



# LAKE CHELAN HEALTH

## **BOARD PACKET**

Chelan County Public Hospital District No. 2

8/26/2025



Chelan County Public Hospital District No. 2  
 Regular Meeting of the Board of Commissioners  
 August 26, 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	A. Regular Board Meeting Minutes 7/29/2025(FM) B. Governance Committee Meeting Minutes 8/8/25 (FA) C. Strategic Planning Meeting Minutes 7/22/25 (FA) D. Warrants & Vouchers (FM) E. Bad Debt & Charity Care (FM) F. Finance Committee Minutes 8/20/2025 (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 S. Ottley Commission L. England	A. Med Staff Report & Credentialing (FM) i. Bylaw Revisions – Removal of Allied Professionals (FM) B. Financial Committee Report (FA) C. CEO Report (FI) D. Strat Plan KPI Report (FI) i. Draft of Revised Strategic Plan (FD) E. Community Connections (FD) F. Board Education Topic (FI)
3:05	7. Old Business	S. Ottley Commission	A. EMS Capital Project Update (FI) i. Resolution 2025-11 GMP for EMS/Admin Construction Project (FR) ii. EMS Ground Breaking (FD) B. Board Committee Charters (FD)
4:00	8. New Business	Commission	A. Resolutions i. 2025-12 Disposal of Xray Equipment (FR)
4:10	9. Public Comment		
4:15	10. Executive Session		A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.44.062
4:30	11. Roundtable/Action Items	Commission	
4:35	12. Adjournment		

## Board Calendar Reminders:

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

11/10/2025	TBA	Bragg Room/ TEAMS	9 am
11/13/2025	Med Staff (MSU & OB)	Bragg Room/ TEAMS	7-8:30
11/14/2025	Finance Committee	Bragg Room/ TEAMS	10 am
11/25/2025	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm



**Chelan County Public Hospital District No. 2  
Regular Meeting of the Board of Commissioners  
Meeting Minutes July 29, 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, R. Montgomery, J. Barich, A. Benegas, J. Phetteplace, T. Lautiki, M. Miller, S. Ottley

**Guests:**

**Community Members:** Nate Mote, Anna Moroz, Manuel Navarro

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
Call to Order	<ul style="list-style-type: none"> <li>• J. LaPorte called the meeting to order at 1:30 pm and recited the mission statement.</li> </ul>
Public Comment	<ul style="list-style-type: none"> <li>• No Public Comment</li> </ul>
Chair's Report	<ul style="list-style-type: none"> <li>• J. Laporte expressed appreciation for today's ribbon cutting ceremony celebrating the opening of the new Specialty Clinic, noting it marked the culmination of three years of planning. Congratulations were extended to all who contributed to the success of the event.</li> </ul>
Consent Agenda	<ul style="list-style-type: none"> <li>• J. LaPorte added RCW 42.30.110 to the agenda for discussion during Executive Session.</li> <li>• <i>M. Murphy motioned to approve the consent agenda with the suggested amendment, seconded and motion carried.</i> <ul style="list-style-type: none"> <li>○ The 6/30/25 Board Minutes are amended to include S. Ottley, Dr. Kalliath, and Dr. Freed as attendees.</li> </ul> </li> </ul>
Executive Session	<ul style="list-style-type: none"> <li>• J. LaPorte announced an Executive Session at 1:35 PM for 15 minutes, scheduled to end at 1:50 PM, citing RCW 70.44.062 and RCW 42.30.110(1)(o) to consider information regarding staff privileges and matters discussed by quality improvement committees.           <ul style="list-style-type: none"> <li>○ L. Withrow extended the Executive Session 10 minutes</li> <li>○ L. Withrow extended the Executive Session 10 minutes</li> <li>○ L. Withrow extended the Executive Session 10 minutes</li> <li>○ Executive session ended at 2:20pm.</li> </ul> </li> <li>• Action Following Executive Session:           <ul style="list-style-type: none"> <li>○ <i>L. Withrow motioned to approve the delineation of medical privileges for Ear, Nose, and Throat (ENT) and Pediatrics, with the understanding that a review of the Delineation of Privileges (DOP) will occur at the time of transition to full active status, as well as at the conclusion of that status, to determine which procedures should be added or removed. The motion was seconded and carried.</i></li> <li>○ <i>D. Gibson motioned to approve the reappointment of Dr. Tobe Harberd (Family Medicine) and the initial appointment of Dr. Michelle Pappy (Family Medicine), Dr. Tyler Jankowski (Pathology), and Trent Lyman (PA). Additionally, residents Dr. Piper and Dr. Fleshman were credentialed with clinical privileges. An exception was noted for Dr. Pappy, who is currently awaiting her DEA license; if the license is not received by the</i></li> </ul> </li> </ul>

