



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

6/30/2025



Chelan County Public Hospital District No. 2
 Regular Meeting of the Board of Commissioners
 June 30, 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

| Time | Agenda Item | Facilitator | Topic/Action |
|------|--|---|---|
| 1:30 | 1. Call to Order/ Changes to Agenda | 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"> A. Regular Board Meeting Minutes 5/27/2025(FM) B. Governance Committee Meeting Minutes 6/4/25 (FM) C. Governance Committee Meeting Minutes 6/11/25 (FM) D. Warrants & Vouchers (FM) E. Bad Debt & Charity Care (FM) F. Finance Committee Minutes 6/26/2025 (FA) |
| 1:50 | 5. Executive Session | | <ul style="list-style-type: none"> A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 |
| 2:05 | 6. Reports | J. Barich S. Hippe MD B. Truman Edie Bailly A. Edwards S. Ottley Commission J. LaPorte | <ul style="list-style-type: none"> A. Med Staff Report & Credentialing (FM) <ul style="list-style-type: none"> i. Chief of Staff Report ii. DOP Review iii. Incoming CMO – Stu Freed MD B. Financial Committee Report (FA) <ul style="list-style-type: none"> i. 2024 Audit Report (FA) ii. Medicare Cost Report (FI) iii. Service Line Additions (FM) <ul style="list-style-type: none"> i. Ear Nose Throat (ENT) ii. Urology iii. Cardiology iv. Compass (RPG) – Tele ED/Hospitalist Support iv. Billing update (FI) C. CEO Report (FI) D. Strat Plan KPI Report (FI) E. Community Connections (FD) F. Board Education Topic (FI) |
| 3:45 | 7. Old Business | S. Ottley Commission | <ul style="list-style-type: none"> G. Specialty Clinic & EMS Capital Project Update (FI) H. Strat Plan Meeting 7/22/25 Planning (FD) |
| 4:00 | 8. New Business | Commission | <ul style="list-style-type: none"> A. Resolutions <ul style="list-style-type: none"> i. 2025-7 Disposal Radios & Equipment (FM) ii. 2025-8 Disposal of ED equipment (FM) iii. 2025-9 Disposal of Handheld Telephones (FM) B. Policies <ul style="list-style-type: none"> i. Board Orientation Policy (FD) |

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| 4:15 | 9. Public Comment | | |
| 4:25 | 10. Executive Session | | A. RCW 42.30.110(1)(g) to evaluate the performance of a public employee. |
| 5:00 | 11. Roundtable/Action Items | Commission | |
| 5:05 | 12. Adjournment | | |

Board Calendar Reminders:

| | | | |
|-----------|---|-------------------|-------------|
| 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 |
| 7/22/2025 | Special Board Meeting: Strategic Planning | Bragg Room | 8:00 am |
| 7/23/2025 | Finance Committee | Bragg Room/ TEAMS | 10 am |
| 7/29/2025 | Regular Board Meeting | Bragg Room/ TEAMS | 1:30 pm |

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| 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 |

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|-----------|---------------------------------------|-------------------|-------------|
| TBA | Compliance, Privacy, & Risk Committee | TBA | TBA |
| 9/8/2025 | TBA | Bragg Room/ TEAMS | 9 am |
| 9/11/2025 | Med Staff | Bragg Room/ TEAMS | 7:00-8:30am |
| 9/11/2025 | Quality Committee | Bragg Room/ TEAMS | 1 – 3 pm |
| 9/24/2025 | Finance Committee | Bragg Room/ TEAMS | 10 am |
| 9/30/2025 | 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 May 27, 2025 at 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, L. Sahlinger, M. Miller, R. Montgomery, J. Barich, J. Phetteplace, A. Diamond,

Guests: Matt Pulick (Graham Construction), Dean Hill (Hill Int'l), Ellyn Forte (Forte Architects) Daniel Petasky

Community Members: Nathaniel Mote, Anna Moroz,

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"> Nathaniel Mote shared a graph of birth data that was provided to him from a public records request which shows in his opinion a stable trend of births vs the downward trend in the area. <ul style="list-style-type: none"> A. Edwards noted that the birth data includes deliveries from outside the hospital district, as the OB unit in the district north of Chelan was closed in 2020. 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. Board Chair J. LaPorte raised serious concerns about the safety and quality of care for patients given the consistently low birth volumes. She questioned how the district can ensure safe, high-quality obstetric care with such limited numbers, noting that maintaining clinical expertise and readiness becomes increasingly difficult under these conditions. While there was a temporary increase in births during 2021 and 2022 due to the COVID-19 pandemic, she emphasized that this trend is not sustainable. Chair LaPorte also pointed to changing regional demographics, suggesting that birth rates are likely to continue declining over the next five years. She stressed the need for a realistic plan to address both patient safety and financial deficit. |
| 3. Chair's Report | <ul style="list-style-type: none"> Chair J. LaPorte expressed her appreciation to the team for their hard work in organizing the Board Community Forum and for posting the Q&A on Kozi's website. She also thanked the staff who participated in the Manson Apple Blossom Parade, acknowledging their continued dedication and community engagement. |
| 4. Consent Agenda | <ul style="list-style-type: none"> <i>D. Gibson 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 1:40 pm for 15 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 |

