CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday November 18, 2026 | 5:00 PM

Arleen Blackburn Conference Room and Zoom Connection

All times listed are approximate 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
- October 28 Board Meeting Minutes
- Policies: Commissioner Compensation

Previous Month's Warrants Issued:	10128904 -- 10128993	10/09/2026 – 11/06/2026	$ 344,585.08
Accounts Payable EFT Transactions:	20260124 – 20260137	10/14/2026 – 11/06/2026	$ 799,776.64
Accounts Payable ACH Transactions:	EP16735 – EP16742 ; EP16750 – EP16793 ; EP16826 – EP16859	10/14/2026 – 11/06/2026	$ 295,185.45
Payroll EFT Transactions:	34540 – 34970	10/14/2026 – 11/06/2026	$ 1,110,315.47

- Bad Debt: October 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.	**CM Values**	5:05	Diane Blake
V.	**Introduction: Dannica Ballard, DO**	5:10	Dannica Ballard, DO
VI.	**<u>Committee Reports / Commissioner Input</u>**	5:15	
	a. Governance (11/9)		Shari Campbell
	b. Quality Oversight Committee (11/16)		Jessica Kendall
	c. Commissioner Input		
VII.	**<u>Discussion / Report</u>**	5:30	
	a. Master Facilities Plan Update		Diane Blake
	b. 2027 Draft Annual Objectives		Diane Blake
VIII.	**<u>Action Items</u>**	6:00	Commissioners
	a. **MOTION**: Approve Credentialing		
	b. **MOTION**: Approve Organizational Succession Plan		
	c. **MOTION**: Approve Replacement Flooring		
	d. **MOTION**: Approve Hospital Generator		
	e. **MOTION**: Approve Resolution 2026-14: Surplus Equipment		
	f. **MOTION**: Authorize CEO to Sign Foundation Agreement		
IX.	**October Financial Report**	6:15	Marianne Vincent
X.	**Administrator Report**	6:25	Diane Blake
XI.	**Board Follow Up Items / Meeting Evaluation / Commissioner Input** Roundtable discussion to evaluate meeting topics, and identify opportunities for meeting improvement.	6:45	Commissioners
XII.	**Adjournment**	7:00	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
December 1, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 PM
December 2, 2026	Q4 Open Forum		ABC Room	12:15 PM – 12:45 PM
December 3, 2026	Q4 Open Forum		ABC Room	11:30 AM – 12:00 PM
December 4, 2026	Q4 Open Forum	Jessica	ABC Room	12:00 PM – 12:30 PM
December 4, 2026	CM Holiday Party		LOGE	TBD
December 9, 2026	Finance Committee	Cary & Julie	Admin Conference Room	10:00 AM – 12:00 PM
December 15, 2026	Community Outreach & Awareness Committee	Shari & Jessica	Admin Conference Room	1:00 PM – 3:00 PM
December 16, 2026	Board Meeting		ABC Room	5:00 PM
January 7, 2027	Special Board Meeting	All	Admin Conference Room	1:00 PM – 3:00 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 November 18, 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. The policy included in the consent agenda has been reviewed by Governance, who recommends it for full board approval.
- **Committee Reports**
    - Governance – Included in your packet is the agenda from the most recent meeting, to inform Shari's report, as well as the 2026 Board education plan and 2026 Board objectives.
    - Quality Oversight Committee – Included in your packet is the agenda from the most recent committee meeting, to inform Jessica's report.
    - Commissioner Input – No documents are included in your packet for this item. This is a new addition to the agenda to provide space for commissioners who wish to share input appropriate for public meetings that may not link directly to other agenda items. As a commissioner's role is focused on strategic leadership and organizational policy, it is particularly appropriate for input to relate to or inform on these strategic topics. Please refrain from bringing forward specific concerns about care or operational issues during this time, should you have them; those specific items are best raised directly through the already established channels.
- **Discussion/Report**
    - Master Facilities Plan Update – No documents are included in your packet for this item. Management will walk through a presentation of what has occurred since the October meeting and touch bases on what comes next in this work.
    - 2027 Draft Annual Objectives – Included in your packet are proposed 2027 organizational objectives for your consideration. These have been updated to reflect discussion from October's board meeting. We will continue to refine these in the coming month. Please share any feedback or suggestions you have as we continue to work toward a final draft for approval in December.
- **Action Items**
    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
    - Authorize CEO to Sign Foundation Agreement – We are required to maintain a mutual agreement with the Foundation for their work. Our usual practice is to renew the agreement every three years. Management and the Foundation have worked to update the agreement, and the Foundation board has approved the minor proposed changes. The updated agreement will be sent via email for your consideration.

- Approve Organizational Succession Plan - Included in your packet is an updated organizational succession plan document. The executive team has reviewed and updated this document. This is a best practice process we go through annually, including presenting it to the board for review and approval.
- Approve Replacement Flooring – Included in your packet is an SBAR to support management's request for Board approval on flooring replacement. While we would typically bring this request to two Board meetings and seek approval at the second meeting, we are seeking approval this first meeting because the flooring project will be paid for by Rural Health Transformation Program (RHTP) funds and both the state and CMS (Centers for Medicare and Medicaid Services) have approved this project. With the tight timelines for the work, it is helpful to have board approval before December.
- Approve Hospital Generator – Included in your packet is an SBAR supporting approval of a generator project. Like the flooring, this project will also be paid for with RHTP funds and has been approved by the state and CMS.
- Approve Surplus Equipment – Included in your packet is a resolution to dispose of surplus property. These items reflect a short list of items CM acquired through the purchase of the LOGE building. We are legally permitted to dispose of these items and utilize them as raffle prizes for staff at our December holiday party. Management is seeking board approval for this purpose; CM would normally invest in items for employee appreciation at this party, and utilizing items of no use to CM but of value to employees for this purpose reflects good stewardship of CM resources.

- **October Financial Report** – Included in your packet are the October financial reports, to inform Marianne's report.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
October 28, 2026

Present: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Diane Blake, Chief Executive Officer; Glenn Adams, Chief Operating Officer; Melissa Grimm, Chief Human Resources Officer; Marianne Vincent, Chief Financial Officer; Whitney Lak, Senior Director Rural Health Clinic; Megan Baker, Executive Assistant

Early Meeting Guests: Cassie Sauer, WSHA President and CEO; Dorothy Nilles, Community Member; Joe Nilles, Community Member; Tom Baranouskas, Community Member

Zoom: Julie Pankow, Commissioner; Mike Stanford, EMS

Topics	Actions/Discussions
Call to Order	• President Shari Campbell called the meeting to order at 5:00 PM and then Jessica led the Pledge of Allegiance.
Consent Agenda	• Cary moved to approve the consent agenda; Jessica seconded the motion; motion unanimously approved.
Community Input	• None
CM Values	Cassie Sauer from WSHA and Shari Campbell presented a values story celebrating Diane's selection as the 2026 Joe Hopkins Memorial Award recipient. • Diane was unanimously selected in recognition of her leadership, creative problem-solving, and dedication to honoring Joe Hopkins' spirit and legacy. Her career reflects a longstanding commitment to rural healthcare and access to care. • Diane exemplifies CM's values of Commitment, Community, and Integrity through her 20-year career at CM, advocacy for rural healthcare, service with RHPB9 and the Community Foundation of NCW, efforts to foster a positive workplace culture, and openness to employee feedback. • Cassie then departed from the meeting.
Q3 Finance Report	Marianne Vincent led the report. • Operating margin is tracking close to budget, approximately $73K. • Pharmacy expenses are above budget, primarily related to the 340B program and the timing of associated expense recognition. • Gross revenue is approximately $1.5M below budget. Purchased Services and Repairs are approximately $143K over budget, primarily related to the LOGE properties purchase. • Cash collections areas approximately $1.3M ahead of projections. • Inpatient volumes increased in September and continued to trend positively in October. • MRI revenue is on track to exceed the service line's annual goal. • Preliminary Medicare Cost Report estimates indicate a potential reimbursement of more than $1M. CM anticipates recording a payable to account for potential repayment obligations. • The 340B program is projected to generate a positive financial contribution this year. • Days in Net Accounts Receivable have increased.
Finance Committee Report	Cary Ecker provided the report. • The committee recognized Marianne for her work compiling the budget. • Members reviewed the financial dashboard and noted positive clinic volumes for September and Rehab Services' progress toward breakeven by year-end. • The committee reviewed long-term planning materials to inform future expansion discussions and recommended developing an investment strategy.

	• The committee supported the Executive Team's proposed 4.5% annual wage increase for non-union staff (union staff have contracts in place).

2027 Budget Hearing: 2nd Reading	Marianne Vincent led the report.
	• Schedule of Changes since September review:
	  o The budgeted net income increased from approximately $2M to $2.8M, reflecting adjustments to wages, volumes, insurance, levies and bonds, miscellaneous expenses, and contractual allowances.
	  o The Capital Budget reflects items anticipated to be funded through the Rural Health Transformation Program (RHTP), reducing the District's overall capital expenditure.
	
	Shari opened the floor for Public Comment at 6:01 PM. There were no comments. Shari closed the floor for Public Comment at 6:02 PM.

Action Item	**MOTION**: Approve Resolution 2026-10: 2027 Operating & Capital Budget • Cary moved to approve the resolution with a 4.5% annual wage increase for non-union staff (union staff already have contracts in place); Jessica seconded. The motion unanimously approved
Break	**The meeting recessed at 6:03 PM and reconvened at 6:28 PM.**

Committee Reports	**A. Board Quality Rounding**
	Cary and Jessica provided the report.
	• Rehab Services: All referrals listed as "priority" or "urgent" will be evaluated within 14 business days from CM receiving referral.
	  o Improvements include new PSR position, waitlist language added to tracking system, and labeling referrals as priority/urgent.
	• Acute Care: Evaluate contributing factors for inpatient stays exceeding 96 hours.
	  o The team established a process to identify and track inpatient stays and began reviewing data.
	
	B. Medical Staff
	Shari Campbell provided the report.
	• The group received updates on the Master Facilities Plan, DNV, informatics and IT leadership, and the Board retreat.
	• Medical Staff reviewed and approved the Professional Practice Evaluation Policy.
	
	C. Community Outreach & Awareness Committee
	Shari Campbell provided the report.
	• Katie provided an update on October's Think Pink awareness efforts and previewed an upcoming community mailer.
	• The group discussed upcoming outreach opportunities, local sponsorships, Q4 talking points, and aligning data collection efforts with the Committee charter.
	
	D. Part-time Resident Advisory Council
	Shari Campbell provided the report.
	• Diane shared industry and Cascade Medical updates.
	• Katie presented the first draft of the mission statement, and members provided feedback.
	• Council members discussed their reasons for participating, emphasizing service, connection, and staying informed about CM, to help with recruitment messaging.
	• The Council will develop a member directory to support communication between meetings.

Discussion / Report	**A. Master Facilities Plan Update** Diane Blake facilitated the presentation. • CM is exploring a feasibility study and architectural work, including options for the project approach. Leadership is also coordinating an initial meeting with USDA to learn about its direct loan program and will advocate for state and federal funding.

