



**Public Hospital District No.1: Board of Commissioners Meeting Agenda**  
**Wednesday September 27, 2023 | 5:30 PM**  
**Arleen Blackburn Conference Room and Zoom Connection**

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

<b>I.</b>	<b>Call to Order</b>	5:30	Tom Baranouskas
<b>II.</b>	<b>Pledge of Allegiance</b>	5:30	Tom Baranouskas
<b>III.</b>	<b>Consent Agenda</b>	5:30	Tom Baranouskas
	All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.		
	• Meeting Agenda		
	• August 23, 2023 Board Meeting Minutes		
	• <b>Quality Oversight Committee Charter</b>		
	• <b>Previous Month's Warrants Issued:</b>	#10119964 -- 10120228	08/17/2023 – 09/14/2023 \$ 963,455.01
	• <b>Accounts Payable EFT Transactions:</b>	#20220295 – 20220308	08/12/2023 – 09/14/2023 \$ 470,859.43
	• <b>Payroll EFT Transactions:</b>	#15349 – 15919	08/12/2023 – 09/22/2023 \$1,175,103.31
	• August Bad Debt		
<b>IV.</b>	<b>Community Input</b>	5:35	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
<b>V.</b>	<b>Foundation Report</b>	5:40	Foundation Member
<b>VI.</b>	<b>CM Values</b>	5:45	Diane Blake
<b>VII.</b>	<b>Public Relations Report</b>	5:50	Clint Strand
<b>VIII.</b>	<b>Old Business</b>	6:00	
	a. IT Update		Chad Schmitt
<b>IX.</b>	<b>New Business</b>	6:10	
	a. Medicaid Re-enrollments		Diane Blake
	b. DC Rural Advocacy Days		Bruce Williams
	c. Risk Work Overview		Diane Blake
	b. Update on 2024 Organizational Goals Work		Diane Blake
	c. First Reading of Draft Budget		Marianne Vincent
	<b>Strategic Questions:</b>		
	• Is there risk mitigation work that requires more priority attention?		
	• What elements of the draft goals are most essential to meeting our long-term objectives, including carrying us beyond 2025? Anything missing?		
	• What topics essential to CM's future remain unaddressed in the goals or budget work?		
<b>X.</b>	<b>Committee Reports</b>	7:00	
	a. Quality Oversight		Mall Boyd
	b. Governance		Tom Baranouskas
	c. WSHA Hospital Governing Boards		Bruce Williams
<b>XI.</b>	<b>Action Items</b>	7:15	Commissioners
	a. <b>MOTION:</b> Authorize approval of WSNA Contract		
	b. <b>MOTION:</b> Approve Security System Replacement		
	c. <b>MOTION:</b> Approve Credentialing		
	d. <b>MOTION:</b> Approve Disclosure of Unanticipated Outcomes Policy		
	e. <b>MOTION:</b> Approve Resolution 2023-10 Surplus IT Equipment		
<b>XII.</b>	<b>August Finance Report</b>	7:35	Marianne Vincent
<b>XIII.</b>	<b>Administrator Report</b>	7:50	Diane Blake
<b>XIV.</b>	<b>Board Action Items</b>	8:10	Commissioners
<b>XV.</b>	<b>Meeting Evaluation/Commissioner Comments</b>	8:15	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
<b>XVI.</b>	<b>Adjournment</b>	8:20	Tom Baranouskas



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

## 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 September 27, 2023**

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

- **Consent Agenda** – The Quality Oversight Committee (QOC) Charter included in the consent agenda has been reviewed by the QOC, who recommends it to the full Board for 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.
- **Old Business**
  - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology work.
- **New Business**
  - Medicaid Re-enrollments – No documents are included in your packet for this topic. Diane will provide a verbal report with a summary of work CM has been involved in to communicate the need for some patients to re-enroll.
  - DC Rural Advocacy Days – No documents are included in your packet for this topic. Bruce, who participated, will lead off the verbal report.
  - Risk Work Overview – Management leads the reassessment of organizational risk as part of our annual strategic planning process. Diane will share the stratified lists of risks during the meeting. Your thoughts and feedback are welcome, including whether there is something missing on the list or whether something should be reprioritized.
  - Update on 2024 Organizational Goals Work – No documents are included in your packet for this topic. Diane will provide an update on where management is at in the process, including summarizing a draft list of topic areas that will be further refined in the coming weeks with input from medical staff and others in the organization.
  - First Reading of Draft Budget – Included in your packet is the current draft version of the 2024 budget. Marianne will provide updates of our progress to date in planning for the coming year. As with all topics, your feedback / input is highly encouraged.
    - Strategic questions are included in the agenda as starting points to assist in gathering Board input and thoughts regarding planning for the coming year and beyond. Please feel free to work beyond these questions as you wish; they are merely suggested jumping off points.
- **Committee Reports**
  - Quality Oversight – Included in your packet is the agenda from the most recent meeting, to support Mall’s report.
  - Governance – Included in your packet is the agenda from the most recent meeting, to support Tom’s report.

- WSHA Hospital Governing Boards – No documents are included in your packet for this topic. Bruce, who serves on the WSHA Governing Boards Committee, will provide a verbal report.
- **Action Items**
  - Authorize Approval of WSNA Contract – Management and the Washington State Nurses Association (WSNA) members reached tentative agreement on a new three-year contract. WSNA members voted to accept the contract with a 100% yes vote this week. Diane will provide a verbal recap of the negotiation process and a summary of negotiated items. Management is seeking a motion from the Board to authorize Diane to sign the contract.
  - Security System Replacement – This is a summary document detailing management’s recommendation to invest in replacing critical structural systems to enhance staff and patient safety. This was discussed briefly in August and given the supportive conversation at that time, management is bringing this forward for the Board’s consideration. The document will arrive after the packet but before the board meeting, via email.
  - Credentialing – Included in your packet is a list of providers ready to be considered for approval.
  - Disclosure of Unanticipated Outcomes Policy – Included in your packet is a new policy which sets the process for notifying patients and/or families when there is an unanticipated outcome. The Quality Oversight Committee reviewed this policy and recommends it to the Board for approval. The Department of Health requires us to have this policy in place and requires that it be approved by the Board. Because it is a new policy and may benefit from discussion, it is included in the body of the meeting rather than in the consent agenda.
  - Surplus Resolution 2023-10 – Included in your packet is a resolution which would allow us to surplus old, no longer used equipment. As a reminder, for asset-tagged capital items, we are required to receive board approval prior to disposal. Due to the helpful discussion at the last Board meeting, we have updated our process so that we utilize one resolution for a list of items, which is an allowable and recommended process.
- **August Finance Report** – Included in your packet are the August financials, to support Marianne’s report.

### **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.



# CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting  
 Chelan County Public Hospital District No. 1  
 Arleen Blackburn Conference Room & Video Conference Connection  
 August 23, 2023

**Present:** Tom Baranouskas, Board President; Bruce Williams, Vice President; Mall Boyd, Secretary; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operations Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Deb Williams, Clinic Consultant, Lauren Liebling, PA-C, Reese Bradburn, PA-C; Brian Walker, Attorney, Ogden, Murphy, Wallace.  
**Via Zoom:** Jessica Kendall, Commissioner; Chad Schmitt, Virtual Fractional Chief Information Officer; Clint Strand, Director of Public Relations

**Excused:** Megan Baker, Executive Assistant

**Guests:** Karl Kranz, CM Free Clinic  
**Via Zoom:** Mary Morse, Patient Services Representative; Duane Goehner, Community Member; Bob Jennings, CMF Board Member, Michael (No other information)

Topics	Actions/Discussions
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>President Tom Baranouskas called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance.</li> </ul>
<b>Consent Agenda</b>	<ul style="list-style-type: none"> <li>Tom moved to approve consent the agenda.</li> <li>Bruce seconded the motion and the commissioners unanimously approved.</li> </ul>
<b>Community Input</b>	<ul style="list-style-type: none"> <li>None provided</li> </ul>
<b>Introduction Reese Bradburn, PA-C &amp; Lauren Liebling, PA-C</b>	<ul style="list-style-type: none"> <li>Diane introduced our two new hospitalist Physician Assistants, Lauren Liebling and Reese Bradburn, both began the end of June 2023. They provide continuity of care for our inpatients, in the afternoon they provide care in the clinic, which provides more access for the community and allows our clinic providers to open up their schedule to see more patients, further increasing access. Diane explained this is a new program and shared that both Reese and Lauren knew they would be working to shape the program; they both have done an amazing job stepping up and doing this from day one. Diane shared that they both live locally and have both been ski patrollers. Diane shared Lauren's and Reese's education and background.             <ul style="list-style-type: none"> <li>Tom asked what schedule they are working – Lauren explained the 7 days on and 7 days off schedule.</li> <li>Tom welcomed them and stated they are excited with the beginning of the program.</li> <li>Gustavo asked if either of the were bilingual. Reese explained he started down that road but was accepted into PA school.</li> <li>Tom asked to clarify the hours. Reese explained 7:30-5:30 and explained after hours coverage. And shared that they both are covering the Saturday clinic.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Bruce asked- I am wondering if you are new enough to remember what your expectations were and if you have been here long enough to share what might be missing. Lauren stated she feels she is still in the learning and exploring phase – people here are very motivated to help us be successful. Reese agrees, we both anticipated a long period of learning what is needed and adapting to the needs. We bring an inpatient care expertise to patients, families, and staff. Reese talked about the transition and growth of hospitalists specialty of care.</li> <li>• Jessica welcomed both Lauren and Reese to the facility and thanked them for attending the board meeting. Jessica wanted to know how the transition is working between hospital and clinic. Lauren explained that outpatient medicine is a welcome challenge and new learning experience and each day the patients are expanding her skill set and pushing her as a provider. Jessica shared that we want this role to be a success and asked that they share any of their needs.</li> </ul>
<b>Foundation Report</b>	<ul style="list-style-type: none"> <li>• Bob Jennings provided the Foundation Report.</li> <li>• CMF has had a good year financially and a challenging year for members. They are down to 17 board members and their bylaws indicate the need for 21. Out of the 17 board members 8 are from Plain. Looking to expand to Peshastin / Dryden area.</li> <li>• Raised enough money for the cardiac rehab program; revenue up 55% over this time last year.</li> <li>• Foundation hosted a Benevolent Night at the Wok About on August 16. The Montgomery's have been very successful in organizing these events; over \$14,000 has been raised from benevolent nights so far this year.</li> <li>• Mark Judy memorial education fund will be going live on their website later this month. The committee will have 3 members from the Foundation and 3 members from CM to evaluate applications.</li> <li>• Between two major fundraisers – finished golf tournament and preparing for the Jive Time in the Cascades: September 17<sup>th</sup> at Snowy Owl Theater</li> <li>• Whitney Lak will be a guest speaker at next month's CMF board meeting.</li> <li>• Tom thanked them for all the work they are doing.</li> <li>• Bob stated that they are reviewing new requests for next year and it appears they maybe looking toward the radiology upgrade and/or the hematology analyzer.</li> <li>• Gustavo – Thanked the foundation and stated he appreciated being at the benevolent night.</li> </ul>
<b>CM Values</b>	<ul style="list-style-type: none"> <li>• Diane Blake provided the CM Values report.</li> <li>• Diane shared a note Natasha received from one of her team members. Nurse Sarah Baker gave kudos to many team members. Thanks to Sarah for celebrating her team. Thanks to Natasha to fostering and encouraging others to share gratitude and recognize the good works of others. Sarah gave Kudos to Corey (ED PA), Kudos to Shari (ED CRN), Kudos to Aron (ED CRN), Kudos to Lauren (PA-C), Kudos to Dr. Wefel (MD).</li> </ul>
<b>Public Relations Report</b>	<ul style="list-style-type: none"> <li>• Clint Strand provided the Public Relations Report.</li> <li>• Just received the sandwich boards in for the mobile clinic, in both English and Spanish. Stating same day appointments, Spanish speaking providers and information about charity care</li> </ul>

	<ul style="list-style-type: none"> <li>• Clint shared the refresh of our new website, scroll friendly, scrolling banner on the front page, updated provider page, more icon friendly-quick links. The website should be live by the end of the month.</li> <li>• More posts and content will be on our social media channels, at the height of COVID we minimized our content, with COVID falling behind us we plan to refresh our social media and Linked In Page-Plan to have 3-5 posts per week.</li> <li>• Jessica asked about a back to school flu shot with the mobile clinic. Clint stated there will be a bilingual event at Peshastin/Dryden elementary school.</li> <li>• Gustavo – thanked him for his work and ensured he is supported.</li> </ul>
<b>Action Items</b>	<p><b>Motion Approve Credentialing</b></p> <ul style="list-style-type: none"> <li>• Mall moved to approve the credentialing, Bruce seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion to Approve Resolution 2023-07 Surplus Whirlpool Refrigerator</b></p> <ul style="list-style-type: none"> <li>• Tom moved to approve, Gustavo seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion to Approve Resolution 2023-08 Surplus Refrigerator</b></p> <ul style="list-style-type: none"> <li>• Tom moved to approve, Mall seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion to Approve Resolution 2023-09 Surplus Garbage Disposal</b></p> <ul style="list-style-type: none"> <li>• Tom moved to approve, Gustavo seconded the motion and commissioners unanimously approved.</li> <li>• Diane recognized Chad Avery in his work to cleaning up old items and taking initiative to set up an account with waste management.</li> <li>• Bruce questioned if it was necessary for these items to be presented to the board for approval. Gustavo, Tom and Diane discussed asset tag process. Management will research whether there is room to adjust current process.</li> </ul>
<b>Old Business</b>	<p><b>IT Update</b></p> <ul style="list-style-type: none"> <li>• Chad Schmitt presented the IT Update <ul style="list-style-type: none"> <li>○ High level work continues to improve the security of our system.</li> <li>○ Chad walked through a high-level security situation in which a nurse called with a significant concern on a Sunday. Within minutes, they had 12 people engaged on the issue and began the investigative process. Result: determined there was no threat or compromise, and did not result in a breach. This event took 10 hours to fully investigate. Kudos to nurse for reporting concern.</li> <li>○ There are cybersecurity firewall upgrades and continue to look for and address areas of improvement.</li> <li>○ Imprivata project has been launched with the vendor and hope to have this implemented by the end of the year</li> </ul> </li> <li>• Gustavo asked – do we have someone in house that can be the hands-on leadership. Chad explained absolutely and they had a person ready to deploy someone to the facility on that Sunday.</li> <li>• Jessica asked – sounds like you did everything you could, how does this work financially. Will we see a large bill for the 12 people – Chad answered No, this is part of the service we provide. It is a benefit of the care share program Scaled Data offers. The goal is to prevent security breaches.</li> <li>• Jessica asked if we had any connection with the facility in Oregon that has recently had a breach? Chad stated that we did not.</li> </ul>

