



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday June 24, 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
	<ul style="list-style-type: none"> • Consent Agenda 5:00 Shari Campbell <p>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.</p> <ul style="list-style-type: none"> • Meeting Agenda • May 27, 2026 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10128497 – 10128578	05/20/2026 – 06/16/2026 \$ 309,493.92
	Accounts Payable EFT Transactions:	20260066 – 20260074	05/20/2026 – 06/16/2026 \$ 541,110.09
	Accounts Payable ACH Transactions:	EP15380 – EP15405 ; EP15431 – EP15456 ; EP15472 – EP15515 ; EP15544 – EP15598	05/20/2026 – 06/16/2026 \$ 547,828.13
	Payroll EFT Transactions:	31387 – 32061	04/11/2026 – 05/19/2026 \$ 1,645,742.65
	<ul style="list-style-type: none"> • Bad Debt: May 2026 		
III.	Community Input	5:00	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
IV.	Introduction: Glenn Adams, Chief Operating Officer	5:05	Glenn Adams
V.	Foundation Report	5:10	Rich Adamson
VI.	Public Hearing: RCW 70.44.300, Sale of Surplus Real Property	5:15	Commissioners
VII.	CM Values	5:25	Diane Blake
VIII.	<u>Committee Reports</u>	5:30	
	a. Governance Committee		Shari Campbell
IX.	<u>Discussion</u>	5:40	Diane Blake
	a. Master Facilities Plan Update		
X.	<u>Action Items</u>	6:05	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve Resolution 2026-08: Surplus Scope Disinfecter		
	c. MOTION: Approve Endoscopy Equipment		
XI.	May 2026 Financial Report	6:15	Marianne Vincent
XII.	Administrator Report	6:25	Diane Blake
XIII.	Board Follow Up Items / Meeting Evaluation / Commissioner Comments	6:45	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
XIV.	Executive Session: RCW 42.30.110(c)	6:50	Commissioners
XV.	Adjournment	7:20	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non Open Public Meetings)	Location	Time
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 8, 2026	Q3 Open Forum		ABC Room	12:30 PM – 1:00 PM
September 9, 2026	Q3 Open Forum		ABC Room	12:00 PM – 12:30 PM
September 10, 2026	Q3 Open Forum		ABC Room	11:30 AM – 12:00 PM
September 11, 2026	Q3 Open Forum		ABC Room	12:00 PM – 12:20 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 1, 2026	Board Retreat, Day 1		Sleeping Lady	TBD
October 2, 2026	Board Retreat, Day 2		Icicle Village Resort	All Day
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 2, 2026	Q4 Open Forum		ABC Room	12:30 PM – 1:00 PM
December 3, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 PM
December 4, 2026	Q4 Open Forum		ABC Room	11:30 AM – 12:00 PM
December 5, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 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 June 24, 2026

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

- **Consent Agenda** – 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.
- **Public Hearing, Sale of Surplus Property**
 - As a public entity, we are required to hold a hearing and receive public comment related to the sale of the recently acquired river property. As you may recall, the Board voted to surplus the property in April, and we have since been preparing to list the property for sale. This time on the agenda is intended for public comment related to that planned sale. During this portion of the meeting, management will provide a very brief refresher on the factors leading to the planned sale, and then our Board President will open the public hearing to receive comments specifically related to the proposed property sale. No documents are included in your packet for this topic.
- **Committee Reports**
 - Governance Committee – Included in your packet is the agenda from the most recent meeting, to inform Shari’s report. Additional informational items included in the packet to support the report include the Board’s annual objectives and annual education plan.
- **Discussion**
 - Master Facility Plan Update – No documents are included in your packet for this item. Management will walk through a presentation of what has occurred since the May meeting and touch bases on what comes next in this work.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Resolution 2026-08 – Included in your packet is a resolution to surplus an automatic scope disinfecter. As a reminder, state law requires Board approval to surplus District assets such as these prior to disposal.
 - Approve Endoscopy Equipment – Included in your packet is an SBAR requesting approval for the purchase of two pieces of endoscopy equipment. These two items are part of the bundle of equipment the Foundation will be purchasing, and, because of their cost, require Board approval to move forward with the purchase.
- **May 2026 Financial Reports** – Included in your packet are the financial reports, to inform Marianne’s report.

- **Executive Session** – No documents will be included in your packet for this item; we'll utilize the executive session to review the independent property valuations and discuss sales pricing / listing the river property.

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.
- Below are proposed dates and times from which to choose for the next Board Quality Rounding. The intent is that attendees and a final date and time will be decided during the Board Follow Up Items section of this meeting. This list of proposed dates is included to simplify the work of scheduling; please come prepared to know which dates may work for you.
 - Tuesday, July 7th 8-10:30 (two-hour window during this time frame) **preferred*
 - Thursday, July 9th 8:30 - 10:30 **preferred*
 - Tuesday, July 14th 10 - 12
 - Wednesday, July 15th 10 - 12



Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
May 27, 2026

- Present:** Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Diane Blake, Chief Executive Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director Rural Health Clinic; Megan Baker, Executive Assistant
- Guests:** Kathy Jo Evans, Accounting Director; Kyle Archbold, Director of Rehab Services; Mike Stanford, EMS; Kami Matzek, CPA, DZA

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Shari Campbell called the meeting to order at 5:00 PM and then Jessica led the Pledge of Allegiance.
Consent Agenda	<ul style="list-style-type: none"> Cary moved to approve the consent agenda; Jessica seconded the motion; motion unanimously approved.
Community Input	<ul style="list-style-type: none"> None
Introduction: Kyle Archbold, Rehab Director	<p>Diane Blake introduced Kyle Archbold.</p> <ul style="list-style-type: none"> Kyle is a speech-language pathologist with experience across a variety of care settings, including rural healthcare. He recently joined Cascade Medical from Montana, and the team is pleased to welcome him.
2025 Financial Audit Presentation	<p>Kami Matzek, CPA provided the presentation.</p> <ul style="list-style-type: none"> Kami Matzek, CPA, presented the 2025 audit results, noting an unmodified (clean) opinion with no findings. Overall, Cascade Medical experienced strong financial performance in 2025. Cash balances increased, reflecting improved operational cash flow. Net patient service revenue grew by 12.5%, driven primarily by Medicare and commercial insurance, as well as increased activity in swing bed, ambulance, lab, and radiology services. Total operating revenue increased by 10%, while operating expenses rose 11.5%, largely due to salaries, wages, and employee benefits, which comprise approximately 63% of total expenses. The organization reported a positive change in net position of nearly \$2 million. Key financial indicators remain strong, including a total margin of 5.2% (within the target range of 3–6%), 190 days cash on hand, and a current ratio of 5.4. No new debt has been incurred in the past two years. Additional audit highlights include stable accounts receivable metrics, consistent contractual adjustments, and manageable bad debt levels, with continued opportunity to shift more bad debt into charity care classifications. Staffing levels increased to 140 FTEs, with corresponding growth in revenue per FTE. The auditor reported no issues with internal controls or compliance, no difficulties during the audit process, and no disagreements with management. Key estimates within the financial statements include contractual adjustments, doubtful accounts, and third-party settlements. Leadership expressed appreciation for the finance team’s consistency and strong stewardship. Additional recognition was given to clinical teams for exceptional collaboration and performance during high-demand periods.
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> Diane shared a note from the Emergency Department recognizing an exceptionally busy day that was managed with professionalism and teamwork. Appreciation was extended to Emergency Department, Acute Care, Lab, and EMS staff for their collaboration and support in caring for a surge of injured bikers on an already high-volume day.
Committee Reports	A. Part-time Resident Advisory Council (PTRAC)

