

# LAKE CHELAN HEALTH

## **BOARD PACKET**

Chelan County Public Hospital District No. 2

4/28/2026



Chelan County Public Hospital District No. 2  
 Board Time Keeping training 11:30 - Noon  
 Board Training 12:15-1:15PM  
 Regular Meeting of the Board of Commissioners  
 April 28, 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

Time	Agenda Item	Facilitator	Topic/Action
1:30	1. Call to Order/ Changes to Agenda	L. Withrow	
1:31	2. Public Comment		
1:35	3. Chair Report	L. Withrow	
1:40	4. Consent Agenda	Commission	A. Regular Board Meeting Minutes 3/31/2026(FM) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Governance Committee Minutes 4/22/26 (FA) E. Finance Committee Minutes 4/23/2026 (FA) F. March Unaudited Finance Report (FA)
1:45	5. Quarterly Reports	Dr. Rothmeyer Dr. LeMire	A. Chief of Staff Report (FI) B. Resident Quality Project Report Out (FI)
2:05	6. Executive Session		A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205
2:20	7. Reports	J. Barich, S. Freed  B. Truman/B. Fields  A. Edwards S. Ottley Commissioners	A. Med Staff Report & Credentialing (FI) i. Delineation of Medical Privileges for Endocrinology Service (FM) B. Financial i. March Financial Summary (FI) ii. Revenue Cycle (FI) iii. EMS Business Review (FI) iv. Resolution 2026-6 Disposal – Whirlpool Freezer (FM) C. CEO Report (FI) D. Strat Plan (FI) E. Community Connections (FD)
3:20	8. Old Business	S. Ottley Commissioners	A. EMS Capital Project Update (FI) B. CHNA Implementation (FM)
3:40	9. New Business	Commissioners  M. Miller R. Montgomery	A. Board Training (FD) B. Board Meeting Date Change (FD) C. Clinic Update (FI) D. OB Update (FI)
4:00	10. Public Comment		
4:05	11. 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	12. Roundtable/Action Items	Commission	
5:10	13. Adjournment	L. Withrow	

## Board Calendar Reminders:

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

7/9/2026	Medical Staff Meeting	Bragg Room/TEAMS	7-8:30 am
7/9/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
TBA	Credentialing Committee	TBA	TBA
7/23/2026	Finance Committee	Bragg Room/ TEAMS	10 am
7/28/2026	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 March 31, 2026 at 1:30 pm**

**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, R. Montgomery, M. Miller, B. Truman, A Benegas, T. Lautiki, L. Sahlinger, J Phetteplace, D. Ehlert, Dr. Freed

**Community Members:** Anna Moroz, Manuel Navarro

**Recorder:** Wendy Kenck

Agenda Item	Topic/Action
Call to Order	<ul style="list-style-type: none"> <li>L. Withrow called the meeting to order at 1:30 pm.</li> </ul>
Public Comment	<ul style="list-style-type: none"> <li>No public comment</li> </ul>
Consent Agenda	<ul style="list-style-type: none"> <li>L. Withrow noted that change management often requires adopting new ways of working and updating processes and structures to support new experiences and the continued growth of the organization. She acknowledged the professionalism and commitment of staff throughout these changes and noted that their efforts strengthen care for patients in the community. While the process can be demanding, these efforts support the continued development of a strong organization dedicated to providing excellent community healthcare.</li> <li><b>Consent Agenda</b> <ul style="list-style-type: none"> <li><i>D. Gibson motioned to approve the Consent Agenda, seconded, and motion approved.</i></li> </ul> </li> </ul>
Executive Session	<ul style="list-style-type: none"> <li>L. Withrow, Chair announced an Executive Session at 1:35 PM for 30 minutes, scheduled to end at 2:05 pm, citing RCW 70.44.062 and RCW 42.30.110(1)(o) to consider information regarding staff privileges and matters discussed by quality improvement committees.             <ul style="list-style-type: none"> <li>L. Withrow announced Executive Session ended at 2:05 PM. Board returned to open meeting.</li> <li>Action Following Executive Session:                 <ul style="list-style-type: none"> <li><i>D. Gibson, after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the Initial appointment of John Pettit (MD), provisional status to full membership of Matthew Coyne (MD), Jacob Kalliath (DO), and the reappointment of Pawani Bhattacharya (MD), Ruxandra Costa (MD), Aixa Espinosa Morales (MD), Bruce Geryk (MD), Amit Kansara (MD), Soo Young Kwon (MD), Robert Lada (MD), George Lopez (MD), Michael Marvi (MD), Neha Mirchandani (MD), Aaron Stayman (MD), James Wang (MD), Hanbing (Hilary) Wang (MD), Corey White (DO), Harsh Patel (MD), Peggy Rouleau (MD), Stephanie Runyan (DO), Gabriella Santos Nunez</i></li> </ul> </li> </ul> </li> </ul>

