



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

3/31/2026



Chelan County Public Hospital District No. 2
Board Training 12:15-1:15PM
 Regular Meeting of the Board of Commissioners
 March 31, 2026, at 1:30 am via TEAMS
 Meeting Link Available on Website

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	L. Withrow	
1:31	2. Public Comment		
1:40	3. Chair Report	L. Withrow	
1:50	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 2/24/2026(FM) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Finance Committee Minutes 3/26/2026 (FA) E. February Unaudited Finance Report (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
2:25	6. Reports	J. Barich, S. Freed B. Truman B. Fields A. Edwards S. Ottley Commissioners	A. Med Staff Report & Credentialing (FM) i. Gastroenterology Delineation of Privileges (FA) B. Financial (FI) i. Revenue Cycle (FI) C. CEO Report (FI) D. Strat Plan (FI) E. Community Connections (FD)
3:15	7. Old Business	S. Ottley Commissioners	A. EMS Capital Project Update (FI) B. CHNA Implementation Draft Review (FD)
3:45	8. New Business	Commissioners	A. Board Training (FD) B. Resolution 2026-5 Surplus of Pigg-o-Stat (FM) C. Patient Rights & Responsibilities (FA)
4:00	9. Public Comment		
4:05	10. Executive Session		A. RCW 42.30.110(1)(b) To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price B. RCW 42.30.110(1)(g) to evaluate the performance of a public employee.
5:05	11. Roundtable/Action Items	Commission	
5:10	12. Adjournment	L. Withrow	

Board Calendar Reminders:

4/9/2026	Med Staff	Bragg Room/ TEAMS	7:00 am
4/6/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
TBA	Credentialing Committee	TBA	TBA
4/23/2026	Finance Committee	Bragg Room/ TEAMS	10 am
4/28/26	Board Education	Bragg Room/TEAMS	12:15 pm
4/28/2026	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

5/20/2026	Compliance Privacy & Risk	Conference Room 1212	10:00 am
5/14/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
TBA	Credentialing Committee	TBA	TBA
5/15/2026	Finance Committee	Bragg Room/ TEAMS	10 am
5/19/2026	Board Education	Bragg Room/TEAMS	12:15 pm
5/19/2026	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

6/11/2026	Quality Committee	Bragg Room/ TEAMS	1 –2:30pm
TBA	Credentialing Committee	TBA	11:30 am
6/18/2026	Finance Committee	Bragg Room/ TEAMS	10 am
6/23/2026	Board Education	Bragg Room/TEAMS	12:15 pm
6/23/2026	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 February 24, 2026 at 1:30 pm**

Commission Attendance:

(not present present)

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

Staff Participants: A. Edwards B. Truman (virtual), R. Montgomery, J. Barich, M. Miller, B. Fields, B. Truman, A Benegas, J. Phetteplace, B. Mello, M. McCormick

Community Members: Anna Moroz

Recorder: Wendy Kenck

Agenda Item	Topic/Action
Call to Order	<ul style="list-style-type: none"> • L. Withrow called the meeting to order at 1:30 pm. • Edits to the Agenda: The first Executive Session was adjusted to extend the scheduled time by an additional 30 minutes.
Public Comment	<ul style="list-style-type: none"> • No public comment
Consent Agenda	<ul style="list-style-type: none"> • L. Withrow noted that Ruby U was a tremendous success. She expressed appreciation to the Ruby Theater for hosting the event and providing educational support. She also thanked the ELT team and Dr. Kalliath for their communication efforts, as well as the Rehab Department for sharing their experience working with the Hospitalist team. She noted it was encouraging to see the positive outcomes resulting from the changes the hospital has implemented and the continued work toward building a healthcare system that is not only sustainable but resilient for generations to come. • Consent Agenda <ul style="list-style-type: none"> ○ Finance Committee Minutes Edit: The language regarding the property tax policy will be revised to reflect a recommendation from the Finance Committee. ○ <i>M. Murphy motioned to approve the Consent Agenda with edits, seconded, and motion approved.</i>
Executive Session	<ul style="list-style-type: none"> • L. Withrow, Chair announced an Executive Session at 1:35 PM for 45 minutes, scheduled to end at 2:20PM, 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 announced Executive session ended at 2:20PM. Board returned to open meeting. ○ Action Following Executive Session: <ul style="list-style-type: none"> ▪ <i>D. Gibson, after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the Initial appointment of Jonathan Crosier, MD, Gautam Nayak, MD, Christiane Rekai, ARNP, Katie Bates, ARNP, Ryan Minton, PA, Cariane Morales Matos, MD, the reappointment of Ian Bovio, MD, Brandis Davis, MD, Daniel Kerr, MD, Benjamin Atkinson, MD, Abdelrahman Beltagy, MD,</i>

	<p><i>Archit Bhatt, MD, Michael Chen, MD, Kijal Desai, MD, Muhammad Farooq, MD, Joseph Freeburg, MD, Lindsey Frischmann, MD, Mohammad Hirzallah, MD, James Jordan, MD, Meghana Kinariwala, MD, Mimi Lee, MD, William Lou, MD, Yi Mao, MD, Ravi Menon, MD, Kyle Ogami, MD, and the provisional status to full membership of Khasha Toulouei, MD, seconded, motion approved.</i></p>
<p>Reports</p>	<ul style="list-style-type: none"> • Medical Staff Report: Dr. Freed presented the Medical Staff report, highlighting efforts to develop an Admission Policy with clear goals and documentation, including tracking the case mix index to reflect patient acuity. Dr. Freed and Dr. Harberd continue to meet monthly to discuss the Residency program. • Finance: <ul style="list-style-type: none"> ○ B. Fields presented the monthly Revenue Cycle report and updated the Board on Finance Committee discussions regarding a potential discount policy for self-paying patients. ○ B. Truman presented the unaudited January 2026 finance report. <ul style="list-style-type: none"> ▪ <i>D. Gibson motioned to accept the unaudited January 2026 Finance Report; seconded, motion approved.</i> • CEO Report: A. Edwards presented the CEO Report, sharing two letters of thanks from the community recognizing staff and the care received. • Strat Plan: S. Ottley continues to work to build a strong 2026 strategic plan and an operational plan aligned with it for effective execution. • Community Connection Opportunities: <ul style="list-style-type: none"> ○ Lake Chelan Health and Wellness Foundation Heart Healthy event was held in February with S. Ottley and Dr. Nayak presenting.
<p>Old Business</p>	<ul style="list-style-type: none"> • EMS Capital Project Update: S. Ottley reviewed the current change orders, the remaining owner contingency changes, and ongoing construction process. • Quality Team Boards: L. Sahlinger reviewed the proposed Department Team Board Scoring Checklist that Board will use as part of the Quality Team Boards initiative. • Board <ul style="list-style-type: none"> ○ The Board Community Forum was well attended and appreciative for the staff & Board efforts and community engagement. ○ Discussed Dr. Freed’s training on Culture and Change Management, including quality learning requirements as mandated by law and policy. ○ Strategic planning sessions scheduled for June 25–26, 2026.
<p>New Business</p>	<ul style="list-style-type: none"> • Resolutions <ul style="list-style-type: none"> • <i>J. LaPorte motioned to approve Resolution 2026-04 Disposal of Laptop Desk, seconded, motion approved.</i> • Policies: <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve w/ edits the Lake Chelan Health-Nondiscrimination policy, seconded; motion approved.</i> ○ <i>M. Murphy motioned to approve the Torts Claim Policy, seconded, motion approved.</i> ○ <i>D. Gibson motioned to approve the Emergency Credentialing and Disaster Privileging Policy, seconded; motion approved.</i> • <i>M. Murphy motioned to approve the updated Notice of Privacy Practices to DOH standards, seconded; motion approved.</i> • <i>M. Murphy motioned to retire the Tax Rebate Program policy, seconded; motion</i>

