



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

1/27/2026



Agenda

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

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

<i>Time</i>	<i>Agenda Item</i>	<i>Facilitator</i>	<i>Topic/Action</i>
1:30	1. Call to Order/ Changes to Agenda	J. LaPorte	
1:31	2. Public Comment		
1:40	3. Chair Report	J. LaPorte	A. Board Elections
1:50	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 12/30/2025(FM) B. Special Board Meeting Minutes 1/12/2026(FM) C. Special Board Meeting Minutes 1/21/2026(FM) D. Governance Committee Meeting Minutes 1/14/2026 (FM) E. Warrants & Vouchers (FM) F. Bad Debt & Charity Care (FM) G. Finance Committee Minutes 1/22/2026 (FA)
1:55	5. Executive Session		A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205
2:05	6. Reports	J. Barich, S. Freed B. Truman A. Edwards S. Sahlinger Commissioners	A. Med Staff Report & Credentialing (FM) i. OB Focus Groups B. Financial Committee Report (FA) C. CEO Report (FI) i. Foundation Meeting Update D. Board Engagement with Quality Boards (FI) E. Community Connections (FD)
3:00	7. Old Business	A. Edwards Commissioners	F. EMS Capital Project Update (FI) G. Strat Planning (FD) H. Policies i. Board of Commissioners Conflict of Interest (FM) ii. CEO Decision Matrix (FM) iii. LCH Board of Commissioners Meeting Minutes (FM) I. Board: i. Ruby U (FD)
3:30	8. New Business	Commissioners	A. Chelan Manson Pathway (FD) B. Resolutions a. Resolution 2026-1 Disposal of Recliner (FR) b. Resolution 2026-2 Disposal of Eye Stretcher (FR) c. Resolution 2026-3 Disposal of Fetal Dopler (FR) C. Yearly Task Calendar / Committee Assignments/ Rounding/ Education (FD) D. Board Meeting Efficiency Brainstorm (FD)
4:15	9. Public Comment		
4:25	10. Executive Session		A. RCW 42.30.110(1)(g) to evaluate the performance of a public employee.
5:00	11. Roundtable/Action Items	Commission	

Board Calendar Reminders:

TBA	TBA	Bragg Room/ TEAMS	9 am
2/4/2026	Compliance Privacy & Risk	Conference Room 1212	10:30 am
2/12/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
2/19/2026	Credentialing Committee	TBA	10 am
2/19/2026	Finance Committee	Bragg Room/ TEAMS	10 am
2/24/2026	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

TBA	TBA	Bragg Room/ TEAMS	9 am
3/18/2026	Compliance Privacy & Risk	Conference Room 1212	10:30 am
3/12/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
3/19/2026	Credentialing Committee	TBA	10 am
3/26/2026	Finance Committee	Bragg Room/ TEAMS	10 am
3/31/2026	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

TBA	TBA	Bragg Room/ TEAMS	9 am
4/9/2026	Med Staff	Bragg Room/ TEAMS	7:00 am
4/6/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
4/23/2026	Credentialing Committee	TBA	10 am
4/23/2026	Finance Committee	Bragg Room/ TEAMS	10 am
4/28/2026	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 December 30, 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, M. Miller, A. Benegas (virtual), M. McCormick (virtual), D. Ehlert (virtual),

Guests:

Community Members: Anna Moroz (virtual), Nat Moto (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, Chair, thanked the staff and everyone associated with the hospital, with special appreciation for those who worked over the holidays, recognizing that the hospital operates 24 hours a day, seven days a week. She shared that she was impressed with the hospital’s growth and expressed appreciation to everyone who has contributed to improving the hospital’s financial position. J. LaPorte also referenced a thank you letter from a patient’s family, noting how meaningful and detailed it was. She concluded by sharing her optimism and looking forward to 2026.
Public Comment	<ul style="list-style-type: none"> • No Public Comment
Consent Agenda	<ul style="list-style-type: none"> • Consent Agenda <ul style="list-style-type: none"> ○ <i>L. England 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 1:40 PM for 40 minutes, scheduled to end at 2:20 PM, citing RCW 70.44.062 and RCW 42.30.110(1)(o) to consider information regarding staff privileges and matters discussed by quality improvement committees. <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 10 minutes ○ L. Withrow extended the Executive Session 10 minutes • Chair announced Executive session ended at 2:40 PM. Board returned to open meeting. • Action Following Executive Session: <ul style="list-style-type: none"> ○ <i>L. Withrow, after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the appointment of Dr. Thomas Tuszyński, seconded, motion approved</i>
Reports	<ul style="list-style-type: none"> • Finance: <ul style="list-style-type: none"> ○ B. Truman presented the unaudited November 2025 finance report. <ul style="list-style-type: none"> ▪ <i>M. Murphy motioned to accept the unaudited November 2025 Finance Report; seconded, motion approved.</i> ○ The Board reviewed the recommendation from the Finance Committee to adjust the age of eligibility for the retirement match from 21 to 18 and, after discussion, formally

	<ul style="list-style-type: none"> ○ approved the change. ○ B. Truman reviewed the Bad Debt and Charity Care metrics. ● CEO Report: <ul style="list-style-type: none"> ○ A. Edwards presented the CEO Report and shared several additional items of interest. Rural Transportation Funds in Washington State will receive \$181 million, which is less than requested, though appreciation was expressed for the funding that was awarded. Rural hospitals will share \$40 million among the various organizations, and WSHA does not believe this will fully offset Medicaid funding losses over the years. ○ A. Edwards also shared several thank you letters from community members expressing appreciation for the staff and the care and services received at Lake Chelan Health. ○ The Cardiology contract has been signed, and credentialing is currently in process. ● Team Boards: L. Sahlinger presented an initiative for each department to create a Team board to provide real time visibility, quality and patient safety, and to support regulatory processes. ● Strat Plan KPI Report: S. Ottley reviewed the KPI dashboard. ● Community Connection Opportunities: <ul style="list-style-type: none"> ○ The GiveNCW Pop Up event to support EMS, presented by L. Withrow, was reported as a success. ○ The “State of the City” Town Hall will be held at Campbell’s on January 22 at 6:00 p.m. ○ Olympia advocacy effort is scheduled for January, and J. LaPorte and A. Edwards will attend.
Old Business	<ul style="list-style-type: none"> ● EMS Capital Project Update: S. Ottley reported that the slab is completed, and framing for Areas A and B is expected to be completed by the end of next week. ● Contingency/Change Order Policy: <i>M. Murphy motioned to approve the Change Order Process for the EMS/Admin Project w/ edits, seconded, motion approved</i> ● <i>D. Gibson motioned to approve the CHNA report w/ edits, seconded, motion approved</i> ● Hospital Community Forum at the Ruby U on February 19, 2026 ● The Year End Letter is in final review and will be posted on the website, published in the Chelan Mirror, and promoted through a video.
New Business	<ul style="list-style-type: none"> ● Resolutions <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve Resolution 2025-21 Rehab Disposal, seconded, motion approved.</i> ○ <i>M. Murphy motioned to approve Resolution 2025-22 2026 Board Meeting Dates w/ edits, seconded, motion approved.</i> ○ <i>M. Murphy motioned to approve Resolution 2025-23 Legal Holiday’s, seconded, motion approved.</i> ○ <i>D. Gibson motioned to approve Resolution 2025-24 Safety Deposit Box with edits, seconded, motion approved.</i> ● Policies <ul style="list-style-type: none"> ○ <i>M. Murphy motioned to approve the Compliance Plan Policy with edits, seconded, motion approved</i> ○ <i>M. Murphy motioned to approve the Annual Quality Committee Plan with edits, seconded, motion approved. (D. Gibson absent from vote)</i> ○ <i>Discussion regarding Governance policy and AI and video recordings</i> ● <i>L. Withrow, Vice Chair, inducted J. LaPorte with the Oath of Office for Commissioner #4 of Chelan County Public Hospital District #2</i>
Public	<ul style="list-style-type: none"> ● No Public Comment

Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced an Executive Session at 5:37 PM for 25 minutes to end at 6:02 PM for RCW 42.30.110(1)(g) to evaluate the performance of a public employee. No action is expected. <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 13 minutes ○ L. Withrow extended the Executive Session 15 minutes. ○ M. Murphy left meeting at 6:37 pm ○ L. Withrow extended the Executive Session 10 minutes ○ L. Withrow extended the Executive Session 20 minutes ○ Executive Session ended at 7:00 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 7:01 pm

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant



**Chelan County Public Hospital District No. 2
Special Meeting of the Board of Commissioners
Meeting Minutes January 12, 2026 at 9 am
in person and virtual**

Commission Attendance:

(not present present)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Jordana LaPorte, Chair | <input checked="" type="checkbox"/> Mary Murphy, Secretary | <input checked="" type="checkbox"/> Len England |
| <input checked="" type="checkbox"/> Lori Withrow, Vice Chair | <input checked="" type="checkbox"/> Doug Gibson | |

Staff Participants: A. Edwards, B. Truman, S. Ottley, R. Montgomery, L. Sahlinger, Dr. Freed, M. Miller, T. Lautiki

Community Members:

Recorder: Wendy Kenck

Agenda Item	Topic/Action
Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at 9:00 AM
Public Comment	<ul style="list-style-type: none"> • No Public Comment • J. LaPorte reported that two Board members have been contacted regarding the Chelan–Manson Pathway and a request that the hospital provide input on its potential impact on community safety. This item will be added to the Regular Board Meeting agenda for January 27.
New Business	<ul style="list-style-type: none"> • The Cardiology Delineation of Privileges (DOP) has not been approved by the Credentialing committee and Medical Executive Committee and therefore the Board is not able to motion on the DOP.
Public Comment	<ul style="list-style-type: none"> • No Public Comment
Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced an Executive Session at 9:10 am for 45 minutes to end at 9:55am for RCW 42.30.110(1)(g) to evaluate the performance of a public employee. No action is expected. • J. LaPorte extended the Executive Session 10 minutes • J. LaPorte extended the Executive Session 15 minutes • J. LaPorte extended the Executive Session 15 minutes • J. LaPorte extended the Executive Session 15 minutes • J. LaPorte extended the Executive Session 10 minutes
Adjournment	<ul style="list-style-type: none"> • No action taken as a result of the Executive Session • J. LaPorte adjourned the meeting at 11:40 am

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant



Commission Attendance:

(not present present)

<input checked="" type="checkbox"/> Jordana LaPorte, Chair	<input checked="" type="checkbox"/> Mary Murphy, Secretary	<input checked="" type="checkbox"/> Len England
<input checked="" type="checkbox"/> Lori Withrow, Vice Chair	<input checked="" type="checkbox"/> Doug Gibson	

Staff Participants: A. Edwards, B. Truman, S. Ottley, R. Montgomery, L. Sahlinger, Dr. Freed, and virtual: M. Miller, T. Lautiki, J. Phetteplace, A. Benegas

Guests (University of Washington): - Dr. Joey Nelson, Dr. Bianca Frogner, Cindy Hamra, Dr. Dave Evans, and Geoff Jones (virtual)

Guests (Columbia Valley Community Health) Jeff Hinckley, Dr. Gutierrez, Dr. Snyder, Dr. Harberd, Manuel Navarro, Summer Kelley, Susan Caverly

Community Members: Kylie Schmitz, Dr. Waszkewitz (virtual), Nat Mote

Recorder: Wendy Kenck

Agenda Item	Topic/Action
Call to Order	<ul style="list-style-type: none"> • J. LaPorte called the meeting to order at 8:32 AM <ul style="list-style-type: none"> ○ J. LaPorte recognized and welcomed representatives from the University of Washington (UW) and Columbia Valley Community Health (CVCH), stating that the purpose of the meeting was to discuss the UW Rural Family Practice Residency Program. Due to the limited time available, no public comment was taken. ○ The executive session is scheduled toward the end of the meeting, if needed, to discuss quality-related items. ○ The slide presentation provided this morning by Dr. Harberd will be referred to as appropriate in this meeting and will be sent to the Board for review.
New Business	<ul style="list-style-type: none"> • A. Edwards opened the meeting to discuss the UW Residency Program, its progress, and future direction. <ul style="list-style-type: none"> ○ UW and CVCH representatives highlighted rural training initiatives, program quality, and physician retention strategies. Financial considerations and rotation capacity were noted. ○ The group emphasized the importance of ongoing collaboration, open communication, and regular meetings to support program quality, sustainability, and recruitment of physicians to the community.
Executive Session	<ul style="list-style-type: none"> • J. LaPorte announced an Executive Session at 9:47 am for 15 minutes to end at 10:02 am for RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 20 minutes. ○ Executive session ended at 10:20 am, and the open meeting resumed.
Adjournment	<ul style="list-style-type: none"> • No action was taken as a result of the Executive Session • J. LaPorte adjourned the meeting at 10:43 am

Attest:

M. Murphy, Secretary

Aaron Edwards, CEO

W. Kenck, Executive Assistant



LAKE CHELAN HEALTH

MEETING MINUTES

Name of Group: Governance Committee	Date of Meeting: 1/14/26	Time of Meeting: 8:00 am
Facilitator: Mary Murphy		Location: Teams
Recorder: Mary Murphy		
Members present:		
X BOC Representative (Mary Murphy)		X BOC Representative (Lori Withrow)
Other: {other attendees or guests}		
Meeting Objectives(s)/Purpose: Review Governing Board Policies and plan for 2026, draft Warrants and Vouchers Policy		

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

Time	Agenda Item	Topic/Action
8:00 am	1. Call to Order	
8:00 am	2. Review list of all Board policies and due dates and prepare review schedule in 2026. 3. Warrants and Vouchers policy and procedure update	2. Committee review of policies is up-to-date. Three Board approved policies are in process with hospital staff (Continuing Education, Community Relations, Public Participation). BOC policies for Meeting Minutes, Conflict of Interest, CEO Decision Matrix will be sent to Board packet for January 26, 2026 Board approval. All Board policy reviews are meeting deadlines. 3. Governance Committee recommends focus on improvement in governance process and meeting efficiencies in 2026. Recommend Board discuss and develop improvement plan for 2026.
10:05 am	5. Adjourn	
Next meeting: TBD		

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - JANUARY 2026	WARRANT#'S PAYROLL	AMOUNT	pay period
dor revision	\$ 246.00			DIRECT DEPOSIT	\$ 657,611.29	12/13/2025
dor hosp license 2026	\$ 2,551.00			PAYROLL TAXES	\$ 230,695.86	12/13/2025
IDAHO STATE TAXES	\$ 799.00			CHILD SUPPORT	\$ 451.38	12/13/2025
242355-242441	\$ 397,806.39			DIRECT DEPOSIT	\$ 614,104.74	12/27/2025
AP ACH	\$ 217,463.08			PAYROLL TAXES	\$ 238,627.73	12/27/2025
NOV DOR	\$ 10,618.62			CHILD SUPPORT	\$ 451.38	12/27/2025
242442-242450	\$ 8,792.15					
retirement	\$ 56,403.20					
AP ACH	\$ 299,118.27					
242451-242514	\$ 421,983.33					
	<i>\$ 1,415,781.04</i>				<i>\$ 1,741,942.38</i>	

DATE December 2025

TOTAL BAD DEBTS - HOSPITAL \$466,179.47
TOTAL MEDICARE BAD DEBTS \$9,376.90
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$200,722.08
TOTAL MEDICARE CHARITY CARE - \$25,653.37

TOTAL ATTESTATION \$701,931.82

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

AGENDA

Group: Finance Committee 1/22/2025 at 10:00 AM in person and via Teams		
Facilitator: Jordana LaPorte		Recorder: Brant Truman
Member Attendance:		
<input checked="" type="checkbox"/> Jordana LaPorte, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO/CNO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
Participants: Vickie Bodle, R. Montgomery, W. Kenck, B. Fields, L. Sahlinger		

