CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday February 25, 2026 | 5:00 PM

Arleen Blackburn Conference Room and Zoom Connection

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

I.	**Call to Order**	5:00	Shari Campbell
II.	**Pledge of Allegiance**	5:00	Shari Campbell
	• **Consent Agenda**	5:00	Shari Campbell

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
- January 21, 2026 Board Meeting Minutes
- **Policies**: Death with Dignity; Credentialing; Receiving Legal Documents from a Process Server; Policy Creation, Review, & Approval

Previous Month's Warrants Issued:	10128033 – 10128168	01/11/2026 – 02/13/2026	$ 530,373.17
Accounts Payable EFT Transactions:	2026001 – 20260022	01/11/2026 – 02/13/2026	$ 1,035,066.65
Payroll EFT Transactions:	30090 – 30515	01/11/2026 – 02/13/2026	$ 1,055,372.40

- Bad Debt: January 2026

III.	**Community Input** Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.	5:00	Commissioners
IV.	**Introduction: Justin Stoltzfus, NP**	5:05	Justin Stoltzfus
V.	**CM Values**	5:10	Diane Blake
VI.	**Committee Reports**	5:15	
	a. Quality Oversight Committee		Jessica Kendall
	b. Medical Staff		Shari Campbell
	c. Community Outreach and Awareness Committee		Shari Campbell
	d. Governance Committee		Shari Campbell
VII.	**Discussion**	5:45	
	a. Foundation Golf Tournament Sponsorship		Shari Campbell
	b. Introduce Capital Purchase for Budgeted Monitors		Diane Blake
VIII.	**December 2025 & January 2026 Financial Reports**	6:00	Marianne Vincent
IX.	**Administrator Report**	6:15	Diane Blake
X.	**Board Follow Up Items / Meeting Evaluation / Commissioner Comments** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	6:35	Commissioners
XI.	**Action Items**	6:40	Commissioners
	a. **MOTION**: Approve Credentialing		
	b. **MOTION**: Approve 2026-2028 Organizational Objectives and 2026 Annual Objectives		
	c. **MOTION**: Approve Resolution 2026-02: CEO Employment Agreement		
XII.	**Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g)**	6:55	Commissioners
XIII.	**Adjournment**	7:25	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
March 16, 2026	Finance Committee	Tom & Cary	Administration Conf. Room	9:00 AM -11:00 AM
March 18, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
March 25, 2026	Board Meeting		ABC Room	5:00 PM
April 15, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
April 22, 2026	Board Meeting		ABC Room	5:00 PM
April 25, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
May 5, 2026	Community Engagement Night		Leavenworth Festhalle	4:00 PM – 7:00 PM
May 6, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
May 11, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
May 20, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
May 26, 2026	Board Meeting		ABC Room	5:00 PM
June 17, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
June 22, 2026	CMF Annual Golf Tournament		Kahler Mountain Club	All Day
June 24, 2026	Board Meeting		ABC Room	5:00 PM
June 28, 2026- July 1, 2026	WSHA Conference		Chelan, WA	All Day
July 15, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
July 22, 2026	Board Meeting		ABC Room	5:00 PM
August 5, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
August 10, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
August 19, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
August 20, 2026	Community Block Party		Osborn Playfield	4:00 PM – 7:00 PM
September 16, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
September 23, 2026	Board Meeting		ABC Room	5:00 PM
October 7, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
October 21, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
October 24, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
October 28, 2026	Board Meeting		ABC Room	5:00 PM
November 11, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
November 16, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
November 17, 2026	Community Engagement Night		Leavenworth Festhalle	4:00 PM – 7:00 PM
November 18, 2026	Board Meeting		ABC Room	5:00 PM
December 9, 2026	CMF Board Meeting		TBD	TBD
December 16, 2026	Board Meeting		ABC Room	5:00 PM

Values

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

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

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

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

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

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

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

AGENDA / PACKET EXPLANATION
For Meeting on February 25, 2026

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

- **Consent Agenda** – The policies in the consent agenda have been reviewed by board committee and each recommends to the 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 items from the consent agenda at the meeting, should you wish to discuss.
- **Introduction: Justin Stoltzfus, NP** – Justin will pop into the meeting so you will have an opportunity to meet one another. Justin will be coming from a full clinic day, so we should plan to be flexible on his arrival time. As a reminder, Justin began working full time with us in January, seeing a panel of patients in the clinic. He has been an awesome addition to the team, and we're grateful he chose Cascade.
- **Committee Reports**
    - Quality Oversight Committee – Included in your packet is the agenda from the most recent committee meeting, to inform Jessica's report.
    - Medical Staff – No documents are included in your packet for this item. Shari, who attended in February, will provide a brief update of the meeting.
    - Community Outreach and Awareness Committee – Included in your packet is the agenda from the most recent committee meeting, to inform Shari's report.
    - Governance Committee - Included in your packet is the agenda from the most recent committee meeting as well as the 2026 Board education plan and the draft 2026 Board goals, to inform Shari's report
- **Discussion**
    - Foundation Golf tournament Sponsorship – No documents are included in your packet for this item, but there will be a discussion on whether the Board wishes to again join Medical Staff and Executive Leadership in a sponsorship of the Foundation's golf tournament. The golf tournament is one of the Foundation's major fundraisers; this year they are raising funds to replace endoscopy equipment.
    - Introduce Capital Purchase of Budgeted Monitors – Included in your packet is an SBAR describing the need for replacement monitors. These are planned for in the 2026 capital budget. Management is introducing the topic to you this meeting and plans to ask for approval at the March meeting. This two-tier process allows the Board additional time to consider, ask questions and receive any additional information needed.

- **December 2025 and January 2026 Financial Reports** – Included in your packet are the financial reports for December and January. Please keep in mind, while most yearend accounting entries have been made, the December financials are still considered

preliminary; the preparation and filing of our Medicare Cost Report, which is due at the end of May, can impact the final yearend numbers.

- **Action Items**
    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
    - Approve 2026-2028 Organizational Objectives and 2026 Annual Objectives – Included in your packet is the final version of our proposed objectives, which remain substantially similar to those you reviewed in January. Changes include finalization of measurement mechanisms for two annual objectives and slight editing per suggestions made at the January Board meeting. Management is seeking approval on this set of objectives, and your questions and input continue to be welcome.
    - Resolution 2026-02 – Materials for this item are being finalized and will be sent to you for review prior to the Board meeting.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Included in your packet is our annual Critical Access Hospital report, which has been reviewed by the Quality Oversight Committee. We are required to produce this report as part of our Conditions of Participation for the Centers for Medicare and Medicaid Services (CMS). It is included in your packet for informational purposes.
- Included in your packet are commissioner talking points. We'll be sharing these quarterly. They are meant to support you in communicating key points as you connect with community members and are a strategy for aligning messaging across our communication platforms.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
January 21, 2026

Present: Cary Ecker, Vice President; Diane Blake, Chief Executive Officer; Pat Songer; Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Megan Baker, Executive Assistant; Nicole Edwards, RN

Zoom: Dr. Jesse Knight, Commissioner; Jessica Kendall, Commissioner; Kathy Jo Evans, Accounting Director; Julie Pankow, Community Member

Excused: Shari Campbell, President; Tom Baranouskas, Commissioner

Topics	Actions/Discussions
Call to Order	• Vice President Cary Ecker called the meeting to order at 5:00 PM and then led the Pledge of Allegiance.
Consent Agenda	• Dr. Knight moved to approve the consent agenda. Jessica seconded the motion; motion unanimously approved.
Community Input	• None
CM Values	Diane Blake provided the report. • Cascade Medical's shared value of *Community* was highlighted, reflecting the team's commitment to delivering effective, high-quality care while supporting individuals and families during difficult times. • At a recent Cascade Medical Foundation Board meeting, a prospective board member shared a personal reflection on how Cascade Medical has been woven into their family's life over generations, noting that care extends beyond patients to families and loved ones. • Gratitude was expressed for the compassionate care provided to a patient during their final days, as well as for the support shown to the patient's mother—underscoring the deep sense of community at Cascade Medical.
Committee Reports	**A. Medical Staff** Dr. Jesse Knight provided the report. • Updates were shared on Medical Staff governing documents, including changes to the practice agreement of Advanced Practice Providers (APPs) to align with changes in state law. APPs will now practice under collaboration agreements, eliminating the need for routine chart co-signatures and helping streamline care delivery. Dr. Jerome will continue serving as Interim Emergency Department Medical Director. Endoscopy services are now available two days per week. A new Caregiver Support Group is launching under the leadership of Dr. Moholy to support community members caring for loved ones. **B. Board Quality Rounding** Dr. Jesse Knight provided the report. • Employee Health shared progress on annual respirator fit testing, with a goal of reaching 100% compliance by the end of 2026. An Employee Health EMR has also been launched to centralize records and support regulatory requirements.

	• The Emergency Department is working to improve home medication reviews to reduce medication errors and support safer patient transitions, with a target of screening 90% of patients.
Q4 2025 Dashboard	**Diane Blake led the review.** **Out of the organizational successes in 2025, which are you most proud of? Which do you believe will have the greatest long-term positive impact on how we serve our community?** • The group reflected on key organizational successes in 2025, including employee listening sessions, expanded mobile clinic hours, passage of the EMS levy, and the CNA program. Expanded clinic access and progress on employee compensation were highlighted as having strong community impact. • Positive feedback was shared on the new AI tool used in the clinic, with anticipation for greater benefits once fully integrated into the EMR. • Strong employee retention was noted, particularly in comparison to other hospitals experiencing layoffs, reinforcing Cascade Medical's stability as a rural healthcare organization. **Out of the objectives that were incomplete at yearend, which are you most concerned about, from a broad strategy perspective?** • Areas of concern among unfinished objectives included parking capacity; market expansion; and strengthening community connection efforts, including with Spanish language speakers; as well as longer-term organizational sustainability. **What additional information do you need to feel confident in your understanding of CM's strategic direction?** • Commissioners requested periodic updates related to the Master Facilities Plan.
2026-2028 Organizational Objectives and 2026 Annual Objectives	**Diane Blake led the review.** • Two versions of the long-term objectives were presented. Version A reflected prior formats, while Version B included a brief preamble with the same annual objectives and more concise long-term goals. The Board expressed a preference for Version B. • Discussion focused on shifting from tracking individual project completion to measuring outcomes tied to the greatest drivers of community impact. The intended audience for the objectives includes the Board, Administration, employees, and the Cascade Medical Foundation. • Key performance indicators reviewed included patient experience metrics such as Net Promoter Score, quality benchmarks tied to accreditation standards, and growth in empaneled patients relative to the district population. • Long-term parking solutions were identified as a priority, with the possibility of earlier Board involvement. Administration is working toward having clearer direction by end of June. • Administration plans to return to the Board in February with finalized 2026–2028 long-term objectives and 2026 annual objectives, for final approval. **Strategic Pillar Highlights:** • *Patient and Family-Centered Care*: Emphasis on accreditation, improving patient experience, expanding market share, and using data to better understand community need and gaps around behavioral health services. • *Financial Stewardship*: Commitment to meeting 2026 margin and cash

	goals, with continued focus on improving Rehab Services performance. • *Our People*: A number of tasks will roll up to support the overall focus of sustaining and continuing to grow organizational culture. • *Community Connections*: Focus on communication regarding expanding access points and increasing community awareness of available services to improve care accessibility.

Action Items	**MOTION: Approve Resolution 2026-01: Surplus Equipment**
	• Jessica moved to approve, Dr. Knight seconded, and the motion unanimously approved.
	
	MOTION: Approve Credentialing
	• Credentialing Candidates
	  o Selemani Wambuzi, PA-C
	  o Caylon Haggard, PA-C
	• Dr. Knight moved to approve, Jessica seconded, and the motion unanimously approved.

November Financial Report	Marianne Vincent provided the report. • November closed slightly below budget, driven in part by delays in coding as staff addressed a backlog of HIM documentation, which temporarily reduced revenue. Operating expenses were higher than anticipated, largely due to professional fees, recruiting costs, locum coverage, and consulting services. • Year-to-date performance remains positive overall and ahead of budget expectations. • Cash receipts were lower in November but are expected to rebound, with cash balances currently approximately $1.7 million ahead of projections. • Days in Net Accounts Receivable increased due to a Medicare adjustment. • Results from the recent 340B audit were received in December, and Cascade Medical elected to continue participation in the program. A quarterly oversight committee will be established, policies formalized, and changes made to the third-party administrator. • Work has begun on audit preparation and cost report compilations, and year-end gross revenue targets remain on track.
Administrator Report	**Diane Blake provided the report**. • **Recruitment and Staffing Updates**: Cascade Medical has hired a new Rehabilitation Director who will begin in mid-March, with a transition period alongside the Interim Director. The new leader brings experience in critical access hospitals. Clinical capacity continues to grow, with Endoscopy services now available two days per week. In January, Justin Stoltzfus, NP joined full-time and is building a patient panel. Dr. Dannica Ballard has been hired and will join Cascade Medical in late September following completion of residency, with plans to support endoscopy services in addition to working in family medicine. Additional physician recruitment is ongoing, including a clinic physician with leadership capacity and a full-time Emergency Department physician. Dr. Dixon is also scheduled to join the team in November after completing residency in Alaska. • **Advocacy Efforts**: The state legislative session is underway, with hospital leaders focused on protecting healthcare funding amid a challenging state budget environment. Recent years have brought increased taxes and reduced reimbursement for hospitals. Diane will participate in Advocacy Days in Olympia later this month to meet with state legislators. Commissioners are encouraged to engage with advocacy action alerts shared by the Washington State Hospital Association**.** • **Safety Net Assessment Funding:** A federally directed payment

	program that helps support care for Medicaid patients is at risk due to CMS changes, with significant payment reductions beginning in 2027 as a result of HR1. This is a widespread issue impacting hospitals across the country. • **Rural Health Transformation Program**: A new federal initiative will distribute $50 billion over five years to support rural healthcare, intended in part to offset funding losses from HR1. Washington State will receive approximately $181 million this year, though future annual amounts remain uncertain. A portion of funds will be allocated through processes led by the Washington State Hospital Association and the rural hospital committee working to establish fair distribution methods. Additional funding opportunities focused on revenue cycle improvements are also being explored. Cascade Medical is actively monitoring and preparing to pursue these opportunities. • **Capital Asset Purchase**: CM will replace a failed dietary freezer at a cost of $7,400 to maintain safe food service operations. • **Compact Work:** Physician and administrative interviews are underway to establish a shared understanding and agreement on how medical staff and administration collaborate, with the goal of defining clear roles, expectations, and processes for working together effectively.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	• Kudos for recruitment and hiring efforts! • If you're interested in joining Advocacy Days, please let Megan know.
Adjournment	• Cary moved to adjourn the meeting at 6:14 PM and the group unanimously approved.

_____ _____

Cary Ecker, Vice President Jessica Kendall, Secretary

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

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

POLICY:

A. Cascade Medical is committed to a mission of providing high quality primary care services to meet the healthcare needs of persons who seek our care. These needs include a range of services for patients approaching the end of their lives. Cascade Medical has long provided pain management, palliative care and comfort care for these patients whether in its facilities or at the patient's home. Patients qualified under the provisions of Title 70.245 of the Revised Code of Washington are now afforded the opportunity to seek life ending medications. This Governing Policy specifies Cascade Medical's position regarding the Death with Dignity Act:

   1) Qualified Patients, as defined in Washington's Death with Dignity Act ("Act") (also known as "Initiative 1000" and "I-1000") may not ingest Life Ending Medications at Cascade Medical facilities.

   2) The Cascade Medical pharmacy will not fill prescriptions for life ending medications described in the Act.

   3) Members of the Medical Staff of Cascade Medical may counsel their patients with regard to the Act and may serve in the role of Attending Physician and/or Consulting Physician in accordance with the Act, provided they do not deliver or facilitate delivery or ingestion of life ending medications within any Cascade Medical facility.

   4) No employee of Cascade Medical will be required to participate in any activities directly related to the Act. Giving patients general information about their available options under Washington law is to be distinguished from activities directly related to the delivery, ingestion, or direct facilitation of life ending activities under the Act.

   5) Any physician employed by Cascade Medical who chooses to participate in activities under the Act, as limited in this Policy, will document all activities in the manner prescribed by the Act and its related regulations. A summary of such documentation requirements is to be available to all staff.

   6) Only established patients of a physician may be accepted as Qualified Patients under this policy. No referrals of outside patients may be accepted by a physician for services under the Act.

RESPONSIBILITIES:

A. Executive Leadership of Cascade Medical will adopt Policies and Procedures pertaining to the Death with Dignity Act that are consistent with the Board of Commissioners' expectations set forth in this Governing Policy.

B. Communications consistent with the Board of Commissioners' expectations as set forth in this policy will be shared with all Cascade Medical employees and contract or temporary personnel.

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

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

REFERENCES:

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

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

CREDENTIALING POLICY

Chelan County Public Hospital District No.1 dba Cascade Medical
Leavenworth, Washington

Reviewed by	Dr. Tony Butruille, Chief of Staff Dr. Jerome Jerome, Vice Chief of Staff Corey Rubinfeld, PA-C, Secretary Diane Blake, CEO/Administrator Megan Baker, Medical Staff Coordinator
Approved by the Medical Staff	~~January 8, 2025~~
Approved by the Administrator	~~January 8, 2025~~
Approved by the Board of Commissioners	~~May 22, 2024~~

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Cascade Medical Credentialing Policy

I. Policy Statement

Cascade Medical's Board of Commissioners, Administration and Medical Staff evaluate the professional competence of persons seeking appointment or reappointment to the Medical Staff. The Medical Staff and officers will investigate and consider each request for appointment, reappointment, and privileging with recommended action to the Board, which the Board may adopt, reject or refer back to the Medical Staff.

II. Definitions

ADMINISTRATOR: The Board appointed superintendent of Cascade Medical.

BOARD: The Board of Commissioners for Chelan County Public Hospital District No.1 dba Cascade Medical.
CASCADE MEDICAL (CM): Chelan County Public Hospital District No.1 (dba Cascade Medical) which includes but is not limited to, the hospital, family practice clinic, and emergency services.

CREDENTIALING: Based on the recommendation of the Medical Staff, the process of assessing and validating the qualifications of a licensed Practitioner to provide patient care services at Cascade Medical. The process includes a series of activities designated to collect and assess relevant data that will serve as the basis for decisions regarding appointment and reappointment.

CLINICAL PRIVILEGES: Authorization granted by the Board of Commissioners to a Practitioner to provide specific patient care and procedures and clinical activities at Cascade Medical within defined limits, based on an individual Practitioner's license, education and training, experience, competence, health status, and judgment.

CREDENTIALING PROCESS: Cascade Medical has an agreement with a Credentialing Verification Organization (CVO) to perform all screening and primary source documentation collection functions of credentialing applications to the Medical Staff.

DEPARTMENT CHAIR: A Medical Staff member appointed in accordance with the bylaws of the Medical Staff.

FAIR HEARING PLAN: A separate document outlining the hearing procedures for the Medical Staff, that is part of the Medical Staff Policy and Procedures.

HOSPITAL CREDENTIALING COMMITTEE: The Hospital Credentialing Committee shall consist of the Medical Executive Committee; Medical Directors, as needed; Chief Executive Officer; and the Medical Staff Coordinator. The Hospital Credentialing Committee shall meet periodically, and its responsibilities are:

1. To review Practitioner applications for initial appointment and reappointment to the Medical Staff from credentialing information provided by the CVO of all applicants and others requesting clinical privileges, to make such investigations of and interview applicants as may be necessary, and to make recommendations for membership and delineation of clinical privileges, as recommended by the Medical Director, in compliance with Medical Staff Bylaws;
2. To report to the Medical Executive Committee on each applicant for Medical Staff membership and or privileges.

MEDICAL DIRECTOR: A position appointed by administration.

MEDICAL EXECUTIVE COMMITTEE (MEC): The MEC shall include the Chief of Staff, Vice Chief of Staff, and the Secretary/Treasurer. The Chief Executive Officer will be an ex officio member without voting privileges and will not count toward determining a quorum. The Chief of the Medical Staff is the chairperson of the committee.

PRACTITIONER: A Practitioner in the context of credentialing is a Physician (MD/DO), Podiatrist, Dentist, Psychologist or other licensed independent Practitioner to include ~~Certified~~ Physician Assistant and Advanced Registered Nurse Practitioner (aka Advanced Practice Provider).

PEER: Individuals from the same discipline with essentially equal qualifications.

WASHINGTON HOSPITAL SERVICES: a Washington professional services organization.

III. Hospital Medical Staff Membership

Hospital Medical Staff membership is a privilege extended only to those Practitioners who meet the standards and requirements set forth in these policies.

IV. Qualifications for Membership

a. Qualifications

Eligibility for membership on the hospital Medical Staff is only for Practitioners who demonstrate the following threshold conditions as determined by the pre- application process described in Section VI:

i. are currently licensed to practice in Washington State;
ii. are available to provide timely care for patients;
iii. current professional liability insurance coverage in amounts (established periodically) satisfactory to the Board;
iv. education, training, experience, and clinical performance demonstrating competent patient care;
v. an ability to work with others in a cooperative, professional manner and to refrain from disruptive conduct;
vi. freedom from abuse of any substance used in such a way as may interfere with appropriate professional conduct;
vii. if applicable, ACLS, PALS, ATLS, and educational requirements as delineated by the Centers for Medicare and Medicaid Services; Washington State Department of Health; Washington State Trauma Registry System; State Licensing Board, or as outlined in the Cascade Medical Rules & Regulations, or criterion defining current competence for Practitioners who may request special privileges, such as conscious sedation.

b. No Entitlement to Appointment

No Practitioner shall automatically be entitled to membership in the hospital Medical Staff, nor to appointment, reappointment, or a set of privileges because of membership in another medical or professional organization.

c. Ethics

The Hospital Medical Staff member will strictly abide by the Code of Ethics of the American Medical Association and Cascade Medical.

d. Non-Discrimination Policy

No individual shall be denied appointment on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, veteran or military status, disability, or on the basis of any criteria related to state or federal law.

e. Administrative Members

Individual Practitioners in administrative positions may become ex-officio members of the hospital Medical Staff and not have active patient care privileges. A Practitioner employed by or under contract with CM for purely administrative functions shall be subject to the regular personnel policies of that entity and/or the terms of the Practitioner's contract. Ex-officio members do not have the rights of a hospital Medical Staff member.

f. Member Agreement

All members of the Hospital Medical Staff and applicants agree as a condition of membership to abide by the Bylaws, Rules and Regulations, Professional Practice Evaluation Policy, and the policies and procedures of Cascade Medical.

g. Term of Appointment

Initial appointments shall be for a provisional period of six months for all practitioners. All categories are fully defined in the Medical Staff Bylaws. Upon recommendation and approval, a Provisional member may be advanced to Active, Adjunct or Consulting category. Appointments and reappointment to the Active, Adjunct and Consulting categories of the Hospital Medical Staff shall be for a period of not more than two (2) years.