	CM continues to commit resources to property management and project advancement. **B. Q3 Organizational Dashboard Review** Diane Blake facilitated the review. • CM's family medicine market share is behind target, reflecting panel cleanup and an unexpected physician departure. • Rehab Services achieved or exceeded breakeven for two consecutive quarters. • Cascade Medical's turnover rate is significantly better than the Washington acute care benchmark, and the improvement spans many areas of work. **C. Draft 2027 Annual Objectives** Diane Blake shared the objectives. • The Executive Team evaluated organizational risks and ranked the Community Health Needs Assessment (CHNA) priority areas. The Leadership Team and Medical Staff then provided input to help identify the priority areas for 2027. • Commissioners provided feedback and asked questions regarding the proposed objectives. The list will be updated and brought back to the November meeting.

Action Items	**MOTION: Approve Credentialing**
	• Credentialing Candidates:
	  ○ Sharon Seguin, MD (CM Provider)
	  ○ Shannon St. Clair (Teleradiologist)
	  ○ Buddy Thompson, MD (Teleradiologist)
	  ○ Karen Phillips, MD (Teleradiologist)
	  ○ Ron Pearson, MD (Teleradiologist)
	  ○ Randall Snyder, MD (Teleradiologist)
	• Dr. Knight made a motion to approve the candidate list, seconded by Jessica, and unanimously approved.
	
	MOTION: Approve Resolution 2026-11: Authorizing the 2027 Regular Property Tax Levy
	• Cary made a motion to authorize the 2027 Regular Property Tax Levy, seconded by Dr. Knight, and unanimously approved.
	
	MOTION: Approve Resolution 2026-12: Authorizing the 2027 EMS Property Tax Levy
	• Jessica made a motion to authorize the 2027 EMS Property Tax Levy, seconded by Dr. Knight, and unanimously approved.
	
	MOTION: Approve Resolution 2026-13: Surplus Equipment
	• Cary made a motion to approve the surplus equipment, seconded by Jessica, and unanimously approved.
	
	MOTION: Accept Offer for Sale of Riverfront Property
	• Dr. Knight made a motion to accept the sale offer of $2,225,000 on the riverfront property, seconded by Cary, and unanimously approved.

Administrator Report	Diane Blake provided the report. • **Moody's Rating:** Moody's downgraded CM's LTGO bond rating, reflecting changes to its assigned risk classification rather than CM's overall financial sustainability. • **Legislative Updates:** The group received updates on legislative issues affecting rural healthcare, including proposed changes to repayment for recurring services and delays in state processing of required hospital reports. CM is exploring options to provide hospital reporting data to WSHA for greater visibility. WellCare, a Medicare Advantage Plan, is exiting the area, and CM will host two informational sessions to help affected patients understand their coverage options. Preparations are underway for the upcoming legislative

	session, with advocacy priorities focused on preventing further healthcare funding cuts and addressing insurer practices, including downcoding and claim denials. • **Recruitment:** Recruitment continues for a full-time Clinic Medical Director and physician. CM is also beginning recruitment for a CFO in anticipation of Marianne Vincent's retirement. • **New Providers:** Welcome again to Dr. Dannica Ballard, who joined end of September and Dr. Dixon, who arrives early November. • **Clinician Compact:** The workgroup has developed a draft compact and will review the second draft in mid-November. It is nearly ready to be shared with the whole team, who will have an opportunity to provide feedback and help shape the final draft. • **Provider Comp Committee:** A new incentive plan has been developed; however, additional data is needed to support implementation, and work continues in this area. • **RHTP:** CM received approval for funding across 14 projects, along with an additional $300K to support specialty service expansion. Recognition was given to Glenn and his team for their work advancing these efforts. • **Foundation:** Kudos to the group who celebrated CM staff with a barbeque earlier this month. • **Mammography:** CM has contracted with a new provider and anticipates a seamless transition without interruption in services.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	• Please let Megan know if you can attend any outreach opportunities. • Jessica will attend Open Forum on 12/4
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g)	• Shari called the executive session to order at 8:10 PM for 30 minutes. • At PM, the group extended the meeting for an additional 15 minutes. • The group exited the executive session at 8:57 PM.
Adjournment	• Shari adjourned the meeting at 8:57 PM.

_____ _____

Shari Campbell, President Jessica Kendall, Secretary

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Board of Commissioners

Commissioner Compensation Policy

PURPOSE:

1. To establish uniform standards on compensable commissioner activities
2. To ensure compliance with RCW 70.44.050
3. To use public resources in appropriate ways
4. To provide an appropriate way to manage the unavoidable conflict of interest when commissioners determine the circumstances of their compensation.

POLICY:

Per RCW 70.44.050, a Commissioner shall receive $161 as compensation for each day in which services are performed as a member of the governing body. Such compensation shall not be deemed lucrative and shall not exceed more than $15,456 per year.

A Chelan County Public Hospital District No. 1 Commissioner will be compensated for the following meeting attendance and services participation:

1. All regular and special meetings of the Board
2. All meetings of committees set forth by the hospital district bylaws or committees established for temporary purpose by majority vote of the Board of Commissioners
3. All administration meetings appropriate for commissioner participation, for example audits or consultant meetings
4. The following regularly scheduled meetings which the board has determined are beneficial for one commissioner to attend:
    a. Medical Staff meetings
    b. Cascade Medical Foundation meetings
    c. Open Forums
    d. Part Time Resident Advisory Committee meetings
    e. Board Quality Rounding (Up to 2 Commissioners per event)
5. A maximum of two community outreach events per month for which Board President seeks commissioner participation, such as City of Leavenworth Community Engagement Nights, community education events, etc.
6. Attendance at WSHA educational conferences or advocacy events with daily compensation for each day or partial day that includes education, a related event, and/or travel to and from the event

Commissioner Compensation Policy

7. Participation in education which can be logged toward achieving Health Care Governance certification
8. One meeting per month either in person or remotely to set either Special or Regular board meeting agenda(s) with the CEO
9. One meeting in advance of each committee meeting to prepare committee meeting agenda with the committee liaison
10. A maximum of two meetings per month either in person or remotely between the Board President and the CEO to conduct hospital business
11. Other days of service not included in this policy may be compensated with approval of the Board President

When more than one meeting or service occurs on the same day, Commissioner will receive the daily rate of pay of $161.

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: November 18, 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	10128904 – 10128993	$344,585.08	10/09/2026 – 11/06/2026 *
Accounts Payable EFT Transactions	20260124 – 20260137	$799,776.64	10/14/2026 – 11/06/2026
Accounts Payable ACH Transactions	EP16735 – EP16742 EP16750 – EP16793 EP16826 – EP16859	$295,185.45	10/14/2026 – 11/06/2026
Payroll EFT Transactions	34540 – 34970	$1,110,315.47	10/14/2026 – 11/06/2026
	Grand Total	$2,549,862.64	

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

* The previous month report captured items issued through 10/13/2026. Warrant #s 10128904 & 10128905 were issued 10/09/2026, subsequent to the completion of the October report.

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

Bad Debt Write Offs
Financial Assistance Program Discounts

Month October, 2026

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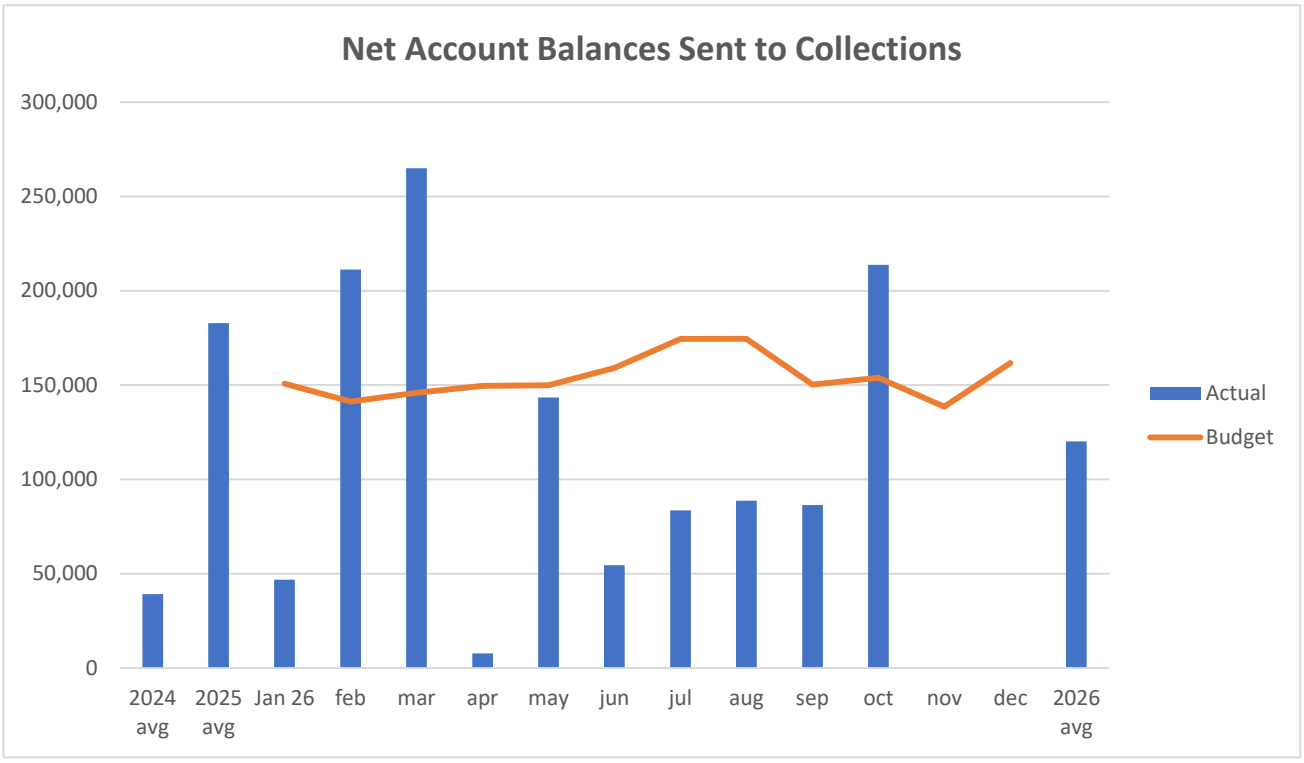
Net Bad Debt Write-Offs for Board Approval	$	213,706.64
CFSP/Financial Assistance Program Discounts for Board Approval	$	39,343.43

