Health 778

WA ST ED Trauma 8,454

WA ST Health 12,373

##### ***wa commerce grant***

WA ST Commerce 192,354 - EMS Build

For the month ended April 30, 2025

3/31/2025	GL ACCOUNT #	ACCT DESCRIPTION	4/30/2025	EXPLANATION	
\$287,045	10002000	General Fund Cash In Bank (Wheatland)	\$444,954	\$157,909	
				\$4,180,014 deposits	
				\$0 enhancement pmt	
				medicaid cost report	
				(\$16,689) tsys/payplus fees	
				(\$10,465) fees mckesson/cardinal	
				(\$25) fees and interest rebates	
				\$5,075 café sales	
				(\$4,000,000) transfer to county	
\$923,874	10004000	General Fund Cash w/ Treasurer	\$545,447	(\$378,427)	
				(\$2,278,508) AP	
				(\$1,091) Voids	
				\$2,279,839 warrants issued	
				(\$2,657,415) warrants redeemed	
				\$4,000,000 Bank Transfers from 10002000	
				\$73,012 Bank Transfer to/from 10106000	
				(\$88,992) Bank Transfer for USDA pmt	
				\$0 Bank Transfer to/from 10760000	
				(\$2,100,227) Payroll/Benefits	
				(\$23,917) B&O taxes	
				\$417,976 Property Taxes	
				\$896 Leasehold Taxes & Misc Taxes	
				USDA final loan close out	
\$23,084	10009000	cash clearing	\$23,617	\$533	pmts posted as remits received
(\$924,114)	20070000	warrants outstanding	(\$545,447)	\$378,667	
				(\$1,166,263) remits (payroll/benefits/b&o)	
				\$2,657,415 warrants redeemed	
				(\$2,279,839) warrants issued ap	
				\$1,166,263 remits redeemed	
				\$1,091 voids	
\$23,227	10106000	AMB RESERVE	\$719,207	\$695,980	
				transfer to reserves	
				\$0 transfer from reserves (bond pmt & cps)	
				\$694,327 property taxes	
				\$1,545 leasehold taxes	
				\$8 interest	
\$423,584	10910000	2018 GO BOND	\$979,429	\$555,845	
				\$555,845 property taxes	
				\$0 bond pmt	
\$0	10911000	2018 CASH BOND	\$0	\$0	interest
					reclassified to general fund
\$320,400	10916000		\$320,400	\$0	funded year 3 per LOC
\$90,000	10917000		\$90,000	\$0	funded year 3 per LOC
\$410,400			\$410,400	\$0	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0	paid bond interest
\$10,377,617	10760000	RESERVES	\$10,410,093	\$32,476	
				\$32,476 interest	
\$50,004	10764000	COASTAL BANK	\$50,004	(\$0)	interest
\$11,594,720			\$13,037,703	\$1,442,983	6
					Days of Cash on Hand
					74.0
					Restricted Days Cash on Hand
					40.4
					Total Days Cash on Hand
					114.4



## CEO Board Report (as of 5/21/2025)

### People:

- Dr. James Dahl will be joining our Ortho Team this coming fall. He has a wide breadth of experience and comes to us from Confluence. We will have interviews for Orthopedic APP (Physician's Assistant and/or Nurse Practitioner) candidates this week.
- We lost both of our potential permanent surgical director candidates but have a cue of promising applicants for a new round of interviews.
- Dr. Goeser and PA Guadalupe Martinez-Vera are accepting new patients down at the clinic and often have same day access to appointments! Proud to report that their net promoter score is outstanding at 100 for the month so far (anything above 58 is considered excellent in healthcare).
- Continue to work on filling open positions at MA, CNA, OT, MRI and Lab Tech, Orthopedic APP, PT aid, paramedic as well as many other opportunities. Go to [www.lakechelanhealth.org/careers/](http://www.lakechelanhealth.org/careers/) to see what is available and apply and see which positions have additional incentives!

### Community:

- Presenting at the Community Board Forum on 5/21. We will be discussing our district make up, challenges and new services.