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

Meeting Objective(s)/Purpose: Monthly Meeting			
Time	Agenda Item	Facilitator	Topic/Action
	1. Call to Order	J. LaPorte	J. LaPorte called the meeting to order @ 10:04am
	2. GOALS		<ul style="list-style-type: none"> - Beat 2024 Net Income of \$ 2 million - 5-year capital budget - AR Days to 55
	3. New Business	B. Fields B. Truman B. Fields B. Fields B. Fields B. Truman B. Truman B. Truman	A. B. Fields reviewed revenue cycle current and year end report. (FI) B. B. Truman reviewed and finance committee recommended to board disposal of resolution 2026-1, 2026-2 and 2026-3. (FR) C. B. Fields discussed charity care changes coming in the future. (FD) D. B. Fields discussed changes related to self-pay plans that will be proposed next month. (FD) E. B. Fields discussed review and adjustments to be proposed next month related to employee discounts. (FD) F. B. Truman did a financial review of the derm program. (FI) G. B. Truman discussed and finance committee discussed the property tax discount. (FD) H. B. Truman reviewed long term effects of depreciation acceleration. (FI)
	J. Old Business	Group	A. Update Federal Impact Medicare/Medicaid (FI)
	A. Reports	V. Bodle	A. V. Bodle reviewed the December financial statements
	B. Adjournment	J. LaPorte	
Next Meeting 2/19/2026 at 10 AM			



DELINEATION OF MEDICAL PRIVILEGES FOR CARDIOLOGY SERVICES

Physician's Name: _____ MD _____ DO

Appt date from: _____ to _____ Board Eligible: _____ Board Certified

CARDIOLOGY CORE PRIVILEGES – QUALIFICATIONS:

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

In creating this Delineation of Privileges the Medical Executive Committee's goal was to maintain a safe standard for our patients and maintain competence among all privileged physicians and clinicians. Through the process we reviewed privileging standards at similarly sized rural hospitals within the state, sought input from experts outside the organization, and considered what is reasonably achievable based on current practice patterns within the organization.

To be eligible to apply for cardiology clinical privileges, the applicant must meet the following qualifications:

INITIAL APPOINTMENT - MINIMUM FORMAL TRAINING:

- Basic Education: M.D. or D.O.
- Minimal Formal Training: Successful completion of a 36 month training in an approved fellowship in Cardiovascular Disease, current certification with subspecialty in Cardiovascular Interventional Cardiology or active participation in the examination process leading to board certification within 2 years of first opportunity to take the exam. **(Failure to obtain board certification within the recommended timeframe may result in intervention by the Medical Executive Committee.)**
- Required Experience: The applicant must be able to demonstrate performance of at least 100 cases during the past 24 months without significant quality variations identified. **(If applicant cannot document appropriate experience, a specified proctorship plan may be considered at the discretion of the Medical Executive Committee.)**
- Documentation of 100 CMEs in the past 2 years, unless formal training completed in last two (2) years.
- All physicians treating patients at Lake Chelan Health (LCH) will maintain current certification required by the current Lake Chelan Health Certifications / License Policy by department.

REAPPOINTMENT REQUIREMENTS:

- Documentation of clinical activity within the scope of care privileges requested during the past 24 months without significant quality variations identified and be able to demonstrate performance of a minimum of 100 patient encounters during the past 24 months or have demonstrated recent experience and current competency determined acceptable by the Medical Executive Committee. **(If applicant cannot document appropriate experience, a specified proctorship plan may be considered at the discretion of the Medical Executive Committee.)**
- Maintenance of Board Certification required for reappointment eligibility. **(Failure to maintain Board Certification may result in intervention by the Medical Executive Committee.)**
- Proof of continued CME's sufficient to maintain Washington State Medical license and Board Certification.
- All physicians treating patients at Lake Chelan Health (LCH) will maintain current certification required by the current Lake Chelan Health Certifications / License Policy by department.

Practitioner Name: _____

NOTICE: Privileges may only be exercised in a setting which has the appropriate equipment, license, beds, staff and other support required to provide the specific services defined in the practitioners delineated clinical privileges.

A representative but not inclusive list of cardiology services is stated below. It is expected that other procedures and problems of similar complexity will fall within the identified core privileges and special requests.

REQUESTED	CARDIOLOGY CORE PRIVILEGES <i>Cross out and INITIAL any privilege(s) you are not applying for in this set of Core Privileges</i>
	<ul style="list-style-type: none"> • Evaluation and management • Consulting • Cardiac Event Monitoring Interpretation • ECHO Interpretation • EKG Interpretation • Holter Interpretation • Exercise Treadmill Stress Test • Electrical Cardioversion • Pericardiocentesis • Arterial Catheterization • Central Venous Line • Temporary Transvenous Pacemaker

CARDIOLOGY ADVANCED PRACTICE ACTIVITIES

Privileges for which additional documentation of training and experience will be required. A minimum number of cases to be proctored may be specified on initial application prior to independent practice. For purpose of this section Level II Training as defined by the 2015 American College of Cardiology Guidelines is additional training in one (1) or more areas that enables some cardiologists to perform or interpret specific diagnostic tests and procedures or render more specialized care for specific patients and conditions. This level of training is recognized only for those areas in which a nationally accepted instrument or benchmark, such as a qualifying examination, is available to measure specific knowledge, skills, or competence. Level II training may be achieved by some trainees in selected areas during the standard 3 year general cardiology fellowship, depending on the trainee's career goals and use of elective periods.

REQUESTED	ADVANCED PRACTICE ACTIVITIES
	Stress Echocardiographic Testing (SE) Including Pharmacologic testing Initial Criteria: Level II Training, interpretation of at least 25 transthoracic studies during the previous 24 months. Must have 3 cases reviewed. Renewal Criteria: Minimum of 25 Stress ECHOs required in the previous 24 months.
	Transesophageal Echocardiogram (TEE) Including Pharmacologic Testing Initial criteria: Level II Training, Conscious Sedation privilege. Documentation of 10 prior studies as the primary operator during the previous 24 months. Must have 1 case reviewed. Renewal Criteria: Minimum of 10 studies as the primary operator in the previous 24 months. 5 studies could be on SIM.
	Implantable Loop Recorder Initial Criteria: Core Privileges, documentation of 5 procedures in 24 months as primary operator. Must have 3 concurrent cases reviewed. Renewal Criteria: Minimum of 5 cases as the primary operator in the previous 24 months.
	CONSCIOUS (MODERATE) SEDATION If requesting conscious sedation, complete the Conscious Sedation/Moderate Sedation Delineation of Privileges form.

Practitioner Name: _____

Acknowledgement of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise at Lake Chelan Community Hospital, and I understand that:

- a) In exercising any clinical privileges granted, I am bound by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
- c) I further attest that my professional malpractice insurance will cover me in the performance of the requested privileges.

I certify that I have the training and experience necessary to perform the privileges requested above.

Applicant's Signature

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and make the following recommendation(s):

Recommend all requested privileges.

Recommend privileges with the following conditions/modifications:

Do not recommend the following requested privileges.

Privilege	Condition/Modification/Explanation
Notes:	

Chief of Staff

Date

Hospital Administrator

Date

Board of Commissioners

Date:



DELINEATION OF MEDICAL PRIVILEGES FOR UROLOGY

Physician's Name: _____ MD _____ DO

Appt. date from: _____ to _____ Board Eligible _____ Board Certified

UROLOGY CORE PRIVILEGES – QUALIFICATIONS:

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

In creating the Urology Delineation of Privileges the Medical Executive Committee's goal was to *maintain* a safe standard for our patients and maintain competence among all privileged physicians and clinicians. Through the process we reviewed privileging standards at similarly sized rural hospitals within the state, sought input from experts outside the organization, and considered what is reasonably achievable based on current practice patterns within the organization.

To be eligible to apply for core privileges in urology, the applicant must meet the following qualifications:

INITIAL APPOINTMENT – REQUIREMENTS:

- **Basic Education:** M.D. or D.O.
- Successful completion of an ACGME or RCPS(C) accredited residency program in urology with active participation in the examination process leading to certification by the American Board of Urology. Specialty certification must be achieved within six (6) years of board eligibility. **(Failure to obtain board certification within the required timeframe may result in Medical Staff intervention.)**
- Current life support certificates as required by the Lake Chelan Health Certifications / License Policy currently in effect and as amended.
- **Experience:**
 - Case logs for the past 24 months confirming at least 100 varied urological surgical procedures have been performed in the past 24 months. **(If applicant cannot document appropriate experience, a specified proctorship plan may be considered at the discretion of the Medical Staff.)**
 - Satisfactory completion of an approved Urology residency program in the past 12 months will not require specific documentation.
- Maintenance of Board Certification by the American Board of Urology for providers currently board certified.
- Documentation of 100 CMEs in the past 2 years, unless formal training completed in last two (2) years..

REAPPOINTMENT REQUIREMENTS

- Maintenance of Board Certification by the American Board of Urology
- **Experience:**
 - Case logs for the past 24 months confirming at least 100 varied urological surgical procedures have been performed in the past 24 months
- Current life support certificates as required by the Lake Chelan Health Certifications / License Policy currently in effect and as amended.
- Documentation of CME sufficient to maintain Washington State Medical license and Board Certification.



Physician's Name: _____

NOTICE: Privileges may only be exercised in a setting which has the appropriate equipment, license, beds, staff and other support required to provide the specific services defined in the practitioners delineated clinical privileges.

A representative but not inclusive list of clinical procedures is stated below. It is expected that other procedures and problems of similar complexity will fall within the identified core privileges.

Requested	UROLOGY CORE PRIVILEGES (Please cross out and initial any privileges in the "Core" that you are not requesting)
	Admit, evaluate diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, presenting with benign and malignant medical and surgical disorders of the genitourinary system. <ul style="list-style-type: none"> ○ Cystoscopy ○ Operations on urinary bladder ○ Operations on prostate and seminal vesicles ○ Operations ureter ○ Operations of urethra ○ Renal surgery (all approaches, including thoraco-abdominal) ○ Excision of hydrocele ○ Orchiectomy ○ Excision of varicocele ○ Operations of vas deferens or epididymis ○ Orchidopexy ○ Construction of ileal or colonic diversionary conduit ○ Laparotomy ○ Drainage of perineal abscess ○ Vesico-vaginal fistula repair ○ Retropubic cysto-urethropexy (Mashall-Marchetti procedure) ○ Lymph node biopsy ○ Adrenal surgery ○ Renal vascular surgery ○ ○ Circumcision ○ Meatotomy ○ Hypospadias repair ○ Stone resection ○ Insertion of penile prosthesis ○ Other plastic penile operation ○ Retro-peritoneal node dissection relative to genito-urinary pathology ○ Inguinal-femoral lymph node dissection ○ Male incontinence procedures ○ Incidental appendectomy when indicated, associated with other urologic procedures

Requested	UROLOGY SPECIAL PRIVILEGES
	For Special Procedures not listed in the core, please contact the Medical Staff Coordinator.



Physician's Name: _____

Acknowledgement of Practitioner:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise at Lake Chelan Health, and I understand that:

- a) In exercising any clinical privileges granted, I am bound by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation where my actions are governed by the applicable section of the medical staff bylaws or related documents.
- c) I further attest that my professional malpractice insurance will cover me in the performance of the requested privileges.

I certify that I have the training and experience necessary to perform the privileges requested above.

Applicant's Signature

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS

The Medical Executive Committee has reviewed the requested clinical privileges and supporting documentation for the above named applicant and make the following recommendation(s):

Recommend all requested privileges.

Recommend privileges with the following conditions/modifications:

Do not recommend the following requested privileges.

Privilege	Condition/Modification/Explanation
Notes:	

Chief of Medical Staff or Designee

Date

Hospital Administrator

Date

Board of Commissioners

Date



**Delineation of Privileges
for Conscious / Moderate Sedation and Deep Sedation**

Physician's Name: _____ MD _____ DO

Appt date from: _____ to _____ Board Eligible: _____ Board Certified

DEFINITION:

Conscious (moderate) and deep sedation is defined as the use of any drug in doses, which have the potential to impair the patient's protective reflexes.

REQUIREMENTS:

- Basic Education: M.D. or D.O.
- Demonstrated successful completion of a residency or fellowship training program (within the last 5 years) with at least four weeks exposure to anesthesia (including IV conscious (moderate) sedations, indicators, contraindications, pre-anesthesia assessment, intraoperative care, procedure monitoring and post anesthesia care);

OR

- Previous experience - applicant has performed IV conscious sedation for at least ten patients in the past 24 months. Case logs must be submitted with this application.

OR

- Evidence of participation in a continuing medical education program devoted to conscious sedation within the past 24 months. Course certification must be submitted with this application.

AND

- Proctoring of five cases by an anesthesiologist or CRNA holding current privileges in anesthesia at Lake Chelan Health.
- All physicians treating patients at Lake Chelan Health (LCH) will maintain current certification required by the current Lake Chelan Health Certifications / License Policy by department.

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which my education, training, current experience and demonstrated performance, have qualified me to perform and for which I wish to exercise my privileges at Lake Chelan Health and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I further attest that my professional malpractice insurance will cover me in the performance of the requested privileges.

Applicants Signature

Date



MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and make the following recommendation(s):

Recommend all requested privileges.

Recommend privileges with the following conditions/modifications:

Do not recommend the following requested privileges.

Privilege	Condition/Modification/Explanation
Notes:	

Chief of Medical Staff or Designee

Date

Hospital Administrator

Date

Board of Commissioners

Date



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended December 31, 2025

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Balance Sheet
Lake Chelan Health

	<u>Current Month</u> 12/31/2025 unaudited	<u>Prior Year</u> 12/31/2024 AUDITED	<u>Prior Year</u> 12/31/2024 Unaudited
ASSETS:			
CASH	710,559	\$ 643,633	\$ 643,633
PATIENT RECEIVABLES	17,873,725	13,374,705	\$ 13,374,705
LESS: RESERVES FOR ALLOWANCES	(9,145,837)	(6,580,569)	\$ (6,580,569)
NET PATIENT ACCOUNTS RECEIVABLES	8,727,889	6,794,136	6,794,136
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	261,253	(83,101)	(83,101)
OTHER RECEIVABLES	608,064	620,190	620,190
INVENTORIES	333,784	334,014	334,014
PREPAID EXPENSES	518,700	366,593	366,593
TOTAL CURRENT ASSETS	<u>\$ 11,160,248</u>	<u>\$ 8,675,465</u>	<u>\$ 8,675,465</u>
GENERAL RESERVES	\$ 599,257	1,341,527	\$ 1,341,527
Unrestricted Reserves	\$ 2,517,941	6,405,615	\$ 6,405,615
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	0	\$ -
USDA 2023	547,200	410,400	\$ 410,400
Coastal Bank	50,012	50,002	\$ 50,002
TOTAL LIMITED USE ASSETS	<u>\$ 7,853,934</u>	<u>\$ 12,347,068</u>	<u>\$ 12,347,068</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,133,845
LAND IMPROVEMENTS	0	0	\$ -
BUILDINGS & IMPROVEMENTS	2,969,105	0	\$ -
EQUIPMENT	9,235,793	8,643,764	\$ 8,633,374
SOFTWARE	2,242,422	2,172,425	\$ 2,182,815
NEW HOSPITAL	44,757,019	44,757,019	\$ 44,757,019
LOCUM HOUSING	691,665	635,382	\$ 635,382
GASB 87 BUILDINGS AND EQUIPMENT	5,023,746	3,337,478	3,337,478
CONSTRUCTION-IN-PROGRESS - PROJECTS	1,892,126	908,664	\$ 908,664
CONSTRUCTION-IN-PROGRESS - HOSPITAL	74,248	8,750	\$ 8,750
GROSS PROPERTY, PLANT, & EQUIPMENT	71,019,969	64,597,327	64,597,327
LESS: ACCUMULATED DEPRECIATION	(17,077,985)	(13,690,670)	\$ (13,690,670)
GASB 87 AMORTIZATION	(1,443,601)	(1,176,061)	(1,176,061)
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 52,498,382</u>	<u>\$ 49,730,596</u>	<u>\$ 49,730,596</u>
DEFERRED ITEMS	\$ 2,416,456	2,435,720	\$ 2,435,720
TOTAL ASSETS	<u>\$ 73,929,020</u>	<u>\$ 73,188,849</u>	<u>\$ 73,188,849</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 663,522	(284,049)	(284,049)
ACCRUED PAYROLL	1,076,786	861,750	861,750
ACCRUED VACATION/HOLIDAY/SICK PAY	1,596,206	1,520,294	1,520,294
PAYROLL TAXES PAYABLE	210,226	160,605	160,605
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,154,183	3,225,885	3,225,885
INTEREST PAYABLE	89,348	91,606	91,606
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,189,475	1,129,475	1,129,475
LINE OF CREDIT	0	0	0
TOTAL CURRENT LIABILITIES	<u>\$ 5,979,746</u>	<u>\$ 6,705,566</u>	<u>\$ 6,705,566</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 17,958,807	18,358,318	18,358,318
2013 BONDS	3,893,592	4,283,436	4,283,436
USDA LOANS	18,113,606	17,682,789	17,682,789
LEASES	3,253,680	1,495,939	1,495,939
PAID LEAVE - LT PORTION	179,000	179,000	179,000
2025 BONDS	1,392,333		
TOTAL LONG TERM LIABILITIES	<u>\$ 44,791,019</u>	<u>\$ 41,999,482</u>	<u>\$ 41,999,482</u>
DEFERRED ITEMS	\$ 4,776,042	5,323,488	5,323,488
TOTAL LIABILITIES	<u>\$ 55,546,806</u>	<u>\$ 54,028,536</u>	<u>\$ 54,028,536</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 19,160,312	16,134,327	16,134,327
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	(778,098)	3,025,986	3,025,986
TOTAL NET ASSETS	<u>\$ 18,382,214</u>	<u>\$ 19,160,313</u>	<u>\$ 19,160,313</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 73,929,020</u>	<u>\$ 73,188,849</u>	<u>\$ 73,188,849</u>

property taxes are
accrued over 12
months

Statement of Revenue and Expense

Lake Chelan Health

For the month ended December 31, 2025

CURRENT MONTH

	Actual 12/31/25	Budget 12/31/25		Positive (Negative) Variance	Prior Year 12/31/24
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 494,642	\$ 663,668	(169,025)	-25%	\$ 784,973
OUTPATIENT	6,164,721	5,200,985	963,736	19%	4,757,739
TOTAL PATIENT SERVICE REVENUES	6,659,363	5,864,653	794,711	14%	5,542,712
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(1,981,538)	(2,425,783)	444,245	-18%	(1,316,855)
BAD DEBT	(475,556)	0	(475,556)	0.00%	(140,072)
CHARITY	(228,375)	0	(228,375)	0.00%	(77,218)
TOTAL DEDUCTIONS FROM REVENUES	(2,683,470)	(2,425,783)	(257,687)	-11%	(1,534,146)
	40.3%	41.4%			27.7%
NET PATIENT SERVICE REVENUES	3,975,893	3,438,869	537,024	16%	4,008,566
OTHER OPERATING REVENUES	114,487	22,417	92,070	411%	89,380
TOTAL OPERATING REVENUES	4,090,380	3,461,286	629,094		4,097,946
OPERATING EXPENSES					
SALARIES/WAGES	2,034,136	1,922,215	(111,921)	-6%	1,309,476
EMPLOYEE BENEFITS	495,926	416,463	(79,463)	-19%	663,542
PROFESSIONAL SERVICES	360,049	261,209	(98,839)	-38%	207,831
FOOD SUPPLIES	23,584	19,329	(4,255)	-22%	22,531
MINOR EQUIPMENT	27,395	31,093	3,698	12%	25,193
SUPPLIES	265,650	220,916	(44,734)	-20%	337,311
PLANT UTILITIES	31,627	30,254	(1,373)	-5%	25,456
PURCHASED SERVICES	310,741	327,951	17,209	5%	570,689
REPAIR/MAINTENANCE	108,273	100,412	(7,861)	-8%	150,942
PUBLIC RELATIONS/RECRUITM	8,064	13,009	4,944	38%	3,158
RENT/LEASES	44,029	61,633	17,604	29%	(389,394)
INSURANCE	19,904	45,774	25,870	57%	40,170
LICENSES/TAXES	13,245	31,325	18,080	58%	32,759
DUES/SUBSCRIPTIONS/OTHER	16,801	67,200	50,399	75%	52,000
TRAVEL/TRAINING	12,875	14,736	1,862	13%	10,865
DEPRECIATION	312,840	362,973	50,132	14%	362,164
AMORTIZATION	65,667		(65,667)		
TOTAL OPERATING EXPENSES	4,150,809	3,926,493	(224,316)	-5.7%	3,424,693
NET OPERATING SURPLUS (LOSS)	(60,429)	(465,207)	404,778		673,253
NON-OPERATING REVENUES	228,343	256,233	(27,890)		253,788
TAXES					
INTEREST					
GIFTS & GRANTS	38,641		38,641		
OTHER	0	0	0		0
NET INCOME margin	206,555 5.0%	(208,974) -6.0%	415,529		927,041 22.6%
TOTAL NET INCOME (LOSS)	\$ 206,555	\$ (208,974)	415,529		\$ 927,041

Statement of Revenue and Expense Lake Chelan Health

For the month ended December 31, 2025

	YEAR-TO-DATE				Prior Year 12/31/24
	Actual 12/31/25	Budget 12/31/25	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 7,693,624	\$ 8,539,028	(845,405)	-10%	\$ 7,550,794
OUTPATIENT	68,594,584	66,918,081	1,676,524	3%	58,217,374
TOTAL PATIENT SERVICE REVENUES	76,288,208	75,457,089	831,119	1%	65,768,169
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(30,414,247)	(31,211,149)	796,902	-3%	(22,900,912)
BAD DEBT	(2,524,089)	0	(2,524,089)	0.00%	(1,616,424)
CHARITY	(1,294,921)	0	(1,294,921)	0.00%	(973,809)
TOTAL DEDUCTIONS FROM REVENUES	(34,233,257)	(31,211,149)	(3,022,108)	-10%	(25,491,145)
	44.9%	41.4%			38.8%
NET PATIENT SERVICE REVENUES	42,054,951	44,245,940	(2,190,989)	-5%	40,277,024
OTHER OPERATING REVENUES	640,294	269,000	371,294	138%	439,291
TOTAL OPERATING REVENUES	42,695,245	44,514,940	(1,819,695)	-4%	40,716,315
OPERATING EXPENSES					
SALARIES/WAGES	23,358,434	23,132,530	(225,904)	-1%	20,106,519
EMPLOYEE BENEFITS	4,932,183	4,903,520	(28,663)	-1%	4,271,327
PROFESSIONAL SERVICES	3,858,125	3,134,510	(723,615)	-23%	1,921,883
FOOD SUPPLIES	266,957	231,950	(35,007)	-15%	231,747
MINOR EQUIPMENT	397,272	373,120	(24,152)	-6%	533,743
SUPPLIES	2,729,890	2,842,401	112,511	4%	2,648,151
PLANT UTILITIES	377,315	363,049	(14,266)	-4%	382,585
PURCHASED SERVICES	4,839,737	3,935,407	(904,330)	-23%	4,211,043
REPAIR/MAINTENANCE	1,227,603	1,204,946	(22,657)	-2%	1,153,983
PUBLIC RELATIONS/RECRUITMENT	94,050	156,106	62,056	40%	87,123
RENT/LEASES	513,051	739,598	226,547	31%	424,135
INSURANCE	502,260	549,292	47,032	9%	525,693
LICENSES/TAXES	295,145	375,903	80,758	21%	265,186
DUES/SUBSCRIPTIONS/OTHER	686,361	806,395	120,034	15%	596,944
TRAVEL/TRAINING	134,064	176,833	42,769	24%	129,808
DEPRECIATION	3,656,794	4,355,673	698,879	16%	3,841,292
AMORTIZATION	747,270	0	(747,270)		
TOTAL OPERATING EXPENSES	48,616,511	47,281,233	(1,335,278)	-2.8%	41,331,162
NET OPERATING SURPLUS (LOSS)	(5,921,266)	(2,766,293)	(3,154,973)		(614,847)
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	2,826,358				2,749,347
GRANTS/CONTRIBUTIONS	673,092				899,150
EMS COMMERCE GRANT	1,321,620				
INVESTMENT EARNINGS	371,668				419,694
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	1,296,924				1,275,488
INTEREST EXPENSE	(1,890,669)				(1,790,125)
GAIN / (LOSS) ON ASSET DISPOSAL	544,175				87,279
TOTAL NON OPERATING REVENUES	5,143,188	3,074,794	2,068,374		3,640,833
NET INCOME	(778,099)	308,501	(1,086,600)		3,025,986
margin	-1.8%	0.7%			7.4%
TOTAL NET INCOME (LOSS)	\$ (778,099)	\$ 308,501	\$ (1,086,600)		\$ 3,025,986

Patient Statistics Lake Chelan Health

For the month ended December 31, 2025



Current Month			Last Year Month			
Actual vs Budget	12/31/25	BUDGET	STATISTICS	Actual vs Budget	12/31/24	BUDGET
■	71	120	Total Days Cash on Hand	■	135	120
■	75	50	Net AR Days	■	53	40
■	0.77	1.25	Debt Coverage Ratio	■	-0.31	1.25
■	5.04		Average Age Of Plant			
■	234	208	Payroll FTEs	■	209	208

Current Month				Year-To-Date				
Actual vs Budget	Actual 12/31/25	Prior Year 12/31/24	BUDGET	STATISTICS	Actual vs Budget	Actual 12/31/25	Prior Year 12/31/24	BUDGET
Admissions								
NA	19	23 NA		medical	NA	242	224 NA	
NA	0	0 NA		surgical	NA	0	0 NA	
NA	4	7 NA		OB	NA	84	92 NA	
NA	23	30 NA		Acute	NA	326	316 NA	
NA	1	7 NA		Swing Bed	NA	54	69 NA	
NA	3	7 NA		Total Deliveries	NA	81	92 NA	

Patient Days								
■	70	68	67	medical	■	732	673	866
NA	0	0 NA		surgical	NA	0	0 NA	
■	6	14	14	OB	■	157	167	185
■	76	82	82	Acute	■	889	840	1051
■	1	39	61	Swing Bed	■	520	670	787
■	6	9	10	Total Newborn Days	■	114	125	132
■	83	130	163	TOTAL PATIENT DAYS	■	1623	1636	1970

Average Length of Stay								
■	3.3	2.7		Total Inpatient	■	2.7	2.7	
■	1.0	5.6		Swing Bed	■	9.6	9.7	

Avg Daily Census - Hospital								
	2.5	2.6		Total Inpatient		2.4	2.3	
	0.0	1.3		Swing Bed		1.4	1.8	
	2.5	3.9		Total		3.9	4.1	

■	410	465	552	ED Visits	■	5161	6800	7098
■	66	62	81	Surgeries	■	640	764	1041
■	1219	1038	1270	Imaging Procedures	■	16160	14004	16335
■	3889	3565	3078	Lab Tests	■	48686	39271	39601
■	792	516	728	Rehab Visits	■	9345	8021	9384
■	99	111	128	EMS Runs	■	1596	1600	1644
■	959	701	1139	Total Clinic Visits	■	10874	9846	11830
■	350	72	93	Specialty	■	2313	1030	964
■	157	109		Primary care		1937	1829	
■	452	525	1046	Express Care (budget shows primary and express)	■	6624	6987	10866
	22	22		working days		260	261	

Note #1 CONTRACTUALS

AR increased \$1,066,404 from November to December
Charity care was \$226,375 for December. Bad Debt was \$475,556
Charity and Bad Debt are 5.01% of gross charges ytd compared to 4.01% this same time last year.

Medicare Cost Report Model Estimate YTD through November \$321,252

Safety Net 2025 Recap - Assessment Paid (\$333,829) Total Amount Received \$1,414,752.31. Amount Deferred/Not recognized until final audit \$282,950.46

Assessment Amount Recognized \$1,131,801.85 Net Benefit to income \$797,973

Note #2 OTHER OPERATING REVENUE

340B Net Revenue \$46,934 over budget

Cafeteria \$66,480 over budget

Incentive Payments (Medicare and Medicaid) \$145,448 over budget

Rebates \$74,097 over budget (received large rebate from prior GPO)

Note #3 PROFESSIONAL SERVICES

Med Surg is over budget \$55,900 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 \$277,180 due the increase need of use for locums

Dermatology is over budget \$256,709 (gross revenue is over budget \$686,678)

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

Note #4 PURCHASED SERVICES

Med Surg is over budget \$77,203 due to increase use in travelers

Surgery is over budget by \$233,370. Whitman Partners was not budgeted.

Lab is over budget by \$289,672. Budget has been reviewed for 2026 to make sure this doesn't happen again.

Provider Based clinic is over budget by \$361,058 due to traveler agency expenses

Laundry is over budget by \$77,912 due to Vestis expenses

Pharmacy is over budget \$80,370

Note #5 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 \$547,446 for 2025

Gain on sale of other assets \$11,774

Grants/Contributions - *restricted contributions*

WA ST Ecology 151,272

Misc 500

Nick of Time 1,250

Foundation 54,341

Grant - 10,000

AWPHD - CHNA 10,100

North Central Regional EMS 5,000

AZ Wells 32,849

WHS Top Performer 4,000 2 yrs

grants

Action Health Partners - 80,437

Community Choice 39,879 - CARES

CWH Grant 211,252

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

Misc Grants 12,658

wa commerce grant

WA ST Commerce 1,321,620 - EMS Build

For the month ended December 31, 2025

11/30/2025	GL ACCOUNT #	ACCT DESCRIPTION	12/31/2025	EXPLANATION	
\$179,728	10002000	General Fund Cash In Bank (Wheatland)	\$124,747	(\$64,980) \$2,688,617 deposits \$0 graham refund \$0 commerce grant (\$11,810) Isys/payplus fees (\$1,343) fees mckesson/cardinal (\$31) fees and interest \$132 rebates \$5,453 café sales (\$2,736,000) transfer to county	
\$720,843	10004000	General Fund Cash w/ Treasurer	\$567,785	(\$163,068) (\$1,404,891) AP \$0 Voids \$1,404,891 warrants issued (\$1,557,949) warrants redeemed \$2,736,000 Bank Transfers from 10002000 \$95,000 Bank Transfer to/from 10106000 (\$88,592) Bank Transfer for USDA pmt \$2,792,362 Bank Transfer from reserves 10760000 (\$4,160,848) Payroll/Benefits (\$10,619) B&O taxes \$10,234 Property Taxes \$11,255 Leasehold Taxes & Misc Taxes \$10,500 ap refund \$54,609 transfer from rev bond fund pmts posted as remits received	
(\$82,903)	10009000	cash clearing	(\$28,294)	\$54,609	
(\$720,843)	20070000	warrants outstanding	\$46,320	\$767,163 (\$1,674,511) remits (payroll/benefits/b&O) \$1,557,949 warrants redeemed (\$1,404,891) warrants issued ap \$2,288,616 remits redeemed \$0 voids	
\$83,195	10106000	AMB RESERVE	\$7,034	(\$76,162) (\$95,000) transfer to general fund \$0 transfer from reserves (bond pmt & ops) \$18,788 property taxes \$43 leasehold taxes \$7 interest	
\$1,240,990	10910000	2018 GO BOND	\$475,473	(\$765,517) \$13,395 property taxes (\$778,913) bond pmt / fee	Days of Cash on Hand Cash: current assets 710,559 unrestricted reserves 599,257 unrestricted reserves 2,517,941 3,827,756
\$0	10911000	2018 CASH BOND	\$0	\$0 interest	reclassified to general fund
\$320,400	10916000		\$427,200	\$106,800 funded year 4 per LOC	USDA reserve 597,212
\$90,000	10917000		\$120,000	\$30,000 funded year 4 per LOC	restricted reserves - pending covid ca 4,189,536 4,786,748
\$410,400			\$547,200	\$136,800	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0 paid bond interest	Expenses: total YTD 74,248 less depreciation 71,019,969 71,094,216
\$288,220	10923000	HOSP 2025 REVENUE BONC	\$116,750	(\$171,470) reimb for draws	
\$9,425,312	10760000	RESERVES	\$6,657,465	(\$2,767,847) \$24,515 interest (\$2,792,362) transfer to gen fund	number of days YTD 365
\$50,011	10784000	COASTAL BANK	\$50,012	(\$0) \$0 interest	
\$11,594,953			\$8,564,492	(\$2,868,992)	Days of Cash on Hand 31.6
					Restricted Days Cash on Hand 39.5
					Total Days Cash on Hand 71.1



CEO Board Report (as of 1/22/2026)

People:

- We continue to struggle recruiting an ED Medical Director and will be looking for vendor support to assist with the search for candidates.
- Actively recruiting for a part time gastroenterologist.
- Offers have been extended to the MSU Nursing Manager and an Education director role, and we hope to fill those roles soon. We also have some good candidates for a permanent OR Director, hopefully good news soon.
- It appears we will need to find OB nursing traveler coverage soon which will pressure our budget assuming we are able to find a travel (very difficult to find at our OB volumes).

Community:

- Lake Chelan EMS has received \$9,222.75 in donations through the 2025 Give NCW Campaign! Very appreciative of Give NCW and others that donated and helped encourage donations!
- Board Chair LaPorte and I met with the Lake Chelan Health and Wellness Foundation to strengthen coordination and collaboration together.
- I will be speaking briefly at the *State of the City* meeting tonight at Campbells and appreciate the City of Chelan including LCH in the event.
- The Board year end letter has been distributed in the community in various ways, and the OB update letter has also been shared with the community as well.

Quality:

- Department managers are developing plans for their team quality boards as discussed at the last regular board meeting. During our monthly quality meeting, we discussed having the Board round on those boards and potentially recognize or select their favorites to encourage engagement.

Financial:

- December saw a \$207K gain; however, the full year ended with a loss of \$778K. Gross revenue for the year was \$76M compared to \$66M in 2024. Year end patient volumes were up in inpatient, imaging, lab tests, rehab, EMS runs and total clinic visits. Labor and delivery, swing bed, emergency room, and surgeries were all down year over year (see the full financial report in the board packet).
- Very concerned with the Governor's proposed budget which appears to take aim at hospital outpatient facility fees + 340B.
- Also concerned with the DOH rule making process around Charity Care, specifically how we document that Charity Care has been offered. The expectation appears to be proof of both verbal and written offers to all patients which could pose substantial administrative burden.
- Still awaiting information on the rules and amount of funding that will be coming in 2026 from the rural transformation funds.

Building for the Future:

- The EMS station build is on track and on time at this point. Cameras have been installed, and a live feed link to watch the progress will be up soon.

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

*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

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 Commissioners 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 of Commissioners 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 of Commissioners, or Board Chair or Board 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 of Commissioners and CEO Decision Matrix

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

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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

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, 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. Member's 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 doing business 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:

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

RESOLUTION No. 2026-3
Disposal of Fetal Dopler

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

- Fetal Dopler

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 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 27th day of January 2026 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. 2026-2
Disposal of Eye Stretchers

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

- Stryker Eye Stretcher, Model # 1079, Serial #0909-030275, 0909-030274, 0909-030278

WHEREAS, an assessment has determined that this equipment is no longer needed for hospital purposes 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 and are authorized for disposal.
2. The approved method of disposal is to solicit offers from vendors to sell the equipment, in accordance with hospital policy and applicable regulations.

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 27th day of January 2026 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. 2026-1
Patient Recliner

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 Medical Surgical Unit department has identified the following items as surplus to departmental needs:

- Patient Recliner, Model # 1205134-001.001, 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 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 27th day of January 2026 with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

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	5/19/2026						Exec Session:Quality and Compliance Report Review (2026 Q1)		Board Education: Board Rounding :
JUNE	6/23/2026	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

An aerial photograph of a town situated on the shore of a large, calm lake. In the background, there are rolling mountains under a cloudy sky. The town features several buildings, including a prominent brick structure and a large, multi-story building. A long pier or dock extends into the water. The overall scene is peaceful and scenic.

Chelan Rural Training Program

University of Washington Family Medicine Residency

January 21, 2026

Agenda

- UW School of Medicine
- UW Department of Family Medicine
- UW FMRN/RTP Overview
- Chelan RTP Review
- Discussion

GME at UW Medicine & UW School of Medicine

Program Footprint:

- ✓ **126** ACGME accredited residency & fellowship programs
- ✓ **90** Non-ACGME accredited fellowship programs
- ✓ **4** CODA accredited fellowship programs

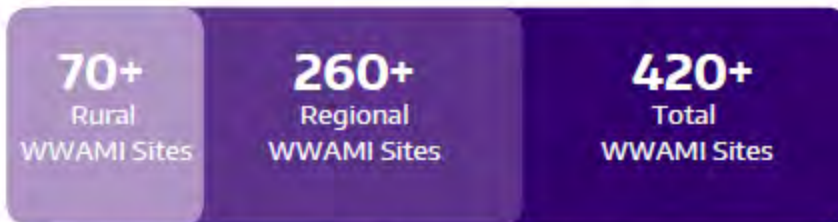
1550+
Avg yearly
trainees in
GME programs

Residents & Fellows Represent:

- ✓ **1 in 3** physicians in UW Medicine Hospitals (UW Medical Center & Harborview Medical Center)
- ✓ **1 in 5** physicians in the UW Medicine Accountable Care Network (ACN)
- ✓ **65%** of physicians training in WA are at UWSOM

GME WWAMI Training Sites

(July 1, 2024 - June 30, 2025)



*Regional sites: site zip code falls outside Seattle, inclusive of rural sites

*Rural sites: site zip code meets CMS Rural Health Clinics Program rural designation per [AmiRural.org](https://www.ami-rural.org)

UWSOM GME Notables:

- 38%** of GME residency and fellowship alumni report working in WWAMI region⁴
- 60%** of Pediatrics Alaska Track graduates practice in Alaska after residency⁵
- 800+** trainees have returned as UWSOM faculty after graduating from their GME residency or fellowship

GME Rural & Regional Growth

Through development of new residency and fellowship programs, Rural Training Programs (RTPs), and clinical rotations, GME has experienced consistent rural and regional expansion across the WWAMI area for over a decade.



UW GME WWAMI 5-Year Presence

Over $\frac{1}{3}$ of all trainees rotate at a **regional and/or rural WWAMI** site each year.

Number of trainees who rotate through a rural and/or regional WWAMI site each year:



Trainees in rural and regional residency programs spend an average of

80 days

rotating at Seattle-based training sites, (HMC, SCH, UWMC, VA) **each year.**

Some trainees spend **a full year** at these sites.

Department of Family Medicine

- Core to mission are excellence in education, clinical practice, and research
- Long-time commitment to rural training and research across WWAMI-region
 - Educational programs with rural focus
 - Family Medicine Residency Network
 - WWAMI Rural Health Research Center
- Leadership transitions
 - Department Chair search underway
 - Permanent Residency Program Directors (2) search underway

Rural Residency Training: Background and Outcomes



Thank-you!

- Lake Chelan Hospital has invested in rural residency training for eight years
- Not enough rural physicians
- Important contributions to local and regional workforce needs

What Is Rural Residency Training

- Full-spectrum family medicine training **based in rural communities**
- Residents live, work, and train in the **community**
- Training includes:
 - Inpatient care
 - Clinic-based continuity care
 - ER, OB, procedures, etc.
- Residents function as **real contributors**, not observers

Doctors Tend to Practice Where They Train

- Location of residency is one of the **strongest predictors** of future practice location
- Rural-trained physicians:
 - Are more comfortable with scope and autonomy
 - Understand rural systems, patients, and resources
- Training is not just skill-building— it's **professional identity formation**



Rural Training Is the #1 Predictor of Rural Practice

- Physicians who train in rural residencies are 2–3 times more likely to practice rurally
- This effect is stronger than:
 - Loan repayment alone
 - Rural upbringing alone
- Residency location matters, even years later





Is Rural Training “As Good As” Urban Training?