	<p><i>time of her first scheduled shift, prescription orders will be written by Dr. Kalliath. Dr. Lucia Carbajal and Dr. Tessa Moore will be removed from privileges due to the completion of their residency programs. The motion was seconded and carried.</i></p>
<p>Reports</p>	<ul style="list-style-type: none"> <li>• <b>Finance:</b> <ul style="list-style-type: none"> <li>○ B. Truman presented the unaudited June 2025 finance report. <ul style="list-style-type: none"> <li>▪ <i>D. Gibson motioned to accept the unaudited June 2025 Finance Report; second motion approved.</i></li> </ul> </li> <li>○ B. Truman noted that the SNAP payments are scheduled to be cut by 10% starting in 2026. Which is 100M/year for five years.</li> </ul> </li> <li>• <b>CEO Report:</b> A. Edwards presented the CEO Report and shared the following key updates: <ul style="list-style-type: none"> <li>○ Participated in the recent WSHA board meeting, which provided valuable insights and strategic perspectives on forthcoming changes within the healthcare sector.</li> <li>○ Emphasized ongoing efforts to strengthen infrastructure in partnership with paramedicine services and community stakeholders to effectively address and mitigate anticipated regulatory and operational shifts.</li> <li>○ Raised concerns regarding the recent classification change that excludes medical debt from being considered as debt, outlining potential financial and patient care implications.</li> <li>○ Provided an update on the Critical Access Hospital (CAH) status following communications with CMS, confirming that an agreement has been reached and further discussions are underway to ensure compliance and operational continuity.</li> <li>○ Expressed commitment to supporting an upcoming documentary focused on Rural Obstetrics, underscoring the importance of fostering community engagement and dialogue around rural healthcare challenges and opportunities.</li> </ul> </li> <li>• <b>Strat Plan KPI Report:</b> S. Ottley reviewed the KPI dashboard.</li> <li>• <b>Community Connection Opportunities:</b> <ul style="list-style-type: none"> <li>○ EMS 50th Celebration – Successful event with strong turnout and community engagement.</li> <li>○ Specialty Clinic Ribbon Cutting – Well-attended ceremony marking an important milestone.</li> <li>○ Two Board members attended the Chelan City Council meeting to listen to discussion on ADU units and cottages.</li> <li>○ Two Board members attended the Guild B dinner cruise, providing a valuable opportunity to connect and engage with community members.</li> <li>○ Upcoming event: <ul style="list-style-type: none"> <li>▪ Nick of Time in August.</li> <li>▪ Ongoing participation in Foundation meetings.</li> <li>▪ Scheduled attendance at the Chelan Indivisible Group meeting in August.</li> </ul> </li> </ul> </li> <li>• <b>Board Education:</b> <ul style="list-style-type: none"> <li>○ D. Gibson presented an overview of diagnostic imaging and the different modalities.</li> </ul> </li> </ul>
<p>Old Business</p>	<ul style="list-style-type: none"> <li>• <b>Specialty Clinic &amp; EMS Capital Project Update:</b> <ul style="list-style-type: none"> <li>○ The Specialty Clinic Ribbon Cutting Ceremony was held today, with the clinic’s first patient day scheduled for August 4th.</li> <li>○ EMS building bids have been reissued and are currently open for submission. <ul style="list-style-type: none"> <li>▪ The Guaranteed Maximum Price (GMP) will be presented to the Finance Committee on August 20th, followed by a presentation to the full Board on August 26th.</li> </ul> </li> <li>○ Construction is planned to commence in mid-September.</li> </ul> </li> </ul>
<p>Executive Session</p>	<ul style="list-style-type: none"> <li>• J. LaPorte announced executive session at 4:32 pm for 30 minutes, citing RCW 70.44.062 and RCW 42.30.110(1)(o) to consider information regarding staff privileges and matters discussed</li> </ul>

	<p>by quality improvement committees.</p> <ul style="list-style-type: none"> <li>○ Executive Session ended at 5:02pm</li> <li>● Action Following Executive Session: <ul style="list-style-type: none"> <li>○ <i>M. Murphy motioned to approve the Delineation of Privileges (DOP) for Infection Control, Telemedicine, and Pulmonary Medicine as outlined in the current Lake Chelan Health template. The motion was seconded and approved.</i></li> </ul> </li> </ul>
New Business	<ul style="list-style-type: none"> <li>● <b>Resolutions:</b> <ul style="list-style-type: none"> <li>● <i>D. Gibson motioned to approve Resolution 2025-7 (Disposal of Radios &amp; Equipment), Resolution 2025-8 (Disposal of Hospital Surplus Items), Resolution 2025-9 (Disposal of Hospital Surplus Items), and Resolution 2025-10 (Specialty Clinic Change Fund). The motion was seconded and approved.</i></li> </ul> </li> <li>● <b>Policies</b> <ul style="list-style-type: none"> <li>● <i>D. Gibson motioned to approve the Board Governing Orientation policy, seconded, motion approved.</i></li> </ul> </li> <li>● <b>Charters</b> <ul style="list-style-type: none"> <li>● Board discussion regarding committees past and current in regard to the need to create a charters. J. Laporte will write one for Warrants/ Vouchers and D. Gibson will write one for Credentialing for Board review.</li> </ul> </li> <li>● <b>Strat Planning Debrief</b> <ul style="list-style-type: none"> <li>● J. LaPorte shared a key takeaway after reflecting on the session: the importance of focusing on the EHR system.</li> <li>● L. Withrow appreciated the different approach to the session and the active participation of leadership.</li> <li>● L. England valued the opportunity to openly discuss various needs in a format that differed from typical board meetings.</li> <li>● J. LaPorte thanked everyone for their time and preparation, which contributed to a productive meeting.</li> <li>● S. Ottley proposed scheduling a facilitated couple of days next year to develop comprehensive 3-year and 5–10-year facility plans.</li> </ul> </li> </ul>
Public Comment	<ul style="list-style-type: none"> <li>● Nate Mote expressed confusion regarding the scheduled time for the Executive Session. Nate also noted that D. Gibson's comments about the Imaging Department were interesting.</li> </ul>
Executive Session	<ul style="list-style-type: none"> <li>● J. LaPorte announced executive session at 5:20 pm for 15 minutes to end at 5:35pm citing RCW 42.30.110(1)(g) to evaluate the performance of a public employee. <ul style="list-style-type: none"> <li>○ L. Withrow extended the Executive Session 5 minutes</li> <li>○ L. Withrow extended the Executive Session 10 minutes</li> <li>○ L. Withrow extended the Executive Session 5 minutes</li> <li>○ Executive Session ended at 5:55pm</li> <li>○ No action was taken following the Executive Session.</li> </ul> </li> </ul>
Roundtable/Action Items	<ul style="list-style-type: none"> <li>● Doug will send the credentialing charter verbiage to the Executive Assistant within one week.</li> <li>● Jordana will send the warrants and vouchers charter verbiage to the Executive Assistant within one week.</li> <li>● A. Edwards will contact Allan Yordy regarding strategic planning for 2026.</li> </ul>
1. Adjournment	<ul style="list-style-type: none"> <li>● J. LaPorte adjourned the meeting at 6:00 pm</li> </ul>