	<ul style="list-style-type: none"> <li>• Bruce asked a question about Meditech portal and ability to see appointments and if we can see rehab appointments. Pat answered – Maybe- we are having difficulty with Web PT and the integration. We are hoping that as we evolve that relationship and integration, we are hopeful and it remains a goal to have all appointments visible through the portal.</li> <li>• Gustavo asked if there is a way to portray satisfaction from over time. Pat explained that there has been good improvement, as we continue to invest with the consultants, our informatics team. Provider satisfaction is improving and we will continue to see night and day difference even in the next 6 months. Deb acknowledged that physician satisfaction from the time she began her project has shown positive shift.</li> <li>• Gustavo asked about vendors offering AI to assist providers in documentation. Pat stated he is seeing this, Chad stated he is seeing it most in radiology and that there will be many variations and options. Chad states it will be an interesting next two year as we assess out options.</li> </ul>
<b>July Finance Report</b>	<ul style="list-style-type: none"> <li>• Marianne provided the Finance Report. <ul style="list-style-type: none"> <li>○ We have a budget variance of (\$510,000).</li> <li>○ Over \$600,000 of billable charges attributable to the period prior to August 1 still to be recognized.</li> <li>○ In the month of July Professional fees are over budget by \$90,000 in ED due to Nurse Registry Fees, and Clinic consultant fees, Audit and accounting fees.</li> <li>○ Purchased services and expenses are over budget by (\$69,000) due to IT expense for Centricity, Business Office support services, and Radiology expenses.</li> <li>○ Cash receipts just under \$1.9 Million</li> <li>○ Cash balances \$13.6 Million compared to \$12 Million budget</li> <li>○ Days in Net Accounts Receivable increased to 70 days in July and Gross Accounts Receivable has increased by \$261,000 from June. Marianne stated she was in the business office and witnessed staff taking calls that lasted over an hour working through an issue with an insurance company. Marianne wanted to give exceptional credit to those working in the business office, Marianne shared her concern with the days in net AR are continuing to creep up.</li> </ul> </li> <li>• Vendor has had challenged with getting invoices set up and hope that next month we can report we are on the new system.</li> <li>• Desk review of our bad debit from 2020 cost report. This was challenging as we had to review 2 systems, DZA is assisting in the audit. This is a routine audit with CMS.</li> <li>• Operating budget had its first review by senior leadership.</li> <li>• Marianne stated they had opening sessions with BCA module, for reporting. Marianne is excited to use this new system. Team members are excited to do this work.</li> <li>• Tom stated that with the unrecognized revenue if that were collected, we would be closer to budget. Marianne stated it is our hope this will reduce our budget variance.</li> </ul>
<b>Administrator Report</b>	<ul style="list-style-type: none"> <li>• Diane provided the Administrator Report.</li> <li>• Diane attended a hospital council meeting, attended by Sue Birch, HCA Director, who recognize rural hospital needs. Discussed cost transparency board, discussion about concerns with the legislation and potential capping of hospital costs. Sue stated 1/3 of costs are</li> </ul>



	<p>work force and 2/3 are the other costs. Diane shared that we can not set costs of supplies, additionally that the numbers are switched and for hospitals it is really 2/3 staffing and 1/3 other costs.</p> <ul style="list-style-type: none"> <li>• Other payment related items. While we did not participate in the analysis of the chart model, many in our region did and we have been invited to a listening session with CMMI. Our state ultimately did not participate, but Diane will be participating in the discussion to share where the model may have worked better.</li> <li>• WSHA starting a work group on rural payment reform, Diane will be participating. Bruce recognized Diane for her willingness to participate and thanked her for the commitment of her time.</li> <li>• Med Staff update on the long-term goal that was presented last month; the coverage issue has been fully solved. ED providers are sharing in the coverage and clinic providers are taking a rotating phone call rotation for Saturday clinic back up while hospitalists become fully integrated in clinic. Diane expressed appreciation for the provider team's willingness to find a solution together.</li> <li>• Med Staff meeting update – 7am meeting trial will likely remain and meetings have moved to Wednesdays since all clinic providers are here those days. Diane discussed past practice of board members attending the past meetings, discussion was had about board members beginning to attend again. Diane stated she would circulate a sign-up list for commissioners to attend. Discussion on inviting providers to board meetings. Discussion was had with the commissioners about the content, value and past practice to attend Med Staff meetings.</li> <li>• Facilitator located for the board retreat: Steven Hartz from COORS. Upon Megan's return we will work to set a date, likely in late November.</li> <li>• Thank you to Melissa for the work on the HRSA application. One of the tools for provider recruitment are access to loan reimbursement programs. We have been approved.</li> <li>• Reminded the board about the WSHA annual meeting coming up October 23 and 24. Please let Megan know and she can assist in registration.</li> <li>• Diane and Bruce will be going to DC for rural advocacy days</li> <li>• Staff BBQ 8/30 from 11:30-1:30 we will be celebrating staff; Leadership and board can assist in manning the grills</li> <li>• EMS team will be having a team BBQ Sunday that Pat and Diane will join</li> <li>• The current WSNA contract ends in September. Negotiations are underway and while they are not moving as quickly as we'd hoped, Melissa and Natasha are to be commended for their hard work and efforts in getting forward movement. CM aims to finalize discussions by September 30<sup>th</sup>.</li> <li>• Purchase of budgeted cardiac rehab items is in process. Once the items are in we will submit to Foundation for reimbursement.</li> <li>• We have two pieces of snow removal equipment budgeted for 2024. We've already been looking for a pickup on which to mount the existing plow blade, allowing us to consolidate to just one piece of equipment. A good pickup has been located, and Diane anticipates approving the expense ahead of 2024 capital cycle for substantially less than 2024 budget. Gustavo asked about snow removal process. Diane explained that our facility team tracks</li> </ul>
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	<p>snow fall and comes in early to clear the facility and having the ability to control this is highly beneficial.</p> <ul style="list-style-type: none"> <li>• Preparing the capital budget for next year, we have been working towards improved security system. Our badge system is nearing end of life and we are not allowed to expand it. Our current camera system cannot be tied into our current badge access system and we would like to upgrade this. Our panic alarm system also needs to be replaced. We would like to upgrade all 3 systems with a state-of-the-art system that will tie together with the Imprivata tap and go badge system. Diane shared that she and Pat sat through a presentation and shared some hesitation on the current system and feel it would be a benefit to the whole team to implement these upgrades ahead of 2024 capital cycle. Bruce shared full support, given CM's strong cash position, to do this prior to the beginning of the new budget cycle.</li> <li>• Bruce asked for more information on the Mark Judy memorial fund, Diane shared that this was developed by the Foundation, with the funds managed by the community foundation. The goal will be for team members to have access to funds for training and personal/career development.</li> </ul>
<b>Board Action Items</b>	<ul style="list-style-type: none"> <li>• September 20<sup>th</sup> 9-11 Foundation meeting looking for a commissioner to attend. Tom stated he would attend and potentially Jessica or Gustavo could cover.</li> <li>• Check your email.</li> </ul>
<b>Meeting Evaluation/ Commissioner Comments</b>	<ul style="list-style-type: none"> <li>• Tom stated good to meet hospitalists.</li> <li>• Tom thanked Deb and Karl for attendance.</li> </ul>
<b>Executive Session – Potential Litigation RCW 42.30.110(1)(i)</b>	<ul style="list-style-type: none"> <li>• Board went into Executive Session for 30 minutes at 7:20 PM. Executive session extended to 8:00, then extended to 8:10, then extended to 8:20.</li> <li>• The board returned to open session at 8:20 PM.</li> </ul>
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Mall made a motion to adjourn the meeting at 8:20 PM. Tom seconded the motion and the commissioners unanimously approved.</li> </ul>

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Tom Baranouskas, President

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Mall Boyd, Secretary



**Quality Oversight Committee Charter**  
Cascade Medical Board of Commissioners

**Purpose**

To provide a mechanism to assist the Board in fulfilling its oversight responsibilities related to patient safety, operational and clinical quality, patient satisfaction, risk management and medical staff credentialing. The Committee shall provide oversight to Cascade Medical's efforts in measuring quality and patient safety, disseminating information, improving clinical practices and supporting a culture of high-quality care and safety throughout the organization.

**Responsibilities**

- At least annually, review Committee Charter.
- Define Committee work plan goals annually.
- Define how new committee members will be efficiently oriented to the committee.
- Review policies related to Quality and Risk Management work on an at least annual basis.
  - a. Quality Assessment and Performance Improvement Program
  - b. Yearly Quality Reporting and Improvement Plan
  - c. Risk Management Plan
  - d. Governance Policy regarding Washington's Death with Dignity Act
  - e. Medical Staff Credentialing Policy
  - f. Medical Staff Professional Practice Evaluation Policy
- Review reports from at least the following committees on a quarterly basis:
  - a. Safety Committee
  - b. Utilization Management Committee
  - c. Infection Control Committee
  - d. Emergency Care Committee
- Review the following quarterly:
  - a. Quality Assurance data from Cascade Medical departments
  - b. Cascade Medical Quality Improvement projects and progress
  - c. Patient Satisfaction Survey data
- Review publically reported data annually.
- Ensure Board Quality Rounds are conducted for each department annually.
- Ensure the review of medical staff credentialing documents as required, following medical staff input as per medical staff bylaws, and present to the Board for approval.
- Challenge Administration and Staff when Quality measures are below expectations or Quality Improvement projects are not achieving desired outcomes.
- Summarize and report information shared at Quality Oversight Committee meetings with the entire Board.

**Membership**

The Quality Oversight Committee will be made up of two Commissioners, one of whom will be designated Chair of the committee; and at least Cascade Medical's CEO; Chief Operating Officer; Chief Human Resources Officer; Director of Clinical Quality Improvement; Quality Manager; [Operational Safety Manager](#); Director of Nursing; Executive Assistant; and other ad-hoc representation as required. The COO shall be considered the staff liaison to the Quality Oversight Committee.

Annually at the January Board meeting, the Governance Committee recommends a chairperson and one other Board member to serve on each committee. The full Board will ratify these appointments via vote.

### **Meetings**

The Quality Oversight Committee meets at least four times per year, ideally on a quarterly basis.

Before each meeting the COO sends a draft agenda to the committee chair for review and amendment. The COO and committee chair work together in this fashion to develop the final agenda, in advance, for each committee meeting. The agendas will include an estimated time frame for each agenda item. In addition, the COO will ensure preparation of a Quality Assurance dashboard with current data for each department prior to the scheduled meeting. The agenda and supporting documents will be distributed to the Board Quality Oversight Committee members five days in advance of the meeting. The COO will also be responsible for ensuring Board Quality Rounds are scheduled.

Ideally every committee meeting should be attended by two commissioners. If a commissioner who is a regular member of the committee is unavailable to attend a meeting, the committee chair and COO will decide together whether to reschedule the meeting or invite another commissioner to attend.

- Cascade Medical is a public entity. As such, the Board of Commissioners must follow the Open Public Meetings Act. This act requires that all ordinances, resolutions, rules, regulations, orders and directives, in order to be valid, be adopted at open public meetings. The committee meetings are not open public meetings and, as such, committees are not able to take official action on behalf of the Board of Commissioners. As a result, there is no quorum requirement at the committee level.

Minutes will be taken by the Executive Assistant. In his or her absence, the COO will take minutes or designate a minute-taker.

### **Reporting**

The committee chair will provide a verbal report at the full board meeting subsequent to each committee meeting.

- The committee meeting agenda will go out in the full board packet for the meeting at which the committee chair reports.

FINANCIAL ACCOUNTING  
WARRANTS / EFTS ISSUED

Commissioner Meeting: Sep 27, 2023

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	10119964 – 10120228	\$963,455.01	08/17/2023 – 09/14/2023
Accounts Payable EFT Transactions	20220295 – 20220308	\$470,859.43	08/12/2023 – 09/14/2023
Payroll EFT Transactions	15349 – 15919	\$1,175,103.31	08/12/2023 – 09/22/2023
Grand Total		\$2,609,417.75	

Prepared by:

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Kathy Jo Evans  
Director of Accounting

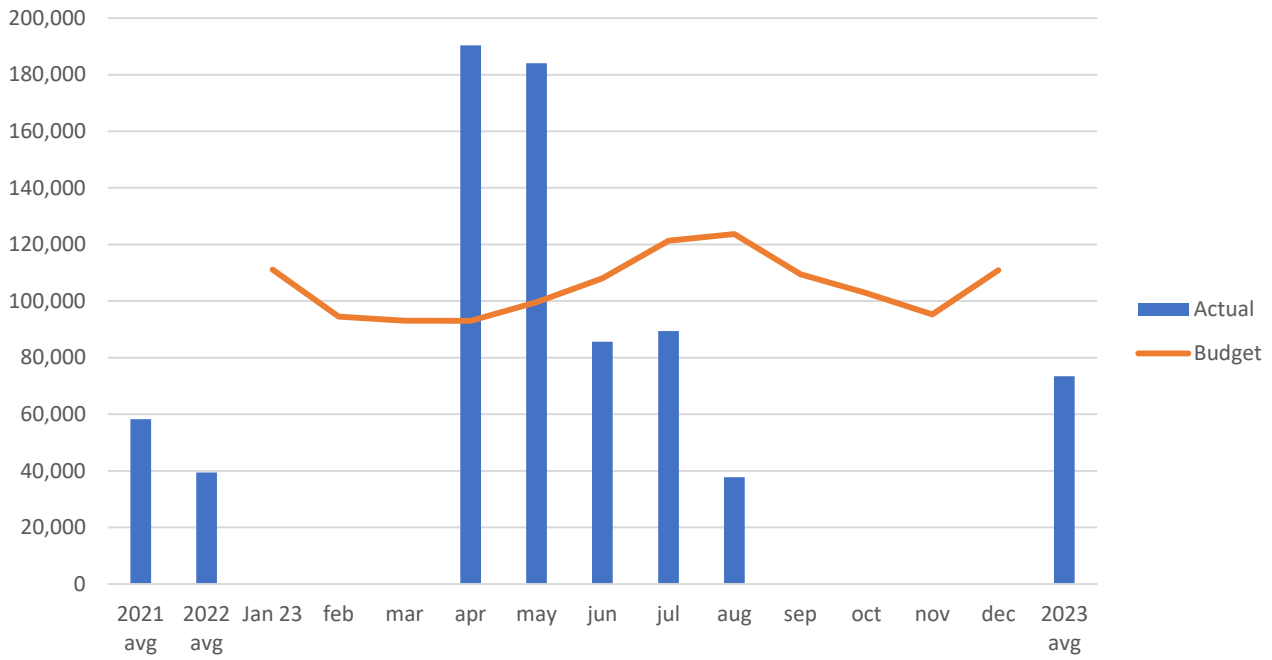
**Cascade Medical**  
**Bad Debt Write Offs**  
**Financial Assistance Program Discounts**