	<p>Shari Campbell provided the report.</p> <ul style="list-style-type: none"> • Council discussion reflected strong patient experiences related to access, responsiveness, and care coordination, while also identifying opportunities to improve awareness of services and address barriers for part-time residents. Parking remains a challenge impacting patient access, staff operations, and the broader community. Future messaging will focus on addressing immediate parking needs while reinforcing a long-term vision for service expansion and community benefit. <p>MOTION: Approve PTRAC Member Appointments</p> <ul style="list-style-type: none"> • The council appointed a new president, Jim Elliott, and Vice President, Jane Mounsey. • Jessica made a motion to appoint PTRAC members to new terms. Cary seconded and the board unanimously approved. <p>B. Medical Staff</p> <p>Shari Campbell provided the report.</p> <ul style="list-style-type: none"> • At the May Medical Staff meeting, Shari shared that the Board appointed Julie Pankow and reaffirmed support for administration’s swift action in securing the new property. Diane provided an update on the implementation of a new AI scribing tool in the clinic and emergency department, including considerations for obtaining and documenting patient consent. Discussions are ongoing regarding best practices for capturing and retaining consent for AI use during patient visits. Kyle Archbold was also introduced and presented an overview of rehabilitation service access and patient volumes. <p>C. Community Outreach and Awareness</p> <p>Shari Campbell provided the report.</p> <ul style="list-style-type: none"> • The committee discussed the addition of a potential new member. Significant time was dedicated to reviewing the homework assignment provided by Katie, focused on community and patient perceptions of CM. The group also reviewed and discussed social media metrics, messaging related to next steps for the master facility plan, upcoming outreach opportunities, and Q2 talking points. <p>D. Quality Oversight Committee</p> <p>Jessica Kendall provided the report.</p> <ul style="list-style-type: none"> • The Executive Leadership Team identified four key data priority areas for the Quality Committee to focus on in 2026. In addition, the committee will be notified of outliers as they arise throughout the year, rather than waiting for year-end reporting. A quality and safety messaging framework was also developed for commissioners, emphasizing a more narrative approach.
<p>Discussion</p>	<p>A. Master Facility Plan Update</p> <p>Diane Blake led the discussion.</p> <ul style="list-style-type: none"> • Diane provided an update on Master Facilities Planning efforts to date in 2026. Since the April Board meeting, CM has reached an agreement with the tenant regarding patio space, initiated preparations for asset disposition, engaged appraisers for valuation of the river property, met with financing experts to begin preparations for financing a future expansion. • A high-level timeline of next steps was outlined through Q1 2027, including stakeholder communications, defining project scope, preparing a request for proposals for architectural services, and prioritizing financing strategies and related education.
<p>Action Items</p>	<p>MOTION: Approve Credentialing</p> <ul style="list-style-type: none"> • Credentialing Candidates: <ul style="list-style-type: none"> ○ Mara Merritt, DO ○ Caylon Haggard, PA-C ○ Bradley Youngers, PA-C • A motion was made by Dr. Knight to approve the updated candidate list, seconded by Jessica, and unanimously approved.

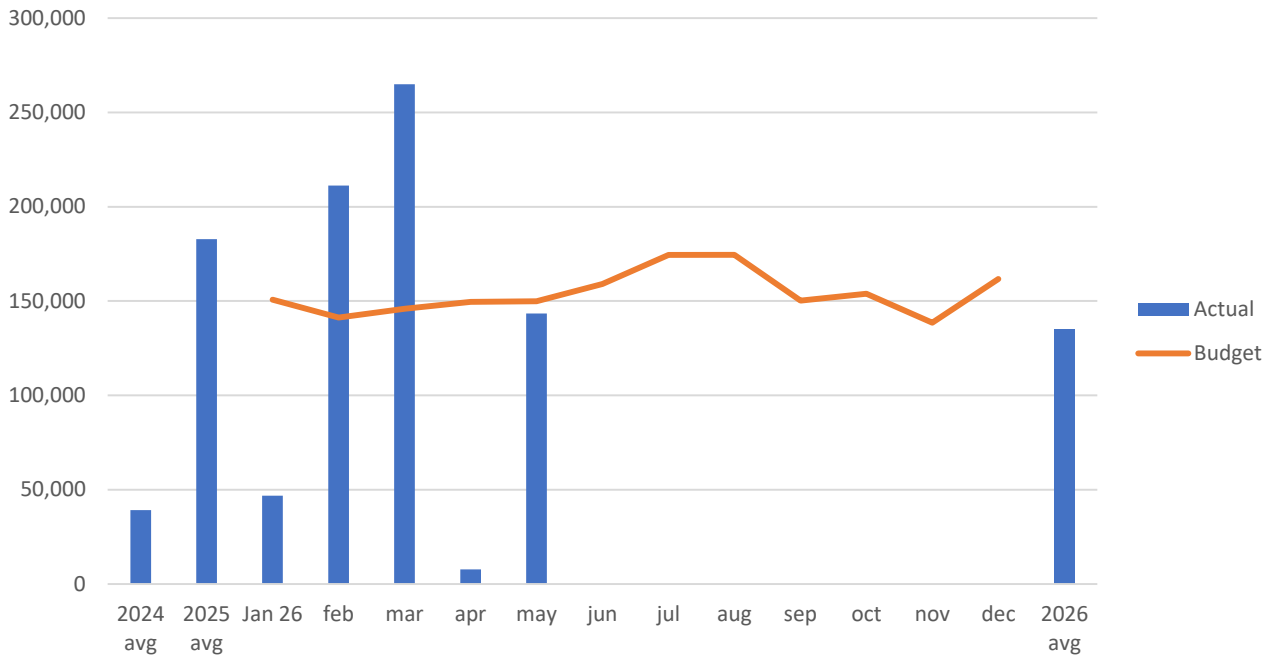
	<p>MOTION: Community Appointments to Board Committees</p> <ul style="list-style-type: none"> Shari made a motion to appoint Cindy Rudolph, community member, to the Community Outreach and Awareness Committee. Dr. Knight seconded and the board unanimously approved. <p>MOTION: Approve Resolution 2026-07: Surplus Ambulances and Equipment</p> <ul style="list-style-type: none"> A motion was made by Shari to approve the surplus of ambulances and equipment, seconded by Julie, and unanimously approved.
Break	The group took a break at 6:35 PM and resumed at 6:50 PM.
April 2026 Financial Report	<p>Marianne led the report.</p> <ul style="list-style-type: none"> Year-to-date variance is \$817K behind budget, driven in part by gross revenue variances and particularly lower CT volumes that are partially attributed to decreased clinic referrals. Variations also reflect higher recruiting and professional fees related to COO recruitment and consulting support. Cash collections were strong for the month at \$5.4M compared to a \$4.1M budget, with year-to-date collections slightly ahead of budget. Days in net accounts receivable are trending down as anticipated following year-end close. Progress continues on key initiatives, including the 340B program transition and Medicare cost report, with approximately \$645K in expected cash later this year for our Medicare cost report settlement. Efforts are ongoing to address Medicare Advantage plan alignment through our participation in the The Rural Collaborative. The rehabilitation department is exceeding volume expectations and has achieved a positive margin. Overall financial indicators remain stable, including workforce levels and employee benefit investments. The employee benefit costs per employee have continued to rise and are compounded by our benefited employees that receive full-time benefits while working less than 1.0 FTE. Appreciation was extended to Kathy Jo for cross-training and support.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> Recruitment Update: Dr. Paul Lee has accepted the Emergency Department physician and Medical Director role. He will be onsite Friday to begin orientation, with his first shift in June. Appreciation was extended to Dr. Jerome for his service as Interim Emergency Department Medical Director over the past year, and for his leadership, commitment, and thoughtfulness during this period. Recruitment continues for a full-time Clinic Medical Director and physician, with efforts being adjusted to support this search. CM also recently hosted a third-year resident and plans to maintain engagement as he completes his training. Chief Operating Officer: CM is pleased to welcome Glenn Adams, who will begin full-time on June 10. Gratitude: Appreciation was shared for the Behavioral Health team, including Dr. Moholy and Aisha Houghton, MSW. CM will also welcome two student rotations in the fall as part of continued workforce development efforts. Scaled Health: New VFCIO, James Watkins, will begin onboarding in June. Dermatology Update: Dr. Seguin will begin seeing patients in June. Rural Health Transformation Program: Cascade Medical will receive no-cost support from the Rural Collaborative for chargemaster work, aligned with planned initiatives. The contract has been approved by the state. Additional WSHA funding is anticipated, though a contract has not yet been finalized Healthcare Week: Recognition was given to Melissa for a successful Healthcare Week kickoff, beginning with a well-attended Saturday event and continuing throughout the week. AHA Regional Policy Board: Diane will attend the near-quarterly meeting in Portland, OR next week. Compact Work Group: The inaugural meeting was well attended, productive,

	and reflected strong alignment and a shared vision among participants.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	<ul style="list-style-type: none"> • Please check your email and calendars, let Megan know if you want to attend meetings. • Shari and Megan are working to revise the New Commissioner Orientation manual.
Adjournment	<ul style="list-style-type: none"> • Shari adjourned the meeting at 7:43 PM.