Attest:



# LAKE CHELAN HEALTH

## MEETING MINUTES

<b>Name of Group:</b> Governance Committee	<b>Date of Meeting:</b> 8/8/25	<b>Time of Meeting:</b> 8:00 am
<b>Facilitator:</b> Mary Murphy		<b>Location:</b> Teams
<b>Recorder:</b> Mary Murphy		
<b>Members present:</b>		
X BOC Representative (Mary Murphy)		X BOC Representative (Lori Withrow)
<b>Other: {other attendees or guests}</b>		
<b>Meeting Objectives(s)/Purpose:</b> Review 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 job description  3. Discuss Board hours policy and documentation, and Board leadership approaches.	2. Updated job description. Mary will add links, confirm Values Statement, send document to Committee to review.  3. Discussed RCW 70.44.050 and current Board compensation documentation, and how and when documented. Lori will confirm current LCH guidance from HR Dept.  4. Discussed definitions for CAH and LCH clinics to help educate Board members and community. Mary will check for current definitions used by LCH. Lori will search definitions from other sources.  5. Discussed approaches to inform community about Board duties and to cultivate leadership interest.
9:37 am	3. Adjournment	Next Meeting : Further refine Board Job Description and Guide to Commissioner Compensation.
<b>Next meeting: TBD</b>		



**Chelan County Public Hospital District No. 2  
Special Meeting of the Board of Commissioners  
Meeting Minutes July 22, 2025 at 8am  
in person**

**Commission Attendance:**

(  not present  present )

Jordana LaPorte, Chair  
 Lori Withrow, Vice Chair

Mary Murphy,  
Secretary  
 Doug Gibson

Len England

**Staff Participants:** A. Edwards, B. Truman, S. Ottley, R. Montgomery ,M. Miller

**Community Members:**

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
1. Call to Order	<ul style="list-style-type: none"> <li>J. LaPorte called the meeting to order at 8:08 AM and reminded everyone that the strategic planning process is ongoing. While a final plan may not be completed today, the goal is to leave with clear direction. She encouraged everyone to remain flexible, open to discussion, and receptive to new ideas and perspectives. She also emphasized the importance of keeping Lake Chelan Health’s mission in mind: to provide quality healthcare with compassion and respect to the community we serve.</li> </ul>
2. New Business	<ul style="list-style-type: none"> <li>Shawn kicked off the Strategic Planning Session by encouraged the group to remain flexible and open-minded throughout the strategic planning process. He emphasized the goal of identifying several high-level priorities suitable for Board-level consideration, with clear alignment to the organization’s overall direction. He also noted that this work serves as a refresh of the existing three-year plan, with a comprehensive update planned for the following year.</li> <li>The Board and Executive Team divided into small groups to complete a SWOT analysis. Each group discussed the organization’s strengths, weaknesses, opportunities, and threats, and shared their insights. This collaborative effort will assist and guide the Executive Team in prioritizing key initiatives and ensuring that strategic decisions align with Lake Chelan Health’s mission and the needs of the community.</li> </ul>
3. Public Comment	<ul style="list-style-type: none"> <li>No Public Comment</li> </ul>
4. Adjournment	<ul style="list-style-type: none"> <li>J. LaPorte adjourned the meeting at 3:16 pm</li> </ul>

Attest:

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

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

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

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - August 2025	WARRANT#'S PAYROLL	AMOUNT	pay period
240817	\$ 2,323.44			DIRECT DEPOSIT	\$ 647,869.41	7/12/2025
AP ACH	\$ 52,855.27			PAYROLL TAXES	\$ 239,885.30	7/12/2025
240818	VOID			CHILD SUPPORT	\$ 334.61	7/12/2025
240819-240904	\$ 293,987.01			DIRECT DEPOSIT RETURN	\$ (1,670.78)	7/12/2025
DOR	\$ 17,731.42			77542	\$ 1,670.78	7/12/2025
FPL	\$ 42,286.88			DIRECT DEPOSIT	\$ 640,626.77	7/26/2025
LTC	\$ 27,459.71			PAYROLL TAXES	\$ 237,727.78	7/26/2025
RETIREMENT	\$ 62,539.75			CHILD SUPPORT	\$ 334.61	7/26/2025
240905-240963	\$ 815,811.80					
AP ACH	\$ 72,635.13					
240964-241033	\$ 474,181.19					
AP ACH	\$ 56,347.30					
RETIREMENT	\$ 57,649.38					
AP ACH	\$ 35,154.19					
241034-241094	\$ 382,902.77					
IDAHO TAXES	\$ 799.00					
	<b>\$ 2,394,664.24</b>				<b>\$ 1,766,778.48</b>	

DATE July 2025

**TOTAL BAD DEBTS - HOSPITAL \$136,140.71**  
**TOTAL MEDICARE BAD DEBTS \$8,187.83**  
**TOTAL BANKRUPTCY \$0**  
**TOTAL CHARITY CARE – HOSPITAL \$65,448.49**  
**TOTAL MEDICARE CHARITY CARE - \$6,387.50**