Month of August, 2023

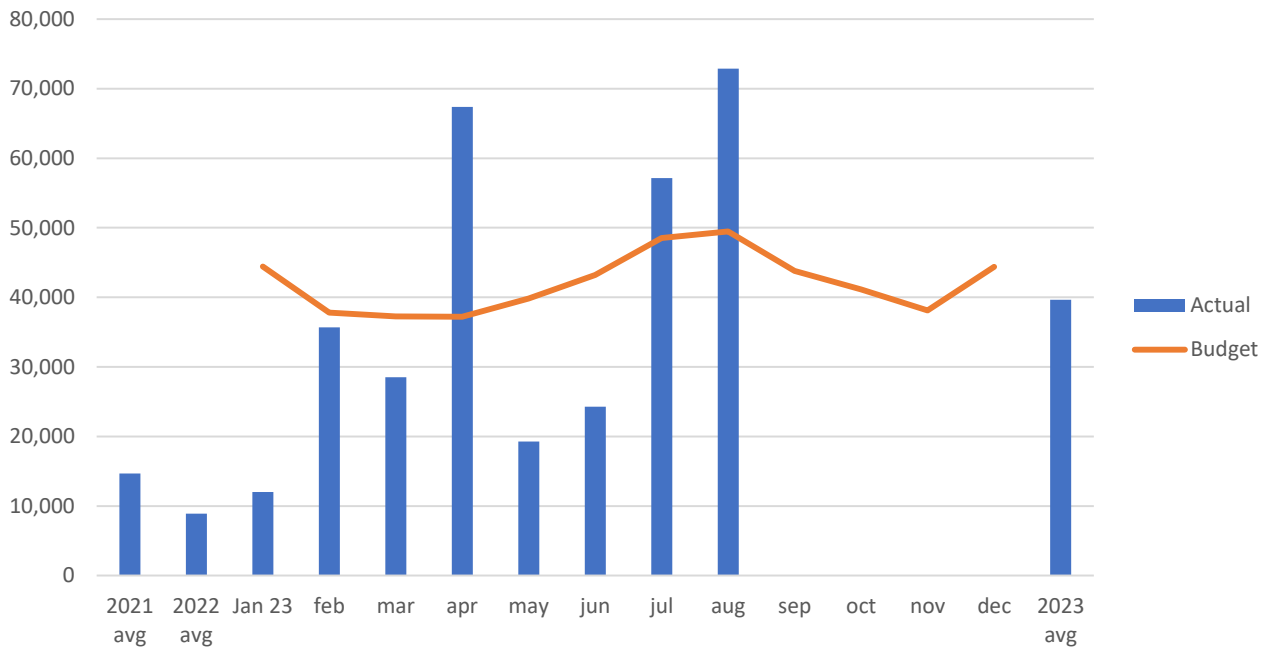
Net Bad Debt Write-Offs for Board Approval	\$	<b>37,768.21</b>
CFSP/Financial Assistance Program Discounts for Board Approval	\$	<b>72,883.51</b>

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	44,092.39
	less: pullback from Agency due to receipt of payments	(6,324.18)
	Net Bad Debt Write-Offs	37,768.21
CFSP/Financial Assistance Applications - Discounts Approved	\$	72,883.51
Total		110,651.72

### Net Account Balances Sent to Collections



### CFSP/Financial Assistance Discounts



Cascade Medical  
Operating and Capital Budgets

Fiscal Year Ending 12/31/2024

First draft – presented September 27, 2023



## Cascade Medical Budget Calendar – 2024

Cascade Medical				
Operating and Capital Budget Calendar - Fiscal Year 2024				
Operating Budget			Capital Budget	
Date	Item		Date	Item
July 10	Sr. Leaders prepare preliminary volume projections for 2024.		June 16, 2023	Capital budget form, 2024 budget calendar, Long Term Cap Bud emailed to Directors
July 11	Training for Operating Budget at Leadership meeting		Jul 14	Department Directors turn in Capital Budget forms to Marianne Vincent and their respective Sr.
July 17	Operating budget packages sent to Department Directors.		July 24	Preliminary Capital Budget presented to Leadership team
July 17 - Aug 4	Department Directors complete financial packages, meet with their Sr. Leaders to refine. Turn in to Finance by August 4			
July 24	Strategic Plan discussion, preliminary Goal setting at Leadership meeting			
Aug 22	First draft of Operating Budget complete for review at full day Sr. Leadership meeting.			
Sept 13	2nd review of draft Operating Budget at Monday pm Sr. Leadership meeting			
Sept 27	Draft 2024 Operating, Capital Budgets presented to Board of Commissioners.			
Oct 11	First public notice of Budget Hearing			
Oct 18	Second public notice of Budget Hearing			
Oct 24	Final Budget review, Finance Committee			
Oct 25	Budget hearing, Board of Commissioners			
Nov 14	Final budget presentation at Leadership meeting			

Cascade Medical  
Operating and Capital Budgets, FY 2024  
Budget process summary and assumptions

The schedules shown below represent our first draft of our Operating and Capital budgets for FY 2024. As shown on our calendar above, we started our budget process in June. Department Directors have provided their projected capital budget needs and, for their Operating Budgets, have projected patient volumes, staffing needs, and operational expense requirements for their departments.

Our Long-Term Capital Budget listing has our preliminary recommendation for projects to approve for 2024, based on recommendations from Department Directors and a review by the Sr. Leadership Team, along with as complete a listing of projects for 2025 - 2028 as we can make so far in our planning cycle. Currently, our Capital Budget for 2024 totals \$1,305,000.

Patient volume forecast

Patient volumes by department have been forecasted using historical trends, our knowledge of current factors and estimates of volumes from new programs and services. Based on our best knowledge, our preliminary volume forecast for 2024 is as follows:

- |              |              |
|--------------|--------------|
| a. Acute IP  | 33.2% growth |
| b. Swing Bed | 0.0% growth  |
| c. Emergency | 1.5% growth  |
| d. Clinic    | 9.5% growth  |

Prior to budget completion in the next four weeks, we will factor in September volumes, check our growth rates, and fine-tune volume projections as needed.

Budget Assumptions

We used the following assumptions in making our Operating Budget projections:

- a. Patient charge increases – we used a base charge increase of 7% over current charge levels for most department, except for Ambulance 6% and Clinic 5 % with revenue added in for any new services.
- b. Salary increases – we have included step increases of 1.5% for non-union, non-management staff, as well as contracted adjustments for members of the collective bargaining units. No additional amounts are included for exempt or contracted staff.

- c. Supplies and other expenses – we used a base inflation factor of 5% for supplies with different increase percentages for individual line items where we have knowledge of different amounts.
- d. In miscellaneous revenues, we have included an estimated \$90,000 in Foundation donations.
- e. Tax revenues have been estimated with a net 1% increase for the M&O and EMS levies, and an amount for the Construction Bond levy that will meet our debt service requirements.
- f. We have budgeted for the Ambulance based on cost-based reimbursement, which is a significant change from prior years. We are still awaiting word from Noridian-Medicare as to whether they will agree to reimburse on cost.

## Notes on budget schedules

### Income Comparison Summaries

These two worksheets show the annual and monthly roll-up of individual department projections and compares our latest 2024 projections to prior and current years. The model currently shows a net margin of \$792,135, or 2.6% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements. This margin could change due to volume forecast fine-tuning and the results of our interim Medicare cost report.

### Contractual Allowances

Contractual Allowances are based on our current payer mix, meaning the proportions of Medicare, Medicaid and other payers would stay the same as our current year. Medicare and Medicaid allowances were calculated using our latest interim rates and will be adjusted once DZA has completed our interim report.

### FTEs

We project to add 4.15 FTE for 2023.

### Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2024 through 2028 are shown, with a projected total for 2024 of \$1,305,000.

**Cascade Medical  
Income Comparison Summary  
Budget Year 2024**

	<u>Actual</u> <u>12/31/2022</u>	<u>Budget</u> <u>12/31/2023</u>	<u>Actual</u> <u>08/31/2023</u>	<u>Annualized</u> <u>12/31/2023</u>	<u>Budget</u> <u>12/31/2024</u>	<u>Budget To Budget</u> <u>Change</u>	<u>Bud To Bud</u> <u>% change</u>	<u>Bud to Annualzd</u> <u>% change</u>
<b>Patient Revenue</b>	\$ 31,398,482	\$ 36,079,032	\$ 16,420,947	\$ 35,167,393	\$ 38,619,844	\$ 2,540,811	7.0%	9.8%
<b>Less: Contractual Adjust</b>	(11,232,776)	(14,117,659)	(5,552,610)	(12,308,588)	(12,848,765)	1,268,894	-9.0%	4.4%
<b>Net Patient Revenue</b>	\$ 20,165,706	\$ 21,961,373	\$ 10,868,337	\$ 22,858,806	\$ 25,771,078	\$ 3,809,705	17.3%	12.7%
<b>Other Operating Revenue</b>	\$ 5,424,895	\$ 3,774,241	\$ 2,164,067	\$ 4,644,062	\$ 4,521,457	\$ 747,216	19.8%	-2.6%
<b>Total Revenue</b>	\$ 25,590,601	\$ 25,735,614	\$ 13,032,404	\$ 27,502,868	\$ 30,292,535	\$ 4,556,921	17.7%	10.1%
<b>Expenses:</b>								
Salaries	\$ 13,441,232	\$ 14,474,917	\$ 7,192,001	\$ 14,493,089	\$ 15,953,971	\$ 1,479,055	10.2%	10.1%
Benefits	3,012,573	3,276,295	1,649,789	3,223,479	3,617,024	\$ 340,729	10.4%	12.2%
Legal Fees	50,487	56,000	79,514	142,410	108,000	\$ 52,000	92.9%	-24.2%
Audit and Accounting Fees	73,396	71,600	43,003	64,000	70,000	\$ (1,600)	-2.2%	9.4%
Professional Fees	934,884	1,007,483	935,338	1,973,507	1,183,009	\$ 175,525	17.4%	-40.1%
Supplies	1,601,301	1,899,026	931,574	1,968,956	2,074,211	\$ 175,184	9.2%	5.3%
Utilities	278,582	284,388	130,193	261,947	299,193	\$ 14,805	5.2%	14.2%
Repairs and Maintenance	271,724	239,469	224,271	535,722	274,132	\$ 34,663	14.5%	-48.8%
Purchased Services	1,941,264	1,081,337	805,225	1,556,843	1,418,385	\$ 337,048	31.2%	-8.9%
Continuing Medical Education	12,001	17,000	6,339	8,196	26,000	\$ 9,000	52.9%	217.2%
Dues and Subscriptions	241,930	764,125	396,944	815,898	1,045,415	\$ 281,291	36.8%	28.1%
Other Expenses	130,221	89,840	77,530	91,838	217,609	\$ 127,769	142.2%	136.9%
Travel/Training/Meetings	110,816	85,996	90,035	195,633	129,085	\$ 43,089	50.1%	-34.0%
Leases and Rentals	124,563	167,748	99,688	190,050	180,395	\$ 12,646	7.5%	-5.1%
Depreciation	1,901,218	2,047,431	999,311	2,004,933	2,012,488	\$ (34,943)	-1.7%	0.4%
Taxes and Licenses	632,041	229,826	119,735	97,720	306,627	\$ 76,800	33.4%	213.8%
Insurance	244,098	229,478	119,617	259,200	265,634	\$ 36,156	15.8%	2.5%
Interest	423,299	342,968	171,240	417,087	319,224	\$ (23,744)	-6.9%	-23.5%
<b>Total Department Expenses</b>	\$ 25,425,630	\$ 26,364,927	\$ 14,071,347	\$ 28,300,507	\$ 29,500,401	\$ 3,135,474	11.9%	4.2%
<b>Income</b>	\$ 164,971	\$ (629,312)	\$ (1,038,943)	\$ (797,639)	\$ 792,135	\$ 1,421,447	-225.9%	199.3%
	0.6%	-2.4%	-8.0%	-2.9%	2.6%			

**CASCADE MEDICAL  
MONTHLY SUMMARY**

	<b>aug2023ytd</b>	<b>Avg/mo</b>	<b>Jan 2024</b>	<b>Feb 2024</b>	<b>Mar 2024</b>	<b>Apr 2024</b>	<b>May 2024</b>	<b>Jun 2024</b>	<b>Jul 2024</b>
<b>Patient Revenue</b>	\$ 16,420,947	\$ 2,052,618	\$ 3,328,158	\$ 2,763,670	\$ 2,750,408	\$ 2,777,115	\$ 3,130,280	\$ 3,377,848	\$ 3,757,559
<b>Contr Adjusts</b> #	\$ (5,552,610)	\$ (694,076)	\$ (1,107,273)	\$ (919,469)	\$ (915,057)	\$ (923,942)	\$ (1,041,440)	\$ (1,123,805)	\$ (1,250,134)
<b>Net Patient Revenue</b>	\$ 10,868,337	\$ 1,358,542	\$ 2,220,885	\$ 1,844,201	\$ 1,835,351	\$ 1,853,173	\$ 2,088,841	\$ 2,254,043	\$ 2,507,425
<b>Other Operating Rev</b>	\$ 2,164,067	\$ 270,508	\$ 348,955	\$ 358,955	\$ 397,955	\$ 523,955	\$ 363,955	\$ 358,955	\$ 343,955
	\$ 13,032,404	\$ 1,629,051	\$ 2,569,839	\$ 2,203,155	\$ 2,233,306	\$ 2,377,128	\$ 2,452,795	\$ 2,612,998	\$ 2,851,379
<b>Expenses:</b>									
Salaries	\$ 7,192,001	\$ 899,000	\$ 1,350,955	\$ 1,263,133	\$ 1,343,468	\$ 1,306,343	\$ 1,355,001	\$ 1,312,544	\$ 1,352,871
Benefits	\$ 1,649,789	\$ 206,224	\$ 308,846	\$ 302,615	\$ 308,097	\$ 305,590	\$ 308,980	\$ 304,852	\$ 305,681
Legal Fees	\$ 79,514	\$ 9,939	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000
Audit/ Accounting Fees	\$ 43,003	\$ 5,375	\$ -	\$ 8,000	\$ 4,000	\$ 20,000	\$ -	\$ 20,000	\$ 6,000
Professional Fees	\$ 935,338	\$ 116,917	\$ 99,386	\$ 99,392	\$ 98,055	\$ 102,052	\$ 98,365	\$ 102,279	\$ 96,785
Supplies	\$ 931,574	\$ 116,447	\$ 175,318	\$ 160,043	\$ 153,661	\$ 141,663	\$ 154,301	\$ 181,551	\$ 192,149
Utilities	\$ 130,193	\$ 16,274	\$ 25,235	\$ 24,635	\$ 24,535	\$ 24,560	\$ 24,885	\$ 25,010	\$ 25,510
Repairs and Maint	\$ 224,271	\$ 28,034	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844
Purchased Services	\$ 805,225	\$ 100,653	\$ 124,214	\$ 120,614	\$ 119,214	\$ 123,323	\$ 119,214	\$ 119,214	\$ 115,307
Continuing Medical Educ	\$ 6,339	\$ 792	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167
Dues and Subscriptions	\$ 396,944	\$ 49,618	\$ 90,879	\$ 97,897	\$ 88,764	\$ 83,989	\$ 88,262	\$ 85,144	\$ 83,314
Other Expenses	\$ 77,530	\$ 9,691	\$ 15,264	\$ 15,264	\$ 55,264	\$ 16,743	\$ 15,264	\$ 14,264	\$ 14,264
Travel/Training/Meetings	\$ 90,035	\$ 11,254	\$ 15,175	\$ 5,445	\$ 12,214	\$ 16,030	\$ 9,141	\$ 9,605	\$ 16,925
Leases and Rentals	\$ 99,688	\$ 12,461	\$ 17,923	\$ 18,178	\$ 18,128	\$ 14,198	\$ 14,138	\$ 14,128	\$ 13,928
Depreciation	\$ 999,311	\$ 124,914	\$ 167,707	\$ 167,707	\$ 167,707	\$ 167,707	\$ 167,707	\$ 167,707	\$ 167,707
Taxes and Licenses	\$ 119,735	\$ 14,967	\$ 25,154	\$ 25,654	\$ 25,154	\$ 25,154	\$ 26,054	\$ 25,554	\$ 25,154
Insurance	\$ 119,617	\$ 14,952	\$ 21,600	\$ 21,600	\$ 21,600	\$ 22,248	\$ 22,850	\$ 22,248	\$ 22,248
Interest	\$ 171,240	\$ 21,405	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602
<b>Total Expenses</b>	\$ 14,071,347	\$ 1,758,918	\$ 2,498,269	\$ 2,390,791	\$ 2,500,475	\$ 2,430,213	\$ 2,464,777	\$ 2,464,713	\$ 2,498,457
<b>Gross Margin</b>	\$ (1,038,943)	\$ (129,868)	\$ 71,570	\$ (187,635)	\$ (267,170)	\$ (53,085)	\$ (11,981)	\$ 148,285	\$ 352,923