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		225,322.40
	less: pullback from Agency due to receipt of payments		(11,615.76)
	Net Bad Debt Write-Offs		213,706.64
CFSP/Financial Assistance Applications - Discounts Approved		$	39,343.43
	Total		253,050.07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250,000
200,000
150,000
100,000
50,000
0
2024 avg
2025 avg
Jan 26
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nov
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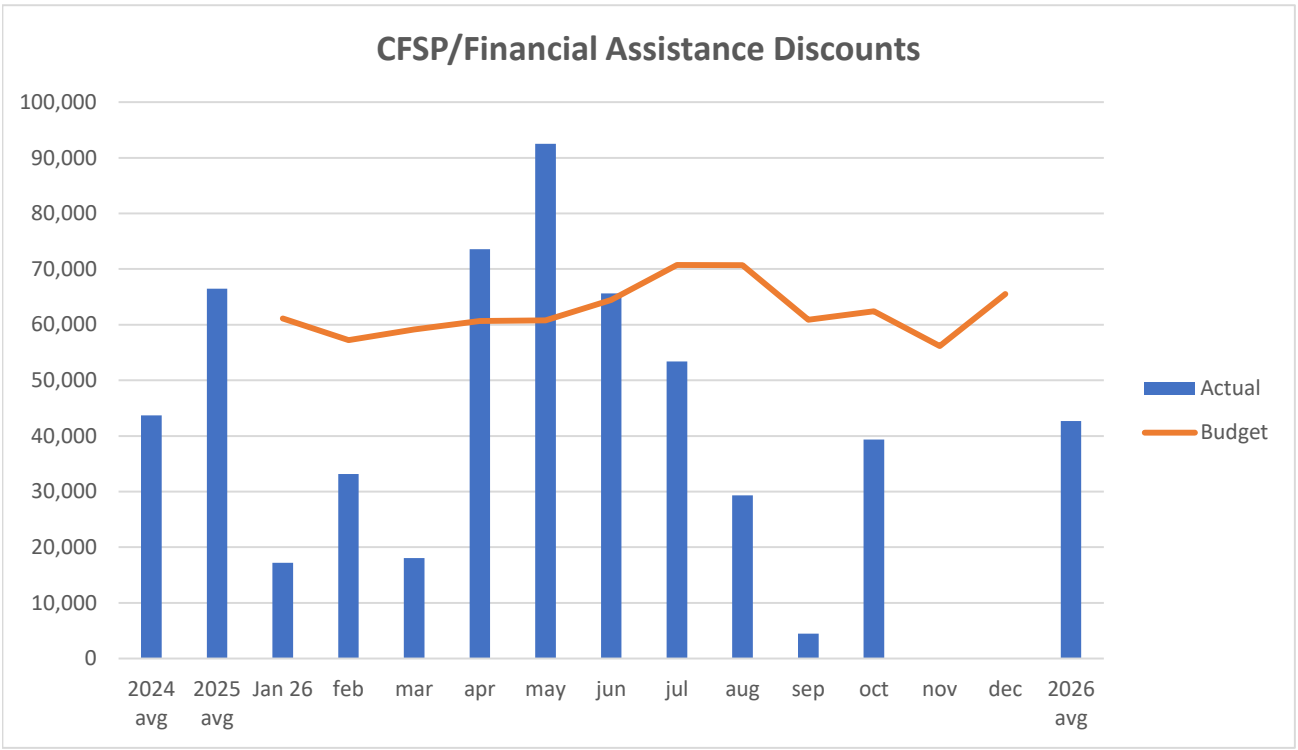
2026 avg
Actual
Budget


CFSP/Financial Assistance Discounts
100,000
90,000
80,000
70,000
60,000
50,000
40,000
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2024 avg
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Jan 26
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2026 avg
Actual
Budget

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Board Governance Committee
November 9, 2026
9:00 AM - 11:00 AM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval • November 9, 2026 Agenda • September 2, 2026 Minutes	9:00 AM
Committee Work		
1.	Review policies: • Commissioner Compensation Policy	9:00 AM
2.	Board Roles / Succession Discussion Topic • The Board has embraced strategies to increase connection to the community through the addition of community members on Board committees; how is this going and is there anything else the board should be focused on for now related to this?	9:05 AM
3.	Committee Discussion • Committee self-evaluation discussion • Review charter, propose updates if needed • Review 2026 workplan for completion & accuracy and prepare for December full report to the Board regarding progress / annual results • Begin to draft 2027 committee workplan, with a focus of continuing to grow the board's facility with strategic work • Check progress on Board's 2026 objectives and begin to develop 2027's	9:15 AM
4.	Board Education Plan • Review 2026 education plan • Begin to develop 2027 Board education plan, with attention to the Board's strategic growth, January/February priorities, and annual conferences	10:05 AM
5.	Review Board pledge and discuss / establish process around regular review	10:20 AM
6.	Finalize timeline and documents for CEO annual review	10:30 AM
7.	Review attendee feedback from October Board retreat	10:45 AM
8.	Set next meeting date	10:55 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

- Minutes from September 2, 2026, meeting
- Commissioner Compensation Policy
- Committee self-evaluation questions
- Governance Committee Charter
- 2026 workplan with completion notes
- 2027 workplan (beginning draft)
- 2026 Board Objectives
- 2026 Board Education Plan
- Draft 2027 Board Education Plan
- Board pledge
- CEO evaluation document / tool
- CEO annual evaluation timeline and process

CASCADE MEDICAL
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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 & AWPHD Conference
July 22, 2026	ABC Room	PHD Project Financing Options	Presentation by Caitlin Caldwell
Sept 23, 2026	ABC Room		
October 1, 2026	Sleeping Lady	Vision Work	Board Retreat
October 2, 2026	Icicle Village Resort	Master Facility Plan / Financing	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 and service line expansion
- Artificial Intelligence and update on CM's progress
- Future / service line planning in context of rural service delivery / needs to serve the community into the future, services offered, particular areas of expertise needed based on demographics
- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- The Board's Role in Health Care Experience (AHA article) and provider and staff engagement
- How to improve at strategic planning/thinking

Last Updated: 11/4/2026

- Finance education, financial risks
- Board's role in organizational succession planning
- Cybersecurity

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.

CASCADE MEDICAL
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A G E N D A

Board Quality Oversight Committee
November 16, 2026
10:00 AM – 12:00 PM
Clinic 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 • November 16, 2026, Agenda • August 3, 2026, Minutes	10:00 AM
Committee Work		
1.	Review Action Items	10:00 AM
2.	Patient Story	10:05 AM
3.	Board Quality Rounding Review	10:15 AM
4.	Organizational Performance - Data Outliers	10:20 AM
5.	Updates on Prioritized Process Improvement Projects	10:25 AM
6.	DNV Updates	10:35 AM
7.	Pediatric Readiness Updates	10:50 AM
8.	Policy Review • Medical Staff Professional Practice Evaluation • Disclosure of Unanticipated Outcomes	11:00 AM
9.	Q3 Quality Committee Reports	11:05 AM
10.	Discuss QOC Report for December Board Meeting	11:10 AM
11.	Annual Committee Self-Assessment Discussion	11:15 AM
12.	Review and Revise Committee Charter	11:25 AM
13.	Proposed 2027 Agenda/Meeting Format Discussion	11:30 AM
14.	Review and Draft 2027 Workplan	11:50 AM
15.	Set Initial 2027 Meeting Dates	11:55 AM
16.	Provider Credentialing	11:58 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. August 3, 2026, Minutes
2. Board Quality Rounding Documents
    a. Rehabilitation Services
    b. Acute Care
3. Organizational Performance – Data Outliers
4. Prioritized Process Improvement Projects – Data
    a. Documentation of Current Medications Rate
    b. Screening for Depression and Follow-Up Rate
    c. Annual Wellness Visit Rate
    d. Average Inpatient Length of Stay

5. Policies
    a. Medical Staff Professional Practice Evaluation
    b. Disclosure of Unanticipated Outcomes
6. Q3 Quality Committee Reports
    a. Antimicrobial Stewardship Committee
    b. Emergency Care Committee
    c. Infection Control Committee
    d. Patient Equity & Access Committee
    e. Patient and Family Advisory Council
    f. Pharmacy & Therapeutics Committee
    g. Safe Patient Handling
    h. Safety Committee
    i. Utilization Management Committee
7. 2026 Workplan – with notes
8. Committee Self-Assessment Questions
9. Draft 2027 Committee Charter
10. Draft 2027 Workplan

Organizational Objectives for 2026 - 2028
With Proposed 2027 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 over this three-year period 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 to be 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 ensuring 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 decisions that support fiscal sustainability to ensure care remains available in the local community for years to come.

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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 draft 2027 annual objectives, framed within the 2026 – 2028 objectives.

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

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

2027 Annual Objectives:

1. Grow market share by increasing net number of empaneled patients by 1,000 in 2027.
2. Identify a partner for psychiatric care, implement a collaborative plan, then monitor and evaluate for sustainability.
3. Grow specialty services by implementing cardiology and endocrinology. Measure utilization and monitor program for sustainability by end of 2028.

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.

2027 Annual Objectives:

1. Maintain DNV certification while meeting year two timelines of the work plan to achieve ISO 9000 compliance in 2029.
2. Achieve and maintain organization-wide Net Promoter Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS.
3. Make every digital interaction easy, reliable, and connected to the patient's care.

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Financial Stewardship

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.

2027 Annual Objective:

1. Complete feasibility study to ensure / shape facility expansion in a way that supports organizational sustainability.
2. Identify an architectural partner and develop architectural plans for facility expansion.
3. Develop and implement interim plan that maximizes space for near-term service growth while supporting long-term expansion strategy.

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

2027 Annual Objectives:

1. Meet budgeted total margin and cash projections for 2027
2. Engage in Lean practices by training teams and then mapping at least three workflows, with at least one process improvement implemented for each workflow.
3. Maximize external funding streams by meeting quarterly reporting for the Rural Health Transformation Program and exploring at least two additional sources of external funding.

Our People

2026-2028 Long Term Objective:

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

2027 Annual Objectives:

1. Achieve turnover rate in 2027 that is at least 25% better than the WA Acute Care turnover benchmark.
2. Conduct staff listening sessions, with a goal of achieving at least 40% employee participation.
3. Develop structures and processes and fully implement the clinician compact by end of 2027.

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Community Connections
2026-2028 Long Term Objective:

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

2027 Annual Objectives:

1. Ensure connection with outlying areas of the District by participating in outreach events at least four times in the year, with focus on Plain / Lake Wenatchee, Peshastin / Dryden, and Cashmere.
2. Successfully implement communication plan to build connection with our community on the developments of our facility / facility planning. Plan will include success metrics to track effectiveness of work.
3. Expand convenient local access to existing services, with focused attention on the process for infusion services.

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Credentialing Approvals

UW Telestroke Active Privileges (2-years)

- Husitha Vanguru, MD

UW Telestroke Provsional Privileges (1-year)

- Meera Raghaven, DO

TeleMammography Services Provisional Privileges (1-year)

- Varun Mahajan, MD
- Martha Garrison, MD

Teleradiology Provisional Privileges (1-year)

- Matthew Geter, MD

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

CASCADE MEDICAL
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Succession Planning Document

November 2026~~5~~

Cascade Medical
Succession Planning Document

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Executive Summary:

Succession planning is a process to identify and develop employees so they can become capable of replacing leaders who exit the organization or who are unavailable to lead on a short-term, emergent basis. A succession plan is optimally a broad plan that addresses and enriches the organizational bench strength over time as well as identifies the short-term emergency succession planning that is needed for each critical position.

