



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday March 27, 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.

I.	Board Education: Quality	4:30	Commissioners
II.	Call to Order	5:30	Bruce Williams
III.	Pledge of Allegiance	5:30	Bruce Williams
IV.	Consent Agenda	5:30	Bruce Williams
	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"> • Meeting Agenda • February 28, 2024 Board Meeting Minutes • Policy: Death with Dignity • Policy: Risk Management Program 		
	Previous Month's Warrants Issued:	#10121483 – 10121706	02/16/2024 – 03/14/2024 \$ 815,932.82
	Accounts Payable EFT Transactions:	#20240023 -- 20240036	02/16/2024 – 03/15/2024 \$ 481,999.62
	Payroll EFT Transactions:	19197-19797	02/24/2024 -- 03/22/2024 \$ 842,311.62
	<ul style="list-style-type: none"> • Bad Debt: February 2024 		
V.	Community Input	5:35	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.		
VI.	Clinic Medical Director Report + Team-based Care Update	5:40	Dr. Lauren Kendall & Deb Williams
VII.	Foundation Report	6:10	Rex McMillian
VIII.	CM Values	6:15	Diane Blake
IX.	<u>Discussions & Reports</u>	6:20	
	a. IT Update		Chad Schmitt
	b. Upcoming Part-time Resident Advisory Council Meeting Topics		Bruce Williams
X.	<u>Committee Reports</u>	6:35	
	a. Finance Committee		Tom Baranouskas
	b. Governance Committee: Revised Board Education Plan		Bruce Williams
XI.	<u>Action Items</u>	6:50	Commissioners
	a. MOTION: Approve Resolution 2024-03 Surplus Mobile X-ray		
	b. MOTION: Approve Bariatric Patient Bed Purchase		
	c. MOTION: Approve Credentialing		
XII.	February Financial Report	7:00	Marianne Vincent
XIII.	Administrator Report	7:15	Diane Blake
XIV.	Board Action Items	7:30	Commissioners
XV.	Meeting Evaluation/Commissioner Comments	7:35	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
XVI.	Executive Session: Performance of a Public Employee (RCW: 42.30.110(1)(g))	7:50	Commissioners
XVII.	Adjournment	8:20	Bruce Williams

BOARD CALENDAR REMINDERS

March 20, 2024	CMF Board Meeting: Tom	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 20, 2024	Part Time Resident Advisory Council (PTRAC) Meeting: Bruce	Arleen Blackburn Conference Room	10:00 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 7, 2024	Community Engagement Night	Leavenworth Festhalle	5:30 PM
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 st 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
August 22, 2024	Community Engagement Night	Leavenworth Festhalle	5:30 PM
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 29, 2024	Community Engagement Night	Leavenworth Festhalle	5:30 PM
October 30, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
November 9, 2024	Part Time Resident Advisory Council (PTRAC) Meeting	Arleen Blackburn Conference Room	10:00 AM
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 March 27, 2024

PLEASE NOTE: A board education session relating to quality will occur at 4:30 PM, one hour prior to the board meeting.

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

- **Consent Agenda** – The policies included in the consent agenda were reviewed by the Quality Oversight Committee, and they are recommending full Board approval. 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.
- **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.
 - Upcoming Part-time Resident Advisory Council (PTRAC) Meeting Topics – No documents are included in your packet for this topic. This is an opportunity for the Board to think about and discuss what priority topics you may wish the PTRAC to offer feedback or opinions on at their upcoming meeting in April.
- **Committee Reports**
 - Finance Committee Meeting – Included in your packet is the quarterly finance dashboard and the agenda from the most recent meeting, to facilitate Tom’s report.
 - Governance Committee – Included in your packet is an updated education plan for the Board to provide feedback on.
- **Action Items**
 - Resolution 2024-03 Surplus Equipment – Included in your packet is a resolution to allow for surplus of the mobile x-ray, which is being replaced in conjunction with the x-ray suite, which the Board approved in February.
 - Bariatric Bed Purchase – Included in your packet is a document summarizing management’s recommendation and request for approval to purchase this piece of capital equipment. Also included is a spec sheet for the bed we wish to purchase.
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **February Financial Report** – Included in your packet is the financial report for February 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.

- Extra time has been allotted for the Meeting Evaluation / Commissioner Comments section to provide time for the Board to share thoughts and feedback on both the education session and the Team-based Care / Clinic Update, as well as any other topic.



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
February 28, 2024

- Present:** Bruce Williams, President; Tom Baranouskas, Vice President; Mall Boyd, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operations Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Clint Strand, Director of Public Relations; Megan Baker, Executive Assistant
- Excused:** Gustavo Montoya, Commissioner
- Guests:** Shawndra Duke, Operational Safety Manager; Strode Weaver, CM Foundation

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Bruce Williams called the meeting to order at 5:30 pm. Jessica then led the pledge of allegiance. Mall made a motion to excuse Gustavo from the meeting. Tom seconded the motion and the commissioners unanimously approved.
Consent Agenda	<ul style="list-style-type: none"> Mall moved to approve the consent agenda. Tom seconded the motion and the group unanimously approved.
Community Input	<ul style="list-style-type: none"> Strode Weaver provided a patient account. He recalled one of the best lab draws he has ever had and noted the excellent technical skills along with a personable experience. Bruce echoed a similar excellent lab experience. Kudos to the lab team!
Foundation Report	<p>Strode Weaver provided the Foundation Report.</p> <ul style="list-style-type: none"> CMF raised over \$100,000 in 2023. The group fully funded the cardiac rehab equipment goal and is well under way to achieve their hematology analyzer goal. They may launch a stretch goal effort later this year. March 3rd @ 3:00 PM: Cardiac Rehab Donor Appreciation Event. Donors were invited to attend the upcoming demonstration/exhibit of Cardiac Rehab equipment. CM leadership and staff including Diane, Dr. Jerome, Joe A., Katie F., Katelin L., and Erin A. will be present. The Mark Judy Education Fund has \$2,500 available during the 1st award review. CMF Golf Tournament: June 17th. All major sponsorship categories have been claimed. Jive Time in the Cascades @ Leavenworth Festhalle. This event brought in about 100 folks last year. The group hopes to increase attendance this year. Benevolent Night: March 14 @ Leavenworth Golf Course 11AM-8PM Kudos to Clint for the wonderful article in the Leavenworth Echo about the foundation and mobile clinic.
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> Corey sent a note highlighting the ultrasound program and his first ordering experience at CM. The ultrasound reflected a routine ED visit to rule out DVT. Thanks to those for making it happen. Thanks

	<p>to Corey for taking the time to share and acknowledge the positives at CM.</p> <ul style="list-style-type: none"> • Kudos to Natasha and Whitney for celebrating staff in their department updates. • A patient reflected on a recent ER visit where they experienced excellent care thanks to Aron R., Oneida D., and Corey R. Staff demonstrated commitment, communication, and consideration for the patient.
<p>Public Relations Report</p>	<p>Clint Strand provided the report.</p> <p>Community Engagement Night</p> <ul style="list-style-type: none"> • Mall attended the event on January 30th. There is value in our presence and ability to connect with our community in that meeting space. <p>Leavenworth Echo Article</p> <ul style="list-style-type: none"> • Thanks to Diane, Pat, Sam L, and Bob Adamson. The Echo reached out to ask if a women’s health provider would be interested in drafting an article and Dr. Kendall agreed. <p>Social Media</p> <ul style="list-style-type: none"> • Facebook content interactions: +8.7% this month. • Clicks to links: +54% in the last month. • Instagram: +63% in the last 30 days. • Accounts engaged: +7%. • CM saw large post engagements when celebrating individual employees and women physicians’ day. <p>Annual Community Report</p> <ul style="list-style-type: none"> • Will be out in early April. <p>Calendar Updating</p> <ul style="list-style-type: none"> • Clint is working to streamline internal and external event notifications. <p>Cardiac Rehab</p> <ul style="list-style-type: none"> • Clint was able to capture photos today. <p>Kudos</p> <ul style="list-style-type: none"> • Kudos to Chad S. for his ongoing work on our intranet site.
<p>Discussions & Reports</p>	<p>A. IT Update</p> <p>Pat Songer provided the update.</p> <ul style="list-style-type: none"> • There was a data breach from the Change Health/Optum/United Healthcare solutions and services organization. This impacted CM InterQual and E-prescribe systems. <p>B. Meditech Update</p> <p>Pat Songer provided the update.</p> <ul style="list-style-type: none"> • Kudos to Molly’s leadership as the Director of Informatics and her work to create the Meditech recap for the board. • Notable Achievements <ul style="list-style-type: none"> ○ Physician Subject Matter Expert (SME) identified and interviewed. This will allow peer-to-peer support work toward reviewing the system and determining if things are working properly. Dr. Wefel is the CM Meditech Physician Champion and has been helpful moving this work forward. ○ Portal access has been improved. ○ CM is working to improve community wide scheduling by partnering with Klickitat Valley Hospital's Radiology department. These efforts aim to improve workflows. • Challenges <ul style="list-style-type: none"> ○ Sentinel/Spacelabs EKG interface is broken. Anticipated resolution 3/1.

	<ul style="list-style-type: none"> ○ Meditech responsiveness: high volume of items on hold waiting for Meditech response or completion. <p>C. Advocacy Day Recap Bruce Williams provided the report.</p> <ul style="list-style-type: none"> • The legislature is constantly evolving to determine which bills will pass or not. Our local representatives care about rural healthcare and are interested in listening and learning with constituents. • Charity Care bill did not pass. <p>D. Board Self-Evaluation Focus Areas Bruce Williams led the discussion.</p> <ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> ○ High priority. ○ The group discussed having an education session 1x/quarter at 4:30 PM. They may begin March with a Quality education session. • Strategic Thinking <ul style="list-style-type: none"> ○ The group discussed more effective way to engage the board in strategic planning including long-range financial planning. • Board Meeting Operations <ul style="list-style-type: none"> ○ The group discussed the value of more information in the packet. ○ They are working to initiate an effort to be more structured when evaluating board meetings. ○ Education vs Topic Updates: Eventually current topics such as Meditech and Team-based care will roll off. The group discussed not duplicating topics that will be in the quarterly dashboard. • Relationship Building <ul style="list-style-type: none"> ○ There is value in determining how best to bring the board and management together. <p>E. X-ray Room Equipment Replacement Pat Songer led the discussion.</p> <ul style="list-style-type: none"> • Management wishes to proceed with replacing the existing x-ray suite of equipment. This is planned capital replacement project which is included in the 2024 capital budget. • Tom moved to approve the purchase; Jessica seconded. The group unanimously agreed.
<p>Committee Reports</p>	<p>A. Medical Staff Meeting Mall Boyd provided the report.</p> <ul style="list-style-type: none"> • Sabine gave an outstanding presentation about OT therapies to help folks age in place with intervention prior to decline. • The group discussed how best to make the mobile clinic more walk-in friendly. • Dr. Moholy briefly spoke about his and Aisha’s work to provide school-based visits. <p>B. Quality Oversight Committee Mall Boyd provided the report.</p> <ul style="list-style-type: none"> • QOC reviewed the Meditech event process, finalized their 2024 workplan, and reviewed policies and Q4 data. Patient satisfaction surveys were excellent: 4.8/5 for overall experience. There is a 21% response rate, which is quite high compared to the average external response rate of 5%.