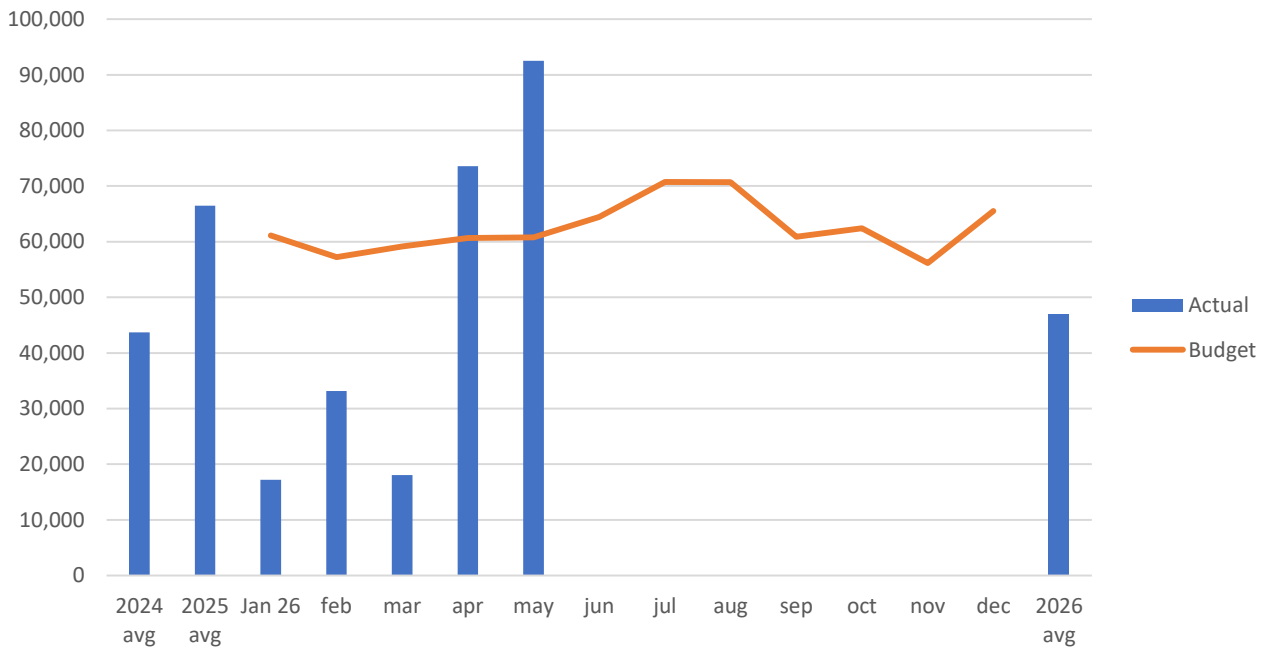
Shari Campbell, President

Jessica Kendall, Secretary

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts



Cascade Medical
 Bad Debt Write Offs
 Financial Assistance Program Discounts

Month May, 2026

Net Bad Debt Write-Offs for Board Approval	\$	143,399.56
CFSP/Financial Assistance Program Discounts for Board Approval	\$	92,491.36

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	184,594.05
	less: pullback from Agency due to receipt of payments	(41,194.49)
	Net Bad Debt Write-Offs	143,399.56
CFSP/Financial Assistance Applications - Discounts Approved	\$	92,491.36
Total		235,890.92



AGENDA

Board Governance Committee

June 16, 2026

2:00 PM-4:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	2:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">• June 16, 2026 Agenda• April 15, 2026 Minutes	2:00 PM
Committee Work		
1.	Review policies: <ul style="list-style-type: none">• New Commissioner Orientation Policy	2:00 PM
2.	Board future / succession planning: <ul style="list-style-type: none">• Check in on new commissioner participation, including orientation progress• Discuss Board chair check-in feedback• Check-in on progress of 2026 Board annual objectives• Review education plan, with focus on calendaring financing education	2:10 PM
3.	Check-in on Board retreat planning <ul style="list-style-type: none">• Shape agenda, content / topics / plan for both days:<ul style="list-style-type: none">○ October 1 @ Sleeping Lady Resort○ October 2 @ Icicle Village Resort	2:25 PM
4.	Define what we're looking to solve with a Board portal and discuss researched options	2:55 PM
5.	Check in on Mission and Vision work and ensure structure / plan exists for appropriate Board involvement	3:20 PM
6.	Check in on periodic review process for CEO	3:35 PM
7.	Discuss long-term plan for Part-time Resident Advisory Council, if time allows	3:45 PM
8.	Set next meeting date	3:55 PM
Adjournment		
1.	Adjournment	4:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from April 15, 2026 meeting
- Policy: New Commissioner Orientation
- Governance PPT presentation from 2025 Chelan conference (to consider in place of other board materials in new commissioner orientation document)
- Julie Pankow's updated orientation checklist
- Board 2026 annual objectives
- Board education plan
- Board portal discussion guide
- Mission / Vision plan framework



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	Presentation by Chuck Zimmerman
April 22, 2026	ABC Room		
May 27, 2026	ABC Room	Finance	Via presentation of audited financials
June 24, 2026	ABC Room		
June 28 – July 1	Chelan	Rural Healthcare & Leadership	WSHA & AWP/PHD Conference
July 22, 2026	ABC Room	PHD Project Financing Options	
Sept 23, 2026	ABC Room	Strategic-level Finance	Consider in advance of Sept budget report and consider WSHA Finance II education short
October 1, 2026	Sleeping Lady	Mission Work	Board Retreat
October 2, 2026	Icicle Village Resort	Master Facility Plan	Board Retreat
October 28, 2026	ABC Room		
November 18, 2026	ABC Room		
December 16, 2026	ABC Room		

2026 Topics:

- Q1: OPMA Refresher
- Q2: Public Hospital District Financing
- Q3: Strategic-level Finance, Board Retreat
- Q3 or Q4: 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 Sheriff’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
- 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
- Hospital Finances 101: Payer Overview & Payer Methods
- Hospital Finances 201: Balance Sheets, Income Statements, & Cash Flow Statements
- Charity Care 101: Areas of Risk, Common Pitfalls, & FAQs
- Charity Care 101: Obligations for WA State Hospitals
- Hospital Board's Role in Credentialing & Privileging
- Hospital Board's Responsibility for QAPI & CQIP
- Executive Session
- How to be a High-Functioning Board
- Roles Defined at a PHD
- Serial Meeting – Violation of OPMA
- What Hospital Boards Should Know About Quality Data & Analytics
- Hospital Board's Responsibility in Clinical Measures
- What Washington's \$181M Rural Health Transformation Funding Means for Your Community
- The Board's Role in the New CMS Conditions of Participation for Emergency & OB Services
- Board's Role in State and Federal Regulatory Requirements
- Board's Responsibility for Safety & Quality
- Engaging Your Board in its Role of Safety & Quality
- Procurement for PHDs
- New Hospital Workflows to respond to Federal Changes

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

2026 Board Annual Objectives

2026 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.

Credentialing Approvals

CM Active Privileges (2-years)

- Josh Frank, MD
- Roselynn Gentles, MD
- Maxwell Moholy, PhD
- Andrew Otto, MD
- Alex Pelman, PA-C

CM Provisional Privileges (6-months)

- Paul Lee, MD*
- *Dr. Lee was emergently credentialed due to Verge administrative error.

Teleradiology Active Privileges (2-years)

- Travis Petree, MD

Teleradiology Provisional Privileges (1-year)

- Michael Fortney, MD
- Casey Shumberger, MD

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

RESOLUTION NO. 2026-08

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

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the “District”), relating to the finances of the District; authorizing the surplus of an automatic scope disinfecter.

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on June 24, 2026.

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

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

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

ADOPTED and APPROVED by the Commission of Chelan County Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 24th day of June 2026, the following commissioners being present and voting in favor of this resolution.

Board President, Shari Campbell

Board Vice President, Cary Ecker

Commissioner, Jessica Kendall

Commissioner, Dr. Jesse Knight

Commissioner, Julie Pankow

SBAR: Endoscopy Program Equipment Replacement

Situation

Cascade Medical is preparing to purchase updated Endoscopy Program equipment to ensure continued safe, high-quality diagnostic and therapeutic services for our rural community. The total project cost is \$95,801 after trade-in credit of \$11,650. The purchase will be fully funded by the Cascade Medical Foundation, with no net impact to hospital operating or capital budgets.

