



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

9/30/2025



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

Agenda

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

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

Time	Agenda Item	Facilitator	Topic/Action
1:30	1. Call to Order/ Changes to Agenda	J. LaPorte	
1:31	2. Public Comment		
1:40	3. Chair Report	J. LaPorte	
1:45	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 8/26/2025(FM) B. Governance Committee Meeting Minutes 9/9/25 (FM) C. Warrants & Vouchers (FM) D. Bad Debt & Charity Care (FM) E. Finance Committee Minutes 9/24/2025 (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 70.41.205
2:05	6. Reports	J. Barich, S. Freed T. Harberd MD B. Truman A. Edwards S. Ottley Commissioners D. Gibson	A. Med Staff Report & Credentialing (FM) B. Resident Introductions C. Financial Committee Report (FA) i. Resolution 2025-13 Unclaimed Property (FM) ii. 2026 Budget Overview & Assumptions (FD) D. CEO Report (FI) E. Strat Plan KPI Report (FI) F. Community Connections (FD) i. L&D Video ii. Ruby U G. Board Education Topic (FI)
3:55	7. Old Business	S. Ottley Wipfli	H. EMS Capital Project Update (FI) I. CHNA (FD)
4:30	8. New Business	Commission	A. Board Self Improvement Plan Review (FD) B. Board Job Description (FD) C. Board Credentialing & Privileging Committee Charters (FM)
5:00	9. Public Comment		
5:10	10. Executive Session		A. RCW 42.30.110(1)(b)To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price and RCW 42.30.110(1)(g) to evaluate the performance of a public employee.
5:40	11. Roundtable/Action Items	Commission	
5:45	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 August 26, 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 (virtual) B. Truman (virtual), R. Montgomery, J. Barich, S. Ottley, S. Freed, M. Miller, A. Benegas (virtual), M. McCormick (virtual), R. Eickmeyer, J. Phetteplace (virtual), J. Hetterle (virtual)

Guests: C. Colley (Graham Construction), D. Gable (Hill Int'l), E. Forte (Forte Architecture)

Community Members: Nate Mote, Anna Moroz, M. Navarro

Recorder: Wendy Kenck

Agenda Item	Topic/Action
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.
Public Comment	<ul style="list-style-type: none"> • No Public Comment
Chair's Report	<ul style="list-style-type: none"> • J. Laporte addressed recent community rumors suggesting that the Board has removed provider privileges. She emphasized that these claims are unfounded. The Board votes on provider privileges following recommendations from the Medical Staff Committee. To date, the only privilege removals have been at the request of providers who are leaving the area or no longer employed in the area.
Consent Agenda	<ul style="list-style-type: none"> • L. Withrow recommended removing the final Executive Session from today's agenda. • J. LaPorte noted that the Finance Committee meeting began at 10:05 a.m., and the minutes should be adjusted accordingly. <ul style="list-style-type: none"> ○ <i>M. Murphy moved to approve the consent agenda with the noted amendment. The motion was seconded and carried unanimously.</i>
Executive Session	<ul style="list-style-type: none"> • 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"> ○ L. Withrow extended the Executive Session 5 minutes ○ Executive session ended at 1:55 pm. • Action Following Executive Session: <ul style="list-style-type: none"> ○ <i>L. Withrow motioned to approve the Delineation of Medical Privileges for Tele-Nephrology Services, motion was seconded and carried.</i> ○ <i>L. Withrow has reviewed the medical recommendations by MEC motioned to approve the appointment of Brian McInnes DPM (Podiatry), James Dahl, MD (Orthopaedics), Emily Reynolds, MD (Pediatrics), Anne Sobba-Higley, MD (ENT), Alexander Franke, MD (Emergency Med), Jessica Cicoria, DO (Family Med), Alan Horn (Telerradiology), and reappointment of Brandon Douglass, MD (Surgery) and Genevieve Park, MD (Plastic Surgery). The motion was seconded and carried.</i>

Reports	<ul style="list-style-type: none"> • S. Ottley discussed DNV’s recommendation for full credentialing of allied health staff, which LCH implemented. However, due to current market challenges and difficulties in onboarding new allied health professionals, the Medical Executive Committee (MEC) recommends a temporary moratorium to reevaluate the allied health professionals credentialing process. During this period, LCH will temporarily revert to the previous HR orientation process to help streamline staff onboarding for allied health professionals. <ul style="list-style-type: none"> ○ <i>M. Murphy moved to implement a temporary moratorium, up to six months, on medical staff credentialing for allied health professionals. The motion was seconded and approved.</i> • Finance: <ul style="list-style-type: none"> ○ B. Truman presented the unaudited July 2025 finance report. <ul style="list-style-type: none"> ▪ <i>D. Gibson motioned to accept the unaudited July 2025 Finance Report; second motion approved.</i> • CEO Report: A. Edwards presented the CEO Report • Strat Plan KPI Report: S. Ottley reviewed the KPI dashboard. <ul style="list-style-type: none"> ○ S. Ottley presented a draft version of the updated Strategic Plan, reflecting priorities discussed during the recent Board Strategic Planning meeting. ○ M. Murphy recommended including a statement or objective related to proactively preparing for potential future budget cuts on Goal 4. ○ The Board Dashboard will include 8–10 key measures from the strategic plan, which will be tracked and reported regularly. • Community Connection Opportunities: <ul style="list-style-type: none"> ○ Community Forum Planning: A forum is being planned for early next year, with an intent to include other local health-focused nonprofits. ○ Foundation Event: The Foundation has requested that LCH not attend their upcoming event due to having a full agenda. ○ Executive Participation: Members of the Executive Team attended the Chelan Democratic Party monthly meeting with D. Gibson. ○ Heritage Heights Open House: J. LaPorte represented LCH at the Heritage Heights open house. ○ Guild B – Paint the Town Pink: Scheduled for October 6. ○ LCH Volunteers – Knick of Time: LCH volunteers participated in the Knick of Time initiative. ○ School District Event: LCH will have a presence at the Manson School District event taking place tonight. • Board Education: <ul style="list-style-type: none"> ○ L. England provided an educational presentation on bees, hives, and hospital staff retention.
Old Business	<ul style="list-style-type: none"> • EMS Capital Project Update: <ul style="list-style-type: none"> ○ C. Colley from Graham Construction presented and reviewed the proposed LCH EMS GMP package. <ul style="list-style-type: none"> ▪ <i>D. Gibson motion to adopt Resolution 2025-11 GMP for EMS/Admin Construction, seconded, motion approved.</i> ○ The groundbreaking ceremony is tentatively scheduled for the end of September. • Board Committee Charters <ul style="list-style-type: none"> ○ There was a discussion regarding the Warrants & Vouchers Charter and the Credentialing & Privileging Charter, with suggestions for edits and refinements to improve clarity and effectiveness.
New Business	<ul style="list-style-type: none"> • Resolutions:

