



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

7/29/25



Chelan County Public Hospital District No. 2
 Regular Meeting of the Board of Commissioners
 July 29, 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/ Changes to Agenda	J. LaPorte	
1:31	2. Public Comment		
1:40	3. Chair Report	J. LaPorte	
1:45	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 6/30/2025(FM) B. Governance Committee Meeting Minutes 7/2/25 (FA) C. Governance Committee Meeting Minutes 7/8/25 (FA) D. Warrants & Vouchers (FM) E. Bad Debt & Charity Care (FM) F. Finance Committee Minutes 7/23/2025 (FA)
1:50	5. Executive Session		A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.44.062
2:05	6. Reports	J. Barich, S.Freed B. Truman A. Edwards S. Ottley Commission D. Gibson	A. Med Staff Report & Credentialing (FM) B. Financial Committee Report (FA) C. CEO Report (FI) D. Strat Plan KPI Report (FI) E. Community Connections (FD) F. Board Education Topic (FI)
3:20	7. Old Business	S. Ottley Commission	A. Specialty Clinic & EMS Capital Project Update (FI) i. Bid Review update B. Policies i. Board Orientation Policy (FD) ii. Board Committee Charters (FD)
4:00	8. New Business	Commission S. Ottley	A. Resolutions i. 2025-7 Disposal Radios & Equipment (FM) ii. 2025-8 Disposal of ED equipment (FM) iii. 2025-9 Disposal of Handheld Telephones (FM) iv. 2025-10 Specialty Clinic Change Fund B. Strat Planning Debrief (FD)
4:25	9. Public Comment		
4:30	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:

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

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

10/9/2025	Med Staff	Bragg Room/ TEAMS	7:30-8:30am
10/9/2025	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
10/16/25	Special Board Meeting: Budget Workshop	Bragg Room	9:00 am
10/23/2025	Finance Committee	Bragg Room/ TEAMS	10 am
10/28/2025	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 June 30, 2025 at 1:30 pm
in person and via Microsoft TEAMS**

Commission Attendance:

(not present present)

<input checked="" type="checkbox"/> Jordana LaPorte, Chair <input checked="" type="checkbox"/> Lori Withrow, Vice Chair	<input checked="" type="checkbox"/> Mary Murphy, Secretary <input checked="" type="checkbox"/> Doug Gibson	<input checked="" type="checkbox"/> Len England
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Staff Participants: A. Edwards, B. Truman, R. Montgomery, J. Barich, M. Miller, A. Benegas, J. Sweeney

Guests: Martin Yanushev (EdieBailey), Dr. Scott Hippe (LCH Chief of Staff)

Community Members: Nate Mote, Anna Moroz

Recorder: Mary Murphy

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at 1:30 pm and recited the mission statement.
2. Public Comment	<ul style="list-style-type: none"> • No Public Comment
3. Chair’s Report	<ul style="list-style-type: none"> • L. Porte appreciated the Board, CEO and COO attending the WA Rural Hospital Leadership conference last week in Chelan. Governor Ferguson issued a proclamation that last week was Public Hospital District Week.
4. Consent Agenda	<ul style="list-style-type: none"> • <i>D. Gibson motioned to approve the consent agenda, seconded and motion carried.</i>
5. Reports	<ul style="list-style-type: none"> • Chief of Staff Report: Dr. Hippe provided his written and oral quarterly report of Med Staff activities. • A. Edwards introduced Dr. Stu Freed as new Chief Medical Officer. • DOP Review: Discussed progress on Family Medicine DOP document. Dr. Hippe added three introductory sentences about methodology to the document, and D. Gibson suggested minor edits. D. Gibson moved, "to approve delineation of privileges for Family Medicine as discussed and amended. Second, the motion carried.
6. Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced Executive Session at 2:08 pm for 15 minutes to end at 2:24 pm for: RCW 70.44.062 and RCW to consider information regarding staff privileges or 42.30.110(1)(o) quality improvement committees. <ul style="list-style-type: none"> ○ Executive session ended at 2:24 pm. ○ L. Withrow stated the Credentialing Committee has reviewed all applicants that met the core criteria, and we recommend that "Juergen Lang be recommended for medical staff membership and CRNA Mark Bennett has declined to renew his privileges with LCH". Second, the motion carried.
7. Reports	<ul style="list-style-type: none"> • Finance: <ul style="list-style-type: none"> ○ Martin Yanushev, CPA, Eide Bailly, presented the 2024 Audit Report. GASB 101, in effect since Dec 15, 2023, affects how sick leave benefit is accounted for in 2024. Will continue to finalize the report to bring to Board in the future. ○ Medicare/Medicaid cost report- B. Truman will run a zero-balance report to send a