	<i>approved.</i>
Public	<ul style="list-style-type: none"> • No Public Comment
Executive Session	<ul style="list-style-type: none"> • L. Withrow announced an Executive Session at 4:20 PM for 60 minutes to end at 5:20 PM citing 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 15 minutes ○ L. Withrow extended the Executive Session 15 minutes ○ L. Withrow extended the Executive Session 10 minutes ○ Executive Session ended at 6:00 pm and the Board resumed in open meeting.
Action Items	<ul style="list-style-type: none"> • Requested to move the Financial Report under the Consent Agenda section with a high level overview in the agenda. • Adjust the CEO Report to an Administration Report, including updates from the Executive Team and ensuring the content focuses on Board business and strategic items, rather than operational matters. • Executive Assistant to reach out to the Board members for scheduling dates for Board Quality Rounding in 2026.
Adjournment	<ul style="list-style-type: none"> • No action was taken following the Executive Session. • Roundtable discussion • L. Withrow adjourned the meeting at 6:03 pm

Attest:

Mary Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - MARCH 2026	WARRANT#'S PAYROLL	AMOUNT	pay period
242865-242943	\$ 446,447.69			DIRECT DEPOSIT	\$ 653,114.30	2/21/2026
AP ACH	\$ 984,850.99			PAYROLL TAXES	\$ 260,822.07	2/21/2026
DOR	\$ 18,932.32			CHILD SUPPORT	\$ 451.38	2/21/2026
RETIREMENT	\$ 65,576.95			PAYROLL CHECK - KAILYN HUDSON	\$ 6,305.25	2/21/2026
242944-243004	\$ 590,624.44			PAYROLL TAXES	\$ 4,321.04	2/21/2026
AP ACH	\$ 301,478.87			DIRECT DEPOSIT	\$ 671,431.59	3/7/2026
AP ACH	\$ 656,452.44			PAYROLL TAXES	\$ 261,729.76	3/7/2026
243005-243071	\$ 262,254.54			CHILD SUPPORT	\$ 760.61	3/7/2026
AP ACH	\$ 68,070.76					
RETIREMENT	\$ 72,235.06					
IDAHO	\$ 687.00					
243072-243132	\$ 287,889.07					
AP ACH	\$ 25,760.65					
	\$ 3,781,260.78				\$ 1,858,936.00	

DATE February 2026

TOTAL BAD DEBTS - HOSPITAL (\$45,139.15)

TOTAL MEDICARE BAD DEBTS (\$485.03)

TOTAL BANKRUPTCY \$0

TOTAL CHARITY CARE – HOSPITAL \$98,817.69

TOTAL MEDICARE CHARITY CARE - \$17,141.38

TOTAL ATTESTATION \$70,334.89

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

BOARD DESIGNATED AUDITOR _____ DATE: _____

BOARD APPROVAL

DATE: _____

CHAIR _____

VICE CHAIR _____

SECRETARY _____

MEMBER _____

MEMBER _____

ATTEST. ADMINISTRATOR _____



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended February 28, 2026

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Balance Sheet
Lake Chelan Health

	Current Month 2/28/2026 unaudited	Prior Year 12/31/2025 AUDITED	Prior Year 2/28/2025 Unaudited
ASSETS:			
CASH	61,716	\$ 710,559	\$ 134,688
PATIENT RECEIVABLES	19,383,879	17,873,725	\$ 12,954,319
LESS: RESERVES FOR ALLOWANCES	<u>(9,837,598)</u>	<u>(9,145,837)</u>	<u>\$ (6,869,629)</u>
NET PATIENT ACCOUNTS RECEIVABLES	9,546,281	8,727,889	6,084,691
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	167,094	261,253	227,722
OTHER RECEIVABLES	3,083,253	608,064	1,013,008
INVENTORIES	379,481	333,784	337,112
PREPAID EXPENSES	<u>467,132</u>	<u>518,700</u>	<u>380,607</u>
TOTAL CURRENT ASSETS	<u>\$ 13,704,957</u>	<u>\$ 11,160,248</u>	<u>\$ 8,177,828</u>
GENERAL RESERVES	\$ 619,385	599,257	\$ 797,153
Unrestricted Reserves	\$ 1,408,290	2,517,941	\$ 6,469,568
Internally Restricted Reserves	\$ 4,139,524	4,139,524	\$ 4,139,524
2018 BONDS	0	0	\$ -
USDA 2023	547,200	547,200	\$ 410,400
Coastal Bank	<u>50,014</u>	<u>50,012</u>	<u>\$ 50,004</u>
TOTAL LIMITED USE ASSETS	<u>\$ 6,764,413</u>	<u>\$ 7,853,934</u>	<u>\$ 11,866,648</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,133,845
LAND IMPROVEMENTS	0	2,969,105	\$ -
BUILDINGS & IMPROVEMENTS	2,969,105	0	\$ -
EQUIPMENT	9,206,937	9,235,793	\$ 10,190,139
SOFTWARE	2,237,932	2,242,422	\$ 2,192,571
NEW HOSPITAL	44,757,019	44,757,019	\$ 44,757,019
LOCUM HOUSING	691,665	691,665	\$ 635,382
GASB 87 BUILDINGS AND EQUIPMENT	4,561,351	5,023,746	1,742,567
CONSTRUCTION-IN-PROGRESS - PROJECTS	4,034,307	1,892,126	\$ 1,572,850
CONSTRUCTION-IN-PROGRESS - HOSPITAL	<u>66,160</u>	<u>74,248</u>	<u>\$ 101,254</u>
GROSS PROPERTY, PLANT, & EQUIPMENT	72,658,320	71,019,969	65,325,626
LESS: ACCUMULATED DEPRECIATION	<u>(17,647,609)</u>	<u>(17,077,985)</u>	<u>\$ (14,961,039)</u>
GASB 87 AMORTIZATION	<u>(1,574,950)</u>	<u>(1,443,601)</u>	<u>(551,612)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 53,435,762</u>	<u>\$ 52,498,382</u>	<u>\$ 49,812,975</u>
DEFERRED ITEMS	\$ 2,413,245	2,416,456	\$ 1,532,521
TOTAL ASSETS	<u>\$ 76,318,376</u>	<u>\$ 73,929,020</u>	<u>\$ 71,389,972</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 1,506,773	663,522	923,223
ACCRUED PAYROLL	430,517	1,076,786	287,443
ACCRUED VACATION/HOLIDAY/SICK PAY	1,750,035	1,596,206	1,164,801
PAYROLL TAXES PAYABLE	172,075	210,226	25,616
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,292,506	1,154,183	1,444,600
INTEREST PAYABLE	263,410	89,348	270,244
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,189,475	1,189,475	1,101,831
LINE OF CREDIT	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL CURRENT LIABILITIES	<u>\$ 6,604,791</u>	<u>\$ 5,979,746</u>	<u>\$ 5,217,759</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 17,956,389	17,958,807	18,355,900
2013 BONDS	3,894,452	3,893,592	4,284,295
USDA LOANS	18,031,082	18,113,606	18,487,510
LEASES	2,561,346	3,253,680	1,694,346
PAID LEAVE - LT PORTION	89,941	179,000	82,334
2025 BONDS	<u>1,392,555</u>	<u>1,392,333</u>	<u>1,392,333</u>
TOTAL LONG TERM LIABILITIES	<u>\$ 43,925,764</u>	<u>\$ 44,791,019</u>	<u>\$ 42,904,385</u>
DEFERRED ITEMS	\$ 8,900,569	4,776,042	4,148,403
TOTAL LIABILITIES	<u>\$ 59,431,124</u>	<u>\$ 55,546,806</u>	<u>\$ 52,270,547</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 17,008,768	19,160,312	19,047,661
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(121,516)</u>	<u>(778,098)</u>	<u>71,764</u>
TOTAL NET ASSETS	<u>\$ 16,887,252</u>	<u>\$ 18,382,214</u>	<u>\$ 19,119,425</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 76,318,376</u>	<u>\$ 73,929,020</u>	<u>\$ 71,389,972</u>