Background

The Endoscopy Program provides essential diagnostic and colorectal cancer screening services to patients across our rural service area. The current equipment is aging, with increasing concerns related to image quality, reliability, and maintenance needs. Maintaining modern endoscopy capability is essential for patient safety, timely diagnosis, and continued access to care locally within a Critical Access Hospital setting.

Assessment

The proposed equipment replacement includes the following components which require board approval (budgeted items over \$25,000):

- **CV-1500 Video System Center** – \$38,114
- **CF-EZ1500DL Colonoscope** – \$41,200

Additional supporting accessories, including a monitor and other equipment required for system integration, will be purchased as part of the program upgrade but are below the threshold requiring board approval.

This investment will:

- Improve diagnostic accuracy through enhanced high-definition and 4K imaging capability
- Increase patient safety by reducing risk of equipment malfunction and procedure interruption
- Support more efficient and consistent procedural workflow
- Maintain local access to essential endoscopy services for the community
- Reduce ongoing maintenance risks associated with aging equipment

Recommendation

Approve the purchase of the Olympus CV-1500 Video System Center and CF-EZ1500DL Colonoscope (combined cost of \$79,314) as part of the bundle to upgrade the Endoscopy Program equipment. Replacement cost will be fully funded by the Cascade Medical Foundation, to support patient safety, quality of care, and continued access to essential services in our rural community.

Accompanying Notes for the May 2026 Financial Statements

May Financial Statements –Current Month Summary

The net margin of \$75,000 in May exceeded the budgeted margin of (\$126,000) by \$201,000. Gross revenues of \$4,044,000 were slightly below budgeted revenues of \$4,052,000 by (\$8,000). May operating expenses were less than budgeted by \$22,000.

Revenue and Expense Variances

1. May ED gross revenues were down while volumes were higher than budget, suggesting our billing is lagging on this service.
2. Professional fees were over budget by (\$45,000) in May due to ED Provider Locums.
3. Purchased services were over budget in May by (\$37,000) with annual fire inspection fees, higher than budgeted MRI volumes and related expenses, and Ambulance expenses that will be reclassified to dues and subscriptions to align with where the expenses were budgeted.

Patient Statistics

May was a busy month across most services with volumes greater than budget for most services other than Inpatient services and Clinic volume that were close to budget.

Cash Receipts and Balances

May cash collections on patient accounts were \$101,000 more than budgeted. Overall, cash collections in May fell below budgeted collections by (\$267,000). Cash balances remain well below budgeted balances, largely due to our recent property purchases and our late 2025 Medicare repayment.

Accounts Receivable

Days in Net Accounts Receivable have increased from 41.2 days in April to 44.3 days in May.

Contractual Allowance

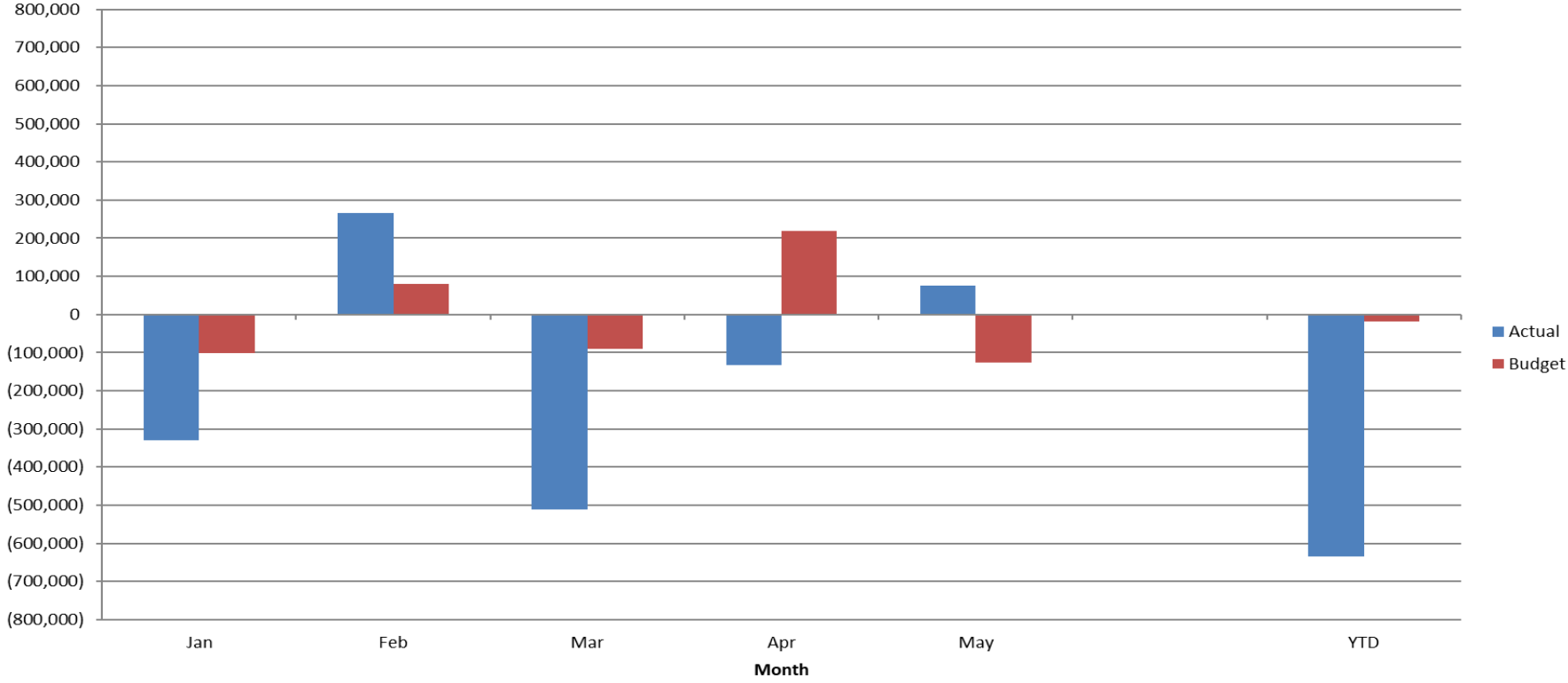
The contractual allowance is at 44%, as we lowered our allowance slightly as a result of allowance rate adjustments following completion of our 2025 Medicare cost report.

Final comments and Upcoming

We are seeing an uptick in our ED volumes as we head into the busier summer season and may see a dip in our Clinic volumes as we await the arrival of two new providers late in Q3 and Q4. We have yet to begin the review of our Chargemaster as we await the release of RHTP funds that will support this work. Work continues to understand financing mechanisms for future plans for the LOGE property purchase and in the meantime, we have had some added expenses related to the ongoing maintenance of the purchased properties.

Cascade Medical

Net Surplus/(Deficit) - 2026



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

000's omitted

YTD May

Net Margin

Actual	(634)
Budget	(18)
	(616)
Better (Worse) than Budget	(616)

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - CT (\$489); SwingBed (\$352); ED (\$334); Acute (\$287); PT \$330	(1,104)
Contractual Allowances	259
	(845)
Other Operating Revenue - SNAP (\$284); Int Inc (\$55); 340b (\$43); Rebates & Ref (\$29)	(432)
Total Operating Revenue	(1,277)

Expenses

Salaries & Benefits - Acute (\$127); Clinic Prov \$176; ED Prov \$153; Clinic \$91	568
Prof. Fees - InfoMat (\$150); HR (\$117); Admin (\$41); Clinic Prov \$63, Acute \$42	(90)
Supplies - Amb \$29; Lab \$27; IT \$19; ER \$18; Clinic \$13	112
Purchased Services/Repairs - MRI (\$26); AMB (\$21); Pharm (\$21); HIM \$(20); Plant (\$20); Acute \$28	(87)
Other Operating Expenses - Depr \$102	159
	662
Total Operating Expenses	662

Non-Operating Revenues & Expenses (1)

Actuals Better/(worse) than Budget (616)