	<p>true LCH payer mix to the Board. LCH has about 25-30% commercial mix.</p> <ul style="list-style-type: none"> ○ B Truman reported that due to supply chain issues, LCH must order a new ambulance now with 3-year lead time. \$470,000 cost to be paid now to deliver it by 2028. We must also order a long-haul ambulance in 2027. ○ B Truman presented conservative Pro-Formas for ENT and Urology services. Dr. Freed mentioned the possible need for another CRNA. Cardiac service feasibility is underway. ○ Board discussed the Compass program (RPG)-Tele ED/Hospitalist Support. Will improve patient and Hospitalist access to consultations with nephrologist, pulmonologist, intensive care and infectious disease specialist. No cost in Year One, and \$3000 per month after the first year. ○ D. Gibson motioned to "move forward with efforts to establish a service line for Urology and a separate service line for ENT". Seconded and motion carried. ○ New billing software to be initiated in the next 90 to 120 days will improve billing accuracy and two-way texts with financial counselors with potential to enable text payments. The new phone tree will improve patient direct access to billers and more efficient communication with financial counselors. Discussed use of new AI tool to improve billing efficiencies. LCH will inform patients that the new Specialty Clinic is a provider-based clinic, resulting in higher costs. Patients will be able to more easily get estimates of procedural costs, that will involve both facility and professional fees. ○ B. Truman presented the unaudited May 2025 finance report. <ul style="list-style-type: none"> ▪ L. Withrow motioned to accept the unaudited May 2025 Finance Report; second motion approved. · ● CEO Report: A. Edwards presented the CEO Report and shared the following key updates: <ul style="list-style-type: none"> ○ It will take some time to know the details of federal legislation OBBBA and local impact (more burdensome to get paid, less reimbursement?). We must learn what we can absorb. Concerns about possible 10% federal penalty due to WA Medicaid expansion for immigrants. Could mean \$740 million cut to WA hospitals. Concerns about cuts to large tertiary centers as well. Chelan Indivisible Health Care Committee seeks facts about the impact of federal and state funding decisions on local health care systems to share with our community. ○ A. Edwards, J. LaPorte and D. Gibson met today with representatives of UW Residency Program and CVCH to encourage flexibility in the MOU. One year contract in place now. UW plans to arrange an audit of the Residency Program services to ensure these continue to meet ACGME criteria and residency program requirements. ● Strat Plan KPI Report: S. Ottley reviewed the KPI dashboard. ● Dr. Kalliath, Hospitalist, was invited to join the meeting and responded to Board questions about DOP and the benefits of the new Compass program. He is meeting with staff and arranging educational sessions with UW Residents. ● Community Connection Opportunities: Board, CEO and COO attended the WA Rural Health Leadership conference last week. EMS 50th anniversary event 4-6 pm July 28. Specialty Clinic opening noon July 29. Guild B Cruise coming up. ● Board Education: J. LaPorte facilitated board comments about the state rural hospital conference. She presented handouts and information on the board Duties of Care, Loyalty and Obedience and what the board is, and is not responsible for.
8. Old Business	<ul style="list-style-type: none"> ● Specialty Clinic & EMS Capital Project Update: <ul style="list-style-type: none"> ○ S. Ottley reported Specialty Clinic received City of Chelan Certificate of Occupancy today. Staff can now place furnishings, equipment and supplies and train staff in the new location, to provide services starting Aug 1. ○ EMS project bidding is underway.

	<ul style="list-style-type: none"> • Strategic Planning: S Ottley sent draft July 22 agenda today.
<ul style="list-style-type: none"> • New Business 	<ul style="list-style-type: none"> • Resolution: <ul style="list-style-type: none"> ○ The Board agreed to postpone the vote on these Resolutions until the next meeting. Edits and corrections were suggested. • Policies <ul style="list-style-type: none"> ○ The board provided feedback on draft Board Orientation policy items. The board agreed that adding specific positions in lead roles to cover specific topics and adding a Board member mentor role might help new Board members with onboarding. The Governance Committee will bring an updated draft to the next meeting.
9. Public Comment	<ul style="list-style-type: none"> • No Public Comment
10. Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced executive session at 5:30 pm for 30 min to end at 6:00pm for RCW 42.30.110(1)(g) to evaluate the performance of a public employee. <ul style="list-style-type: none"> ○ Executive Session ended at 6:00 pm
11. Roundtable/Action Items	
12. Adjournment	<ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 6:16 pm

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO



LAKE CHELAN HEALTH

MEETING Minutes

Name of Group: Governance Committee	Date of Meeting: 7/2/25	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. review and update Attachment A list in the policy and other materials for Board review July 28.	<p>2. Committee: a) suggested criteria for Attachments in all Board policies to recommend to Board: Attachment should be used for essential content only, have a link to PolicyStat for each policy, if in Sharepoint also as a working copy, put link there to take reader to PolicyStat to find current approved policy.</p> <p>b)set Governance Committee agenda items for July 8 committee meeting.</p> <p>c) identified need to add links to state trainings list in policy.</p> <p>d) discussed need for Charters for all Board Committees and where to file Charters for BOC access. Lori will bring item to July 28 regular Board meeting agenda.</p> <p>3. Next Steps: Mary to update policy format, and insert lead roles for each topic. Committee to continue update of policy with Exec Secretary in July 8, 2025 Governance Committee meeting. and recommend policy revisions to the Board by August 2025.</p>
9:26 am	3. Adjournment	