	<i>(MD), seconded, motion approved.</i>
Reports	<ul style="list-style-type: none"> <li>• <b>Medical Staff Report:</b> In addition to the CMO report from Dr. Freed, A. Edwards reported he attended interdisciplinary rounds with a full team including residents and one of the CVCH attending physicians was also in attendance. There is currently one direct admit on the floor. The expectation is that having the full care team together to review each patient’s needs will support the best care for the patient and the process is working well. <ul style="list-style-type: none"> <li>○ <i>J LaPorte motioned to accept the Gastroenterology Delineation of Privileges, seconded, motion approved.</i></li> </ul> </li> <li>• <b>Finance:</b> <ul style="list-style-type: none"> <li>○ B. Truman provided specific updates to the unaudited February 2026 finance report.</li> <li>○ He noted that the Revenue Cycle team is performing at a high level to date, with expectations for continued improvements.</li> </ul> </li> <li>• <b>CEO Report:</b> A. Edwards provided an update on the grant submitted to our U.S. Congressional Representative Schrier to support the development of a regional medical training site in our community. LCH has been identified as one of the top selections for the grant. Appreciation was extended to R. Eickmeyer and M. Murphy, and those who provided letters of support, including the Mayor Erin McCardle, Representative Mike Steele, CVCH CEO Manuel Navarro, and Dr. Harberd. Appreciation was also expressed for Mike Steele’s support of the 340B program at the state level.</li> <li>• <b>Strat Plan:</b> S. Ottley provided an overview of the current progress of the Strategic Plan, including organization-wide initiatives.</li> <li>• <b>Community Connection Opportunities:</b> <ul style="list-style-type: none"> <li>○ The Manson Community Council meeting will be held May 19 at 6:00 PM, and LCH has been invited to present.</li> <li>○ J. LaPorte, A. Edwards, and S. Ottley attended the Lake Chelan Health Foundation Board meeting and discussed communication efforts and progress toward improving the scholarship application process.</li> <li>○ M. Murphy shared information regarding training opportunities for nonprofit organizations.</li> </ul> </li> </ul>
Old Business	<ul style="list-style-type: none"> <li>• <b>EMS Capital Project Update:</b> S. Ottley provided an update on the status of the ongoing EMS/Admin capital project.</li> <li>• <b>CHNA:</b> The Board reviewed the draft Community Health Needs Assessment (CHNA) plan and provided grammar edits and recommendations for adjustments.</li> </ul>
New Business	<ul style="list-style-type: none"> <li>• <b>Board Training:</b> The Board participated in training on Governance and Quality, followed by discussion during the Board meeting.</li> <li>• <i>M. Murphy motioned to approve Resolution 2026-5 Surplus of the Pigg-o-Stat, seconded; motion approved.</i></li> <li>• <i>D. Gibson motioned to approve the Patient Rights &amp; Responsibilities document, seconded, motion approved</i></li> </ul>
Public	<ul style="list-style-type: none"> <li>• Manuel thanked Lake Chelan Health for the opportunity to support the grant for the training center, highlighting its importance in maintaining quality care for the community. He also expressed appreciation for the collaboration between Lake Chelan Health and Columbia Valley Community Health in bringing additional resources to the community through the Rural Health Transformation funds.</li> </ul>

Executive Session	<ul style="list-style-type: none"> <li>• L. Withrow announced an Executive Session at 4:00 PM for 60 minutes to end at 5:00 PM citing RCW 42.30.110(1)(b) To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price and RCW 42.30.110(1)(g) to evaluate the performance of a public employee. No action is expected. <ul style="list-style-type: none"> <li>○ L. Withrow extended the Executive Session 30 minutes</li> <li>○ L. Withrow extended the Executive Session 30 minutes Commissioner England left the meeting early due to a conflict of interest</li> <li>○ L. Withrow extended the Executive Session 30 minutes</li> <li>○ L. Withrow extended the Executive Session 5 minutes</li> <li>○ Executive Session ended at 6:35 pm and the Board resumed in open meeting.</li> </ul> </li> </ul>
Action Items	<ul style="list-style-type: none"> <li>• W. Kenck to share the nonprofit advocacy guide with all Board members.</li> <li>• W. Kenck to add the Board Job Description to the website.</li> <li>• M. Murphy to provide CHNA plan edits to W. Kenck for incorporation.</li> <li>• A. Edwards and L. Sahlinger will attend the Lake Chelan Health Foundation Board meeting this month.</li> </ul>
Adjournment	<ul style="list-style-type: none"> <li>• No action was taken following the Executive Session.</li> <li>• L. Withrow adjourned the meeting at 6:35 pm</li> </ul>

Attest:

\_\_\_\_\_  
Mary Murphy, Secretary

\_\_\_\_\_  
Aaron Edwards, CEO

\_\_\_\_\_  
Wendy Kenck, Executive Assistant

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - APRIL 2026	WARRANT #'S PAYROLL	AMOUNT	PAY PERIOD
243133	\$ 119.24			DIRECT DEPOSIT	\$ 692,422.50	3/21/2026
243134-243136	\$ 8,190.64			PAYROLL TAXES	\$ 277,003.63	3/21/2026
243137-243186	\$ 368,376.42			CHILD SUPPORT	\$ 760.61	3/21/2026
AP ACH	\$ 187,202.97			DIRECT DEPOSIT	\$ 732,355.32	4/4/2026
AP ACH	\$ 622,925.40			PAYROLL TAXES	\$ 293,235.30	4/4/2026
RETIREMENT	\$ 72,614.31			CHILD SUPPORT	\$ 760.61	4/4/2026
AP ACH	\$ 94,867.74					
243187-243236	\$ 429,233.70					
AP ACH	\$ 743,268.21					
243237-243292	\$ 281,206.92					
AP ACH	\$ 39,326.52					
243293-243316	\$ 39,806.53					
AP ACH	\$ 208,795.13					
243317-243379	\$ 734,584.81					
IDAHO	\$ 978.00					
	<b>\$ 3,831,496.54</b>				<b>\$ 1,996,537.97</b>	

DATE March 2026

**TOTAL BAD DEBTS - HOSPITAL \$84,426.80**  
**TOTAL MEDICARE BAD DEBTS \$4,611.89**  
**TOTAL BANKRUPTCY \$0**  
**TOTAL CHARITY CARE – HOSPITAL (\$453.96)**  
**TOTAL MEDICARE CHARITY CARE - \$0**

**TOTAL ATTESTATION \$88,584.73**

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

BOARD DESIGNATED AUDITOR \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD APPROVAL

DATE: \_\_\_\_\_

CHAIR \_\_\_\_\_

VICE CHAIR \_\_\_\_\_

SECRETARY \_\_\_\_\_

MEMBER \_\_\_\_\_

MEMBER \_\_\_\_\_

ATTEST. ADMINISTRATOR \_\_\_\_\_



# LAKE CHELAN HEALTH

## MEETING MINUTES

<b>Name of Group:</b> Governance Committee	<b>Date of Meeting:</b> 4/22/26	<b>Time of Meeting:</b> 8:00 am
<b>Facilitator:</b> Mary Murphy		<b>Location:</b> Teams
<b>Recorder:</b> Mary Murphy		
<b>Members present:</b>		
X BOC Representative (Mary Murphy)		X BOC Representative (Len England)
<b>Other: {other attendees or guests}</b>		
<p><b>Meeting Objectives(s)/Purpose:</b> Orient new Committee member to Governance Committee purpose and processes. Review Governing Board Policies and plan for 2026. Develop list of desired Board member skills and abilities to be an effective member.</p>		

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. Orient new Committee member to Governance Committee purpose and processes  3. Review Board policy development, due dates for updates and prepare review schedule in 2026.  3. Develop Board member qualifications list	2. Discussed purpose of Governance Committee and how matters come to the Committee from the Board.  3. Reviewed Board policy tasks and due dates. Prepared review schedule for 2026. Reviewed usual committee process to update policy drafts for the board for approval and then to LCH Policy Review Committee, PolicyStat and BOC Sharepoint.  3. Initiated list to help the public know what our Hospital District needs in terms of a high functioning Board member. Will continue to work on the list in next Committee meeting.
9:05 am	5. Adjourn	
<p><b>Next meeting: May 20 at 9 AM at LCH Cafe</b></p>		

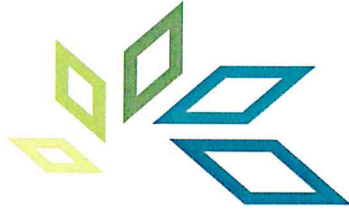


**MINUTES**

<b>Group:</b> Finance Committee 4/23/2026 at 10 am in person and via Teams		
<b>Facilitator: Jordana LaPorte</b>		<b>Recorder: B. Truman</b>
<b>Member Attendance:</b>		
<input checked="" type="checkbox"/> Jordana LaPorte, BOC (virtual)	<input checked="" type="checkbox"/> Shawn Ottley, COO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Doug Gibson, BOC	<input checked="" type="checkbox"/> Brant Truman, CFO	<input checked="" type="checkbox"/> Rhianna Montgomery, CNO
<b>Participants:</b> B. Fields, V. Bodle, M. Miller, L. Sahlinger, T. Lautiki		
<b>Guests:</b>		

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

<i>Agenda Item</i>	<i>Topic/Action</i>
1. Call to Order	<ul style="list-style-type: none"> <li>J. LaPorte called the meeting to order at 11:03 am</li> </ul>
2. New Business	<ul style="list-style-type: none"> <li>B. Fields reported on March Revenue Cycle meeting</li> <li>S. Ottley updated finance on downtown clinic</li> <li>B. Truman reviewed revenue variances thru March</li> <li>Committee recommend for board review disposal of 2026-6.</li> <li>Audit preparer score report: Eide Bailly received the highest marks; LCH will engage them as auditors.</li> </ul>
3. Old Business	<ul style="list-style-type: none"> <li>A. Edwards gave RHT project funds update</li> </ul>
4. Reports	<ul style="list-style-type: none"> <li>V. Bodle presented March 2026 Financial Statement (unaudited).</li> </ul>
	<i>Meeting ended @ 11:30 am</i>



# LAKE CHELAN HEALTH

**Unaudited Financial Statements**

**for**

**For the month ended March 31, 2026**

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**Balance Sheet**  
**Lake Chelan Health**