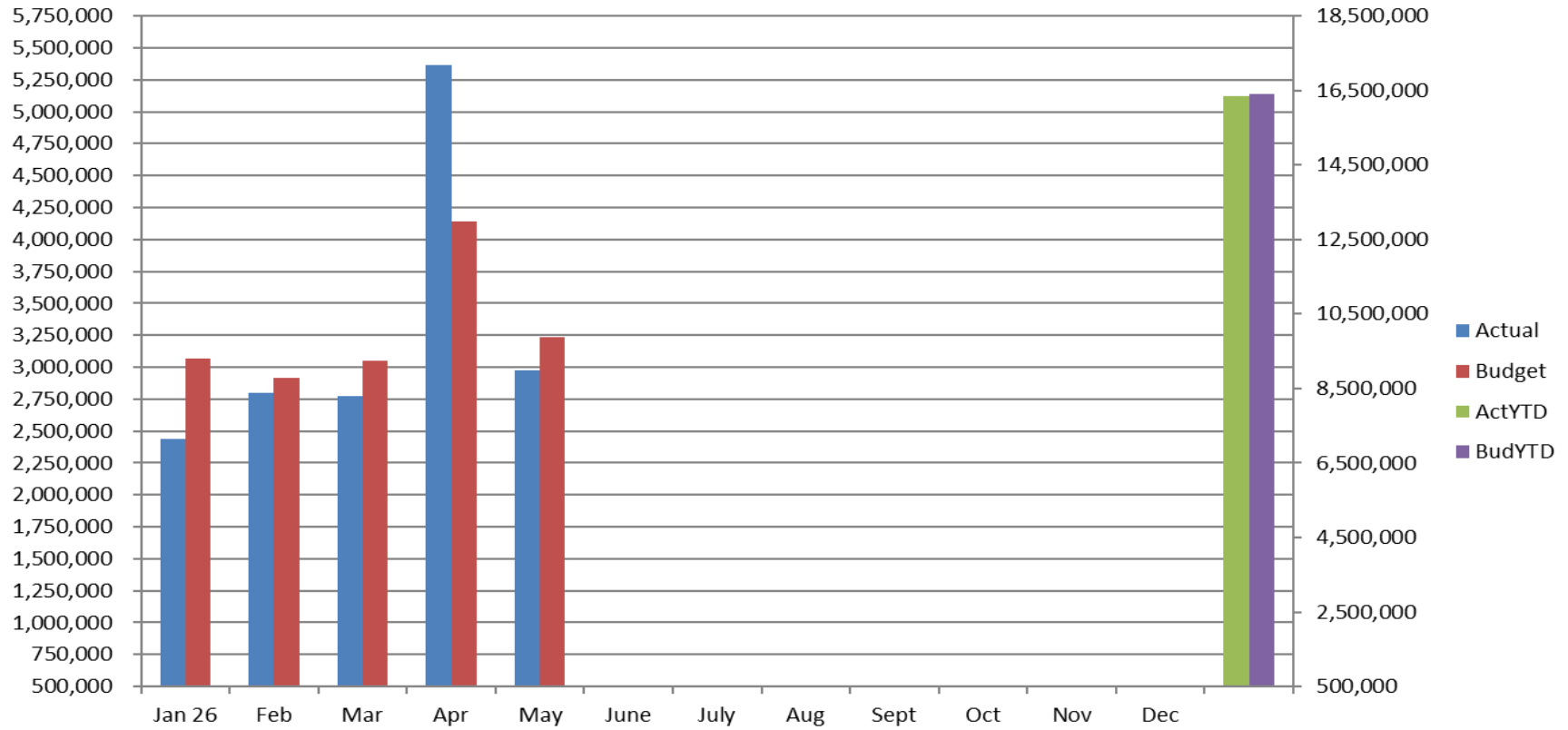
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending May 31, 2026

	----- Current Period -----				----- Year-to-Date -----				Prior YTD
	Actual	Budget	Variance		Actual	Budget	Variance		
Operating revenues									
Net Patient Revenue	2,859,100	2,626,006	233,094	9%	12,627,524	13,472,528	(845,004)	-6%	12,698,804
Grants, Contribs, Other Op Revenue	71,572	127,113	(55,541)	-44%	440,426	872,565	(432,139)	-50%	448,023
Tax Levies, unrestricted	<u>209,770</u>	<u>209,770</u>	<u>-</u>	<u>0%</u>	<u>1,048,850</u>	<u>1,048,850</u>	<u>-</u>	<u>0%</u>	<u>733,810</u>
Total Operating Revenue	3,140,442	2,962,889	177,553	6%	14,116,801	15,393,943	(1,277,142)	-8%	13,880,637
Operating expenses									
Salaries & Benefits	2,092,733	2,150,007	57,274	3%	9,922,154	10,490,193	568,039	5%	9,443,794
Professional fees	260,327	215,499	(44,828)	-21%	1,349,089	1,260,088	(89,001)	-7%	1,003,988
Supplies	160,149	176,207	16,058	9%	746,763	858,426	111,663	13%	733,451
Purchased services	233,181	190,434	(42,747)	-22%	1,065,339	978,700	(86,639)	-9%	931,031
Depreciation	165,962	183,485	17,523	10%	816,615	917,425	100,810	11%	933,387
Other Operating Expenses	<u>247,694</u>	<u>266,388</u>	<u>18,694</u>	<u>7%</u>	<u>1,314,041</u>	<u>1,371,751</u>	<u>57,710</u>	<u>4%</u>	<u>1,220,445</u>
Total operating expenses	3,160,046	3,182,020	21,974	1%	15,214,001	15,876,583	662,582	4%	14,266,096
Operating gain / (loss)	(19,604)	(219,131)	199,527	91%	(1,097,200)	(482,640)	(614,560)	-127%	(385,459)
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	575,660	575,660	-	0%	569,590
Interest expense on bonds	(21,191)	(21,191)	0	0%	(105,954)	(105,955)	1	0%	(116,621)
Other Non-Operating rev (exp)	<u>157</u>	<u>(939)</u>	<u>1,096</u>	<u>-117%</u>	<u>(6,164)</u>	<u>(4,695)</u>	<u>(1,469)</u>	<u>31%</u>	<u>(5,981)</u>
Total nonoperating rev (exp), net	94,098	93,002	1,096	1%	463,543	465,010	(1,467)	0%	446,988
Net Income	74,494	(126,129)	200,623	159%	(633,658)	(17,630)	(616,028)	-3494%	61,529

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

	----- Current Period -----				----- Year-to-Date -----				Prior YTD
	Actual	Budget	Variance		Actual	Budget	Variance		
Operating revenues									
Gross Patient Revenue	4,043,599	4,051,983	(8,384)	0%	18,822,767	19,926,672	(1,103,905)	-6%	17,657,161
less:									
Contractual Allowances	1,021,908	1,215,274	193,366	16%	5,588,188	5,417,955	(170,233)	-3%	4,205,317
Reserve for Bad Debts	96,224	149,923	53,699	36%	472,151	737,288	265,137	36%	544,615
Reserve for Financial Assistance	66,367	60,780	(5,587)	-9%	134,904	298,901	163,997	55%	208,426
Total Deductions from Revenue	1,184,499	1,425,977	241,478	17%	6,195,243	6,454,144	258,901	4%	4,958,358
Net Patient Revenue	2,859,100	2,626,006	233,094	9%	12,627,524	13,472,528	(845,004)	-6%	12,698,804
Grants, Contributions	-	22,000	(22,000)	-100%	48,804	63,000	(14,196)	-23%	39,509
Other Operating Revenue	71,572	105,113	(33,541)	-32%	391,623	809,565	(417,942)	-52%	408,514
Tax Levies, unrestricted	209,770	209,770	-	0%	1,048,850	1,048,850	-	0%	733,810
Total Operating Revenue	3,140,442	2,962,889	177,553	6%	14,116,801	15,393,943	(1,277,142)	-8%	13,880,637
Operating expenses									
Salaries and wages	1,706,377	1,750,659	44,282	3%	8,090,434	8,513,514	423,080	5%	7,658,158
Employee benefits	386,356	399,348	12,992	3%	1,831,720	1,976,679	144,959	7%	1,785,637
Professional fees	260,327	215,499	(44,828)	-21%	1,349,089	1,260,088	(89,001)	-7%	1,003,988
Supplies	160,149	176,207	16,058	9%	746,763	858,426	111,663	13%	733,451
Utilities	34,179	26,738	(7,441)	-28%	149,512	134,087	(15,425)	-12%	131,088
Repairs and maintenance	25,202	19,889	(5,313)	-27%	100,428	97,565	(2,863)	-3%	121,678
Purchased services	207,979	170,545	(37,434)	-22%	964,911	881,135	(83,776)	-10%	809,352
Continuing medical education	6,903	2,875	(4,028)	-140%	21,457	14,375	(7,082)	-49%	3,969
Other expenses	11,303	28,775	17,472	61%	107,171	145,046	37,875	26%	102,947
Dues and subscriptions	102,905	102,606	(299)	0%	543,570	556,145	12,575	2%	490,750
Travel / training / meetings	7,764	24,776	17,012	69%	102,920	119,630	16,710	14%	170,786
Leases and rentals	25,869	28,101	2,232	8%	133,318	140,543	7,225	5%	88,237
Depreciation	165,962	183,485	17,523	10%	816,615	917,425	100,810	11%	933,387
Licenses and taxes	22,669	25,072	2,403	10%	109,979	127,100	17,121	13%	116,380
Insurance	34,777	26,226	(8,551)	-33%	139,484	128,730	(10,754)	-8%	109,657
Interest	1,326	1,219	(107)	-9%	6,630	6,095	(535)	-9%	6,630
Total operating expenses	3,160,046	3,182,020	21,974	1%	15,214,001	15,876,583	662,582	4%	14,266,096
Operating gain / (loss)	(19,604)	(219,131)	199,527	-91%	(1,097,200)	(482,640)	(614,560)	-127%	(385,459)
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	575,660	575,660	-	0%	569,590
Interest expense on bond financing	(21,191)	(21,191)	0	0%	(105,954)	(105,955)	1	0%	(116,621)
Gain (loss) on disposal of equipment	-	-	-	0%	-	-	-	0%	-
Investment income	1,926	830	1,096	132%	2,683	4,150	(1,467)	-35%	2,865
Net of bond premium/amortization	(1,769)	(1,769)	(0)	0%	(8,846)	(8,845)	(1)	0%	(8,846)
CARES Funds	-	-	-	0%	-	-	-	0%	-
PPP Loan Proceeds	-	-	-	0%	-	-	-	0%	-
Total nonoperating revenues (expenses), net	94,098	93,002	1,096	1%	463,543	465,010	(1,467)	0%	446,988
Net Income	74,494	(126,129)	200,623	-159%	(633,658)	(17,630)	(616,028)	3494%	61,529