Next meeting: July 8, 2025



LAKE CHELAN HEALTH

MEETING MINUTES

Name of Group: Governance Committee	Date of Meeting: 7/8/25	Time of Meeting: 10:00 am
Facilitator: Mary Murphy		Location: Bragg Room
Recorder: Mary Murphy		
Members present:		
X BOC Representative (Mary Murphy)		X BOC Representative (Lori Withrow)
Other: {other attendees or guests}		
Wendy Kenck, Executive Secretary		
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
10:00 am	1. Call to Order	
10:00 am	2. Review and update Board orientation policy and materials with Executive Secretary	2. Revised Policy document and Attachment A to recommend policy revisions to the Board by August 2025. (FD) Revised version to be sent to Policy Management Committee for review. a) W. Kenck to add links to resources list in Attachment A. 3. Committee to work on Board Committee Charters (purpose, composition, authority, etc.), Board member job description, guidance how to count Board hours in future Committee meetings. 4. Wendy to develop a Board orientation checklist in the future.
11:25 am	3. Adjournment	
Next meeting: TBD		

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - July 2025	WARRANT#'S PAYROLL	AMOUNT	pay period
240391	\$ 15,632.10			DIRECT DEPOSIT	\$ 622,369.50	6/14/2025
AP ACH	\$ 12,970.90			PAYROLL TAXES	\$ 228,960.50	6/14/2025
240392-240451	\$ 606,307.60			CHILD SUPPORT	\$ 444.91	6/14/2025
240452-240520	\$ 324,506.01			DIRECT DEPOSIT	\$ 617,849.85	6/28/2025
AP ACH	\$ 42,584.86			PAYROLL TAXES	\$ 219,772.83	6/28/2025
240521-240586	\$ 332,745.22			CHILD SUPPORT	\$ 334.61	6/28/2025
AP ACH	\$ 21,577.40			DIRECT DEPOSIT RETURN	\$ (3,645.39)	6/28/2025
DOR	\$ 15,655.06			77541	\$ 3,645.39	6/28/2025
retirement	\$ 63,269.22					
AP ACH	\$ 89,294.47					
240587-240649	\$ 686,655.70					
IDAHO TAXES	\$ 799.00					
AP ACH	\$ 49,447.11					
240650-240729	\$ 343,069.15					
240730-240751	\$ 28,792.57					
RETIREMENT	\$ 59,714.70					
AP ACH	\$ 15,975.82					
240752-240816	\$ 782,504.14					
	\$ 3,491,501.03				\$ 1,689,732.20	

DATE June 2025

TOTAL BAD DEBTS - HOSPITAL \$255,477.01
TOTAL MEDICARE BAD DEBTS \$4,345.97
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$37,217.35
TOTAL MEDICARE CHARITY CARE - \$4,842.40

TOTAL ATTESTATION \$301,882.73

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 _____

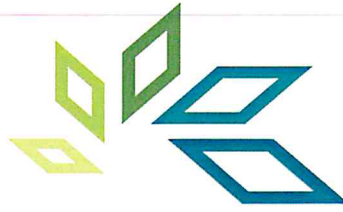


MINUTES

Group: Finance Committee 6/26/25, 10AM in person and via Teams		
Facilitator: Jordana Laporte		Recorder: B. Truman
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: Vickie Bodle, Sam Nau, Rhianna Montgomery, Marcus Miller, Tara Lautiki Guests:		

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 1015 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"> • The committee discussed Resolutions 7,8,9,10 related to dissolution of assets. • S. Nau discussed Revenue Cycle improvements
<ul style="list-style-type: none"> • <i>Old Business</i> 	<ul style="list-style-type: none"> • B. Truman reviewed Medicaid changes at the federal level
<ul style="list-style-type: none"> • Reports 	<ul style="list-style-type: none"> • V. Bodle presented the unaudited June 2025 Financial Statement.
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 1145 am



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended June 30, 2025

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Balance Sheet
Lake Chelan Health