property taxes are
accrued over 12
months

Statement of Revenue and Expense

Lake Chelan Health

For the month ended February 28, 2026

	CURRENT MONTH				Prior Year 02/28/25
	Actual 02/28/26	Budget 02/28/26	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 644,724	\$ 867,838	(223,114)	-26%	\$ 644,422
OUTPATIENT	6,319,130	6,117,306	201,824	3%	4,891,820
TOTAL PATIENT SERVICE REVENUES	<u>6,963,854</u>	<u>6,985,144</u>	<u>(21,290)</u>	0%	<u>5,536,243</u>
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(2,932,921)	(3,108,389)	175,468	-6%	(2,139,317)
BAD DEBT	45,624	0	45,624	0.00%	(113,446)
CHARITY	(115,959)	0	(115,959)	0.00%	(104,110)
TOTAL DEDUCTIONS FROM REVENUES	<u>(3,003,256)</u>	<u>(3,108,389)</u>	<u>105,133</u>	3%	<u>(2,356,872)</u>
	43.1%	44.5%			42.6%
NET PATIENT SERVICE REVENUES	<u>3,960,598</u>	<u>3,876,755</u>	<u>83,843</u>	2%	<u>3,179,371</u>
OTHER OPERATING REVENUES	<u>21,079</u>	<u>71,085</u>	<u>(50,006)</u>	-70%	<u>28,017</u>
TOTAL OPERATING REVENUES	<u>3,981,677</u>	<u>3,947,840</u>	<u>33,837</u>		<u>3,207,388</u>
OPERATING EXPENSES					
SALARIES/WAGES	2,024,316	1,974,839	(49,477)	-3%	1,620,566
EMPLOYEE BENEFITS	483,819	421,447	(62,373)	-15%	374,286
PROFESSIONAL SERVICES	350,333	514,921	164,588	32%	273,391
FOOD SUPPLIES	23,884	23,260	(625)	-3%	18,033
MINOR EQUIPMENT	46,415	38,518	(7,897)	-21%	3,249
SUPPLIES	293,666	284,967	(8,699)	-3%	162,863
PLANT UTILITIES	40,545	38,466	(2,079)	-5%	30,685
PURCHASED SERVICES	285,687	368,236	82,549	22%	408,182
REPAIR/MAINTENANCE	100,872	100,392	(480)	0%	85,580
PUBLIC RELATIONS/RECRUITM	6,757	10,453	3,696	35%	23,493
RENT/LEASES	45,626	46,382	756	2%	75,745
INSURANCE	53,904	45,329	(8,575)	-19%	45,297
LICENSES/TAXES	22,398	36,461	14,063	39%	28,019
DUES/SUBSCRIPTIONS/OTHER	63,594	72,659	9,065	12%	45,789
TRAVEL/TRAINING	11,427	15,491	4,064	26%	5,827
DEPRECIATION	329,491	365,828	36,337	10%	303,776
AMORTIZATION	66,080	64,583	(1,496)		
TOTAL OPERATING EXPENSES	<u>4,248,812</u>	<u>4,422,230</u>	<u>173,417</u>	3.9%	<u>3,504,783</u>
NET OPERATING SURPLUS (LOSS)	(267,136)	(474,390)	207,254		(297,396)
NON-OPERATING REVENUES	246,208	232,905	13,303		268,887
TAXES					
INTEREST					
GIFTS & GRANTS	(137,577)	220,349	(357,926)		155,047
OTHER	0	0	0		0
NET INCOME margin	<u>(158,505)</u>	<u>(21,136)</u>	<u>(137,369)</u>		<u>126,538</u>
	-4.0%	-0.5%			3.9%
TOTAL NET INCOME (LOSS)	\$ (158,505)	\$ (21,136)	(137,369)		\$ 126,538