	<ul style="list-style-type: none"> • <i>L. Withrow motioned to approve Resolution 2025-12 (Disposal of X Ray Equipment), The motion was seconded and approved.</i>
Public Comment	<ul style="list-style-type: none"> • No Public Comment
Roundtable/Action Items	<ul style="list-style-type: none"> • J. LaPorte will contact State Representative Steele to invite him to be present at the groundbreaking ceremony. • W. Kenck will send Word versions of the charters to the Governance Committee for editing. • A. Edwards will connect with facilitator Alan Yordy regarding Strategic Planning for 2026 • A “RACK” card outlining current and upcoming services and providers at LCH will be prepared for public distribution.
1. Adjournment	<ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 3:58 pm

Attest:

M. Murphy, Secretary

Shawn Ottley, COO

Wendy Kenck, Executive Assistant



LAKE CHELAN HEALTH

MEETING AGENDA

Name of Group: Governance Committee	Date of Meeting: 9/9/25	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: 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. Further refine Board Job Description and Guide to Commissioner Compensation. 3. Charter updates	2. Refined job description and Attachment 1. Added Values Statement and RCW 70.44.050 wording. Send to HR Tara Lautiki to review to ensure all content aligns with HR policies. Confirmed proper terms/definitions for Rural Clinic and Critical Access Hospital. Warrants and Vouchers Charter updated. Will postpone sending to the Board until Finance finalizes new review procedures. Recommend updated Credentialing and Privileging Charter to Board.
9:37 am	4. Adjournment	
Next meeting: TBD		

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - SEPTEMBER 2025	WARRANT#'S PAYROLL	AMOUNT	pay period
241095-241158	\$ 298,308.32			DIRECT DEPOSIT	\$ 630,527.34	8/9/2025
AP ACH	\$ 86,657.30			PAYROLL TAXES	\$ 236,199.92	8/9/2025
RETIREMENT	\$ 62,601.82			CHILD SUPPORT	\$ 334.61	8/9/2025
241159-241241	\$ 384,187.58			DIRECT DEPOSIT	\$ 635,198.99	8/23/2025
AP ACH	\$ 67,081.49			PAYROLL TAXES	\$ 222,194.29	8/23/2025
DOR	\$ 29,157.72			CHILD SUPPORT	\$ 334.61	8/23/2025
241242-241255	\$ 52,482.57			DIRECT DEPOSIT	\$ 617,931.14	9/6/2025
AP ACH	\$ 112,297.83			PAYROLL TAXES	\$ 232,941.28	9/6/2025
241256-241321	\$ 487,639.87			CHILD SUPPORT	\$ 306.92	9/6/2025
RETIREMENT	\$ 60,771.76					
241380	\$ 110,448.66					
IDAHO STATE TAXES	\$ 1,159.00					
RETIREMENT	\$ 63,141.32					
	\$ 1,815,935.24				\$ 2,575,969.10	

DATE August 2025

TOTAL BAD DEBTS - HOSPITAL \$330,157.29
TOTAL MEDICARE BAD DEBTS \$20,125.81
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$48,717.69
TOTAL MEDICARE CHARITY CARE - \$32,907.14

TOTAL ATTESTATION \$431,907.93

I, The undersigned, do hereby certify that the accounts, as described on the attached “bad debt list”, have been duly examined and have been duly processed in accordance with the hospital credit/collection policies. It is hereby submitted and recommended to the Governing Board that the said accounts be turned over to outside professional collector (s) as indicated on the attached list.

