



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

12/30/2025



LAKE CHELAN HEALTH

Agenda

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

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

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

Time	Agenda Item	Facilitator	Topic/Action
1:30	1. Call to Order/ Changes to Agenda	J. LaPorte	
1:31	2. Public Comment		
1:40	3. Chair Report	J. LaPorte	
1:45	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 11/18/2025(FM) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Governance Committee 12/2/2025 (FA) E. Finance Committee Minutes 12/22/2025 (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
2:30	6. Reports	J. Barich, S. Freed B. Truman A. Edwards L. Sahlinger S. Ottley Commissioners	A. Med Staff Report & Credentialing (FM) B. Financial Committee Report (FA) i. Financial Assistance Report (FI) C. CEO Report (FI) D. Team Boards (FI) E. Strat Plan KPI Report (FI) F. Community Connections (FD)
3:15	7. Old Business	S. Ottley A. Edwards Commissioners	G. EMS Capital Project Update (FI) H. Workflow for contingency use and change order approval (FM) I. Board: i. Community Health Needs Assessment (CHNA) Report (FM) ii. Ruby U (FD) iii. Year End Letter (FD)
4:00	8. New Business	Commissioners	A. Resolutions a. Resolution 2025-21 Rehab Disposal (FM) b. Resolution 2025-22 2026 Board Meeting Dates (FM) c. Resolution 2025-23 Legal Holiday's (FM) d. Resolution 2025-24 Safety Deposit Box (FM) B. Policies a. Compliance Plan Policy (FM) b. Credentialing- Disaster Privileges & Responsibilities Policy (FM) c. Board of Commissioners Conflict of Interest (FD) d. CEO Decision Matrix (FD) e. LCH Board of Commissioners Meeting Minutes (FD) f. Governance policy recommendations (FD) C. Annual Quality Committee Plan (FM) D. Board oath of office (FA) E. Yearly Task Calendar / Committee Assignments (FD)
4:45	9. Public Comment		

4:55	10. Executive Session		A. RCW 42.30.110(1)(g) to evaluate the performance of a public employee.
5:20	11. Roundtable/Action Items	Commission	
5:30	12. Adjournment		

Board Calendar Reminders:

TBA	TBA	Bragg Room/ TEAMS	9 am
1/15/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
TBA	Finance Committee	Bragg Room/ TEAMS	10 am
TBA	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 November 18, 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 (virtual), L. Sahlinger (virtual), J. Phetteplace (virtual), D. Ehlert (virtual), M. McCormick (virtual)

Guests: Guild B, Dr. Michelle Pappy (Hospitalist)

Community Members: Anna Moroz, Nat Moto (virtual), John Sambook (virtual)

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. • J. LaPorte acknowledged and expressed gratitude to GiveNCW for its meaningful support of local nonprofits and the positive impact it can have on Lake Chelan Health. The board also congratulated Rhianna for her feature in the <i>Women in Business</i> article. J. LaPorte has joined the Chelan Chamber Board, looking forward to representing Lake Chelan Health in this new role.
Public Comment	<ul style="list-style-type: none"> • No Public Comment • Dr. Michelle Pappy introduced herself and shared her commitment to supporting the community through both inpatient and outpatient care, with a focus on expanding services to meet local needs. She reported that the Telemedicine Specialty Support Program has successfully launched, seen its first patient, and provided the necessary resources to enable patients to receive care here. • Guild B presented \$55,500 raised through Paint the Town Pink, which included a community member’s matching donation to support the purchase of an EMS side by side vehicle for hard-to-reach areas. In addition, the Foundation contributed \$15,000 towards EMS, and \$5,000 is currently available in the Foundation accounts.
Consent Agenda	<ul style="list-style-type: none"> • Consent Agenda <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve the Consent Agenda, seconded, and motion approved.</i>
Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced an Executive Session at 1:50 PM for 15 minutes, scheduled to end at 2:05 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 at 1:50 PM. Board returned to open meeting. • Action Following Executive Session: <ul style="list-style-type: none"> ○ <i>D. Gibson, after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the appointments/ reappointment of active staff Pooja Desa MD, Dagmar Hernandez-Suarez MD, Aparijita Das MD, Peggy Rouleau MD, Kyle Kenoyer DPM, Sydney Brock DO, Nathan Scott OD, and the decline of re-appointment by Dr. Lillith Judd, the motion was seconded and carried.</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>M. Murphy motioned to accept the unaudited September 2025 Finance Report; seconded motion approved.</i> ○ <i>M. Murphy motioned to approve Resolution 2025-16 Disposal of Shredder and Resolution 2025-17 Disposal of Scanner, seconded, motion approved.</i> ○ <i>M. Murphy motioned to approve Resolution 2025-18 Regular Hospital Levy, Resolution 2025-19 EMS Levy, Resolution 2025-20 Go Bonds, seconded, motion approved.</i> ● CEO Report: A. Edwards presented the CEO Report with additional items of interest <ul style="list-style-type: none"> ○ Recently visited Prosser and observed a thriving hospital environment, meeting with both the CEO and COO. ○ LCH was mentioned in an article last week in connection with Three Rivers Hospital. There is no intention to be involved in their organizational planning process, and LCH remains willing to support them in whatever way is needed. ○ Met with a state representative who viewed the Rural OB documentary. The representative expressed interest in supporting an OB bill that would provide additional funding for rural hospitals. ○ The Rural Collaborative has funds available to collectively support Revenue Integrity efforts to improve billing processes and assist member hospitals. ○ The discussion highlighted the need to advocate for OB services in rural hospitals, particularly through legislative engagement. ● Strat Plan KPI Report: S. Ottley reviewed the KPI dashboard. <ul style="list-style-type: none"> ○ L. Sahlinger spoke on the Aggregate Quality Score and to consider other metrics for next year. ● Community Connection Opportunities: <ul style="list-style-type: none"> ○ L. Withrow and J. LaPorte attended the “Meet the Candidates” event for the Chelan City Administrator position. ○ Request for LCH to co-sponsor a health information event with Chelan Indivisible. A. Edwards stated support and interest in co-sponsoring the community event.
<p>Old Business</p>	<ul style="list-style-type: none"> ● EMS Capital Project Update: S. Ottley provided an update on the EMS Capital Project, noting that the foundation is complete, and backfill is underway, with the slab scheduled to be poured at the beginning of December. There has been a slight delay with the temporary power cutover, but it is now expected on Monday. Once completed, the camera will be operational for the public to view the work. No new updates were reported on the change order log. <ul style="list-style-type: none"> ○ <i>M. Murphy motioned to approve the EMS total Project Budget \$15,758,922, seconded motion approved.</i> ● Contingency/Change Order Policy: To be brought to Board in December ● CHNA: Board suggested draft report edits for A. Benegas to bring to Wiplfi. ● Board Job Description: <i>L. England motioned to accept the LCH Board Job Description, seconded motion approved</i> ● Credentialing Charter: The Board reviewed and discussed proposed changes to the Credentialing Charter. <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve the LCH Credentialing and Privileging Charter with edits, and motion was seconded and approved.</i> ● LCH Board Community Forum: The Forum is scheduled for February 19th at the Ruby Theatre ● Year End Letter: The Board reviewed the draft of the Year-End Letter and provided suggestions and edits.
<p>New Business</p>	<ul style="list-style-type: none"> ● Board Continuing Education and Community Relations Policies: It was proposed to add one

	<p>hour before the Board meeting for continuing education, with each Board member selecting one WSHA video for the team to watch.</p> <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to adopt the Board of Commissioners Continuing Education Policy and the Board Community Relations Policy, seconded; motion approved.</i> ● Stryker Lease: <i>D. Gibson motioned to approve the Stryker Equipment Lease as presented, seconded, motion approved.</i>
Public	<ul style="list-style-type: none"> ● Anna Moroz expressed support for OB services at LCH. ● John Sambook highlighted the potential for conflicts in drafting policies and offered his assistance.
Roundtable/Action Items	<ul style="list-style-type: none"> ● A. Edwards to connect with CVCH regarding possible co-sponsorship of the health information community event. ● Outline of the Community Forum at the Ruby U to be ready for review at December Board meeting ● A. Benegas to update the reader board with the next Board meeting date, time, and location. ● Board members to send CHNA edits by end of week to the Executive Assistant
Executive Session	<ul style="list-style-type: none"> ● J. LaPorte announced an Executive Session at 4:45 PM for 20 minutes to end at 5:05 PM for RCW 42.30.110(1)(g) to evaluate the performance of a public employee. No action was expected. <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 10 minutes ○ L. Withrow extended the Executive Session 10 minutes ○ L. Withrow extended the Executive Session 10 minutes ○ Executive Session ended at 5:35 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 6:02 pm

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - DECEMBER 2025	WARRANT#'S PAYROLL	AMOUNT	pay period
IDAHO STATE TAXES	\$ 799.00					
241925-241967	\$ 443,399.01			DIRECT DEPOSIT	\$ 644,461.01	11/1/2025
AP ACH	\$ 127,961.69			PAYROLL TAXES	\$ 234,068.51	11/1/2025
241968-241978	\$ 5,126.39			CHILD SUPPORT	\$ 403.38	11/1/2025
dor	\$ 159.00			DIRECT DEPOSIT	\$ 12,308.47	11/1/2025-#2
AP ACH	\$ 88,328.60			PAYROLL TAXES	\$ 6,052.24	11/1/2025-#2
241979-242040	\$ 210,613.80			DIRECT DEPOSIT	\$ 643,639.58	11/15/2025
IDAHO STATE TAXES	\$ 799.00			PAYROLL TAXES	\$ 228,805.13	11/15/2025
RETIREMENT	\$ 66,765.10			CHILD SUPPORT	\$ 451.38	11/15/2025
242041-242121	\$ 302,159.73			DIRECT DEPOSIT	\$ 647,518.86	11/29/2025
AP ACH	\$ 116,556.99			PAYROLL TAXES	\$ 232,353.05	11/29/2025
242122-242123	\$ 10,360.00			CHILD SUPPORT	\$ 451.38	11/29/2025
AP ACH	\$ 174,871.93			DIRECT DEPOSIT-bonus	\$ 369,381.21	11/29/2025
242124-242182	\$ 242,211.64			PAYROLL TAXES-bonus	\$ 187,994.95	11/29/2025
DOR	\$ 20,567.57					
DOR-CLINIC LIC	\$ 559.00					
RETIREMENT	\$ 57,296.47					
AP ACH	\$ 149,282.34					
242183-242223	\$ 418,684.15					
AP ACH	\$ 80,997.16					
242224-242286	\$ 319,132.63					
RETIREMENT	\$ 60,104.15					
AP ACH	\$ 171,977.24					
242287-242354	\$ 257,176.28					
	\$ 3,325,888.87				\$ 3,207,889.15	

DATE November 2025

TOTAL BAD DEBTS - HOSPITAL \$362,390.43
TOTAL MEDICARE BAD DEBTS \$15,385.74
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$173,633.18
TOTAL MEDICARE CHARITY CARE - \$9,071.03

TOTAL ATTESTATION \$560,480.38

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

BOARD DESIGNATED AUDITOR _____ DATE: _____

BOARD APPROVAL

DATE: _____

CHAIR _____

VICE CHAIR _____

SECRETARY _____

MEMBER _____

MEMBER _____

ATTEST. ADMINISTRATOR _____



LAKE CHELAN HEALTH

MEETING AGENDA

Name of Group: Governance Committee	Date of Meeting: 12/2/25	Time of Meeting: 9:00 am
Facilitator: Mary Murphy		Location: Teams
Recorder: Mary Murphy		
Members present:		
X BOC Representative (Mary Murphy)		X BOC Representative (Lori Withrow)
Other: {other attendees or guests}		
Meeting Objectives(s)/Purpose: Review Governing Board Policies and plan for 2026		

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

Time	Agenda Item	Topic/Action
9:00 am	1. Call to Order	Called to order at 9:00 am
9:00 am	2. Review and update Board Policies: BOC Meeting Minutes Policy and Conflict of Interest Policy. 3. Discuss AI policy 4. Plan upcoming 2026 Board policy reviews 5. Warrants and Vouchers procedure update	2. Recommend Board review of new draft BOC Meeting Minutes Policy and Conflict of Interest Policy draft update at Dec 30 Board meeting. 3. Recommend Board discuss on Dec 30, 2025 Board meeting the need for Hospital AI Policy for public records, including AI use policy for draft Board meeting minutes. 4. Governance Committee to begin review/update of BOC Matrix Policy due 2/6/26. Request from Administration a list of all Board policies and due dates to prepare review schedule in 2026. 5. Reviewed the status of Warrants and Vouchers process and will continue to monitor and update as it becomes clearer.
11:00 am	5. Adjournment	Adjourned 11:00 am

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 (virtual)	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Jordana LaPorte, BOC (virtual)	<input checked="" type="checkbox"/> Brant Truman, CFO	
Participants: Vickie Bodle, R. Montgomery, B. Fields (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"> • J. LaPorte called meeting to order at 10:04 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"> • B. Truman reviewed the Property Tax Discount, including the manual processing requirements and the staff resources involved from the Business Office. The Committee recommended bringing this item forward to the Board for further review and discussion. • B. Truman reviewed the Patient Assistance Program (PAP) and the Prompt Self-Pay Program (PSSP), focusing on the fees charged compared to reimbursement rates from Medicaid, Medicare, and other payers. • The Committee discussed lowering the minimum age for retirement contributions from 21 to 18 and recommended presenting this proposal to the Retirement Committee for consideration. • The Committee discussed the MRI contract, including a proposed increase in bore size that could allow for a higher number of MRI exams to be completed. Lease options of three and five years were reviewed, with a preference for a five-year term that includes an option to exit prior to the end of the term if needed. • The Committee discussed updates to the Financial Assistance/Charity Care policy, including revised language related to assets, as well as additional discussion around training and compliance requirements. • The Committee recommended that the Safety Deposit and Rehabilitation Disposal resolution be presented to the Board for approval. • V. Bodle and B. Truman reviewed the Average Age of Plant with the Committee.
<ul style="list-style-type: none"> • Reports 	<ul style="list-style-type: none"> • V. Bodle presented the unaudited November 2025 Financial Statement. • B. Fields reviewed the monthly Revenue Cycle report
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • B. Truman adjourned the meeting at 12:30 pm



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended November 30, 2025

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Balance Sheet
Lake Chelan Health

	Current Month 11/30/2025 unaudited	Prior Year 12/31/2024 AUDITED	Prior Year 11/30/2024 Unaudited
ASSETS:			
CASH	96,825	\$ 643,833	\$ 566,982
PATIENT RECEIVABLES	16,807,321	13,374,705	\$ 12,897,199
LESS: RESERVES FOR ALLOWANCES	(8,753,970)	(6,580,569)	\$ (6,896,101)
NET PATIENT ACCOUNTS RECEIVABLES	8,053,352	6,794,136	6,001,099
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	(169,731)	(83,101)	(469,999)
OTHER RECEIVABLES	(101,353)	620,190	359,076
INVENTORIES	344,528	334,014	320,837
PREPAID EXPENSES	441,470	366,593	321,417
TOTAL CURRENT ASSETS	\$ 8,665,091	\$ 8,675,465	\$ 7,099,412
GENERAL RESERVES	\$ 2,090,537	1,341,527	\$ 2,740,920
Unrestricted Reserves	\$ 5,285,788	6,405,615	\$ 6,368,592
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	0	\$ 470,431
USDA 2023	410,400	410,400	\$ 410,400
Coastal Bank	50,011	50,002	\$ 50,000
TOTAL LIMITED USE ASSETS	\$ 11,976,260	\$ 12,347,068	\$ 14,179,867
LAND	\$ 4,133,845	4,133,845	\$ 4,133,845
LAND IMPROVEMENTS	0	0	\$ -
BUILDINGS & IMPROVEMENTS	2,969,105	0	\$ -
EQUIPMENT	8,904,716	8,643,764	\$ 9,933,651
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	1,808,503	908,664	\$ 685,947
CONSTRUCTION-IN-PROGRESS - HOSPITAL	76,588	8,750	\$ 541,692
GROSS PROPERTY, PLANT, & EQUIPMENT	70,674,951	64,597,327	64,613,657
LESS: ACCUMULATED DEPRECIATION	(16,765,145)	(13,690,670)	\$ (14,438,677)
GASB 87 AMORTIZATION	(1,778,364)	(1,176,061)	(539,112)
NET PROPERTY, PLANT, & EQUIPMENT	\$ 52,131,442	\$ 49,730,596	\$ 49,635,868
DEFERRED ITEMS	\$ 2,418,061	2,435,720	\$ 1,537,337
TOTAL ASSETS	\$ 75,190,854	\$ 73,188,849	\$ 72,452,483
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 899,919	(284,049)	672,188
ACCRUED PAYROLL	1,487,470	861,750	1,309,032
ACCRUED VACATION/HOLIDAY/SICK PAY	1,681,871	1,520,294	1,008,134
PAYROLL TAXES PAYABLE	224,124	160,605	89,712
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	625,939	3,225,885	856,966
INTEREST PAYABLE	537,072	91,606	549,775
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,129,475	1,129,475	1,046,831
LINE OF CREDIT	0	0	0
TOTAL CURRENT LIABILITIES	\$ 6,585,870	\$ 6,705,566	\$ 5,532,637
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 18,345,016	18,358,318	18,708,856
2013 BONDS	4,288,163	4,283,436	4,663,006
USDA LOANS	18,149,210	17,682,789	17,747,273
LEASES	3,253,830	1,495,939	2,115,029
PAID LEAVE - LT PORTION	179,000	179,000	200,959
2025 BONDS	1,392,333		
TOTAL LONG TERM LIABILITIES	\$ 45,607,552	\$ 41,999,482	\$ 43,435,123
DEFERRED ITEMS	\$ 4,821,772	5,323,488	4,256,945
TOTAL LIABILITIES	\$ 57,015,194	\$ 54,028,536	\$ 53,224,704
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 19,160,312	16,134,327	17,128,832
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	(984,652)	3,025,986	2,098,946
TOTAL NET ASSETS	\$ 18,175,660	\$ 19,160,313	\$ 19,227,778
TOTAL LIABILITIES AND NET ASSETS	\$ 75,190,854	\$ 73,188,849	\$ 72,452,483

property taxes are
accrued over 12
months

Statement of Revenue and Expense Lake Chelan Health

For the month ended November 30, 2025

	CURRENT MONTH				Prior Year 11/30/24
	Actual 11/30/25	Budget 11/30/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 576,353	\$ 647,423	(71,070)	-11%	\$ 717,055
OUTPATIENT	5,557,300	5,073,680	483,620	10%	4,234,001
TOTAL PATIENT SERVICE REVENUES	6,133,653	5,721,103	412,550	7%	4,951,056
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(2,366,989)	(2,366,407)	(581)	0%	(1,636,241)
BAD DEBT	(377,776)	0	(377,776)	0.00%	(172,623)
CHARITY	(182,704)	0	(182,704)	0.00%	(46,395)
TOTAL DEDUCTIONS FROM REVENUES	(2,927,469) 47.7%	(2,366,407) 41.4%	(561,062)	-24%	(1,855,260) 37.5%
NET PATIENT SERVICE REVENUES	3,206,184	3,354,696	(148,512)	-4%	3,095,797
OTHER OPERATING REVENUES	45,036	22,417	22,619	101%	32,882
TOTAL OPERATING REVENUES	3,251,220	3,377,113	(125,892)		3,128,679
OPERATING EXPENSES					
SALARIES/WAGES	2,571,001	2,360,208	(210,793)	-9%	2,318,353
EMPLOYEE BENEFITS	489,648	403,029	(86,619)	-21%	369,291
PROFESSIONAL SERVICES	344,486	261,209	(83,276)	-32%	199,911
FOOD SUPPLIES	20,808	19,329	(1,479)	-8%	23,097
MINOR EQUIPMENT	41,172	31,093	(10,078)	-32%	24,766
SUPPLIES	292,336	215,509	(76,827)	-36%	188,429
PLANT UTILITIES	30,704	30,254	(450)	-1%	27,440
PURCHASED SERVICES	336,656	327,951	(8,706)	-3%	393,385
REPAIR/MAINTENANCE	94,873	100,412	5,539	6%	79,713
PUBLIC RELATIONS/RECRUITM	11,041	13,009	1,968	15%	15,109
RENT/LEASES	46,578	61,633	15,056	24%	83,168
INSURANCE	56,938	45,774	(11,164)	-24%	49,224
LICENSES/TAXES	28,860	31,325	2,466	8%	11,615
DUES/SUBSCRIPTIONS/OTHER	86,583	67,200	(19,384)	-29%	55,168
TRAVEL/TRAINING	12,002	14,736	2,734	19%	11,892
DEPRECIATION	323,585	362,973	39,388	11%	293,226
AMORTIZATION	63,184				
TOTAL OPERATING EXPENSES	4,850,455	4,345,644	(441,627)	-10.2%	4,143,789
NET OPERATING SURPLUS (LOSS)	(1,599,235)	(968,532)	(630,703)		(1,015,110)
NON-OPERATING REVENUES	354,134	256,233	97,901		286,905
TAXES					
INTEREST					
GIFTS & GRANTS	373,049		373,049		
OTHER	0	0	0		0
NET INCOME margin	(872,052) -26.8%	(712,299) -21.1%	(159,753)		(728,205) -23.3%
TOTAL NET INCOME (LOSS)	\$ (872,052)	\$ (712,299)	(159,753)		\$ (728,205)