Statement of Revenue and Expense
Lake Chelan Health

For the month ended February 28, 2026

	YEAR-TO-DATE				Prior Year 02/28/25
	Actual 02/28/26	Budget 02/28/26	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 1,444,825	\$ 2,178,135	(733,310)	-34%	\$ 1,617,395
OUTPATIENT	12,315,783	11,245,678	1,070,105	10%	9,454,640
TOTAL PATIENT SERVICE REVENUES	13,760,608	13,423,813	336,795	3%	11,072,035
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(5,952,971)	(5,973,596)	20,625	0%	(4,159,651)
BAD DEBT	(76,366)	0	(76,366)	0.00%	(297,520)
CHARITY	(210,129)	0	(210,129)	0.00%	(135,815)
TOTAL DEDUCTIONS FROM REVENUES	(6,239,467)	(5,973,596)	(265,871)	-4%	(4,592,986)
	45.3%	44.5%			41.5%
NET PATIENT SERVICE REVENUES	7,521,141	7,450,217	70,924	1%	6,479,049
OTHER OPERATING REVENUES	88,979	142,171	(53,191)	-37%	62,676
TOTAL OPERATING REVENUES	7,610,120	7,592,388	17,733	0%	6,541,725
OPERATING EXPENSES					
SALARIES/WAGES	3,888,539	4,161,269	272,731	7%	3,328,182
EMPLOYEE BENEFITS	936,844	888,050	(48,794)	-5%	729,775
PROFESSIONAL SERVICES	720,941	1,029,842	308,901	30%	547,824
FOOD SUPPLIES	48,357	46,519	(1,838)	-4%	38,995
MINOR EQUIPMENT	68,221	77,036	8,815	11%	37,885
SUPPLIES	592,563	547,639	(44,924)	-8%	331,321
PLANT UTILITIES	78,145	76,931	(1,213)	-2%	63,618
PURCHASED SERVICES	596,766	736,472	139,705	19%	860,221
REPAIR/MAINTENANCE	190,703	200,784	10,081	5%	176,483
PUBLIC RELATIONS/RECRUITMENT	12,485	20,906	8,421	40%	29,783
RENT/LEASES	82,742	92,764	10,022	11%	156,197
INSURANCE	102,233	90,657	(11,576)	-13%	88,244
LICENSES/TAXES	34,693	72,972	38,279	52%	62,930
DUES/SUBSCRIPTIONS/OTHER	138,266	145,318	7,052	5%	112,969
TRAVEL/TRAINING	20,199	30,981	10,782	35%	9,934
DEPRECIATION	658,982	731,656	72,674	10%	622,347
AMORTIZATION	132,159	129,167	(2,993)		
TOTAL OPERATING EXPENSES	8,302,838	9,078,963	776,126	8.5%	7,196,508
NET OPERATING SURPLUS (LOSS)	(692,718)	(1,486,576)	793,858		(654,783)
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	487,285				466,026
GRANTS/CONTRIBUTIONS	47,696	574,715			185,647
EMS COMMERCE GRANT	0				0
INVESTMENT EARNINGS	31,054				64,445
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	222,777				216,777
INTEREST EXPENSE	(309,071)				(296,493)
GAIN / (LOSS) ON ASSET DISPOSAL	91,461				90,144
TOTAL NON OPERATING REVENUES	571,201	465,810	105,391		726,546
NET INCOME	(121,517)	(446,051)	793,858		71,763
margin	-1.6%	-5.9%			1.1%
TOTAL NET INCOME (LOSS)	\$ (121,517)	\$ (446,051)	\$ 324,534		\$ 71,763

Patient Statistics Lake Chelan Health

For the month ended February 28, 2026



Current Month			Last Year Month			
Actual vs Budget	02/28/26	BUDGET	STATISTICS	Actual vs Budget	02/28/25	BUDGET
■	53	120	Total Days Cash on Hand	■	105	120
■	75	50	Net AR Days	■	56	40
■	0.94	1.25	Debt Coverage Ratio	■	1.59	1.25
	2.85		Average Age Of Plant			
	243		Payroll FTEs		216	

Current Month			Year-To-Date					
Actual vs Budget	Actual 02/28/26	Prior Year 02/28/25	BUDGET	STATISTICS	Actual vs Budget	Actual 02/28/26	Prior Year 02/28/25	BUDGET
Admissions								
NA	25	18 NA		medical	NA	50	42 NA	
NA	0	0 NA		surgical	NA	1	0 NA	
NA	9	5 NA		OB	NA	14	14 NA	
NA	34	23 NA		Acute	NA	65	66 NA	
NA	3	7 NA		Swing Bed	NA	10	11 NA	
NA	9	4 NA		Total Deliveries	NA	14	13 NA	

Patient Days								
■	63	50	65	medical	■	166	113	126
NA	0	0 NA		surgical	NA	2	0 NA	
■	14	12	12	OB	■	24	33	23
■	97	62	77	Acute	■	192	146	149
■	24	72	54	Swing Bed	■	79	145	54
■	9	6	8	Total Newborn Days	■	15	22	16
■	130	140	140	TOTAL PATIENT DAYS	■	266	313	219

Average Length of Stay								
	2.9	2.7		Total Inpatient		3.0	2.6	
	8.0	10.3		Swing Bed		7.9	12.9	
Avg Daily Census - Hospital								
	3.5	2.2		Total Inpatient		3.3	2.5	
	0.9	2.6		Swing Bed		1.3	2.5	
	4.3	4.8		Total		4.6	4.9	

■	411	487	474	ED Visits	■	858	932	910
■	1	51	110	Surgeries	■	54	104	211
■	1249	1062	1133	Imaging Procedures	■	2492	2146	2177
■	4142	3659	3548	Lab Tests	■	8198	7182	6818
■	873	617	659	Rehab Visits	■	1781	1312	608
■	103	116	117	EMS Runs	■	211	224	224
■	985	919	1327	Total Clinic Visits	■	2004	1776	1327
■	393	107	526	Specialty	■	776	215	526
■	143	143		Primary care	■	297	313	
■	449	669	697	Express Care (budget shows primary and express)	■	931	1248	697
	20	21		working days		42	44	

Note #1 CONTRACTUALS

AR increased \$1,937,388 from January to February.
Charity care was \$115,959 for February. Bad Debt was (\$45,624). There were no accounts sent to collections in February. The only activity was the removal of accounts Charity and Bad Debt are 2.10% of gross charges ytd compared to 3.91% this same time last year.

Medicare Cost Report Model Estimate YTD through December \$196,506. Will update through February for March financials.

Note #2 OTHER OPERATING REVENUE

N/A

Note #3 BENEFITS

Taxes are higher for 1st part of the year for high wage earners. This amount will decrease once the threshold has been reached
Health Insurance is also running over budget.

Note #4 SUPPLIES

Plant and Surgery are currently over budget. Plant purchased 3,000 gallons of diesel
Surgery cases are more complex. Will continue to monitor

Note #5 PROFESSIONAL SERVICES

Some services have not yet started - ie. Cardiology and Urology
General Surgeons are employed

Note #6 PURCHASED SERVICES

N/A

Note #7 INSURANCE

Chelan Central Prop Ins \$2,846.

