



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

11/18/2025



-
 Chelan County Public Hospital District No. 2
 Regular Meeting of the Board of Commissioners
 November 18, 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		A. Guild B Presentation
1:40	3. Chair Report	J. LaPorte	
1:45	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 10/28/2025(FM) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Governance Committee 11/5/2025 (FA) E. Finance Committee Minutes 11/14/2025 (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 B. Truman A. Edwards S. Ottley Commissioners	A. Med Staff Report & Credentialing (FM) B. Financial Committee Report (FA) i. Resolution 2025-16 Disposal Paper Shredder (FM) ii. Resolution 2025-17 Disposal Scanner (FM) iii. 2026 Regular Bond Levy Certification (FM) iv. Resolution 2025-18 Regular Hospital Levy (FM) v. 2026 EMS Levy Certification vi. 2025-19 EMS Levy vii. 2026 GO Bond Levy Certification viii. 2025-20 Go Bonds C. CEO Report (FI) D. Strat Plan KPI Report (FI) E. Community Connections (FD)
3:30	7. Old Business	S. Ottley S. Ottley A. Edwards Commissioners	F. EMS Capital Project Update (FI) G. EMS Build Project Total Project Budget (FM) H. Workflow for contingency use and change order approval (FM) I. Board: i. Community Health Needs Assessment (CHNA) Report (FD/FM) ii. Board Job Description & Attachment (FM) iii. Credentialing Committee Charter (FM) iv. Ruby U (FD) v. Year End Letter (FD) vi. 2026 LCH Holiday's (FD) vii. 2026 Board Meeting Dates (FD)
4:30	8. New Business	Commissioners S. Ottley	A. Policies a. Board of Commissioners Continuing Education (FD) b. Lake Chelan Health (LCH) Board Community Relations Policy (FD) B. Stryker Equipment Lease (FM)

5:00	9. Public Comment		
5:10	10. Executive Session		A. 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:

12/8/2025	TBA	Bragg Room/ TEAMS	9 am
12/11/2025	Med Staff	Bragg Room/ TEAMS	7:00-8:30am
12/11/2025	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
12/22/2025	Finance Committee	Bragg Room/ TEAMS	10 am
12/30/2025	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm



**Chelan County Public Hospital District No. 2
Regular Meeting of the Board of Commissioners
Meeting Minutes October 28, 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 (Virtual)
 Doug Gibson

Len England

Staff Participants: A. Edwards B. Truman (virtual), R. Montgomery, J. Barich, S. Ottley, S. Freed (virtual), M. Miller, A. Benegas (virtual), B. Mello, D. Ehlert (virtual), B. Fields (virtual), L. Sahlinger

Community Members: Nate Mote, Anna Moroz

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
Consent Agenda	<ul style="list-style-type: none"> • Agenda Changes <ul style="list-style-type: none"> ○ Added Board Year-End Letter under <i>New Business</i>. ○ Removed Executive Session A RCW: 42.30.110(1)(b) ○ <i>L. Withrow moved to approve the agenda changes, seconded, motion carried.</i> • Consent Agenda <ul style="list-style-type: none"> ○ M. Murphy requested an edit to the 9/30/2025 Board Meeting minutes to remove the wording “and the Board transparency regarding the OB department” from the public comment made by Anna Moroz. ○ J. LaPorte requested to add the Board Year-End Letter under New Business. ○ A. Edwards requested removing Executive Session RCW 42.30.110(1)(b). ○ <i>L. England motioned to approve the Consent Agenda with edits, seconded, and motion approved.</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. • Chair announced Executive session ended 1:50 PM. Board returned to open meeting. • Action Following Executive Session: <ul style="list-style-type: none"> ○ <i>L. Withrow after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the appointments of Daneil Baram MD, James Driscoll MD, Banshi Rathi MD, Talal Mahmood MD, Belaal Sheikh MD, Mohammed Nasarrudin MD, Craig Burns, Jocelyn Rich OT, the motion was seconded and carried.</i> ○ <i>D. Gibson motioned that the Credentialing Committee recommended and the Medical Staff Coordinator and Dr. Freed, CMO should survey other facilities to review and bring forward potential recommendations for changes to the Medical Staff Bylaws regarding categories of active participation. The motion was seconded and approved.</i>

<p>Reports</p>	<ul style="list-style-type: none"> ● Finance: <ul style="list-style-type: none"> ○ B. Truman presented the unaudited September 2025 finance report. <ul style="list-style-type: none"> ▪ <i>L. Withrow motioned to accept the unaudited September 2025 Finance Report; seconded motion approved.</i> ○ B. Truman presented an overview of the 2026 budget changes, reflecting discussions from the Board Special Budget Meeting and the Finance Committee. ○ D. Gibson <i>motioned to approve Resolution 2025-14, 2026 Budget, seconded, motion approved.</i> ○ B. Truman presented the Medicare Open Enrollment letter for the community. ○ B. Fields proposed implementing a 10% discount for self-pay uninsured patients, with an additional discount for cash payments, to be applied in conjunction with the prompt pay discount. No decision was made at this time. ● CEO Report: A. Edwards presented the CEO Report, noting that a new Physician Assistant has joined Lake Chelan Health (LCH) in the Primary Care Clinic. He reported meeting with Representative Schrier to discuss the OB and prior authorization bill she is sponsoring and had a productive conversation regarding the challenges facing rural healthcare, including payment issues and difficulties with Medicare Advantage plans. ● Strat Plan KPI Report: S. Ottley reviewed the KPI dashboard. <ul style="list-style-type: none"> ○ 2026 Strat Planning proposing facilitators for a 2-day session. ● Community Connection Opportunities: <ul style="list-style-type: none"> ○ Met with Representative Schrier. ○ Give NCW will include LCH in holiday fundraising efforts. ○ Manson 8th graders are scheduled to visit on November 17 to explore healthcare careers. ○ EMS and clinic staff will participate in the Halloween Trick-or-Treating activities in downtown Manson and Chelan. ● Public Relations: A. Benegas presented an overview of advertising optimization efforts and LCH’s digital presence, including performance metrics from the past month. <ul style="list-style-type: none"> ○ The discussion also addressed the ongoing challenge of managing misinformation on social media, noting that privacy regulations often limit the ability to publicly clarify certain situations. ○ J. LaPorte emphasized that there are always two sides to every story and highlighted the importance of understanding context before drawing conclusions. ● Board Education: <ul style="list-style-type: none"> ○ L. England reviewed the use of acronyms in healthcare and emphasized the importance of ensuring patients and the public clearly understand information without the use of abbreviations. LCH has made positive progress in eliminating acronyms in patient care and community communication.
<p>Old Business</p>	<ul style="list-style-type: none"> ● EMS Capital Project Update: S. Ottley provided an update on the EMS Capital Project, reviewing the project timeline and the current change order tracking log, including recent changes and updates. ● EMS Build Project Total Project Budget: B. Truman reviewed the EMS Build Project budget and expense tracking, proposing continued use of this tracking approach as the project progresses. ● Contingency/Change Order: The board discussed the workflow for contingency fund use and proposed changes to the Change Order approval process for the EMS/Admin project build. These suggestions will be reviewed at the next board meeting. ● CHNA top priorities- the Board would like to focus on facts pulled from the CHNA survey and community data. ● Board Self Improvement: J. LaPorte reviewed the board members’ self-evaluations, which

	<p>reflected a team average score of A-, and expressed gratitude for the Board’s progress and development over time, the strong working relationships with the Executive Team, and the extra time board members dedicate to committee work. Key observations included:</p> <ul style="list-style-type: none"> ○ Courtesy observed in all Board meetings. ○ Productive working relationships with the CEO and Executive Team. ○ Clear distinction between operations versus role management (“need to know” vs. “nice to know”). ○ Appreciates the educational information provided to support informed Board decision-making. While HR and Quality of Care items are considered in these decisions, they are not part of the Open Public Meetings Act and are not discussed in public meetings, and they are not part of the public record. <ul style="list-style-type: none"> ● Board Job Description: Edits to the Board Job Description were discussed, and suggestions were submitted to the Governance Committee for further review and refinement.
New Business	<ul style="list-style-type: none"> ● IT Update: B. Mello, new LCH Chief Information Officer with Scaled Health, provided the Board with an update on the IT infrastructure and outlined ongoing plans to update the system. ● LCH Community Forum is scheduled for February 19th at the Ruby Theatre during ‘Ruby U’. ● <i>D. Gibson motioned to approve Resolution 2025-15 Disposal of Cardboard Baler, seconded, motion approved.</i>
Public	<ul style="list-style-type: none"> ● Nate Mote (joining virtually) commented on the use of acronyms and the importance of clear communication. He commented and asked a question about joining the meeting virtually.
Roundtable/Action Items	<ul style="list-style-type: none"> ● A. Edwards will connect with Matt Elsworth regarding availability for Strategic Planning scheduling. ● A. Edwards will reach out to a moderator for the Community Forum. ● IT will research the MS Teams virtual sign-in process for board meetings to ensure it is not required.
Executive Session	<ul style="list-style-type: none"> ● J. LaPorte announced an Executive Session at 5:35 PM for 20 minutes for RCW 42.30.110(1)(g) to evaluate the performance of a public employee. <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 5 minutes ○ L. Withrow extended the Executive Session 5 minutes ○ Executive Session ended at 6:05 pm and the Board resumed in open meeting.
Adjournment	<ul style="list-style-type: none"> ● No action was taken following the Executive Session. ● J. LaPorte adjourned the meeting at 6:25pm

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - NOVEMBER 2025	WARRANT#'S PAYROLL	AMOUNT	pay period
Retirement	\$ 62,503.92			DIRECT DEPOSIT	\$ 646,396.68	10/18/2025
AP ACH	\$ 375.00			PAYROLL TAXES	\$ 232,329.25	10/18/2025
UNCLAIIME PROPERTY	\$ 4,607.74			CHILD SUPPORT	\$ 403.38	10/18/2025
				PAYROLL WARRANT-77544	\$ 3,086.26	10/18/2025
241755-241862	\$ 447,783.62	CKS 241817- 241840 WERE VOIDED		PAYROLL #2 TAXES	\$ 1,362.99	10/18/2025
AP ACH	\$ 81,458.15			PAYROLL WARRANT/DD RETURNED 77545	\$ 1,711.33	10/18/2025
DOR	\$ 19,194.84					
241863-241865	\$ 8,391.22					
AP ACH	\$ 151,663.94					
241866-241924	\$ 327,524.70					
FPL	\$ 50,741.72					
LTC	\$ 32,539.05					
Retirement	\$ 64,667.82					
	\$ 1,251,451.72				\$ 885,289.89	



LAKE CHELAN HEALTH

MEETING MINUTES

Name of Group: Governance Committee	Date of Meeting: 11/5/25	Time of Meeting: 10:00 am
Facilitator: Mary Murphy		Location: Chelan WA
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 Policies and Job Description, Warrants/Vouchers procedure, tracking policy update items for the future.		

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

Time	Agenda Item	Topic/Action
10:00 am	1. Call to Order	
10:00 am	2. Complete BOC job description for Nov 18 Board review/approval 3. Review and update Board Policies: BOC Continuing Education (due 2/7/26), Community Relations (due Mar 4, 2026). 4. Track Warrants and Vouchers procedure development 5. Discuss potential Board bylaws changes	2. Recommend updated version of position description and Attachment 1 to Board on Nov 18, 2025. 3. Revised BOC policy and Community Relations policy to use LCH policy format, add advocacy role, update procedure to align with Board and LCH policies. Recommend draft to Board on Nov 18, 2025. Revised BOC Continuing Education Policy to correct the title, pronouns, policy format, procedures i.e. report evidence of completed state and LCH mandatory trainings, and other trainings. Recommend draft to Board on Nov 18, 2025. 4. Discussed new Board review process for Warrants and Vouchers. Create written procedure when process is finalized. 5. Discussed Board bylaws changes to consider at next scheduled update Dec 2025. Contact Exec Assistant to help develop BOC document to track items that might be included when BOC policies are updated at next scheduled time.
12:00 Pm	6. Adjournment	

Next meeting: TBD



MINUTES

Group: Finance Committee 11/14/25, 10AM in person and via Teams		
Facilitator: Jordana Laporte		Recorder: W. Kenck
Member Attendance:		
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO	<input type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Jordana LaPorte, BOC (virtual)	<input checked="" type="checkbox"/> Brant Truman, CFO (virtual)	
Participants: Vickie Bodle, R. Montgomery, C. Seaholm, B. Fields (virtual), M. Miller (virtual)		
Guests:		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
<ul style="list-style-type: none"> • Call to Order 	<ul style="list-style-type: none"> • B. Truman called meeting to order at 10:05 am
<ul style="list-style-type: none"> • Goals 	<ul style="list-style-type: none"> • The Committee has set an ambitious target of achieving a net income of \$2M. • Develop a 5-year Capital Budget.
<ul style="list-style-type: none"> • New Business 	<ul style="list-style-type: none"> • The Finance Committee reviewed the proposed disposal of the shredder and scanner and recommended Board approval through a formal Resolution. • V. Bodle presented the Levy Certification and the EMS, Regular, and Voter-Approved Levy Resolutions. The Finance Committee reviewed these items and recommended they be approved by the Board via Resolution. • B. Truman presented the Capital Purchase request for the continuation of the Stryker OR Lease Agreement. The Finance Committee reviewed the proposal and recommends Board approval of the purchase. • B. Truman provided an update on the current financial position related to the Bonus. • B. Truman also reported that the Medicare letter has been distributed to patients, the community, and local insurance brokers. • C. Seaholm announced that the 340B program is scheduled to go live on December 1.
<ul style="list-style-type: none"> • Reports 	<ul style="list-style-type: none"> • B. Fields reviewed the monthly Revenue Cycle report • V. Bodle presented the unaudited October 2025 Financial Statement.
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • J. LaPorte adjourned the meeting at 11:53 pm



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended October 31, 2025

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Balance Sheet
Lake Chelan Health

	Current Month 10/31/2025 unaudited	Prior Year 12/31/2024 AUDITED	Prior Year 10/31/2024 Unaudited
ASSETS:			
CASH	266,412	\$ 643,633	\$ 1,855,272
PATIENT RECEIVABLES	15,871,736	13,374,705	\$ 13,019,524
LESS: RESERVES FOR ALLOWANCES	<u>(8,404,450)</u>	<u>(6,580,569)</u>	<u>\$ (6,970,071)</u>
NET PATIENT ACCOUNTS RECEIVABLES	7,467,286	6,794,136	6,049,453
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	(96,457)	(83,101)	(469,999)
OTHER RECEIVABLES	(133,000)	620,190	(117,717)
INVENTORIES	333,171	334,014	323,062
PREPAID EXPENSES	<u>520,852</u>	<u>366,593</u>	<u>343,095</u>
TOTAL CURRENT ASSETS	<u>\$ 8,358,265</u>	<u>\$ 8,675,465</u>	<u>\$ 7,983,168</u>
GENERAL RESERVES	\$ 2,243,513	1,341,527	\$ 3,057,080
Unrestricted Reserves	\$ 5,259,056	6,405,615	\$ 5,336,592
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>50,010</u>	<u>50,002</u>	<u>\$ 50,000</u>
TOTAL LIMITED USE ASSETS	<u>\$ 12,102,504</u>	<u>\$ 12,347,068</u>	<u>\$ 12,856,796</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,133,845
LAND IMPROVEMENTS	0	0	\$ -
BUILDINGS & IMPROVEMENTS	2,969,105	0	\$ -
EQUIPMENT	8,861,553	8,643,764	\$ 9,937,257
SOFTWARE	2,377,633	2,172,425	\$ 2,176,761
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	1,742,567
CONSTRUCTION-IN-PROGRESS - PROJECTS	1,744,128	908,664	\$ 600,664
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>76,588</u>	<u>8,750</u>	<u>\$ 541,692</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	70,567,414	64,597,327	64,531,979
LESS: ACCUMULATED DEPRECIATION	<u>(16,441,560)</u>	<u>(13,690,670)</u>	<u>\$ (14,210,942)</u>
GASB 87 AMORTIZATION	<u>(1,715,180)</u>	<u>(1,176,061)</u>	<u>(534,946)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 52,410,673</u>	<u>\$ 49,730,596</u>	<u>\$ 49,786,091</u>
DEFERRED ITEMS	\$ 2,419,667	2,435,720	\$ 1,538,942
TOTAL ASSETS	<u>\$ 75,291,108</u>	<u>\$ 73,188,849</u>	<u>\$ 72,164,997</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 708,547	(284,049)	489,746
ACCRUED PAYROLL	792,905	861,750	600,196
ACCRUED VACATION/HOLIDAY/SICK PAY	1,638,386	1,520,294	968,433
PAYROLL TAXES PAYABLE	172,757	160,605	44,565
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	843,865	3,225,885	830,785
INTEREST PAYABLE	447,753	91,606	458,350
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,129,475	1,129,475	1,046,831
LINE OF CREDIT	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL CURRENT LIABILITIES	<u>\$ 5,733,688</u>	<u>\$ 6,705,566</u>	<u>\$ 4,438,905</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,346,226	18,358,318	18,709,618
2013 BONDS	4,287,733	4,283,436	4,662,576
USDA LOANS	18,182,934	17,682,789	17,782,270
LEASES	3,253,980	1,495,939	2,115,179
PAID LEAVE - LT PORTION	179,000	179,000	200,959
2025 BONDS	<u>1,392,333</u>	<u>0</u>	<u>0</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 45,642,206</u>	<u>\$ 41,999,482</u>	<u>\$ 43,470,603</u>
DEFERRED ITEMS	\$ 4,867,502	5,323,488	4,301,582
TOTAL LIABILITIES	<u>\$ 56,243,397</u>	<u>\$ 54,028,536</u>	<u>\$ 52,211,090</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 19,160,312	16,134,327	17,126,755
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(112,600)</u>	<u>3,025,986</u>	<u>2,827,152</u>
TOTAL NET ASSETS	<u>\$ 19,047,711</u>	<u>\$ 19,160,313</u>	<u>\$ 19,953,907</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 75,291,108</u>	<u>\$ 73,188,849</u>	<u>\$ 72,164,997</u>