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

For the month ended November 30, 2025

	YEAR-TO-DATE				Prior Year 11/30/24
	Actual 11/30/25	Budget 11/30/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 7,198,981	\$ 7,875,361	(676,379)	-9%	\$ 6,765,822
OUTPATIENT	62,429,863	61,717,076	712,788	1%	53,459,635
TOTAL PATIENT SERVICE REVENUES	69,628,845	69,592,436	36,408	0%	60,225,457
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(28,432,709)	(28,785,366)	352,657	-1%	(21,584,056)
BAD DEBT	(2,048,532)	0	(2,048,532)	0.00%	(1,476,352)
CHARITY	(1,068,545)	0	(1,068,545)	0.00%	(898,591)
TOTAL DEDUCTIONS FROM REVENUES	(31,549,787)	(28,785,366)	(2,764,421)	-10%	(23,956,999)
	45.3%	41.4%			39.8%
NET PATIENT SERVICE REVENUES	38,079,058	40,807,071	(2,728,013)	-7%	36,268,457
OTHER OPERATING REVENUES	525,807	246,583	279,223	113%	349,911
TOTAL OPERATING REVENUES	38,604,865	41,053,654	(2,448,789)	-6%	36,618,369
OPERATING EXPENSES					
SALARIES/WAGES	21,324,298	21,210,315	(113,982)	-1%	18,797,043
EMPLOYEE BENEFITS	4,436,257	4,487,057	50,800	1%	3,607,785
PROFESSIONAL SERVICES	3,498,077	2,873,301	(624,776)	-22%	1,714,052
FOOD SUPPLIES	243,373	212,621	(30,752)	-14%	209,216
MINOR EQUIPMENT	369,877	342,027	(27,850)	-8%	508,550
SUPPLIES	2,464,239	2,621,485	157,245	6%	2,310,840
PLANT UTILITIES	345,688	332,795	(12,893)	-4%	357,129
PURCHASED SERVICES	4,528,995	3,607,456	(921,539)	-26%	3,640,354
REPAIR/MAINTENANCE	1,119,330	1,104,534	(14,796)	-1%	1,003,041
PUBLIC RELATIONS/RECRUITMENT	85,986	143,097	57,111	40%	83,965
RENT/LEASES	469,022	677,965	208,943	31%	813,528
INSURANCE	482,355	503,518	21,162	4%	485,523
LICENSES/TAXES	281,900	344,578	62,678	18%	232,427
DUES/SUBSCRIPTIONS/OTHER	669,560	739,195	69,635	9%	544,944
TRAVEL/TRAINING	121,189	162,097	40,908	25%	118,943
DEPRECIATION	3,343,954	3,992,700	648,747	16%	3,479,128
AMORTIZATION	681,603	0	(681,603)		
TOTAL OPERATING EXPENSES	44,465,703	43,354,740	(1,110,963)	-2.6%	37,906,469
NET OPERATING SURPLUS (LOSS)	(5,860,838)	(2,301,086)	(3,559,752)		(1,288,100)
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	2,582,936				2,501,972
GRANTS/CONTRIBUTIONS	634,451				807,517
EMS COMMERCE GRANT	1,321,820				
INVESTMENT EARNINGS	346,814				382,379
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	1,188,536				1,169,197
INTEREST EXPENSE	(1,703,940)				(1,655,210)
GAIN / (LOSS) ON ASSET DISPOSAL	505,767				180,962
TOTAL NON OPERATING REVENUES	4,876,184	2,818,561			3,386,817
NET INCOME	(984,653)	517,475	(1,502,129)		2,098,717
margin	-2.6%	1.3%			5.7%
TOTAL NET INCOME (LOSS)	\$ (984,653)	\$ 517,475	\$ (1,502,129)		\$ 2,098,717

Patient Statistics Lake Chelan Health

For the month ended November 30, 2025



Current Month			Last Year Month			
Actual vs Budget	11/30/25	BUDGET	STATISTICS	Actual vs Budget	11/30/24	BUDGET
	100	120	Total Days Cash on Hand		135	120
	74	40	Net AR Days		53	40
	0.34	1.25	Debt Coverage Ratio		-0.31	1.25
	5.04		Average Age Of Plant			
	241	208	Payroll FTEs		209	208

Current Month				Year-To-Date				
Actual vs Budget	Actual 11/30/25	Prior Year 11/30/24	BUDGET	STATISTICS	Actual vs Budget	Actual 11/30/25	Prior Year 11/30/24	BUDGET
Admissions								
NA	18	21	NA	medical	NA	223	201	NA
NA	0	0	NA	surgical	NA	0	0	NA
NA	7	6	NA	OB	NA	80	85	NA
NA	25	27	NA	Acute	NA	303	286	NA
NA	4	6	NA	Swing Bed	NA	53	62	NA
NA	7	6	NA	Total Deliveries	NA	78	85	NA

Patient Days								
	50	74	66	medical		662	605	799
NA	0	0	NA	surgical	NA	0	0	NA
	16	11	14	OB		151	153	171
	66	85	80	Acute		813	758	969
	40	50	60	Swing Bed		519	631	726
	12	8	10	Total Newborn Days		108	116	122
	118	143	149	TOTAL PATIENT DAYS		1440	1505	1817

Average Length of Stay								
	2.6	3.1		Total Inpatient		2.7	2.7	
	10.0	8.3		Swing Bed		9.8	10.2	

Avg Daily Census - Hospital								
	2.2	2.8		Total Inpatient		2.4	2.3	
	1.3	1.7		Swing Bed		1.6	1.9	
	3.5	4.5		Total		4.0	4.1	

	394	510	538	ED Visits		5751	6335	6546
	51	60	79	Surgeries		574	702	960
	1053	1176	1239	Imaging Procedures		13941	12966	15065
	3765	3321	3003	Lab Tests		44696	35706	36523
	706	591	710	Rehab Visits		8553	7505	8636
	128	108	125	EMS Runs		1497	1489	1516
	847	759	1139	Total Clinic Visits		9913	9145	11830
	314	60	93	Specialty		1963	958	964
	173	109		Primary care		1778	1725	
	360	544	1046	Express Care (budget shows primary and express)		6172	6462	10856
	20	21		working days		238	239	

Note #1 Contractuals

AR increased \$936k from October to November
Charity care was \$182,704 for November. Bad Debt was \$377,716
Charity and Bad Debt are 4.91% of gross charges ytd compared to 4.06% this same time last year.
Medicare Cost Report Model Estimate YTD through October (\$404,863)

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.

Budget for November includes bonus amount

Note #2 PROFESSIONAL SERVICES

Med Surg is over budget \$50,671 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 \$272,846 due the increase need of use for locums
Dermatology is over budget \$224,826 (gross revenue is over budget \$591,144)
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 \$214,156. Whitman Partners was not budgeted.
Lab is over budget by \$264,785. Budget has been reviewed for 2026 to make sure this doesn't happen again.
Provider Based clinic is over budget by \$347,366 due to traveler agency expenses
Laundry is over budget by \$69,112.02 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 \$501,716 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 - 80,437
Community Choice 39,879 - CARES
CWH Grant 187,269
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 1,321,620 - EMS Build

For the month ended November 30, 2025

10/31/2025	GL ACCOUNT #	ACCT DESCRIPTION	11/30/2025	EXPLANATION	
\$357,272	10002000	General Fund Cash In Bank (Wheatland)	\$179,728	(\$177,544) \$3,103,599 deposits \$0 graham refund \$0 commerce grant (\$20,717) tsys/payplus fees (\$3,178) fees mckesson/cardinal (\$20) fees and interest rebales \$4,772 café sales (\$3,262,000) transfer to county	
\$811,208	10004000	General Fund Cash w/ Treasurer	\$720,843	(\$90,365) (\$1,189,101) AP (\$55) Voids \$1,189,156 warrants issued (\$1,279,466) warrants redeemed \$3,262,000 Bank Transfers from 10002000 \$387,351 Bank Transfer to/from 10106000 (\$88,962) Bank Transfer for USDA pmt \$0 Bank Transfer for bond pmt (\$2,424,249) Payroll/Benefits (\$21,127) B&O taxes \$73,962 Property Taxes \$156 Leasehold Taxes & Misc Taxes safety net pmt transfer from rev bond fund pmts posted as remits received	
(\$82,571)	10009000	cash clearing	(\$82,903)	\$9,668	
(\$809,497)	20070000	warrants outstanding	(\$720,843)	\$88,654 (\$1,289,812) remits (payroll/benefits/b&O) \$1,279,466 warrants redeemed (\$1,189,156) warrants issued ap \$1,288,101 remits redeemed \$55 voids	
\$812,590	10106000	AMB RESERVE	\$83,195	(\$729,394) (\$387,351) transfer to general fund (\$476,131) transfer from reserves (bond pmt & ops) \$135,787 property taxes \$286 leasehold taxes \$15 interest	
\$1,142,704	10910000	2016 GO BOND	\$1,240,990	\$98,287 \$98,287 property taxes \$0 bond pmt / fee	Days of Cash on Hand Cash: current assets 96,825 unrestricted reserves 2,090,537 unrestricted reserves 5,285,788 reclassified to general fund 7,473,149
\$0	10911000	2016 CASH BOND	\$0	\$0 interest	USDA reserve 460,411 restricted reserves - pending covid ca 4,189,535 4,649,946
\$320,400	10916000		\$320,400	\$0 funded year 3 per LOC	
\$90,000	10917000		\$90,000	\$0 funded year 3 per LOC	
\$410,400			\$410,400	\$0	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0 paid bond interest	Expenses: total YTD 44,465,703 less depreciation -4,025,557 40,440,146
\$288,220	10923000	HOSP 2025 REVENUE BOND	\$288,220	\$0 reimb for draws	
\$9,398,560	10760000	RESERVES	\$9,425,312	\$26,732 \$26,732 interest transfer to gen fund	number of days YTD 334
\$50,010	10764000	COASTAL BANK	\$50,011	(\$0) \$0 interest	
\$12,368,916			\$11,594,953	(\$773,964)	Days of Cash on Hand 6 61.7
					Restricted Days Cash on Hand 38.4
					Total Days Cash on Hand 100.1



CEO Board Report (as of 12/24/2025)

People:

- Pleased to announce that we will start the with near 24/7 general surgery coverage. Joining our team is Dr. Tuszynski and Dr. Kaufman. Both surgeons have substantial experience with a wide range of surgical procedures. Dr. Douglass, our current surgeon, will be returning back to his home State of Wyoming at the end of the month. We have appreciated Dr. Douglass's service to the community over the past few years.
- We have found an APP for our upcoming urology program. Over the next month or two, he will be completing training in preparation for the role, with an expected program launch in March of 2026.
- The last details are almost in place for our coming cardiology program. Our goal is to begin services in late January or early February. We are thrilled to welcome a familiar face, Dr. Gautam Nayak, and his team of APP's, whom we will be announcing shortly.

Community:

- Lake Chelan has received \$7,296.00 in donations through the Give NCW Campaign largely driven by our Pop-Up Social event held last month at Navarre Coulee Cellars in Manson. A huge thank you to the winery for hosting and to Commissioner Lori Withrow for leading the planning and preparation that made this event such a success! There is still time to donate, you can find us on the Give NCW site here: https://cfncw.fcsuite.com/erp/donate/create/grant?grant_id=90183
- Our district staff are conducting their annual food drive. Please help us out by bringing donations to either the hospital or our Clinic in Chelan.
- This past month was a busy one for travel, including AWPHD, Rural Health Collaborative, and WSHA board meetings, along with a WSHA Rural Health Committee meeting in the mix. Much of the discussion focused on the upcoming legislative session and how the Rural Transformation Funds will be equitably distributed. The Rural Health Collaborative is expected to receive between \$2.5M and \$5M, while WSHA will be distributing approximately \$40M over the next few months.

Quality:


- Managers will soon begin to work on developing "team boards" to track and monitor their team's progress towards their quality improvement initiatives, as well as other ongoing work within their teams. Louise Sahlinger will present an overview of this initiative at the Board meeting.

Financial:

- While we came close to reaching our yearly budgeted gross revenue target, November was a challenging month financially. The loss for the month was \$872K, compared to a loss of \$728K last year and a budget expectation of a \$712K loss. Gross revenue was \$6.1M, slightly higher than last year's \$5M. The loss was primarily driven by higher than normal payroll expenses (including annual bonus), cost report adjustments, and higher than normal contractuals. Also, of note that charity care through November totaled just over \$1M, which exceeds the tax revenues collected annually for our hospital levy. Year to date we are just below a \$1M loss through November on \$70M in gross revenue, compared to \$60M this time last year.
- ED volumes year to date are substantially below the prior year, although inpatient admissions have exceeded the prior year numbers. Typically, lower ED volumes correspond with lower inpatient admissions. We have delivered 78 babies through November, and we are tracking closely to that number at the time of this report.

Building for the Future:

- Foundations and the main slab have been poured on the EMS site. This week, work focused on installing a conduit for fiber & campus lighting, as well as completing the connection to the city sewer. Once power is available on site, we will set up the live camera so the public can follow the progress in real time!

		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%	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%	58%	%
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	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	74	
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	100	
KPI-10-3-1 - Monthly haul Reported to the Board on a Monthly basis (Total Net Income plus depreciateion)	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	\$ 2,359,301.00	

CHANGE ORDER PROCEDURE

LAKE CHELAN HEALTH NEW HOSPITAL PROJECT

DRAFT

Per AIA A 201 Article 7, Change orders to be agreed upon by owner, Architect, and Contractor.

Per AIA A201 Article 7, Change orders to be signed by Owner, Architect, Contractor.

- No change order work shall be started until after the change order is approved by Owner, Architect and Contractor
- All change orders submitted by the contractor shall be reviewed by the Owner and Architect for validity, detail information, cost, schedule, and scope.
- Upon approval of the change order, the Owner, Architect and Contractor will sign the Change Order Document AIA G701
- Owner approval will be by the COO. If the COO is absent the CFO will assume the authority to sign. If both CEO and CFO are not available, the CEO will assume the authority to sign.
- The Contractor will submit change orders included in their monthly pay applications.
- The Board shall be kept informed of project cost updates and progress by means of a monthly financial report regarding the change orders to-date and balance of the Contractor's Contingency and the Owner's Contingency.
- The Board shall be informed within 24 hours of any change order with associated expense greater than or equal to \$25,000.
- The goal will be to maintain 5% in the Owner's Contingency Fund
- Total payment for all change orders shall not exceed the Owner's Contingency Fund budgeted amount.



Lake Chelan Health Community Health Needs Assessment

2025 – 2027

110 S Apple Blossom Dr, Chelan, WA 98816

Approved on December 30, 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”) and integrated health system, with multiple clinics providing primary care, pediatric, specialty care, and express walk-in care services. 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, www.lakechelanhealth.org.

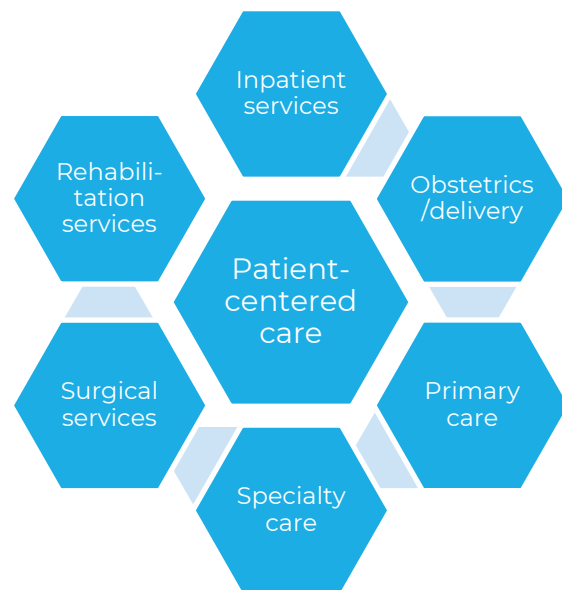
Our Mission

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.



The following is a complete list of services provided by LCH:

- 24-hr emergency department
- 3-D mammography
- CPR, first aid, and AED courses
- CT
- Cardiac rehab
- Community health worker services
- Dermatology
- DEXA scan
- EMS ambulance service
- Ear, nose & throat (ENT)
- Express care walk-in clinic
- Full laboratory services
- General surgery
- Inpatient care
- Labor & delivery
- Lymphedema care
- MRI
- Occupational therapy
- Orthopedics
- Paramedicine/prevention programs
- Paratransit
- Pediatric care
- Pelvic floor therapy
- Physical therapy
- Plastic surgery (visiting provider)
- Podiatry (visiting provider)
- Primary care
- Skilled recovery (swing bed)
- Speech therapy
- Statewide insurance benefits advisor
- Ultrasound
- Wound care
- X-ray



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.



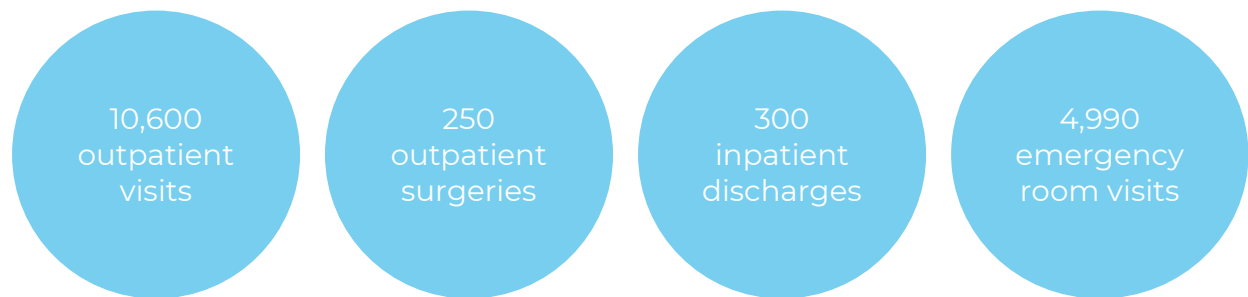
Primary service area ("PSA")	
98816 (Chelan)	98831 (Manson)
98852 (Stehekin)	98817 (Chelan Falls)

Primary service area (“PSA”)

 Secondary service area (“SSA”)

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

On an annual basis, LCH serves approximately:

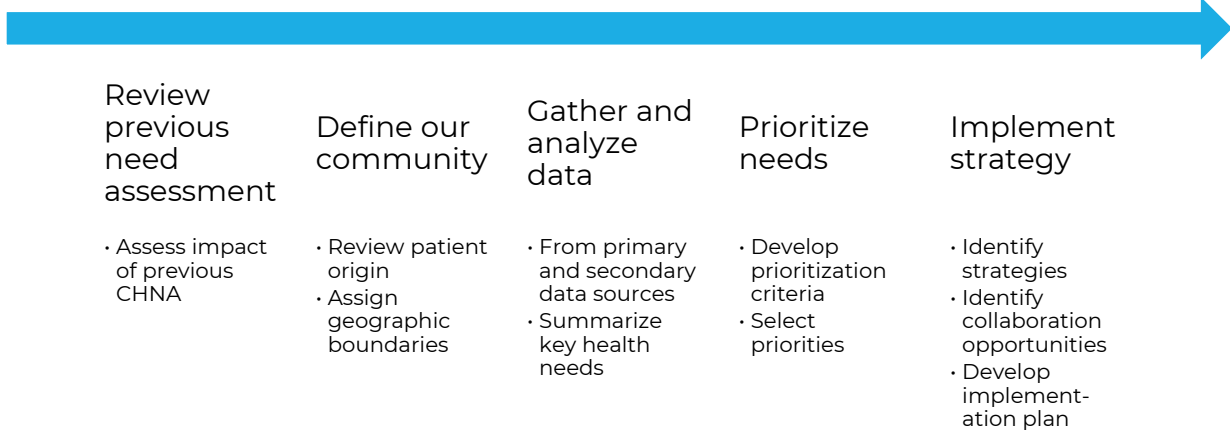


Source: Definitive Healthcare, July 2025 Medicare Cost Report release

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 December 30th, 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 References and Acknowledgments on page 13.

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

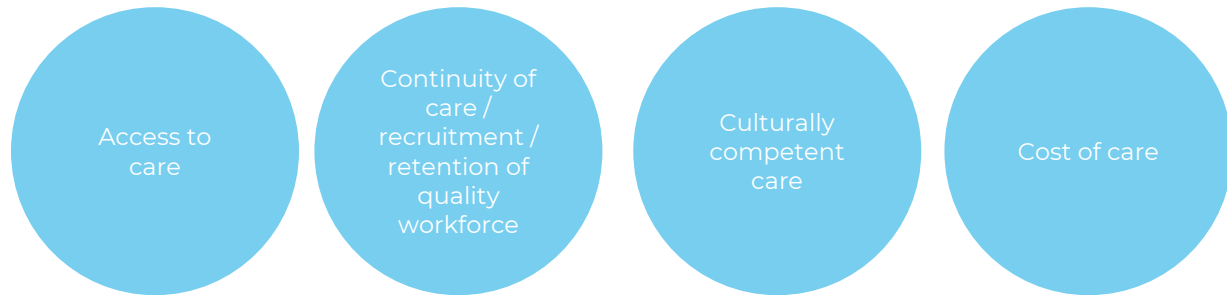
LCH, in collaboration with Wipfli, has engaged in an extensive process to develop a CHNA that is rooted in the most detailed information available at the time of the writing of this report. However, LCH recognizes that the responses reflected in the interviews and surveys represent the opinions of the 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.