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| | <p>regarding staff privileges or quality improvement committees under RCW 70.41.205 and RCW 42.30.110(1)(o)</p> <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 10 minutes ○ Executive session ended at 2:05 pm |
| <p>6. Reports</p> | <ul style="list-style-type: none"> ● D. Gibson motioned to accept the credentialing report with the caveat that two physicians be granted temporary Family Medicine privileges for 90 days or until the new delineation of privileges for Family Medicine is finalized and executed, whichever comes first, and to include one request for removal; seconded, motion approved. ● Finance: <ul style="list-style-type: none"> ○ B. Truman presented the unaudited April 2025 finance report, <ul style="list-style-type: none"> ▪ <i>M. Murphy motioned to accept the unaudited April 2025 Finance Report; seconded motion approved.</i> ○ B. Truman noted that additional USDA funding has been approved, with the closing scheduled for May 29th. ○ 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"> ▪ Move per diem addition rate from 12% to 13% ▪ Differentials adjustments to time and increasing the rate across the board ▪ Adjust the Max PTO accrual from 400 to 450 hours for employees with 16+ years of service. ▪ Retirement adjustment from 50% employee contribution, match limit from 3% to 4% ○ B. Truman presented a proposal to introduce a cataract surgery line, including projected reimbursement rates, cost estimates, and anticipated revenue. <ul style="list-style-type: none"> ▪ D. Gibson motioned to accept the Proforma for cataract surgery as presented, seconded, approved. ● CEO Report: A. Edwards presented the CEO Report and shared the following key updates: <ul style="list-style-type: none"> ○ UW Residency Program: A recent meeting was held with representatives from UW and CVCH to discuss the residency program, funding structure, and associated risks. LCH requested the addition of a force majeure clause to the agreement; however, UW has stated it does not intend to add this clause and has shown limited flexibility in negotiations. UW is also requesting a funding match that would require a commitment of three years and three months. A meeting between UW and the CEO of CVCH is being scheduled to further discuss how to move forward given the level of risk involved. <ul style="list-style-type: none"> ▪ M. Murphy expressed strong support as a Board member when bringing the residency program to Chelan, recognizing its potential long-term benefits. She noted that the organization is in a much different position than it was 5–6 years ago and emphasized the need for flexibility in the current agreement given increasing hospital budget challenges. M. Murphy also reminded those present that when she took her Oath of Office, per state law her loyalty was pledged to Lake Chelan Health, underscoring the importance of decisions that support its sustainability and best interests. ● S. Ottley reviewed the KPI dashboard <ul style="list-style-type: none"> ○ Announced the first internal newsletter was successfully distributed in April. ○ L. Sahlinger noted challenges with the Aggregate Quality Score from DOH and DNV, citing incomplete follow-up and documentation despite ongoing corrective actions. |

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| | <p>Some measures narrowly missed targets by minutes, highlighting the need for improved timely compliance.</p> <ul style="list-style-type: none"> • Community Connection Opportunities: <ul style="list-style-type: none"> ○ 5/31 Health Connection hosted by Guild B • Board Education: J. LaPorte presented Hospital Finance 101 |
| 7. Old Business | <ul style="list-style-type: none"> • Specialty Clinic & EMS Capital Project Update <ul style="list-style-type: none"> ○ S. Ottley and D. Hill provided an update on the Specialty Clinic, noting that the Owner-Architect-Contractor (OAC) meeting and site walk were completed today. The exterior punch list was approved, with a minor delay due to the drywall. The substantial completion date remains on target for June 28, with the first patient day to be announced. ○ S. Ottley also informed the Board that the MRI enclosure provided by Siemens does not meet State of Washington requirements. Consequently, the onsite installation costs will be significantly higher and will require further operational evaluation. ○ E. Forte reported that the EMS/Admin building permit has been submitted to the city. A pre-build site walk is scheduled for June 4. ○ D. Petasky shared that the project is out for bid, with bid closing anticipated around June 24 or 25. The Guaranteed Maximum Price (GMP) is expected for review and editing in early July, with final GMP approval targeted for July 22. The Notice to Proceed for early site work is planned for July 23, marking the project kickoff. • Strategic Planning: Board to submit topics to S. Ottley |
| • New Business | <ul style="list-style-type: none"> • Resolution: <ul style="list-style-type: none"> ○ L. Withrow motioned to approve Resolution 2025-5 Hospital Surplus – Fencing, seconded; motion approved ○ M. Murphy motioned to approve 2025-6 Hospital Surplus – Television/Monitor, seconded; motion approved. |
| 8. Public Comment | <ul style="list-style-type: none"> • No public comment |
| 9. Executive Session | <ul style="list-style-type: none"> • J. LaPorte announced executive session at 4:35 pm for 20 min • L. Withrow extended the Executive Session 10 minutes • Executive Session ended at 5:05pm |
| 10. Roundtable/Action Items | <ul style="list-style-type: none"> • Board members to individually send topic of discussion for Strategic Planning to Shawn to finalize the agenda. |
| 11. Adjournment | <ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 5:10 pm |

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant



LAKE CHELAN HEALTH

MEETING Minutes

| | | |
|---|------------------------------------|-------------------------------------|
| Name of Group: Governance Committee | Date of Meeting: 6/11/25 | Time of Meeting: 8:00 am |
| Facilitator: Mary Murphy | | Location: Teams |
| Recorder: Mary Murphy | | |
| Members present: | | |
| X BOC Representative (Mary Murphy) | | X BOC Representative (Lori Withrow) |
| Other: {other attendees or guests} | | |
| | | |
| Meeting Objectives(s)/Purpose: Continue review/update of Governing Board Orientation Policy and materials | | |

