



LAKE CHELAN HEALTH

BOARD PACKET

Chelan County Public Hospital District No. 2

9/29/2026



Chelan County Public Hospital District No. 2
Board Training 12:30-1:15PM
 Regular Meeting of the Board of Commissioners
 September 29, 2026, at 1:30pm via TEAMS

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	Call to Order/ Changes to Agenda	L. Withrow	
1:31	Public Comment		
1:35	Chair Report	L. Withrow	
1:40	Consent Agenda	Commission	A. Regular Board Meeting Minutes 8/25/2026(FM) B. Special Board Meeting Minutes 9/14/2026 (FM) C. Bad Debt & Charity Care (FM) D. Warrants & Vouchers (FM) E. Finance Committee Minutes 9/24/2026 (FA) F. August Unaudited Finance Report (FA)
1:45	Quarterly Reports	M. Navarro, CEO & C. Cooper, Board VP Dr. Harberd, CVCH	A. CVCH Community Partnership Presentation (FI) B. Resident Introduction: Dr. Regan (FI)
2:15	Executive Session		A. RCW 42.30.110(1)(o) to consider information regarding staff privileges or quality improvement committees under RCW 70.41.205
2:45	Reports	J. Barich, S.Freed S. Ottley/J.Cussins A. Edwards Commissioners	A. Med Staff Report & Credentialing (FI) B. Financial i. August Financial Summary (FI) ii. Revenue Cycle (FI) C. CEO Report (FI) D. OB Service Line Update (FD) E. Community Connections (FD)
3:15	Old Business	A. Edwards Commissioners S. Ottley Commissioners	A. RHTP Update (FI) a. Request for approval of chemistry analyzer B. Philanthropy (FI) C. EMS Building (update, naming, grand opening) (FD) D. EPIC and ERP Update (FI) E. Governance (FD)
3:45	New Business	Commissioners A Edwards S. Ottley M Miller	A. Board Education (FD) B. WSHA Policy Committee (FM) C. Resolutions a. 2026-17 Disposal EKG (FM) b. 2026-18 Disposal File Cabinet (FM) c. 2026-19 Disposal Printer (FM) d. 2026-20 Disposal Bilirubin Meter (FM) e. 2026-21 Disposal Overbed Table (FM) f. 2026-22 Disposal Autoscan & Workstation (FM) g. 2026-23 Medical Assistant Apprenticeship Program (FM)
4:15	Public Comment		
4:20	Executive Session		A. RCW 42.30.110(1)(g) to evaluate the performance of a public employee.

5:15	Roundtable/Action Items	Commission	
5:20	Adjournment	L. Withrow	

Board Calendar Reminders:

10/8/2026	Medical Staff Meeting	Bragg Room/TEAMS	7-8:30 am
TBA	Credentialing Committee	TBA	TBA
10/16/26	Special Board Meeting- Budget Workshop	Bragg Room	9am –12 pm
10/22/2026	Finance Committee	Bragg Room/ TEAMS	10 am
10/27/2026	Board Education	Bragg Room/TEAMS	12:15 pm
10/27/2026	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

TBA	Credentialing Committee	TBA	TBA
11/18/2026	CPR Committee	1212/ TEAMS	10 am
11/22/2026	Finance Committee	Bragg Room/ TEAMS	10 am
11/27/2026	Board Education	Bragg Room/TEAMS	12:15 pm
11/27/2026	Regular Board Meeting	Bragg Room/ TEAMS	1:30 pm

12/10/2026	Quality Committee	Bragg Room/ TEAMS	1 –2:30pm
TBA	Credentialing Committee	TBA	11:30 am
12/17/2026	Finance Committee	Bragg Room/ TEAMS	10 am
12/29/2026	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 September 14, 2026 at 9 am**

Commission Attendance:

(☐ not present ☒ present)

☒ Jordana LaPorte (virtual)
☒ Lori Withrow, Chair

☒ Mary Murphy, Secretary
☒ Doug Gibson, Vice Chair

☒ Len England

Staff Participants: A. Edwards, Jim Cussins, S. Ottley, M. Miller, Dr. Freed

Guests: Ellyn Freed (Forte Architecture)

Community Members:

Recorder: Wendy Kenck

Agenda Item	Topic/Action
Call to Order Chair Report	L. Withrow called the meeting to order at 9:01 am and recited the Mission statement.
Public Comment	No Public Comment
New Business	S. Ottley and Ellyn Freed of Forte Architecture presented the downtown clinic exterior remodel project review and funding recommendations for 219 E. Johnson Ave.
Executive Session	L. Withrow, Chair announced an Executive Session at 9:28 am for 45 minutes, scheduled to end at 10:13 am, citing RCW 42.30.110(1)(d), RCW 42.30.110(1)(o)(o), and RCW 42.30.110(1)(g) to consider information regarding staff privileges and matters discussed by quality improvement committees. L. Withrow extended the Executive Session 35 minutes L. Withrow extended the Executive Session 12 minutes L. Withrow extended the Executive Session 20 minutes L. Withrow extended the Executive Session 15 minutes L. Withrow announced Executive Session ended at 11:35 am. The Board returned to the open meeting. - Action Following Executive Session: <i>D. Gibson motioned to approve a notice to proceed for Phase 1 of the downtown clinic remodel, not to exceed \$460,000, seconded and motion approved.</i>
Old Business	L. Withrow and M. Murphy updated the team on philanthropy-related banking, fundraising, and governance items, including the need to create a new bank account for ACH deposits, the upcoming Guild B fundraiser on October 5 to support EPIC fundraising, the December 12 GiveNCW fundraising event currently in planning, and completed liability coverage for the guilds. They also noted ongoing conversations with OMW for legal guidance related to philanthropy, discussed reviewing foundation meeting attendance policy language and removing it from the Finance policy, and recommended developing an MOU with the Foundation regarding

	management of donated funds restricted for Lake Chelan Health. • <i>M. Murphy motioned to approve Resolution 2026-14 authorizing the opening of a new bank account at Wheatland Bank with ACH capability for Philanthropy, seconded, motion approved.</i>
Public	• No Public Comment
Adjournment	• L. Withrow adjourned the meeting at 12:04 am

Attest:

Mary Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant

Chelan County Public Hospital District No. 2
Regular Meeting of the Board of Commissioners
Meeting Minutes August 25, 2026 at 1:30 pm

Commission Attendance:

(☐ not present ☒ present)

☒ Jordana LaPorte

☒ Lori Withrow, Chair

☒ Mary Murphy, Secretary

☒ Doug Gibson, Vice Chair

☒ Len England

Staff Participants: A. Edwards, J. Barich, Jim Cussins, M. Miller, R. Montgomery, L. Sahlinger, S. Ottley, T. Lautiki, A. Benegas, D. Ehlert

Community Members:

Recorder: Wendy Kenck

Agenda Item	Topic/Action
Call to Order Chair Report	L. Withrow called the meeting to order at 1:30 pm and recited the Mission statement. Agenda Change: Under Old Business, the Board will review committee assignments and add a sub-bullet regarding the MA Apprenticeship Program. <i>J. LaPorte motioned to approve the revised agenda, seconded, motion approved</i> Chair Report: L. Withrow expressed appreciation for the team's work and coordination during these challenging times. She noted that significant effort has been invested over the past several years to support organizational growth and that it is rewarding to see the results of that work as the organization continues to stabilize. She also encouraged ongoing leadership development and professional growth.
Public Comment	No Public Comment
Consent Agenda	Consent Agenda <i>D. Gibson motioned to approve the Consent Agenda seconded, and motion approved.</i>
Quarterly Report	Resident Quality Improvement Report: Dr. Piper presented the resident quarterly report on OB, including progress on a rural obstetric emergency preparedness initiative designed to strengthen clinical readiness, team coordination, and patient safety through simulation-based training.
Executive Session	L. Withrow, Chair announced an Executive Session at 1:55 pm for 35 minutes, scheduled to end at 2:30 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. L. Withrow extended the Executive Session 20 minutes L. Withrow extended the Executive Session 20 minutes L. Withrow extended the Executive Session 10 minutes L. Withrow extended the Executive Session 5 minutes L. Withrow announced Executive Session ended at 3:25 pm. The Board returned to the open meeting. - Action Following Executive Session:

	▪ <i>D. Gibson, after reviewing the medical recommendations from the Medical Executive Committee (MEC), motioned to approve the Initial appointment of Patricia Papadopoulos, MD, Ross Brown, PA-C, Rami-James Assadi, MD, Syed Jafri, MD, Joshua McDonald, MD, Aaron Peterson, MD, Jack Shakarshy, MD; provisional status to full membership of Alexander Franke, MD, Emily Reynolds, DO, Anne Sobba-Higley, MD; reappointment of Eric Davis, PA-C, James Dahl, MD, Alexander Franke, MD, Tyler Goesser, MD, Brian McGinnes, DPM, Emily Reynolds, DO, Vance Rothmeyer, MD, Jennifer Snyder, MD, Anne Sobba-Higley, MD, Amin Rabiei, MD, Meghan Romba, MD, Derek Dyess, MD, Alan Horn, MD; seconded, motion approved.</i>
Reports	• Medical Staff Report: Dr. Freed reported that the organization has experienced significant growth over the past year and expressed appreciation for the leadership team and staff whose efforts have supported that growth. He noted that the hospital is successfully caring for more acute care patients locally, allowing patients to receive care closer to home while enhancing the professional experience for staff. He stated that these accomplishments support recruitment and retention efforts and reflect positively on the services provided to the community. Dr. Freed also shared a patient letter recognizing the surgical team's professionalism and patient-centered care. • Finance: ○ Finance Report: S. Ottley reviewed highlights from the July financial packet, including the finalization of a \$662,000 cost report settlement. He reported that the state has verified that SNAP payments will continue as expected and noted that the organization has drawn the remaining funds from the loan. ○ Revenue Cycle: S. Ottley provided a review of July revenue cycle performance and key metrics. • CEO Report: A. Edwards noted additions to his report noting Human Resources is actively updating the employee exit interview process, including revising interview questions and transitioning to an electronic format to improve efficiency and participation. Dr. Harberd also reported an increase in funding for the University of Washington residency program through a higher reimbursement rate per resident. • OB Report YTD: R. Montgomery presented the year-to-date obstetrics report, including current volumes, trends, and key performance indicators. • Community Connection Opportunities: M. Murphy reported outreach efforts with Stacy Whilloby to discuss healthcare needs within the community, including challenges and opportunities related to maternity care access and obstetric care deserts.
Old Business	• Strat Planning: Discussion regarding Board feedback from the strategic plan • RHTP: An update was provided on Rural Health Transformation Program (RHTP) activities. Three requests for assistance have been submitted, with one additional request planned. • Philanthropy: L. Withrow and M. Murphy reported on the Guild meetings, provided organizational updates, and discussed consultant recommendations regarding foundation structure, including consideration of a separate 501(c)(3). The Board discussed future foundation planning and fundraising opportunities. • EPIC/ERP: A. Edwards provided an update on EPIC and ERP planning efforts, including discussion of the potential engagement of an external consultant to support implementation activities.

	• EMS Building Update: S. Ottley reported that the EMS building project remains on schedule, with transition activities planned to begin in September and a ribbon-cutting event anticipated in October.
New Business	• Downtown Clinic & Mobile Clinic: M. Miller provided an update on improvements to the Downtown Clinic focused on enhancing patient access, workflow efficiency, and ADA accessibility. The Mobile Clinic completed its first community event at the Manson Back-to-School Fair, where approximately two dozen sports physicals were provided. Efforts are underway to expand Mobile Clinic services, and planning continues for the development of a Medical Assistant training program.
Public	• No Public Comment
Executive Session	• L. Withrow announced an Executive Session at 6:20 PM for 15 minutes to end at 6:35 PM citing RCW 42.30.110(1)(g) to evaluate the performance of a public employee. An Action could be anticipated. - o L. Withrow extended the Executive Session 5 minutes - o Executive Session ended at 6:40 pm and the Board resumed in open meeting.
Adjournment	• Roundtable discussion • L. Withrow adjourned the meeting at 7:01 pm

Attest:

Mary Murphy, Secretary

Aaron Edwards, CEO

Wendy Kenck, Executive Assistant

DATE August 2026

TOTAL BAD DEBTS - HOSPITAL \$115,698.61
TOTAL MEDICARE BAD DEBTS (\$311.10)
TOTAL BANKRUPTCY \$0
TOTAL CHARITY CARE – HOSPITAL \$148,463.53
TOTAL MEDICARE CHARITY CARE – (\$417.37)

TOTAL ATTESTATION \$263,433.67

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:_____

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BOARD APPROVAL

DATE:_____

CHAIR_____

VICE CHAIR_____

SECRETARY_____

MEMBER_____

MEMBER_____

ATTEST. ADMINISTRATOR_____

WARRANT #'S A/P	AMOUNT	CAPITAL	BOARD MTG - SEPTEMBER 2026	WARRANT#'S PAYROLL	AMOUNT	pay period
244304-244373	\$ 310,629.17			DIRECT DEPOSIT (Dr. Toomey)	\$ 1,761.71	8/7/2026
ACH	\$ 1,678,663.20			PAYROLL TAXES	\$ 371.89	8/7/2026
DOR (July)	\$ 23,656.15			PAID FAMILY LEAVE & LTC	\$ 22.60	8/7/2026
244374 (Payroll)	\$ 884.40			DIRECT DEPOSIT	\$ 704,243.60	8/8/2026
244375-244441 (Refunds)	\$ 7,929.51			CHILD SUPPORT	\$ 760.61	8/8/2026
244442-244488	\$ 212,704.52			PAYROLL TAXES - IDAHO & MONTANA	\$ 362.00	8/8/2026
ACH	\$ 229,600.67			PAYROLL TAXES	\$ 278,088.81	8/8/2026
244489-244558	\$ 184,957.53			PAID FAMILY LEAVE & LTC	\$ 17,022.70	8/8/2026
ACH	\$ 612,642.89			DIRECT DEPOSIT	\$ 755,853.83	8/22/2026
244559-244570 (Refunds)	\$ 4,618.43			CHILD SUPPORT	\$ 760.61	8/22/2026
ACH	\$ 121,579.98			PAYROLL TAXES	\$ 294,814.57	8/22/2026
244571-244626	\$ 681,250.38			PAID FAMILY LEAVE & LTC	\$ 11,356.57	8/22/2026
244627-244691	\$ 369,952.60			PAYROLL TAXES - IDAHO & MONTANA	\$ 389.00	8/22/2026
ACH	\$ 342,455.14					
244692	\$ 17,518.72					
244693-244706 (REFUNDS)	\$ 4,173.29					
ACH (CC Payment in June)	\$ 6,864.39					
244707-244770	\$ 173,194.06					
ACH	\$ 337,064.01					
	\$ 5,320,339.04				\$ 2,055,808.50	



LAKE CHELAN HEALTH

Unaudited Financial Statements

for

For the Month ended August 2026

Statement of Revenue and Expense

Lake Chelan Health

For the Month ended August 2026

Current Month

Year -To-Date

	Actual	Budget	Var	Actual	Budget	Var	Prior Year
Inpatient Charges	\$ 792,202	\$ 1,018,088	\$ (225,886)	\$ 5,698,224	\$ 7,256,488	\$ (1,558,264)	\$ 5,220,575
Outpatient Charges	\$ 8,190,231	\$ 8,096,044	\$ 94,188	\$ 59,008,073	\$ 56,052,503	\$ 2,955,570	\$ 44,991,244
Total Charges	\$ 8,982,434	\$ 9,114,132	\$ (131,698)	\$ 64,706,297	\$ 63,308,990	\$ 1,397,306	\$ 50,211,819
Contractuals write-offs	\$ 4,096,499	\$ 4,055,789	\$ (40,710)	\$ 27,051,474	\$ 28,172,499	\$ 1,121,026	\$ 18,865,512
Charity	\$ 148,046	\$ -	\$ (148,046)	\$ 1,229,687	\$ -	\$ (1,229,687)	\$ 687,799
Bad Debt	\$ (29,934)	\$ -	\$ 29,934	\$ 1,319,640	\$ -	\$ (1,319,640)	\$ 2,510,020
Total reductions from Charges	\$ 4,214,611	\$ 4,055,789	\$ (158,822)	\$ 29,600,801	\$ 28,172,499	\$ (1,428,302)	\$ 22,063,331
Net Patient Revenue	\$ 4,767,823	\$ 5,058,343	\$ (290,520)	\$ 35,105,496	\$ 35,136,491	\$ (30,995)	\$ 28,148,488
Other operating revenue	\$ 74,932	\$ 71,085	\$ 3,847	\$ 364,761	\$ 568,683	\$ (203,922)	\$ 421,923
Total Operating Revenue	\$ 4,842,755	\$ 5,129,428	\$ (286,673)	\$ 35,470,257	\$ 35,705,174	\$ (234,917)	\$ 28,570,411
Salaries & Wages	\$ 2,346,824	\$ 2,186,430	\$ (160,394)	\$ 17,822,902	\$ 17,138,795	\$ (684,106)	\$ 14,741,091
Employee Benefits	\$ 462,953	\$ 466,603	\$ 3,650	\$ 3,880,550	\$ 3,657,560	\$ (222,990)	\$ 3,112,907
Professional Fees	\$ 586,556	\$ 514,921	\$ (71,635)	\$ 3,763,673	\$ 4,119,367	\$ 355,694	\$ 2,459,329
Food Supplies	\$ 26,273	\$ 23,260	\$ (3,013)	\$ 194,213	\$ 186,077	\$ (8,136)	\$ 173,746
Minor Equipment	\$ 23,509	\$ 38,518	\$ 15,009	\$ 305,192	\$ 308,144	\$ 2,952	\$ 197,464
Supplies	\$ 424,966	\$ 371,820	\$ (53,146)	\$ 2,692,677	\$ 2,582,763	\$ (109,914)	\$ 1,614,958
Plant Utilities	\$ 33,729	\$ 38,466	\$ 4,737	\$ 266,780	\$ 307,725	\$ 40,945	\$ 245,979
Purchased Services	\$ 509,022	\$ 368,236	\$ (140,786)	\$ 3,090,910	\$ 2,945,888	\$ (145,023)	\$ 3,432,614
Repairs and Maintenance	\$ 88,292	\$ 100,392	\$ 12,101	\$ 830,880	\$ 803,138	\$ (27,742)	\$ 787,414
Public Relations/Recruitment	\$ 25,821	\$ 10,453	\$ (15,368)	\$ 92,785	\$ 83,623	\$ (9,162)	\$ 64,145
Lease/Rental	\$ 87,621	\$ 46,382	\$ (41,239)	\$ 461,337	\$ 371,056	\$ (90,281)	\$ 332,893

Statement of Revenue and Expense

Lake Chelan Health

For the Month ended August 2026

Current Month

Year -To-Date

	Actual		Budget		Var		Actual		Budget		Var		Prior Year
Insurance and Professional Liability	\$ 47,285	\$	\$ 45,329	\$	\$ (1,956)	\$	\$ 399,399	\$	\$ 362,629	\$	\$ (36,770)	\$	\$ 329,010
License/Taxes	\$ 26,975	\$	\$ 36,461	\$	\$ 9,486	\$	\$ 201,579	\$	\$ 291,738	\$	\$ 90,159	\$	\$ 213,164
Dues/Subscriptions/other	\$ 62,024	\$	\$ 72,659	\$	\$ 10,635	\$	\$ 548,443	\$	\$ 581,272	\$	\$ 32,829	\$	\$ 516,148
Travel/Training	\$ 16,639	\$	\$ 15,491	\$	\$ (1,149)	\$	\$ 113,027	\$	\$ 123,924	\$	\$ 10,897	\$	\$ 78,775
Total Operating Expenses	\$ 4,768,489	\$	\$ 4,335,420	\$	\$ (433,069)	\$	\$ 34,664,349	\$	\$ 33,863,700	\$	\$ (800,649)	\$	\$ 28,299,638
EBIDTA	\$ 74,266	\$	\$ 794,008	\$	\$ (719,742)	\$	\$ 805,908	\$	\$ 1,841,474	\$	\$ (1,035,566)	\$	\$ 270,774
Depreciation	\$ 338,289	\$	\$ 365,828	\$	\$ 27,539	\$	\$ 2,612,078	\$	\$ 2,926,622	\$	\$ 314,544	\$	\$ 2,357,262
Amortization	\$ 46,770	\$	\$ 64,583	\$	\$ 17,813	\$	\$ 489,787	\$	\$ 516,667	\$	\$ 26,880	\$	\$ 507,907
Operating Income	\$ (310,793)	\$	\$ 363,597	\$	\$ (674,390)	\$	\$ (2,295,957)	\$	\$ (1,601,815)	\$	\$ (694,142)	\$	\$ (2,594,395)
Tax Revenue	\$ 406,921	\$	\$ 204,874	\$	\$ 202,048	\$	\$ 2,875,773	\$	\$ 1,751,115	\$	\$ 1,124,658	\$	\$ 2,725,877
Other non operating Revenue	\$ 57,229	\$	\$ -	\$	\$ 57,229	\$	\$ 866,746	\$	\$ -	\$	\$ 866,746	\$	\$ 1,454,549
Other non operating Expense	\$ (449)	\$	\$ -	\$	\$ (449)	\$	\$ (8,613)	\$	\$ -	\$	\$ (8,613)	\$	\$ (5,891)
Interest expense	\$ (139,813)	\$	\$ -	\$	\$ (139,813)	\$	\$ (1,239,949)	\$	\$ -	\$	\$ (1,239,949)	\$	\$ (1,236,602)
Interest Income	\$ 14,124	\$	\$ -	\$	\$ 14,124	\$	\$ 116,469	\$	\$ -	\$	\$ 116,469	\$	\$ 260,188
Total Non operating	\$ 338,011	\$	\$ 204,874	\$	\$ 133,138	\$	\$ 2,610,426	\$	\$ 1,751,115	\$	\$ 859,311	\$	\$ 3,198,121
Net Margin	\$ 27,218	\$	\$ 568,471	\$	\$ (541,252)	\$	\$ 314,469	\$	\$ 149,300	\$	\$ 165,169	\$	\$ 603,726

Statement of Revenue and Expense

Lake Chelan Health

For the Month ended August 2026

Current Month

Year -To-Date

	Actual	Budget	Var	Actual	Budget	Var	Prior Year
Key Indicators							
Deduction %	46.9%	44.5%	-2.4%	45.7%	44.5%	-1.2%	43.9%
Net Reimbursement %	53.1%	55.5%	-2.4%	54.3%	55.5%	-1.2%	56.1%
Charity %	1.6%	0.0%	-1.6%	1.9%	0.0%	-1.9%	1.4%
Bad Debt %	-0.3%	0.0%	0.3%	2.0%	0.0%	-2.0%	5.0%
SWB % of NPR	58.0%	51.7%	-6.3%	61.2%	58.2%	-2.9%	62.5%
Benefits as a % of Wages	19.7%	21.3%	1.6%	21.8%	21.3%	-0.4%	21.1%
Supplies % of NPR	9.8%	8.5%	-1.4%	9.0%	8.6%	-0.4%	7.0%
EBIDTA Margin	1.5%	15.5%	-13.9%	2.3%	5.2%	-2.9%	0.9%
Operating Margin	-6.4%	7.1%	-13.5%	-6.5%	-4.5%	-2.0%	-9.1%
Net Margin	0.6%	11.1%	-10.5%	0.9%	0.4%	0.5%	2.1%
Other Key Indicators	Actual	Target	Prior Month	Prior Year End			
Days Cash on Hand	51.5	120	49.7	71			
Net AR days	64.3	50	65.2	72			
Debt Service Coverage Ratio	2.28	1.25	2.28	1.50			
Ave age of plant	5.00	8-12 years	4.77	4.65			
FTE's	284		271	234			

Cash flow
Lake Chelan Health
For the Month ended August 2026

	Month	Year to date
Cash at beginning of Period	\$ 7,007,182	\$ 8,581,753
Cash Disbursements	\$ (3,710,396)	\$ (25,676,032)
Cash Receipts	\$ 6,332,190	\$ 42,847,278
Journal Entries	\$ (329,544)	\$ (7,477,834)
Payroll	\$ (1,952,167)	\$ (10,927,901)
Change in cash	\$ 340,082	\$ (1,234,489)
Cash at end of Period	\$ 7,347,264	\$ 7,347,264

Balance Sheet

Lake Chelan Health

Assets		Current Month	Prior Month	Liabilities		Current Month	Prior Month
		8/31/2026				8/31/2026	
Current assets							
CASH		\$ 646,689	\$ 345,791	ACCOUNTS PAYABLE		\$ 1,686,564	\$ 860,699
PATIENT RECEIVABLES	\$ 21,008,664		\$ 20,642,626	ACCRUED PAYROLL		\$ 485,885	\$ 307,008
LESS: RESERVES FOR ALLOWANCES	\$ (10,503,337)		\$ (10,514,932)	ACCRUED VACATION/HOLIDAY/SICK PAY		\$ 1,861,519	\$ 1,870,773
Net Patient Account Receivables		\$ 10,505,327	\$ 10,127,694				
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS		\$ 993,905	\$ 1,087,105	ACCRUED PAYROLL TAXES		\$ 314,019	\$ 197,352
OTHER RECEIVABLES		\$ 690,471	\$ 554,732	OTHER CURRENT LIABILITIES		\$ 733,948	\$ 848,842
INVENTORIES		\$ 429,108	\$ 409,921	INTEREST PAYABLE		\$ 262,718	\$ 177,119
PREPAID EXPENSES		\$ 504,182	\$ 426,275	CURRENT PORTION OF LTD		\$ 1,201,603	\$ 1,201,603
TOTAL CURRENT ASSETS		\$ 13,769,682	\$ 12,951,518	TOTAL CURRENT LIABILITIES	TOTAL CURRENT LIABILITIES	\$ 6,546,256	\$ 5,463,396
				2018 Bonds		\$ 17,949,133	\$ 17,950,342
				2013 Bonds		\$ 3,897,030	\$ 3,896,600
General Reserves	\$ 1,138,938		\$ 1,124,210	USDA Loan		\$ 17,808,633	\$ 17,852,936
2018 Bond	\$ 801,733		\$ 791,336	Leases/PUD payable		\$ 2,246,120	\$ 2,246,120
USDA Restricted	\$ 547,200		\$ 547,200	Paid Leave		\$ 138,000	\$ 138,000
Costal	\$ 50,017		\$ 50,017	2025 Bonds		\$ 1,392,555	\$ 1,392,555
Internally restricted reserves	\$ 4,162,688		\$ 4,148,628	2026 Bonds		\$ 2,600,000	\$ 2,600,000
TOTAL LIMITED USE ASSETS		\$ 6,700,575	\$ 6,661,390.91	TOTAL LONG TERM LIABILITIES		\$ 46,031,471	\$ 46,076,554
LAND	\$ 4,133,845		\$ 4,133,845				
Clinics	\$ 5,570,274		\$ 5,570,274				
EQUIPMENT	\$ 10,146,939		\$ 9,921,754				
SOFTWARE	\$ 2,263,022		\$ 2,263,022				
NEW HOSPITAL	\$ 44,757,019		\$ 44,757,019				
LOCUM HOUSING	\$ 691,665		\$ 691,665				
GASB 87 BUILDINGS AND EQUIPMENT	\$ 3,652,761		\$ 3,652,761				
CONSTRUCTION-IN-PROGRESS - PROJECTS	\$ 11,100,489		\$ 9,278,945				
CONSTRUCTION-IN-PROGRESS - HOSPITAL	\$ 160,123		\$ 127,961				
LESS: ACCUMULATED DEPRECIATION	\$ (19,600,705)		\$ (19,262,416)				
LESS: GASB 87 AMORTIZATION	\$ (1,476,186)		\$ (1,429,416)				
NET PROPERTY, PLANT, & EQUIPMENT		\$ 61,399,247	\$ 59,705,414.73				
DEFERRED ITEMS		\$ 2,445,618	\$ 2,447,223	DEFERRED ITEMS		\$ 14,003,341	\$ 12,518,439
				UNRESTRICTED FUND BALANCE		\$ 17,419,585	\$ 17,419,908
				YTD Net Revenue/(Expenses)		\$ 314,469	\$ 287,251
TOTAL ASSETS		\$ 84,315,123	\$ 81,765,547	TOTAL LIABILITIES AND NET ASSETS		\$ 84,315,123	\$ 81,765,547

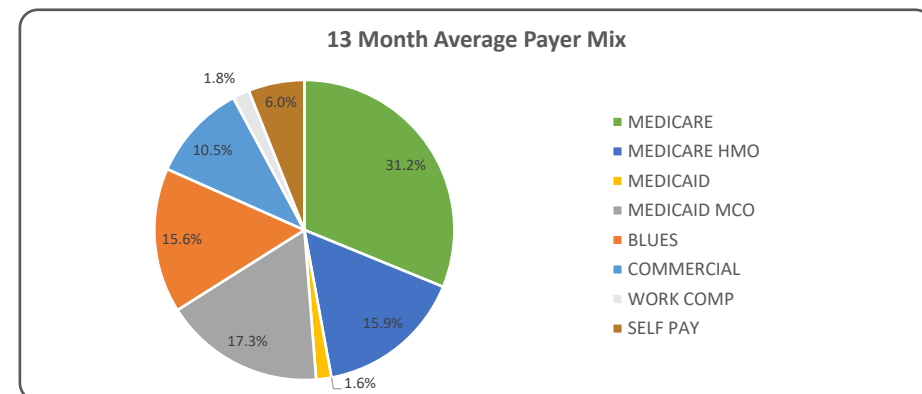
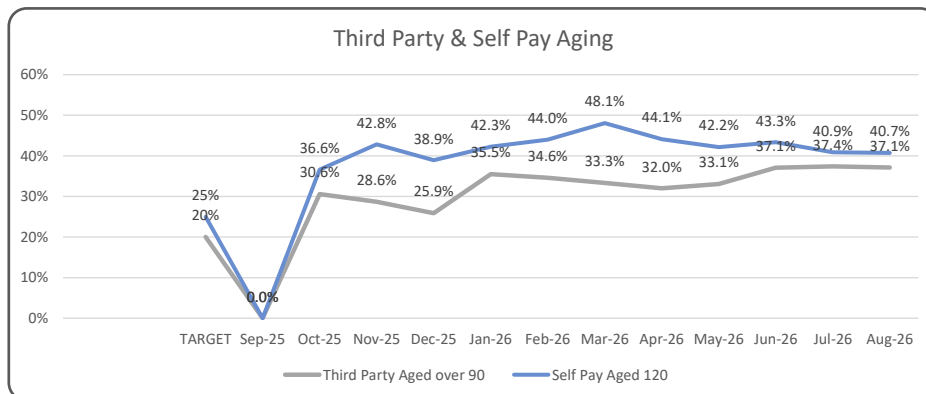
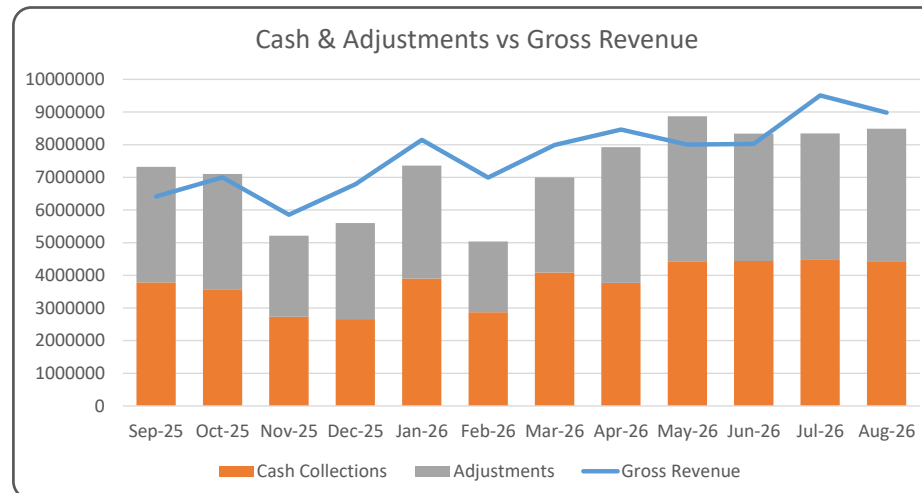
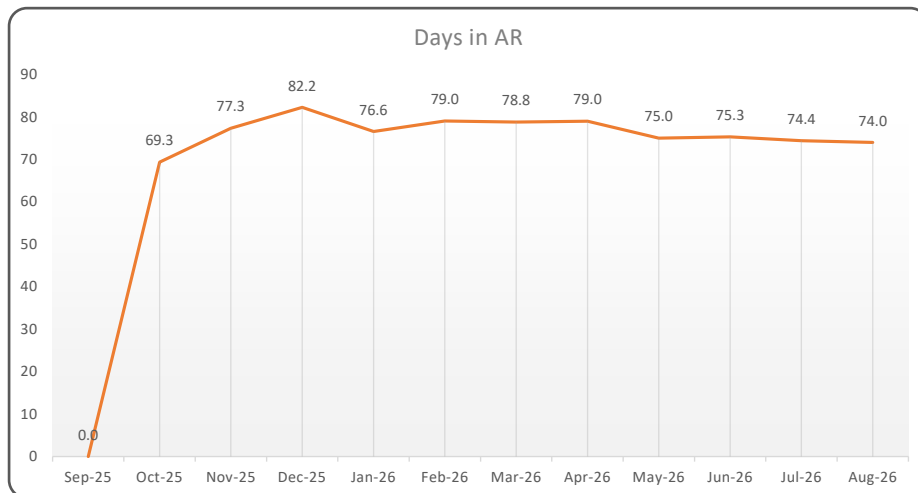
Patient Statistics
Lake Chelan Health
For the Month ended August 2026

Current Month								
Actual	Budget	Variance	Prior Year		Actual	Budget	Variance	Prior Year
Admissions								
39		#DIV/0!	24	Medical	201		#DIV/0!	160
0			0	Surgical	1			0
4		#DIV/0!	11	OB	49			60
43	0	#DIV/0!	35	Acute	251	0	#DIV/0!	220
4		#DIV/0!	2	Swing Bed	25		#DIV/0!	41
4		#DIV/0!	12	Total Deliveries	50		#DIV/0!	59
Patient Days								
112	90	25%	84	Medical	683	593	15%	481
0	0		0	Surgical	2	0		0
5	16	(70%)	19	OB	85	109	(22%)	110
117	106	10%	103	Acute	770	701	10%	591
37	75	(50%)	20	Swing Bed	230	494	(53%)	382
7	11	(39%)	16	Total Newborn Days	69	76	(9%)	81
161	192	(16%)	139	TOTAL PATIENT DAYS	1069	1271	(16%)	1054
Average Length of Stay								
2.7	#DIV/0!	#DIV/0!	2.9	Total Inpatient	3.1	#DIV/0!	#DIV/0!	2.7
9.3	#DIV/0!	#DIV/0!	10.0	Swing Bed	9.2	#DIV/0!	#DIV/0!	9.3
Avg Daily Census - Hospital								
3.8	3.4	10%	3.3	Total Inpatient	3.6	3.3	10%	2.8
1.2	2.4	(50%)	0.6	Swing Bed	1.1	2.3	(53%)	1.8
5.0	5.8	(15%)	4.0	Total	4.7	5.6	(16%)	3.9
768	649	18%	676	ED Visits	3,963	4,292	(8%)	4,367
85	150	(43%)	48	Surgeries	562	994	(43%)	426
1,527	1,552	(2%)	1404	Imaging Procedures	11,597	10,266	13%	10,244
5,523	4,861	14%	4790	Lab Tests	39,829	32,153	24%	32,463
824	904	(9%)	899	Rehab Visits	7,200	5,976	20%	6,135
170	160	6%	185	EMS Runs	1,093	1,057	3%	1,094
1,421	1,819	(22%)	911	Total Clinic Visits	10,087	12,028	(16%)	6,774
658	782	(16%)	159	SPECIALTY	4,204	5,169	(19%)	812
78	43	82%	40	General Surgery	494	283	74%	194
129	239	(46%)	17	Orthopedics	1,163	1,580	(26%)	229
62	102	(39%)	0	ENT	526	672	(22%)	-
176	209	(16%)	102	Dermatology	1,382	1,383	(0%)	621
16	119	(87%)	0	Urology	39	790	(95%)	-
65	-		0	Endocrinology	65	-		-
132	70	89%	0	Cardiology	535	461	16%	-
763	1,037	(26%)	752	RHC	5,883	6,858	(14%)	5,962
239	-		136	Primary care	1,516			1,200
30	147		0	Pediatrics	328	969		-
17	-		0	Audiology	83			-
477	890		616	Express Care	3,956	5,889		4,762

Lake Chelan Health

Executive Dashboard

	TARGET	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Third Party Days in AR	42.7	0.0	51.5	58.6	66.5	59.4	62.9	62.1	63.2	59.5	58.9	60.2	59.7
Self Pay Days in AR	17.0	0.0	17.8	18.7	15.7	17.2	16.2	16.7	15.8	15.5	16.5	14.2	14.3
Days in AR	59.7	0.0	69.3	77.3	82.2	76.6	79.0	78.8	79.0	75.0	75.3	74.4	74.0
Gross AR		-	15,594,306	16,373,651	17,566,004	17,306,428	19,263,193	20,253,051	20,811,127	19,934,490	20,274,468	20,642,626	21,314,958
Gross Revenue		6,413,773	7,002,744	5,855,937	6,791,366	8,151,435	6,990,259	7,989,884	8,467,006	8,005,028	8,024,380	9,509,620	8,981,186
Cash Collections		3,781,999	3,571,069	2,733,092	2,656,667	3,903,207	2,869,651	4,083,794	3,766,701	4,410,290	4,441,690	4,473,081	4,429,578
Adjustments		3,542,235	3,534,304	2,481,350	2,946,605	3,455,627	2,164,301	2,918,743	4,160,145	4,460,492	3,898,704	3,871,816	4,058,902
Collection %		51.6%	50.3%	52.4%	47.4%	53.0%	57.0%	58.3%	47.5%	49.7%	53.3%	53.6%	52.2%
Bad Debt	3%	3.8%	1.3%	6.2%	6.9%	1.3%	-0.6%	1.1%	3.0%	3.1%	3.4%	2.8%	1.3%
Charity Care	3%	1.1%	1.8%	3.1%	3.3%	1.4%	1.7%	0.0%	2.1%	3.4%	2.0%	2.7%	1.6%
Third Party Aged over 90	20%	#DIV/0!	30.6%	28.6%	25.9%	35.5%	34.6%	33.3%	32.0%	33.1%	37.1%	37.4%	37.1%
Self Pay Aged 120	25%	#DIV/0!	36.6%	42.8%	38.9%	42.3%	44.0%	48.1%	44.1%	42.2%	43.3%	40.9%	40.7%



CEO Board Report

September 2026 | Draft prepared September 22, 2026

EXECUTIVE SNAPSHOT

- Workforce stabilization is improving, with all full-time MSU day-shift positions filled and new graduate nurses progressing through preceptorship.
- Surgical growth remains strong, with 164 more surgical cases through September 1 than during the same period in 2025.
- August produced a positive net margin of \$27,218, while operating income was negative \$310,793; year-to-date net margin remained positive at \$314,469.
- Lake Chelan Health continues to work with CVCH and regional partners to sustain primary care access and the OB program. Year-to-date deliveries total 52.

People

- Nursing workforce stabilization continues to improve. All full-time MSU day-shift FTE positions are filled. Krista joined as a full-time MSU/OB RN, Mahal as a full-time MSU RN, and Rana is supporting the team as a part-time day-shift MSU RN.
- New graduate RNs Cohnor and Emma are progressing through preceptorship. Two night-shift travelers are supporting the transition to night shift.
- Nursing leadership is refining standard work for ED-to-MSU admissions, per diem coverage, sick-call coverage, and open schedule gaps.
- Leadership development remains a priority. Devon Ehlert has begun the WSHA LEAD Academy, and Kailyn and Devon are registered for the WSHA Rural Nurse Leadership Program next spring.
- Lake Chelan Health currently has 53 open full-time and part-time positions.
- HR provided benefit education to 7 employees in September, bringing the year-to-date total to 45. Lake Chelan Health also supported 44 EMR/medical students/residents and 4 job shadows.
- September HR activity included 9 new hires, bringing the year-to-date total to 107. HR also processed 2 department transfers and 2 status changes during the month; year-to-date totals are 26 transfers and 65 status changes.

Community

- Lake Chelan Health EMS launched a hybrid EMT course on September 14, running through December 19, to support emergency medical skills and workforce development in the region.
- Community education and support offerings in September included CPR/First Aid programming and the Chelan Cancer Support Group.
- Guild B will host a community luncheon on October 5 to support Lake Chelan Health's Epic fundraising campaign. The event will feature a physician panel focused on what Epic will mean for patients and caregivers.
- The grand opening of the new Lake Chelan Health EMS, training, and administrative building is scheduled for October 31 from 10:00 a.m. to 2:00 p.m. The facility includes a new home for the EMS crew, an employee exercise room, conference rooms, a dedicated simulation room, and shared administrative workspace.

- Mid-Valley Hospital was awarded Rural Health Transformation Program funding for regional obstetric planning. Lake Chelan Health will be an active partner in the regional coalition and planning effort to sustain and strengthen obstetric services across North Central Washington.
- Continued collaboration with University of Washington and regional partners on residency program development and long-term physician workforce planning through quarterly leadership engagement activities.
- Participated in the FAIRHealth Summit in Seattle, representing rural healthcare perspectives and continuing engagement in statewide healthcare policy and advocacy discussions.

Quality

- The Quality Oversight structure is being redesigned to place greater responsibility and decision-making authority within subcommittees. Subcommittees will monitor performance, evaluate risk, review improvement initiatives, and elevate findings and resource needs to Management Review.
- An RHTP application has been submitted to support an Employee Health EHR. The proposed system would centralize occupational health records, immunizations, surveillance, exposure tracking, onboarding requirements, and regulatory compliance.
- Nursing Education launched “Go-Live Tuesdays” to communicate education, clinical changes, and workflow updates.
- TeleNeuro is scheduled to go live September 29. Staff completed online, in-person, and simulation education in preparation.
- ED staff completed precipitous-delivery and shoulder-dystocia education. A Post-Op Boot Camp with Dr. Kaufman is being coordinated for October.

Financial

- Finance has expanded leadership education through budget guidance, variance-report training, standardized capital requests, and Finance 101, with the goal of increasing departmental accountability for financial performance.
- The proposed Paymerang/Corpay payment-automation agreement has completed legal review, and Finance continues due diligence on Signature Performance as a potential revenue-cycle partner.
- The new HPG group purchasing organization transition remains in progress. Finance is also evaluating the RAMP purchasing-card platform to strengthen controls, approval routing, receipt collection, and audit documentation.
- Finance continues to manage Rural Health Transformation Program applications, budgets, reporting requirements, and compliance activities supporting facility improvements, clinical infrastructure, and revenue-cycle initiatives.
- The Commerce grant contract is fully executed, and Finance is advancing reimbursement, construction closeout, and related grant management activities for the EMS project.
- Finance completed the funding analysis and Board materials supporting the downtown clinic exterior remodel and continues planning for future interior remodel activities and their impact on access, capacity, and revenue.
- A consolidated sources-and-uses model is being used to evaluate funding capacity, capital priorities, and future project commitments. Key funding assumptions continue to be refined before additional commitments are made.
- Finance is developing the FY2027 operating budget, three-year capital plan, and 10-year financial forecast. The Board Budget Workshop is scheduled for October 16, followed by Finance Committee review and final Board consideration.

- August results show a positive year-to-date net margin of approximately \$314,000. Operating expenses and EBITDA remain unfavorable to budget, and days cash on hand remains below target. Finance continues to focus on cash collections, accounts receivable, labor productivity, and purchased-service costs.

Building for the Future

- The EMS building has received its certificate of occupancy. The grand opening is scheduled for October 31, with transition, furnishing, and operational readiness activities continuing ahead of the event.
- Surgical Services continues strong growth. As of September 1, LCH performed 164 more surgical cases than during the same period in 2025.
- New service offerings include cardioversion and transesophageal echocardiogram procedures. The Specialty Clinic also completed its first urology procedures in the treatment room.
- Nursing leadership is preparing for the Rural-Variable Trauma Team Development Course through Harborview Medical Center, in partnership with Dr. Kaufman.
- Clinic demand continues to grow. Through August 2026, the departmental update reflects 10,106 total clinic visits, compared with 7,094 through August 2025. Incoming referrals listed in the update include Orthopedics, Cardiology, Dermatology, General Surgery, ENT, Sports Medicine, and Urology.
- The six-month core network upgrade is nearing completion. Most new equipment is in place, and remaining vendor connections are expected to finish in October.
- A charge master review will begin soon, with a targeted completion date in the third quarter of 2027.
- The project tracker lists the Epic feasibility study as not started with a September 30, 2026 due date, making completion of the feasibility work an immediate planning priority.
- Lake Chelan Health is eligible for up to \$658,207 in the current Rural Health Transformation Program cycle for critical technology infrastructure and maintenance needs. The funding must be fully spent by September 30, 2027.

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

RESOLUTION No. 2026-17
Disposal of EKG Machine

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 Emergency Department has identified the following items as surplus to departmental needs:

- EKG, Cardiograph, Philips Model USD0711941, Serial # 860284, Asset tag# 8601

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 29th day of September 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. 2026-18
Disposal of Rolling Cabinet

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 Materials Department has identified the following items as surplus to departmental needs:

- Rolling Cabinet, Asset Tag # 10047

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 29th day of September 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. 2026-19
Disposal of Printer

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

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

WHEREAS, the Obstetrics Department has identified the following items as surplus to departmental needs:

- Welch Allyn Printer, Manufacturer #MPT-11, Serial # MPT20018320407, Asset Tag# 9607

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 29th day of September 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. 2026-20
Disposal of Bilirubin Meter

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

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

WHEREAS, the Obstetrics Department has identified the following items as surplus to departmental needs:

- Philips Bilirubin Meter, Manufacturer # 1037632, Serial # B11532, Asset Tag # 9471

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 29th day of September 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. 2026-21
Disposal of Autoscan & Workstation

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 Emergency Department has identified the following items as surplus to departmental needs:

- Siemens/Beckman Coulter Autoscan & Workstation, model #AS4,

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 29th day of September 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. 2026-22
Overbed Table

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 Laboratory Department has identified the following items as surplus to departmental needs:

- Siemens Autoscanner #11497 and Beckman Coulter Workstation #1943718, model #AS4

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 29th day of September 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. 2026-23

Approval of InReach Medical Assistant Apprenticeship Program

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 2, Chelan County, Washington (the 'District'), recognizes the ongoing need to strengthen the workforce pipeline, improve employee career advancement opportunities, enhance retention, and ensure the continued delivery of high-quality patient care;

WHEREAS, the organization seeks to develop internal talent through a structured "InReach Medical Assistant Apprenticeship Program" that provides existing employees with the education, training, mentorship, and clinical experience necessary to become Medical Assistants;

WHEREAS, the proposed apprenticeship program aligns with the organization's strategic goals of workforce development, employee engagement, succession planning, and operational excellence;

WHEREAS, participation in the program will support recruitment and retention efforts by creating career pathways for current employees while addressing Medical Assistant staffing needs;

WHEREAS, the annual cost of participation in the apprenticeship program is \$4,900 per apprentice, which includes educational instruction, program administration, training resources, and related apprenticeship expenses;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby approves the establishment and implementation of the InReach Medical Assistant Apprenticeship Program for eligible employees.

BE IT FURTHER RESOLVED, that organizational leadership is authorized to:

1. Develop and administer the apprenticeship program in accordance with applicable federal, state, and local regulations.
2. Establish participant eligibility criteria, selection processes, and program requirements.
3. Allocate budgeted funds for program participation at a cost of \$4,900 annually per apprentice.
4. Enter into agreements with educational institutions, apprenticeship sponsors, workforce development organizations, and other entities necessary for successful program implementation.
5. Monitor program outcomes, including completion rates, certification attainment, employee retention, workforce development metrics, and return on investment.
6. Report program performance and financial impact to the Board on an annual basis.
- 7.

BE IT FURTHER RESOLVED, that funding for the apprenticeship program shall be incorporated into the annual operating budget and approved workforce development expenditures, subject to available resources and budgetary oversight.

BE IT FINALY RESOLVED that the Board of Commissioners, Chelan County Public Hospital District No. 2, and authorized representatives of the organization are empowered to take all actions necessary and appropriate to carry out the intent of this Resolution.

ADOPTED AND APPROVED, by the Board of Commissioners, Chelan County Public Hospital District No. 2, at an open public meeting thereof this 29th day of October 2026, with the following Commissioners being present and voting in favor of the resolution.

CHAIRPERSON OF THE BOARD

SECRETARY

VICE CHAIRPERSON

MEMBER

MEMBER

CEO