CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Public Hospital District No.1: Board of Commissioners Meeting Agenda

Wednesday April 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.

I.	**Call to Order**	5:30	Bruce Williams
II.	**Pledge of Allegiance**	5:30	Bruce Williams
III.	**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.

- Meeting Agenda
- March 27, 2024 Board Meeting Minutes
- Policy: New Commissioner Orientation
- Policy: Request for Public Records

Previous Month's Warrants Issued:	#10121707 – 10121966	03/15/2024 – 04/11/2024	$1,201,121.43
Accounts Payable EFT Transactions:	#20240037 – 20240050	03/16/2024 – 04/11/2024	$ 509,039.35
Payroll EFT Transactions:	19798 – 19998	03/23/2024 – 04/05/2024	$ 432,649.00

- Bad Debt: March 2024

IV.	**Community Input** 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.	5:35	Commissioners
V.	**Introduction: Megan Sawyer, Laboratory Director**	5:40	Megan Sawyer
VI.	**Foundation Report**	5:50	Bob Keller
VII.	**CM Values**	5:55	Diane Blake
VIII.	**Public Relations Report**	6:00	Clint Strand
IX.	**<u>Discussions & Reports</u>**	6:10	
	a. IT Security/System Update		Chad Schmitt
	b. Q1 Organizational Dashboard Review		Diane Blake
	• **Which of the current year organizational objectives are the most critical for the long-term success of CM?**		
	• **Of the objectives that are at risk, behind timeline, or require additional focused attention, as identified in the Recommendations section, which are the most important to successfully accomplish?**		
	• **What is missing from our 2024 plan, in terms of CM sustainability or how we serve the community, that we should consider for 2025 or beyond?**		
	c. Billing & Statements Update		Marianne Vincent
X.	**<u>Committee Reports</u>**	6:40	
	a. Finance Committee		Tom Baranouskas
	b. Governance Committee		Bruce Williams
	• **In addition to the skills and qualities identified on the matrix, what other attributes will be essential for commissioners to possess to lead CM into the future?**		
	• **In our ongoing work around succession planning, what tactics will work best to ensure recruitment of an ideal candidate?**		Bruce Williams
	c. Part-time Resident Advisory Council		
XI.	**<u>Action Items</u>** a. **MOTION**: Resolution 2024-05: Part-time Resident Advisory Council b. **MOTION**: Approve Part-time Resident Advisory Council Member Appointments c. **MOTION**: Approve Credentialing	7:25	Commissioners
XII.	**March Financial Report**	7:35	Marianne Vincent
XIII.	**Administrator Report**	7:50	Diane Blake
XIV.	**Board Action Items**	8:10	Commissioners
XV.	**Meeting Evaluation/Commissioner Comments** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	8:15	Commissioners
XVI.	**Adjournment**	8:30	Bruce Williams

BOARD CALENDAR REMINDERS

April 30, 2024	Board Quality Rounding: Jessica & Tom	Administration Conference Room	1:00 PM
May 1, 2024	Medical Staff Meeting: Jessica	Arleen Blackburn Conference Room	7:00 AM
May 7, 2024	Community Engagement Night: Jessica	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 21st 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 April 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 policies included in the consent agenda were reviewed by the Governance 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 Security / System Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology and security work, including any continuing impacts from the Change Healthcare breach.
    - Q1 Organizational Dashboard Review – Included in your packet is our strategic plan document with 2024 objectives as well as a dashboard summarizing annual progress toward meeting annual objectives. Please bring your thoughts, questions and feedback, including how these documents could continue to be improved to ensure they clearly communicate CM's strategic work to you.
    - Billing & Statements Update – No documents are included in your packet for this topic. Marianne will provide a verbal update on progress and status.
- **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 are several items to facilitate Bruce's report: agenda from the most recent Governance Committee meeting, a Board Composition Strategy document with the accompanying matrix, the annual board objectives and the Commissioner pledge. The pledge is a governance best practice and we're refining our process to review and sign it annually.
    - Part-time Resident Advisory Council – Included in your packet is the agenda from the most recent meeting, to facilitate Bruce's report.
- **Action Items**
    - Resolution 2024-05 Part-time Resident Advisory Council (PTRAC) – Included in your packet is a resolution, in track changes format, to update the formation document for the PTRAC. These updates are proposed as a result of the collaborative work of the CM Board President, the PTRAC officers and CM management. These updates will be reviewed by the PTRAC at their meeting, which occurs prior to the April Board of Commissioners meeting.
    - PTRAC Member Appointments – Included in your packet is a list of PTRAC members who wish to be reappointed and who have been active contributors. Reappointment occurs by a vote of the CM Board of Commissioners.

    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **March Financial Report** – Included in your packet is the financial report for March 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.
- Included in your packet for informational purposes are CM's quarterly turnover numbers.

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
March 27, 2024

Present: 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; Megan Baker, Executive Assistant
Via Zoom: Bruce Williams, President; Chad Schmitt, VFCIO
Excused: Gustavo Montoya, Commissioner
Guests: Dr. Lauren Kendall, Clinic Medical Director; Whitney Lak, Clinic Director; Rex McMillian, CM Foundation; Deb Williams, Clinic Consultant; Mary Morse, PSR; Michael(?)

Topics	Actions/Discussions
Call to Order	• President Bruce Williams called the meeting to order at 5:36 pm. Mall then led the pledge of allegiance.
Consent Agenda	• Tom moved to approve the consent agenda. Jessica seconded the motion and the group unanimously approved.
Community Input	• None
Clinic Medical Director Report + Team Based Care Update	**Dr. Kendall, Whitney, & Deb gave the update.** • Dr. Kendall is meeting with each provider 1-1 to find out what folks need for support. She is also leading the weekly provider meetings. • Work is currently centered around assessing primary care provider panels and determining the proper size for growth and access, increasing physician assistant capacity, optimizing the nursing team and their capacity to provide chronic care management and schedule transfer-of-care appointments. • Training and standards of work have been implemented for support staff and patient service representatives. • Physically, the group is looking to re-design the current clinic structure to better support optimization and visibility of resource sharing. A volume-based pod model will allow the clinic to better utilize space and increase patient access. • Janelle recently accepted the Clinical Operations Manager role, which will support clinic and hospital nurse workflows and processes.

Foundation Report	**Rex McMillian provided the Foundation Report.**
	• The Mark Judy Education Fund awarded a total of $2,500 split between 3 employees.
	  ○ Janeth B: billing course
	  ○ Taylor H.: tuition for nursing program
	  ○ Brandi W: continuing radiology education
	• Benevolent Night: South, April 25th
	• Mother's Day 5K: May 12th
	• Annual Golf Tournament, Monday June 17th
	• Many thanks to the Commissioners for graciously supporting the Foundation's Golf Tournament.

CM Values	Diane Blake provided the report. • Diane defined the value, Community as demonstrating effectiveness and quality care in complete transparency with each other and in line with values of CM. She then described a patient ED encounter at CM that included Corey R., a male nurse, and x-ray staff. The group demonstrated empathy while communicating results and individual personalities encompassing humor and professionalism were noted. The patient also received a follow up call and reported their best emergency visit experience, 11/10.
Discussions & Reports	**IT Update** Chad Schmitt provided the update. • The ChangeHealth cyber event caused a great deal of grief for many healthcare organizations, which in turn sparked the implementation of security changes around policies and procedures across the industry. • Healthcare entities remain a major target for hackers, many of whom are sophisticated criminal entities attracted by the value healthcare data could bring on the dark web. • CM is **i**mplementing additional auditing efforts and other tools to assess information flow through the organization. **Upcoming Part-time Resident Advisory Council Meeting Topics** Bruce Williams initiated the discussion. • What is the council's long-term vision of CM? (5-10 years) • What services are we missing? • Marketing suggestions to reach part-time residents and visitors • The board would love for the council members to walk through a healthcare experience at CM and provide feedback. • Utilize PTRAC as sounding board for urgent care (location, schedule, timing, etc.) • Explore experience with telehealth vs. urgent care access. Would folks be more likely to become empaneled if they could access CM via telehealth?
Committee Reports	**Finance Committee** Tom Baranouskas provided the report. • The group connected with the insurance broker, USI who reviewed 2023 coverage versus anticipated 2024 coverage. They also discussed December 2023 financials, assessed financial assistance policy access, and approved the 2024 work plan. • The group engaged in a discussion about accessing insurance coverage through The Rural Collaborative (TRC) o **<u>Professional Liability</u>** o USI: $15K broker fee per year vs. $9,500 fee to TRC vendor o CM is currently missing risk management support from Coverys and would like to switch to Physicians Insurance through TRC by April 1 with no gap in coverage. o The committee supported management's desire to move away from Coverys to Physician's Insurance. o **<u>Cyber Security</u>** o TRC also offers increased support for cyber events through their vendor. The rate is higher with TRC but so is the coverage. o The committee supported management's desire to seek cyber security coverage through TRC, effective April 1.

	Governance Committee: Revised Board Education Plan Bruce Williams provided the report. • The group discussed the topic of "scheduling" under the broader work of Improving Patients First Touch Experience. How can we track and measure the patient experience? • There may be an opportunity to review WSHA webinar offerings. • No other changes were recommended to the plan
Action Items	**Motion: Approve Resolution 2024-03 Surplus Mobile X-ray** • Jessica moved to approve; Mall seconded. Motion unanimously approved. **Motion: Approve Bariatric Patient Bed Purchase** • Mall moved to approve the updated credentialing list; Tom seconded. Motion unanimously approved. • The Commission requested an update about bariatric bed utilization in the future. **Motion: Approve Credentialing** • Tom moved to approve; Mall seconded. Motion unanimously approved.
February Financial Report	**Marianne Vincent provided the financial report.** • Employee benefits show a positive budget variance of $87,000; this is due to several items. The first was a $41,000 accrual entry made as part of audit work that was reversed in February as January financials were already completed when the accrual was made for December. • Travel & Training expenses were over budget in February due to Leadership training expenses that were misclassified. CM will reclass these expenses in March. • Collections on patient accounts of $2,274,000 in February were above budgeted patient account collections of $1,793,000 by $481,000. • 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. • Several folks from The Rural Collaborative (TRC) are moving their billing to Trubridge, who we use. • In addition to the Finance committee report, CM moved several coverages to a different broker, who also represents TRC. The movement of those two policies will help fulfill CM's responsibilities as a member of the TRC. The new coverage will also provide greater support for the services they provide. CM will have 2 broker fees: one through USI and one through TRC. • The State Accountability Audit is still in progress with payroll and cash receipts being the primary focus of the 2019-2022 audit.
Administrator Report	Diane Blake provided the administrator report. **Healthcare Cost Transparency Board** • This board was developed to study cost growth in WA. There is much concern around their impending report because it is anticipated to leave out many important factors relating to cost growth. WSMA + WSHA met to discuss potential approaches to encourage looking at the whole puzzle and not just small pieces. **Ballot initiative** • Capital gains tax, long-term care insurance, rollback/stop carbon initiatives will be on the ballot. The most concerning initiative from a hospital funding standpoint is the capital gains tax. The McCleary decision protects funding for basic education. There are concerns

	that education and hospital funding may be pitted against each other and therefore eventual loss of necessary supports to healthcare organizations if the state revenue from the capital gains tax should be eliminated. **WSHA Board Meeting** • Former Governor Gregoire came to speak about a public and private partnership called Challenge Seattle. The group plans to tackle unnecessary emergency department use, particularly related to mental health. They hope to explore efforts that can be implemented more broadly across the state as the challenges are statewide, even in rural settings. **WSHA Strategic Planning Committee** • The next strategic plan may include focus on the board's role in safety and quality, with more focus on utilizing demographic data to improve health outcomes. **WSHA Rural Payment Subcommittee** • Diane participates in this group, who is scheduled to meet with Sue Birch, Director of Healthcare Authority, and other HCA staff to gain traction on rural payment reform in WA. **CMS Region 10** • A group will be visiting CM in April to understand challenges and dynamics of rural healthcare. This is an opportunity to educate federal policy makers **Leavenworth City Council** • Diane spoke at the City Council meeting on March 12. Thanks to Clint who helped put slides together and Pat for attending. **CVCH Connect** • CVCH recently brought their mobile clinic to Peshastin on the same day and similar location to ours. We intend to connect with them about better resource utilization and organizational cooperation. **Recruitment** • CM is still working on recruiting a hospitalist provider and will have a virtual meet and greet on Monday with an interested candidate. • New Lab Director, Megan Sawyer started this week. **Other Updates** • Diane and Pat will attend a regional meeting in Brewster tomorrow. • Brian visited the Dryden Fire Dept. to continue work on joint collaboration efforts. • The CM Annual Report to the Community is set to come out in April priori to the board meeting. • CM team will participate in a kickoff meeting Friday for participation in the Vitality Index, which will capture data related to insurer practices and will be shared with WSHA.
Board Action Items	• Please check your emails. • Submit your financial disclosure form by April 15. • May 7: Community Engagement Night: Jessica • May 1: Med Staff: Jessica
Meeting Evaluation/ Commissioner Comments	• Commissioners enjoyed clinic presentation & hearing that Dr. K is doing 1-1 meetings. They reported interpreting the clinic team-based transition as positive overall. Commissioners appreciated transparency throughout presentation. • The group enjoyed Diane and Marianne's reports. • There was an excellent presentation provided at the Quality Education Session. The group appreciated the emphasis on process improvement vs. compliance and reported it was time well spent.

	Commissioners would like a balance between fulfilling governance education topics and CM topics.
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g)	• Bruce the executive session to order at 7:55 PM for 30 minutes. • The group extended the meeting for an additional 10 minutes. • The group exited the executive session at 8:45 PM.
Adjournment	• Mall made a motion to adjourn the meeting at 8:45 PM. Tom seconded the motion and the commissioners unanimously approved.

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Bruce Williams, President Mall Boyd, Secretary

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**New Commissioner Orientation**	Effective Date:	**11/01/2014**
Categories:	**Board of Commissioners**	Approved Date:	**04/26/2016**
Prepared By:	**Diane Blake (Chief Executive Officer)**		
Reviewed By:	**Diane Blake (Chief Executive Officer), Board Governance Committee**		
Approved By:	**Diane Blake (Chief Executive Officer); Board of Commissioners**		

PURPOSE: To establish a standard practice for orienting new Commissioners who serve on the Cascade Medical Board of Commissioners. Standardization of orientation practices optimize the efficiency and effectiveness of the orientation process.