V. Credentialing

Cascade Medical has delegated the process of screening documentation of primary source verifications and the administrative function of initial credentialing to a contracted Credentialing Verification Organization (CVO).

VI. Application for Initial Appointment

a. Burden of Providing Information

Membership of the hospital Medical Staff and the practice of clinical skills is a privilege, not a right. The applicant will have the burden of producing adequate information for a proper evaluation of their experience, training, demonstrated ability to perform all essential functions of the hospital Medical Staff category and privileges sought, and to resolve any doubts about such qualifications.

b. Application Information

Every applicant must furnish all of the complete, current information, documents, consents and releases in the application form. All entries and attachments must be legible, understandable, and substantively responsive on every point of inquiry. A complete application shall include the following:

i. applications for appointment to the Medical Staff shall be in writing on the prescribed form (Washington Practitioner Application);
ii. challenges to any licensure or registration (state or district), Drug Enforcement Administration; or the voluntary relinquishment of such licensure or registration;
iii. disclosure of voluntary or involuntary termination of Medical Staff membership, or limitation, reduction, or loss of clinical privileges at another hospital;
iv. disclosure of involvement in any professional liability action(s) which is pending or resolved and final judgments and settlements, if the action(s) is resolved;
v. relevant information regarding the applicant's competence;
vi. such other information, or assistance in obtaining such information, as may be requested;
vii. reasonable evidence of current health status to insure the applicant is fit to perform the mental and/or physical functions associated with the clinical privileges requested;
viii. verification of current/valid Washington State Department of Health license;
ix. verification of current professional liability insurance;
x. disclosure of any criminal background;
xi. disclosure of any sanctions that applicant has by Medicare and/or Medicaid; and
xii. grants immunity to the hospital and third parties in providing any
xiii. information bearing on the applicant's professional qualifications to practice. This immunity is granted by RCW 4.24.250, RCW Chp. 70.41, and the Health Care Quality Improvement Act of 1986 (P.L. 99-660).

c. Application Update Responsibility

The applicant is responsible for keeping the application current. Any material change in the information provided or any new information that affects the applicant's candidacy must be provided.

d. Application Submission

The completed application shall be submitted to the Medical Staff Coordinator. After reviewing the materials submitted, the coordinator will submit the application to the CVO, who will input the information into an electronic application. The applicant will then be notified to log into the electronic system to verify and attest the application. The hospital or CVO will promptly notify the applicant if further information is required. The application will be processed according to the current Initial Credentials Verification Worksheet. (Information from: all state professional license departments, AMA master file, Federation of State Medical Boards, prior practice facilities, DEA, National Technical Information Service, training programs and testing groups [ECFMG, ABMS, ABOS], liability companies, National Practitioners Data Bank, criminal background check, work history and professional references.) Staff category and division desired will be indicated.

e. Application Procession Timelines

The hospital will obtain and review the appropriate application information. The goal is to have this process completed within 90 days after the completed application and requested information is submitted. Applications may be expedited and require responsive communication between the applicant and CVO.

f. Application Withdrawal

If the applicant fails to complete the application after a reasonable opportunity to do so, the application is deemed withdrawn and the credentialing process will be terminated. Termination of the process shall not entitle the applicant to review, hearing, or appeal.

g. Department Chair

When the application review is complete and all required information has been provided, the CVO will notify the chair of the department in which privileges are being requested to review the application and supporting

documents.

VII. Telemedicine Credentialing

Cascade Medical (CM) is a facility that may deliver telemedicine services. CM's Board of Commissioners allows the medical staff to have the option of relying on the credentialing and privileging decisions of distant site telemedicine specialists with the following stipulations:

- **a.** There shall be written agreement between CM and the distant site telemedicine entity stating that the distant site of telemedicine entity must furnish services that permit the hospital to comply with all the applicable CMS conditions of participation and standards for contracted services;
- **b.** The distant site telemedicine entity's medical staff credentialing and privileging process and standards must at least meet the standards compliant with CMS 482.12 (a) (1) through (a) (7) and 482.22 (a) (1) through (a) (2);
- **c.** The individual distant-site Practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services;
- **d.** When considering the medical staff privileging decisions at CM, CM shall review a current list of the distant-site telemedicine entity's Practitioner's privileges;
- **e.** The individual distant-site Practitioner holds a current/valid medical license issued by Washington State; holds current/valid professional liability insurance, source documented education and training, professional history and hospital affiliations, Board certifications, ECFMG (if applicable). A DEA certificate may or may not be required for tele-radiologists. The Medical Staff Coordinator will collect and retain telemedicine applicant documentation.
- **f.** With respect to a distant-site Practitioner who holds current privileges at CM, CM shall have evidence of an internal review of the distant-site Practitioner's performance of these privileges and shall send the distant-site telemedicine entity such performance information for use in the periodic appraisal of the distant-site Practitioner. At a minimum, this information shall include all adverse events that result from the telemedicine services provided by the distant-site Practitioner to the hospital's patients, and all CMS and CM complaints the hospital has received about the distant-site Practitioner.

VIII. Regarding Perioding Evaluations and Quality Assurance Review for Telemedicine

The quality and appropriateness of the diagnosis and treatment furnished by the Practitioners are evaluated by:

- **a.** Primary hospital where telemedicine Practitioner principally works or;
- **b.** A Quality Improvement Organization or equivalent entity and;
- **c.** One other appropriate and qualified entity.

IX. Medical Staff Appointment Process

- **a. Medical Director Procedure**
  The medical director, or their designee, will review and evaluate the application and privileging VI (b). documents. Completion of this review will be made by electronic signature for applications processed through the CVO or by signature on privileging documents for all other applications within ten (10) days after receiving the completed documents. If the medical director requires further information, the evaluation can include calls to those who may have knowledge about the applicant's education, training, experience, and ability to work with others. An interview team can conduct a group interview with the applicant. In the case of a problematic review and evaluation, a written report will accompany the medical director's recommendations for scope of clinical privileges. If the medical director requires further information, the report can be deferred up to thirty (30) days after the required information is received.

- **b. Medical Executive Committee Procedure**
  One member of the Medical Executive Committee (MEC), typically the Chief of Staff, will review the application, supporting documentation, and the medical director's recommendation on behalf of the group. When the applicant is accepted, the scope of the clinical privileges granted will be delineated.

- **c. Medical Executive Committee Recommendation Options**
  The MEC will recommend to the Board, through the Chief of Staff and Administrator, that the application be provisionally accepted, deferred, or rejected and the clinical privileges, if any, to be granted, deferred, or rejected to the applicant.
  i. If the MEC defers the application for further evaluation, the MEC must, within sixty (60) days, make

a recommendation to accept or reject the application. The MEC will refer the matter back to the department chair for further investigation and preparation for responses to questions raised by the MEC.

ii. If the MEC recommends acceptance of the application, the application will be submitted to the Board for approval.

iii. If the MEC recommends rejection of the application for either appointment or clinical privileges, the Chief of Staff will send a courtesy notification to the applicant by first class mail and e-mail within ten (10) days. The Chief of Staff or the designated representative will make a summary, justifying the action in the letter.

d. Board Procedure

After MEC recommendation, the application shall be reviewed by the CEO and then a member of the Board of Commissioners. .

The Board makes the final credentialing decision on the final status of a Medical Staff applicant.

The Board, at its next regular meeting, may adopt or reject, all or part of the recommendation of the MEC, CEO and the Commissioner representative or refer the recommendation back to the MEC for reconsideration stating the reasons for such referral back. A time limit for each referral will be set by the Board, within which the MEC recommendation must be made, or take such other action as it sees fit.

Subsequent to the Board of Commissioners approving the application, the Board of Commissioners President or their designee, provided that designee is another Commissioner, shall sign approval of the application. The purpose of this approval signature is to memorialize action taken by the Board of Commissioners as a whole.

Should there be a time when approval is required before a Board meeting, a single Board member may review the file and approve the application, subject to review by the Board at its next meeting.

e. Initiation of a Fair Hearing

If the decision of the Board would entitle the applicant to request a Fair Hearing, it shall be forwarded to the Administrator who shall promptly notify the applicant in writing, via e-mail and certified mail, return receipt requested. The Administrator shall then hold the application until after the applicant has exercised or waived the right to a hearing as provided in the Fair Hearing Plan.

i. If the applicant has waived the right to a hearing the complete application documentation will be filed and the MEC so informed.

ii. If the Fair Hearing Plan is invoked, the outcomes are per the Fair Hearing Plan.

X. Provisional Status

a. Duration of Provisional Appointment and Clinical Privileges

All initial appointments and privileges to the Active, Adjunct, or Consulting Medical Staff category are provisional for a minimum of six months from the date of the appointment, or longer pending MEC decision on advancement. During this time, the Medical Director and the Medical Staff will evaluate the individual as to the clinical competence, general behavior and conduct in the hospital.

i. A minimum of six cases will be randomly chosen to be reviewed by the Medical Director of the department in which privileges are being sought.

ii. Failure to admit, treat or attend to six inpatients or outpatients during the provisional period or failure to fulfill requirements of medical records completion or cooperation with monitoring conditions will render the appointee ineligible for continued appointment, unless based on good cause.

iii. If the applicant was ineligible for continued appointment, the individual may reapply for initial appointment again. The applicant must demonstrate an interest in fulfilling the aforementioned requirements.

b. Provisional Appointment Report

Prior to the expiration of the individual's provisional period the medical director will provide the MEC with a report of the actions and compliance during the provisional period. The MEC will act according to Section IX.(c). The provisional period will be automatically extended for one (1) month as necessary.

XI. Clinical Privileges

a. General

Every Practitioner at CM with Medical Staff membership will be entitled to exercise only those clinical privileges specifically granted to them by the Board, except as provided in Section XI.f.g.

b. Privilege Request

Every application for hospital Medical Staff appointment or reappointment (additions or deletions only) must contain a request for the specific clinical privileges desired by the applicant, and for assignment to a department consistent with the nature of their practice. The applicant will have the burden of establishing qualifications and competence to exercise the clinical privileges requested. The clinical privileges recommended to the Board will be based upon the completion of the appropriate privileging document. Privileges will be renewed at reappointment with a request unless the Practitioner denies a change, or the reviewing bodies determine a change is needed.

c. Clinical Privileges for Dentists

Clinical privileges for dentists will be delineated and recommended in the same manner as other clinical privileges. Procedures performed by dentists will be under the supervision of the Chief of Staff. A designated staff physician will perform preoperative and postoperative evaluation and care. The dentist will be responsible for the dental care of the patient including the dental history, examination, orders and dental record keeping.

d. Clinical Privileges for Podiatrists

Clinical Privileges for podiatrists will be delineated and recommended in the same manner as other clinical privileges. Procedures performed by podiatrists will be under the supervision of the Chief of Staff. A designated staff physician will perform preoperative and postoperative evaluation and care. The podiatrist will be responsible for the podiatric care of the patient including the podiatric history, examination, orders and record keeping.

e. Temporary Clinical Privileges

Temporary Clinical Privileges will not be granted except in circumstances set for in Section XI. g. The applicant must supply the same information as an applicant for active staff status. The Practitioner must agree in writing to abide by the Bylaws, Rules and Regulations, Professional Practice Evaluation Policy and policies and procedures of the hospital Medical Staff and those of the hospital in all matters relating to their temporary privileges. Temporary privileges may be terminated as described in Section XI.h.

f. Locum Tenens Clinical Privileges

Locum Tenens Clinical Privileges will not be granted except in circumstances set for in Section XI.h. The applicant must supply the same information as an applicant for Active staff status. The Practitioner must agree in writing to abide by the Bylaws, Rules and Regulations, Professional Practice Evaluation Policy and policies and procedures of the hospital medical staff and those of the hospital.
Locum Tenens privileges will not exceed the duration of services.

g. **Reasons for Granting Temporary Privileges**

Granting of temporary privileges will occur as follows: (1) Written concurrence of the Administrator and either of the following: the Medical Director where the privileges will be exercised, the Chief of Staff, Vice Chief of Staff, or Secretary/Treasurer, such decision will take effect immediately;.

i. Pendency of application: After completion of Section VI, receipt of a request for specific temporary privileges for a period not to exceed three (3) months can be made and can be renewed for an additional 180 days. The medical director or MEC will review the documentation submitted and must concur with the granting of temporary privileges.

ii. Care of specific patient: Care of a specific patient can occur upon receipt of: (1) written request for specific temporary privileges for the care of one or more specific patients from a Practitioner who is not an applicant for hospital Medical Staff membership; and (2) telephonic confirmation or copy of appropriate licensure, DEA registration and adequate professional liability insurance coverage. Such privileges will be restricted to the treatment of not more than three (3) patients in one (1) year, after which the physician, dentist, or MLP to whom temporary privileges have been granted shall be required to become a member of the hospital Medical Staff before being allowed to attend additional patients.

h. Reasons for Granting of Locum Tenens Privileges
Locum Tenens privileges will be granted to staff shifts in which CM privileged staff are unavailable. Applicants for locum tenens privileges must supply the same information required of applicants for active status. Locum tenens privileges may be granted initially for a maximum period of ninety (90) days, and may be renewed by the MEC an additional ninety (90) days, but will not exceed the duration of services as locum tenens.

i. **Termination of Temporary or Locum Tenens Clinical Privileges**
Termination of temporary or Locum Tenens clinical privileges for any Practitioner may occur on the discovery of any information or the occurrence of any event upon which the MEC determines that such Practitioner's qualifications or ability to exercise any or all of the temporary privileges granted have been adversely impaired. The hospital Administrator, or their designee, the Medical Director or the Chief of Staff may impose termination of temporary clinical privileges, and such termination will be immediately imposed.

i. The Medical Director or the Chief of Staff shall assign a Medical Staff appointee to be responsible for the care of the terminated individual's patients until they are discharged from the hospital, giving consideration whenever possible to the wishes of the patient in the selection of the substitute.
ii. The granting of any temporary admitting and clinical privileges is a courtesy. Neither the granting, denial or termination of such privileges will entitle the individual concerned to any of the procedural rights provided in this policy.
iii. Temporary privileges will be automatically terminated when the MEC recommends not appointing the applicant to the staff. Similarly, temporary clinical privileges can be modified to confirm to the recommendation of the MEC that the applicant be granted clinical privileges different from the temporary privileges.

j. Temporary or Locum Tenens Privileges and Fair Hearing Process
Refusal, alteration or limitation of temporary or Locum Tenens privileges in any way does not entitle the individual to review under the appointment and reappointment procedure or to the Fair Hearing Plan.

XII. Medical Staff Reappointment Process

All terms and conditions and procedures relating to initial appointment shall apply to continued appointment and clinical privileges and to reappointment.

a. Reapplication Alert and Requirements
The hospital or its designees will communicate intentions to reappoint each hospital Medical Staff member with the CVO at least 120 days prior to termination. The CVO will then notify the applicant of the reappointment opportunity. Each individual who desires reappointment will, within thirty (30) days after receipt thereof, furnish on the approved form in writing:

i. Complete information and current copies of all documents necessary to bring the member's credentials file up to date on each item required by the application form in use under Section VI. of these procedures.
ii. Specific request for any changes in clinical privileges sought on reappointment, with any basis for requested changes.
iii. Requests for changes in hospital Medical Staff category or department assignments.

b. Burden of Information
The Medical Staff member has the burden of producing further information resolving any doubts about the data or release of information required by the hospital. Failure to provide information required for changes in privileges, staff category, or department assignments will be deemed a voluntary waiver of the request for such changes. Failure, without good cause, as determined by the Medical Executive Committee in its sole discretion, to provide the information required for reappointment shall be deemed a voluntary resignation from the Medical Staff and will result in automatic termination of membership at the expiration for the current term, unless explicitly extended for not more than two (2) sixty (60) day periods, by action of the MEC. A Medical Staff member whose membership is so terminated may then request a review of the termination as provided in these policies and procedures for the sole purpose of determining the issue of good cause.

c. Quality Review
Evaluation of the Practitioner's performance will include assessment of performance by peers, a summary

report of all internally and externally peer reviewed cases from the current appointment period, review of any sanctions or adverse actions during the current appointment period and a professional liability report.

d. Medical Director Procedure

The Medical Director to which the member is assigned will review the application and supporting materials forty-five (45) days before expiration. The Medical Director will complete an evaluation of the Practitioner to be included in the Practitioner's file for review by the MEC within ten (10) days, with a recommendation for reappointment; reappointment with changes in Medical Staff category, clinical privileges, or non-reappointment.

e. Medical Executive Committee Procedure

The MEC will review the information available on each member being considered for reappointment. The MEC will transmit its report to the Board with a recommendation for each Medical Staff member reviewed for reappointment., reappointment with changes in category, clinical privileges, or non-reappointment.

f. Medical Executive Committee Recommendation

The procedures set forth in Section IX.(c) of these procedures relating to the MEC recommendations for initial appointment will apply to applications for reappointment.

g. Board Procedures

The procedures set forth in Section IX.(d) of these procedures relating to the Board recommendations for initial appointment will apply to applications for reappointment.

h. Duration of Reappointment

Reappointment will be for a period of not more than two (2) years for members of the Active and Consulting categories. Any member who is sixty-five (65) years of age or older at the expiration of the appointee's current term of appointment, will be reappointed for a period of not more than one (1) year. Reappointment will be for a period of two (2) years for members of the Adjunct category.

i. Meeting with Affected Individual

If, during the processing of any individual's reappointment request, it becomes apparent to the MEC that it is considering a recommendation that would deny reappointment, deny a requested change in staff category or clinical privileges, or reduce clinical privileges, the Chief of Staff may notify the individual of the general tenor of the possible recommendation and ask if the individual desires to meet with the committee prior to any final recommendation. At such meeting, the affected individual will be informed of the general nature of the evidence supporting the action contemplated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing and none of the procedural rules provided in this policy with respect to hearings shall apply. Minutes of the discussion in the meeting shall not be kept. However, the committee shall indicate as part of its report to the Board whether such a meeting occurred and shall include a summary of the meeting.

j. Procedures for Requesting Additional Clinical Privileges

Whenever, during the term of the appointment, additional clinical privileges are desired, the member will apply in writing to the department chair. The application will state in detail the specific additional clinical privileges desired and the relevant training and experience, which justify the additional privileges. Thereafter, it shall be processed in the same manner as an application for initial clinical privileges. Recommendations for additional clinical privileges will be based upon at least the following:

1. Relevant, recent training;
2. Observation of patient care provided;
3. Review of the records of patients treated in this or other hospitals;
4. Results of the hospital's quality improvement activities;
5. Applicants ability to meet the qualifications and criteria for the clinical privileges requested; and
6. Other reasonable indicators of the individual's continuing qualifications for the privileges in question.

The recommendation for additional privileges may carry with it such requirements for supervision or consultation or other conditions for such periods of time as are thought necessary.

k. Informal Proceedings

Nothing in this procedure will preclude collegial or informal efforts to address questions or concerns relating to an individual's practice and conduct at the hospital. This procedure specifically encourages voluntary structuring of clinical privileges to achieve a clinical practice mutually acceptable to the individual, the MEC, and the Board.

XIII. Confidentiality and Reporting

a. Actions taken and recommendations made related to this procedure will be treated as confidential in accordance with applicable legal requirements and such policies regarding confidentiality as may be adopted by the Board. Reports of actions taken related to this procedure will be made by the Administrator to such governmental agencies as may be required by law.
b. All records and other information generated in connection to professional review activities will be confidential, and each individual participating will agree to make no disclosures of any information except as authorized, in writing by the Administrator or legal counsel to the hospital. Any breach of confidentiality by an individual member may result in a professional review action, and/or may result in appropriate legal action to ensure that confidentiality is preserved, including application to a court of law for injunctive or other relief.

XIV. Peer Review Protection

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are deemed to be covered by the provisions of RCW 4.24.240, RCW 4.24.250 and RCW Chapter 70.41 or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the hospital and its Board, including the hospital's Quality Oversight Committee, when engaged in such professional review activities and thus will be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986 and shall be deemed to be a regularly constituted Quality Improvement Committee for purposes of RCW Chapter 70.41.

XV. Advanced Practice Providers

Categories of health care professionals other than physicians, dentists and podiatrists, who have been duly appointed to the hospital Staff are eligible to practice according to the Bylaws and privileges granted.

Adoption and Amendment of Medical Staff Credentialing Policy and Procedure Manual

The Medical Directors shall have the responsibility to review these policies and procedures on an as needed basis. They can formulate and recommend to the Medical Executive Committee revisions. Such responsibility will be exercised in good faith.

Method of Adoption and Amendment

All proposed amendments, from any Medical Staff entity, must be reviewed and discussed by the Medical Staff before a Medical Staff vote. Such amendments will be recommended to the Board for final action:

a. By the Medical Staff after a majority vote, provided that the proposed amendment(s) was/were first distributed to the members of the active category at least 31 days prior to a Medical Staff vote, then presented and voted on at the Medical Staff meeting. The Medical Staff's recommendation may be acted upon by the Board. The affirmative vote of a majority of those active staff members present and voting is required for passage. (Absentee ballots will be permitted.)
    i. The MEC will have the power to adopt amendments that are technical, legal modifications or clarifications, reorganization or renumbering or grammatical corrections.
    ii. The Board or its authorized agent will approve such amendment(s) before becoming effective.

Adoption

This credentialing policy and procedure is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, Rules and Regulations or hospital policies pertaining to the subject matter thereof.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**Receiving Legal Documents from a Process Server**	Effective Date:	**08/01/2001**
Categories:	**Board of Commissioners**	Approved Date:	**03/05**/2021
Prepared By:	**Diane Blake (Chief Executive Officer)**		
Reviewed By:	**Diane Blake (Chief Executive Officer), Board Governance Committee**		
Approved By:	**Diane Blake (Chief Executive Officer), Board of Commissioners**		

POLICY: In accordance with RCW 4.96.020, as amended by Chapter 119, Laws of 2001 or thereafter amended, the Board of Commissioners appoint the Administrator to act as an agent (the "Agent") to receive any claim for damages made under Chapter 4.96 RCW.

PROCEDURE:

In accordance with RCW 4.96.020, the Board of Commissioners adopted Resolution 2007-20 and the following procedures for accepting legal service.

a) Procedure for Presenting Claims. All claims for damages made under Chapter 4.96 RCW shall be presented to the Agent at the address and within the business hours recorded with the Auditor and, further, shall be presented within the applicable period of limitations for which an action must be commenced. A claim is deemed presented when the claim form is delivered in person or is received by the Agent by regular mail, registered mail, or certified mail, with return receipt requested, to the agent designated to accept delivery at the Agent's office.

Cascade Medical's Agent is Diane Blake, Administrator, located at 817 Commercial Street, Leavenworth, Washington. The hours of acceptable service are 9:00 a.m. to 5:00 p.m., Monday-Friday, excepting legal holidays.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**Policy Creation, Review and Approval**	Effective Date:	**10/01/2003**
Categories:	**Board of Commissioners**	Approved Date:	**02/29**/2024
Prepared By:	**Diane Blake (Chief Executive Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**, Board Governance Committee**		
Approved By:	**Diane Blake** (Chief Executive Officer)**, Board of Commissioners**		

POLICY: Establishes parameters around the creation, review and approval of policies for Cascade Medical.