Creating a strong succession plan is a process that happens over time. It includes transition planning for key positions. It must be a purposeful process that is engaged by the CEO and the Board.[i] While the Board is responsible for selection of a CEO, selection for positions beyond the CEO are the responsibility of the CEO. The contents of the succession plan should include processes for all critical or hard to fill positions.

A succession plan isn't needed for every position, but it is needed for the chief and board roles as well as any hard to recruit or fill positions that, if open in an emergency or for some time, would create organizational vulnerability.

Adopting the philosophy of hiring for succession is necessary for board members, chiefs and administrative team members to build an ongoing process for succession.

A companion process to the succession plan is a talent pool assessment. This work involves assessing each existing employee and new employee for the ability to be promoted in terms of their hard and soft skills. With both existing and new employees, there should be an organizational and purposeful intent to understand what employees want for their future. This way the organization can be intentional with internal recruitment and train appropriately to build the internal pipeline for the future.

Cascade Medical values a wide range of perspectives and experiences within its team. A team composed of people with a broad range of experiences maximizes organizational potential by ensuring the widest range of considerations inform decision-making. With that in mind, all hiring opportunities and succession planning activities will consider how to build and maintain a team with rich and varied experiences, ensuring the skills sets are in place to best serve our rich and varied communities.

Emergency Plan

Emergency CEO and Chief Succession:
The top priority is the emergency plan for the chief executive officer (CEO) position. When the CEO is absent or has an emergency absence and will be unavailable, the Chief Operating Officer (COO) first will assume command as CEO, followed by the Chief Human Resources Officer (CHRO), and in her absence the Chief Financial Officer (CFO) will assume command as CEO.

When there is an emergency absence or extended absence of the COO, CHRO or CFO, the CEO shall either take command of the position or appoint someone to take on responsibilities in the short term.

Process for Emergency Coverage of CEO/COO/CHRO/CFO:
Should there be an emergency involving the CEO, COO, CHRO or CFO, whoever in the organization learns about the incident should call the administration office or, if the Executive Assistant is not available, the Administrator on Call. The Executive Assistant or Administrator on Call will notify the CEO if it is the COO, CHRO or CFO position and the CEO will appoint a designee or designees for given functions. If it is the CEO, the Executive Assistant or Administrator on Call will notify the Board President, who will appoint the COO or, if absent, the CHRO, then the CFO, to assume the CEO position in the short term.

Emergency Leadership Team Member Succession:
Refer to the Cascade Medical Succession Work Plan document dated November 2026~~5~~ for emergency plans for any given director.

Process for Emergency Leadership Team Member Succession:
Should there be an emergency involving a Leadership Team member (Director), whoever in the organization learns about the incident should call the administration office or the Administrator on Call. The Executive Assistant will notify the CEO and the CEO will work with the Chief team (COO, CHRO, and CFO) to appoint a designee or designees for given functions for the short term.

Emergency Provider Succession:
For the Clinic, there is need for a succession plan in advance of a crisis. Attention to the level of provider, such as physician versus nurse practitioner or physician assistant should be considered. Attention to gender should also be considered to ensure appropriate balance of male and female providers, as well as dual language capability. For emergency absences, considerations include the use of pool providers, locum tenens providers, other part time providers within the area, and fellows in family practice or tapping the current providers for colleagues who may be interested in a short-term assignment or perhaps permanent relocation to the area.

The clinic is currently without an on-site Clinic Medical Director and is relying on a virtual locum tenens physician to fill this role. Per CMS guidelines, Rural Health Clinics must have a medical director and that role must be filled by a physician. The virtual Medical Director is in place while recruiting continues. ~~current Clinic Medical Director was appointed in 2024. It is good practice for a future potential successor to be identified on the Cascade Medical Succession Work Plan, regardless of the anticipated time the current Clinic Medical Director may intend to serve in that role~~. In the event of an emergency, the current Chief of Staff, provided that person is a physician, would step in to cover the role of Clinic Medical Director, on an interim basis.

For the Emergency Department (ED), there are currently three physicians and two physician assistants who regularly cover the ED. Additionally, twoone Clinic physicians participates regularly in ED coverage and one hospitalist is available to assist with coverage as well. There are two per diem physicians at this point who are well respected and perceived well by staff and other providers in the system. The first emergency consideration should be full use of these per diem providers, with locum coverage utilized as a last resort.

Consideration needs to also be given to the succession of the ED Medical Director. Having this position identified and filled is a requirement of the State of Washington Department of Health. The current ED Medical Director has been in place since June 2019July 2026. This position has been added to the Succession Work Plan, to ensure proper planning occurs around this role. In the event of an emergency, the current Chief of Staff and Administration would collaboratively identify who would step in to cover the role of ED Medical Director, on an interim basis. In the event of longer, planned absences, an internal provider will be selected to serve as interim ED Medical Director.

For the Inpatient / Hospital, Cascade Medical has a newly established practice of covering inpatient and same day Clinic needs with an advanced practice provider (APP) Monday – Saturday with a partial day on Sunday, during the day. There are two physician assistants working in this role, providing coverage on an every other week basis. The first emergency consideration of coverage is a reversion back to past practice of utilizing Clinic physicians for weekday and Emergency Department providers for weekend rounding coverage, with Clinic providers managing same day and Saturday Clinic coverage on a rotating basis. Consideration may also be given to the current team of locums, to preserve efficiency and access in the Clinic.

Process for Emergency Provider Succession:
For the Clinic: Should there be an emergency involving a Clinic Provider, whoever in the organization learns about the incident should call the Senior Clinic Director and, if after hours or on the weekend, the Administrator on Call (AOC). The Senior Clinic Director or AOC will notify the Clinic Medical Director and CEO and will begin assessing the impact to patients and take immediate action necessary. The Senior Clinic Director will work with the COO on short term coverage for the Provider, needs depending, and will keep the CEO readily informed.

For the Emergency Department: Should there be an emergency involving an Emergency Department Provider, whoever in the organization learns about the incident should call the Administrator on Call (AOC), who shall ensure the ED Medical Director and the CEO are notified. For immediate coverage needs, the AOC will work with the Clinical Resource Nurse (CRN) and the provider calling off, if applicable, to locate immediate replacement coverage. Coverage gaps beyond immediate needs will be resolved by the ED Medical Director, who manages the Emergency Department Provider schedule, with support from the Medical Staff Coordinator, CEO and other leaders in the organization, if needed.

For the Inpatient/Hospital: Should there be an emergency involving an Inpatient/Hospitalist provider, whoever in the organization learns about the incident should call the Senior Clinic Director and, if after hours or on the weekend, the Administrator on Call (AOC). The Senior Clinic Director or AOC will notify the Clinic Medical Director and CEO and will begin assessing the impact to patients and take immediate action necessary. The Senior Clinic Director will work with the COO on short term coverage for the Provider, needs depending, and will keep the CEO readily informed.

Identification of Positions Needing Long Term Succession Planning

1. CEO

The first position that is critical is the CEO position. While the urgency for permanent replacement is not present, a thoughtful determination of criteria and the process for recruitment can be decided upon and then enacted when needed. To make this simple, the current CEO position description will suffice as a basis for identifying technical and behavioral requirements. Additional characteristics will be identified by analyzing the organization's Strategic Plan and determining which leadership qualities and skills will be most successful in carrying forward the Strategic Plan.

With the strategy to employ Chiefs with CEO capability, long term succession should theoretically be built in. Should none choose to assume a CEO role at the time it is essential, external recruitment would be necessary.

To determine CEO candidate competence, the candidate should fit the requirements within the job description. Each external candidate should provide the Board with evidence of past performance that meets or exceeds everything outlined in the job description. They should present at least five personal references that can be contacted. If the candidate does not have strong emotional intelligence, they should not be hired, even if they have strong operational and strategic visioning skills. If the candidate doesn't fit the organization's values, they will not be successful in the role. Finally, the candidate's personal and professional goals and professional education plans should also be taken into consideration.

2. Board Commissioners

The board positions are of equal importance regarding succession planning. According to Cascade Medical Bylaws adopted January 24, 2017, board members shall serve in terms of six years in length, unless they have been appointed to finish the remainder of another Commissioner's term. ~~One (1) of five (5) board members have served greater than one term to date~~The longest tenured commissioner has served more than four years to date.

Commissioner Name	Expiration Date of Term	Status of Term	Year for succession
Cary Ecker	End of 2029	Appointed in 2025	Elected in 2025 to serve out remainder of appointment
Jessica Kendall	End of 2031	Term began~~ins~~ 2026	Elected in 2025 to serve 6-year term.
~~Tom Baranouskas~~Julie Pankow	End of 2027	~~Current term began 2022~~Appointed in 2026	~~Re-elected in 2021~~Will need to run for election in 2027.
Jesse Knight	End of 2031	Appointed in 2025	Elected in 2025 to serve 6-year term.
Shari Day~~-~~-Campbell	End of 2027	Appointed in 2024	~~Elected in 2025 to serve out remainder of appointment~~Will need to run for election in 2027.

According to the Revised Code of Washington (RCW), for Public District Hospitals there is a set process for election of new board commissioners. The organization is also allowed to appoint should an opening occur prior to an election year. RCW 42.12.070

Commissioners may leave office during their six-year term or at the end of their six-year term.

1) If a commissioner leaves office during their six-year term, the remaining commissioners choose a successor who will serve until the next regularly scheduled election of commissioners. Where possible, it is preferable that the leaving commissioner provide several months' notice and leave prior to the May preceding the next regularly scheduled commissioner election. This gives the remaining commissioners time to choose a successor and gives the successor the opportunity to stand for election. If the new commissioner decides to serve beyond the next regularly scheduled election, they must file for election in the May preceding the November election.
2) If a commissioner decides not to run for re-election for another term but decides to serve until the end of their term, the remaining commissioners should recruit a strong replacement to run in the November election for the open seat. Because the filing period for a November election is in the preceding May, the remaining commissioners should begin recruiting a strong replacement early in the year of the November election.

In order to ensure a predictable succession process and a pipeline of qualified board members, the Board and CEO should actively seek out interest over time from community residents with known leadership success who demonstrate Cascade Medical's values and behavioral standards, who possess strong business acumen and who fill existing or anticipated gaps on the Board Matrix. The board should consider courting individuals so that when the need arises, they have exposure to the organization and interest in pursuing an appointed position followed by the election process. For example, the board may involve community leaders in appropriate committees and/or activities of the organization, such as advisory councils and board committees. This is particularly important with the possibility of future open positions.

3. Leadership Team Directors

Currently, no internal candidates are capable of immediately assuming the role of director for a department. ~~Several internal candidates exist who could be mentored over one to two years to step into a Leadership Team Director role.~~ Cascade maintains a deep commitment to education and growth, exhibited by consistent year-over-year investment in training across the organization, including leadership development for new leaders and managers. Over time, this commitment to training and education will help develop internal talent, reducing the need to hire externally in the future.