POLICY:
Upon appointment, each new Commissioner will receive, at a minimum, the following documents in organized electronic format:

- General Board Information
  - List of Board Members w/terms, contact information and bios
  - Board Member Job Description
  - Board President Job Description
  - Commissioner Pledge
  - Commissioner Time Commitment document
  - List of Board Committees, Committee Charters and Committee work plans
  - List of regular meetings and board committee meeting dates
  - Compiled list of last Board Self-Assessment
  - Current list of which board actions statutorily require a resolution

- Organizational Planning Documents
  - CM's Mission, Vision and Shared Values
  - Board Bylaws
  - Current year Strategic Plan
  - Current year Board Objectives
  - Current Risk Stratification
  - CEO Job Description
  - CM Succession Plan with Board Matrix
  - Access to most recent Community Health Needs Assessment

- Organizational Information
  - Organizational Chart
  - Contact information for ~~Senior Leaders~~Executive team members and Executive Assistant
  - List of Medical Staff members

- Policies and Procedures
  - Board Policies
    - Conflict of Interest
    - Open Public Meetings
    - Identity Theft Red Flag
    - Receiving legal documents from a process server
    - Policy creation, review and approval
    - Death with Dignity Act
    - New commissioner orientation
    - Non-payroll warrant EFT release
    - Capital Spending approval matrix
    - Change Order Authority
    - Financial Management Policy
    - Reporting Improper Government Action

Title:	**New Commissioner Orientation**	Effective Date:	**11/01/2014**
Categories:	**Board of Commissioners**	Approved Date:	**04/26/2016**
Prepared By:	**Diane Blake (Chief Executive Officer)**		
Reviewed By:	**Diane Blake (Chief Executive Officer), Board Governance Committee**		
Approved By:	**Diane Blake (Chief Executive Officer); Board of Commissioners**		

        - Financial Assistance Policy
        - Requests for Public Records
    - Compliance Policies
        - Organizational Integrity Compliance Committee Structure & Purpose
    - Quality Oversight Policies
        - Risk Management Program
        - Quality Assessment and Improvement Program
    - Medical Staff Policies
        - Professional Practice Evaluation Policy
        - Medical Staff Credentialing Policy
    - HIPAA Policies
        - Protected Health Information General Rules Re Uses and Disclosures
        - Privacy Violation – Employee Sanctions and Internal Investigation of Breaches of Confidentiality

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- Finances
    - Current Year Annual Budget
    - Year to date financial statements
    - Most recent audited financial statements and financial indicators
    - Insurance coverage information

- Revised Code of Washington (RCW's)
    - 42.30.010
    - 42.30.030
    - 42.30.050
    - 42.30.060
    - 42.30.110
    - 70.44.003
    - 70.44.007
    - 70.44.050
    - 70.44.060
    - 70.44.070
    - 70.44.080
    - 70.44.090

- Educational Materials
    - "Navigating the Boardroom: 40 Maxims You Must Know and Do to Be a Great Director" by Dennis D. Pointer
    - Critical Questions Every Board Needs to be able to Answer
    - Web links to on-line resources, including AWPHD & WSHA
    - Information about AWPHD/WSHA governance training program and certification
    - List of common healthcare acronyms
    - Link to Association of Washington Public Hospital District's (AWPHD) Commissioner Candidate webinar
    - Current Board Education Plan

- Other Information
    - Part-time Resident Advisory Council Resolution and list of current members

Title:	**New Commissioner Orientation**	Effective Date:	**11/01/2014**
Categories:	**Board of Commissioners**	Approved Date:	**04/26/2016**
Prepared By:	**Diane Blake (Chief Executive Officer)**		
Reviewed By:	**Diane Blake (Chief Executive Officer), Board Governance Committee**		
Approved By:	**Diane Blake (Chief Executive Officer); Board of Commissioners**		

- Foundation Agreement and list of current members

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**New Commissioner Orientation**	Effective Date:	**11/01/2014**
Categories:	**Board of Commissioners**	Approved Date:	**04/26/2016**
Prepared By:	**Diane Blake (Chief Executive Officer)**		
Reviewed By:	**Diane Blake (Chief Executive Officer), Board Governance Committee**		
Approved By:	**Diane Blake (Chief Executive Officer); Board of Commissioners**		

Ideally within the first two weeks of appointment, the new Commissioner will, with facilitation by the Executive Assistant:

- Be given a tour of Cascade Medical and introduced to staff
- Meet with the CEO to discuss orientation materials, public nature of work (emails, documents, etc.), pressing issues, etc.
- Meet with Human Resources to secure badge, parking pass, discuss benefits, etc.
- Meet with Executive Assistant regarding board processes
- Meet with Director of Public Relations to assist in preparation of press release for local papers
- Be connected with another Commissioner selected to serve as mentor

Ideally within the first thre~~wo~~ months of appointment, the new Commissioner will:

- Meet with the CFO for education on CM's finances and financial statements
- Have an opportunity to connect with all other Executive Team members for a 1:1 meet & greet
- Meet individually with the chair of each Board of Commissioners Committee, to understand the purpose of each committee and to build relationships
- Meet individually with any Commissioner who is not a Board Committee Chair, to build relationships
- The ~~Board President~~new Commissioner's mentor will be responsible for checking in on the progress of a new Commissioner's orientation, for the purpose of creating a welcoming environment, ensuring the process is working well for the new Commissioner, and to assist with ~~his/her~~their meeting with other Commissioners.

Within 90 days of taking office, per RCW 42.30.205, the new Commissioner will complete Open Public Meeting Act Training. This will be facilitated by Cascade Medical's Executive Assistant.

Completion of all orientation items will be tracked by Cascade Medical's Executive Assistant and followed by the Governance Committee.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**Requests for Public** Records	Effective Date:	**Not Set**
Categories:	**Board of Commissioners**	Approved Date:	**04/27**/2023
Prepared By:	**Megan Baker (Executive Assistant)**		
Reviewed By:	**Diane Blake (Chief Executive Officer), Board Governance Committee**		
Approved By:	**Diane Blake** (Chief Executive Officer)**, Board of Commissioners**		

Requests for Public Records Policy

Section 1. Authority and Purpose.

The Washington State Public Records Act, Chapter 42.56 RCW (the "Act"), requires each government agency to make available for inspection and copying nonexempt public records in accordance with published rules. RCW 42.56.070(1). The Act further defines "public record" to include any "writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained" by the agency. RCW 42.56.070(2) requires each agency to set forth "for informational purposes" every law, in addition to the Act, that exempts or prohibits the production of public records held by that agency.

The purpose of this Policy is to provide rules by which the Chelan County Public Hospital District No. 1 ("District") implements the provisions of the Act for the District's public records. This Policy provides information to persons wishing to request access to public records of the District and establishes processes for both requestors and District staff that are designed to best assist members of the public in obtaining such access.

Section 2. Interpretation and Construction.

The provisions of this Policy shall be liberally interpreted and construed to promote full access to the District's public records in order to assure continuing public confidence in government: *provided*, that when making public records available, the District shall prevent unreasonable invasions of privacy, shall protect public records from damage, loss, or disorganization, and shall prevent excessive interference with essential government functions.

Section 3. Public Records Index.

A. The District does hereby formally order that maintaining an index of public records pursuant to RCW 42.56.070 would be unduly burdensome for the following reasons:

1. The initial construction and subsequent maintenance of such an index would be a financial burden upon the District.

2. The District does not have sufficient staffing available to initially prepare and subsequently maintain such a comprehensive index.

B. The District shall make available for public inspection and copying any index maintained by the District for District use (if and/or when created and available).

Section 4. Public Records Available - Public Records Officer.

A. Public records of the District shall be made available for public inspection and copying pursuant to this Policy, except as otherwise provided by law.

B. The Public Records Officer shall serve as the official point of contact for members of the public who

request disclosure of public records. The Public Records Officer shall be responsible for implementation of and compliance with this Policy and the Act.

C. The Public Records Officer may delegate responsibilities as needed to process and complete any response to a public records request pursuant to this Policy.

Section 5. Public Records Requests - Process.

A. Public records may be inspected and/or copies may be obtained under the following procedures:

1. A request for public records must be directed to the Public Records Officer for the District. A public records request must be for identifiable records. A request for all or substantially all records prepared, owned, used, or retained by the District is not a valid request for identifiable records under this Policy or state law, provided that, a request for all records regarding a particular topic or containing a particular keyword or name shall not be considered a request for all of the District records.

2. A request for public records must be documented in writing and include the following information:

   a. The requester's name, mailing address, and telephone number;

   b. The date of the request;

   c. A clear indication that the document is a "Public Records Request;"

   d. Whether the request is to inspect the public records or for paper or electronic copies of public records, or both;

   e. A clear description of the public records requested for inspection and/or copying and the office or department having custody of the public records;

   f. If the request is for a list of individuals, a statement that the list will not be used for any commercial purposes or that the requester is authorized or directed by law to obtain the list of individuals for commercial purposes, with a specific reference to such law; and

   g. Whether the request is for printed or digital copies of the public record.

B. Records requests may only encompass records existing as of the date of the request. A request cannot be used to obtain copies of records not yet in existence.

Section 6. Response to Public Records Requests.

A. The Public Records Officer shall, to the extent practicable, assist requesters in identifying the public records sought.

B. The District is not obligated to allow inspection or provide a copy of a public record on demand.

C. Within five (5) business days after receiving a public records request, the Public Records Officer shall respond to the request in writing. The Public Records Officer shall make one or more of the following responses:

1. The request for inspection of public records is approved and indicating whether an appointment for inspection needs to be scheduled by the requester;

2. The request for copies of public records is approved and indicating that copies of requested records are enclosed with the response;

3. The request for copies or inspection of public records is approved, and indicating that the responsive records are available on or through the District website (with either a link or instructions to locate records online);

4. The request has been received by the Public Records Officer; indicating that additional time is needed to respond to the request; and, stating a reasonable estimate of the time required to respond;

5. The request has been received by the Public Records Officer and indicating the records shall be provided on a partial or installment basis as the records are identified, located, assembled and/or made ready for inspection or copying;

6. The request is denied, in whole or in part, whether by withholding a requested record or redacting a requested record, stating the specific exemption(s) prohibiting disclosure and a brief explanation of how the exemption applies to each withheld and redacted record;

7. There are no records responsive to the request; and/or

8. Notifying the requestor that the Public Records Officer does not understand the request and requesting that the requestor clarify the request to enable the Public Records Officer to respond to the same.

D. Any response providing an estimate of the additional time needed will be based upon criteria that can be articulated and may be presented in the response estimating the additional time needed. For example, additional time may be needed under the following circumstances:

1. To request clarification from the requestor if the request is unclear or does not sufficiently identify the requested records. Such clarification may be requested and provided by telephone or email. If the clarification is made by telephone, the Public Records Officer will confirm the scope of the clarification in writing. The confirmation will be deemed the correct statement of the scope of the request unless the requestor responds with a different statement of the scope. If the requestor fails to timely clarify the request, the Public Records Officer will fulfill any portion of the request that is reasonably understood by the Public Records Officer, if possible, and cancel and close the remaining request;

2. To locate and assemble the information requested;

3. To notify third persons or agencies in the event the requested records contain information that may affect rights of others and may be exempt from production. Such notice should be given so as to make it possible for those other persons to contact the requestor and ask them to revise the request, or, if necessary, seek an order from a court to prevent or limit the disclosure. The notice to the affected persons will include a copy of the request or a statement of the request if no written request was received; or

4. To determine whether any of the information requested is exempt from production and/or that a denial should be made as to all or part of the request.

E. If the Public Records Officer does not respond in writing within five business days of receipt of the request for disclosure, the requestor should consider contacting the Public Records Officer to determine the reason for the failure to respond.

Section 7. Exempt Records.

A. Pursuant to RCW 42.56.070(2), the District hereby adopts the list of laws maintained by the Municipal Research Services Center of Washington (MRSC) as the list containing every law, other than those specifically set forth in the Act or interpretive case law, that the District believes exempts or otherwise prohibits disclosure of specific records or information of the District. Public records and information exempt from disclosure under the Act or any other law are exempt from disclosure under this Policy whether or not such exemption is on any list of exemptions adopted, published, or maintained by the District.

B. If a record is exempt from production and should be withheld, the Public Records Officer will prepare an exemption log stating the specific exemption and providing a brief explanation of how the exemption applies to the record being withheld. If only a portion of a record is exempt from production, but the remainder is not exempt, the Public Records Officer will redact the exempt portions, produce the nonexempt portions, and indicate to the requestor why portions of the record are being redacted.

Section 8. Locating Responsive Records

A. A requestor must request an "identifiable record" or "class of records" before the District must respond. An identifiable record is one that District staff can reasonably locate. The Act does not allow a requestor to search through District files for records which cannot be reasonably identified or described to the District.

B. Requests for information are not public records requests. The District is not required to conduct legal research for a requestor.

C. The District is not required to create records to respond to a request. However, with prior approval of the requestor, the District may create a record if doing so would simplify the response for the District and provide the requestor with the records or information requested. The District will determine, in

its sole discretion, if a record may be created in order to facilitate a response to a public record request.

Section 9. Production of Records

A. Public records may be inspected at the District property during normal business hours when the administrative office is open. However, the District is not required to allow inspection immediately upon a demand.

1. The Public Records Officer may request that the person seeking to inspect public records schedule an appointment for inspection.

2. No member of the public may remove a document from the viewing area or disassemble or alter any document.

3. The requestor shall indicate which documents he or she wishes the District to copy or scan, if any, and provide payment for those copies or scans.

4. The requestor must claim or review the assembled records within 30 days of the Public Records Officer's notification that the records are available for inspection or copying/scanning. If the requestor or a representative of the requestor fails to claim or review the records within the 30-day period or make other arrangements, the Public Records Officer may close the request and re-file the assembled records.

B. When the request is for a large number of records, the Public Records Officer may provide access for inspection and copying in installments, if the Public Records Officer reasonably determines that it would be practical to provide the records in that manner. If, within 30 days, the requestor fails to inspect the entire set of records or one or more of the installments (including making suitable arrangements to obtain copies in lieu of inspection), the Public Records Officer may stop searching for the remaining records and close the request.

C. In the event a requestor fails or refuses to timely inspect available records, to clarify a request within a requested timeframe, to pay the deposit, or to make payment for any requested copies, the Public Records Officer will close the request and so inform the requestor.