Note #8 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, \$547,446 for 2025 and \$91,461 for 2026
Gain on sale of other assets \$0

**Grants/Contributions -
restricted contributions**

WA ST Ecology
Misc 9,223
Nick of Time
Foundation 2,258
Grant
AWPHD - CHNA
North Central Regional EMS

AZ Wells
WHS Top Performer

grants

Action Health Partners - 45,438
Community Choice - CARES
CWH Grant
WA ST Health
WA ST ED Trauma
WA ST Health
LCHW-EMS ATV Grant
Population Grant
North Central Emer
Misc Grants

wa commerce grant - deferred

For the month ended February 28, 2026

1/31/2026	GL ACCOUNT #	ACCT DESCRIPTION	2/28/2026	EXPLANATION	
\$453,913	10002000	General Fund Cash In Bank (Wheatland)	\$100,814	(\$353,099) \$3,606,120 deposits (\$12,334) 2025 recon \$0 commerce grant (\$7,655) lsys/payplus fees (\$1,673) fees mckesson/cardinal (\$83) fees and interest \$0 rebates \$4,507 café sales (\$4,142,000) transfer to county	
\$855,495	10004000	General Fund Cash w/ Treasurer	\$876,715	\$221,220 (\$1,328,104) AP \$0 Voids \$1,328,104 warrants issued (\$1,106,883) warrants redeemed \$4,142,000 Bank Transfers from 10002000 \$0 Bank Transfer to/from 10106000 (\$88,992) Bank Transfer for USDA pmt \$752,105 Bank Transfer from reserves 10760000 (\$3,460,933) Payroll/Benefits (\$18,932) B&O taxes \$2,591 Property Taxes \$265 Leasehold Taxes & Misc Taxes \$0 ap refund	
(\$34,447)	10009000	cash clearing	(\$39,099)	(\$4,651) pmts posted as remits received	
(\$855,495)	20070000	warrants outstanding	(\$876,715)	(\$221,220) (\$1,314,500) remits (payroll/benefits/b&O) \$1,106,883 warrants redeemed (\$1,328,104) warrants issued ap \$1,314,500 remits redeemed \$0 voids	
\$13,690	10106000	AMB RESERVE	\$18,914	\$5,225 transfer to general fund \$0 transfer from reserves (bond pmt & ops) \$4,725 property taxes \$487 leasehold taxes \$14 interest	
\$480,255	10910000	2018 GO BOND	\$483,721	\$3,466 \$3,466 property taxes bond pmt / fee	Days of Cash on Hand Cash: current assets 61,716 unrestricted reserves 619,385 unrestricted reserves 1,408,290 2,089,391
\$0	10911000	2018 CASH BOND	\$0	\$0 interest	reclassified to general fund
\$427,200	10916000		\$427,200	\$0 funded year 4 per LOC	USDA reserve 597,214
\$120,000	10917000		\$120,000	\$0 funded year 4 per LOC	restricted reserves - pending covid ca 4,139,524
\$547,200			\$547,200	\$0	4,736,738
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0 paid bond interest	Expenses: total YTD 8,302,838 less depreciation 658,982 7,643,856
\$116,750	10923000	HOSP 2025 REVENUE BOND	\$116,750	\$0 reimb for draws	
\$6,292,889	10760000	RESERVES	\$5,547,814	(\$745,076) \$7,029 interest (\$752,105) transfer to gen fund	number of days YTD 59
\$50,013	10764000	COASTAL BANK	\$50,014	(\$0) interest	
\$7,920,263			\$6,826,128	(\$1,094,136)	Days of Cash on Hand 6 16.1
					Restricted Days Cash on Hand 36.6
					Total Days Cash on Hand 62.7



MINUTES

Group: Finance Committee 3/26/2026, 10AM in person and via Teams		
Facilitator: Jordana Laporte		Recorder: B. Truman
Member Attendance:		
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Shawn Ottley, COO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Jordana LaPorte, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	
Participants: Vickie Bodle, R. Montgomery, L. Sahlinger, M. Miller		
Guests:		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
<ul style="list-style-type: none"> • Call to Order 	<ul style="list-style-type: none"> • B. Truman called meeting to order at 10:05 am
<ul style="list-style-type: none"> • New Business 	<ul style="list-style-type: none"> • Revenue Cycle: B. Truman reviewed monthly report on current revenue cycle status • Wixcorp: B. Truman reviewed current Wixcorp usage. • EMS: B. Truman reviewed the ambulance purchase plan with adjustments to the plan recommended for board review. • Rural Transformation Funds: B. Truman reviewed rural transformation dollars and structure. • Clinic Review: B. Truman reviewed clinic information. • Disposal 2026-5: Finance committee recommended for board review disposal of 2026-5.
<ul style="list-style-type: none"> • Reports 	<ul style="list-style-type: none"> • V. Bodle presented the unaudited February 2026 Financial Statement.
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • B. Truman adjourned the meeting at 12:03 PM



DELINEATION OF MEDICAL PRIVILEGES FOR GASTROENTEROLOGY SERVICES

Physician's Name: _____ MD _____ DO

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

GASTROENTEROLOGY 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 gastroenterology 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 an approved Internal Medicine residency followed by a fellowship in gastroenterology accredited by the ACGME or approved by the AOA, and current certification in Gastroenterology or active participation in the examination process leading to board certification within 5 years of completion of an approved residency/fellowship training program.
- Required Experience: The applicant must be able to document provision of inpatient or consultative services of at least 100 cases during the past 24 months, reflective of the scope of core privileges requested, without significant quality variations identified; or successful completion of an ACGME or AOA accredited residency or clinical fellowship with the past 12 months. Case logs for the previous 24 months must be submitted with this application. **(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 core privileges requested during the previous 24 months without significant quality variations identified. Clinical activity must demonstrate performance of a minimum of 100 patient encounters during the previous 24 months. **(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.
- 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 gastroenterology 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	GASTROENTEROLOGY CORE PRIVILEGES <i>Uncheck any privilege(s) you are not applying for in this set of Core Privileges</i>
	Admit, diagnosis, consultation, treatment and management of patients over the age of 18 with disorders, injuries, and illnesses affecting the stomach, intestines and associated organs (such as the esophagus, liver, gallbladder and pancreas). <ul style="list-style-type: none"> • Anorectal manometry • Biliary secretory tests • Biopsy of the mucosa of esophagus, stomach, small bowel and colon • Bougienage, diagnostic/therapeutic procedures • Capsule Endoscopy • Colonoscopy & Polypectomy • Direct Percutaneous Jejunostomy • Esophageal dilation (bougienage, guide wired, TTS balloon) • Flexible Sigmoidoscopy • Gastrointestinal motility studies, including: <ul style="list-style-type: none"> o esophageal manometry o pH study interpretation • Gastroscopy (EGD) • Nonvariceal hemostasis (thermal/injection/clipping, upper/lower GI tract) • Paracentesis • Percutaneous Endoscopic Gastrostomy (PEG) • Percutaneous Liver Biopsy • Pneumatic Dilation for Achalasia • Rigid Sigmoidoscopy • Sengstaken-Blakemore Tube Insertion • Snare polypectomy • Variceal hemostasis

SPECIAL REQUESTS:

Initial Appointment: A certificate from course, fellowship or residency involving special procedure requested along with an appropriate proctoring plan or letter of recommendation from proctoring physician regarding education in performing special procedures requested.

For applicants actively performing the following special requests, case logs for the previous 24 months must be provided with this initial application.

Reappointment Criteria:

Documentation of clinical activity within the scope of privileges requested, without significant quality variations identified. Case logs for the previous 24 months must be provided with this application.

REQUESTED	SPECIAL REQUESTS:
	Device assisted enteroscopy – evidence of 10 procedures in the past 24 months
	ERCP, in all its diagnostic and therapeutic applications, interpretation of, use and maneuver of equipment. For Initial Appointment: a minimum of 20 procedures in the previous 24 months.
	EUS (endoscopic ultrasound) – must provide evidence of training and 20 procedures in the previous 24 months.
	POEM (per oral endoscopic myotomy evidence of 10 procedures in the past 24 months
	MODERATE (Conscious) Sedation Complete the Moderate Sedation Delineation of Privileges to request this privilege

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 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 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:



CEO Board Report (as of 3/25/2026)

People:

- Brenda Hanson has accepted the Director of Surgical services role. She comes with substantial experience in her career and has already made a big impact on our OR and hospital. Welcome, Brenda!
- Dr. Nayak and his team at Mission Cardiology started seeing patients on Monday's and Fridays in our specialty clinic.

Community:

- Chaired the Rural Health Collaborative meeting in Ellensburg, Washington this past week, which included a visit from Ryan Moran, Director of the Washington State Health Care Authority. Discussions focused on our strategic priorities for the year, with significant time dedicated to evaluating the Rural Health Transformation Funds under HR1(Big Beautiful Bill).
- Attended the WSHA board meeting in Seattle where we had good conversations with Attorney General Nick Brown and Secretary of Health Services Angela Ramirez.
- Visited with the UW Residency program in Seattle this week as well.

Quality:

- Net promoter score at 78 (score is from -100 to 100) with a likelihood to recommend score is 9.2 out of 10.
- Dr. Coyne, Hospitalist, and Codi Onda, Social Worker, were recognized with a Quality Star Award this month for going above and beyond for a patient without family assistance.
- Heather Vogel, Informatics, was recognized for support of the ED staff during the transition to an updated version of T-Systems.
- Byron Schmidt, Lab manager, was recognized for his willingness to step in as projects and issues arise.

Financial:

- Financials were not available at the time of this report and will be included in the board packet early next week.
- Gross charges are trending at approximately \$234K per day, pacing about \$280K ahead of budget year to date (\$19.4M compared to \$19.1M).
- Clinic visits across Express, Primary, and Specialty services are up year to date, with 901 visits compared to 663 during the same period last year, driven primarily by growth in Specialty.
- Surgical volumes month to date have increased in both General Surgery and Orthopedics, with 52 cases compared to 36 during the same timeframe last year.
- The percentage of Emergency Department patients admitted year to date is approximately 8%, up from 4.75% in 2024 and 6.5% in 2025, reflecting increased in patients admitted here at LCH.
- This year's Washington legislative session was better received than last year, with no new cuts to hospitals despite a substantial budget shortfall. Key legislation included protections for healthcare providers related to 340B and improvements to timely insurance claims processing.

Building for the Future:

- Construction of the EMS building continues to progress, with framing complete, windows installed, and masonry in place. Work scheduled for this week includes HVAC, drywall, fire suppression, and window completion. Next week's activities include siding installation and pouring the garage slab.
- Work is beginning to hopefully find a new home for the old business office (current EMS office). We will shortly be offering the modular to the community and beyond using a bid process.

Lake Chelan Health

2026-2028 Community Health Needs Assessment (CHNA) Implementation Plan

Lake Chelan Health's (LCH) 2026-2028 CHNA, coupled with the specific strategies identified within this Implementation Plan, are integral to our commitment to partner with the community we serve to build a healthy and more equitable Lake Chelan Valley. The CHNA, adopted on December 31, 2025, contains a detailed evaluation of factors impacting the quality of life of Lake Chelan Valley residents.

The CHNA process was designed to assure that residents of the Lake Chelan Valley had the ability to voice input into the identification of defined priorities. Specific community engagement processes taken are described in the Data Collection section of the CHNA report. The LCH Board has high interest in achieving an equitable environment for patients, workforce, and community, and as such, is committed to supporting implementation of strategies and resources available to help improve community identified needs.

Selected Priorities

LCH engaged Wipfli, an independent audit, tax, and advisory firm to facilitate the development of the CHNA. After thoughtful consideration of acquired data, community input, and community voiced needs, LCH identified the following four priority areas of focus, in no particular order, for the period of 2026-2028.

- **Access to Care with focus on Primary Care, Specialty Care and Behavioral Health**
- **Continuity of Care, Recruitment, and Retention of a Quality Work**
- **Culturally Competent Care**
- **Cost of Care**

These four priorities will help guide LCH's Strategic Plan and are the focus of this Implementation Plan. We believe the strategies identified will make meaningful progress in each area and allow LCH to show measurable improvement over time.

As noted in our Community Health Needs Assessment (CHNA), our community is diverse, and some neighbors experience health inequities. LCH will intentionally include health equity in each priority and strategy by investing in leadership and staff training, increasing awareness, and partnering with community organizations to help reduce these inequities.

Implementation Strategies

A. Priority: Access to Care with focus on Primary Care, Specialty Care and Behavioral Health

The goal is to provide equitable access to primary and preventive care in order to prevent or delay disease, to detect health problems early, and to provide education in support of good health-related behaviors and decisions. Strategies are detailed in the table below.

Strategy	Anticipated Impacts	Resources/ Community Partners
Expand health resources to meet community needs.	<ul style="list-style-type: none"> Reduced out migration of care for essential services offered locally. 	<ul style="list-style-type: none"> LCH Primary Care, Pediatric Care and Express Care Walk-in Clinic Providers and Staff LCH Community Health Workers (CHWs) LCH Community Paramedicine Program Columbia Valley Community Health Center (CVCH) Chelan & Manson School Districts Regional hospitals, clinics and specialists
Partner with local & regional organizations.	<ul style="list-style-type: none"> Improved access to resources for patients served. 	
Increase resources and/or staff to transportation insecurities.	<ul style="list-style-type: none"> Improved transportation insecurity increases access to health services. 	
Monitor social determinants of health information given to patients.	<ul style="list-style-type: none"> Assured patients are offered the needed resources to meet needs 	
Close care gaps through provision of annual reminders for preventive annual screenings/vaccinations and of community-based screening/ vaccination programs, with a special focus on reducing inequities.	<ul style="list-style-type: none"> Increase in compliance with annual screening recommendations. Increase the percentage of all residents, especially those from traditionally underserved groups, receiving preventive screening and recommended vaccinations. 	
Partner with the community to provide education on healthy lifestyle choices to reduce both the risk of injury and disease progression.	<ul style="list-style-type: none"> Increase in resident participation in community and school events focused on health and wellness. Increase in residents reporting regular exercise and healthy food choices. 	
Partner with Lake Chelan Valley school districts to provide health education, including childhood injury prevention, drug and alcohol prevention, and CPR/First Aid training.	<ul style="list-style-type: none"> Increase in percentage of children, youth, and families participating in health education. Increase in number of participants in CPR/First Aid training. Reduction in childhood injuries treated in the ED, walk-in clinic, and primary care. 	

B. Priority: Continuity of Care, Recruitment, and Retention of a Quality Workforce.

To assure access to the range of health prevention, diagnosis, and treatment services needed in our hospital district, the Lake Chelan Valley needs to grow, recruit, and retain a quality workforce, including physicians, advanced practice providers, nurses, CHWs, paramedics, EMTs, and ancillary and technical staff.

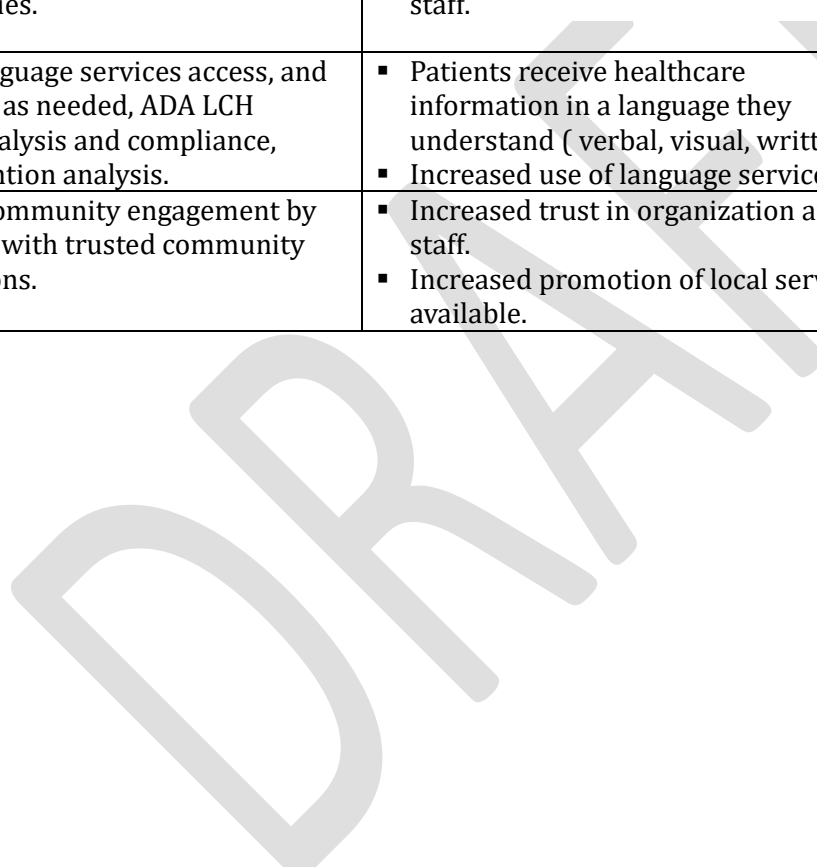
Strategies	Anticipated Impacts	Resources/Community Partners
Evaluate specific workforce needs and recruit new providers and staff that reflect the demographics of the community.	<ul style="list-style-type: none"> ▪ Increase in number of provider/staff position openings developed/posted. ▪ Increase in number of providers and staff recruited/hired, with a special focus on bilingual providers/staff. ▪ Additional retention opportunities identified/implemented. ▪ Increase in collaboration with community housing agencies and private foundations. ▪ Reduce turnover of providers and staff. ▪ Increase in access to local care. ▪ Increase number of EMTs in the Lake Chelan Valley, with a specific focus on increasing the number of bilingual EMTs. ▪ Increased awareness of benefits to working at LCH will retain/recruit staff. ▪ Increased staff connection/retention. 	<ul style="list-style-type: none"> ▪ Lake Chelan Health Paratransit Dept. ▪ LCH Community Paramedicine and EMS ▪ Link Transit ▪ Chelan Valley Hope ▪ School Districts ▪ Chamber of Commerce ▪ Wenatchee Valley College ▪ Local Running Start Program ▪ Chelan Valley Housing Trust ▪ Habitat for Humanity ▪ Lake Chelan Health and Wellness Foundation ▪ LCH Staff
Work with community partners to implement programs to retain existing providers, including advocating for affordable housing locally and at policy level, more family-wage jobs, and better transportation and childcare options.		
Partner with local school districts and community partners to raise awareness and provide training opportunities to engage youth in potential healthcare careers after graduation.		
Partner with higher level education organizations to provide high school students EMT training through the Running Start program or healthcare field internships (enrolled in a medical program).		
Better understand/promote retention strategies.		
Share staff stories “why did you choose healthcare and why do you stay?”		

C. Priority: Culturally Competent Care.

Diverse populations within the service area may experience barriers related to language, culture, and trust in healthcare systems. LCH is committed to supporting culturally competent care by ensuring every patient feels understood, respected, and valued. We recognize and respond to differences in language, beliefs, and health practices to strengthen communication, build trust, reduce health disparities, and improve overall health outcomes in our community.

LCH will deliver care that is respectful, responsive, and inclusive of cultural health beliefs and practices.

Strategy	Anticipated Impacts	Resources/Community Partners
Strengthening staff/providers cultural competency by providing regular cultural and health equity training opportunities.	<ul style="list-style-type: none"> ▪ Improved patient/provider relationship. ▪ Increased trust in organization and staff. 	<ul style="list-style-type: none"> ▪ Relias and other learning opportunities ▪ LCH language services provider ▪ Website host/developer.
Expand language services access, and equipment as needed, ADA LCH Website analysis and compliance, forms retention analysis.	<ul style="list-style-type: none"> ▪ Patients receive healthcare information in a language they understand (verbal, visual, written). ▪ Increased use of language services. 	<ul style="list-style-type: none"> ▪ LCH Community Health Workers (CHWs) ▪ LCH staff/departments ▪ Local school districts
Enhance Community engagement by partnering with trusted community organizations.	<ul style="list-style-type: none"> ▪ Increased trust in organization and staff. ▪ Increased promotion of local services available. 	<ul style="list-style-type: none"> ▪ Community Resource partners (i.e.. Thrive Chelan Valley Hope)



D. Priority: Cost of Care.

LCH intends to support cost of care transparency, available financial resources and staff assistance.