As the job descriptions are revised and the values and behavioral standards are incorporated, recruitment criteria and parameters should be based on the job descriptions. In addition, the current trend for team interviews should be incorporated into the process for a permanent director position. A fitting candidate should be able to produce evidence of their success as a leader through documents demonstrating their presentation skills, financial and other operational results, ability to implement change, ability to work well with others at every level and the ability to move the department forward.

4. Providers

As a provider resigns or isn't able to continue in their current role, the Clinic Medical Director, Senior Clinic Director, ~~Senior~~ Executive Leaders and a small group of providers will assess the provider needs of the organization, using established guidelines and data, and determine the recruitment needs and plans. In collaboration with providers and the Board of Commissioners, the plan will be reviewed, finalized and enacted. Recruitment to date has been achieved via a mix of employed providers knowing others who may be interested in relocating, open recruiting, and utilization of a recruitment agency.

Word of mouth from providers to candidates they have worked with or from others they trust who know them is one of the greatest recruitment methods. This tactic is effective and should continue. Recent success has occurred through regular provider job postings, including print and on-line advertisements as well as posting on electronic job boards. In addition, the Clinic actively recruits medical students for rotation which is another way to keep an open pipeline of outstanding candidates. If all these methods fail, then activation of locum tenens use or a professional provider recruitment firm should be considered. Collaboration with the Wenatchee Emergency Medical Group should also be cultivated in order to cover emergent or perhaps longer term needs specific to the Emergency Department.

Philosophy – internal vs. external recruitment
If external, what, when, how

For emergency succession, internal assignment shall be considered initially and case by case; the use of temporary agencies may be used such as with the Executive Assistant to the CEO role.

Outside of emergencies, at the present many permanent replacements of leadership positions will need to be recruited externally, which will be led by the Chief Human Resources Officer. Recruitment firms will be used only when absolutely necessary, due to the cost of services.

To enhance the succession plan, the organization annually updates a talent pool assessment. This will enable the organization to first lean to the inside for recruitment of leadership positions. The talent pool assessment takes into consideration the current talent pool and hiring practices and the shift to consistently hiring right, as well as evaluation and coaching practices which shift to effective and timely evaluations and more formal coaching by leaders to foster continuous growth in employees. It will also take into consideration the desires of employees for future positions in the organization, either lateral or upward moves. The plan will consider leadership training needs that will be offered to employees interested in or mentored for future positions.

[i] "CEO Succession Planning that Works", Mercer, LLC 2012

SBAR: Flooring Replacement Capital Project Approval

Situation

Administration requests Board approval of a **$280,000 capital project** to replace aging carpet throughout key patient care and high-traffic areas within Cascade Medical. The existing carpet is approximately 16 years old, exhibits significant wear and staining, and has reached the end of its useful life. The project will replace carpeted surfaces with durable healthcare-grade flooring designed to support infection prevention, environmental safety, and long-term facility sustainability.

Background

The current carpeted flooring is no longer available for patching or replacement. The carpet condition is visibly deteriorating and is increasingly noticeable to patients, visitors, and staff. The age and condition of the flooring create ongoing challenges related to cleanliness, maintenance, appearance, and environmental infection control.

Project costs include:

Component	Amount
First Floor Hospital Flooring Replacement	$186,000
Second Floor Clinic Flooring Replacement	$34,000
Clinical Space Flooring Replacement	$58,000
Department of Health Plan Review	$2,000
Total Project Cost	**$280,000**

Assessment

Carpeted surfaces in healthcare settings are difficult to fully clean and disinfect when exposed to moisture, dirt, blood, body fluids, and other contaminants. Replacement with healthcare-grade, nonporous flooring will improve environmental cleaning processes and reduce contamination risks. The project also reduces ongoing maintenance requirements associated with worn carpeting.

Recommendation

Administration recommends that the Board approve a **capital expenditure of $280,000** for the Flooring Replacement Project and authorize management to proceed with contractor procurement, Department of Health review, and project implementation. ***This project is eligible for and has been approved for funding through the RHTP grant process.***

SBAR: Emergency Power Infrastructure Enhancement Project

Situation

Administration requests Board approval of a **$100,000 capital expenditure** to install external generator connection infrastructure that will allow portable generators to provide backup power to the hospital's CT scanner, X-ray equipment, and kitchen operations during power outages. The project will address a critical vulnerability in the hospital's emergency preparedness and business continuity capabilities.

Background

Cascade Medical's existing emergency generator is currently operating at maximum load capacity. As a result, several critical services are not connected to emergency power, including the CT scanner, X-ray equipment, and the kitchen range. During extended power outages, the organization may be unable to perform diagnostic imaging locally and must divert patients requiring CT or X-ray services to other facilities. Additionally, the organization cannot provide hot meals for patients and staff during prolonged outages.

The proposed project will install three external generator connection points that will allow portable generators to be connected when needed, ensuring continuity of diagnostic imaging and dietary services during utility disruptions.

Project implementation will include:

- Electrical engineering and design
- Washington State L&I review and approval
- Installation of external generator connection infrastructure
- Electrical upgrades to support portable generator deployment

Assessment

Reliable access to diagnostic imaging is essential during emergencies, severe weather events, wildfires, and extended power outages. The current infrastructure limits Cascade Medical's ability to provide CT and X-ray services during these events, potentially requiring patient transfers or diversion at times when community healthcare resources may already be strained.

The project also restores the hospital's ability to prepare and serve hot meals during extended power outages. Maintaining nutrition services supports patient comfort, staff well-being, and operational continuity during emergency events.

Recommendation

Administration recommends Board approval of a **capital expenditure of $100,000** for the Emergency Power Infrastructure Enhancement Project. ***This project is eligible for and has been approved for funding through the RHTP grant process.***

RESOLUTION NO. 2026-14

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 equipment identified in Exhibit A.

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on November 18, 2026.

WHEREAS, the members of the commission of the district, after due consideration, declare that the items listed in Exhibit A is surplus to the needs of the District.

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

It is hereby found and declared the equipment be surplused.

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 18th day of November 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

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Surplus Equipment: Exhibit A

Description / Model Number	Date Acquired	Serial No.	Asset Tag	Market Value	Book Value	Recommendation
YETI Cooler with LOGE Logo	4/9/26	N/A	N/A	$65.00	$0	Surplus
YETI Cooler with LOGE Logo	4/9/26	N/A	N/A	$65.00	$0	Surplus
Hammock	4/9/26	N/A	N/A	$15.00	$0	Surplus
Hammock	4/9/26	N/A	N/A	$15.00	$0	Surplus
Hammock	4/9/26	N/A	N/A	$15.00	$0	Surplus
Puffy Blanket	4/9/26	N/A	N/A	$25.00	$0	Surplus
Puffy Blanket	4/9/26	N/A	N/A	$25.00	$0	Surplus
Igloo Cooler	4/9/26	N/A	N/A	$25.00	$0	Surplus
Two-way Electric Pump	4/9/26	N/A	N/A	$15.00	$0	Surplus
Two-way Electric Pump	4/9/26	N/A	N/A	$15.00	$0	Surplus
Two-way Electric Pump	4/9/26	N/A	N/A	$15.00	$0	Surplus
Set of Two Lawn Chairs	4/9/26	N/A	N/A	$25.00	$0	Surplus
Set of Two Lawn Chairs	4/9/26	N/A	N/A	$25.00	$0	Surplus

Set of Two Inner Tubes	4/9/26	N/A	N/A	$20.00	$0	Surplus
Set of Two Inner Tubes	4/9/26	N/A	N/A	$20.00	$0	Surplus
Set of Two Inner Tubes	4/9/26	N/A	N/A	$20.00	$0	Surplus
Picnic Basket with Hydro Flask Bowls	4/9/26	N/A	N/A	$40.00	$0	Surplus
Picnic Basket with Hydro Flask Bowls	4/9/26	N/A	N/A	$40.00	$0	Surplus
Picnic Basket with Hydro Flask Bowls	4/9/26	N/A	N/A	$40.00	$0	Surplus
Pair of Snowshoes	4/9/26	N/A	N/A	$20.00	$0	Surplus
Pair of Snowshoes	4/9/26	N/A	N/A	$20.00	$0	Surplus
Boot Drier	4/9/26	N/A	N/A	$30.00	$0	Surplus
Boot Drier	4/9/26	N/A	N/A	$30.00	$0	Surplus
Boot Drier	4/9/26	N/A	N/A	$30.00	$0	Surplus
Sled	4/9/26	N/A	N/A	$15.00	$0	Surplus
Sled	4/9/26	N/A	N/A	$15.00	$0	Surplus
Electric Tea Kettle	4/9/26	N/A	N/A	$20.00	$0	Surplus

Accompanying Notes for the October 2026 Financial Statements

October Financial Statements – Current Month Summary

October's net margin of $144,000 fell below the budgeted margin of $376,000 by ($232,000), with much of the variance attributable to Other Operating Revenue below budgeted revenue by ($103,000) and higher operating expenses in the month of October.

Revenue and Expense Variances

1. Gross patient revenue continues to lag budgeted revenue, following short by ($100,000) for October and ($1,683,000) for the year. While a portion of this is related to a delay in coding, some is attributable to lower volumes in Q1.
2. Other Operating Revenue fell short of budgeted revenue due to the delay in receipt of Medicaid SNAP funding and the related timing of how we budget for this revenue.
3. Salaries and Benefits were over budget in total by ($57,000) in October after running below budget for much of the year.
4. Purchased Services were over budget in October by ($68,000), primarily due to timing of Pharmacy expense recognition and unplanned Plant remediation work related to findings from our recent DNV survey.

Patient Statistics

Patient volumes exceed budgeted volumes across most services except for Acute and Swing Bed. Clinic visits were just shy of budgeted visits and coincided with the timing of Dr. Ballard's arrival and addition to the Clinic provider team.

Cash Receipts and Balances

Cash collections of $4,707,000 in October were $266,000 greater than budgeted and YTD our cash collections exceed budgeted cash collections by $1,595,000. April and October typically are months of cash collections as levy funds are collected by the County Treasurer. We continue to close the gap on our budgeted cash balances as they are now running shy of budgeted cash balances by ($1,118,000) for the year, excluding funds expended for the LOGE property purchases.