D. If, after the Public Records Officer has informed the requestor that he or she has provided all available records, the Public Records Officer becomes aware of additional responsive documents existing at the time of the request that had not been provided previously, the Public Records Officer will promptly inform the requestor of the additional documents and provide them on an expedited basis.

Section 10. Costs of Providing Copies of Public Records.

A. No fee shall be charged for the inspection of public records. Fees shall be charged, as further set forth below, for any copies of records that are requested during an inspection.

B. No fee shall be charged for locating public documents and making them available for inspection.

C. The District has not calculated the actual cost to provide copies of public records as doing so would be unduly burdensome to the District staff. As a result, the District charges the maximum fees and charges authorized to be charged for providing paper and electronic copies of public records set forth in RCW 42.56.120, as existing or hereafter amended. The District shall charge the following:

1. The maximum per page copy charge set forth in RCW 42.56.120(2)(b)(i), as existing or hereafter amended, for photocopies of public records, printed copies of electronic public records when requested by the person requesting records, or for the use of District equipment to photocopy public records.

    a. Fifteen cents per page for photocopies of public records, printed copies of electronic public records when requested by the person requesting records, or for the use of agency equipment to photocopy public records.

2. The maximum per page copy charge set forth in RCW 42.56.120(2)(b)(ii), as existing or hereafter amended, for public records scanned into an electronic format or for the use of District equipment to scan the records.

    a. Ten cents per page for public records scanned into an electronic format or for the use of agency equipment to scan the records.

3. The maximum per file charge set forth in RCW 42.56.120(2)(b)(iii), as existing or hereafter amended for each four electronic files or attachment uploaded to email, cloud-based data storage service, or other means of electronic delivery.

    a. Five cents per each four electronic files or attachments uploaded to email, cloud-based data storage service, or other means of electronic delivery.

4. The maximum per gigabyte charge set forth in RCW 42.56.120(2)(b)(iv), as existing or hereafter amended, for the transmission of public records in an electronic format or for the use of agency equipment to send the records electronically.
    a. Ten cents per gigabyte for the transmission of public records in an electronic format or for the use of agency equipment to send the records electronically. The agency shall take reasonable steps to provide the records in the most efficient manner available to the agency in its normal operations.

5. Actual costs of any digital media or device provided by the District and/or the actual costs of any container or envelope used to mail or provide copies to the requestor.

6. Actual costs to reproduce other non-standard size documents shall be charged.

7. Actual mailing costs shall be charged.

D. In addition to the charges imposed for providing copies of public records set forth above, the District may include a customized service charge for responses to certain requests. A customized service charge may only be imposed if the District determines that the request would require the use of

information technology expertise to prepare data compilations or provide customized electronic access services when such compilations and customized access services are not used by the District for other District purposes.

1. The customized service charge may reimburse the District up to the actual cost of providing the services in this subsection.

2. The District may not assess a customized service charge unless the Public Records Officer, or designee, has notified the requestor of the customized service charge to be applied to the request, including an explanation of why the customized service charge applies, a description of the specific expertise, and a reasonable estimated cost of the charge. The notice also must provide the requestor the opportunity to amend their request in order to avoid or reduce the cost of a customized service charge.

E. The Public Records Officer is authorized to request a pre-payment deposit in an amount estimated to cover up to ten percent (10%) of the actual copying and mailing costs. If the deposit is not paid as requested, the Public Records Officer will cancel the request.

F. To the extent any statute provides a specific charge for reproduction of records, the District will charge the amount authorized pursuant to the other statutes rather than as provided under the Act.

G. The District must receive payment, in full, for the costs and charges to provide the records, including any installment of records, as authorized by this chapter on or before the date the records are made available to the requestor. The District will not mail or otherwise release records until payment has been received for the available records or installment of records. Failure to pay for or pick up any records or installment of records within 30 days of notice of availability of the records will result in cancellation of the request for public records.

H. The District may elect not to charge a requestor.

Section 11. Electronic Records.

A. The District produces and maintains data in electronic records to maximize efficiency in fulfilling its basic public service functions. Electronic records are public records subject to disclosure under the Act and this Policy, unless exempt from disclosure under state or federal law. The process for requesting electronic public records is the same as for requesting paper public records.

B. If public records are requested in an electronic format, the Public Records Officer will provide the nonexempt records or portions of such records that are reasonably locatable in an electronic format that is used by the District and is generally commercially available, or in a format that is reasonably translatable from the format in which the District keeps the record. However, if an electronic record necessitates redaction due to an exemption, the District is under no obligation to provide the redacted record electronically.

C. At the option of the Public Records Officer, and if acceptable to the requester, electronic records may be printed and provided in paper format. If the electronic record is large and/or not capable of being

printed in an understandable format, then the electronic record may be provided in the digital format in which the record is maintained by the District. The District does not have the obligation to convert an electronic record to a digital or other format that is different than the format maintained by the District.

1. Fees for providing electronic records in electronic form shall be based on the actual cost of the media used to provide the records. Overhead for information system acquisition and maintenance shall not be included in such fees. The fees for providing electronic records are set forth in Section 10, above.

D. The District does not warrant or in any way guarantee the accuracy or completeness of electronic records.

Section 12. Review of Denials of Public Records Requests.

A. Any person who objects to the denial of a request for a public record, including an alleged failure to produce responsive records, may petition the Public Records Officer or authorized designee for prompt review of such decision by delivering a written request to the Public Records Officer and including all written responses by the Public Records Officer denying the request.

B. The Public Records Officer shall affirm, modify or reverse the denial in writing within five (5) business days following receipt of the written request for review, or within such other time to which the District and the requestor may mutually agree.

C. The District shall be deemed to have made a final decision denying a request for public records only after a review conducted under this section has been completed, or a failure to timely review has occurred.

Section 13. Protection of Public Records.

A. The Public Records Officer shall, to the extent practicable, ensure that records requested are not misplaced, mistreated, or misfiled by members of the public during inspections and not removed from the District office. Original public records shall not be released to the public for any purpose.

B. If a public record request is made at a time when a record exists, but the record is scheduled for destruction in the near future, the Public Records Officer shall direct that the record be retained until the request is resolved. The District shall not destroy any record scheduled for destruction that may be responsive to a pending request for public records. Any such record may only be destroyed upon completion of the request.

Section 14. Copies of Policy Available to Public.

Copies of this Policy shall be available to and provided to the public, without cost, at the District's main office. Copies of this Policy will also be made available, without cost, on the District's website.

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: Apr 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	10121707 – 10121966	$1,201,121.43	3/15/2024 – 4/11/2024
Accounts Payable EFT Transactions	20240037 – 20240050	$509,039.35	3/16/2024 – 4/11/2024
Payroll EFT Transactions	19798 – 19998	$432,649.00	3/23/2024 – 4/5/2024
	Grand Total	$2,142,809.78	

Prepared by:

Kathy Jo Evans
Director of Accounting

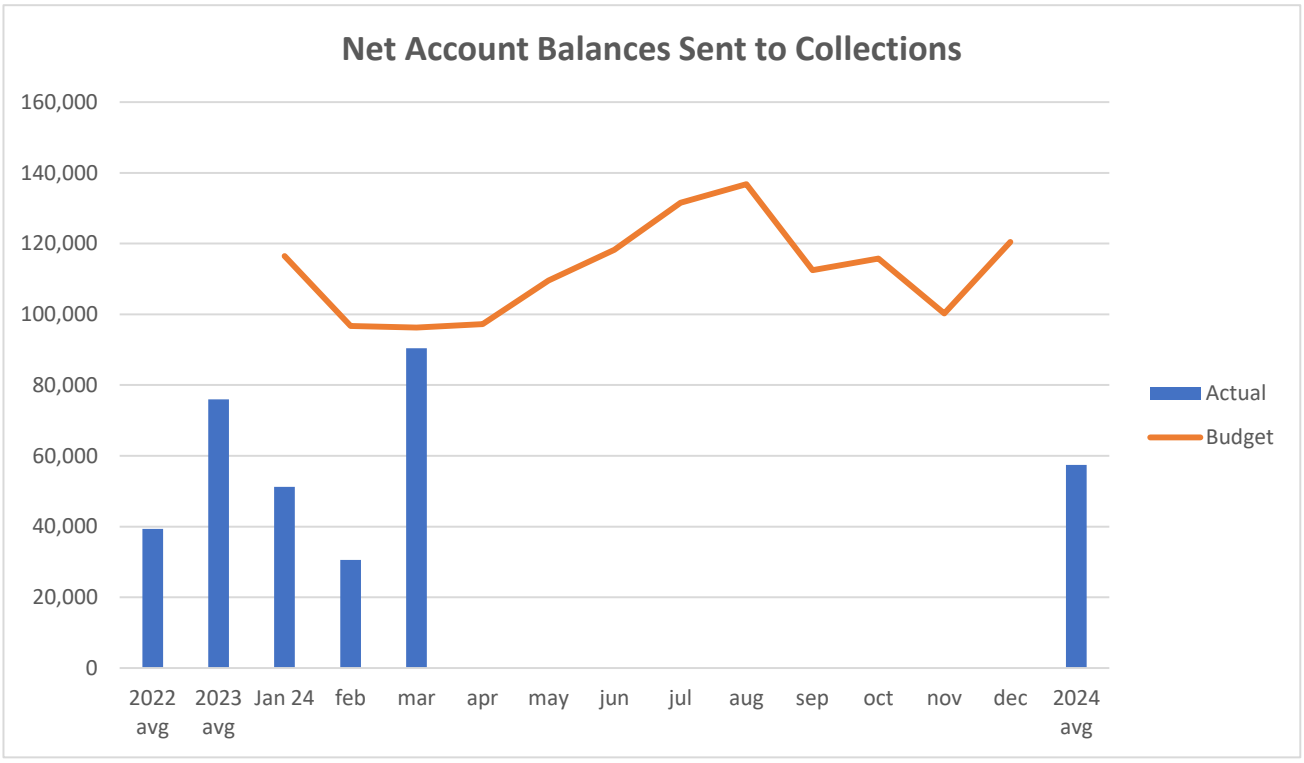
Cascade Medical

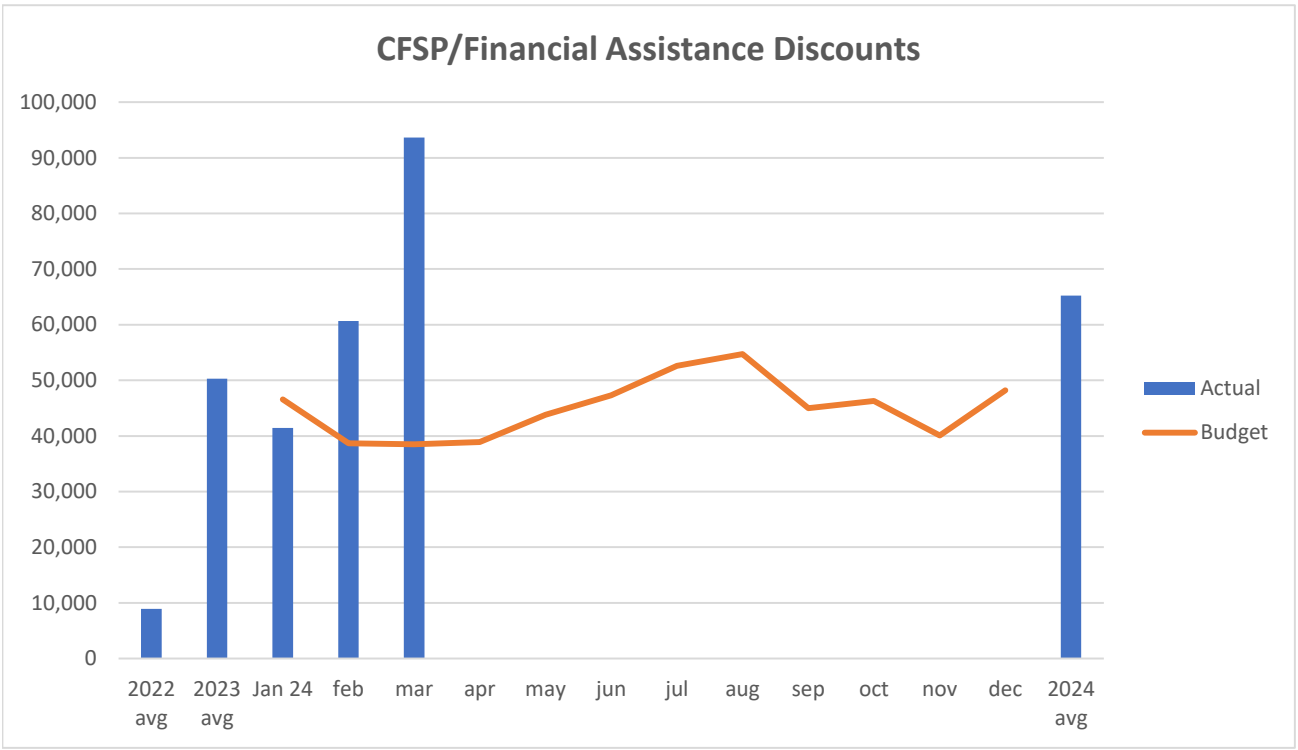
Bad Debt Write Offs
Financial Assistance Program Discounts

Month of March, 2024

Net Bad Debt Write-Offs for Board Approval	**$**	**90,372.02**
CFSP/Financial Assistance Program Discounts for Board Approval	**$**	**93,614.86**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		118,455.37
	less: pullback from Agency due to receipt of payments		(28,083.35)
	Net Bad Debt Write-Offs		90,372.02
CFSP/Financial Assistance Applications - Discounts Approved		$	93,614.86
	Total		183,986.88


Net Account Balances Sent to Collections
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
2022 avg
2023 avg
Jan 24
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2024 avg
Actual
Budget


CFSP/Financial Assistance Discounts
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2022 avg
2023 avg
Jan 24
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2024 avg
Actual
Budget

2024 Goals
Includes Pillar Statements & 2023-2025 Objectives
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

2024 Annual Goals (with some tactics noted)**:**

- Implement Mobile Integrated Healthcare
- Optimize Team-Based Care
    - Explore expansion of family practice hours
    - Identify new provider for telepsychiatry services
    - Implement school-based clinic
    - Continue optimization of mobile clinic
    - Partner mobile clinic with other community resources, such as mobile library and mobile food bank
- Improve patients' first touch experience at CM

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

2024 Annual Goals (with some tactics noted)**:**

- Service Line Expansion
    - Explore and implement outpatient infusion opportunities
    - Develop implementation plan for urgent care (dependent upon study)
    - Explore mobile MRI
    - Explore telehealth expansion with attention to retail health trends
- Develop and implement charge capture program
- Build structure for developing and sustaining long term financial plan
- Optimize Rehab Services

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

2024 Annual Goals:

- Optimize the Living Well Program
- Continue to develop leaders
- Expand education / training opportunities and workforce training / apprenticeship programs
- Explore alternative retention strategies

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

2024 Annual Goals (with some tactics noted)**:**

- Promote Cascade Medical in the community
    - Prepare for educating the community about EMS Levy
    - Develop and implement comprehensive external communication plan, including around marketing
    - Increase promotion of Charity Care
- Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments

Welcome Page

Cascade Medical (2024)

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 **Patient & Family Centered Care**			

Long Term Objectives	Organizational Goals	Analysis	Recommendations
Deliver quality care that is accessible, equitable and safe every time every touch	**Implement Mobile Integrated Healthcare**	Mobile Integrated Healthcare is a program that puts paramedics out into the community to care for patients in a way that supports overall health and well-being, offering connections between their primary care providers, the mobile clinic and other medical and social needs. This is another way to meet patients where they're at and broadly support their health needs. This is a new program for CM, and it has been planned to run with two paramedic Medical Service Officers (MSO). While program structure development and hiring activities occurred on timeline, ultimately this project is delayed due to our work to still recruit for one of the two MSO positions. We hired one MSO in Q1 and continue to search for a second so we can fill both positions. Because of the unanticipated delay in filling both positions, this project is considered behind plan. Management has updated the timeline around working with one MSO to start, which will drive next steps in the 2024 strategic plan, with a goal to launch an initial pilot program in late June.	To effectively move forward with the Mobile Integrated Healthcare (MIH) strategy, the following steps will include: • Finalizing the comprehensive service list by May 2024 • Fill the open MSO position by the end of June 2024 • Preparing for a targeted pilot launch in June 2024 Set a goal for September 2024 for the entire program rollout.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	Improve patients' first touch experience at CM	The first touch objective is meant to focus us on improving and enhancing our patients' experiences from initial contact. This includes focusing on projects related to our phone setup and system, interpersonal interactions between staff and patients, ease and timeliness of scheduling, efficient navigation of our system, etc. This objective is considered in a caution status because some elements are taking more time than expected, we've added focus areas to the plan, and the desire to have already been monitoring some key performance indicators (KPIs). In Q1 we deployed customer service training to patient service representatives, adjusted our phone system, and began to monitor phone system reports. By end of Q1 we were still working to adjust schedule templates in the clinic, to improve ease of scheduling, and that should roll out early in Q2. We are also more closely looking at alternative options to improve the patient reminder notifications and waitlist process as well as being able to offer other digital innovations to patients.	Moving forward, we will prioritize integrating enhancements from a list of proposed tactics, which will continue to be developed through May. A KPI is being developed to monitor the initiative's progress.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	↑ Optimize Team-Based Care	This objective consists of six focus areas: 1) Optimize Team-Based Care; 2) Continue optimization of mobile clinic; 3) Identify new provider for telepsychiatry services; 4) Implement school-based clinic; 5) Partner mobile clinic with other community resources; and 6) Explore expansion of family practice hours. Four of these focus areas had work planned in Q1, and that work met timeline. In addition to Team-Based Care, which the board received an update on in March, we continue work on the mobile clinic. The mobile clinic has had good utilization, so current work is around developing work processes to be able to expand the number of visits possible in a day and ensure we're best meeting community needs. In Q1 we performed a survey to help determine desired location and times of operation for the mobile clinic and we ensured all forms and advertising were available in Spanish. For telepsychiatry services, we been working to identify a resource that will meet our needs and be financially sustainable. By end of Q1 we'd identified and vetted one potential; the pro forma for that service will be developed in Q2. We are so far on track with the school-based clinic implementation, which is targeted for fall. Q1 work involved working with the school district to plan for the fall, and that work will continue into Q2. Community resources to the mobile clinic will be considered later in the year, as will expansion of clinic hours; the latter of which may be impacted by the decision around urgent care.	No recommendations, objective is on track.
PILLARS **Financial Stewardship**			

Long Term Objectives	Organizational Goals	Analysis	Recommendations
Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth	**Develop and implement charge capture program**	Ensuring we capture the charges / revenue for the work we do is essential to the financial sustainability of CM. This is a complex project for any hospital as it requires the support of nearly every department, from the quality of documentation by the care team, to a checks-and-balances system by every department director, to an optimized electronic health record and even including the patient scheduling and registration process. This objective is a continuation of Q4 2023 work, where we commissioned a study to help us understand the best approach, broadly, to this work and whether we had enough resources in house to improve in this area. We received the results in mid-Q1, later than anticipated; the study identified many optimization opportunities with Meditech, from a revenue cycle perspective, with recommendation for an increase in a staff member, with that need diminishing as we became more efficient with our use of Meditech. While we are on track with our structural planning for the resource addition and technically on track with plans for this year, management has decided to pivot and focus on bringing in a Meditech revenue cycle expert to focus on optimization of the system before we add a resource to hone charge capture. Identifying and bringing in a resource to do that work takes time and, even though this objective is currently on track, it's receiving a caution status because of the time we are likely to spend on optimization before a focused attention specific to charge capture.	This work is a heavy lift across the organization and particularly for the revenue cycle team; it must receive consistent, sustained attention to be successful. This may be challenging until the work on statement and billing accuracy is complete.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	Build structure for developing and sustaining long term financial plan	The purpose of this objective is to develop a structure / tool which can be utilized to systematically assess the financial impact of strategic decisions and thereby support decision making which contributes to a sustainable financial future. This is a complex project with active work slated to begin in second quarter and is, as such, considered on track at the end of Q1. Looking ahead, the second quarter milestones include working with our audit firm to begin the process build for long-term financial planning, identifying key assumptions for a five-year budget model, and identifying tools for ongoing assessment of the financial impact of operational changes. Successful achievement of this objective on timeline will support future year budget and strategic plan development and board education on long-term financial planning by yearend 2024.	Foundational work in second quarter will be key to success of this objective and it will need to begin and move forward despite other competing priorities. Carving out time and focus for this objective among the other pressures in Q2 will be essential.
	Optimize Rehab Services	Rehab Services is a high-volume area, serving many community members with a good sized team of care providers. Like the focus with Team-Based Care in the clinic, the purpose of ensuring Rehab Services as a department is optimized, means ensuring the high-quality program is efficient and maximizes access for the community. This work supports both program and organizational sustainability while focusing on ensuring patient access. This work is on track, having identified and contracted with an external resource with expertise in rehab services operations in Q1, who will perform a review of the program in Q2, starting in mid-April, and provide recommendations for honing operations.	None currently, project is on track.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	↑ Service Line Expansion	The four areas of focus under service line expansion are: 1) Develop an implementation plan for Urgent Care; 2) Explore and implement outpatient infusion opportunities; 3) Explore mobile MRI; and 4) Explore telehealth expansion with attention to retail health threats. This objective is on track, with 3/4 meeting planned timelines for Q1 and the fourth not slated to begin until later in the year. The plan for Urgent Care is on track; we are taking a deeper dive on the financial analysis and considering five different implementation options, the result of which will help drive decision-making around implementation. That work is on track, with the report due in May. The exploration of an outpatient infusion program is on track, with the work to determine an in-house program build vs. working with a third party is nearly complete and the third party has been identified. The exploration of mobile MRI is also on track, having completed the required electrical study to determine if this addition is even possible, from a structural/facilities standpoint, at CM. We received a green light on the electrical study, and will focus Q2 efforts on building and understanding a pro forma for a program.	Continue work on urgent care, outpatient infusion and mobile MRI. Make space later in the year for telehealth focus.
PILLARS **Our People**			

Long Term Objectives	Organizational Goals	Analysis	Recommendations
Provide an exceptional employee experience within a safe, stable, family-based work environment	↑ **Optimize the Living Well Program**	The Living Well Program is designed to support the emotional and psychological well-being of its team members. It is divided into 8 cohorts, with each cohort having CM team members that create and maintain resources, contacts, or events that best support all CM team members. In February of this year, all of the Living Well teams met and brainstormed ideas for resources, contacts, and potential events that would benefit CM staff as a whole. Additionally in February, the Team (Rah-Rah) Cohort was introduced and Living Well information provided at the forums. All cohorts will be introduced and differing events planned throughout 2024. Living Well will also be active on the Intranet once it is live.	Continue introductions and planned events throughout 2024, including: information boards, open forums, and email communications with staff.
	↑ **Continue to develop leaders**	This organizational objective recognizes the importance of well-trained leaders in both the success of the organization overall and for the continued cultivation of a strong organizational culture to retain and attract talented team members. This organizational objective is composed of two project areas, both of which are on track. The first area, the delivery of regular education to the full leadership team (Executives and Directors) is on track, with a Facilitative Leadership presentation and activity delivered to the full Leadership Team in Q1. The second project area is focused training and development for newer leaders. This is on track, with 6 identified for this structured training, which kicked off in late Q1; all 6 will receive focused coaching as well; additionally CM is investing in focused coaching for three more newer leaders.	Executive Team to develop team project options for cohort of newer leaders currently going through the focused training and development program.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	Expand education / training opportunities and workforce / apprenticeship programs	This objective supports our focus on growing workforce and increasing workforce flexibility, both of which are strategies that will enhance our ability to care for our community despite industry-wide workforce shortages in healthcare. This objective is on target as the four project focus areas are meeting timeline; three of the projects are actively under way and one is slated to begin second quarter. The three projects currently underway and their statuses are: 1) Implementing a Certified Nursing Assistant (CNA) Training Program - this work is a heavy lift for both Cascade Medical and our partner agency, Mountain Meadows. We completed and submitted the training site application (it was subsequently approved in mid-April, which is great news!). Much of the other foundational work is complete, such as creating a training room, so our forward-focus will be on recruiting for and launching the training program; 2) Cross-training CM team members to become EMTs, which allows for staffing flexibility and ties nicely with the recent law changes allowing EMTs to cross-cover in Emergency Departments, is on track. Three CM employees completed the EMT training program and will sit for the state licensure exams in Q2; and 3) Participating in the the state-sponsored long-term care task force, which allows us to have a voice about rural and industry needs at the place where training policy is developed and can be impacted. Our CHRO is an active participant and passionate innovator who has been nominated to co-chair the HR subcommittee on the task force that works to reduce barriers within the CNA and Home Care Aide training fields. The fourth project, which will commence in Q2, is to explore options for health care training programs for high school students.	Projects on track, no current recommendations.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	Explore alternative retention strategies	While active exploration is not set to begin until second quarter, the exploration framework has been set, so this objective is currently on target. Categories we will be exploring include an analysis of pay differentials, alternative medical benefit options, and alternative sick leave options. We're also planning to attend the Society for Human Resource Management's National Talent Conference to obtain additional strategy concepts for us to consider as we actively work to continuously adapt to changing market expectations in order to retain and recruit a talented team.	Management will continue to monitor and support the project, to ensure timelines are met. We'll continue networking and learning from other organizations as we work throughout the year.
PILLARS **Community Connections**			
Collaborate with community to define needs and nurture partnerships to support healthy lifestyles	Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments	This objective is on track, although the planned work for this objective was not a major lift in Q1. We met our goal to have a Spanish-speaking patient service representative available to patients on the telephone 90% of the time and we met our refresh of ensuring clinic forms were also available in Spanish.	The work currently underway to explore additional/different locations for the mobile clinic should help us achieve the Spanish-language focus for the mobile clinic. Pieces of the remaining work for the year are likely to be more challenging to achieve, particularly around the program for Spanish language chronic care management. It will take focused time and resources.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	↑ Promote Cascade Medical in the community	This objective consists of three focus areas: 1) Develop and implement a comprehensive external communication plan, including around marketing; 2) Increase promotion of Charity Care; and 3) Prepare for educating the community on the EMS Levy. This goal is considered on track, with 2/3 focus areas on track and the third, the EMS Levy, not slated to commence until Q2. For the first focus area, much of Q1 has been spent, as planned, developing a communication and marketing plan. A draft monthly calendar of focus areas, events and timelines was complete at the end of March. This document ties to our organizational plan for the year and includes attention to service lines we wish to grow. This structure will be able to be carried over from year to year, to guide our communication and marketing over time. The second focus area, Charity Care promotion, is on track, with outreach completed to MEND and local ministers, including distribution of materials. An internal committee continues to meet regularly, to plan continued outreach and ensure materials, such as the Financial Assistance brochure, are updated and also available in Spanish. Upcoming projects include planning for social media outreach. Internally, we continue to work to understand Charity Care utilization, with a more detailed report finalized and shared with the Finance Committee.	The marketing and communication plan structure is excellent and is work that will serve Cascade and the community well over time. It is robust and will require dedicated attention to accomplish, from an implementation standpoint. Close attention will be required to ensure we stay on track with the plan as we implement in Q2 and beyond. More detailed, longer term planning could benefit the Charity Care promotion focus, although the committee, even with their emphasis on nearer-term work, is making good progress.