	Current Month 6/30/2025 unaudited	Prior Year 12/31/2024 AUDITED	Prior Year 6/30/2024 Unaudited
ASSETS:			
CASH	78,221	\$ 643,632	\$ 547,076
PATIENT RECEIVABLES	14,882,611	13,092,459	\$ 12,710,385
LESS: RESERVES FOR ALLOWANCES	<u>(7,678,975)</u>	<u>(6,580,569)</u>	<u>\$ (6,900,282)</u>
NET PATIENT ACCOUNTS RECEIVABLES	7,203,635	6,511,890	5,810,103
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	187,274	(83,101)	38,012
OTHER RECEIVABLES	376,874	620,190	(27,194)
INVENTORIES	337,731	334,014	322,389
PREPAID EXPENSES	486,400	366,593	300,549
TOTAL CURRENT ASSETS	<u>\$ 8,670,136</u>	<u>\$ 8,393,219</u>	<u>\$ 6,990,935</u>
GENERAL RESERVES	\$ 1,997,284	1,341,519	\$ 2,290,158
Unrestricted Reserves	\$ 6,336,762	6,405,615	\$ 3,599,549
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	50,007	50,002	\$ -
TOTAL LIMITED USE ASSETS	<u>\$ 12,933,977</u>	<u>\$ 12,347,060</u>	<u>\$ 10,302,831</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,620,195
LAND IMPROVEMENTS	0	0	\$ 5,222,565
BUILDINGS & IMPROVEMENTS	10,390	10,390	\$ 996,641
EQUIPMENT	8,785,562	8,633,374	\$ 9,793,214
SOFTWARE	2,372,614	2,172,425	\$ 2,161,147
NEW HOSPITAL	44,757,019	44,757,019	\$ 44,718,237
LOCUM HOUSING	691,665	635,382	\$ -
GASB 87 BUILDINGS AND EQUIPMENT	4,955,878	3,337,478	1,642,567
CONSTRUCTION-IN-PROGRESS - PROJECTS	3,393,082	908,664	\$ 210,544
CONSTRUCTION-IN-PROGRESS - HOSPITAL	64,927	8,750	\$ 14,484
GROSS PROPERTY, PLANT, & EQUIPMENT	69,164,982	64,597,328	69,379,595
LESS: ACCUMULATED DEPRECIATION	<u>(15,295,210)</u>	<u>(13,690,671)</u>	<u>\$ (19,444,525)</u>
GASB 87 AMORTIZATION	<u>(1,460,010)</u>	<u>(1,176,062)</u>	<u>(522,446)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 52,409,762</u>	<u>\$ 49,730,594</u>	<u>\$ 49,412,624</u>
DEFERRED ITEMS	\$ 1,454,350	1,463,982	\$ 2,471,165
TOTAL ASSETS	<u>\$ 75,468,225</u>	<u>\$ 71,934,856</u>	<u>\$ 69,177,555</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 763,327	(284,049)	573,345
ACCRUED PAYROLL	925,672	1,378,103	745,258
ACCRUED VACATION/HOLIDAY/SICK PAY	704,187	559,865	966,822
PAYROLL TAXES PAYABLE	171,195	160,605	58,023
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,534,559	2,427,285	1,029,963
INTEREST PAYABLE	90,476	91,605	92,651
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,129,475	1,129,475	1,046,831
LINE OF CREDIT	0	0	0
TOTAL CURRENT LIABILITIES	<u>\$ 5,318,892</u>	<u>\$ 5,462,890</u>	<u>\$ 4,512,893</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,351,063	18,358,310	18,712,669
2013 BONDS	4,286,014	4,283,436	4,660,857
USDA LOANS	18,320,390	17,682,789	17,924,700
LEASES	3,254,731	1,495,940	2,090,779
PAID LEAVE - LT PORTION	147,000	147,000	200,959
2025 BONDS	1,392,555		
TOTAL LONG TERM LIABILITIES	<u>\$ 45,751,752</u>	<u>\$ 41,967,474</u>	<u>\$ 43,589,965</u>
DEFERRED ITEMS	\$ 4,064,873	4,337,938	3,922,975
TOTAL LIABILITIES	<u>\$ 55,135,517</u>	<u>\$ 51,768,302</u>	<u>\$ 52,025,833</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 20,161,689	17,126,756	17,124,250
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>171,018</u>	<u>3,039,798</u>	<u>27,472</u>
TOTAL NET ASSETS	<u>\$ 20,332,708</u>	<u>\$ 20,166,554</u>	<u>\$ 17,151,722</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 75,468,225</u>	<u>\$ 71,934,856</u>	<u>\$ 69,177,555</u>