	<ul style="list-style-type: none"> • Whitney joined QOC and we will be reviewing clinic metrics at our next meeting. • The group engaged in a discussion about DASH (Data Analytics Service Hub), which is a platform that allows you to review data from multiple sources to look at trends and compare hospital performance of various metrics. Overall, the cost and data relevance are barriers. DASH will not be pursued at this time. • Notable Achievements <ul style="list-style-type: none"> ○ Informatics initiated a weekly EMR Committee Meeting. ○ Successfully developed dashboards within Business and Clinical Analytics (BCA) to aid in committee work and department volume analysis. ○ Initiated a new quality project in Acute Care (AC) and ED ○ Focused effort on security system update and badge access readers. • Board Quality Rounding <ul style="list-style-type: none"> ○ Jessica reflected on the excellent organization of the process including the forms, flow, and content of rounding. The Clinic and Acute Care were the two focus areas: <ul style="list-style-type: none"> ▪ Clinic: Goal: reduce unaccounted for state supplied vaccines. Improvements: sign out sheet, shot buddy system, reminders at staff meetings, and presentation of data ▪ Acute Care: Goal: 90% medication scan rate by 7/1/24. Improvements: new computer on wheels, data presented at staff meetings and posted in department. • The focus of our quality department shifted away from compliance to focus on outcomes which ensures continuous process improvement. • CM was designated as WA DOH Level 3 Stroke Center. • Kudos to our Quality department, a small but mighty team who all do such great work. <p>C. Governance Committee Bruce Williams provided the report.</p> <ul style="list-style-type: none"> • The committee reviewed policies, board self-assessment, board education plan, and discussed succession planning and the annual board retreat. • Proposed 2024 Board Annual Objectives: <ol style="list-style-type: none"> 1. 100% of Board members achieve and/or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage. 2. Assess and refine Board's ongoing connection to and communication with the community. 3. Refine board succession and new commissioner orientation/onboarding plans. <p>D. Hospital Governing Boards Committee Bruce Williams provided the report.</p> <ul style="list-style-type: none"> • The financial health of hospitals is improving slowly. <p>E. WSHA Board Meeting Bruce Williams provided the report.</p> <ul style="list-style-type: none"> • CM will be participating in the WSHA Vitality Index. • WSHA will soon begin its new 3-year strategic plan.
Action Items	<p>Motion: Approve Resolution 2024-02 Surplus Equipment</p> <ul style="list-style-type: none"> • Mall moved to approve; Tom seconded. Motion unanimously approved.

	<p>Motion: Approve 2024 Board Objectives</p> <ul style="list-style-type: none"> • Tom moved to approve the proposed objectives; Mall seconded. Motion unanimously approved. <p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> • Mall moved to approve; Tom seconded. Motion unanimously approved. • *Due to the expedited timing of the credentialing request, there are a few documents in process. These will be completed, documented, and verified prior to the provider's first day on site.
<p>December 2023 and January 2024 Financials</p>	<p>Marianne Vincent provided the financial report.</p> <p>December 2023</p> <ul style="list-style-type: none"> • The net margin of (\$237,000) was less than the budgeted net margin of (\$30,000) by (\$207,000). • Year-to-date our net margin of (\$730,000) is (\$101,000) less than the budgeted net margin of (\$629,000). • Salaries were over in December due primarily to Acute Care (new WSNA contract) and Admin wages (salary adjustments as well as the effect on accrued PTO.) • Purchased Services are more than budgeted for December due to Pharmacy (November and December invoices) and Plant (Plumbing and HVAC) expenditures. • Supplies are well under budgeted amounts to year-end adjustments for the 340B program and an IT expense that was moved to capital expense. • December cash collections on patient accounts of \$2,603,000 were above budgeted patient account collections of \$1,756,000 by \$847,000 by which \$581,000 was a payment from Medicare for year-to-date Medicare claims through mid-November. • Days in Net AR increased from 48.80 days in November to 57.0 days in December and Gross AR has increased by \$268,000 from November. • CM has applied for cost-based reimbursement from Medicare for Ambulance transports of Medicare patients for 2023. While we have not received official notice from Noridian of approval of our request for cost-based reimbursement, the time frame for rebilling these transports is limited to one year, so we need to rebill them now or will lose the opportunity. Additional funds received when reimbursed based on cost would affect cash and our contractual allowance, there would be no resulting adjustment to revenue. • These financials were presented as preliminary due to our annual upcoming audit. <p>January 2024</p> <ul style="list-style-type: none"> • The net margin of \$95,000 was less than the budgeted net margin of \$128,000 by (\$33,000). • Collections on patient accounts of \$2,034,000 in January were above budgeted patient account collections of \$1,409,000 by \$625,000. • Supply expenses were high in January, around (\$30,000) due to lab expenses for covid and flu testing supplies. • Days in Net Accounts Receivable increased from 57.0 days in December to 58.5 days in January and Gross Accounts Receivable has increased by \$378,000 from December. • "Other Operating Revenue" reflects cash from the CM Foundation for cardiac rehab equipment.

	<ul style="list-style-type: none"> • We continue to work on payor contracts which is moving slow. • Charity Care Check-Up call scheduled for March.
Administrator Report	<p>Diane Blake provided the administrator report.</p> <p>Chronic Care Management</p> <ul style="list-style-type: none"> • The Clinic has a new diabetic group underway that is full, and a second group is scheduled for May. <p>Financial</p> <ul style="list-style-type: none"> • CM replaced two water heaters that began to leak for a spend of about a \$25,000. • CM budgeted to replace an ambulance and may opt to get a demo unit, or floor model. Currently, new ambulances are building about 3 years out and cost significantly more than the demo option. The commissioners had no issue with this spend. <p>IAFF Negotiations</p> <ul style="list-style-type: none"> • The IAFF is the union that represents CM EMTs and paramedics. Negotiations are currently underway with lots of good discussion. <p>Leavenworth City Council</p> <ul style="list-style-type: none"> • Diane will be presenting on March 12. Big thanks to Clint. <p>WSHA Rural Payment Subcommittee</p> <ul style="list-style-type: none"> • Several members of the subcommittee will meet with Sue Birch, HCA Director. The group is uncertain whether the HCA is willing to consider something other than what federal government proposes. <p>Recruitment</p> <ul style="list-style-type: none"> • A recruiter is working to fill the open hospitalist position. Some candidates have posed concerns about the cost of housing, while others want a full-time, not .75 role. • We have worked to backfill half of the hospitalist shifts with locums. Big thanks to Melissa who has worked with Dr. Kendall to get approval for candidates and coordinates onboarding. • A recruiter is also working to hire a lab director: There is a possibility of someone in the hopper, more to come. <p>Medical Leave</p> <ul style="list-style-type: none"> • Dr. Jerome is going on medical leave in early March for up to 3 months. • Kudos to Whitney for her work on provider scheduling. <p>Mergers and Affiliations Bill</p> <ul style="list-style-type: none"> • Diane recently testified on this bill, which is most likely going to pass. The bill was not supported by WSHA. <p>Workforce Housing</p> <ul style="list-style-type: none"> • This group is working to support workforce housing in our area. Kaylin Bettinger (UV Mend), and Diane and another community member met with Rep. Mike Steele about funding opportunities. <p>Chris Amerson</p> <ul style="list-style-type: none"> • Chris is participating in a skating event at Special Olympics this weekend. • Kudos to Aisha for her work to create a poster and acquire good thoughts and well wishes from team members throughout CM to send off with Chris.
Board Action Items	<ul style="list-style-type: none"> • Please check your emails.
Meeting Evaluation/ Commissioner Comments	<ul style="list-style-type: none"> • The group reflected on the education vs. topic updates. The discussion allowed folks to connect with each other and analyze their priority areas. • The group agreed that they should take the lead on how they spend meeting time.

	<ul style="list-style-type: none"> • The agenda layout and time allocations felt appropriate for content discussions. The content of the meeting was really good, and the quality report out was quite a highlight. The group really enjoys strategic questions in the agenda. • While nothing was missing from the packet, the electronic labels don't quite match the agenda title. • The group does not want a written survey for a meeting evaluation.
Adjournment	<ul style="list-style-type: none"> • Mall made a motion to adjourn the meeting at 8:17 PM. Tom seconded the motion and the commissioners unanimously approved.

Bruce Williams, President

Mall Boyd, Secretary



Title:	Death with Dignity Act	Effective Date:	07/01/2009
Categories:	Board of Commissioners	Approved Date:	03/01/2021
Prepared By:	Pat Songer (Chief Operations Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer), Board Quality Oversight Committee		
Approved By:	Diane Blake (Chief Executive Officer), Board of Commissioners		

PURPOSE:

To establish Cascade Medical Board of Commissioners’ Governing Policy regarding the Washington State Death with Dignity Act.

POLICY:

- A. Cascade Medical is committed to a mission of providing high quality primary care services to meet the healthcare needs of persons who seek our care. These needs include a range of services for patients approaching the end of their lives. Cascade Medical has long provided pain management, palliative care and comfort care for these patients whether in its facilities or at the patient’s home. Patients qualified under the provisions of Title 70.245 of the Revised Code of Washington are now afforded the opportunity to seek life ending medications. This Governing Policy specifies Cascade Medical’s position regarding the Death with Dignity Act:
- 1) Qualified Patients, as defined in Washington’s Death with Dignity Act (“Act”) (also known as “Initiative 1000” and “I-1000”) may not ingest Life Ending Medications at Cascade Medical facilities.
 - 2) The Cascade Medical pharmacy will not fill prescriptions for life ending medications described in the Act.
 - 3) Members of the Medical Staff of Cascade Medical may counsel their patients with regard to the Act and may serve in the role of Attending Physician and/or Consulting Physician in accordance with the Act, provided they do not deliver or facilitate delivery or ingestion of life ending medications within any Cascade Medical facility.
 - 4) No employee of Cascade Medical will be required to participate in any activities directly related to the Act. Giving patients general information about their available options under Washington law is to be distinguished from activities directly related to the delivery, ingestion, or direct facilitation of life ending activities under the Act.
 - 5) Any physician employed by Cascade Medical who chooses to participate in activities under the Act, as limited in this Policy, will document all activities in the manner prescribed by the Act and its related regulations. A summary of such documentation requirements is to be available to all staff.
 - 6) Only established patients of a physician may be accepted as Qualified Patients under this policy. No referrals of outside patients may be accepted by a physician for services under the Act.

RESPONSIBILITIES:

- A. Executive Leadership of Cascade Medical will adopt Policies and Procedures pertaining to the Death with Dignity Act that are consistent with the Board of Commissioners’ expectations set forth in this Governing Policy.
- B. Communications consistent with the Board of Commissioners’ expectations as set forth in this policy will be shared with all Cascade Medical employees and contract or temporary personnel.



Title:	Death with Dignity Act	Effective Date:	07/01/2009
Categories:	Board of Commissioners	Approved Date:	03/01/2021
Prepared By:	Pat Songer (Chief Operations Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer), Board Quality Oversight Committee		
Approved By:	Diane Blake (Chief Executive Officer), Board of Commissioners		

- C. The Board of Commissioners' Governing Policy shall also be posted on the Cascade Medical web site and such other locations as the Executive Leadership Team determines to be appropriate in accordance with the provisions of the Death with Dignity Act.

REFERENCES:

- A. RCW Title 70.245, Death with Dignity Act.
B. Washington Administrative Code, Section 246.978, Department of Health Rules Related to Death with Dignity Act.