### Quality:

- Net promoter scores are trending up for most of our service lines. Our primary care clinic, laboratory, radiology and surgical services is at 100 (58 and above is considered excellent). Rehab is currently at an 87 with our specialty clinic just behind it. The ED is running at 72 while Express Care is at 68. Inpatient/Swing/OB had too few survey responses for a score this past month.
- Working hard on policy updates across the district to improve our aggregate quality score.

### Financial:

- Overall loss of \$273K this past month with gross revenue for April was \$5.7M vs \$4.9M last year. Year to date we have a loss of \$373K (last year we were at a loss of \$221K at this same point in the year). We are missing budget by roughly \$1M for gross revenue (about a 4% miss).
- L&D volume was down substantially in April with only 2 deliveries vs 8 the prior year. We've had a total of 21 babies delivered at LCH year to date vs 31 last year. Surgery volumes are down year over year. Lab, Rehab, imaging, and specialty visits are all up. We are down 60+ visits year over year in the ED. EMS runs were up slightly in April while the ED continues to be down.
- Charity care is a little under \$444K year to date which is about \$110k more than the same period last year. Bad debt is \$510K year to date vs \$610K last year.
- The USDA has approved our additional borrowing to complete specialty, update the MRI, and cover additional costs to the EMS build.

### Building for the Future:

- Working on the addition of Cardiology, Mohs, Cataract, and Urology (all part time). Will be asking for approvals for a few of these services during this meeting. We are confident we will be able to deliver at least 5 days of ENT services
- Permit applications are submitted for the EMS building, specialty clinic is a little behind schedule at this point.



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

**RESOLUTION No. 2025-5**  
*Disposal of Hospital Surplus Items*

**A RESOLUTION** of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), to authorize the disposal of hospital surplus items; and

**WHEREAS**, Lake Chelan Health (LCH) a public hospital in the State of Washington, is committed to the responsible management and disposal of assets; and

+

**WHEREAS**, the Facilities Department has identified a section of chain link fence as surplus property;

**WHEREAS**, an assessment has determined that this chain link fence is no longer needed and should be disposed of in accordance with applicable laws and hospital policies;

**BE IT RESOLVED** that the Board of Commissioners, Chelan County Public Hospital District No. 2, hereby adopts:

The fencing described above is declared surplus and authorized for disposal.

The disposal shall be conducted through the following approved method:

- **Sale** – If the fencing retains residual value, it may be sold through public auction, bid process, or another authorized means, in compliance with Washington state regulations.

The Controller is authorized to oversee and document the disposal process in compliance with all applicable state and local regulations.

A record of the disposal, including method and justification, shall be maintained for auditing purposes.

**ADOPTED AND APPROVED**, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 27th day of May 2025, 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. 2025-6**  
*Disposal of Hospital Surplus Items*

**A RESOLUTION** of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), to authorize the disposal of hospital surplus items; and

**WHEREAS**, Lake Chelan Health (LCH) a public hospital in the State of Washington, is committed to the responsible management and disposal of assets; and

**WHEREAS**, the Information Technology (IT) Department has identified a 75" TV Monitor as surplus, specifically:  
Model Number: V755-J04, Serial Number: LBNFE5LX4701552 (Asset Tag# 10221)

**WHEREAS**, an assessment has determined that the TV/Monitor is no longer needed for patient care and should be disposed of in accordance with applicable laws and hospital policies;

**BE IT RESOLVED** that the Board of Commissioners, Chelan County Public Hospital District No. 2, hereby adopts:  
The TV/Monitor described above are declared surplus and authorized for disposal.  
The disposal shall be conducted through the following approved method:

- **Recycling or Disposal** – If the TV/Monitors are nonfunctional and cannot be repurposed, they shall be disposed of in accordance with environmental and regulatory guidelines.

The Controller is authorized to oversee and document the disposal process in compliance with all applicable state and local regulations.

A record of the disposal, including method and justification, shall be maintained for auditing purposes.

**ADOPTED AND APPROVED**, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 27th day of May 2025, with the following Commissioners being present and voting in favor of the resolution.

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CHAIRPERSON OF THE BOARD

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SECRETARY

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VICE CHAIRPERSON

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
CEO