Strategy	Anticipated Impacts	Resources/Community Partners
Improve price transparency by providing cost resource tools to patients ahead of visits (if appropriate).	<ul style="list-style-type: none"> ▪ No surprise billing. ▪ Reduced billing complaints. ▪ Patients informed of financial assistance resources. 	<ul style="list-style-type: none"> ▪ LCH billing department ▪ Patient Access/Scheduling staff ▪ Leadership ▪ LCH Community Health Workers (CHWs) ▪ North Central Community Care Hub (CCH) ▪ EMS programs (paramedince, paratransit, etc.) ▪ Hospital Healthcare Advocates i.e. state representatives, Rural Health Collaborative (RHC), Washington State Hospital Association (WSHA), etc.
Enhance awareness of new billing platform and financial counselors.	<ul style="list-style-type: none"> ▪ Improved patient satisfaction related to billing. ▪ Reduced outstanding accounts or collections. 	
Promote preventative care education, ER vs clinic, and other opportunities.	<ul style="list-style-type: none"> ▪ Improved health outcomes to reduce unnecessary health visits. 	
Advocate for policy improvement (state/federal level) i.e. Charity Care laws.	<ul style="list-style-type: none"> ▪ Reduced financial impact on hospitals, especially rural hospital. 	

DRAFT

Lake Chelan Health

Patient Rights and Responsibilities



To promote patient safety, we encourage you to speak openly with your health care team, be well informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

You or Your designee have the right to:

Respectful and Safe Care

- Be given considerate, respectful, and compassionate care.
- Have a family member/friend and your doctor notified when you are admitted to the hospital.
- Be given care in a safe environment, free from abuse and neglect (verbal, mental, physical, or sexual).
- Have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
- Be free from restraints and seclusion unless needed for safety.
- Know the names and jobs of the people who care for you.
- Know when students, residents or other trainees are involved in your care.
- Have your culture and personal values, beliefs and wishes respected.
- Have access to spiritual services.
- Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity, language, or ability to pay.
- Be given a list of protective and advocacy services, when needed. These services help certain patients (e.g., children, elderly, disabled) exercise their rights and protect them from abuse and neglect.
- Receive information about hospital and physician charges.
- Ask for an estimate of hospital charges before care is provided.
- Be involved in your plan of care and discharge plan or request a discharge plan evaluation at any time.
- Involve your family in decisions about care.
- Ask questions and get a timely response to your questions or requests.
- Have your pain managed.
- Refuse care.
- Have someone with you for emotional support, unless that person interferes with your or others' rights, safety, or health.
- Ask for a chaperone to be with you during exams, tests or procedures.
- Choose your support person and visitors and change your mind about who may visit.
- Select someone to make health care decisions for you if at some point you are unable to make those decisions (and have all patient rights apply to that person).

Effective Communication and Participation in

Your Care

- Get information during your visit in a way you can understand. This includes communication assistance, such as sign language and foreign language interpreters, as well as vision, speech and hearing assistance provided free of charge.
- Get information from your doctor/provider about:
 - your diagnosis
 - your test results
 - possible outcomes of care and unanticipated outcomes of care

End of Life Decisions

- Create or change an Advance Directive (also known as a living will or durable power of attorney for health care).
- Have your organ donation wishes known and honored, if possible.

Informed Consent

- Give permission (informed consent) before any non-emergency care is provided, including:
 - risks and benefits of your treatment
 - alternatives to that treatment
 - risks and benefits of those alternatives
- Agree or refuse to be part of a research study without affecting your care.
- Agree or refuse to allow pictures for purposes other than your care.

Privacy and Confidentiality

- Have privacy and confidential treatment and communication about your care.
- Be given a copy of the HIPAA Notice of Privacy Practices, which includes information on how to access your medical record.

Lake Chelan Health

Patient Rights and Responsibilities

Complaints and Grievances

- Complain and have your complaint reviewed without affecting your care. If you have a problem or complaint, you may talk to your doctor, nurse manager or a department manager.
- You may also contact the Executive Director of Quality, Safety & Risk Management, Compliance Officer at 509-682-3300 Extension 8900.
- If your issue is not resolved to your satisfaction, other external groups you may contact include:

Call the Compliance Hotline at 888-866-6321

Hospital's Quality Improvement Organization (QIO) for coverage decisions or to appeal a premature discharge:

- Qualis/BFCC-QIO
P.O. BOX 33400
Seattle, WA 98133
1-800-949-7536
- **State Agency:**
 - Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
PO Box 47857
Olympia, WA 98504-7857
Email: hsgacomplaintintake@doh.wa.gov
Phone: 1-800-633-6828
- **Accreditation Agency:**
 - DNV-GL Healthcare
Attn: Hospital Complaint DNV GL Healthcare Inc
400 Techne Center Drive, Suite 100
Milford, OH 45150-2792
Phone: (866) 523-6842
<https://www.dnvhealthcareportal.com/patient-complaint-report>
- **To address discrimination concerns, you may also file a civil rights complaint with the U.S. Department of Health and Human Services:**
 - Office for Civil Rights
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)
OCRMail@hhs.gov
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

You have the responsibility to:

- Provide accurate and complete information about your health, address, telephone number, date of birth, insurance carrier and employer.
- Call if you cannot keep your appointment.
- Be respectful of your hospital team, from the doctors, nurses and technicians to the people who deliver your meals and the cleaning crews.
- Be considerate in language and conduct of other people and property, including being mindful of noise levels, privacy, and number of visitors.
- Give us a copy of your advance directive.
- Ask questions if there is anything you do not understand.
- Report unexpected changes in your health.
- Follow hospital Policy and Procedures as directed.
- Take responsibility for the consequences of refusing care or not following instructions.
- Leave valuables at home.
- Keep all information about hospital staff or other patients private.
- Do not take pictures, videos, or recordings without permission from hospital staff.
- Assure that the financial obligations of hospital care are fulfilled as promptly as possible.

Reviewed 2.16.26

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

RESOLUTION No. 2026-5

Pigg-o-Stat

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), to authorize the disposal of hospital surplus items; and

WHEREAS, Lake Chelan Health (LCH) a public hospital in the State of Washington, is committed to the responsible management and disposal of assets; and

WHEREAS, the Imaging department has identified the following items as surplus to departmental needs:

- Pigg-o-Stat, Manufacturer: Modern Way Immobilizers

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 31st day of March 2026 with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO