



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

5/26/2026



Agenda

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

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

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	<ul style="list-style-type: none"> A. Regular Board Meeting Minutes 4/28/2026(FM) B. Warrants & Vouchers (FM) C. Bad Debt & Charity Care (FM) D. Finance Committee Minutes 5/21/2026 (FA) E. Governance Committee Minutes 5/20/2026 (FA) F. April Unaudited Finance Report (FA)
1:45	5. Executive Session		<ul style="list-style-type: none"> A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 B. 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
2:20	6. Reports	J. Barich, S. Freed S. Ottley/ B. Fields/J.Cussins A. Edwards Commissioners	<ul style="list-style-type: none"> A. Med Staff Report & Credentialing (FI) <ul style="list-style-type: none"> i. Delineation of Privileges: Conscious Sedation (FM) B. Financial <ul style="list-style-type: none"> i. March Financial Summary (FI) ii. Revenue Cycle (FI) iii. Commerce Approval for Signatures (FM) iv. Resolutions <ul style="list-style-type: none"> i. 2026-8 Disposal – Stress Test Machine (FM) ii. 2026-9 Disposal – Stryker Beds (FM) iii. 2026-10- Amending Resolution No. 2025-3 C. CEO Report (FI) D. Community Connections (FD)
3:20	7. Old Business	A. Edwards	<ul style="list-style-type: none"> A. EMS Capital Project Update (FI) B. Strat Planning (FD)
3:40	8. New Business	Commissioners	<ul style="list-style-type: none"> A. Board Training (FD) B. Governance (FD) <ul style="list-style-type: none"> i. Commissioner Skills and Qualifications Draft ii. Board Member Code of Conduct Acknowledgment
4:00	9. Public Comment		
4:05	10. Executive Session		<ul style="list-style-type: none"> A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205 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:

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	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm
6/29-7/1/26	WSHA Conference	Campbell's Resort	All Day

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

8/13/2026	Quality Committee	Bragg Room/ TEAMS	1 – 3 pm
TBA	Credentialing Committee	TBA	TBA
8/20/2026	Finance Committee	Bragg Room/ TEAMS	10 am
8/25/2026	Board Education	Bragg Room/TEAMS	12:15 pm
8/25/2026	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 April 28, 2026 at 1:30 pm**

Commission Attendance:

(not present present)

<input checked="" type="checkbox"/> Jordana LaPorte, (Virtual & In Person) <input checked="" type="checkbox"/> Lori Withrow, Chair	<input checked="" type="checkbox"/> Mary Murphy, Secretary <input checked="" type="checkbox"/> Doug Gibson	<input checked="" type="checkbox"/> Len England
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Staff Participants: A. Edwards B. Truman, R. Montgomery, B. Truman, L. Sahlinger, H. Vogel, Dr. Freed, M. Miller, B. Fields, B. Mello, A. Benegas, D. Ehlert, K. Hudson

Guests: Dr. LeMire, Dr. Rothmeyer

Community Members: Manuel Navarro, D. Pinsky, Ana Moroz

Recorder: Wendy Kenck

Agenda Item	Topic/Action
Call to Order Chair Report	<ul style="list-style-type: none"> • L. Withrow called the meeting to order at 1:30 pm and recited the Mission statement. • Congratulations to the EMS team for multiple awards for outstanding quality service and performance. • L Withrow fortunate to participate in the Quality Rounding this month and see the enthusiasm and work the staff have put into their Quality Improvement projects.
Public Comment	<ul style="list-style-type: none"> • Doug Pinski, representing Lake Chelan Fire and the Manson Chamber of Commerce, presented information on this year’s Fourth of July festival and requested Lake Chelan Health’s support through event sponsorship. <ul style="list-style-type: none"> ○ L. Withrow noted that there are strict legal requirements governing the gifting of funds and referred Doug to the Community Relations department. • R. Montgomery, CNO read a community letter commending Lake Chelan Health staff for their exceptional care and professional manner.
Consent Agenda	<ul style="list-style-type: none"> • Consent Agenda <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve the Consent Agenda, seconded, and motion approved.</i>
	<ul style="list-style-type: none"> • Dr. Rothmeyer shared the quarterly Medical Staff update, noting improved morale with 24-hour General Surgeon coverage and the successful launch of Cardiology services. Telehealth expansion is improving local patient care. Operational priorities remain focused on staffing, bed capacity, and space optimization, while transfer coordination continues to be managed in a constrained regional environment. • Aaron Edwards met with UW and is working with The Rural Collaborative toward opening the WMCC again to assist in patient transfers using state transportation funds to help support patient transfers. • Dr. LeMire presented his Quality Improvement project completed during his residency in Chelan. He shared that his decision to train in Chelan was driven by his interest in practicing in a rural environment and the connection to the UW academic network. His Quality Improvement project focused on long term opioid therapy for chronic pain and included a structured assessment tool to support provider documentation, ensure

	<p>appropriate treatment processes, and promote the advancement of patient care. Dr. LeMire expressed appreciation for his experience and noted that he looks forward to joining the workforce, gaining additional experience, and eventually bringing this knowledge back to Michigan to support rural healthcare in his home community.</p>
<p>Executive Session</p>	<ul style="list-style-type: none"> • L. Withrow, Chair announced an Executive Session at 2:05 PM for 15 minutes, scheduled to end at 2:20 pm, citing RCW 70.44.062 and RCW 42.30.110(1)(o) to consider information regarding staff privileges and matters discussed by quality improvement committees. <ul style="list-style-type: none"> ○ L. Withrow announced Executive Session ended at 2:20PM. The Board returned to the open meeting. ○ Action Following Executive Session: <ul style="list-style-type: none"> ▪ D. Gibson motioned to approve the Delineation of Medical Privileges for Endocrinology Services, seconded, motion approved. ▪ <i>D. Gibson, after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the Initial appointment of Pelbreton Balfour, MD (Tele cardiology); Nicholas Belanger, ARNP (Urology); Suzette Sutherland, MD (Urology), Trenton Overall, MD (Tele neurology) and the reappointment of Christopher Davis, MD (Emergency Medicine); Brandon Golden, MD (Emergency Medicine); Nicholas Mandelis, MD (Emergency Medicine); Jeremy Smith, MD (Emergency Medicine); Vanessa Ratcliff, CRNA (Anesthesia); Karen Caldemeyer, MD (Tele radiology); Christina Geatrakas, MD (Tele radiology); Jennifer Gutierrez, MD (Tele radiology); Lynn Ivey, MD (Tele radiology); James Manwill, MD (Tele radiology); David Moon, MD (Tele radiology); Surinder Rai, MD (Tele radiology); Joshua Sokol, MD (Tele radiology); Peter Verhey, MD (Tele radiology); Gerald Yutzy, MD (Tele radiology); Jeffrey Zorn, MD (Tele radiology), and noted Johnathon Bold, MD chose not to renew their privileges, seconded, motion approved.</i>
<p>Reports</p>	<ul style="list-style-type: none"> • Medical Staff Report: Dr. Freed reported positive feedback indicating staff satisfaction with performing more complex cases and the benefit of more community members able to access care locally. He also noted plans to begin a pre-anesthesia clinic. • Finance: <ul style="list-style-type: none"> ○ B. Truman provided highlights to the unaudited March 2026 finance report. ○ B. Fields reported that Revenue Cycle achieved a historical high in billing and cash collections. Efforts are focused on patient satisfaction and strengthening community relationships. Additional staff were hired, resulting in an increase in the phone answer rate from 17% to 78% for the month. ○ Brant presented the 2025 EMS profit and loss report and highlighted the continued need for EMS levy funding to support the service line. ○ <i>D. Gibson motioned to approved Resolution 2026-6 Disposal of Whirlpool Freezer, seconded, motion approved.</i> • CEO Report: A. Edwards reported that the Emergency Department remodel is underway, along with the conversion of Conference Room 1212 to support echocardiography and stress testing. He noted that the cardiology team is leaving Ellensburg, which has resulted in an increase in patient calls to schedule cardiology services locally. Planning has begun for the downtown clinic remodel. He also shared that an analysis is underway regarding a potential GPO transition and associated

	<p>cost savings, as well as the evaluation of an ERP system for procurement and accounting that would integrate with the electronic medical record.</p> <ul style="list-style-type: none"> ○ L. Sahlinger, shared an overview of the Patient and Family Advisory Council (PFAC) and its role in reviewing patient navigation of healthcare services, systems, and facilities. Recruitment efforts are underway, with an informational session scheduled for May 27 at 5:00 pm and a goal of 5-7 community members joining this year. <ul style="list-style-type: none"> ● Strat Plan: S. Ottley reported that work continues on the final strategic plan. ● Community Connection Opportunities: Community connection activities in April included participation in the Earth Day event, hosting fifth grade students on site for CPR skills training, and conducting a mass casualty incident drill. May activities include a presentation at the Manson Community Council meeting by members of the ELT, participation in the Apple Blossom Parade in Manson alongside EMS, and recognition of Hospital Week from May 11 through May 15.
Old Business	<ul style="list-style-type: none"> ● EMS Capital Project Update: S. Ottley provided an update on the status of the ongoing EMS/Admin capital project. ● CHNA: <i>J. LaPorte motioned to approve the CHNA Implementation plan with edits, seconded, motion approved.</i>
New Business	<ul style="list-style-type: none"> ● Board Training: Board members participated in UKG payroll training and received an informative presentation from Matt Ellsworth, AWPMD Executive Director, that focused on roles and responsibilities of a Board member and understanding their distinct role and responsibilities with constituents and employees. ● Discussion regarding moving the regular scheduled Board Meeting in May to accommodate staffing processes and timeliness. <ul style="list-style-type: none"> ○ <i>D. Gibson motioned to approve Resolution 2026-7 Authorizing a change to a previously scheduled regular board meeting date, seconded, motion approved.</i> ● M. Miller provided an update on the Specialty Clinic and related improvements. ● R. Montgomery presented the CNO report, noting a change in OB leadership that reallocates the manager role to floor staffing and combines the ED and OB manager positions. She also reported that there are currently 16 open OB shifts, reflecting a reduction of open shifts from earlier this year.
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 4:10 PM for 60 minutes to end at 5:10 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. An Action could be anticipated. <ul style="list-style-type: none"> ○ L. Withrow extended the Executive Session 20 minutes ○ L. Withrow extended the Executive Session 10 minutes ○ L. Withrow extended the Executive Session 10 minutes ○ Executive Session ended at 5:50 pm and the Board resumed in open meeting.
Action Items	
Adjournment	<ul style="list-style-type: none"> ● J. LaPorte motioned to approve the organizational chart as presented, seconded, motion approved. ● Roundtable discussion

- | | |
|--|---|
| | <ul style="list-style-type: none">• L. Withrow adjourned the meeting at 6:15 pm |
|--|---|

Attest:

Mary Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant

DATE April 2026

TOTAL BAD DEBTS - HOSPITAL \$249,184.99

TOTAL MEDICARE BAD DEBTS \$3,588.40

TOTAL BANKRUPTCY \$0

TOTAL CHARITY CARE – HOSPITAL \$146,336.03

TOTAL MEDICARE CHARITY CARE - \$33,499.92

TOTAL ATTESTATION \$432,609.34

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 _____

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - MAY 2026	WARRANT#'S PAYROLL	AMOUNT	pay period
243380-243386 refunds	\$ 884.68			DIRECT DEPOSIT	\$ 732,118.73	4/18/2026
RETIREMENT	\$ 75,638.13			CHILD SUPPORT	\$ 760.61	4/18/2026
ACH	\$ 59,070.68			PAYROLL TAXES	\$ 290,512.65	4/18/2026
243387-243400	\$ 35,007.01			PAYROLL CHK 77548	\$ 3,734.68	4/18/2026
ACH	\$ 86,584.11			PAYROLL TAXES	\$ 1,377.43	4/18/2026
DOR	\$ 20,227.03			DIRECT DEPOSIT	\$ 684,462.66	5/2/2026
ACH	\$ 347,665.37			CHILD SUPPORT	\$ 712.61	5/2/2026
243401-243486	\$ 603,400.79			PAYROLL TAXES	\$ 281,432.59	5/2/2026
ACH	\$ 59,332.44			DIRECT DEPOSIT - JULIANA ENGLAND	\$ 2,297.40	5/2/2026
243487-243498	\$ 138,947.54			PAYROLL TAXES	\$ 728.44	5/2/2026
243499-243501	\$ 12,222.10					
ACH	\$ 1,630,512.23					
243502-243603	\$ 607,498.23					
243604-243605	\$ 55,095.46					
RETIREMENT	\$ 74,473.09					
	\$ 3,806,558.89				\$ 1,998,137.80	