property taxes are accrued over 12 months

Statement of Revenue and Expense

Lake Chelan Health

For the month ended June 30, 2025

	CURRENT MONTH				Prior Year 06/30/24
	Actual 06/30/25	Budget 06/30/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 602,359	\$ 755,990	(153,631)	-20%	\$ 561,253
OUTPATIENT	6,498,381	5,924,490	573,891	10%	5,220,050
TOTAL PATIENT SERVICE REVENUES	<u>7,100,741</u>	<u>6,680,480</u>	<u>420,261</u>	6%	<u>5,781,303</u>
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(3,040,981)	(2,763,232)	(277,749)	10%	(2,474,530)
BAD DEBT	(259,823)	0	(259,823)	0.00%	(80,002)
CHARITY	(42,060)	0	(42,060)	0.00%	(28,662)
TOTAL DEDUCTIONS FROM REVENUES	<u>(3,342,864)</u> 47.1%	<u>(2,763,232)</u> 41.4%	<u>(579,632)</u>	-21%	<u>(2,583,194)</u> 44.7%
NET PATIENT SERVICE REVENUES	<u>3,757,877</u>	<u>3,917,248</u>	<u>(159,371)</u>	-4%	<u>3,198,109</u>
OTHER OPERATING REVENUES	<u>148,364</u>	<u>22,417</u>	<u>125,947</u>	562%	<u>55,453</u>
TOTAL OPERATING REVENUES	<u>3,906,240</u>	<u>3,939,664</u>	<u>(33,424)</u>		<u>3,253,562</u>
OPERATING EXPENSES					
SALARIES/WAGES	1,788,712	1,860,208	71,496	4%	1,605,197
EMPLOYEE BENEFITS	410,480	403,029	(7,451)	-2%	320,482
PROFESSIONAL SERVICES	332,449	261,209	(71,240)	-27%	153,092
FOOD SUPPLIES	23,980	19,329	(4,651)	-24%	21,256
MINOR EQUIPMENT	10,189	31,093	20,905	67%	14,303
SUPPLIES	215,789	251,648	35,859	14%	253,552
PLANT UTILITIES	27,984	30,254	2,271	8%	27,844
PURCHASED SERVICES	448,328	327,951	(120,377)	-37%	338,259
REPAIR/MAINTENANCE	80,247	100,412	20,165	20%	83,457
PUBLIC RELATIONS/RECRUITM	779	13,009	12,230	94%	3,378
RENT/LEASES	35,767	61,633	25,866	42%	71,913
INSURANCE	39,554	45,774	6,220	14%	14,578
LICENSES/TAXES	15,865	31,325	15,461	49%	29,691
DUES/SUBSCRIPTIONS/OTHER	66,784	67,200	415	1%	43,842
TRAVEL/TRAINING	17,103	14,736	(2,367)	-16%	13,061
DEPRECIATION	292,161	362,973	70,812	20%	311,044
AMORTIZATION	63,184				
TOTAL OPERATING EXPENSES	<u>3,869,354</u>	<u>3,881,783</u>	<u>75,612</u>	1.9%	<u>3,304,949</u>
NET OPERATING SURPLUS (LOSS)	36,886	57,881	(20,995)		(51,387)
NON-OPERATING REVENUES	355,954	256,233	99,721		474,741
TAXES					
INTEREST					
GIFTS & GRANTS	123,297		123,297		
OTHER	0	0	0		0
NET INCOME	<u>516,138</u>	<u>314,114</u>	<u>202,024</u>		<u>423,354</u>
margin	13.2%	8.0%			13.0%
TOTAL NET INCOME (LOSS)	\$ 516,138	\$ 314,114	202,024		\$ 423,354

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

For the month ended June 30, 2025

	YEAR-TO-DATE				Prior Year 06/30/24
	Actual 06/30/25	Budget 06/30/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 3,874,190	\$ 4,098,760	(224,571)	-5%	\$ 3,627,347
OUTPATIENT	31,511,461	32,120,870	(609,409)	-2%	27,717,205
TOTAL PATIENT SERVICE REVENUES	35,385,651	36,219,631	(833,980)	-2%	31,344,553
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(13,731,998)	(14,981,446)	1,249,447	-8%	(12,385,918)
BAD DEBT	(815,952)	0	(815,952)	0.00%	(787,465)
CHARITY	(534,338)	0	(534,338)	0.00%	(388,227)
TOTAL DEDUCTIONS FROM REVENUES	(15,082,288)	(14,981,446)	(100,842)	-1%	(13,561,610)
	42.6%	41.4%			43.3%
NET PATIENT SERVICE REVENUES	20,303,363	21,238,185	(934,822)	-4%	17,782,942
OTHER OPERATING REVENUES	302,449	134,500	167,949	125%	214,250
TOTAL OPERATING REVENUES	20,605,812	21,372,685	(766,873)	-4%	17,997,192
OPERATING EXPENSES					
SALARIES/WAGES	10,803,889	11,223,255	419,366	4%	9,710,042
EMPLOYEE BENEFITS	2,295,456	2,431,609	136,153	6%	1,928,544
PROFESSIONAL SERVICES	1,717,514	1,567,255	(150,259)	-10%	691,465
FOOD SUPPLIES	128,318	115,975	(12,343)	-11%	108,388
MINOR EQUIPMENT SUPPLIES	89,485	186,560	97,075	52%	334,837
PLANT UTILITIES	176,077	181,525	5,448	3%	214,851
PURCHASED SERVICES	2,640,633	1,967,704	(672,930)	-34%	1,880,756
REPAIR/MAINTENANCE	560,078	602,473	42,395	7%	540,528
PUBLIC RELATIONS/RECRUITMENT	53,855	78,053	24,198	31%	43,402
RENT/LEASES	253,487	369,799	116,312	31%	396,781
INSURANCE	252,619	274,646	22,027	8%	214,507
LICENSES/TAXES	149,211	187,952	38,741	21%	124,895
DUES/SUBSCRIPTIONS/OTHER	366,098	403,198	37,100	9%	269,783
TRAVEL/TRAINING	52,700	88,417	35,716	40%	62,121
DEPRECIATION	1,754,997	2,177,837	422,839	19%	1,899,993
AMORTIZATION	363,248	0	(363,248)		
TOTAL OPERATING EXPENSES	22,804,739	23,220,615	415,877	1.8%	19,649,472
NET OPERATING SURPLUS (LOSS)	(2,198,927)	(1,847,930)	(350,996)		(1,652,280)
NON-OPERATING REVENUES		1,537,397			
PROPERTY TAXES FOR OPERATIONS	1,395,891				1,359,741
GRANTS/CONTRIBUTIONS	780,150				375,459
INVESTMENT EARNINGS	199,054				208,829
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	649,042				637,744
INTEREST EXPENSE	(930,884)				(904,435)
GAIN / (LOSS) ON ASSET DISPOSAL	276,691				2,415
NET INCOME	171,017	(310,533)	481,550		27,472
margin	0.8%	-1.5%			0.2%
TOTAL NET INCOME (LOSS)	\$ 171,017	\$ (310,533)	\$ 481,550		\$ 27,472

Patient Statistics Lake Chelan Health



For the month ended June 30, 2025

Current Month			Last Year Month			
Actual vs Budget	06/30/25	BUDGET	STATISTICS	Actual vs Budget	06/30/24	BUDGET
	114	120	Total Days Cash on Hand		108	120
	61	40	Net AR Days		57	40
	1.19	1.25	Debt Coverage Ratio		1.31	1.25
	228	175	Payroll FTEs		197	175

Current Month			Year-To-Date			
Actual	Prior Year	BUDGET	STATISTICS	Actual	Prior Year	BUDGET
Actual vs Budget	06/30/25	06/30/24		Actual vs Budget	06/30/25	06/30/24
Admissions						
NA	19	20	NA medical	NA	113	106
NA	0	0	NA surgical	NA	0	0
NA	7	9	NA OB	NA	35	49
NA	26	29	NA Acute	NA	148	155
NA	1	5	NA Swing Bed	NA	33	34
NA	6	9	NA Total Deliveries	NA	33	47

Patient Days								
	48	60	77	medical		323	312	416
NA	0	0	NA	surgical	NA	0	0	NA
	11	16	16	OB		68	86	89
	59	76	93	Acute		391	398	504
	9	42	70	Swing Bed		320	361	378
	9	12	12	Total Newborn Days		47	61	63
	77	130	174	TOTAL PATIENT DAYS		758	820	946

Average Length of Stay						
	2.3	2.6	Total Inpatient		2.6	2.6
	9.0	8.4	Swing Bed		9.6	10.6

Avg Daily Census - Hospital						
	2.0	2.5	Total Inpatient		2.2	2.2
	0.3	1.4	Swing Bed		1.8	2.0
	2.3	3.9	Total		3.9	4.2

	601	682	628	ED Visits		2985	3220	3407
	43	64	92	Surgeries		326	414	500
	1461	1281	1446	Imaging Procedures		7878	7605	7841
	3872	3322	3506	Lab Tests		22742	18329	19009
	703	631	829	Rehab Visits		4314	4355	4495
	134	160	146	EMS Runs		700	744	789
	825	858	1043	Total Clinic Visits		5151	5089	4297
	189	84	85	Specialty		812	561	350
	142	109		Primary care		914	879	
	494	645	958	primary and express		3425	3649	3947
	20	20		working days		130	129	

Note #1 Contractuals

Contractuals do not include reimbursement that will happen when the cost report is filed.

AR increased \$1.5m from May to June

Charity care was \$42,060 for June. Bad Debt was \$259,823.

Charity and Bad Debt are 4.70 of gross charges ytd compared to 3.85% this same time last year.

Note #2 PROFESSIONAL SERVICES

ED Pro Fees over budget \$46,814

Dermatology is over budget \$96,898

Note #3 PURCHASED SERVICES

Med Surg is over budget \$141,359 due to increase use in travelers

Surgery is over budget by \$103,674. Whitman Partners was not budgeted.

Lab is over budget by \$122,741. Budget appears too low based on history.

Pharmacy is over budget by \$15,431

Business Office is over budget by \$37,286.

Provider Based clinic is over budget by \$262,780 due to traveler agency expenses

Laundry is over budget by \$28,587 due to Vestis expenses

Admin is over budget by \$97,161 due to costs associated with the issuance of the 2025 revenue bonds

Note #4 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 \$228,651 for 2024 and \$276,641 for 2025

Grants/Contributions -

restricted contributions

WA ST Ecology 151,272

Foundation 54,341

Grant - 10,000

AWPHD - CHNA 10,100

unrestricted contributions

AZ Wells 32,849

WHS Top Performer 2,000

grants

Action Health Partners - 12,683

Community Choice 26,418 - CARES

CWH Grant 93,211

WA ST Health 778


WA ST ED Trauma 8,454

WA ST Health 12,373

wa commerce grant

WA ST Commerce 365,672 - EMS Build

\$461,308	10002000	General Fund Cash In Bank (Wheatland)	\$116,200	(\$345,108)		
				\$3,480,553	deposits	
				\$0	enhancement pmt	
					medicaid cost report	
				(\$15,880)	tsys/payplus fees	
				(\$4,363)	fees mckesson/cardinal	
				(\$17)	fees and interest	
					rebates	
				\$4,598	café sales	
				(\$3,810,000)	transfer to county	
\$1,041,076	10004000	General Fund Cash w/ Treasurer	\$763,327	(\$277,749)		
				(\$1,971,060)	AP	
				(\$790)	voids	
				\$1,971,850	warrants issued	
				(\$2,248,809)	warrants redeemed	
				\$3,810,000	Bank Transfers from 10002000	
				\$0	Bank Transfer to/from 10106000	
				(\$88,992)	Bank Transfer for USDA pmt	
				\$0	Bank Transfer for bond pmt	
				(\$2,008,467)	Payroll/Benefits	
				(\$15,655)	B&O taxes	
				\$8,018	Property Taxes	
				\$0	Leasehold Taxes & Misc Taxes	
				\$266,156	transfer from revenue bond fund 10923000	
\$3,197	10009000	cash clearing	(\$37,979)	(\$41,176)	pmts posted as remits received	
(\$1,041,076)	20070000	warrants outstanding	(\$763,327)	\$277,749		
				(\$1,253,483)	remits (payroll/benefits/b&O)	
				\$2,248,809	warrants redeemed	
				(\$1,971,850)	warrants issued ap	
				\$1,253,483	remits redeemed	
				\$790	voids	
\$205,027	10106000	AMB RESERVE	\$219,755	\$14,728		
				\$0	transfer to reserves	
					transfer from reserves (bond pmt & ops)	
				\$14,607	property taxes	
				\$113	leasehold taxes	
				\$8	interest	
\$1,080,286	10910000	2018 GO BOND	\$651,130	(\$429,156)		Days of Cash on Hand
				\$9,756	property taxes	Cash:
				(\$438,913)	bond pmt	current assets 78,221
						unrestricted reserves 1,997,284
						unrestricted reserves 6,336,762
\$0	10911000	2018 CASH BOND	\$0	\$0	interest	8,412,267
						reclassified to general fund
\$320,400	10916000		\$320,400	\$0	funded year 3 per LOC	USDA reserve 460,407
\$90,000	10917000		\$90,000	\$0	funded year 3 per LOC	restricted reserves - pending covid ca 4,139,524
\$410,400			\$410,400	\$0		4,599,931
\$98,131	10915000	CASH/TREAS LTGO BOND	\$0	(\$98,131)	paid bond interest	Expenses:
\$80,300	10923000	HOSP 2025 REVENUE BOND	\$1,126,399	\$1,046,099	reimb for draws	total YTD 22,804,739
\$10,443,649	10760000	RESERVES	\$10,476,286	\$32,636	interest	less depreciation -2,118,245
\$50,006	10764000	COASTAL BANK	\$50,006	(\$1)	interest	number of days YTD 20,686,494
\$12,832,305			\$13,012,197	(\$866,208)		181
						Days of Cash on Hand 73.6
						Restricted Days Cash on Hand 40.2
						Total Days Cash on Hand 113.9

		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%	0%						
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%	56%						
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	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						0%						
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 of 2024?	BRANT	61	56	67	61	60	61						
KPI-10-2-1 - Report Days cash on hand Maintain 100-120 during capital projects through 2025.	BRANT	118	118	103	114	107	114						
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	\$ 808,299						

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 radios 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 29th day of July 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 metal irrigation device is nonfunctional and cannot be repurposed, it 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 29th day of July 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. 2025-9
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 29th day of July 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
NNTMDF04MG6	NA
NNTMDF031F1F	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
NTYS05BF86	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	NA
11WZ133506XZ	NA
NTYS05BCE6	NA
NNTMDF05HH9Y	NA
11WZ03250AF4	NA
NNTMDF041E55	NA

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

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

RESOLUTION No. 2025-10

Specialty Clinic Change Fund

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), establishing a change fund for Lake Chelan Health Specialty Clinic and:

WHEREAS RCW 70.44 requires that the establishment of funds be made by a resolution of the Board of Commissioners.

BE IT RESOLVED that the Board of Commissioners, Chelan County Public Hospital District No. 2 hereby adopts and approves that the Specialty Clinic Change Fund be established in the amount of \$200.00 for patient change.

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 29th day of July 2025, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO



[Status Draft 7.4.25](#)

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Owner [Murphy, Mary: Board Governance Committee Member](#)

Area [Hospital Commission](#)

Governing Board Orientation Policy

Purpose

The Lake Chelan Health Governing Board Orientation Policy is designed to provide new Board members with the knowledge, skills, and resources they need to be effective stewards of our hospital.

We believe that a well-prepared Board of Commissioners is essential to the success of our organization. This program is an investment in our future, and we are committed to providing our new Board members with the best possible start.

This document serves as a roadmap for the orientation program, outlining the key topics that will be covered and the learning objectives that will be achieved.

By the end of the program, new Board members will be equipped with the knowledge and skills they need to make a positive impact on our organization and the community we serve.

Policy Statement

This program will prepare our new members of the Board of Commissioners to:

1. Ask informed questions and make sound decisions
2. Build strong relationships with their fellow Board members, the CEO and the Lake Chelan Health staff
3. Advocate for our hospital and clinics and its patients in the community
4. Serve with integrity and dedication to the public good

Scope

Through this comprehensive orientation program, new Lake Chelan Health Board members will gain a deep understanding of:

1. Our hospital's mission, vision, and values
2. The unique role and responsibilities of public hospital boards
3. The legal and regulatory environment in which we operate
4. Our hospital's financial position and operational challenges
5. The key programs and services we offer to our community
6. The importance of good governance and ethical conduct

Roles and Responsibilities

All newly elected or appointed Lake Chelan Health Board members are to initiate their orientation prior to attending their first Board meeting of their term, and review the information listed in this policy at least every six years. Each member is responsible to complete orientation within 90 days of appointment or election, and return a signed copy of the completed orientation checklist to the Executive Secretary.

The CEO coordinates orientation with the new Board member. A designated Board member assists as mentor with the new Board member during the orientation period. The following procedure lists the categories of topics to be covered and a lead person to orient the Board member to those topics.

Definitions

RCW refers to the Revised Code of Washington State.

Procedure

The Board member shall review all of the following topics within the orientation period:

A. Mandatory Training and Reporting- CEO or designee

I. Washington State 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. Board members 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.

II. Lake Chelan Health Trainings

- i. Human Resources Department orientation and training as scheduled.
- ii. Ongoing trainings: KnowB4, Relias and De-escalation

B. Board Responsibilities- Board Chair or Designee

- i. Organizational Chart
- ii. Board Member and Board Chair Job Descriptions
- iii. Board Bylaws
- iv. 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

- v. Board and CEO Decision Matrix Policy
- vi. Board Self-Evaluation
- vii. Board Performance Pillar
- viii. CEO Job Description, Evaluation Plan and Incentive Plan
- ix. Boards Role in Compliance
- x. Board Committees & Charters
 - 1. Finance
 - 2. Quality- See Quality Plan
 - 3. Governance (ad hoc)
 - 4. Credentialing – See Policy & Procedure
 - 5. Vouchers/Warrants (semi-monthly task – no meeting)

C. Administrative Matters- CEO or Designee

- 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
- V. Human Resources orientation and training

D. General Hospital Overview- CEO of Designee

I. Mission & Values

II. Management and Operations

- 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. Departmental Orientation- CEO or designee to provide overview of all departments.
 - a. Hospital, Primary Care Clinic, Express Care Clinic, Specialty Clinic, Emergency Medical Services
 - b. Programs & Services
 - c. Human Resources
 - d. Financial/Operational Statistics
 - e. Operations & Non-Operations Capital Budgets
 - f. Legal/Personnel/Contractual Matters
 - g. Quality/Risk Management Matters- DNV and ISO 9001
 - h. Strategic Planning & current dashboard
 - i. Tour of Hospital and Clinics/Express Care
 - j. Security Awareness Training (Cyber Security)
 - k. Employee Appreciation Committee

III. Healthcare Regulatory Overview

- i. Washington State Department of Health, Auditors, Centers for Medicare & Medicaid Services (CMS)

IV. Medical Staff

- i. Medical Staff Bylaws
- ii. Medical Staff Roster
- iii. Medical Staff Meeting
- iv. Medical Executive Committee

V. Hospital Guilds & Health and Wellness Foundation

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

E. State Associations- CEO or Designee

- I. Washington State Hospital Association (WSHA)
- II. Association of Washington Public Hospital Districts (AWPHD)

F. Board Orientation and Training Resources - Board Mentor or Designee

See Attachment A

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

Attachment A

Approval Signatures