**TOTAL ATTESTATION \$216,164.53**

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

<b>Group:</b> Finance Committee 7/20/25, 10AM in person and via Teams		
<b>Facilitator:</b> Jordana Laporte		<b>Recorder:</b> B. Truman
<b>Member Attendance:</b>		
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO	<input type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Jordana LaPorte, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
<b>Participants:</b> Vickie Bodle, Sam Nau, R. Montgomery, T. Lautiki, M. Miller <b>Guests:</b> Chris Colley (Graham Construction), Dean Gable (Hill Int'l)		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
<ul style="list-style-type: none"> <li>• Call to Order</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte called meeting to order at 11:05 am</li> </ul>
<ul style="list-style-type: none"> <li>• Goals</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee has set an ambitious target of achieving a net income of \$2M.</li> <li>• Develop a 5-year Capital Budget.</li> </ul>
<ul style="list-style-type: none"> <li>• New Business</li> </ul>	<ul style="list-style-type: none"> <li>• MACC Review               <ul style="list-style-type: none"> <li>• C. Colley from Graham Construction presented and reviewed the proposed LCH EMS bid package resolutions.</li> <li>• D. Gable examined the bid for consistency with previous discussions and requested further review of specific line items.</li> </ul> </li> <li>• S. Nau provided an update on the current Revenue Cycle</li> <li>• B. Truman presented revenue data, covering historical figures through forecasted amounts, in preparation for the upcoming budget review.</li> <li>• B. Truman provided a review of the 403(b) and 457 retirement investment plans.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Old Business</i></li> </ul>	<ul style="list-style-type: none"> <li>• B. Truman reviewed Medicaid changes at the federal level</li> </ul>
<ul style="list-style-type: none"> <li>• Reports</li> </ul>	<ul style="list-style-type: none"> <li>• V. Bodle presented the unaudited July 2025 Financial Statement.</li> </ul>
<ul style="list-style-type: none"> <li>• Adjournment</li> </ul>	<ul style="list-style-type: none"> <li>• J. LaPorte adjourned the meeting at 12:10 pm</li> </ul>



# LAKE CHELAN HEALTH

**Unaudited Financial Statements**

**for**

**For the month ended July 31, 2025**

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

	<u>Current Month</u> <u>7/31/2025</u> <u>unaudited</u>	<u>Prior Year</u> <u>12/31/2024</u> <u>AUDITED</u>	<u>Prior Year</u> <u>7/31/2024</u> <u>Unaudited</u>
<b>ASSETS:</b>			
CASH	1,048,654	\$ 643,632	\$ 1,111,634
PATIENT RECEIVABLES	15,747,289	13,092,459	\$ 12,534,635
LESS: RESERVES FOR ALLOWANCES	<u>(8,074,973)</u>	<u>(6,580,569)</u>	<u>\$ (6,900,282)</u>
NET PATIENT ACCOUNTS RECEIVABLES	7,672,316	6,511,890	5,634,353
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	254,119	(83,101)	424,514
OTHER RECEIVABLES	602,674	620,190	896,227
INVENTORIES	336,814	334,014	326,270
PREPAID EXPENSES	<u>453,826</u>	<u>366,593</u>	<u>301,065</u>
TOTAL CURRENT ASSETS	<u>\$ 10,368,404</u>	<u>\$ 8,393,219</u>	<u>\$ 8,694,063</u>
GENERAL RESERVES	\$ 1,176,169	1,341,519	\$ 1,995,542
Unrestricted Reserves	\$ 5,173,431	6,405,615	\$ 3,634,969
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	<u>50,008</u>	<u>50,002</u>	<u>\$ -</u>
TOTAL LIMITED USE ASSETS	<u>\$ 10,949,531</u>	<u>\$ 12,347,060</u>	<u>\$ 10,043,635</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	8,779,642	8,633,374	\$ 9,922,700
SOFTWARE	2,377,632	2,172,425	\$ 2,170,964
NEW HOSPITAL	44,757,019	44,757,019	\$ 44,763,709
LOCUM HOUSING	691,665	635,382	\$ 635,484
GASB 87 BUILDINGS AND EQUIPMENT	4,955,878	3,337,478	1,642,567
CONSTRUCTION-IN-PROGRESS - PROJECTS	4,176,295	908,664	\$ 576,929
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>64,969</u>	<u>8,750</u>	<u>\$ 9,290</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	69,947,335	64,597,328	70,561,045
LESS: ACCUMULATED DEPRECIATION	<u>(15,585,268)</u>	<u>(13,690,671)</u>	<u>\$ (19,760,633)</u>
GASB 87 AMORTIZATION	<u>(1,524,006)</u>	<u>(1,176,052)</u>	<u>(522,446)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 52,838,061</u>	<u>\$ 49,730,594</u>	<u>\$ 50,277,966</u>
DEFERRED ITEMS	\$ 1,452,745	1,463,982	\$ 1,543,758
TOTAL ASSETS	<u>\$ 75,608,741</u>	<u>\$ 71,934,856</u>	<u>\$ 70,559,422</u>
<b>LIABILITIES:</b>			
ACCOUNTS PAYABLE	\$ 404,495	(284,049)	1,277,969
ACCRUED PAYROLL	1,177,971	1,378,103	1,035,474
ACCRUED VACATION/HOLIDAY/SICK PAY	657,129	559,865	937,601
PAYROLL TAXES PAYABLE	64,549	160,605	(41,012)
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,248,315	2,427,285	1,049,785
INTEREST PAYABLE	179,795	91,605	184,076
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>\$ 4,861,730</u>	<u>\$ 5,462,890</u>	<u>\$ 5,490,724</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,349,853	18,358,310	18,711,907
2013 BONDS	4,286,444	4,283,436	4,661,287
USDA LOANS	18,285,278	17,882,789	17,888,371
LEASES	3,254,431	1,495,940	2,090,629
PAID LEAVE - LT PORTION	147,000	147,000	200,959
2025 BONDS	<u>1,392,555</u>	<u>1,392,555</u>	<u>1,392,555</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 45,715,561</u>	<u>\$ 41,967,474</u>	<u>\$ 43,553,153</u>
DEFERRED ITEMS	\$ 4,019,143	4,337,938	3,364,205
TOTAL LIABILITIES	<u>\$ 54,596,434</u>	<u>\$ 51,768,302</u>	<u>\$ 52,408,082</u>
<b>FUND BALANCE:</b>			
UNRESTRICTED FUND BALANCE	\$ 20,166,554	17,126,756	17,126,758
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>845,754</u>	<u>3,039,798</u>	<u>1,024,582</u>
TOTAL NET ASSETS	<u>\$ 21,012,308</u>	<u>\$ 20,166,554</u>	<u>\$ 18,151,340</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>\$ 75,608,741</b></u>	<u><b>\$ 71,934,856</b></u>	<u><b>\$ 70,559,422</b></u>

property taxes are accrued over 12 months

# Statement of Revenue and Expense

## Lake Chelan Health

For the month ended July 31, 2025

	CURRENT MONTH				Prior Year 07/31/24
	Actual 07/31/25	Budget 07/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 758,193	\$ 838,061	(79,868)	-10%	\$ 635,710
OUTPATIENT	6,837,829	6,567,660	270,169	4%	5,773,218
TOTAL PATIENT SERVICE REVENUES	7,596,022	7,405,721	190,301	3%	6,408,928
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(3,125,886)	(3,063,212)	(62,674)	2%	(1,846,768)
BAD DEBT	(144,329)	0	(144,329)	0.00%	(106,970)
CHARITY	(71,836)	0	(71,836)	0.00%	(125,802)
TOTAL DEDUCTIONS FROM REVENUES	(3,342,051)	(3,063,212)	(278,839)	-9%	(2,079,539)
	44.0%	41.4%			32.4%
NET PATIENT SERVICE REVENUES	4,253,971	4,342,509	(88,538)	-2%	4,329,389
OTHER OPERATING REVENUES	50,771	22,417	28,355	126%	29,612
TOTAL OPERATING REVENUES	4,304,742	4,364,925	(60,183)		4,359,001
OPERATING EXPENSES					
SALARIES/WAGES	1,978,657	1,922,215	(56,442)	-3%	1,773,798
EMPLOYEE BENEFITS	416,698	416,463	(235)	0%	331,346
PROFESSIONAL SERVICES	392,679	261,209	(131,470)	-50%	181,345
FOOD SUPPLIES	23,430	19,329	(4,101)	-21%	17,298
MINOR EQUIPMENT	44,263	31,093	(13,170)	-42%	119,325
SUPPLIES	226,915	278,967	52,051	19%	265,094
PLANT UTILITIES	37,524	30,254	(7,270)	-24%	33,536
PURCHASED SERVICES	379,603	327,951	(51,652)	-16%	271,413
REPAIR/MAINTENANCE	120,169	100,412	(19,757)	-20%	112,424
PUBLIC RELATIONS/RECRUITM	6,862	13,009	6,147	47%	11,028
RENT/LEASES	44,630	61,633	17,003	28%	85,487
INSURANCE	43,010	45,774	2,764	6%	67,809
LICENSES/TAXES	29,339	31,325	1,986	6%	32,031
DUES/SUBSCRIPTIONS/OTHER	74,632	67,200	(7,432)	-11%	50,373
TRAVEL/TRAINING	11,689	14,736	3,048	21%	12,384
DEPRECIATION	295,978	362,973	66,995	18%	316,107
AMORTIZATION	63,996				
TOTAL OPERATING EXPENSES	4,190,075	3,984,544	(141,536)	-3.6%	3,680,797
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>114,667</b>	<b>380,382</b>	<b>(265,715)</b>		<b>678,204</b>
NON-OPERATING REVENUES	260,634	256,233	4,402		318,906
TAXES					
INTEREST					
GIFTS & GRANTS	304,297		304,297		
OTHER	0	0	0		0
NET INCOME	679,599	636,615	42,984		997,110
margin	15.8%	14.6%			22.9%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ 679,599</b>	<b>\$ 636,615</b>	<b>42,984</b>		<b>\$ 997,110</b>

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

For the month ended July 31, 2025

	YEAR-TO-DATE				Prior Year 07/31/24
	Actual 07/31/25	Budget 07/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 4,632,383	\$ 4,936,821	(304,439)	-6%	\$ 4,263,057
OUTPATIENT	38,349,290	38,688,530	(339,240)	-1%	33,490,423
TOTAL PATIENT SERVICE REVENUES	42,981,673	43,625,351	(643,679)	-1%	37,753,481
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(16,857,884)	(18,044,658)	1,186,773	-7%	(14,232,686)
BAD DEBT	(960,280)	0	(960,280)	0.00%	(894,435)
CHARITY	(606,174)	0	(606,174)	0.00%	(514,029)
TOTAL DEDUCTIONS FROM REVENUES	(18,424,338)	(18,044,658)	(379,680)	-2%	(15,641,150)
	42.9%	41.4%			41.4%
NET PATIENT SERVICE REVENUES	24,557,335	25,580,694	(1,023,359)	-4%	22,112,331
OTHER OPERATING REVENUES	353,220	156,917	196,303	125%	243,863
TOTAL OPERATING REVENUES	24,910,554	25,737,610	(827,056)	-3%	22,356,193
OPERATING EXPENSES					
SALARIES/WAGES	12,782,546	13,145,469	362,923	3%	11,483,841
EMPLOYEE BENEFITS	2,712,154	2,848,072	135,918	5%	2,259,889
PROFESSIONAL SERVICES	2,110,193	1,828,464	(281,729)	-15%	872,810
FOOD SUPPLIES	151,748	135,304	(16,444)	-12%	125,686
MINOR EQUIPMENT	133,749	217,653	83,905	39%	454,162
SUPPLIES	1,373,990	1,643,328	269,338	16%	1,493,673
PLANT UTILITIES	213,601	211,779	(1,822)	-1%	248,387
PURCHASED SERVICES	3,025,100	2,295,654	(729,446)	-32%	2,152,169
REPAIR/MAINTENANCE	680,247	702,885	22,638	3%	652,952
PUBLIC RELATIONS/RECRUITMENT	60,717	91,062	30,345	33%	54,430
RENT/LEASES	298,117	431,432	133,315	31%	482,268
INSURANCE	296,629	320,420	24,791	8%	282,316
LICENSES/TAXES	178,550	219,277	40,727	19%	156,926
DUES/SUBSCRIPTIONS/OTHER	440,730	470,397	29,667	6%	320,156
TRAVEL/TRAINING	64,389	103,153	38,764	38%	74,506
DEPRECIATION	2,050,975	2,540,809	489,834	19%	2,216,101
AMORTIZATION	427,244	0	(427,244)		
TOTAL OPERATING EXPENSES	26,999,677	27,205,159	205,481	0.8%	23,330,270
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(2,089,123)</b>	<b>(1,467,548)</b>	<b>(621,575)</b>		<b>(974,076)</b>
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	1,625,171				1,584,516
GRANTS/CONTRIBUTIONS	440,240				473,015
EMS COMMERCE GRANT	644,208				
INVESTMENT EARNINGS	233,036				247,882
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	754,981				744,035
INTEREST EXPENSE	(1,085,182)				(1,053,204)
GAIN / (LOSS) ON ASSET DISPOSAL	322,421				2,415
TOTAL NON OPERATING REVENUES	2,934,876	1,793,630			1,998,658
NET INCOME	845,753	326,081	519,671		1,024,582
margin	3.4%	1.3%			4.6%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ 845,753</b>	<b>\$ 326,081</b>	<b>\$ 519,671</b>		<b>\$ 1,024,582</b>

**Patient Statistics**  
**Lake Chelan Health**

For the month ended July 31, 2025



Current Month			Last Year Month			
Actual vs Budget	07/31/25	BUDGET	STATISTICS	Actual vs Budget	07/31/24	BUDGET
	104	120	Total Days Cash on Hand		110	120
	60	40	Net AR Days		64	40
	1.21	1.25	Debt Coverage Ratio		1.95	1.25
	238	208	Payroll FTEs		214	208

Current Month			Year-To-Date					
Actual vs Budget	Actual 07/31/25	Prior Year 07/31/24	BUDGET	STATISTICS	Actual vs Budget	Actual 07/31/25	Prior Year 07/31/24	BUDGET
<b>Admissions</b>								
NA	23	17	NA	medical	NA	136	123	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	14	12	NA	OB	NA	49	61	NA
NA	37	29	NA	Acute	NA	185	184	NA
NA	6	6	NA	Swing Bed	NA	39	40	NA
NA	14	12	NA	Total Deliveries	NA	47	59	NA

<b>Patient Days</b>								
	74	51	65	medical		397	363	501
NA	0	0	NA	surgical	NA	0	0	NA
	23	19	18	OB		91	105	107
	97	70	103	Acute		488	468	608
	42	64	77	Swing Bed		362	425	455
	18	14	13	Total Newborn Days		65	75	76
	157	148	193	TOTAL PATIENT DAYS		915	968	1139
<b>Average Length of Stay</b>								
	2.6	2.4		Total Inpatient		2.6	2.5	
	7.0	10.7		Swing Bed		9.2	10.6	
<b>Avg Daily Census - Hospital</b>								
	3.1	2.3		Total Inpatient		2.3	2.2	
	1.4	2.1		Swing Bed		1.7	2.0	
	4.5	4.3		Total		4.0	4.2	

	706	800	697	ED Visits		3691	4020	4104
	52	57	102	Surgeries		378	471	602
	1634	1422	1603	Imaging Procedures		9479	9027	9444
	4909	3463	3887	Lab Tests		27673	21792	22895
	753	730	919	Rehab Visits		5077	5085	5414
	209	187	161	EMS Runs		909	931	950
	984	911	1043	Total Clinic Visits		6135	6000	4297
	113	84	85	Specialty		925	645	350
	150	109		Primary care		1064	1036	
	721	670	958	Express Care (budget shows primary and express)		4146	4319	3947
	21	23		working days		151	152	

**Note #1 Contractuals**

Contractuals do not include reimbursement that will happen when the cost report is filed.  
AR increased \$865k from June to July  
Charity care was \$71,836 for July. Bad Debt was \$144,329  
Charity and Bad Debt are 3.64% of gross charges ytd compared to 3.82% this same time last year.  
Safety Net 1st Qtr \$358,342 2nd Qtr \$358,342 less 20% contingency -\$150,253 = \$601,012  
Medicare Cost Report Model Estimate

**Note #2 PROFESSIONAL SERVICES**

ED Pro Fees over budget \$88,921  
Dermatology is over budget \$111,361  
GenSurg is over budget by \$51,662

**Note #3 PURCHASED SERVICES**

Med Surg is over budget \$135,272 due to increase use in travelers  
Surgery is over budget by \$109,377. Whitman Partners was not budgeted.  
Lab is over budget by \$158,580. Budget appears too low based on history.  
Business Office is over budget by \$45,186.  
Provider Based clinic is over budget by \$273,204 due to traveler agency expenses  
Laundry is over budget by \$42,486 due to Vestis expenses  
Admin is over budget by \$83,771 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 \$318,795 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 39,879 - CARES  
CWH Grant 93,211  
WA ST Health 778  
WA ST ED Trauma 8,454  
WA ST Health 12,373  
Population Grant 8,000  
North Central Emer 4,300  
**wa commerce grant**  
WA ST Commerce 644,208 - EMS Build

For the month ended June 30, 2025

6/31/2025	GL ACCOUNT #	ACCT DESCRIPTION	6/30/2025	EXPLANATION	
\$461,308	10002000	General Fund Cash in Bank (Wheatland)	\$116,200	<b>(\$345,108)</b> \$3,480,553 deposits \$0 enhancement pmt medicalaid cost report <b>(\$15,880)</b> tsys/payplus fees <b>(\$4,363)</b> fees mckesson/cardinal <b>(\$17)</b> fees and interest rebates \$4,598 café sales <b>(\$3,810,000)</b> transfer to county	
\$1,041,076	10004000	General Fund Cash w/ Treasurer	\$763,327	<b>(\$277,749)</b> <b>(\$1,971,050)</b> AP <b>(\$790)</b> Voids \$1,971,850 warrants issued <b>(\$2,248,809)</b> warrants redeemed \$3,810,000 Bank Transfers from 10002000 \$0 Bank Transfer to/from 10106000 <b>(\$98,992)</b> Bank Transfer for USDA pmt \$0 Bank Transfer for bond pmt <b>(\$2,008,467)</b> Payroll/Benefits <b>(\$15,655)</b> 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	<b>(\$37,979)</b>	<b>(\$41,178)</b> pmts posted as remits received	
<b>(\$1,041,076)</b>	20070000	warrants outstanding	<b>(\$763,327)</b>	<b>\$277,749</b> <b>(\$1,253,483)</b> remits (payroll/benefits/b&O) \$2,248,809 warrants redeemed <b>(\$1,971,850)</b> warrants issued ap \$1,253,483 remits redeemed \$790 voids	
\$205,027	10106000	AMB RESERVE	\$219,755	<b>\$14,728</b> \$0 transfer to reserves transfer from reserves (bond pmt & ops) \$14,607 property taxes \$113 leasehold taxes \$8 interest	Days of Cash on Hand
\$1,080,286	10910000	2018 GO BOND	\$651,130	<b>(\$429,156)</b> \$9,756 property taxes <b>(\$438,913)</b> bond pmt	Cash: current assets 78,221 unrestricted reserves 1,997,284 unrestricted reserves 6,336,762 8,412,267
\$0	10911000	2018 CASH BOND	\$0	\$0 interest	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 4,599,931
\$410,400			\$410,400	\$0	
\$98,131	10915000	CASH/TREAS LTGO BOND	\$0	<b>(\$98,131)</b> paid bond interest	Expenses: total YTD 22,609,602 less depreciation -2,118,245
\$80,300	10923000	HOSP 2025 REVENUE BOND	\$1,126,399	<b>\$1,046,099</b> reimb for draws	
\$10,443,649	10760000	RESERVES	\$10,476,286	<b>\$32,636</b> \$32,636 interest	number of days YTD 20,681,357 181
\$50,006	10764000	COASTAL BANK	\$50,006	<b>(\$1)</b> \$1 interest	
\$12,832,305			\$13,012,197	<b>(\$86,208)</b>	Days of Cash on Hand 73.6
					Restricted Days Cash on Hand 40.2
					Total Days Cash on Hand 113.8



## **CEO Board Report** (as of 8/19/25)

### **People:**

- We are adding an additional ultrasound tech, which will enable LCH to provide 7-day coverage.
- Trent Lyman has begun seeing orthopedic patients. Dr. Dahl will start on 9/8.
- Emily Reynolds, MD (pediatrician), will begin seeing patients on 9/2/25.
- Anne Sobba Higley, MD (ENT,) will begin seeing patients on 9/17.
- We are targeting November for the start of our incoming MOHS surgeon.
- Dr. Hippe has resigned from his position as the Chief of Staff. Dr. Douglass will assume the role on an interim basis until a permanent replacement is found.
- Actively seeking a Urology PA or ARNP to support our coming urology program, which we are aiming to launch later this year or early next year.

### **Community:**

- Received an invitation to attend the Chelan Democratic Party monthly meeting and give an update on LCH and participate in a Q&A session. Great questions and discussion with about 50-60 in attendance.
- Conducted an onsite interview with 'A More Perfect Union' to bring attention to the challenges and struggles of keeping and maintaining rural OB programs. Dr. Snyder and Juliana (OB Manager) also were interviewed for the story.

### **Quality:**


- Patient satisfaction scores are currently at 87.5 (Net Promoter Score), which is outstanding for our industry (50 and above is considered excellent).
- Preparing for our upcoming DNV survey, we are expecting a visit any day from DNV.
- Our new Hamilton Ventilators have arrived. Training will begin soon in the MSU (hospital inpatient department), helping LCH to continue to increase patient acuity levels.
- In the process of credentialing 12 new tele providers through RPG's "Compass" program. Specialties will include pulmonology/critical care, infectious disease, nephrology, and cardiology. These specialists will support both the ED and hospitalist, allowing LCH to keep more patients close to home.

### **Financial:**

- Year end projection's indicate a likely finish of approximately \$73M gross revenue, with a slight positive margin of just under \$400K.
- Year to date the following departments are ahead of projected revenue: Imaging (\$996K ahead), Lab (\$500K), Dermatology (\$246K), OT (\$204K), and the ED (\$129K).
- Monthly financial statements were not available at the time of this report.

### **Building for the Future:**

- We had a great turnout for the ribbon cutting of the new specialty clinic.
- Looking forward to a groundbreaking celebration for the new EMS building soon.
- LCH is getting closer to having a cardiology presence in the district, with a goal of establishing it by year-end.

		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%	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"> <li>• 1-10 policies - 100%</li> <li>• 11-20 policies - 65%</li> <li>• 21-30 policies - 45%</li> <li>• 31-40 policies - 30%</li> <li>• 41-50 policies - 25%</li> <li>• 51-60 policies - 20%</li> <li>• 61 + policies - 10%</li> </ul>	LOUISE							TBD					
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	65%	74%	44%	56%	72%	76%	80%					
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	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	OPEN					
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	60					
KPI-10-2-1 - Report Days cash on hand Maintain 100-120 during capital projects through 2025.	BRANT	118	118	103	114	107	114	104					
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	\$ 975,577					

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

**RESOLUTION No. 2025-11**  
*Approval of Guaranteed Maximum Practice (GMP)*

**A RESOLUTION** of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), to approve a Guaranteed Maximum Price (GMP) for the EMS/Admin Construction Project