MINUTES

Group: Finance Committee 5/21/2026 at 10 am in person and via Teams		
Facilitator: Jordana LaPorte		Recorder: W. Kenck
Member Attendance:		
<input checked="" type="checkbox"/> Jordana LaPorte, BOC	<input type="checkbox"/> Shawn Ottley, COO/CFO	<input checked="" type="checkbox"/> Aaron Edwards, CEO
<input checked="" type="checkbox"/> Lori Withrow, BOC	<input checked="" type="checkbox"/> Jim Cussins, Interim CFO	<input checked="" type="checkbox"/> Rhianna Montgomery, CNO
Participants: B. Fields, V. Bodle, B. Truman		
Guests:		

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"> • J. LaPorte called the meeting to order at 10:10m
2. New Business	<ul style="list-style-type: none"> • B. Fields reported on April's Revenue Cycle • Committee reviewed the Department of Commerce funds extension recommending presenting to Board review. • Update provided on the downtown clinic • Committee recommend for board review resolution 2026-8, 2026-9, and 2026-10 • Month end process was reviewed and discussed for streamlining • Discussion was held regarding policy adjustments, and updates to be incorporated.
3. Old Business	<ul style="list-style-type: none"> • Discussion regarding the federal impact on Medicare/Medicaid
4. Reports	<ul style="list-style-type: none"> • V. Bodle presented April 2026 Financial Statement (unaudited).
	<i>Meeting ended @ 11:38 am</i>



LAKE CHELAN HEALTH

MEETING MINUTES

Name of Group: Governance Committee	Date of Meeting: 5/20/26	Time of Meeting: 9:00 am
Facilitator: Mary Murphy		Location: LCH Cafe
Recorder: Mary Murphy		
Members present:		
X BOC Representative (Mary Murphy)		X BOC Representative (Len England)
Other: {other attendees or guests}		
Meeting Objectives(s)/Purpose: Review Governing Board Policies and plan for 2026, draft Warrants and Vouchers Policy		

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

Time	Agenda Item	Topic/Action
9:00 am	1. Call to Order	
9:00 am	2. Develop Board member desired skills and abilities list. 3. Review Policy development tasks with due dates, and Policy workflow form and tracking form.	2. Recommend to the Board desired/expected Board skills and abilities list. 3. Reviewed Board Policy development chart with tasks with due dates, workflow form and Tracking chart.
10:00 am	4. Adjourn	

Next meeting: TBD



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the month ended April 30, 2026

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Balance Sheet
Lake Chelan Health

	Current Month 4/30/2026 unaudited	Prior Year 12/31/2025 AUDITED	Prior Year 4/30/2025 Unaudited
ASSETS:			
CASH	596,620	\$ 710,559	\$ 468,571
PATIENT RECEIVABLES	21,011,615	17,873,725	\$ 13,310,433
LESS: RESERVES FOR ALLOWANCES	<u>(10,814,964)</u>	<u>(9,145,837)</u>	<u>\$ (6,711,990)</u>
NET PATIENT ACCOUNTS RECEIVABLES	10,196,651	8,727,889	6,598,443
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	193,944	261,253	170,097
OTHER RECEIVABLES	327,964	608,064	(222,966)
INVENTORIES	375,415	333,784	337,282
PREPAID EXPENSES	417,803	518,700	480,260
TOTAL CURRENT ASSETS	<u>\$ 12,108,399</u>	<u>\$ 11,160,248</u>	<u>\$ 7,831,687</u>
GENERAL RESERVES	\$ 2,078,142	599,257	\$ 1,698,636
Unrestricted Reserves	\$ 1,438,846	2,517,941	\$ 6,270,589
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	50,015	50,012	\$ 50,004
TOTAL LIMITED USE ASSETS	<u>\$ 8,253,727</u>	<u>\$ 7,853,934</u>	<u>\$ 12,569,133</u>
LAND	\$ 4,133,845	4,133,845	\$ 4,133,845
LAND IMPROVEMENTS	0	2,969,105	\$ -
BUILDINGS & IMPROVEMENTS	2,969,105	0	\$ -
EQUIPMENT	9,458,687	9,235,793	\$ 10,200,256
SOFTWARE	2,245,630	2,242,422	\$ 2,355,574
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	1,825,543
CONSTRUCTION-IN-PROGRESS - PROJECTS	7,092,601	1,892,126	\$ 2,231,403
CONSTRUCTION-IN-PROGRESS - HOSPITAL	113,942	74,248	\$ 134,622
GROSS PROPERTY, PLANT, & EQUIPMENT	76,023,845	71,019,969	66,273,644
LESS: ACCUMULATED DEPRECIATION	<u>(18,291,666)</u>	<u>(17,077,985)</u>	<u>\$ (15,448,370)</u>
GASB 87 AMORTIZATION	<u>(1,703,591)</u>	<u>(1,443,601)</u>	<u>(867,247)</u>
NET PROPERTY, PLANT, & EQUIPMENT	<u>\$ 56,028,588</u>	<u>\$ 52,498,382</u>	<u>\$ 49,958,027</u>
DEFERRED ITEMS	\$ 2,410,034	2,416,456	\$ 1,529,310
TOTAL ASSETS	<u>\$ 78,800,748</u>	<u>\$ 73,929,020</u>	<u>\$ 71,888,157</u>
LIABILITIES:			
ACCOUNTS PAYABLE	\$ 2,427,970	663,522	1,035,512
ACCRUED PAYROLL	851,235	1,076,786	600,595
ACCRUED VACATION/HOLIDAY/SICK PAY	1,950,099	1,596,206	1,308,337
PAYROLL TAXES PAYABLE	215,649	210,225	46,274
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	0	0	0
OTHER CURRENT LIABILITIES	1,262,320	1,154,183	1,325,811
INTEREST PAYABLE	437,502	89,348	448,882
CURRENT PORTION OF LTD (BONDS/MORTGAGES)	1,204,038	1,189,475	1,129,475
LINE OF CREDIT	0	0	0
TOTAL CURRENT LIABILITIES	<u>\$ 8,348,813</u>	<u>\$ 5,979,746</u>	<u>\$ 5,894,885</u>
CAPITALIZED LEASES	\$ -	\$ -	\$ -
2018 BONDS	\$ 17,953,970	17,958,807	18,353,481
2013 BONDS	3,895,311	3,893,592	4,285,154
USDA LOANS	17,957,391	18,113,608	18,388,522
LEASES	2,561,046	3,253,680	1,491,011
PAID LEAVE - LT PORTION	89,941	179,000	82,334
2025 BONDS	1,392,555	1,392,333	
TOTAL LONG TERM LIABILITIES	<u>\$ 43,850,214</u>	<u>\$ 44,791,019</u>	<u>\$ 42,600,502</u>
DEFERRED ITEMS	\$ 9,993,918	4,776,042	4,055,825
TOTAL LIABILITIES	<u>\$ 62,192,945</u>	<u>\$ 55,546,806</u>	<u>\$ 52,551,212</u>
FUND BALANCE:			
UNRESTRICTED FUND BALANCE	\$ 17,024,777	19,160,312	19,709,568
TEMPORARY RESTRICTED FUND BALANCE	\$ -	0	0
YTD Net Revenue/(Expenses)	<u>(416,975)</u>	<u>(778,098)</u>	<u>(372,624)</u>
TOTAL NET ASSETS	<u>\$ 16,607,802</u>	<u>\$ 18,382,214</u>	<u>\$ 19,336,944</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 78,800,748</u>	<u>\$ 73,929,020</u>	<u>\$ 71,888,157</u>