WHAT SHOULD BE MEMORIALIZED IN A POLICY?

Use the following parameters to determine which policies are needed in each area:

- Policies shall be created and maintained as required by Medicare Conditions of Participation (CoPs) and State law (RCWs & WACs). Typically these are policies which require compliance and which are mandatory for CM to establish and maintain.
- Other polices not specifically required by CoPs, RCWs or WACs should be established as policies if any one of the below criteria relate to the process or situation:
    - If failure to comply results in disciplinary action
    - The need to state required action or desired result, rather than means of implementation

Standards, guidelines, procedures and standard work should not be established in policy format. Definitions of each are below:

- Standard: A mandatory action or rule designed to support and conform to a policy.
- Guideline: General statements, recommendations or administrative instructions designed to achieve the policy's objectives by providing a framework within which to implement procedures.
- Procedures: Describe policy implementation by establishing a framework of who does what, when they do it and under what criteria.
- Standard Work: Describes how to accomplish a specific job.

WHO APPROVES EACH POLICY?

All polices required under State law and / or Medicare Conditions of Participation shall follow the development and approval requirements as established in Code of Federal Regulations (CFR) 485.635(a)(2). These policies also require final approval from the CEO and, when applicable, the Board of Commissioners.

All other policies shall be reviewed by the department director and the chief to whom the director reports; the CEO shall approve all policies. When required by statute, regulation, or as requested by administration and/or the Board of Commissioners, the Board of Commissioners will also approve policies. A current list of policies requiring Board approval may be found in the Board folder of Policy Tech.

WHEN ARE POLICIES ESTABLISHED AND REVIEWED?

Polices shall be established on an as-needed basis throughout the year. Policies will be reviewed at least annually, per the Conditions of Participation with Medicare.

Please see the Director of Continuous Quality Improvement and Education for the proper process on establishing and reviewing Cascade Medical policies.

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: February 25, 2026

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

Accounts Payable Warrant Numbers	10128033 – 10128168	$530,373.17	01/11/2026 – 02/13/2026
Accounts Payable EFT Transactions	20260001 – 20260022 *	$1,035,066.65	01/11/2065 – 02/13/2026
Accounts Payable ACH Transactions	EP14092 – EP14140 EP14182 – EP14217 EP14253 – EP14292 EP14321 – EP14343 EP14368 – EP14408	$928,448.32	01/11/2026 – 02/13/2026
Payroll EFT Transactions	30090 – 30515	$1,055,372.40	01/11/2026 – 02/13/2026
	Grand Total	$3,549,260.54	

Note: The ACH transaction numbers are not reported sequentially; there is a gap between batch runs.

* Sequential numbering restarted as of the beginning of 2026.

Prepared by:

Kathy Jo Evans
Director of Accounting

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

A G E N D A

Board Quality Oversight Committee
February 9th, 2026
10:00 AM – 12:00 PM
Admin Conference 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	10:00 AM
2.	Consent Agenda Approval • February 9, 2026, Agenda • December 8, 2025, Minutes	10:00 AM
Committee Work		
1.	Review Action Items	10:00 AM
2.	Patient Story	10:05 AM
3.	Finalize 2026 Workplan	10:15 AM
4.	Board Quality Rounding Review	10:20 AM
5.	Quality Data Review	10:30 AM
6.	Process Improvement Project Prioritization and Selection	10:50 AM
7.	Dashboarding Update	11:10 AM
8.	2025 CAH Program Evaluation Discussion	11:20 AM
9.	Policy Review • Death with Dignity • Medical Staff Credentialing	11:30 AM
10.	Q4 Quality Committee Reports	11:40 AM
11.	Confirm Q2 Meeting Date	11:50 AM
12.	Provider Credentialing	11:55 AM
Adjournment		
1.	Adjournment	12:00 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:

1. December 8, 2025, Minutes
2. 2026 Workplan
3. Board Quality Rounding Documents
    a. Employee Health
    b. Nursing – Emergency Department
4. Process Improvement Project Prioritization Worksheet
   **Note – prior to QOC meeting, form will be updated with prioritization information completed by Executive Leadership Team and presented to committee for approval*
5. 2025 CAH Program Evaluation
6. Policies
    a. Death with Dignity
    b. Medical Staff Credentialing
7. Committee Reports
    a. Emergency Care Committee

b. Patient and Family Advisory Council
c. Pharmacy and Therapeutics
d. Safe Patient Handling
e. Safety Committee
f. Swing Bed Committee
g. Utilization Management Committee

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Community Outreach and Awareness
February 11, 2026
1:00 PM-3:00 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval • February 11, 2026 Agenda • November 24, 2026 Minutes	1:00 PM
Committee Work		
1.	Finalize committee work plan and goals	1:05 PM
2.	Discuss whether further orientation needs exist for newer committee members	1:20 PM
3.	Strategic lens on marketing and communication • Does our plan appropriately support organizational strategy? How will we know we've maximized effectiveness? • What big areas of outreach are we considering? What guidance do we have for appropriately plugging in commissioners?	1:35 PM
4.	Commissioner connection to community: • Plan for quarterly commissioner talking points • What is being heard out in the community that may need to be addressed?	2:10 PM
5.	Big picture discussion on data as a measure of effectiveness and what we may want to review in future as a committee	2:30 PM
6.	Discuss collection of community feedback and what further strategic opportunities exist, including areas we may wish to leverage Part Time Resident Advisory Council and the Patient and Family Advisory Council for input	2:40 PM
7.	Set next meeting date	2:55 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from November 24, 2025, meeting
- Draft 2026 work plan
- Committee Charter (informational)
- Draft Organizational Objectives
- Strategic level plan for marketing and communications (current work in progress)

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Board Governance Committee
February 18, 2026
2:00 PM-4:30 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	2:00 PM
2.	Consent Agenda Approval • February 18, 2026 Agenda • November 17, 2025 Minutes	2:00 PM
Committee Work		
1.	Review policies: • Receiving legal documents from a process server • Policy creation, review & approval	2:00 PM
2.	Further develop and finalize 2026 Governance-led board work • Finalize 2026 committee work plan • Refine 2026 Board education plan • Discuss 2026 Board retreat timeline and potential focus • Discuss ways to continue to grow the Board's approach to thinking strategically • Develop draft 2026 Board objectives and plan work to meet them	2:05 PM
3.	Board future / succession planning • Review Board matrix and Board composition strategy documents and determine highest priority attributes for a potential new Board member • Review commissioner recruitment timeline and appointment process	3:05 PM
4.	Discuss mission & vision work slated for 2026, including board's role in the work	4:05 PM
5.	Consider OPM impacts for select board committees against potential benefit to learning by inviting a third commissioner periodically	4:10 PM
6.	Set next meeting date	4:25 PM
Adjournment		
1.	Adjournment	4:30 PM

Materials provided in advance of meeting along with agenda:

- Minutes from November 17, 2025, meeting
- Policy: Receiving legal documents from a process server
- Policy: Policy, creation, review & approval
- Draft 2026 committee work plan
- Responses to governance questions
- Draft 2026 Board education plan
- 2025 Board objectives
- Board matrices – two versions
- Board composition strategy
- Commissioner recruitment timeline

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

2026 Education Plan

Cascade Medical Board of Commissioners

Cascade Medical embraces education and learning throughout the organization, recognizing purposeful investments in this area support and empower team, drive high quality care, and equip leaders to successfully shepherd CM through a rapidly changing healthcare environment. Because resources are finite, careful consideration is given throughout the organization to ensure educational investments provide high value and fill the most pressing needs. This same principle applies to Board education, where CM-supported Board education is designed to support the Board in being equipped to navigate subjects related to CM's strategic plan, to lead strategically, and to continue growth in governance best practices.

Date	Location	Topic	Comments
January 21, 2026	ABC Room		
February 25, 2026	ABC Room		
March 25, 2026	ABC Room	Open Public Meetings Refresher	Utilize External Resource
April 22, 2026	ABC Room	Annual Quality Education	Begin at 4:30?
May 27, 2026	ABC Room	Strategic-level Finance	Consider in advance of June audit report and consider WSHA Finance II education short
June 24, 2026	ABC Room		
June 28 – July 1	Chelan	Rural Healthcare & Leadership	WSHA & AWPHD Conference
July 22, 2026	ABC Room	General Topics	Share notes and thoughts from June conference
Sept 23, 2026	ABC Room		
October 28, 2026	ABC Room		
November 18, 2026	ABC Room		
December 16, 2026	ABC Room		

2026 Topics:

- Q1: OPMA Refresher
- Q2: Strategic-level Finance
- Q3: Board Retreat
- Q3 or Q3: Board Strategy / Strategic Growth, possibly tie to Board retreat

Running List of Future Potential Topics

- Long range financial planning, including capital investment planning, service line expansion, impact from Rural Health Clinic payment cap (carryover priority topic from 2024)
- Artificial Intelligence and update on CM's progress
- Opioids and Substance Use Disorder in our community and how CM addresses (potential for Chelan Co Sherriff's Office and school district presence to share what they see?)
- Current and future work of CM out in the community; relates to population health, CHNA, health equity
- Expansion of services / facility
- Long-term planning around providers needed to serve the community into the future, services offered, particular areas of expertise, taking care of infants/children
- Updates on Patient and Family Engagement Council work

Last Updated: 2/19/2026

- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- Strategic Question: Do we have the right mission and vision statements to appropriately guide the direction of the organization? Revise mission and vision statements.
- Compliance Training
- Patient retention metrics
- The Board's Role in Health Care Experience (AHA article) and provider and staff engagement
- Vaccination information
- How to improve at strategic planning/thinking
- Finance education, financial risks
- Board's role in organizational succession planning

Governance Education Shorts available on demand via the WSHA/AWPHD Governance Education Portal

- Board Ethics & Conflict of Interest
- Board Fiduciary Duties
- Eight Areas of Diligence for Board Members
- Three Major Sources of Payment for Hospitals
- Understanding Hospital Financial Statements
- Update on Hospital Finances Through 9.30.24
- Executive Session
- How to be a High-Functioning Board
- Roles Defined at a PHD

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

2026 Board Annual Objectives

2026 Proposed Board Objectives:

1. Maintain commitment to board development by ensuring education occurs once per quarter in connection with board meetings and each commissioner additionally participates in at least one external education offering annually.
2. Enrich Board's ongoing connection to and communication with our community by thoughtfully approaching commissioner participation in events in ways that consider schedule availability, impact of participation, and which segments or areas of our community will be in attendance.
3. Develop, execute and maintain a process for regularly identifying community members who have the potential to serve on the CM Foundation, the CM Part Time Resident Advisory Council and/or CM board committees.

2025 Board Objectives:

1. Maintain commitment to board development by ensuring education occurs once per quarter in connection with board meetings and each commissioner additionally participates in at least one external education offering annually.
2. Maximize Board's ongoing connection to and communication with the community.
3. Develop, execute and maintain a process for regularly identifying community members who have the potential to serve on the CM Foundation, the CM Part Time Resident Advisory Council and/or CM board committees.

2024 Board Objectives:

4. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage.
5. Assess and refine Board's ongoing connection to and communication with the community.
6. Refine board succession and new commissioner orientation / onboarding plans.

SBAR: Replacement of Zoll ZENIX Monitor/Defibrillators – Hospital & EMS

Situation

Cascade Medical is preparing to replace ten cardiac monitor/defibrillators currently in service across our hospital nursing departments and EMS system. These devices are approaching manufacturer end-of-life status prior to the end of this calendar year and remain in continuous clinical use in both hospital and field. The total cost for the replacement of all ten Zoll ZENIX Monitor/Defibrillators is $720,102.70, which is within the 2026 capital budget allocation of $739,511. In addition, the Cascade Medical Foundation has raised $70,590, which will be applied toward one of the 10 monitors designated for the Mobile Integrated Health vehicle. The additional monitor for MIH was previous approved by the Board for purchase but bundled with this purchased for additional savings.

Background

Cardiac monitor/defibrillators are essential life-saving devices used daily across our organization. They support cardiac arrest resuscitation, synchronized cardioversion, transcutaneous pacing, continuous cardiac monitoring, STEMI diagnostics, interfacility transport, and monitoring in acute care and endoscopy settings.

The monitors currently deployed throughout Cascade Medical are reaching manufacturer end-of-support timelines. As equipment ages beyond supported life cycles, parts availability becomes uncertain, software updates cease, and repair timelines increase.

Proactive replacement prior to end-of-life status allows us to manage this transition responsibly rather than reactively addressing failures, downtime, or emergent capital needs.

Assessment

The proposed replacement includes three monitors for hospital departments—Acute Care, Endoscopy, and the Emergency Department—and seven monitors within EMS, including three primary ALS response units in Leavenworth, one with our unit at Lake Wenatchee Fire & Rescue, one with our unit at Chelan County Fire District 3, and two MIH units (one funded by the Foundation).

Replacing all ten units simultaneously provides important operational and clinical advantages. Standardizing on a single platform ensures continuity of training across nursing staff, paramedics, and EMT's. In high-acuity situations such as cardiac arrest, familiarity with a consistent interface, workflow, and device functionality reduces cognitive load and supports safer performance. Mixed platforms increase variability and introduce avoidable risk during critical events.

Full-system replacement also strengthens competency validation, simplifies onboarding, standardizes accessories and maintenance, and ensures consistency in quality improvement processes, including CPR analytics and post-event review. As an integrated hospital and EMS system, alignment of equipment across departments supports seamless patient care from the field to the emergency department and beyond.

The Zoll ZENIX platform provides modern, durable technology with enhanced display clarity, advanced CPR feedback, improved rhythm analysis, and upgradeable software. This enhances real-time resuscitation performance and operational reliability in the field and hospital monitoring capabilities to align with current standards of care.

Financially, the total project cost of $720,102.70 including the already approved Foundation funded Monitor/Deliberator remains within the approved 2026 capital budget allocation of $739,511. The Cascade Medical Foundation's contribution of $70,590 toward the MIH-designated monitor reflects meaningful community investment in the advancement of our mobile health program and reduces the net capital impact.

Recommendation

Proceed with the replacement purchase of all nine cardiac monitor/defibrillators with the Zoll ZENIX platform across hospital and EMS operations. This approach eliminates end-of-life equipment risk, preserves manufacturer support, ensures continuity of training and system standardization, and supports Cascade Medical's commitment to reliable, high-quality patient.

Accompanying Notes for the December 2025 Financial Statements

December Financial Statements – Quarterly Summary

Our preliminary December financials indicate a net margin of $1,501,000, which is $1,124,000 ahead of the budgeted margin of $374,000. Total revenue tracked slightly ahead of budget for Q4 and closed out the year slightly higher than budgeted. In Q4, we saw our net margin drop by $461,000, primarily due to our Medicare payback settlement, depreciation losses, and operating expense budget variances.

Revenue and Expense Variances

1. Professional fees were over budget in Q4 as we continued using consultants for EMR optimization along with ED Locum providers expense and provider recruiting expenses.
2. Depreciation expense continued to be over budgeted amounts in Q4, consistent with overages that we have reported throughout the year.
3. Loss on disposals of equipment totaled ($182,000) as we surplused items on our depreciable asset listing that were obsolete but were not fully depreciated.

Patient Statistics

Inpatient and Swing Bed volumes dipped a bit in Q4 while Rehab and Radiology volumes increased.

Cash Receipts and Balances

Cash receipts dipped below budgeted collections by ($859,000) while YTD cash balances are $386,000 greater than budgeted cash balances.

Accounts Receivable

Days in Net Accounts Receivable increased from 38.3 days in September to 50.2 days in in December. The increase was a result of coding delays as coding staff focused on a backlog of scanning work and as a result of the Medicare interim cost report interim settlement that resulted in a repayment to Medicare.

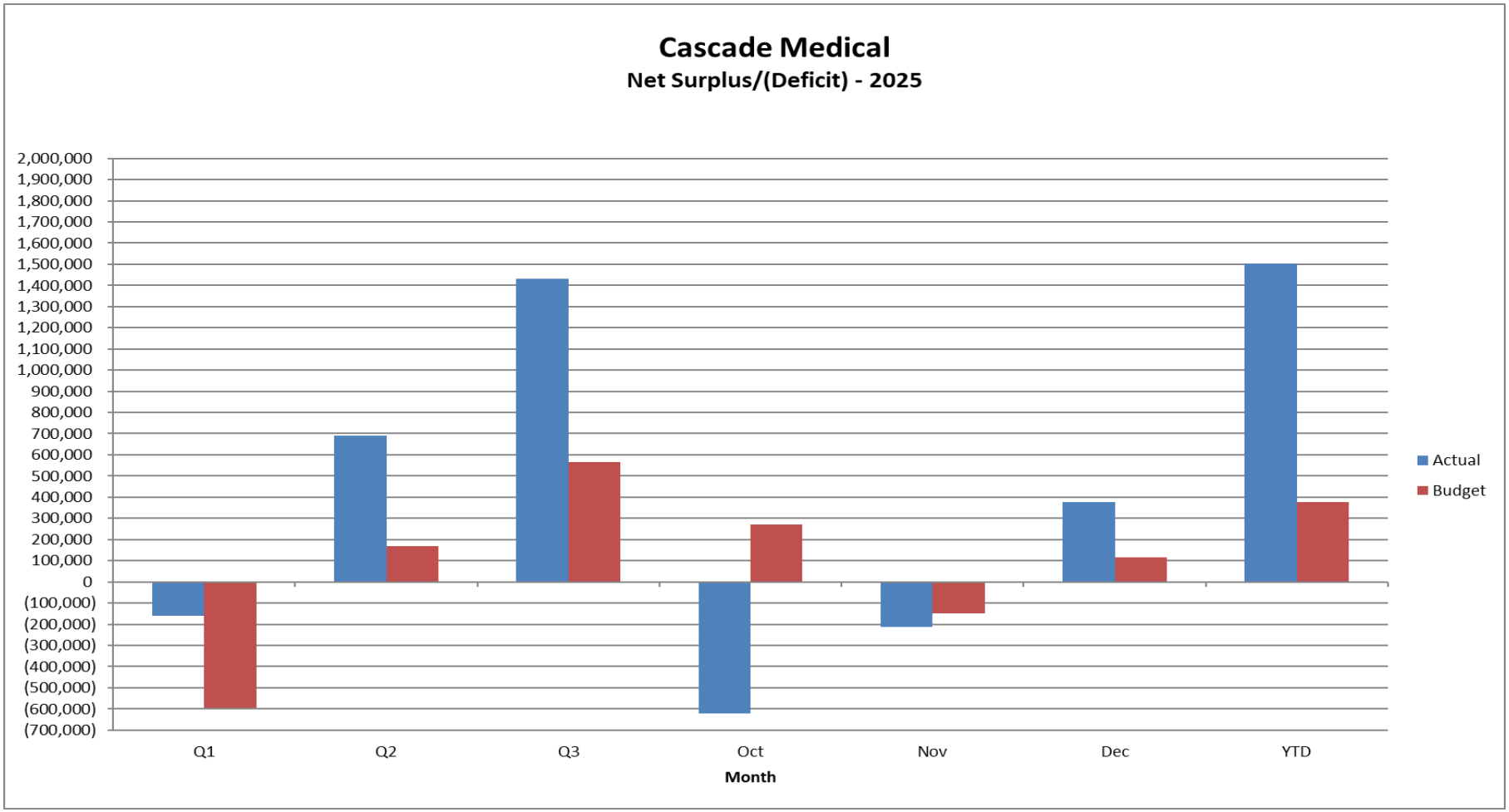
Contractual Allowance

The contractual allowance is at 43.1%.

Final comments and Upcoming

As we work through our financial audit and cost report we anticipate a few adjustments to the financials. These entries will include adjustments for our OPEB (retiree health benefit) liability, fine tuning of our contractual allowance, and a receivable/payable for our Medicare settlement as a result of the Medicare cost report.

We completed our 340B audit in December and will be moving to a new third-party administrator to help manage our claims data. In 2024 we had a consultant audit our B & O and Sales & Use Tax payments for 2020-2024. This work was completed in early 2025. The state auditor has been very slow to process refund claims and the consultant will continue to monitor and escalate as appropriate.