Accounts Receivable

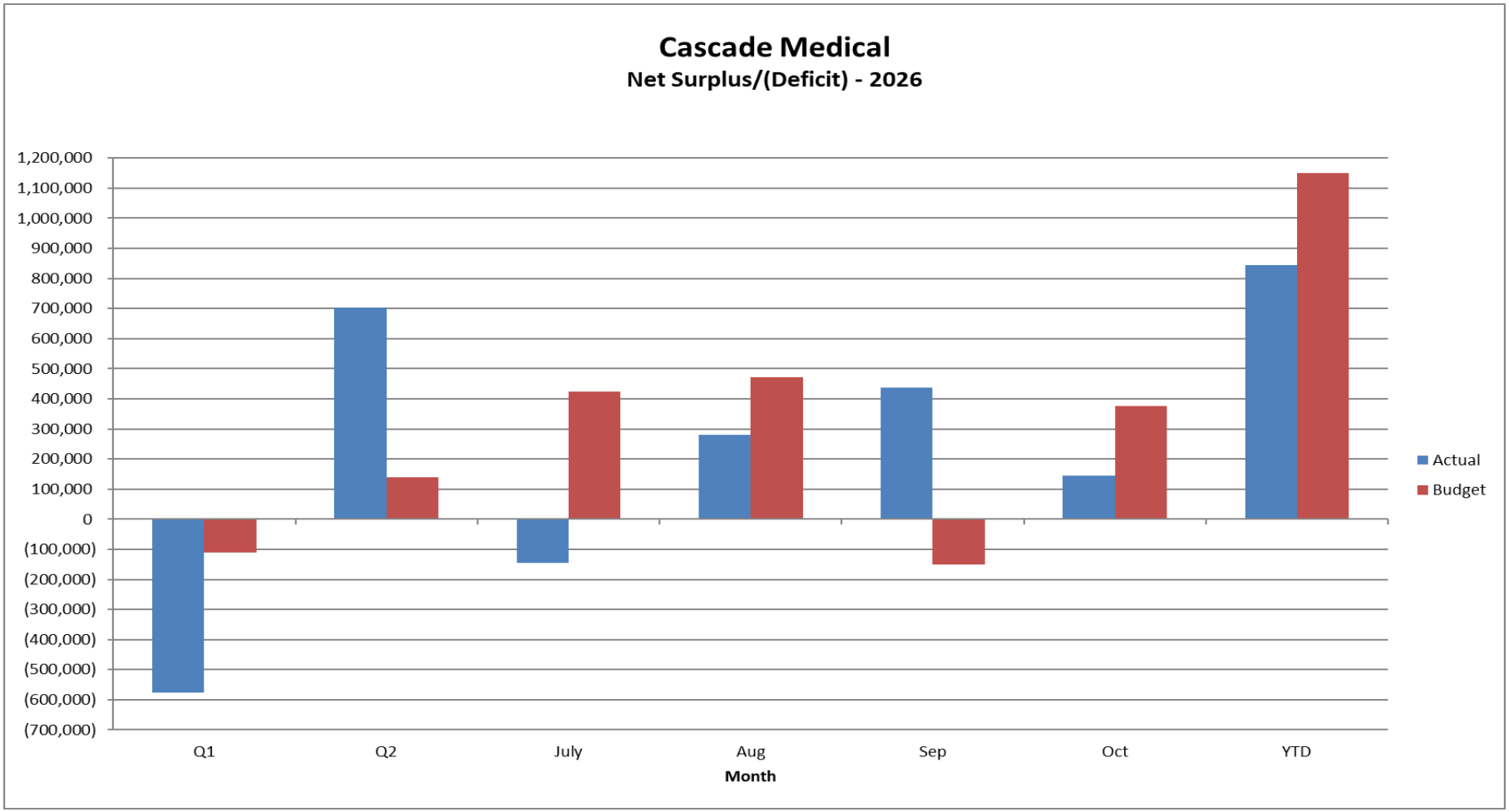
Our gross accounts receivable has dropped slightly from September and notably both our Financial Assistance and Bad Debt expense are running at about 70% of expenses recognized in 2025 through October.

Contractual Allowance

The contractual allowance is 47.7 of gross Accounts Receivable at the end of October.

Final comments and Upcoming

The remaining items identified for purchase with RHTP funding through WSHA have been approved and can now be initiated. We will need to spend the funds prior to September 30, 2027. Our 2026 GEMT cost report is complete and


Cascade Medical
Net Surplus/(Deficit) - 2026
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
July
Aug
Sep
Oct
YTD
Month
Actual
Budget

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

000's omitted

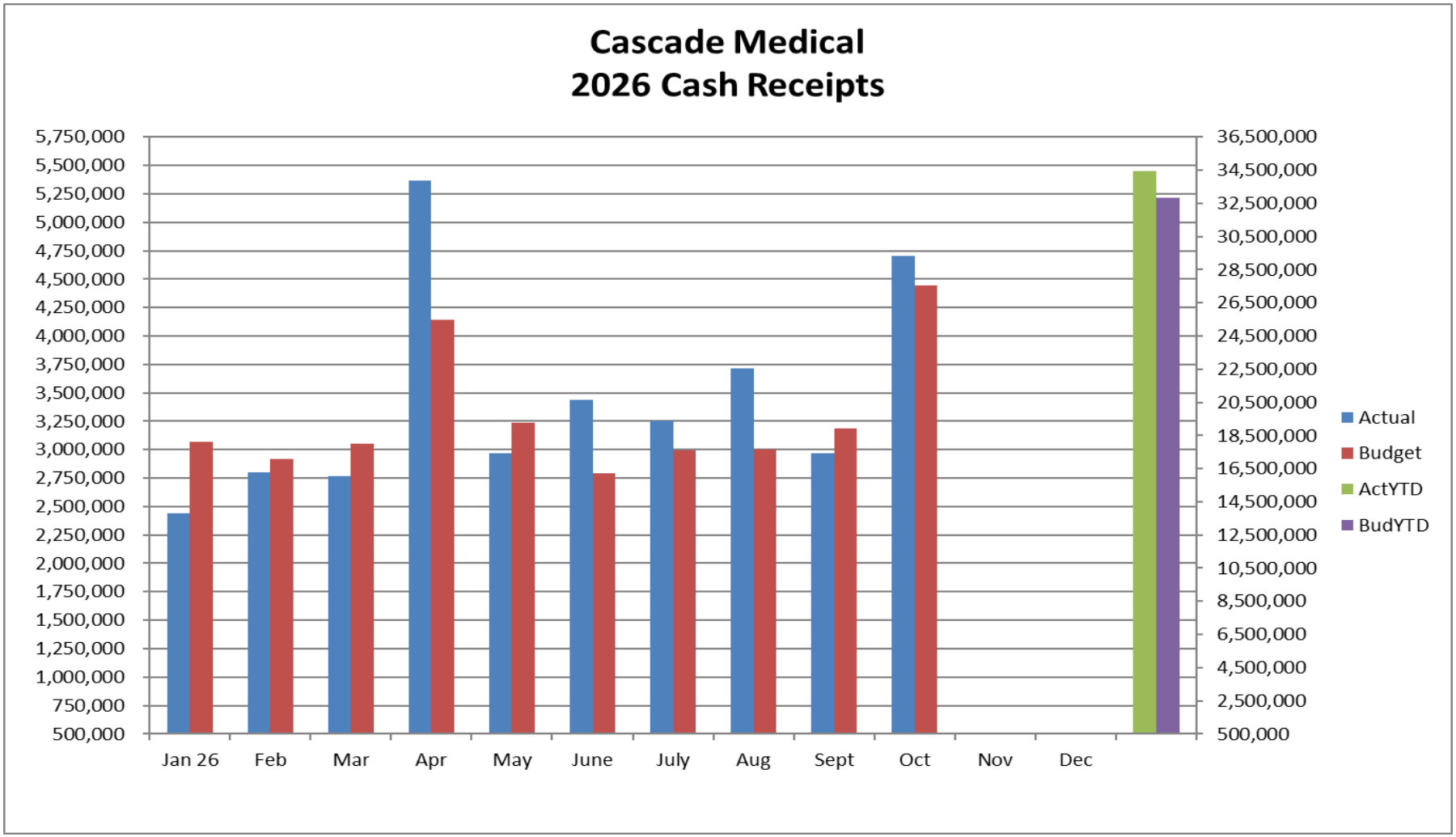
	YTD Oct
Net Margin	
Actual	845
Budget	1,150
Better (Worse) than Budget	(305)
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - ED ($899); Acute ($855); SwingBed ($468) ; CT ($427); PT $553; AMB $361	(1,683)
Contractual Allowances	981
Net Patient Revenue	(702)
Other Operating Revenue - SNAP ($378); Int Inc ($139); CM Foundation $95	(402)
Total Operating Revenue	(1,104)
Expenses	
Salaries & Benefits - Clinic Prov $334; Clinic $205; Admit $155; ED Prov $137	850
Prof. Fees - InfoMat ($282); HR ($81); Acute $85; Clinic Prov $77; IT $64; ED $42	(81)
Supplies - Lab $72; IT $43	122
Purchased Services/Repairs - Plant ($136); MRI ($73)	(219)
Other Operating Expenses - Depr $167; Plant ($29)	124
Total Operating Expenses	797
Non-Operating Revenues & Expenses	2
Actuals Better/(worse) than Budget	(305)

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

	Current Period				Year-to-Date				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Net Patient Revenue	2,888,960	2,880,834	8,126	0%	27,245,402	27,947,434	(702,032)	-3%	26,828,339
Grants, Contribs, Other Op Revenue	227,602	339,113	(111,511)	-33%	1,392,968	1,795,130	(402,163)	-22%	1,461,829
Tax Levies, unrestricted	209,770	209,770	-	0%	2,097,700	2,097,700	-	0%	1,467,620
Total Operating Revenue	3,326,332	3,429,717	(103,385)	-3%	30,736,070	31,840,264	(1,104,194)	-3%	29,757,788
Operating expenses									
Salaries & Benefits	2,188,769	2,132,147	(56,622)	-3%	20,229,388	21,079,361	849,973	4%	18,699,519
Professional fees	171,318	191,228	19,910	10%	2,370,463	2,289,961	(80,502)	-4%	2,505,292
Supplies	198,324	179,654	(18,670)	-10%	1,587,659	1,710,088	122,429	7%	1,791,498
Purchased services	275,236	199,379	(75,857)	-38%	2,218,839	1,999,755	(219,084)	-11%	1,908,757
Depreciation	171,435	183,485	12,050	7%	1,668,650	1,834,850	166,200	9%	1,892,758
Other Operating Expenses	270,563	260,884	(9,679)	-4%	2,748,251	2,706,368	(41,883)	-2%	2,519,067
Total operating expenses	3,275,644	3,146,777	(128,867)	-4%	30,823,251	31,620,383	797,132	3%	29,316,890
Operating gain / (loss)	50,688	282,940	(232,252)	-82%	(87,181)	219,881	(307,062)	-140%	440,898
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	1,151,320	1,151,320	-	0%	1,139,180
Interest expense on bonds	(21,191)	(21,191)	0	0%	(211,908)	(211,910)	3	0%	(233,242)
Other Non-Operating rev (exp)	(269)	(939)	670	71%	(7,008)	(9,390)	2,382	25%	(7,161)
Total nonoperating rev (exp), net	93,672	93,002	670	1%	932,405	930,020	2,385	0%	898,777
Net Income	144,360	375,942	(231,582)	-62%	845,224	1,149,901	(304,677)	-26%	1,339,675