BOARD DESIGNATED AUDITOR _____ DATE: _____

BOARD APPROVAL

DATE: _____

CHAIR _____

VICE CHAIR _____

SECRETARY _____

MEMBER _____

MEMBER _____

ATTEST. ADMINISTRATOR _____



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended August 31, 2025

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Balance Sheet
Lake Chelan Health

	Current Month 8/31/2025 unaudited	Prior Year 12/31/2024 AUDITED	Prior Year 8/31/2024 Unaudited
ASSETS:			
CASH	172,584	\$ 643,632	\$ 1,111,634
PATIENT RECEIVABLES	16,988,631	13,092,459	\$ 12,534,635
LESS: RESERVES FOR ALLOWANCES	<u>(8,584,455)</u>	<u>(6,580,569)</u>	<u>\$ (6,900,282)</u>
NET PATIENT ACCOUNTS RECEIVABLES	8,404,176	6,511,890	5,634,353
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	(38,367)	(83,101)	424,514
OTHER RECEIVABLES	550,356	620,190	896,227
INVENTORIES	338,721	334,014	326,270
PREPAID EXPENSES	424,370	366,593	301,065
TOTAL CURRENT ASSETS	<u>\$ 9,851,840</u>	<u>\$ 8,393,219</u>	<u>\$ 8,694,063</u>
GENERAL RESERVES	\$ 1,194,604	1,341,519	\$ 1,995,542
Unrestricted Reserves	\$ 5,202,967	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>\$ 10,997,502</u>	<u>\$ 12,347,060</u>	<u>\$ 10,043,635</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,620,195
LAND IMPROVEMENTS	2,864,434	0	\$ 5,222,565
BUILDINGS & IMPROVEMENTS	10,390	10,390	\$ 996,641
EQUIPMENT	8,746,458	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	1,603,724	908,664	\$ 576,929
CONSTRUCTION-IN-PROGRESS - HOSPITAL	76,588	8,750	\$ 9,290
GROSS PROPERTY, PLANT, & EQUIPMENT	70,217,633	64,597,328	70,561,045
LESS: ACCUMULATED DEPRECIATION	<u>(15,795,121)</u>	<u>(13,690,671)</u>	<u>\$ (19,760,633)</u>
GASB 87 AMORTIZATION	<u>(1,588,002)</u>	<u>(1,176,062)</u>	<u>(522,446)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 52,834,510</u>	<u>\$ 49,730,594</u>	<u>\$ 50,277,966</u>
DEFERRED ITEMS	\$ 1,451,139	1,463,982	\$ 1,543,758
TOTAL ASSETS	<u>\$ 75,134,992</u>	<u>\$ 71,934,856</u>	<u>\$ 70,559,422</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 745,489	(284,049)	1,277,969
ACCRUED PAYROLL	447,998	1,378,103	1,035,474
ACCRUED VACATION/HOLIDAY/SICK PAY	664,138	559,865	937,601
PAYROLL TAXES PAYABLE	141,890	160,605	(41,012)
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,312,206	2,427,285	1,049,785
INTEREST PAYABLE	269,114	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>\$ 4,710,310</u>	<u>\$ 5,462,890</u>	<u>\$ 5,490,724</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,348,644	18,358,310	18,711,907
2013 BONDS	4,286,873	4,283,436	4,661,287
USDA LOANS	18,251,858	17,682,789	17,888,371
LEASES	3,254,281	1,495,940	2,090,629
PAID LEAVE - LT PORTION	147,000	147,000	200,959
2025 BONDS	<u>1,392,333</u>	<u>1,392,333</u>	<u>1,392,333</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 45,680,990</u>	<u>\$ 41,967,474</u>	<u>\$ 43,553,153</u>
DEFERRED ITEMS	\$ 3,973,413	4,337,938	3,364,205
TOTAL LIABILITIES	<u>\$ 54,364,713</u>	<u>\$ 51,768,302</u>	<u>\$ 52,408,082</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 20,166,552	17,126,756	17,126,756
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>603,727</u>	<u>3,039,798</u>	<u>1,024,582</u>
TOTAL NET ASSETS	<u>\$ 20,770,279</u>	<u>\$ 20,166,554</u>	<u>\$ 18,151,340</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 75,134,992</u>	<u>\$ 71,934,856</u>	<u>\$ 70,559,422</u>