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. update procedure list in the policy and Attachment A materials for Board review June 29. | 2. Committee updated procedure list and Attachment A in the Board Orientation Policy to seek review and input from Board at June 29, 2025 Board meeting. (FD) 3. Next Steps: Committee to continue update of policy in July 2, 2025 Governance Committee meeting and recommend policy revisions to the Board by August 2025. |
| 9:35 am | 3. Adjournment | |

Next meeting: TBD



LAKE CHELAN HEALTH

MEETING MINUTES

| | | |
|--|-----------------------------------|-------------------------------------|
| Name of Group: Governance Committee | Date of Meeting: 6/4/25 | Time of Meeting: 8:30 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 Governing Board Orientation Policy and materials | | |

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

| Time | Agenda Item | Topic/Action |
|--|---|--|
| 8:30 am | 1. Call to Order | |
| 8:30 am | 2. Develop plan and process to review and update BOC Orientation policy and materials | <p>2. Committee developed plan/process to update Board Orientation Policy to meet formatting requirements, clarify procedures and responsibilities, update and align Resources List Attachment in policy document with BOC SharePoint Resources List. Consult with Executive Secretary along the way.</p> <p>3. Committee recommends policy revisions be reviewed by the Board when Committee identifies Board discussion/decision points during the updating process.</p> <p>4. Schedule next Committee meeting to continue the review/revisions.</p> |
| 9:45 am | 3. Adjournment | |
| Next meeting: 8 am, June 11, 2025 | | |

| WARRANT #'S A/P | AMOUNT | CAPITAL | BOARD MTG - JUNE 2025 | WARRANT#'S PAYROLL | AMOUNT | pay period |
|-----------------|--------|---------|--------------------------|-----------------------|--------|------------|
|-----------------|--------|---------|--------------------------|-----------------------|--------|------------|

AP ACH \$ 60,629.26
 240191-240258 \$ 356,518.92
 DOR \$ 18,560.49
 AP ACH \$ 72,428.67
 240259-240339 \$ 352,387.55
 RETIREMENT \$ 58,702.49
 AP ACH \$ 176,851.90
 240340-240390 \$ 614,501.72
 IDAHO STATE TAXES \$ 799.00
 RETIREMENT \$ 59,445.64

\$ 1,770,825.64

DIRECT DEPOSIT \$ 618,343.69 5/17/2025
 PAYROLL TAXES \$ 234,406.17 5/17/2025
 CHILD SUPPORT \$ 444.91 5/17/2025
 77532-77536 \$ 3,083.04 5/17/2025
 PAYROLL TAXES \$ 923.87 5/17/2025
 DIRECT DEPOSIT \$ 627,653.41 5/31/2025
 PAYROLL TAXES \$ 240,188.90 5/31/2025
 CHILD SUPPORT \$ 444.91 5/31/2025
 77537 \$ 583.00 5/31/25 RUN #2
 PAYROLL TAXES \$ 273.16 5/31/25 RUN #2
 77538 \$ 2,543.59 05/31/2025 #4
 payroll taxes #5 \$ 733.91 5/31/25 #5
 77539-77540 \$ 2,876.70 5/31/25 #5

\$ 1,732,499.26

| WARRANT #'S A/P | AMOUNT | CAPITAL | BOARD MTG - DEC 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 | \$ 392,656.00 | | | | | |
| RETIREMENT | \$ 49,163.53 | | | | | |
| AP DIRECT DEPOSIT | \$ 94,643.01 | | | | | |
| | \$ 1,802,462.90 | | | | \$ 1,520,595.76 | |

| WARRANT #'S A/P | AMOUNT | CAPITAL | BOARD MTG - JAN 2025 | WARRANT#'S PAYROLL | AMOUNT | pay period |
|-------------------|------------------------|---------|-------------------------|-----------------------|------------------------|---------------------|
| 238244-238289 | \$ 429,013.37 | | | Direct Deposit | \$ 554,431.43 | 11/30/2024 |
| AP DIRECT DEPOSIT | \$ 50,958.53 | | | PAYROLL TAXES | \$ 199,954.17 | 11/30/2024 |
| 238290-238359 | \$ 308,617.08 | | | CHILD SUPPORT | \$ 320.37 | 11/30/2024 |
| 238360-238365 | \$ 10,056.20 | | | Direct Deposit | \$ 413,213.82 | bonus |
| Retirement | \$ 50,564.08 | | | PAYROLL TAXES | \$ 206,943.27 | bonus |
| Retirement | \$ 1,729.00 | | | Direct Deposit | \$ 537,544.33 | 12/14/2024 |
| AP DIRECT DEPOSIT | \$ 1,583.21 | | | PAYROLL TAXES | \$ 191,189.70 | 12/14/2024 |
| 238366-238443 | \$ 329,285.32 | | | CHILD SUPPORT | \$ 320.37 | 12/14/2024 |
| DOR | \$ 21,739.10 | | | 77526-77528 | \$ 2,847.44 | 12/14/2024 runs 3&4 |
| IDAHO STATE TAXES | \$ 765.00 | | | PAYROLL TAXES | \$ 44.80 | 12/14/2024 runs 3&5 |
| 238444-238535 | \$ 342,882.23 | | | Direct Deposit | \$ 517,169.97 | 12/28/2024 |
| 238536-238544 | \$ 9,756.46 | | | PAYROLL TAXES | \$ 199,137.17 | 12/28/2024 |
| Retirement | \$ 48,286.80 | | | CHILD SUPPORT | \$ 320.37 | 12/28/2024 |
| 238545-238580 | \$ 367,104.30 | | | | | |
| AP DIRECT DEPOSIT | \$ 88,064.22 | | | | | |
| 238581-238657 | \$ 313,705.89 | | | | | |
| IDAHO STATE TAXES | \$ 1,799.00 | | | | | |
| Retirement | \$ 59,760.23 | | | | | |
| | \$ 2,435,670.02 | | | | \$ 2,823,437.21 | |