	<u>Current Month</u> 3/31/2026 unaudited	<u>Prior Year</u> 12/31/2025 AUDITED	<u>Prior Year</u> 3/31/2025 Unaudited
<b>ASSETS:</b>			
CASH	674,410	\$ 710,559	\$ 325,195
PATIENT RECEIVABLES	20,421,465	17,873,725	\$ 13,842,400
LESS: RESERVES FOR ALLOWANCES	<u>(10,627,649)</u>	<u>(9,145,837)</u>	<u>\$ (6,658,631)</u>
NET PATIENT ACCOUNTS RECEIVABLES	9,793,816	8,727,889	7,183,769
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	167,094	261,253	170,097
OTHER RECEIVABLES	2,812,636	608,064	1,085,769
INVENTORIES	378,438	333,784	335,975
PREPAID EXPENSES	458,718	518,700	552,010
TOTAL CURRENT ASSETS	<u>\$ 14,285,113</u>	<u>\$ 11,160,248</u>	<u>\$ 9,652,814</u>
GENERAL RESERVES	\$ 820,222	599,257	\$ 446,811
Unrestricted Reserves	\$ 1,423,846	2,517,941	\$ 6,238,093
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	50,014	50,012	\$ 50,004
TOTAL LIMITED USE ASSETS	<u>\$ 6,980,807</u>	<u>\$ 7,853,934</u>	<u>\$ 11,284,832</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,133,845
LAND IMPROVEMENTS	0	2,969,105	\$ -
BUILDINGS & IMPROVEMENTS	2,969,105	0	\$ -
EQUIPMENT	9,385,599	9,235,793	\$ 10,277,581
SOFTWARE	2,245,630	2,242,422	\$ 2,353,217
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	5,563,962	1,892,126	\$ 1,947,402
CONSTRUCTION-IN-PROGRESS - HOSPITAL	89,905	74,248	\$ 114,045
GROSS PROPERTY, PLANT, & EQUIPMENT	74,398,082	71,019,969	65,961,059
LESS: ACCUMULATED DEPRECIATION	<u>(17,964,179)</u>	<u>(17,077,985)</u>	<u>\$ (15,264,258)</u>
GASB 87 AMORTIZATION	<u>(1,638,390)</u>	<u>(1,443,601)</u>	<u>(555,779)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 54,795,513</u>	<u>\$ 52,498,382</u>	<u>\$ 50,141,022</u>
DEFERRED ITEMS	\$ 2,411,640	2,416,456	\$ 1,530,915
TOTAL ASSETS	<u>\$ 78,473,072</u>	<u>\$ 73,929,020</u>	<u>\$ 72,609,583</u>
<b>LIABILITIES:</b>			
ACCOUNTS PAYABLE	\$ 2,025,671	663,522	1,802,990
ACCRUED PAYROLL	658,703	1,076,786	475,047
ACCRUED VACATION/HOLIDAY/SICK PAY	1,913,916	1,596,206	1,280,641
PAYROLL TAXES PAYABLE	199,532	210,226	39,791
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,253,006	1,154,183	1,205,896
INTEREST PAYABLE	350,456	89,348	359,563
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,189,475	1,189,475	1,129,475
LINE OF CREDIT	0	0	0
TOTAL CURRENT LIABILITIES	<u>\$ 7,590,759</u>	<u>\$ 5,979,746</u>	<u>\$ 6,293,402</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 17,955,179	17,958,807	18,354,690
2013 BONDS	3,894,882	3,893,592	4,284,725
USDA LOANS	17,991,640	18,113,606	18,421,537
LEASES	2,561,196	3,253,680	1,680,054
PAID LEAVE - LT PORTION	89,941	179,000	82,334
2025 BONDS	1,392,555	1,392,333	
TOTAL LONG TERM LIABILITIES	<u>\$ 43,885,393</u>	<u>\$ 44,791,019</u>	<u>\$ 42,823,341</u>
DEFERRED ITEMS	\$ 10,039,649	4,776,042	4,101,555
TOTAL LIABILITIES	<u>\$ 61,515,801</u>	<u>\$ 55,546,806</u>	<u>\$ 53,218,298</u>
<b>FUND BALANCE:</b>			
UNRESTRICTED FUND BALANCE	\$ 17,024,777	19,160,312	19,490,670
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(67,506)</u>	<u>(778,098)</u>	<u>(99,386)</u>
TOTAL NET ASSETS	<u>\$ 16,957,271</u>	<u>\$ 18,382,214</u>	<u>\$ 19,391,284</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>\$ 78,473,072</b></u>	<u><b>\$ 73,929,020</b></u>	<u><b>\$ 72,609,583</b></u>

property taxes are  
accrued over 12  
months

# Statement of Revenue and Expense

## Lake Chelan Health

For the month ended March 31, 2026

	CURRENT MONTH				Prior Year 03/31/25
	Actual 03/31/26	Budget 03/31/26	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 794,065	\$ 803,946	(9,881)	-1%	\$ 596,978
OUTPATIENT	7,255,507	6,585,092	670,415	10%	4,804,072
TOTAL PATIENT SERVICE REVENUES	<u>8,049,572</u>	<u>7,389,038</u>	<u>660,534</u>	9%	<u>5,401,049</u>
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(3,605,420)	(3,288,122)	(317,298)	10%	(1,865,646)
BAD DEBT	(89,039)	0	(89,039)	0.00%	(177,880)
CHARITY	454	0	454	0.00%	(194,964)
TOTAL DEDUCTIONS FROM REVENUES	<u>(3,694,005)</u> 45.9%	<u>(3,288,122)</u> 44.5%	<u>(405,883)</u> -12%		<u>(2,238,490)</u> 41.4%
NET PATIENT SERVICE REVENUES	<u>4,355,568</u>	<u>4,100,917</u>	<u>254,651</u>	6%	<u>3,162,559</u>
OTHER OPERATING REVENUES	<u>45,749</u>	<u>71,085</u>	<u>(25,336)</u>	-36%	<u>30,794</u>
<b>TOTAL OPERATING REVENUES</b>	<b><u>4,401,317</u></b>	<b><u>4,172,002</u></b>	<b><u>229,315</u></b>		<b><u>3,193,354</u></b>
OPERATING EXPENSES					
SALARIES/WAGES	2,378,887	2,186,430	(192,457)	-9%	1,838,213
EMPLOYEE BENEFITS	497,551	466,603	(30,948)	-7%	336,810
PROFESSIONAL SERVICES	424,479	514,921	90,442	18%	270,370
FOOD SUPPLIES	20,409	23,260	2,851	12%	22,281
MINOR EQUIPMENT	33,694	38,518	4,824	13%	19,798
SUPPLIES	293,918	301,445	7,527	2%	219,729
PLANT UTILITIES	36,223	38,466	2,242	6%	28,309
PURCHASED SERVICES	248,153	368,236	120,083	33%	469,465
REPAIR/MAINTENANCE	116,404	100,392	(16,012)	-16%	117,695
PUBLIC RELATIONS/RECRUITM	27,498	10,453	(17,045)	-163%	4,500
RENT/LEASES	45,726	46,382	656	1%	99,895
INSURANCE	34,667	45,329	10,661	24%	39,611
LICENSES/TAXES	31,225	36,461	5,236	14%	11,379
DUES/SUBSCRIPTIONS/OTHER	84,072	72,659	(11,413)	-16%	61,725
TRAVEL/TRAINING	16,972	15,491	(1,482)	-10%	9,836
DEPRECIATION	316,570	365,828	49,258	13%	323,407
AMORTIZATION	63,441	64,583	1,143		
TOTAL OPERATING EXPENSES	<u>4,669,892</u>	<u>4,695,456</u>	<u>25,564</u>	0.5%	<u>3,873,023</u>
<b>NET OPERATING SURPLUS (LOSS)</b>	<b><u>(268,575)</u></b>	<b><u>(523,454)</u></b>	<b><u>254,880</u></b>		<b><u>(679,669)</u></b>
NON-OPERATING REVENUES	264,262	232,905	31,357		276,655
TAXES					
INTEREST					
GIFTS & GRANTS	58,322	650,000	(591,678)		231,865
OTHER	0	0	0		0
NET INCOME margin	<u>54,009</u> 1.2%	<u>359,451</u> 8.6%	<u>(305,442)</u>		<u>(171,150)</u> -5.4%
<b>TOTAL NET INCOME (LOSS)</b>	<b><u>\$ 54,009</u></b>	<b><u>\$ 359,451</u></b>	<b><u>(305,442)</u></b>		<b><u>\$ (171,150)</u></b>