property taxes are
accrued over 12
months

Statement of Revenue and Expense Lake Chelan Health

For the month ended August 31, 2025

	CURRENT MONTH				Prior Year 08/31/24
	Actual 08/31/25	Budget 08/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 755,992	\$ 835,489	(79,498)	-10%	\$ 687,904
OUTPATIENT	6,474,155	6,547,506	(73,351)	-1%	5,701,357
TOTAL PATIENT SERVICE REVENUES	7,230,146	7,382,995	(152,849)	-2%	6,389,261
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(3,207,085)	(3,053,812)	(153,273)	5%	(2,459,723)
BAD DEBT	(350,283)	0	(350,283)	0.00%	(105,270)
CHARITY	(81,625)	0	(81,625)	0.00%	(159,724)
TOTAL DEDUCTIONS FROM REVENUES	(3,638,993)	(3,053,812)	(585,181)	-19%	(2,724,716)
	50.3%	41.4%			42.6%
NET PATIENT SERVICE REVENUES	3,591,153	4,329,183	(738,030)	-17%	3,664,545
OTHER OPERATING REVENUES	68,703	22,417	46,287	206%	30,856
TOTAL OPERATING REVENUES	3,659,857	4,351,600	(691,743)		3,695,400
OPERATING EXPENSES					
SALARIES/WAGES	1,958,545	1,922,215	(36,330)	-2%	1,716,605
EMPLOYEE BENEFITS	400,753	416,463	15,711	4%	324,244
PROFESSIONAL SERVICES	349,136	261,209	(87,927)	-34%	193,383
FOOD SUPPLIES	21,998	19,329	(2,669)	-14%	22,596
MINOR EQUIPMENT	67,999	31,093	(36,905)	-119%	12,822
SUPPLIES	236,718	278,111	41,392	15%	198,842
PLANT UTILITIES	32,345	30,254	(2,091)	-7%	32,083
PURCHASED SERVICES	407,515	327,951	(79,564)	-24%	404,256
REPAIR/MAINTENANCE	107,167	100,412	(6,755)	-7%	82,106
PUBLIC RELATIONS/RECRUITM	3,428	13,009	9,581	74%	4,940
RENT/LEASES	34,776	61,633	26,857	44%	80,736
INSURANCE	33,381	45,774	12,393	27%	34,009
LICENSES/TAXES	34,614	31,325	(3,289)	-10%	36,761
DUES/SUBSCRIPTIONS/OTHER	74,643	67,200	(7,444)	-11%	47,028
TRAVEL/TRAINING	15,162	14,736	(425)	-3%	5,655
DEPRECIATION	322,953	362,973	40,019	11%	325,510
AMORTIZATION	63,996				
TOTAL OPERATING EXPENSES	4,165,129	3,983,688	(117,445)	-2.9%	3,521,576
NET OPERATING SURPLUS (LOSS)	(505,272)	367,912	(873,184)		173,825
NON-OPERATING REVENUES	262,745	256,233	6,513		255,740
TAXES					
INTEREST					
GIFTS & GRANTS	500		500		
OTHER	0	0	0		986,298
NET INCOME margin	(242,027) -6.6%	624,145 14.3%	(866,172)		1,415,862 38.3%
TOTAL NET INCOME (LOSS)	\$ (242,027)	\$ 624,145	(866,172)		\$ 1,415,862

Statement of Revenue and Expense
Lake Chelan Health

For the month ended August 31, 2025

	YEAR-TO-DATE				Prior Year 08/31/24
	Actual 08/31/25	Budget 08/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 5,388,374	\$ 5,772,311	(383,936)	-7%	\$ 4,950,961
OUTPATIENT	44,823,445	45,236,036	(412,591)	-1%	39,191,780
TOTAL PATIENT SERVICE REVENUES	50,211,819	51,008,346	(796,527)	-2%	44,142,742
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(20,064,969)	(21,098,470)	1,033,500	-5%	(16,692,408)
BAD DEBT	(1,310,563)	0	(1,310,563)	0.00%	(999,705)
CHARITY	(687,799)	0	(687,799)	0.00%	(673,753)
TOTAL DEDUCTIONS FROM REVENUES	(22,063,331)	(21,098,470)	(964,861)	-5%	(18,365,866)
	43.9%	41.4%			41.6%
NET PATIENT SERVICE REVENUES	28,148,488	29,909,877	(1,761,389)	-6%	25,776,875
OTHER OPERATING REVENUES	421,923	179,333	242,590	135%	274,716
TOTAL OPERATING REVENUES	28,570,411	30,089,210	(1,518,799)	-5%	26,051,594
OPERATING EXPENSES					
SALARIES/WAGES	14,741,091	15,067,684	326,593	2%	13,200,446
EMPLOYEE BENEFITS	3,112,907	3,264,535	151,628	5%	2,584,134
PROFESSIONAL SERVICES	2,459,329	2,089,673	(369,656)	-18%	1,066,193
FOOD SUPPLIES	173,746	154,633	(19,112)	-12%	148,282
MINOR EQUIPMENT	201,747	248,747	47,000	19%	466,984
SUPPLIES	1,610,709	1,921,439	310,730	16%	1,692,515
PLANT UTILITIES	245,946	242,033	(3,913)	-2%	280,469
PURCHASED SERVICES	3,432,614	2,623,605	(809,010)	-31%	2,556,425
REPAIR/MAINTENANCE	787,414	803,297	15,883	2%	735,059
PUBLIC RELATIONS/RECRUITMENT	64,145	104,071	39,926	38%	59,369
RENT/LEASES	332,893	493,065	160,173	32%	563,004
INSURANCE	329,010	366,195	37,184	10%	316,325
LICENSES/TAXES	213,164	250,602	37,436	15%	193,686
DUES/SUBSCRIPTIONS/OTHER	515,373	537,597	22,224	4%	367,183
TRAVEL/TRAINING	79,550	117,889	38,338	33%	80,160
DEPRECIATION	2,373,929	2,903,782	529,853	18%	2,541,611
AMORTIZATION	491,240	0	(491,240)		
TOTAL OPERATING EXPENSES	31,164,806	31,188,846	24,040	0.1%	26,851,845
NET OPERATING SURPLUS (LOSS)	(2,594,395)	(1,099,636)	(1,494,759)		(800,252)
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	1,861,202				1,811,565
GRANTS/CONTRIBUTIONS	440,740				511,629
EMS COMMERCE GRANT	644,208				
INVESTMENT EARNINGS	262,894				281,971
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	863,370				850,325
INTEREST EXPENSE	(1,242,494)				(1,203,508)
GAIN / (LOSS) ON ASSET DISPOSAL	368,201				988,712
TOTAL NON OPERATING REVENUES	3,198,121	2,049,863			3,240,695
NET INCOME	603,726	950,226	(346,500)		2,440,443
margin	2.1%	3.2%			9.4%
TOTAL NET INCOME (LOSS)	\$ 603,726	\$ 950,226	\$ (346,500)		\$ 2,440,443

Patient Statistics Lake Chelan Health

For the month ended August 31, 2025



Current Month			Last Year Month			
Actual vs Budget	08/31/25	BUDGET	STATISTICS	Actual vs Budget	08/31/24	BUDGET
	96	120	Total Days Cash on Hand		117	120
	67	40	Net AR Days		50	40
	0.61	1.25	Debt Coverage Ratio		2.26	1.25
	236	208	Payroll FTEs		210	208

Current Month			Year-To-Date					
Actual vs Budget	Actual 08/31/25	Prior Year 08/31/24	BUDGET	STATISTICS	Actual vs Budget	Actual 08/31/25	Prior Year 08/31/24	BUDGET
Admissions								
NA	24	19	NA	medical	NA	160	142	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	11	7	NA	OB	NA	60	68	NA
NA	35	26	NA	Acute	NA	220	210	NA
NA	2	6	NA	Swing Bed	NA	41	46	NA
NA	12	8	NA	Total Deliveries	NA	59	67	NA

Patient Days								
	84	47	85	medical		481	410	585
NA	0	0	NA	surgical	NA	0	0	NA
	19	16	18	OB		110	121	125
	103	63	103	Acute		591	531	711
	20	81	77	Swing Bed		382	506	532
	16	16	13	Total Newborn Days		81	91	89
	139	160	193	TOTAL PATIENT DAYS		1054	1128	1332

Average Length of Stay								
	2.9	2.4		Total Inpatient		2.7	2.5	
	10.0	13.6		Swing Bed		9.3	11.0	

Avg Daily Census - Hospital								
	3.3	2.0		Total Inpatient		2.4	2.2	
	0.6	2.6		Swing Bed		1.6	2.1	
	4.0	4.6		Total		4.0	4.3	

	676	729	694	ED Visits		4367	4749	4798
	48	66	102	Surgeries		426	537	704
	1404	1343	1598	Imaging Procedures		10244	9346	11042
	4790	3779	3875	Lab Tests		32463	25571	26770
	899	629	916	Rehab Visits		6135	5714	6330
	185	184	161	EMS Runs		1094	1115	1111
	917	916	1043	Total Clinic Visits		7052	6916	4297
	165	72	85	Specialty		1090	717	350
	136	109		Primary care		1200	1244	
	616	636	958	Express Care (budget shows primary and express)		4762	4955	3947
	22	22		working days		173	174	

Note #1 Contractuals

AR increased \$1.241m from July to August

Charity care was \$81,625 for August. Bad Debt was \$350,283

Charity and Bad Debt are 3.98% of gross charges ytd compared to 3.86% 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 YTD through July (\$225,641)

Note #2 PROFESSIONAL SERVICES

ED Pro Fees over budget \$146,975 due the increase need of use for locums

Dermatology is over budget \$133,940 (gross revenue is over budget \$340,184)

GenSurg is over budget by \$51,662 due to the need for a locum during summer.

Note #3 PURCHASED SERVICES

Med Surg is over budget \$139,785 due to increase use in travelers

Surgery is over budget by \$116,414. Whitman Partners was not budgeted.

Lab is over budget by \$183,110. Budget appears too low based on history.

Business Office is over budget by \$55,471

Provider Based clinic is over budget by \$310,666 due to traveler agency expenses

Laundry is over budget by \$46,066 due to Vestis expenses

Admin is over budget by \$70,790 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 \$364,525 for 2025

Grants/Contributions -

restricted contributions

WA ST Ecology 151,272

Misc 500

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 August 31, 2025

7/31/2025	GL ACCOUNT #	ACCT DESCRIPTION	8/31/2025	EXPLANATION	
\$486,209	10002000	General Fund Cash In Bank (Wheatland)	\$105,651	(\$380,367) \$3,593,024 deposits \$0 enhancement pmt medicaid cost report (\$15,046) tsys/payplus fees (\$4,330) fees mckesson/cardinal (\$40) fees and interest rebates \$5,034 café sales (\$3,959,000) transfer to county	
\$1,048,757	10004000	General Fund Cash w/ Treasurer	\$867,573	(\$181,194) (\$1,596,534) AP (\$9,987) Voids \$1,605,521 warrants issued (\$1,896,167) warrants redeemed \$3,959,000 Bank Transfers from 10002000 Bank Transfer to/from 10760000 (\$89,992) Bank Transfer for USDA pmt (\$350) Bank Transfer for bond pmt (\$2,132,108) Payroll/Benefits (\$29,158) B&O taxes \$5,203 Property Taxes \$1,376 Leasehold Taxes & Misc Taxes safety net pmt transfer from rev bond fund pmts posted as remits received	
(\$81,826)	10009000	cash clearing	(\$65,352)	\$26,476	
(\$404,495)	20070000	warrants outstanding	(\$745,489)	(\$340,994) (\$1,906,353) remits (payroll/benefits/b&O) \$1,896,167 warrants redeemed (\$1,605,521) warrants issued ap \$1,265,726 remits redeemed \$8,987 voids	
\$229,664	10106000	AMB RESERVE	\$241,753	\$12,089 \$0 transfer to reserves transfer from reserves (bond pmt & ops) \$9,552 property taxes \$2,529 leasehold taxes \$8 interest	
\$656,063	10910000	2016 GO BOND	\$664,631	\$6,568 \$6,918 property taxes (\$350) bond pmt / fee	Days of Cash on Hand Cash: current assets 172,584 unrestricted reserves 1,194,604 unrestricted reserves 5,202,967 <u>6,570,154</u>
\$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 460,408
\$90,000	10917000		\$90,000	\$0 funded year 3 per LOC	restricted reserves - pending covid ca 4,139,524
\$410,400			\$410,400	\$0	4,599,932
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0 paid bond interest	Expenses: total YTD 76,588 less depreciation <u>70,217,633</u>
\$288,442	10923000	HOSP 2025 REVENUE BONC	\$288,442	\$0 reimb for draws	
\$9,312,955	10760000	RESERVES	\$9,342,491	\$29,536 \$29,536 interest transfer to gen fund	70,294,221 number of days YTD 243
\$50,008	10764000	COASTAL BANK	\$50,009	(\$0) interest	
\$11,999,186			\$11,170,309	(\$827,878)	Days of Cash on Hand 56.4
					Restricted Days Cash on Hand 39.5
					Total Days Cash on Hand 95.9

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

RESOLUTION No. 2025-13

2025 Unclaimed Property

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), authorizing the reporting and remittance of unclaimed property for the year 2025

WHEREAS, the State of Washington requires holders of unclaimed property, including public hospital districts, to report and remit such property under the authority of the Revised Code of Washington (RCW) Chapter 63.29 – Uniform Unclaimed Property Act; and

WHEREAS, The District has reviewed its financial records and identified property presumed abandoned under applicable Washington State law, including but not limited to uncashed checks, patient account credits, and vendor payments; and

WHEREAS, the District desires to remain in full compliance with its statutory obligations and ensure proper reporting and transfer of such unclaimed property to the Washington State Department of Revenue, Unclaimed Property Division;

WHEREAS, a list of unclaimed property identified for reporting and remittance is attached hereto as Exhibit A and incorporated herein by reference;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of the District as follows:

1. **Authorization:** The Controller is hereby authorized and directed to prepare, certify, and submit the District's annual unclaimed property report to the Washington State Department of Revenue, in accordance with RCW 63.29 and all applicable rules and deadlines.
2. **Remittance:** The Controller is further authorized to remit all reportable unclaimed funds to the Department of Revenue along with the required documentation.
3. **Compliance and Records:** The Controller shall maintain appropriate records of all unclaimed property activity, in compliance with state audit and retention requirements.
4. **Effective Date:** This Resolution shall 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 30th day of September 2025, with

the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

DRAFT

EXHIBIT A

Check Date	Check #	Cancel Date	Amount
8/11/2023	232879		\$ 10.00
8/18/2023	232934		\$ 31.88
9/15/2023	233204		\$ 20.18
9/22/2023	233295		\$ 2,247.58
10/6/2023	233387		\$ 600.00
10/13/2023	233469		\$ 156.05
10/13/2023	233486		\$ 51.61
11/16/2023	233948		\$ 33.50
12/14/2023	234204		\$ 69.28
1/18/2024	234574		\$ 2.79
1/25/2024	234702		\$ 179.16
1/25/2024	234730		\$ 15.00
1/25/2024	234735		\$ 15.00
1/25/2024	234753		\$ 38.60
1/25/2024	234755		\$ 38.60
3/8/2024	235212		\$ 19.28
3/19/2024	235283		\$ 7.33
3/19/2024	235313		\$ 3.60
5/29/2024	236055		\$ 205.17
5/29/2024	236057		\$ 97.95
5/29/2024	236083		\$ 10.33
5/29/2024	236095		\$ 42.10
5/30/2024	236146		\$ 629.93
6/17/2024	236359		\$ 15.00
6/17/2024	236364		\$ 15.00
6/17/2024	236365		\$ 17.21
6/17/2024	236370		\$ 15.42
6/17/2024	236372		\$ 26.76
6/17/2024	236376		\$ 43.61
			\$ 4,657.92



CEO Board Report (as of 9/25/25)

People:

- Dr. Reynolds (pediatrician), Dr. Dahl (ortho), Trent (ortho PA), and Dr. Sobba Higley (ENT) all are off to a great start seeing patients in our family and specialty care clinics.
- Efforts to secure 24/7 general surgery coverage along with two additional specialties to be announced soon.

Community:

- The documentary *More Perfect Union*, which focuses on rural obstetrics, has been released and has received positive feedback. It is available for viewing at <https://youtu.be/HZq94uLdj08?si=ubLzPUuKgr-v69mj> or <https://perfectunion.us/>

Quality:


- Ready to launch one of four tele specialist disciplines in our ED and inpatient unit (infectious diseases).
- DNV conducted our routine annual survey this week. We did well, we were able to close 7 out of 10 of our last survey items with the final three being close to closure. The surveyors noted that our facility was among the cleanest they have seen and specifically complimented our Quality Directory and our Infection Control lead. to the staff for stepping up, as a few key team members were out during the survey. Overall, very pleased with how we did.

Financial:

- August ended with a loss of \$242K, mostly driven by an abnormally high contractual allowance. We did see \$7.2M in gross revenue vs \$6.3M the same month a year ago. Year to date we are at \$604K to the positive, which is about \$350K off of budget and substantially behind last year at this time. Of note we have been operating with no orthopedic surgeon since early May this year, which of course has changed for the better with many new cases scheduled already.
- Bad debt was up sharply year over year for August.
- Inpatient days were up substantially this past month 84 vs 47 this time last year. Year to date we are at 59 deliveries vs 67 last year. Specialty care, primary care and express care all showed an increase year over year this past month. Lab, rehab, imaging and EMS runs were all up year over year. ED was a little behind last year's numbers.

Building for the Future:

- The EMS groundbreaking will be on 9/30 at 11:30am. The project is officially underway, and we look forward to watching the progress.
- The downtown, Family Practice, clinic will be receiving a new exterior paint job and will likely be getting updates to lighting and flooring soon. More to come.
- LCH is making significant progress toward establishing a cardiology presence in the district, with the goal of launching the service 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	Survey Sent								
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%	100%				
KPI-5-1-2 - Policy owners will complete and or update the following percentage of policies according to the new policy writing guidelines by July 31, 2025 <ul style="list-style-type: none"> • 1-10 policies - 100% • 11-20 policies - 65% • 21-30 policies - 45% • 31-40 policies - 30% • 41-50 policies - 25% • 51-60 policies - 20% • 61 + policies - 10% 	LOUISE							93%					
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%	53%				
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	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	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 2025	BRANT	61	56	67	61	60	61	60	67				
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	96				
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	\$2,977,655				



**Chelan County Public Hospital District No. 2
Board of Commissioners Self-Evaluation**

Check the box that corresponds to your Board's practice	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Best Practice: Focus on Governing					
1. All Board members participate to ensure compliance with OPMA and other laws					
2. All Board members respected the distinction between the role of the Board and the role of management.					
3. The Board's time is appropriately spent on governance-level concerns rather than on management activities.					
Best Practice: Self-Evaluation					
4. The full Board participates in a self-evaluation process on an annual basis.					
5. The Board implements a plan each year to enhance Board performance.					
Best Practice: Exhibit Team Behaviors					
6. All Board members display professional courtesy and respect when interacting with other Board members					
7. All Board members feel comfortable voicing opinions of concern regardless of how sensitive the issue may be.					
8. Board exhibits clear communication and transparency with community.					
Best Practice: Strong Board-CEO Relationship					
9. The Board had a productive working relationship with the CEO.					
10. All Board members asked appropriately challenging questions of the CEO and senior management.					
Best Practice: Effective Committees					
11. The Board has the appropriate number of committees and each committee serves an appropriate governance function.					

12. The full Board is kept adequately apprised of the work going on in all Board committees and ad hoc task forces.					
Best Practice: Well Run Meetings					
13. The Board chair effectively runs Board meetings.					
14. The Board members receive materials with sufficient time for review.					

Comments:

Name: _____
Date: _____

Lake Chelan Health
Hospital District Commissioner Position Description
Approved _____

Title: Hospital District Commissioner (Elected or Appointed) Position Description

Position Summary:

The Board of Commissioners as a whole are responsible for overseeing the Hospital District's mission, vision, values, policies and organization with respect to the operation of the District, including the delivery of quality patient care. In fulfilling its governance obligation, the Board's role is to adopt the necessary general direction and policies to achieve those ends and to delegate the day-to-day operational responsibility with respect to those policies to the Administrator/Chief Executive Officer. Commissioners accomplish their purpose by majority vote. An individual Commissioner has no authority except when a quorum of the Board takes action in a meeting open to the public. Elected Commissioners serve for a term of six years.

Principal Powers and Duties of elected commissioners in Washington State:

RCW 70.44.060 sets forth powers and duties of Public Hospital Districts through its governing body, the Commission, and include but are not limited to:

- Power to acquire, construct, maintain, operate, develop and sell real property;
- Power to assess property taxes;
- Power to employ Hospital Administrator/Chief Executive Officer.

Duty of Care- Elected officials have a duty of care to act in the best interests of the public they serve. This duty includes avoiding conflicts of interest, acting with integrity, and adhering to ethical standards in their official conduct. Failing to uphold this duty can lead to disciplinary actions, including potential removal from office. This duty requires officials to act with the level of competence expected of an ordinarily prudent person in a similar position, using diligence and independent judgment when making decisions within their official capacity.

Duty of Loyalty- Elected officials must act in the best interests of their constituents and the public agency they serve, prioritizing the public good over personal gain or self-interest.

Duty of Obedience- Elected officials must ensure the public agency complies with local, state, and federal laws and stays true to its mission and governing document.

Values Statement:

Supports the Mission and Vision of the Hospital District by basing decisions and actions on the following **Core Values:**

Relationships – Relationships form the foundation for our care and service.

Strives to develop, nurture, and enhance relationships with:

- patients and their families
- our community
- physicians and other healthcare providers
- other caregivers

Integrity – Our actions tell our community what LCH stands for and who we are. Strives to:

- do the right things for our patients, their families, and each other
- work to earn the trust of those we serve

- communicate openly, honestly, and with the highest ethical standards

Compassion – Every employee touches the lives of the patients and families we serve. Strives to:

- treat each patient, family member, and other caregivers with kindness and caring
- improve understanding of, and respond to the needs of, our diverse community
- respect and meet the physical, emotional and spiritual needs of our patients and their families
- recognize that compassion is essential to healing
- give each other grace by recognizing that we are human, and therefore not perfect, as we strive for excellence

Respect – We honor the dignity and worth of each individual. Strives to:

- treat everyone we serve, and those with whom we work, with the highest levels of professionalism, acceptance, and dignity
- be open to everyone who needs our care and time, recognizing that they have the right to our services
- be open-minded and appreciate the perspectives and life experiences that others bring to the table
- acknowledge and celebrate diversity in our community and our organization

Expectations:

- Have the motivation and ability to meet the time requirements associated with board membership;
- Possess a high level of personal and professional integrity;
- Act to advance organization’s mission, vision and key goals;
- Ability to interpret financial statements and business cases and to analyze and apply health data;
- Foster healthy Board culture of active and respectful participation in discussions and deliberations to assist to move issues to a decision;
- Support board policies and decisions once they are formulated, even after voting against them;
- Be willing to serve on Board committees, and in a leadership role as board officer and/or committee chair;
- Prepare for meetings and learn about issues that impact the Hospital District; follow Roberts Rules of Order;
- Comply with Washington State and federal laws regarding health care and hospital governance. Be aware of potential legal liabilities associated with serving as a commissioner (including Fiduciary Duty, Open Public Meetings Act and Records Retention Act, HIPAA);
- Serve as an ambassador to the community;
- Not serve as the advocate of or present bias for narrow interests or special interest groups;
- Declare conflicts of interest that could affect your ability to decide/act in the best interest of the district;

- Follow District policies and procedures, including confidentiality policies;
- Attend and actively participate in board education/development activities;
- Regularly evaluate and improve performance as a Board member and Board as a whole;
- Hold self and other Board members accountable for agreed upon behaviors;
- Demonstrate understanding of the difference between governance and management;
- Analyze complex concepts, develop creative solutions, and evaluate policy and program decisions to enable the organization to achieve long-term objectives;
- Demonstrate high value for diversity and cultural dexterity, and a strong commitment to creating an inclusive environment within the organization;
- Proficient in basic use of computer, and other electronic communication devices.

If unwilling/unable to fulfill these expectations, a commissioner should consider resigning. The Commission recognizes the high cost of training a Board member, and that a myriad of dysfunctions can temporarily affect human beings. Resignation is not encouraged except when no other avenue remains open or Board bylaws or laws require removal of a Board member. The Commission respects and deeply appreciates the efforts of all its members.

Attachment 1: Board Position Description

References:

Open Public Meetings Act: <https://www.atg.wa.gov/open-government-training>

Association of Washington Public Hospital Districts (AWPHD): <https://www.awphd.org/>

[RCW 70.44.060](https://app.leg.wa.gov/rcw/default.aspx?cite=70.44.060) Washington State Public Hospital Boards Powers and Duties:
<https://app.leg.wa.gov/rcw/default.aspx?cite=70.44.060>

Lake Chelan Health Board Job Description Attachment 1

Information from Association of Washington Public Hospital Districts :

Role of Public Hospital District Commissioners

The board of hospital district commissioners is the governing body of a hospital district. The board is responsible for establishing hospital district policies with respect to the district's exercise of its powers as set out in RCW 70.44.060. This includes all decisions with respect to the operations of the district, including the delivery of quality patient care. In fulfilling this responsibility, the board's role is to adopt the necessary general policies and to delegate the district's day-to-day operations to the district superintendent.

Commissioner Compensation

Salary

By statute, hospital district commissioners receive compensation for service on the board at a rate pursuant to RCW 70.44.050. These rates are adjusted for inflation every five years. As of January 1, 2024, the rate is \$161 per day up to an annual compensation limit of \$15,456 (WSR 23-23-158).

For more on special purpose district compensation, please see the MRSC blog, [Salary Increases Coming in 2024 for Many Special Purpose District Officials](#). Hospital districts should strictly follow the statutory requirements and appropriately document the days for which commissioners are entitled to compensation.

Waiver of Salary

A commissioner may, by written waiver filed with the district, forego any or all of his/her compensation as to any month, prior to the date on which the compensation would otherwise have been paid (RCW 70.44.050).

**Lake Chelan Health Board Job Description
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Lake Chelan Health Credentialing and Privileging Committee Charter

The Committee will be named the Lake Chelan Health (LCH) Credentialing and Privileging Committee. It is authorized by the LCH Board as a standing committee of LCH.

PURPOSE:

1. 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. The Committee shall comply with the following terms as stated in Bylaws of the Board of Commissioners:

2.6 Committees

(i) The Commission may from time-to-time act as a committee of the whole or appoint such other committees, as it may deem necessary or advisable in the conduct of its affairs. The activities of any committees so appointed shall be conducted lawfully in accordance with a committee charter adopted by the Commission and shall be recorded in written minutes. Each member of such committees shall be appointed by the Commission during the first regular Commission meeting of each calendar year to serve for a term of not to exceed one year or until the person's successor is appointed, whichever is later. A Commission position vacancy on a committee shall be filled by Commission appointment at the next regular Commission meeting. Members of such committees shall be subject to removal at and re-appointment at the sole discretion of the Commission. Each committee shall include at least one (1) Commissioner, and such other individuals as deemed appropriate by the Commission. A Commissioner or Commission designee shall serve as Chair of each Commission committee and subcommittee.

2.7 Powers and Duties of the Commission

c. Assure that the Hospital District has policies and procedures in place to support an appropriate standard of professional care and require the Medical Staff of the Hospital District to be accountable to the Commission in accordance with applicable law. Assure that persons granted credentialing and clinical privileges possess appropriate current qualifications that meet specific criteria approved by the Commission, and the criteria are applied consistently with all applicants. Determine, at its discretion, which kinds of health care providers shall be considered for clinical

privileges or Medical Staff membership. A Commissioner shall attend Medical Staff meetings.

MEMBERSHIP AND TERM:

The members of this Committee shall consist of one Board member, a member of the Medical Staff, Executive Director of Quality, Safety and Risk Management, Chief Operations Officer, Chief Nursing Officer, and Chief Executive Officer. Board members shall serve a one (1) year term. The LCH 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.

Board Approved _____