| WARRANT #'S A/P | AMOUNT | CAPITAL | BOARD MTG - FEB 2025 | WARRANT#'S PAYROLL | AMOUNT | pay period |
|-------------------|------------------------|---------------|-------------------------|-----------------------|------------------------|----------------|
| AP DIRECT DEPOSIT | \$ 10,155.83 | | | Direct Deposit | \$ 538,338.03 | 1/11/2025 |
| 238658-238736 | \$ 379,748.04 | | | PAYROLL TAXES | \$ 204,562.44 | 1/11/2025 |
| 238737-238813 | \$ 433,299.59 | 238787 voided | | Child Support | \$ 320.37 | 1/11/2025 |
| 238814-238849 | \$ 14,492.57 | | | 77529 | \$ 805.63 | 1/11/25 RUN #3 |
| DOR | \$ 24,539.59 | | | VOIDED DD | \$ (805.63) | 1/11/25 RUN #2 |
| retirement | \$ 55,487.21 | | | Direct Deposit | \$ 534,252.03 | 1/25/2025 |
| 238850-238929 | \$ 455,077.13 | 238860 voided | | PAYROLL TAXES | \$ 195,684.99 | 1/25/2025 |
| 238930-238931 | \$ 5,570.06 | | | Child Support | \$ 320.37 | 1/25/2025 |
| FPL | \$ 33,496.97 | | | | | |
| LTC | \$ 27,613.37 | | | | | |
| AP DIRECT DEPOSIT | \$ 83,500.00 | | | | | |
| DOR HOSP LIC | \$ 1,954.00 | | | | | |
| DOR CLINIC LIC | \$ 446.00 | | | | | |
| | \$ 1,525,380.36 | | | | \$ 1,473,478.23 | |

| WARRANT #'S A/P | AMOUNT | CAPITAL | BOARD MTG - MARCH 2025 | WARRANT#'S PAYROLL | AMOUNT | pay period |
|-------------------|-----------------|---------------|---------------------------|-----------------------|-----------------|------------|
| 238932-238988 | \$ 428,912.94 | | | Direct Deposit | \$ 546,724.85 | 2/8/2025 |
| 238989-239002 | \$ 13,356.73 | | | PAYROLL TAXES | \$ 208,007.64 | 2/8/2025 |
| retirement | \$ 2,182.25 | | | Child Support | \$ 320.37 | 2/8/2025 |
| retirement | \$ 55,132.35 | | | Direct Deposit | \$ 558,194.77 | 2/22/2025 |
| 239003-239074 | \$ 466,273.33 | | | PAYROLL TAXES | \$ 212,165.94 | 2/22/2025 |
| AP DIRECT DEPOSIT | \$ 30,322.07 | | | Child Support | \$ 320.37 | 2/22/2025 |
| 239075 | \$ 2,339.00 | | | | | |
| AP DIRECT DEPOSIT | \$ 61,380.50 | | | | | |
| 239076-239146 | \$ 281,578.31 | 239098 voided | | | | |
| IDAHO ST TAXES | \$ 1,118.00 | | | | | |
| DDR | \$ 24,913.93 | | | | | |
| AP DIRECT DEPOSIT | \$ 13,107.98 | | | | | |
| retirement | \$ 55,385.25 | | | | | |
| AP DIRECT DEPOSIT | \$ 12,113.39 | | | | | |
| 239147-239232 | \$ 683,306.25 | | | | | |
| 239233-239288 | \$ 402,323.29 | | | | | |
| AP DIRECT DEPOSIT | \$ 63,102.39 | | | | | |
| | \$ 2,596,847.96 | | | | \$ 1,525,733.94 | |

| WARRANT #'S A/P | AMOUNT | CAPITAL | BOARD MTG - APRIL 2025 | WARRANT#'S PAYROLL | AMOUNT | pay period |
|-------------------|-----------------|---------|---------------------------|-----------------------|-----------------|------------|
| 239289-239324 | \$ 14,289.92 | | | Direct Deposit | \$ 592,602.12 | 3/8/2025 |
| 239325 | \$ 26,364.57 | | | PAYROLL TAXES | \$ 233,285.63 | 3/8/2025 |
| retirement | \$ 56,727.81 | | | Child Support | \$ 320.37 | 3/8/2025 |
| 239326-239385 | \$ 303,168.64 | | | Direct Deposit | \$ 576,254.59 | 3/22/2025 |
| AP DIRECT DEPOSIT | \$ 93,016.64 | | | PAYROLL TAXES | \$ 222,052.03 | 3/22/2025 |
| 239386-239460 | \$ 356,046.09 | | | Child Support | \$ 320.37 | 3/22/2025 |
| AP DIRECT DEPOSIT | \$ 38,568.44 | | | Direct Deposit | \$ 574,963.28 | 4/5/2025 |
| IDAHO ST TAXES | \$ 772.00 | | | PAYROLL TAXES | \$ 212,638.29 | 4/5/2025 |
| RETIREMENT | \$ 60,226.73 | | | Child Support | \$ 320.37 | 4/5/2025 |
| DDR | \$ 12,945.31 | | | | | |
| 239461-239483 | \$ 235,721.07 | | | | \$ 2,412,757.05 | |
| AP DIRECT DEPOSIT | \$ 11,668.70 | | | | | |
| 239484-239538 | \$ 139,766.99 | | | | | |
| AP DIRECT DEPOSIT | \$ 21,419.27 | | | | | |
| 239539-239562 | \$ 515,779.13 | | | | | |
| AP DIRECT DEPOSIT | \$ 77,230.38 | | | | | |
| 239563-239664 | \$ 89,763.75 | | | | | |
| RETIREMENT | \$ 58,697.70 | | | | | |
| 239665-239753 | \$ 402,667.77 | | | | | |
| AP DIRECT DEPOSIT | \$ 39,286.14 | | | | | |
| IDAHO ST TAXES | \$ 799.00 | | | | | |
| 239754-239839 | \$ 727,064.00 | | | | | |
| AP DIRECT DEPOSIT | \$ 99,289.55 | | | | | |
| retirement | \$ 54,259.47 | | | | | |
| | \$ 3,435,539.07 | | | | | |