property taxes are
accrued over 12
months-

Statement of Revenue and Expense

Lake Chelan Health

For the month ended April 30, 2026

	CURRENT MONTH				Prior Year 04/30/25
	Actual 04/30/26	Budget 04/30/26	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 782,692	\$ 574,328	208,364	36%	\$ 426,472
OUTPATIENT	7,688,981	6,584,155	1,104,826	17%	5,265,145
TOTAL PATIENT SERVICE REVENUES	<u>8,471,674</u>	<u>7,158,483</u>	<u>1,313,191</u>	18%	<u>5,691,617</u>
DEDUCTIONS FROM REVENUE					
CONTRACTUAL ALLOWANCES	(3,866,026)	(3,185,525)	(680,502)	21%	(2,295,572)
BAD DEBT	(252,773)	0	(252,773)	0.00%	(34,973)
CHARITY	(179,836)	0	(179,836)	0.00%	(113,419)
TOTAL DEDUCTIONS FROM REVENUES	<u>(4,298,636)</u>	<u>(3,185,525)</u>	<u>(1,113,111)</u>	-35%	<u>(2,443,964)</u>
	50.7%	44.5%			42.9%
NET PATIENT SERVICE REVENUES	<u>4,173,038</u>	<u>3,972,958</u>	<u>200,080</u>	5%	<u>3,247,653</u>
OTHER OPERATING REVENUES	<u>30,744</u>	<u>71,085</u>	<u>(40,342)</u>	-57%	<u>27,965</u>
TOTAL OPERATING REVENUES	4,203,782	4,044,044	159,738		3,275,618
OPERATING EXPENSES					
SALARIES/WAGES	2,345,888	2,115,902	(229,986)	-11%	1,799,647
EMPLOYEE BENEFITS	507,380	451,549	(55,831)	-12%	405,080
PROFESSIONAL SERVICES	413,692	514,921	101,229	20%	287,156
FOOD SUPPLIES	24,845	23,260	(1,585)	-7%	19,873
MINOR EQUIPMENT	36,054	38,518	2,464	6%	13,846
SUPPLIES	357,869	292,038	(65,831)	-23%	180,373
PLANT UTILITIES	32,144	38,466	6,321	16%	29,978
PURCHASED SERVICES	415,645	368,236	(47,409)	-13%	470,151
REPAIR/MAINTENANCE	99,075	100,392	1,317	1%	81,534
PUBLIC RELATIONS/RECRUITM	10,614	10,453	(161)	-2%	13,881
RENT/LEASES	49,683	46,382	(3,301)	-7%	86,290
INSURANCE	61,077	45,329	(15,748)	-35%	71,059
LICENSES/TAXES	30,805	36,461	5,656	16%	30,224
DUES/SUBSCRIPTIONS/OTHER	71,556	72,659	1,103	2%	59,595
TRAVEL/TRAINING	12,120	15,491	3,370	22%	5,366
DEPRECIATION	327,487	365,828	38,341	10%	321,257
AMORTIZATION	65,200	64,583	(617)		
TOTAL OPERATING EXPENSES	<u>4,861,136</u>	<u>4,600,467</u>	<u>(260,670)</u>	-5.7%	<u>3,875,310</u>
NET OPERATING SURPLUS (LOSS)	(657,355)	(556,423)	(100,931)		(599,693)
NON-OPERATING REVENUES	262,681	232,905	29,776		270,339
TAXES					
INTEREST					
GIFTS & GRANTS	45,205	1,000,000	(954,795)		56,115
OTHER	0	0	0		0
NET INCOME margin	<u>(349,468)</u> -8.3%	<u>676,482</u> 16.7%	<u>(1,025,950)</u>		<u>(273,238)</u> -8.3%
TOTAL NET INCOME (LOSS)	\$ (349,468)	\$ 676,482	(1,025,950)		\$ (273,238)

Statement of Revenue and Expense
Lake Chelan Health

For the month ended April 30, 2026

	YEAR-TO-DATE				Prior Year 04/30/25
	Actual 04/30/26	Budget 04/30/26	Positive (Negative) Variance		
GROSS PATIENT SERVICE REVENUES					
INPATIENT	\$ 3,021,582	\$ 3,556,409	(534,827)	-15%	\$ 2,640,845
OUTPATIENT	27,260,271	24,414,925	2,845,346	12%	19,985,677
TOTAL PATIENT SERVICE REVENUES	30,281,854	27,971,334	2,310,519	8%	22,164,701
DEDUCTIONS FROM REVENUE					
TOTAL DEDUCTIONS FROM REVENUES	(13,424,418)	(12,447,242)	(977,175)	8%	(8,320,869)
BAD DEBT	(418,178)	0	(418,178)	0.00%	(510,373)
CHARITY	(389,511)	0	(389,511)	0.00%	(444,198)
TOTAL DEDUCTIONS FROM REVENUES	(14,232,107)	(12,447,242)	(1,784,864)	-14%	(9,275,440)
	47.0%	44.5%			41.8%
NET PATIENT SERVICE REVENUES	16,049,747	15,524,092	525,655	3%	12,889,262
OTHER OPERATING REVENUES	165,472	284,341	(118,869)	-42%	121,435
TOTAL OPERATING REVENUES	16,215,219	15,808,433	406,786	3%	13,010,697
OPERATING EXPENSES					
SALARIES/WAGES	8,613,314	8,463,602	(149,712)	-2%	6,966,042
EMPLOYEE BENEFITS	1,941,776	1,806,202	(135,574)	-8%	1,471,665
PROFESSIONAL SERVICES	1,559,112	2,059,684	500,571	24%	1,105,351
FOOD SUPPLIES	93,611	93,038	(572)	-1%	81,149
MINOR EQUIPMENT	137,969	154,072	16,103	10%	71,329
SUPPLIES	1,244,350	1,141,122	(103,228)	-9%	731,424
PLANT UTILITIES	146,512	153,863	7,350	5%	121,905
PURCHASED SERVICES	1,260,564	1,472,944	212,380	14%	1,799,838
REPAIR/MAINTENANCE	406,183	401,569	(4,614)	-1%	375,711
PUBLIC RELATIONS/RECRUITMENT	50,597	41,812	(8,785)	-21%	48,165
RENT/LEASES	178,151	185,528	7,377	4%	342,382
INSURANCE	197,977	181,315	(16,663)	-9%	198,914
LICENSES/TAXES	96,724	145,894	49,170	34%	104,533
DUES/SUBSCRIPTIONS/OTHER	293,894	290,636	(3,258)	-1%	234,290
TRAVEL/TRAINING	49,292	61,962	12,670	20%	25,136
DEPRECIATION	1,303,039	1,463,312	160,272	11%	1,267,010
AMORTIZATION	260,801	258,333	(2,467)		
TOTAL OPERATING EXPENSES	17,833,866	18,374,886	541,020	2.9%	14,944,842
NET OPERATING SURPLUS (LOSS)	(1,618,647)	(2,566,453)	947,806		(1,934,145)
NON-OPERATING REVENUES					
PROPERTY TAXES FOR OPERATIONS	970,476	911,360			930,879
GRANTS/CONTRIBUTIONS	151,224	74,750			665,981
EMS COMMERCE GRANT	0	2,224,715			(192,354)
INVESTMENT EARNINGS	64,320	101,723			132,468
OTHER EXPENSE			0		
TAXES FOR DEBT SVC PMTS	445,553	420,000			432,264
INTEREST EXPENSE	(612,823)	(682,918)			(589,373)
GAIN / (LOSS) ON ASSET DISPOSAL	182,921	106,704			181,654
TOTAL NON OPERATING REVENUES	1,201,671	3,156,334	(1,954,663)		1,561,520
NET INCOME	(416,976)	589,881	947,806		(372,625)
margin	-2.6%	3.7%			-2.9%
TOTAL NET INCOME (LOSS)	\$ (416,976)	\$ 589,881	\$ (1,006,856)		\$ (372,625)

Patient Statistics Lake Chelan Health

For the month ended April 30, 2026



Current Month			Last Year Month			
Actual vs Budget	04/30/26	BUDGET	STATISTICS	Actual vs Budget	04/30/25	BUDGET
■	65	120	Total Days Cash on Hand	■	110	120
■	73	60	Net AR Days	■	61	40
■	0.56	1.25	Debt Coverage Ratio	■	0.61	1.25
	4.68		Average Age Of Plant			
	260		Payroll FTEs		221	

Current Month				Year-To-Date				
Actual vs Budget	Actual 04/30/26	Prior Year 04/30/25	BUDGET	STATISTICS	Actual vs Budget	Actual 04/30/26	Prior Year 04/30/25	BUDGET
Admissions								
NA	31	14	NA	medical	NA	107	75	NA
NA	0	0	NA	surgical	NA	1	0	NA
NA	5	2	NA	OB	NA	24	22	NA
NA	36	16	NA	Acute	NA	132	97	NA
NA	4	9	NA	Swing Bed	NA	15	27	NA
NA	4	2	NA	Total Deliveries	NA	23	21	NA

Patient Days								
■	114	35	67	medical	■	392	201	262
NA	0	0	NA	surgical	NA	2	0	NA
■	10	3	12	OB	■	43	47	48
■	124	38	79	Acute	■	437	248	310
■	29	67	56	Swing Bed	■	109	268	55
■	5	2	9	Total Newborn Days	■	28	31	33
■	158	107	144	TOTAL PATIENT DAYS	■	874	547	399

Average Length of Stay								
	3.4	2.4		Total Inpatient		3.3	2.6	
	7.3	7.4		Swing Bed		7.3	9.9	

Avg Daily Census - Hospital								
	4.1	1.3		Total Inpatient		3.6	2.1	
	1.0	2.2		Swing Bed		0.9	2.2	
	5.1	3.5		Total		4.6	4.3	

■	584	469	485	ED Visits	■	1908	1884	1896
■	61	68	112	Surgeries	■	251	219	439
■	1365	1282	1161	Imaging Procedures	■	5276	4631	4536
■	5243	3767	3636	Lab Tests	■	17560	14782	14206
■	937	771	676	Rehab Visits	■	3697	2838	2640
■	115	116	120	EMS Runs	■	434	424	467
■	1238	847	1360	Total Clinic Visits	■	4449	3449	5314
■	515	153	662	Specialty	■	1812	502	2587
■	185	176		Primary care	■	662	615	
■	538	518	698	Express Care (budget shows primary and express)	■	1975	2332	2727
	22	22		working days		85	87	

Note #1 CONTRACTUALS

AR increased \$590,150 from March to April.

Charity Care was \$179,836 for April. Bad Debt was \$252,773.
Charity and Bad Debt are 2.67% of gross charges ytd compared to 4.33% this same time last year.

Medicare Cost Report Model Estimate YTD through December \$196,506. Will update upon filing of cost report and update of model.
There was \$539k written off primarily for accounts over 365 days that were uncollectable.

Note #2 SALARIES AND WAGES

General Surgery is over budget by \$450k due to the fact that the cost was originally budgeted under professional fees.

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

General Surgeons are employed

Note #6 PURCHASED SERVICES

N/A

Note #7 INSURANCE

Chelan Central Prop Ins \$2,846.

There are 5 professional liability charges due to the fact that December's was not paid until 2025.

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 \$182,921 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
- Hearth Health LCHW \$11,400
- AZ Wells 32,805
- ems banquet \$1,000

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 April 30, 2026

3/31/2026	GL ACCOUNT #	ACCT DESCRIPTION	4/30/2026	EXPLANATION	
\$286,543	10002000	General Fund Cash In Bank (Wheatland)	\$492,511	\$205,968	
				\$5,056,531 deposits	
				\$0	
				\$0 commerce grant	
				(\$7,408) tsys/payplus fees	
				(\$26,528) fees mckesson/cardinal	
				(\$80) fees and interest	
				\$0 rebates	
				\$3,454 café sales	
				(\$4,820,000) transfer to county	
\$1,107,776	10004000	General Fund Cash w/ Treasurer	\$954,534	(\$153,242)	
				\$1,698,460 AP	
				\$165 Voids	
				(\$1,698,625) warrants issued	
				(\$1,576,754) warrants redeemed	
				\$4,820,000 Bank Transfers from 10002000	
				\$0 Bank Transfer to/from 10106000	
				(\$88,992) Bank Transfer for USDA pmt	
				\$0 Bank Transfer from reserves 10760000	
				(\$3,684,395) Payroll/Benefits	
				(\$20,227) B&O taxes	
				\$395,604 Property Taxes	
				\$1,523 Leasehold Taxes & Misc Taxes	
				\$0 ap refund	
(\$19,758)	10009000	cash clearing	(\$28,567)	(\$9,809)	pmts posted as remits received
(\$700,151)	20070000	warrants outstanding	(\$821,857)	(\$121,706)	
				(\$1,464,474) remits (payroll/benefits/b&O)	
				\$1,576,754 warrants redeemed	
				(\$1,698,625) warrants issued ap	
				\$1,464,474 remits redeemed	
				\$165 voids	
\$136,265	10106000	AMB RESERVE	\$865,361	\$729,096	
				transfer to general fund	
				\$0 transfer from reserves (bond pmt & cps)	
				\$726,293 property taxes	
				\$2,796 leasehold taxes	
				\$7 interest	
\$567,207	10910000	2018 GO BOND	\$1,096,030	\$528,823	
				\$528,823 property taxes	
				bond pmt / fee	
\$0	10911000	2018 CASH BOND	\$0	\$0	interest
					reclassified to general fund
\$427,200	10916000		\$427,200	\$0	funded year 4 per LOC
\$120,000	10917000		\$120,000	\$0	funded year 4 per LOC
\$547,200			\$547,200	\$0	
\$0	10915000	CASH/TREAS LTGO BOND	\$0	\$0	paid bond interest
\$116,750	10923000	HOSP 2025 REVENUE BOND	\$116,750	\$0	reimb for draws
\$5,563,370	10760000	RESERVES	\$5,578,370	\$15,000	
				\$15,000 interest	
				transfer to gen fund	number of days YTD
\$50,014	10764000	COASTAL BANK	\$50,015	(\$0)	
				interest	
\$7,655,216			\$8,850,347	\$1,195,130	5 Days of Cash on Hand
					Restricted Days Cash on Hand
					34.9
					Total Days Cash on Hand
					65.3

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

RESOLUTION No. 2026-8
Disposal

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

- Stress Test System

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 26th day of May 2026 with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

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

RESOLUTION No. 2026-9
Disposal

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

- Styker Patient Bed,

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 26th day of May 2026 with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 2,
CHELAN COUNTY, WASHINGTON

RESOLUTION NO. 2026-10

A RESOLUTION of the Commission of Chelan County Public Hospital District No. 2, Chelan County, Washington, amending Resolution No. 2025-3 to extend the draw period for the District's Hospital Revenue Bond, 2025; and providing for other matters properly relating thereto.

WHEREAS, the Commission of Chelan County Public Hospital District No. 2, Chelan County, Washington (the "District") adopted Resolution No. 2025-3, authorizing the issuance and sale of the District's Hospital Revenue Bond, 2025 (the "Bond") in the principal amount of \$6,600,000, dated May 29, 2025, to EverBank N.A. (the "Purchaser"); and

WHEREAS, the Purchaser has agreed to extend the draw period for the Bond for an additional 90 days; and

WHEREAS, in the opinion of the Commission, it is in the best interest of the District to extend the draw period of the Bond as described in this Resolution; NOW, THEREFORE,

BE IT RESOLVED BY THE COMMISSION OF CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, CHELAN COUNTY, WASHINGTON, as follows:

Section 1. Extension of Draw Period. This Resolution amends Resolution No. 2025-3, to extend the draw period of the Bond from August 22, 2026 to November 20, 2026. Section 1(t) of Resolution No. 2025-3 is hereby amended as follows (with additions underlined and deletions stricken):

(t) "Draw *Period*" means the period beginning on the dated date of the Bond and ending on November 20~~August 22~~, 2026.

All other provisions of Resolution No. 2025-3 shall remain unchanged.

Section 2. Expenses. The District agrees to pay all expenses in connection with this amendment.

Section 3. General Authorization and Ratification. The Chief Executive Officer, Chief Financial Officer and other appropriate officers of the District are severally authorized to take such actions necessary to implement this Resolution.

Section 4. Effective Date. This Resolution shall become effective immediately upon its adoption.

ADOPTED and APPROVED by the Commission of Chelan County Public Hospital District No. 2, Chelan County, Washington, at a regular open public meeting thereof this 26th day of May, 2026, the following Commissioners being present and voting.

Chair and Commissioner

Commissioner

Commissioner

Commissioner

Secretary and Commissioner

CERTIFICATION

I, the undersigned, Secretary of the Commission of Chelan County Public Hospital District No. 2, Chelan County, Washington (the “District”), hereby certify as follows:

1. The attached copy of Resolution No. 2026-10 (the “Resolution”) is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Commission held on May 26, 2026, as that resolution appears on the minute book of the District; and the Resolution is now in full force and effect;

2. The meeting was duly convened, held and included an opportunity for public comment, in all respects in accordance with law, and to the extent required by law, due and proper notice of such meeting was given;

3. A quorum was present throughout the meeting through telephonic, electronic, internet, or other means of remote access, and a majority of the members of the Commission of the District so present at the meeting voted in the proper manner for the adoption of the Resolution; and

4. All other requirements and proceedings incident to the proper adoption of the Resolution have been duly fulfilled, carried out and otherwise observed, and that I am authorized to execute this certificate.

Dated: May 26, 2026.

CHELAN COUNTY PUBLIC HOSPITAL
DISTRICT NO. 2, CHELAN COUNTY,
WASHINGTON

Commission Secretary



CEO Board Report (as of 5/19/2026)

People:

- Welcome Jim Cussins, our interim CFO. Jim will be evaluating our financial team and training our COO, Shawn Ottley to take on the role of CFO. We said goodbye to Brant Truman, our CFO this past Friday.
- Marcus Miller has been promoted to Chief of Ancillary and Outpatient services, and rehab, lab, and imaging now reporting to him. Marcus will move from under Shawn Ottley and will now report directly to me.
- Wendy Kenck, our Executive Assistant/Board Coordinator over the past four years, will be taking on the role of Operational Informatics and Project Management. The search for a new “Wendy” on the admin team has begun.
- OR volumes have grown to the point where we need to find a third CRNA to support running two OR’s/procedure rooms for two or three days of the week.
- Scaled Data will be making changes at CIO; an announcement is coming soon.
- Last week was Hospital Week with various fun activities. We really appreciate the hard work of our EAC and putting together a great week for our staff. ELT members came in to have dinner with night shift on one evening last week.
- We have two OB nursing travelers coming soon. So far we have had 26 deliveries year to date, which is trending substantially behind this time last year.
- We will also have an MSU traveler night nurse starting in June to care for additional inpatients.
- In 2025, the turnover rate was 9%, while this year we are running at 4% (numbers exclude per diem staff). According to Becker’s the healthcare industry normally runs between 18-22%.
- We have 13 full time positions open, 12 per diem, and one temporary position open across the district.
- Our overall Net Promotor Score is running at 78, April finished at 87.6, and month to date in May we are at 74.5. Range is -100 to 100 with the healthcare industry ranging typically from 30 to 58. Hospitals typically score in the high 50’s

Community:

- I will be speaking tonight at the Manson Community Council.
- Participated in the Manson Apple Blossom Parade with our EMS team.
- Attended The Rural Health Collaborative, AWPMD and WSHA board meetings this month.

Quality:

- An informational session for the Patient and Family Advisory Council is scheduled for Wednesday, May 27th at 5pm in the Bragg Room.
- This month’s Quality Stars were nurse Anna Porter and Dr. Kaufman (General Surgeon), Anna was recognized for her work around judicious policy use and reinforcing attention to policy with her peers. Dr. Kaufman went out his way to be thoughtful and recognized all staff involved in a particularly complex surgical case.
- MEC has made great progress on their bylaw revisions and will likely be ready for full medical staff approval at the July meeting.
- Select staff members will be headed to “Just Culture” training and “train the trainer” sessions this summer and fall.

Financial:

- Detailed financials are not available at this time. However, today’s daily financial report shows us roughly \$2M ahead of budget for gross revenue year to date which is a substantial improvement over this time last year!
- Our business office team, led by Brittany Fields (Director of Revenue Cycle), is making progress with AR and curtailing issues with returned phone calls to patients from our financial counseling team.

P.O. Box 908 | 110 S. Apple Blossom Drive | Chelan, WA 98816
Ph: 509-682-3300 | Fax 509-682-3475

Building for the Future:

- EMS building continues to be on budget and on time. Garage framing is complete, and the main building siding is nearing completion. Drywall and most interior painting are complete.
- Our MSU nursing team is working towards converting one of our L&D rooms to a mini step-down ICU with hopes of starting the service this summer.
- We continue to work toward converting conference room 1212 to an echo stress testing room, which is needed with our growing cardiology service line.
- We have successfully gone live with our UKG payroll module (with a few expected hiccups). Next, we will be working on an RFP for an ERP (Enterprise Resource Planning) system, which will help automate supply chain processes and accounting practices.
- Providence's EPIC team was in house this past week conducting a readiness evaluation. We are awaiting the results.
- We are working on a few additional potential service lines for the Specialty and Primary Care clinics, more to come!
- The Rural Health Collaborative is nearing the first day of actual (in hospital) work funded by the RHTP. Most of our participation will be around improving our revenue cycle processes.



**Lake Chelan Health
Strategic Planning Session
June 26, 2026**

Location Lake Chelan Hospital, Bragg Conference Room

Vision: To improve community health and make our region a better place to live.

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

Values: Relationships, Integrity, Compassion, Respect

Planning Session Goals:

- Review current issues and trends related to Lake Chelan Health.
- Review and current status of progress for 2024 Strategic Plan.
- Update key priorities for Lake Chelan Health.
- Provide guidance for Strategic Plan updates
- Understand issues, implications and governance regarding Artificial Intelligence tools for healthcare

Thursday, June 25

Location:

	5:30pm	<i>Board Dinner</i>		
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Friday, June 26

Location: Lake Chelan Hospital; Bragg Conference Room

Facilitator: Alan Yordy

	7:30am	<i>Breakfast/ (30")</i>		
	8:00am	Introduction-Opening Presentation <ul style="list-style-type: none"> • Issues and Trends in Rural Healthcare 	Brock Slabach, NRHA	Virtual Presentation/ Discussion <i>(Recorded 6/24)</i>
	8:45am	Opening Comments-Introductions	Aaron Edwards & Lori Withrow, Chair	
	9:00am	Facilitator/Presentation <ul style="list-style-type: none"> • Expectations/Goals for the Day • Healthcare Trends and Impact on Strategy • Improvement Opportunities for LCH 	Alan Yordy	Presentation/ Discussion
	10:00am	BREAK		

	10:15am	Review of Strategic Plan Progress <ul style="list-style-type: none"> • Review of Five Core Goals • Process v Outcome Measures • Review of Key Performance Indicators • Discussion of barriers to progress 	Aaron/Shawn	Discussion Attachment
	11:00am	Overview of Current Issues <ul style="list-style-type: none"> • Hospitalists Coverage • Payor Relations (MA) • Community/Foundation Relations • Capital Projects and Planning 	Aaron/Shawn/Jim	Presentation/ Discussion
	11:45am	LUNCH (30')		
	12:15pm	AI for Rural Healthcare <ul style="list-style-type: none"> • Key Concepts • Agentic AI for Operations • Agentic AI for Clinical Support 	Ron Rerko Senior Director, Wellhive	Virtual Presentation
	1:00pm	Goal Revision/Update/Prioritization-Options for updated Prioritization <ul style="list-style-type: none"> • Introduction • Breakout Discussions 	All	Discussion
	2:00pm	Group Reports and Prioritization	All	Discussion
	2:20am	Stand Up BREAK		
	2:30 pm	Next Steps <ul style="list-style-type: none"> • Summary of the Day • Finalize strategies/Objectives • Revise/Build KPIs for each strategy • Update the Operating Plan for time horizon • Accountability and feedback 	Alan	
	2:45 pm	Closing Comments	Aaron Edwards & Lori Withrow, Chair	
	3:00 pm	Adjourn		

Participants

Commissioners: Lori Withrow (Chair), Doug Gibson (Vice Chair), Mary Murphy (Secretary), Jordana LaPorte, Len England

Leadership: Aaron Edwards (CEO), Shawn Ottley (COO & CFO), Jim Cussins (Interim CFO), Tara Lautiki (HR Director), Stu Freed, MD (CMO), Louise Sahlinger (EDQSRC), Rhianna Montgomery (CNO), Marcus Miller (EDOS)

Support: Wendy Kenck, Executive Assistant

Desired Skills and Abilities of a Lake Chelan Health Commissioner- draft 5.20.26

1. Exhibit interest in the welfare of the community and how the hospital fits into the community. Reach out to community members and learn what is important to them. Represent all community members' interests.
2. Exhibit proficiency in basic use of computer (Email, Word, Teams, etc.) and other electronic communication devices.
3. Prepare for meetings and learn about issues that impact the Hospital District; Exhibit ability to discuss issues and listen to board members with other positions. Be accurate to make your case.
4. Comply with Washington State laws and federal laws regarding health care and hospital governance. Be aware of and prevent potential legal liabilities associated with serving as a commissioner (including Fiduciary Duty, WA Open Public Meetings Act and Records Retention Act, and federal Health Information Portability and Accountability Act (HIPAA));
5. Declare conflicts of interest that could affect your ability to decide/act in the best interest of the district; Members are not permitted to vote on or influence decisions where they have a personal or financial interest. For example, they can't award contracts to companies in which they or their family members have a stake. Commissioners are not permitted to enter into contracts or agreements where they, or close family members, have a financial interest without disclosing and withdrawing from taking action where required under ethics laws and hospital policies.
6. Follow District policies and procedures, including confidentiality policies; Board members are prohibited from sharing confidential patient information (HIPAA violations) or sensitive board materials discussed in executive session. Members may not disclose or use any confidential information learned during their duties for personal benefit or for the benefit of others.
7. Meet the time requirements associated with board membership;
8. Attend and actively participate in board education/development activities;
9. Follow Roberts Rules of Order;
10. Demonstrate understanding of the difference between governance and management or business operations;
11. Exhibit ability to interpret financial statements and business cases. Analyze and apply health data;
12. Analyze complex concepts, develop creative solutions, and evaluate policy and program decisions to enable the organization to achieve long-term objectives;
13. Exhibit a high level of personal and professional integrity;
14. Act to advance organization's mission, vision and key goals;
15. Foster healthy Board culture of active and respectful participation in discussions and deliberations to assist to move issues to a decision;
16. Support board policies and decisions once they are formulated, even after voting against them;
17. Be willing to serve on Board committees, and in a leadership role as board officer and/or committee chair;
18. Regularly evaluate and improve performance as a Board member and Board as a whole;
19. Hold self and other Board members accountable for agreed upon behaviors and compliance with laws and District policies;
20. Demonstrate high value for diversity and cultural dexterity, and a strong commitment to creating an inclusive environment within the organization;