Cascade Medical
Net Surplus/(Deficit) - 2025
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,200,000
1,100,000
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
Q1
Q2
Q3
Oct
Nov
Dec
YTD
Month
Actual
Budget

Cascade Medical Center
Financial Performance Summary
Year-to-Date - December, 2025

000's omitted

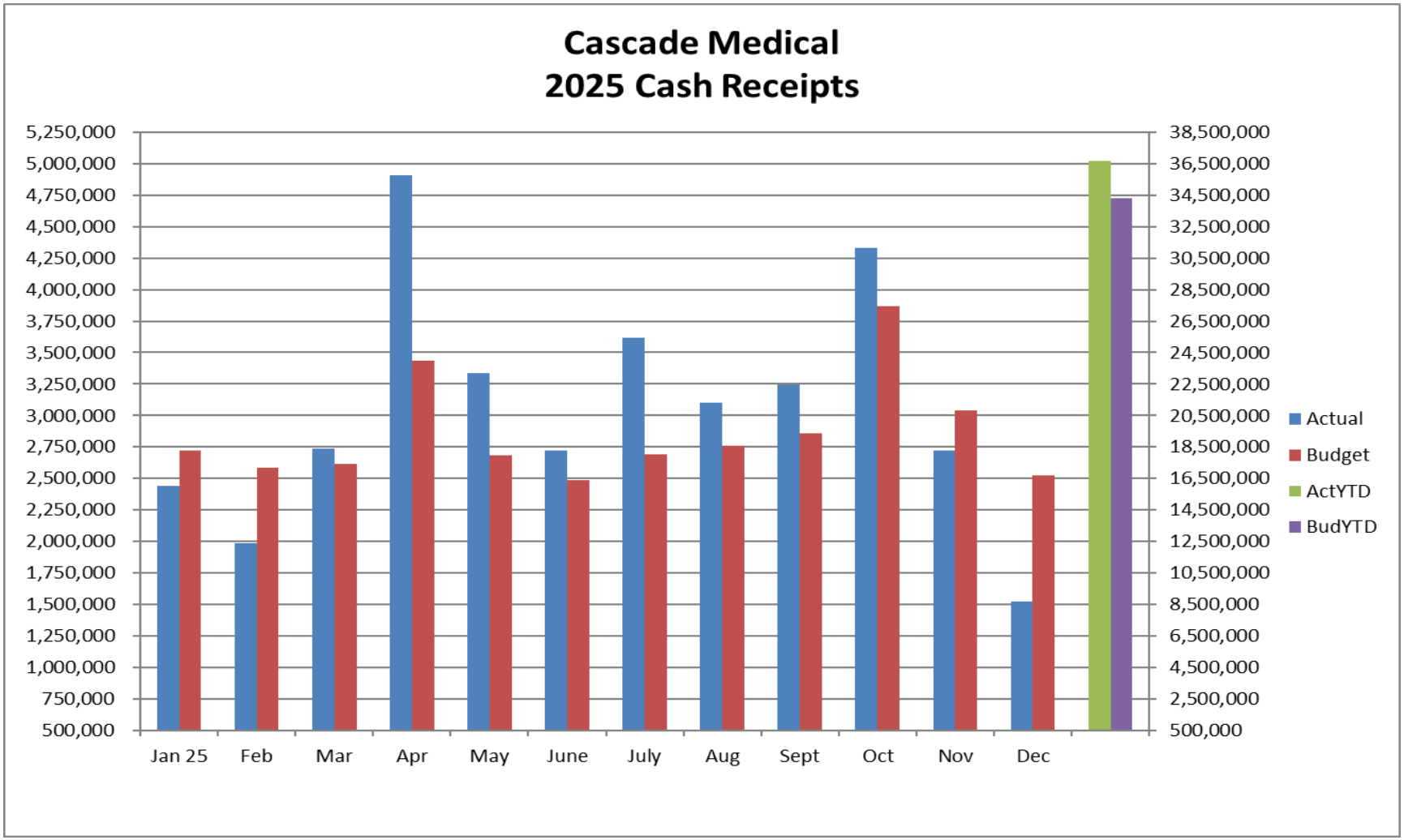
	YTD December
Net Margin	
Actual	1,502
Budget	378
Better (Worse) than Budget	1,124
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - SBed $973; Amb $676; Endo $448; Clinic ($336); Pharmacy ($546); CT ($850)	244
Contractual Allowances	2,377
Net Patient Revenue	2,620
Other Operating Revenue - 340B	(109)
Total Operating Revenue	2,511
Expenses	
Salaries & Benefits	(46)
Prof. Fees - Informatics ($449); ED Providers ($249); PT ($203); HR ($178); Admin ($172)	(1,256)
Supplies - Pharmacy $388; Lab $155; Clinic ($95)	399
Purchased Services/Repairs	(54)
Other Operating Expenses - Depr ($268)	(293)
Total Operating Expenses	(1,250)
Non-Operating Revenues & Expenses	(137)
Actuals Better/(worse) than Budget	1,124

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending December 31, 2025

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	3,000,250	2,572,731	427,519	32,156,627	29,536,331	2,620,296	28,930,822
Grants, Contribs, Other Op Revenue	189,211	116,695	72,516	1,797,114	1,906,340	(109,226)	1,736,498
Tax Levies, unrestricted	146,762	146,762	-	1,761,144	1,761,144	-	1,734,353
Total Operating Revenue	3,336,222	2,836,188	500,034	35,714,886	33,203,815	2,511,071	32,401,674
Operating expenses							
Salaries & Benefits	1,924,365	1,847,208	(77,157)	22,391,815	22,345,738	(46,077)	20,393,482
Professional fees	389,453	151,232	(238,221)	3,170,709	1,914,446	(1,256,263)	2,161,401
Supplies	(161,664)	172,022	333,686	1,780,893	2,179,634	398,741	1,763,394
Purchased services	294,096	232,324	(61,772)	2,450,461	2,396,950	(53,511)	2,261,113
Depreciation	193,274	167,320	(25,954)	2,275,359	2,007,840	(267,519)	2,093,894
Other Operating Expenses	272,442	240,621	(31,821)	3,082,544	3,057,333	(25,211)	2,880,541
Total operating expenses	2,911,967	2,810,727	(101,240)	35,151,780	33,901,941	(1,249,839)	31,553,826
Operating gain / (loss)	424,256	25,461	398,795	563,105	(698,126)	1,261,231	847,848
Nonoperating revenues (expenses)							
Tax Levies, restricted	155,729	113,918	41,811	1,408,827	1,367,016	41,811	1,344,121
Interest expense on bonds	(21,191)	(23,324)	2,133	(277,757)	(279,888)	2,131	(301,922)
Other Non-Operating rev (exp)	(183,854)	(939)	(182,915)	(192,680)	(11,268)	(181,412)	(71,829)
Total nonoperating rev (exp), net	(49,316)	89,655	(138,971)	938,390	1,075,860	(137,470)	970,370
Net Income	374,940	115,116	259,824	1,501,495	377,734	1,123,761	1,818,218

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending December 31, 2025

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	4,363,364	4,002,730	360,634	45,734,428	45,490,812	243,616	42,745,355
less:							
Contractual Allowances	1,076,626	1,221,857	145,231	11,683,373	13,588,959	1,905,586	11,513,186
Reserve for Bad Debts	245,095	148,101	(96,994)	1,436,908	1,683,160	246,252	1,658,253
Reserve for Financial Assistance	41,394	60,041	18,647	457,520	682,362	224,842	643,095
Total Deductions from Revenue	1,363,115	1,429,999	66,884	13,577,800	15,954,481	2,376,681	13,814,533
Net Patient Revenue	3,000,250	2,572,731	427,519	32,156,627	29,536,331	2,620,296	28,930,822
Grants, Contributions	2,000	2,000	-	194,157	169,000	25,157	250,942
Other Operating Revenue	187,211	114,695	72,516	1,602,958	1,737,340	(134,382)	1,485,556
Tax Levies, unrestricted	146,762	146,762	-	1,761,144	1,761,144	-	1,734,353
Total Operating Revenue	3,336,222	2,836,188	500,034	35,714,886	33,203,815	2,511,071	32,401,674
Operating expenses							
Salaries and wages	1,638,423	1,533,035	(105,388)	18,461,658	18,447,804	(13,854)	16,870,753
Employee benefits	285,942	314,173	28,231	3,930,157	3,897,934	(32,223)	3,522,729
Professional fees	389,453	151,232	(238,221)	3,170,709	1,914,446	(1,256,263)	2,161,401
Supplies	(161,664)	172,022	333,686	1,780,893	2,179,634	398,741	1,763,394
Utilities	46,160	26,553	(19,607)	329,312	313,510	(15,802)	291,448
Repairs and maintenance	36,515	38,335	1,820	280,518	332,140	51,622	329,711
Purchased services	257,581	193,989	(63,592)	2,169,943	2,064,810	(105,133)	1,931,402
Continuing medical education	3,131	5,488	2,357	24,522	39,856	15,334	20,653
Other expenses	12,274	25,146	12,872	328,426	356,614	28,188	342,171
Dues and subscriptions	112,513	86,006	(26,507)	1,254,924	1,051,837	(203,087)	1,047,210
Travel / training / meetings	24,839	15,701	(9,138)	289,330	280,922	(8,408)	357,627
Leases and rentals	30,857	17,040	(13,817)	289,554	204,793	(84,761)	258,169
Depreciation	193,274	167,320	(25,954)	2,275,359	2,007,840	(267,519)	2,093,894
Licenses and taxes	19,782	40,445	20,663	292,727	519,773	227,046	302,982
Insurance	22,288	23,023	736	258,566	275,400	16,834	244,583
Interest	599	1,219	620	15,184	14,628	(556)	15,698
Total operating expenses	2,911,967	2,810,727	(101,240)	35,151,780	33,901,941	(1,249,839)	31,553,826
Operating gain / (loss)	424,256	25,461	398,795	563,105	(698,126)	1,261,231	847,848
Nonoperating revenues (expenses)							
Tax Levies, restricted	155,729	113,918	41,811	1,408,827	1,367,016	41,811	1,344,121
Interest expense on bond financing	(21,191)	(23,324)	2,133	(277,757)	(279,888)	2,131	(301,922)
Gain (loss) on disposal of equipment	(182,322)	-	(182,322)	(182,322)	-	(182,322)	(65,461)
Investment income	238	830	(592)	10,873	9,960	913	14,864
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(21,231)	(21,228)	(3)	(21,231)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	(49,316)	89,655	(138,971)	938,390	1,075,860	(137,470)	970,370
Net Income	374,940	115,116	259,824	1,501,495	377,734	1,123,761	1,818,218


Cascade Medical
2025 Cash Receipts
5,250,000
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
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16,500,000
14,500,000
12,500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Jan 25
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2025

	YTD 2024 avg/mo	aug25	sep	oct	nov	dec	2025 Act mo	2025 Bud mo	Act/Bud % var	2025 Act YTD Tot	2025 Act avg/mo	2025 Bud YTD Tot	2025 Bud avg/mo	Act/Bud % var
Acute Care	34	10	6	15	6	23	23	39	-41.5%	324	27	387	32	-16.4%
Swing Bed	61	166	93	97	55	102	102	62	64.5%	1,156	96	790	66	46.3%
Laboratory tests	3,344	3,410	3,394	3,283	3,171	3,258	3,258	3,388	-3.8%	40,101	3,342	40,637	3,386	-1.3%
Radiology exams	362	385	350	424	368	370	370	426	-13.1%	4,438	370	4,530	378	-2.0%
CT scans	155	177	134	161	109	138	138	165	-16.4%	1,669	139	1,914	160	-12.8%
ED visits	365	462	332	317	263	351	351	400	-12.1%	4,176	348	4,390	366	-4.9%
Ambulance runs	72	98	91	71	80	92	92	82	12.2%	950	79	845	70	12.4%
Clinic visits	1,208	1,151	1,243	1,193	1,129	1,145	1,145	1,318	-13.1%	14,517	1,210	16,320	1,360	-11.0%
Rehab procedures	2,144	1,835	2,201	2,703	2,359	2,438	2,438	2,333	4.5%	27,715	2,310	30,062	2,505	-7.8%

Patient Statistics

	2024	2025												2025
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	8.8	4	7	6	6	9	7	7	1	3	4	2	8	5.3
Short Stay	6.8	2	5	4	4	6	10	5	11	4	4	6	6	5.6
Swing Bed	4.3	8	6	4	6	6	8	5	11	3	6	3	5	5.9
Respite Care	0.7	-	1	1	1	-	-	-	-	3	-	-	-	0.5
Total Admits	20.4	14	19	15	17	21	25	17	23	13	14	11	19	17.3
Patient Days														
Acute Care	34.0	16	32	41	65	37	42	31	10	6	15	6	23	27.0
Short Stay	8.8	3.4	8.1	5.8	4.3	9.0	14.4	5.4	9.4	7.2	5.0	11.0	10.2	7.8
Swing Bed	60.8	76	115	101	79	62	108	101	166	93	97	55	102	96.3
Respite Care	2.9	-	9	27	33	4	-	-	-	32	8	-		10.3
Total Patient Days	106.5	95.4	164.1	174.8	181.3	112.0	164.4	137.4	185.4	138.2	125.0	72.0	135.2	140.4
Average Length of Stay	5.2	6.8	8.6	11.7	10.7	5.3	6.6	8.1	8.1	10.6	8.9	6.5	7.1	8.3
Average Patients per Day	3.5	3.1	5.9	5.6	6.0	3.6	5.5	4.4	6.0	4.6	4.0	2.4	4.4	4.6
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,344	3,192	2,871	3,401	3,372	3,831	3,298	3,620	3,410	3,394	3,283	3,171	3,258	3,342
Radiology (tests)	313	333	322	269	261	317	321	334	317	285	291	290	308	304
Mammography (tests)	35	37	28	37	58	55	25	28	45	29	88	45	18	41
MRI	-	-	-	-	-	-	-	-	2	19	28	16	33	8
Cardiac Diagnostics	112	117	99	103	88	109	121	125	143	113	113	108	107	112
CT (Scans)	155	128	124	125	147	130	130	166	177	134	161	109	138	139
DXA (Scans)	14	9	11	16	27	15	18	20	21	17	17	17	11	17
PT (services billed)	1,776	1,948	1,753	1,951	1,856	1,854	1,780	1,951	1,380	1,723	2,217	1,945	2,052	1,868
ER (visits/procedures)	365	384	297	309	289	357	368	447	462	332	317	263	351	348
Ambulance (runs)	72	72	61	55	68	79	73	110	98	91	71	80	92	79
Clinic (visits)	1,208	1,244	1,125	1,231	1,347	1,337	1,076	1,296	1,151	1,243	1,193	1,129	1,145	1,210
Occupational Therapy	291	382	428	378	333	358	361	372	345	95	321	278	279	328
Speech Therapy	49	8	20	31	46	33	34	25	47	34	64	72	63	40
Cardiac Rehab	28	27	25	48	32	46	50	49	63	72	101	64	44	52
Endoscopy Procedures	22	38	29	30	23	26	22	20	10	19	27	19	13	23
														#DIV/0!

REVENUE COMPARISON	2024	2025												2025
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 110,408	$ 57,307	$ 104,501	$ 144,631	$ 222,325	$ 124,727	$ 141,582	$ 104,501	$ 33,710	$ 50,565	$ 14,041	$ 23,597	$ 77,533	$ 91,585
Short Stay	29,484	11,780	28,086	20,565	15,046	31,956	49,935	19,688	34,813	24,795	17,571	37,717	35,562	27,293
Respite Care	2,150	-	4,950	13,200	18,150	2,200	-	-	-	17,050	4,400	-	-	4,996
Swing Bed	157,858	203,625	314,940	274,215	211,770	168,330	293,220	274,215	450,690	230,775	285,075	146,610	276,930	260,866
Central Supply	35,191	27,807	27,752	31,866	30,874	30,616	48,832	40,249	51,746	40,818	31,503	32,189	43,666	36,493
Laboratory	403,471	405,807	390,208	452,804	420,591	476,783	421,429	446,219	428,503	429,118	421,493	418,298	439,676	429,244
Cardiac Diagnostics	33,021	34,552	26,497	36,202	31,014	33,449	37,729	38,572	41,459	34,820	37,482	34,895	35,047	35,143
CT	573,879	493,508	471,563	515,803	518,809	536,612	475,305	670,371	694,128	481,629	640,418	457,496	540,349	541,333
Radiology	182,771	212,018	202,732	177,207	197,311	208,655	217,729	224,833	201,922	189,555	183,224	177,092	184,937	198,101
Mammography	23,360	24,274	20,556	26,208	43,380	40,645	17,562	20,692	33,514	21,431	59,666	30,523	14,267	29,393
MRI	-	-	-	-	-	-	-	-	6,637	56,681	78,131	51,665	96,139	24,104
Pharmacy	145,897	86,312	132,280	97,946	102,823	99,578	107,285	212,940	133,036	114,489	127,015	56,200	97,681	113,965
Respiratory Therapy	209	188	-	-	-		-	94	-	-	94	376	3,033	344
Physical Therapy	204,554	228,695	215,046	231,617	229,908	213,404	212,847	228,594	162,242	227,485	270,290	211,447	245,884	223,122
Emergency Room	856,420	786,626	797,025	765,715	737,733	882,666	832,543	1,223,849	1,101,369	972,781	816,559	579,943	1,079,967	881,398
Ambulance	251,851	217,830	232,208	240,049	218,017	259,457	275,290	434,339	299,411	397,948	267,948	498,882	436,288	314,806
Clinic	392,156	242,943	347,436	416,090	512,242	299,056	454,005	358,993	365,530	374,442	564,067	337,531	524,188	399,710
Occupational Therapy	38,729	51,750	59,487	51,402	46,202	51,842	50,756	53,918	54,150	20,104	44,623	40,942	31,600	46,398
Outpatient Diagnostic Svcs	93,173	55,584	132,454	217,126	8,197	91,597	170,967	77,274	69,396	72,275	73,248	121,658	118,507	100,690
Speech/Contracted Svcs	17,861	3,410	8,443	12,281	17,830	12,022	13,036	9,448	15,675	18,899	21,546	25,151	25,708	15,287
Cardiac Rehab	6,281	6,399	5,925	10,902	7,821	9,480	9,954	11,613	14,931	17,064	23,937	15,168	10,428	11,969
Wound Care	74	-	-	16,277	7,602	33,635	3,528	40,775	28,266	54,736	7,392	49	42,716	19,581
Dietary/Contracted Svcs	74	4,892	4,208	6,540	6,635	5,923	4,432	6,448	5,370	4,831	6,200	6,175	3,259	5,409
Total Patient Revenue	**$ 3,558,871**	**$ 3,155,306**	**$ 3,526,297**	**$ 3,758,646**	**$ 3,604,279**	**$ 3,612,634**	**$ 3,837,965**	**$ 4,497,624**	**$ 4,226,497**	**$ 3,852,290**	**$ 3,995,922**	**$ 3,303,603**	**$ 4,363,365**	$ 3,811,202

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending December 31, 2025

	Dec-25	2025 YTD	2024 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 1,240,433	$ 31,492,553	$ 29,635,381
Other receipts	$ 191,647	$ 1,211,577	$ 1,059,893
Payments to & on behalf of employees	$ (1,499,055)	$ (19,735,127)	$ (17,908,828)
Payments to suppliers and contractors	$ (1,347,654)	$ (13,552,664)	$ (12,084,311)
Net cash gained / (used) in operating activities	$ (1,414,629)	$ (583,662)	$ 702,135
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 27,160	$ 2,459,056	$ 2,399,295
Noncapital grants and contributions	$ 2,000	$ 28,569	$ 82,856
Net cash provided by noncapital financing activities	$ 29,160	$ 2,487,625	$ 2,482,151
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 8,146	$ 736,007	$ 694,255
Purchase of capital assets	$ (6,299)	$ (835,096)	$ (1,204,378)
Payments toward construction in progress	$ -	$ (95,944)	$ (442,293)
Proceeds from disposal of capital assets	$ -	$ -	$ 30,000
Proceeds from long-term debt	$ -	$ -	$ -
Principle & Interest paid on long-term debt	$ (981,945)	$ (981,945)	$ (1,089,925)
Bond maintenance & issuance costs	$ -	$ (140,495)	$ (550)
Capital grants and contributions	$ -	$ 79,478	$ 167,087
Net cash provided by capital and related financing activities	$ (980,098)	$ (1,237,995)	$ (1,845,804)
Cash flows from investing activities			
Investment Income	$ 53,330	$ 660,599	$ 668,097
Net increase (decrease) in cash and cash equivalents	$ (2,312,236)	$ 1,326,567	$ 2,006,578
Cash and Cash equivalents, beginning of period	$ 19,883,525	$ 16,244,722	$ 14,238,144
Cash and cash equivalents, end of period	$ 17,571,288	$ 17,571,288	$ 16,244,722

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2025

	Actual 1st Qtr	Actual 2nd Qtr	Actual 3rd Qtr	Actual October	Actual November	Actual December	Actual 4th Qtr	Actual Year End 2025	Budget 2025
Cash balance, beginning of period	$ 16,244,722	$ 15,804,610	$ 17,924,086	$ 19,415,783	$ 19,760,360	$ 19,883,525	$ 19,415,783	$ 16,244,722	$ 16,377,421
Cash available for operating needs	$ 16,030,043	$ 15,490,527	$ 17,063,651	$ 18,532,676	$ 18,622,721	$ 18,691,117	$ 18,532,676	$ 16,030,043	16,149,621
Cash restricted to debt service, other restricted funds	$ 214,679	$ 314,084	$ 860,435	$ 883,107	$ 1,137,640	$ 1,192,407	$ 883,107	$ 214,679	227,800
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 6,650,312	$ 9,102,107	$ 9,165,953	$ 2,966,545	$ 2,367,202	$ 1,240,433	$ 6,574,181	$ 31,492,552	$ 29,250,631
Grant receipts	$ 5,882	$ 1,000	$ 18,251	$ 3,014	$ -	$ 2,000	$ 5,014	$ 30,147	$ 79,000
Other receipts	$ 128,869	$ 150,750	$ 474,920	$ 180,276	$ 85,116	$ 191,647	$ 457,038	$ 1,211,577	$ 1,134,520
Payments to or on behalf of employees	$ (4,509,223)	$ (5,387,447)	$ (4,457,471)	$ (2,407,947)	$ (1,473,985)	$ (1,499,055)	$ (5,380,987)	$ (19,735,128)	$ (21,688,558)
Payments to suppliers and contractors	$ (2,920,241)	$ (3,258,175)	$ (3,713,171)	$ (1,493,030)	$ (820,394)	$ (1,347,654)	$ (3,661,078)	$ (13,552,665)	$ (9,574,652)
Net cash provided by operating activities	$ (644,401)	$ 608,235	$ 1,488,482	$ (751,142)	$ 157,939	$ (1,412,629)	$ (2,005,832)	$ (553,516)	$ (799,059)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ 237,844	$ 43,704	$ 7,497	$ 289,045	$ 289,045	$ 282,142
Taxation for Emergency Medical Services	$ 126,094	$ 866,356	$ 24,343	$ 626,304	$ 116,887	$ 19,663	$ 762,855	$ 1,779,648	$ 1,761,145
Investment Income	$ 155,144	$ 159,822	$ 177,568	$ 59,056	$ 55,680	$ 53,330	$ 168,066	$ 660,599	$ 599,880
Donations	$ -	$ -	$ 77,900	$ -	$ -	$ -	$ -	$ 77,900	$ 90,000
Net cash provided by noncapital financing activities	$ 281,238	$ 1,026,178	$ 279,811	$ 923,204	$ 216,271	$ 80,490	$ 1,219,966	$ 2,807,192	$ 2,733,167
Proceeds from Long Term Debt	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (176,354)	$ (61,288)	$ (299,268)	$ (82,018)	$ (305,814)	$ (6,299)	$ (394,130)	$ (931,040)	$ (1,088,829)
Increase/(decrease) in cash available for operations	$ (539,517)	$ 1,573,124	$ 1,469,025	$ 90,044	$ 68,397	$ (1,338,437)	$ (1,179,996)	$ 1,322,637	$ 845,279
Cash available for operating needs	**$ 15,490,527**	**$ 17,063,651**	**$ 18,532,676**	**$ 18,622,721**	**$ 18,691,117**	**$ 17,352,680**	**$ 17,352,680**	**$ 17,352,680**	**$ 16,994,900**
Taxation for bond prin & int (incl encumbd M&O)	$ 99,405	$ 686,297	$ 23,221	$ 254,533	$ 54,768	$ 8,146	$ 317,447	$ 1,126,370	$ 1,084,874
Principle & Interest paid on long-term debt		$ (139,945)	$ (550)			$ (981,945)	$ (981,945)	$ (1,122,440)	$ (1,121,890)
Restricted grants and contributions	$ -	$ -	$ -		$ -		$ -	$ -	
Increase/(decrease) in restricted cash	$ 99,405	$ 546,352	$ 22,671	$ 254,533	$ 54,768	$ (973,799)	$ (664,498)	$ 3,930	$ (37,016)
Cash restricted to debt service, other restricted funds	**$ 314,084**	**$ 860,435**	**$ 883,107**	**$ 1,137,640**	**$ 1,192,407**	**$ 218,608**	**$ 218,608**	**$ 218,608**	**$ 190,784**
Cash balance, end of period	**$ 15,804,610**	**$ 17,924,086**	**$ 19,415,783**	**$ 19,760,360**	**$ 19,883,525**	**$ 17,571,288**	**$ 17,571,288**	**$ 17,571,288**	**$ 17,185,684**