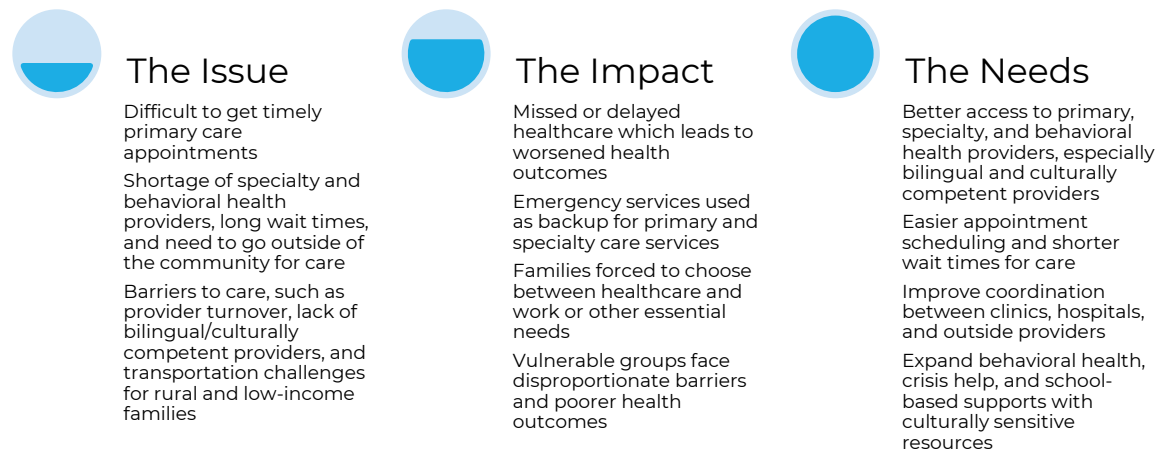
Community Health Priorities

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, and Retention of a 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.

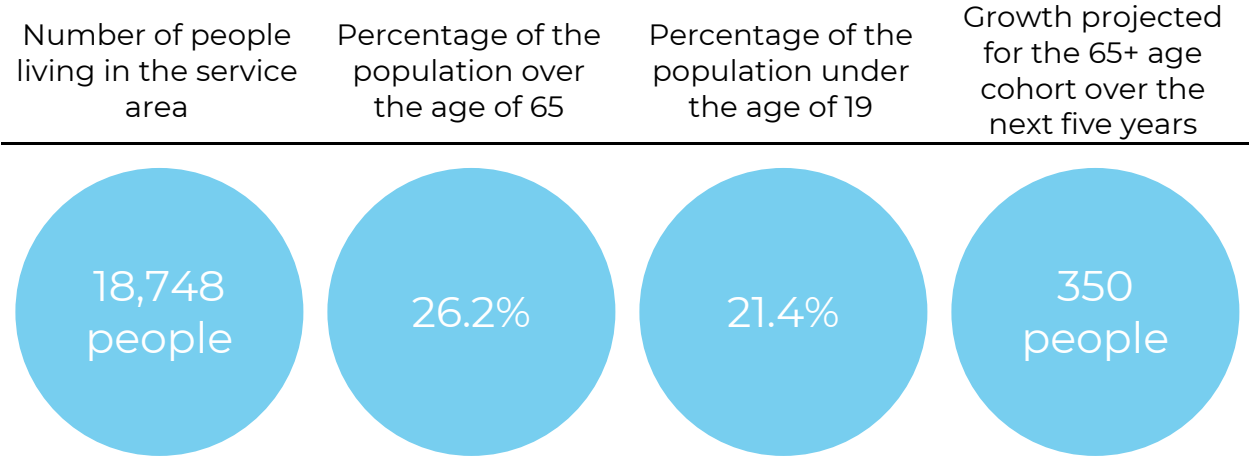
Support for aging in place for seniors

- 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

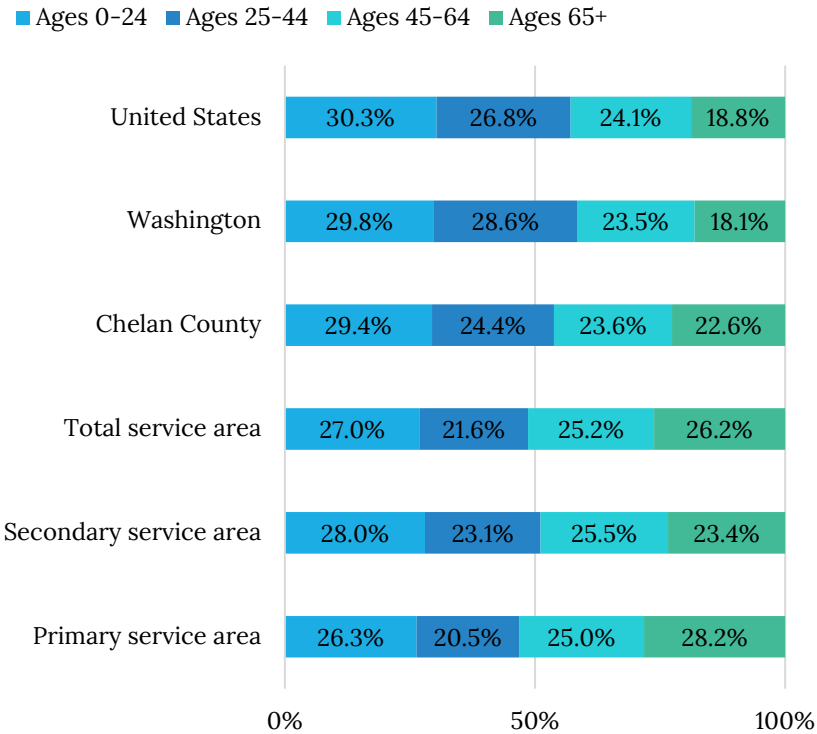
Demographic Indicators

COMMUNITY PROFILE AT-A-GLANCE



The estimated total population of LCH’s primary and secondary service areas 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

	2025 Estimated Population			2030 Projected Population		
	Total service area	Chelan County	Washington	Total service area	Chelan County	Washington
Number of People						
Under 19 years old	4,007	19,354	1,894,876	3,809	18,649	1,875,824
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%

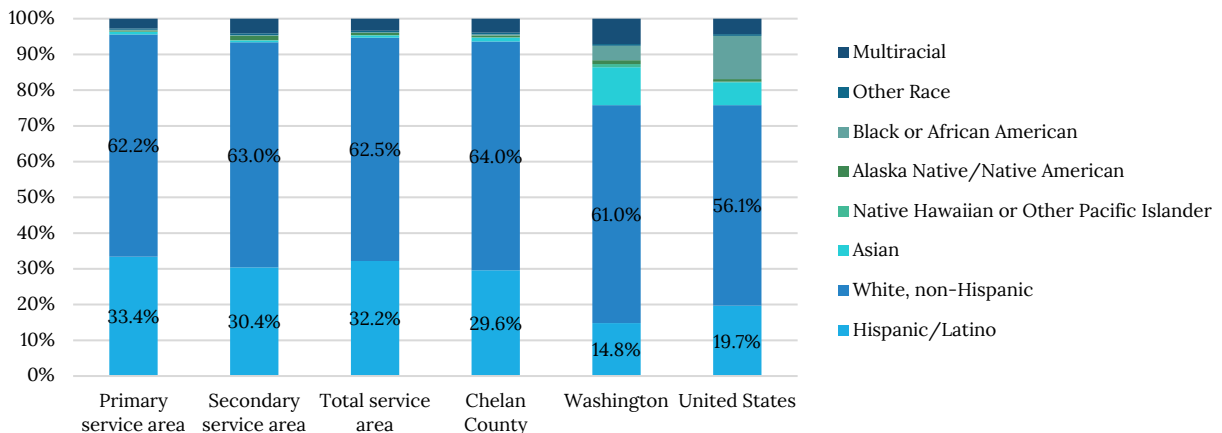
Source: ESRI Business Information Solutions

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.

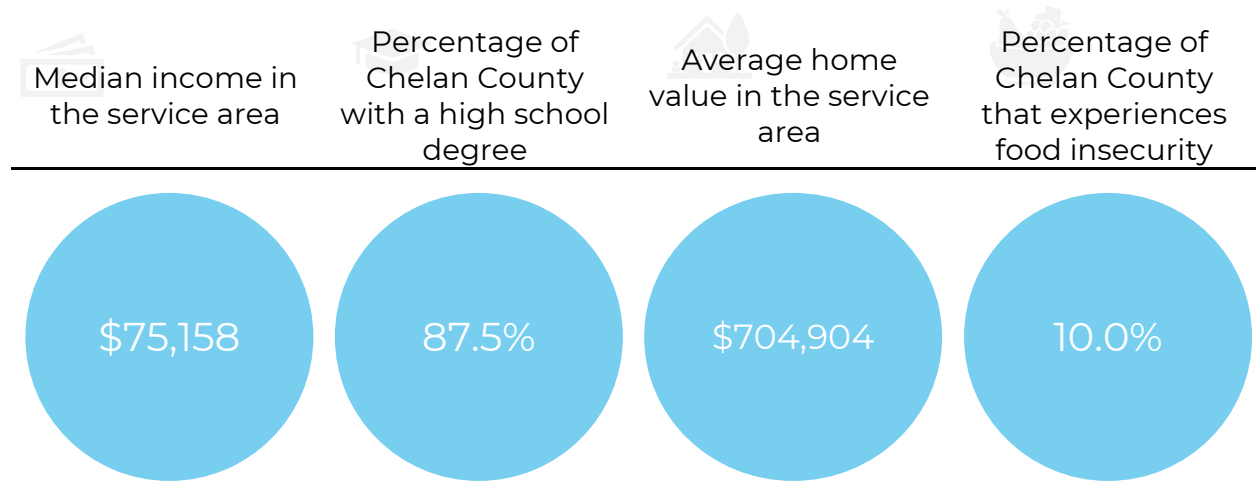
Population distribution by race/ethnicity category



Source: ESRI Business Information Solutions, 2025

Socioeconomic Indicators

COMMUNITY PROFILE AT-A-GLANCE



INCOME AND POVERTY

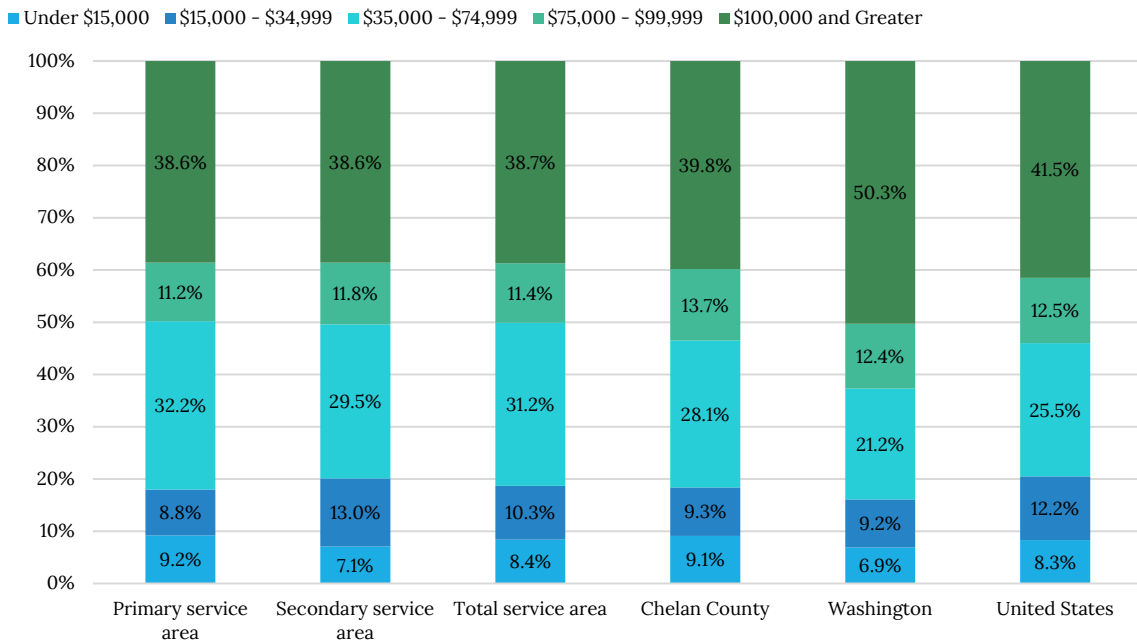
Household (HH) income is an important metric that can influence a range of factors that contribute to individual and population health outcomes. Lower-income individuals and families are disproportionately affected by various health issues, including chronic diseases and mental health conditions, often 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

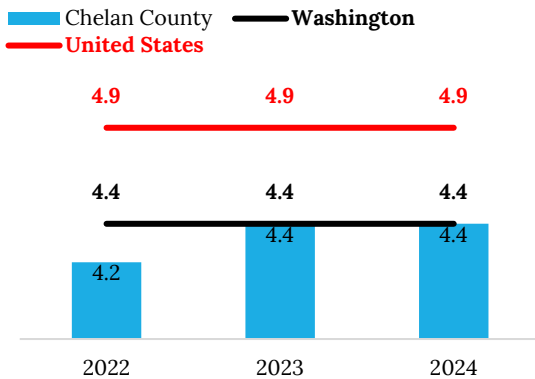
Source: ESRI Business Information Solutions

Household income by income cohort



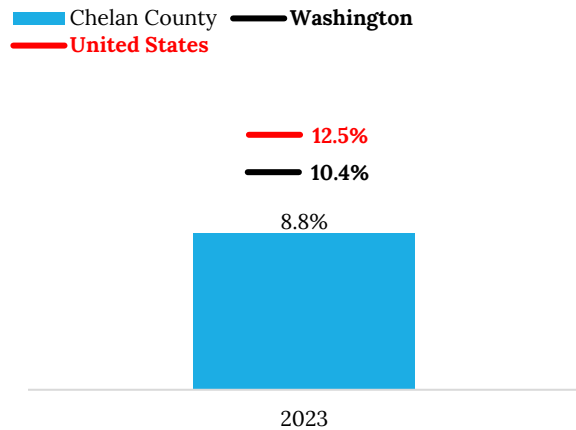
Source: ESRI Business Information Solutions, 2025

Income inequality ratio



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

Poverty rate



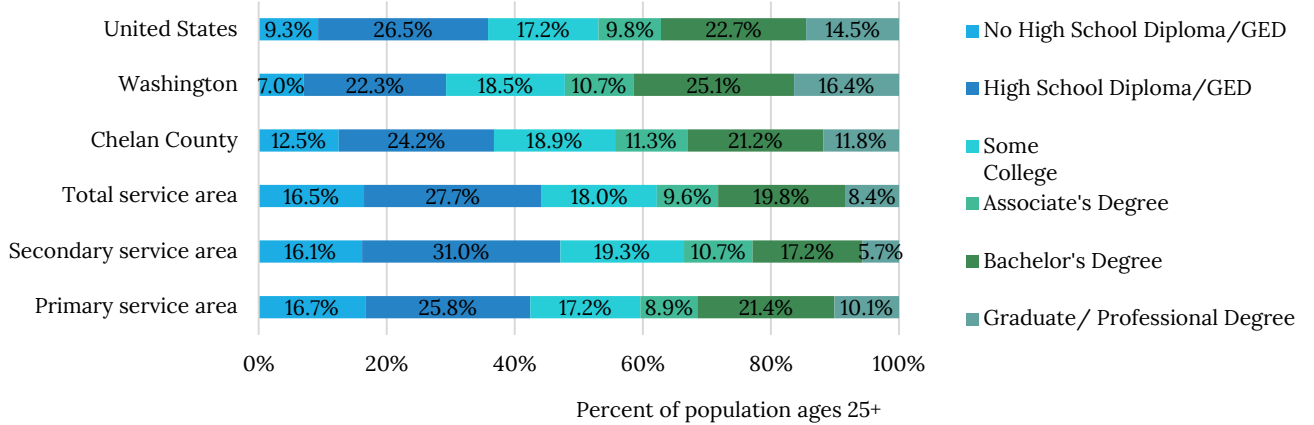
Source: Census Reporter

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

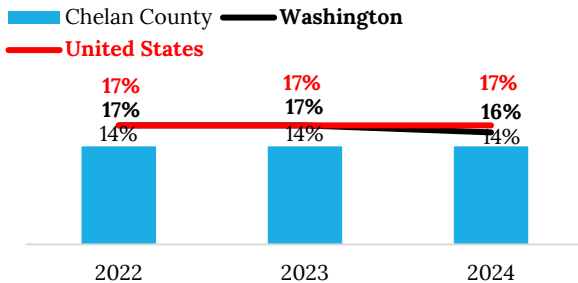


Source: ESRI Business Information Solutions, 2025

AFFORDABLE AND ACCESSIBLE HOUSING

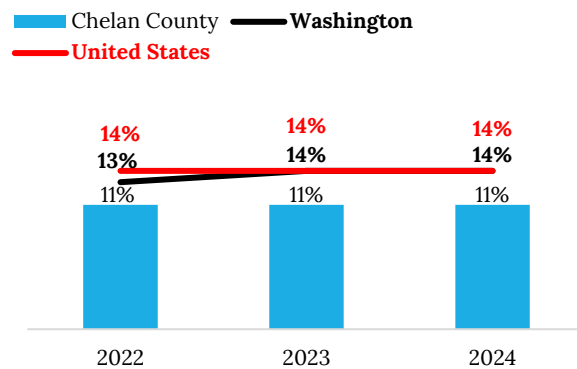
Access to affordable housing can increase the availability of financial resources to pay for other things, such as healthcare, transportation, and food. Housing in LCH's service area is generally less affordable relative to Chelan County, as the average home value for a home in the service area is \$704,904 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

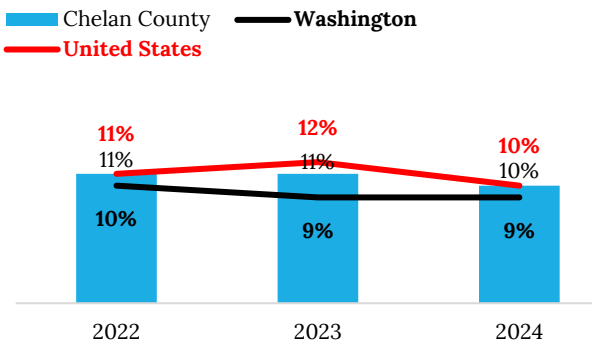


Source: County Health Rankings, 2024
Metric: Percentage of households that spend 50.0% or more of their household income on housing.

FOOD SECURITY

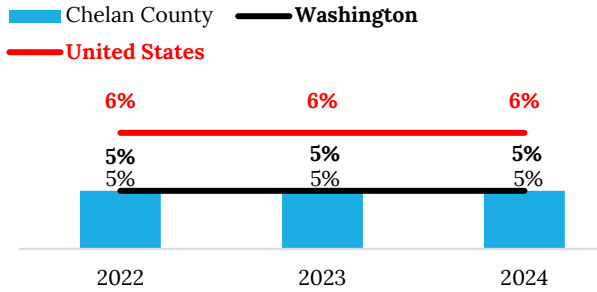
Access to healthy food options and consuming healthy foods are essential components of a healthy lifestyle, with greater access associated with reduced risk of chronic diseases and optimal growth and development. However, many people who reside in rural regions lack access to healthy food options, particularly 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

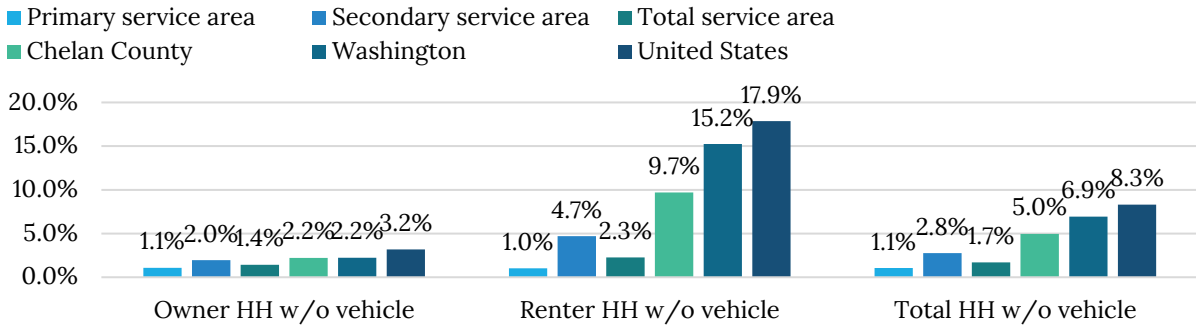


Source: County Health Rankings, 2024
Metric: Percentage of population who are low-income and do not live close to a grocery store.