| 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 |
| DDR | \$ 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 | | | | | |

DATE May 2025

TOTAL BAD DEBTS - HOSPITAL \$45,755.85

TOTAL MEDICARE BAD DEBTS \$0

TOTAL BANKRUPTCY \$0

TOTAL CHARITY CARE – HOSPITAL \$45,075.17

TOTAL MEDICARE CHARITY CARE - \$3,004.90

TOTAL ATTESTATION \$93,835.92

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 6/26/25, 10AM in person and via Teams | | |
| Facilitator: Jordana Laporte | | Recorder: W. Kenck |
| Member Attendance: | | |
| <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"/> Jordana LaPorte, BOC | <input checked="" type="checkbox"/> Brant Truman, CFO | |
| Participants: R. Montgomery, M. Miller, Guests: Marin Yanushev (EideBailly), | | |

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

| <i>Agenda Item</i> | <i>Topic/Action</i> |
|---|--|
| <ul style="list-style-type: none"> • Call to Order | <ul style="list-style-type: none"> • J. LaPorte called meeting to order at 10:00 am |
| <ul style="list-style-type: none"> • Goals | <ul style="list-style-type: none"> • The Committee has set an ambitious target of achieving a net income of \$2M. • Develop a 5-year Capital Budget. |
| <ul style="list-style-type: none"> • New Business | <ul style="list-style-type: none"> • Audit Review <ul style="list-style-type: none"> • Martin Yanushev from EideBailly reviewed the management letter and there are no noncompliance issues found in the audit or in the single audit. • EMS/Admin Project Reimbursement <ul style="list-style-type: none"> • B. Truman reviewed the reimbursement structure for the EMS project. • Reimbursement is determined based on utilization rates, which dictate the level of cost coverage. • B. Truman also presented the Pro Forma analysis for: <ul style="list-style-type: none"> • ENT Services • Urology Services, proposed under a monthly set fee with a two-year contract agreement. |
| <ul style="list-style-type: none"> • <i>Old Business</i> | <ul style="list-style-type: none"> • S. Nau provided an update on the Revenue Cycle: <ul style="list-style-type: none"> ○ An overall increase in revenue is anticipated as the organization enters the busy season. ○ The implementation process for REDDE is underway. This platform will improve billing communications by introducing: <ul style="list-style-type: none"> ▪ Text message notifications ▪ E-statements with detailed account breakdowns ▪ Paper statements summarizing overall charges |

| | |
|---|--|
| | <ul style="list-style-type: none"> ▪ The full implementation is expected to take approximately 3 to 4 months. |
| <ul style="list-style-type: none"> • Reports | <ul style="list-style-type: none"> • V. Bodle presented the unaudited May 2025 Financial Statement and reviewed the 2026 Budget Preparation Schedule. |
| <ul style="list-style-type: none"> • Adjournment | <ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 11:45 am |



CEO Board Report (as of 6/26/25)

People:

- Great availability for primary care visits, often have same day appointments.
- Dr. Douglass, our general surgeon, will be starting vascular procedures in early July.
- Working on a partnership with Lakeside Baby to provide additional access to education on lactation and care for new moms.
- Had a kick off meeting for new badges we will be giving to our emergency department staff that allows them to have a panic button right on their work badge which will give other staff their location so they can quickly find and help.

Community:

- The Washington State Hospital Association Rural Leadership conference was in Chelan (Campbell's) this past week. Our board, COO, and I attended and topics were discussed from cybersecurity, AI, addressing burnout, safety and quality, good board governance and many other topics. Time well spent.
- Governor Bob Ferguson declared by proclamation that June 23-27 was Public Hospital District Week. I encourage you to explore more about what a public hospital district is here <https://www.awphd.org/about-us/>.

Quality:


- Our ED (emergency department) visit to admit time in 2nd quarter 2025 was 4.54hrs vs 8.49hrs in 2nd quarter 2024. Huge improvement and hopefully a welcome change for our patients.
- Our hospitalists have been meeting with CVCH attendings on ways to improve the educational experience of our UW residents while in the hospital.