CASCADE MEDICAL CENTER

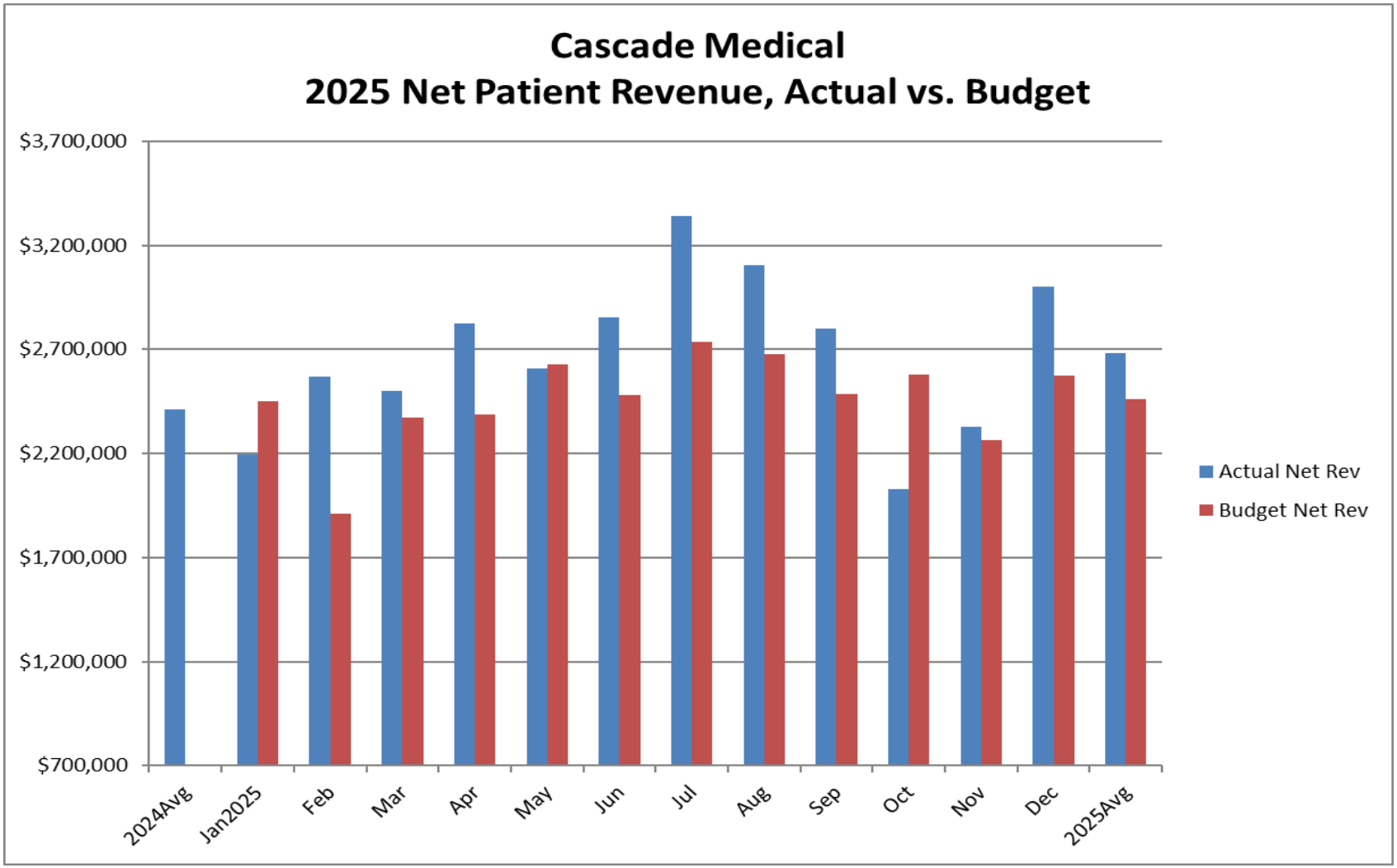
EMERGENCY MEDICAL SERVICES - DECEMBER, 2025

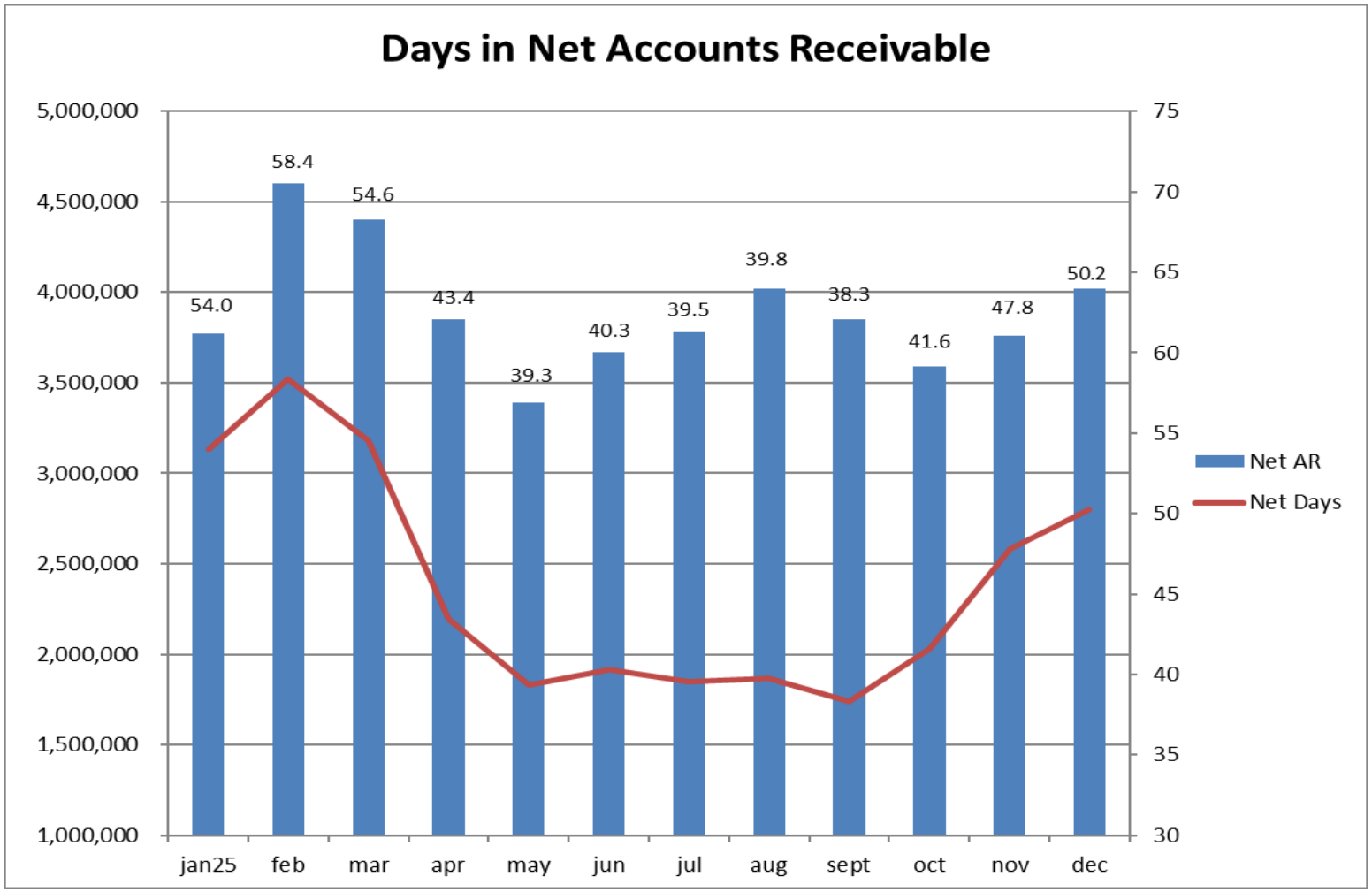
	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
REVENUE	**12/31/2025**	**12/31/2025 YTD**	**12/31/2025**	**12/31/2025 YTD**	**12/31/2025**	**12/31/2025 YTD**	**12/31/2024 YTD**
PATIENT REVENUE	1,079,967	10,576,774	436,288	3,777,667	$1,516,255	$14,354,440	$13,299,252
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$628,325	$6,153,567	$233,719	$2,023,696	$862,044	$8,177,263	$7,598,181
NET PATIENT REVENUE	**$451,642**	**$4,423,207**	**$202,569**	**$1,753,971**	**$654,211**	**$6,177,178**	**$5,701,071**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$43,198
TOTAL OPERATING REVENUE	**$451,642**	**$4,423,207**	**$202,569**	**$1,753,971**	**$654,211**	**$6,177,178**	**$5,744,269**
OPERATING EXPENSES							
SALARIES AND WAGES	219,910	2,404,609	186,776	1,913,433	$406,686	$4,318,042	$4,083,642
EMPLOYEE BENEFITS	24,774	344,178	38,365	449,992	$63,139	$794,170	$712,655
PROFESSIONAL FEES	67,377	324,590	1,200	2,100	$68,577	$326,690	$130,197
SUPPLIES	5,951	73,823	11,966	108,793	$17,917	$182,614	$199,046
FUEL	-	-	2,851	29,357	$2,851	$29,357	$21,948
REPAIRS AND MAINT.	-	3,413	11,836	86,897	$11,836	$90,310	$48,709
PURCHASED SERVICES	2,731	40,595	13,484	212,164	$16,215	$252,759	$231,061
CONTINUING MEDICAL EDUCATION	(153)	7,690	1,641	10,865	$1,488	$18,555	$57,229
DUES	1,184	14,521	1,204	21,194	$2,388	$35,715	$36,778
OTHER EXPENSES	344	3,484	1,401	10,659	$1,745	$14,144	$53,966
LEASES / RENTALS	405	1,997	5,279	65,518	$5,683	$67,514	$42,537
DEPRECIATION	4,570	54,843	23,841	286,089	$28,411	$340,932	$265,420
TAXES AND LICENSES	-	913	-	844	$0	$1,757	$1,953
INSURANCE	837	10,049	3,359	40,305	$4,196	$50,354	$66,404
OVERHEAD COSTS	223,689	2,209,964	139,237	1,375,605	$362,926	$3,585,569	$3,328,969
TOTAL OPERATING EXPENSES	**$551,621**	**$5,494,669**	**$442,438**	**$4,613,813**	**$994,059**	**$10,108,482**	**$9,280,513**
MARGIN ON OPERATIONS	**($99,978)**	**($1,071,464)**	**($239,870)**	**($2,859,843)**	**($339,848)**	**($3,931,303)**	**($3,536,244)**
TAX REVENUE					**$146,762**	**$1,761,144**	**$1,734,353**
NET MARGIN WITH TAX REVENUE					**($193,086)**	**($2,170,159)**	**($1,801,890)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	**351**	**4,176**	**92**	**950**			
Total Ambulance Runs (includes unbillable runs)			**144**	**1,361**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	**437**	**4,382**	**88**	**863**			
Total Ambulance Runs (includes unbillable runs)			**144**	**1,280**			

Cascade Medical Center
Balance Sheet
As of December 31, 2025 and December 31, 2024

	Dec 2025	Dec 2024
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,252,061	961,831
Savings Account	15,762,050	14,144,282
Patient Account Receivable	7,063,319	8,085,162
less: Reserves for Contractual Allowances	(3,045,615)	(4,278,265)
Inventories and Prepaid Expenses	329,797	319,451
Taxes Receivable - M&O Levy	15,982	11,990
- EMS Levy	17,469	31,939
Other Assets	800,978	622,759
Total Current Assets	22,196,041	19,899,150
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	460,201	681,259
CVB Memorial Fund	1,275	1,275
UTGO Bond Payable Fund	80,405	76,126
LTGO Bond Payable Fund	106,579	47,292
Investment Memorial Fund	144,037	138,023
Settlement Account	188,645	180,769
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	188,442	68,794
	1,169,585	1,193,538
Taxes Receivable - Construction Bond Levy	16,854	12,315
Total Assets Limited as to Use	1,186,438	1,205,853
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,485,893	1,420,326
Buildings & Improvements	10,915,993	10,709,788
Fixed Equip - Hospital	9,362,642	9,676,405
Major Movable Equipment Hospital	7,393,948	8,820,605
Construction in Progress	10,346	18,446
Total Property, Plant and Equipment	29,690,838	31,167,585
Less: Accumulated Depreciation	(22,755,588)	(22,833,480)
	6,935,250	8,334,105
ROU Leases		
ROU Leases	214,816	214,816
Less Accumulated Amortization	(144,523)	(144,523)
	70,293	70,293
Other Assets		
Long Term Pension Assets	472,138	472,138
Deferred OPEB/Pension Costs	1,097,906	1,097,906
Deferred Bond Costs	258,770	280,002
TOTAL ASSETS	32,216,837	31,359,447

	Dec 2025	Dec 2024
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	502,319	367,456
Accrued Payroll	739,809	665,443
Refunds Payable	-	-
Accrued PTO	1,009,328	984,137
Payroll Taxes & Benefits Payable	76,604	82,610
Accrued Interest Payable	21,191	23,324
Current Long Term Debt	911,072	850,397
Current OPEB Liability	894,361	942,361
Short Term Lease	36,493	36,493
ST Subscriptions	13,039	13,039
Settlement Payable	-	(33,625)
Total Current Liabilities	4,204,215	3,931,636
Long Term Liabilities		
Notes Payable	182,251	191,323
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	3,186,000	3,848,000
LTGO Bond Payable	3,745,000	3,985,000
Deferred Revenue/Bond Premium	72,267	77,880
Long Term OPEB/Pension Liability	2,616,404	2,616,404
Long Term ROU Leases	5,359	5,359
Long Term Subscriptions	-	-
Total Long Term Liabilities	9,807,281	10,723,966
Total Liabilities	14,011,496	14,655,601
Fund Balance - Prior Years	16,703,846	16,703,846
Fund Balance - Current Year	1,501,495	-
Total Fund Balance	18,205,341	16,703,846
TOTAL LIABILITIES & FUND BALANCE	32,216,837	31,359,447


Cascade Medical
2025 Net Patient Revenue, Actual vs. Budget
$3,700,000
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2024Avg
Jan2025
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2025Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
54.0
58.4
54.6
43.4
39.3
40.3
39.5
39.8
38.3
41.6
47.8
50.2
jan25
feb
mar
apr
may
jun
jul
aug
sept
oct
nov
dec
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2025

Total Facility	Dec 2022	Dec 2023	Dec 2024	July25	Aug	Sept	Oct	Nov	Dec
0 - 30 days	2,660,733	2,851,120	3,276,645	3,227,835	3,301,355	2,890,528	2,953,512	2,720,471	2,986,673
31-60 days	545,432	839,394	668,472	805,885	1,184,928	1,042,190	842,330	1,159,416	1,012,199
61-90 days	349,290	451,019	594,276	502,732	504,031	699,243	649,301	598,814	632,753
91-180 days	1,129,065	1,005,422	1,383,758	812,841	846,621	1,030,109	1,046,352	1,288,194	1,248,551
over 180 days	1,360,992	1,343,819	2,162,011	1,551,397	1,513,722	1,378,507	1,197,959	1,388,549	1,183,143
Total Balance	6,045,511	6,490,775	8,085,162	6,900,690	7,350,656	7,040,577	6,689,453	7,155,445	7,063,319
Credit bals as % of AR	6.8%			1.9%	2.0%	1.9%	3.2%	2.2%	2.9%
% >90 w/o installs	41.2%								

Accompanying Notes for the January 2026 Financial Statements

January Financial Statements –Current Month Summary

January's net margin of ($330,000) is below the budgeted net margin by ($229,000). Gross revenue is under budget by ($858,000). We anticipated lower gross revenue than budgeted in January as we left our revenue cycle open a bit longer in December to capture revenue in the appropriate year. Our operating expenses show a favorable budget variance as is typical in January, as we tend to see timing differences in January after holding open our Accounts Payable cycle in December to capture as many year-end expenses as possible. For January, we did see lower volumes in our ED and some of our ancillary services, a result of lower than typical tourism volumes due to significant road closures following the mid-December storm , combined with a lack of snow.

Revenue and Expense Variances

1. Salaries and benefits are under budget in January, due to continued use of locums in the ED and contracted labor in Rehab services.

Patient Statistics

ED volumes were down significantly in January as previously mentioned, while Ambulance and Rehab volumes were higher than budgeted.

Cash Receipts and Balances

Cash collections were lower than budgeted in January while cash reserves are lower than projected by $2,400,000. A portion of this variance is due to the Medicare repayment made in early December. Higher than budgeted operating expenses in Q4 2025 also contributed to this variance.

Accounts Receivable

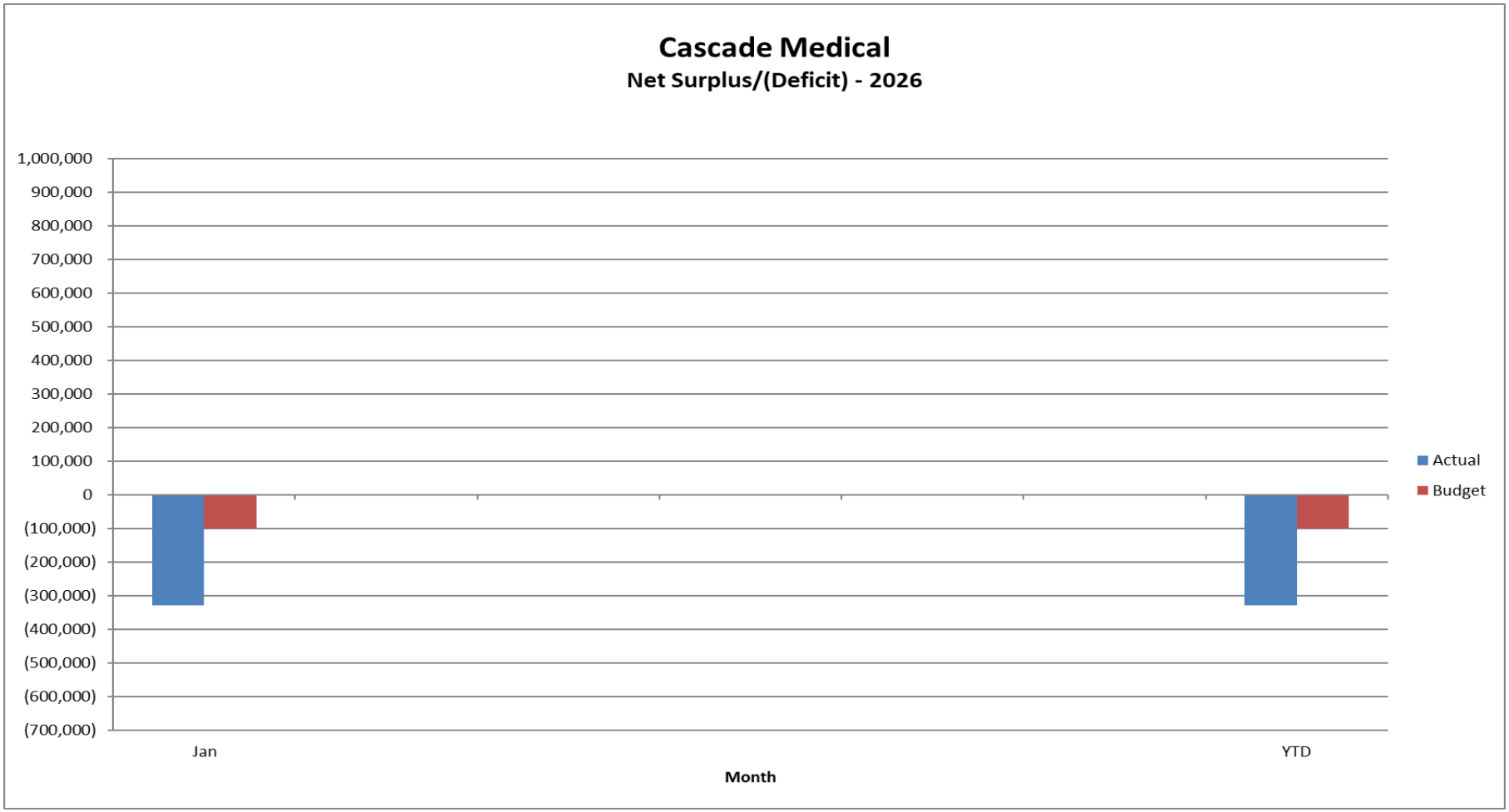
Days in Net Accounts Receivable have increased from 50.2 days in December to 54.3 days in January. The increase was a result of higher Accounts Receivable balances at year end as we held open revenue cycle to capture December revenue in the appropriate year.

Contractual Allowance

The contractual allowance is at 42.6%.

Final comments and Upcoming

In January we learned that providers needed to be reassigned within Medicare, which impacts the payment of professional fees. This requirement and related complications have caused some of our Medicare claims to be rejected. Our provider enrollment coordinator is working to make the necessary changes and resubmission of claims will follow. This issue resulted in claims totaling approximately $180,000 to be unpaid at the end of January. We understand that there have been added complications on the Medicare side and that Medicare is currently reviewing the issue. We will continue to monitor the volume of claims impacted.


Cascade Medical
Net Surplus/(Deficit) - 2026
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
Jan
YTD
Month
Actual
Budget

Cascade Medical Center
Financial Performance Summary
Year-to-Date - January, 2026

000's omitted

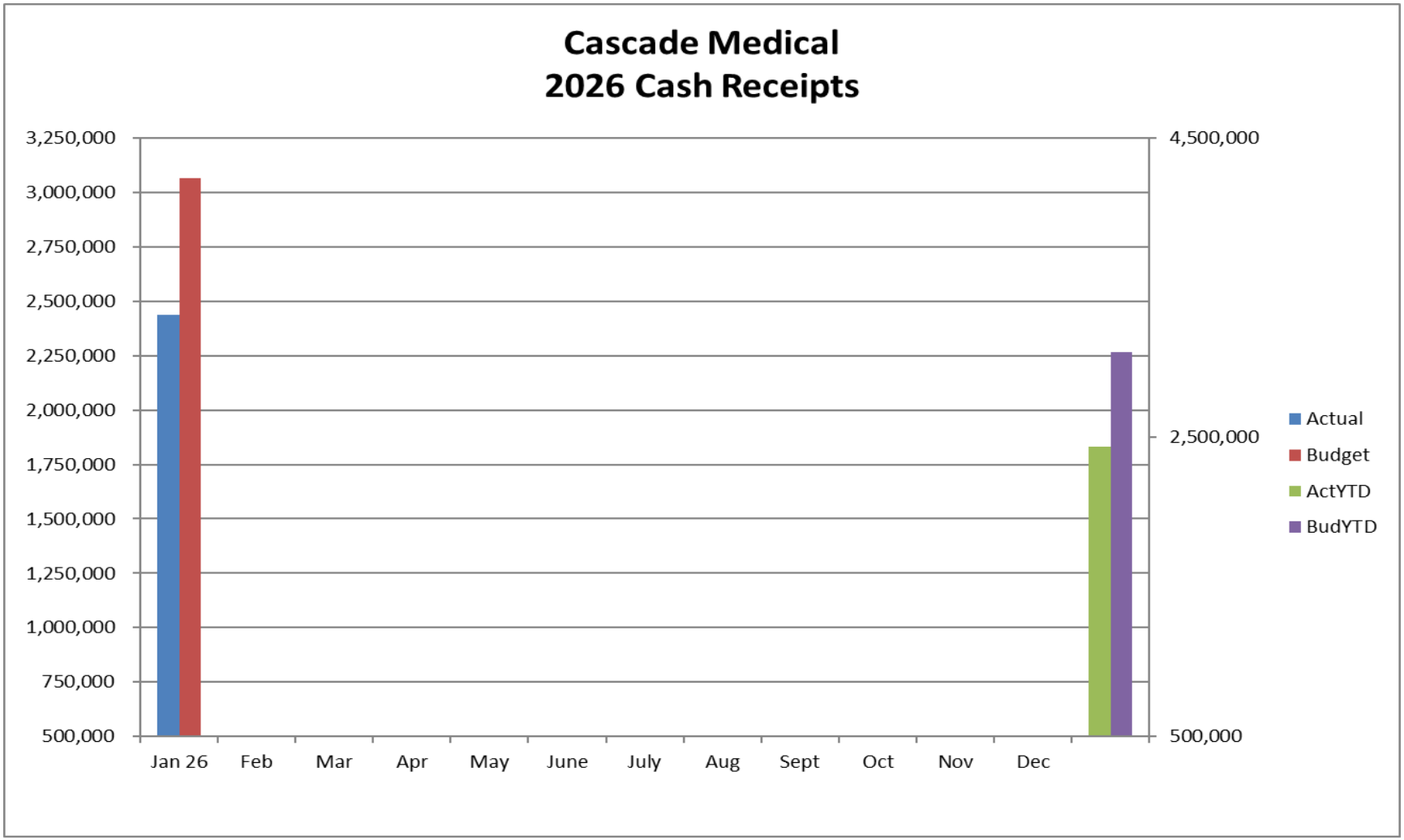
	YTD January
Net Margin	
Actual	(330)
Budget	(101)
Better (Worse) than Budget	(229)
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - ED ($322); Clinic ($218); Endo ($138); CT ($93); SwingBed ($53)	(858)
Contractual Allowances	466
Net Patient Revenue	(392)
Other Operating Revenue - SNAP ($142)	(185)
Total Operating Revenue	(577)
Expenses	
Salaries & Benefits - Clinic Prov $67; ED Prov $45; CT $29, Clinic $28, PT $26	241
Prof. Fees	22
Supplies	11
Purchased Services/Repairs	13
Other Operating Expenses - Depr $22; SNAP$17	61
Total Operating Expenses	349
Non-Operating Revenues & Expenses	(1)
Actuals Better/(worse) than Budget	(229)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending Janury 31, 2026

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,200,002	2,591,618	(391,616)	2,200,002	2,591,618	(391,616)	2,193,561
Grants, Contribs, Other Op Revenue	63,671	249,113	(185,442)	63,671	249,113	(185,442)	67,704
Tax Levies, unrestricted	209,770	209,770	-	209,770	209,770	-	146,762
Total Operating Revenue	2,473,443	3,050,501	(577,058)	2,473,443	3,050,501	(577,058)	2,408,027
Operating expenses							
Salaries & Benefits	1,897,555	2,138,940	241,385	1,897,555	2,138,940	241,385	1,869,047
Professional fees	256,709	278,389	21,680	256,709	278,389	21,680	121,829
Supplies	165,078	175,822	10,744	165,078	175,822	10,744	174,492
Purchased services	176,825	190,164	13,339	176,825	190,164	13,339	151,561
Depreciation	161,222	183,485	22,263	161,222	183,485	22,263	184,321
Other Operating Expenses	238,495	277,282	38,787	238,495	277,282	38,787	262,640
Total operating expenses	2,895,884	3,244,082	348,198	2,895,884	3,244,082	348,198	2,763,890
Operating gain / (loss)	(422,441)	(193,581)	(228,860)	(422,441)	(193,581)	(228,860)	(355,862)
Nonoperating revenues (expenses)							
Tax Levies, restricted	115,132	115,132	-	115,132	115,132	-	113,918
Interest expense on bonds	(21,191)	(21,191)	0	(21,191)	(21,191)	0	(23,324)
Other Non-Operating rev (exp)	(1,569)	(939)	(630)	(1,569)	(939)	(630)	(1,501)
Total nonoperating rev (exp), net	92,372	93,002	(630)	92,372	93,002	(630)	89,093
Net Income	(330,069)	(100,579)	(229,490)	(330,069)	(100,579)	(229,490)	(266,769)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending Janury 31, 2026

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,214,672	4,072,635	(857,963)	3,214,672	4,072,635	(857,963)	3,155,306
less:							
Contractual Allowances	879,626	1,269,239	389,613	879,626	1,269,239	389,613	826,518
Reserve for Bad Debts	93,917	150,688	56,771	93,917	150,688	56,771	90,152
Reserve for Financial Assistance	41,126	61,090	19,964	41,126	61,090	19,964	45,076
Total Deductions from Revenue	1,014,669	1,481,017	466,348	1,014,669	1,481,017	466,348	961,745
Net Patient Revenue	2,200,002	2,591,618	(391,616)	2,200,002	2,591,618	(391,616)	2,193,561
Grants, Contributions	1,500	2,000	(500)	1,500	2,000	(500)	-
Other Operating Revenue	62,171	247,113	(184,942)	62,171	247,113	(184,942)	67,704
Tax Levies, unrestricted	209,770	209,770	-	209,770	209,770	-	146,762
Total Operating Revenue	2,473,443	3,050,501	(577,058)	2,473,443	3,050,501	(577,058)	2,408,027
Operating expenses							
Salaries and wages	1,535,410	1,740,578	205,168	1,535,410	1,740,578	205,168	1,514,304
Employee benefits	362,146	398,362	36,217	362,146	398,362	36,217	354,743
Professional fees	256,709	278,389	21,680	256,709	278,389	21,680	121,829
Supplies	165,078	175,822	10,744	165,078	175,822	10,744	174,492
Utilities	17,916	27,148	9,232	17,916	27,148	9,232	16,742
Repairs and maintenance	17,592	19,419	1,827	17,592	19,419	1,827	12,156
Purchased services	159,233	170,745	11,512	159,233	170,745	11,512	139,406
Continuing medical education	-	2,875	2,875	-	2,875	2,875	2,247
Other expenses	11,893	28,775	16,882	11,893	28,775	16,882	8,712
Dues and subscriptions	101,138	116,871	15,733	101,138	116,871	15,733	138,195
Travel / training / meetings	24,599	21,576	(3,023)	24,599	21,576	(3,023)	38,362
Leases and rentals	31,490	28,120	(3,370)	31,490	28,120	(3,370)	7,789
Depreciation	161,222	183,485	22,263	161,222	183,485	22,263	184,321
Licenses and taxes	27,093	25,072	(2,021)	27,093	25,072	(2,021)	27,477
Insurance	23,041	25,626	2,585	23,041	25,626	2,585	21,791
Interest	1,326	1,219	(107)	1,326	1,219	(107)	1,326
Total operating expenses	2,895,884	3,244,082	348,198	2,895,884	3,244,082	348,198	2,763,890
Operating gain / (loss)	(422,441)	(193,581)	(228,860)	(422,441)	(193,581)	(228,860)	(355,862)
Nonoperating revenues (expenses)							
Tax Levies, restricted	115,132	115,132	-	115,132	115,132	-	113,918
Interest expense on bond financing	(21,191)	(21,191)	0	(21,191)	(21,191)	0	(23,324)
Gain (loss) on disposal of equipment		-	-		-	-	-
Investment income	200	830	(630)	200	830	(630)	269
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(1,769)	(1,769)	(0)	(1,769)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	92,372	93,002	(630)	92,372	93,002	(630)	89,093
Net Income	(330,069)	(100,579)	(229,490)	(330,069)	(100,579)	(229,490)	(266,769)


Cascade Medical
2026 Cash Receipts
3,250,000
3,000,000
2,750,000
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
500,000
4,500,000
2,500,000
500,000
Jan 26
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2026

	YTD 2025 avg/mo	jan26	2026 Act mo	2026 Bud mo	Act/Bud % var	2026 Act YTD Tot	2026 Act avg/mo	2026 Bud YTD Tot	2026 Bud avg/mo	Act/Bud % var
Acute Care	16	22	22	15	46.7%	22	22	15	15	46.7%
Swing Bed	77	79	79	94	-16.0%	79	79	94	94	-16.0%
Laboratory tests	3,192	3,159	3,159	3,307	-4.5%	3,159	3,159	3,307	3,307	-4.5%
Radiology exams	379	371	371	370	0.3%	371	371	370	370	0.3%
CT scans	128	138	138	140	-1.7%	138	138	140	140	-1.7%
ED visits	384	300	300	385	-22.1%	300	300	385	385	-22.1%
Ambulance runs	72	92	92	77	19.5%	92	92	77	77	19.5%
Clinic visits	1,244	1,244	1,244	1,318	-5.6%	1,244	1,244	1,318	1,318	-5.6%
Rehab procedures	2,365	2,783	2,783	2,170	28.2%	2,783	2,783	2,170	2,170	28.2%

Patient Statistics

	2025	2026												2026
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	4.0	9												9.0
Short Stay	2.0	6												6.0
Swing Bed	8.0	4												4.0
Respite Care	-	-												0.0
Total Admits	14.0	19												19.0
Patient Days														
Acute Care	16.0	22												22.0
Short Stay	3.4	7.3												7.3
Swing Bed	76.0	79												79.0
Respite Care	-	-												-
Total Patient Days	95.4	108.3												108.3
Average Length of Stay	6.8													#DIV/0!
Average Patients per Day	3.1	3.5												3.5
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,192	3,159												3,159
Radiology (tests)	333	308												308
Mammography (tests)	37	18												18
MRI	-	33												33
Cardiac Diagnostics	117	105												105
CT (Scans)	128	138												138
DXA (Scans)	9	12												12
PT (services billed)	1,948	2,190												2,190
ER (visits/procedures)	384	300												300
Ambulance (runs)	72	92												92
Clinic (visits)	1,244	1,244												1,244
Occupational Therapy	382	504												504
Speech Therapy	8	51												51
Cardiac Rehab	27	38												38
Endoscopy Procedures	38	28												28
														#DIV/0!

REVENUE COMPARISON	2025	2026												2026
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 57,307	$ 67,260												$ 67,260
Short Stay	11,780	27,204												27,204
Respite Care	-	-												-
Swing Bed	203,625	211,654												211,654
Central Supply	27,807	26,152												26,152
Laboratory	405,807	434,877												434,877
Cardiac Diagnostics	34,552	28,752												28,752
CT	493,508	476,317												476,317
Radiology	212,018	173,549												173,549
Mammography	24,274	19,093												19,093
MRI	-	74,781												74,781
Pharmacy	86,312	95,850												95,850
Respiratory Therapy	188	1,287												1,287
Physical Therapy	228,695	277,877												277,877
Emergency Room	786,626	686,540												686,540
Ambulance	217,830	277,650												277,650
Clinic	242,943	207,513												207,513
Occupational Therapy	51,750	70,788												70,788
Outpatient Diagnostic Svcs	55,584	30,324												30,324
Speech/Contracted Svcs	3,410	13,500												13,500
Cardiac Rehab	6,399	9,462												9,462
Wound Care	-	(89)												(89)
Dietary/Contracted Svcs	-	4,331												4,331
Total Patient Revenue	**$ 3,150,414**	**$ 3,214,672**												$ 3,214,672

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending December 31, 2026

	Jan-26	2026 YTD	2025 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 2,333,510	$ 2,333,510	$ 2,310,872
Other receipts	$ 50,257	$ 50,257	$ 66,628
Payments to & on behalf of employees	$ (1,579,647)	$ (1,579,647)	$ (1,516,516)
Payments to suppliers and contractors	$ (1,248,204)	$ (1,248,204)	$ (939,406)
Net cash gained / (used) in operating activities	$ (444,085)	$ (444,085)	$ (78,422)
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 290	$ 290	$ 4,860
Noncapital grants and contributions	$ 1,500	$ 1,500	$ -
Net cash provided by noncapital financing activities	$ 1,790	$ 1,790	$ 4,860
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 270	$ 270	$ 1,593
Purchase of capital assets	$ (181,294)	$ (181,294)	$ (122,779)
Payments toward construction in progress	$ -	$ -	$ -
Proceeds from disposal of capital assets	$ -	$ -	$ -
Proceeds from long-term debt	$ -	$ -	$ -
Principle & Interest paid on long-term debt	$ -	$ -	$ -
Bond maintenance & issuance costs	$ -	$ -	$ -
Capital grants and contributions	$ -	$ -	$ -
Net cash provided by capital and related financing activities	$ (181,024)	$ (181,024)	$ (121,186)
Cash flows from investing activities			
Investment Income	$ 52,600	$ 52,600	$ 55,211
Net increase (decrease) in cash and cash equivalents	$ (570,719)	$ (570,719)	$ (139,536)
Cash and Cash equivalents, beginning of period	$ 17,571,288	$ 17,571,288	$ 16,244,722
Cash and cash equivalents, end of period	$ 17,000,569	$ 17,000,569	$ 16,105,185

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2026

	Actual January	Forecast February	Forecast March	Forecast 1st Qtr	Forecast 2nd Qtr	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2026	Budget 2026
Cash balance, beginning of period	$ 17,571,288	$ 17,000,569	$ 16,991,459	$ 17,571,288	$ 17,051,291	$ 18,328,986	$ 17,950,959	$ 17,571,288	$ 20,310,484
Cash available for operating needs	$ 17,352,680	$ 16,781,601	$ 16,740,696	$ 17,352,680	$ 16,707,516	$ 17,446,608	$ 17,033,716	$ 17,352,680	20,117,679
Cash restricted to debt service, other restricted funds	$ 218,608	$ 218,968	$ 250,763	$ 218,608	$ 343,775	$ 882,377	$ 917,242	$ 218,608	192,805
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 2,333,510	$ 2,721,130	$ 2,653,247	$ 7,707,888	$ 7,844,914	$ 8,617,440	$ 8,441,244	$ 32,611,486	$ 33,083,305
Grant receipts	$ 1,500	$ 2,000	$ 35,000	$ 38,500	$ 26,000	$ 6,000	$ 6,000	$ 76,500	$ 77,000
Other receipts	$ 50,257	$ 53,538	$ 53,538	$ 157,333	$ 315,614	$ 302,614	$ 312,614	$ 1,088,175	$ 1,233,456
Payments to or on behalf of employees	$ (1,579,647)	$ (1,922,973)	$ (1,885,147)	$ (5,387,767)	$ (5,709,199)	$ (6,619,526)	$ (5,651,664)	$ (23,368,156)	$ (24,685,273)
Payments to suppliers and contractors	$ (1,248,204)	$ (866,100)	$ (968,683)	$ (3,082,987)	$ (2,653,071)	$ (2,538,974)	$ (2,441,320)	$ (10,716,352)	$ (10,386,634)
Net cash provided by operating activities	$ (442,585)	$ (12,404)	$ (112,045)	$ (567,034)	$ (175,741)	$ (232,446)	$ 666,874	$ (308,348)	$ (678,146)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ -	$ -	$ 4,067	$ 284,899	$ 288,966	$ 288,966
Taxation for Emergency Medical Services	$ 200	$ 55,764	$ 163,130	$ 219,094	$ 1,167,629	$ 68,282	$ 1,054,446	$ 2,509,451	$ 2,517,240
Investment Income	$ 52,600	$ 51,330	$ 51,330	$ 155,260	$ 153,990	$ 153,990	$ 153,990	$ 617,230	$ 615,960
Donations	$ -	$ -		$ -	$ -	$ -	$ 90,000	$ 90,000	$ 90,000
Net cash provided by noncapital financing activities	$ 52,800	$ 107,094	$ 214,460	$ 374,354	$ 1,321,619	$ 226,339	$ 1,583,335	$ 3,505,647	$ 3,512,166
Proceeds from Long Term Debt				$ -	$ -	$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (181,294)	$ (135,595)	$ (135,595)	$ (452,484)	$ (406,785)	$ (406,785)	$ (406,785)	$ (1,672,839)	$ (1,627,140)
Increase/(decrease) in cash available for operations	$ (571,079)	$ (40,905)	$ (33,180)	$ (645,164)	$ 739,093	$ (412,892)	$ 1,843,424	$ 1,524,460	$ 1,206,880
Cash available for operating needs	**$ 16,781,601**	**$ 16,740,696**	**$ 16,707,516**	**$ 16,707,516**	**$ 17,446,608**	**$ 17,033,716**	**$ 18,877,140**	**$ 18,877,140**	**$ 21,324,559**
Taxation for bond prin & int (incl encumbd M&O)	$ 360	$ 31,795	$ 93,012	$ 125,167	$ 665,746	$ 34,865	$ 316,314	$ 1,142,092	$ 1,146,288
Principle & Interest paid on long-term debt					$ (127,144)	$ -	$ (1,029,145)	$ (1,156,289)	$ (1,156,289)
Restricted grants and contributions				$ -	$ -	$ -	$ -	$ -	
Increase/(decrease) in restricted cash	$ 360	$ 31,795	$ 93,012	$ 125,167	$ 538,602	$ 34,865	$ (712,831)	$ (14,197)	$ (10,001)
Cash restricted to debt service, other restricted funds	**$ 218,968**	**$ 250,763**	**$ 343,775**	**$ 343,775**	**$ 882,377**	**$ 917,242**	**$ 204,411**	**$ 204,411**	**$ 182,804**
Cash balance, end of period	**$ 17,000,569**	**$ 16,991,459**	**$ 17,051,291**	**$ 17,051,291**	**$ 18,328,986**	**$ 17,950,959**	**$ 19,081,551**	**$ 19,081,551**	**$ 21,507,363**

CASCADE MEDICAL CENTER

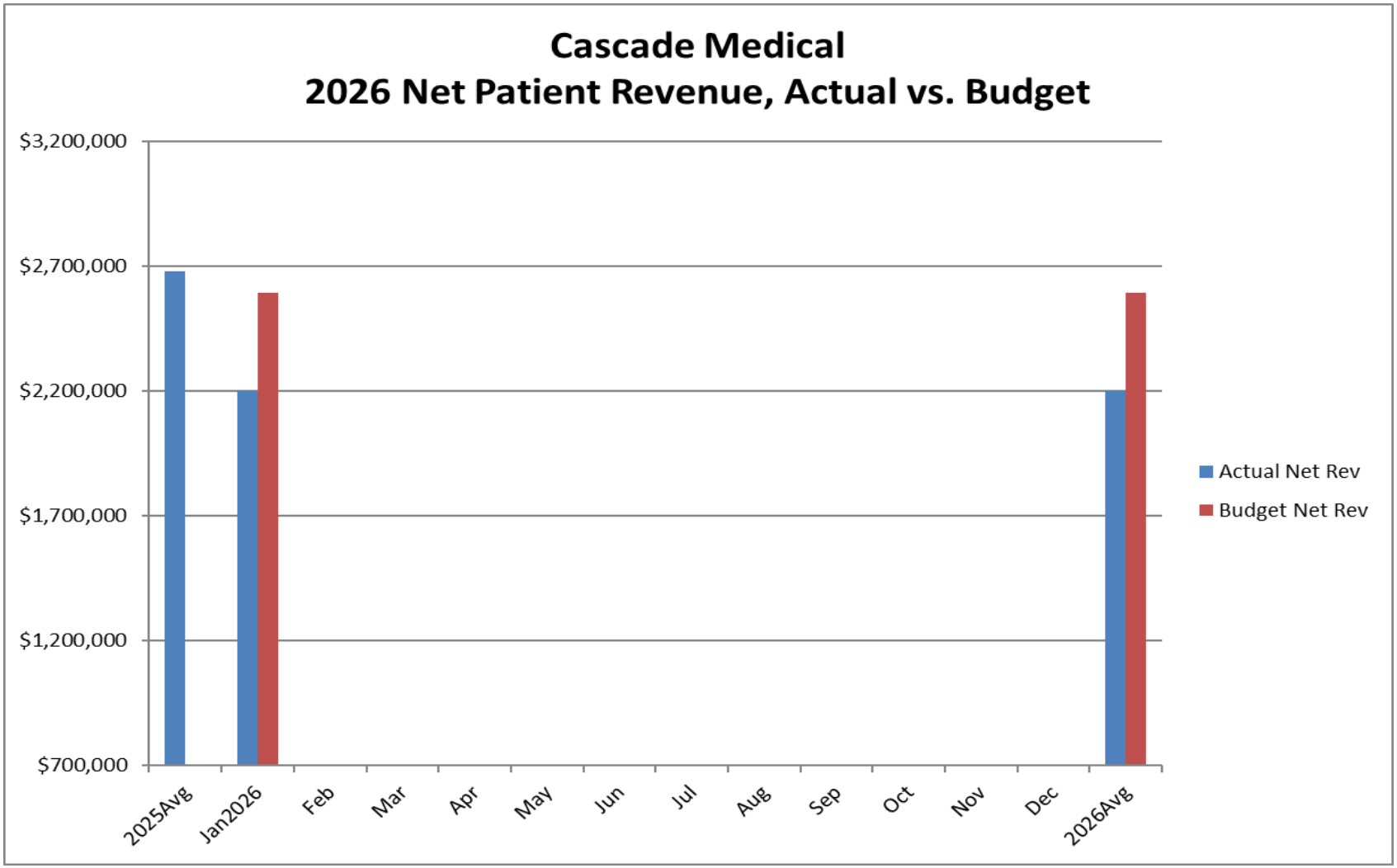
EMERGENCY MEDICAL SERVICES - JANUARY, 2026

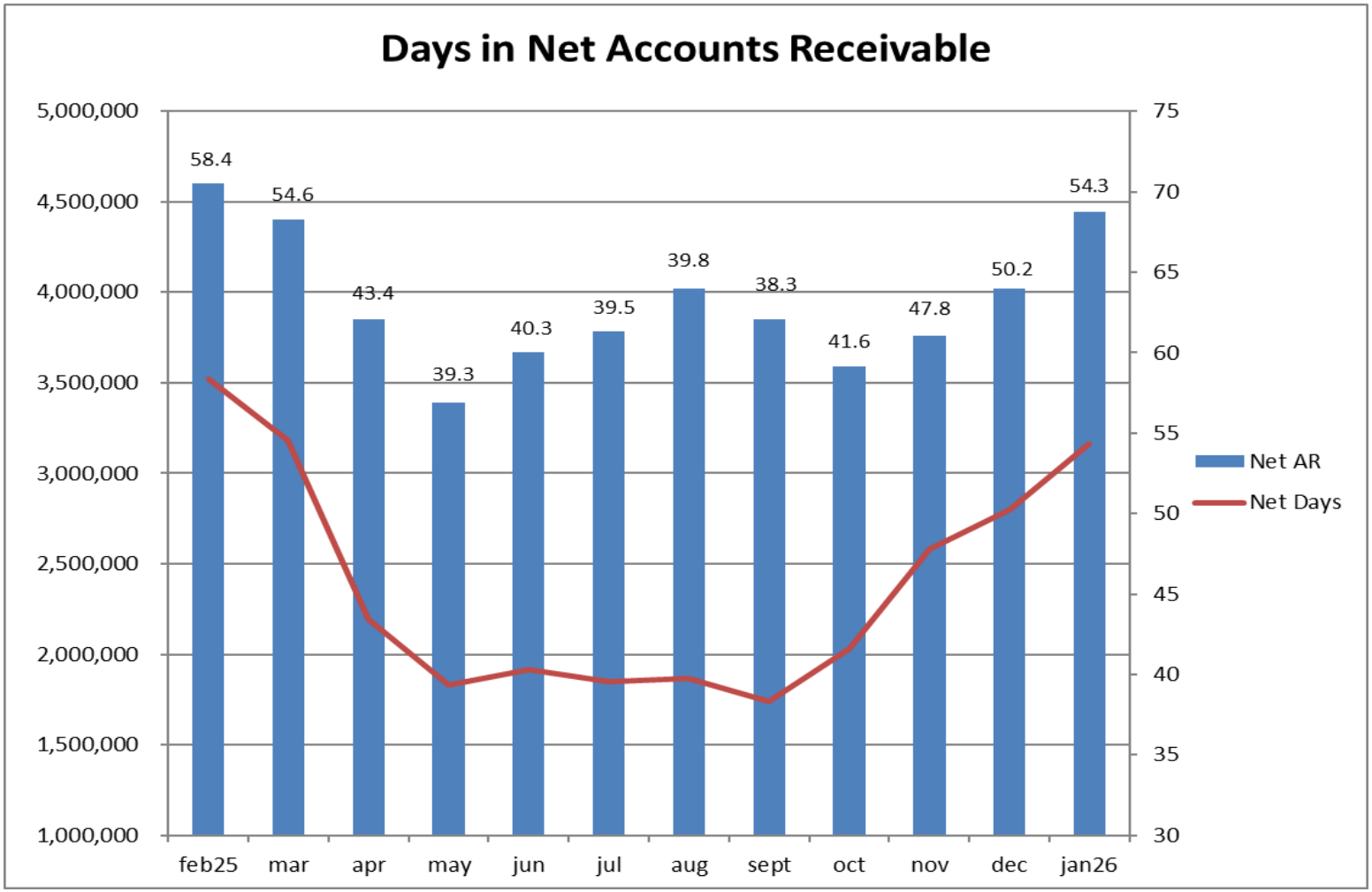
	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
REVENUE	**1/31/2026**	**1/31/2026 YTD**	**1/31/2026**	**1/31/2026 YTD**	**1/31/2026**	**1/31/2026 YTD**	**1/31/2025 YTD**
PATIENT REVENUE	686,540	686,540	277,650	277,650	$964,190	$964,190	$1,004,456
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$399,429	$399,429	$148,737	$148,737	$548,166	$548,166	$574,350
NET PATIENT REVENUE	**$287,111**	**$287,111**	**$128,913**	**$128,913**	**$416,024**	**$416,025**	**$430,105**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	
TOTAL OPERATING REVENUE	**$287,111**	**$287,111**	**$128,913**	**$128,913**	**$416,024**	**$416,025**	**$430,105**
OPERATING EXPENSES							
SALARIES AND WAGES	175,813	175,813	153,171	153,171	$328,984	$328,984	$387,299
EMPLOYEE BENEFITS	31,219	31,219	40,117	40,117	$71,336	$71,336	$75,116
PROFESSIONAL FEES	31,549	31,549	-	-	$31,549	$31,549	$0
SUPPLIES	5,734	5,734	11,601	11,601	$17,335	$17,334	$19,507
FUEL	-	-	2,654	2,654	$2,654	$2,654	$2,293
REPAIRS AND MAINT.	-	-	(4,764)	(4,764)	($4,764)	($4,764)	$889
PURCHASED SERVICES	2,500	2,500	20,673	20,673	$23,173	$23,173	$24,659
CONTINUING MEDICAL EDUCATION	166	166	7,033	7,033	$7,199	$7,199	$5,408
DUES	925	925	924	924	$1,849	$1,849	$5,619
OTHER EXPENSES	335	335	726	726	$1,060	$1,060	$1,070
LEASES / RENTALS	418	418	9,106	9,106	$9,524	$9,524	$6,720
DEPRECIATION	2,581	2,581	19,934	19,934	$22,515	$22,515	$28,411
TAXES AND LICENSES	-	-	-	-	$0	$0	$177
INSURANCE	837	10,049	3,359	40,305	$4,196	$50,354	$4,196
OVERHEAD COSTS	187,631	187,631	116,792	116,792	$304,424	$304,424	$284,019
TOTAL OPERATING EXPENSES	**$439,708**	**$448,920**	**$381,327**	**$418,272**	**$821,035**	**$867,191**	**$845,383**
MARGIN ON OPERATIONS	**($152,597)**	**($161,810)**	**($252,414)**	**($289,360)**	**($405,011)**	**($451,167)**	**($415,277)**
TAX REVENUE					**$209,770**	**$209,770**	**$146,762**
NET MARGIN WITH TAX REVENUE					**($195,241)**	**($241,397)**	**($268,515)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	**300**	**300**	**92**	**92**			
Total Ambulance Runs (includes unbillable runs)			**127**	**127**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	**384**	**384**	**72**	**72**			
Total Ambulance Runs (includes unbillable runs)			**116**	**116**			

Cascade Medical Center
Balance Sheet
As of January 31, 2026 and December 31, 2025

	Jan 2026	Dec 2025
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,056,410	1,252,061
Savings Account	14,912,050	15,762,050
Patient Account Receivable	7,740,840	7,063,319
less: Reserves for Contractual Allowances	(3,294,390)	(3,045,615)
Inventories and Prepaid Expenses	331,863	329,797
Taxes Receivable - M&O Levy	72,659	15,982
- EMS Levy	227,239	17,469
Other Assets	799,164	800,978
Total Current Assets	21,845,836	22,196,041
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	461,701	460,201
CVB Memorial Fund	1,275	1,275
UTGO Bond Payable Fund	80,675	80,405
LTGO Bond Payable Fund	106,579	106,579
Investment Memorial Fund	144,537	144,037
Settlement Account	189,245	188,645
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	88,642	188,442
	1,072,655	1,169,585
Taxes Receivable - Construction Bond Levy	75,309	16,854
Total Assets Limited as to Use	1,147,963	1,186,438
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,485,893	1,485,893
Buildings & Improvements	10,944,297	10,915,993
Fixed Equip - Hospital	9,362,642	9,362,642
Major Movable Equipment Hospital	7,425,113	7,393,948
Construction in Progress	10,346	10,346
Total Property, Plant and Equipment	29,750,306	29,690,838
Less: Accumulated Depreciation	(22,916,810)	(22,755,588)
	6,833,497	6,935,250
ROU Leases		
ROU Leases	214,816	214,816
Less Accumulated Amortization	(144,523)	(144,523)
	70,293	70,293
Other Assets		
Long Term Pension Assets	472,138	472,138
Deferred OPEB/Pension Costs	1,097,906	1,097,906
Deferred Bond Costs	257,001	258,770
TOTAL ASSETS	31,724,634	32,216,837

	Jan 2026	Dec 2025
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	239,686	502,319
Accrued Payroll	926,048	739,809
Refunds Payable	(2,765)	-
Accrued PTO	1,006,905	1,009,328
Payroll Taxes & Benefits Payable	(20,030)	76,604
Accrued Interest Payable	42,382	21,191
Current Long Term Debt	910,433	911,072
Current OPEB Liability	890,361	894,361
Short Term Lease	36,493	36,493
ST Subscriptions	13,039	13,039
Settlement Payable	-	-
Total Current Liabilities	4,042,550	4,204,215
Long Term Liabilities		
Notes Payable	182,251	182,251
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	3,186,000	3,186,000
LTGO Bond Payable	3,745,000	3,745,000
Deferred Revenue/Bond Premium	71,799	72,267
Long Term OPEB/Pension Liability	2,616,404	2,616,404
Long Term ROU Leases	5,359	5,359
Long Term Subscriptions	-	-
Total Long Term Liabilities	9,806,813	9,807,281
Total Liabilities	13,849,363	14,011,496
Fund Balance - Prior Years	18,205,340	18,205,341
Fund Balance - Current Year	(330,069)	-
Total Fund Balance	17,875,271	18,205,341
TOTAL LIABILITIES & FUND BALANCE	31,724,634	32,216,837


Cascade Medical
2026 Net Patient Revenue, Actual vs. Budget
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2025Avg
Jan2026
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2026Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
58.4
54.6
43.4
39.3
40.3
39.5
39.8
38.3
41.6
47.8
50.2
54.3
feb25
mar
apr
may
jun
jul
aug
sept
oct
nov
dec
jan26
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2026

Total Facility	Dec 2023	Dec 2024	Dec 2025	Jan26	Column1	Column2	Column3	Column4	Column5
0 - 30 days	2,851,120	3,276,645	2,986,673	2,977,085					
31-60 days	839,394	668,472	1,012,199	1,494,782					
61-90 days	451,019	594,276	632,753	729,955					
91-180 days	1,005,422	1,383,758	1,248,551	1,217,314					
over 180 days	1,343,819	2,162,011	1,183,143	1,321,704					
Total Balance	6,490,775	8,085,162	7,063,319	7,740,840					
Credit bals as % of AR			2.8%	2.3%					
% >90 w/o installs									

Credentialing Approvals

Real Radiology Active Privileges: (2-years)

- Matthew Bourne, DO

Real Radiology Provisional Privileges: (1-year)

- Naveed Majd, DO
- Theodore Baker, MD

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

Proposed Organizational Objectives for 2026 - 2028
With Proposed 2026 Annual Objectives

For more than a century, Cascade Medical has been our community's hub for health. Our purpose is to care for the health and well-being of our community by providing exceptional care that meets patient and community needs both today and for years to come.

To continue this purpose, the 2026-2028 strategic plan and objectives highlight key work the organization will undertake in the next three years to continue to expand access to care, address identified health needs and improve the health and well-being of our community.

We center this work around four pillars, believing these the four essential areas of focus to deliver on our purpose of caring for the health and well-being of our community for years to come. The four pillars, with definitions, are:

Patient & Family Centered Care: Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.
Financial Stewardship: Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.
Our People: Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.
Community Connections: Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

The foundation supporting these four pillars are guiding principles which describe the way we consistently approach our work. These guiding principles include:

1. Despite our small size and rural location, we are committed to meeting the highest quality and safety standards while maintaining adherence to changing regulatory requirements. Achieving this within a resource-constrained environment requires flexibility, innovation, and a steadfast commitment to ensure our patients receive the highest quality, safest care possible.
2. Because healthcare continues to be an industry challenged by financial constraints and declining government funding, we must consider financial sustainability as part of our commitment to caring for our community. This means making wise financial decisions that strategically consider short- and long-term ramifications to ensure Cascade Medical continues to exist to care for our local community for years to come.

3. Healthcare is a people industry. It is our team of providers, care givers, support staff across all departments and leaders who care for our community. Without our people there would be no Cascade Medical. We strive to provide a warm, respectful, nurturing environment for our people, rooted in a culture of seven Shared Values. We further strive to honor our team through the provision of wages and benefits that meet or exceed the market, while ensuring we do so within the context of long-term organizational sustainability.
4. As an organization by and for the community, we consistently strive to engage and involve our community in our key objectives and to always consider community need and impact when making operational and service decisions.

It is within this framework and centered on these guiding principles that we present the following 2026-2028 strategic objectives, with 2026 annual objectives.

Patient & Family Centered Care
Proposed 2026-2028 Long Term Objectives:

Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

2026 Annual Objectives:

1. Grow family medicine market share to at least 55% of market by the end of 2026.
2. Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps.

Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience.

2026 Annual Objectives:

1. Meet the first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028.
2. Achieve and maintain organization-wide Net Promoter Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS.

Financial Stewardship
Proposed 2026-2028 Long Term Objectives:

Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.

2026 Annual Objective:

1. Conduct a full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting.

Focused strengthening of organizational financial performance to ensure CM is positioned to best meet future community needs.

2026 Annual Objectives:

1. Meet budgeted total margin and cash projections for 2026
2. Rehab Services delivers break even or better monthly financial performance by end of 2026

Our People

Proposed 2026-2028 Long Term Objectives:

Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.

2026 Annual Objective:

1. Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark.

Community Connections

Proposed 2026-2028 Long Term Objectives:

Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community.

2026 Annual Objective:

1. Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Successful will be measured through on-time completion of 85% of initiatives.

CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

Critical Access Hospital Program Evaluation

Chelan County Public Hospital District #1
817 Commercial St.
Leavenworth, WA 98826

Program Evaluation Details:

The reporting period for this evaluation is January 1, 2025, through December 31, 2025.

This report was prepared by the Director of Continuous Quality Improvement, the Quality Manager, the Quality Data Specialist and input from hospital leadership.

Included is information about the services provided at Cascade Medical, volumes of patients served, operational details and quality performance.

Cascade Medical at a Glance

Our public hospital district covers 1,200 square miles between the summit of Stevens Pass to the summit of Blewett Pass, including the towns of Plain, Peshastin and Dryden. Our facility is located in the heart of Leavenworth, a charming Bavarian-themed town with year-round recreation. The view from our Family Practice Clinic is the stunning skyline of the Enchantments and Tumwater Mountain. A block away, nature trails along Blackbird Island follow the Wenatchee River through forest and wetland.

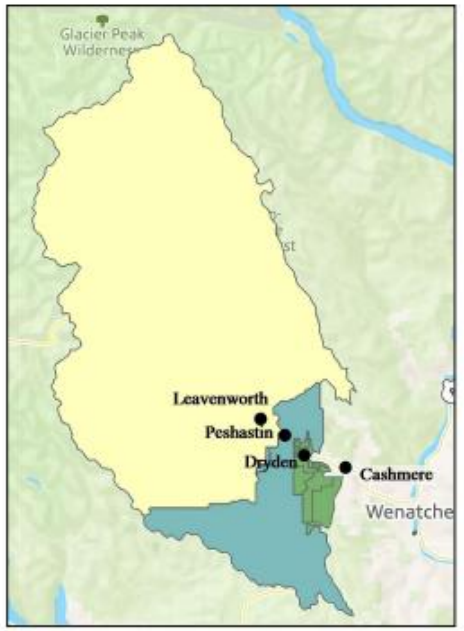
As a community-owned, critical access facility, Cascade Medical is devoted to the well-being of our neighbors and visitors of this incredible place. Every Monday evening, we offer our exam rooms and our staff donates time for Upper Valley MEND's Free Clinic program. Our doctors and staff are also involved in community groups, youth outreach, sports and promoting an active lifestyle.

Our Community

Chelan County Public Hospital District No. 1 includes 1,200 square miles between the summits of Stevens and Blewett Passes, including the communities of Leavenworth, Plain, Peshastin, Dryden, and a portion of Cashmere. The District includes approximately 10,791 residents across these communities, with the Cashmere portion of the District representing about 10% of the total District population.

The District by geographic zip code area is identified in the map and includes:

98826 – Leavenworth and Plain
98847 – Peshastin
98821 – Dryden (rural PO Box)
98815 – Cashmere (partial zip code area)



*2026-2028 Community Health Needs Assessment and Implementation Plan

Shari Campbell
Board President

Thomas Baranouskas
Board Vice President

Jessica Kendall
Board Commissioner

Cary Ecker
Board Commissioner
Appointed, March 2025

Dr. Jesse Knight
Board Commissioner
Appointed, April 2025

Board of Commissioners

Service as a nonprofit begins with our Board of Commissioners. As the highest-ranking position within the medical center, it comes with an important responsibility for stewardship of the goals and principles of our nonprofit, community-owned medical center.

Bruce Williams
Board Commissioner
Retired, March 2025

Gustavo Montoya
Board Commissioner
Retired, April 2025

Diane Blake
Chief Executive Officer

Pat Songer
Chief Operating Officer & Chief of EMS

Melissa Grimm
Chief Human Resources Officer

Marianne Vincent
Chief Financial Officer

Whitney Lak
Senior Director, Rural Health Clinic

Natasha Piestrup
Senior Director of Nursing

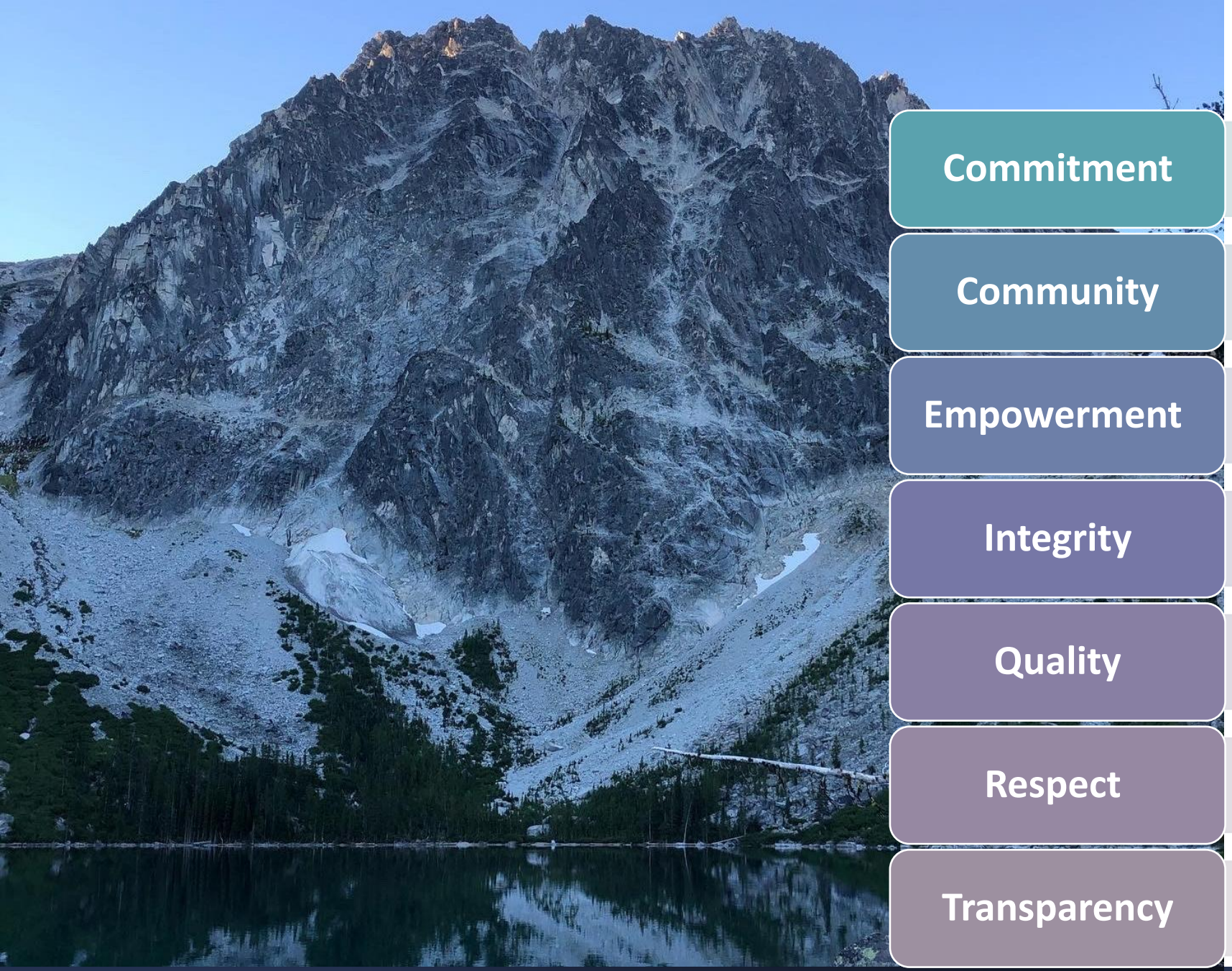
Leadership

While the Board of Commissioners is responsible for governance, the administration is responsible for daily operations of the medical center. As one of the most complex industries in the world, healthcare management –at any size– requires solid and scrupulous leadership of which to gauge success. Regardless of size, all medical centers must meet the regulations and standards as set forth by state and federal law.

Our administrative team has a heart for patients and a passion for our Core Principles. We believe the path to fulfilling our goals and objectives is to live our Shared Values — every day.

Our mission statement inspires the work we do here:

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



Shared Values

Commitment	We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.
Community	We demonstrate our effectiveness and quality care in complete transparency with each other and in line with the values of our medical center.
Empowerment	We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.
Integrity	We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.
Quality	We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.
Respect	We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.
Transparency	We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

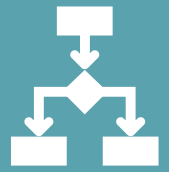
Cascade Medical Strategic Pillars

PATIENT & FAMILY CENTERED CARE

Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

FINANCIAL STEWARDSHIP

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

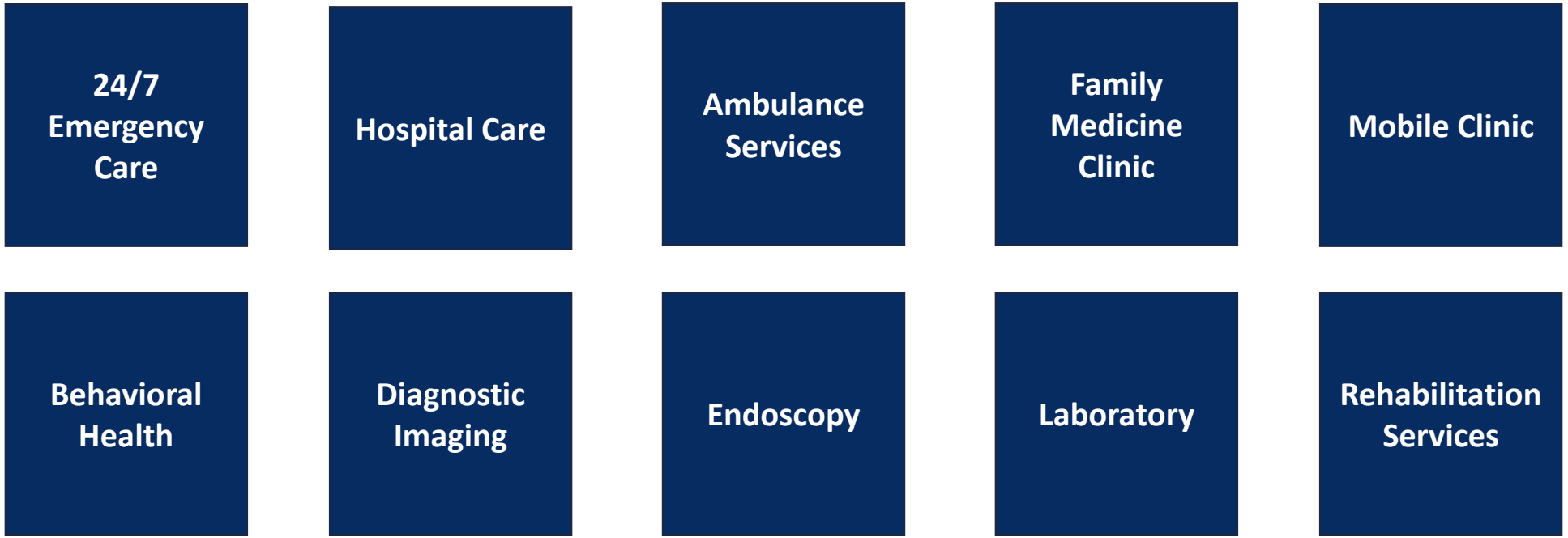


OUR PEOPLE

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

COMMUNITY CONNECTIONS

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



Service Line Review

24/7 Emergency Care

Providing 24-hour coverage, seven days a week, we treat a wide range of illnesses and injuries.