Description

Status Key

 On Target

 Caution/At Risk

 Below Target

 Not Defined (Project has not started per timeline)

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

A G E N D A

Board Finance Committee
April 19, 2024
9:00 – 11:00 AM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval • April 19, 2024 Agenda • March 26, 2024 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05AM
2.	Policy Review • Change Order Authority • Financial Assistance Policy	9:10AM
3.	Review Q1 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:25 AM
4.	Update on Financial Assistance	9:50 AM
5.	Review financial impact of and data related to Financial Assistance & Compliance	9:55 AM
6.	Review Clinic stats/revenue	10:10 AM
7.	Update on PSR training for Financial Assistance and MSP	10:15 AM
8.	Update on compliance with MSP Questionnaire	10:25 AM
9.	Discuss industry trends	10:30 AM
10.	Discuss Board education	10:40 AM
11.	Review Q1 OICC quarterly report	10:50 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. March 26, 2024 Minutes
2. Change Order Authority
3. Financial Assistance Policy
4. Q1 Financial Packet & Notes
5. Q1 Dashboard
6. Financial Assistance stats
7. Clinic stats/revenue
8. OICC Q1 Report

2024 Meeting Schedule

- April 19, 2024
- July 23, 2024
- October 24, 2024
- December 9, 2024

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2024

Strategic Pillar	Measure	2020	2021	2022	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	2024 YTD	2024 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
	Total Margin	3.1%	24.8%	-6.1%	-2.6%	-5.1%				-5.1%	-4.6%		3.0%	
	Days Cash on Hand	235	217	194	190	171				171	90		60	
	Cash Growth available to Operations	6,892	166	22	1,314	-542				-542	-2039		-	-
	Days in Net Patient Accounts Receivable	68	57	61	56	56				56	54		54	
	% of AR balances > 90 days since DOS	22.0%	33.6%	41.2%	0.0%	0.0%				0.0%			-	-
	Net Revenue as % of Staffing Costs	146%	153%	144%	152%	145%				145%	149%		-	-
	Debt Service Coverage	2.39	7.36	0.73	1.44	0.70				0.70	0.90		3.00	
	Long Term Debt to Capitalization	74%	46%	44%	40%	41%				41%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.49	0.45	0.55	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.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Board Governance Committee
April 15, 2024
9:00 AM-11:00 AM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval • April 15, 2024 Agenda • February 22, 2024 Minutes	9:00 AM
Committee Work		
1.	Review Policies: • New Commissioner Orientation Policy • Requests for Public Records Policy	9:00 AM
2.	Board future/succession planning • Review Board skills matrix (minutes reflect priority areas discussed in February) • Review recruiting timeline • Define process for regular review of Commissioner pledge	9:05 AM
4.	Review Board Education Plan, discuss Q2 pre-meeting education session	10:20 AM
5.	Check-in on progress of Board's 2024 objectives work	10:30 AM
6.	Check-in on Board Retreat	10:40 AM
8.	Discuss ways to continue to grow the Board's approach to thinking strategically	10:50 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. Minutes from February 22, 2024 Meeting
2. Policy: New Commissioner Orientation
3. Policy: Requests for Public Records Policy
4. Board Composition Strategy document
5. Board matrix with current commissioners
6. Board matrix without Mall
7. Board Recruiting Timeline Final 2022
8. Board of Commissioner Pledge
9. 2024 Board education plan
10. 2024 Board objectives

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Board Composition Strategy

It is the desire of the Board of Commissioners of Cascade Medical to ensure a governing body which includes members which are a fair representation of the community and possess the skills and background to effectively provide quality oversight of Cascade Medical. To that end, this document, in conjunction with the Cascade Medical Board Matrix, delineates those qualities and skills which are required and those which are preferred. Ultimately the goal is to establish a Board which is composed of a diverse range of relevant qualities, skills and demographics, to most effectively serve the people of the hospital district.

The following qualities are required of Commissioners who seek Board appointment to the Cascade Medical Board:

- Registered voter within the hospital district
- Embrace CM's Shared Values and Behavioral Standards
- Possess a genuine desire to learn about healthcare issues and key topics

The following qualities / skills are preferred for candidates seeking Board appointment:

- Strategic and demonstrating ability to plan 3 to 5 years out
- Ideally one to two members will have long tenure within the hospital district, which is defined as having developed deep relationships within the community and demonstrating high quality community involvement.
- Previous experience serving on a board or boards
- Ideally Commissioners who serve on the board will possess, as a group, a mix of the following:
    - At least 2 will have experience as a business leader or chief / executive leader
    - At least 1 to 2 will have experience in healthcare
    - At least 1 to 2 will have experience in financial management
    - At least 1 will possess experience in marketing, legal or human resources
    - At least 1 to 2 will have experience in government or a regulatory background
    - At least three will have at least three years' experience serving the Cascade Medical Board
    - At least one will have at least five years' experience serving on the Cascade Medical Board

In addition to the requirements and preferences listed above, the Board ideally seeks to achieve and/or maintain diversity within the following categories:

- Gender, Age and Racial / Ethnic Representation
- Residence location within the hospital district
- Skills (as detailed on the Cascade Medical Board Matrix)
- Qualities (as detailed on the Cascade Medical Board Matrix)
- Relationships (as detailed on the Cascade Medical Board Matrix)

Cascade Medical Board Matrix

	Williams, B		Baranouskas, T	Kendall, J	Montoya, G	Target / Goal
Qualities						
Analytical	X		X	X	X	
Aptitude & time for Board leadership	X		X	X	X	
Strategic Thinker	X		X	X	X	Preferred
Embodies CM's Shared Values	X		X	X	X	Required
Relationships						
Business Leaders/Groups	X		X		X	
Community Leaders/Groups	X			X	X	
Long tenure in community w/ deep relationships (quality involvement)			X	X		1 - 2
Skills						
Advocacy/Lobbying	X			X	X	
Government / Regulatory	X		X			1 - 2
Previous Board Experience	X		X	X	X	Preferred
Sector						
Business Leader (Previous Chief experience preferred)	X		X		X	2
Financial Management	X		X			1 - 2
Healthcare			X	X		1 - 2
Marketing/Legal/Human Resources	X			X		1
Community Representation						
Gender	M		M	F	M	
Age: 30-50				X		
Age: 51-65					X	
Age: Over 65	X		X			
Hispanic/Latinx					X	
Caucasian	X		X	X		
Other Race or Ethnicity						
Geography						
Leavenworth City Limits						
Lake Wenatchee/Plain			X			
Peshastin/Dryden/Blewett Pass					X	
Leavenworth surrounding city	X			X		
Length of CM Board Service						
Less than three years				X	X	No more than 2
Three to five years						
Six to nine years			X			At least 1
More than ten years	X					No more than 3

2024 Board Annual Objectives

2024 Board Objectives:

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.

2023 Board Objectives:

4. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage
5. Assess and refine Board's ongoing connection to and communication with the community.
6. Fully integrate new commissioners to the board through continued mentorship, regular check-ins and by continuing to adapt processes to support needs while optimizing board work.

2022 Board Objectives:

1. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage
2. Check in quarterly on planning for community engagement scenarios with the intent to implement something in 2022.
3. Develop plan for Board succession which addresses near, mid- and long-term needs

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Commissioner Pledge
Meeting Code of Conduct

Governance excellence is the life blood of a high-quality board of commissioners. It is vital that each board member take their responsibilities seriously and pledge their best efforts to follow this code of conduct.

In pursuit of governance excellence, I pledge to:

A. Refrain from micromanagement and focus on strategic leadership and policy, not on administrative and operational detail. I will respect distinctions between board and staff roles and will manage any overlap between the respective roles in a spirit of collegiality and partnership that supports the authority of staff and maintains the proper lines of accountability. I will not discuss significant operational concerns or issues with employees without the knowledge of the CEO.

B. Attend board and committee meetings regularly and come prepared to fully discuss and deliberate all matters important to the business of the board.

C. Listen carefully to my fellow board members and be willing to consider all points of view during board discussions.

D. Share my point of view, do not dominate discussions, be respectful and courteous in debate, but do not shy away from difficult or contentious issues.

E. Fully support the decisions of the majority once a decision has been reached, even if I am in the minority.

F. Be inquisitive and ask any questions important to the discussions at hand. Strive to push the organization to continuous growth and excellence. Challenge the status quo.

G. Keep executive session board discussions confidential.

H. Take all opportunities to be a good ambassador for Cascade Medical and advocate on behalf of the organization in matters of important public policy issues and encourage philanthropic support that would advance the mission of the organization.

I. Be a continuous learner and look for opportunities to stay abreast of current topics and trends in healthcare delivery and policy.

J. Follow the conflict of interest policies and practices of Cascade Medical.

K. Conduct myself in an ethical, moral and legal manner at all times.

L. Celebrate the success of Cascade Medical and the role I play in its mission!

SIGNED_____ DATE_____

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Part-time Resident Advisory Council Meeting

April 20, 2024 | 10:00 AM
Arleen Blackburn Conference Room & Zoom Connection

	Optional Social Time		**9:30 AM**
I.	**Call to Order**	Neil McReynolds, President	**10:00 AM**
II.	**Introductions**	Neil McReynolds, President	
III.	**Approval of October 28, 2023 Minutes**	Council Members	
	Discussion		**10:10 AM**
IV.	Cascade Medical ○ Commissioner Input ○ Value Story ○ Cascade Medical & Industry Updates	 Bruce Williams, Commissioner Diane Blake, CEO Diane Blake, CEO	
V.	**Foundation Report**	Wade & Kathi Nash, Foundation Members	**10:25 AM**
VI.	**Leavenworth Update**	Clint Strand, Director of Public Relations	**10:35 AM**
VII.	**Council Input** • **Urgent Care exploration**: What days & times of service and location could most benefit part-time residents? Other thoughts/considerations? • **Service convenience**: Would part-time residents consider a CM primary care provider if telehealth were better promoted? How can CM services be more convenient for part-time residents and visitors? If you utilize our services, what can we do better? What services are we missing, in general, or for visitors and part-time residents? • **Visioning**: What do you think CM can or should become for the long-term, to best serve the community (full- & part-time residents and visitors)?	Council Members	**10:40 AM**
VIII.	**Council Business** • Approve updates to Council formation document • Council officer election – current officers are permitted to each serve another year; standard Council practice would recommend both to continue in the role: ○ President: Neil McReynolds ○ Vice President: Jim Elliott • Council Recruitment	Neil McReynolds, President	**11:35 AM**
IX	**General Q&A | Council Thoughts**	Council Members	**11:50 AM**
X.	**Adjournment**	Neil McReynolds, President	**12:00 PM**
	Lunch – In Person or To Go options		**12:00 PM**

Future Meetings:

2024	2025	2026
	April 19th	April 25th
October 26th or November 9th	October 25th	October 24th

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.

RESOLUTION NO. 2024-05

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 INDIVDIUALS WHO ARE PART-TIME RESIDENTS IN THE DISTRICT, PROVIDING 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 the 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 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 interest of the public health, safety and welfare of all the citizens in the District; **NOW, THEREFORE,**

THE BOARD OF COMMISIONERS 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 informal recommendations and comments to the District Board of Commissioners and the District's management team regarding District operations and services from the perspective of individuals who are ~~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. If all Council positions are filled, ~~N~~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 (2) 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 and District management on District-related operations and services issues referred to the Advisory Council by the Board and District management and on other matters desired to be discussed by the ~~Board~~ District 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. 2018~~1~~-0~~1~~4 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.

[The remainder of this page is intentionally left blank]

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 22nd day of May, 2024~~18~~.

Bruce Williams, Board President Commissioner	~~Mary Helen Mayhew~~Jessica Kendall, Board
Tom Baranouskas, Commissioner Commissioner	~~Helen Rayfield~~Gustavo Montoya, Board
Mall Boyd, Board Commissioner	

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Part-time Resident Advisory Council Member Recommendations:

The Part-Time Resident Advisory Council recommends appointment of the following individuals to new terms on the council.

- Jim Elliott- Term beginning 5/1/2024
- Ann Fuchs- Term beginning 5/1/2024
- Bob Fuchs – Term beginning 5/1/2024
- Jeff Libby– Term beginning 5/1/2024

Credentialing Approvals

Locum Tenens Privileges: (90-days)

- Ed Lopez, PA-C, Hospitalist

Teleradiology Privileges: (2-years)

- Dr. Andrew Ciccarelli
- Dr. Nidal Dabbasi
- Dr. Colin Thompson
- Dr. Jason Rogers
- Dr. Stanley Smith

Teleradiology Initial Privileges: (1-year)

- Dr. Jesse Knight
- Dr. Jordan Dixon
- Dr. Sean Feinberg
- Dr. David Bodne

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

Accompanying Notes for the March 2024 Financial Statements

March Financial Statements – Current Month Summary

Gross patient revenue of $3,038,000 for March was greater than the budgeted amount of $2,751,000 by $287,000. The contractual allowance of $1,023,000 for March was greater than the budgeted amount of $894,000 by ($129,000). The net margin of ($296,000) was slightly more than the budgeted net margin of ($305,000) by $9,000. Cash receipts totaling $2,164,000 in March were greater than the budgeted cash receipts total of $2,154,000. The March month end cash balance of $13,783,000 is greater than the budgeted cash balance of $13,557,000 by $226,000.

Specific Revenue and Expense Variances

1. Professional Fees for March were over budget by ($127,000), with $57,000 of this amount due to the reclassification of leadership training expenses from Travel/Meeting/Training to Human Resources Professional Fees and we also incurred $25,000 in recruitment expense for our open hospitalist and lab director open positions and $22,000 in expense for the Business Office Assessment completed in late 2023.
2. Purchased Services expenses were over budget in March due to Business Office Support expenses and HIM Coding support expenses that were accrued as we had not received invoices for several months. We will also see higher than budgeted expense for the Business Office as we are still paying for services from our old statement vendor in addition to payments to the new vendor.

Patient Statistics

For the month of March our Swing Bed, Rehab and Ambulance volumes remain below budgeted volumes, while CT and Lab volumes remain higher than budgeted volumes. Clinic volumes remained lower than budgeted, with one provider on leave for much of March.

Cash Receipts

Collections on patient accounts of $1,840,000 in March were above budgeted patient account collections of $1,812,000 by $28,000. Please note a slight revision to January and February collections on patient accounts totaling ($2,324) as we corrected a few small items on our depository cash reconciliation.

Balance Sheet

Our Balance Sheet shows a decrease in cash balances in March of ($162,000).

Accounts Receivable

Days in Net Accounts Receivable decreased from 59.2 days in February to 57.2 days in March and Gross Accounts Receivable has increased by $132,000 from February.