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

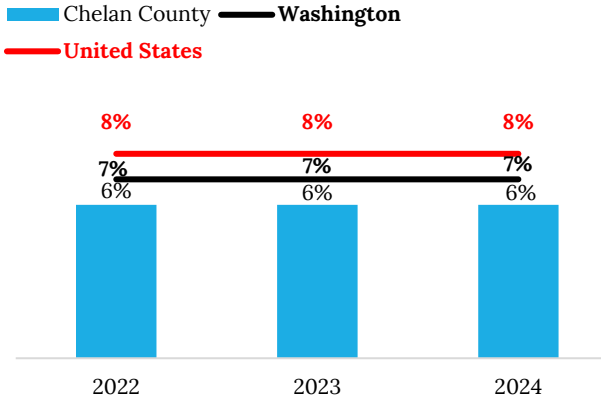
Transportation also applies to patient transfers from LCH to other facilities. According to LCH, there are eight transporting licensed and verified ground EMS agencies within Chelan and Douglas County, including LCH EMS, Cascade EMS, two private agencies including Lifeline Ambulance and Ballard Ambulance, 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

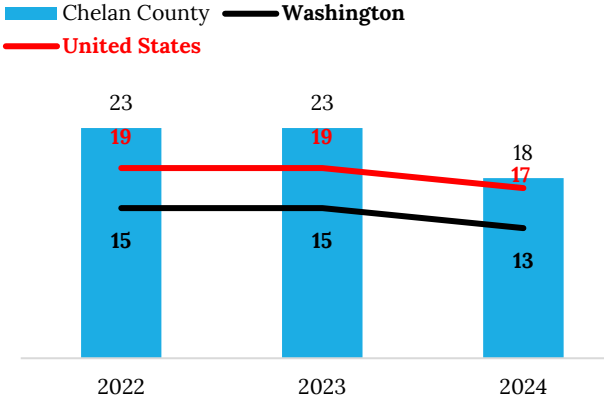
Newborn birthweight is a strong predictor of newborn health and survival. Low birthweights can lead to higher rates of fetal mortality, stunted growth, impaired cognitive developments, and chronic disease in later life. Rates of low birthweight in a community are often associated with poor maternal health. 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

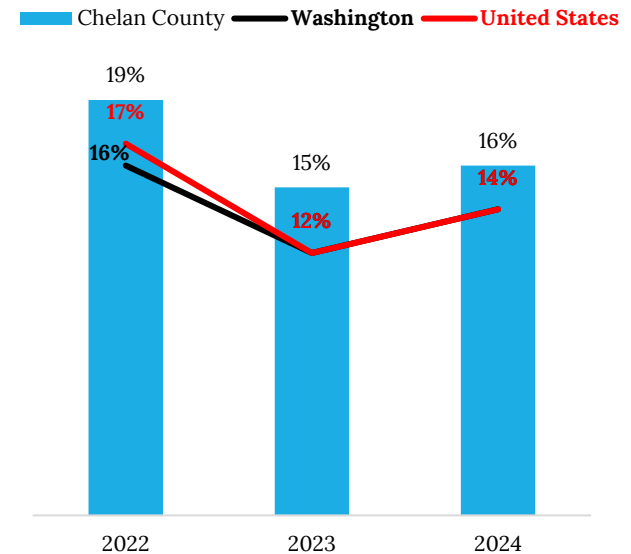
Source: Washington State Department of Health
Metric: Age-adjusted deaths per 100,000 population.

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.

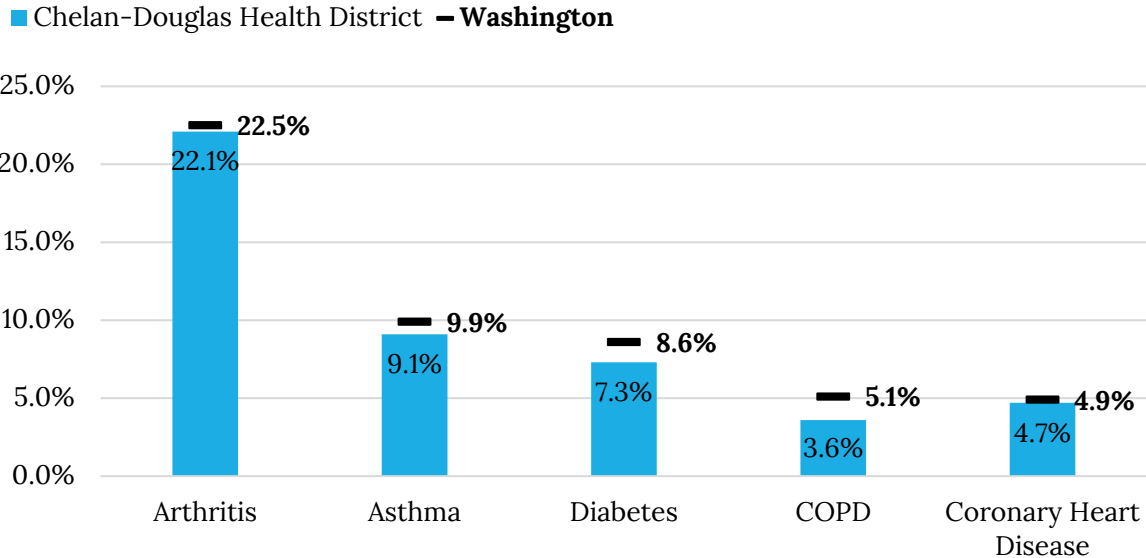
Percent of adults reporting poor or fair health



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+

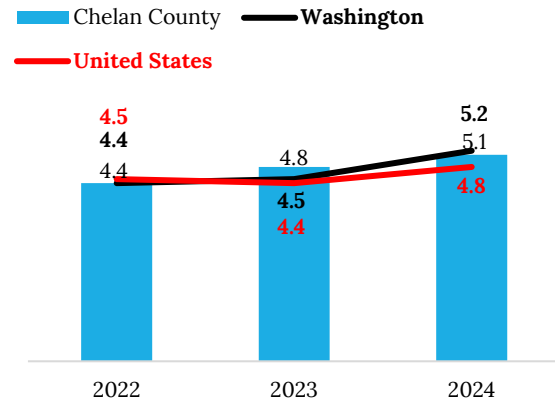


Source: Washington State Department of Health Behavioral Risk Factor Surveillance Survey, 2020
Metric: Percent of adults who have experienced or been diagnosed with the indicated disease.

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.

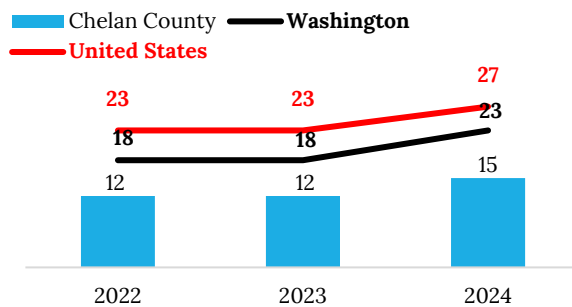
Average number of mentally unhealthy days reported in the past month



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

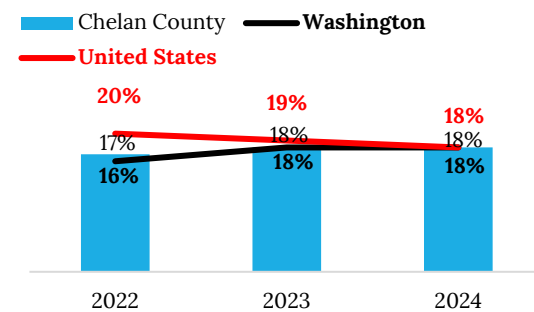
Mental health outcomes in Chelan County, the state of Washington, and across the United States have generally worsened since 2022, with the average adult in Chelan County experiencing about 5.1 mentally unhealthy days in a month-long period. Worsening mental health outcomes have been observed alongside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

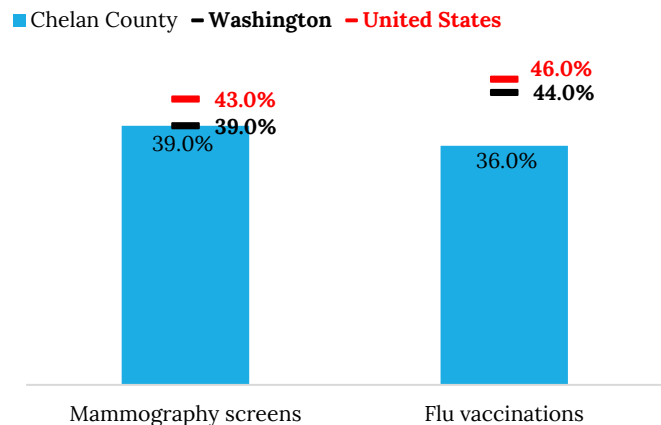
PREVENTATIVE HEALTH

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.

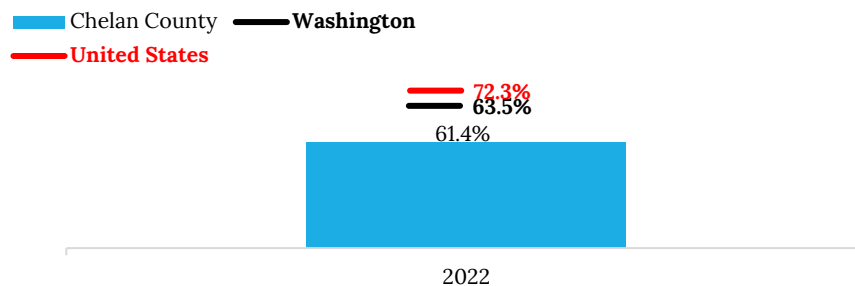
Percent of adults that engage in routine preventative care



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

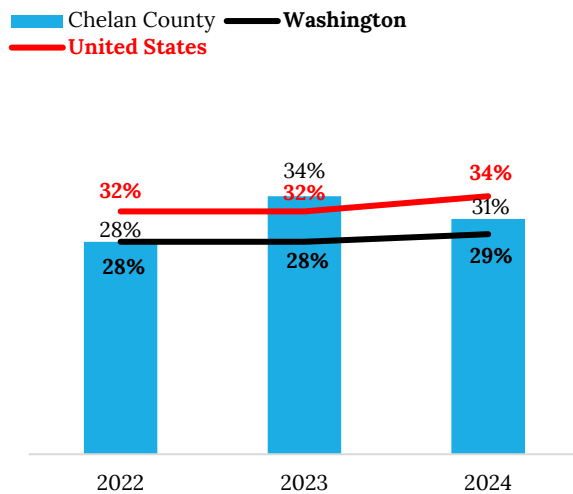


Source: Healthiest Communities, 2022

ADULT OBESITY AND PHYSICAL ACTIVITY

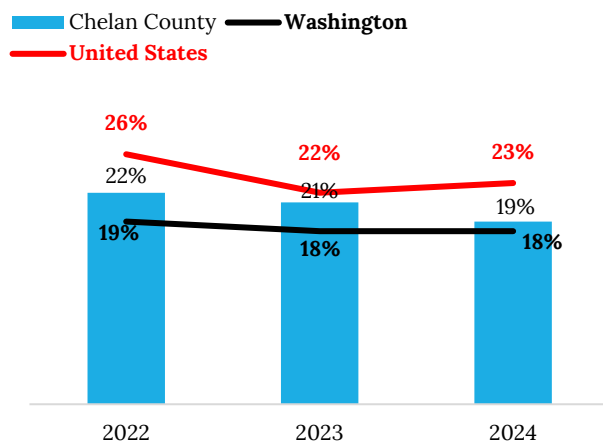
Many chronic diseases such as diabetes, heart disease, and cancer are largely preventable through lifestyle changes and early detection. By promoting healthy habits, such as regular exercise, healthy eating and screenings for early detection of diseases, communities can reduce the incidence and burden 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.

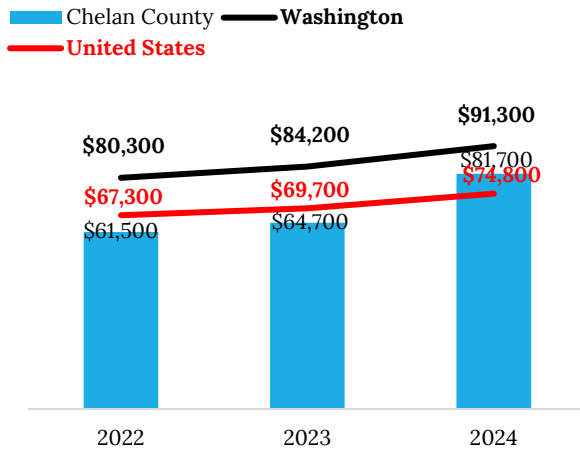
Accessibility of Care Indicators

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.

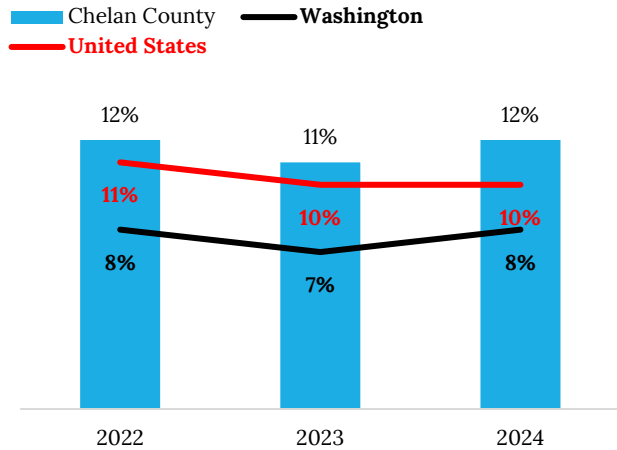
Similarly, the uninsured rate in Chelan County has ranged between 11.0% - 12.0% since 2022, which is higher than state and national benchmarks. According to County Health Rankings, the rates of uninsured children in Chelan County (5.0%) were higher than the state of Washington (3.0%) in 2024.

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



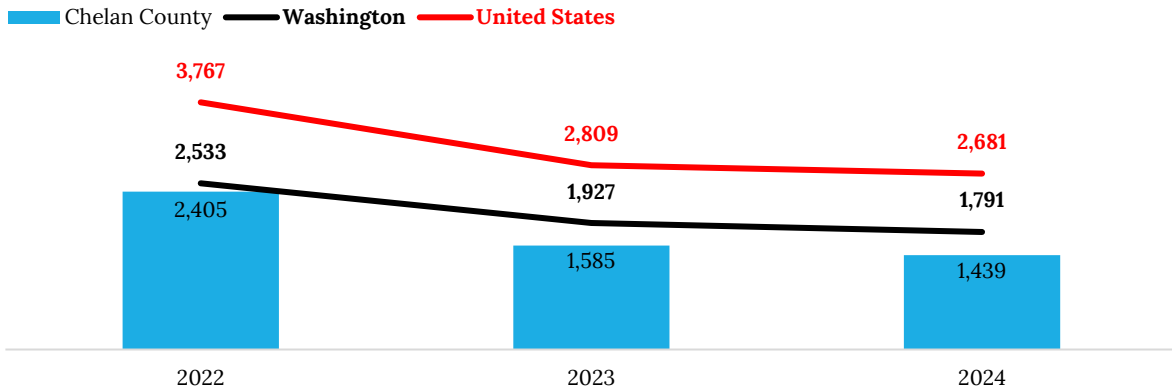
Source: County Health Rankings, 2024
 Metric: Percentage of population under age 65 without health insurance.

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

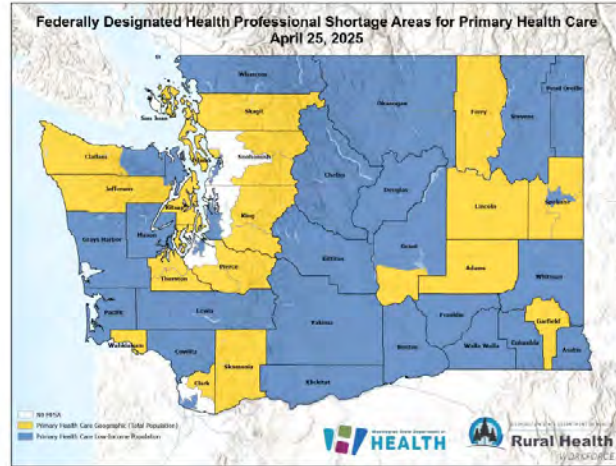
People per dentist in Chelan County



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
- 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
- Pain management
- Peripheral vascular disease
- Psychiatry
- Pulmonary Disease
- Radiation oncology
- Rheumatology
- 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 24-hours	Emergency medicine, hospital care, swing bed care, surgical services, rehabilitation services
LCH Specialty Care Clinic	131 South Apple Blossom Drive, Suite 104 Chelan, WA 98816	(509) 682 6134 Monday-Friday 8am – 5pm	Orthopedics, general surgery, dermatology, ear nose & throat (ENT), podiatry, plastics
LCH Express Care Walk-in Clinic	219 East Johnson Avenue, Chelan, WA 98816	(509) 682 8511 Monday- Saturday 7am-6pm	Walk-in clinic, no appointment needed. Services include allergies, cold & flu, fevers, sprains and minor fractures, urinary tract infection, earaches and cleanings, skin conditions, and more
LCH Primary Care Clinic	219 East Johnson Avenue, Chelan, WA 98816	(509) 682 8511	Doctor and Primary Care Physician Assistants accepting patients. Services include well child checks, annual wellness visits, chronic disease and illness care, CDL, DOT and sports physicals and more

LCH Pediatric Care Clinic	219 East Johnson Avenue, Chelan, WA 98816	(509) 682 8511	Pediatrician Emily Reynolds- accepts patients for routine check-ups, immunizations, common childhood illness care, developmental and behavioral assessments and more
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, Leavenworth, WA 98826	(509) 548 7379	Optometry services
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,	(509) 567 3640	Memory care

	Wenatchee, WA 98801		
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

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With technical assistance from:
Wipfli Advisory LLC

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Board Task Calendar 2026 <i>PENDING</i>	MEETING DATE	GOVERNANCE	CEO RELATIONS	POLICY REVIEWS	FINANCE	FACILITIES	QUALITY	COMMUNITY	OTHER
JANUARY	1/27/2026	Oath of Office. Officer Elections. Committee Assignments. Conflict of Interest Form and Board Member Code of Conduct Acknowledgment					Annual Quality Plan Approval & Med Staff Annual Update		Board Education: Board Rounding : Quarterly Chief of Medical Staff Update:
FEBRUARY	2/24/2026			Conflict of Interest Policy Board of Commissioners Continuing Education (CAH) Board and CEO Decision Matrix			Exec Session: Quality and Compliance Report Review (2025 Q4)		Board Education: Board Rounding :
MARCH	3/31/2026			Community Relations of the Board of Commissioners Credentialing Policy Financial Management Policies					Board Education: Board Rounding : Resident Quality Improvement Projects Presentation (Dr. Gray)
APRIL	4/28/2026			Bylaws of the Medical Staff of Lake Chelan Health					Board Education: Board Rounding :
MAY	5/26/2026						Exec Session:Quality and Compliance Report Review (2026 Q1)		Board Education: Board Rounding :
JUNE	6/30/2025	WSHA Conference 6/22-6/24	WSHA CEO Conference-6/21-6/24		Medicare Cost Report	Master Facility Plan Presentation			Board Education: Board Rounding : Quarterly Chief of Medical Staff Update
JULY	7/28/2026	2027 Strategic Plan Outline and survey							Board Education: Board Rounding :
AUGUST	8/25/2026						Exec Session: Quality and Compliance Report Review (2026 Q2)		Board Education: Board Rounding : UW Resident Review/Update (Dr. Harberd)
SEPTEMBER	9/29/2026	Board Self Improvement Plan Review			Budget Review & Audit Report	Facilities Master Plan Update			Board Education: Board Rounding : Quarterly Chief of Medical Staff Update
OCTOBER	10/27/2026	2027 Strategic Plan Outline and survey	Exec Session: CEO Performance Review / Annual Plan	Compliance Plan Gift Policy	Board Budget Workshop & Final Budget Approval				Board Education: Board Rounding :
NOVEMBER	11/24/2026			Lake Chelan Health - Nondiscrimination	Retirement Review	Facilities Committee Review	Exec Session: Quality and Compliance Report Review (2026 Q3)		Board Education: Board Rounding :
DECEMBER	12/29/2026	Approve Annual Meeting/Task Calendar and Legal Holidays (Resolutions)	2027 Incentive Plan Work	End of Life Care Board Member Code of Conduct Donor Stewardship & Recognition Policy				Year End Board message to community	Board Education: Board Rounding : Quarterly Chief of Medical Staff Update

Strike through= Completed
Red Type= In Progress

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

RESOLUTION No. 2025-21
Rehab Walking Track

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 Physical Therapy department has identified the following items as surplus to departmental needs:

- Rehab Walking Track, Asset Tag #8496

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 Physical Therapy 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 30th day of December 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. 2025-22
2026 Board of Commissioners Meeting Dates

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the ‘District’), establishing Board of Commissioners meeting dates and times for 2026, and;

WHERE AS, the District advertises all meeting dates on the website of Lake Chelan Health, and;

WHERE AS, the District normally meets on the last Tuesday of each month at 1:30pm, and;

WHERE AS, the District changes the meeting dates for May, June and November 2026 from the last Tuesday to accommodate holiday and other scheduling conflicts, and;

BE IT RESOLVED the District shall post the meeting time for the following dates:

January 27	February 24
March 31	April 28
May 19	June 23
July 28	August 25
September 29	October 27
November 17	December 29

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 30th day of December 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. 2025-23
2026 Legal Holidays

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the ‘District’), defining certain holidays during the year as recognized; and

WHEREAS RCW 1.16.050 amends the ‘Legal Holidays’ for calendar year 2026 adopted by the Washington State Legislature; now, therefore,

BE IT RESOLVED that the Board of Commissioners, Chelan County Public Hospital District No. 2 hereby adopts and approves the recognition of the following Holidays from the 2026 calendar provided by Washington State Legislature.

New Year’s Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 30th day of December 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. 2025-24
Safety Deposit Box

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), maintains a safe deposit box (the "Box") at Coastal Bank in Chelan, WA; and

WHEREAS, the Board of Directors desires to update and amend the list of individuals authorized to access, open, and control the Box, and to remove any previously authorized individuals as set forth below;

BE IT RESOLVED that the Board of Commissioners, Chelan County Public Hospital District No. 2 hereby adopts and approves the following individuals are hereby authorized to access, open, control, and maintain the Box at Cascade Bank, including but not limited to executing access cards, signing bank forms, designating or removing co-signers or deputies (subject to bank policy), and taking any action necessary or incidental to the control and maintenance of the Box:

Authorized Users:

1. Jordana LaPorte, Commissioner
2. Mary Murphy, Commissioner
3. Aaron Edwards, Chief Executive Officer
4. Shawn Ottley, Chief Operating Officer
5. Victoria Bodle, Controller

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 30th day of December 2025, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO



Origination 10/22/2018
Last Approved 10/29/2024
Effective 10/29/2024
Last Revised 10/29/2024
Next Review 10/29/2026

Owner Louise Sahlinger:
Director Of
Quality
Area Quality

Compliance Plan

I. PURPOSE AND OVERVIEW

Lake Chelan Health (LCH), its Governing Board, and its Administration are committed to quality and efficient patient care, high standards of ethical, professional and business conduct; and full compliance with all applicable federal and state laws affecting the delivery or payment of health care, including those that prohibit fraud and abuse or waste of health care resources.

Lake Chelan Health (LCH) intends to maintain a patient care and business environment that is compliant with legal and regulatory requirements and that operates according to the highest ethical standards. LCH requires members of the workforce to hold this same high standard as they care for patients and conduct their work activities at or for the district (interchangeable with "Lake Chelan Health").

The standards discussed in this Code of Conduct apply to all district workforce members, including the district's leaders, employees, medical staff members, credentialed practitioners, contracted service providers, volunteers and other who work at or for the district. Individuals subject to this Code of Conduct are required to:

1. Read the Code and sign the attached acknowledgement;
2. Understand any Code requirements that impact their duties and responsibilities at the district;
3. Conduct themselves in a manner that is consistent with standards and requirements outlined in this Code;
4. Report any issues of suspected non-compliance with the Code of Conduct to their direct supervisor or the Compliance Officer so that the issues can be investigated and resolved.

II. POLICY STATEMENT

It is the policy of Lake Chelan Health that each employee will agree to and abide by the Standards of

Conduct set forth in this document upon hire and through the tenure of their employment with Lake Chelan Health. Conduct that interferes with operations, discredits Lake Chelan Health, and/or is offensive to patients, customers, or coworkers will not be tolerated.

The purpose of this Compliance Plan and its policies and procedures (collectively referred to as the "Compliance Program") is to establish and maintain a culture within LCH that promotes quality and efficient patient care; high standards of ethical and business conduct; and the prevention, detection and resolution of conduct that does not conform to LCH's standards and policies, applicable law, and health care program or payor requirements. The Compliance Program applies to all LCH personnel including, but not limited to, its Governing Board, Administration, physicians and other practitioners, employees, volunteers, and other entities providing services on behalf of LCH (collectively "LCH personnel"). The Compliance Program includes the following elements:

1. Written standards, policies and procedures which promote LCH's commitment to compliance with applicable laws and regulations.
2. The designation of a Compliance Officer and Compliance Committee charged with the responsibility of implementing and monitoring the Compliance Program.
3. Ongoing periodic compliance training programs for all affected LCH personnel as appropriate to their functions.
4. A process to receive complaints concerning possible Compliance Program violations, procedures to protect the anonymity of complainants to the extent possible, and policies that protect complainants from retaliation.
5. A process to respond to allegations of improper activities and the enforcement of appropriate disciplinary action against LCH personnel who violate LCH policies, laws, regulations, or health care program requirements.
6. Periodic audits or other methods to monitor compliance and assist in the reduction of problems in any identified areas.
7. A process for investigating and resolving any identified problems.

As demonstrated by the signatures below, the Compliance Program is enacted at the direction and with the support of the Governing Board and Administration of LCH.

~~GENERAL STANDARDS OF CONDUCT~~

~~LCH personnel shall adhere to high standards of ethical conduct and will comply with and assist LCH in complying with all applicable laws and regulations and third-party payor program requirements.~~

~~LCH personnel shall comply with the following:~~

- ~~1. LCH personnel shall comply with and perform their services consistent with high ethical and professional standards. They shall treat patients, co-workers, and others in a professional manner with honesty, fairness, dignity and respect.~~
- ~~2. LCH personnel shall comply with all applicable LCH policies and procedures including, but not limited to, those policies and procedures relevant to the Compliance Program.~~
- ~~3. LCH personnel shall comply with all applicable federal and state laws, regulations, and third-~~

party-payer program requirements.

4. LCH personnel shall not discriminate against other LCH personnel, patients, or others on the basis of race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation.
5. Federal and state laws prohibit paying, offering or receiving anything of value to induce referrals for health care business unless certain conditions are met. LCH personnel shall not offer, solicit, pay or accept anything of value in exchange for health care referrals without first obtaining approval from the Compliance Officer. This applies to offering or receiving any money, gifts, free or discounted items or services, professional courtesies, or other arrangements with the intent to induce referrals. This applies to any such transactions involving potential referral sources, including transactions with other health care providers, vendors, or patients.
6. Federal and state laws affect contracts, agreements, and other financial relationships with physicians, practitioners, vendors and other referral sources.
7. Inducements to Medicare, Medicaid, or other government beneficiaries may violate applicable law. LCH personnel shall not waive or discount government beneficiary co-pays unless such discount complies with LCH's Charity Care policy. LCH personnel shall not offer any other discount, gift, free items or service, or other inducements to government beneficiaries without first obtaining approval from the Compliance Officer.
8. LCH personnel shall not offer or receive any free or discounted items or services to or from other health care providers, their family members, or their office staff unless pre-approved by the Compliance Officer. A low-cost general gift to a department as a gesture of appreciation is acceptable.
9. LCH personnel shall not engage in false, fraudulent, improper, or questionable billing practices. Such improper activities include, but are not limited to:
 - a. Billing for items or services that were not actually rendered.
 - b. Billing for or rendering items or services that were not medically necessary.
 - c. Submitting a claim for physician services when the services were actually rendered by a non-physician, or where a physician failed to provide the level of supervision required by applicable laws or regulations.
 - d. Submitting a claim for payment without adequate documentation to support the claim.
 - e. Signing a form for a physician without the physician's authorization.
 - f. Improperly altering medical records.
 - g. Prescribing medications and procedures without proper authorization.
 - h. Using a billing code that provides a higher payment rate than the correct billing code (i.e., "upcoding").
 - i. Submitting bills in fragmented fashion to maximize reimbursement even though third-party payors require the procedures to be billed together (i.e., "unbundling").
 - j. Submitting more than one claim for the same service (i.e., "duplicate billing").

If LCH personnel have a question about the proper standard or procedure for documenting or

submitting a claim, they should contact the Compliance Officer.

10. LCH personnel shall maintain the confidentiality of patients' protected health information as required by LCH's privacy policies and applicable law, including but not limited to the Health Insurance Portability and Accountability Act ("HIPAA") and its accompanying regulations, 45 C.F.R. part 164. LCH personnel should not access patient information unless they have a need to access the information because of their job duties. To the extent feasible and allowed by law, LCH personnel shall maintain the confidentiality of communications and records containing confidential information concerning co-workers; communications and records relating to LCH's confidential financial or business operations, trade secrets, credentialing or peer review actions; documents prepared in anticipation of litigation; and communications with legal counsel for LCH.
11. LCH personnel shall ensure that vendors and other entities which contract with LCH comply with the Compliance Program and cooperate with LCH's compliance efforts. If a contract or arrangement with an outside entity implicates any of the compliance concerns discussed above, LCH personnel should refer the contract or matter to the Compliance Officer for review. Nothing in this policy or Compliance Program shall be construed as an undertaking by LCH to inspect, assume liability for or guarantee the performance of work or activities by independent contractors or other agents.
12. LCH personnel shall seek clarification from or approval by the Compliance Officer before engaging in actions or transactions if there is any question concerning whether the action or transaction complies with applicable laws, regulations, program requirements, or LCH policies.
13. LCH may have an obligation to promptly repay money it improperly receives from third party payors. It is essential that LCH personnel:
 - a. Comply with applicable laws, regulations, and policies; and
 - b. Immediately report suspected violations or compliance concerns to their supervisor, department leader, or the Compliance Officer as set forth in the Compliance Program.
14. LCH personnel shall not retaliate against any person for reporting a suspected violation of any law, regulation, program requirement or LCH policy relevant to the Compliance Program.

III. SCOPE

The scope of this policy applies to all LCH staff, patients, vendors, and visitors.

GOVERNING BOARD IV. ROLES AND RESPONSIBILITIES

It is the role and responsibility of the Compliance Officer, CEO, CFO and Board of Commissioners to uphold this compliance plan. It is the role and responsibility of all LCH staff, patients, vendors, and visitors to adhere to this compliance plan.

See further below for specific roles and responsibilities of the Board of Commissioners, CEO and Compliance Officer.

V. DEFINITIONS

Compliance - The process of abiding by all legal, professional, and ethical standards in the health care industry. This includes adhering to local, state, and federal laws and regulations that prohibit fraud, abuse, and waste in the health care industry.

Standards of Conduct - Set, defined principles that outline the expected behaviors, ethical standards, and principles that guide the conduct of everyone affiliated with Lake Chelan Health.

Compliance Hot Line - A confidential reporting system that allows employees, third parties, and other stakeholders to report potential wrongdoing within the organization.

VI. PROCEDURE

STANDARDS OF CONDUCT

COMPLIANCE HOT LINE

The Compliance Hot line can be reached at 1-800-866-6321 OR by going to www.mycompliancereport.com, with an access ID: LKCH

RESPONSIBILITY OF LEADERS

While all workforce members are obligated to follow the Code of Conduct, our leaders are charged with special responsibility. Our leaders are expected to model ethical and compliant behavior – to set an example that other workforce members can follow. Lake Chelan Health leaders are expected to understand the Code requirements that apply to their areas of responsibility, and to know how to manage and lead so that the district's compliance and ethics goals are met. Leaders are expected to be kind, sensitive, thoughtful, and respectful, and to balance their other leadership responsibilities with the district's goals of ethical behavior and compliance with laws and regulations. It is part of their job to assure that ethical and compliant behavior is never sacrificed in the pursuit of other business objectives.

LAKE CHELAN HEALTH CODE OF CONDUCT

Lake Chelan Health has adopted the following standards to further its purpose to conduct patient care and business activities in an ethical manner - one that is consistent with legal and regulatory requirements. The following standards of conduct are expected of all employees:

PATIENT WELL BEING AND QUALITY OF CARE

1. We respect the dignity of each individual and will work to treat our patients and customers with consideration, courtesy and respect; to assure their comfort; and to recognize, accept, and respect their diversity.
2. We will demonstrate sensitivity and responsiveness to our patients and their family members and domestic partners by listening attentively and patiently, and making an effort to fully

- understand and respond, as we are able, to their needs.
3. We will inform patients about treatment alternatives and about the risks associated with each treatment.
 4. We will base care decisions on what is medically necessary and in the best interests of our patients; we will follow standards of care and best practices to deliver the highest quality of care to all patients.
 5. We will ensure that patient care personnel are properly licensed, credentialed, and experienced.
 6. We will support medical decision making by assuring that medical record documentation is legible, accurate, timely, and complete, and will only amend or correct medical records in accordance with Lake Chelan Health policy.
 7. We will provide patients with the rights outlined in the Conditions of Participation for Medicare and Medicaid Services.
 8. We will work to create a care environment that supports patient safety and quality health care. Recognizing that errors and adverse events may occur, we will strive to create and foster a culture of safety and an atmosphere that encourages inquiry and appropriate disclosure, as well as one in which we learn, and apply lessons learned in developing systematic approaches to preventing error and harm.
 9. We will not distribute unauthorized materials and information, nor solicit our co-workers, customers or visitors for any purpose that has not been approved by Lake Chelan Health.

COMPLIANCE WITH LAWS AND REGULATIONS

EMTALA

1. We will provide a screening exam and stabilizing treatment to every person who comes to our hospital campus requesting examination and/or treatment for an emergency condition (including pregnant women who are in labor).
2. We will not delay a medical screening examination or stabilizing care in order to request patient financial information.
3. We will only transfer unstable emergency patients who request transfer or for whom we lack the capability or capacity to provide treatment, and only after we have provided necessary stabilizing care.

KICKBACK AND SELF-REFERRALS (STARK)

1. We will not offer, give, ask for, or accept anything that has economic value in exchange for referring, arranging for, purchasing or otherwise dealing in any items or services.
2. We will maintain our business and financial relationships with physicians in a manner that is consistent with the law.

GOVERNMENTAL DISTRICT REQUIREMENTS

1. We will conduct our activities for the benefit of our patients and of the communities that we serve. Our decisions will be based on what is good for the district and will benefit our patients.

Our business dealings will be conducted at arms-length.

2. We will not use Lake Chelan Health resources to support candidates for political office or to lobby for changes in the law.
3. We will not participate in political campaigns as representatives of the district and will not make political contributions with district funds. We will not allow campaign activities for political candidates on Lake Chelan Health property.

BILLING AND CODING INTEGRITY

1. We will only bill insurers and government programs for items and services that have been properly ordered and have been provided to a patient, and that are supported by necessary medical record documentation. Items and services provided for the patient's convenience may be directly billed to the patient or customer if all required notices of non-coverage are provided as required by applicable law or regulation.
2. We will work to ensure that our billing and coding is accurate and in compliance with legal requirements.
3. We will promptly report and correct any discovered billing or coding error.

PRIVACY AND SECURITY OF INFORMATION

1. We will handle confidential information carefully, in accordance with legal requirements and Lake Chelan Health policies. We will only share such information with those who have a need and/or right to know.
2. We will treat confidential patient information with special care. We will only discuss or share protected patient information with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas.

CONFLICTS OF INTEREST

1. We will disclose any potential conflicts of interest as required by Lake Chelan Health policy and will not participate in decision making when a conflict of interest exists.
2. We will not give or accept gifts or gratuities from business associates that might create an appearance of impropriety or might improperly influence business decisions.

MAINTAINING A SAFE HEALTH CARE AND WORK ENVIRONMENT

1. We will not discriminate in hiring or employment matters against anyone on the basis of their race, color, national origin, sex, religion, age, sexual orientation, gender identification, mental or physical disability, genetic information or veteran's status.
2. We will not engage in harassment of co-workers through unwelcome abusive or offensive conduct, whether verbal, physical or visual.
3. We will not use drugs or alcohol in an unauthorized or inappropriate manner in the workplace or while engaged in LCH business.

4. We will not engage in any violence or threats of violence in the workplace.
5. We will not use, carry, store, or otherwise have in our possession any firearms or other weapons on Lake Chelan Health property.
6. We will not employ, grant privileges to or contract with persons or entities who we know are excluded from participating in Federal Health Care Programs and will take prompt steps to suspend or terminate our relationship with any person or entity upon learning that they have been excluded.

STEWARDSHIP OF LAKE CHELAN HEALTH PROPERTY AND INTERESTS

1. We are personally responsible and accountable for the proper expenditure of Lake Chelan Health funds, and the proper use of Lake Chelan Health property and equipment that is entrusted to us.

FINANCIAL REPORTING AND RECORD KEEPING

1. We will prepare and maintain all patients and business records and reports accurately and truthfully, following applicable standards for record keeping.
2. We will comply with financial reporting and accounting requirements that pertain to our business, including requirements pertaining to preparation and filing of cost reports with Medicare and other federal health care programs.
3. We will retain records for the periods required by law or Lake Chelan Health policy and destroy records in a manner that ensures continued security of protected or confidential information.

REPORTING OBLIGATION AND NON-RETALIATION

1. We will report any concerns about possible non-compliance with this Code of Conduct, or with any Lake Chelan health policy or legal or regulatory requirement that applies to Lake Chelan Health, to a supervisor, to the Compliance Officer or to the Compliance Hotline.
2. We will not retaliate against anyone who in good faith reports a concern about possible non-compliance.

If you believe that you have witnessed or are aware of a situation that violates the requirements of this Code of Conduct, or of any policy or legal requirements, you are required by Lake Chelan Health policy and by this Code of Conduct to take appropriate steps to discuss or report your concern to the district so that it can be investigated and, if necessary, appropriate steps can be taken to resolve it. You can meet your obligation to report in any of the following ways:

1. ***Discuss the concern with your immediate supervisor.*** When possible, the existing management structure and lines of authority should be utilized to resolve problems. Your supervisor, in turn, has an obligation to discuss possible serious compliance violations with the Lake Chelan Health Compliance Officer.
2. ***Contract Lake Chelan Health's Compliance Officer to discuss your concern.*** In some situations, it may not be possible to discuss concerns directly with your supervisor- for instance, if a

concern involves your supervisor, it may not be comfortable or appropriate to discuss the concerns directly. It is always an appropriate alternative to contact the Lake Chelan Health Compliance Officer to discuss your concerns. **You may reach the Compliance Officer at 509-745-6601, or at extension 7814.** Discussion with the Compliance Officer will be treated as confidential, and your identity will be protected to the extent allowed by law.

3. **Call the Compliance Hotline or Submit a Report Online.** You can also use the Lake Chelan Health Compliance Hotline to report your concern. The Compliance Hotline can be called toll free from anywhere in the United States at: **888-866-6321.** You can also submit a report online at **www.MyComplianceReport.com**, and the Access ID is **LKCH.**

LAKE CHELAN HEALTH POLICY AGAINST RETALIATION

Lake Chelan Health policies prohibit retaliation against anyone who in good faith reports a concern about possible or actual non-compliance. Every report of retaliation by Lake Chelan Health workforce members will be promptly investigated and if the investigation results in a finding that retaliation did occur, it will result in discipline up to and including termination of the retaliating individual's employment or other relationship with Lake Chelan Health.

FEDERAL AND WASHINGTON STATE FALSE CLAIMS LAWS

A federal law known as the False Claims Act (FCA) prohibits knowingly submission of false or fraudulent claims for reimbursement by any Federal government program, including Federally funded healthcare programs like Medicare and Medicaid. A person or organization can "knowingly" submit a false claim by (1) having actual knowledge that the claim is false, (2) ignoring information that suggests that a claim is not accurate, or (3) acting recklessly or not taking due care to assure that a claim is accurate and appropriate.

The False Claims Act provides for significant fines and penalties when it is violated. Treble damages, or three times the amount of any improper payments that result, can be assessed. In addition, a fine of between \$5,500 and \$11,000 can be imposed for every false or fraudulent claim. The government also has authority to require Medicare providers to enter into Corporate Integrity Agreements or to exclude providers from participation in Federal health care programs. In severe cases, criminal prosecution is also possible. These severe results - combined with Lake Chelan Health's desire to operate an ethical business environment - are among the reasons that we have a compliance program, have adopted this Code of Conduct, and require every work force member to report concerns about possible violations so that we can find and resolve problems early.

Washington's State laws provide similar penalties for filing false or fraudulent claims. The Medical Care Public Assistance Statute requires repayment of improper payments with interest and provides for treble damages and criminal fines of \$25,000 for every false or fraudulent claim that is willfully filed with the Washington State Public Assistance Program (RCW 74.09). Washinton's Health Care False Claims Act (RCW 48.80) make it a felony to knowingly present a false or fraudulent claim to any government or

private health care payor.

In addition to the protections provided by Lake Chelan Health's policy that prohibits retaliation for good faith reports about compliance concerns, both Federal and Washington state law provides protections against retaliation for individuals who report fraud in good faith to the government. The Federal False Claims Act also allows an individual to file a civil lawsuit on behalf of the government to recover the amount paid because of False Claims, and to share in any recovery that is made for the government as a result of the lawsuit.

The following list contains SOME of the behaviors that are unacceptable and will not be tolerated:

1. Disparaging Lake Chelan Health, its employees, patients, medical staff, or any of its affiliates.
2. Actions or behavior that constitute intimidation, harassment, slander or bullying which may include but are not limited to, slander/gossip, or any comments that are derogatory with respect to race, religion, gender, gender identify, sexual orientation, color or disability; sexually suggestive, humiliating, or demeaning comments. Threats to stalk, haze or physically injure another employee will not be tolerated.
3. Employees must not engage, nor discuss engaging in conduct that is prohibited by LCH policies, including but not limited to, sleeping on the job without authorization, gambling on the premises, the improper or illegal use of alcohol and drugs, sexual activity, sexual behavior/practices, nor discuss the sexual activities or practices of others, sexual harassment, and bullying.
4. Employees must not take or post pictures of employees, staff members, guests, or patients without obtaining written permission. Employees should be aware that pictures posted on a website are often available for viewing by other parties and could be considered detrimental to Lake Chelan Health and its character and reputation and that of its employees. Pictures are not allowed in any surgery or post-op clinical area without the appropriate written approval from the Chief Nursing Officer and/or the Chief Operating Officer.
5. Refusing to follow management's instructions concerning job related matters or being insubordinate.
6. Excessive absenteeism and tardiness.
7. Unsatisfactory work performance.
8. Fighting, assaulting, bullying, gossip, slander, or harassing another employee, patient, or other person on Lake Chelan Health property or while engaged in Lake Chelan Health business.
9. Unauthorized use of and/or disclosure, in any form, of HIPAA protected information and/or confidential information or records.
10. Falsifying, altering, or destroying any Lake Chelan Health record (including patient records) or report(s) (including time-keeping records).
11. Stealing, destroying, defacing, or misusing Lake Chelan Health property, another employee's property, or a patient's property.

The types of impermissible behaviors described in the list above are merely examples of conduct that

may lead to disciplinary action or termination and is not intended to be an all-inclusive list. The list of unacceptable conduct above does not limit or alter the at-will employment relationship in any way.

GOVERNING BOARD RESPONSIBILITIES

The Governing Board of LCH is responsible for ensuring that LCH has an effective Compliance Program; appointing a qualified Compliance Officer; and receiving regular reports and taking appropriate action to ensure that LCH is following the Compliance Program.

In addition to any other actions that may be necessary and appropriate to fulfill the purpose of this Compliance Program, the Governing Board shall:

1. Comply with the Compliance Program.
2. Appoint an appropriate Compliance Officer.
3. Ensure the organization and appointment of appropriate members of the Compliance Committee.
4. Authorize the CEO to provide reasonable and appropriate funding and staff to implement the Compliance Program, including but not limited to that which is necessary to allow the Compliance Officer and Compliance Committee to reasonably perform their responsibilities.
5. Receive and review reports from the Compliance Officer on a quarterly basis, or more frequently as deemed necessary by the Governing Board, CEO, or Compliance Officer.
6. Take appropriate action on any compliance issues brought before it consistent with this Compliance Program and applicable bylaws, rules and regulations, including but not limited to ensuring that compliance issues are appropriately investigated and resolved consistent with the requirements of applicable law; that remedial efforts are implemented to avoid or correct compliance concerns; and that LCH personnel are disciplined as appropriate.
7. Participate in initial and periodic compliance training relevant to the Compliance Program.
8. Maintain the confidentiality of any compliance issues brought before it consistent with applicable LCH policies, laws and regulations.

~~CEO RESPONSIBILITIES~~

CEO RESPONSIBILITIES

The CEO of LCH is responsible for supporting the Compliance Program and, in coordination with the Compliance Officer and Compliance Committee, overseeing compliance activities at LCH.

In addition to any other actions that may be necessary and appropriate to fulfill the purpose of this Compliance Program, the CEO shall:

1. Comply with the Compliance Program.
2. Develop an appropriate job description for a Compliance Officer.
3. Serve as a member of the Compliance Committee.
4. Supervise the Compliance Officer and, in cooperation with the Compliance Officer and

- Compliance Committee, oversee all compliance activities.
5. Identify and delegate appropriate responsibilities to such other LCH personnel as necessary to implement and maintain an effective Compliance Program.
 6. Receive and, where appropriate, act on reports from the Compliance Officer and/or Compliance Committee.
 7. Support departmental corrective actions as recommended by the Compliance Officer and/or Compliance Committee.
 8. In the event of a potential violation of any state or federal law or regulation, ensure appropriate steps are taken to respond to the alleged violation including, but not limited to, consulting with counsel on behalf of LCH where appropriate.
 9. Participate in periodic compliance training relevant to the Compliance Program.
 10. Maintain the confidentiality of any compliance issues brought before the CEO consistent with applicable LCH policies, laws and regulations.
 11. The CEO may serve as "interim Compliance Officer" on a temporary basis not to exceed six (6) months in situations where another qualified individual is not available.

~~COMPLIANCE OFFICER~~

COMPLIANCE OFFICER

LCH shall have a Compliance Officer. The Compliance Officer shall report directly to the CEO and/or COO and, as appropriate, the Governing Board. With the assistance of the Compliance Committee, the Compliance Officer shall be responsible for implementing, monitoring, and coordinating such action as is necessary and appropriate to facilitate an effective Compliance Program.

The Compliance Officer shall be appointed by the Governing Board.

In addition to any other actions that may be necessary to fulfill the purpose of this Compliance Program, the Compliance Officer shall

- ~~a. Comply with the Compliance Program.~~
- ~~b. Oversee, monitor, and coordinate the implementation and maintenance of an effective Compliance Program, including the development and revision of applicable compliance policies and procedures.~~
- ~~c. Serve as the Chairperson of the Compliance Committee.~~
- ~~d. Report directly to the CEO and the Compliance Committee concerning compliance activities.~~
- ~~e. Report directly to the Governing Board concerning compliance activities on a quarterly basis, or more frequently as deemed necessary by the Governing Board, CEO, or Compliance Officer. The Compliance Officer shall have authority and the responsibility to communicate directly to the Governing Board if he/she believes the CEO is not adequately addressing compliance concerns. Among other things, the reports should summarize the results of compliance investigations, reviews or audits.~~
- ~~f. Periodically revise the Compliance Program as necessary to meet the needs of LCH and~~

comply with relevant laws, regulations, and third-party payor program requirements.

- g. In cooperation and coordination with Human Resources, develop and direct programs that educate and train LCH personnel concerning the Compliance Program and the requirements of relevant laws, regulations, and program requirements.
- h. Ensure that contracts, financial arrangements, marketing initiatives, or other transactions that may implicate fraud and abuse laws and regulations are reviewed for compliance.
- i. Take reasonable steps to ensure that independent contractors and agents who furnish health care services or related services to LCH are aware of and/or act consistently with applicable laws, regulations, and LCH policies, including the Compliance Plan. In the event that the Compliance Officer becomes aware of a violation of applicable laws, regulations or policies by independent contractors or agents, the Compliance Officer shall take appropriate steps to address the situation, including, where appropriate, modifying or terminating the relationship. Nothing in this policy or Compliance Program shall be construed as an undertaking by LCH to inspect, assume liability for or guarantee the performance of work or activities by independent contractors or other agents.
- j. Coordinate with Human Resources and other appropriate LCH personnel to ensure that LCH does not employ, contract with, grant privileges to, or bill for services rendered by entities excluded from government health programs.
- k. Coordinate with Human Resources or other appropriate LCH personnel to ensure that appropriate background checks are performed so that LCH does not employ persons who have been recently convicted of a felony or a criminal offense related to health care or health care fraud and abuse.
- l. Work with LCH managers and the Compliance Committee to establish appropriate internal compliance reviews and evaluation procedures for relevant departments.

Such compliance risk areas are identified in the OIG Compliance Program for Individual and Small Group Practices (2000), 65 F.R. 59434, and on the OIG's Fraud Detection and Prevention Website, <http://oig.hhs.gov/fraud.asp>.

- m. Develop policies and procedures that encourage and allow LCH personnel to report suspected compliance violations and other improprieties without fear of retaliation. Where possible, provide a method for anonymous reporting.
- n. Take appropriate action on matters that raise compliance concerns including, but not limited to, reports or complaints of suspected violations. The Compliance Officer shall have flexibility to design and coordinate internal investigations and any resulting corrective action with relevant LCH departments, providers, agents and, if appropriate, independent contractors.
- o. Promptly report any apparent intentional violation of any state or federal regulation by any staff or employee to the CEO. The CEO may notify legal counsel and, if appropriate, coordinate any appropriate disclosure to the appropriate government agency.
- p. In coordination with Human Resources and the appropriate manager and upon the approval of the CEO, promptly initiate appropriate disciplinary or corrective action against any LCH personnel for violations of the Compliance Program as the circumstances warrant. The Compliance Officer shall review applicable bylaws, policies, procedures and contracts to ensure that the action taken is consistent with applicable standards and processes, if any.

- q. ~~If any systemic errors have resulted that would violate the Compliance Program or applicable laws and regulations, recommend appropriate corrective action to the CEO.~~
- r. ~~Establish and maintain a record of every complaint received involving a potential violation of any law or regulation related to health care fraud and abuse, which record shall include the following information:~~
 - i. ~~the date received;~~
 - ii. ~~the manner in which the report was received (e.g., by anonymous report);~~
 - iii. ~~a brief statement of the facts alleged;~~
 - iv. ~~notes detailing and documenting a timely investigation and response; and~~
 - v. ~~a summary of the action taken and the date the action was taken.~~
- s. ~~Maintain records of substantive contact with any government agency relevant to the Compliance Program, including but not limited to decisions, guidance, or advisory opinions concerning LCH's compliance. If the government agency refuses to provide such guidance, the fact shall be documented.~~
- t. ~~Maintain the confidentiality of any compliance issues brought before the Compliance Officer consistent with applicable LCH policies, laws and regulations.~~
- u. ~~The Compliance Officer shall be afforded reasonable funding to enable him/her to perform his/her responsibilities.~~
- v. ~~Except as prohibited by applicable laws or regulations, the Compliance Officer shall have authority to review all documents and other information relevant to compliance activities, including but not limited to patient records; billing records; marketing records; and agreements with other parties such as employees, staff professionals, independent contractors, suppliers, agents, LCH-based physicians, etc.~~
- w. ~~Upon prior approval of the CEO, the Compliance Officer shall communicate and/or work closely with legal counsel on specific issues and/or policies.~~

COMPLIANCE COMMITTEE

1. Comply with the Compliance Program.
2. Oversee, monitor, and coordinate the implementation and maintenance of an effective Compliance Program, including the development and revision of applicable compliance policies and procedures.
3. Serve as the Chairperson of the Compliance Committee.
4. Report directly to the CEO and the Compliance Committee concerning compliance activities.
5. Report directly to the Governing Board concerning compliance activities on a quarterly basis, or more frequently as deemed necessary by the Governing Board, CEO, or Compliance Officer. The Compliance Officer shall have authority and the responsibility to communicate directly to the Governing Board if they believe the CEO is not adequately addressing compliance concerns. Among other things, the reports should summarize the results of compliance investigations, reviews or audits.
6. Periodically revise the Compliance Program as necessary to meet the needs of LCH and

comply with relevant laws, regulations, and third-party payor program requirements.

7. In cooperation and coordination with Human Resources, develop and direct programs that educate and train LCH personnel concerning the Compliance Program and the requirements of relevant laws, regulations, and program requirements.
8. Ensure that contracts, financial arrangements, marketing initiatives, or other transactions that may implicate fraud and abuse laws and regulations are reviewed for compliance.
9. Take reasonable steps to ensure that independent contractors and agents who furnish health care services or related services to LCH are aware of and/or act consistently with applicable laws, regulations, and LCH policies, including the Compliance Plan. In the event that the Compliance Officer becomes aware of a violation of applicable laws, regulations or policies by independent contractors or agents, the Compliance Officer shall take appropriate steps to address the situation, including, where appropriate, modifying or terminating the relationship. Nothing in this policy or Compliance Program shall be construed as an undertaking by LCH to inspect, assume liability for or guarantee the performance of work or activities by independent contractors or other agents.
10. Coordinate with Human Resources and other appropriate LCH personnel to ensure that LCH does not employ, contract with, grant privileges to, or bill for services rendered by entities excluded from government health programs.
11. Coordinate with Human Resources or other appropriate LCH personnel to ensure that appropriate background checks are performed so that LCH does not employ persons who have been recently convicted of a felony or a criminal offense related to health care or health care fraud and abuse.
12. Work with LCH managers and the Compliance Committee to establish appropriate internal compliance reviews and evaluation procedures for relevant departments.

Such compliance risk areas are identified in the OIG Compliance Program for Individual and Small Group Practices (2000), 65 F.R. 59434, and on the OIG's Fraud Detection and Prevention Website, <http://oig.hhs.gov/fraud.asp>.

13. Develop policies and procedures that encourage and allow LCH personnel to report suspected compliance violations and other improprieties without fear of retaliation. Where possible, provide a method for anonymous reporting.
14. Take appropriate action on matters that raise compliance concerns including, but not limited to, reports or complaints of suspected violations. The Compliance Officer shall have flexibility to design and coordinate internal investigations and any resulting corrective action with relevant LCH departments, providers, agents and, if appropriate, independent contractors.
15. Promptly report any apparent intentional violation of any state or federal regulation by any staff or employee to the CEO. The CEO may notify legal counsel and, if appropriate, coordinate any appropriate disclosure to the appropriate government agency.
16. In coordination with Human Resources and the appropriate manager and upon the approval of the CEO, promptly initiate appropriate disciplinary or corrective action against any LCH personnel for violations of the Compliance Program as the circumstances warrant. The Compliance Officer shall review applicable bylaws, policies, procedures and contracts to ensure that the action taken is consistent with applicable standards and processes, if any.

17. If any systemic errors have resulted that would violate the Compliance Program or applicable laws and regulations, recommend appropriate corrective action to the CEO.
18. Establish and maintain a record of every complaint received involving a potential violation of any law or regulation related to health care fraud and abuse, which record shall include the following information:
 1. the date received;
 2. the manner in which the report was received (e.g., by anonymous report);
 3. a brief statement of the facts alleged;
 4. notes detailing and documenting a timely investigation and response; and
 5. a summary of the action taken and the date the action was taken.
19. Maintain records of substantive contact with any government agency relevant to the Compliance Program, including but not limited to decisions, guidance, or advisory opinions concerning LCH's compliance. If the government agency refuses to provide such guidance, the fact shall be documented.
20. Maintain the confidentiality of any compliance issues brought before the Compliance Officer consistent with applicable LCH policies, laws and regulations.
21. The Compliance Officer shall be afforded reasonable funding to enable him/her to perform his/her responsibilities.
22. Except as prohibited by applicable laws or regulations, the Compliance Officer shall have authority to review all documents and other information relevant to compliance activities, including but not limited to patient records; billing records; marketing records; and agreements with other parties such as employees, staff professionals, independent contractors, suppliers, agents, LCH-based physicians, etc.
23. Upon prior approval of the CEO, the Compliance Officer shall communicate and/or work closely with legal counsel on specific issues and/or policies.

COMPLIANCE COMMITTEE

LCH shall have a Compliance Committee. The Compliance Committee shall be responsible for assisting and advising the Compliance Officer in implementing, monitoring, and coordinating such action as is necessary and appropriate to facilitate an effective

Compliance Program.

1. The members of the Compliance Committee shall be appointed by the CEO and shall consist of:
 - a. ~~The Compliance Officer, who shall serve as Chairperson of the Compliance Committee.~~
 - b. ~~The CEO or his/her representative.~~
 - c. ~~The Chief Financial Officer or his/her representative.~~
 - d. ~~The CNO and/or COO or his/her representative.~~
 - e. ~~The Director of Quality or his/her representative.~~

- f. ~~The Managers of the following departments:
 - i. ~~Human Resources~~
 - ii. ~~HIM~~~~
 - g. ~~Other LCH personnel as appropriate and appointed by the CEO.~~
 - h. ~~Legal counsel, as appropriate and determined by the CEO.~~
 - 1. The Compliance Officer, who shall serve as Chairperson of the Compliance Committee.
 - 2. One or two Board of Commissioners.
 - 3. The CEO or his/her representative.
 - 4. The Chief Financial Officer or his/her representative.
 - 5. The CNO and/or COO or his/her representative.
 - 6. The Director of Quality or his/her representative.
 - 7. The Managers of the following departments:
 - 1. Human Resources
 - 2. HIM
 - 8. Other LCH personnel as appropriate and appointed by the CEO.
 - 9. Legal counsel, as appropriate and determined by the CEO.
2. In addition to any other actions that may be necessary or appropriate to fulfill the purpose of this Compliance Program, the Compliance Committee shall do the following:
- a. ~~Comply with the Compliance Program.~~
 - b. ~~Meet quarterly or more frequently as deemed necessary by the Governing Board, CEO, or Compliance Officer.~~
 - c. ~~Advise and assist the Compliance Officer in implementing and monitoring the Compliance Program throughout LCH.~~
 - d. ~~Assist the Compliance Officer and department leaders in identifying, analyzing, and prioritizing specific areas of concern in relevant departments.~~
 - e. ~~Assist the Compliance Officer and department leaders in developing, implementing, monitoring and evaluating standards, policies and procedures to ensure compliance in specific departments.~~
 - f. ~~Assist the Compliance Officer in developing procedures to promote the detection of compliance problems through, e.g., employee reports; employee complaints; reports through the Compliance Line Hotline, etc.~~
 - g. ~~Assist the Compliance Officer in developing procedures to evaluate and respond to complaints and problems dealing with compliance issues.~~
 - h. ~~Participate in initial and periodic compliance training relevant to the Compliance Program.~~
 - i. ~~Maintain the confidentiality of any compliance issues brought before the committee~~

~~consistent with applicable LCH policies, laws and regulations.~~

1. Comply with the Compliance Program.
2. Meet quarterly or more frequently as deemed necessary by the Governing Board, CEO, or Compliance Officer.
3. Advise and assist the Compliance Officer in implementing and monitoring the Compliance Program throughout LCH.
4. Assist the Compliance Officer and department leaders in identifying, analyzing, and prioritizing specific areas of concern in relevant departments.
5. Assist the Compliance Officer and department leaders in developing, implementing, monitoring and evaluating standards, policies and procedures to ensure compliance in specific departments.
6. Assist the Compliance Officer in developing procedures to promote the detection of compliance problems through, e.g., employee reports; employee complaints; reports through the Compliance Line Hotline, etc.
7. Assist the Compliance Officer in developing procedures to evaluate and respond to complaints and problems dealing with compliance issues.
8. Participate in initial and periodic compliance training relevant to the Compliance Program.
9. Maintain the confidentiality of any compliance issues brought before the committee consistent with applicable LCH policies, laws and regulations.

~~PERSONNEL RESPONSIBILITIES~~

PERSONNEL RESPONSIBILITIES

All LCH personnel are responsible for complying with and, as appropriate to the individual's position and responsibilities, assisting LCH in its compliance activities. No person will be subject to any retribution or disciplinary action for reporting a suspected violation of the Compliance Program or applicable law or regulation in good faith. The failure to report a suspected violation of which the personnel has information may subject that individual to discipline.

LCH personnel shall:

- ~~a. Comply with the Compliance Program.~~
- ~~b. Cooperate with and, as appropriate to the employee's position and responsibilities, assist LCH in implementing, maintaining, and monitoring the Compliance Program.~~
- ~~c. Report all suspected violations of the Compliance Program, laws, regulations, or third-party payor program requirements as set forth in the Compliance Program.~~
- ~~d. Report all cases in which any LCH personnel or any entity with whom LCH contracts has been excluded from participation in government health care programs.~~
- ~~e. Refrain from retaliating against any person for reporting suspected violations of the Compliance Program or laws, regulations, and third-party program requirements.~~

- ~~f. Participate in initial and periodic compliance training relevant to the Compliance Program.~~
- ~~g. Violation of the Compliance Program and its associated policies and procedures, or of any law, regulation, or third-party payor program requirement, shall be grounds for employee discipline up to and including termination.~~

~~COMPLIANCE TRAINING~~

- ~~1. Comply with the Compliance Program.~~
- ~~2. Cooperate with and, as appropriate to the employee's position and responsibilities, assist LCH in implementing, maintaining, and monitoring the Compliance Program.~~
- ~~3. Report all suspected violations of the Compliance Program, laws, regulations, or third-party payor program requirements as set forth in the Compliance Program.~~
- ~~4. Report all cases in which any LCH personnel or any entity with whom LCH contracts has been excluded from participation in government health care programs.~~
- ~~5. Refrain from retaliating against any person for reporting suspected violations of the Compliance Program or laws, regulations, and third-party program requirements.~~
- ~~6. Participate in initial and periodic compliance training relevant to the Compliance Program.~~
- ~~7. Violation of the Compliance Program and its associated policies and procedures, or of any law, regulation, or third-party payor program requirement, shall be grounds for employee discipline up to and including termination.~~

COMPLIANCE TRAINING

Compliance training shall be provided at the initial employee orientation and on the annual mandatory update through Relias.

- ~~A. Compliance education will be provided through an electronic learning system to each employee on their initial orientation. This will include information on the General Standards of Conduct as well as the anonymous reporting number and online submission option.~~
- ~~B. Annual Compliance education will be completed through an electronic learning system. The compliance rate will be tracked and follow up with managers to ensure compliance with required education standards.
Education may include but is not limited to the following:
 - ~~1. The General Standards of Conduct~~
 - ~~2. Stark Law~~
 - ~~3. Anti-kickbacks~~
 - ~~4. HIPAA and HITECH~~~~

~~Tags: Compliance~~

- ~~1. Compliance education will be provided through an electronic learning system to each employee on their initial orientation. This will include information on the General Standards of Conduct as well as the anonymous reporting number and online submission option.~~

2. Annual Compliance education will be completed through an electronic learning system. The compliance rate will be tracked and follow up with managers to ensure compliance with required education standards.

Education may include but is not limited to the following:

1. The General Standards of Conduct
2. Stark Law
3. Anti-kickbacks
4. HIPAA and HITECH

VII. REFERENCES

n/a

VII. ATTACHMENTS

LCH Standards of Conduct CONDENSED 2024-03-21 SPANISH

LCH Standards of Conduct CONDENSED 2024-03-21 (English)

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

**Any printed policy is not valid past the print date and should not be relied on for official purposes. Current versions of all policies can be found in PolicyStat.*

Attachments

[LCH Standards of Conduct_CONDENSED_2024-03-21 SPANISH.docx](#)

[LCH Standards of Conduct_CONDENSED_2024-03-21.docx](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Wendy Kenck: Executive Assistant	10/29/2024
Administration	Aaron Edwards: CEO	10/18/2024
Executive Assistant	Wendy Kenck: Executive Assistant	10/15/2024



LAKE CHELAN HEALTH

STANDARDS OF CONDUCT

1. We respect each individual and will work to treat our patients, customers, and colleagues with consideration, courtesy, and respect.
2. We will work to create a care environment that supports patient safety and quality health care. Recognizing that errors and adverse events may occur, we will strive to create and foster a culture of safety and an atmosphere that encourages inquiry and appropriate disclosure, and apply lessons learned in developing systematic approaches to preventing error and harm.
3. We will comply with all laws, rules, and regulations as they apply to health care, such as EMTALA and the Stark law.
4. We will conduct our activities for the benefit of our patients and of the communities that we serve. Our decisions will be based on what is mutually beneficial to our patients and the district.
5. We will work to ensure that our documentation is accurate and in compliance with legal requirements. We will promptly report and correct any discovered billing or coding error.
6. We will handle confidential information carefully, in accordance with legal requirements and Lake Chelan Health policies. We will only share such information with those who have a need and/or right to know.
7. We will disclose any potential conflicts of interest and will not participate in decision making when a conflict of interest exists. We will not give or accept gifts or gratuities from business associates that might create an appearance of impropriety or might improperly influence business decisions.
8. We will not discriminate against anyone on the basis of their race, color, national origin, sex, gender identification, religion, age, sexual orientation, mental or physical disability, genetic information or veteran's status, following all WA State and federal laws.
9. We will not engage in harassment of co-workers through unwelcome, abusive, or offensive conduct, whether verbal, physical or visual, to include gossiping.
10. We will report any concerns about possible non-compliance with this Code of Conduct, or with any Lake Chelan Health policy or legal or regulatory requirements that applies to Lake Chelan Health, to a supervisor, to the Compliance officer or to the Compliance Hotline.
11. We will not retaliate against anyone who in good faith reports a concern about possible non-compliance.

The compliance hotline phone number is [888-866-6321](tel:888-866-6321). You can also report online at www.mycompliancereport.com; the access ID is LKCH.

Employee Name

Employee Signature

Date



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	2 years after approval

Owner	Louise Sahlinger: Director Of Quality
Area	Medical Staff

Credentialing - Disaster Privileges & Responsibilities Policy

I. PURPOSE

To establish the required criteria and process for the granting of disaster privileges when the Emergency Management Plan has been activated and Lake Chelan Health is unable to meet immediate patient care needs.

II. POLICY STATEMENT

1. Upon activation of the Emergency Management Plan at Lake Chelan Health, any clinical personnel that report to the hospital to render patient care that do not hold current medical privileges must report to the designated location within the hospital for credentialing.
2. The Chief Executive Officer (CEO), Chief of Medical Staff (CMO), Chief of Operations (COO), any member of the Medical Executive Committee (MEC), Medical Staff Coordinator (MSC) or their designee may grant disaster privileges when appropriate and at their discretion. Alternatively if the CEO, CMO, COO, any member of the MEC or the MSC are unavailable the Incident Commander or the Administrator On Call may grant medical and/or dental staff applicants disaster privileges. The CEO, CMO and COO, MEC, MSC or their designee may grant disaster privileges to non-medical and/or non-dental staff personnel as needed.
3. Disaster privileges will be granted at the discretion of the individuals listed above, who shall also have the authority to terminate disaster privileges at any time. Denial or revocation of disaster privileges for medical and/or dental staff shall not be subject to any hearing, appeal, or mediation rights. Revocation of non-employee disaster privileges shall not be subject to any review by the hospital.

III.SCOPE

1. All Medical doctors (MD, DO), mid-levels (Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists, etc.) responding in a disaster or emergency that do not have current privileges at Lake Chelan Health.
2. Lake Chelan Health Administration responsible for temporary and full privileging for providers assisting in patient care during the disaster or emergency.

IV. ROLES & RESPONSIBILITIES

Chief Executive Officer, Chief of Medical Staff, Chief Operations Officer, Medical Executive Committee, Medical Staff Coordinator, Incident Commander, Administrator On Call.

V. DEFINITIONS

Professional Health Care Providers - Medical doctors (MD, DO), mid-levels (Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists, etc.)

Credentialing - process of verifying and assessing the qualifications, training and professional background of healthcare professionals

V. PROCEDURE

1. A designated location will be established for all non-staff members and non-employees to report. In order for disaster privileges to be granted, the applicant must present at a minimum, a valid government-issued photo identification issued by the State of Washington or federal agency (i.e., driver's license or passport) and present at least one of the following documents:
 1. A current hospital photo ID card that clearly identifies professional designation.
 2. Current medical license. (Washington State)
 3. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserves Corps (MRC), or the Emergency System for Advanced Registration of Volunteer Healthcare Professionals (ESAR-VHP) or other recognized state, municipal or federal organization or groups.
 4. Identification by current administrative hospital employees, or medical/dental staff member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster.
2. All applicants for disaster privileges will be required to complete the Credentialing in a Disaster form and a copy of verification of one of the above requirements will be attached, or in case of no electricity, written confirmation that the information was presented will be documented by the individual processing the request for volunteer disaster privileges. The following is also required:
 1. Disaster privileges will be specialty-specific, and the specialty shall be listed on their badge.
 2. An identifying mechanism system will be in place for all those granted disaster

privileges.

3. In addition, all employees and medical/dental staff members will be notified of the hospital's emergency process by the hospital's information systems, with resources including notification through network broadcasts, overhead paging system, and daily briefing updates.
4. A box containing the following will be kept at the Hospital Unit Coordinator's (HUC) station as well as with Emergency Medical Service (EMS) team, *(If the emergency involves the hospital, the box with EMS is used to establish another central point of management for the Emergency Management Team.)*
 1. Instructions for Disaster Privileging for Non-Privileged Providers
 2. Blank Badges
 3. Provider Tracking Log
 4. Volunteer Forms
 5. Board of Directors Contact Information
 6. Hospital Administrators, Directors & Managers Contact Information
 7. Disaster Credentialing Policy
 8. Medical Staff By-laws pertaining to category of Disaster Privileging
 9. Hospital Disaster Plan
 10. Regional Disaster Plan
3. Whenever possible, a current member of the medical staff countersigns entries into the medical record made by volunteers who are providing direct patient care. For those entries that are not countersigned, the CMO, Chief of Staff or their designee will coordinate medical record reviews.
4. When the immediate situation is under control, current competence, training, and primary source verification of licensure for all volunteer clinical personnel must be verified within 72 hours from the time the volunteer practitioners' present to the organization, unless there are extraordinary circumstances which would prevent this from occurring. The extraordinary circumstances and the attempt to rectify the situation shall be documented.
5. When the immediate situation is under control, the volunteer provider must request the privileges necessary to continue to treat the patient. In the event such privileges are denied, or the practitioner does not desire to request privileges, the patient shall be assigned to an appropriate member of the Medical Staff.

VI. REFERENCES

N/A

VII. ATTACHMENTS

N/A

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

effective immediately upon approval.

**Any printed policy is not valid past the print date and should not be relied on for official purposes. Current versions of all policies can be found in PolicyStat.*

Approval Signatures

Step Description	Approver	Date
Board Approval	Wendy Kenck: Executive Assistant	Pending
Med Exec Committee	Louise Sahlinger: Director Of Quality	12/9/2025
CMO Review	Stu Freed	9/22/2025
Policy Management Committee	Committee Policy Management: Policy Management Committee	11/11/2024
Owner	Louise Sahlinger: Director Of Quality	11/4/2024



Board of Commissioners Conflict of Interest Policy

PURPOSE

So that no conflict of interest concerns arise concerning any particular issue of business transacted by the Board of Commissioners as a whole, or in part.

POLICY STATEMENT

Lake Chelan Health Board members, officers of the District and Board committee members shall conform, in the conduct of their office to the provisions of RCW 42.20 and RCW 42.23, Board bylaws and Lake Chelan Health policies and procedures. The Board commits itself and its members to ethical, professional, and lawful conduct to include proper use of authority and appropriate decorum when acting as Board members.

SCOPE

This policy applies to the Lake Chelan Health Board of Commissioners as a whole, individual Board members, and Board Committee members when exercising duties for Lake Chelan Health.

ROLES & RESPONSIBILITIES

Lake Chelan Health Board of Commissioners as a whole, individual Board members, and Board Committee members are responsible to monitor their behavior to ensure compliance with all laws and organizational policies and procedures regarding conflict of interest.

DEFINITIONS

Conflict of Interest is defined by Revised Code of Washington and Lake Chelan Board Bylaws.

PROCEDURE

Upon election or appointment, and annually thereafter, the Board shall complete and sign a Lake Chelan Health Conflict of Interest form, disclosing any circumstances or factors that may create actual or potential conflicts of interest.

In the event that any Board member or officer has a real or potential conflict of interest on a matter coming before the Board, they shall disclose such real or potential conflict prior to any participation in discussion or voting on the issue. They shall also withdraw from participating and voting on the issue. Should any other Board member disagree, the issue of participation in discussion and/or voting shall be decided by a majority vote of the remaining Board members.

Board members must represent unconflicted loyalty to the interests of the Hospital District. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups, membership to other Boards or staff's, and the personal interests of any Board member acting as

a consumer of Lake Chelan Health services. Board members should avoid the following conflicts:

1. Conflict of interest with respect to their fiduciary responsibility. This means, specifically, that there must be no self-dealing or any conduct of private business or personal services between any Board member and Lake Chelan Health except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information.
2. Direct or indirect solicitation or acceptance of personal fees or commissions in connection with Hospital business.
3. Use of their position to secure special privileges or exemptions for themselves, spouse, child, parents, or other related persons from vendors, contractors, physicians, patients, the Hospital District, or its staff.
4. Must not use their position to obtain employment at Lake Chelan Health for themselves, family members, or close associates. Should a member desire employment, he or she must first resign from the Board and follow the provisions of the RCW with respect to this subject.
5. Solicitation of gifts or gratuities for personal use for themselves or related parties from our customers, suppliers, consultants or anyone else doing business with the District. Unsolicited non-cash gifts of nominal value such as flowers, meals, plaques, cups, pens, or calendars may be accepted.
6. Acceptance of a paid trip from a vendor to visit an installation or attend a seminar if the dominant theme is entertainment. Such trips may be acceptable for educational purposes, or an installation visit that is the result of a decision to purchase a specific vendor's product and is directly related to the installation of the product.
7. Placing themselves in a position that may create or lead to a conflict of interest, or the appearance of one, such as engaging in any outside business activity, financial relationship or investment that conflicts with the District, competes with the District, or may interfere with Board members' responsibilities to the District. Board members are also prohibited from having any personal interest, directly or indirectly, in any transaction with Lake Chelan Health unless disclosed in writing in advance to the Hospital's Chief Executive Officer (CEO). A decision can then be made as to whether a conflict of interest exists.
8. Engage in outside business, other activities, or private employment that would result in the inducement to divulge confidential information about the District,

other employees or patients. Divulging information about any patient is a violation of HIPAA federal law and subject to liability and penalties for the individual and District.

9. Disclose confidential information about the District, nor may the Commissioners use such confidential information for their personal gain or benefit. It is a primary responsibility of all Board members to protect the confidentiality of District Information. The breaking of confidentiality is the repeating of any information, written or spoken, when authorized or indiscreet disclosure could be harmful or injurious to the interests of a patient, employee, or the District in general.
10. Board members may not attempt to exercise individual authority over Lake Chelan Health except as explicitly set forth in Board policies. Members' interactions with the CEO or with staff must recognize the lack of authority vested in individuals except when explicitly Board authorized.

Violations of this policy may be reported to the State Auditor and/or Hospital Attorney for investigation.

REFERENCES

RCW 42.20 AND RCW 42.23

Lake Chelan Health Board of Commissioner Bylaws

Open Public Meeting Act

ATTACHMENT

Lake Chelan Health Conflict of Interest Disclosure Form

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



Lake Chelan Health Board Conflict of Interest Disclosure Form

Instructions: Please complete this form annually to disclose any potential conflicts of interest. This information will be used to ensure transparency and ethical conduct within the Public Hospital District.

1. Financial and Ownership Interests:

Do you or any immediate family members have a financial interest or ownership in any entity that does business with or competes with Lake Chelan Health?

Yes No

If yes, please describe the nature of the financial interest or ownership and the entity involved:

2. Relationships and Services Provided:

Do you or any immediate family members have relationships with vendors, contractors, or other entities that do business with Lake Chelan Health, or provide board, managerial, or consulting services to such entities?

Yes No

If yes, please describe the nature of the relationship or service and the entity involved:

3. Gifts and Gratuities:

Have you or any immediate family members received any gifts, gratuities, compensation, remuneration, or personal benefits from any entity that does business with or competes with Lake Chelan Health in the past year?

Yes No

If yes, please describe the nature of the gift, gratuity, compensation, or benefit and the entity involved:

4. Compensation and Benefits Arrangements:

Do you or any member of your immediate family have any compensation, remuneration, or personal benefit arrangement (including arrangements for consulting, advisory, or other services) with any business, legal entity, or governmental agency that does business with or competes with Lake Chelan Health?

Yes No

If yes, please describe the nature of the arrangement and the entity involved:

5. Employment and Family Employment:

Are you or any member of your immediate family employed by, contracted with, or otherwise providing services at/to Lake Chelan Health? (If Yes?disclose.the.family.member.name(s)?relationship(s).to.you?and.relationship.with.Lake.Chelan.Health;)

Yes No

If yes, please describe the nature of the employment or business activity and the family member's name, relationship to you, and their relationship with the Lake Chelan Health:

6. Other Potential Conflicts:

Are you or any immediate family members engaged in any other activity that might be regarded as an actual, apparent, or potential conflict of interest in connection with your position with Lake Chelan Health?

Yes No

If yes, please describe the activity, the entity, and your relationship to the entity:

Certification: I hereby certify that the information provided above is true and complete to the best of my knowledge. I agree to update this disclosure promptly if any relevant changes occur.

Name: _____

Position/Title: _____

Signature: _____

Date: _____

Origination 11/28/2023
Last Approved, 2/11/2025
Last Approved 2/11/2025
Effective, 2/11/2025
Effective 2/11/2025
Last Revised, 2/11/2025
Last Revised 2/11/2025
Next Review, 2/6/2026
Owner [Murphy, Mary: Board Governance Committee Member](#)
Area [Hospital Commission](#)

Board of Commissioners and CEO Decision Matrix

draft 12.2.25

PURPOSE

The purpose of this policy is to support each board member in carrying out their governance duties and the Chief Executive Officer (CEO) in carrying out administrative duties to ensure the highest quality of care to patients and the community. This policy aims to enhance efficient performance and avoid duplication of effort by clearly defining the coordination of roles and responsibilities between the Board of Directors and the Chief Executive Officer (CEO) of Lake Chelan Health (LCH).

POLICY STATEMENT

A productive and positive working relationship between Lake Chelan Health (LCH) Board of Commissioners and the CEO is critically important to excellence in the governance and the administration of the Chelan County Public Hospital District 2. This Policy that defines the coordination of the Board and CEO roles and responsibilities is aimed to enhance efficient performance and to avoid duplication of effort.

The purpose of the "Board of Commissioners and CEO Decision Matrix" policy is to support each board member in carrying out their governance duties and the CEO in carrying out administrative duties to ensure the highest quality of care to patients and the community. The Board Chair and the Board Committees and Task Forces also have duties around specific tasks listed in the Attachment A: Matrix.

SCOPE

N/A

ROLES AND RESPONSIBILITIES

The Board and CEO will review and revise this Policy/Procedure and Decision Matrix at least annually, or as necessary to keep updated.

DEFINITIONS

In Attachment A: Board and CEO Decision Matrix, the code "D" stands for Decision role, "A" stands for Advisory role and "I" refers to other circumstances when information about the decision is to be communicated to the Board, either before or after the decision is made, as appropriate.

From time to time the types of decisions, roles and authorities to carry out these duties could change. For example, this might be due to a change in sources that could include among others, state law, governance and administration best practices, Board bylaws, position descriptions, committee charters, accreditation requirements, contracts, and/or Hospital District policy.

PROCEDURE

Attachment A lists each item that requires a decision, action, or information, and whether the CEO or Board, or Board Chair or Committee has the primary duty to approve the action, advise regarding the action or inform regarding the action.

REFERENCES

Governing Board Bylaws

Chief Executive Officer Position Description and Current Employment Agreement

Revised Code of Washington (RCW) 70.44.060 and 70.44.080

Board of Commissioners Position Description

ATTACHMENTS

Attachment A: Board and CEO Decision Matrix (Note: [remove XXLCH Decision Matrix 11.28.23.pdf.pdf in PolicyStat](#))

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Chelan County Public Hospital District No 2		Board and CEO Decision Matrix					PEN DING
Type of Decision	Board of Directors	Chair	Board Committees/ Task Forces	CEO	Note	Source	
Board of Directors- General (RCW 70.44)							
1	Bylaw changes	D		A	A		
2	Develop/approve Board policies	D		A	A	Board bylaws	
3	Finance Policy related to records maintenance and accuracy	D		A	A	Board bylaws	
4	Operations policies	I/D (DOH select)			D	Board bylaws	
5	Board Meeting agenda	A	D		A	Board bylaws	
6	Regular Meeting schedule	D			A	Board bylaws	
7	Special Board meetings- set/agenda	D	D		A	Board bylaws	
8	Provider appointment and credentials, including renewals	D		A	A	Board bylaws	
9	Acquire, construct, maintain, operate, develop, sell real property	D		A	A	Board position description/RCW 70.44.060	
10	Contracts with US, state, municipalities, hospital	D		A	A	RCW 70.44.060	
11	Approve formation of volunteer/auxiliary groups working on the Districts Objectives	D		A	A	Board bylaws	
12	Appoint Auditor/Comptroller (internal and external)	D		A	A	Board bylaws	
13	Avoid Conflicts of Interest	D		A	D	Board bylaws	
Board Specific Processes							
14	Board officer election	D				Board bylaws	
15	CEO appointment/contract/compensation	D			A	Bylaws/RCW 70.44.070	
16	CEO title/job description	D		A	A	Board bylaws	
17	CEO performance evaluation	D		A	A	Board bylaws	
18	Approve annual operational and capital budget	D		A	A	Board bylaws	
19	Approve Organizational Structure/Chart (Executive Postions)	D			A	As Related to Budget	
20	Approve Strategic plan/KPI Initiatives	D		A	A	Board bylaws	
21	Approve Quality Plan	D		A	A	Board bylaws	
22	Approve Med-Staff Bylaws	D		A	A	Board bylaws	
23	Board self evaluation/performance improvement plan	D		A		Board position description	
24	Board-level committee/task force assignments	D				Board bylaws	
25	Select candidates/action to fill vacant Board positions	D		A		Board bylaws	
Board Committees							
26	Approve Board committee/task force charters	D		A	A	Board bylaws	
27	Approve recommendations from Committee	D		A	A	Committee Charter	
Staff Processes - Informational items							
28	Develop the strategic plan objectives	I		A	D		
29	Implement the strategic plan	I			D		
30	Develop, implement and evaluate Quality Plan			A	D		
31	Approve operating and capital budgets	D		A	D		

32	Hire and manage Executive Team; and other team members as deemed appropriate	I			D		CEO position description
33	Regulator relationships (DOH, DNV, State findings)	I			D		
34	Legal issues outside of normal business operations	D		A	D		CEO/Board position descriptions
35	Establish a just culture	D		A	D		Board Health Equity policy
Financial Guardrails - items not in Budget or current Strat Plan							
36	Service contracts over \$250,000 unbudgeted	D			A		CEO position description
37	Unbudgeted hire or contract of physician	D			A		CEO position description
38	Unbudgeted compensation increases	D		A	A		Compensation Plan adopted 2024
39	Pay legal claims over policy limits	D			A		CEO position description
40	New and renewing multi-year (three or more) contracts when three year total cost equals or exceeds \$750,000	D			A		Board meeting 5/25/2021
41	Unbudgeted equipment Lease over \$250,000	D			A	emergency exception	CEO position description/update 5/24/23
42	Unbudgeted purchase capital equipment over \$250,000	D			A	emergency exception	CEO position description/update 5/24/23

LEGEND: D - Decision-making authority/responsibility to act - vested here

A - Advisor to the decision maker; Advice from this group/individual may be sought prior to making a decision

I - Will be informed of the decision, perhaps after the decision is made

Lake Chelan Health Board of Commissioners Meeting Minutes Policy draft 12.30.25

Purpose

The Washington State Open Public Meetings Act (OPMA) at [RCW 42.30.035](#)(1) states:

"The minutes of all regular and special meetings except executive sessions of such boards, commissions, agencies or authorities shall be promptly recorded and such records shall be open to public inspection."

The minutes must meet legal requirements to maintain a complete, factual record of motions, findings of fact and actions of the Commission, as well as the usual details of time, place, type of meeting, members present, speakers and their addresses, votes and other pertinent information needed to describe what was accomplished at the meeting.

Policy

Lake Chelan Health ensures that minutes provide a brief summary of what occurred to inform the public about the official actions of their public hospital representatives, the Board of Commissioners, for Commissioners to refresh their memories as to what occurred and to inform a Commissioner who misses a meeting.

Minutes are not required to be taken at an executive session, although the announced purpose of the executive session must be entered into the meeting minutes ([RCW 42.30.110](#)(2)). If minutes or notes are taken during an executive session, they may be subject to the disclosure requirements of the [Public Records Act](#).

While there is no requirement for Board approved meeting minutes to be posted on the Lake Chelan Health website, Lake Chelan Health posts both meeting agendas and minutes on the Lake Chelan Health website in an effort to inform the public.

Scope

This policy applies to the Lake Chelan Health Board of Commissioners regarding the record of formal actions made by the Board in the regular and special Board meetings.

Roles and Responsibilities

The Board of Commissioners and Administration of Lake Chelan Health are involved in implementing and enforcing this policy.

Definitions

Minutes are the written record of a meeting or hearing. For an official meeting record at Lake Chelan Health, a written record shall be used.

Procedure

Following a public meeting, Lake Chelan Staff will prepare draft action minutes of each regular and special meeting.

The minutes will contain the record of motions, agenda and agenda changes, participants and actions taken. The minutes sometimes include a brief summary of each topic's presentation and discussion and the topic of each Board or staff comment, but this is not required.

Content of Board meeting minutes include:

1. Detailed summary of actions taken and findings of fact for actions. This is a concise, factual record of what was done, not what was said.
2. Commission requests for information or questions of staff that require follow-up work, with a list of outstanding requests for reference.
3. Reference to documents that are cited by Commissioners, rather than complete excerpts presented at the meeting.

Public Comments: The minutes may reflect the names of the commenter who spoke in the meeting and the topic only, but this is not required. A copy of a written public comment will be provided to each Board Member; the document will not be read aloud unless a motion approved by a majority of the Board present requests it. Written public comments submitted to the Board will not be appended to or included in the minutes. If a Commissioner would like a particular statement to be placed in the minutes, they will state that for the record and make a motion. A Board majority vote determines whether to include a particular written statement in the minutes. However, all written comments become part of the public record and retained on file according to hospital policy and Washington State retention schedule.

The Executive Assistant distributes the draft action minutes to the Board Secretary and Administrator for a preliminary review and edit. In most cases the minutes are presented for review and approval in the Board packet prior to the next regular meeting. Factual errors, ambiguities, and misinterpretations should be corrected in draft minutes. Commissioners can contact staff in advance of a meeting if they have questions about the draft minutes, to allow time for staff to review the minutes if necessary.