We are a fully equipped Level Five Trauma Center and Level Three Stroke Center capable of stabilizing and transporting patients to Wenatchee, Spokane or Seattle, as needed. Our facility includes a trauma room with two beds, an orthopedic/cast room, obstetrics and gynecology room and an observation room.

Inpatient Hospital

Cascade Medical is a fully accredited hospital staffed 24/7 by a skilled and experienced team. We offer a range of inpatient services supported by a lab, advanced imaging (including X-rays, ultrasounds and CT scans) and comprehensive physical, occupational and speech therapy programs. Whether you need routine care or specialized treatment, Cascade Medical provides trusted care close to home.

Sub-Acute Rehab

Our program is ideal for patients recovering from:
Generalized deconditioning
Joint replacement or other types of surgery
Stroke, cardiac or respiratory illnesses, or other medical conditions
Post-surgical care required such as long-term antibiotic therapy and debridement that can't be provided at home or in an outpatient setting.

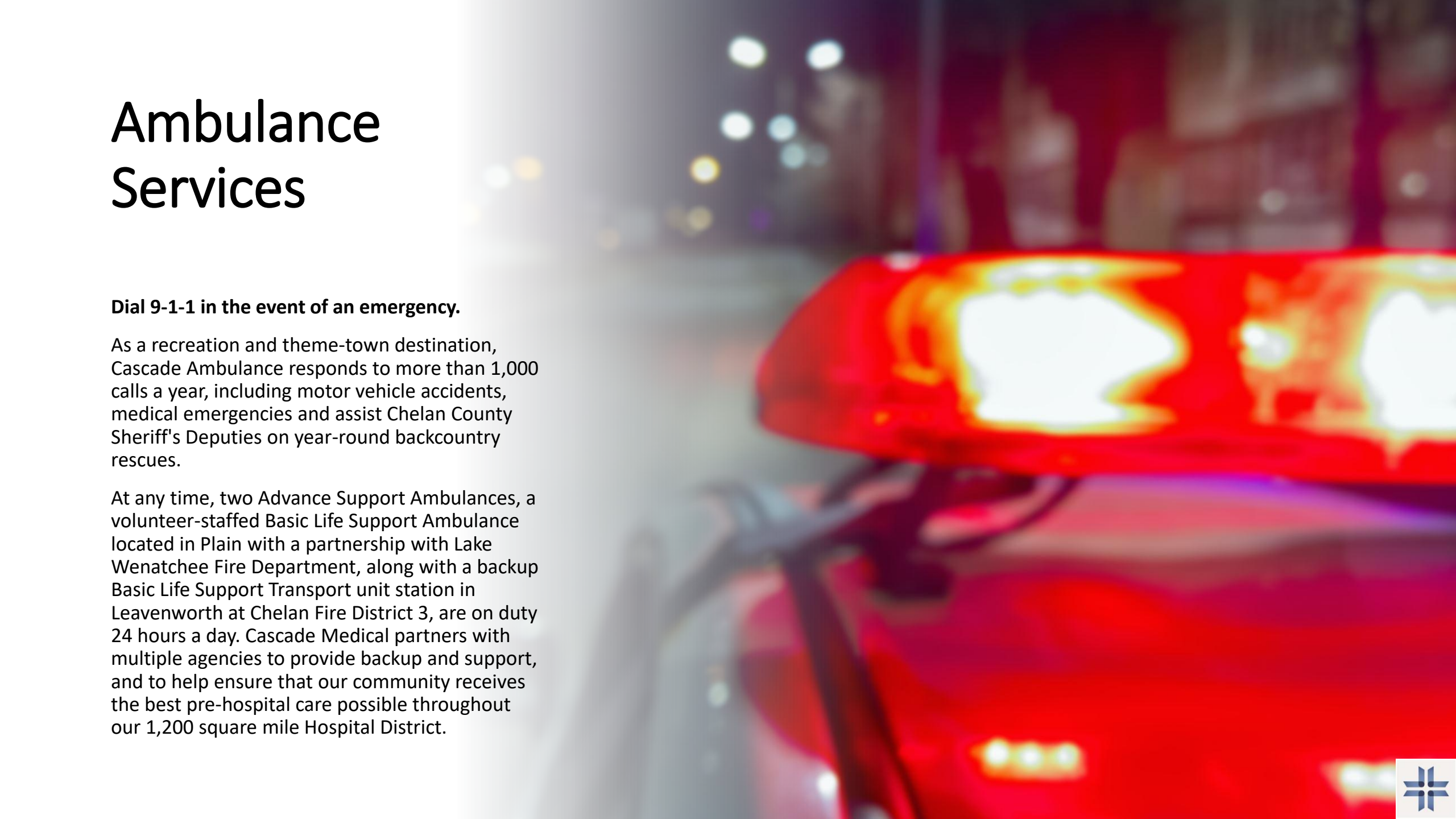
- Personalized treatment plans
- Physician care
- Social activities
- Physical therapy
- Skilled nursing
- Aquatic therapy
- Wound care
- Occupational therapy
- Nutritional counseling
- IV therapy
- Swallow evaluations
- Patient/family education
- Case management and counseling

Ambulance Services

Dial 9-1-1 in the event of an emergency.

As a recreation and theme-town destination, Cascade Ambulance responds to more than 1,000 calls a year, including motor vehicle accidents, medical emergencies and assist Chelan County Sheriff's Deputies on year-round backcountry rescues.

At any time, two Advance Support Ambulances, a volunteer-staffed Basic Life Support Ambulance located in Plain with a partnership with Lake Wenatchee Fire Department, along with a backup Basic Life Support Transport unit station in Leavenworth at Chelan Fire District 3, are on duty 24 hours a day. Cascade Medical partners with multiple agencies to provide backup and support, and to help ensure that our community receives the best pre-hospital care possible throughout our 1,200 square mile Hospital District.



Family Medicine Clinic

- Preventive care
- Women’s healthcare
- Sports medicine
- Newborn and pediatric care
- Chronic condition management
- Behavioral health
- Nutrition counseling
- Prescription management
- Vaccinations
- Osteopathic medicine
- Minor surgery
- Same-day appointments, even on Saturdays

Healthcare on Wheels

- Basic preventive health exam and referral to specialists.
- Minor acute complaints
- Routine medication refills
- Acute gynecological/pelvic complaints
- Urinary complaints/suspected bladder infection
- Pregnancy tests
- Sexually transmitted infection testing
- Well women exams and PAP smears
- Chronic headaches
- Small skin laceration repair
- Suture or staple removal
- Wound checks
- Vaccinations
- Skin rashes, biopsies
- Asthma/bronchitis/COPD flares
- Ear wax checks
- Acute anxiety or mental health complaints
- Follow up appointments for acute injuries or basic medication check-ins
- Cough/cold/Sore throat

Behavioral Health

Cascade Medical supports you in all aspects of your health and well-being – physical, behavioral, social and emotional. Integrated behavioral health connects medical and behavioral health clinicians together to collaborate with each other and their patients and families to address medical conditions and related behavioral health factors that affect health and well-being.

Benefits of integrated behavioral health include:

(a) Easier access to mental and behavioral health services. Our behavioral health clinicians see patients within the family practice clinic, often on the same-day without the need to schedule separate appointments.

(b) Improved coordination between services (medical, behavioral health, school, community, etc.).

(c) Improved health outcomes.

Diagnostic Imaging

We offer the quality of a big-city facility, but with a personal touch. No wait times. No hassle. Appointments are available on a same-day basis, and our staff takes the time to ensure your comfort.

- 3D Mammography
- CT Scan
- Bone Densitometry (DEXA)
- X-Ray
- Ultrasound
- Echocardiogram
- MRI

Endoscopy

For more than a decade, our experienced providers at Cascade Medical have offered safe, comfortable endoscopic services close to home. To ensure patient safety and quality care, our staff closely follows guidelines set by the American Society of Gastrointestinal Endoscopy (ASGE), and the Society of Gastroenterology Nurses and Associates (SGNA).

Laboratory

Our clinical laboratory staff offers a variety of screening and diagnostic services:

- Chemistry panels
- Lipid testing
- Endocrinology and diabetic testing
- Hematology and anti-coagulation monitoring
- Microbiological services

Licensed by the State of Washington, our laboratory is conveniently located for our community and meets the highest standards in personnel, proficiency testing and quality assurance

Rehabilitation Services

Cascade Medical offers the most comprehensive rehabilitation in the Upper Valley. Our team of therapists help people of all ages lead healthier, more active and independent lives.

- Aquatic therapy
- Speech therapy
- Occupational therapy
- Orthopedic manual therapy
- Total spine care
- Post-surgical rehabilitation
- Corrective orthotics
- Video gait analysis
- Functional training (work and sports rehabilitation)
- Balance Training/Fall Prevention
- Neurological Rehab (Parkinson's, stroke, concussion)
- Modalities (ultrasound, e-stimulation, thermal agents)

Volumes Review

Volumes Review

	2024
Admits	
Acute Care	105
Short Stay	81
Swing Bed	51
Respite Care	8
Total Admits	245
Patient Days	
Acute Care	408
Short Stay	106
Swing Bed	729
Respite Care	35
Total Patient Days	1278
Average Length of Stay	5.3
Average Patients per Day	3.5

	2025
Admits	
Acute Care	64
Short Stay	68
Swing Bed	71
Respite Care	6
Total Admits	209
Patient Days	
Acute Care	327
Short Stay	103
Swing Bed	1155
Respite Care	116
Total Patient Days	1701
Average Length of Stay	8.3
Average Patients per Day	4.6

	2024
Laboratory (tests)	40133
Radiology (tests)	3755
Mammography (tests)	422
Cardiac Diagnostics	1343
CT (Scans)	1860
DXA (Scans)	167
PT (services billed)	21317
ER (visits)	4382
Ambulance (runs)	863
Clinic (visits)	14496
Occupational Therapy	3486
Speech Therapy	591
Cardiac Rehab	335
Endoscopy Procedures	268

	2025
Laboratory (tests)	40101
Radiology (tests)	3648
Mammography (tests)	493
Cardiac Diagnostics	1346
CT (Scans)	1669
DXA (Scans)	199
PT (services billed)	22592
ER (visits)	4176
Ambulance (runs)	950
Clinic (visits)	14532
Occupational Therapy	3970
Speech Therapy	492
Cardiac Rehab	621
Endoscopy Procedures	283

Service Oversight

Provider Credentialing

Initial credentialing and re-appointments of physicians and advanced practice providers to the Medical Staff are completed by Cascade Medical's Executive Assistant /Med Staff Coordinator in conjunction with a primary source verification service. Reappointments for each provider are done on a two-year cycle. Credentialing and reappointments are approved by the Medical Executive Committee, the CEO, and the Board of Commissioners.

Evaluation of Patient Care

A peer review physician provided through a contract with Washington Hospital Services performs peer review for adequacy and appropriateness of care, based on a list of fall out triggers of Emergency, Outpatient, and Inpatient charts quarterly. Findings are presented to the full medical staff for discussion and review. In addition to cases identified via a trigger, the hospital's Risk Manager, along with the ED Medical Director, Clinic Medical Director and Chief of Staff refer individual cases to the peer review physician for further review. Those are then presented to the medical staff for review and discussion.

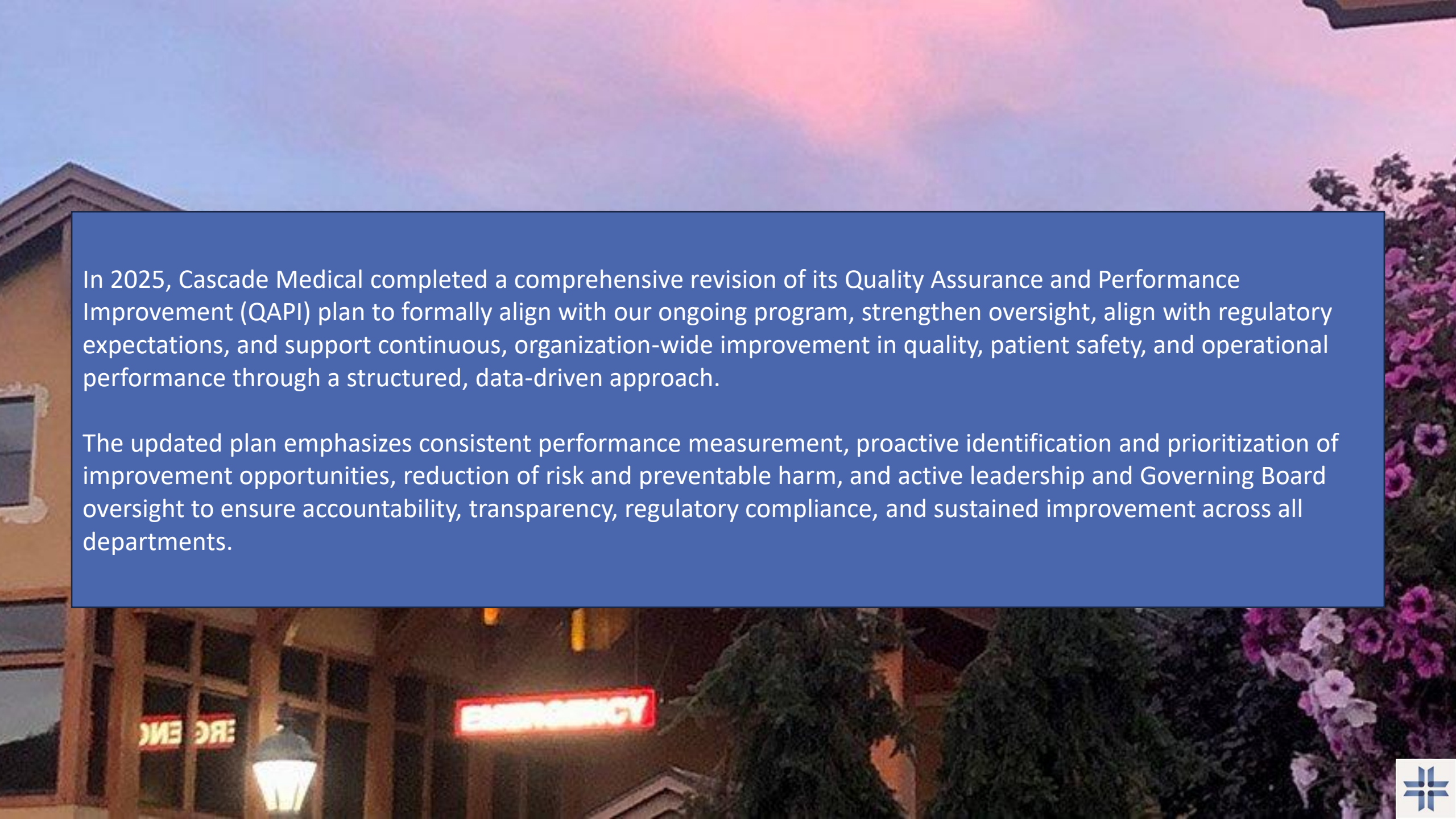
Advanced Practice Provider Patient Care Review

All cases seen in the Emergency Department by advanced practice providers are reviewed by a physician who signs off on all diagnoses and treatment notes for these cases within 72 hours of the patient visit. There are also an established set of "rule out" diagnoses for which the advanced practice providers consults with a physician at the time of service. All cases are deemed appropriate in diagnosis and treatment by reviewing physicians.

Policy and Procedure Review

Facility-wide policies needing periodic review and approval by the Board of Commissioners are presented and approved by the Board annually. Departmental policies are updated and completed using a policy tracking software system. In 2025, Cascade switched from PolicyTech to MCN Health for this service.

Quality Assessment and Improvement Program

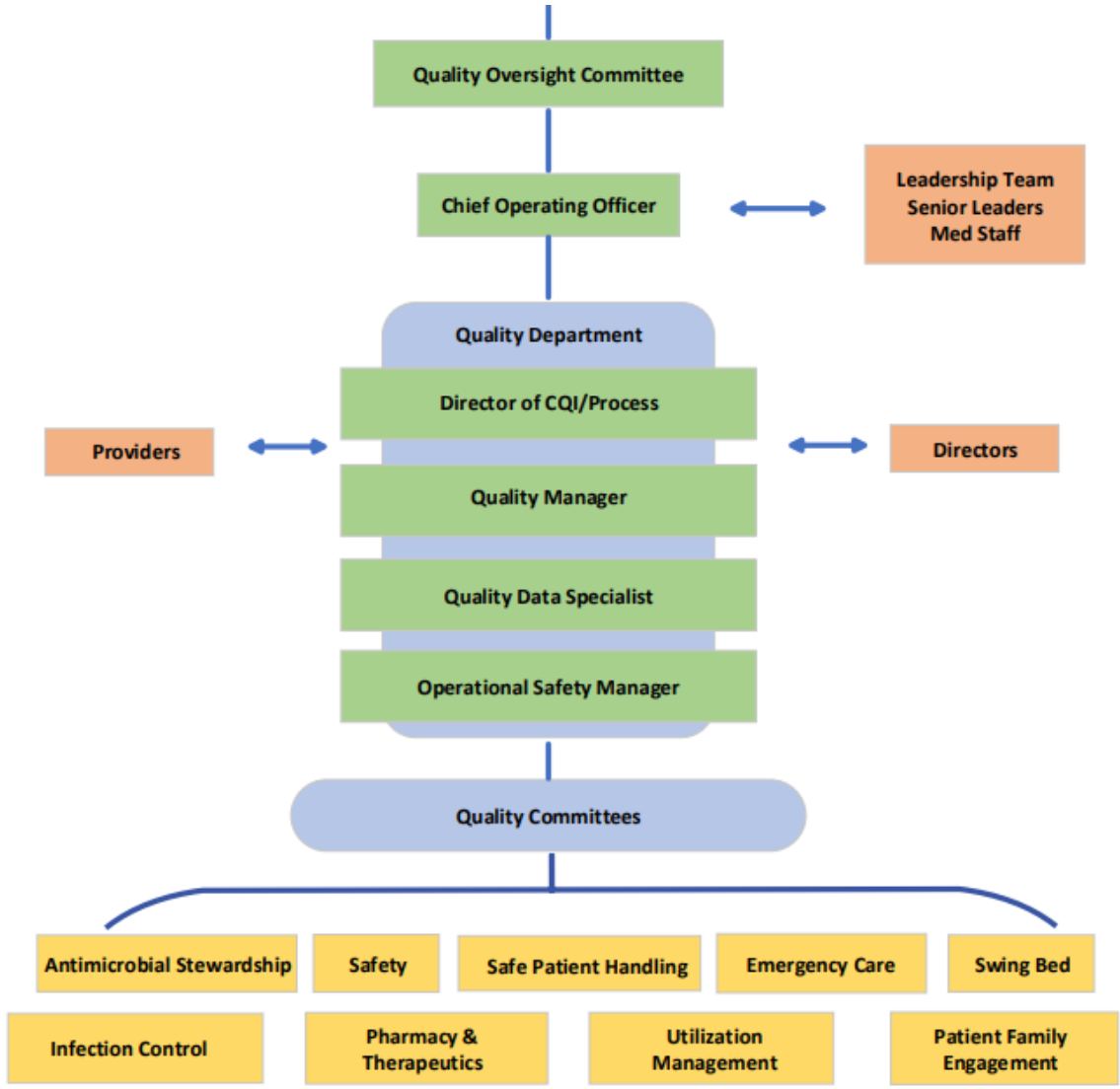


In 2025, Cascade Medical completed a comprehensive revision of its Quality Assurance and Performance Improvement (QAPI) plan to formally align with our ongoing program, strengthen oversight, align with regulatory expectations, and support continuous, organization-wide improvement in quality, patient safety, and operational performance through a structured, data-driven approach.

The updated plan emphasizes consistent performance measurement, proactive identification and prioritization of improvement opportunities, reduction of risk and preventable harm, and active leadership and Governing Board oversight to ensure accountability, transparency, regulatory compliance, and sustained improvement across all departments.

Quality Structure

- Performance monitoring and improvement functions are carried out by individuals, departments, and committees. Alignment and integration between those responsible are created by well-defined areas of oversight with documented standard work, diagrammed and defined interactive relationships, and transparency into all data and activities.
- A new Quality Department structure was defined and approved in 2025, recognizing the addition of a new organizational role, Quality Data Specialist.



Notable Program Achievements

Notable Achievements 2025

- Clinic construction complete, making staff workspaces and patient room workflows more efficient in support of Team Based Care
- Expanded service line offerings with the addition of weekly, onsite MRI.
- Expanded service line offerings with the addition of a second day/week for onsite Ultrasound.
- Hospital DOH Survey complete. Plan of correction approval received.
- Initiated focused quality projects and performed Board Quality Rounding with: Endoscopy, Mobile Integrated Health, Business Services, Infection Control, Lab, and Operational Safety.
- Clinic DOH Survey complete.
- Implementation of new policy software for all of Cascade Medical.
- Stood up Hospital Incident Command System for weather related emergency.
- Graduated 12 students through the CNA Apprenticeship Program, in collaboration with Mountain Meadows.
- Holiday party for all of Cascade Medical!
- Cascade Medical Board member and Quality Department member asked to speak at the WSHA Rural Hospital Leadership Conference.
- Welcomed a new member to the Quality team as the Quality Data Specialist.
- Welcomed a new board member to the Quality Oversight Committee.
- Received the WSHA CAH Achievement of Quality Excellence Silver Award.
- Enhanced data accessibility through optimization of Meditech reporting modules.
- Completion of annual Health and Safety Fair.
- Participation in North Central Regional Falls Prevention, offering education and resources to our community.
- Participation in the Arrive Alive Event for high school students.

Board of Commissioners Talking Points

- Expanded rehab access: significantly reduced PT wait times, plus early morning and Saturday hours to meet growing demand.
- Easy access to care with plenty of same-day appointments and options for new patient (establish care) visits.
- Saturday clinic hours extended from 8 a.m.–12 p.m. to 8 a.m.–3 p.m., with continued growth in utilization.
- Justin Stoltzfus, FNP-BC, joined Family Medicine in January 2026. He brings experience in multi-generational care and would like to implement this model at CM, offering back-to-back appointments for whole families for added convenience.