- Rural family medicine residencies meet the same national accreditation standards as urban programs
- Residents must demonstrate:
 - Competence
 - Board eligibility
 - Clinical outcomes
- Many measures show equal or superior preparation in key areas

Why Rural Graduates Are Exceptionally Well Prepared

- Broader scope of practice
- More hands-on responsibility
- Closer supervision and mentorship from attendings
- Stronger continuity with patients
- Graduates are adaptable and systems-aware

Rural Residency Training Is National—and Growing

- Over 100 rural family medicine residency programs nationwide
- Number of accredited rural programs is steadily increasing
- Federal and state investment continues to grow
- This hospital is part of a proven national strategy

Where rural residency training exists



What Residents Bring to a Hospital

- Clinical workforce support
- Recruitment pipeline
- Improved call coverage and service stability
- Increased reputation as a teaching hospital
- Positive impact on culture and morale



Rural Training – Summary of Evidence

- Rural training exposure is strongly associated with rural practice choice
- Comparative work shows rural training to be as good and sometimes better
- The model is national and actively supported through accreditation and federal investment



Chelan Rural Training Program

Program Review

Chelan RTP

- 3-Year ACGME Accredited Family Medicine Residency Training Program
- Established as a UW-Sponsored Rural Training “Track”
- Community Partnerships
 - Lake Chelan Health
 - Columbia Valley Community Health Center
- Mission
 - *Develop family physicians with the skillset that allows them to practice competent, full spectrum, rural medicine and care for underserved populations in our region*

ACGME Accreditation

- Initial accreditation received in 2018
 - 2 residents in rural track (in addition to 8 Seattle-based residents)
- Inaugural class matriculated in 2019
 - Dr. Andrew Gray
 - Dr. Christine Davenport-Welter



Curriculum

- 1+2 Training Structure (Traditional RTP Model)
 - PGY1 (first year) in Seattle
 - UW Medical Center (Montlake and Northwest)
 - Harborview Medical Center
 - Seattle Children's Hospital
 - Seattle VA Medical Center
 - PGY2 (second year) and PGY3 (third year) in Chelan
 - Lake Chelan Health (adult medicine, pediatrics, obstetrics, and emergency care)
 - CVCH (family medicine practice site)
 - Confluence Health (specialty-based care and intensive care)

PGY1 Curriculum in Seattle

- Rigorous, inpatient focused training with the goal of developing readiness for community-based practice in Chelan

R1 Blocks	1	2	3	4	5	6	7	8	9	10	11	12	13			
Core blocks	Core Skills	Core Skills	Scholarly Work	FMS		OB Montlake	Medicine HMC	MICU Montlake	ED Montlake	Peds Inpatient SCH	Peds ED SCH	Sports Med	FMC			
RTT blocks	Core Skills	Core Skills	Scholarly Work	FMS	OB Auburn	OB Montlake	Medicine HMC	MICU VA	ED Mont.	ED Trauma HMC	Peds Inpatient SCH	Peds ED SCH	Sports Med	Repro.	ENT/Uro	FMC

PGY2 & PGY3 Curriculum in Chelan

- Longitudinal Curriculum
 - CVCH Continuity Clinic (2 days per week)
 - LCH Hospital Call (1 day per week, 1 weekend per month)
- Additional Clinical Experiences (rotations)
 - General Surgery, Orthopedics, Emergency Medicine, Cardiology, Endoscopy, Geriatrics, Behavioral Medicine, Sports Medicine, Pediatrics, Dermatology, Neurology, Gynecology, Nephrology, and Intensive Care
- Average resident work hours per week: 50.2

Program Highlights

- Longitudinal Curriculum (reflect the life of a rural doc)
- Opportunities for Spanish language immersion program
- Active community engagement, including school-based health centers and migrant camp outreach clinics
- Robust behavioral health and addiction medicine program including medication assisted treatment
- High volume of clinic and hospital-based procedures including endoscopy

Full Spectrum Family Medicine training including surgical obstetrics!

FMP Clinic Encounters (PGY2 & PGY3)

	Class of 2022	Class of 2023	Class of 2024	Class of 2025
Resident 1	1,966	1,620	2,014	2,150
Resident 2	1,902	1,975	2,049	2,082

4.11.c.5.c. Programs must ensure that each graduate has completed a minimum of 1,000 hours dedicated to caring for FMP patients. (Core)

*National average for graduating residents (2023): 1777

OB Delivery Numbers

Resident	Vaginal	Cesarean	Total	OB Track
1	63	52	115	Yes
2	83	30	113	Yes
3	64	34	98	Yes
4	96	30	126	Yes
5	86	30	116	Yes
6	47	21	68	No
7	39	10	49	No
8	51	13	64	No

4.11.i.1.b.

Each resident must have experience with a minimum of 20 vaginal deliveries. (Core)

4.11.i.2.

Residents who seek the option to incorporate comprehensive pregnancy-related care, including intrapartum pregnancy-related care and vaginal deliveries into independent practice, must complete at least 400 hours (or four months) dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries. (Core)

*National average for graduating residents (2024): 33.4

Procedures

Resident	Skin	MSK	Reproductive Health	Endoscopy
1	36	25	47	107
2	1	6	34	NR
3	22	15	73	55
4	58	23	22	28
5	52	32	31	81
6	42	24	20	36
7	19	5	34	93
8	11	1	43	16

*Well prepared for ABFM Board Eligibility Requirements for Procedures

National Publications/Presentations

- Clinical Reasoning in Residency Education. Rural Medical Training Collaborative Annual Conference. 2022.
 - Dr. Gray and Dr. Davenport
- Mifepristone Use in Early Pregnancy Loss. Society of Teachers of Family Medicine Annual Conference. 2022.
 - Dr. Veltri
- Integrated Behavioral Medicine in Residency Education. Rural Medical Training Collaborative Annual Conference. 2023.
 - Dr. Acosta

National Publications/Presentations (cont)

- Longitudinal Curriculum in Residency Education. Rural Medical Training Collaborative Annual Conference. 2024.
 - Dr. Moore
- Serving Up Surprises: A Case of Appendicitis in a High Profile Tennis Athlete. American Medical Society for Sports Medicine Annual Conference. 2025.
 - Dr. Carver
- Maternity Care Deserts – OB Simulation Project. North American Primary Care Research Group Annual Conference. 2025.
 - Dr. Piper

Graduate Data (2022-2025)

- Number of Graduates: 8
- Family Medicine Board Certification: 100% Pass Rate
- Practice Demographics
 - Location: 4 rural, 4 metropolitan/urban. 1 ID, 2 OR, 5 WA.
 - Type: 4 FQHC, 4 larger healthcare system (VM, Providence, Skagit)
 - Scope: 5 OB, 6 Inpatient, 2 outpatient, 8 pediatrics
 - Procedures: vaginal deliveries, c-sections, ultrasound, circumcisions, vasectomies, MSK, skin, repro, endoscopy
- Fellowships
 - Obstetrics – Dr. Lucia Carbajal (Full Circle Health – Boise, Idaho)
 - Sports Medicine – Dr. Trevor Carver (University of Washington – Seattle, WA)

Special Recognition

Rural Medical Training Collaborative

Growing the Next Generation of Rural
Medical Professionals



*A top program recognition for graduates practicing rural medicine (2025)

Resident Experiences

- "The training at the Chelan RTP was fantastic. The high volume of procedures and wide scope of training has allowed me to be a very effective, efficient and competent physician." -M.A.
- "I truly would not be the doctor that I am without my time in Chelan. The strength of peds exposure, abundance of procedures and complexity of patients is unique and not found in other residencies I interviewed at." -C.D.
- "The reason I feel comfortable taking a job in which I will have such a broad scope is due to my residency time in Chelan. I learned how to manage clinic and hospital work concurrently which is a crucial skill." -L.C.

Resident Experiences

- "The Chelan RTT provided excellent longitudinal training and exposure to rural, full scope inpatient and outpatient family medicine. I have felt well prepared to join a small, rural FM clinic and hospitalist team." -T.M.
- "The collegial approach by the faculty, clinic staff, hospital staff and community modeled the soft skills that have made me the clinician I am today." - C.D.
- "I received great training that has allowed me to serve the population I love." -L.B.

QUESTIONS?