Contractual Allowances

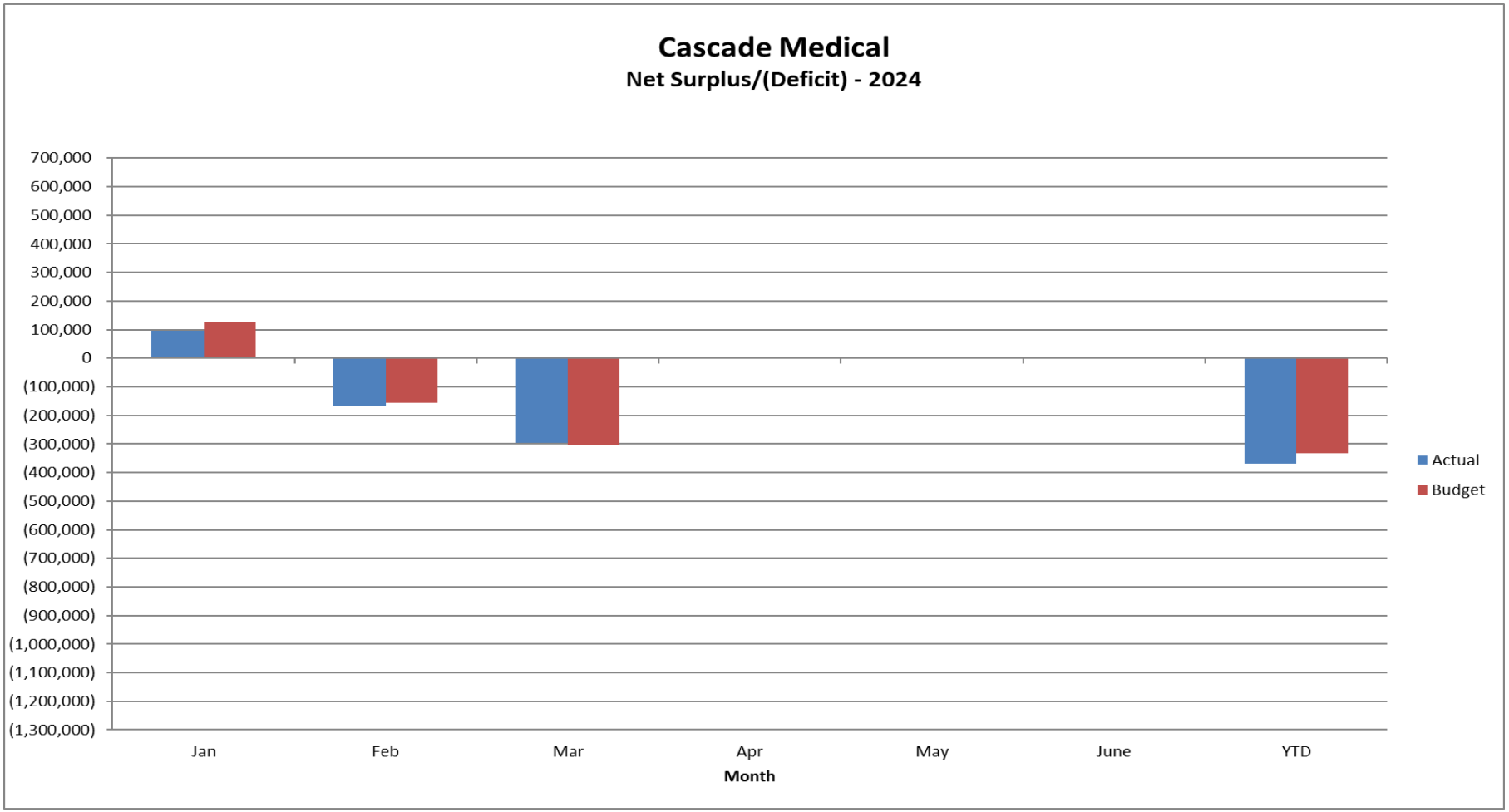
Our Contractual Allowance for March is 33.7% of Gross Revenues. Overall, our Contractual Allowance is 43% of Gross Accounts Receivable.

Final comments

We 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. To date this has only affected our Health Alliance claims. At the end of March, we had $24,000 remaining in payments received that we were unable to post as we did not have the patient detail. Now we are seeing that we are not seeing payments from Health Alliance, and we understand they are working to move to a new clearinghouse but this has not yet taken effect. Payments from Health Alliance averaged $200,000/month in 2023.

We have delivered substantially all of the requested information for our financial audit and cost report and continue to work with the state auditor on the 2019-2022 State Accountability Audit.

The WSHA AHA Vitality Payer Scorecard project has begun, and the Charity Care check-up is underway. There are a few changes to Price Transparency laws that are effective July, 1, 2024 and work is also underway to ensure that we meet the new requirements.


Cascade Medical
Net Surplus/(Deficit) - 2024
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
(800,000)
(900,000)
(1,000,000)
(1,100,000)
(1,200,000)
(1,300,000)
Jan
Feb
Mar
Apr
May
June
YTD
Month
Actual
Budget

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

000's omitted

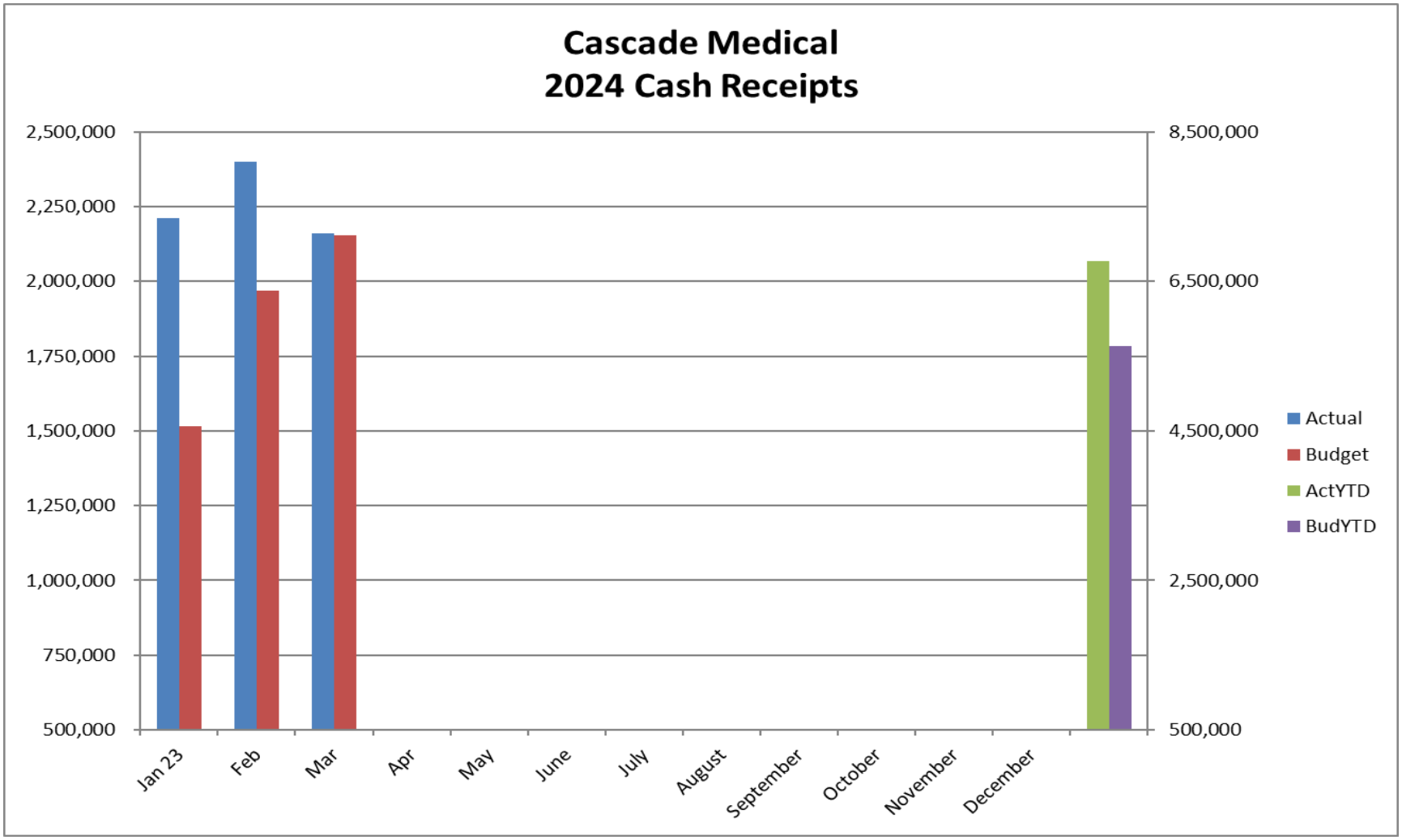
	YTD Mar
Net Margin	
Actual	(368)
Budget	(333)
Better (Worse) than Budget	(35)
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - PT ($196); SBed ($144); Amb ($123); CT $357; Lab $133; Clinic $128; Endo $96	276
Contractual Allowances	(294)
Net Patient Revenue	(18)
Other Operating Revenue	33
Total Operating Revenue	15
Expenses	
Salaries & Benefits - AC ($76); Admin ($51); Admit ($43); Clinic Prov $75; Amb $70, OT $54; Clinic $49	99
Prof. Fees - HR ($84); Acute ($40); Admin ($29)	(147)
Supplies	(34)
Purchased Services/Repairs - Bus Off ($61); HIM ($14)	(81)
Other Operating Expenses - Info Sec $49; Depr $23; AMB $26	114
Total Operating Expenses	(49)
Non-Operating Revenues & Expenses	(1)
Actuals Better/(worse) than Budget	(35)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending March 31, 2024

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,015,022	1,856,913	158,109	6,109,926	6,128,295	(18,369)	3,478,707
Grants, Contribs, Other Op Revenue	130,157	147,770	(17,613)	389,198	355,310	33,888	214,095
Tax Levies, unrestricted	137,725	137,725	-	413,175	413,175	-	299,330
Total Operating Revenue	2,282,904	2,142,408	140,496	6,912,299	6,896,780	15,519	3,992,132
Operating expenses							
Salaries & Benefits	1,695,938	1,710,227	14,290	4,951,520	5,050,449	98,929	2,857,947
Professional fees	237,782	111,156	(126,626)	482,981	336,136	(146,845)	269,605
Supplies	181,572	153,660	(27,912)	522,940	489,019	(33,921)	272,077
Purchased services	221,620	142,282	(79,338)	514,636	433,246	(81,390)	262,534
Depreciation	162,403	169,874	7,471	487,976	509,622	21,647	333,101
Other Operating Expenses	165,926	247,106	81,180	577,512	669,903	92,391	328,770
Total operating expenses	2,665,241	2,534,305	(130,936)	7,537,565	7,488,375	(49,190)	4,324,034
Operating gain / (loss)	(382,337)	(391,897)	9,560	(625,266)	(591,595)	(33,671)	(331,902)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	337,923	337,923	-	216,588
Interest expense on bonds	(25,327)	(25,328)	1	(75,981)	(75,984)	3	(54,428)
Other Non-Operating rev (exp)	(1,398)	(989)	(409)	(4,267)	(2,967)	(1,300)	(3,021)
Total nonoperating rev (exp), net	85,916	86,324	(408)	257,675	258,972	(1,297)	159,139
Net Income	(296,421)	(305,573)	9,152	(367,591)	(332,623)	(34,968)	(172,762)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending March 31, 2024

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,037,644	2,750,406	287,238	9,117,720	8,842,230	275,490	5,018,792
less:							
Contractual Allowances	876,006	758,723	(117,283)	2,576,633	2,280,666	(295,967)	1,319,248
Reserve for Bad Debts	104,323	96,264	(8,059)	306,788	309,478	2,690	157,112
Reserve for Financial Assistance	42,293	38,506	(3,787)	124,373	123,791	(582)	63,724
Total Deductions from Revenue	1,022,622	893,493	(129,129)	3,007,794	2,713,935	(293,859)	1,540,084
Net Patient Revenue	2,015,022	1,856,913	158,109	6,109,926	6,128,295	(18,369)	3,478,707
Grants, Contributions	16,503	37,000	(20,497)	74,177	41,000	33,177	1,000
Other Operating Revenue	113,654	110,770	2,884	315,021	314,310	711	213,095
Tax Levies, unrestricted	137,725	137,725	-	413,175	413,175	-	299,330
Total Operating Revenue	2,282,904	2,142,408	140,496	6,912,299	6,896,780	15,519	3,992,132
Operating expenses							
Salaries and wages	1,394,650	1,398,383	3,733	4,055,846	4,119,388	63,542	2,344,332
Employee benefits	301,288	311,844	10,556	895,674	931,061	35,387	513,616
Professional fees	237,782	111,156	(126,626)	482,981	336,136	(146,845)	269,605
Supplies	181,572	153,660	(27,912)	522,940	489,019	(33,921)	272,077
Utilities	34,506	24,556	(9,950)	76,574	74,468	(2,106)	49,278
Repairs and maintenance	25,310	22,844	(2,466)	68,726	68,532	(194)	55,549
Purchased services	196,311	119,438	(76,873)	445,910	364,714	(81,196)	206,985
Continuing medical education	-	2,167	2,167	5,325	6,501	1,176	1,675
Other expenses	42,863	53,001	10,138	56,685	79,003	22,318	19,796
Dues and subscriptions	69,665	89,063	19,398	236,259	278,437	42,178	44,161
Travel / training / meetings	(22,783)	12,214	34,997	36,305	32,834	(3,471)	36,073
Leases and rentals	10,244	18,128	7,885	34,289	54,229	19,940	36,257
Depreciation	162,403	169,874	7,471	487,976	509,622	21,647	333,101
Licenses and taxes	27,720	25,103	(2,617)	82,430	75,809	(6,621)	105,412
Insurance	3,712	21,600	17,888	46,993	64,800	17,807	33,466
Interest	-	1,274	1,274	2,652	3,822	1,170	2,652
Total operating expenses	2,665,241	2,534,305	(130,936)	7,537,565	7,488,375	(49,190)	4,324,034
Operating gain / (loss)	(382,337)	(391,897)	9,560	(625,266)	(591,595)	(33,671)	(331,902)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	337,923	337,923	-	216,588
Interest expense on bond financing	(25,327)	(25,328)	1	(75,981)	(75,984)	3	(54,428)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	371	780	(409)	1,041	2,340	(1,299)	518
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(5,308)	(5,307)	(1)	(3,539)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	85,916	86,324	(408)	257,675	258,972	(1,297)	159,139
Net Income	(296,421)	(305,573)	9,152	(367,591)	(332,623)	(34,968)	(172,762)


Cascade Medical
2024 Cash Receipts
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Jan 23
Feb
Mar
Apr
May
June
July
August
September
October
November
December
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2024

	YTD 2023 avg/mo	jan 24	feb	mar	apr	may	2024 Act mo	2024 Bud mo	Act/Bud % var	2024 Act YTD Tot	2024 Act avg/mo	2024 Bud YTD Tot	2024 Bud avg/mo	Act/Bud % var
Acute Care	15	34	10	25			25	20	25.0%	69	23	66	22	4.5%
Swing Bed	74	70	38	74			74	71	4.7%	182	61	289	96	-37.1%
Laboratory tests	2,518	3,427	2,847	3,114			3,114	2,877	8.2%	9,388	3,129	8,371	2,790	12.1%
Radiology exams	295	312	294	281			281	312	-9.9%	887	296	909	303	-2.4%
CT scans	103	144	131	129			129	95	35.8%	404	135	305	102	32.5%
ED visits	274	325	262	287			287	249	15.3%	874	291	826	275	5.8%
Ambulance runs	69	64	47	73			73	56	30.4%	184	61	201	67	-8.5%
Clinic visits	1,075	1,264	1,132	1,146			1,146	1,249	-8.2%	3,542	1,181	3,659	1,220	-3.2%
Rehab procedures	2,230	1,835	1,749	1,893			1,893	2,728	-30.6%	5,477	1,826	7,584	2,528	-27.8%

Patient Statistics

	2023	2024												2024
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	3.7	7	4	5										5.3
Short Stay	3.0	6	7	7										6.7
Swing Bed	4.0	4	1	6										3.7
Respite Care	1.0	2	1	-										1.0
Total Admits	11.7	19	13	18										16.7
Patient Days														
Acute Care	15.0	34	10	25										23.0
Short Stay	3.6	8.3	11.3	-										6.5
Swing Bed	74.0	70	38	74										60.7
Respite Care	11.7	7	6	-										4.3
Total Patient Days	104.3	119.3	65.3	99.0										94.5
Average Length of Stay	8.9	6.3	5.0	5.5										5.6
Average Patients per Day	3.5	3.8	2.3	3.2										3.1
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,518	3,427	2,847	3,114										3,129
Radiology (tests)	243	263	246	233										247
Mammography (tests)	35	36	38	37										37
Cardiac Diagnostics	79	87	80	95										87
CT (Scans)	103	144	131	129										135
DXA (Scans)	17	13	10	11										11
PT (services billed)	1,729	1,463	1,441	1,507										1,470
ER (visits/procedures)	274	325	262	287										291
Ambulance (runs)	69	64	47	73										61
Clinic (visits)	1,075	1,264	1,132	1,146										1,181
Occupational Therapy	442	302	246	320										289
Speech Therapy	59	70	62	66										66
Cardiac Rehab	-	7	12	15										11
Endoscopy Procedures	16	26	22	17										22

REVENUE COMPARISON	2023	2024												2024
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 46,380	$ 124,350	$ 28,890	$ 80,250										$ 77,830
Short Stay	11,423	27,810	36,660	29,145										31,205
Respite Care	6,915	5,005	3,300	-										2,768
Swing Bed	178,710	190,780	98,230	217,140										168,717
Central Supply	15,956	46,843	20,703	20,645										29,397
Laboratory	317,679	448,711	343,301	383,678										391,897
Cardiac Diagnostics	24,549	22,436	24,588	29,132										25,385
CT	349,253	529,581	462,108	479,319										490,336
Radiology	124,567	140,411	131,027	132,687										134,708
Mammography	20,542	22,920	24,666	27,284										24,957
Pharmacy	138,075	164,563	105,684	129,592										133,280
Respiratory Therapy	-	90	-	269										119
Physical Therapy	179,669	162,891	164,573	167,178										164,881
Emergency Room	584,611	739,709	570,388	625,754										645,284
Ambulance	211,565	229,135	146,682	220,818										198,878
Clinic	246,004	400,468	367,968	319,558										362,665
Occupational Therapy	52,363	34,011	33,089	45,081										37,393
Outpatient Diagnostic Svcs	40,472	71,615	94,840	94,169										86,875
Speech/Contracted Svcs	19,604	24,359	21,522	23,619										23,167
Cardiac Rehab	-	1,575	2,475	3,600										2,550
Dietary/Contracted Svcs	5,748	6,856	5,265	8,729										6,950
Total Patient Revenue	**$ 2,574,087**	**$ 3,394,117**	**$ 2,685,959**	**$ 3,037,644**										$ 3,039,240

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending March 31, 2024

	Mar-24	2024 YTD	2023 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 1,839,841	$ 6,145,318	$ 6,595,932
Other receipts	$ 60,522	$ 187,045	$ 168,890
Payments to & on behalf of employees	$ (1,266,092)	$ (3,932,884)	$ (3,442,158)
Payments to suppliers and contractors	$ (950,403)	$ (2,699,435)	$ (2,413,564)
Net cash gained / (used) in operating activities	$ (316,131)	$ (299,956)	$ 909,101
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 149,324	$ 155,994	$ 230,230
Noncapital grants and contributions	$ 16,503	$ 22,385	$ 35,993
Net cash provided by noncapital financing activities	$ 165,828	$ 178,379	$ 266,223
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 42,231	$ 44,058	$ 61,250
Purchase of capital assets	$ (8,015)	$ (327,598)	$ (12,222)
Payments toward construction in progress	$ (101,343)	$ (267,525)	$ -
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	$ (67,127)	$ (499,274)	$ 49,028
Cash flows from investing activities			
Investment Income	$ 55,333	$ 165,805	$ 126,178
Net increase (decrease) in cash and cash equivalents	$ (162,097)	$ (455,046)	$ 1,350,531
Cash and Cash equivalents, beginning of period	$ 13,945,195	$ 14,238,144	$ 12,919,205
Cash and cash equivalents, end of period	$ 13,783,098	$ 13,783,098	$ 14,269,736

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending March 31, 2024

	Actual January	Actual February	Actual March	Actual 1st Qtr	Forecast 2nd Qtr	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2024	Budget 2024
Cash balance, beginning of period	$ 14,238,144	$ 13,993,710	$ 13,945,196	$ 14,238,144	$ 13,783,098	$ 14,512,811	$ 14,275,687	$ 14,238,144	$ 14,238,144
Cash available for operating needs	$ 14,021,607	$ 13,775,520	$ 13,725,074	$ 14,021,607	$ 13,479,513	$ 13,734,201	$ 13,460,411	$ 14,021,607	14,021,607
Cash restricted to debt service, other restricted funds	$ 216,537	$ 218,190	$ 220,123	$ 216,537	$ 303,585	$ 778,610	$ 815,276	$ 216,537	216,537
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 2,032,625	$ 2,272,852	$ 1,839,841	$ 6,145,318	$ 5,755,161	$ 6,827,054	$ 6,849,042	$ 25,576,576	$ 24,445,262
Grant receipts	$ 51,791	$ 5,882	$ 16,503	$ 74,176	$ 26,000	$ 6,000	$ 6,000	$ 112,176	$ 79,000
Other receipts	$ 64,149	$ 62,374	$ 60,522	$ 187,045	$ 331,335	$ 136,335	$ 151,335	$ 806,050	$ 794,340
Payments to or on behalf of employees	$ (1,335,784)	$ (1,331,009)	$ (1,266,092)	$ (3,932,884)	$ (4,506,651)	$ (5,231,455)	$ (4,447,500)	$ (18,118,490)	$ (19,537,764)
Payments to suppliers and contractors	$ (808,208)	$ (940,825)	$ (950,403)	$ (2,699,435)	$ (1,960,843)	$ (1,899,632)	$ (1,841,062)	$ (8,400,971)	$ (7,610,953)
Net cash provided by operating activities	$ 4,574	$ 69,274	$ (299,628)	$ (225,780)	$ (354,997)	$ (161,698)	$ 717,815	$ (24,660)	$ (1,830,116)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation			$ -	$ -	$ -	$ -	$ 271,769	$ 271,769	$ 271,769
Taxation for Emergency Medical Services	$ 2,016	$ 2,895	$ 108,093	$ 113,004	$ 766,609	$ 44,831	$ 692,298	$ 1,616,742	$ 1,652,698
Investment Income	$ 57,363	$ 53,109	$ 55,333	$ 165,805	$ 138,090	$ 138,090	$ 138,090	$ 580,075	$ 552,360
Donations	$ -	$ -		$ -	$ -	$ -	$ 90,000	$ 90,000	$ 90,000
Net cash provided by noncapital financing activities	$ 59,379	$ 56,003	$ 163,426	$ 278,809	$ 904,699	$ 182,921	$ 1,192,157	$ 2,558,586	$ 2,566,827
Proceeds from Long Term Debt				$ -	$ -	$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (310,040)	$ (175,724)	$ (109,358)	$ (595,122)	$ (295,014)	$ (295,014)	$ (295,014)	$ (1,480,164)	$ (1,180,056)
Increase/(decrease) in cash available for operations	$ (246,087)	$ (50,447)	$ (245,560)	$ (542,094)	$ 254,688	$ (273,791)	$ 1,614,958	$ 1,053,762	$ (443,345)
Cash available for operating needs	**$ 13,775,520**	**$ 13,725,074**	**$ 13,479,513**	**$ 13,479,513**	**$ 13,734,201**	**$ 13,460,411**	**$ 15,075,369**	**$ 15,075,369**	**$ 13,578,262**
Taxation for bond prin & int (incl encumbd M&O)	$ 1,653	$ 1,933	$ 83,462	$ 87,048	$ 626,988	$ 36,666	$ 294,442	$ 1,045,144	$ 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	$ 83,462	$ 87,048	$ 475,025	$ 36,666	$ (643,521)	$ (44,782)	$ (9,999)
Cash restricted to debt service, other restricted funds	**$ 218,190**	**$ 220,123**	**$ 303,585**	**$ 303,585**	**$ 778,610**	**$ 815,276**	**$ 171,755**	**$ 171,755**	**$ 206,538**
Cash balance, end of period	**$ 13,993,710**	**$ 13,945,196**	**$ 13,783,098**	**$ 13,783,098**	**$ 14,512,811**	**$ 14,275,687**	**$ 15,247,124**	**$ 15,247,124**	**$ 13,784,800**

CASCADE MEDICAL CENTER

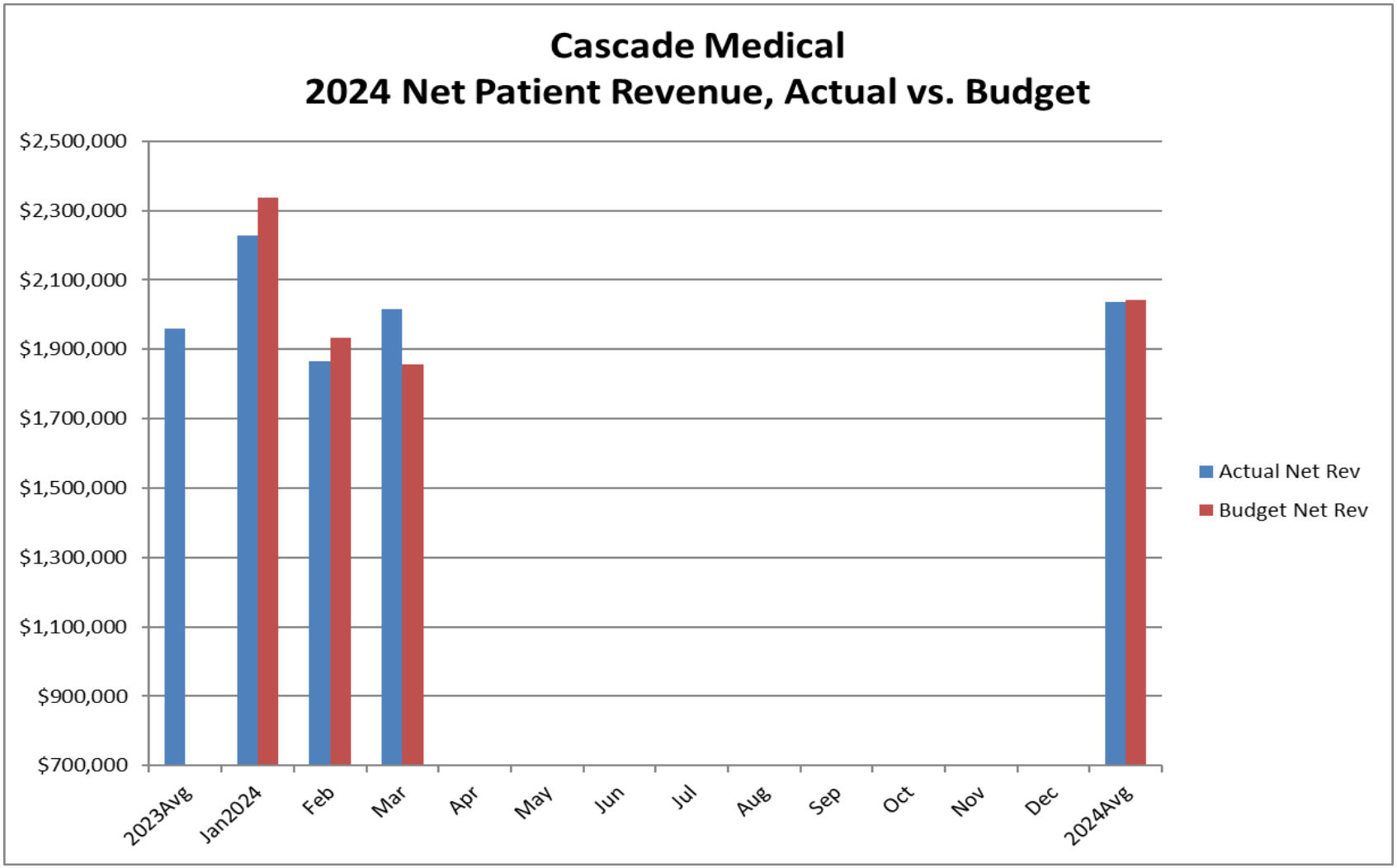
EMERGENCY MEDICAL SERVICES - MARCH, 2024

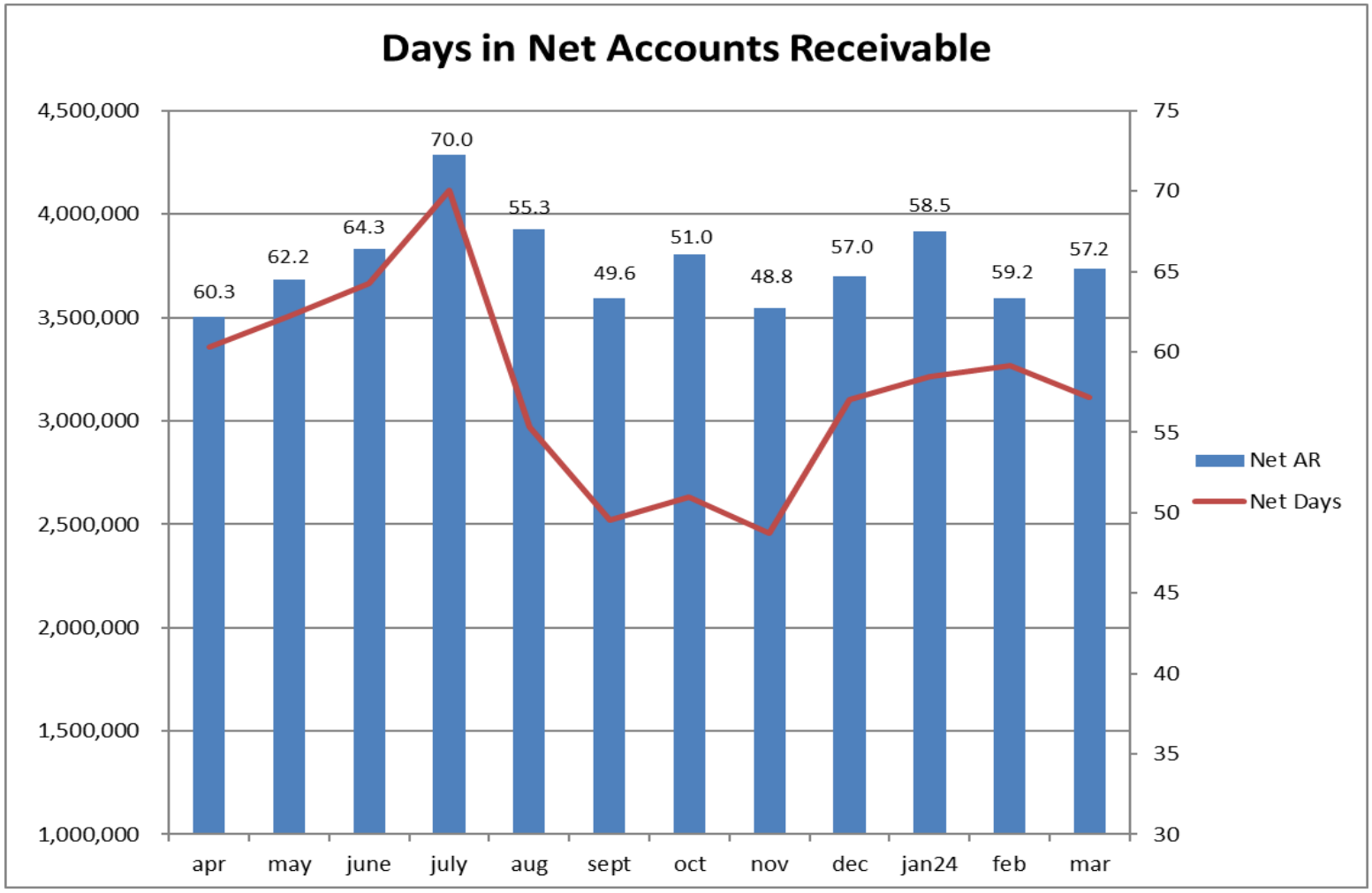
REVENUE	EMERGENCY ROOM 3/31/24	EMERGENCY ROOM 3/31/24 YTD	AMBULANCE 3/31/24	AMBULANCE 3/31/24 YTD	COMBINED EMERGENCY MEDICAL SERVICES 3/31/24	COMBINED EMERGENCY MEDICAL SERVICES 3/31/24 YTD	COMBINED EMERGENCY MEDICAL SERVICES 3/31/2023 YTD
PATIENT REVENUE	625,754	1,935,851	220,818	596,635	$846,572	$2,532,486	$2,388,533
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$364,064	$1,126,278	$145,431	$392,944	$509,495	$1,519,222	$1,436,362
NET PATIENT REVENUE	**$261,690**	**$809,573**	**$75,387**	**$203,691**	**$337,078**	**$1,013,265**	**$952,171**
OTHER OPERATING REVENUE	$0	$0	15,005	38,818	$15,005	$38,818	$0
TOTAL OPERATING REVENUE	**$261,690**	**$809,573**	**$90,392**	**$242,510**	**$352,083**	**$1,052,083**	**$952,171**
OPERATING EXPENSES							
SALARIES AND WAGES	209,845	597,513	122,878	338,967	$332,723	$936,480	$806,431
EMPLOYEE BENEFITS	32,432	95,357	28,897	86,146	$61,329	$181,502	$152,711
PROFESSIONAL FEES	7,920	23,595	-	-	$7,920	$23,595	$61,095
SUPPLIES	8,664	18,386	4,511	26,980	$13,175	$45,365	$38,434
FUEL	-	-	1,852	4,771	$1,852	$4,771	$6,364
REPAIRS AND MAINT.	-	-	229	6,453	$229	$6,453	$12,510
PURCHASED SERVICES	3,480	10,548	15,480	43,657	$18,960	$54,205	$49,693
CONTINUING MEDICAL EDUCATION	695	1,055	-	-	$695	$1,055	$4,606
DUES	1,706	3,485	544	9,011	$2,250	$12,496	$10,515
OTHER EXPENSES	210	632	34,388	38,256	$34,599	$38,889	$4,568
LEASES / RENTALS	215	676	-	4,557	$215	$5,233	$7,960
DEPRECIATION	4,522	13,565	17,597	52,790	$22,118	$66,355	$67,326
TAXES AND LICENSES	-	-	-	163	$0	$163	$1,338
INSURANCE	1,079	3,236	4,455	13,365	$5,534	$16,601	$16,055
OVERHEAD COSTS	192,672	515,026	100,238	267,943	$292,910	$782,969	$821,512
TOTAL OPERATING EXPENSES	**$463,441**	**$1,283,074**	**$331,069**	**$893,060**	**$794,510**	**$2,176,132**	**$2,061,117**
MARGIN ON OPERATIONS	**($201,751)**	**($473,502)**	**($240,676)**	**($650,550)**	**($442,427)**	**($1,124,049)**	**($1,108,946)**
TAX REVENUE					**$137,725**	**$413,175**	**$448,995**
NET MARGIN WITH TAX REVENUE					**($304,702)**	**($710,874)**	**($659,951)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	**287**	**874**	**73**	**184**			
Total Ambulance Runs (includes unbillable runs)			**100**	**269**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	**244**	**821**	**57**	**206**			
Total Ambulance Runs (includes unbillable runs)			**85**	**300**			

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

	Mar 2024	Dec 2023
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,383,319	925,852
Savings Account	10,685,380	11,886,669
Patient Account Receivable	6,560,012	6,490,775
less: Reserves for Contractual Allowances	(2,820,795)	(2,859,845)
Inventories and Prepaid Expenses	266,919	270,696
Taxes Receivable - M&O Levy	135,387	11,199
- EMS Levy	333,187	31,211
Other Assets	311,362	404,970
Total Current Assets	16,854,770	17,161,526
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	977,227	964,217
CVB Memorial Fund	1,274	1,274
UTGO Bond Payable Fund	119,431	75,373
LTGO Bond Payable Fund	2,004	2,004
Investment Memorial Fund	132,787	131,019
Settlement Account	173,911	171,595
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	195,151	82,148
	1,601,785	1,427,630
Taxes Receivable - Construction Bond Levy	139,619	11,246
Total Assets Limited as to Use	1,741,404	1,438,875
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,420,326	1,420,326
Buildings & Improvements	10,502,549	10,502,549
Fixed Equip - Hospital	9,028,453	8,946,455
Major Movable Equipment Hospital	8,151,687	7,975,703
Construction in Progress	941,161	760,146
Total Property, Plant and Equipment	30,566,190	30,127,194
Less: Accumulated Depreciation	(21,511,844)	(21,023,868)
	9,054,347	9,103,326
ROU Leases		
ROU Leases	106,054	106,054
Less Accumulated Amortization	(30,796)	(30,796)
	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	295,925	301,233
TOTAL ASSETS	29,616,033	29,674,548

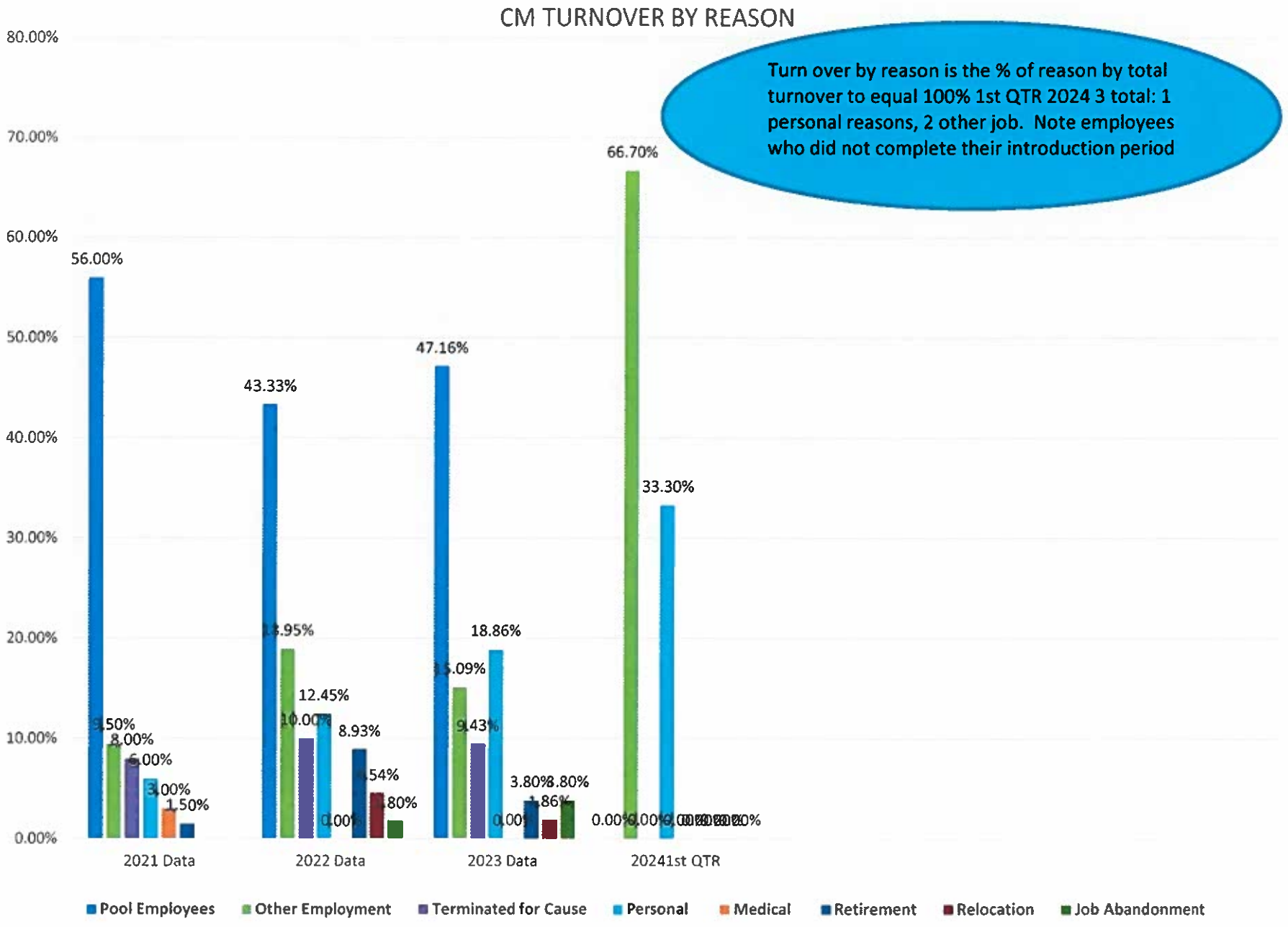
	Mar 2024	Dec 2023
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	418,540	636,707
Accrued Payroll	875,077	457,506
Refunds Payable	1,073	1,285
Accrued PTO	929,647	854,110
Payroll Taxes & Benefits Payable	61,381	83,616
Accrued Interest Payable	101,308	25,327
Current Long Term Debt	792,725	794,004
Current OPEB Liability	982,737	996,196
Short Term Lease	33,406	33,406
Settlement Payable	741,000	744,258
Total Current Liabilities	4,936,894	4,626,414
Long Term Liabilities		
Notes Payable	199,490	199,490
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	4,460,000	4,460,000
LTGO Bond Payable	4,215,000	4,215,000
Deferred Revenue/Bond Premium	82,090	83,493
Long Term OPEB/Pension Liability	2,969,594	2,969,594
Long Term ROU Leases	41,852	41,852
Total Long Term Liabilities	11,968,024	11,969,427
Total Liabilities	16,904,918	16,595,841
Fund Balance - Prior Years	13,078,706	13,078,706
Fund Balance - Current Year	(367,591)	-
Total Fund Balance	12,711,115	13,078,706
TOTAL LIABILITIES & FUND BALANCE	29,616,033	29,674,548


Cascade Medical
2024 Net Patient Revenue, Actual vs. Budget
$2,500,000
$2,300,000
$2,100,000
$1,900,000
$1,700,000
$1,500,000
$1,300,000
$1,100,000
$900,000
$700,000
2023Avg
Jan2024
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2024Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
60.3
62.2
64.3
70.0
55.3
49.6
51.0
48.8
57.0
58.5
59.2
57.2
apr
may
june
july
aug
sept
oct
nov
dec
jan24
feb
mar
Net AR
Net Days

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	6,560,012			
Credit bals as % of AR	2.5%	6.8%							
% >90 w/o installs	33.6%	41.2%							


CM TURNOVER BY REASON
Turn over by reason is the % of reason by total turnover to equal 100% 1st QTR 2024 3 total: 1 personal reasons, 2 other job. Note employees who did not complete their introduction period
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
56.00%
43.33%
47.16%
66.70%
33.30%
18.86%
12.45%
8.93%
3.80%
2021 Data
2022 Data
2023 Data
20241st QTR
Pool Employees
Other Employment
Terminated for Cause
Personal
Medical
Retirement
Relocation
Job Abandonment

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 with out pool employees.