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

For the month ended March 31, 2026

	YEAR-TO-DATE				Prior Year 03/31/25
	Actual 03/31/26	Budget 03/31/26	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 2,238,890	\$ 2,982,081	(743,191)	-25%	\$ 2,214,373
OUTPATIENT	19,571,290	17,830,770	1,740,520	10%	14,720,533
TOTAL PATIENT SERVICE REVENUES	21,810,180	20,812,851	997,329	5%	16,473,085
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(9,558,391)	(9,261,718)	(296,674)	3%	(6,025,297)
BAD DEBT	(165,405)	0	(165,405)	0.00%	(475,400)
CHARITY	(209,676)	0	(209,676)	0.00%	(330,779)
TOTAL DEDUCTIONS FROM REVENUES	(9,933,471)	(9,261,718)	(671,754)	-7%	(6,831,476)
	45.5%	44.5%			41.5%
NET PATIENT SERVICE REVENUES	11,876,709	11,551,133	325,575	3%	9,641,609
OTHER OPERATING REVENUES	134,729	213,256	(78,527)	-37%	93,470
TOTAL OPERATING REVENUES	12,011,437	11,764,389	247,048	2%	9,735,079
OPERATING EXPENSES					
SALARIES/WAGES	6,267,426	6,347,700	80,274	1%	5,166,395
EMPLOYEE BENEFITS	1,434,395	1,354,653	(79,743)	-6%	1,066,585
PROFESSIONAL SERVICES	1,145,420	1,544,763	399,342	26%	818,195
FOOD SUPPLIES	68,766	69,779	1,013	1%	61,276
MINOR EQUIPMENT	101,915	115,554	13,639	12%	57,483
SUPPLIES	886,481	849,084	(37,397)	-4%	551,050
PLANT UTILITIES	114,368	115,397	1,029	1%	91,927
PURCHASED SERVICES	844,919	1,104,708	259,789	24%	1,329,686
REPAIR/MAINTENANCE	307,107	301,177	(5,931)	-2%	294,177
PUBLIC RELATIONS/RECRUITMENT	39,983	31,359	(8,624)	-28%	34,283
RENT/LEASES	128,468	139,146	10,678	8%	256,092
INSURANCE	136,900	135,986	(914)	-1%	127,856
LICENSES/TAXES	65,918	109,433	43,515	40%	74,309
DUES/SUBSCRIPTIONS/OTHER	222,338	217,977	(4,361)	-2%	174,695
TRAVEL/TRAINING	37,171	46,472	9,300	20%	19,770
DEPRECIATION	975,552	1,097,483	121,932	11%	945,753
AMORTIZATION	195,600	193,750	(1,850)		
TOTAL OPERATING EXPENSES	12,972,729	13,774,419	801,690	5.8%	11,069,532
<b>NET OPERATING SURPLUS (LOSS)</b>	<b>(961,292)</b>	<b>(2,010,030)</b>	<b>1,048,738</b>		<b>(1,334,452)</b>
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	727,395				698,203
GRANTS/CONTRIBUTIONS	106,018	1,224,715			417,512
EMS COMMERCE GRANT	0				0
INVESTMENT EARNINGS	47,355				98,650
OTHER EXPENSE		0	0		
TAXES FOR DEBT SVC PMTS	334,165				325,166
INTEREST EXPENSE	(458,339)				(440,389)
GAIN / (LOSS) ON ASSET DISPOSAL	137,191				135,924
TOTAL NON OPERATING REVENUES	893,785	698,715	195,070		1,235,066
NET INCOME	(67,507)	(86,600)	1,048,738		(99,387)
margin	-0.6%	-0.7%			-1.0%
<b>TOTAL NET INCOME (LOSS)</b>	<b>\$ (67,507)</b>	<b>\$ (86,600)</b>	<b>\$ 19,093</b>		<b>\$ (99,387)</b>

## Patient Statistics Lake Chelan Health

For the month ended March 31, 2026



Current Month			Last Year Month			
Actual vs Budget	03/31/26	BUDGET	STATISTICS	Actual vs Budget	03/31/25	BUDGET
	57	120	Total Days Cash on Hand		99	120
	77	50	Net AR Days		67	40
	1.10	1.25	Debt Coverage Ratio		0.79	1.25
	4.60		Average Age Of Plant			
	258		Payroll FTEs		214	

Current Month			Year-To-Date			
Actual	Prior Year	BUDGET	STATISTICS	Actual	Prior Year	BUDGET
Actual vs Budget	03/31/26	03/31/25		Actual vs Budget	03/31/26	03/31/25
<b>Admissions</b>						
NA	26	19 NA	medical	NA	76	61 NA
NA	0	0 NA	surgical	NA	1	0 NA
NA	5	6 NA	OB	NA	19	20 NA
NA	31	25 NA	Acute	NA	96	81 NA
NA	1	7 NA	Swing Bed	NA	11	18 NA
NA	5	6 NA	Total Deliveries	NA	19	19 NA