Cascade Medical 2026 Cash Receipts



Cascade Medical
 Statistics Summary - 2026

	YTD 2025						2026 Act	2026 Bud	Act/Bud	2026 Act	2026 Act	2026 Bud	2026 Bud	Act/Bud
	avg/mo	jan26	feb	mar	apr	may	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	38	22	47	13	8	32	32	33	-3.0%	122	24	173	35	-29.5%
Swing Bed	87	79	79	100	80	77	77	80	-3.8%	415	83	531	106	-21.8%
Laboratory tests	3,333	3,159	3,170	3,608	3,368	3,480	3,480	3,286	5.9%	16,785	3,357	15,648	3,130	7.3%
Radiology exams	359	371	391	414	412	461	461	371	24.3%	2,049	410	1,853	371	10.6%
CT scans	131	138	114	138	97	179	179	144	24.7%	666	133	719	144	-7.4%
ED visits	327	300	291	328	305	419	419	357	17.4%	1,643	329	1,643	329	0.0%
Ambulance runs	67	92	83	79	63	99	99	79	25.3%	416	83	345	69	20.6%
Clinic visits	1,257	1,244	1,100	1,362	1,438	1,269	1,269	1,273	-0.3%	6,413	1,283	6,258	1,252	2.5%
Rehab procedures	2,311	2,783	2,604	2,675	2,984	3,008	3,008	2,392	25.8%	14,054	2,811	11,272	2,254	24.7%

Patient Statistics

	2025		2 0 2 6										2026		
	YTD Mo Avg		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Admits															
Acute Care	6.4		8	9	2	2	8								5.8
Short Stay	4.2		6	8	5	8	5								6.4
Swing Bed	6.0		4	8	6	7	9								6.8
Respite Care	0.6		-	-	-	-	-								0.0
Total Admits	17.2		18	25	13	17	22								19.0
Patient Days															
Acute Care	38.2		22	47	13	8	34								24.8
Short Stay	6.1		7.3	9.4	5.4	10.0	8.2								8.0
Swing Bed	86.6		79	79	100	80	77								83.0
Respite Care	14.6		-	-	-	-	-								-
Total Patient Days	145.5		108.3	135.4	118.4	98.0	119.2								115.8
Average Length of Stay	8.5			5.4	9.1	5.8	5.4								6.4
Average Patients per Day	4.8		3.5	4.8	3.8	3.3	3.8								3.9
Worked FTEs	-														
FTEs (W/ Non-Working Pay*)	-														
Laboratory (tests)	3,333		3,159	3,170	3,608	3,368	3,480								3,357
Radiology (tests)	300		308	321	340	333	376								336
Mammography (tests)	43		18	33	31	30	35								29
MRI	-		33	24	27	34	32								30
Cardiac Diagnostics	103		105	96	128	95	128								110
CT (Scans)	131		138	114	138	97	179								133
DXA (Scans)	16		12	13	16	15	18								15
PT (services billed)	1,872		2,190	2,044	2,144	2,309	2,305								2,198
ER (visits/procedures)	327		300	291	328	305	419								329
Ambulance (runs)	67		92	83	79	63	99								83
Clinic (visits)	1,257		1,244	1,100	1,362	1,438	1,269								1,283
Occupational Therapy	376		504	487	454	575	596								523
Speech Therapy	28		51	52	59	46	47								51
Cardiac Rehab	36		38	21	18	54	60								38
Endoscopy Procedures	29		33	27	39	-	18								23

REVENUE COMPARISON

	2025		2 0 2 6										2026		
	YTD Mo Avg		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 130,698	\$ 67,260	\$ 205,320	\$ 42,480	\$ 28,320	\$ 120,360									\$ 92,748
Short Stay	21,487	27,204	35,542	21,078	36,911	30,276									30,202
Respite Care	7,700	-	-	-	-	-									-
Swing Bed	234,576	211,654	202,421	285,100	228,080	219,527									229,356
Central Supply	29,783	26,152	33,889	36,969	30,355	36,499									32,773
Laboratory	429,238	434,877	445,929	504,503	448,321	467,925									460,311
Cardiac Diagnostics	32,343	28,752	29,782	39,378	30,709	41,895									34,103
CT	507,259	476,317	417,842	485,429	383,397	657,741									484,145
Radiology	199,584	173,549	203,078	213,423	207,224	237,423									206,939
Mammography	31,013	19,093	25,947	22,751	23,067	26,875									23,547
MRI	-	74,781	75,624	86,189	102,326	95,361									86,856
Pharmacy	103,788	95,850	112,773	71,743	83,353	120,003									96,745
Respiratory Therapy	38	1,287	1,292	1,089	1,094	1,485									1,249
Physical Therapy	223,734	277,877	267,396	285,086	308,864	308,266									289,498
Emergency Room	793,953	686,540	809,728	746,893	943,427	785,699									794,457
Ambulance	233,512	277,650	328,327	331,506	230,186	279,642									289,462
Clinic	363,554	207,513	373,691	488,718	370,751	378,599									363,854
Occupational Therapy	52,137	70,788	70,659	61,973	69,629	99,569									74,524
Outpatient Diagnostic Svcs	100,992	30,324	183,992	167,035	222,435	102,531									141,263
Speech/Contracted Svcs	10,797	13,500	20,401	24,001	19,247	17,949									19,020
Cardiac Rehab	8,105	9,462	5,229	4,482	13,458	14,940									9,514
Wound Care	11,503	(89)		398	(4,312)	(5,429)									(2,358)
Dietary/Contracted Svcs	11,503	4,331	3,955	6,261	8,357	6,462									5,873
Total Patient Revenue	\$ 3,537,295	\$ 3,214,672	\$ 3,852,816	\$ 3,926,483	\$ 3,785,198	\$ 4,043,598									\$ 3,764,553

Increase (Decrease) in Cash and Cash Equivalents
 Cascade Medical Center
 For the Month Ending May, 2026