**CASCADE MEDICAL  
MONTHLY SUMMARY**

	<b>Aug 2024</b>	<b>Sep 2024</b>	<b>Oct 2024</b>	<b>Nov 2024</b>	<b>Dec 2024</b>	<b>Total 2024</b>	<b>Avg/mo</b>	<b>2023 Annualized</b>	<b>% Chg</b>
<b>Patient Revenue</b>	\$ 3,908,481	\$ 3,214,122	\$ 3,306,723	\$ 2,863,024	\$ 3,442,455	\$ 38,619,844	\$ 3,218,320	\$ 35,167,393	9.8%
<b>Contr Adjusts</b>	\$ (1,300,346)	\$ (1,069,334)	\$ (1,100,142)	\$ (952,524)	\$ (1,145,300)	\$ (12,848,765)	\$ (1,070,730)	\$ (12,308,588)	
<b>Net Patient Revenue</b>	\$ 2,608,135	\$ 2,144,788	\$ 2,206,581	\$ 1,910,500	\$ 2,297,155	\$ 25,771,078	\$ 2,147,590	\$ 22,858,806	12.7%
<b>Other Operating Rev</b>	\$ 343,955	\$ 343,955	\$ 433,955	\$ 343,955	\$ 358,955	\$ 4,521,457	\$ 376,788	\$ 4,644,062	-2.6%
	\$ 2,952,090	\$ 2,488,743	\$ 2,640,536	\$ 2,254,455	\$ 2,656,110	\$ 30,292,535	\$ 2,524,378	\$ 27,502,868	10.1%
<b>Expenses:</b>									
Salaries	\$ 1,355,603	\$ 1,309,309	\$ 1,340,891	\$ 1,308,584	\$ 1,355,268	\$ 15,953,971	\$ 1,329,498	\$ 14,493,089	10.1%
Benefits	\$ 300,442	\$ 294,349	\$ 292,777	\$ 291,059	\$ 293,738	\$ 3,617,024	\$ 301,419	\$ 3,223,479	12.2%
Legal Fees	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 108,000	\$ 9,000	\$ 142,410	-24.2%
Audit/ Accounting Fees	\$ -	\$ -	\$ 4,000	\$ 6,000	\$ 2,000	\$ 70,000	\$ 5,833	\$ 64,000	9.4%
Professional Fees	\$ 96,265	\$ 100,829	\$ 99,469	\$ 94,665	\$ 95,465	\$ 1,183,009	\$ 98,584	\$ 1,973,507	-40.1%
Supplies	\$ 204,003	\$ 186,130	\$ 176,055	\$ 163,287	\$ 186,048	\$ 2,074,211	\$ 172,851	\$ 1,968,956	5.3%
Utilities	\$ 25,510	\$ 24,960	\$ 24,635	\$ 24,535	\$ 25,185	\$ 299,193	\$ 24,933	\$ 261,947	14.2%
Repairs and Maint	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 274,132	\$ 22,844	\$ 535,722	-48.8%
Purchased Services	\$ 116,057	\$ 115,307	\$ 115,307	\$ 115,307	\$ 115,307	\$ 1,418,385	\$ 118,199	\$ 1,556,843	-8.9%
Continuing Medical Educ	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 26,000	\$ 2,167	\$ 8,196	217.2%
Dues and Subscriptions	\$ 90,192	\$ 81,444	\$ 81,314	\$ 92,924	\$ 81,294	\$ 1,045,415	\$ 87,118	\$ 815,898	28.1%
Other Expenses	\$ 14,264	\$ 14,264	\$ 14,264	\$ 14,244	\$ 14,244	\$ 217,609	\$ 18,134	\$ 91,838	136.9%
Travel/Training/Meetings	\$ 6,045	\$ 9,475	\$ 13,780	\$ 7,725	\$ 7,525	\$ 129,085	\$ 10,757	\$ 195,633	-34.0%
Leases and Rentals	\$ 13,928	\$ 13,978	\$ 13,938	\$ 13,948	\$ 13,978	\$ 180,395	\$ 15,033	\$ 190,050	-5.1%
Depreciation	\$ 167,707	\$ 167,707	\$ 167,707	\$ 167,707	\$ 167,707	\$ 2,012,488	\$ 167,707	\$ 2,004,933	0.4%
Taxes and Licenses	\$ 25,154	\$ 25,734	\$ 25,154	\$ 27,554	\$ 25,154	\$ 306,627	\$ 25,552	\$ 97,720	213.8%
Insurance	\$ 22,248	\$ 22,248	\$ 22,248	\$ 22,248	\$ 22,248	\$ 265,634	\$ 22,136	\$ 259,200	2.5%
Interest	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 319,224	\$ 26,602	\$ 417,087	-23.5%
<b>Total Expenses</b>	\$ 2,498,032	\$ 2,426,346	\$ 2,452,154	\$ 2,410,399	\$ 2,465,775	\$ 29,500,401	\$ 2,458,367	\$ 28,300,507	4.240%
<b>Gross Margin</b>	\$ 454,058	\$ 62,397	\$ 188,382	\$ (155,944)	\$ 190,335	\$ 792,135	\$ 66,011	\$ (797,639)	199%

Cascade Medical  
Volume Forecast - Budget Year 2024

Acute Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	27	12	11	24	8	14	12	15	14	27	11	11	186
Actual	2020	25	14	20	14	16	11	15	25	14	32	18	5	209
Actual	2021	23	29	12	11	21	18	7	26	14	11	8	15	195
Actual	2022	8	1	13	16	1	29	21	15	3	11	19	73	210
Actual/Projected	2023	19	6	15	24	25	26	18	15	18	25	12	14	217
Forecast	2024	29	17	20	25	20	28	20	30	18	30	19	33	289
<i>increase/decrease over 2023</i>														33.2%

Swing Bed Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	154	121	79	107	68	77	113	128	113	134	102	92	1,288
Actual	2020	128	155	54	68	104	68	42	123	120	111	152	202	1,327
Actual	2021	155	74	51	87	66	49	138	160	74	150	67	43	1,114
Actual	2022	131	116	74	46	52	90	69	114	46	133	43	63	977
Actual/Projected	2023	75	98	49	66	59	66	61	98	95	108	107	100	982
Forecast	2024	111	97	52	64	59	60	78	109	77	110	80	85	982
<i>increase/decrease over 2023</i>														0.0%

Emergency Visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	250	219	209	218	283	305	369	391	281	297	224	357	3,403
Actual	2020	276	262	194	145	216	241	358	382	297	248	236	285	3,140
Actual	2021	294	240	235	263	346	387	477	428	327	286	229	364	3,876
Actual	2022	293	213	252	267	323	381	452	424	354	374	330	390	4,053
Actual/Projected	2023	324	253	244	283	371	375	467	416	341	301	250	385	4,010
Forecast	2024	316	261	249	259	339	371	465	455	352	331	279	392	4,069
<i>increase/decrease over 2023</i>														1.5%

Clinic visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	1,490	1,127	1,174	1,326	1,349	1,237	1,452	1,365	1,300	1,490	1,277	1,309	15,896
Actual	2020	1,408	1,112	860	769	1,025	1,148	1,320	1,205	1,110	1,269	1,107	1,147	13,480
Actual	2021	1,016	1,050	1,317	1,006	962	1,080	1,190	1,213	1,070	1,005	998	980	12,887
Actual	2022	908	750	1,097	971	987	1,122	892	1,103	991	930	1,069	925	11,745
Actual/Projected	2023	1,051	976	1,197	1,091	1,167	1,139	1,087	1,320	1,143	1,250	1,146	1,134	13,701
Forecast	2024	1,300	1,110	1,249	1,143	1,215	1,267	1,346	1,357	1,243	1,316	1,239	1,215	15,000
<i>increase/decrease over 2023</i>														9.5%

**Cascade Medical Center  
Contractual Allowance Worksheet  
Budget 2024**

<u>Hospital</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>		<u>Clinic</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Inpatient Revenue	\$ 1,336,348	\$ 105,561	\$ 192,167	\$ 1,634,076		Revenue	\$ 1,843,959	\$ 663,054	\$ 1,428,025	\$ 3,935,038
Patient Days	236	19	34	289		Visits	7,029	2,528		
Reimb Rate	<u>\$ 5,516</u>	<u>\$ 2,819</u>	58.3%	<u>\$ 5,080.94</u>		Reimb Rate	<u>\$ 466.00</u>	<u>\$ 448.44</u>	44.7%	128%
Total Payment	<u>\$ 1,303,762</u>	<u>\$ 52,624</u>	<u>\$ 112,006</u>	<u>\$ 1,468,392</u>		Total Payment	<u>\$ 3,275,514</u>	<u>\$ 1,133,432</u>	<u>\$ 638,123</u>	<u>\$ 5,047,069</u>
Contr Allow	\$ 32,585	\$ 52,938	\$ 80,161	<b>\$ 165,684</b>		10% Cont Allow	\$ (1,431,555)	\$ (470,378)	\$ 789,902	<b>\$ (1,112,032)</b>
							-77.63%	-70.94%		
	-44.26%	50.15%	41.71%			<u>Ambulance</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
						Revenue	\$ 1,544,363	\$ 582,270	\$ 968,903	\$ 3,095,536
						Reimb Rate	<u>90.0%</u>	<u>56.0%</u>	<u>44.0%</u>	<u>69%</u>
						Total Payment	<u>\$ 1,389,927</u>	<u>\$ 326,071</u>	<u>\$ 426,317</u>	<u>\$ 2,142,315</u>
						Contr Allow	\$ 154,436	\$ 256,199	\$ 542,586	<b>\$ 953,221</b>
Swing Bed Revenue	\$ 3,064,059	\$ -	\$ 179,705	\$ 3,243,764						
Patient Days	928	-	54	982						
Reimb Rate	<u>\$ 5,438</u>	<u>\$ 1,251</u>	58.3%	<u>\$ 5,244</u>						
Total Payment	<u>\$ 5,044,452</u>	<u>\$ -</u>	<u>\$ 104,742</u>	<u>\$ 5,149,194</u>						
Contr Allow	\$ (1,980,392)	\$ -	\$ 74,962	<b>\$ (1,905,430)</b>	-59%					
Outpatient Revenue	\$ 12,276,573	\$ 4,484,849	\$ 9,950,008	\$ 26,711,430						
Reimb Rate	<u>51.1%</u>	<u>35.9%</u>	<u>60.0%</u>	<u>52%</u>						
Total Payment	<u>\$ 6,275,774</u>	<u>\$ 1,610,702</u>	<u>\$ 5,970,005</u>	<u>\$ 13,856,480</u>						
Contr Allow	\$ 6,000,799	\$ 2,874,148	\$ 3,980,003	<b>\$ 12,854,950</b>	48%					
Total Revenue	\$ 20,065,302	\$ 5,835,735	\$ 12,718,807	\$ 38,619,844		<b>Total Revenue</b>			<u>Bad Debt</u>	<u>C.S.P</u>
Total contractual Allow	<b>\$ 2,775,873</b>	<b>\$ 2,712,906</b>	<b>\$ 5,467,614</b>	<b>\$ 10,956,393</b>	28% Reserve	Rate		3.5%	1.4%	
							<b>1,351,695</b>	<b>540,678</b>		

<b>Total Contractual Allowance, Bad Debt Reserve, Charity</b>	<b>\$ 12,848,765</b>	<b>33.3%</b>
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FY 2024

Dept Number	Department	Authorized FTEs 2023	Requested Change in FTEs	Budgeted FTEs FY 2024	Notes
60000	Acute IP	16.80		16.80	
60100	Swing Bed	0.34		0.34	
80400	Central Supply	1.00		1.00	
60700	Laboratory	7.60		7.60	
60800	Cardiac Diagnostic	0.27		0.27	
60900	CT	0.48		0.48	
61000	Radiology	4.33		4.33	
61100	Pharmacy	-		-	
61500	Physical Therapy	7.00	0.30	7.30	
60500	Emergency Department	6.60		6.60	
60550	ED Providers	4.21		4.21	
60400	Ambulance	21.40	2.00	23.40	MSO
60600	Endoscopy	0.90		0.90	
60200	Clinic	19.00	(0.25)	18.75	
60250	Clinic Providers	10.18		10.18	
61600	Occupational Therapy	1.60		1.60	
61700	Speech Therapy	0.50	0.10	0.60	
80800	Food/Nutrition Svcs	5.00		5.00	
81300	Laundry	1.00		1.00	
81400	Materials Management	0.80		0.80	
81600	Plant Operations	3.00		3.00	
80600	Environmental Services	5.50	(0.50)	5.00	
81100	Information Technology	-		-	
80700	Fiscal Services	3.00		3.00	
80300	Business Office	7.00	1.00	8.00	Billor
80100	Admitting	10.00		10.00	
80000	Administration	5.00		5.00	
81700	Public Relations	1.00		1.00	
81000	Human Resources	1.50		1.50	
83000	Foundation	0.75		0.75	
80900	Health Information Mgt	5.15		5.15	
81900	Utilization Review	4.50		4.50	
81500	Nursing Admin	2.10	0.50	2.60	Nurse Manager
82000	Informatics	2.00	1.00	3.00	Analyst
81200	Inservice Education	-		-	
		<u>159.51</u>	<u>4.15</u>	<u>163.66</u>	





**A G E N D A**  
**Board Quality Oversight Committee**  
**September 5, 2023**  
**1:00 – 3:00 PM**  
**Administration Building Meeting Room**

The documents contained in this file are part of the performance/quality improvement and peer review programs to review the services rendered in the hospital/clinic areas, both retrospectively and prospectively, in order to improve the quality of medical care of patients and to prevent medical malpractice (RCW 70.41.200 (1) (a)).

Therefore, **all** information following the agenda is confidential and protected under: [RCW 4.24.250](#); [RCW 70.41.200](#); and [Senate Bill 5666](#)

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none"> <li>September 1, 2023, Agenda</li> <li>May 16, 2023, Minutes</li> </ul>	1:00 PM
<b>Action</b>		
1.	Motion: <ul style="list-style-type: none"> <li>Approve Quality Oversight Committee Charter</li> <li>Approve Quality Department Structure</li> </ul> *Addition of Shawndra Duke, Operational Safety Manager	1:00 PM
<b>Committee Work</b>		
2.	Review Action Items <ul style="list-style-type: none"> <li>Reassess board quality rounding documents: Sarah and Rachel</li> <li>Demonstrate continuity in quality sub-committee reports: Sarah</li> </ul>	1:10 PM
3.	Patient Story	1:10 PM
4.	Review Policies <ul style="list-style-type: none"> <li>Notice of Unanticipated Outcomes</li> </ul>	1:20 PM
5.	Q2 Quality Committee Reports	1:30 PM
6.	Review Q2 Data <ul style="list-style-type: none"> <li>Patient Safety and Quality Data</li> <li>Incident Reporting Data</li> <li>Patient Satisfaction Report</li> <li>Notable Achievements</li> </ul>	1:40 PM
7.	DOH Survey Updates	2:05 PM
8.	CAH Program Evaluation Updates	2:20 PM
9.	Board Quality Rounding Updates	2:25 PM
10.	Committee Self-Assessment Planning	2:40 PM
11.	Confirm Q4 Meeting Date <ul style="list-style-type: none"> <li>Tuesday, November 7<sup>th</sup></li> </ul>	2:50 PM
12.	Provider Credentialing	2:55 PM
<b>Adjournment</b>		
1.	Adjournment	3:00 PM

**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.*

Materials provided in advance of meeting along with agenda:

- May 16, 2023, Minutes
- Quality Oversight Committee Charter w/proposed changes
  - Reflective of the addition of “Operational Safety Manager”
- Quality Department Structure (Current)

4. Quality Department Structure (Proposed)
  - a. Reflective of the addition of “Operational Safety Manager”
5. Policy- Disclosure of Unanticipated Outcomes
  - a. New policy created following DOH Survey
6. Quality, Incident Reporting, and Satisfaction Data
7. Notable Achievements
8. Board Quality Rounding Form
  - a. Changes made from previous version
9. Quality Goals- Development Form
10. Committee Self-Assessment Questions

Committee Reports:

- Safety Committee
- Infection Control Committee
- Emergency Care Committee
- Utilization Management Committee
- PFAC Steering Committee
- Safe Patient Handling Committee
- Swing Bed Committee



## **A G E N D A**

**Board Governance Committee**

**September 25, 2023**

**10:00 AM-12:00 PM**

Administration Conference Room

<b>Agenda Item</b>		<b>Time</b>
<b>1.</b>	Call to Order	10:00 AM
<b>2.</b>	Consent Agenda Approval <ul style="list-style-type: none"><li>September 25, 2023 Agenda</li><li>June 8, 2023 Minutes</li></ul>	10:00 AM
<b>Committee Work</b>		
<b>1.</b>	Policy Review: <ul style="list-style-type: none"><li>Conflict of Interest Policy</li><li>Open Public Meetings Policy</li></ul>	10:00 AM
<b>2.</b>	Board future / succession planning <ul style="list-style-type: none"><li>Receive input: refreshed commissioner time commitment document</li><li>Strategy for 2024 officers, committees, and committee chairs</li></ul>	10:05 AM
<b>3.</b>	Check-in on progress of Board's 2023 objectives work	11:10 AM
<b>4.</b>	CEO Performance Review <ul style="list-style-type: none"><li>Review / refine process for annual CEO review</li><li>Decide month(s) for remaining 2023 exec sessions for CEO review</li></ul>	11:15 AM
<b>5.</b>	Review Board Education Plan	11:25 AM
<b>6.</b>	Discuss / finalize retreat plans <ul style="list-style-type: none"><li>Affirm timing of full board self-assessment survey</li></ul>	11:30 AM
<b>7.</b>	Finalize committee self-evaluation survey & timeline	11:40 AM
<b>8.</b>	Discuss number of 2024 board meetings	11:45 AM
<b>9.</b>	Discuss ways to continue to grow the Board's approach to thinking strategically	11:50 AM
<b>10.</b>	Set next meeting date	11:55 AM
<b>Adjournment</b>		
<b>1.</b>	Adjournment	12:00 PM

Materials provided in advance of meeting along with agenda:

- 1) Minutes from June 8, 2023
- 2) Conflict of Interest Policy
- 3) Open Public Meetings Policy
- 4) Refreshed time commitment document
- 5) List of current board officers and committee chairs & members
- 6) 2023 Board objectives
- 7) CEO 360-degree questions
- 8) CEO evaluation timeline / process
- 9) List of multi-raters for CEO evaluation
- 10) Board education plan
- 11) 2022 Governance Committee survey, with responses

## Credentialing Approvals

### **Adjunct Privileges:** (1-year)

- Nathan Chambers, PA-C
- Dr. Andrew Otto

### **Telestroke Privileges:** (Initial Appointment: 1-year)

- Dr. Vivian Yang
- Dr. Hope Opara

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



Title:	<b>Disclosure of Unanticipated Outcomes</b>	Effective Date:	<b>No Date Set</b>
Categories:	<b>Administration</b>	Approved Date:	<b>Not Approved Yet</b>
Prepared By:	<b>Melissa Grimm (Chief Human Resources Officer)</b>		
Reviewed By:	<b>Melissa Grimm (Chief Human Resources Officer), Pat Songer (Chief Operations Officer), Tony Butruille (Physician)</b>		
Approved By:	<b>No Users</b>		

**PURPOSE:**

- Unanticipated outcomes are undesirable events that can vary widely from an unusual temporary side effect to a treatment or medication, to a serious change in the patient's healthcare status that was not planned or anticipated during the course of care.
- This document provides guidance in the process for Cascade Medical (CM) leaders and providers to inform the patient/patient representative about the event and the impact this may or may not have on the patient's health and healthcare.

**POLICY:**

- In keeping with CM's values of partnering with patients and families in care and in the spirit of transparency, serious unanticipated outcomes in the course of clinical care shall be disclosed to the patient/patient representative by providers and/or leaders of CM.
- Disclosure is a dynamic process that may require multiple conversations as the patient's condition changes or more information becomes available.

**PROCEDURE:**

- When staff become aware of an unanticipated outcome through assessment and observation or discussions with patients and/or family, the responsible provider shall be immediately notified.
- The responsible provider shall determine:
  - If this outcome is, in fact, a known potential side effect or related to the medical care provided.
  - If this is serious to the patient's current condition and/or ongoing care.
- If it is a known or suspected serious unanticipated outcome which may lead to additional monitoring or treatment, temporary or permanent change in patient's condition, then the Medical Director and Risk Management shall be notified.
- Generally, the patient is the recipient of the disclosure except in circumstances of surrogate decision-making.
- Guidelines for the content of the disclosure discussion shall include:
  - Who will be involved in the discussion (patient/patient representative and the patient's express wishes)
    - Except in unusual circumstances, it shall be the responsible provider who leads the disclosure discussion. It is common for one or two members of the



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Approved By:	<b>No Users</b>		

healthcare team to be present to ensure smooth coordination of care and answer other related questions the patient or family may have.

- What will be discussed:
  - Focus on current circumstances and known facts in the initial discussion.
  - Further information may become known about the sequence of events leading to a change in condition or other relevant factors.
  - Empathetic support for patients and families and a clear description of current condition, care and expected care or monitoring are commonly addressed in the initial discussion.
- Documentation in the patient record shall include:
  - Time
  - Date
  - Place of Discussion
  - Who was present
  - Nature of the discussion, including offers of assistance
  - Questions asked and answered during the discussion
- If the unanticipated outcome is not known at the time of care or during the same episode of care, the process of disclosure may vary; however, the intent of keeping the patient informed of serious information about his/her care and condition is still a guiding principle in decisions to disclose.

**REFERENCES:**

- American Society for Healthcare Risk Management (2001), *Perspective on Disclosure of Unanticipated Outcome Information*, Chicago: American Hospital Association



**RESOLUTION NO. 2023-10**

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

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the “District”), relating to the finances of the District; authorizing the disposal of surplus hard drives and hardware.

**WHEREAS**, the District purchased many hard drives and hardware for use in different departments,

**WHEREAS**, the hard drives and hardware listed on attached Exhibit A are no longer in use and are in poor shape or obsolete,

**WHEREAS**, Exhibit A list of items are no longer necessary for the District’s use, and it would be an inefficient use of resources to continue to store them,

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

It is hereby found and declared that the equipment be surplused and disposed of by the District Policy, at the discretion of the Information Technology Manager.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, at a Regular Open Public Meeting of the Board on the 27 day of September, 2023, the following Commissioners being present and voting in favor of this resolution.

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

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

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

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

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

**Exhibit A**  
**Disposal of Surplus Property**

Make	Model	Asset Tag	Serial Number	Reason for Disposal	Disposition Process	Disposal Time
Aegis	6002	2703	1943719	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Solo	IOSafe	2599	123014865	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Solo	IOSafe	2600	123014965	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	5590	2898	1C8WRQ2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	7490	2937	1GNTWT2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	7480	2896	1WYBRQ2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	Optiplex 3060	2911	2MDZ0W2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
HP	Compaq 6000	2367	2UA0270DQF	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	7400	2987	33Q68Y2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	Latitude 5440	3036	4YRDYX2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Dell	7400	3008	5XBTN13	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
NEC	MD212NC Monitor	2350	99000311YW	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Apple	iPad	2591	DMPL2A2ZF18W	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Apple	iPad	2568	DMPL2AUPF18W	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Cisco	Catalyst 2960	2226	FOC1106Z7FV	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Cisco	Catalyst 2960	2227	FOC1109Y62B	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Cisco	Catalyst 2960	2228	FOC1120U4U2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Cisco	Catalyst 2960	2229	FOC1129Z15E	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Cisco	Catalyst 2960	2230	FOC1129Z16B	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2609	MJ00127Y	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately

Lenovo	E93z	2607	MJ0012KV	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2614	MJ0012KW	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2616	MJ00F9HL	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2611	MJ00F9HQ	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2651	MJ016916	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2694	MJ02WC3X	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2699	MJ034363	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	E93z	2618	MJ09F9HK	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2546	MJ3173L	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2573	MJ75R0M	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2577	MJ75R0R	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2571	MJ78L4X	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2576	MJ78L5D	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2575	MJ78L5P	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Acer	G2 5625 Laptop	2819	NXVEEAA00172703AA47200	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T5430	2565	PK-0L72R	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T5430	2673	PK-15BN4	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T5430	2585	PK-15BR1	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	Edge71	2603	R8AMT3L	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	Edge71	2462	R8AZ27AL	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2645	R9-02VN8W	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2646	R9-02VNW0	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2637	R9-02VNW2	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately

Lenovo	T540	2636	R9-02VNW3	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2640	R9-02VNW4	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2642	R9-02VNW7	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2644	R9-02VNW9	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2647	R9-02VNWA	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2641	R9-02VNWB	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2648	R9-02Z043	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2649	R9-02Z047	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2698	R9-0GLXEK	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T540	2690	R9-0HKLSD	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T560	2729	R9-0KRTGL	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T520	2487	R9-KG43Z	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T520	2497	R9-PKHXX	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T530	2743	R9-QKVXKV	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T530	2509	R9-T3XAG	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	T530	2559	R9-XGDNP	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	91z	2579	S1DCL60	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2511	S1FKD64	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2516	S1FKK58	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2520	S1FKP68	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	92z	2519	S1FKR14	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately
Lenovo	91z	2484	S1Z8127	Outdated and/or damaged	E-cycle hardware ; Destroy hard drives	Immediately

## Accompanying Notes for the August 2023 Financial Statements

### August Financial Statements – Current Month Summary

Gross patient revenue for August totaled \$4,005,000, which was greater than the budgeted amount of \$3,534,000 by \$471,000. The contractual allowance for August of \$1,251,000 was less than the budgeted amount of \$1,417,000 by \$166,000. August's net margin of \$586,000 was well above the budgeted net margin of \$202,000 by \$384,000. Our cash receipts totaled \$2,791,000 in August compared to a budgeted cash receipt total of \$1,929,000.

### August Year-To-Date Summary

Our year-to-date net margin of (\$591,000) is (\$126,000) below the budgeted net margin of (\$465,000). Through August, Swing Bed, Ambulance and Laboratory, and Clinic volumes remain below year-to-date budgeted volumes. CT, Acute and Rehab Services volumes remain higher than budgeted. Cash receipts year-to-date total \$18,999,000 compared to a budgeted amount of \$15,827,000. The August month end cash balance of \$14,071,000 was ahead of the budgeted cash balance of \$12,123,000 by \$1,948,000.

### Specific Revenue and Expense Variances

1. Professional fees are over budget by (\$143,000) in August due to Admin Consulting for the Mobile Integrated Health study, Clinic Practice Share and ED Registry Staffing.
2. Repair & Maintenance expenses are over budget by (\$98,000) for August due to chiller repairs and IT expense for Centricity.
3. Supply expenses are over budget by (\$31,000) in August due to Pharmacy supplies expense.

### Patient Statistics

Lab, CT and Rehab volumes were all well above budgeted volumes for August. Labs particularly large volumes were related to billing for outside orders, while PT volumes have increased likely due in part to decreased availability at Mt. Stuart Physical Therapy. Acute, Swing Bed, ED and Ambulance all saw volumes below budgeted volumes.

### Cash Receipts

Cash collections of \$2,666,000 in August on patient accounts were above the budgeted patient account collections of \$1,877,000 by \$789,000. For the year 2023 our cash receipts on patient accounts are \$2,888,000 greater than budgeted cash receipts.

### Balance Sheet

Our Balance Sheet shows an increase in cash balances in August of \$451,000.

### Accounts Receivable

Days in Net Accounts Receivable decreased from 70.0 days in July to 55.3 days in August and Gross Accounts Receivable has decreased by \$633,000 from July.

### Contractual Allowances

Our Contractual Allowance for August is 31.2% of Gross Revenues, while our overall Contractual

Allowance is 43% of Gross Accounts Receivable.

#### Final comments

The August net margin of just over \$586,000 resulted from not only higher than budgeted gross revenues, but also from unbudgeted revenue resulting from the grant funds received to support work around Mobile Integrated Health and higher than budgeted interest income.