property taxes are
accrued over 12
months

Statement of Revenue and Expense Lake Chelan Health

For the month ended October 31, 2025

	CURRENT MONTH				Prior Year 10/31/24
	Actual 10/31/25	Budget 10/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 712,458	\$ 759,607	(47,149)	-6%	\$ 663,599
OUTPATIENT	6,185,185	5,952,839	232,346	4%	5,145,368
TOTAL PATIENT SERVICE REVENUES	<u>6,897,644</u>	<u>6,712,447</u>	<u>185,197</u>	<u>3%</u>	<u>5,808,967</u>
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(3,143,052)	(2,776,454)	(366,597)	13%	(1,694,470)
BAD DEBT	(106,205)	0	(106,205)	0.00%	(164,570)
CHARITY	(129,530)	0	(129,530)	0.00%	(60,110)
TOTAL DEDUCTIONS FROM REVENUES	<u>(3,378,787)</u> 49.0%	<u>(2,776,454)</u> 41.4%	<u>(602,332)</u> -22%		<u>(1,919,150)</u> 33.0%
NET PATIENT SERVICE REVENUES	<u>3,518,857</u>	<u>3,935,992</u>	<u>(417,135)</u>	<u>-11%</u>	<u>3,889,817</u>
OTHER OPERATING REVENUES	<u>39,142</u>	<u>22,417</u>	<u>16,725</u>	<u>75%</u>	<u>21,076</u>
TOTAL OPERATING REVENUES	<u>3,557,999</u>	<u>3,958,409</u>	<u>(400,410)</u>		<u>3,910,893</u>
OPERATING EXPENSES					
SALARIES/WAGES	2,044,904	1,922,215	(122,689)	-6%	1,782,931
EMPLOYEE BENEFITS	421,206	416,463	(4,742)	-1%	337,353
PROFESSIONAL SERVICES	350,687	261,209	(89,478)	-34%	174,484
FOOD SUPPLIES	26,125	19,329	(6,795)	-35%	20,314
MINOR EQUIPMENT	41,612	31,093	(10,519)	-34%	8,758
SUPPLIES	260,514	252,852	(7,662)	-3%	207,396
PLANT UTILITIES	34,020	30,254	(3,766)	-12%	26,977
PURCHASED SERVICES	405,394	327,951	(77,444)	-24%	384,263
REPAIR/MAINTENANCE	112,494	100,412	(12,082)	-12%	94,687
PUBLIC RELATIONS/RECRUITM	6,433	13,009	6,576	51%	4,009
RENT/LEASES	41,866	61,633	19,767	32%	87,153
INSURANCE	53,799	45,774	(8,024)	-18%	87,789
LICENSES/TAXES	20,153	31,325	11,172	36%	24,064
DUES/SUBSCRIPTIONS/OTHER	56,855	67,200	10,345	15%	56,156
TRAVEL/TRAINING	18,383	14,736	(3,647)	-25%	11,154
DEPRECIATION	354,091	362,973	8,882	2%	328,442
AMORTIZATION	63,996				
TOTAL OPERATING EXPENSES	<u>4,312,531</u>	<u>3,958,429</u>	<u>(290,107)</u>	<u>-7.3%</u>	<u>3,635,930</u>
NET OPERATING SURPLUS (LOSS)	<u>(754,532)</u>	<u>(20)</u>	<u>(754,513)</u>		<u>274,964</u>
NON-OPERATING REVENUES					
TAXES	308,887	256,233	52,654		267,472
INTEREST					
GIFTS & GRANTS	25,650		25,650		
OTHER	0	0	0		(862,377)
NET INCOME margin	<u>(419,996)</u> -11.8%	<u>256,213</u> 6.5%	<u>(676,209)</u>		<u>(319,941)</u> -8.2%
TOTAL NET INCOME (LOSS)	<u>\$ (419,996)</u>	<u>\$ 256,213</u>	<u>(676,209)</u>		<u>\$ (319,941)</u>

Statement of Revenue and Expense
Lake Chelan Health

For the month ended October 31, 2025

	YEAR-TO-DATE				Prior Year 10/31/24
	Actual 10/31/25	Budget 10/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 6,622,629	\$ 7,227,938	(605,309)	-8%	\$ 6,048,767
OUTPATIENT	56,872,563	56,643,396	229,167	0%	49,225,634
TOTAL PATIENT SERVICE REVENUES	63,495,192	63,871,333	(376,142)	-1%	55,274,400
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(26,065,720)	(26,418,958)	353,238	-1%	(19,947,815)
BAD DEBT	(1,670,756)	0	(1,670,756)	0.00%	(1,303,729)
CHARITY	(885,841)	0	(885,841)	0.00%	(850,196)
TOTAL DEDUCTIONS FROM REVENUES	(28,622,318)	(26,418,958)	(2,203,359)	-8%	(22,101,740)
	45.1%	41.4%			40.0%
NET PATIENT SERVICE REVENUES	34,872,874	37,452,375	(2,579,501)	-7%	33,172,661
OTHER OPERATING REVENUES	480,771	224,167	256,604	114%	317,030
TOTAL OPERATING REVENUES	35,353,645	37,676,542	(2,322,897)	-6%	33,489,690
OPERATING EXPENSES					
SALARIES/WAGES	18,753,297	18,850,107	96,811	1%	16,478,690
EMPLOYEE BENEFITS	3,946,608	4,084,028	137,419	3%	3,238,494
PROFESSIONAL SERVICES	3,153,591	2,612,092	(541,500)	-21%	1,514,141
FOOD SUPPLIES	222,565	193,292	(29,273)	-15%	186,119
MINOR EQUIPMENT	328,705	310,933	(17,772)	-6%	483,784
SUPPLIES	2,171,904	2,405,976	234,072	10%	2,122,412
PLANT UTILITIES	314,983	302,541	(12,443)	-4%	329,688
PURCHASED SERVICES	4,192,339	3,279,506	(912,833)	-28%	3,246,969
REPAIR/MAINTENANCE	1,024,456	1,004,122	(20,335)	-2%	923,327
PUBLIC RELATIONS/RECRUITMENT	74,945	130,088	55,143	42%	68,856
RENT/LEASES	422,444	616,332	193,888	31%	730,361
INSURANCE	425,417	457,743	32,326	7%	436,299
LICENSES/TAXES	253,040	313,253	60,212	19%	220,812
DUES/SUBSCRIPTIONS/OTHER	582,977	671,996	89,019	13%	489,777
TRAVEL/TRAINING	109,187	147,361	38,174	26%	107,051
DEPRECIATION	3,020,369	3,629,728	609,359	17%	3,185,901
AMORTIZATION	618,420	0	(618,420)		
TOTAL OPERATING EXPENSES	39,615,248	39,009,096	(606,152)	-1.6%	33,762,680
NET OPERATING SURPLUS (LOSS)	(4,261,603)	(1,332,554)	(2,929,049)		(272,990)
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	2,350,370				2,264,558
GRANTS/CONTRIBUTIONS	517,257				791,038
EMS COMMERCE GRANT	971,707				
INVESTMENT EARNINGS	319,220				350,356
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	1,080,147				1,062,907
INTEREST EXPENSE	(1,549,737)				(1,505,045)
GAIN / (LOSS) ON ASSET DISPOSAL	460,037				136,325
TOTAL NON OPERATING REVENUES	4,149,001	2,562,328			3,100,139
NET INCOME	(112,601)	1,229,774	(1,342,376)		2,827,149
margin	-0.3%	3.3%			8.4%
TOTAL NET INCOME (LOSS)	\$ (112,601)	\$ 1,229,774	\$ (1,342,376)		\$ 2,827,149

Patient Statistics Lake Chelan Health

For the month ended October 31, 2025



Current Month			Last Year Month			
Actual vs Budget	10/31/25	BUDGET	STATISTICS	Actual vs Budget	10/31/24	BUDGET
■	105	120	Total Days Cash on Hand	■	144	120
■	56	40	Net AR Days	■	61	40
■	0.54	1.25	Debt Coverage Ratio	■	0.11	1.25
■	236	208	Payroll FTEs	■	199	208

Current Month				Year-To-Date				
Actual vs Budget	Actual 10/31/25	Prior Year 10/31/24	BUDGET	STATISTICS	Actual vs Budget	Actual 10/31/25	Prior Year 10/31/24	BUDGET
Admissions								
NA	22	26	NA	medical	NA	205	180	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	6	2	NA	OB	NA	73	79	NA
NA	28	28	NA	Acute	NA	278	259	NA
NA	6	7	NA	Swing Bed	NA	49	56	NA
NA	6	2	NA	Total Deliveries	NA	71	79	NA

Patient Days								
■	82	94	77	medical	■	612	531	656
NA	0	0	NA	surgical	NA	0	0	NA
■	11	5	16	OB	■	135	142	140
■	93	99	93	Acute	■	747	673	796
■	55	46	70	Swing Bed	■	444	581	596
■	8	5	12	Total Newborn Days	■	131	108	100
■	156	150	175	TOTAL PATIENT DAYS	■	1322	1362	1492

Average Length of Stay								
■	3.3	3.5		Total Inpatient	■	2.7	2.6	
■	9.2	6.6		Swing Bed	■	9.0	10.4	

Avg Daily Census - Hospital								
	3.0	3.2		Total Inpatient		2.5	2.2	
	1.8	1.5		Swing Bed		1.5	1.9	
	4.8	4.7		Total		3.9	4.1	

■	477	524	631	ED Visits	■	5357	5825	6008
■	46	66	93	Surgeries	■	523	652	881
■	1347	1233	1453	Imaging Procedures	■	12888	11790	13827
■	4285	3425	3523	Lab Tests	■	40941	32385	33521
■	940	639	833	Rehab Visits	■	7847	6914	7926
■	144	134	146	EMS Runs	■	1369	1381	1392
■	1022	734	1139	Total Clinic Visits	■	9066	8386	11830
■	314	100	93	Specialty	■	1649	898	964
	236	109		Primary care		1605	1570	
■	472	477	1046	Express Care (budget shows primary and express)	■	5812	5918	10866
	23	23		working days		218	218	

Note #1 Contractuals

AR decreased \$189k from September to October
Charity care was \$129,530 for October. Bad Debt was \$106,205
Charity and Bad Debt are 4.04% of gross charges ytd compared to 4.03% this same time last year.
Medicare Cost Report Model Estimate YTD through September (\$331,589)

Safety Net 1st Qtr \$358,342 2nd Qtr \$358,342 less 20% contingency -\$150,253 and third qtr less contingency \$272,326.39 = \$838,758 less fees = \$671,844
Includes Safety Net 3rd qtr fee of \$83,457.25
\$218,334.62 held in reserve and not recognized for SNET income.

Note #2 PROFESSIONAL SERVICES

Med Surg is over budget \$42,775 due to expenses for Light Matter Solutions and Dr. Kalliath which are in addition to the Rural Physician Group agreement
ED Pro Fees over budget \$236,826 due the increase need of use for locums
Dermatology is over budget \$191,444 (gross revenue is over budget \$488,439)
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 \$124,543 due to increase use in travelers
Surgery is over budget by \$173,037. Whitman Partners was not budgeted.
Lab is over budget by \$228,382. Budget has been reviewed for 2026 to make sure this doesn't happen again.
Provider Based clinic is over budget by \$338,414 due to traveler agency expenses
Laundry is over budget by \$63,381 due to Vestis expenses

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 \$455,986 for 2025
Gain on sale of other assets \$4,051

Grants/Contributions - *restricted contributions*

WA ST Ecology 151,272
Misc 500
Nick of Time 6,250
Foundation 54,341
Grant - 10,000
AWPHD - CHNA 10,100
North Central Regional EMS 5,000

AZ Wells 32,849
WHS Top Performer 2,000

grants

Action Health Partners - 57,301
Community Choice 39,879 - CARES
CWH Grant 93,211
WA ST Health 778
WA ST ED Trauma 8,454
WA ST Health 12,373
LCHW-EMS ATV Grant 17,400
Population Grant 8,000
North Central Emer 7,550

wa commerce grant

WA ST Commerce 971,707 - EMS Build

For the month ended October 31, 2025

9/30/2025	GL ACCOUNT #	ACCT DESCRIPTION	10/31/2025	EXPLANATION	
\$322,408	10002000	General Fund Cash In Bank (Wheatland)	\$357,272	\$34,864	
				\$3,987,324 deposits	
				\$0 graham refund	
				\$0 commerce grant	
				(\$18,977) tsys/payplus fees	
				(\$6,389) fees mckesson/cardinal	
				(\$35) fees and interest rebates	
				\$5,942 café sales	
				(\$3,933,000) transfer to county	
\$1,016,798	10004000	General Fund Cash w/ Treasurer	\$811,208	(\$205,590)	
				(\$1,829,015) AP	
				(\$25,727) Voids	
				\$1,859,538 warrants issued	
				(\$1,768,048) warrants redeemed	
				\$3,933,000 Bank Transfers from 10002000	
				\$90,211 Bank Transfer to/from 10760000	
				(\$88,992) Bank Transfer for USDA pmt	
				\$0 Bank Transfer for bond pmt	
				(\$2,728,440) Payroll/Benefits	
				(\$19,195) B&O taxes	
				\$346,333 Property Taxes	
				\$24,743 Leasehold Taxes & Misc Taxes	
				safety net pmt	
(\$67,554)	10009000	cash clearing	(\$92,571)	(\$25,017)	
				transfer from rev bond fund	
				pmts posted as remits received	
(\$740,647)	20070000	warrants outstanding	(\$809,497)	(\$68,850)	
				(\$1,279,696) remits (payroll/benefits/b&O)	
				\$1,768,048 warrants redeemed	
				(\$1,859,538) warrants issued ap	
				\$1,276,610 remits redeemed	
				\$25,727 voids	
\$270,026	10106000	AMB RESERVE	\$812,590	\$542,664	
				transfer to reserves	
				(\$90,212) transfer from reserves (bond pmt & ops)	
				\$632,690 property taxes	
				\$78 leasehold taxes	
				\$8 interest	
\$684,949	10910000	2018 GO BOND	\$1,142,704	\$457,755	
				\$457,755 property taxes	
				\$0 bond pmt / fee	
\$0	10911000	2018 CASH BOND	\$0	\$0	
				interest	
\$320,400	10916000		\$320,400	\$0	
\$90,000	10917000		\$90,000	\$0	
\$410,400			\$410,400	\$0	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0	
				paid bond interest	
\$288,220	10923000	HOSP 2025 REVENUE BONC	\$288,220	\$0	
				reimb for draws	
\$9,370,580	10760000	RESERVES	\$9,398,580	\$28,000	
				\$28,000 interest	
				transfer to gen fund	
\$50,009	10764000	COASTAL BANK	\$50,010	(\$0)	
				\$0 interest	
\$11,605,189			\$12,368,916	\$763,726	
				6	
				Days of Cash on Hand	65.6
				Restricted Days Cash on Hand	38.9
				Total Days Cash on Hand	104.5

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

RESOLUTION No. 2025-16
Disposal of Paper Shredder

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 Business Office has identified the following items as surplus to departmental needs:

- Paper Shredder, Serial Number 070240640, Model Number CX10W, Asset Tag #8650

WHEREAS, an assessment has determined that this equipment is no longer working 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 Business Office 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 unusable.

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 18th day of November 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. 2025-17
Disposal of Scanner

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 Business Office has identified the following items as surplus to departmental needs:

- Scanner, Serial Number K4432267, Make: Kodak, Asset Tag #9591

WHEREAS, an assessment has determined that this equipment is no longer working 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 Business Office 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 unusable.

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 18th day of November 2025, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO



Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Aaron Edwards,
(Name)

Chief Executive Officer, for Chelan County Public Hospital, do hereby certify to
(Title) District No. 2
(District Name)

the Chelan County legislative authority that the Board of Commissioners
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2026 as provided in the district's
(Year of Collection)

budget, which was adopted following a public hearing held on 11/18/25:
(Date of Public Hearing)

Regular Levy: \$1,400,000.00
(State the total dollar amount to be levied)

Excess Levy: _____
(State the total dollar amount to be levied)

Refund Levy: \$1,295.00
(State the total dollar amount to be levied)

Signature: _____

Date: 11/18/25

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Ordinance / Resolution No. 2025-18

Regular

Levy

RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District No. 2 has met and considered its budget for the calendar year 2026; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 1,031,842.43; and,

WHEREAS, the population of this district is [X] more than or [] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2026 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 10,318.42 which is a percentage increase of 1% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 18 day of November, 2025.

Three horizontal lines for signatures on the left and right sides.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.



Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Aaron Edwards,
(Name)

Chief Executive Officer, for Chelan County Public Hospital, do hereby certify to
District No. 2
(Title) (District Name)

the Chelan County legislative authority that the Board of Commissioners
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2026 as provided in the district's
(Year of Collection)

budget, which was adopted following a public hearing held on 11/18/25:
(Date of Public Hearing)

Regular Levy: \$2,300,000.00
(State the total dollar amount to be levied)

Excess Levy: _____
(State the total dollar amount to be levied)

Refund Levy: \$2,451.54
(State the total dollar amount to be levied)

Signature: _____

Date: 11/18/25

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Ordinance / Resolution No. 2025-19

EMS Levy

RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District No. 2 has met and considered its budget for the calendar year 2026; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 1,894,336.80; and,

WHEREAS, the population of this district is [X] more than or [] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2026 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 18,943.37 which is a percentage increase of 1% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 18 day of November, 2025.

Signature lines for the governing body and assessor.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.



Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Aaron Edwards,
(Name)

Chief Executive Officer, for Chelan County Public Hospital, do hereby certify to
(Title) District No. 2
(District Name)

the Chelan County legislative authority that the Board of Commissioners
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2026 as provided in the district's
(Year of Collection)

budget, which was adopted following a public hearing held on 11/18/25:
(Date of Public Hearing)

Regular Levy: _____
(State the **total** dollar amount to be levied)

Excess Levy: \$1,336,660.00
(State the **total** dollar amount to be levied)

Refund Levy: \$0.00
(State the **total** dollar amount to be levied)

Signature: _____

Date: 11/18/25

To ask about the availability of this publication in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users, please call (360) 705-6718. For tax assistance, call (360) 534-1400.

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

RESOLUTION No. 2025-20

*A Resolution for levying the excess levy to pay for debt on the
General Obligation Bonds for 2019*

WHEREAS, the Board of Chelan County Public Hospital District #2 is in the process of completing its budget for the calendar year 2026,

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chelan County Public Hospital District #2 on the 18th day of November, 2025 do hereby authorize and fix an excess levy of \$1,336,660 for bond payments to be collected in 2026.

ADOPTED by the board Chelan County Public Hospital District #2, Chelan County, Washington, at a special board meeting thereof this 18th day of November, 2025.

BOARD OF COMMISSIONERS

Chairman of the Board

Commissioner

Vice Chairman

Commissioner

Secretary

Chief Executive Officer



CEO Board Report (as of 11/11/2025)

People:

- It has been a very busy month, with multiple traumas and OB surgical cases occurring simultaneously. I am extremely proud of our ED, OR, OB, and EMS teams for working through several very complicated and difficult situations.
- We will have two new general surgeons joining us in the new year to help provide 24/7 surgery coverage for the district (with one more to be announced soon). Both doctors have a wealth of experience, and we look forward to their help!
- CVCH and our OB team are working on a project called "Smooth Transitions," which aims to facilitate improved communication and care for planned community births. The goal is to build greater collaboration among community midwives, EMS, and our hospital care team.
- UKG's HR and Recruitment modules are up and running. The team, led by Wendy Kenck, is now working on the Payroll and Time modules. Much appreciation for all the hard work!
- We are proud to announce that we have hired Carolina Martinez, PA, for our primary care clinic. She will begin work before the new year.

Community:

- I sat in interviews for the Chelan City Administrator position. The city found great candidates, and I look forward to working with their chosen candidate!
- I met with Representatives Mike Steele (12th) and Andrew Engell (7th) to discuss various healthcare topics.
- I am headed to our annual Rural Health Collaborative Meeting this week (hosted by Prosser Hospital).

Quality:


- Our new credentialing system, Verge, is now live. We expect it will streamline a normally very complicated process and standardize the physician/APP experience as they apply for credentials and re-credentialing on our medical staff. It should also provide greater transparency for Board members involved in the process.
- Devon Ehlert, ED Manager, is working with Children's Hospital to conduct Pediatric Readiness Training in our ED.

Financial:

- The Financials were not available at the time of this report. However, our daily metrics indicate that gross revenue exceeded expectations at roughly \$6.9M (prior year was about \$5.8M).
- Wixcorp billing service will be available to the community in a few weeks (staff will have access this coming week). This service will greatly enhance billing detail, the ability to pay and set up payment plans online, communicate with staff via text, and much more.

Building for the Future:

- The footings and most of the foundation are in place for our EMS building. work on utilities and the utility vaults is happening simultaneously. Once we have power to the site, we will have a live camera for the public to link to so they can watch the progress!
- We are making positive progress on Urology, Cardiology, 24/7 General Surgery, and one other specialty to be announced soon.

		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%	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%	51%	66%		%
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	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	63	66		
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	99	105		
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	\$ 2,973,672.00	\$2,907,768.00		



Lake Chelan Health Community Health Needs Assessment

2025 – 2027

110 S Apple Blossom Dr, Chelan, WA 98816

Approved November 18, 2025

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About Lake Chelan Health

Founded in 1948 in Chelan, Washington, Lake Chelan Health (“LCH”) is a Public Hospital District (Chelan County Public Hospital District No. 2) with a 25-bed Critical Access Hospital (“CAH”), pediatric care clinic, primary care clinic, specialty care clinic, and express walk-in care clinic. LCH became a Public Hospital District in 1969, obtained CAH designation in 2004, and opened its newly constructed current hospital facility in 2022. In 2023, LCH proudly celebrated 75 years of caring for residents and visitors of the Lake Chelan Valley, demonstrating our commitment to our community.

To learn more about LCH, <https://lakechelanhealth.org/>.

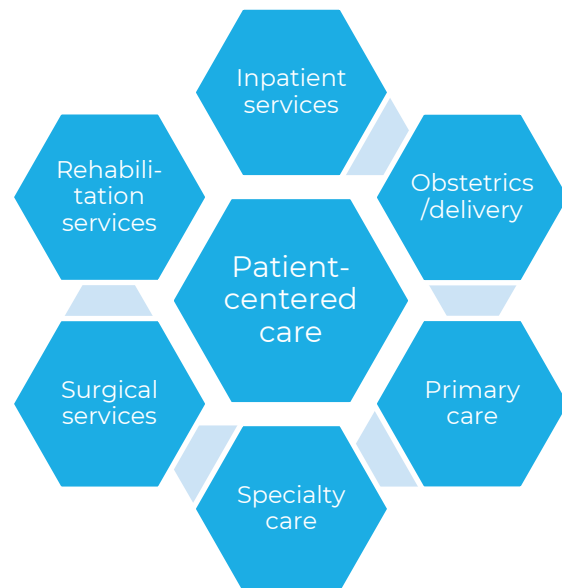
Our Mission

LCH’s mission is “to provide the highest quality healthcare with compassion and respect to the community we serve”. Through our vision “to improve community health and make our region a better place to live”, we strive to provide excellent healthcare services to our community each and every time.

Our Services

LCH provides an extensive array of inpatient and outpatient services, including acute inpatient services, swing bed services, obstetrics/delivery care, primary care/pediatric care/express care (Lake Chelan Health Clinic), emergency medicine, surgical services, rehabilitation services, specialty care services, laboratory services, diagnostic radiology/imaging services, and more. Our staff consist of a mix of primary care, specialty care, and rehabilitation services providers.

As a CAH, LCH serves as the sole provider of care in a predominantly rural community with limited access to healthcare services. People that live in rural communities face a higher degree of socio-economic and health disparities compared to their urban counterparts. Every three years, LCH conducts a community health needs assessment (“CHNA”) to identify unmet health needs within the service area based on population trends, health indicators, socio-economic factors, and leading causes of death.

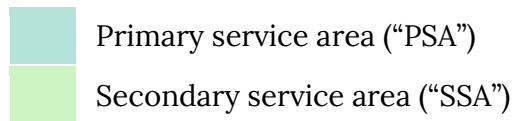


Our Community

LCH’s service area encompasses areas both within and outside of the Chelan County Public Hospital District No. 2. The primary service area (“PSA”) includes communities in Chelan County such as Chelan, Manson, Stehekin, and Chelan Falls. The secondary service area (“SSA”) consists of communities within Chelan County and Douglas County including Entiat, Mansfield, Orondo, Waterville, and Ardenvoir.

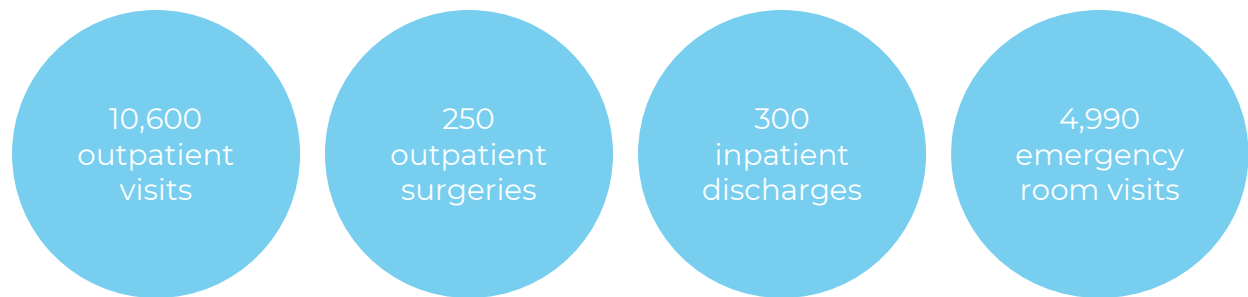


Primary service area ("PSA")	
98816 (Chelan)	98831 (Manson)
98852 (Stehekin)	98817 (Chelan Falls)



Secondary service area ("SSA")	
98822 (Entiat)	98830 (Mansfield)
98843 (Orondo)	98858 (Waterville)
98811 (Ardenvoir)	

LCH is annually providing approximately:

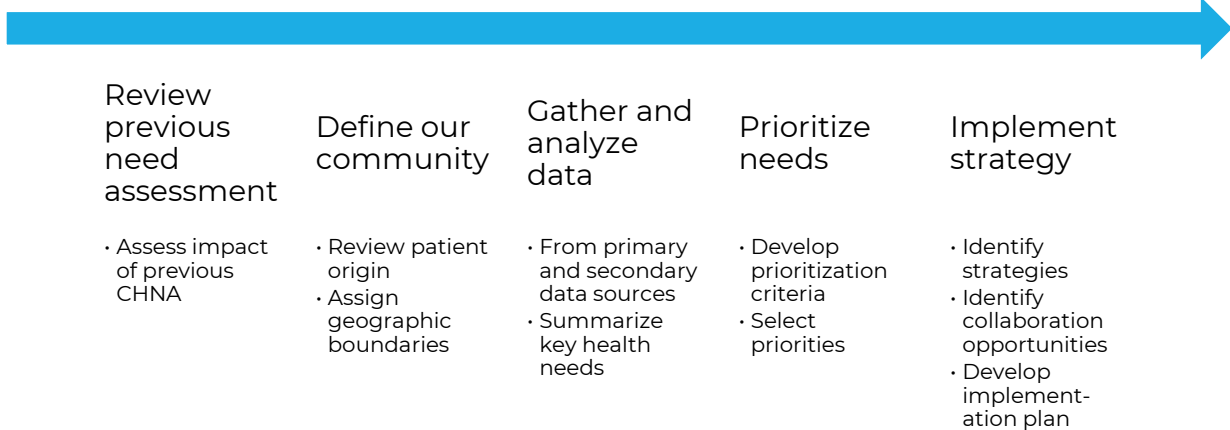


Source: Definitive Healthcare, July 2025 Medicare Cost Report release

Methodology

Our Process

LCH engaged Wipfli, an independent audit, tax, and advisory firm, to facilitate the development of the CHNA. Wipfli utilized the following process to analyze the health needs of the community and develop the priorities of the needs assessment:



This process was overseen by the CHNA Advisory Committee, which consists of leadership from the hospital who represent the broad interests of the community. Committee members were selected based on their knowledge of and role within the community, as well as the relevant skills and qualifications to execute the steps of the CHNA process.

The committee consists of the following members:

- AARON EDWARDS, CHIEF EXECUTIVE OFFICER**
- SAMUEL NAU, REVENUE CYCLE DIRECTOR**
- AGUSTIN BENEGAS, COMMUNICATIONS MANAGER**
- MARCUS MILLER, EXECUTIVE DIRECTOR OF OUTPATIENT SERVICES**
- RAY EICKMEYER, DIRECTOR OF EMS**
- GEORGE ROHRICH, COMMUNITY HEALTH WORKER**
- CHANEL VENEGAS, COMMUNITY HEALTH WORKER**

The process used to complete this CHNA is in full compliance with section 501(r)(3) of the Internal Revenue Code. This needs assessment was approved by the LCH Board of Commissioners on **November 18th, 2025**.

Data Collection

Information was collected from primary and secondary data sources to identify unmet needs within the community. Information was summarized into key themes, which served as the basis of the community’s unmet health needs.

PRIMARY DATA

Primary data represents information that was collected first-hand from stakeholders within LCH’s community. This data was collected to validate secondary data findings as they pertain to the service area, identify issues that were not represented in the secondary data, and understand what specific subgroups of the community may face additional challenges or disparities.

Interviews were conducted from May 2025 – June 2025 with people who best represented the broad interests, experiences, and needs of the community, particularly persons who represent the medically underserved and vulnerable populations within the community (referred to herein as “stakeholders”). A community health survey was also distributed to ensure that each person had the opportunity to participate and be heard in this process (referred to herein as “respondents”). A complete list of the interview participants can be found in the Acknowledgments.

The interviews and surveys were designed to solicit information pertaining to the following topics:

- ▶ Significant health care issues or needs.
- ▶ Social, behavioral, and environmental factors that contribute to health needs.
- ▶ Barriers to care within the community.

- ▶ Vulnerable populations who experience disparities.
- ▶ Suggestions or ideas to address the community’s needs.
- ▶ Potential resources/ infrastructure to support health, social, behavioral, or environmental needs.
- ▶ Areas for collaboration to address health needs.

SECONDARY DATA

Secondary data was collected from statistical data sources available from local, regional, state, and national organizations. The secondary data provides a profile of the social, economic, and health characteristics of the community. Sources of data include:

- ▶ American Community Survey
- ▶ Census Reporter
- ▶ Centers for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ Definitive Healthcare
- ▶ ESRI Business Information Solutions
- ▶ Healthiest Communities
- ▶ Health Resources & Services Administration (“HRSA”)
- ▶ Link Transit
- ▶ Medicare.gov
- ▶ U.S. Census
- ▶ U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration (“SAMHSA”)
- ▶ Washington State Department of Health

Prioritization of Community Needs

Once the primary and secondary data was gathered, the information was collectively analyzed to identify key themes that represented the unmet health and health-related needs within the community. The Advisory Committee and Board of Commissioners collectively evaluated the unmet health needs and supporting data to determine which needs would be prioritized to be addressed by LCH over the next three years. The following criteria were utilized to define unmet needs and determine areas of focus:

Scope

- How many individuals are touched by this issue?

Significance

- How significantly does the issue impact those touched by it?

Impact

- How much of an impact can LCH have on addressing this issue?

Limitations

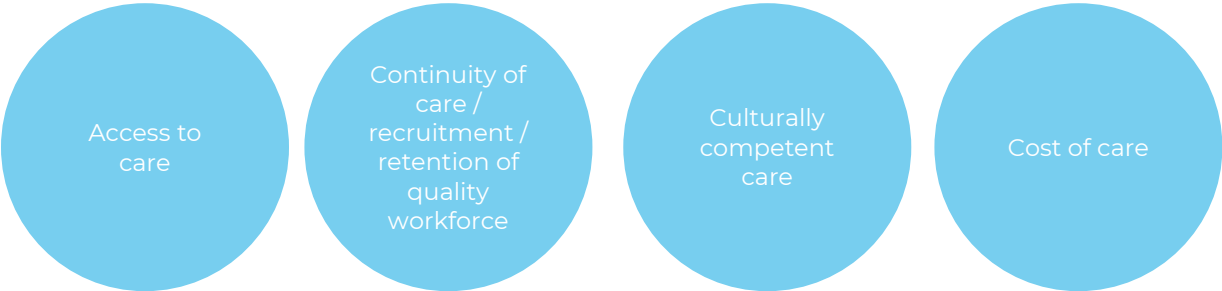
LCH, in collaboration with Wipfli, has engaged in an extensive process to develop a CHNA that is rooted in the most detailed information available at the time of the writing of this report. However, LCH recognizes that the responses reflected in the interviews and surveys represent the opinions of the respondents and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as the perspectives and opinions of these participants may not be fully representative of those in the service area.

Additionally, county-level data is featured in this report when more local data pertaining to the service area was not available. The extent to which local needs vary from county, state, or national trends cannot be ascertained with any degree of certainty.

LCH's emphasis on recruiting a set of diverse stakeholders and using local or regional data when available to determine the social, economic, and health needs of the community demonstrates LCH's commitment to understanding and meeting the needs of their service area.

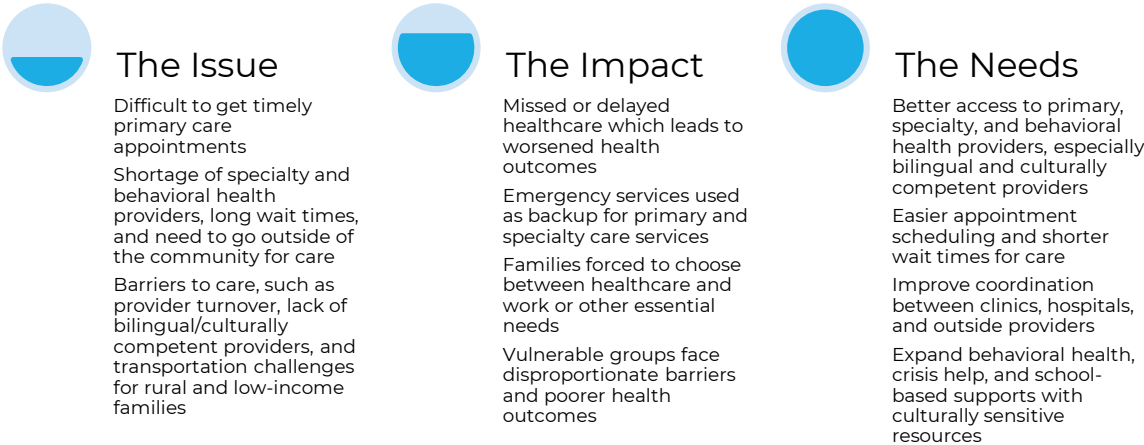
Community Health Priorities

The 2025 community health priorities, in no particular order, are:



Additional context regarding the selection of these health needs as priorities for LCH is provided below:

Access to Care



Primary care

Most residents report having a regular primary care provider or clinic, yet timely access remains a significant challenge. Survey respondents and stakeholders consistently highlighted long wait times for routine appointments with their providers/clinic, with many residents waiting weeks or even months for non-urgent visits—about 28.0% of respondents noted wait times of more than a month for non-urgent visits. Approximately 54.4% of survey respondents identified “improved access to primary care” as the most important factor for enhancing health and quality of life in the community. While walk-in and express care clinics help alleviate some of the demand, preventive care and chronic

disease management were reported to often be delayed. As a result, some residents turn to emergency services for non-emergent needs, placing additional strain on local emergency resources. Stakeholders attribute these challenges in part to a shortage of primary care providers, high provider turnover, and reliance on rotating or temporary staff, which can disrupt continuity of care and hinder the development of long-term patient-provider relationships. Additionally, concerns were raised about care coordination and communication between clinics, hospitals, and external providers, with patients sometimes experiencing confusion about where to seek care and encountering inefficiencies in the sharing of medical records. Despite these barriers, residents value the personalized attention they receive from local primary care providers, especially in smaller clinics where relationships can be built over time.

Specialty care

Access to specialty care is a significant concern for community members, with 100.0% of stakeholders identifying it as a major healthcare need. Data collected during the survey reinforces this, as approximately 64.6% of respondents ranked “improved access to specialty care” as the top priority for enhancing health and quality of life, and about 67.0% indicated that chronic health conditions are among the greatest issues impacting residents’ health outcomes. About 40.0% of survey respondents rated local access to specialty services as poor or very poor, and 80.0% reported receiving healthcare from a provider other than LCH in the past year. According to stakeholders, the most needed specialty services include cardiology, dermatology, gastroenterology, neurology, oncology, orthopedics, pain management, and pediatric vision, dental, and behavioral health care. Residents cited frequent travel to Wenatchee, Moses Lake, Seattle, or Spokane for specialty appointments, advanced diagnostics, and surgeries—a burden especially challenging for elderly individuals, those with chronic conditions, and low-income families who may lack reliable transportation or the flexibility to take time off work. Wait times for specialty care can extend for several months, and some services, such as sleep medicine, diabetes management, and dental or orthodontic care, are only available through periodic outreach or require significant travel. As a result of the challenges within specialty care, residents often postpone or skip care which can lead to worsened health outcomes and increased reliance on emergency services.

Behavioral health

Behavioral health needs are rising within the community. Approximately 67.0% of stakeholders identified mental health and substance use services as a major healthcare need, and nearly 40.0% of survey respondents reporting “better access to behavioral health” as the most important factor for improving community health and quality of life. Approximately half (50.0%) of survey respondents rated local access to mental health and substance use services as poor or very poor. Stakeholders from schools, social services, healthcare, and local government described behavioral health as a growing concern, citing increasing numbers of families and youth struggling with mental health issues, anxiety, depression, and substance use disorders. Survey data reinforces these concerns: mental health conditions, alcohol use, and opioid or other drug use were ranked as the greatest issues impacting health outcomes by 38.4%, 27.6%, and 40.8% of respondents, respectively,

who selected each as their top concerns. Residents reported a severe shortage of behavioral health providers, especially bilingual and culturally competent clinicians, along with long waitlists, high provider turnover, and challenges with continuity of care. Many residents rely on emergency departments for behavioral health crises, with stabilization and follow-up care often requiring travel to larger cities. Substance use disorder services are extremely limited, with no local methadone or medication-assisted treatment programs, and inpatient substance use treatment requiring travel and long waitlists. Stigma around mental health and substance use remains a barrier for all residents, but is particularly acute in the Hispanic/migrant community and is compounded by language barriers and fear of accessing services due to immigration status or lack of trust. Other vulnerable populations experiencing disproportionate impacts include youth, LGBTQ+ individuals, and low-income families.

Continuity of care/recruitment/retention of quality workforce



The Issue

Frequent provider turnover and rotating staff for primary and specialty care providers

High housing costs make recruiting and keeping healthcare workers difficult

Behavioral health services are hit hardest by staffing shortages



The Impact

Frequent provider turnover can reduce community trust in the healthcare system and make it challenging to build relationships

Gaps in patient care can happen during provider transitions

Remaining staff face heavier workloads, leading to burnout and further turnover



The Needs

Develop retention strategies and recruitment pipelines to 1) address challenges in retaining providers and 2) train and retain new and upcoming health professionals from within the community

Set up smooth handoffs when providers leave (shared care plans, patient education)

Continuity of care, recruitment, and retention of quality workforce is a leading challenge present for the community's healthcare system. Approximately 67.0% of stakeholders identified these issues as concerns, and 71.0% of survey respondents emphasized that the ability to recruit and retain a qualified healthcare workforce is the most important factor for improving health outcomes in the community. High provider turnover can disrupt patient relationships, delay treatment, and increase the risk of gaps in care, particularly for patients with chronic conditions or behavioral health needs. Contributing factors that can make it difficult to attract and retain providers include the rural setting and lifestyle, high cost of living, and limited availability of housing options. Turnover can result in staffing shortages, with remaining staff often facing heavier workloads and burnout. Addressing these challenges requires robust retention strategies, recruitment pipelines, and systems to ensure smooth care transitions when providers do leave.

Culturally competent care



The Issue

Few providers speak Spanish or understand different cultures, making care challenging for residents

Health education, chronic disease information, and public health materials are not always offered in languages other than English

Providers may rely on interpretation devices instead of direct communication



The Impact

Missed appointments, poor follow-up, avoidance of preventive care, and inability to understand diagnoses, treatment plans, or medication instructions

Emergency room used for basic, non-emergent care due to lack of language-appropriate services

Cultural insensitivity and poor communication lead to reduced trust in the healthcare system



The Needs

Recruit Spanish-speaking and culturally competent providers and support staff

Train healthcare teams on cultural humility, bias, and clear communication

Expand health education resources to be in multiple languages

Language and cultural barriers were reported by stakeholders and respondents alike to impede access to and quality of healthcare within LCH's community. Approximately 67.0% of stakeholders reported these barriers as a major issue, with Hispanic and migrant populations cited as being particularly underserved due to language barriers, low health literacy, and health inequalities. According to about 38.0% of survey respondents, health inequalities—defined in the survey as some groups of people being less healthy than others because of the avoidable, unfair and systematic differences in healthcare between different groups of people—is the greatest issue impacting health outcomes in the community. Limited availability of Spanish-speaking and culturally competent providers was said to lead to misinterpretation of symptoms and patient hesitancy to seek care. Preventive care materials and chronic disease education are rarely available in languages other than English, and interpretation devices are not consistently accurate, accessible, or appropriate for all situations. These challenges have resulted in patients foregoing needed services, poor follow-up, and increased reliance on emergency rooms for non-emergent needs, which collectively results in poorer health outcomes and increased costs. To address these barriers, stakeholders indicated a need to expand culturally competent services, improve language access during healthcare appointments, and provide ongoing training for healthcare staff to ensure effective communication and trust with diverse populations.

Cost of care



The Issue

High out-of-pocket costs (co-pays, deductibles) make healthcare services difficult to afford
Many residents are uninsured or underinsured, and rely on the emergency room for non-emergent care
Lack of awareness of financial resources available



The Impact

Delays or avoidance of needed healthcare services (preventative and emergent) due to cost
Families choose between healthcare and other essentials
Emergency room is used as a backup for primary or specialty care, putting strain on emergency resources



The Needs

Financial assistance resources, available in multiple languages, about payment plans, financial aid, sliding scale fees, and where to obtain resources

Cost of care is a significant barrier to health and well-being within LCH's community. Approximately 75.0% of stakeholders identified cost of care as a leading issue, noting that high out-of-pocket expenses for co-pays, premiums, deductibles, and medications often lead residents to delay or avoid treatment, ultimately worsening health outcomes. Stakeholders reported families needing to make financial trade-offs between healthcare and other essentials such as food, rent, or transportation. Uninsured and underinsured populations—including agricultural workers, undocumented individuals, and middle-income families in the coverage gap—frequently rely on emergency services for care due to limited insurance options, which is not cost-effective or the appropriate care pathway for patients with primary or specialty care needs. Many residents reported being unaware of availability or location of financial assistance programs, sliding scale fees, and payment plans. Respondents reported the billing process to be confusing and/or delayed, and expressed desire for more timely, transparent, and user-friendly billing and payment systems. Overall, there is a need for clearer communication, available in multiple languages and through trusted community partners, about payment plans, financial aid options, sliding scale fees, and where to locate/reference financial-related information.

Other Identified Needs

The following health needs were identified throughout the CHNA process but were not selected by the Advisory Committee and Board of Commissioners as the committee felt that LCH has neither the expertise nor the resources to lead efforts in these areas. LCH will continue to engage in and support community partnerships with other organizations in the community with expertise in these areas.

TRANSPORTATION

Stakeholders conveyed mixed feedback regarding transportation, with about 67.0% of stakeholders discussing the challenges and successes for transportation within the community. Many stakeholders praised the availability of free public transit options like DART and local bus lines, noting these services are especially valuable for those who know how to access them and live near established routes. However, significant gaps remain for families in rural or outlying areas, people with special needs, and those with inflexible work schedules, as these groups often struggle to reach healthcare appointments due to the limited geography covered by public transit options, advance scheduling requirements, or lack of personal vehicles. Transportation may not be a universal barrier for the community, but it continues to present real challenges for some of the most vulnerable community members.

HEALTH LITERACY, EDUCATION, AND PREVENTATIVE CARE

Health literacy, education, and preventive care are areas requiring significant improvement according to 58.0% of stakeholders. There is a lack of public health education around nutrition, obesity, physical activity, and proactive wellness, with many residents unaware of the importance of preventive screenings and healthy lifestyle choices. Stakeholders also raised concerns about declining vaccination rates and the need for more accessible and culturally relevant health education to address gaps in knowledge and promote proactive health behaviors, especially among families and school-aged children.

CHNA Implementation Plan

Strategies to address the unmet health-related needs prioritized by LCH will be defined through a community health improvement plan (“CHIP”), which is a specific plan that outlines strategies or actions that can be taken to improve priority areas and track progress over time. The CHIP defines specific actions by taking the following into account:

Strategic Objectives

- What overarching goals is LCH seeking to achieve to address these issues?

Impact

- What impact will achieving these goals have on community health?

Tactics

- What specific strategies or tactics will LCH explore to achieve its goals?

Resources

- What resources can LCH commit to address these issues?

Partnerships

- What community organizations can LCH collaborate with to improve health outcomes?

References and Acknowledgments

Primary Data Sources

This report was made possible through the contribution of the following organizations, who participated in the community input process within stakeholder interviews of this needs assessment:

- ▶ City of Chelan
- ▶ Lake Chelan Chamber of Commerce
- ▶ Chelan School District
- ▶ Chelan Valley Housing Trust
- ▶ Chelan Valley Hope
- ▶ Columbia Valley Community Health
- ▶ Chelan-Douglas Health District
- ▶ Manson Fire and Rescue
- ▶ Manson School District
- ▶ Washington Student Achievement Council

Secondary Data Sources

Secondary data was collected from the following sources:

- ▶ American Community Survey
- ▶ Census Reporter
- ▶ Centers for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ Definitive Healthcare
- ▶ ESRI Business Information Solutions
- ▶ Healthiest Communities
- ▶ Health Resources & Services Administration ("HRSA")
- ▶ Link Transit
- ▶ Medicare.gov
- ▶ U.S. Census
- ▶ U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration ("SAMHSA")
- ▶ Washington State Department of Health

Consulting Expertise

Wipfli, a nationally certified audit, tax, and advisory firm, assisted LCH with all stages of this assessment, including collection and analysis of primary and secondary data, identification of community health needs, direction of the prioritization process, and compilation of the needs assessment report.

Evaluation of Previous Community Health Improvement Plan (2023 – 2025)

Previous CHNA Priorities

LCH conducts a CHNA every three years as part of our ongoing efforts to address our community's most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Access to care
- ▶ Behavioral health services and supports
- ▶ Recruitment and retention of a quality workforce
- ▶ Support for aging in place for seniors

Impact Evaluation

The following summarizes LCH's effort in carrying out the previous CHNA's improvement plan for the identified priorities:

Access to care

- Adjusted and expanded the hours of primary and express clinics resulting in increased patient visits and enhanced community trust in accessible, safe, and cost-effective healthcare services.
- Deepened collaboration with local Community-Based Organizations (CBOs) and healthcare partners, leading to full participation from all local CBOs and school districts within LCH's care coordination and safety net initiative.
- Introduced new programs and events geared towards health and wellness such as the A1c screening initiative, which provides pre-diabetes screening to teens across four school districts. Offered preventative resources such as overdose emergency medications and recovery support, childhood obesity and injury prevention, fall prevention programs, drug overdose response initiatives, and more.

Access to care (continued)

- Reached all four local school districts with health education efforts such as CPR and first aid training, mobile vaccines, bike rider safety classes, safe sitter classes, swimming safety, and more.
- Intensified training and interventions for suicide prevention and observed a significant decline in 911 responses for suicide attempts.
- Implemented comprehensive screening protocols across all healthcare access points to proactively close care gaps.
- Reinstated programs such as chronic disease self-management classes, various support groups, and targeted community paramedicine visits for frequent ED users, in addition to continuing disease prevention and screening programs like SPHER, the in-body scanning, and childhood obesity prevention programs.

Behavioral health services and supports

- Reinforced the local safety net and improved resource delivery, particularly in youth mental health awareness and suicide prevention, through the community paramedicine program, clinic partnerships, and community health workers. LCH's collaborative network includes partners such as NCESD, Chelan and Manson School Districts, local parent groups, Only 7 Seconds, Hope Squad, Co-response teams, UW PAL line, 988 Crisis Line, Parkside, and CVCH.
- Progressed the behavioral health screenings for individuals seen in both clinics and emergency department, with a 100% follow-up rate by Community Health Workers within 14 days of any behavioral health findings or identified social determinants of health found during an initial visit.
- Significantly increased behavioral health referrals through the dedication of community health workers, the community paramedicine program, as well as LCH's care coordination and partnerships with CBOs.
- Launched a new diversity, equity, and inclusion (DEI) committee guided by the National CLAS Standards to enhance cultural awareness, language access, and equity in care delivery.
- Conducted in-home behavioral health visits through the community paramedicine program.
- Lake Chelan EMS introduced a new mental health checklist integrated with Key Performance Indicators (KPIs) to enhance the assessment and response to mental health crises; LCH raised educational standards for EMS personnel requiring annual certifications in pediatric and adult mental health first aid, addiction recovery coaching, buprenorphine administration education, and more.

Recruitment and retention of a quality workforce

- Recruited additional staff and providers and implemented staff housing to support recruitment and retention; focused on local recruitment, one example being through LCH's CNA program, in partnership with the Chelan School District and Wenatchee Valley College, provides clinic-based education and hands-on training opportunities.
- Launched a new EMT program within the Chelan high school-CSI to provide 17-year-old students with the training and certification needed so they can to enter the workforce immediately upon completion of their High School graduation.
- LCH supported the integration of Running Start students into the WVC EMT course.

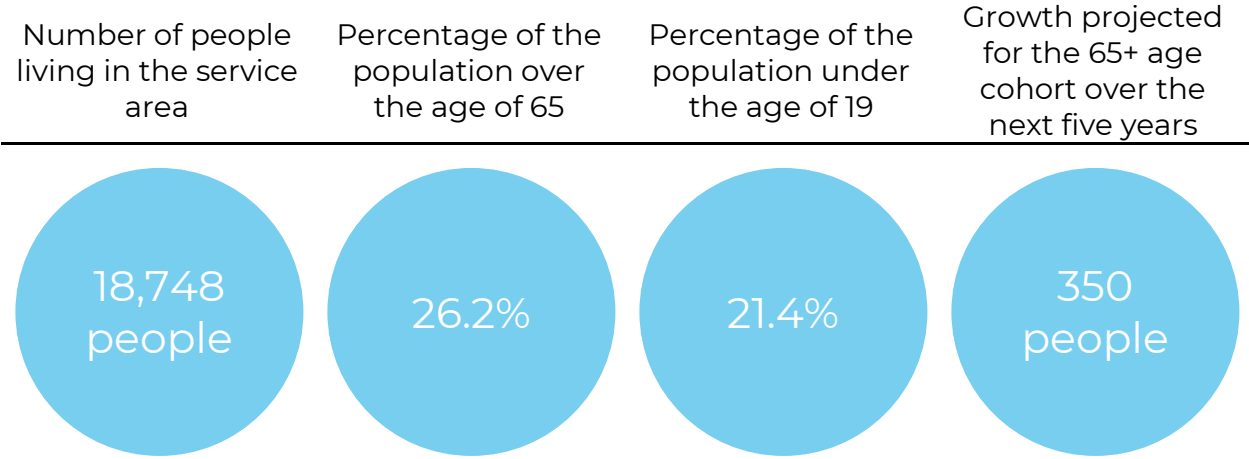
Support for aging in place for seniors

- Introduced a new community education initiative by LCH EMS focused on brain health and dementia awareness to empower individuals with knowledge and practical strategies to reduce their risk of developing dementia and to better understand its symptoms and progression; initiative offers dementia screenings as well as appropriate resources and support services.
- Supported active local care support group by providing educational resources, navigation assistance, and access to information through the hospital's website.
- Lake Chelan Valley expanded its capacity to care for individuals with advanced dementia through the addition of new beds at the Heritage Heights Memory Care Unit.
- Transitional Care Management (TCM) services demonstrated effectiveness and efficiency in delivering coordinated care through collaboration between the LCH social worker and the Community Paramedicine team; 100% of discharged patients receive TCM services.
- Continued to foster strong partnerships and meaningful collaboration with Community-Based Organizations (CBOs) through its Community Paramedicine and Community Health Worker (CHW) programs.
- Offered a robust and comprehensive Fall Prevention Program, featuring interventions such as fall risk screening, home safety assessments, free wall bar and ramp installations, medication reviews, and more.

Community Profile

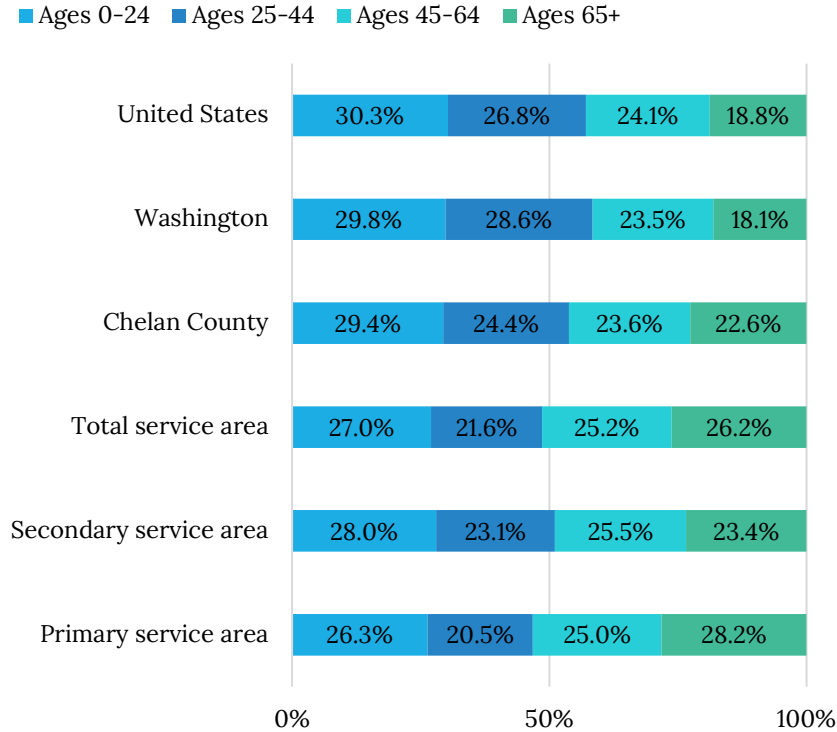
Demographic Indicators

COMMUNITY PROFILE AT-A-GLANCE



The estimated population of LCH's service area is 18,748 people, with population projections estimating that the service area will grow by 1.8% over the next five years. The fastest growing segment of LCH's service area is projected to be the 75 and older age cohort, which is expected to grow by 26.1% over the next five years. An aging population typically requires more resources to support the community due to a higher prevalence of chronic conditions such as heart disease, diabetes, and cancer.

Population distribution by major age cohort



Source: ESRI Business Information Solutions, 2025

Number of People	2025 Estimated Population			2030 Projected Population		
	Total service area	Chelan County	Washington	Total service area	Chelan County	Washington
	Under 19 years old	4,007	19,354	1,894,876	3,809	18,649
20 - 24 years old	1,051	5,009	508,629	995	5,134	536,309
25 - 34 years old	1,980	9,795	1,146,558	2,252	10,457	1,138,311
35 - 44 years old	2,053	10,474	1,164,858	2,031	10,485	1,194,440
45 - 64 years old	4,723	19,514	1,898,442	4,717	20,091	1,973,666
65 - 74 years old	3,027	10,426	841,013	2,880	10,139	865,707
Over 75 years old	1,907	8,249	622,615	2,404	10,059	776,890
Total	18,748	82,821	8,076,991	19,088	85,014	8,361,147
% of Total Population						
Under 19 years old	21.4%	23.4%	23.5%	20.0%	21.9%	22.4%
20 - 24 years old	5.6%	6.0%	6.3%	5.2%	6.0%	6.4%
25 - 34 years old	10.6%	11.8%	14.2%	11.8%	12.3%	13.6%
35 - 44 years old	11.0%	12.6%	14.4%	10.6%	12.3%	14.3%
45 - 64 years old	25.2%	23.6%	23.5%	24.7%	23.6%	23.6%
65 - 74 years old	16.1%	12.6%	10.4%	15.1%	11.9%	10.4%
Over 75 years old	10.1%	10.0%	7.7%	12.6%	12.0%	9.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

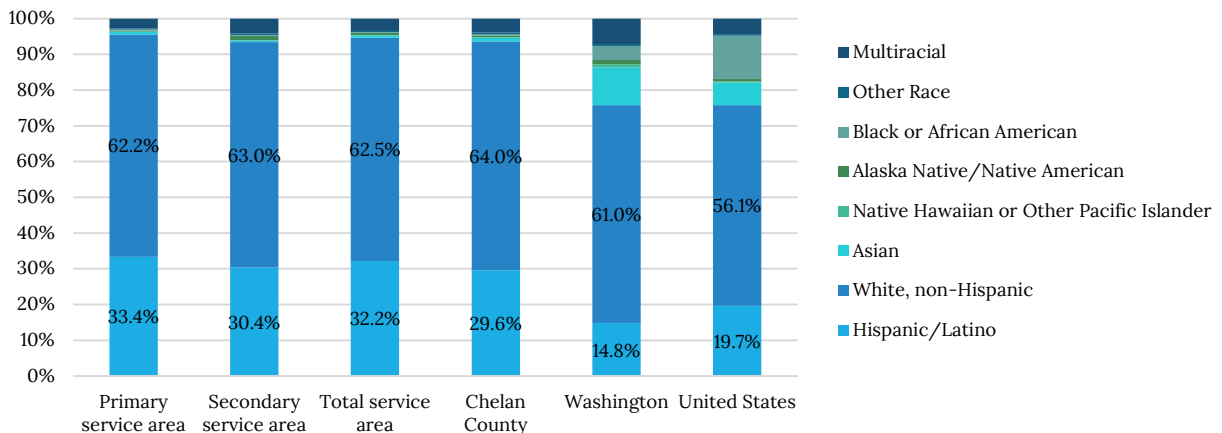
Source: ESRI Business Information Solutions

RACE AND ETHNICITY

Race and ethnicity is an important socioeconomic determinant of health because it can influence a person's exposure to social and economic conditions that can impact their health outcomes. Research has shown that racial and ethnic minority groups are more likely to experience a range of health problems, including chronic diseases, mental health disorders, and poor health outcomes. These disparities can be attributed to factors such as differences in access to healthcare, educational and economic opportunities, exposure to environmental hazards, and experiences of discrimination and racism.

While LCH's service area and Chelan County are predominantly white, a substantial portion of the population identifies as Hispanic/Latino relative to state and national benchmarks.

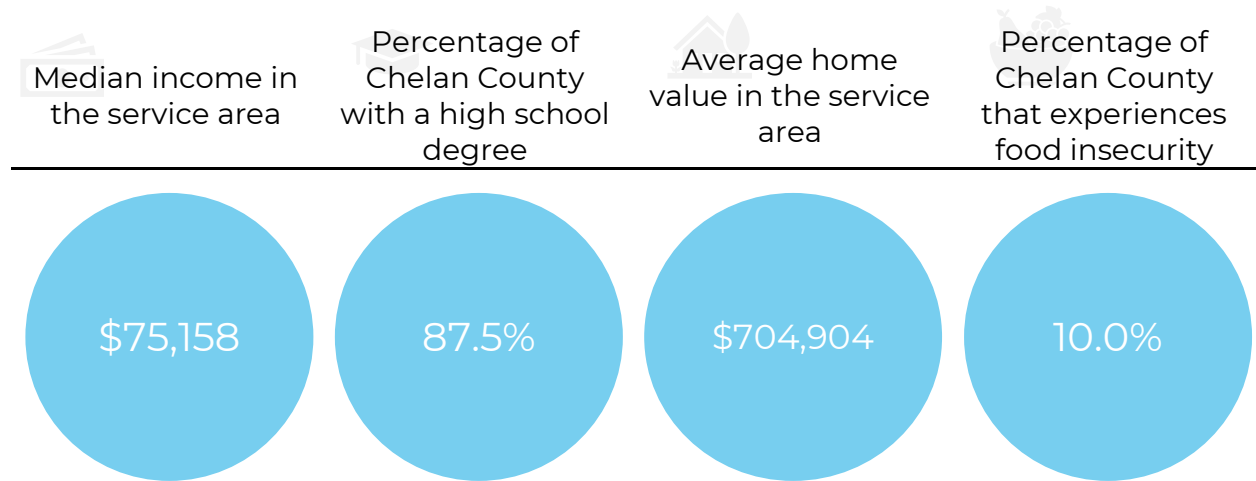
Population distribution by race/ethnicity category



Source: ESRI Business Information Solutions, 2025

Socioeconomic Indicators

COMMUNITY PROFILE AT-A-GLANCE



INCOME AND POVERTY

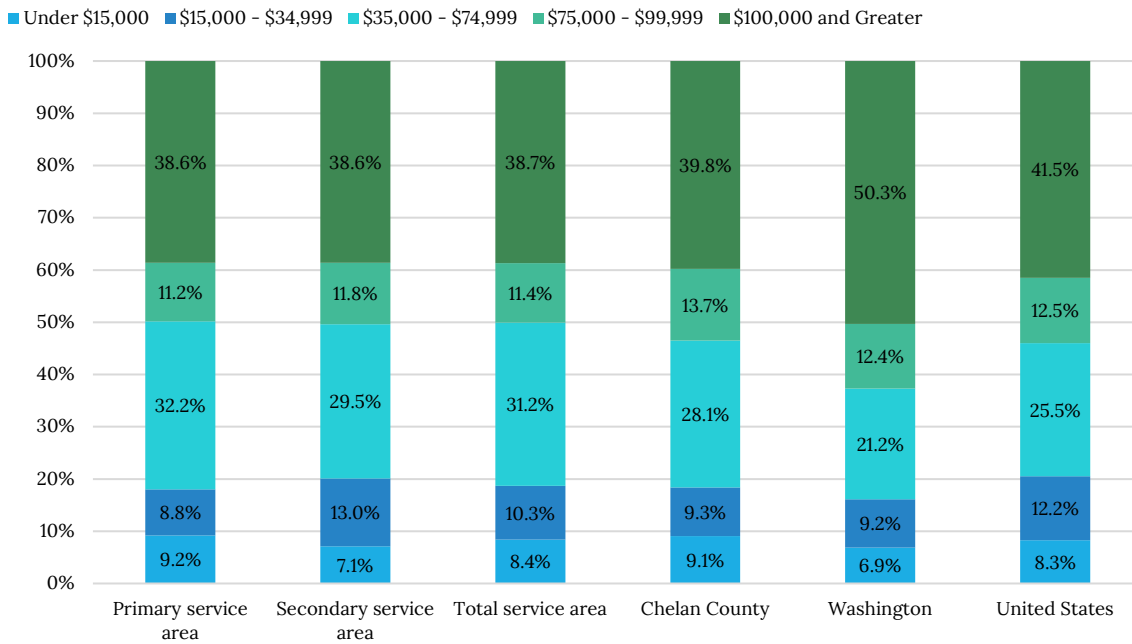
Household (HH) income is an important metric that can influence a range of factors that contribute to individual and population health outcomes. Lower-income individuals and families are disproportionately affected by various health issues, including chronic diseases and mental health conditions, often resulting in worse health outcomes. These individuals may also face greater challenges in accessing healthcare services, obtaining healthy food options, and living in safe and stable environments, all of which can negatively impact health outcomes.

Income data was analyzed for the service area and compared to county and state benchmarks. The most recent data indicates that socioeconomic status and wealth indexes for Chelan County are generally lower relative to state benchmarks. Income data indicates that the median HH income, average household income, and per capita income for the PSA and Chelan County are notably lower than the state, with a higher percentage of HHs falling in the under \$75,000 cohort.

	Total service area	Chelan County	Washington
2025			
Median HH Income	\$75,158	\$80,091	\$100,361
Average HH	\$104,008	\$109,868	\$139,339
Per Capita Income	\$40,984	\$42,621	\$54,146
2030			
Median HH Income	\$87,890	\$90,111	\$114,470
Average HH	\$117,921	\$123,760	\$156,652
Per Capita Income	\$46,691	\$48,344	\$61,001

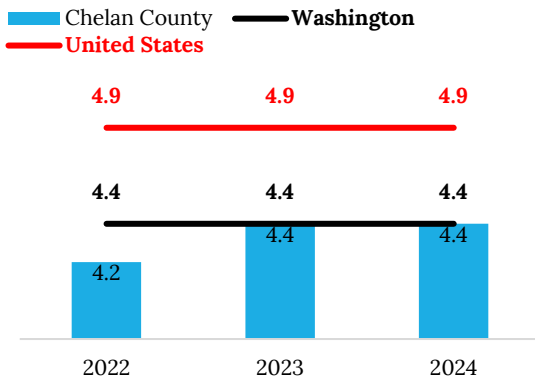
Source: ESRI Business Information Solutions

Household income by income cohort



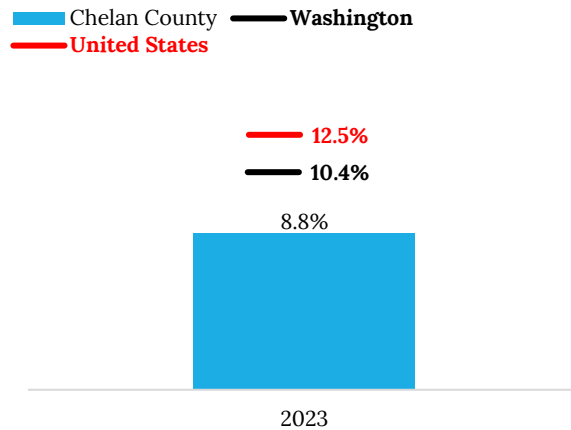
Source: ESRI Business Information Solutions, 2025

Income inequality ratio



Source: County Health Rankings
Metric: Ratio of household income at the 80th percentile to income at the 20th percentile.

Poverty rate



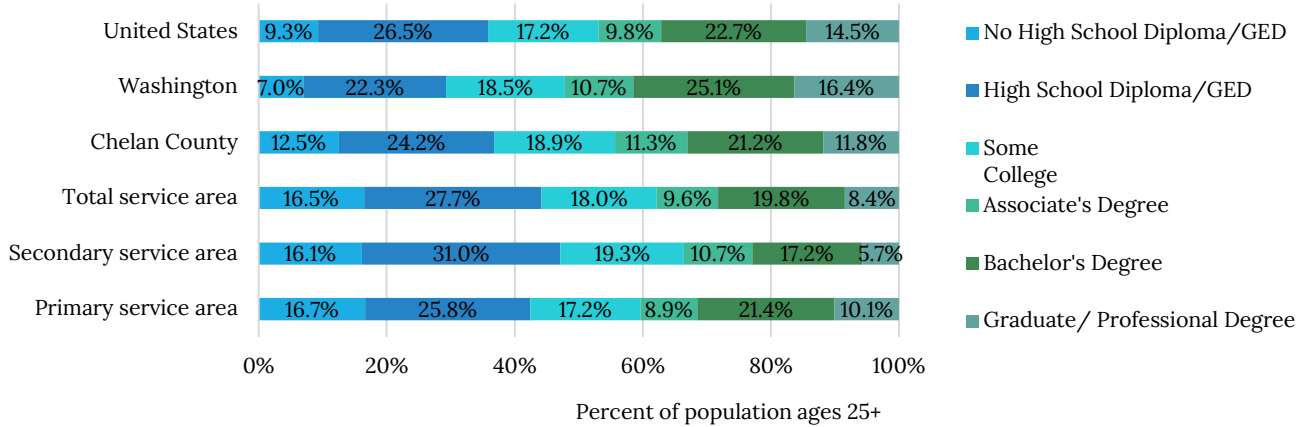
Source: Census Reporter

EDUCATIONAL ATTAINMENT

Educational attainment is another key socioeconomic factor that plays a significant role in community health given its association with household income and poverty levels. Educational attainment data indicates that LCH's service area population generally attains lower educational achievement compared to state and national benchmarks, with approximately 16.5% of the population lacking a high school diploma/GED and only

about 37.8% of the population earning a degree of higher education (Associate's or higher).

Educational attainment by degree type

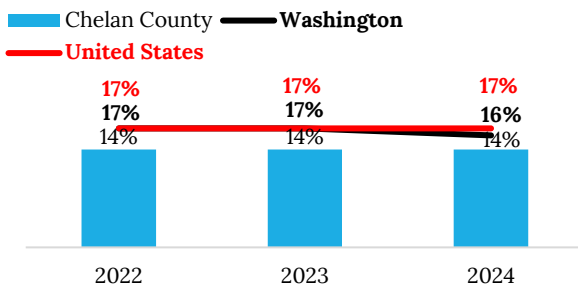


Source: ESRI Business Information Solutions, 2025

AFFORDABLE AND ACCESSIBLE HOUSING

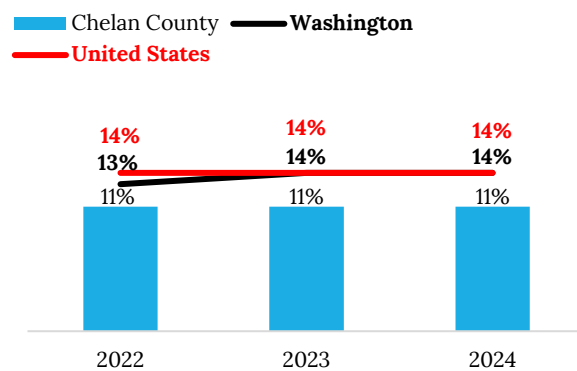
Access to affordable housing can increase the availability of financial resources to pay for other things, such as healthcare, transportation, and food. Housing in LCH's service area is generally less affordable relative to Chelan County, as the average home value for a home in the service area is \$704,904 and in Chelan County it is approximately \$612,498. Chelan County's housing costs pose as a significant burden on 11.0% of households within the county that spend 30.0% or more of their income on housing, versus the state benchmark of 14.0%.

Percent of households experiencing severe housing problems



Source: County Health Rankings, 2024
Metric: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Housing cost burden

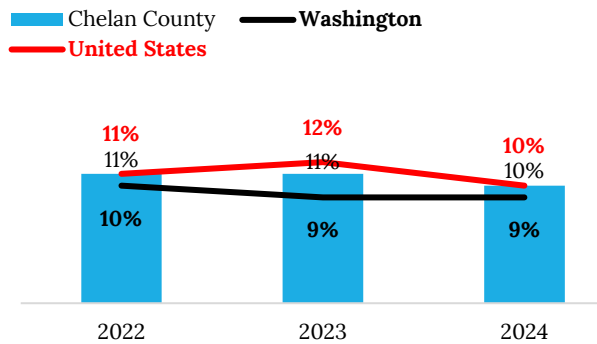


Source: County Health Rankings, 2024
Metric: Percentage of households that spend 50.0% or more of their household income on housing.

FOOD SECURITY

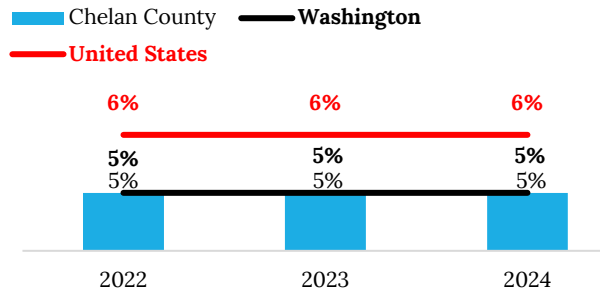
Access to healthy food options and consuming healthy foods are essential components of a healthy lifestyle, with greater access associated with reduced risk of chronic diseases and optimal growth and development. However, many people who reside in rural regions lack access to healthy food options, particularly those who are in poverty. In Chelan County, approximately 10.0% of the population base lacks adequate access to food, which is slightly higher than state benchmarks and on par with national benchmarks. Approximately 5.0% of Chelan County’s population that is designated as low-income residents do not live in close proximity to a grocery store.

Food insecurity rate



Source: County Health Rankings, 2024
Metric: Percentage of population who lack adequate access to food.

Limited access to healthy foods

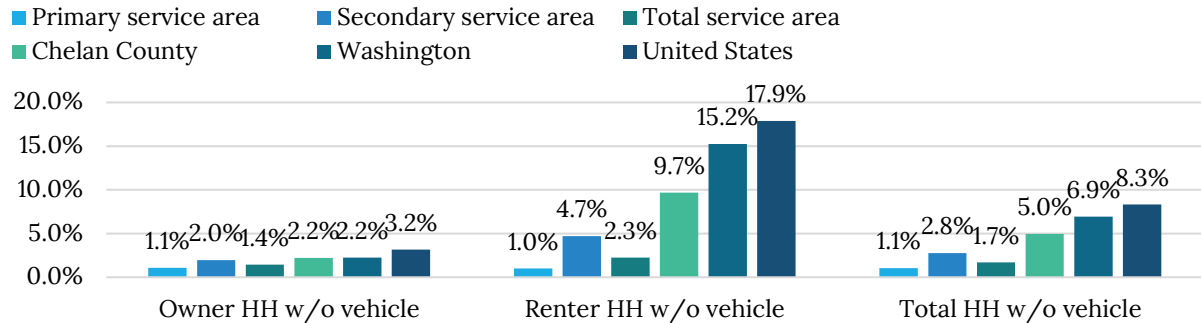


Source: County Health Rankings, 2024
Metric: Percentage of population who are low-income and do not live close to a grocery store.

TRANSPORTATION

Transportation is an issue not only for some of the residents within LCH’s community, but also for patients without reliable access to transportation that need to access healthcare services. Approximately 5.0% of households within Chelan County do not have access to a vehicle, which places a disproportionate burden on these individuals when attempting to access healthcare services.

Percent of households with no vehicle



Source: ESRI Business Information Solutions, 2025

For households that lack access to a vehicle, public transportation and ride-sharing options are available. Link Transit, a free public transportation system, connects Lake Chelan Valley with Wenatchee, East Wenatchee, Cashmere, Leavenworth, Entiat, and Waterville multiple times a day and offers two routes (Route 20 and Route 21) that run through Chelan. The maps for Route 20 and Route 21 are displayed in the maps below.



Source: Link Transit, 2025
Note: Route 20, Wenatchee to Chelan via Orondo



Source: Link Transit, 2025
Note: Route 21, Wenatchee to Manson via Entiat

For individuals unable to access the Link Transit bus stops, due to reasons such as a disability or the distance between their residence and the bus stop being lengthy, there are other resources present. Link Plus is a paratransit service from LCH that supports more than 1,600 transports (or 20,000+ miles) each year. In addition to the Link Plus service, there are community-based organizations present in the Lake Chelan community that offer transportation through volunteer drivers for an additional 20,000+ miles of transportation assistance for local vulnerable populations. Tender Loving Care for Seniors offers transportation assistance to the elderly population for healthcare appointments and other basic needs (i.e. grocery store), while People for People which is a paratransit service for patients with Medicaid insurance.

Dial-A-Ride Transportation (“DART”) is a shared ride, advanced reservation, and free-of-charge transportation option open to the public that operates in the greater Chelan and Leavenworth areas on both weekdays and weekends. The coverage area includes the City of Chelan, as displayed on the map below:



Source: Link Transit, 2025

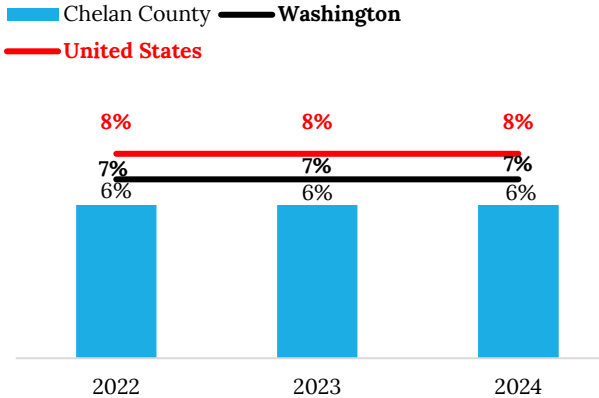
Transportation also applies to patient transfers from LCH to other facilities. According to LCH, there are eight transporting licensed and verified ground EMS agencies within Chelan and Douglas County, including LCH EMS, Cascade EMS, two private agencies including Lifeline Ambulance and Ballard Ambulance, and four volunteer agencies including Mansfield-Douglas County Fire District #5, Waterville Ambulance, Cashmere Fire Department, and Entiat-Chelan County Fire District #8. LCH EMS and Mansfield-Douglas County Fire District #5 provide the majority of transportation in and out of LCH. There are two licensed air ambulance services including Life Flight Network, located near Brewster, WA (about 26 miles from LCH), and Airlift NW, located near Wenatchee, WA (about 46 miles away from LCH).

Health and Disease Indicators

BIRTH OUTCOMES

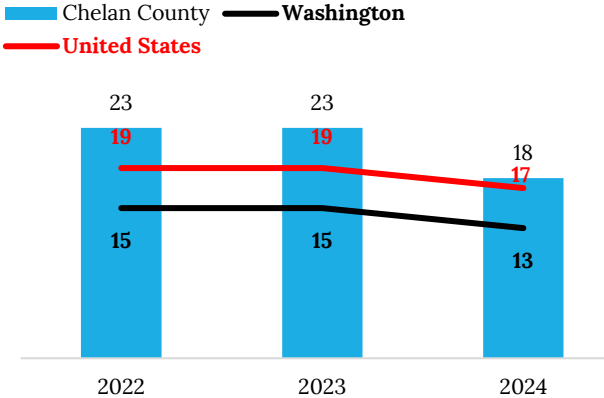
Newborn birthweight is a strong predictor of newborn health and survival. Low birthweights can lead to higher rates of fetal mortality, stunted growth, impaired cognitive developments, and chronic disease in later life. Rates of low birthweight in a community are often associated with poor maternal health. Low birthweight percentages in Chelan County have remained stable since 2022 at 6.0% and have historically not exceeded state and national benchmarks. The rate of teen births has declined since 2023 yet remains slightly higher than state and national benchmarks.

Percent of total births with low birthweight



Source: County Health Rankings
Metric: Percentage of live births with low birthweight (< 2,500 grams).

Number of teen births per 1,000 females



Source: County Health Rankings
Metric: Number of births per 1,000 female population ages 15-19.

TOP CAUSES OF MORTALITY

Knowing a community's top causes of mortality is essential in assessing health needs because it helps identify the most significant health issues affecting the community, which can guide health promotion efforts and prioritize health improvement initiatives.

The leading causes of death in Chelan County have historically been diseases of the heart, malignant neoplasms (e.g., cancer), Alzheimer’s disease, and accidents. In 2021, death rates were heightened due to the COVID-19 pandemic. COVID-related death rates have since declined.

Rank	2021		2022		2023	
	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Malignant neoplasms	139.3	Diseases of the heart	148.8	Diseases of the heart	141.7
2	Diseases of Heart	126.1	Malignant neoplasms	134.5	Malignant neoplasms	132.6
3	Alzheimer's disease	72.7	Alzheimer's disease	84.7	Accidents	62.0
4	COVID-19	60.8	Accidents	83.7	Alzheimer's disease	54.0
5	Accidents	45.6	Chronic low respiratory disease	30.1	Chronic low respiratory disease	31.4

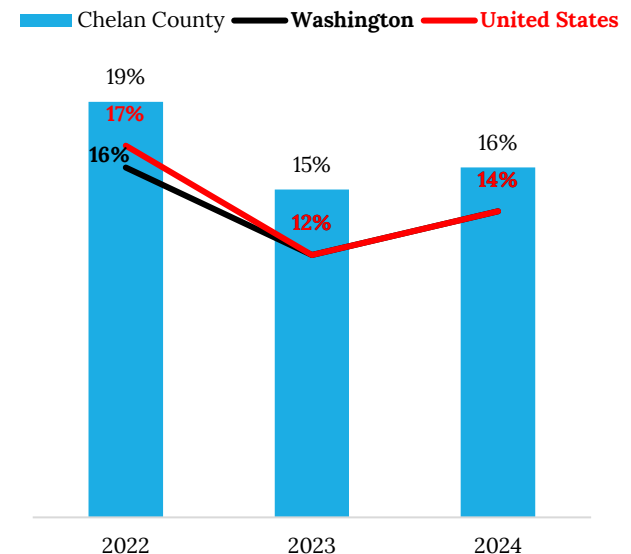
Source: Washington State Department of Health
Metric: Age-adjusted deaths per 100,000 population.

POPULATION HEALTH AND CHRONIC DISEASE

Physical health can be impacted by a multitude of factors, including age, gender, race, socioeconomic status, physical activity, and chronic disease. Data from County Health Rankings indicates that adults in Chelan County are generally feeling better about their self-reported health status since 2022, but overall, the percent of adults that report poor or fair health is higher in Chelan County relative to state and national benchmarks.

Chronic disease can also have a profound impact on communities and physical health outcomes. According to the Centers for Disease Control and Prevention, chronic disease is one of the most preventable leading causes of death in the United States, typically resulting from a combination of genetic, lifestyle, and environmental factors. Over time, exposure to risk factors increases the likelihood of developing chronic disease, which disproportionately impacts the elderly.

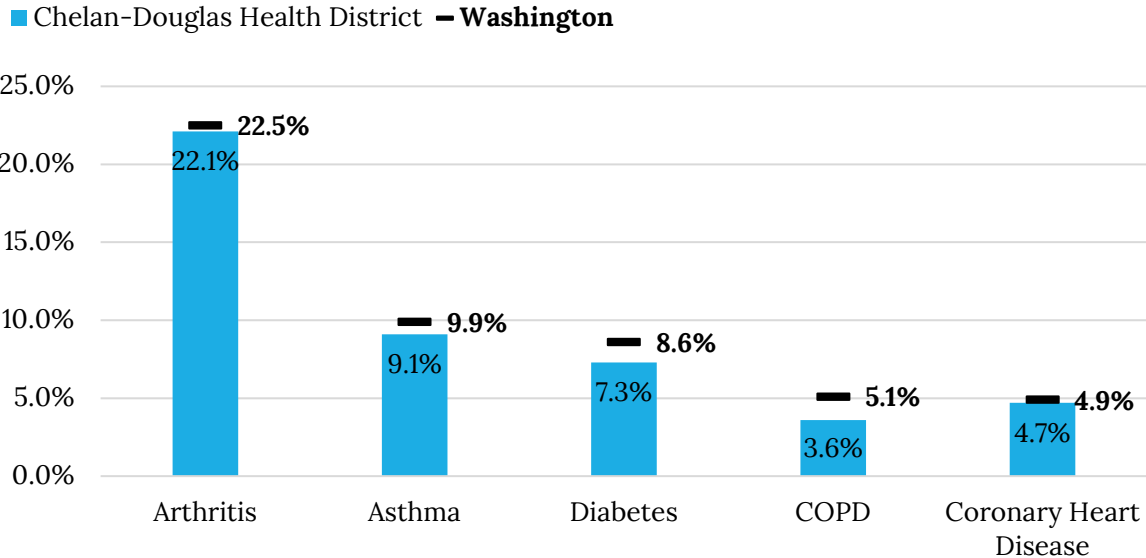
Percent of adults reporting poor or fair health



Source: County Health Rankings
Metric: Percentage of adults reporting fair or poor health (age-adjusted).

In the Chelan-Douglas Health District, rates of chronic diseases such as arthritis, asthma, diabetes, COPD, and coronary heart disease are in line with or slightly lower than state benchmarks. This contrasts with most rural communities that generally exhibit rates of lifestyle diseases at a higher rate, typically due to poorer health outcomes and the tendency for rural communities to trend more elderly compared to urban communities.

Chronic disease prevalence rate among adults ages 18+

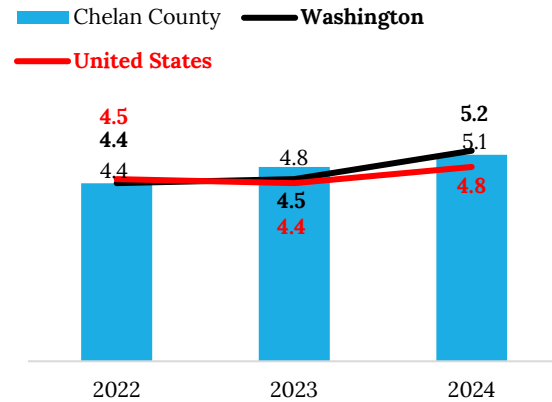


Source: Washington State Department of Health Behavioral Risk Factor Surveillance Survey, 2020
Metric: Percent of adults who have experienced or been diagnosed with the indicated disease.

MENTAL HEALTH AND SUBSTANCE USE

The rising prevalence of mental health and substance abuse issues is of growing concern in rural communities across the country, who often disproportionately lack access to mental health services such as therapy, counseling, substance use treatment, and medication management. Mental health can have far-reaching effects on individuals, families, and communities, impacting physical health, social relationships, productivity, and community safety. Communities that lack access to mental health services often exhibit poorer mental health outcomes and higher rates of associated behaviors, such as alcohol or drug use and suicide.

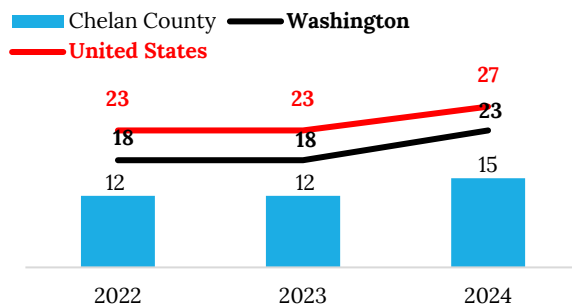
Average number of mentally unhealthy days reported in the past month



Source: County Health Rankings
Metric: Average number of mentally unhealthy days reported by adults in the past month.

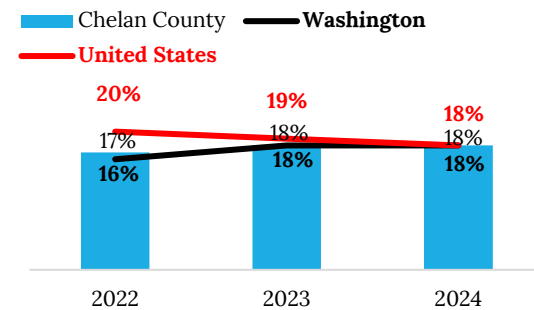
Mental health outcomes in Chelan County, the state of Washington, and across the United States have generally worsened since 2022, with the average adult in Chelan County experiencing about 5.1 mentally unhealthy days in a month-long period. Worsening mental health outcomes have been observed alongside an increase in drug poisoning deaths and rates of binge drinking in Chelan County.

Number of drug poisoning deaths per 100,000 population



Source: County Health Rankings
Metric: Number of drug poisoning deaths per 100,000 population.

Percent of adults who report binge or heavy drinking



Source: County Health Rankings
Metric: Percentage of adults reporting binge drinking or heavy drinking (age-adjusted).

According to the HRSA, Chelan County is designated as a geographic health professional shortage area (“HPSA”) for mental care, which indicates that there is a shortage of mental health providers within the county to meet the needs of the population base. According to the U.S. Department of Health & Human Services SAMHSA, there are 14 mental health and

substance use facilities within Chelan County, Washington. These facilities, which are located in Chelan, Wenatchee, and Leavenworth, all offer outpatient services (one facility offers inpatient services) and all accept Medicaid insurance. However, according to Medicare.gov, there are no psychiatrists within a 25-mile radius of Chelan and only three clinical psychologists / therapists, all of which are located in Chelan. This indicates that mental health providers are relatively inaccessible for people within the community LCH serves.

Preventative Health and Wellness Indicators

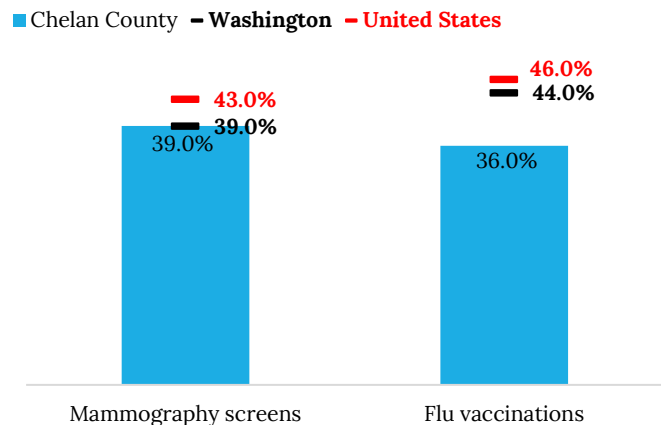
PREVENTATIVE HEALTH

Preventative health behaviors, such as getting annual checkups and recommended vaccinations and preventative health screenings, play an important role in maintaining and strengthening community health by promoting the early detection and prevention of diseases, reducing unnecessary healthcare utilization and costs, promoting healthy behaviors, and improving population health.

Overall, preventative health behaviors amongst adults who live in Chelan County are generally worse than state and national benchmarks.

Approximately 38.6% of the adult population in Chelan County were reported to not have had a recent preventative care visit, which indicates opportunity to improve.

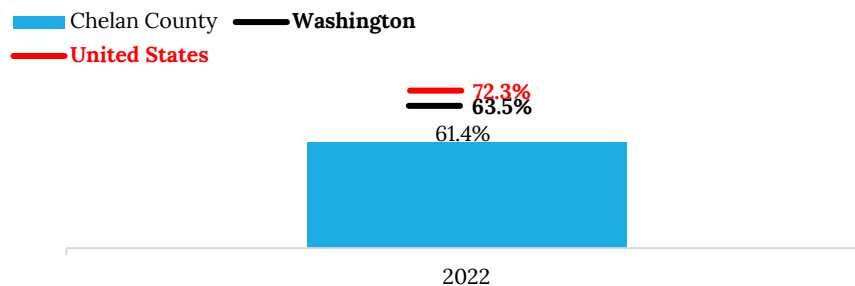
Percent of adults that engage in routine preventative care



Source: County Health Rankings, 2024

Metric: Mammography screening denotes percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Flu vaccination rate denotes percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

Percent of adults with recent preventative care visit

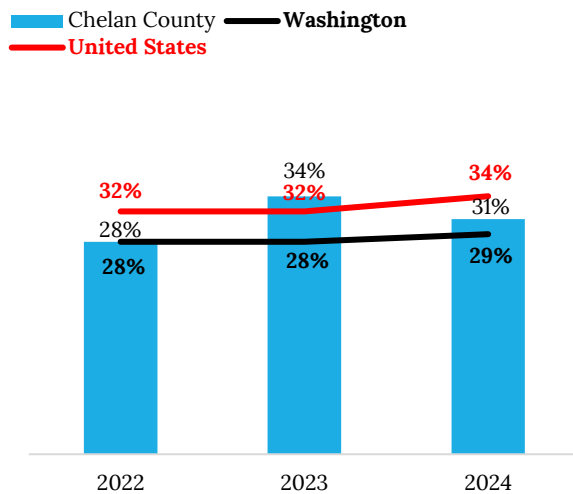


Source: Healthiest Communities, 2022

ADULT OBESITY AND PHYSICAL ACTIVITY

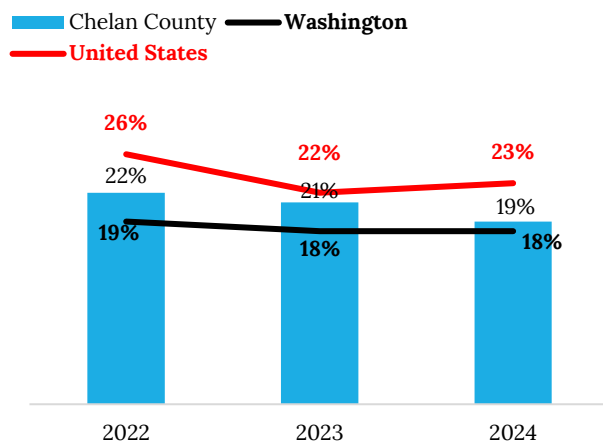
Many chronic diseases such as diabetes, heart disease, and cancer are largely preventable through lifestyle changes and early detection. By promoting healthy habits, such as regular exercise, healthy eating and screenings for early detection of diseases, communities can reduce the incidence and burden of these chronic diseases in their populations. When compared to Washingtonians, adults in Chelan County generally exhibit higher rates of physical inactivity and obesity. However, rates of physical inactivity amongst adults in Chelan County have declined since 2022, which is a positive trend that indicates changing health-promoting behaviors.

Adult obesity rate



Source: County Health Rankings
Metric: Percentage of the adult population (age 20 and older) that reports a body mass index (“BMI”) greater than or equal to 30 kg/m2.

Percent of adults who are physically inactive



Source: County Health Rankings
Metric: Percentage of adults age 20 and over reporting no leisure-time physical activity.

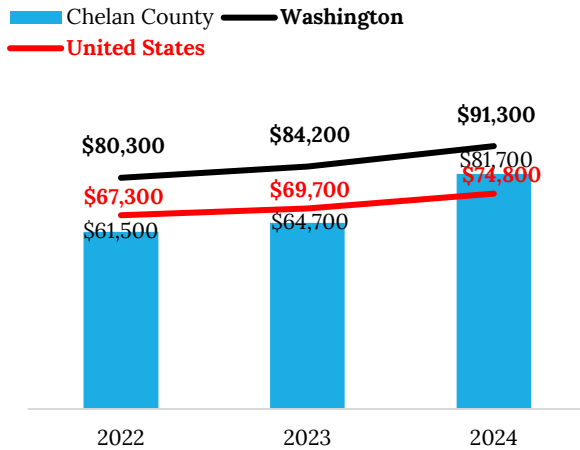
Accessibility of Care Indicators

INSURANCE AND COST OF CARE

The cost of healthcare can be a major barrier that patients experience when trying to access healthcare services. Delaying care when it is needed can have numerous repercussions on health outcomes, quality of life, and cost of care in the long run. Population data indicates that the socioeconomic environment of Chelan County is less affluent compared to state and national benchmarks. Communities with lower socioeconomic statuses tend to experience challenges in affording some or all basic needs for well-being such as nutrition, housing, and healthcare.

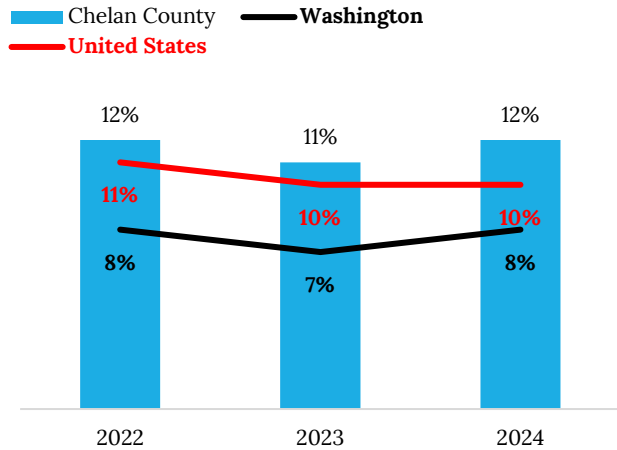
Similarly, the uninsured rate in Chelan County has ranged between 11.0% - 12.0% since 2022, which is higher than state and national benchmarks. According to County Health Rankings, the rates of uninsured children in Chelan County (5.0%) were higher than the state of Washington (3.0%) in 2024.

Median household income



Source: County Health Rankings, 2024
 Metric: The income where half of households in a geographic area earn more and half of households earn less.

Percent of population without health insurance



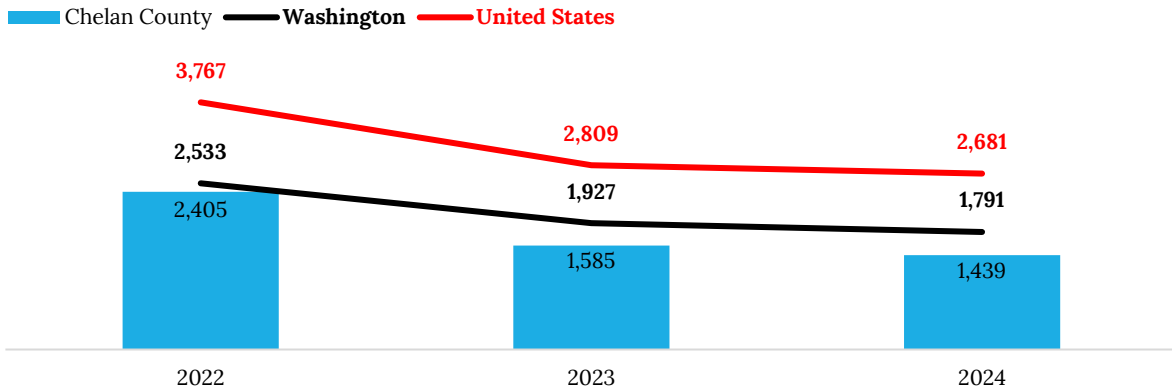
Source: County Health Rankings, 2024
 Metric: Percentage of population under age 65 without health insurance.

PREVENTABLE HOSPITAL STAYS

Preventable hospital stays are hospital visits for conditions like asthma, diabetes, high blood pressure, or infections that could have been managed with regular doctor visits, medications, or lifestyle changes. High rates of preventable hospital stays indicate that members of the community might not be seeking or receiving necessary preventive care, or that primary and preventive care services are inaccessible to the community.

The rate of preventable hospital stays for Chelan County declined between 2022 and 2024, with rates observed in 2024 (1,439 preventable stays per 100,000 Medicare enrollees) below state and national benchmarks. This indicates that while access barriers may exist in Chelan County, such barriers are likely not contributing to unnecessary or preventable utilization of hospital-based inpatient services.

Number of preventable hospital stays per 100,000 Medicare enrollees



Source: County Health Rankings, 2024

Metric: Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees.

PROVIDER ACCESSIBILITY

Having enough providers to support a community’s needs is essential in maintaining access to healthcare services. Communities that lack access experience can be characterized by lower utilization of healthcare services and poorer health outcomes. There are 910 people per primary care physician and 1,160 people per dentist in Chelan County, indicating better access to primary care and poorer access to dental services relative to state benchmarks.

People per primary care physician in Chelan County



Lower than state benchmark
Lower than national benchmark

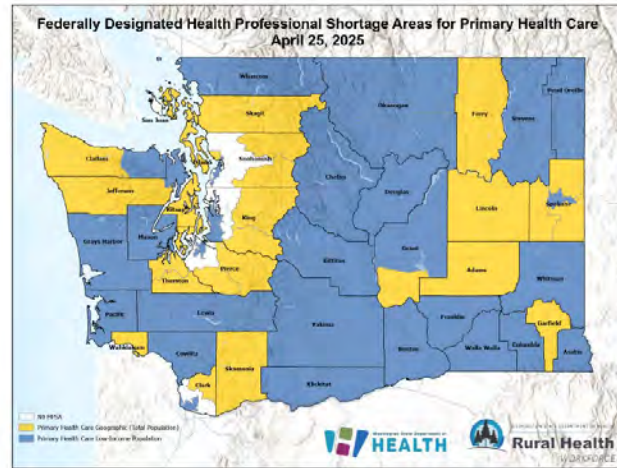
People per dentist in Chelan County



Higher than state benchmark
Lower than national benchmark

Source: County Health Rankings, 2024

According to the Washington State Department of Health, Chelan County is a federally designated health professional shortage area (“HPSA”) for primary care for the low-income population, which indicates that there is an insufficient number of primary care providers in Chelan County to provide healthcare services to those who are socioeconomically disadvantaged. Estimates from HRSA indicate that there is an approximate need for an additional 7.6 providers in Chelan County to eliminate current provider shortage area.



Source: Washington State Department of Health

Access to specialty providers is also limited in Chelan County. According to Medicare.gov, the following data represents the types of specialty providers unavailable within a 25-mile radius of Chelan, Washington:

- Addiction medicine
- Allergy/immunology
- Audiology
- Cardiac surgery
- Certified clinical nurse specialist
- Certified nurse midwife
- Critical care (intensivists)
- Dentist
- Endocrinology
- Gastroenterology
- Geriatric psychiatry
- Gynecological oncology
- Hematology
- Hospice/palliative care
- Interventional pain management
- Maxillofacial surgery
- Nephrology
- Neuropsychiatry
- Neurosurgery
- Otolaryngology
- Pain management
- Pediatric medicine
- Peripheral vascular disease
- Psychiatry
- Pulmonary Disease
- Plastic surgery
- Qualified speech language pathologist
- Radiation oncology
- Rheumatology
- Speech language pathologist
- Sports medicine
- Surgical oncology
- Thoracic surgery
- Urology

Existing Healthcare and Community Resources

Medical Providers

Name	Address	Phone	Description of services
LCH Hospital	110 South Apple Blossom Drive, Chelan, WA 98816	(509) 682 3300	Primary care, pediatric care, urgent care, emergency medicine, hospital care, swing bed care, surgical services, rehabilitation services, dermatology, ENT, orthopedics, pregnancy & childbirth, podiatry
LCH Specialty Care	131 South Apple Blossom Drive, Suite 104 Chelan, WA 98816	(509) 682 6134	Primary care, pediatric care, urgent care, emergency medicine, hospital care, swing bed care, surgical services, rehabilitation services, dermatology, ENT, orthopedics, pregnancy & childbirth, podiatry
LCH Express Care/Primary Care/Pediatric Care Clinics	219 East Johnson Avenue, Chelan, WA 98816	(509) 682 8511	Primary care, pediatric care, urgent care, emergency medicine, hospital care, swing bed care, surgical services, rehabilitation services, dermatology, ENT, orthopedics, pregnancy & childbirth, podiatry
Confluence Health Hospital – Central Campus	1201 South Miller Street, Wenatchee, WA 98801	(509) 662 1511	Hospital care, emergency medicine, women’s health, surgical services, rehabilitation services, cardiology, nephrology, neurology
Confluence Health Hospital – Mares Campus	820 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 8711	Hospital care, emergency medicine, primary care, pediatric care, rehabilitation services, cancer care & oncology, gastroenterology, nephrology, podiatry
Confluence Health – Smith Building	803 North Emerson Avenue, Wenatchee, WA 98801	(509) 664 4868	Pediatrics, orthopedics
Confluence Health – East Wenatchee Clinic	100 Highline Drive, East Wenatchee, WA 98802	(509) 436 4110	Primary care, pediatrics, internal medicine
Confluence Health – Haug Building	707 North Emerson Avenue, Wenatchee, WA 98801	(509) 436 4974	Allergy, audiology, dermatology, ENT

Confluence Health – Saddle Rock Building	1215 South Miller Street, Wenatchee, WA 98801	(509) 433 3180	Endocrinology, infectious diseases, rheumatology
Confluence Health – Miller Street Complex	1000 North Miller Street, Wenatchee, WA 98801	(509) 436 4601	Spine care, sleep medicine, rehabilitation services
Confluence Health – Professional Building	933 Red Apple Road, Wenatchee, WA 98801	(509) 663 8711	Primary care, women’s health, OB/GYN, sleep medicine, internal medicine, ophthalmology, pulmonary, retina & vitreous surgery
Confluence Health – Wenatchee Orthopedics Building	520 North Chelan Avenue, Wenatchee, WA 98801	(509) 436 4060	Orthopedics
Confluence Health – Waterville Clinic	117 South Chelan Avenue, Waterville, WA 98858	(509) 745 8461	Primary care
Confluence Health – Cashmere Clinic	303 Cottage Avenue, Cashmere, WA, 98815	(509) 436 4012	Primary care
Columbia Valley Community Health – Chelan Medical, Dental, & Behavioral	105 South Apple Blossom Drive, Chelan, WA 98816	(509) 682 6000	Primary care
Columbia Valley Community Health – Express Care-East Wenatchee	900 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Urgent care
Columbia Valley Community Health – East Wenatchee Medical & Dental Clinic	940 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Medical care, pediatric care
Columbia Valley Community Health – Wenatchee Medical, Dental, & Behavioral and Express Care Wenatchee	600 Orondo Avenue, Wenatchee, WA 98801	(509) 662 6000	Primary care, pediatric care, OB, prenatal care, women’s health, diabetes management, urgent care
Cascade Medical Center	817 Commercial Street, Leavenworth, WA 98826	(509) 548 5815	Family medicine, emergency care, endoscopy, hospital care, rehabilitation services

Family Health Centers – Bridgeport Medical & Dental	1015 Columbia Avenue, Bridgeport, WA 98813	(800) 660 2129	Medical care
Leavenworth Integrative Medicine, PLLC	10090 Main Street, Peshastin, WA 98847	(509) 881 0722	Medical Clinic
Cascade Wellness	10454 Fox Road, Leavenworth, WA 98826	(509) 548 4780	Preventative medicine, functional medicine
Cashmere Urgent Care	207 Woodring Street, Cashmere, WA 98815	(509) 782 2273	Urgent care
Mountain View Women's Health	351 Orondo Avenue, Wenatchee, WA 98801	(509) 662 0652	Women's health, prenatal care
Elwood "Bud" Link Department of Veterans Affairs Outpatient Clinic	2530 Chester Kimm Road, Wenatchee, WA 98801	(509) 500 1490	Primary care, audiology, rehabilitation services
Monarch Healthcare Solutions	216 South Mission Street, Wenatchee, WA 98801	(509) 470 3253	Primary care, chronic disease management
Seattle Children's – Wenatchee Clinic	526 North Chelan Avenue, Wenatchee, WA 98801	(509) 662 9266	Medical care

Dental Providers

Name	Address	Phone	Description of services
Columbia Valley Community Health – Chelan Medical, Dental, & Behavioral	105 South Apple Blossom Drive, Chelan, WA 98816	(509) 682 6000	Dental services
Columbia Valley Community Health – East Wenatchee Medical & Dental Clinic	940 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Dental services
Columbia Valley Community Health – Wenatchee Medical, Dental, & Behavioral	600 Orondo Avenue, Wenatchee, WA 98801	(509) 662 6000	Dental services
Family Health Centers – Bridgeport Medical & Dental	1015 Columbia Avenue, Bridgeport, WA 98813	(800) 660 2129	Dental services
Leavenworth Dental	11779 US-2, Leavenworth, WA 98826	(509) 548 5415	Dental services

Whitener Dental, PLLC	111 E. Chelan Avenue, Chelan, WA 98816	(509) 682 4056	Dental services
Chelan Family Dentistry	532 East Woodin Avenue, Chelan, WA 98816	(509) 682 2032	Dental services
Gundersen Dental	251 North Chelan, Wenatchee, WA 98801	(509) 398 8911	Dental services
Cashmere Dentistry	209 Aplets Way, Cashmere, WA 98815	(509) 782 2516	Dental services
Tveten Dental Care	222 North Chelan Avenue, Wenatchee, WA 98801	(509) 957 2216	Dental services
Family Tree Dentistry	241 North Chelan Avenue, Wenatchee, WA 98801	(509) 662 9624	Dental services
Echo Ridge Dental	620 North Emerson, Wenatchee, WA 98801	(509) 662 9685	Dental services
Wenatchee Dental	808 North Miller Street, Wenatchee, WA 98801	(509) 663 0536	Dental services
Riverway Family Dental	821 North Wenatchee Avenue Wenatchee, WA 98801	(509) 663 1566	Dental services
Smile For Life Family & Cosmetic Dentistry	222 North Mission Street, Wenatchee, WA 98801	(509) 663 1161	Dental services
Central Washington Oral & Facial Surgery	304 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 0068	Oral surgery
Eastmont Family Dental	801 Eastmont Avenue, East Wenatchee, WA 98802	(509) 886 2345	Dental services
Riverview Family Dental	101 11 th Street Northeast, East Wenatchee, WA 98802	(509) 884 7137	Dental services
Anderton Family Dental	222 North Mission Street, Wenatchee, WA 98801	(509) 662 1648	Dental services
Webb Dental Care	703 Valley Mall Parkway, East Wenatchee, WA 98802	(509) 361 6644	Dental services
Wenatchee Dental Arts	417 North Mission Street, Wenatchee, WA 98801	(509) 293 4909	Dental services
Confluence Dental Wenatchee	620 North Emerson Avenue, Wenatchee, WA 98801	(509) 530 2077	Dental services

Fibonacci Smile	1 Fifth Street, Wenatchee, WA 98801	(509) 300 3839	Dental services
Wenatchee Valley Dental Village	210 Valley Mall Parkway, East Wenatchee, WA 98802	(509) 436 1837	Dental services
Sagebrush Dental	1114 North Mission, Wenatchee, WA 98801	(509) 436 8202	Dental services
Fluegge Family Dentistry	476 Grant Road, East Wenatchee, WA 98802	(509) 888 3384	Dental services
Johnson Family Dental	790 Grant Road, East Wenatchee, WA 98802	(509) 886 8833	Dental services
Casey D Sutherland DMD PLLC	160 Wapato Way, Manson, WA 98831	(509) 687 9221	Dental services

Vision Providers

Name	Address	Phone	Description of services
Spectrum Eye Care, Inc, PS	126 East Johnson Avenue, Chelan, WA 98816	(509) 682 2708	Optometry services
Confluence Health – Professional Building	933 Red Apple Road, Wenatchee, WA 98801	(509) 663 8711	Optometry services
Elwood “Bud” Link Department of Veterans Affairs Outpatient Clinic	2530 Chester Kimm Road, Wenatchee, WA 98801	(509) 500 1490	Optometry services
Vision Center at Chelan Walmart Supercenter	108 Apple Blossom Drive, Chelan, WA 98816	(509) 682 2195	Optometry services
Vision Center at Wenatchee Walmart Supercenter	2000 North Wenatchee Avenue, Wenatchee, WA 98801	(509) 665 9323	Optometry services
Valley Eye & Vision	111 Eastmont Avenue, East Wenatchee, WA 98802	(509) 401 8678	Optometry services
Shopko Optical	1052 Springwater Avenue, Wenatchee, WA 98801	(509) 663 8868	Optometry services
Cashmere Vision Center	131 A Cottage Avenue, Cashmere, WA 98815	(509) 888 5877	Optometry services
Leavenworth Vision Source	1133 US Hwy 2,	(509) 548 7379	Optometry services

	Leavenworth, WA 98826		
Vision Source of Wenatchee	1190 Fifth Street, Wenatchee, WA 98801	(509) 662 9672	Optometry services
Vision Source of Chelan	131 South Apple Blossom Drive, Chelan, WA 98816	(509) 661 6188	Optometry services
Wenatchee Vision Clinic	375 Highline Drive, East Wenatchee, WA 98802	(509) 886 2111	Optometry services

Mental Health Providers & Substance Use Treatment Center

Name	Address	Phone	Description of services
Confluence Health – Cashmere Clinic	303 Cottage Avenue, Cashmere, WA, 98815	(509) 436 4012	Behavioral health services
Confluence Health Hospital – Central Campus	1201 South Miller Street, Wenatchee, WA 98801	(509) 662 1511	Behavioral health services
Confluence Health Hospital – Mares Campus	820 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 8711	Behavioral health services
Confluence Health – Wenatchee Behavioral Health Building	630 North Chelan Avenue, Wenatchee, WA 98801	(509) 436 4104	Behavioral health services
Columbia Valley Community Health – Chelan Medical, Dental, & Behavioral	105 S. Apple Blossom Drive, Chelan, WA 98816	(509) 682 6000	Behavioral health services
Columbia Valley Community Health – East Wenatchee Adult & Children’s Behavioral Health	980 Eastmont Avenue, East Wenatchee, WA 98802	(509) 662 6000	Behavioral health services, psychiatric medical services
Columbia Valley Community Health – Wenatchee Medical, Dental, & Behavioral	600 Orondo Avenue, Wenatchee, WA 98801	(509) 662 6000	Behavioral health services
Columbia Valley Community Health – New Path	819 N. Miller Street, Wenatchee, WA 98801	(509) 664 0950	Substance abuse treatment

Columbia Valley Community Health – Wenatchee Valley College	1300 Fifth Street, Wenatchee, WA 98801	(509) 662 6000	Behavioral health services
Cascade Medical Center	817 Commercial Street, Leavenworth, WA 98826	(509) 548 5815	Behavioral health services
Playful Heart Child Therapy	203 Mission Avenue, Cashmere, WA 98815	(509) 670 5919	Child-centered play therapy
Mission Health & Wellness	115 South Chelan Avenue, Wenatchee, WA 98801	(509) 885 2664	Mental health counseling
Maps of the Inner Terrain Counseling Services	203 Mission Avenue, Cashmere, WA 98815	(509) 433 7079	Mental health counseling
The Center For Alcohol & Drug Treatment	327 Okanogan Avenue, Wenatchee, WA 98801	(509) 662 9673	Addiction Treatment Center
Mindful Health Solutions	620 North Emerson Avenue, Wenatchee, WA 98801	(844) 867 8444	Behavioral health services
New Start Clinics	603 North Mission Street, Wenatchee, WA 98801	(509) 593 5622	Medication-assisted treatment
American Behavioral Health Systems - Parkside	1230 Monitor Street, Wenatchee, WA 98801	(509) 300 1221	Mental health services, crisis stabilization
Skyland Ranch	43100 Reiter Road, Gold Bar, WA 98251	(360) 793 2611	Substance abuse treatment
Sanctuary at the Lake	503 East Highland Avenue, Chelan, WA 98816	(509) 682 3300	Behavioral health services
Rising Hope Counseling	23 South Wenatchee Avenue, Wenatchee, WA 98801	Not available	Mental health counseling
Blossom Valley Behavioral Health	25 North Wenatchee Avenue, Wenatchee, WA 98801	(509) 253 5881	Behavioral health services
Radiant Path Psychiatry	330 King Street, Wenatchee, WA 98801	(509) 797 7493	Behavioral health services
Fusion Counseling Services	123 Ohme Garden Road, Wenatchee, WA 98801	Not available	Mental health counseling
Cynthia Buckley Counseling LLC	113 Second Street, Wenatchee, WA 98801	Not available	Mental health counseling

Strength of Life Counseling Services	200 North Chelan Avenue, Wenatchee, WA 98801	(509) 888 4866	Mental health counseling
New Hope Recovery	238 North Chelan Avenue, Wenatchee, WA 98801	(509) 293 7724	Addiction Treatment Center
Redemption Counseling	11 Spokane Street, Wenatchee, WA 98801	(877) 474 4355	Mental health counseling
Mindful Ground LLC	113 2 nd Streete, Wenatchee, WA 98801	Not available	Mental health counseling
Integrative Counseling and Wellness	Not available	(509) 433 7123	Mental health counseling
Ideal Option	667 Grant Road, East Wenatchee, WA 98802	(877) 522 1275	Addiction Treatment Center
Columbia Counseling	610 North Mission Avenue Wenatchee, WA 98801	(509) 888 4404	Addiction Treatment Center
Catholic Charities	145 South Worthen Street, Wenatchee, WA 98801	(509) 662 6761	Behavioral health services

Senior Living Services and Resources

Name	Address	Phone	Description of services
Heritage Heights	505 East Highland Avenue, Chelan, WA 98816	(509) 682 1998	Assisted living, memory care, end of life care
East Wenatchee Senior Living	589 Highline Drive, East Wenatchee, WA 98802	(509) 436 8886	Independent living, assisted living
Blossom Valley	1701 Orchard Avenue, Wenatchee, WA 98801	(509) 436 8734	Assisted living
Colonial Vista Senior Living	601 Okanogan Avenue, Wenatchee, WA 98801	(509) 436 1580	Independent living, assisted living
Highgate Senior Living	1320 South Miller Street, Wenatchee, WA 98801	(509) 665 6695	Independent living, assisted living, memory care
Wenatchee Senior Living	1550 Cherry Street, Wenatchee, WA 98801	(509) 646 2838	Independent living, assisted living
Blossom Creek	1740 Madison Street, Wenatchee, WA 98801	(509) 300 1698	Memory care

Chelan Senior Center	534 East Trow Avenue, Chelan, WA 98816	(509) 682 2712	Senior services, activities, and events
Bonaventure Senior Living	50 29 th Street Northwest, East Wenatchee, WA 98802	(509) 494 8648	Independent living, assisted living, memory care
Mountain Meadows Senior Living Campus	320 Park Avenue, Leavenworth WA 98826	(509) 548 4076	Independent living, assisted living, memory care, respite care
River West Senior Living	900 North Western Avenue, Wenatchee, WA 98801	(509) 662 2797	Independent living, assisted living
Ciel Senior Living	817 Red Apple Road, Wenatchee, WA 98801	(509) 567 3640	Memory care
Mission Vista	630 North Chelan Avenue, Wenatchee, WA 98801	(509) 663 1069	Independent supported living, supported living, vocational services
Tuscany Cottage	2490 Golf Course Road, Malaga, WA 98828	(509) 888 2736	Assisted living, memory care, hospice care
Kadie Glen Assisted Living	451 North Baker Avenue, East Wenatchee, WA 98802	(509) 884 9555	Assisted living
Adult Family Home Wenatchee	613 Royal Anne Drive, Wenatchee, WA 98801	(509) 470 7154	Assisted living
Columbia View Terrace Adult Family Home	1722 North Anne Avenue, East Wenatchee, WA 98802	(509) 886 5971	Assisted living
Christopher House	100 South Cleveland Avenue, Wenatchee, WA 98801	(509) 512 0838	Assisted living, outpatient behavioral health services
Seniors Serenity Adult Family Home	2519 Cordell Street, Wenatchee, WA 98801	(509) 421 1777	Assisted living
Elmwood Cottage Adult Family Home	1511 Elmwood Street, Wenatchee, WA 98801	(360) 808 0874	Assisted living
Amberwaves Adult Family Home	306 South Central Avenue, Waterville, WA 98858	(509) 745 9010	Assisted living
Caring Cottage LLC Adult Family Home	2023 Westhaven, Wenatchee, WA 98801	(509) 888 4950	Home healthcare services

This report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

Prepared by: Lake Chelan Health

110 S Apple Blossom Drive
Chelan, Washington, 98816
Phone: (509) 682-3300

With technical assistance from:
Wipfli Advisory LLC

Lake Chelan Health
~~Hospital District Board of Commissioners~~ Position Description
Approved _____

Title: ~~Hospital District Board of Commissioners~~ (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 narrow interests or interest groups;~~
- Declare conflicts of interest that could affect your ability to decide/act in the best interest of the district; Members cannot vote on or influence decisions where they have a personal or financial interest. For example, they can't award contracts to companies in which they or their family members have a stake. Cannot enter into contracts or agreements where they, or close family members, have a financial interest without disclosing and recusing where required under ethics laws.
- Follow District policies and procedures, including confidentiality policies; Members are prohibited from sharing confidential patient data (HIPAA violations) or sensitive board materials discussed in executive session. Members may not disclose or use any confidential information learned during our duties for personal benefit or for the benefit of others.
- 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 and compliance with laws and District policies;
- 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.

Board Members do not:

- **Have undivided loyalty to a private or special Interest:** Commissioners must act in the public's interest, not as an agent or advocate for a private group. Acting primarily on behalf of a special interest group could be seen as a violation of their fiduciary duty to the district. Board members do not serve as the advocate of or present bias for narrow interests or special interest groups;
- **Make decisions as an individual for the Board or the organization.** Only the Board as a whole make decisions through a vote or resolution in an open public meeting. Board Committees make recommendations only to the Board. Committees are not authorized except in specific cases and in written form to make decisions for the Board.
- **Abuse resources:** Commissioners cannot use public resources – including staff time, equipment, vehicles, or office space – for private gain, or use title to endorse products or services.
- **Use official authority to influence elections.**
- **Make Medical or Operational Decisions Beyond Their Scope:** Commissioners oversee policy, budgeting, and oversight of Chief Executive Officer only—not day-to-day medical or operational decisions or other staff. Interfering in clinical decisions, operations or management roles violates governance boundaries.

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- Accept Bribes or Gifts That Influence Decision-Making: Ethics laws limit or prohibit gifts, meals, or favors from contractors, vendors, or others doing business with the hospital.

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.

Board Members typically give 20-30 hours of service per month, including but not limited to:

- Board meetings
- Committee meetings
- Mandatory meeting preparation
- Mandatory training
- Continuing education
- Attending external meetings as an authorized LCH representative

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

Lake Chelan Health
Board of Commissioners 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

"Any commissioner may waive all or any portion of his or her compensation payable under this section as to any month or months during his or her term of office, by a written waiver filed with the district as provided in this section. The waiver, to be effective, must be filed any time after the commissioner's election and prior to the date on which the compensation would otherwise be paid. The waiver shall specify the month or period of months for which it is made."

~~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 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 _____

Lake Chelan Health **Board of Commissioners Community Relations Policy**

Purpose

The Board of Commissioners shall maintain and encourage transparency, and open, cooperative relationships with the public that ~~they-we~~ represent and serve. The following policy gives some specific guidelines as to how to ensure that these relationships can be best developed and maintained.

Policy Statement

Board members advocate for Lake Chelan Health (LCH) to support its mission. This is accomplished through the following ways.

Build relationships. Build relationships and support the organization's policies with key stakeholders, political leaders and donors.

Build public support. A Lake Chelan Health commissioner:

Explains and supports the decisions and policies of the board in discussions with community members, even if the commissioner voiced other views during a Board discussion.

Promotes and maintains positive external relationship with the community, local businesses, government, funding sources and other health related organizations. Is Enthusiastic and positively promotes our organization within the community.

Is trustworthy in all that they do, and demonstrates humility and authenticity when interacting with others.

Is honest, open and direct with communications, possesses sensitivity to and tolerance of differing views.

Is respectful to others, possesses a friendly, responsive caring manner. Possesses community building skills, personal integrity, a sense of values, and a genuine concern for the organization's development.

Acts with the highest integrity to promote health care that meets the needs of the community.

Enhances Lake Chelan Health's image and advocates on its behalf. Informs others about Lake Chelan Health. Represents/communicates the community's needs to LCH CEO.

~~The Board of Commissioners has appointed the Chief Executive Officer (CEO) to be responsible for the day to day operations of the Hospital District.~~

~~Individually, Commissioners have no legal authority except as they contribute to any action by the entire Board (quorum of the Board). Individual Board members are contacted by members of the public who want and expect immediate action. If the issue is related to Hospital District operations, service, or quality, the Board members should advise the public to contact the Hospital District CEO. If the issue is related to the Board's governance role and~~

~~authority, such problems or suggestions should be brought before the entire Board or to the attention of the CEO.~~

Scope This policy applies to the Lake Chelan Health Board of Commissioners only.

Roles and Responsibilities ~~—Outline the roles and responsibilities of individuals or departments involved in implementing and enforcing the policy. This helps avoid ambiguity and ensures accountability.~~

The Lake Chelan Health Board of Commissioners is responsible to implement and enforce this policy. The Board will review and revise this policy on a regularly scheduled basis to align with LCH's mission, priorities and policies, and to comply with state and federal laws.

Definitions ~~— N/A Identifies or clarifies important and/or unfamiliar terms.~~

Procedure ~~—Define each step necessary to complete the procedure. Use clear language that is easy for readers to understand.~~

Individual Board members are often contacted by members of the public who want and expect immediate action. Board members have a responsibility to assist members of the public to obtain a prompt response to these requests.

The Board of Commissioners has appointed the Chief Executive Officer (CEO) to be responsible for the day-to-day operations of the Hospital District. If the matter presented by a member of the public is related to Lake Chelan Health operations, service, or quality, the Board members should advise the public to contact the Lake Chelan Health CEO at info@lch.net or 509-682-3300.

If the matter is related to the Board's governance role and authority, Board members should advise members of the public to bring such matters for Board consideration, Members of the public may address the Board during the public comment segment of the Board meeting, or email a statement to info@lch.net and request to include it in public comment period in a regular Board meeting, or mail their concern to the full Board at PO Box 908, Chelan, WA 98816 or deliver to 110 South Apple Blossom Drive, Chelan WA 98816 with attention to Administrative Executive Assistant.

References

Board Policy regarding Public Participation during Board Meetings

Attachments N/A

draft 11.5.25

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*This policy may be revised at any time without prior notice. All revisions supersede prior policy and are effective immediately upon approval.

Approval Signatures

Wendy Kenck: Executive Assistant 3/5/2024
Administration Aaron Edwards: CEO 2/8/2024
Executive Assistant Wendy Kenck: Executive Assistant 2/8/2024
Shawn
Ottley: COO, CNO 2/8/2024

Status Active PolicyStat ID 15086277
Origination 1/12/2009
Last Approved 2/8/2024
Effective 1/23/2024
Last Revised 1/12/2009
Next Review 2/7/2026

Lake Chelan Health

Board of Commissioners Continuing Education (CAH)

Purpose – Clearly state the policy's purpose; explain why the policy is essential. Include any reasoning that led to the policy creation.

Board Continuing Education Policy is essential to enable each Board member to fulfill their duty to the organization and the community they represent and serve, to comply with the law and Lake Chelan Health policies. The health care industry is complex and continuously changing. Knowledge of external and internal factors that impact the success or failure of our hospital and clinics is critical to best governance practices and fact-based decision making. Chelan County Public Hospital District No. 2 (CCPHD2).

Commissioners must participate in at least forty (40) hours of governance continuing education every two (2) years, relevant to his/her responsibilities as a Commissioner.

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Effective July 1, 2014, the Open Government Trainings Act (ESB 5964) requires The Board of Commissioners and all agency records officers to receive training (RCW 42.56.150; RCW 42.56.152; RCW 42.30.205). Open Government Training should be completed within the first 90 days of office and renewed every four years. The public record training and public meeting training is mandatory. <http://www.atg.wa.gov/open-government-training%20>. Board members will provide evidence of Open Government Training to CCPHD2 Executive Assistant within 30 days of training. Evidence of Board training will be filed in the individual CCPHD2 Board member file.

Policy Statement – Policy statements articulate the expectations, rules, or guidelines that must be followed. Present the policy's primary principles and rules concisely. Use clear language to avoid misinterpretation and make it short and easy for readers to understand. State key points and explain how the policy is to be implemented. Identify exceptions to the policy and describe disciplinary action when appropriate. Include any other information for the policy creation/existence, such as legal or regulatory reasons, overall benefits, or description of conflict or problem the policy will resolve.

Commissioners are strongly encouraged to participate in at least forty (40) hours of governance continuing education every two (2) years, relevant to his/her responsibilities as a Commissioner. Mandatory and voluntary training are included in the forty (40) hours.

Scope – This policy applies the Lake Chelan Health Board of Commissioners.

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Roles and Responsibilities –

Each Board member is responsible to complete all mandatory trainings and report evidence of Open Government training to the Executive Assistant.

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Definitions – N/A

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Procedure –

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Effective July 1, 2014, the Open Government Trainings Act (ESB 5964) requires the Board of Commissioners and all agency records officers to obtain training on Open Public Meetings and Public Records (RCW 42.56.150; RCW 42.56.152; RCW 42.30.205). Commissioners must complete mandatory Open Government Training, including Open Public Meeting training and Public Record training within the first 90 days of office and must renew training every four years. See <http://www.atg.wa.gov/open-government-training>.

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Board members will provide evidence of Open Government Training to Executive Assistant within 30 days of completion of training. Evidence of this mandatory Board training will be placed in the individual Board member's file.

Lake Chelan Health policy requires Board members to complete on-line training throughout the year on specific topics and within certain due dates. Lake Chelan Health sends reminders to each Board member when each training must be completed. Proof of completion of each training is documented in the Lake Chelan Health tracking system to meet organizational accreditation requirements. Board member failure to complete training places Lake Chelan Health at risk of losing accreditation.

Board members are strongly encouraged to achieve and maintain Washington State Hospital Association (WSHA) Governance Certification. Conferences, remote learning programs and other programs available through ~~CCPHD~~ Lake Chelan Health², Association of Washington Public Hospital Districts (AWPHD), Washington State Hospital Association (WSHA) and other recognized health care organizations may be credited toward the 40 ~~required~~ hours and WSHA Governance Certification. Board members must apply for WSHA Governance Certification credit through WSHA Governance Education portal - <https://governanceeducation-wsha.talentlms.com/>.

~~Commissioners must report all training, educational presentations, or any potentially eligible commissioner education hours and credits earned during the year to the Executive Assistant by December 31.~~

In addition to continuing education provided in-house, remotely and in-state, Board members may attend one District-financed, out-of-state meeting on hospital governance every other year. The full Board must review and approve funding for individual Board member travel proposals that are exceptions to the out-of-state policy above.

CCPHD2-Lake Chelan Health will fund the cost of registration, transportation, food and lodging for Board members within the scope of CCPHD2-Lake Chelan Health Travel and Training policy. Itemized receipts for food must be submitted to the Executive Assistant to receive full reimbursement. No alcohol will be reimbursed. Another person may accompany the respective Commissioner; however, travel expenses are not funded by ~~the District~~Lake Chelan Health.

References –

DNV Guidelines

RCW 42.56.150; RCW 42.56.152; RCW 42.30.205

This policy may be revised at any time without prior notice. All revisions supersede prior policy and are effective immediately upon approval.

Attachments – Include all applicable attachments, such as forms, decision trees, workflows, etc.

Approval Signatures

A	Date:	11/12/2025	Dept. Name/Number:	OR, MSU, OB, ED, ENT, ORTHO	Name:	JOE THOMPSON
	Goal or Objective this Item/Project relates to:					
To support operational efficiency and meet current business needs. Leasing equipment provides flexibility, cost-effectiveness, and ensures access to up-to-date technology without the long-term capital investment of purchasing. This approach aligns with our budgetary goals and allows us to maintain high standards of service while managing resources responsibly.						

EQUIPMENT/VENDOR INFORMATION

B	Item Description:	Stryker Equipment Lease				
	Vendor Name:	[REDACTED]				
	Sales Rep Name:	[REDACTED]				
	Sales Rep Number:	[REDACTED]				
	Sales Rep E-mail:	[REDACTED]				
	Reprtrax Complete:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, representative must sign up and be credentialed prior to visit		
	BAA on File:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, one must be signed prior to visit		

AMOUNT REQUESTED / JUSTIFICATION

(N/A if question is not applicable)

C	Purchase cost of equipment	\$0.00
	Annual cost of disposable items	\$0.00
	What will the internal construction costs be	\$0.00
	Equipment Specification sheets included	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>Request may be rejected if not provided.</i>
	Has a space been identified and verified with Facilities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Freight costs	\$0.00
	Taxes	\$
	Warranty information	
	Service Agreement costs after the warranty	\$
	Length of the Service Agreement (please attach)	
	I.T. Hardware and Software installation costs	\$
	I.T. annual costs	\$
	Will this connect to the network?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, has IT been consulted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Travel and training cost	\$
	Did you receive 3 price quotes (please attach)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Is this from a Premier GPO vendor	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	What is the Premier contract number	
	Will this require additional FTE's	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Will the equipment be leased or purchased	<input checked="" type="checkbox"/> LEASE <input type="checkbox"/> PURCHASE
	What is the length of the lease	44 Months
	What is the monthly payment	\$12,200.35
	Is this Grant or Foundation funded	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
The amount being provided by Grant or Foundation	\$	
Will this item provide increased revenue or cost savings	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Other supporting information		
Type of purchase (New, Addition, Replacement, Other)	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER	
Is this replacing old equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES" complete disposal form</i>	
Will staff training be required	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Will there be a cost for training (enter amount)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$	
Has a Project Plan been completed (please attach)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	