<b>Patient Days</b>								
Actual vs Budget	03/31/26	03/31/25	BUDGET	STATISTICS	Actual vs Budget	03/31/26	03/31/25	BUDGET
	112	53	69	medical		278	166	195
NA	0	0 NA		surgical	NA	2	0 NA	
	9	11	13	OB		33	44	36
	121	64	82	Acute		313	210	231
	1	56	58	Swing Bed		80	201	58
	8	7	9	Total Newborn Days		23	29	25
	130	127	148	TOTAL PATIENT DAYS		416	440	313

<b>Average Length of Stay</b>						
Actual	Prior Year	BUDGET	STATISTICS	Actual	Prior Year	BUDGET
Actual vs Budget	03/31/26	03/31/25		Actual vs Budget	03/31/26	03/31/25
	3.9	2.6	Total Inpatient		3.3	2.6
	1.0	8.0	Swing Bed		7.3	11.0

<b>Avg Daily Census - Hospital</b>						
Actual	Prior Year	BUDGET	STATISTICS	Actual	Prior Year	BUDGET
Actual vs Budget	03/31/26	03/31/25		Actual vs Budget	03/31/26	03/31/25
	3.9	2.1	Total Inpatient		3.5	2.3
	0.0	1.8	Swing Bed		0.9	2.2
	3.9	3.9	Total		4.4	4.6

	466	483	501	ED Visits		1324	1415	1411
	69	47	116	Surgeries		190	151	327
	1419	1203	1198	Imaging Procedures		3911	3349	3375
	4119	3833	3753	Lab Tests		12317	11015	10570
	979	755	697	Rehab Visits		2760	2067	1965
	108	84	123	EMS Runs		319	308	347
	1202	826	1404	Total Clinic Visits		3211	2602	3954
	521	134	604	Specialty		1297	349	1699
	175	126		Primary care		477	439	
	506	566	800	Express Care (budget shows primary and express)		1437	1814	2255
	21	21		working days		63	65	

**Note #1 CONTRACTUALS**

AR increased \$1,037,586 from February to March.

Charity care was (\$454) for March. Bad Debt was \$89,039.  
Charity and Bad Debt are 1.72% of gross charges ytd compared to 4.91% this same time last year.

Medicare Cost Report Model Estimate YTD through December \$196,506. Will update through March for April 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 \$137,191 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  
ems booth donation \$200  
AZ Wells  
WHS Top Performer

***grants***

Action Health Partners - 90,160  
Community Choice - CARES  
CWH Grant  
WA ST Health  
WA ST ED Trauma 13,400  
WA ST Health  
LCHW-EMS ATV Grant  
Population Grant  
North Central Emer  
Misc Grants

***wa commerce grant - deferred***

For the month ended March 31, 2026

2/28/2026	GL ACCOUNT #	ACCT DESCRIPTION	3/31/2026	EXPLANATION	
\$100,814	10002000	General Fund Cash In Bank (Wheatland)	\$286,543	<b>\$185,728</b>	
				\$5,718,059 deposits	
				\$0 commerce grant	
				(\$7,445) tsys/payplus fees	
				(\$1,162) fees mckesson/cardinal	
				(\$236) fees and interest	
				\$0 rebates	
				\$5,514 café sales	
				(\$5,529,000) transfer to county	
\$876,715	10004000	General Fund Cash w/ Treasurer	\$1,107,776	<b>\$231,060</b>	
				\$1,355,099 AP	
				\$6,699 Voids	
				(\$1,362,369) warrants issued	
				(\$1,532,234) warrants redeemed	
				\$5,529,000 Bank Transfers from 10002000	
				\$0 Bank Transfer to/from 10106000	
				(\$88,992) Bank Transfer for USDA pmt	
				\$0 Bank Transfer from reserves 10760000	
				(\$3,709,246) Payroll/Benefits	
				(\$30,821) B&O taxes	
				\$63,385 Property Taxes	
				\$539 Leasehold Taxes & Misc Taxes	
				\$0 ap refund	
(\$39,099)	10009000	cash clearing	(\$19,758)	<b>\$19,341</b>	pmts posted as remits received
(\$876,715)	20070000	warrants outstanding	(\$700,151)	<b>\$176,564</b>	
				(\$1,363,854) remits (payroll/benefits/b&O)	
				\$1,532,234 warrants redeemed	
				(\$1,362,369) warrants issued ap	
				\$1,363,854 remits redeemed	
				\$6,699 voids	
\$18,914	10106000	AMB RESERVE	\$136,265	<b>\$117,350</b>	
				transfer to general fund	
				\$0 transfer from reserves (bond pmt & ops)	
				\$116,354 property taxes	
				\$989 leasehold taxes	
				\$7 interest	
\$483,721	10910000	2018 GO BOND	\$567,207	<b>\$83,487</b>	
				\$83,487 property taxes	
				bond pmt / fee	
\$0	10911000	2018 CASH BOND	\$0	<b>\$0</b>	interest
					reclassified to general fund
\$427,200	10916000		\$427,200	<b>\$0</b>	funded year 4 per LOC
\$120,000	10917000		\$120,000	<b>\$0</b>	funded year 4 per LOC
\$547,200			\$547,200	<b>\$0</b>	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	<b>\$0</b>	paid bond interest
\$116,750	10923000	HOSP 2025 REVENUE BONC	\$116,750	<b>\$0</b>	reimb for draws
\$5,547,814	10760000	RESERVES	\$5,563,370	<b>\$15,556</b>	
				\$15,556 interest	number of days YTD
\$50,014	10764000	COASTAL BANK	\$50,014	<b>(\$0)</b>	transfer to gen fund
\$6,826,128			\$7,655,216	<b>\$829,087</b>	interest
				6	<b>Days of Cash on Hand</b>
					21.9
					<b>Restricted Days Cash on Hand</b>
					35.5
					<b>Total Days Cash on Hand</b>
					57.4



## DELINEATION OF MEDICAL PRIVILEGES FOR ENDOCRINOLOGY SERVICES

Physician's Name: \_\_\_\_\_ MD \_\_\_\_\_ DO

Appt date from: \_\_\_\_\_ to \_\_\_\_\_ Board Eligible: \_\_\_\_\_ Board Certified

### ENDOCRINOLOGY 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 endocrinology 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 ACGME or AOA accredited residency program in Internal Medicine, followed by successful completion of a postgraduate training program in Endocrinology. Current board certification or active participation in the examination process leading to board certification in Internal Medicine by the ABIM or AOA and current subspecialty certification in Endocrinology within 5 years of completion of an approved residency/fellowship training program.
- Required Experience: The applicant must be able to document provision of inpatient, outpatient 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 within the past 12 months. Procedure 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 endocrinology 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	<p style="text-align: center;"><b>ENDOCRINOLOGY CORE PRIVILEGES</b></p> <p style="text-align: center;"><i>Uncheck any privilege(s) you are not applying for in this set of Core Privileges</i></p>
	<p>Admit, evaluate, diagnosis, consult, treat and manage patients over the age of 18 with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands.</p> <ul style="list-style-type: none"> <li>• Diabetes Mellitus               <ul style="list-style-type: none"> <li>○ Type 1, Type 2 and secondary diabetes</li> <li>○ Complex insulin management (MDI, U-500, etc.)</li> <li>○ Continuous glucose monitor (CGM) interpretation and remote monitoring</li> <li>○ Insulin pump initiation and management</li> <li>○ Diabetes complication risk reduction</li> <li>○ Collaboration with care teams (RN, RD, CDCES if available)</li> </ul> </li> <li>• Thyroid Disorders               <ul style="list-style-type: none"> <li>○ Hypothyroidism, hyperthyroidism, thyroiditis</li> <li>○ Thyroid nodules and goiter</li> <li>○ Interpretation of labs and imaging</li> <li>○ Long-term management of low-risk thyroid cancer (in coordination with referral centers)</li> </ul> </li> <li>• Adrenal Disorders               <ul style="list-style-type: none"> <li>○ Adrenal insufficiency</li> <li>○ Cushing syndrome</li> <li>○ Adrenal incidentalomas</li> <li>○ Primary aldosteronism</li> </ul> </li> <li>• Pituitary Disorders               <ul style="list-style-type: none"> <li>○ Pituitary adenomas</li> <li>○ Hyperprolactinemia</li> <li>○ Hypopituitarism</li> <li>○ Medical management of acromegaly and related disorders</li> </ul> </li> <li>• Bone &amp; Mineral Metabolism               <ul style="list-style-type: none"> <li>○ Osteoporosis and fracture risk management</li> <li>○ Calcium disorders</li> <li>○ Parathyroid disease</li> <li>○ Vitamin D deficiency</li> </ul> </li> <li>• Reproductive Endocrinology (Non-Procedural)               <ul style="list-style-type: none"> <li>○ PCOS</li> <li>○ Hypogonadism</li> <li>○ Menopause related hormone management</li> </ul> </li> <li>• Lipid &amp; Metabolic Disorders               <ul style="list-style-type: none"> <li>○ Dyslipidemia</li> <li>○ Metabolic syndrome</li> </ul> </li> <li>• Obesity Medicine               <ul style="list-style-type: none"> <li>○ Medical management of obesity</li> <li>○ Anti-obesity pharmacotherapy</li> </ul> </li> </ul>

**SPECIAL REQUESTS:**

**Initial Appointment:** A certificate from course, fellowship or residency involving special procedures 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:
	Thyroid fine needle aspiration (FNA), with or without ultrasound
	Point of Care thyroid ultrasound

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
<b>Notes:</b>	

\_\_\_\_\_  
Chief of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Commissioners

\_\_\_\_\_  
Date:

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

**RESOLUTION No. 2026-6**  
*Disposal Whirlpool Freezer*

**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 Clinic has identified the following items as surplus to departmental needs:

- Whirlpool Freezer, Model # EET-141JK

**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 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 28<sup>th</sup> day of April 2026 with the following Commissioners being present and voting in favor of the resolution.

\_\_\_\_\_  
CHAIRPERSON OF THE BOARD

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
VICE CHAIRPERSON

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
MEMBER

\_\_\_\_\_  
CEO



## CEO Board Report (as of 4/22/2026)

### People:

- Nick Belanger, ARNP, will begin seeing Urology patients on 4/30 in the specialty clinic.
- Nursing students have returned to the district working in the clinic, MSU, OR and ED.
- Our leadership team is working on a self-led group intended to function as a project driven team for interdisciplinary problem solving and peer to peer education.

### Community:

- The Lake Chelan Health Patient and Family Advisory Council will be recruiting 5-7 members in the coming weeks with our first meeting planned for July. More to come!
- Met with CVCH and the UW Residency program today for our first quarterly meeting. We are making progress in many areas we discussed as a leadership team and Board after their January meeting.

### Quality:

- The Quality Department welcomed Catherine LaViolette to the department who is the new Infection Prevention and Employee Health Coordinator. Her work will be instrumental in further standardizing IP and EH processes and ensuring solid regulatory compliance and readiness.
- Dr. Kalliath was nominated for a Quality Star this month for his outstanding work developing and supporting the pre-anesthesia clinic and post-discharge clinic. His commitment to these programs has made a meaningful difference in continuity of care and patient outcomes.
- Jamie Devin was nominated for a Quality Star award for stepping up at the last minute to cover shifts and her collaboration with her teammates and physicians.
- Devon Ehlert was nominated for a Quality Star award for being an outstanding mentor and team player. She was also recognized for her willingness to take on OB, her constant support of new staff, and her overall willingness to go above and beyond.
- **Net Promoter Score for the month is at an all-time high at 91.5!!!!**
- DOH is here for their annual pharmacy inspection.

### Financial:

- March financials are much improved over March of last year. Gross revenue was over \$8M, compared to \$5.4M last year. Total net income was \$54K, compared to \$171K last year. Operating loss was -\$269K, compared to \$680K last year. Year to date, we are slightly ahead of budget for net income at \$-68K. Operating loss is much better than expected at \$-961K, compared to a budget of \$-2M. Last year at this time we were at \$-1.3M in operating loss.
- Patient days are running at 416 vs a budget of 313. Lab, imaging, rehab and specialty visits are all up substantially.
- L&D is 23 YTD, compared to 29 this time last year.
- The 2025 audit is going well and is approximately 90% complete with an expected report out at a Board meeting.

### Building for the Future:

- Working towards bringing Endocrinology services to our clinic.
- Cardiology is going well, the team is working towards increasing the scope of cardiac testing we offer.
- Our new large bore MRI arrives next month. A new X-ray is currently being installed in the clinic downtown. We are expecting the arrival of a new ultrasound/echo machine very soon.

# 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 Workforce**
- **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"> <li>▪ Reduced out migration of care for essential services offered locally.</li> </ul>	<ul style="list-style-type: none"> <li>▪ LCH Primary Care, Pediatric Care and Express Care Walk-in Clinic Providers and Staff</li> <li>▪ LCH Community Health Workers (CHWs)</li> <li>▪ LCH Community Paramedicine Program</li> <li>▪ Columbia Valley Community Health Center (CVCH)</li> <li>▪ Chelan &amp; Manson School Districts</li> <li>▪ Regional hospitals, clinics and specialists</li> </ul>
Partner with local & regional organizations.	<ul style="list-style-type: none"> <li>▪ Improved access to resources for patients served.</li> </ul>	
Increase resources and/or staff to transportation insecurities.	<ul style="list-style-type: none"> <li>▪ Improved transportation insecurity increases access to health services.</li> </ul>	
Monitor social determinants of health information given to patients.	<ul style="list-style-type: none"> <li>▪ Assured patients are offered the needed resources to meet needs</li> </ul>	
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"> <li>▪ Increase in compliance with annual screening recommendations.</li> <li>▪ Increase the percentage of all residents, especially those from traditionally underserved groups, receiving preventive screening and recommended vaccinations.</li> </ul>	
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"> <li>▪ Increase in resident participation in community and school events focused on health and wellness.</li> <li>▪ Increase in residents reporting regular exercise and healthy food choices.</li> </ul>	
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"> <li>▪ Increase in percentage of children, youth, and families participating in health education.</li> <li>▪ Increase in number of participants in CPR/First Aid training.</li> <li>▪ Reduction in childhood injuries treated in the Emergency Department (ED), walk-in clinic, and primary care.</li> </ul>	

**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, Community Health Workers (CHWs), paramedics, Emergency Medical Technicians (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. Strengthen safe and equitable organizational culture.	<ul style="list-style-type: none"> <li>▪ Increase in number of provider/staff position openings developed/posted.</li> <li>▪ Increase in number of providers and staff recruited/hired, with a special focus on bilingual providers/staff.</li> <li>▪ Additional retention opportunities identified/implemented.</li> <li>▪ Increase in collaboration with community housing agencies and private foundations.</li> <li>▪ Reduce turnover of providers and staff.</li> <li>▪ Increase in access to local care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lake Chelan Health Paratransit Dept.</li> <li>▪ LCH Community Paramedicine and EMS</li> <li>▪ Link Transit</li> <li>▪ Chelan Valley Hope</li> <li>▪ School Districts</li> <li>▪ Chamber of Commerce</li> <li>▪ Wenatchee Valley College</li> <li>▪ Local Running Start Program</li> <li>▪ Chelan Valley Housing Trust</li> <li>▪ Habitat for Humanity</li> <li>▪ Lake Chelan Health and Wellness Foundation</li> <li>▪ LCH Staff</li> </ul>	
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).			<ul style="list-style-type: none"> <li>▪ Increase number of EMTs in the Lake Chelan Valley, with a specific focus on increasing the number of bilingual EMTs.</li> </ul>
Better understand/promote retention strategies. Implement improvements identified in regular Employee Satisfaction Surveys	<ul style="list-style-type: none"> <li>▪ Increased awareness of benefits to working at LCH will retain/recruit staff.</li> </ul>		
Share staff stories “why did you choose healthcare and why do you stay?”	<ul style="list-style-type: none"> <li>▪ Increased staff connection/retention.</li> </ul>		

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

**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"> <li>▪ No surprise billing.</li> <li>▪ Reduced billing complaints.</li> <li>▪ Patients informed of financial assistance resources.</li> </ul>	<ul style="list-style-type: none"> <li>▪ LCH billing department</li> <li>▪ Patient Access/Scheduling staff</li> <li>▪ Leadership</li> <li>▪ LCH Community Health Workers (CHWs)</li> <li>▪ North Central Community Care Hub (CCH)</li> <li>▪ EMS programs (paramedicine, paratransit, etc.)</li> <li>▪ Hospital Healthcare Advocates i.e. state representatives, Rural Health Collaborative (RHC), Washington State Hospital Association (WSHA), etc.</li> </ul>
Enhance patient and staff awareness of new billing platform and financial counselors. Improve staff response time and assistance to patient inquiries.	<ul style="list-style-type: none"> <li>▪ Improved patient satisfaction related to billing.</li> <li>▪ Reduced outstanding accounts or collections.</li> </ul>	
Promote preventative care education, Emergency Department vs clinic, and other opportunities.	<ul style="list-style-type: none"> <li>▪ Improved health outcomes to reduce unnecessary health visits.</li> </ul>	
Advocate for policy improvement (state/federal level) i.e. Charity Care laws.	<ul style="list-style-type: none"> <li>▪ Reduced financial impact on hospitals, especially rural hospitals.</li> </ul>	