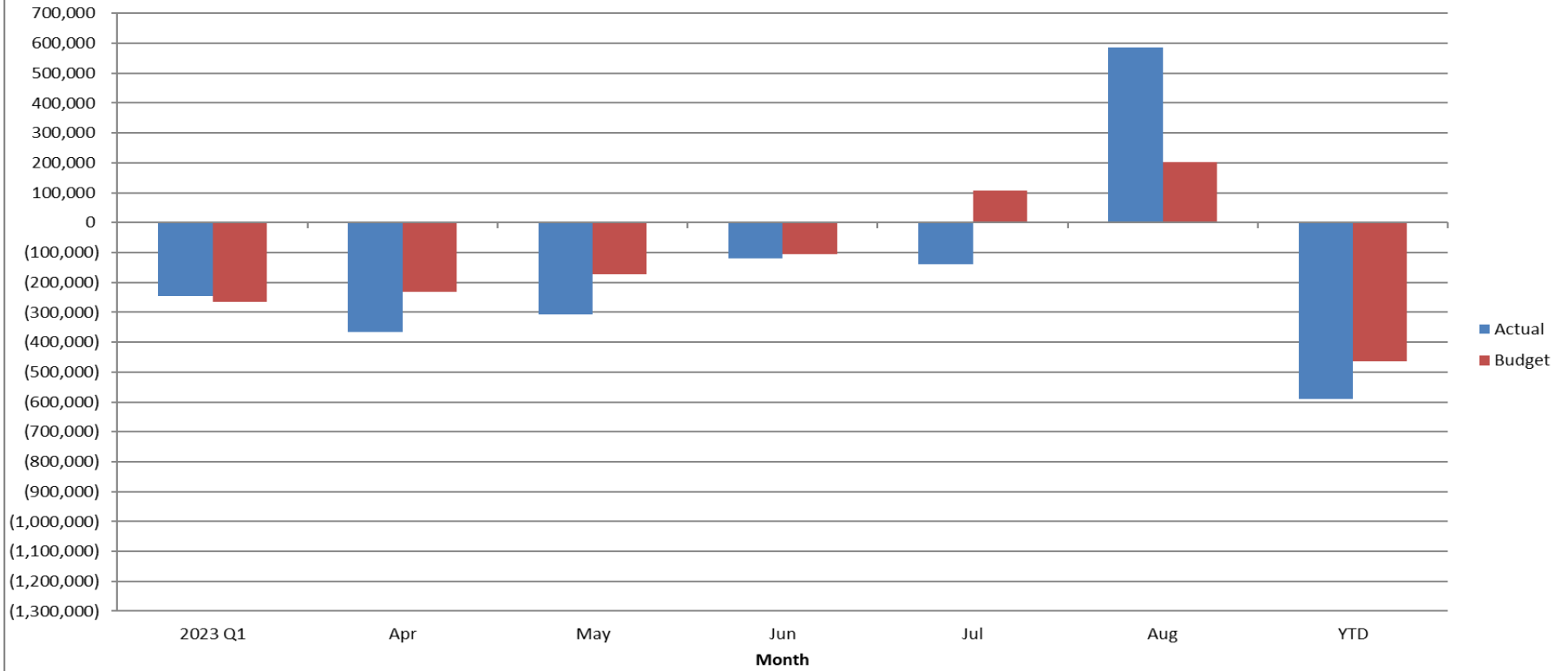
As anticipated, we were able to recognize over \$660,000 in charges in August for service dates prior to August 1, 2023. The Business Office has been working diligently to reduce our unrecognized revenues. For the month of September, charges for service dates prior to September 1, 2023, are just over \$290,000, indicating that we are closing the gap on these visits. We have also seen strong efforts to reduce our receivables, resulting in the significant drop in balance of \$633,000.

We recently received notice of an upcoming settlement for Noridian of just over \$330,000 for our 2022 Cost Report. While this revenue was recognized in 2022 through our audit entries, the cash flow will further bolster our cash balances. We will also be receiving a lump sum settlement of \$107,000 for our 2023 Medicare claims.

Budget work for 2024 continues as we will see the preliminary budget presented this month. The budget has been prepared with the assumption that we will receive cost-based reimbursement for Medicare Ambulance runs in 2024, which would have a significant impact on net margin in 2024. We filed a request to move to cost reimbursement for not only 2024, but also retroactively to January 1, 2023. We have yet to receive a response from Noridian.

# Cascade Medical

## Net Surplus/(Deficit) - 2023



**Cascade Medical Center  
Financial Performance Summary  
Year-to-Date - August, 2023**

000's omitted

YTD Aug

**Net Margin**

Actual	(591)
Budget	(465)
	(126)
Better (Worse) than Budget	(126)

**Variance Analysis - favorable vs (unfavorable)**

Gross Revenue - SBed (\$461); Lab (\$316); Amb (\$253); CT \$248; Acute \$176	(632)
Contractual Allowances	1,490
	858
Net Patient Revenue	858
Other Operating Revenue	395
	1,253
Total Operating Revenue	1,253

**Expenses**

Salaries & Benefits	(21)
Prof. Fees - Informatics (\$254); Admin (\$223); ED Prov (\$39); Clin Prov (\$33)	(689)
Supplies	(60)
Purchased Services/Repairs - Plant (\$199); IT (\$128); BusOff (\$73); Rad (\$85)	(506)
Other Operating Expenses - Bank Charges (\$61); Excise Tax (\$38)	(114)
	(1,390)
Total Operating Expenses	(1,390)

Non-Operating Revenues & Expenses	11
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Actuals Better/(worse) than Budget	(126)
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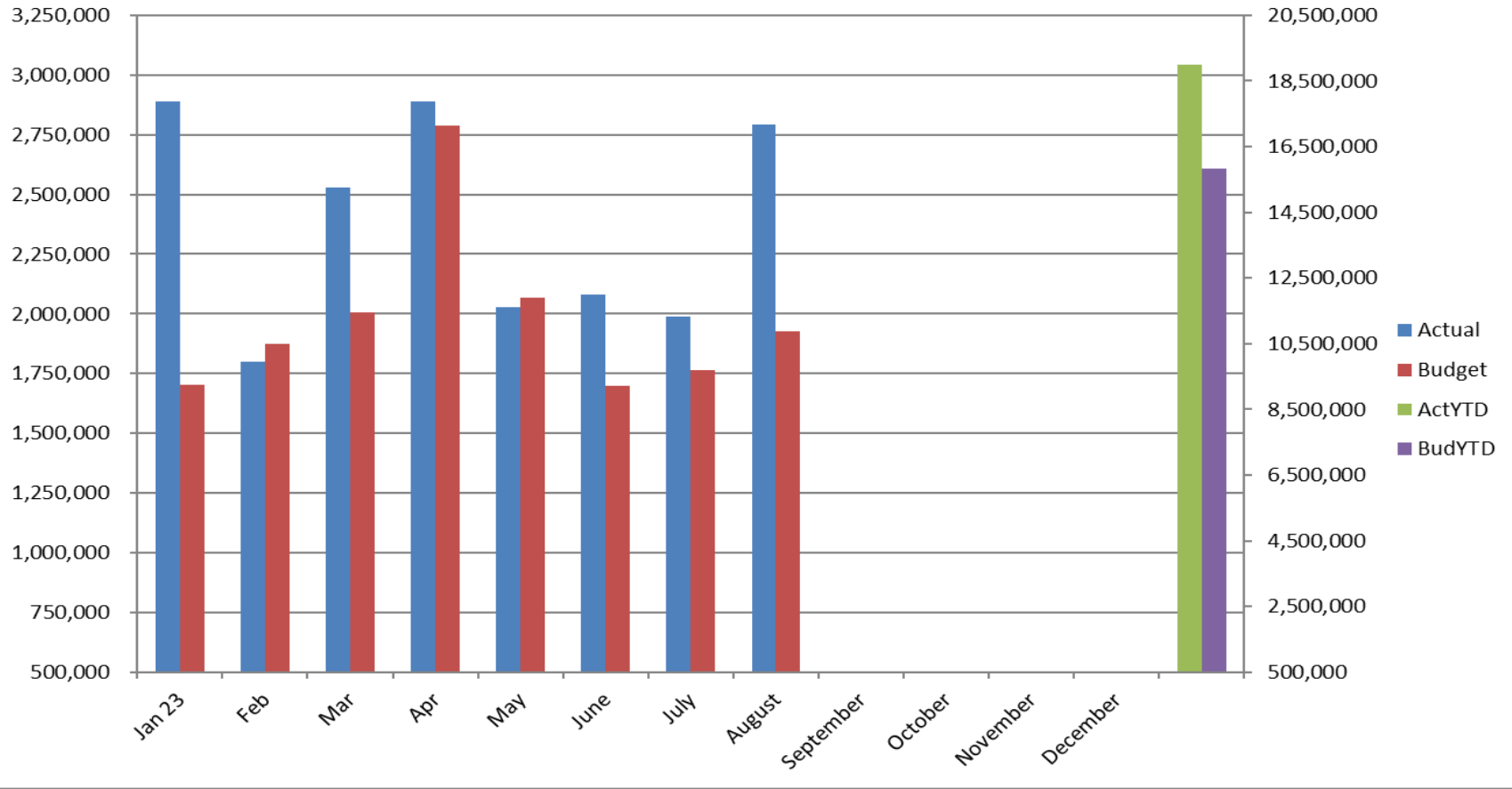
Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending August 31, 2023

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,754,269	2,116,821	637,448	15,455,337	14,597,293	858,044	12,770,591
Grants, Contribs, Other Op Revenue	121,952	31,665	90,287	840,967	445,918	395,049	681,057
Tax Levies, unrestricted	<u>149,665</u>	<u>149,665</u>	<u>-</u>	<u>1,197,320</u>	<u>1,197,320</u>	<u>-</u>	<u>1,158,304</u>
Total Operating Revenue	3,025,886	2,298,151	727,735	17,493,624	16,240,531	1,253,093	14,609,952
Operating expenses							
Salaries & Benefits	1,549,039	1,506,800	(42,239)	11,819,068	11,798,013	(21,055)	11,063,580
Professional fees	226,022	96,629	(129,393)	1,466,058	776,745	(689,313)	621,822
Supplies	196,036	165,503	(30,533)	1,316,798	1,257,081	(59,717)	1,185,797
Purchased services	199,065	95,461	(103,604)	1,390,117	884,529	(505,588)	1,339,203
Depreciation	166,988	169,956	2,968	1,332,849	1,359,648	26,799	1,264,705
Other Operating Expenses	<u>183,272</u>	<u>141,095</u>	<u>(42,177)</u>	<u>1,405,940</u>	<u>1,265,009</u>	<u>(140,931)</u>	<u>1,174,608</u>
Total operating expenses	2,520,422	2,175,444	(344,978)	18,730,830	17,341,025	(1,389,805)	16,649,715
Operating gain / (loss)	505,464	122,707	382,757	(1,237,206)	(1,100,494)	(136,712)	(2,039,763)
Nonoperating revenues (expenses)							
Tax Levies, restricted	108,294	108,294	-	866,352	866,352	-	808,128
Interest expense on bonds	(27,214)	(27,214)	-	(217,712)	(217,712)	-	(231,665)
Other Non-Operating rev (exp)	<u>(102)</u>	<u>(1,673)</u>	<u>1,571</u>	<u>(2,174)</u>	<u>(13,384)</u>	<u>11,210</u>	<u>(12,932)</u>
Total nonoperating rev (exp), net	80,978	79,407	1,571	646,466	635,256	11,210	563,530
Net Income	586,442	202,114	384,328	(590,740)	(465,238)	(125,502)	(1,476,233)

Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending August 31, 2023

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Operating revenues</b>							
Gross Patient Revenue	4,004,939	3,533,811	471,128	23,490,372	24,121,959	(631,587)	20,132,147
less:							
Contractual Allowances	1,071,357	1,243,834	172,477	6,882,998	8,342,690	1,459,692	6,545,446
Reserve for Bad Debts	127,588	123,683	(3,905)	819,697	844,269	24,572	616,203
Reserve for Financial Assistance	<u>51,725</u>	<u>49,473</u>	<u>(2,252)</u>	<u>332,340</u>	<u>337,707</u>	<u>5,367</u>	<u>199,907</u>
Total Deductions from Revenue	1,250,670	1,416,990	166,320	8,035,035	9,524,666	1,489,631	7,361,556
Net Patient Revenue	2,754,269	2,116,821	637,448	15,455,337	14,597,293	858,044	12,770,591
Grants, Contributions	45,000	2,100	42,900	94,648	125,398	(30,750)	410,356
Other Operating Revenue	76,952	29,565	47,387	746,319	320,520	425,799	270,701
Tax Levies, unrestricted	<u>149,665</u>	<u>149,665</u>	<u>-</u>	<u>1,197,320</u>	<u>1,197,320</u>	<u>-</u>	<u>1,158,304</u>
Total Operating Revenue	3,025,886	2,298,151	727,735	17,493,624	16,240,531	1,253,093	14,609,952
<b>Operating expenses</b>							
Salaries and wages	1,260,456	1,234,191	(26,265)	9,661,532	9,586,757	(74,775)	9,075,376
Employee benefits	288,583	272,609	(15,974)	2,157,536	2,211,256	53,720	1,988,205
Professional fees	226,022	96,629	(129,393)	1,466,058	776,745	(689,313)	621,822
Supplies	196,036	165,503	(30,533)	1,316,798	1,257,081	(59,717)	1,185,797
Utilities	13,285	22,164	8,879	175,013	187,012	11,999	180,524
Repairs and maintenance	113,691	15,473	(98,218)	350,481	176,484	(173,997)	166,083
Purchased services	85,374	79,988	(5,386)	1,039,636	708,045	(331,591)	1,173,120
Continuing medical education	592	1,417	825	6,931	11,332	4,401	3,021
Other expenses	22,651	2,271	(20,380)	101,249	59,755	(41,494)	74,171
Dues and subscriptions	69,363	60,219	(9,144)	543,752	517,074	(26,678)	161,186
Travel / training / meetings	31,696	3,183	(28,513)	123,961	61,429	(62,532)	70,882
Leases and rentals	11,928	13,844	1,916	126,700	109,544	(17,156)	99,632
Depreciation	166,988	169,956	2,968	1,332,849	1,359,648	26,799	1,264,705
Licenses and taxes	23,098	17,556	(5,542)	158,258	154,750	(3,508)	415,987
Insurance	9,333	19,074	9,741	159,469	153,177	(6,292)	154,623
Interest	<u>1,326</u>	<u>1,367</u>	<u>41</u>	<u>10,607</u>	<u>10,936</u>	<u>329</u>	<u>14,582</u>
Total operating expenses	2,520,422	2,175,444	(344,978)	18,730,830	17,341,025	(1,389,805)	16,649,715
Operating gain / (loss)	505,464	122,707	382,757	(1,237,206)	(1,100,494)	(136,712)	(2,039,763)
<b>Nonoperating revenues (expenses)</b>							
Tax Levies, restricted	108,294	108,294	-	866,352	866,352	-	808,128
Interest expense on bond financing	(27,214)	(27,214)	-	(217,712)	(217,712)	-	(231,665)
Gain (loss) on disposal of equipment	-	-	-	4,000	-	4,000	-
Investment income	1,667	96	1,571	7,980	768	7,212	1,222
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(14,154)	(14,152)	(2)	(14,154)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	80,978	79,407	1,571	646,466	635,256	11,210	563,530
Net Income	586,442	202,114	384,328	(590,740)	(465,238)	(125,502)	(1,476,233)

## Cascade Medical 2023 Cash Receipts



Cascade Medical  
 Statistics Summary - 2023

	YTD 2022						2023 Act	2023 Bud	Act/Bud	2023 Act	2023 Act	2023 Bud	2023 Bud	Act/Bud
	avg/mo	apr 23	may	jun	jul	aug	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	17	24	25	26	18	15	15	24	-37.5%	161	20	153	19	5.1%
Swing Bed	89	66	59	66	61	98	98	106	-7.4%	572	72	726	91	-21.2%
Laboratory tests	2,726	3,001	3,110	2,746	3,080	3,659	3,659	3,062	19.5%	23,151	2,894	23,596	2,950	-1.9%
Radiology exams	274	306	356	316	319	373	373	395	-5.6%	2,556	320	2,558	320	-0.1%
CT scans	102	89	125	128	157	154	154	136	13.2%	962	120	893	112	7.7%
ED visits	324	283	371	375	467	416	416	443	-6.2%	2,733	342	2,716	340	0.6%
Ambulance runs	72	54	69	75	83	81	81	85	-4.7%	568	71	611	76	-7.0%
Clinic visits	999	1,091	1,167	1,139	1,087	1,320	1,320	1,246	5.9%	9,044	1,131	9,327	1,166	-3.0%
Rehab procedures	2,021	2,227	2,232	2,540	2,282	2,417	2,417	2,176	11.1%	18,387	2,298	17,199	2,150	6.9%

**Patient Statistics**

	2022		2023											2023	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg	YTD Mo Avg
<b>Admits</b>															
Acute Care	3.0	5	2	5	7	6	7	5	5						5.3
Short Stay	1.6	-	4	5	3	4	3	5	5						3.6
Swing Bed	5.6	5	4	5	5	6	6	5	9						5.6
Respite Care	0.8	2	-	-	1	1	1	-	-						0.6
<b>Total Admits</b>	11.0	12	10	15	16	17	17	15	19						15.1
<b>Patient Days</b>															
Acute Care	13.0	19	6	15	24	25	26	18	15						18.5
Short Stay	2.2	1.2	5.1	4.5	4.5	4.6	5.9	5.2	6.4						4.7
Swing Bed	86.5	75	98	49	66	59	66	61	98						71.5
Respite Care	9.6	13	20	-	5	20	2	11	-						8.9
<b>Total Patient Days</b>	111.3	108.2	129.1	68.5	99.5	108.6	99.9	95.2	119.4						103.5
<b>Average Length of Stay</b>	10.1	9.0	12.9	4.6	6.2	6.4	5.9	6.3	6.3						7.2
<b>Average Patients per Day</b>	3.7	3.5	4.5	2.2	3.3	3.5	3.3	3.1	3.9						3.4
<b>Worked FTEs</b>	-														#DIV/0!
<b>FTEs (W/ Non-Working Pay*)</b>	-														#DIV/0!
<b>Laboratory (tests)</b>	2,726	2,875	2,395	2,285	3,001	3,110	2,746	3,080	3,659						2,894
<b>Radiology (tests)</b>	243	253	245	231	254	292	272	267	312						266
<b>Mammography (tests)</b>	24	35	28	42	32	49	35	40	38						37
<b>Cardiac Diagnostics</b>	75	84	74	79	102	114	70	91	65						85
<b>CT (Scans)</b>	102	112	82	115	89	125	128	157	154						120
<b>DXA (Scans)</b>	7	17	7	28	20	15	9	12	23						16
<b>PT (services billed)</b>	1,592	1,778	1,645	1,764	1,686	1,735	1,960	1,908	2,046						1,815
<b>ER (visits/procedures)</b>	326	324	253	244	283	371	375	467	416						342
<b>Ambulance (runs)</b>	72	88	61	57	54	69	75	83	81						71
<b>Clinic (visits)</b>	979	1,051	976	1,197	1,091	1,167	1,139	1,087	1,320						1,129
<b>Occupational Therapy</b>	393	516	446	364	469	445	521	299	305						421
<b>Speech Therapy</b>	36	69	66	41	72	52	59	75	66						63
<b>Endoscopy Procedures</b>	8	9	22	20	13	27	12	19	24						18
<b>REVENUE COMPARISON</b>															
	2022		2023											2023	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg	YTD Mo Avg
Acute Care	\$ 30,370	\$ 122,267	\$ (28,105)	\$ 44,978	\$ 104,755	\$ 25,923	\$ 120,085	\$ 345	\$ 90,000					\$ 60,031	\$ 2,936,296
Short Stay	6,780	3,846	15,659	14,765	13,764	13,795	18,260	15,897	19,590					14,447	
Respite Care	1,477	5,785	14,960	-	445	9,180	6,600	7,150	-					5,515	
Swing Bed	213,657	144,900	272,895	118,335	113,505	176,295	108,675	198,030	205,275					167,239	
Central Supply	30,635	18,694	13,789	15,385	20,622	26,042	27,275	23,260	34,301					22,421	
Laboratory	327,784	323,582	273,385	356,070	356,554	343,528	297,314	339,080	410,126					337,455	
Cardiac Diagnostics	20,282	24,824	23,326	25,498	33,963	38,007	26,770	26,196	32,558					28,893	
CT	324,135	382,550	289,072	376,137	340,517	414,505	427,780	556,372	500,946					410,985	
Radiology	113,070	126,184	121,002	126,516	141,478	148,047	138,459	128,102	164,226					136,752	
Mammography	13,641	17,620	18,493	25,513	20,365	26,363	21,660	18,493	24,762					21,659	
Pharmacy	114,542	132,753	87,704	193,768	150,174	157,323	90,176	121,354	253,326					148,322	
Respiratory Therapy	72	-	-	-	-	-	-	-	-					-	
Physical Therapy	163,503	179,529	180,871	178,606	186,602	187,312	210,686	210,456	226,039					195,013	
Emergency Room	599,954	595,285	566,371	592,177	573,591	705,793	824,147	761,154	1,257,262					734,473	
Ambulance	233,979	164,881	244,598	225,217	178,209	239,989	306,725	215,014	342,986					239,702	
Clinic	235,748	206,005	249,653	282,355	310,787	259,199	333,152	301,340	322,022					283,064	
Occupational Therapy	47,909	52,920	59,886	44,284	52,754	54,713	62,186	37,947	34,393					49,885	
Outpatient Diagnostic Svcs	24,600	14,952	44,461	62,002	60,911	56,994	58,978	75,290	56,700					53,786	
Speech/Contracted Svcs	11,927	20,019	25,402	13,392	20,241	21,366	20,863	23,305	23,211					20,975	
Dietary/Contracted Svcs	2,455	5,366	3,407	8,471	5,469	3,974	5,841	5,701	7,216					5,681	
<b>Total Patient Revenue</b>	<b>\$ 2,516,518</b>	<b>\$ 2,541,962</b>	<b>\$ 2,476,829</b>	<b>\$ 2,703,469</b>	<b>\$ 2,684,706</b>	<b>\$ 2,908,348</b>	<b>\$ 3,105,632</b>	<b>\$ 3,064,486</b>	<b>\$ 4,004,939</b>					<b>\$ 2,936,296</b>	

Increase (Decrease) in Cash and Cash Equivalents  
 Cascade Medical Center  
 For the Month Ending August 31, 2023

	<u>Aug-23</u>	<u>2023 YTD</u>	<u>2022 YTD</u>
<b><i>Cash flows from operating activities</i></b>			
Receipts from and on behalf of patients	\$ 2,666,421	\$ 16,291,062	\$ 11,942,390
Other receipts	\$ 8,235	\$ 426,378	\$ 340,626
Payments to & on behalf of employees	\$ (1,124,406)	\$ (10,010,971)	\$ (9,526,094)
Payments to suppliers and contractors	\$ (1,171,719)	\$ (7,334,088)	\$ (5,942,093)
Net cash gained / (used) in operating activities	\$ 378,532	\$ (627,620)	\$ (3,185,171)
<b><i>Cash flows from noncapital financing activities</i></b>			
Taxation for maintenance and operations, EMS	\$ 13,376	\$ 1,415,999	\$ 1,391,571
Noncapital grants and contributions	\$ 45,000	\$ 94,647	\$ 257,809
Net cash provided by noncapital financing activities	\$ 58,376	\$ 1,510,646	\$ 1,649,380
<b><i>Cash flows from capital and related financing activities</i></b>			
Taxation for bond principal and interest	\$ 5,060	\$ 387,059	\$ 364,728
Purchase of capital assets	\$ (33,945)	\$ (46,167)	\$ (154,706)
Payments toward construction in progress	\$ (10,145)	\$ (292,228)	\$ (175,979)
Proceeds from disposal of capital assets		\$ 4,000	\$ -
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ (163,284)	\$ (173,749)
Bond maintenance & issuance costs		\$ -	\$ -
Capital grants and contributions	\$ -	\$ -	\$ 107,497
Net cash provided by capital and related financing activities	\$ (39,030)	\$ (110,620)	\$ (32,209)
<b><i>Cash flows from investing activities</i></b>			
Investment Income	\$ 52,863	\$ 379,884	\$ 50,432
Net increase (decrease) in cash and cash equivalents	\$ 450,741	\$ 1,152,291	\$ (1,517,568)
Cash and Cash equivalents, beginning of period	\$ 13,620,755	\$ 12,919,205	\$ 12,895,031
Cash and cash equivalents, end of period	<u>\$ 14,071,496</u>	<u>\$ 14,071,496</u>	<u>\$ 11,377,463</u>

**Forecasted Statement of Cash Flows**  
**Cascade Medical Center**  
**For the year ending August 31, 2023**

	<u>Actual</u> <u>1st Qtr</u>	<u>Actual</u> <u>2nd Qtr</u>	<u>Actual</u> <u>July</u>	<u>Actual</u> <u>August</u>	<u>Forecast</u> <u>September</u>	<u>Forecast</u> <u>3rd Qtr</u>	<u>Forecast</u> <u>4th Qtr</u>	<u>Actual/Forecast</u> <u>Year End 2023</u>	<u>Budget</u> <u>2023</u>
Cash balance, beginning of period	\$ 12,919,205	\$ 14,269,736	\$ 13,845,914	\$ 13,620,755	\$ 14,071,496	\$ 13,845,914	\$ 14,456,097	\$ 12,919,205	\$ 12,919,205
Cash available for operating needs	\$ 12,707,225	\$ 13,935,775	\$ 13,056,281	\$ 12,820,456	\$ 13,262,604	\$ 13,056,281	\$ 13,617,854	\$ 12,707,225	\$ 12,707,225
Cash restricted to debt service, other restricted funds	\$ 211,980	\$ 333,961	\$ 789,633	\$ 800,299	\$ 808,892	\$ 789,633	\$ 838,243	\$ 211,980	\$ 211,980
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,595,932	\$ 5,165,892	\$ 1,862,817	\$ 2,666,421	\$ 2,066,903	\$ 6,596,141	\$ 6,872,431	\$ 25,230,395	\$ 21,346,379
Grant receipts	\$ 35,993	\$ 3,654	\$ 10,000	\$ 45,000	\$ 1,500	\$ 56,500	\$ 2,090	\$ 98,237	\$ 133,798
Other receipts	\$ 168,890	\$ 212,303	\$ 40,949	\$ 8,235	\$ 12,585	\$ 61,769	\$ 89,939	\$ 532,901	\$ 403,985
Payments to or on behalf of employees	\$ (3,442,158)	\$ (4,128,902)	\$ (1,315,505)	\$ (1,124,406)	\$ (1,064,247)	\$ (3,504,158)	\$ (3,948,637)	\$ (15,023,854)	\$ (16,977,604)
Payments to suppliers and contractors	\$ (2,413,564)	\$ (2,850,614)	\$ (898,191)	\$ (1,171,719)	\$ (720,335)	\$ (2,790,245)	\$ (2,308,131)	\$ (10,362,554)	\$ (6,239,189)
<b>Net cash provided by operating activities</b>	<b>\$ 945,094</b>	<b>\$ (1,597,668)</b>	<b>\$ (299,930)</b>	<b>\$ 423,532</b>	<b>\$ 296,406</b>	<b>\$ 420,007</b>	<b>\$ 707,691</b>	<b>\$ 475,125</b>	<b>\$ (1,332,631)</b>
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 246,325	\$ 246,325	\$ 243,957
Taxation for Emergency Medical Services	\$ 169,499	\$ 851,016	\$ 12,504	\$ 9,844	\$ 40,022	\$ 62,370	\$ 722,608	\$ 1,805,493	\$ 1,795,981
Investment Income	\$ 126,178	\$ 149,242	\$ 51,600	\$ 52,863	\$ 18,822	\$ 123,285	\$ 90,954	\$ 489,659	\$ 44,952
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 67,269	\$ 67,269	\$ 90,000
<b>Net cash provided by noncapital financing activities</b>	<b>\$ 295,678</b>	<b>\$ 1,000,258</b>	<b>\$ 64,105</b>	<b>\$ 62,707</b>	<b>\$ 58,844</b>	<b>\$ 185,655</b>	<b>\$ 1,127,155</b>	<b>\$ 2,608,746</b>	<b>\$ 2,174,890</b>
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (12,222)	\$ (282,084)	\$ -	\$ (44,090)	\$ -	\$ (44,090)	\$ (93,804)	\$ (432,200)	\$ (554,448)
Increase/(decrease) in cash available for operations	\$ 1,228,550	\$ (879,494)	\$ (235,825)	\$ 442,148	\$ 355,250	\$ 561,573	\$ 1,741,042	\$ 2,651,671	\$ 287,811
<b>Cash available for operating needs</b>	<b>\$ 13,935,775</b>	<b>\$ 13,056,281</b>	<b>\$ 12,820,456</b>	<b>\$ 13,262,604</b>	<b>\$ 13,617,854</b>	<b>\$ 13,617,854</b>	<b>\$ 15,358,896</b>	<b>\$ 15,358,896</b>	<b>\$ 12,995,036</b>
Taxation for bond prin & int (incl encumbrd M&O)	\$ 121,981	\$ 618,955	\$ 10,667	\$ 8,592	\$ 29,351	\$ 48,610	\$ 270,318	\$ 1,059,865	\$ 1,055,568
Principle & Interest paid on long-term debt	\$ -	\$ (163,284)	\$ -	\$ -	\$ -	\$ -	\$ (854,219)	\$ (1,017,503)	\$ (1,065,568)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 121,981	\$ 455,671	\$ 10,667	\$ 8,592	\$ 29,351	\$ 48,610	\$ (583,901)	\$ 42,362	\$ (10,000)
<b>Cash restricted to debt service, other restricted funds</b>	<b>\$ 333,961</b>	<b>\$ 789,633</b>	<b>\$ 800,299</b>	<b>\$ 808,892</b>	<b>\$ 838,243</b>	<b>\$ 838,243</b>	<b>\$ 254,342</b>	<b>\$ 254,342</b>	<b>\$ 201,980</b>
<b>Cash balance, end of period</b>	<b>\$ 14,269,736</b>	<b>\$ 13,845,914</b>	<b>\$ 13,620,755</b>	<b>\$ 14,071,496</b>	<b>\$ 14,456,097</b>	<b>\$ 14,456,097</b>	<b>\$ 15,613,238</b>	<b>\$ 15,613,238</b>	<b>\$ 13,197,016</b>

**CASCADE MEDICAL CENTER**  
**EMERGENCY MEDICAL SERVICES - AUGUST, 2023**

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	8/31/23	8/31/23 YTD	8/31/23	8/31/23 YTD	8/31/23	8/31/23 YTD	8/31/2022 YTD
PATIENT REVENUE	1,257,263	5,875,789	342,986	1,917,619	\$1,600,249	\$7,793,408	\$6,671,915
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$731,476	\$3,418,534	\$224,793	\$1,256,807	\$956,269	\$4,675,341	\$3,578,690
NET PATIENT REVENUE	<b>\$525,787</b>	<b>\$2,457,255</b>	<b>\$118,193</b>	<b>\$660,811</b>	<b>\$643,980</b>	<b>\$3,118,067</b>	<b>\$3,093,225</b>
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$0
<b>TOTAL OPERATING REVENUE</b>	<b>\$525,787</b>	<b>\$2,457,255</b>	<b>\$118,193</b>	<b>\$660,811</b>	<b>\$643,980</b>	<b>\$3,118,067</b>	<b>\$3,093,225</b>
<b>OPERATING EXPENSES</b>							
SALARIES AND WAGES	53,486	1,288,509	119,427	865,826	\$172,912	\$2,154,335	\$1,998,136
EMPLOYEE BENEFITS	13,341	185,991	29,769	209,677	\$43,110	\$395,667	\$354,537
PROFESSIONAL FEES	37,378	188,773	-	1,500	\$37,378	\$190,273	\$91,906
SUPPLIES	11,234	60,748	13,856	66,136	\$25,090	\$126,883	\$153,617
FUEL	-	-	2,607	16,520	\$2,607	\$16,520	\$19,313
REPAIRS AND MAINT.	-	-	5,580	28,369	\$5,580	\$28,369	\$27,733
PURCHASED SERVICES	3,286	23,804	10,544	123,021	\$13,830	\$146,825	\$138,584
CONTINUING MEDICAL EDUCATION	592	1,494	3,253	11,730	\$3,845	\$13,224	\$22,316
DUES	944	10,456	3,413	15,262	\$4,357	\$25,718	\$23,683
OTHER EXPENSES	-	1,213	8,348	16,973	\$8,348	\$18,186	\$9,553
LEASES / RENTALS	-	2,302	2,100	19,400	\$2,100	\$21,702	\$21,229
DEPRECIATION	4,522	36,174	17,920	143,362	\$22,442	\$179,536	\$38,156
TAXES AND LICENSES	-	1,338	-	-	\$0	\$1,338	\$2,006
INSURANCE	1,113	8,907	4,238	33,906	\$5,352	\$42,813	\$11,272
OVERHEAD COSTS	219,464	1,572,152	103,907	744,344	\$323,371	\$2,316,496	\$1,573,233
<b>TOTAL OPERATING EXPENSES</b>	<b>\$345,361</b>	<b>\$3,381,861</b>	<b>\$324,962</b>	<b>\$2,296,027</b>	<b>\$670,323</b>	<b>\$5,677,887</b>	<b>\$4,485,275</b>
<b>MARGIN ON OPERATIONS</b>	<b>\$180,427</b>	<b>(\$924,607)</b>	<b>(\$206,769)</b>	<b>(\$1,635,216)</b>	<b>(\$26,343)</b>	<b>(\$2,559,819)</b>	<b>(\$1,392,050)</b>
<b>TAX REVENUE</b>					<b>\$149,665</b>	<b>\$1,197,320</b>	<b>\$1,158,304</b>
<b>NET MARGIN WITH TAX REVENUE</b>					<b>\$123,322</b>	<b>(\$1,362,499)</b>	<b>(\$233,746)</b>
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	416	2,733	81	568			
Total Ambulance Runs (includes unbillable runs)			112	813			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2022	424	2,605	88	573			
Total Ambulance Runs (includes unbillable runs)			136	862			

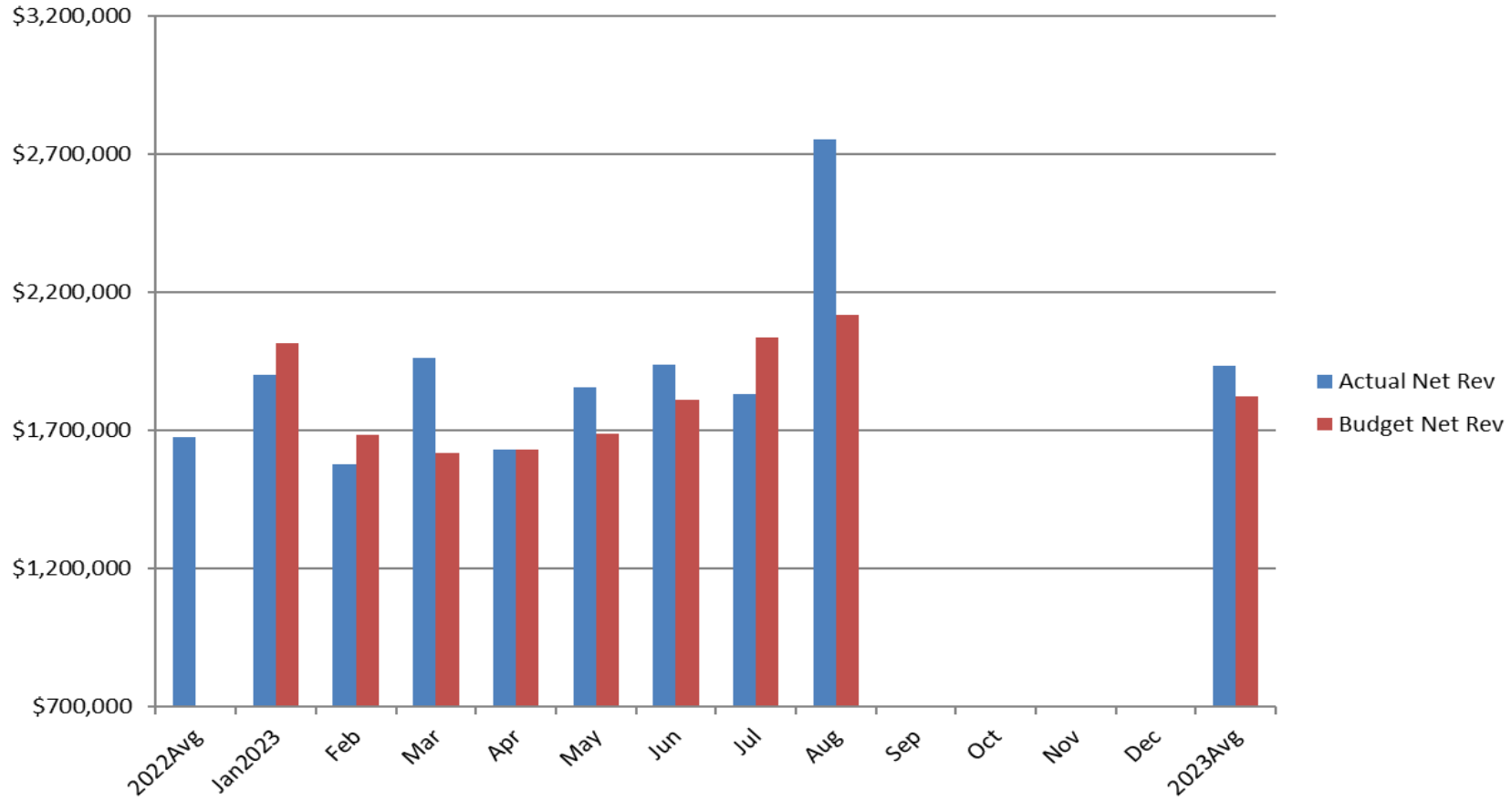


**Cascade Medical Center**  
**Balance Sheet**  
As of August 31, 2023 and December 31, 2022

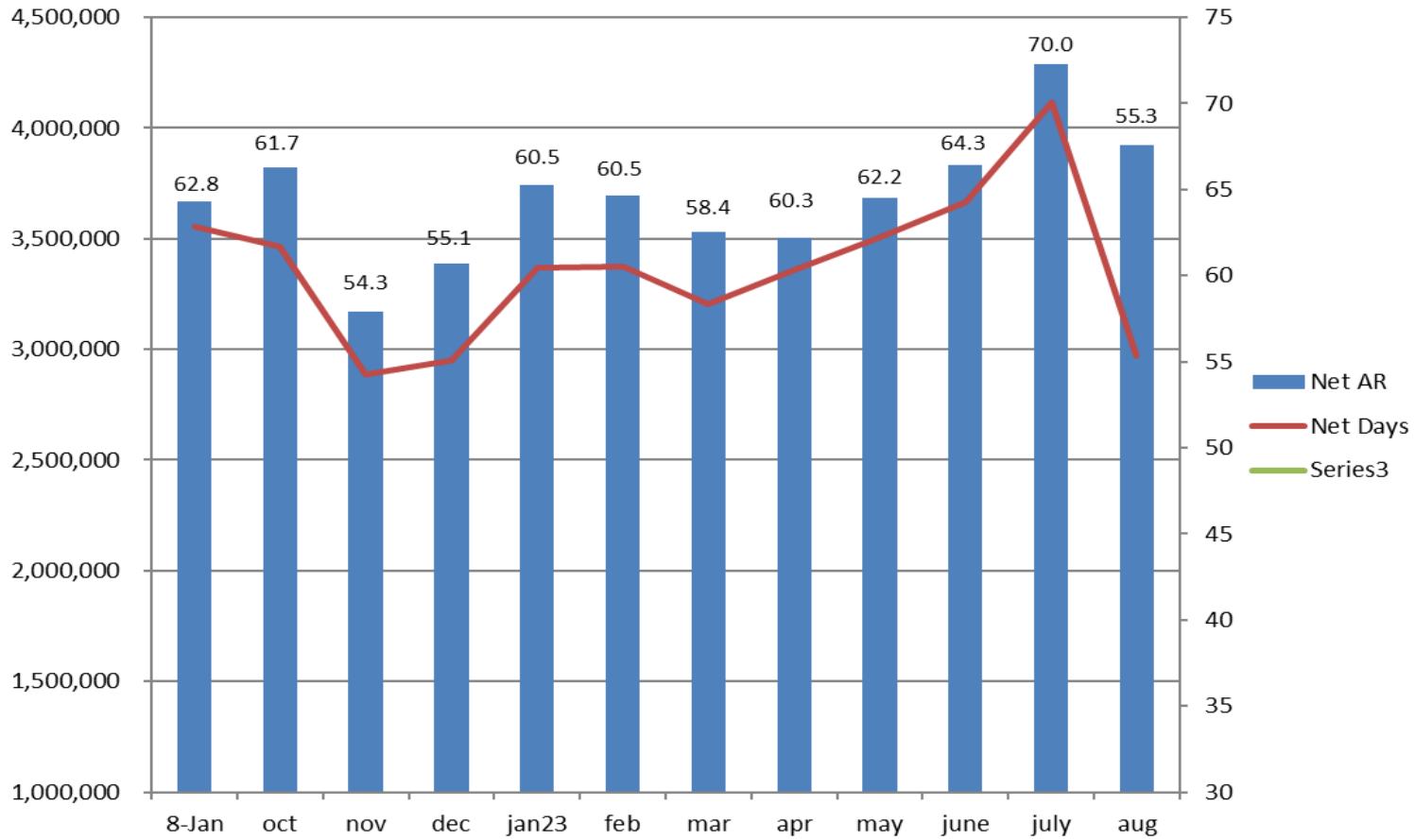
	Aug 2023	Dec 2022		Aug 2023	Dec 2022
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,365,614	879,569	Accounts Payable	193,096	592,145
Savings Account	10,671,946	9,042,895	Accrued Payroll	652,245	423,350
Patient Account Receivable	6,886,109	6,045,511	Refunds Payable	1,285	8,112
less: Reserves for Contractual Allowances	(2,961,027)	(2,592,952)	Accrued PTO	871,188	763,093
Inventories and Prepaid Expenses	333,625	330,878	Payroll Taxes & Benefits Payable	14,770	(91,262)
Taxes Receivable - M&O Levy	64,967	11,777	Accrued Interest Payable	81,642	27,214
- EMS Levy	318,652	159,405	Current Long Term Debt	741,082	746,195
Other Assets	772,818	2,005,510	Current OPEB Liability	951,195	861,196
Total Current Assets	<u>17,452,704</u>	<u>15,882,594</u>	Short Term Lease	33,406	33,406
			Settlement Payable	741,000	741,000
Assets Limited as to Use			Total Current Liabilities	<u>4,280,909</u>	<u>4,104,448</u>
Cash and Cash Equivalents			Long Term Liabilities		
Funded Depreciation	1,095,712	1,314,457	Notes Payable	207,494	207,493
CVB Memorial Fund	1,274	1,273	Covid SHIP Funding	-	-
UTGO Bond Payable Fund	383,224	70,467	PPP Note Payable	-	-
LTGO Bond Payable Fund	176,336	265,317	CARES Act Funds Reserve	-	-
Investment Memorial Fund	128,686	124,539	UTGO Bond Payable	5,021,000	5,021,000
Settlement Account	168,540	163,108	LTGO Bond Payable	4,440,000	4,440,000
Paycheck Protection Loan Proceeds	-	-	Deferred Revenue/Bond Premium	85,364	89,106
Cash - EMS	103,616	1,160,753	Long Term OPEB/Pension Liability	2,969,594	2,969,594
	<u>2,057,387</u>	<u>3,099,915</u>	Long Term ROU Leases	41,852	41,852
Taxes Receivable - Construction Bond Levy	74,497	11,494	Total Long Term Liabilities	<u>12,765,302</u>	<u>12,769,045</u>
Total Assets Limited as to Use	<u>2,131,884</u>	<u>3,111,409</u>	Total Liabilities	17,046,211	16,873,493
Property, Plant and Equipment			Fund Balance - Prior Years	14,074,683	14,074,683
Land	522,015	522,015	Fund Balance - Current Year	(590,740)	-
Land Improvements	1,392,089	1,392,089	Total Fund Balance	<u>13,483,943</u>	<u>14,074,683</u>
Buildings & Improvements	10,502,549	10,502,549			
Fixed Equip - Hospital	8,759,776	8,747,554			
Major Movable Equipment Hospital	7,855,791	7,829,280			
Construction in Progress	309,301	17,072			
Total Property, Plant and Equipment	29,341,521	29,010,559			
Less: Accumulated Depreciation	<u>(20,373,854)</u>	<u>(19,048,438)</u>			
	8,967,667	9,962,121			
ROU Leases					
ROU Leases	106,054	106,054			
Less Accumulated Amortization	<u>(30,796)</u>	<u>(30,796)</u>			
	75,258	75,258			
Other Assets					
Long Term Pension Assets	730,164	730,164			
Deferred OPEB/Pension Costs	864,166	864,166			
Deferred Bond Costs	308,310	322,464			
TOTAL ASSETS	<u>30,530,154</u>	<u>30,948,176</u>	TOTAL LIABILITIES & FUND BALANCE	<u>30,530,154</u>	<u>30,948,176</u>

# Cascade Medical

## 2023 Net Patient Revenue, Actual vs. Budget



## Days in Net Accounts Receivable



Cascade Medical

Accounts Receivable Trending Report - 2023

<b>Total Facility</b>	<b>Dec 2020</b>	<b>Dec 2021</b>	<b>Dec 2022</b>	<b>Mar 23</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Jul2</b>
0 - 30 days	2,902,699	2,437,008	2,660,733						
31-60 days	546,254	863,160	545,432						
61-90 days	547,840	332,252	349,290						
91-180 days	570,339	991,256	1,129,065						
over 180 days	728,885	1,016,613	1,360,992						
Total Balance	5,296,017	5,640,289	6,045,511	6,302,232	6,178,319	6,465,344	6,726,102	7,518,876	6,886,109
Credit bals as % of AR	5.5%	2.5%	6.8%						
% >90 w/o installs	22.0%	33.6%	41.2%						