**WHEREAS**, the Board of Directors of Lake Chelan Health, a public hospital district organized under Chapter 70.44 RCW, has determined the need for construction of an EMS and Administrative facility on the hospital campus to support the health and wellbeing of the community; and

**WHEREAS**, the District previously selected Graham Construction as the General Contractor/Construction Manager (GC/CM) for the EMS/Admin Construction Project in accordance with RCW 39.10, and has completed the preconstruction phase of the project; and

**WHEREAS**, the GC/CM has submitted a Guaranteed Maximum Price (GMP) proposal in the amount of \$11,058,389.00, with an additional Washington State sales tax of 8.7% totaling \$962,080.00, resulting in a total project cost of \$12,020,469.00 for the construction of the EMS/Admin Construction Project, which includes all direct construction costs, contingencies, fees, and general conditions; and

**WHEREAS**, the Board of Commissioners has reviewed the proposed GMP and supporting documentation, and finds the GMP to be fair, reasonable, and in the best interests of the District;

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

1. **Approval of GMP:** The Board hereby approves the Guaranteed Maximum Price (GMP) in the amount of \$11,058,389.00, plus applicable Washington State sales tax of \$962,080.00, for a total amount of \$12,020,469.00, as submitted by Graham Construction for the construction of the EMS/Admin Construction Project.
2. **Authorization to Proceed:** The CEO or their designee is authorized to execute the appropriate amendments to the construction contract and take all necessary actions to proceed with the construction phase of the project in accordance with the approved GMP.
3. **Budget Compliance:** The Board directs that all expenditures under this GMP remain within the approved project budget and that regular updates on project progress, costs, and contingencies be provided to the Board.
4. **Effective Date:** This Resolution shall be effective immediately upon its adoption.

**RESOLVED**, that this resolution shall be entered into the official records of the corporation and become effective immediately upon its adoption.

**ADOPTED AND APPROVED**, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 26th day of August 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. 2025-12**  
*Disposal of Xray Del Medical and DR system*

**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 Imaging Department has conducted a review of its equipment inventory and has identified the following items as surplus to departmental needs:

- Del Medical X-ray System, Model VS200, Serial Number 02903-1216-W
- DR System, Model Vivix-S, Serial Number V5CAE007

**WHEREAS**, an assessment has determined that this equipment 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 of Chelan County Public Hospital District No. 2 hereby adopts the following:

1. The items described above are declared surplus to the needs of the Imaging Department and are authorized for disposal.
2. The approved method of disposal is to scrap the equipment, in accordance with hospital policy and applicable regulations, as it has been deemed no longer usable or repairable.

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 26<sup>th</sup> day of August 2025, with the following Commissioners being present and voting in favor of the resolution.

\_\_\_\_\_  
CHAIRPERSON OF THE BOARD

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
VICE CHAIRPERSON

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
CEO

# BOARD COMMITTEE CHARTER

## WARRANTS & VOUCHERS

### Purpose:

Verifying warrants and vouchers is a critical process in financial and accounting systems, and essential to internal controls systems. A member from the Board of Commissioners will review the Warrants and Vouchers prior to the presentation of the information at the Boards regularly scheduled monthly meeting.

### Definitions:

- **Warrant:** An authorization for payment (often issued by a government or public office).
- **Voucher:** A supporting document or form used to substantiate the legitimacy of the expense.

Below is a structured process for reviewing warrants and vouchers to ensure accuracy, legitimacy, and compliance.

### Step Actions:

- Collect the warrant or voucher along with all related documents (invoices, purchase orders, receipts, contracts, etc.). These items are provided to the board member by the accounts payable department.
- Confirm that all required documents are attached.
- Ensure the voucher or warrant is signed by authorized personnel.
- Check for correct dates and vendor details.
- **Compare** invoice details (amounts, vendor name, dates) with:
  - Purchase order (PO)
  - Goods received note (GRN)
  - Contract or agreement (if applicable)
  - Amount of payment agrees to invoice amount
- Check approval limits to ensure no override of financial authority.
- Confirm that the sales tax rate applied is the appropriate rate.
- Confirm that discounts, if any, are correctly applied.
- Ensure the expense complies with organizational policies and budgets (ie, that the tip rate is within the organizations policies)
- Check for duplicate payments
- Confirm that the coversheet lists all checks remitted.
- Confirm voided checks are properly marked.

The Board Member will sign off on each cover sheet at the time of review of the Warrants and Vouchers.

# **BOARD COMMITTEE CHARTER**

## **CREDENTIALING & PRIVILEGING**

### **Purpose:**

The purpose of this committee is to:

- Maintain patient safety and care quality by ensuring medical providers meet regulatory and legal standards to provide medical services.
- Maintain patient safety and care quality by ensuring medical privileges are granted commensurate with education, training and experience.
- Periodically review medical provider credentials to ensure compliance with legal and regulatory requirements is maintained.
- Periodically review providers privileges to ensure competency of skills required to perform requested privileges.

### **Relationship of Committee to Board of Commissioners:**

It is the role and sole prerogative of the Board to enact policy. This committee is advisory in function and shall provide recommendations to the Board pertaining to credentialing and privileging matters.

### **Membership and Term:**

The members of this Committee shall consist of one Board member, a member of the Medical Staff, Director of Louise Back from Leave, COO, CNO, and CEO. Board members shall serve a one (1) year term. The LCCHC staff shall be ongoing members due to their positions. Members may be reappointed by the Board for up to a total of three (3) consecutive years. The membership is limited to these five members. The Committee may, from time to time, bring in additional persons as resources and for purposes of consultation. One of the members of the Committee shall be selected by majority vote of the Committee as Committee Chair, shall serve for a one (1) year term, and may be re-selected as Chair for an additional one (1) year term.

### **Meeting Frequency:**

This Committee shall meet monthly but may meet more or less frequently as needed.

### **Board Reporting:**

Reports on Committee activities shall be provided to the Board on at least a quarterly basis.