	<u>May-26</u>	<u>2026 YTD</u>	<u>2025 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,695,716	\$ 13,581,791	\$ 13,172,895
Other receipts	\$ 30,775	\$ 417,152	\$ 215,715
Payments to & on behalf of employees	\$ (1,681,631)	\$ (8,952,911)	\$ (8,455,182)
Payments to suppliers and contractors	\$ (1,027,590)	\$ (5,865,056)	\$ (5,093,457)
Net cash gained / (used) in operating activities	<u>\$ 17,270</u>	<u>\$ (819,024)</u>	<u>\$ (160,029)</u>
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 165,400	\$ 1,708,760	\$ 1,353,339
Noncapital grants and contributions	<u>\$ -</u>	<u>\$ 48,804</u>	<u>\$ 5,882</u>
Net cash provided by noncapital financing activities	<u>\$ 165,400</u>	<u>\$ 1,757,564</u>	<u>\$ 1,359,221</u>
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 51,926	\$ 399,404	\$ 400,172
Purchase of capital assets	\$ (78,609)	\$ (889,269)	\$ (171,138)
Payments toward construction in progress	\$ -	\$ (6,635,256)	\$ (57,243)
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	<u>\$ (26,683)</u>	<u>\$ (7,125,121)</u>	<u>\$ 171,791</u>
<i>Cash flows from investing activities</i>			
Investment Income	<u>\$ 27,040</u>	<u>\$ 191,142</u>	<u>\$ 260,022</u>
Net increase (decrease) in cash and cash equivalents	\$ 183,027	\$ (5,995,440)	\$ 1,631,005
Cash and Cash equivalents, beginning of period	\$ 11,392,822	\$ 17,571,288	\$ 16,244,722
Cash and cash equivalents, end of period	<u><u>\$ 11,575,849</u></u>	<u><u>\$ 11,575,849</u></u>	<u><u>\$ 17,875,726</u></u>

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

	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Actual/Forecast	Budget
	1st Qtr	April	May	June	2nd Qtr	3rd Qtr	4th Qtr	Year End 2026	2026
Cash balance, beginning of period	\$ 17,571,288	\$ 16,709,642	\$ 11,392,823	\$ 11,575,849	\$ 16,709,642	\$ 11,345,965	\$ 10,967,938	\$ 17,571,288	\$ 20,310,484
Cash available for operating needs	\$ 17,352,680	\$ 16,483,508	\$ 10,506,815	\$ 10,592,816	\$ 16,483,508	\$ 10,480,812	\$ 10,067,920	\$ 17,352,680	20,117,679
Cash restricted to debt service, other restricted funds	\$ 218,608	\$ 226,134	\$ 886,007	\$ 983,033	\$ 226,134	\$ 865,153	\$ 900,018	\$ 218,608	192,805
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 7,486,926	\$ 3,399,148	\$ 2,695,716	\$ 2,647,420	\$ 8,742,284	\$ 8,617,440	\$ 8,441,244	\$ 33,287,894	\$ 33,083,305
Grant receipts	\$ 15,999	\$ 32,805	\$ -	\$ 2,000	\$ 34,805	\$ 6,000	\$ 6,000	\$ 62,804	\$ 77,000
Other receipts	\$ 350,483	\$ 35,894	\$ 30,775	\$ 66,538	\$ 133,207	\$ 302,614	\$ 312,614	\$ 1,098,918	\$ 1,233,456
Payments to or on behalf of employees	\$ (4,774,599)	\$ (2,496,680)	\$ (1,681,631)	\$ (1,906,117)	\$ (6,084,428)	\$ (6,619,526)	\$ (5,651,664)	\$ (23,130,217)	\$ (24,685,273)
Payments to suppliers and contractors	\$ (3,537,239)	\$ (1,300,228)	\$ (1,027,590)	\$ (853,829)	\$ (3,181,646)	\$ (2,538,974)	\$ (2,441,320)	\$ (11,699,179)	\$ (10,386,634)
Net cash provided by operating activities	\$ (458,431)	\$ (329,060)	\$ 17,270	\$ (43,988)	\$ (355,778)	\$ (232,446)	\$ 666,874	\$ (379,781)	\$ (678,146)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,067	\$ 284,899	\$ 288,966	\$ 288,966
Taxation for Emergency Medical Services	\$ 10,101	\$ 1,213,338	\$ 120,300	\$ 16,249	\$ 1,349,887	\$ 68,282	\$ 1,054,446	\$ 2,482,716	\$ 2,517,240
Investment Income	\$ 136,956	\$ 27,145	\$ 27,040	\$ 51,330	\$ 105,515	\$ 153,990	\$ 153,990	\$ 550,452	\$ 615,960
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$ 147,058	\$ 1,240,483	\$ 147,340	\$ 67,579	\$ 1,455,403	\$ 226,339	\$ 1,583,335	\$ 3,412,134	\$ 3,512,166
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (557,799)	\$ (6,888,116)	\$ (78,609)	\$ (135,595)	\$ (7,102,320)	\$ (406,785)	\$ (406,785)	\$ (8,473,689)	\$ (1,627,140)
Increase/(decrease) in cash available for operations	\$ (869,172)	\$ (5,976,693)	\$ 86,001	\$ (112,004)	\$ (6,002,696)	\$ (412,892)	\$ 1,843,424	\$ (5,441,336)	\$ 1,206,880
Cash available for operating needs	\$ 16,483,508	\$ 10,506,815	\$ 10,592,816	\$ 10,480,812	\$ 10,480,812	\$ 10,067,920	\$ 11,911,344	\$ 11,911,344	\$ 21,324,559
Taxation for bond prin & int (incl encumbrd M&O)	\$ 7,526	\$ 659,873	\$ 97,026	\$ 9,264	\$ 766,163	\$ 34,865	\$ 316,314	\$ 1,124,868	\$ 1,146,288
Principle & Interest paid on long-term debt	\$ -	\$ -	\$ -	\$ (127,144)	\$ (127,144)	\$ -	\$ (1,029,145)	\$ (1,156,289)	\$ (1,156,289)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 7,526	\$ 659,873	\$ 97,026	\$ (117,880)	\$ 639,019	\$ 34,865	\$ (712,831)	\$ (31,421)	\$ (10,001)
Cash restricted to debt service, other restricted funds	\$ 226,134	\$ 886,007	\$ 983,033	\$ 865,153	\$ 865,153	\$ 900,018	\$ 187,187	\$ 187,187	\$ 182,804
Cash balance, end of period	\$ 16,709,642	\$ 11,392,823	\$ 11,575,849	\$ 11,345,965	\$ 11,345,965	\$ 10,967,938	\$ 12,098,531	\$ 12,098,531	\$ 21,507,363

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - MAY, 2026

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	05/31/2026	05/31/2026 YTD	05/31/2026	05/31/2026 YTD	05/31/2026	05/31/2026 YTD	05/31/205 YTD
PATIENT REVENUE	785,699	3,972,286	279,642	1,447,309	\$1,065,341	\$5,419,595	\$5,137,325
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$457,120	\$2,311,076	\$149,804	\$775,323	\$606,924	\$3,086,399	\$2,935,071
NET PATIENT REVENUE	\$328,579	\$1,661,210	\$129,838	\$671,986	\$458,417	\$2,333,197	\$2,202,254
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$0
TOTAL OPERATING REVENUE	\$328,579	\$1,661,210	\$129,838	\$671,986	\$458,417	\$2,333,197	\$2,202,254
OPERATING EXPENSES							
SALARIES AND WAGES	250,279	919,333	166,550	805,513	\$416,829	\$1,724,846	\$1,822,176
EMPLOYEE BENEFITS	31,128	145,752	47,277	207,830	\$78,405	\$353,582	\$363,086
PROFESSIONAL FEES	55,386	118,678	-	4,400	\$55,386	\$123,078	\$26,200
SUPPLIES	5,704	29,779	5,322	35,694	\$11,026	\$65,473	\$67,328
FUEL	-	-	3,507	13,576	\$3,507	\$13,576	\$9,888
REPAIRS AND MAINT.	3,871	3,871	1,567	18,669	\$5,437	\$22,540	\$38,591
PURCHASED SERVICES	4,145	16,131	18,268	91,802	\$22,413	\$107,933	\$104,923
CONTINUING MEDICAL EDUCATION	7,878	8,702	(575)	18,237	\$7,303	\$26,939	\$8,485
DUES	5,008	7,033	(7,405)	16,640	(\$2,398)	\$23,673	\$21,088
OTHER EXPENSES	284	1,741	959	4,563	\$1,243	\$6,303	\$6,111
LEASES / RENTALS	174	1,332	5,294	34,220	\$5,468	\$35,552	\$22,018
DEPRECIATION	2,581	12,903	19,934	99,671	\$22,515	\$112,574	\$142,055
TAXES AND LICENSES	-	888	-	390	\$0	\$1,278	\$177
INSURANCE	837	4,187	3,359	16,794	\$4,196	\$20,981	\$20,981
OVERHEAD COSTS	187,414	938,192	120,025	600,844	\$307,439	\$1,539,036	\$1,422,077
TOTAL OPERATING EXPENSES	\$554,689	\$2,208,523	\$384,081	\$1,968,842	\$938,770	\$4,177,363	\$4,075,183
MARGIN ON OPERATIONS	(\$226,109)	(\$547,314)	(\$254,243)	(\$1,296,856)	(\$480,352)	(\$1,844,167)	(\$1,872,929)
TAX REVENUE					\$209,770	\$1,048,850	\$733,810
NET MARGIN WITH TAX REVENUE					(\$270,582)	(\$795,317)	(\$1,139,119)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	419	1,643	99	416			
Total Ambulance Runs (includes unbillable runs)			150	605			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	357	1,636	79	335			
Total Ambulance Runs (includes unbillable runs)			112	486			

