



**Public Hospital District No.1: Board of Commissioners Meeting Agenda**  
**Wednesday January 24, 2024 | 5:30 PM**  
**Arleen Blackburn Conference Room and Zoom Connection**

All times listed are approximates and not a true indication of the amount of time to be spent on any area.

<b>I.</b>	<b>Call to Order</b>	5:30	Tom Baranouskas
<b>II.</b>	<b>Pledge of Allegiance</b>	5:30	Tom Baranouskas
<b>III.</b>	<b>Consent Agenda</b>	5:30	Tom Baranouskas
	All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.		
	<ul style="list-style-type: none"> <li>• Meeting Agenda</li> <li>• December 20, 2023 Board Meeting Minutes</li> <li>• January 11, 2024 Special Board Meeting Minutes</li> <li>• Policy: Quality Assessment and Improvement Program</li> <li>• <b>Previous Month's Warrants Issued:</b> #10120900 – 10121243 12/14/2023 – 01/17/2024 \$ 730,275.11</li> <li>• <b>Accounts Payable EFT Transactions:</b> #20220351 -- 20220363 12/14/2023 – 01/17/2024 \$ 709,789.09</li> <li>• <b>Payroll EFT Transactions:</b> #17102 – 17868 12/16/2023 – 01/12/2024 \$ 833,641.91</li> <li>• <b>Payroll Warrant Numbers:</b> #80004 -- 80022 12/21/2023 \$ 1,711.71</li> </ul>		
<b>IV.</b>	<b>Election of Officers</b>	5:35	Commissioners
<b>V.</b>	<b>Community Input</b>	5:40	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
<b>VI.</b>	<b>Foundation Report</b>	5:45	Ted Montgomery
<b>VII.</b>	<b>CM Values</b>	5:50	Diane Blake
<b>VIII.</b>	<b>Public Relations Report</b>	5:55	Clint Strand
<b>IX.</b>	<b><u>Discussions &amp; Reports</u></b>	6:05	
	a. IT Update		Chad Schmitt
	b. Q4 2023 Dashboard Review		Diane Blake
	c. 2024 Washington State of Reform Health Policy Conference Report		Jessica Kendall
	d. Foundation Golf Tournament Sponsorship		Bruce Williams
	e. Part-time Resident Advisory Council		Bruce Williams
	f. 2024 Strategic Topics		Bruce Williams
	<ul style="list-style-type: none"> <li>• <b>What topics would you like to receive education on in 2024 to broaden your strategic thinking?</b></li> <li>• <b>What strategic topics should the board spend more time discussing in 2024, that have strategic implications for CM?</b></li> </ul>		
	g. Annual Requests for Public Records Update		Megan Baker
<b>X.</b>	<b><u>Committee Reports</u></b>	7:20	
	a. Medical Staff Meeting		Jessica Kendall
	b. WSHA Board Meeting		Bruce Williams
<b>XI.</b>	<b><u>Action Items</u></b>	7:30	Commissioners
	a. <b>MOTION:</b> Approve Board Committee & Liaison Appointments		
	b. <b>MOTION:</b> Approve Credentialing		
	c. <b>MOTION:</b> Approve Resolution 2024-01 Board Meeting Schedule		
<b>XII.</b>	<b>Administrator Report</b>	7:40	Diane Blake
<b>XIII.</b>	<b>Board Action Items</b>	7:55	Commissioners
<b>XIV.</b>	<b>Meeting Evaluation/Commissioner Comments</b>	8:00	Commissioners
<b>XV.</b>	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
<b>XVI.</b>	<b>Adjournment</b>	8:05	Tom Baranouskas

**BOARD CALENDAR REMINDERS**

January 30, 2024	WSHA Hospital Advocacy Day: Bruce	Olympia, WA	All Day
January 30, 2024	Community Engagement Night: Mall	Leavenworth Festhalle	5:00 PM
February 7, 2024	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
February 7, 2024	Benevolent Night	Prusik Kitchen & Bar	5:00 PM
February 21, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
February 22, 2024	Governance Committee	Administration Conference Room	2:00 PM
February 26, 2024	Open Forum	Arleen Blackburn Conference Room	12:30 PM
February 27, 2024	Quality Oversight Meeting	Administration Conference Room	10:00 AM
February 27, 2024	Open Forum	Arleen Blackburn Conference Room	5:15 PM
February 28, 2024	Open Forum	Arleen Blackburn Conference Room	12:00 PM
February 28, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
March 1, 2024	Open Forum	Arleen Blackburn Conference Room	11:30 PM
March 20, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
March 27, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
April 17, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
April 24, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
May 1, 2024	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
May 12, 2024	CMF & Leavenworth Chamber of Commerce 5K Run/Walk	Downtown Leavenworth	10:00 AM
May 22, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 22, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
June 17, 2024	CMF 21 <sup>st</sup> Annual Golf Classic	Kahler Mountain Club	All Day
June 19, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 23-26, 2024	WSHA Annual Conference	Campbell's Resort, Chelan, WA	All Day
June 26, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
July 17, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
July 24, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
August 21, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
September 4, 2024	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
September 18, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
September 21, 2024	Jive Time in the Cascades Big Band Concert	Leavenworth Festhalle	TBD
September 25, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
October 2, 2024	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
October 16, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
October 30, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
November 13, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 20, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
December 11, 2024	CMF Annual Board Retreat	TBD	9:00 AM
December 18, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM

## Values

**Commitment** – We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

**Community** – We demonstrate our effectiveness and quality in complete transparency with each other and in line with the values of our medical center.

**Empowerment** – We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

**Integrity** – We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

**Quality** – We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.

**Respect** – We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

**Transparency** – We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

## **AGENDA / PACKET EXPLANATION**

### **For Meeting on January 24, 2024**

Below is an explanation of agenda items for the upcoming Board meeting for which you may find pre-explanation helpful.

- **Consent Agenda** – The policy included in the consent agenda was reviewed by the Quality Oversight Committee in November, who recommends it to the full Board for approval. This normally would have been included in the December board meeting consent agenda, but because it did not make it on the December agenda, you are seeing it in January. Also, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Election of Officers** – It is standard practice for the board to hold officer elections at the beginning of the meeting every January. If the election prompts a change in officers, that change is effective at the time of the election, which results in a new president presiding over the remainder of the meeting. In December the board discussed the Governance Committee’s recommended slate of officers which follows (a document memorializing Governance Committee’s recommendations is also included in your packet):
  - President: Bruce Williams
  - Vice President: Tom Baranouskas
  - Secretary: Mall Boyd
- **Discussions & Reports**
  - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology and security work.
  - Q4 2023 Dashboard Review – Included in your packet is the dashboard summarizing results of work toward meeting 2023 organizational objectives. Also included in your packet is a document listing the 2023 organizational objectives with pillar statements and long-term objectives, to reinforce the connection between our plan and the dashboard.
  - State of Reform Conference Report – Included in your packet are Jessica’s notes from a recent conference she attended, to facilitate her report. Please bring your thoughts and questions.
  - Foundation Golf Tournament Sponsorship – No documents are included in your packet for this topic. Bruce will open a discussion with the board on whether the board wishes to participate in a sponsorship of the Foundation’s golf event.
  - Part-Time Resident Advisory Council (PTRAC) – Included in your packet are three documents for this topic. The first is a cover memo from Bruce to help frame the discussion. The second is the resolution outlining the purpose of and how the PTRAC operates. The third is a document titled “Advisory Councils – Nine Keys to Success.”
  - 2024 Strategic Topics – In recent years we have discussed improving the board’s strategic focus. This interest, and the desire for increased education, was also a recurring theme in the recent board self-evaluation. As we plan focused work and improvement for this area for 2024, we’d like to hear more from you, for

planning purposes, on the following (we've included an updated 2024 education plan in the packet, to facilitate thinking and discussion):

- What topics would you like to receive education on in 2024 to broaden your strategic thinking? These might be topics to help fill gaps in your current understanding or on an emerging topic or trend in healthcare that has strategic implications for CM.
- What strategic topics should the Board spend more time discussing in 2024, that have strategic implications for CM?
- Annual Requests for Public Records Update – Included in your packet is a document summarizing public records requests for 2023 and the associated cost of responding to those requests. This document is routinely provided on an annual to semi-annual basis to provide visibility to the board.
- **Committee Reports**
  - Medical Staff Meeting – No documents are provided in your packet for this topic. Jessica will provide a verbal report related to her attendance earlier in the month.
  - WSHA Board Meeting – No documents are provided in your packet for this topic. Bruce will provide a verbal report related to his attendance earlier in the month.
- **Action Items**
  - Board Committee and Liaison Appointments – Included in your packet is list of assignments as proposed by the Governance Committee and as discussed by the full board in December, for your consideration.
  - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
  - Resolution 2024-01 Board Meeting Schedule – Included in your packet is a resolution memorializing the change in 2024 to eleven meetings per year. Also included in your packet is a calendar of the proposed meeting dates for 2024.

### **Further Notes**

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- There is no finance report this month; our standard practice is to leave the December financials open longer, to capture as much yearend work as possible, for greater accuracy in the December preliminary financial statements. Thus, December financials will be presented at the February meeting, as will the January 2024 financials.
- Included in your packet for informational purposes are CM's quarterly turnover numbers.



# CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

## Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1  
 Arleen Blackburn Conference Room & Video Conference Connection  
 December 20, 2023

**Present:** Tom Baranouskas, Board President; Bruce Williams, Vice President; Mall Boyd, Secretary; Jessica Kendall, Commissioner; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Clint Strand, Director of Public Relations; Megan Baker, Executive Assistant  
**Via Zoom:** Chad Schmitt, Virtual Fractional Chief Information Officer

**Guests:** Deseree Bybee, Director of Radiology; Mary Morse, Patient Services Representative; Norma Gallegos, Community Member; David Walker, Lake Wenatchee Fire & Rescue  
**Via Zoom:** Michael (no affiliation known)

Topics	Actions/Discussions
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>President Tom Baranouskas called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance.</li> </ul>
<b>Consent Agenda</b>	<ul style="list-style-type: none"> <li>Gustavo moved to approve the consent agenda. Mall seconded the motion and the group unanimously approved.</li> </ul>
<b>Oath of Office</b>	<ul style="list-style-type: none"> <li>Megan Baker read the commissioners their oath of office statement. Bruce Williams, Gustavo Montoya, and Jessica Kendall all affirmed their commissioner commitment to Cascade Medical.</li> </ul>
<b>Community Input</b>	<ul style="list-style-type: none"> <li>On behalf of Lake Wenatchee Fire and Rescue, Fire Chief, David Walker shared that they are grateful for our partnership and the many rural health services we provide.</li> </ul>
<b>Introduction: Deseree Bybee, Radiology Director</b>	<ul style="list-style-type: none"> <li>Deseree Bybee has nearly 20 years of radiology experience including a variety of imaging procedures. She trained and supported a number of colleagues through their orientation process. Deseree brings a bright and energetic spirit to our CM team, and we are fortunate to have her in this role.</li> </ul>
<b>Foundation Report</b>	<p>Tom Baranouskas provided the Foundation Report.</p> <ul style="list-style-type: none"> <li>CMF had a great meeting earlier in December. The foundation membership has grown to more than 20 community members.</li> <li>CMF received a \$6,000 contribution from the Regional Impact Grant that will go to Mark Judy Education Foundation. The education funds are around \$40,000 as of now.</li> </ul>
<b>CM Values</b>	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> <li>CM celebrate the great work of our clinic team including Kelly Boeing, PA-C; Sam Linn, PA-C; Lauren Kendall, MD; Jerome Jerome, MD; Geoff Richardson, MD; and Tony Butruille, MD. The common threads of patient experiences included feeling heard and supported, receiving a personalized care experience, and enjoying provider-patient collaboration through medical decision-making.</li> <li>Our clinic providers consistently demonstrate our shared values through their patient care.</li> </ul>
<b>Public Relations Report</b>	<p>Clint Strand provided the report.</p>

	<p><b>Mobile Clinic</b></p> <ul style="list-style-type: none"> <li>• CM previously used sandwich boards to draw folks in but will pivot to feather flags in the winter.</li> </ul> <p><b>Social Media</b></p> <ul style="list-style-type: none"> <li>• CM wins will be celebrated with the community.</li> <li>• Previously CM was rated 3.5 stars out of 5. Due to Clint's partnership with Social Climb, a text message is sent to patients within 1-2 days of their visit requesting feedback. We are now up to 4 stars out of 5.</li> <li>• CM is in the midst of a "rate the wreath" campaign.</li> </ul> <p><b>Provider Marketing Campaign</b></p> <ul style="list-style-type: none"> <li>• We are utilizing geofencing within the 98826 boundaries. Folks who google "Leavenworth, WA physicians."</li> <li>• Geofencing: ads will be targeted to those who live and/or use their internet browser within geographical limits of CM's hospital district. Ads will also be targeted to those who search for specific queries, such as "Leavenworth WA doctor" or "Leavenworth hospital". Ad link is connected to CM website. Campaign duration will be for 3 months. The Leavenworth Echo produced a coloring book that has an advertisement for Drs. Kendall and Wefel on it.</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Clint is working with Joe to determine how best to market our Cardiac Rehab program to generate referrals.</li> <li>• Clint will be pairing up with Deseree to craft a diagnostic imaging and radiology department campaign.</li> </ul>
<p><b>Old Business</b></p>	<p><b>IT Update</b></p> <p>Chad Schmitt provided the IT update.</p> <ul style="list-style-type: none"> <li>• 2023 was one of the worst cyber-attack years for healthcare. He shared his pride in CM infrastructure investments and training that will help prevent future attacks. The IT team has many projects planned for 2024.</li> </ul>
<p><b>New Business</b></p>	<p><b>2024 Proposed Meeting Dates</b></p> <ul style="list-style-type: none"> <li>• Tom will Zoom into the January meeting and Mall will be gone for the May meeting. Discussion occurred on whether we could plan for the October meeting to be on the 30<sup>th</sup>/fifth Wednesday, rather than the 23<sup>rd</sup>.</li> </ul> <p><b>Board Committee Assignments Discussion</b></p> <ul style="list-style-type: none"> <li>• Bruce Williams recommended to be the board president in January. Other Governance Committee suggestions: <ul style="list-style-type: none"> <li>○ Tom as chair of Finance committee, Gustavo remain as committee member.</li> <li>○ Bruce for chair the Governance committee, Tom as potential Vice President to continue to serve on the committee.</li> <li>○ Mall as chair for Quality Oversight Committee, Jessica remain as committee member.</li> </ul> </li> </ul> <p><b>Apprenticeship Programs</b></p> <p>Melissa Grimm provided the update.</p> <ul style="list-style-type: none"> <li>• MA Apprentice Program <ul style="list-style-type: none"> <li>○ January 2022: program launched.</li> <li>○ February 2023: first apprentice graduated program, successfully passed exam and became certified.</li> <li>○ 2024: one apprentice has their exam scheduled and the other will complete their course in July.</li> <li>○ 3 high school students interested to apply for July 2024 cohort.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• CNA Training Apprenticeship Program <ul style="list-style-type: none"> <li>○ Will submit DOH application under CM and Mountain Meadows will be our training partner. Internally, Natasha, Rachel, and Christiane will work together with Amanda and Crystal from Mountain Meadows.</li> <li>○ There will be no cost for the class, and we anticipate a Q1 2024 launch.</li> </ul> </li> <li>• EMT Course <ul style="list-style-type: none"> <li>○ CM is hosting an EMT course which will allow employees to cross train and strengthen our program to ensure no gaps in coverage.</li> <li>○ 2- MAs are signed up to begin the 16-week course in January.</li> </ul> </li> </ul>
<p><b>Committee Reports</b></p>	<p><b>Finance Committee</b> Bruce Williams provided the report.</p> <ul style="list-style-type: none"> <li>• The Finance Committee completed a number of workplan items, and recommended continuing to track the clinic stats, and consider the impact of future capital plans on long-range financial planning, along with focusing efforts on board education and industry trends.</li> <li>• The committee has oversight of the financial assistance policy related to compliance and implementation. The commissioners engaged in a discussion around the promotion of the financial assistance policy and agreed on the value of removing care barriers related to payment abilities.</li> <li>• CM plans to participate in a Charity Care Check-Up provided by Washington Hospital Services.</li> </ul> <p><b>Governance Committee</b> Tom Baranouskas provided the report.</p> <ul style="list-style-type: none"> <li>• The Governance Committee focused their efforts on new commissioner orientation, board succession planning, community engagement, and strategic thinking tactics.</li> <li>• The Part Time Resident Advisory Council (PTRAC) requested guidance regarding ways they can help support CM. Bruce and Diane will work with council leadership to further discuss areas of service opportunities.</li> </ul> <p><b>Quality Oversight Committee</b> Mall Boyd provided the report.</p> <ul style="list-style-type: none"> <li>• The Quality Oversight Committee completed the majority of their workplan items and will readdress medical staff policies and the Critical Access Hospital Program Evaluation in 2024.</li> <li>• The group updated their charter to include Shawndra Duke, Operational Safety Manager and Quality Department employee, and Whitney Lak, Clinic Director.</li> </ul>
<p><b>Action Items</b></p>	<p><b>Motion: Approve Credentialing</b></p> <ul style="list-style-type: none"> <li>• Mall moved to approve; Bruce seconded. Motion unanimously approved.</li> </ul> <p><b>Motion: Approve Dingus, Zarecor, &amp; Associates Engagement Letter</b></p> <ul style="list-style-type: none"> <li>• Bruce moved to approve; Mall seconded. Motion unanimously approved.</li> </ul> <p><b>Motion: Approve CM Foundation Agreement</b></p> <ul style="list-style-type: none"> <li>• Mall moved to approve; Jessica seconded. Motion unanimously approved.</li> </ul> <p><b>Motion: Approve Interlocal Agreement: Lake Wenatchee Fire &amp; Rescue</b></p>



	<ul style="list-style-type: none"> <li>• Mall moved to approve; Gustavo seconded. Motion unanimously approved.</li> </ul>
<p><b>November Financials</b></p>	<p>Marianne Vincent provided the November Financials Report.</p> <ul style="list-style-type: none"> <li>• The contractual allowance for November of \$444,000 was less than the budgeted amount of \$1,003,000 by \$559,000, this is largely due to the \$581,000 receivable from Medicare for the settlement of year-to-date claims through mid-November.</li> <li>• Our year-to-date net margin of (\$493,000) is \$107,000 greater than the budgeted net margin of (\$600,000).</li> <li>• Professional fees are over budget by (\$134,000) in November due to Clinic Practice Share consulting, the Interim Radiology Director expenses, and recruiting expenses for Radiology and Lab Director positions.</li> <li>• November cash collections on patient accounts of \$2,196,000 were above budgeted patient account collections of \$1,918,000 by \$278,000.</li> <li>• We are awaiting the results of the revenue cycle assessment that was completed in late November to review our revenue cycle operations so that we can ensure that we have appropriate staffing resources.</li> </ul>
<p><b>Administrator Report</b></p>	<p>Diane Blake provided the administrator report.</p> <p><b>City Business</b></p> <ul style="list-style-type: none"> <li>• Multi-family Tax Exemption (MFTE): the council passed the issue for the city to manage in the future if needed. Mayor Florea and Diane met to discuss. The city commits to talking with junior taxing districts such as CM when they consider the MFTE for future projects</li> <li>• CVCH came up to give a presentation at the most recent city council meeting. CM is preparing to also present at a council meeting, since they are open to receiving presentations about local services and CM is the most local partner.</li> </ul> <p><b>WSHA</b></p> <ul style="list-style-type: none"> <li>• Rural Hospital Committee: What if anything should we do about Medicare advantage insurance? Some companies may have predatory practices.</li> <li>• CM anticipates opting into the American Hospital Association's Vitality Index: deidentified data related to payors.</li> <li>• 2024 Legislative focus: Complex Discharge patients, to improve access to hospital care for those who need it.</li> <li>• 2024 Legislative focus: Mergers &amp; Acquisitions Bill: some data shows that healthcare costs have gone up as consolidations have happened; many factors are involved. Legislators are concerned about loss of access to some services when religious facilities acquire non-religious facilities. What are the must haves for negotiation? Goal is not to prevent merger that preserves care in the local community.</li> <li>• Legislative budget request to add Medicaid coverage to intensive outpatient hospital services.</li> <li>• Rural OB: high cost of readiness, legislative proposal to improve funding to keep lower-volume programs open.</li> <li>• Legislative focus: Improve how the Cost Transparency Board functions with a hope for the board to look at all costs.</li> </ul> <p><b>Charity Care</b></p> <ul style="list-style-type: none"> <li>• Some legal groups who released a report claiming hospitals are not meeting charity care laws. CM is cited in the report, yet we have met</li> </ul>

	<p>all disclosure requirements. WSHA will be working to address report errors, which are numerous.</p> <p><b>Podiatry</b></p> <ul style="list-style-type: none"> <li>• Dr. Kevin Morris is retiring at the end of this month. Walter Payne, DPM and Alissa Mayer, DPM will be credentialed in January and take his place.</li> </ul> <p><b>The Rural Collaborative (TRC)</b></p> <ul style="list-style-type: none"> <li>• Diane attended her first board meeting and is excited about our connection with TRC and looks forward to strengthening partnerships with other rural hospitals.</li> </ul> <p><b>Focused Leadership Training</b></p> <ul style="list-style-type: none"> <li>• Six CM employees participated in a focused leadership training. Folks were split into two groups who researched and presented on topics including Mobile Integrated Health and CM Marketing/Communications. The groups gave their presentations to their families and senior leadership team on December 6<sup>th</sup>. Great work was yielded from these projects which will help structure and guide future work in these areas.</li> </ul> <p><b>CM Foundation</b></p> <ul style="list-style-type: none"> <li>• Diane provided two tours to CM Foundation members.</li> </ul> <p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>• CM is recruiting for one of the two hospitalist roles. We will have four locum tenens placements in Q1 to temporarily fill this need. Our emergency credentialing process will be deployed for the first two individuals due to their arrival prior to the January board meeting.</li> </ul> <p><b>Marianne</b></p> <ul style="list-style-type: none"> <li>• Marianne has been asked to serve another term on the WSHA Finance, Audit and Compliance Committee. She has agreed to continue, which is much appreciated and great for CM to have that connection.</li> </ul> <p><b>Hilfreiche Hausfruen</b></p> <ul style="list-style-type: none"> <li>• CM received \$1,500 donation for new mats and chairs in the pediatric therapy space and replace the baby scale in ED.</li> </ul> <p><b>Kudos</b></p> <ul style="list-style-type: none"> <li>• During our kitchen construction, our Dietary Department is working at the Senior Center to prepare meals for seniors and CM patients. They've continued to demonstrate their willingness to provide meals for CM staff as well. Kudos to Chad Avery and the staff of our Dietary Department for their flexibility and commitment to CM.</li> </ul>
<b>Board Action Items</b>	<ul style="list-style-type: none"> <li>• CEO Review is wrapping up.</li> <li>• January 11<sup>th</sup>: Special Meeting.</li> <li>• Please fill out the retreat evaluation survey that was emailed to you.</li> </ul>
<b>Meeting Evaluation/ Commissioner Comments</b>	<ul style="list-style-type: none"> <li>• No comments.</li> </ul>
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Tom made a motion to adjourn the meeting at 8:06 PM. Jessica seconded the motion and the commissioners unanimously approved.</li> </ul>

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Tom Baranouskas, President

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Mall Boyd, Secretary



**Minutes of the Board of Commissioners Special Meeting**  
Cascade Medical Center – Arleen Blackburn Conference Room  
Chelan County Public Hospital District No. 1 – January 11, 2024

**Present:** Tom Baranouskas, President; Mall Boyd, Secretary; Diane Blake, CEO; Megan Baker, Executive Assistant

**Via Zoom:** Bruce Williams, Vice President; Jessica Kendall, Commissioner

**Excused:** Gustavo Montoya, Commissioner

<b>Topics</b>	<b>Actions/Discussions</b>
<b>CALL TO ORDER</b>	▪ President Tom Baranouskas called the meeting to order at 8:05 AM.
<b>AGENDA APPROVAL</b>	▪ The board unanimously approved the agenda.
<b>Executive Session</b>	▪ The board moved into executive session at 8:05 AM for 25 minutes to discuss: [RCW: 42.30.110(1)(g)] <ul style="list-style-type: none"><li>○ CEO Performance Evaluation</li><li>○ CEO Compensation</li></ul> ▪ At 8:30 the board extended for an additional 10 minutes. ▪ At 8:40 the board extended an additional 5 minutes. ▪ At 8:45 the board extended an additional 50 minutes with Diane.
<b>Open Session</b>	▪ The board moved back into Open Session at 9:30 AM.
<b>ADJOURNMENT</b>	▪ There being no further business, Tom moved to adjourn the meeting. ▪ Mall seconded the motion. ▪ The meeting was adjourned at 9:32 AM

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Tom Baranouskas, President

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Mall Boyd, Secretary



Title:	<b>Quality Assessment and Improvement Program</b>	Effective Date:	<b>07/01/2004</b>
Categories:	<b>Facility Wide, Quality Assurance</b>	Approved Date:	<b>Not Approved Yet</b>
Prepared By:	<b>Rachel Avery (Director of Clinical Quality Improvement)</b>		
Reviewed By:	<b>Diane Blake (Chief Executive Officer), Pat Songer (Chief Operations Officer); Quality Oversight Committee</b>		
Approved By:	<b>No Users, Board of Commissioners</b>		

## **GOAL**

The goal of Cascade Medical's (CM) Quality Assessment & Performance Improvement (QAPI) program is to provide a multidisciplinary, coordinated, systematic, organization-wide approach to improving patient care, safety, and organizational outcomes to the highest standards within CM's scope of services.

## **OBJECTIVES**

1. Identify the needs and expectations of our patients and their families by implementing a system for assessing satisfaction of those served.
2. Provide a planned, systematic, and organization-wide system for monitoring and evaluating the quality of care provided.
3. Cultivate a culture throughout the organization and with providers, staff and management which promotes the highest standards of quality care and continuous performance improvement.
4. Provide a quality assessment and improvement process that includes comparing data to other organizations similar to Cascade Medical or authorized reference databases.
5. Ensure all state and federally required reporting is timely and accurate.

## **TACTICS**

### **Methods utilized to meet the above objectives:**

- A. Utilize a cross functional quality committee that includes operational and clinical leaders and stakeholders to set overall organizational quality direction & key performance indicators, monitor indicators, respond to changes in healthcare including evidence-based medicine and best practices, and coordinate the work of sub-committees to ensure organizational goals are pursued and met.
- B. Deploy focused sub-committees, to monitor assigned key performance indicators, link those indicators with associated processes, engage in needed process improvement, roll out any required new process training, respond to assigned regulatory requirements, submit standard reports to the organizational quality oversight committee, and make recommendations for updates/changes for the quality team to work on.
- C. Assign key daily, weekly, and monthly quality monitoring, reporting, response, and improvement work to the respective departments or individuals.
- D. Support the organizational quality direction, key performance indicator monitoring, committee work and process improvement with standard and exploratory data collection/reporting from both the EMR and incident reporting resources and the timely publishing of dashboards.
- E. Coach stakeholders, leaders, and frontline staff to use proven process improvement tools to drive change that sustains or improves quality performance.
- F. Submit a quarterly review of quality work to the organizational quality oversight committee with the Board of Commissioners through a standardized process.
- G. Use established communication pathways to engage the workforce on quality initiatives.



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**QUALITY MANAGEMENT ORGANIZATION & FUNCTIONS****Overview:**

Performance monitoring and improvement functions are carried out by individuals, departments, and committees. Alignment and integration between those responsible are created by well-defined areas of oversight with documented standard work, diagrammed and defined interactive relationships, and transparency into all data and activities.

**Individual Roles:****Chief Executive Officer**

Monitors organizational quality metrics & key indicators and engages in leadership activities that steer CM's quality initiatives. Participates in assigned quality committees.

**Chief Operating Officer**

Monitors organizational quality metrics & key indicators and engages in leadership activities that steer CM's quality initiatives and provides oversight for operational workflows that affect quality patient outcomes. Participates in quality tasks, direction, and as needed committees.

**Risk Manager**

The Risk Manager is responsible for oversight and final resolution of quality, safety, and patient incident reports filed in the organization's risk management system Meditech, as well as the development, improvement, and training of incident investigation standards and practices.

**Directors**

Provide oversight for daily, weekly, monthly, and quarterly review of department specific quality outcomes as well as the development, improvement, and training of all standard work for patient care pathways and best practices that use evidence-based medicine to ensure patient outcomes meet or exceed established standards. Engages in cross-functional quality work, connecting inter-departmental workflows.

**Infection Control Coordinator**

The Infection Control Coordinator monitors infection control metrics for all areas of the hospital and responds to suboptimal performance. Chairs the infection control committee. Delivers education and training to staff and leaders on infection control best practices including changes in industry standards. Engages key stakeholders on infection control improvements.

**Director of Continuous Quality Improvement**

Provides oversight for the creation and distribution of quality data via reports and dashboards in coordination with the quality manager. Assists CM leadership in developing, monitoring, and improving the organizational process and structure for quality work including standard reporting and communication pathways. Engages and supports leaders, staff, and stakeholders in process improvement education and activities addressing workflows that affect quality outcomes across the organization.



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### **Trauma Program Medical Director**

Monitors Emergency Department trauma data and reporting, reviews specific episodes of care, co-chairs the Emergency Care Committee and provides leadership/oversight for the development, improvement, and training of workflows that support the deployment of evidence-based medicine to ensure outcomes for trauma patients meet or exceed established standards. Acts as the liaison between Emergency Care and Med Staff.

### **Trauma Program Coordinator**

Works closely with the Trauma Program Medical Director. Monitors Emergency Department trauma data and reporting, reviews specific episodes of care, co-chairs the Emergency Care Committee and provides leadership/oversight for the development, improvement, and training of workflows that support the deployment of evidence-based medicine to ensure outcomes for trauma patients meet or exceed established standards. Maintains Trauma logs and works with Trauma Program Registrar to ensure all data is submitted and up to date with the Washington State Department of Health.

### **Quality Manager**

The Quality Manager is responsible for collecting data from the EMR, incident reporting application, and patient survey vendor in support of all required internal and external data reporting, collecting results data from improvements or newly implemented workflows, and producing exploratory data as requested. Completes all reporting of publicly reported quality measures to the appropriate State and Federal agencies. Analyzes data to discover trends that indicate the need for review or action. Collaborates with individuals, departments, and committees on quality improvement work. Acts as a liaison between CM and the EMR vendor to ensure EMR workflows support proper data collection and surveillance. Audits patient encounters to evaluate against triggers for peer review and submits the necessary patient encounters for either internal or external review. Monitors regulatory changes and best practices, communicating those changes to the appropriate stakeholders. Supports quality improvement funding opportunities. Provides oversight for the organizational patient satisfaction survey process & reporting.

### **Community Resource Coordinator**

Chairs the Utilization Management Committee and coordinates the formation and use of the Patient & Family Engagement Council. Responsible for ensuring the voice of the Patient Family Engagement Council is represented.

### **Operational Safety Manager**

The Operational Safety Manager is responsible for the coordination, implementation and management of policies, procedures and processes to ensure that our Rural Health Clinic, Critical Access Hospital and EMS department operations are compliant and maintain a safe, secure, and highly reliable environment for our employees, patients, and visitors. Operational Safety Manager leads emergency preparedness, manages risk investigations and ensures compliance with regulatory standards. Also, co-chairs the Safety Committee.



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**Executive Assistant**

In partnership with the quality manager, coordinates both the internal and external peer review process. Collects “How Are We Doing?” comment cards for review. Coordinates the Quality Oversight Committee meeting, preparing informational packets and taking/publishing notes.

**Committee Roles:****Emergency Care Committee**

**Members:** Trauma Medical Director (co-chair), Trauma Program Coordinator (co-chair), Chief Operating Officer, Director of Nursing, Director of EMS, Imaging Director, Lab Director, ad hoc members from the ambulance team, Emergency Department providers as able, risk manager as able.

**Responsibility Summary:** The Emergency Care Committee is co-chaired by the Trauma Medical Director and the Trauma Program Coordinator and provides a multidisciplinary approach to deliberations, coordination, and improvements of trauma related workflows. Members monitor assigned key performance indicators, directing work of the committee as needed to ensure patient outcomes meet or exceed established standards engaging in workforce education and training as needed. Sets the vision and goals of the trauma program at CM. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

**Safety Committee**

**Members:** Facilities Director (co-chair), Operational Safety Manager (co-chair), Risk Manager, Director of Nursing, EMS Director, Director of Continuous Quality Improvement, Quality Manager, not less than 4 elected employees representing distinct areas of the building.

**Responsibility Summary:** The safety committee meets once a month, and its membership is responsible to monitor assigned key performance indicators, review organizational safety, security, emergency preparedness, patient related technologies, hazardous materials, and respond to any sub-optimal conditions with organizational communication or training campaigns. Safety committee manages the annual hazard vulnerability assessment and collects all data and disseminates information gathered. The safety committee submits a monthly report to quality committee. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

**Safe Patient Handling Committee**

**Members:** Director of Nursing, Rehab services representative, Facilities Director, Quality Manager, Director of Continuous Quality Improvement, Nursing representative, Risk Manager, other attendees as determined.

**Responsibility Summary:** Develops and implements the safe patient handling program for Cascade Medical. Conducts an annual review of the Safe Patient Handling policies including a patient handling hazard assessment specific for variables which may include specific work tasks, types of nursing units, patient populations and physical work





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environment. Members review plans for construction and remodeling ensuring safe patient handling measures as well as ergonomics standards are addressed and implemented. Review and make recommendations on safe patient handling equipment. Develop and coordinate plans to educate staff members on recommendations for injury prevention including training for lift techniques and best practices. Review the CM patient handling program and evaluate its compliance with the requirements of state law. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

**Infection Control Committee**

**Members:** Infection Control Coordinator (chair), Director of Nursing, Clinic Director, Lab Director, central supply representative, Employee Health Nurse, Facilities Director, Quality Manager, Director of Continuous Quality Improvement, medical staff representative, Dietary Services Supervisor

**Responsibility Summary:** The Infection Control Committee meets regularly to review infection control issues as identified by representative members. Provides quarterly reports to the Director of Nursing. The Medical Staff representative reports to the Medical Staff at regular Medical Staff Meetings. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

**Pharmacy & Therapeutics Committee**

**Members:** Pharmacist (chair), ED Provider, Clinic Medical Director, Director of Nursing, Quality Manager, Director of Continuous Quality Improvement

**Responsibility Summary:** The Pharmacy & Therapeutics committee provides a mechanism for medical provider review and approval of drug formulary, on-going surveillance of medication errors and adverse drug events and on-going surveillance of hospital drug distribution and control. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

**Utilization Management Committee**

**Members:** Community Resource Coordinator (chair), medical staff representative, Director of Nursing, Risk Manager, Director of Business Services, Chief Operating Officer, Chief Financial Officer, Compliance Officer, coder representative, Quality Manager

**Responsibility Summary:** Members review the medical necessity of services, assignment of appropriate patient classifications (IP, SWB, SS etc.), appropriate coding of services, denials of payment for services and identification of opportunities for both process and clinical documentation improvement. Monitors all observation lengths of stay greater than 48-hour, 48-hour ED bounce backs, 30-day readmission rates, patients with greater than 3 visits to the ED in a 90-day period, and associated claim denials. Identifies insurance plans covering patients living within the hospital district but not contracted with the clinic. Makes recommendations to obtain contracts for carriers that represent a significant number of hospital district patients. Ensures





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compliance with CAH regulations related to length of stay in acute care. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

### **Swing Bed Committee**

**Members:** Community Resource Coordinator (co-chair), Director of Nursing (co-chair), medical staff representative, Director of Rehab Services, Rehab Services representative, Quality Manager, Clinical Social Worker, Director of Continuous Quality Improvement

**Responsibility Summary:** The Swing Bed Committee brings together a multi-disciplinary team who works to manage and improve the CM Swing Bed Program. Will determine and implement changes to the program that better overall patient care. Co-chairs of this committee will submit a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

### **Patient & Family Engagement Council**

**Members:** Community Resource Coordinator (chair), Patient and Family advisors form the community, a board representative, Quality Manager as needed, and other CM employees as dictated by the nature of the council's use.

**Responsibility Summary:** The purpose of the Patient and Family Engagement Council is to provide a forum for the patient and family voice and to identify opportunities for patients and families to participate in process improvement initiatives. Submits a standard written report of work, barriers, and recommendations to the Quality Manager who brings submissions to the Quality Oversight Committee.

### **Diversity, Equity, and Inclusion (DEI) Committee**

**Members:** Quality Manager, Risk Manager, a member of the Behavioral Health team, and a clinical representative, with membership being open to all CM staff

**Responsibility Summary:** The Diversity, Equity, and Inclusion (DEI) Committee is responsible for the implementation and oversight of policies, initiatives, and workflows that foster an inclusive healthcare environment that celebrates diverse backgrounds, perspectives, and experiences among employees and patients. Committee work includes internal data analysis, community outreach, and participation in state or nationwide efforts that aim to create a culture promoting equitable access to opportunities, resources, and advancement for everyone, regardless of race, ethnicity, gender, sexual orientation, abilities, or any other dimension of diversity.

### **Med Staff**

**Members:** Chief of Staff (chair), Vice Chief of Staff, the Secretary/Treasurer, and all privileged and credentialed CM providers, the Administrator (CEO), and any representative assigned by the Administrator (CEO)



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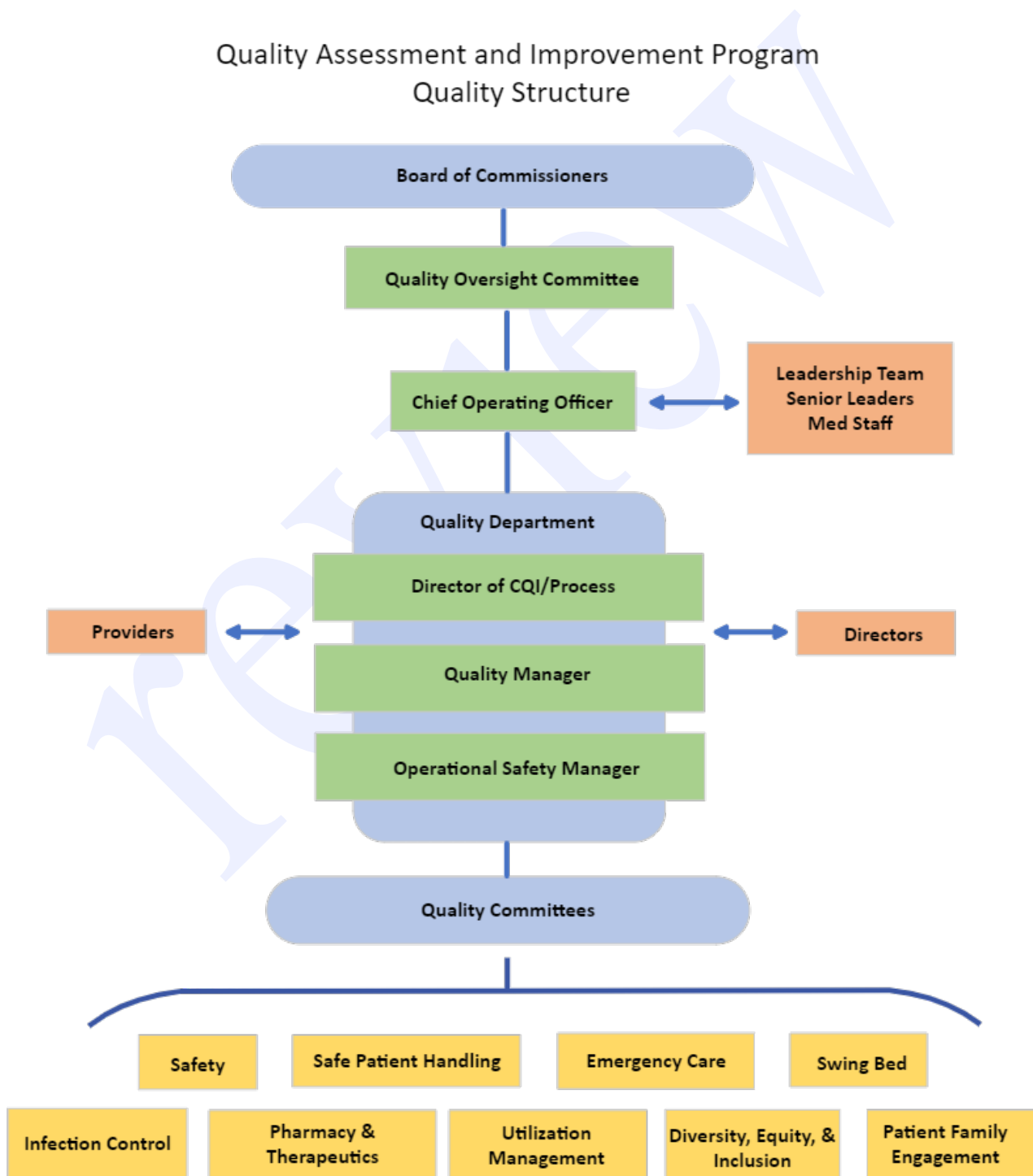
**Responsibility Summary:** Each month Med Staff review organizational quality initiative data and may either receive report out on work underway to improve patient outcomes or a request to inform/provide feedback for improvements that a sub-committee is addressing. The Med Staff committee also participates in review and discussion of both internally and externally peer reviewed cases, including trauma cases identified by the Trauma Medical Director. Members make recommendations to CM leadership on quality program direction and initiatives.

review



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**Cascade Medical Quality Monitoring & Reporting Structure**



FINANCIAL ACCOUNTING  
WARRANTS / EFTS ISSUED

Commissioner Meeting: Jan 24, 2024

Below is a listing of the Accounts Payable warrants issued since the last Board of Commissioners meeting along with the EFT transactions and payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10120900 – 10121243	\$730,275.11	12/14/2023 – 01/17/2024
Accounts Payable EFT Transactions <sup>1</sup>	20220351 – 20220363 2024001 – 20240005	\$709,789.09	12/14/2023 – 01/17/2024
Payroll EFT Transactions <sup>2</sup>	17102 - 17868	\$833,641.91	12/16/2023 – 01/12/2024
Payroll Warrant Numbers	80004 - 80022	\$1,711.71	12/21/2023
Grand Total		\$2,275,417.82	

Notes:

1. Manual check numbering restarted at beginning of new year.
2. Payroll warrant numbers 17092 – 17101 were VOIDED due to a payroll processing issue.

Prepared by:

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Kathy Jo Evans  
Director of Accounting

# Welcome Page

Cascade Medical (2023)

## Mission

Cascade Medical is an exceptional rural healthcare facility. We are a team of compassionate and dedicated professionals who provide quality primary care, services and resources to our patients and their families

## Vision

**Patient & Family Centered Care:** Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

**Financial Stewardship:** Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.

**Our People:** Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.

**Community Connections:** Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

## Values

### Commitment

We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

### Community

We demonstrate our effectiveness and quality care in complete transparency with each other and in line with the values of our medical center.

### Empowerment

We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

### Integrity

We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

### Quality




We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.


### Respect


We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

### Transparency



We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.


Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS			
<b>Patient &amp; Family Centered Care</b>			
<p><b>Deliver quality care that is accessible, equitable and safe every time every touch</b></p>	<p> <b>Complete implementation of Patient &amp; Family Engagement Council</b></p>	<p>This goal is complete. The Patient &amp; Family Engagement Council has been established and is meeting monthly. First meetings consisted of providing information to the council at their request. Subsequent meetings will utilize council feedback to assist with improvements for patients and their families.</p>	<p>Continue to work with cross-departmental teams to identify and forward projects to the Patient &amp; Family Engagement Council.</p>
	<p> <b>Increase efficiency in and long-term access to primary care, with right-sized teams and infrastructure, resulting in more patient encounters per day</b></p>	<p>PDSA (Plan, Do, Study, Act) cycles have helped to refine workflows within the Team Based Care model to ensure positive patient outcomes and staff satisfaction. Work will continue into 2024 with the consultant to develop the decision making matrix. A new electronic dashboard within BCA (Meditech Business &amp; Clinical Analytics module) has been developed to replace the internal, manual dashboarding in the clinic. Validation will occur in early 2024 with implementation soon after.</p>	<p>Continue work as outlined in the 2024 strategic plan, continuing to utilize consultants and BCA specialists.</p>
	<p> <b>Refine provider coverage structure for ED, hospital, and clinic</b></p>	<p>This goal includes two elements, implementing the hospitalist program and strengthening back up coverage for Emergency Department Physician Assistants. The hospitalist program, including the structures and early refinement to hone processes was successfully implemented in 2023. While the second portion of the goal is moving and will be complete in the early part of 2024, it is lagging at yearend, and that lag reflects the whole objective as being not met. The lag is a result of needing to do more work to vet whether we have internal coverage before deciding on an external back up coverage plan. Options for the external plan have been identified.</p>	<p>Continue work to complete back up coverage strengthening. On the hospitalist side, while the plan has been fully implemented, we are now recruiting for one hospitalist, and that recruitment work needs to continue. We have now enlisted a recruiting agency for help and our goal will be to continue locum coverage during the gap so we can continue to keep hospitalist coverage intact.</p>
PILLARS			
<b>Financial Stewardship</b>			


Long Term Objectives	Organizational Goals	Analysis	Recommendations
<p>Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth</p>	<p> Explore off-campus care delivery strategies</p>	<p>Cascade Medical has completed two significant consultant reports, marking a pivotal step in enhancing healthcare services. The first report focuses on implementing Mobile Integrated Health (MIH), with key recommendations set for action in the first quarter of 2024. This strategic move includes the introduction of two Medical Supervisor Officers (MSOs) within the ambulance department. These officers will be crucial in implementing the MIH recommendations.</p> <p>Simultaneously, the Urgent Care Study has yielded promising insights. The study recommends continuing to explore an independent urgent care facility, affirming its feasibility. However, it emphasizes the need for further investigation in 2024 to refine the concept. Cascade Medical is advised to maintain its focus on this exploration and work towards executing these recommendations within the specified timeframe.</p>	<p>We will move into next phases for each of these areas in 2024.</p>

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	<p> <b>Explore and develop service line expansion strategies</b></p>	<p>This objective consists of four initiatives: implement a cardiac rehab program, explore wound care program solutions, explore outpatient ultrasound services, and explore outpatient infusion services. We consider this goal met, with one initiative on track, two ahead of plan and one slightly lagging. Cardiac Rehab met plan and the first patient is scheduled in mid-January 2024. Wound Care and Ultrasound are ahead of plan as we more than explored but also readied programs to launch. We held our first day of outpatient ultrasound services on January 9, 2024, and that will continue for now on a once a week basis. We've identified a partner to launch wound care services and anticipated that would be in place by end of 2023; due to needing to take more time with the partner agreement because of being a member of The Rural Collaborative, we are now a bit behind that timeline but still well ahead of initial plan. While work on expanding outpatient infusions has begun, with the change in pharmacist in Q3 we've paused that exploration and will be picking it back up to finalize in 2024. This ongoing project underscores Cascade Medical's resolve to continuously evaluate and expand its services, ensuring that it remains at the forefront of patient-centered care.</p>	<p>In 2024, evaluate implemented programs for success and improvement opportunities. Finalize exploration of outpatient infusion service expansion.</p>



Long Term Objectives	Organizational Goals	Analysis	Recommendations
	<p> <b>Implement revenue cycle improvements</b></p>	<p>Overall we have made great strides with our organizational goal of implementation of revenue cycle improvements in 2023. While Chargemaster work and Provider Education have been on track throughout the year, Payor Contract work has been slow and milestones were adjusted during the year to reflect the delays, as the availability of payor representatives has been challenging. We would expect this work to continue well into 2024 and may find additional support in this work with expertise from The Rural Collaborative. Charge Capture work was slated to begin in Q4 of 2023, and we are in the process of identifying staff to complete this work after utilizing a consultant in late November to assess our current staffing model.</p>	<p>Will continue to focus on improvements in 2024, with emphasis on implementing recommendations from study performed in November and charge capture.</p>
<p>PILLARS</p> <p><b>Our People</b></p>			
<p><b>Provide an exceptional employee experience within a safe, stable, family-based work environment</b></p>	<p> <b>Develop and begin implementing Living Well Program</b></p>	<p>The Living Well Program was officially introduced to staff at the Q4 open forums, with two events occurring to garner excitement as we went into the new year - a wreath decorating contest hosted by the "Team" cohort and a cookie exchange hosted by the "Personal Growth" cohort. Additional work continues within the cohorts to define navigation pathways, with team members compiling resources to present to the organization during a highlighted month in 2024. Full implementation and optimization will continue into 2024 as outlined on the strategic plan.</p>	<p>Implementation will continue in 2024.</p>


Long Term Objectives	Organizational Goals	Analysis	Recommendations
	<p> <b>Continue to develop leaders</b></p>	<p>This objective consists of three tactics: focused attention on new leaders, provide education to the full leadership team, and optimize policy work across the organization. All three tactics ended the year on target/met, with six CM leaders completing a year-long leadership training program, delivering final presentations in December; quarterly education delivered to the full Leadership Team; and current policy platform optimized, with leaders trained in use.</p>	<p>Identify 2024 leadership cohort participants and continue to evaluate policy platforms as the contract renewal date approaches in 2024.</p>


Long Term Objectives	Organizational Goals	Analysis	Recommendations
	<p> <b>Retain team by supporting growth and career and personal development</b></p>	<p>This objective consists of three initiatives: continue to grow apprenticeship program, expand education and training program, and develop department onboarding. We successfully met goal in all three initiatives. We continue to actively run the Medical Assistant apprenticeship program, running a regular cadence of participants. We also have developed the pieces to launch a Certified Nursing Assistant apprenticeship program in partnership with Mountain Meadows (MM). This includes working with the Department of Health, developing a shared program and resources with MM, and partnering with the new Skills Source apprenticeship program. In December the state required application changes from us, requiring CM to be the main applicant with MM as the partner; earlier technical assistance recommended we have those roles reversed. We've pivoted and will submit the application under new July 2024 standards. We've met project goals regarding training, having surveyed teams across the organization on their training and education preferences and have begun offering this training based on team demand. We've also had focused efforts with the Acute Care and Emergency Departments, with nurses receiving 36 hours of training each and techs receiving 24 hours of training each. In addition to those hours was the additional training for the whole hospital team on stroke response. We did also meet objectives for department onboarding and have completed development of a two-day orientation plan for new employees (up from one day) to reflect a more comprehensive training program.</p>	<p>Much of this work remains a focus in 2024. We've pivoted on the DOH request about the Certified Nursing Assistant application and will complete that, with the goal to launch once we receive approval. We'll continue to offer robust training for nursing and other team members and we'll monitor the new two-day orientation plan to make continuous improvements in 2024.</p>
<p>PILLARS</p> <p><b>Community Connections</b></p>			


Long Term Objectives	Organizational Goals	Analysis	Recommendations
<p>Collaborate with community to define needs and nurture partnerships to support healthy lifestyles</p>	<p>↓ Communicate and engage to build trust in traditionally underrepresented communities</p>	<p>This objective consists of two initiatives, optimizing the mobile clinic and formalizing and executing an external communication plan. The optimization of the mobile clinic was on track at the end of the year. Advertisement over social media in Q4 led to an increase in visits, with visit numbers nearing our goal of 10 per day at the end of the year. Workflows have been developed to help ensure successful follow up with patients utilizing the mobile clinic, aiding in reducing barriers to patient access. We are lagging on the second initiative, to execute on external communication. While we held a number of successful outreach events in 2023, refreshed the website, and increased our social media presence, we did not meet plans around Spanish language outreach, portal communications or those for parking / wayfinding.</p>	<p>In 2024 we will continue to work on building the Mobile Clinic program, as it dovetails into our focus on access. We'll explore utilization of the mobile clinic at schools and we'll explore expanded times and locations to best serve the community. We will also continue to focus on an external communication plan in 2024, building on 2023 efforts while also adding in a focused marketing plan.</p>


## Description

### Status Key

 On Target

 Caution/At Risk

 Below Target

 Not Defined (Project has not started per timeline)

**Long Term Objectives**  
**2023-2025**  
**With 2023 Organizational Goals**  
**Cascade Medical**

**Patient & Family Centered Care:** Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

**Long Term Objective:** **Deliver quality care that is accessible, equitable, and safe every time, every touch**

**2023 Organizational Goals:**

- Complete implementation of Patient & Family Engagement Council
- Increase efficiency in and long-term access to primary care, with right-sized teams and infrastructure, resulting in more patient encounters per day
- Refine provider coverage structure for emergency department, hospital and clinic to ensure adequate resources, efficient care processes, and optimization of care continuity

**Financial Stewardship:** Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.

**Long Term Objective:** **Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth**

**2023 Organizational Goals:**

- Explore off-campus care delivery strategies
- Explore and develop service line expansion strategies
- Implement revenue cycle improvements

**Our People:** Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.

**Long Term Objective: Provide an exceptional employee experience within a safe, stable, family-based work environment**

**2023 Organizational Goals:**

- Develop and begin implementing Living Well Program
- Continue to develop leaders
- Retain our team by supporting growth and career and personal development

**Community Connections:** Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

**Long Term Objective: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles**

**2023 Organizational Goals:**

- Communicate and engage to build trust in traditionally underrepresented communities

### **Federal policy Update Highlights Session 1**

Speakers: Principle at HMA, Priya Helwig HHS and Liz Arjun at HMA

#### **Big picture**

- In second ½ of year, nothing moves forward during election years. There will be a lot pushed out and then a lot of quiet. Budget arguments are also starting which will impact slow downs and challenges
- CMMS (Medicaid)
  - o COVID dollars dried up/ are drying up over this next year. People are looking to where they can sustain the efforts. Needs continue to exist. Have a disconnect between need and funding that requires understanding at the state level.
  - o HCBS arena- community based services (home care, etc). Received a lot of funds during COVID, and that is going away. This will be a major issue as the BH funds also decrease.
  - o Seeing a cont. push for VBP. As we look to how to do things more effectively, does Telehealth help us? What are our options for looking at things differently? How can we be creative?
  - o New rules in Medicaid managed care. Will be coming out in Q1/ Q2 this year.
  - o 42CFR Part 2. Governs the privacy of substance use of people. There are efforts to make it more like HIPPA so it's more inclusive of someone's care. It may be change the way that we look at EHRs. Opportunities to do more integrated care and also major privacy concerns if not done correctly.
  - o Feds are looking at payment reforms
    - AHEAD model: looks at global budgeting. How do hospitals do global budgets (look at Maryland)

#### **HHS initiatives**

- Intergovernmental and external affairs works with 272 tribes and 4 states. Office is a liaison between the PNW and Feds. Act in a clarifying role for federal policy and lifts up local perspectives.
- Strategic priorities: Equity, BH, lowering costs, delivering integrated care, preparedness, workforce. Detailed highlights include:
  - o 988 crisis line- 5.8 million calls have gone through that line thus far
  - o Lowering costs such as capping insulin costs, negotiating costs for Medicare beneficiaries, maternal and child health- looking at Medicaid expansion to provide a full 12 months, workforce- improve the workforce including the national health service corps for loan repayment

#### **Washington State Update from HMA. Highlights include:**

- Crisis redesign committee and the 988 implementation
- Affordability work through office of commissioner
- WAHBE
- Initiatives around affordability. What is driving increase in healthcare costs?

- Efforts to have universal healthcare. The commission is looking at how to transition to this model which is different from other states. Also looking at the administrative simplification. How can we align the work across the market? How do you have adequate provider networks?
- New coverage for undocumented immigrants
- Continuous coverage for first 5 years. If health plans cover kids for longer, there's a larger incentive to provide better care to kids to improve outcomes and decrease costs
- Complex discharge work around home and community work. There's a lot of work happening in this space.

#### Other notes

- Any time we add a service Medicaid, we must ask, can we improve it? Can we track it? How will it be accredited. The accreditation movement is an interesting one to discuss. Need to review quality and effectiveness when thinking through funding challenges.

#### Questions for Cascade

- What connection do we have to 988?
- How are we looking at telehealth? Could we offer that rather than urgent care or in addition to urgent care?
- How much do we lift up rural health issues to the federal level? Have we engaged the Region 10 office?
- Would we define our rural health needs as similar to other facilities or differently?

#### Legislative Updates Session 2

##### Panel: Sen. Annette Cleveland, Sen. Ron Muzzall and Rep. Nicole Macri

- Reflections from 2023 heading into 2024
  - o Need to focus on pandemic recovery, taking learnings from past into future
  - o Continued workforce challenges.
  - o Behavioral Health and substance abuse expanding access to services and treating addiction
  - o Access to reproductive health care (dem caucus)
  - o Medicaid reform- reimbursement. Need to increase payments. 1 out of 4 people are on state supported health programs
  - o Affordability strategies related to healthcare
- Priorities? Repeal bills?
  - o Priority: Uniform telemedicine Act
    - Need to work through reimbursement billing
  - o Hospitable Safety net assessment- bring more stabilizing revenue to Medicaid
  - o Expanded Apple Health. Need to work through redetermination unwind. Tracking access to care among most vulnerable.
- What's missing?
  - o How do you create a PH framework around isolation and loneliness?
  - o Made a huge investment last year in workforce but not access. Put money into facilities. It's not good enough.



- Will make strides on affordability but the overall costs will still go up. How do we do this work differently?
- How do we build efficiency's around the margins related to building costs and energy efficiency?

### Questions for Cascade

- How are we prepared for a climate crisis? (wildfire) Where does our community turn to for resources and PPE?
- What are we hearing from the schools related to the impact of the pandemic on youth? Are there additional resources that are needed?
- According to the CHNA, do we have adequate BH providers in the area?
- Addiction and substance use treatment?
- Are we distributing NARCAM? Fentanyl now selling for \$1 a hit over here. There's been 1000 deaths in Seattle. Is this something that we are looking at in our area?
- How many of our providers are providing suboxone treatment? (Clinic & ER)
- Are Max & Aisha involved locally with... drug awareness (not sure what the terminology is here)?
- How many patients do you think we are serving every month?
- Do you think this is filling the need in the hospital district?

### Reacting to Climate Change: Incorporating Disaster Preparedness into Healthcare

- How Public Health Can Save a Planet
  - Mitigation and adaptation
  - How to target the communities that were hit first and worst
  - Projected intensity of wildfires is increasing
  - Climate grant \$5 million- wildfire smoke resilience schools. Make it heat and wildfire smoke resilient
  - Box fan filters- trying to get \$500K last year
- Christ Chen Health Care Authority
  - Health care accounts for 9% of US carbon footprint (larger than Britain)
  - OFM/ Ecology Health Services Research
  - Waiver: adverse climate events "many MCOs are already doing care coordination's"
  - Wants to do something similar to Oregon related to adaptation services
  - Are you looking at the population level or at the impact level (smaller population but higher impact vs lower impact but higher number of people impacted)
  - Environmental justice and social justice used to be the same and they have diverged. Climate change is an ideal place for them to come back together
- HCA/ WSHA Medicaid Quality Incentive
  - Added in climate change to one of the 14 climate change measures
  - IS THERE ASSISTANCE AVAILABEL IF THE ANSWER IS NO BUT THEY WANT TO DO IT? Is there TA being given to do this? Financial incentives
  - **2023 Incentive Measure:**



- Educating and outreach workers, employers and communities. Top stressors are: can't control anything. Training issues for BH providers because it's hard to identify what they can control.
- WA has 1 Ag economists. Can meet 1-1 and will look for BH
- Stigma and access are huge
- Have indicators of ag stress
- Ag BH and suicide is super high!

## MEMO

TO: Cascade Medical Commissioners, Diane Blake  
FROM: Bruce Williams  
RE: Part Time Residents Advisory Council  
DATE: January 17, 2024

Neil McReynolds has begun serving another term as President of the Part Time Residents Advisory Council (PTRAC). He has appropriately asked if PTRAC is providing significant value to CM and whether any changes should be made to improve that value. Please bring your perspectives and suggestions about PTRAC for a discussion at our board meeting.

Attached are two relevant documents:

- Resolution 2018-04 adopted in May 2018, in which the Board updated the provisions establishing PTRAC and outlining the purposes of PTRAC (the Resolution);
- “Advisory Councils – Nine Keys to Success,” published by BoardSource (Nine Keys). Neil provided us with a copy of this.

A key question to discuss is, What value can PTRAC provide, and to whom?

- Note that the Resolution provides that PTRAC is provide recommendations and comments to the Board regarding CM operations and services.
- There is no mention of CM management, providers, or staff in the Resolution.
- It’s my perception that PTRAC has provided many helpful comments regarding CM operations and services but that these are more within management’s scope of responsibilities, not the Board’s.
- Perhaps this question should be divided into several parts:
  - What value can PTRAC provide to the Board?
  - What value can PTRAC provide to management?
  - What value can PTRAC provide to CM as a whole (e.g., as potential future patients, future members of the CM Foundation, etc.?)
- Should the Resolution establishing PTRAC be updated?

A related set of questions: How should the board and management each engage with PTRAC to achieve that potential value?

Neil also brought up the size of PTRAC’s membership and recruiting for PTRAC:

- He perceives that the current size (7-10 active members) is barely large enough for meaningful discussions, in part because members cannot attend every meeting;
- He perceives it is difficult for current PTRAC members to recruit new members because PTRAC members, by definition, have a limited connection to our community.
- Should the board and management do more to recruit PTRAC members?

**RESOLUTION NO. 2018-04**

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO.1, UPDATING THE ADVISORY COUNCIL PROVISIONS TO CONTINUE ITS EXISTENCE FOR THE PURPOSE OF OBTAINING RECOMMENDATIONS AND COMMENTS FROM THE PERSPECTIVE OF INDIVIDUALS WHO ARE PART-TIME RESIDENTS IN THE DISTRICT, PROVIDING FOR INDEMNIFICATION OF ADVISORY COUNCIL MEMBER VOLUNTEERS, CONTAINING A SEVERABILITY PROVISION, AND SETTING AN EFFECTIVE DATE.

---

**WHEREAS**, the Board of Commissioners of the Hospital District created the Advisory Council in 2011 for the purpose of obtaining recommendations from the part-time residents who are served by the District and are not registered voters within the District; and

**WHEREAS**, the District Board continues to recognize many of the part-time residents of the District own real property in the District and as a result pay for District operations through District real property tax assessments; and

**WHEREAS**, the District Board recognizes this segment of the District-served population continues to grow; and

**WHEREAS**, the District Board recognizes this District-served population may have perspectives with respect to District operations and services that could be different from full-time District residents and the District Board desires to seek out recommendations and comments from the part-time District-served population in order to better meet the needs of all of the citizens within the District boundaries; and

**WHEREAS**, the District Board has determined that minor revisions to the Advisory Council provisions as set forth in this Resolution will continue to accomplish the Board's

objectives and will be in the best interests of the public health, safety and welfare of all the citizens in the District; **NOW, THEREFORE,**

**THE BOARD OF COMMISSIONERS OF CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 HEREBY RESOLVE AS FOLLOWS:**

**Section 1:** The District Advisory Council as established in 2011 shall continue pursuant to the following provisions:

A. Purpose. The purpose of the Advisory Council will be to provide recommendations and comments to the District Board of Commissioners regarding District operations and services from the perspective of individuals who are part-time residents in the District.

B. Membership, terms, appointment, compensation, and officers. The Advisory Council shall consist of not more than 20 members who shall serve without compensation and be selected and function as follows:

1. All members shall be appointed by the Board. All appointments and reappointments to a position on the Advisory Council shall be in writing.
2. At the time of his or her initial appointment to the Advisory Council, each member of the Advisory Council shall be an owner of real property within the District and shall reside within the District on a part-time basis. Any Advisory Council Member who becomes a full-time District resident while serving on the Advisory Council may finish out his or her term, but shall not be eligible for reappointment to a new term.
3. The initial terms of members shall be staggered. Positions 1, 2, 3, 4, 5, and 6 shall be appointed for terms expiring April 30, 2013; Positions 7, 8, 9, 10, 11, 12, 13, and 14 shall be appointed for terms expiring April 30, 2014; and Positions 15, 16, 17, 18, 19, and 20 shall be appointed for terms expiring December 31, 2015. Following the initial term, each member of the Advisory Council shall serve for a three (3) year term, except as otherwise provided in this section.
4. No individual appointed to the Advisory Council shall serve more than two (2) consecutive terms.



5. Vacancies on the Advisory Council occurring other than through the expiration of terms shall be filled for the unexpired terms of the position number vacated.
6. Individuals appointed to positions on the Advisory Council shall continue in their respective appointed positions until their successors are appointed by the Board.
7. At the first meeting in each year, the members of the Advisory Council shall select a President of the Advisory Council and a Vice-President of the Advisory Council to serve in the absence of the President. The President of the Advisory Council shall preside over the Advisory Council meetings and shall have authority to vote on all matters coming before the Advisory Council. The President and Vice-President shall serve until their successors are elected by the Advisory Council. The individual serving as the President and the individual serving as the Vice-President shall serve no more than two consecutive years in the respective position.

C. Authority and recommendations. The Advisory Council shall have authority to review, discuss, analyze and make recommendations and comments to the Board on District-related operations and services issues referred to the Advisory Council by the Board and on other matters desired to be discussed by the Board and pre-approved for discussion by the Commissioner serving as the District Board of Commissioners Advisory Council liaison. The Advisory Council shall serve as a recommending body only and is not delegated any final decision-making authority of the District.

D. Meetings. The Advisory Council shall conduct at least two (2) meetings each year. Meetings of the Advisory Council may be called by the President of the Advisory Council or a majority of the members of the Advisory Council, or by the Commissioner serving as the District Board of Commissioners Advisory Council liaison. All meetings of the Advisory Council shall be subject to and conducted in accordance with Chapter 42.30 RCW, the state Open Public Meetings Act. Meetings shall be at dates, times and locations as designated in the meeting notices.

E. Secretary. The District Administrator shall appoint a District staff person to attend Advisory Council meetings and prepare written minutes of the meetings for approval by the President of the Advisory Council and presentation to the District Board.

F. Rules of procedure. The Advisory Council shall conduct its meetings as determined by the Advisory Council. The Advisory Council is encouraged to invite public comment on matters discussed by the Advisory Council.

G. Quorum. A majority of the membership of the Advisory Council shall constitute a quorum for the transaction of business. In actions requiring a vote of the Advisory Council, a favorable vote of the majority of the quorum shall be required for approval of all motions.

**Section 2:** Indemnification. The District shall indemnify, defend and hold harmless to the fullest extent permitted by applicable law each person who was or is made a party to or is threatened to be made a party to or is involved (including, without limitation as a witness) in an actual or threatened action, suit or other proceeding, whether civil, criminal, administrative, or investigative by reason of the fact that he or she is or was an Advisory Council Member, whether the basis of such proceeding is an alleged action or omission in an official capacity or in any other capacity while serving as an Advisory Council Member against all expense, liability, and loss (including, without limitation, attorney's fees, judgments, fines, or penalties, and any amounts paid in settlement) actually and reasonably incurred or suffered by such person in connection therewith. Such indemnification, defense, and hold harmless shall continue as to a person who has ceased to be an Advisory Council Member and shall inure to the benefit of his or her heirs and personal representatives. Nothing in this Section 2 indemnification shall be deemed to authorize the District to indemnify, defend, and/or hold harmless any present or former Advisory Council Member with respect to any intentional and/or criminal act.

**Section 3:** Repealer. District Resolution No. 2011-14 is hereby repealed.

**Section 4:** Severability. If any section, sentence, clause or phrase of this Resolution should be held to be invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality shall not affect the validity or constitutionality of any other section, sentence, clause or phrase of this Resolution.


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**Section 5:** Effective Date. This Resolution shall be effective upon passage by the Board of Commissioners.

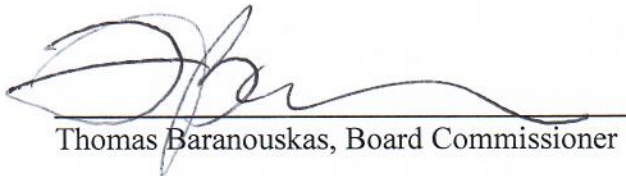
APPROVED by the Board of Commissioners of Chelan County Public Hospital District No. 1 at an Open Public Meeting on the 22<sup>nd</sup> day of May, 2018.

  
\_\_\_\_\_  
Bruce Williams, Board President

  
\_\_\_\_\_  
Mary Helen Mayhew, Board Commissioner

  
\_\_\_\_\_  
Mall Boyd, Board Commissioner

  
\_\_\_\_\_  
Helen Rayfield, Board Commissioner

  
\_\_\_\_\_  
Thomas Baranouskas, Board Commissioner

# ADVISORY COUNCILS

# NINE KEYS TO SUCCESS

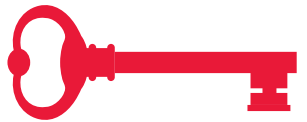


**Many nonprofits employ advisory councils** — a collection of individuals who advise and support the governance work of the board or the management tasks carried out by staff.

- They can provide you with specialized expertise that may be lacking in your nonprofit.
- Their members can be ambassadors to your community and connect you to a greater constituency.
- They can perform important duties, such as fundraising, advocacy, and program evaluation.
- Their members can be candidates to fill future board seats.



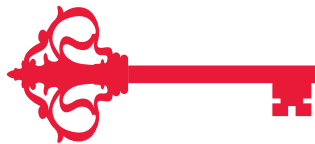
*Well-conceived and well-executed advisory councils can be very beneficial.*



Here are nine keys to a successful advisory council:

### 1. Be prepared to give it time and resources.

Advisory councils require care and attention, just like governing boards do, to be effective. If you and/or the staff are short on time and resources, think twice before forming one. It could end up being a poor use of your council members' time and expertise and frustrate you. Explore other options for accomplishing what it is you want or need from an advisory council, such as working with individuals to get the job done. It's often easier and less time-consuming to manage individuals than manage a group of individuals.



### 2. Make sure you know exactly what it is you want the council to accomplish.

A lack of clarity in purpose, role, or scope is a common problem with advisory councils. It's important to have a written statement of purpose that addresses the following topics:

- Reason for the advisory council to exist; its goals.
- Relationship of the advisory council to the governing board.
- Relationship of the staff to the advisory council.
- Criteria for membership.
- Description of the selection process and to whom the advisory council reports.
- Length of term of service and duration of the group.
- Job description that identifies the specific responsibilities or expectations of individual members.
- Titles and duties of officers.
- Number and frequency of meetings.



### 3. Find the *right* advisory council members; take your matchmaking seriously.

The council's purpose and goals should determine its size, its meeting frequency, and its credentials for membership. Form must follow function, not the other way around. Seek out the skill sets, expertise, and insights that are required to meet the council's goals. The quality and commitment of those selected to serve on the advisory council will impact its effectiveness. Explain to prospective members why they were chosen and what will be expected of them.



## ADVISORY COUNCILS: NINE KEYS TO SUCCESS

### 4. Prepare your council members for service through an orientation program.

Set the stage for success by teaching your council members about your organization's mission, vision, values, and strategic plan. Explain, again, the role of the council and your expectations.

### 5. Support your council with well-developed meeting agendas, adequate supporting material sent in advance of the meeting, and skilled meeting facilitation.

In this aspect, effective advisory councils follow the example of well-planned governing board meetings.

### 6. Create mechanisms for communication and opportunities for dialogue between the governing board and the advisory council.

To facilitate ongoing communication and to provide the board with the council's expertise and advice, consider the following:

- Invite the chair of the advisory council to serve as a nonvoting member of the board or on a board committee related to the council's purpose.
- Invite the chair of the advisory council to make regular reports at governing board meetings or include a report in the consent agenda with other committee reports.

### 7. Periodically assess the council's performance to identify its strengths and weaknesses or determine if it has outlived its initial purpose.

This can be done through self-assessment, internal review by an internal ad-hoc committee, or third-party reviews by an external consultant. The organization and council should define the criteria by which the council's work can be judged. Possible questions to ask council members include the following: What would this organization be missing if this council was not in existence? In what ways could we add greater value?

### 8. Keep your group fresh and informed through continuing education.

Invite governing board members to make presentations at advisory council meetings. Enable council members to observe the way the organization works by experiencing its programs and services firsthand. Maintain a reasonable flow of information between meetings that keeps the council members informed of key organizational activities. Plan a retreat or special council meeting to give the advisors the opportunity to review their responsibilities, identify priorities to strengthen their performance, and get to know each other. Invite council members to organizational social events.

### 9. Disband the advisory council when...

...there is a lack of funds or staff time to support the group, when the council is not meeting its goals, or simply because the group has achieved its goals and its work is done. In all cases, the organization should show its gratitude to the group for the time and effort each member contributed.



Education Plan  
Cascade Medical Board of Commissioners  
For 2024

Date	Location	Topic	Comments
January 24, 2024	ABC Room	Health Policy	Jessica to share learnings from State of Reform conference during meeting
February 28, 2024	ABC Room	TBD	
March 27, 2024	ABC Room	Quality	Potential education prior to the meeting on CM's quality and safety work
April 24, 2024	ABC Room	TBD	
May 22, 2024	ABC Room	TBD	
June 24 – 26	Chelan	Rural Healthcare & Leadership	WSHA & AWPHD Conference
June 26, 2024	ABC Room	TBD	
July 24, 2024	ABC Room	General	WSHA conference & meeting discussion
Sept 25, 2024	ABC Room	TBD	
October 30, 2024	ABC Room	Annual Meeting Recap	
November 20, 2024	ABC Room	NA	
December 18, 2024	ABC Room	TBD	

Potential Topics

- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- Updates on Team Based Care
- Patient and Family Centered Care – what does it look like and where are we on the continuum of achieving it?
- Strategic Question: Do we have the right mission and vision statements to appropriately guide the direction of the organization? Revise mission and vision statements.
- Quality, what is the board's role, what is our data?
- Compliance Training
- IT Security / Cybersecurity
- AHA educational videos
- Consider which topics might benefit from an external speaker/guest
- Rural Health Clinic payment cap
- Telehealth
- Patient retention metrics
- The Board's Role in Health Care Experience (AHA article) and provider and staff engagement
- Vaccination information
- How to improve at strategic planning/thinking
- Finance education, financial risks
- Board's role in organizational succession planning

Upcoming WSHA Governance Topics for independent viewing 2024

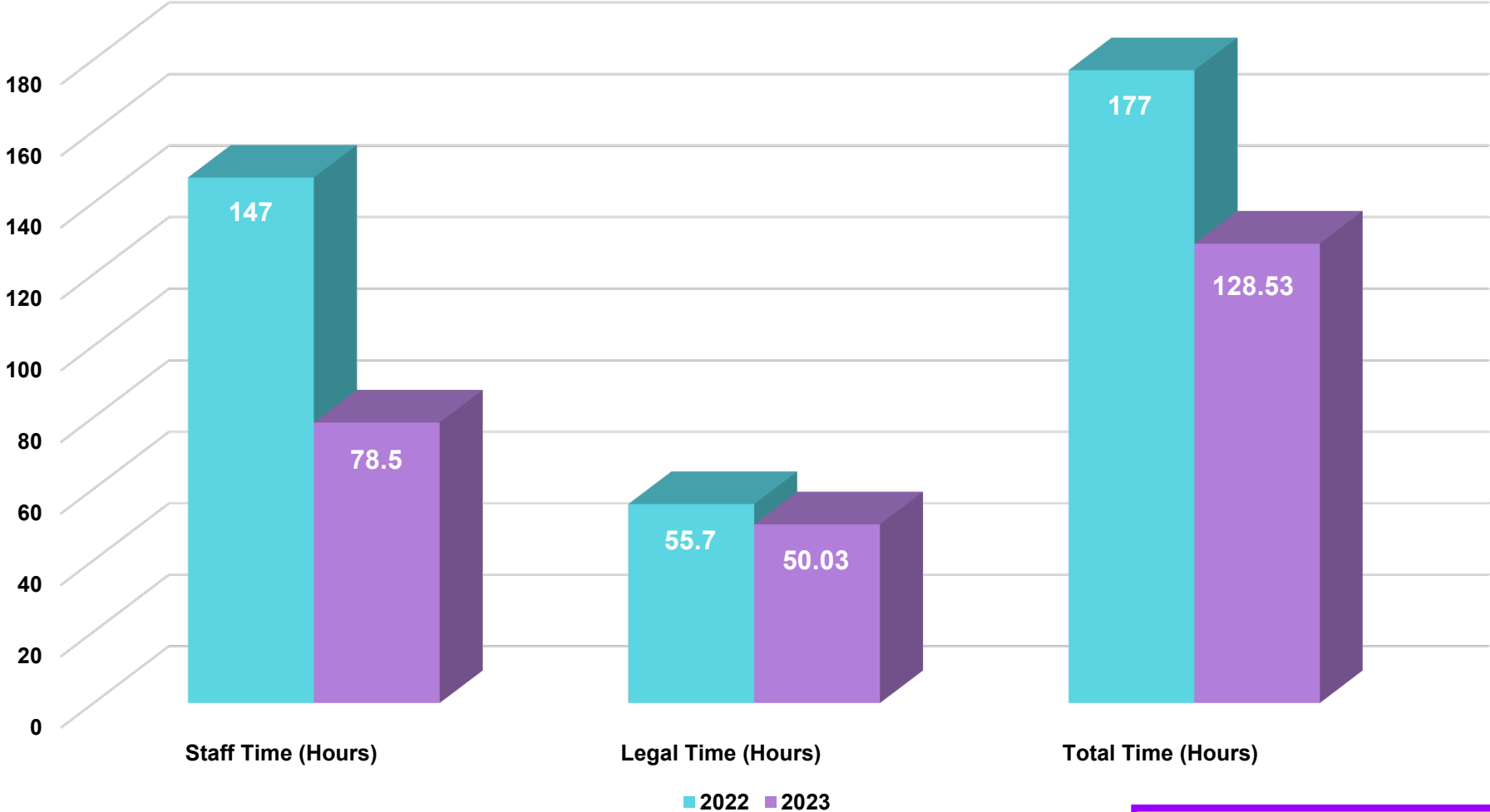
- N/A

The following 2023 courses remain open for registration through WSHA's Governance Education Portal:

- Achieving Governance Momentum in an Uncertain Environment
- Maximizing Your Board's Efficiency
- The Board's Role in CEO Succession Planning
- Procurement for Public Hospital Districts
- Public Records Officer Webinar Part II

Link to check progress on certification: <https://governanceeducation-wsha.talentlms.com/>

# Requests for Public Records 2022 & 2023\*



**2022**

- 39 total requests
- 24 requests or 62% by the same person

**2023**

- 29 total requests
- 18 requests or 62% by the same person

\*This data includes January 2023-November 2023.

## Requests for Public Records 2022 & 2023\*



\*This data includes January 2023-November 2023.



## 2024 Proposed Board of Commissioners Committee & Liaison Assignments

### Commissioners

Name	Email	Term Expiration
Jessica Kendall	jessica.kendall@cascademical.org	Position 1 12/2025
Bruce Williams <b>President</b>	bruce@cascademical.org	Position 2 12/2029
Tom Baranouskas <b>Vice President</b>	tomb@cascademical.org	Position 3 12/2027
Gustavo Montoya	gustavo.montoya@cascademical.org	Position 4 12/2025
Mall Boyd <b>Secretary</b>	mallb@cascademical.org	Position 5 12/2027

### Committee Assignments

Finance	Governance	Quality Oversight
Tom Baranouskas - Chair	Bruce Williams - Chair	Mall Boyd- Chair
Gustavo Montoya	Tom Baranouskas	Jessica Kendall

### Liaison Assignments

Foundation	Part Time Resident Advisory Council
Open to All Board Members	Open to All Board Members



## Credentialing Approvals

### **Provisional Consulting Privileges: (12-months)**

- Alissa Mayer, DPM
- Walter Payne, DPM

### **Locum Tenens Privileges: (90-days)**

- Dennis (Sonny) Talbot, PA-C
- Caylon Haggard, PA-C
- Selemani Wambuzi, PA-C
- Eileen Ravella, PA-C

Cascade Medical's credentialing process has been followed for these providers.

## RESOLUTION NO. 2024-01

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

A **RESOLUTION** of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the “District”), setting the schedule for regular Board Meetings.

**WHEREAS**, RCW 42.30 requires all regular Board meetings to be public, and that Board meeting dates and times be set up by resolution;

**WHEREAS**, the previous regular meetings were set by Resolution 2022-04; and

**WHEREAS**, the Commissioners of the District desire to change the regular Board meeting schedule;

**BE IT RESOLVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, as follows:

Board meetings will be held on the fourth Wednesday of each month, except for August in which no meeting will take place, and November and December when the meetings will be held on the third Wednesday of the month, in the Arleen Blackburn Conference Room, beginning at 5:30 p.m. until completed.

All meetings are open, public meetings. The Board may take action at any or all meetings at its sole discretion.

**ADOPTED and APPROVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 24<sup>th</sup> day of January 2024, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
Board President, Bruce Williams

\_\_\_\_\_  
Board Vice President, Thomas Baranouskas

\_\_\_\_\_  
Commissioner Mall Boyd

\_\_\_\_\_  
Commissioner Jessica Kendall

\_\_\_\_\_  
Commissioner Gustavo Montoya



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

## 2024 Proposed Board Meeting Dates

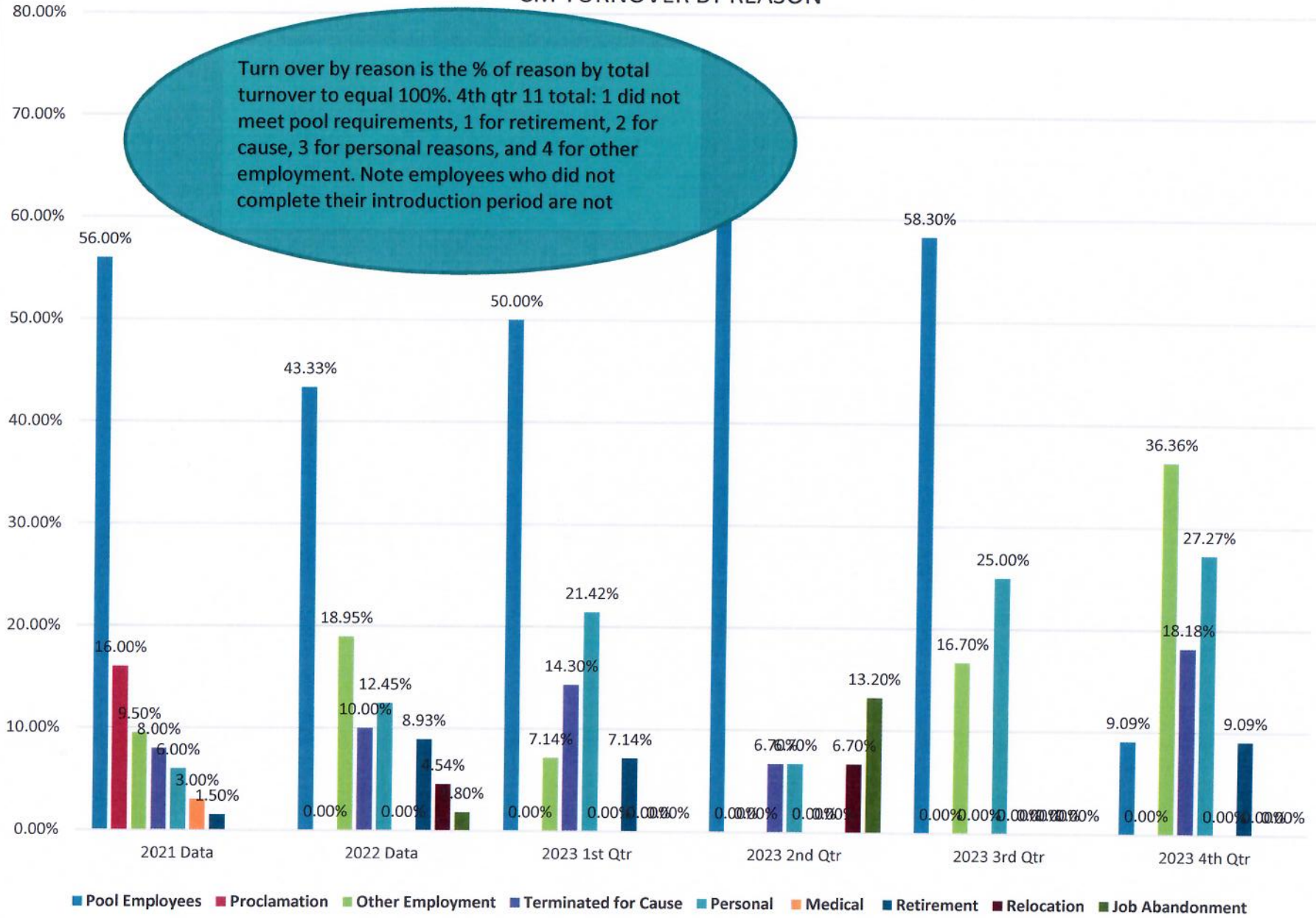
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January 24, 2024	5:30 PM	
February 28, 2024	5:30 PM	
March 27, 2024	5:30 PM	
April 24, 2024	5:30 PM	
May 22, 2024	5:30 PM	
June 26, 2024	5:30 PM	
July 24, 2024	5:30 PM	
August: No Meeting		
September 25, 2024	5:30 PM	
October 30, 2024	5:30 PM	(fifth Wednesday) *Special Meeting
November 20, 2024	5:30 PM	(third Wednesday)
December 18, 2024	5:30 PM	(third Wednesday)

Meetings are held in the Arleen Blackburn Conference Room unless otherwise noted.

### CM TURNOVER BY REASON

Turn over by reason is the % of reason by total turnover to equal 100%. 4th qtr 11 total: 1 did not meet pool requirements, 1 for retirement, 2 for cause, 3 for personal reasons, and 4 for other employment. Note employees who did not complete their introduction period are not



## CM TURNOVER

CM uses the W/O Pool data as that which is most reflective of our turnover. CM turnover reflects our most vulnerable number, because it includes the somewhat routine changes related to pool/per diem employees. Most employers do not include this category in a turnover calculation and we are not able to validate if the benchmark data is with or without pool employees.