Financial:

- Year to date we have lost \$345K vs \$396K last year. May showed a small margin of \$27K vs a loss last year in May of 175K.
- Charity care is a little under \$492K year to date vs \$360K for the same time period last year. Bad debt is \$556K year to date vs \$707K last year.
- Inpatient admissions and patient days were up substantially in May vs May of last year despite and almost 100 emergency room visit drop year over year (most inpatient admissions come from ED visits).

Building for the Future:

- We have a punch walk on Monday 6/30 for the specialty clinic, getting very close to completion.
- Most bids are in for the EMS building with a few areas needing some work and possibly rebids.
- Working on final testing for time and attendance with our UKG implementation. Should be live in September.
- Making progress on bringing urology, cardiology, and ENT to our new specialty clinic. ENT will be starting in September. Our new orthopedic surgeon, Dr. James Dahl will be starting his practice here in early September along with our new pediatrician Dr. Emily Reynolds.

|  | | 2025 BOARD OF COMMISSIONERS KPI DASHBOARD | | | | | | | | | | | |
|---|--------|---|--------------------------|-------------------------------|-----------------------------|------------|-----------------|--------|--------|--------|--------|--------|--------|
| | | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 |
| KPI-3-1-1 - Employee Promoter Score (EPS) methodology will be developed by 1/1/2025 and implemented by 3/1/2025, with a survey to be distributed by 3/1/2025 | LOUISE | EPS developed | | Will deploy in April | | | | | | | | | |
| KPI-4-1-1 - LCH administrative team will provide monthly informational updates to all district employees by 11/1/2025 - in the form of written / audio / video / or in person communication. | AARON | planing phase | planing phase | planing phase | planing phase | 100% | | | | | | | |
| KPI-5-1-2 - Policy owners will complete and or update the following percentage of policies according to the new policy writing guidelines by July 31, 2025 <ul style="list-style-type: none"> • 1-10 policies - 100% • 11-20 policies - 65% • 21-30 policies - 45% • 31-40 policies - 30% • 41-50 policies - 25% • 51-60 policies - 20% • 61 + policies - 10% | LOUISE | | | | | | | | | | | | |
| KPI-6-1-1 - The Aggregate Quality Score will be revised to include at least 2 new metrics for 2025 performance period by 12/1/2025. Tracking of new metrics to begin 1/1/2025. | LOUISE | 70% | 74% | 44% | 56% | 72% | | | | | | | |
| KPI-6-2-1 - Monthly Board Quality Rounding with scheduled departments completed | LOUISE | Radiology | Rehab/ Surgical Services | Lab/Radiology/ Patinet Access | Business Office/HIM Finance | N/A | | | | | | | |
| KPI-8-1-1 - The Master Facilities Plan will receive an update based on current projects with a focus on 5-10-year growth, completed by 6/1/2025 | SHAWN | | | | | | | | | | | | |
| KPI-8-1-2 - Track progress on active projects per plan - | SHAWN | | | | | | | | | | | | |
| SCC | | track to plan | track to plan | track to plan | track to plan | transition | opening | | | | | | |
| EMS BUILDING | | track to plan | track to plan | track to plan | track to plan | permit | ground breaking | | | | | | |
| STAFF HOUSING | | track to plan | track to plan | track to plan | Cliff house reno complete | | | | | | | | |
| OTHER PROJECTS TBD - | | | | | | | | | | | | | |
| KPI-10-1-1 - Days in AR will decrease to 60 days by October 2024 and 50 days by end 0f 2024? | BRANT | 61 | 56 | 67 | 61 | 60 | | | | | | | |
| KPI-10-2-1 - Report Days cash on hand Maintain 100-120 during capital projects through 2025. | BRANT | 118 | 118 | 103 | 114 | 107 | | | | | | | |
| KPI-10-3-1 - Monthly haul Reported to the Board on a Monthly basis | BRANT | \$ 248,320 | \$ 430,314 | \$ 136,782 | \$ 32,543 | \$ 223,330 | | | | | | | |

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

RESOLUTION No. 2025-7
Disposal of Radios & Equipment

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 Emergency Medical Services (EMS) Department has conducted a review of its equipment inventory and has identified the following items as surplus to departmental needs:

- **Twenty-eight (28) Kenwood TK-5220-K portable radios**, identified by Asset Tag Numbers: 9494, 9493, 9492, 9491, 9490, 9489, 9488, 9487, 9486, 9485, 9484, 9483, 9482, 9627, 9628, 9629, 9630, 9631, 9632, 9633, 9634, 9635, 9636, 9637, 9638, 9639, and 9640;
- **Ten (10) Kenwood TK-5220-K portable radios** that do not have asset tags;
- **Seven (7) Kenwood TK-5720 mobile radios** that do not have asset tags;
- **Six (6) Bank radio chargers**

WHEREAS, an assessment has determined that these radios are 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 items described above are declared surplus and authorized for disposal.

The disposal shall be conducted through the following approved method:

- **Donation** – If in usable condition, the ventilators may be donated to an eligible nonprofit organization, community health clinic, or government entity.

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 30th day of June 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. 2025-8
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 Emergency Department (ED) has identified metal irrigation device with attachments, asst tag #07397

WHEREAS, an assessment has determined that the item(s) 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 item(s) 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 30th day of June 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. 2025-8
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 department (IT) has identified 139 Desktop Telephones Model number 1140E IP, see attachment for serial numbers and asset tags

WHEREAS, an assessment has determined that the item(s) is no longer needed for business practice 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 item(s) described above are declared surplus and authorized for disposal.

The disposal shall be conducted through the following approved method:

- **Recycling or Disposal** – If the desktop phones 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 30th day of June 2025, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

| Phone Serial Numbers | Asset Tag |
|----------------------|--------------------|
| NNTMDF00RPF3 | NA |
| 11WZ08250CSS | NA |
| NNTMDF05CGNS | NA |
| 84LOCM | NA NA |
| 02SH54 | NA NA |
| 05L9DM | NA |
| 05FK0E | NA |
| 05HN1X | NA |
| 10WZ48259571 | NA |
| NNTMDF05LNDD | NA |
| 03WL4M | NA |
| 00PG7V | NA |
| 13WZ13470AN4 | NA 4561 |
| NNTMDF05LN97 | NA |
| 11WZ1235032W | NA |
| 13WZ13470AN4 | 4561 |
| NNTMDF00PG7V | NA |
| 11WZ08250BCN | NA |
| NNTMDF05LVBT | NA |
| 11WZ123502WT | NA |
| NNTMDF05KF2G | NA |
| 050681 | NA |
| 05MH40 | NA |

| Phone Serial Numbers | Asset Tag |
|----------------------|-----------|
| 11WZ123502LM | NA |
| NNTMDF04MGL | NA |
| NNTMDF031FIF | 4547 |
| no serial # | 4546 |
| NNTMDF05LVR9 | N/A |
| NNTMDF01H6PF | N/A |
| NNTMDF05H30P | N/A |
| NNTMDF04T4E5 | N/A |
| NNTMDF05LTEK | N/A |
| NNTMDF04TCFH | N/A |
| NNTMDF04HD1L | N/A |
| 12WZ446707AH | N/A |
| NNTM74XTE44C | N/A |
| 11WZ08250BC9 | 4568 |
| 11WZ082500SL | NA |
| NNTM74XT9XDR | NA |
| NNTMDF04HD39 | N/A |
| NNTMDF05XW9W | NA |
| 11WZ123502LF | N/A |
| NNTMDF04MH1N | N/A |
| 10WZ51053762 | N/A |
| NNTMDF04V6H6 | NA |
| 13WZ13470AEF | N/A |

-yanell:

| Phone Serial Numbers | Asset Tag |
|----------------------|-----------|
| ✓ 13WZ04570C8W | N/A |
| ✓ NNTMDF05HHT4 | 4566 |
| ✓ NNTMDF05LMLM | N/A |
| ① NNTMDF04MBN2 | NA - |
| 11WZ08250A44 | NA |
| NNTMDF05F7RT | N/A |
| NNTMDF05FJX4 | N/A |
| 10WZ48453687 | N/A |
| NNTMDF060FTD | N/A |
| NNTMDF04X7GF | N/A |
| 11WZ50560524 | N/A |
| NTYS05BFE6 | N/A |
| NNTMDF01505E | NA |
| 11WZ08250B82 | NA |
| NNTMDF05H597 | N/A |
| NN+MDF05LVPC | 4577 |
| NNTDMDF05H27C | N/A |
| NNTDMDF05GM2G | NA |
| 10WZ51650984 | N/A |
| NNTMDF05FHKX | N/A |
| NNTMDF00R6AF | N/A |
| NNTMDF04G7TK | NA |
| 12WM16400927 | NA |

- Samez

- sheri

- Jane J.

- Tera

TR

| Phone Serial Numbers | Asset Tag |
|----------------------|-----------|
| NNTMDF04TCRN | NA |
| NNTMDF059RRF | NA |
| NNTMDF041FDL | NA |
| NNTMDF03NL4W | NA |
| NNTMDF00PRWD | N/A |
| 00:1B:BA:F8:73:69 | NA |
| NNTMDF04TCHT | N/A |
| NNTMDF00N9GF | NA |
| NNTMDF03UHH6 | NA |
| 13WZ151700UY | NA |
| 6C:FA:58:25:16:94 | NA |
| NNTMDF05LT3M | |
| NNTMDF050652 | |
| NNTMDF04TCLP | |
| NNTMDF02FDW6 | 4560 |
| NNTMDF00NDFX | |
| 12WZ20060523 | |
| NNTMDF00RLYF | NA |
| 13WZ151700D | N/A |
| 13WZ151700HS | 4590 |
| 11WZ08250BLW | N/A |
| 13WZ090702DX | NA |
| NNTMDF0366KN | NA |

6919

| Phone Serial Numbers | Asset Tag |
|----------------------|-----------|
| NNTMDF00TFFF | N/A |
| NNTMDR04M9V3 | N/A |
| 11WZ123502UF | N/A |
| 13WZ232703QG | N/A |
| NNTMDF04TCPM | N/A |
| NNTMDF061J3H | N/A |
| NNTMDF0061J39 | N/A |
| 11WZ123502D5 | N/A |
| NNTMDF04V5G7 | N/A |
| 11WZ091503KV | N/A |
| 11WZ133506Y7 | N/A |
| NNTMDF03VHH4 | N/A |
| 11WZ091502RT | N/A |
| NNTMDF04T51K | N/A |
| NNTMDF01H3Y6 | N/A |
| 11WZ07561263 | N/A |
| 12WZ4807000P | N/A |
| NNTMDF05LXR2 | N/A |
| 11WZ133506XZ | N/A |
| NTYS05BCE6 | N/A |
| NNTMDF05HH9Y | N/A |
| 11WZ03250AF4 | N/A |
| NNTMDF041E55 | N/A |

| Phone Serial Numbers | Asset Tag |
|------------------------|-----------|
| NNTMDF05L9WE | N/A |
| 05LNE8 | N/A |
| 05HMLV | N/A |
| 05HHYR | 4569 |
| 01H72H | NA |
| 07561500 | 4576 |
| 060F4G | NA |
| 02TPEN | NA |
| 07558154 | 4586 |
| 05LTR1 4569 | 4569 |
| 02F39N | NA |
| 0281FX | NA |
| 12WZ19260AB4 | NA |
| 11WZ08250B9H | NA |
| 12WZ1546044B | NA |
| NNTMDF05LT84 | NA |
| NNTMDF05JXK | NA |
| 05LVRF | NA |
| 044MIX | NA |
| 11WZ07561160 | NA |
| NNTMDF04TCX6 | NA |
| 15WZ366702XZ | NA |
| NNTMDF021JXK | NA |

Draft June 11, 2025 Note: This list will be inserted under the "Procedure" heading in the Board Orientation

Policy document.

A. Mandatory State Training and Reporting

I. Public Hospital Law

- i. Open Government Overview and General Principles
- ii. Public Records Act Basics - RCW 42.56
 1. Open Government Training (RCW 42.56.150) is required to be completed within 90 days of election or appointment. Commissioners must complete retraining at least every 4 years while in elected office.
 2. Open Public Meetings Act - RCW 42.30
- iii. Records Management and Retention Basics
- iv. Conflict of Interest Policy- annual signature required - RCW 43.160.040
- v. F-1 Commissioners shall also submit to the Washington State Public Disclosure Commission all required annual personal financial report(s) (i.e. form F-1) no later than April 15 each year.

B. Board Responsibilities

- i. Board Member and Board Chair Job Descriptions
- ii. Board Bylaws
- iii. Board and Hospital District Policies - See Attachment A and PolicyStat [for more information](#)
 1. Board of Commissioner's Policy and Procedure Regarding Ethical and Legal Matters
 2. Governing Board Orientation Policy
 3. Community Relations of the Board of Commissioners
 4. Board of Commissioners Policy Review Guidelines
 5. Board of Commissioners Continuing Education (CAH)
 6. Board Health Equity Policy
- iv. Board and CEO Decision Matrix Policy
- v. Board Self-Evaluation
- vi. Board Performance Pillar
- vii. CEO Job Description, Evaluation Plan and Incentive Plan
- viii. Boards Role in Compliance
- ix. Board Committees & Charters
 1. Finance
 2. Quality
 3. Governance (ad hoc)
 4. Credentialing – Policy & Process
 5. Vouchers/Warrants (monthly task – no meeting)

C. Administrative Matters

- I. Board Member Code of Conduct – annual signature required
- II. Liability Coverage: see certificate of liability
- III. Remuneration (at current rate established by Washington State), payroll procedure/form
- IV. Using BOC Sharepoint, PolicyStat [and Relias](#)
- V. Human Resources Onboarding

D. General Hospital Overview

I. Mission & Values

II. Management Team

- i. Attend Executive Staff Team Meeting (within first 90 days). CEO or designee to provide overview and arrange as appropriate Board member attendance at entire or part of one meeting.
- ii. Organizational Chart- CEO or designee to provide overview and copy of chart.
- iii. Departmental Orientation- CEO or designee to provide overview of all departments.
 1. Hospital & Clinic/Express Care
 - a. Human Resources
 - b. Financial/Operational Statistics
 - c. Operations & Non-Operations Capital Budgets
 - d. Legal/Personnel/Contractual Matters
 - e. Quality/Risk Management Matters
 - f. Strategic Planning & current dashboard
 - g. Programs & Services
 - h. Tour of Hospital and Clinics/Express Care
 - i. Security Awareness Training (Cyber Security)
 - j. Employee Appreciation Committee

III. Healthcare Regulatory Overview

IV. Medical Staff

- i. Medical Staff Bylaws
- ii. Medical Staff Roster
- iii. Medical Staff Meeting

V. Foundation & Hospital Guilds

- i. Health and Wellness Foundation, contacts
- ii. Hospital Guilds: B, Y, contacts

E. State Associations

I. Washington State Hospital Association (WSHA)

II. Association of Washington Public Hospital Districts (AWPHD)

F. Board Orientation and Training Resources - See Attachment A

LCH Board Orientation Documents as of June 3, 2025 and recommended revision 6.11.25.

[LCH Medical Staff Effective October 15, 2024](#)

A Community Leader's Guide to Hospital Finance.pdf [by National Academy for State Health Policy, 2020. May 27 2025](#)

Association of Washington Public Hospital Districts (AWPHD) Resources.url

~~AWPHD Commissioner Guide.url needs update
May 27, 2025~~

Board Contact List.url

~~Board Policies.url need to verify list is current
April 12, 2023~~

Board Task Calendar, Responsibility Assignments, & Policy list.url

DNV_NIAHO_Accreditation_Requirements_CAH_Rev25-0.pdf

Executive Session RCW.url
[Executive Session Checklist by MRSC.org.](#)

Governing Board Bylaws [approved 2025](#).url

Open Public Meeting Act Tips and Checklist.url [per MRSC-.org](#)

Practical Guidance for Health Care Governing Boards on Compliance Oversight.url [by US Office of the Inspector General, April 20, 2015.](#)

Resolution 626 CEO Administrative Duties.pdf
[See Board and CEO Decision Matrix Policy approved December 9, 2024 as replacement for Exhibit A.](#)

Washington State Hospital Association (WSHA).url