Title:	Risk Management Program	Effective Date:	04/01/2006
Categories:	Quality Assurance	Approved Date:	06/30/2022
Prepared By:	Melissa Grimm (Chief Human Resources Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Quality Oversight Committee		
Approved By:	Board of Commissioners; Tammy Spencer (Executive Assistant)		

POLICY:

In accordance with the continuing efforts to provide quality patient care, minimize losses, and provide a safe environment for patients, visitors and staff, CM endorses establishment of a comprehensive Risk Management Program. This program shall include participation of the Board, administration, medical staff, and all other CM staff.

PROCEDURE:

1. It shall be the object of the Board, Administration, and Medical Staff to establish a Risk Management Program that:
 - a. Through risk identification, evaluation, and control, helps to reduce the frequency and severity of adverse events and thus contributes to quality and safe patient care while minimizing loss across the organization.
 - b. Encourages effective patient/family communications on patient care and safety problems. Enhances facility relations, community image, and consumer confidence.
 - c. Continually improves the ongoing delivery of healthcare services and strengthens the entire organization.

2. The authority and responsibility for the establishment, maintenance, support, and evaluation of the Risk Management program is vested in the Board of Commissioners. The Board delegates the responsibility for the implementation of risk management functions to the Chief Executive Officer. The coordination of all risk management activities is assigned to the Risk Manager.

3. Risk Management Program Components
 - a. Communication/coordination with quality improvement program. The quality improvement component is a primary mechanism for improving quality and safety. QI program activities that contribute to the risk management process include:
 - i. "How Are We Doing? cards"
 - ii. Credentialing and Reappraisal activities – activities designed to ensure that the facility is staffed by qualified individuals who perform at an appropriate level. This applies to both physicians and non-physicians and includes appointment and reappointment for medical staff members, delineation of clinical privileges, credential and reference checks for medical staff and facility staff.
 - iii. Continuous monitoring activities such as mortality review, drug utilization, patient surveys, and utilization review.
 - b. Safety/Security Program. The safety program endeavors to create and maintain a safe environment for patients, visitors, and staff. Safety activities that contribute to the Risk Management Program include:
 - i. Electrical safety
 - ii. Fire protection and safety
 - iii. Patient safety measures including a functioning nurse call system, appropriate floor covering, appropriate policies and procedures for patient risk identification
 - iv. Disaster preparedness activities – planning for internal and external disasters and conducting periodic disaster drills
 - v. Preventative maintenance activities
 - c. Loss Control Program includes:



Title:	Risk Management Program	Effective Date:	04/01/2006
Categories:	Quality Assurance	Approved Date:	06/30/2022
Prepared By:	Melissa Grimm (Chief Human Resources Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Quality Oversight Committee		
Approved By:	Board of Commissioners; Tammy Spencer (Executive Assistant)		

- i. Incident reporting system – the Risk Manager receives all incident reports, patient complaints, and verbal reports of adverse effects of medical management. This information shall be utilized for the following purposes:
 1. To take immediate action to develop all facts relating to a particular incident and enable determination of the degree of liability for the injury or for the likelihood that a claim will be presented.
 2. To formulate actions to avoid recurrence of incidents of similar nature by analyzing the causes and recommending measures to prevent repetition.
 3. The Risk Manager will determine which incidents will be reported to Cascade Medical’s insurance carrier.
 - ii. Claims Investigation – The Risk Manager or designee shall investigate serious complaints, incidents, and reports of alleged or possible medical mismanagement and report the results of these investigations to the appropriate individuals, working with liability carrier and legal counsel in claims resolution, claims investigation, and maintaining files of claims-related correspondence.
 - iii. Risk Reduction - Risk Manager or designee shall assist medical providers and all other staff in investigations, recommendations, and follow-up in areas identified as having potential risk.
 - d. Patient Complaint and Grievance Process includes:
 - i. Identification of patient concerns through administration of a patient satisfaction survey, developing and implementing a facility-wide system for handling patient complaints and education of staff regarding identification and response to patient concerns.
 - ii. Evaluation – discussion of a complaint or problem with the patient and family by a designated CM representative and analysis of patient satisfaction surveys.
 - iii. Intervention –will be performed as deemed appropriate by the Risk Manager.
 - iv. Cascade Medical shall provide a system whereby patients and/or their significant others or representatives, can voice a grievance/complaint about the quality of care and/or services received at Cascade Medical.
 - v. Cascade Medical shall respond to such concerns in a timely, reasonable, and consistent manner. Concerns regarding care received include, but are not limited to, concerns over perceptions or consequences related to premature discharge.
 - vi. Cascade Medical shall not subject patients who voice complaints and recommend changes to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.
 - vii. Detailed information regarding the Patient Complaint process can be referenced in the Patient Concern policy.
4. Risk Management Program will be coordinated by the Risk Manager or designee. These individuals shall be responsible for the following activities:
 - a. Collection and aggregation of incident report and patient complaint data.
 - b. Submission of aggregate reports of incidents, patient complaints, and adverse outcome reports to administration for review.
 - c. Conducting, with the assistance of liability carrier and legal counsel, investigations of potentially compensable events in preparation for possible litigation.
 - d. Maintaining all Risk Management files and statistics in accordance with applicable regulations.



Title:	Risk Management Program	Effective Date:	04/01/2006
Categories:	Quality Assurance	Approved Date:	06/30/2022
Prepared By:	Melissa Grimm (Chief Human Resources Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Quality Oversight Committee		
Approved By:	Board of Commissioners; Tammy Spencer (Executive Assistant)		

- e. Ensuring maximum confidentiality and limited access to Risk Management data.
 - f. Conducting periodic risk management education programs for medical staff and employees.
5. All data and information collected and maintained by the Risk Management Program or office shall be considered part of the facility-wide Quality Improvement Program. The confidential nature of Quality Improvement records will be respected. The identity of providers, hospital employees, and patients will remain confidential and will be revealed only to appropriate medical staff committees and facility committees, as defined by Medical Staff Bylaws and the Board of Commissioners. The identity of non-physician personnel will be revealed only to the administrator or appropriate department director.
6. The confidentiality of Quality Improvement data is protected from subpoena or discovery by RCWs 70.41.200, 43.70.510 and 4.24.250. This law provides that the proceedings, reports, and written records of a regularly constituted review committee whose duty it is to review and evaluate the quality of patient care shall not be subject to subpoena or out of the recommendation of committees involving restriction or revocation of clinical privileges.
7. The Board QI Oversight Committee shall evaluate the Risk Management Plan and Process at least annually. The evaluation will be based on attainment of the established program objectives, scope, organization, and effectiveness and revisions will be made as necessary.
8. The Risk Manager is the Chief Human Resources Officer.

REFERENCE: 42 CFR 482.13

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: Mar 27, 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	10121483 - 10121706	\$815,932.82	2/16/2024 – 3/14/2024
Accounts Payable EFT Transactions	20240023 - 20240036	\$481,999.62	2/16/2024 – 3/15/2024
Payroll EFT Transactions ¹	19197 - 19797	\$842,311.62	2/24/2024 – 3/22/2024
Grand Total		\$2,140,244.06	

Notes:

1. Payroll warrant number #19209 – 19196 were voided due to a processing issue

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

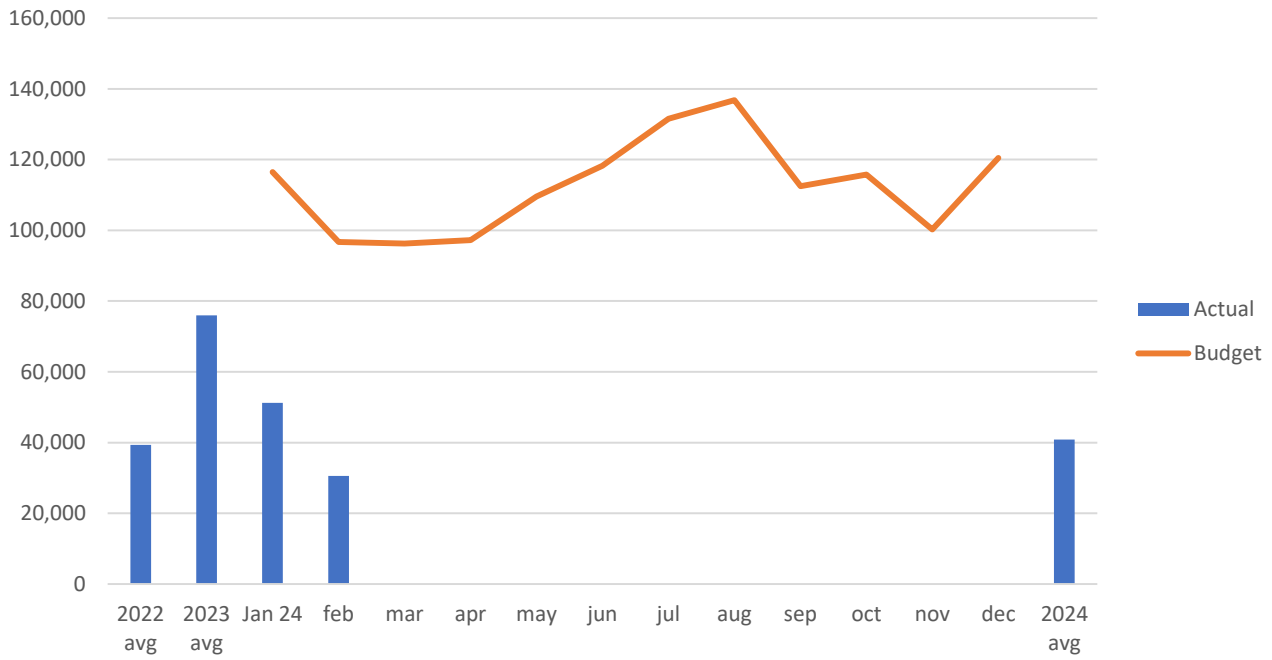
Bad Debt Write Offs Financial Assistance Program Discounts

Month of February, 2024

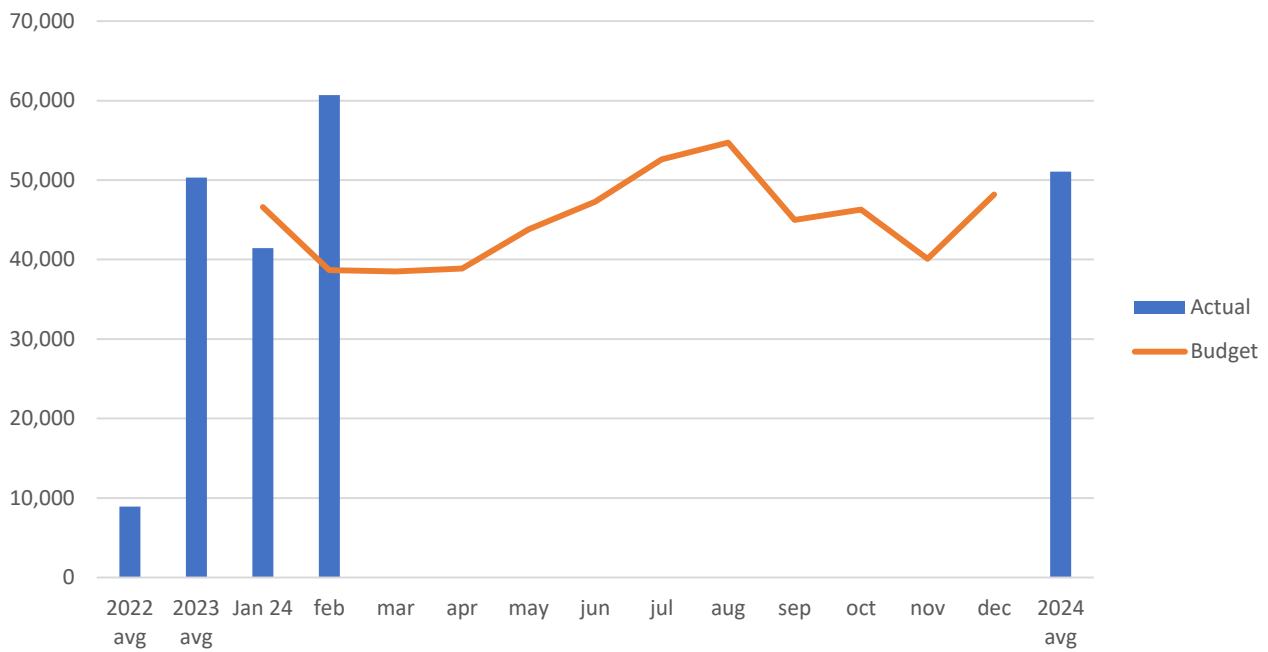
Net Bad Debt Write-Offs for Board Approval	\$	30,529.49
CFSP/Financial Assistance Program Discounts for Board Approval	\$	60,678.74

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	79,914.49
	less: pullback from Agency due to receipt of payments	(49,385.00)
	Net Bad Debt Write-Offs	<u>30,529.49</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	60,678.74
	Total	91,208.23

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts



Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2023

Strategic Pillar	Measure	2019	2020	2021	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	2023 YTD	2023 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
FINANCE	Total Margin	-0.2%	3.1%	24.8%	-6.1%	-3.8%	-12.3%	6.9%	-3.2%	-2.6%	-2.4%		3.0%	
	Days Cash on Hand	108	235	217	194	190	184	194	181	190	90		60	
	Cash Growth available to Operations	-248	6,892	166	22	1,229	-879	1,163	(198)	1314	288		-	-
	Days in Net Patient Accounts Receivable	68	68	57	61	58	64	50	51	56	54		54	
	% of AR balances > 90 days since DOS	29.4%	22.0%	33.6%	41.2%			0.0%	0.0%	0.0%			-	-
	Net Revenue as % of Staffing Costs	141%	146%	153%	144%	146%	141%	169%	152%	152%	136%		-	-
	Debt Service Coverage	1.70	2.39	7.36	0.73	1.26	(0.77)	4.08	1.27	1.44	1.56		3.00	
	Long Term Debt to Capitalization	83%	74%	46%	44%	44%	43%	42%	40%	40%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.51	0.49	0.45	0.55						NA	-	0.55	

Key: Blue = Better than Target, Green = At Target, Red = Worse than Target

Note: If targets were established by the Cascade Medical budget, then current performance is measured against those targets. For measures which a corresponding target was not established during the most recent budget process, the dashboard uses benchmarks established by the Flex Monitoring Team as a basis for comparison.

Total Margin is a measure of how *profitable* an organization is. This measure is important because it lets us know how well expenses are controlled, relative to revenues. Over time, a consistent negative margin indicates an organization's current business model may not be sustainable.

Days Cash on Hand is a measure of an organization's *liquidity*. Days cash on hand measures the number of days an organization could operate if no cash was collected or received.

Cash Growth available to Operations is an internal measure of *liquidity*. It measures how well we are growing our operational cash balance since the start of the fiscal year and compares this to our Cash Flow budget.

Days in Net Patient Accounts Receivable is another measure of *liquidity*. This measure tells us how many days, on average, it takes us to collect what we've billed to insurers and patients. Too high or too low of a value indicates processes may not allow for the full collection of what we're owed for services we provide.

Percent of AR balances over 90 days since Date of Service is also an operational measure of our Business Office operations and measures how consistently we follow through working older accounts.

Net Revenue as a % of Staffing Costs is designed to gauge the effectiveness of the organization's ability to generate net revenues from patient care activities, using not only staffing costs but also professional fees in the denominator.

Debt Service Coverage and **Long Term Debt to Capitalization** are *capital structure* indicators. These measures show our ability to meet current debt service requirements and the percentage of total capital that is debt. Cascade Medical is fairly highly leveraged, primarily due to the debt we incurred to remodel and build our new facility. With the refinancing we completed in 2017, we will actually see somewhat higher debt service amounts during the next several years than we would have under the previous financing. Both ratios will improve over time as we retire bond debt.

Medicare Outpatient Cost to Charge Ratio is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2022 YTD column is the rate from the 2022 final cost report.



A G E N D A

Board Finance Committee

March 26, 2024

9:00 – 11:00 AM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none">• March 26, 2024 Agenda• December 12, 2023 Minutes	9:00 AM
Committee Work		
1.	Review insurance limits and trends as presented by USI	9:05 AM
2.	Review follow-up items from minutes	9:25 AM
3.	Review December Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:30 AM
4.	Update on Financial Assistance	9:45 AM
5.	Review Clinic stats/revenue	9:50 AM
6.	Update on PSR training on Financial Assistance and MSP	9:55 AM
7.	Discuss industry trends	10:00 AM
8.	Approve Annual Committee Work Plan	10:05 AM
9.	Approve Finance Dashboard indicators and their targeted thresholds	10:15 AM
10.	Discuss Board education	10:25 AM
11.	Review Q4 OICC quarterly report	10:35 AM
12.	Set remaining meeting dates	10:40 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. December 12, 2023 Minutes
2. Insurance review materials (provided separately)
3. December Financial Packet with Notes
4. Financial Assistance stats
5. Clinic stats/revenue
6. Draft 2024 Work Plan
7. Finance Dashboard
8. OICC Q4 Report

2024 Meeting Schedule

- TBD



CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

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	EMS Levy	Brad Berg attend board meeting
June 24 – 26	Chelan	Rural Healthcare & Leadership	WSHA & AWPMD Conference
June 26, 2024	ABC Room	TBD	
TBD June/July?	TBD	TBD	Board annual retreat
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	

2024 Priority Topics

- Telehealth* (timing TBD, will tie to organizational objective task work on this topic)
- Strategy around offsite service delivery options/expansion of hours/access away from downtown core* (timing TBD, dependent on coordination with organizational objectives work on these topics, with potential for a retreat or mid-summer discussion)
- EMS Levy/Community Engagement* (timing likely to be May for the functional pieces of the levy and TBD for communication prep, likely four to five months ahead of the planned vote date)
- Long range financial planning, including capital investment planning, service line expansion, impact from Rural Health Clinic payment cap* (timing likely near end of 2024, to coordinate with related organizational objective)

2024 Update Topics

Topic	Frequency	Notes
Clinical Medical Director/Team Based Care	Quarterly (roughly)	Once TBC is fully implemented, it will be a smaller part of the clinic update.
Patient & Family Advisory Council	Every 6 months until established	
Meditech	Quarterly	Feb, June, Sept, Dec
Billing	Quarterly until "fixed"	
Scheduling	Quarterly as part of Improving Patients First Touch Experience	

Future Potential Topics

- Updates on Team Based Care*
- Artificial Intelligence and update on CM technology road map*
- Opioids and Substance Use Disorder in our community and how CM addresses (potential for Chelan Co Sherriff's Office and school district presence to share what they see?)*
- Current and future work of CM out in the community; relates to population health, CHNA, health equity*
- Quality, what is the board's role, what is our data?* (proposing March 2024 currently)
- Expansion*
- Long-term planning around providers needed to serve the community into the future, services offered, particular areas of expertise, taking care of infants/children*
- Updates on Patient and Family Engagement Council work*
- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- Strategic Question: Do we have the right mission and vision statements to appropriately guide the direction of the organization? Revise mission and vision statements.
- Compliance Training
- IT Security / Cybersecurity
- 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 2024 courses are open for registration through WSHA's Governance Education Portal:

- Procurement for Public Hospital Districts (September 18)

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

*Identified in January 2024 board meeting brainstorming

RESOLUTION NO. 2024-03

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”), relating to the finances of the District; authorizing the surplus of equipment identified by the following description:

Description	Serial Number	CM Asset Tag #	Market Value	Recommendation
Optima XR240 Gen 2	DF2402100472WK/5555000-47	01326	\$30,000	Sell

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on March 27, 2024.

WHEREAS, the members of the commission of the district, after due consideration, declare that the above equipment is surplus to the needs of the District, agree to sell of the equipment listed above.

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO 1, CHELAN COUNTY, WASHINGTON, AS FOLLOWS:

It is hereby found and declared that the equipment be sold.

ADOPTED and APPROVED by the Commission of Chelan County 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 27th day of March 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

Bariatric Patient Bed Summary

Management wishes to proceed with acquiring a bariatric bed for our inpatient area. This is a planned capital purchase which is included in the 2024 capital budget. Below is a summary of the need and recommendation.



SBAR: Purchase of Bariatric Inpatient Bed

- **Situation:**
 - Our current inpatient beds are identical in specifications and serve a patient population up to 500 pounds who require a bed no more than 35" wide.
 - We receive admission requests for patients who need a bed that can accommodate greater weight and width measurements. Because we do not have an appropriate bed for these community members, we are unable to accept the admission and they must go elsewhere for their inpatient or swingbed stay.
- **Background:**
 - The 2024 Capital Budget includes \$43,400 for a bariatric bed. The quote for the bariatric bed comes in underbudget, at \$37,445.
 - The bariatric bed identified by management is the same brand as our other beds, simplifying usage for staff.
 - CM's most recent community health needs assessment data determined that obesity is prevalent in 24% of our District population.
 - Health data for the US and the globe predicts continued growth in bariatric populations.
- **Assessment:**
 - A right-size bed is essential for a patient's well-being, dignity and recovery to health. CM is unable to accept admissions for or properly care for patients who require a larger bed without making this capital purchase.

- **Recommendation:**

- Management recommends approval of the bariatric bed purchase. This is planned for in the capital budget and the quote is for slightly less than budget.
- This purchase supports our organizational goal to deliver quality care that is accessible, equitable, and safe.
- Normally we would introduce the purchase request at one board meeting and ask for approval at the second board meeting, but management is recommending approval in March. This is due to the length of time it took to receive the quote and our desire to minimize the time until we can say yes to admissions that require a larger bed. For reference, the most recent need for a bariatric bed came one day after receiving the quote for the bariatric bed.

MV3[®] bariatric bed

Safe and dignified bariatric care

MV3 is a safe and durable bariatric bed designed with a patient's dignity and independence in mind. With versatility in mind, MV3's deck litter expands to three widths to accommodate patients of various sizes. What's more, MV3's low bed height, fall prevention technologies, and a Stryker-exclusive multi-pivotal patient helper encourage interdependence and mobility for patient's of size.



Maximum weight capacity: MV3 is durable and can accommodate 1,100 pound safe working load.

3 Expandable widths: Our expandable width has three settings – 36/42/48 inches – and can accommodate patients of various sizes.

Advanced fall prevention technologies: This includes low bed height, integrated bed exit with pause feature, 360 degree bed lights, and Stryker exclusive iBed Awareness.

Dignified design: MV3 helps preserve the dignity of bariatric patients, as it's been designed to look and feel like the rest of the Stryker fleet.

Features

1. iBed Awareness*
2. Single-zone bed exit alarm
3. One-touch siderails with four positions
4. Universal brake at foot and head end
5. Patient control lock out and total bed motion master lock out
6. Litter deck expansion handle
7. Manual and electronic CPR
8. Digital head of bed
9. Auxiliary cord outlet
10. 360-degree lights on footend corners



*iBed Awareness monitors local bed status information and alerts caregivers visually or audibly if preset parameters are compromised.

Specifications

MV3 Specifications

Model number	5900
Weight capacity	
Safe working load	1102 lbs (500 kg)
Maximum patient weight	1027 lbs. (465.8 kg)
Overall length	92" (233.7 cm)
Patient surface length	80" (203.2 cm)
Width(s) (inside of siderails)	
36" (91.4 cm), 42" (106.7 cm), 48" (121.9 cm)	
Width (s) (outside of siderails)	
40.5" (102.9 cm), 46.5" (118.1 cm), 52.5" (133.4 cm)	
Height range (to litter top)	
High	28" (71.1 cm)
Low (standard with 6" casters)	12" (30.5 cm)
Litter positioning	
Backrest	0° to 60°
Knee gatch	0° to 20°
Trend./reverse Trend.	+12° to -12°
Caster diameter	6" (15 cm)

Bariatric Support Surface

expandable foam	288505550001
-----------------	--------------

MV3 standard features

- Enclosed central locking brake with neutral and steer function
- Brake pedals at head and foot end
- 6" dual casters (helps prevent floor denting)
- One-touch cardiac chair position
- Digital HOB angle indicator—displayed on siderails and footboard
- Robust siderails capable of 4 positions: Up, half-height, low, and tucked
- 3 expandable bed widths
- One-sided dual width expansion
- Obstruction sensors with motion inhibition—centrally located
- Digital bed status indicator on home screen—displays bed exit, iBed, low height, HOB 30+, brake set
- Integrated scale*
- Single zone-expanding bed exit system
- Bed exit pause feature with automatic re-arm
- Stryker-exclusive iBed Awareness Monitoring System
- Integrated pump holder
- One-touch foot elevate position
- IV pole sockets

MV3 optional accessories

- | | |
|--------------------|------------|
| • 2 stage IV pole | 5900000144 |
| • Patient Helper | 5900000145 |
| • O2 bottle holder | 5900000142 |

- 2 foley bag hooks
- 10 restraint strap loops
- CPR—electronic and manual lever
- Removable and expandable headboard
- Integrated patient siderail controls
- Caregiver siderail and footboard bed controls
- One-touch trend/reverse trend positioning
- Foot end digital trend/reverse trend display
- Locking, removable footboard
- Dimmable 360 degree nightlights with 5 levels of programmable intensity
- Patient exit light
- Auto-contour
- Single motion bed lockout for caregiver/patient (CPR overrides)
- Master motion bed lockout for caregiver/patient (CPR overrides)
- DC actuators
- Two-way integrated siderail speakers

* ± 3% of the total patient weight for patients weighing 225 (102 kg) to 1102 lb (500 kg)

This product is intended for patient ≥ 250 lbs and ≥ 30 BMI

Stryker reserves the right to change specifications without notice.

Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: iBed, MV3, Stryker. All other trademarks are trademarks of their respective owners or holder.

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toll free: 800 327 0770

stryker.com



Credentialing Approvals

Locum Tenens Privileges: (90-days)

- Dr. Christopher Martin, Emergency Department
- Dr. Gregory Pendle, Hospitalist

Teleradiology Privileges: (2-years)

- Dr. Jason DeVito
- Dr. Kevin Marcum
- Dr. Fang Yu

Teleradiology Initial Privileges: (1-year)

- Dr. Vatroslav (Jake) Vrdoljak
- Dr. Jennifer Huckabee
- Dr. Kimia Kani

Accompanying Notes for the February 2024 Financial Statements

February Financial Statements – Current Month Summary

Gross patient revenue of \$2,686,000 for February was less than the budgeted amount of \$2,764,000 by (\$78,000). The contractual allowance for February of \$820,000 was less than the budgeted amount of \$830,000 by (\$10,000). The net margin of (\$166,000) was less than the budgeted net margin of (\$155,000) by (\$11,000). Our cash receipts totaled \$2,400,000 in February, compared to a budgeted cash receipt total of \$1,968,000. The February month end cash balance of \$13,948,000 is slightly ahead of the budgeted cash balance of \$13,637,000 by \$311,000.

Specific Revenue and Expense Variances

1. Employee benefits show a positive budget variance of \$87,000; this is due to several items. The first was a \$41,000 accrual entry we made as part of our audit work that we reversed in February as our January financials were already completed when the accrual was made for December. This was a timing issue that we discussed as part of the January variances. We also booked a positive adjustment to the expense related to our OPEB (Other Post Employment Benefit-retirees) expense because of the two-year actuarial report we recently received.
2. Travel Training expenses were over budget in February due to Leadership training expenses that were misclassified. We will reclass these expenses in March.

Patient Statistics

Swing Bed, Rehab and Ambulance volumes remain well below budgeted volumes, while CT and Lab volumes were higher than budgeted volumes for the month of February. We hope to see the PT volumes rebound in the coming months as the open FTE in PT was recently filled.

Cash Receipts

Collections on patient accounts of \$2,274,000 in February were above budgeted patient account collections of \$1,793,000 by \$481,000.

Balance Sheet

Our Balance Sheet shows a decrease in cash balances in February of (\$47,000).

Accounts Receivable

Days in Net Accounts Receivable increased from 58.5 days in January to 59.2 days in February and Gross Accounts Receivable has decreased by (\$441,000) from January.

Contractual Allowances

Our Contractual Allowance for February is 30.5% of Gross Revenues. Overall, our Contractual Allowance is 44% of Gross Accounts Receivable.

Final comments

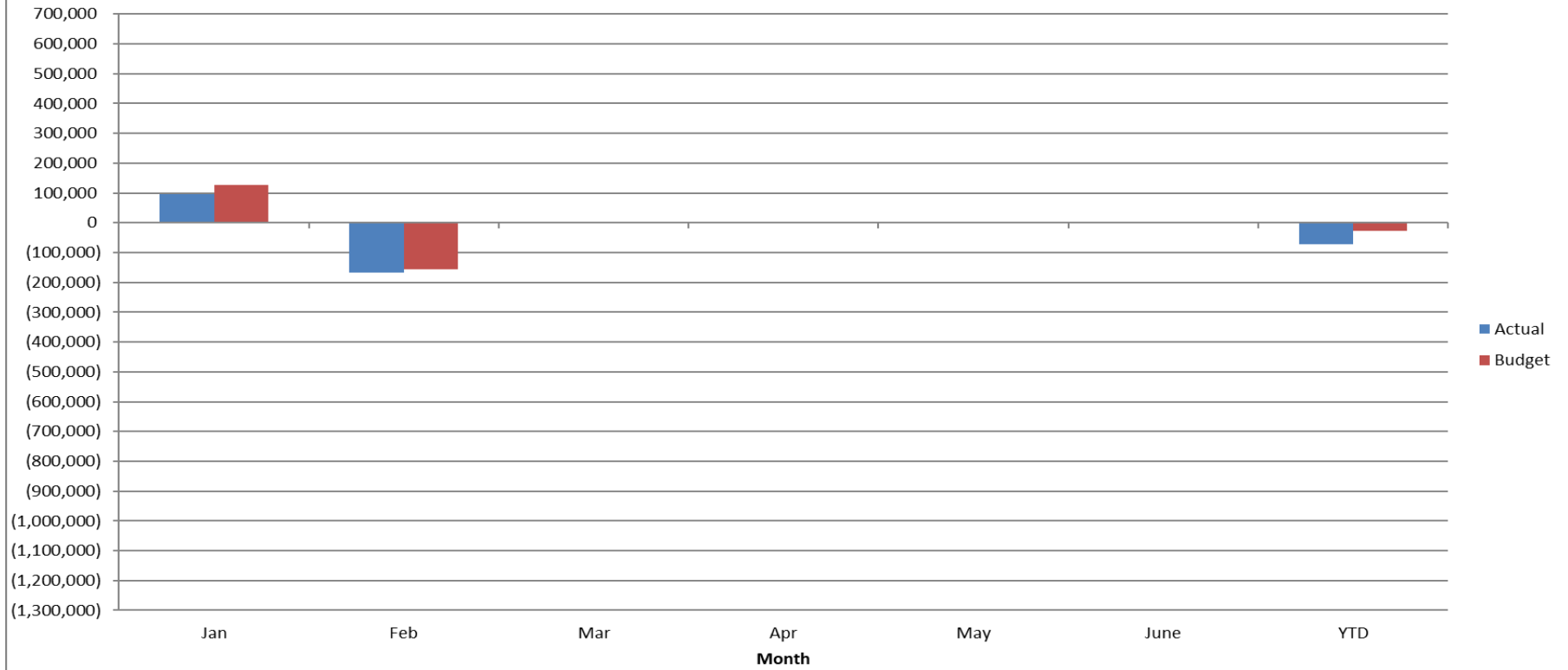
We will continue to keep a close eye on both our cash receipts and accounts receivable because of the recent Change Healthcare Cyber Security breach that has impacted our ability to post some insurance payments to our patient accounts. We can continue sending out patient statements as the inability to post insurance payments will prevent some receivables from being

able to move from insurance receivables to patient balance receivables, but this does not affect all patient balances.

Our annual financial audit is actively underway with DZA, and we continue to provide information as requested. The State Accountability Audit is also still in progress with payroll and cash receipting being the primary focus of the 2019-2022 audit. The work to participate in the WSHA AHA Vitality Payer Scorecard will kick-off March 29 and will involve Business Office Staff and IT support in providing the requested data. We have begun the work with WSHA on the Charity Care checkup and will continue to work with their team to ensure that we are up to date on our Charity Care practices. Finally, our Patient Service Representatives have training schedule in the next few weeks to strengthen the first touch experience of our patients.

Cascade Medical

Net Surplus/(Deficit) - 2024



**Cascade Medical Center
Financial Performance Summary
Year-to-Date - February, 2024**

000's omitted

YTD Feb

Net Margin

Actual	(71)
Budget	(27)
	(44)
Better (Worse) than Budget	(44)

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - SBed (\$231); Amb (\$143); PT (\$108); CT \$225; Clinic \$136; Lab \$107	(12)
Contractual Allowances	(165)
	(177)
Net Patient Revenue	(177)
Other Operating Revenue	52
	(125)
Total Operating Revenue	(125)

Expenses

Salaries & Benefits -	85
Prof. Fees	(20)
Supplies	(6)
Purchased Services/Repairs	(2)
Other Operating Expenses - AMB dues/sub - \$9; Depr - \$15; Info Sec - \$35; Admin - (\$38);	25
	82
Total Operating Expenses	82

Non-Operating Revenues & Expenses	(1)
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Actuals Better/(worse) than Budget	(44)
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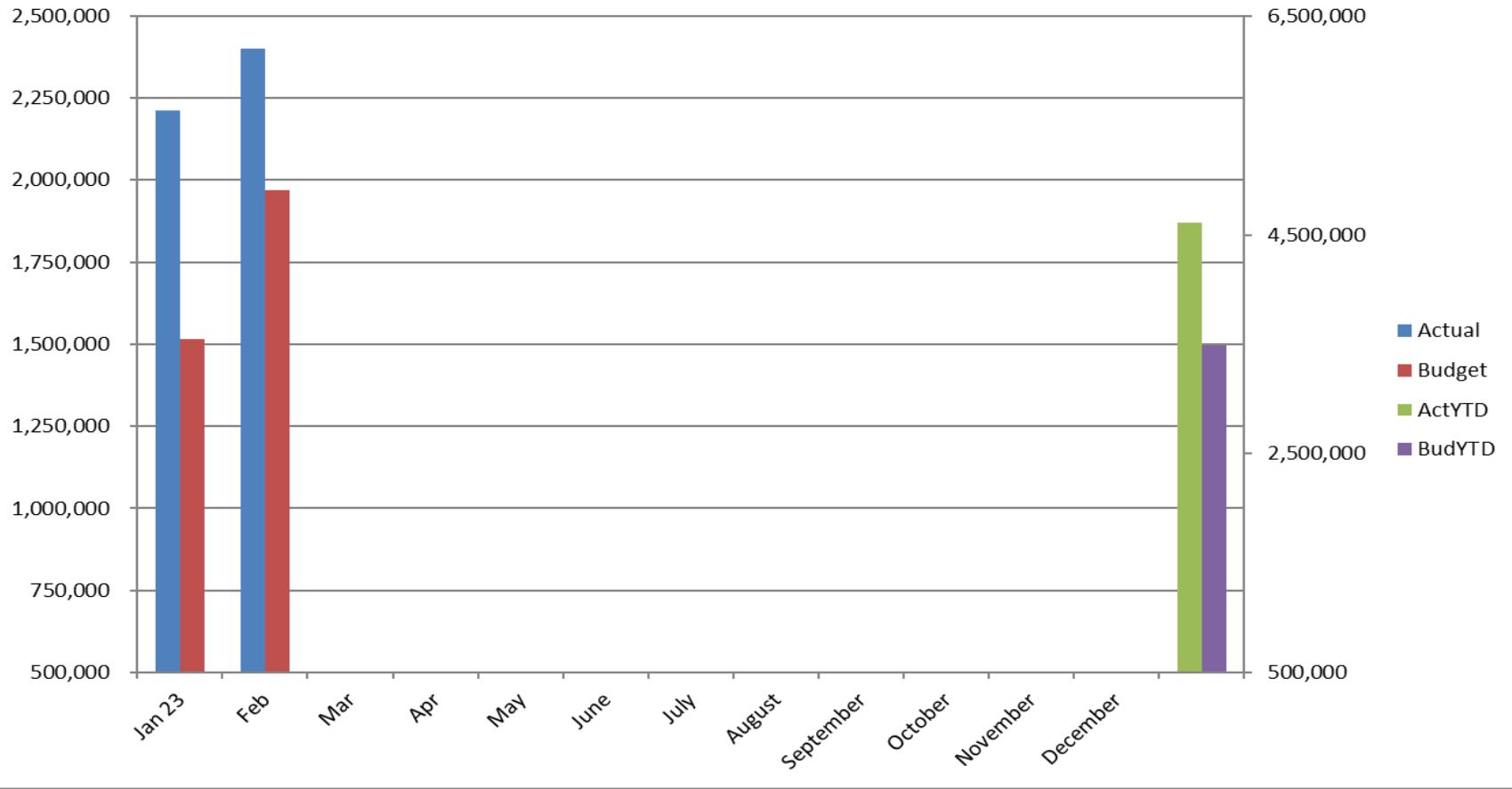
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending February 29, 2024

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	1,865,986	1,933,426	(67,440)	4,094,904	4,271,382	(176,478)	3,478,707
Grants, Contribs, Other Op Revenue	127,435	108,770	18,665	259,041	207,540	51,501	214,095
Tax Levies, unrestricted	<u>137,725</u>	<u>137,725</u>	<u>-</u>	<u>275,450</u>	<u>275,450</u>	<u>-</u>	<u>299,330</u>
Total Operating Revenue	2,131,146	2,179,921	(48,775)	4,629,395	4,754,372	(124,977)	3,992,132
Operating expenses							
Salaries & Benefits	1,559,452	1,620,981	61,529	3,255,583	3,340,222	84,639	2,857,947
Professional fees	127,270	116,493	(10,777)	245,199	224,980	(20,219)	269,605
Supplies	137,659	160,043	22,384	341,368	335,359	(6,009)	272,077
Purchased services	144,619	143,682	(937)	293,015	290,964	(2,051)	262,534
Depreciation	162,698	169,874	7,176	325,572	339,748	14,176	333,101
Other Operating Expenses	<u>251,382</u>	<u>210,120</u>	<u>(41,262)</u>	<u>411,586</u>	<u>422,797</u>	<u>11,211</u>	<u>328,770</u>
Total operating expenses	2,383,080	2,421,193	38,113	4,872,323	4,954,070	81,747	4,324,034
Operating gain / (loss)	(251,934)	(241,272)	(10,662)	(242,929)	(199,698)	(43,231)	(331,902)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	225,282	225,282	-	216,588
Interest expense on bonds	(25,327)	(25,328)	1	(50,654)	(50,656)	2	(54,428)
Other Non-Operating rev (exp)	<u>(1,445)</u>	<u>(989)</u>	<u>(456)</u>	<u>(2,869)</u>	<u>(1,978)</u>	<u>(891)</u>	<u>(3,021)</u>
Total nonoperating rev (exp), net	85,869	86,324	(455)	171,759	172,648	(889)	159,139
Net Income	(166,066)	(154,948)	(11,118)	(71,170)	(27,050)	(44,120)	(172,762)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending February 29, 2024

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Gross Patient Revenue	2,685,959	2,763,668	(77,709)	6,080,076	6,091,824	(11,748)	5,018,792
less:							
Contractual Allowances	702,487	694,823	(7,664)	1,700,628	1,521,943	(178,685)	1,319,248
Reserve for Bad Debts	83,596	96,728	13,132	202,464	213,214	10,750	157,112
Reserve for Financial Assistance	33,890	38,691	4,801	82,080	85,285	3,205	63,724
Total Deductions from Revenue	819,973	830,242	10,269	1,985,172	1,820,442	(164,730)	1,540,084
Net Patient Revenue	1,865,986	1,933,426	(67,440)	4,094,904	4,271,382	(176,478)	3,478,707
Grants, Contributions	5,882	2,000	3,882	57,673	4,000	53,673	1,000
Other Operating Revenue	121,553	106,770	14,783	201,367	203,540	(2,173)	213,095
Tax Levies, unrestricted	137,725	137,725	-	275,450	275,450	-	299,330
Total Operating Revenue	2,131,146	2,179,921	(48,775)	4,629,395	4,754,372	(124,977)	3,992,132
Operating expenses							
Salaries and wages	1,340,782	1,314,837	(25,945)	2,661,197	2,721,005	59,809	2,344,332
Employee benefits	218,670	306,144	87,474	594,386	619,217	24,831	513,616
Professional fees	127,270	116,493	(10,777)	245,199	224,980	(20,219)	269,605
Supplies	137,659	160,043	22,384	341,368	335,359	(6,009)	272,077
Utilities	25,720	24,656	(1,064)	42,069	49,912	7,843	49,278
Repairs and maintenance	26,380	22,844	(3,536)	43,416	45,688	2,272	55,549
Purchased services	118,239	120,838	2,599	249,599	245,276	(4,323)	206,985
Continuing medical education	5,325	2,167	(3,158)	5,325	4,334	(991)	1,675
Other expenses	10,364	13,001	2,637	13,822	26,002	12,180	19,796
Dues and subscriptions	86,422	98,196	11,774	166,594	189,374	22,780	44,161
Travel / training / meetings	46,772	5,445	(41,327)	59,088	20,620	(38,468)	36,073
Leases and rentals	14,791	18,178	3,387	24,045	36,101	12,056	36,257
Depreciation	162,698	169,874	7,176	325,572	339,748	14,176	333,101
Licenses and taxes	30,058	25,603	(4,455)	54,711	50,706	(4,005)	105,412
Insurance	30,605	21,600	(9,005)	43,281	43,200	(81)	33,466
Interest	1,326	1,274	(52)	2,652	2,548	(104)	2,652
Total operating expenses	2,383,080	2,421,193	38,113	4,872,323	4,954,070	81,747	4,324,034
Operating gain / (loss)	(251,934)	(241,272)	(10,662)	(242,929)	(199,698)	(43,231)	(331,902)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	225,282	225,282	-	216,588
Interest expense on bond financing	(25,327)	(25,328)	1	(50,654)	(50,656)	2	(54,428)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	324	780	(456)	670	1,560	(890)	518
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(3,539)	(3,538)	(1)	(3,539)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	85,869	86,324	(455)	171,759	172,648	(889)	159,139
Net Income	(166,066)	(154,948)	(11,118)	(71,170)	(27,050)	(44,120)	(172,762)

Cascade Medical 2024 Cash Receipts



Cascade Medical
 Statistics Summary - 2024

	YTD 2023						2024 Act	2024 Bud	Act/Bud	2024 Act	2024 Act	2024 Bud	2024 Bud	Act/Bud
	avg/mo	jan 24	feb	mar	apr	may	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	15	34	10				10	17	-41.2%	44	22	46	23	-4.3%
Swing Bed	87	70	38				38	95	-59.8%	108	54	219	109	-50.6%
Laboratory tests	2,635	3,427	2,847				2,847	2,460	15.7%	6,274	3,137	5,494	2,747	14.2%
Radiology exams	293	312	294				294	282	4.3%	606	303	597	299	1.5%
CT scans	97	144	131				131	95	37.9%	275	138	210	105	31.0%
ED visits	289	325	262				262	261	0.4%	587	294	577	289	1.7%
Ambulance runs	75	64	47				47	60	-21.7%	111	56	145	73	-23.4%
Clinic visits	1,015	1,264	1,132				1,132	1,110	2.0%	2,396	1,198	2,410	1,205	-0.6%
Rehab procedures	2,260	1,835	1,749				1,749	2,328	-24.9%	3,584	1,792	4,856	2,428	-26.2%

Patient Statistics

	2023		2 0 2 4										2024	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Admits														
Acute Care	3.0	7	4											5.5
Short Stay	2.0	6	7											6.5
Swing Bed	4.5	4	1											2.5
Respite Care	1.5	2	1											1.5
Total Admits	11.0	19	13											16.0
Patient Days														
Acute Care	15.0	34	10											22.0
Short Stay	3.1	8.3	11.3											9.8
Swing Bed	86.5	70	38											54.0
Respite Care	17.5	7	6											6.5
Total Patient Days	122.1	119.3	65.3											92.3
Average Length of Stay	11.1	6.3	5.0											5.6
Average Patients per Day	4.1	3.8	2.3											3.0
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,635	3,427	2,847											3,137
Radiology (tests)	249	263	246											255
Mammography (tests)	32	36	38											37
Cardiac Diagnostics	79	87	80											84
CT (Scans)	97	144	131											138
DXA (Scans)	12	13	10											12
PT (services billed)	1,712	1,463	1,441											1,452
ER (visits/procedures)	289	325	262											294
Ambulance (runs)	75	64	47											56
Clinic (visits)	1,014	1,264	1,132											1,198
Occupational Therapy	481	302	246											274
Speech Therapy	68	70	62											66
Cardiac Rehab	-	7	11											9
Endoscopy Procedures	15	26	22											24

REVENUE COMPARISON

	2023		2 0 2 4										2024	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 47,081	\$ 124,350	\$ 28,890											\$ 76,620
Short Stay	9,753	27,810	36,660											32,235
Respite Care	10,373	5,005	3,300											4,153
Swing Bed	208,898	190,780	98,230											144,505
Central Supply	16,242	46,843	20,703											33,773
Laboratory	298,484	448,711	343,301											396,006
Cardiac Diagnostics	24,075	22,436	24,588											23,512
CT	335,811	529,581	462,108											495,844
Radiology	123,593	140,411	131,027											135,719
Mammography	18,057	22,920	24,666											23,793
Pharmacy	110,229	164,563	105,684											135,124
Respiratory Therapy	-	90	-											45
Physical Therapy	180,200	162,891	164,573											163,732
Emergency Room	580,828	739,709	570,388											655,048
Ambulance	204,740	229,135	146,682											187,909
Clinic	227,829	400,468	367,968											384,218
Occupational Therapy	56,403	34,011	33,089											33,550
Outpatient Diagnostic Svcs	29,707	71,615	94,840											83,228
Speech/Contracted Svcs	22,711	24,359	21,522											22,941
Cardiac Rehab	-	1,575	2,475											2,025
Dietary/Contracted Svcs	4,387	6,856	5,265											6,061
Total Patient Revenue	\$ 2,509,396	\$ 3,394,117	\$ 2,685,959											\$ 3,040,038

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending February 29, 2024

	<u>Feb-24</u>	<u>2024 YTD</u>	<u>2023 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,273,968	\$ 4,307,800	\$ 4,466,297
Other receipts	\$ 62,374	\$ 126,523	\$ 120,130
Payments to & on behalf of employees	\$ (1,331,009)	\$ (2,666,793)	\$ (2,337,718)
Payments to suppliers and contractors	\$ (940,825)	\$ (1,749,032)	\$ (1,600,359)
Net cash gained / (used) in operating activities	\$ 64,508	\$ 18,498	\$ 648,350
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 3,931	\$ 6,669	\$ 17,325
Noncapital grants and contributions	\$ 5,882	\$ 5,882	\$ 1,000
Net cash provided by noncapital financing activities	\$ 9,813	\$ 12,551	\$ 18,325
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 897	\$ 1,827	\$ 4,391
Purchase of capital assets	\$ (101,810)	\$ (319,583)	\$ (12,222)
Payments toward construction in progress	\$ (73,914)	\$ (166,182)	\$ -
Proceeds from disposal of capital assets		\$ -	\$ -
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ -	\$ -
Bond maintenance & issuance costs		\$ -	\$ -
Capital grants and contributions	\$ -	\$ 51,791	\$ -
Net cash provided by capital and related financing activities	\$ (174,827)	\$ (432,147)	\$ (7,831)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 53,109	\$ 110,472	\$ 79,068
Net increase (decrease) in cash and cash equivalents	\$ (47,398)	\$ (290,626)	\$ 737,912
Cash and Cash equivalents, beginning of period	\$ 13,994,916	\$ 14,238,144	\$ 12,919,205
Cash and cash equivalents, end of period	<u>\$ 13,947,518</u>	<u>\$ 13,947,518</u>	<u>\$ 13,657,117</u>

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending February 29, 2024

	<u>Actual</u> <u>January</u>	<u>Actual</u> <u>February</u>	<u>Forecast</u> <u>March</u>	<u>Forecast</u> <u>1st Qtr</u>	<u>Forecast</u> <u>2nd Qtr</u>	<u>Forecast</u> <u>3rd Qtr</u>	<u>Forecast</u> <u>4th Qtr</u>	<u>Actual/Forecast</u> <u>Year End 2024</u>	<u>Budget</u> <u>2024</u>
Cash balance, beginning of period	\$ 14,238,144	\$ 13,994,916	\$ 13,947,519	\$ 14,238,144	\$ 13,867,463	\$ 14,597,176	\$ 14,360,052	\$ 14,238,144	\$ 14,238,144
Cash available for operating needs	\$ 14,021,607	\$ 13,776,726	\$ 13,727,396	\$ 14,021,607	\$ 13,559,744	\$ 13,814,432	\$ 13,540,641	\$ 14,021,607	\$ 14,021,607
Cash restricted to debt service, other restricted funds	\$ 216,537	\$ 218,190	\$ 220,123	\$ 216,537	\$ 307,720	\$ 782,745	\$ 819,411	\$ 216,537	\$ 216,537
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 2,033,831	\$ 2,273,968	\$ 1,812,203	\$ 6,120,002	\$ 5,755,161	\$ 6,827,054	\$ 6,849,042	\$ 25,551,259	\$ 24,445,262
Grant receipts	\$ 51,791	\$ 5,882	\$ 37,000	\$ 94,673	\$ 26,000	\$ 6,000	\$ 6,000	\$ 132,673	\$ 79,000
Other receipts	\$ 64,149	\$ 62,374	\$ 64,445	\$ 190,968	\$ 331,335	\$ 136,335	\$ 151,335	\$ 809,973	\$ 794,340
Payments to or on behalf of employees	\$ (1,335,784)	\$ (1,331,009)	\$ (1,488,186)	\$ (4,154,979)	\$ (4,506,651)	\$ (5,231,455)	\$ (4,447,500)	\$ (18,340,585)	\$ (19,537,764)
Payments to suppliers and contractors	\$ (808,208)	\$ (940,825)	\$ (647,909)	\$ (2,396,941)	\$ (1,960,843)	\$ (1,899,632)	\$ (1,841,062)	\$ (8,098,477)	\$ (7,610,953)
Net cash provided by operating activities	\$ 5,780	\$ 70,390	\$ (222,447)	\$ (146,277)	\$ (354,997)	\$ (161,698)	\$ 717,815	\$ 54,844	\$ (1,830,116)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation			\$ -	\$ -	\$ -	\$ -	\$ 271,769	\$ 271,769	\$ 271,769
Taxation for Emergency Medical Services	\$ 2,016	\$ 2,895	\$ 107,103	\$ 112,014	\$ 766,609	\$ 44,831	\$ 692,298	\$ 1,615,752	\$ 1,652,698
Investment Income	\$ 57,363	\$ 53,109	\$ 46,030	\$ 156,502	\$ 138,090	\$ 138,090	\$ 138,090	\$ 570,772	\$ 552,360
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$ 59,379	\$ 56,003	\$ 153,133	\$ 268,515	\$ 904,699	\$ 182,921	\$ 1,192,157	\$ 2,548,292	\$ 2,566,827
Proceeds from Long Term Debt			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (310,040)	\$ (175,724)	\$ (98,338)	\$ (584,102)	\$ (295,014)	\$ (295,014)	\$ (295,014)	\$ (1,469,144)	\$ (1,180,056)
Increase/(decrease) in cash available for operations	\$ (244,881)	\$ (49,330)	\$ (167,652)	\$ (461,863)	\$ 254,688	\$ (273,791)	\$ 1,614,958	\$ 1,133,992	\$ (443,345)
Cash available for operating needs	\$ 13,776,726	\$ 13,727,396	\$ 13,559,744	\$ 13,559,744	\$ 13,814,432	\$ 13,540,641	\$ 15,155,599	\$ 15,155,599	\$ 13,578,262
Taxation for bond prin & int (incl encumbrd M&O)	\$ 1,653	\$ 1,933	\$ 87,597	\$ 91,183	\$ 626,988	\$ 36,666	\$ 294,442	\$ 1,049,279	\$ 1,079,927
Principle & Interest paid on long-term debt					\$ (151,963)	\$ -	\$ (937,963)	\$ (1,089,926)	\$ (1,089,926)
Restricted grants and contributions				\$ -	\$ -	\$ -	\$ -	\$ -	
Increase/(decrease) in restricted cash	\$ 1,653	\$ 1,933	\$ 87,597	\$ 91,183	\$ 475,025	\$ 36,666	\$ (643,521)	\$ (40,647)	\$ (9,999)
Cash restricted to debt service, other restricted funds	\$ 218,190	\$ 220,123	\$ 307,720	\$ 307,720	\$ 782,745	\$ 819,411	\$ 175,890	\$ 175,890	\$ 206,538
Cash balance, end of period	\$ 13,994,916	\$ 13,947,519	\$ 13,867,463	\$ 13,867,463	\$ 14,597,176	\$ 14,360,052	\$ 15,331,489	\$ 15,331,489	\$ 13,784,800

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - FEBRUARY, 2024

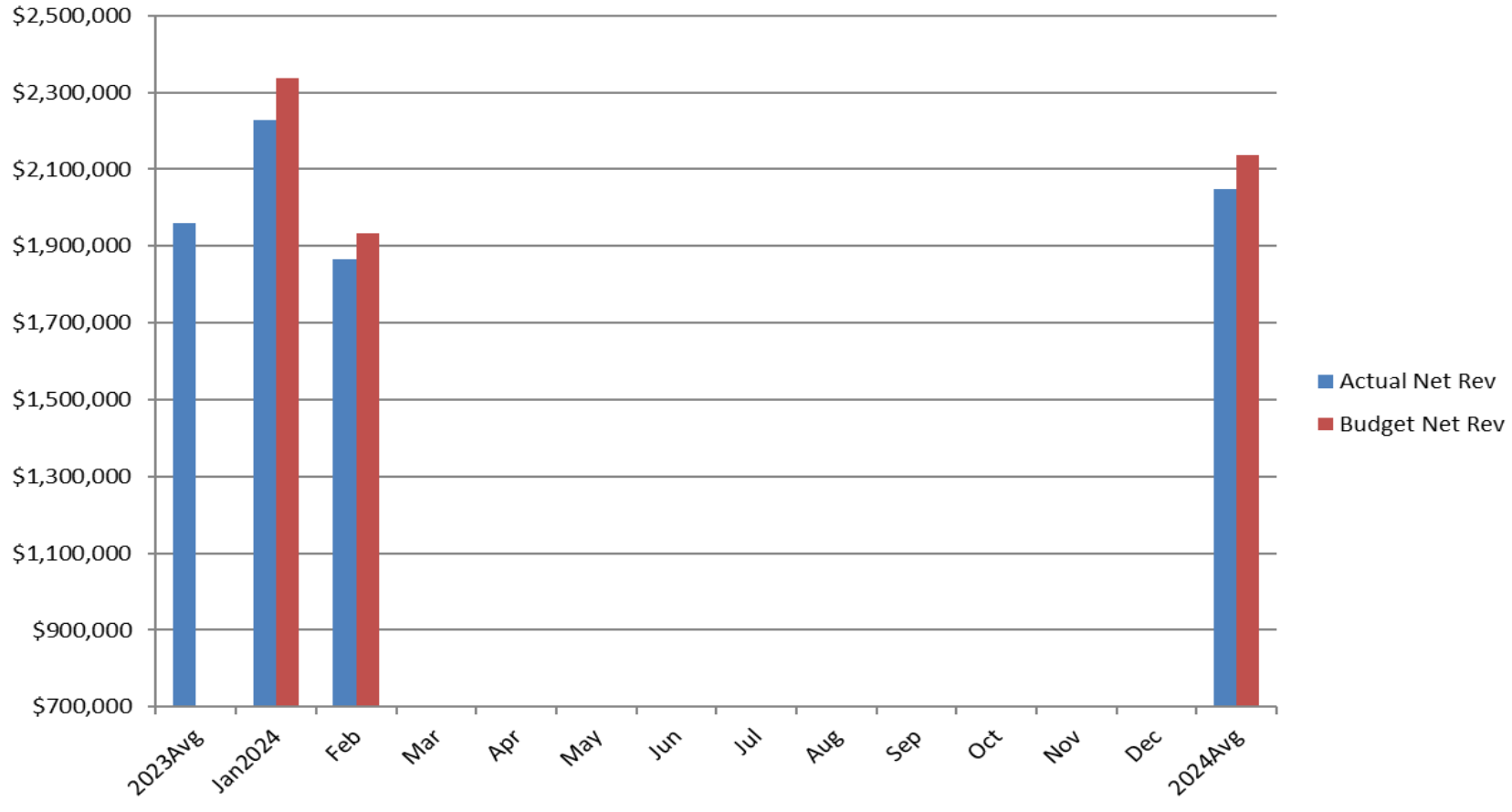
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	2/29/24	2/29/24 YTD	2/29/24	2/29/24 YTD	2/29/24	2/29/24 YTD	2/29/2023 YTD
PATIENT REVENUE	570,388	1,310,097	146,682	375,817	\$717,070	\$1,685,914	\$1,571,139
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$331,852	\$762,214	\$96,605	\$247,513	\$428,457	\$1,009,727	\$944,226
NET PATIENT REVENUE	\$238,536	\$547,882	\$50,077	\$128,304	\$288,614	\$676,187	\$626,913
OTHER OPERATING REVENUE	\$0	\$0	18,640	23,813	\$18,640	\$23,813	\$0
TOTAL OPERATING REVENUE	\$238,536	\$547,882	\$68,717	\$152,117	\$307,254	\$700,001	\$626,913
OPERATING EXPENSES							
SALARIES AND WAGES	209,064	387,668	110,262	216,089	\$319,326	\$603,757	\$515,682
EMPLOYEE BENEFITS	27,773	62,925	23,179	57,249	\$50,952	\$120,173	\$97,487
PROFESSIONAL FEES	11,715	15,675	-	-	\$11,715	\$15,675	\$43,966
SUPPLIES	4,164	9,722	19,308	22,469	\$23,472	\$32,190	\$26,854
FUEL	-	-	1,316	2,919	\$1,316	\$2,919	\$2,796
REPAIRS AND MAINT.	-	-	5,374	6,225	\$5,374	\$6,225	\$2,023
PURCHASED SERVICES	3,556	7,068	13,697	28,177	\$17,253	\$35,245	\$36,686
CONTINUING MEDICAL EDUCATION	200	360	-	-	\$200	\$360	\$4,173
DUES	814	1,779	4,294	8,468	\$5,108	\$10,247	\$9,933
OTHER EXPENSES	212	422	3,040	3,868	\$3,252	\$4,290	\$2,965
LEASES / RENTALS	17	461	2,200	4,557	\$2,217	\$5,018	\$5,622
DEPRECIATION	4,522	9,044	17,597	35,193	\$22,118	\$44,237	\$44,884
TAXES AND LICENSES	-	-	163	163	\$163	\$163	\$959
INSURANCE	1,079	2,157	4,455	8,910	\$5,534	\$11,067	\$10,703
OVERHEAD COSTS	158,157	322,354	82,281	167,705	\$240,438	\$490,058	\$513,494
TOTAL OPERATING EXPENSES	\$421,272	\$819,633	\$287,166	\$561,991	\$708,438	\$1,381,623	\$1,318,228
MARGIN ON OPERATIONS	(\$182,736)	(\$271,751)	(\$218,449)	(\$409,874)	(\$401,184)	(\$681,622)	(\$691,315)
TAX REVENUE					\$137,725	\$275,450	\$299,330
NET MARGIN WITH TAX REVENUE					(\$263,459)	(\$406,172)	(\$391,985)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	262	587	47	111			
Total Ambulance Runs (includes unbillable runs)			76	169			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	253	577	61	149			
Total Ambulance Runs (includes unbillable runs)			97	215			

Cascade Medical Center
Balance Sheet
As of February 29, 2024 and December 31, 2023

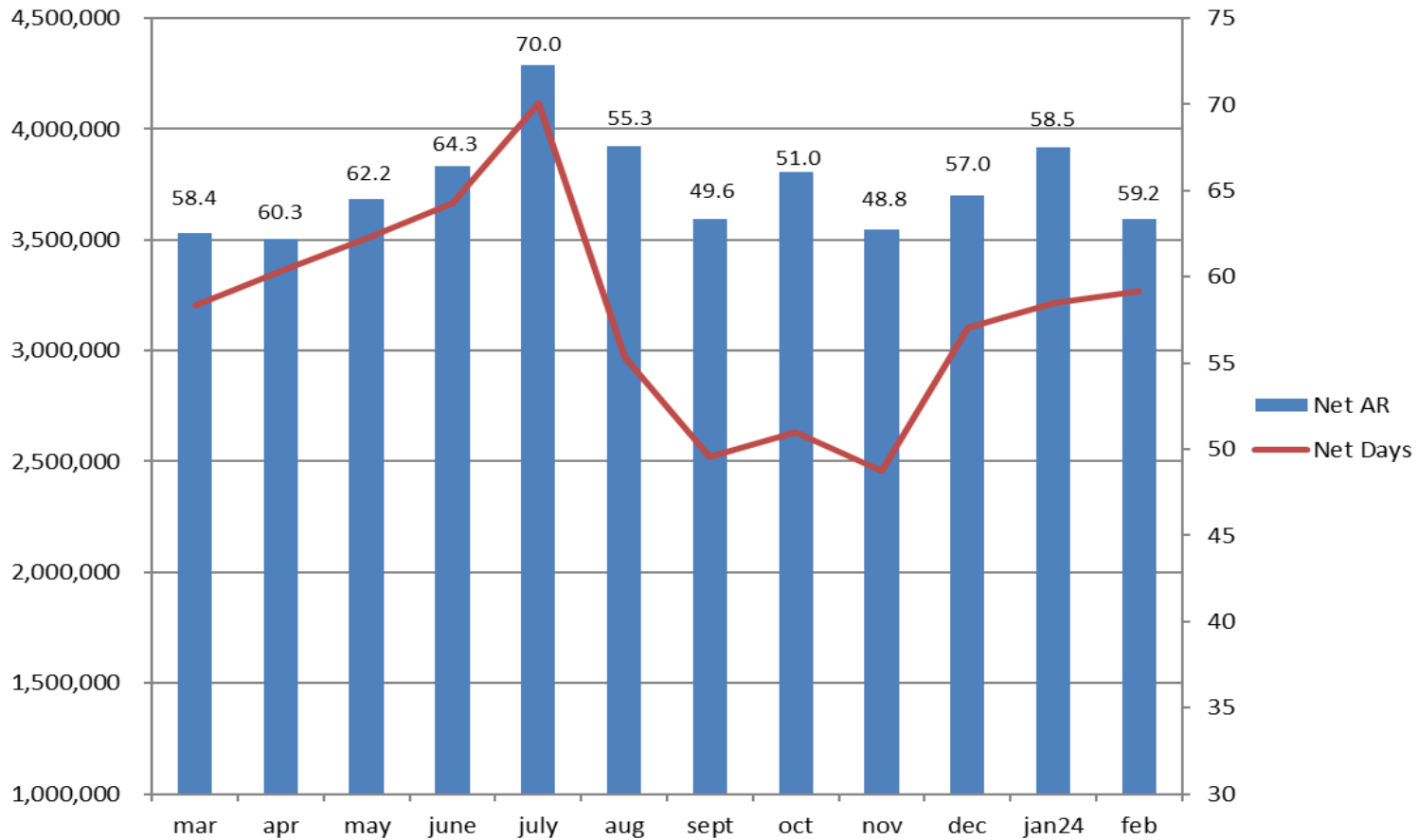
	Feb 2024	Dec 2023		Feb 2024	Dec 2023
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	860,206	925,852	Accounts Payable	284,483	636,707
Savings Account	11,485,888	11,886,669	Accrued Payroll	681,341	457,506
Patient Account Receivable	6,427,845	6,490,775	Refunds Payable	1,073	1,285
less: Reserves for Contractual Allowances	(2,834,680)	(2,859,845)	Accrued PTO	902,611	854,110
Inventories and Prepaid Expenses	271,278	270,696	Payroll Taxes & Benefits Payable	38,601	83,616
Taxes Receivable - M&O Levy	121,108	11,199	Accrued Interest Payable	75,981	25,327
- EMS Levy	303,555	31,211	Current Long Term Debt	792,725	794,004
Other Assets	382,787	404,970	Current OPEB Liability	987,223	996,196
Total Current Assets	<u>17,017,987</u>	<u>17,161,526</u>	Short Term Lease	33,406	33,406
			Settlement Payable	741,000	744,258
Assets Limited as to Use			Total Current Liabilities	<u>4,538,444</u>	<u>4,626,414</u>
Cash and Cash Equivalents			Long Term Liabilities		
Funded Depreciation	972,781	964,217	Notes Payable	199,490	199,490
CVB Memorial Fund	1,274	1,274	Covid SHIP Funding	-	-
UTGO Bond Payable Fund	77,200	75,373	PPP Note Payable	-	-
LTGO Bond Payable Fund	2,004	2,004	CARES Act Funds Reserve	-	-
Investment Memorial Fund	132,183	131,019	UTGO Bond Payable	4,460,000	4,460,000
Settlement Account	173,119	171,595	LTGO Bond Payable	4,215,000	4,215,000
Paycheck Protection Loan Proceeds	-	-	Deferred Revenue/Bond Premium	82,558	83,493
Cash - EMS	87,059	82,148	Long Term OPEB/Pension Liability	2,969,594	2,969,594
	<u>1,445,620</u>	<u>1,427,630</u>	Long Term ROU Leases	41,852	41,852
Taxes Receivable - Construction Bond Levy	124,348	11,246	Total Long Term Liabilities	<u>11,968,492</u>	<u>11,969,427</u>
Total Assets Limited as to Use	<u>1,569,968</u>	<u>1,438,875</u>	Total Liabilities	16,506,936	16,595,841
Property, Plant and Equipment			Fund Balance - Prior Years	13,078,706	13,078,706
Land	522,015	522,015	Fund Balance - Current Year	(71,170)	-
Land Improvements	1,420,326	1,420,326	Total Fund Balance	<u>13,007,536</u>	<u>13,078,706</u>
Buildings & Improvements	10,502,549	10,502,549			
Fixed Equip - Hospital	9,028,453	8,946,455			
Major Movable Equipment Hospital	7,995,515	7,975,703			
Construction in Progress	839,818	760,146			
Total Property, Plant and Equipment	30,308,675	30,127,194			
Less: Accumulated Depreciation	<u>(21,349,440)</u>	<u>(21,023,868)</u>			
	8,959,235	9,103,326			
ROU Leases					
ROU Leases	106,054	106,054			
Less Accumulated Amortization	<u>(30,796)</u>	<u>(30,796)</u>			
	75,258	75,258			
Other Assets					
Long Term Pension Assets	730,164	730,164			
Deferred OPEB/Pension Costs	864,166	864,166			
Deferred Bond Costs	297,694	301,233			
TOTAL ASSETS	<u>29,514,472</u>	<u>29,674,548</u>	TOTAL LIABILITIES & FUND BALANCE	<u>29,514,472</u>	<u>29,674,548</u>

Cascade Medical

2024 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable



Cascade Medical

Accounts Receivable Trending Report - 2024

Total Facility	Dec 2021	Dec 2022	Dec 2023	Jan24	Feb	Mar	Apr	May	Dec
0 - 30 days	2,437,008	2,660,733	2,851,120						
31-60 days	863,160	545,432	839,394						
61-90 days	332,252	349,290	451,019						
91-180 days	991,256	1,129,065	1,005,422						
over 180 days	1,016,613	1,360,992	1,343,819						
Total Balance	5,640,289	6,045,511	6,490,775	6,869,008	6,427,845				
Credit bals as % of AR	2.5%	6.8%							
% >90 w/o installs	33.6%	41.2%							