When the Board has voted to approve the minutes, the minutes as approved represent the final and considered determination of the Board as to the motions and actions set forth therein.

References

Washington State Revised Code of Washington (RCW)

Jill Dvorak, Municipal Research and Services Center of Washington (MRSC), communication November 27, 2025

Washington State Public Records Act

"Less Is More: Action Minutes Save Time, Serve the Agency Best", August 23, 2023 by MRSC Insight, Ann G. Macfarlane

"Don't include detailed public comment in meeting minutes". March 21, 2018, Jurassic Parliament by Ann G. Macfarlane.

Attachments : N/A

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Approval Signatures



LAKE CHELAN HEALTH

2026

Lake Chelan Health

Continuous Quality Improvement

&

Continuous Process Improvement Plan

Scope

The Continuous Quality Improvement, Continuous Process Improvement Plan (CQI/CPI plan), outlines the goals, strategies, and processes that promote safe, optimal patient care, and a high performing culture of safety. This will be achieved through interdisciplinary collaboration for identification, assessment, and continued improvement of process/performance indicators and care outcomes, collectively referred to as the organization's Quality Assurance Process Improvement Plan (QAPI). The scope of this plan will include all patient care and support services organization- wide. The Lake Chelan Health Board of Commissioners approves this plan annually, which supports the Mission, Vision and Values of Lake Chelan Health. The Lake Chelan Health Board of Commissioners delegates the oversight of the CQI/CPI Plan to the Lake Chelan Health Chief Executive Officer (CEO). The Lake Chelan Health CEO delegates operational oversight to the Executive Director of Quality, Patient Safety and Risk Management, to the committee reporting hierarchy represented in *Appendix 1*, and to the Lake Chelan Health Executive Leadership Team. The Lake Chelan Health Medical Staff is charged with actively participating in the CQI/CPI Plan to achieve quality patient care and compliance with regulatory/accreditation organizations. Medical Staff members will contribute to all CQI/CPI activities through Medical Staff Service committees, project team activities and by assuming leadership roles, as necessary in CQI/CPI processes and activities.

Organizational Context

The Vision of Lake Chelan Health is a healthy community. We will accomplish this as our superb medical staff and caregivers partner with others to provide patient- centered care in a respectful, healing environment, while ensuring fiscal responsibility.

The Mission of Lake Chelan Health to provide quality healthcare with compassion and respect to the community we serve.

As caregivers of Lake Chelan Health, we support our mission and vision by basing our decisions and actions on the following:

Core Values:

- ***Relationships***
- ***Integrity***
- ***Compassion***
- ***Respect***
- ***Excellence***

Purpose and Objectives

To uphold the Mission, Vision, and Values of Lake Chelan Health, all members of the organization will be committed to Continuous Quality Improvement and Continuous Process Improvement activities using an interdisciplinary approach as laid out in this Enterprise CQI/CPI Plan. This includes but is not limited to:

- Assure safe and effective patient care is provided at a level consistent with professional standards and evidence-based practice.
- Mitigate potential or actual liability exposure through proactive evaluation of systems, processes and patient care delivery.
- Provide a framework for continuous, interdisciplinary process and outcome assessment, monitoring, and improvement across the organization's scope of services (QAPI).
- Prioritize opportunities for improvement based on, but not limited to, identified trends, level of risk, and/or benchmarking data.
- Comply with the requirements of all State, Federal and accrediting agencies in accordance with performance improvement activities.

Quality and Performance Improvement Principles

Quality and Performance Improvement is a systematic approach to assessing services and improving them on a priority basis. The Lake Chelan Health approach to quality is based on the following principles:

- **Patient Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations and achieving equitable results.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction, and support of quality improvement activities by the governing body and CEO are key to improvement.
- **Data Driven & Informed Practice.** Successful improvement processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. Continuous Quality Improvement (CQI) organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms and control charts to turn data into information.
- **Prevention Over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually reviewed, improved and evaluated for effectiveness and sustainability. Small incremental changes do make an impact and staff can always find an opportunity to make things better.

Confidentiality

All matters and activities relating to the performance improvement process will be held in confidence to the extent permitted by law. Performance improvement activities are conducted pursuant to Sections 4.24.250, 43.70.510, 70.41.200 & 74.42.640 of the Revised Code of Washington (RCW) regarding peer review of health care providers. Confidential information may include, but is not limited to, the Medical Staff Quality Committee minutes, Quality Committee minutes, Board of Commissioner Reports, chart abstraction data and reporting, unexpected event reporting, clinical and peer reviews. All employees receive the Lake Chelan Health confidentiality policy and are required to sign a confidentiality agreement upon hire.

The Quality Committee Responsibilities

- Develop, revise, approve and oversee the implementation of the Continuous Quality Improvement, Continuous Process Improvement Plan, Work Plan and ongoing action plans to improve the quality of care, services and processes.
- Evaluate and make recommendations for improvement to the CQI/CPI plan and send to the Board of Commissioners for final approval.
- Review the Hospital-Wide Continuous Quality Improvement, Continuous Process Improvement Plan and supporting documents annually.
- Establish measurable objectives based upon priorities identified through use of established criteria for improving quality and safety, regulatory requirements, etc.
- Periodically assess information based on the indicators, taking action via performance improvement initiatives to solve problems and pursue opportunities to improve performance.
- Establish and support specific quality improvement initiatives.
- Report to the Board of Commissioners on performance improvement activities of Lake Chelan Health on a regular basis.
- Utilization of formal, best practice, improvement methodologies.
- Determination of annual QAPI projects to be overseen by the CQI/CPI Committee.
- Evaluation of effectiveness of improvement actions and any recommendations to ensure continued effectiveness.

Medical Staff Responsibilities: The Lake Chelan Health Medical staff participate in all phases of CQI CPI activities including representative leadership in the CQI/CPI Committee, and quality subcommittees – refer to *appendix 1*. Medical Staff participate in peer review, credentialing/privileging.

Physicians will also serve as members of Quality Improvement Teams and subcommittees as they are created. The goal of physician involvement is to provide an avenue for physician engagement in organization- wide improvement work.

Board of Commissioners Responsibilities:

- Support and guide implementation of CQI/CPI activities at Lake Chelan Health
- Review, evaluate, and approve the CQI/CPI Plan annually.

Leader Responsibilities: Support CQI/CPI activities through planned coordination and communication of the results of measurement activities and overall efforts to continually improve the quality of care provided. Leaders, through a planned and shared communication approach, ensure the Board of Commissioners, staff, patients, and family members have knowledge of and input into ongoing CQI/CPI initiatives. Annual review of the Quality Management System (QMS) through the Procedure for Management Review.

Leadership roles required to participate includes the CEO, COO, CNO, and CFO.

Quality Sub-Committees

- Refer to Appendix 1.
- Each quality sub-committee will have a formal Committee Charter that specifies:
 - Committee Purpose
 - Scope of Responsibility
 - Committee Membership

- Reporting Relationship
- Meeting Structure
- Will have an annual work plan that lays out the scope of the work for that committee for the coming year.
- Will maintain an agenda and take meeting minutes in an action item focused format.
- Will track data that is specific to the area of focus to aid in identifying areas of improvement and conduct formal improvement work to achieve desired goals.
- Will report out quarterly to the CQI/CPI Committee, and representative Medical Staff meeting on current committee progress.

Organizational Departments / Service Lines:

- Each department and/or service line will be actively engaged in CQI/CPI activities.
- These departments will work directly with the Quality Department to develop their improvement projects and develop tracking systems using accepted improvement methodologies.
- Each department and/or service line will report to the CQI/CPI committee at least once per quarter on their progress.
- Department leaders will actively engage the participation of all team members on improvement work and will formulate strategies to communicate improvement work to staff, patients, and family.
- A list of projects underway will be kept on the Quality SharePoint site in the Quality Committee folder.
 - All projects underway will provide documentation that outlines why the project was chosen and how it intends to use data to inform and drive positive change.
- Records of current and previous QI/PI projects will be retained and maintained on the Quality SharePoint site in the Quality Committee folder.

Attachments

1. Appendix 1. CQI/CPI Committee Reporting Structure
2. Appendix 2. CQI/CPI Committee Charter
4. Appendix 3. CQI/CPI Annual Work Plan

References

1. NIAHO Accreditation for Healthcare Organizations: Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals Revision 25-1, September 8, 2025.
2. HQ Solutions: Resource for the Healthcare Quality Professional, Fourth Edition, Pelletier, Luc R., Beaudin, Christy L., National Association for Healthcare Quality, 2018.
3. [Medicare 42 CFR 482.21 Conditions of Participation](#)
4. [WAC 246-320-136, Leadership](#)
5. [WAC 246-320-171, Improving Organizational Performance](#)

Continuous Quality Improvement, Continuous Process Improvement Plan Approval

The CQI/CPI Plan has been reviewed, approved, and adopted by Lake Chelan Health Executive Administration, Medical Staff, and the Board of Commissioners – attested by the signatures below:

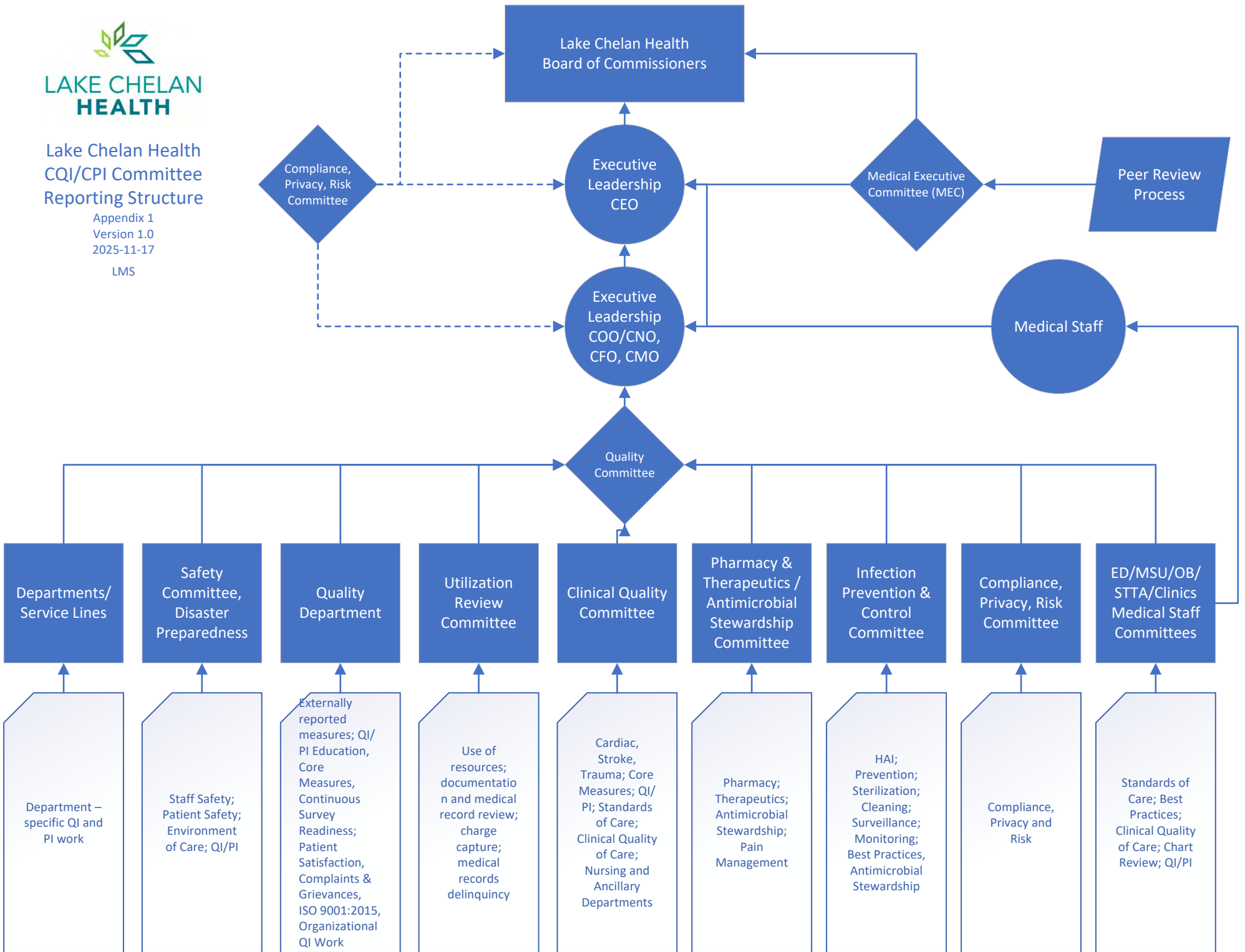
_____ Executive Director of Quality	_____ Date
_____ Chief Executive Officer	_____ Date
_____ Chief Medical Officer	_____ Date
_____ Chairperson of the Board of Commissioners	_____ Date



Lake Chelan Health
CQI/CPI Committee
Reporting Structure

Appendix 1
Version 1.0
2025-11-17

LMS





Lake Chelan Health – 2026, Continuous Quality Improvement & Continuous Process Improvement Committee

Purpose:

To uphold the Mission, Vision, and Values of Lake Chelan Health, all members of the organization will be committed to Continuous Quality, and Continuous Process Improvement activities using an interdisciplinary approach as laid out in the 2026 Enterprise CQI CPI Plan. This will include:

- Assure patient care is provided at a level consistent with professional standards and evidence-based practice.
- Mitigate potential or actual liability exposure through proactive evaluation of systems and patient care delivery.
- Provide a framework for continuous, interdisciplinary process and outcome assessment, monitoring, and improvement across the organization's scope of services.
- Prioritize opportunities for improvement based on, but not limited to, identified trends, level of risk, and/or benchmarking data.
- Comply with the requirements of all State, Federal and accrediting agencies regarding performance improvement activities.
- Provide administrative oversight and guidance for all matters related to Quality, Improvement, Safety, and Risk. This Oversight will include but is not limited to:
 - Review of performance and improvement data from all quality related sub committees and departments per the CQI CPI 2026 Committee Reporting Structure.
 - Oversight of organizational event reporting data, patient safety data, and staff safety data.
 - Quality, safety, and risk evaluations of any new, or additional services or ventures.
 - Development of organizational quality indicators based on current best practice – and available data, and track to these measures for improvement.
 - Monitor patient, and staff satisfaction – provide guidance for opportunities for improvement.
 - Provide organizational guidance for survey readiness and preparedness activities.
 - Formulate and implement educational opportunities for staff regarding quality, process improvement, value, safety, and risk.

Scope of Responsibility:

The Continuous Quality Improvement, Continuous Process Improvement Committee is responsible for developing, revising, approving and implementation of the Continuous Quality Improvement, Continuous Process Improvement Plan to improve the quality of care and service, which affects patient health, safety.

Committee Membership:

Chair	Executive Director of Quality	Louise Sahlinger
Board Representative	Board Member	Len England
Board Representative	Board Member	Mary Murphy
Record Keeper	Quality Dept. Specialist	Madison McCormick
Executive Sponsor	Chief Executive Officer	Aaron Edwards
Nurse Executive	Chief Operating Officer	Shawn Ottley
Physician Executive	Chief Medical Officer	Dr. Stu Freed
Physician Representative	ED Medical Director	Dr. Stu Freed
Nursing Representative	Chief Nursing Officer	Rhianna Montgomery
Nursing Representative	ED Nurse Manager	Devon Ehlert
EMS / Safety Representative	Safety Officer	Ray Eickmeyer
Facilities Representative	Director of Facilities	Micah Brunner
Infection Prevention Representative	Infection Preventionist	James Phetteplace
Employee Health Representative	Employee Health RN	James Phetteplace
Informatics Representative	Clinical Informaticist	Sheri Krupla
AD-HOC MEMBERSHIP		
Ad-Hoc Member	Chief Financial Officer	Brant Truman
Ad-Hoc Member	Chief Informational Officer	Amy Thomas
Ad-Hoc Member	HR Director	Tara Lautiki
Ad-Hoc Member	Surgical Services Manager	Brenda Hanson (Interim)
Ad-Hoc Member	Lab Manager	Byron Schmidt
Ad-Hoc Member	Radiology Manager	Chris Schmidt
Ad-Hoc Member	HIMS Manager	Rachel Alton
Ad-Hoc Member	Patient Access Manager	Rachel Alton
Ad-Hoc Member	Environmental Services Manager	Tyler Ehlert
Ad-Hoc Member	Materials Manager	Joseph Thompson
Ad-Hoc Member	Dietary Manager	Tyler Ehlert
Ad-Hoc Member	Pharmacy Manager	Lindsey Hippe
Ad-Hoc Member	Rehab Manager	Jeffery England
Ad-Hoc Member	OB Coordinator	Juliana England
Ad-Hoc Member	Sterile Processing Coordinator	
Ad-Hoc Member	Communications/Outreach	Agustin Benegas
Ad-Hoc Member	Clinic Manager	Jodi Sweeney
Ad-Hoc Member	Accounting/Finance	Vickie Bodle

Reporting Relationship:

The CQI CPI Committee reports directly to the Lake Chelan Health Board of Commissioners, and provides information updates to Medical Staff, and Executive Leadership.

Meetings:

The CQI CPI Committee will meet no less than monthly on the first Thursday of the month, for two hours. Ad-Hoc meetings may be called for urgent issues needing committee attention. Guests and ad-hoc members will attend at the discretion of the committee chair, based on the needs of the committee and according to the predetermined reporting schedule. Case review will be conducted under closed session with committee members only and operated under RCW 70.41.200. The committee may choose to form 'sub-committees' or 'task forces' to work on specific tactical work, these groups will serve at the direction of, and report directly to, the CQI CPI committee. Meeting minutes will be made available to committee members no later than 10 days after the close of the meeting. Meeting agendas and supporting documentation will be provided to committee members one week prior to meeting start via email. Members are expected to attend 83% of scheduled meetings during the calendar year – ad-hoc members are expected to attend 100% of the meetings they are scheduled to report-out at.

2026 QUALITY COMMITTEE OBJECTIVES

Goal	Objective	Key Activities	Timeline/Frequency	Responsible Party	Measure of Success
1 – Strengthen Patient Safety and Quality of Care	1.1 – Monitor and evaluate hospital-wide quality and safety indicators	Review performance dashboard, identify trends and areas for improvement	Quarterly	Executive Director of Quality	Dashboard reviewed and discussed quarterly with documented follow-up actions
	1.2 – Reduce hospital-acquired conditions and infections	Implement targeted PI projects	Ongoing, evaluate semi-annually	Infection Preventionist, Nurse Leaders	≥50% reduction in surgical site infections
	1.3 – Promote a culture of safety	Conduct annual safety culture survey, implement action plan	Annually	Committee, Leadership	Survey participation ≥80%; improvement in at least one domain
2 – Ensure Regulatory and Accreditation Compliance	2.1 – Maintain compliance with CMS CAH CoPs and DNV standards	Conduct internal compliance audits and mock surveys Review progress on corrective actions and report to governing Board	Semi-annually	Executive Director of Quality	100% completion of planned audits
	2.2 – Track and close corrective actions from surveys	Review progress on corrective actions and report to governing board	Quarterly	Executive Director of Quality	All corrective actions closed by target date
	2.3 – Review and approve annual PI and Quality Program Plan	Review, approve, and submit to governing board	Annually (Q1)	Committee	Plan approved and documented in minutes
3 – Enhance Performance Improvement and Data Management	3.1 – Monitor key performance indicators	Review KPI dashboard (clinical quality, satisfaction, etc.)	Quarterly	Quality Team, Department Leaders	Performance meeting or exceeding benchmarks

2026 QUALITY COMMITTEE OBJECTIVES

	3.2 – Evaluate effectiveness of PI projects	Review project outcomes and lessons learned	Semi-annually	Committee	100% of PI projects presented with outcome data
	3.3 – Use data for decision-making	Incorporate quality data into leadership and department meetings	Ongoing	Committee, Department Leaders	Data reviewed in ≥90% of leadership meetings
4 – Integrate Risk Management and Patient Experience	4.1 – Review and analyze incident and near-miss events	Evaluate trends and assign corrective actions	Monthly	Executive Director of Quality	Reports reviewed monthly; corrective actions tracked
	4.2 – Monitor patient complaints and grievances	Identify themes and implement service recovery plans	Quarterly	Executive Director of Quality	≥90% grievances resolved within 30 days
	4.3 – Improve patient satisfaction	Review patient satisfaction data, implement improvement initiatives	Quarterly	Committee, Department Leaders	≥5% improvement in key domains
5 – Promote Staff Engagement and Quality Education	5.1 – Provide education on quality and safety	Conduct training on QI methods, RCA, compliance standards	Quarterly	Executive Director of Quality	≥80% staff trained annually
	5.2 – Encourage interdisciplinary collaboration	Share best practices and lessons learned during Quality Committee meetings	Monthly	Committee	Documentation in meeting minutes
	5.3 – Recognize quality achievements	Highlight successful projects and teams	Ongoing	Committee, Department Leaders	Recognition communicated hospital-wide
6 – Strengthen Oversight and Accountability	6.1 – Provide regular reports to governing board	Submit quality and patient safety summaries	Quarterly	Executive Director of Quality	Reports delivered on time;

2026 QUALITY COMMITTEE OBJECTIVES

					acknowledged by board
	6.2 – Review and update policies supporting quality	Conduct annual policy review cycle	Annually	Executive Director of Quality	100% policies reviewed and updated
	6.3 – Evaluate committee effectiveness	Conduct annual self-assessment and adjust goals as needed	Annually (Q4)		Updated workplan for next year approved