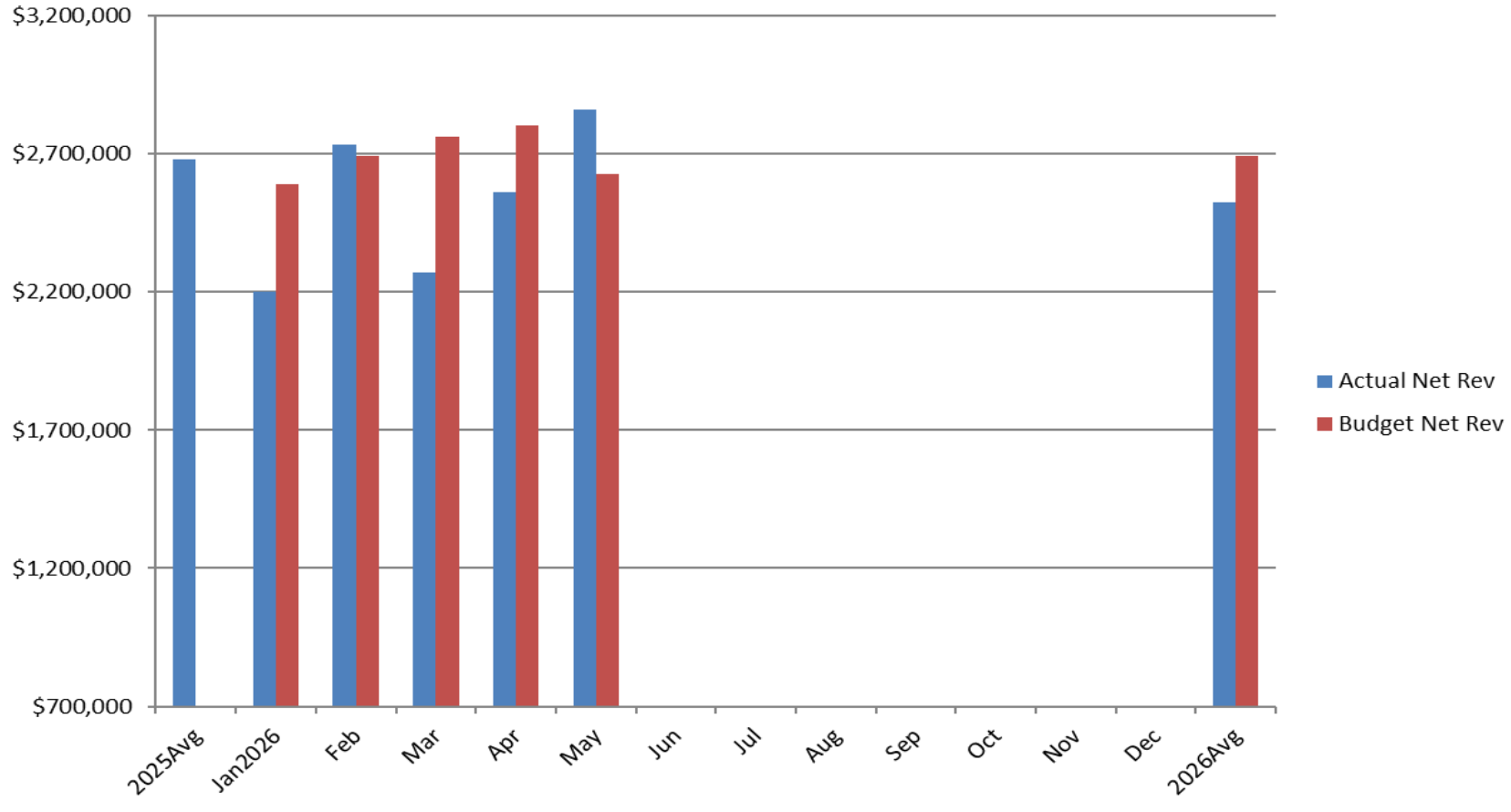
Cascade Medical Center

Balance Sheet

As of May 31, 2026 and December 31, 2025

	May 2026	Dec 2025		May 2026	Dec 2025
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,464,131	1,252,061	Accounts Payable	623,863	607,352
Savings Account	7,841,976	15,762,050	Accrued Payroll	541,545	770,056
Patient Account Receivable	6,641,622	7,063,319	Refunds Payable	(1,087)	-
less: Reserves for Contractual Allowances	(2,936,512)	(3,226,153)	Accrued PTO	1,127,991	1,009,328
Inventories and Prepaid Expenses	336,321	329,797	Accrued SL & SD	936,900	936,900
Taxes Receivable - M&O Levy	(64,804)	15,982	Payroll Taxes & Benefits Payable	(123,732)	80,572
- EMS Levy	(275,801)	17,469	Accrued Interest Payable	127,145	21,191
Other Assets	1,356,785	1,542,368	Current Long Term Debt	907,876	911,072
Total Current Assets	14,363,718	22,756,893	Current OPEB Liability	874,361	894,361
			Short Term Lease	-	-
Assets Limited as to Use			ST Subscriptions	-	-
Cash and Cash Equivalents			Settlement Payable	-	-
Funded Depreciation	66,439	460,201	Total Current Liabilities		
CVB Memorial Fund	1,276	1,275		5,014,861	5,230,832
UTGO Bond Payable Fund	479,809	80,405	Long Term Liabilities		
LTGO Bond Payable Fund	106,579	106,579	Notes Payable	182,251	182,251
Investment Memorial Fund	146,202	144,037	Covid SHIP Funding	-	-
Settlement Account	191,457	188,645	PPP Note Payable	-	-
Paycheck Protection Loan Proceeds	-	-	CARES Act Funds Reserve	-	-
Cash - EMS	1,232,181	188,442	UTGO Bond Payable	3,186,000	3,186,000
	2,223,943	1,169,585	LTGO Bond Payable	3,745,000	3,745,000
Taxes Receivable - Construction Bond Levy	(85,976)	16,854	Deferred Revenue/Bond Premium	69,928	72,267
Total Assets Limited as to Use	2,137,968	1,186,438	Long Term OPEB/Pension Liability	2,542,590	2,542,590
			Long Term ROU Leases	-	-
Property, Plant and Equipment			Long Term Subscriptions	-	-
Land	522,015	522,015	Total Long Term Liabilities	9,725,769	9,728,108
Land Improvements	1,485,893	1,485,893	Total Liabilities	14,740,630	14,958,939
Buildings & Improvements	10,944,297	10,915,993	Fund Balance - Prior Years	17,851,079	17,851,079
Fixed Equip - Hospital	9,377,765	9,362,642	Fund Balance - Current Year	(634,956)	-
Major Movable Equipment Hospital	8,129,108	7,393,948	Total Fund Balance	17,216,123	17,851,079
Construction in Progress	6,645,602	10,346			
Total Property, Plant and Equipment	37,104,679	29,690,838			
Less: Accumulated Depreciation	(23,572,203)	(22,755,588)			
	13,532,476	6,935,250			
ROU Leases					
ROU Leases	39,178	39,178			
Less Accumulated Amortization	(33,736)	(33,736)			
	5,442	5,442			
Other Assets					
Long Term Pension Assets	530,957	530,957			
Deferred OPEB/Pension Costs	1,136,268	1,136,268			
Deferred Bond Costs	249,924	258,770			
TOTAL ASSETS	31,956,753	32,810,019	TOTAL LIABILITIES & FUND BALANCE	31,956,753	32,810,019

Cascade Medical 2026 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable