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

	----- Current Period -----				----- Year-to-Date -----				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Gross Patient Revenue	4,059,335	4,158,842	(99,507)	-2%	40,189,368	41,872,186	(1,682,818)	-4%	38,067,460
less:									
Contractual Allowances	1,159,061	1,061,748	(97,313)	-9%	11,565,968	11,747,396	181,428	2%	9,816,234
Reserve for Bad Debts	49,274	153,877	104,603	68%	1,034,336	1,549,271	514,935	33%	1,147,747
Reserve for Financial Assistance	(37,960)	62,383	100,343	161%	343,662	628,085	284,423	45%	275,140
Total Deductions from Revenue	1,170,375	1,278,008	107,633	8%	12,943,966	13,924,752	980,786	7%	11,239,121
Net Patient Revenue	2,888,960	2,880,834	8,126	0%	27,245,402	27,947,434	(702,032)	-3%	26,828,339
Grants, Contributions	106,293	92,000	14,293	16%	247,764	163,000	84,764	52%	192,157
Other Operating Revenue	121,309	247,113	(125,804)	-51%	1,145,204	1,632,130	(486,927)	-30%	1,269,672
Tax Levies, unrestricted	209,770	209,770	-	0%	2,097,700	2,097,700	-	0%	1,467,620
Total Operating Revenue	3,326,332	3,429,717	(103,385)	-3%	30,736,070	31,840,264	(1,104,194)	-3%	29,757,788
Operating expenses									
Salaries and wages	1,800,483	1,750,667	(49,816)	-3%	16,565,881	17,160,345	594,464	3%	15,294,990
Employee benefits	388,286	381,480	(6,806)	-2%	3,663,508	3,919,016	255,508	7%	3,404,530
Professional fees	171,318	191,228	19,910	10%	2,370,463	2,289,961	(80,502)	-4%	2,505,292
Supplies	198,324	179,654	(18,670)	-10%	1,587,659	1,710,088	122,429	7%	1,791,498
Utilities	31,508	26,877	(4,631)	-17%	298,806	270,744	(28,062)	-10%	256,867
Repairs and maintenance	27,833	20,224	(7,609)	-38%	275,187	196,885	(78,302)	-40%	230,080
Purchased services	247,403	179,155	(68,248)	-38%	1,943,652	1,802,870	(140,782)	-8%	1,678,677
Continuing medical education	4,695	2,875	(1,820)	-63%	30,541	28,750	(1,791)	-6%	20,361
Other expenses	13,383	28,775	15,392	53%	280,899	288,981	8,082	3%	252,618
Dues and subscriptions	117,562	102,606	(14,956)	-15%	1,113,988	1,077,685	(36,303)	-3%	1,025,898
Travel / training / meetings	14,378	19,426	5,048	26%	183,873	229,960	46,087	20%	210,824
Leases and rentals	30,724	28,120	(2,604)	-9%	275,478	281,086	5,608	2%	275,656
Depreciation	171,435	183,485	12,050	7%	1,668,650	1,834,850	166,200	9%	1,892,758
Licenses and taxes	29,330	25,072	(4,258)	-17%	265,502	259,248	(6,254)	-2%	250,014
Insurance	27,657	25,914	(1,743)	-7%	285,906	257,724	(28,182)	-11%	213,570
Interest	1,326	1,219	(107)	-9%	13,259	12,190	(1,069)	-9%	13,259
Total operating expenses	3,275,644	3,146,777	(128,867)	-4%	30,823,251	31,620,383	797,132	3%	29,316,890
Operating gain / (loss)	50,688	282,940	(232,252)	-82%	(87,181)	219,881	(307,062)	140%	440,898
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	1,151,320	1,151,320	-	0%	1,139,180
Interest expense on bond financing	(21,191)	(21,191)	0	0%	(211,908)	(211,910)	3	0%	(233,242)
Gain (loss) on disposal of equipment	-	-	-	0%	1,000	-	1,000	0%	-
Investment income	1,500	830	670	81%	9,685	8,300	1,385	17%	10,532
Net of bond premium/amortization	(1,769)	(1,769)	(0)	0%	(17,693)	(17,690)	(3)	0%	(17,693)
CARES Funds	-	-	-	0%	-	-	-	0%	-
PPP Loan Proceeds	-	-	-	0%	-	-	-	0%	-
Total nonoperating revenues (expenses), net	93,672	93,002	670	1%	932,405	930,020	2,385	0%	898,777
Net Income	144,360	375,942	(231,582)	-62%	845,224	1,149,901	(304,677)	-26%	1,339,675


Cascade Medical
2026 Cash Receipts
5,750,000
5,500,000
5,250,000
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
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32,500,000
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16,500,000
14,500,000
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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	jun26	jul	aug	sep	oct	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	30	17	7	19	29	13	13	33	-60.6%	209	21	344	34	-39.2%
Swing Bed	100	96	95	55	116	107	107	129	-17.1%	884	88	1,054	105	-16.1%
Laboratory tests	3,367	3,529	3,378	3,009	3,753	3,510	3,510	3,275	7.2%	33,964	3,396	32,244	3,224	5.3%
Radiology exams	370	425	456	384	461	443	443	371	19.4%	4,218	422	3,708	371	13.8%
CT scans	142	173	150	135	158	159	159	144	10.7%	1,441	144	1,437	144	0.3%
ED visits	356	404	457	368	395	371	371	339	9.4%	3,638	364	3,733	373	-2.5%
Ambulance runs	78	93	88	88	75	72	72	68	5.9%	832	83	756	76	10.1%
Clinic visits	1,224	1,231	1,146	1,198	1,307	1,333	1,333	1,341	-0.6%	12,631	1,263	13,035	1,304	-3.1%
Rehab procedures	2,292	3,159	2,688	2,754	2,888	2,823	2,823	2,559	10.3%	28,366	2,837	23,423	2,342	21.1%

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	5.4	8	9	2	2	8	3	3	4	8	4			5.1
Short Stay	5.5	6	8	5	8	5	2	3	4	-	1			4.2
Swing Bed	6.3	4	8	6	7	9	5	9	5	9	7			6.9
Respite Care	0.6	-	-	-	-	-	-	-	-	-	-			0.0
Total Admits	17.8	18	25	13	17	22	10	15	13	17	12			16.2
Patient Days														
Acute Care	29.5	21	47	13	8	34	17	7	19	29	13			20.8
Short Stay	7.2	7.3	9.4	5.4	10.0	8.2	3.9	2.5	3.0	-	1.9			5.2
Swing Bed	99.8	79	79	100	80	77	96	95	55	116	107			88.4
Respite Care	11.3	-	-	-	-	-	-		-	-	-			-
Total Patient Days	147.8	107.3	135.4	118.4	98.0	119.2	116.9	104.5	77.0	145.0	121.9			114.4
Average Length of Stay	8.3		5.4	9.1	5.8	5.4	11.7	7.0	5.9	8.5	10.2			7.7
Average Patients per Day	4.9	3.5	4.8	3.8	3.3	3.8	3.9	3.4	2.5	4.8	3.9			3.8
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,367	3,159	3,170	3,608	3,368	3,480	3,529	3,378	3,009	3,753	3,510			3,396
Radiology (tests)	305	308	321	340	333	376	344	358	310	379	306			338
Mammography (tests)	43	18	33	31	30	35	42	43	29	30	85			38
MRI	-	33	24	27	34	32	25	41	33	42	34			33
Cardiac Diagnostics	113	105	96	128	95	128	95	126	106	130	99			111
CT (Scans)	142	138	114	138	97	179	173	150	135	158	159			144
DXA (Scans)	17	12	13	16	15	18	14	14	12	10	18			14
PT (services billed)	1,841	2,190	2,044	2,144	2,309	2,305	2,523	2,076	2,145	2,259	1,994			2,199
ER (visits/procedures)	356	300	291	328	305	419	403	457	368	395	371			364
Ambulance (runs)	78	92	83	79	63	99	93	88	88	75	72			83
Clinic (visits)	1,224	1,244	1,100	1,363	1,438	1,271	1,231	1,146	1,198	1,307	1,333			1,263
Occupational Therapy	337	504	487	454	575	596	526	493	485	502	712			533
Speech Therapy	34	51	52	59	46	47	59	69	84	79	80			63
Cardiac Rehab	51	38	21	18	54	60	51	50	40	48	37			42
Endoscopy Procedures	24	31	25	39	49	18	42	21	32	39	40			34

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	$ 99,789	$ 67,260	$ 205,320	$ 42,480	$ 28,320	$ 120,360	$ 60,180	$ 24,780	$ 67,260	$ 74,340	$ 46,020			$ 73,632
Short Stay	25,424	27,204	35,542	21,078	36,911	30,276	14,158	9,711	11,930	-	6,929			19,374
Respite Care	5,995	-	-	-	-	-	-		-	-	-			-
Swing Bed	270,686	211,654	202,421	285,100	228,080	219,527	273,696	270,845	156,805	353,524	305,057			250,671
Central Supply	36,206	26,152	33,889	36,969	30,355	36,499	41,108	38,200	34,460	43,164	28,848			34,964
Laboratory	429,295	434,877	445,929	504,503	448,321	467,925	484,040	445,818	397,717	513,862	479,928			462,292
Cardiac Diagnostics	35,178	28,752	29,782	39,378	30,709	41,895	30,830	39,583	32,080	42,176	33,355			34,854
CT	549,815	476,317	417,842	485,429	383,397	657,741	687,028	577,641	528,549	548,982	623,135			538,606
Radiology	201,519	173,549	203,078	213,423	207,224	237,423	222,103	229,052	197,623	223,101	175,477			208,205
Mammography	30,793	19,093	25,947	22,751	23,067	26,875	32,048	32,089	23,381	23,258	64,956			29,347
MRI	14,145	74,781	75,624	86,189	102,326	95,361	76,934	136,004	107,735	128,661	112,984			99,660
Pharmacy	121,370	95,850	112,773	71,743	83,353	120,003	107,713	67,327	128,157	180,039	99,650			106,661
Respiratory Therapy	38	1,287	1,292	1,089	1,094	1,485	1,089	1,287	1,089	2,673	891			1,328
Physical Therapy	222,013	277,877	267,396	285,086	308,864	308,266	328,303	289,424	278,524	288,879	263,756			289,638
Emergency Room	891,686	686,540	809,728	746,893	943,427	785,699	1,169,744	991,500	1,121,229	925,428	704,486			888,467
Ambulance	284,250	277,650	328,327	331,506	230,186	279,642	436,570	389,692	314,979	343,279	319,988			325,182
Clinic	393,480	207,513	373,691	488,718	370,751	378,599	420,234	495,832	418,993	326,403	442,480			392,321
Occupational Therapy	48,423	70,788	70,659	61,973	69,629	99,569	80,335	76,906	62,194	70,630	112,255			77,494
Outpatient Diagnostic Svcs	96,812	30,324	183,992	167,035	222,435	102,531	149,494	115,046	149,112	153,944	196,796			147,071
Speech/Contracted Svcs	13,259	13,500	20,401	24,001	19,247	17,949	23,121	27,303	34,710	33,414	30,183			24,383
Cardiac Rehab	11,803	9,462	5,229	4,482	13,458	14,940	12,699	12,450	9,960	11,952	9,213			10,385
Wound Care	19,221	(89)	-	398	(4,312)	(5,429)	(244)	(239)	-	-	-			(1,102)
Dietary/Contracted Svcs	19,221	4,331	3,955	6,261	8,357	6,462	5,803	4,453	6,148	5,232	2,947			5,395
Total Patient Revenue	**$ 3,820,419**	**$ 3,214,672**	**$ 3,852,816**	**$ 3,926,483**	**$ 3,785,198**	**$ 4,043,598**	**$ 4,656,987**	**$ 4,274,705**	**$ 4,082,635**	**$ 4,292,940**	**$ 4,059,334**			$ 4,018,937

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending October, 2026

	Oct-26	2026 YTD	2025 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 3,175,790	$ 29,242,626	$ 27,884,917
Other receipts	$ 40,851	$ 814,177	$ 934,814
Payments to & on behalf of employees	$ (1,894,068)	$ (18,218,036)	$ (16,762,088)
Payments to suppliers and contractors	$ (1,002,199)	$ (11,607,456)	$ (11,384,617)
Net cash gained / (used) in operating activities	$ 320,374	$ 231,311	$ 673,027
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 1,103,214	$ 3,074,606	$ 2,271,304
Noncapital grants and contributions	$ 2,157	$ 71,257	$ 26,569
Net cash provided by noncapital financing activities	$ 1,105,371	$ 3,145,863	$ 2,297,873
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 249,662	$ 700,507	$ 673,094
Purchase of capital assets	$ (55,545)	$ (1,190,186)	$ (522,984)
Payments toward construction in progress		$ (6,635,256)	$ (95,944)
Proceeds from disposal of capital assets		$ 1,000	$ -
Proceeds from long-term debt		$ -	$ -
Principle & Interest paid on long-term debt		$ (127,144)	$ -
Bond maintenance & issuance costs		$ (550)	$ (140,495)
Capital grants and contributions	$ 104,136	$ 176,507	$ 79,478
Net cash provided by capital and related financing activities	$ 298,253	$ (7,075,122)	$ (6,851)
Cash flows from investing activities			
Investment Income	$ 31,250	$ 347,575	$ 551,589
Net increase (decrease) in cash and cash equivalents	$ 1,755,248	$ (3,350,374)	$ 3,515,638
Cash and Cash equivalents, beginning of period	$ 12,465,667	$ 17,571,288	$ 17,571,288
Cash and cash equivalents, end of period	$ 14,220,915	$ 14,220,915	$ 19,760,360

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

	Actual 1st Qtr	Actual 2nd Qtr	Actual 3rd Qtr	Actual October	Forecast November	Forecast December	Forecast 4th Qtr	Actual/Forecast Year End 2026	Budget 2026
Cash balance, beginning of period	$ 17,571,288	$ 16,709,642	$ 12,087,158	$ 12,465,667	$ 14,220,915	$ 14,829,889	$ 12,465,667	$ 17,571,288	$ 20,310,484
Cash available for operating needs	$ 17,352,680	$ 16,483,508	$ 11,219,669	$ 11,532,744	$ 13,038,330	$ 13,554,603	$ 11,532,744	$ 17,352,680	20,117,679
Cash restricted to debt service, other restricted funds	$ 218,608	$ 226,134	$ 867,489	$ 932,923	$ 1,182,585	$ 1,275,286	$ 932,923	$ 218,608	192,805
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 7,486,926	$ 9,419,293	$ 9,160,617	$ 3,175,790	$ 2,844,108	$ 2,630,653	$ 8,650,551	$ 34,717,386	$ 33,083,305
Grant receipts	$ 15,999	$ 48,127	$ 77,345	$ 2,157	$ 2,000	$ 2,000	$ 6,157	$ 147,629	$ 77,000
Other receipts	$ 350,483	$ 123,913	$ 299,929	$ 40,851	$ 53,538	$ 63,538	$ 157,927	$ 932,253	$ 1,233,456
Payments to or on behalf of employees	$ (4,774,599)	$ (5,788,558)	$ (5,760,811)	$ (1,894,068)	$ (1,891,869)	$ (1,879,799)	$ (5,665,736)	$ (21,989,704)	$ (24,685,273)
Payments to suppliers and contractors	$ (3,537,239)	$ (3,438,684)	$ (3,629,335)	$ (1,002,199)	$ (799,758)	$ (813,877)	$ (2,615,834)	$ (13,221,091)	$ (10,386,634)
Net cash provided by operating activities	$ (458,431)	$ 364,091	$ 147,746	$ 322,531	$ 208,019	$ 2,516	$ 533,066	$ 586,472	$ (678,146)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ 17,829	$ 227,743	$ 83,495	$ 6,036	$ 317,274	$ 335,103	$ 288,966
Taxation for Emergency Medical Services	$ 10,101	$ 1,343,713	$ 208,586	$ 875,471	$ 309,024	$ 22,342	$ 1,206,837	$ 2,769,237	$ 2,517,240
Investment Income	$ 136,956	$ 76,085	$ 103,283	$ 31,250	$ 51,330	$ 51,330	$ 133,910	$ 450,235	$ 615,960
Donations	$ -	$ -	$ -	$ 104,136		$ -	$ 104,136	$ 104,136	$ 90,000
Net cash provided by noncapital financing activities	$ 147,058	$ 1,419,799	$ 329,698	$ 1,238,600	$ 443,849	$ 79,708	$ 1,762,157	$ 3,658,711	$ 3,512,166
Proceeds from Long Term Debt	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (557,799)	$ (7,047,728)	$ (164,369)	$ (55,545)	$ (135,595)	$ (135,595)	$ (326,735)	$ (8,096,631)	$ (1,627,140)
Increase/(decrease) in cash available for operations	$ (869,172)	$ (5,263,839)	$ 313,075	$ 1,505,586	$ 516,273	$ (53,371)	$ 1,968,487	$ (3,851,449)	$ 1,206,880
Cash available for operating needs	**$ 16,483,508**	**$ 11,219,669**	**$ 11,532,744**	**$ 13,038,330**	**$ 13,554,603**	**$ 13,501,231**	**$ 13,501,231**	**$ 13,501,231**	**$ 21,324,559**
Taxation for bond prin & int (incl encumbd M&O)	$ 7,526	$ 768,499	$ 65,984	$ 249,662	$ 92,701	$ 6,702	$ 349,065	$ 1,191,074	$ 1,146,288
Principle & Interest paid on long-term debt		$ (127,144)	$ (550)			$ (1,029,145)	$ (1,029,145)	$ (1,156,839)	$ (1,156,289)
Restricted grants and contributions	$ -	$ -	$ -		$ -		$ -	$ -	
Increase/(decrease) in restricted cash	$ 7,526	$ 641,355	$ 65,434	$ 249,662	$ 92,701	$ (1,022,443)	$ (680,080)	$ 34,235	$ (10,001)
Cash restricted to debt service, other restricted funds	**$ 226,134**	**$ 867,489**	**$ 932,923**	**$ 1,182,585**	**$ 1,275,286**	**$ 252,843**	**$ 252,843**	**$ 252,843**	**$ 182,804**
Cash balance, end of period	**$ 16,709,642**	**$ 12,087,158**	**$ 12,465,667**	**$ 14,220,915**	**$ 14,829,889**	**$ 13,754,074**	**$ 13,754,074**	**$ 13,754,074**	**$ 21,507,363**

CASCADE MEDICAL CENTER

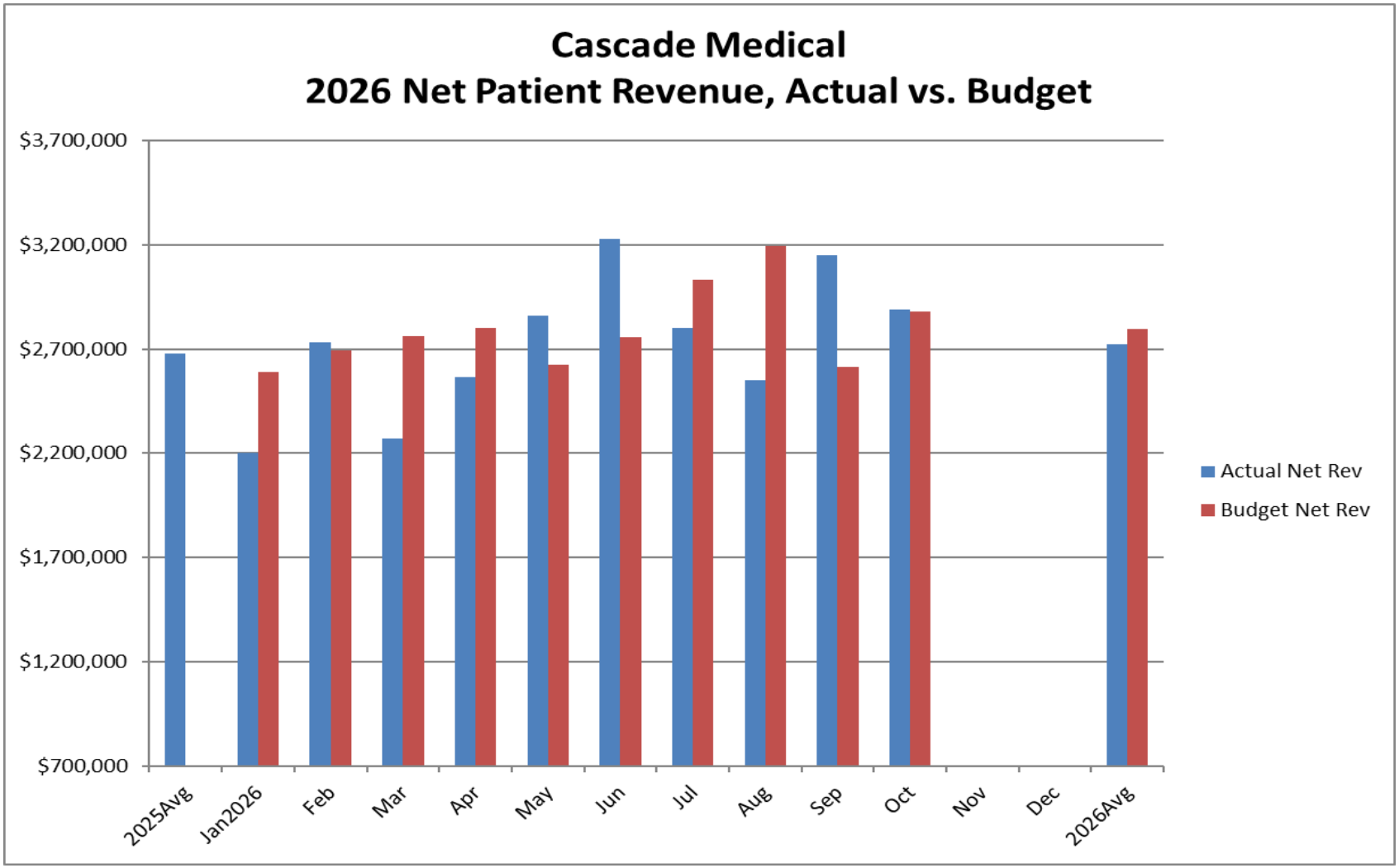
EMERGENCY MEDICAL SERVICES - OCTOBER, 2026

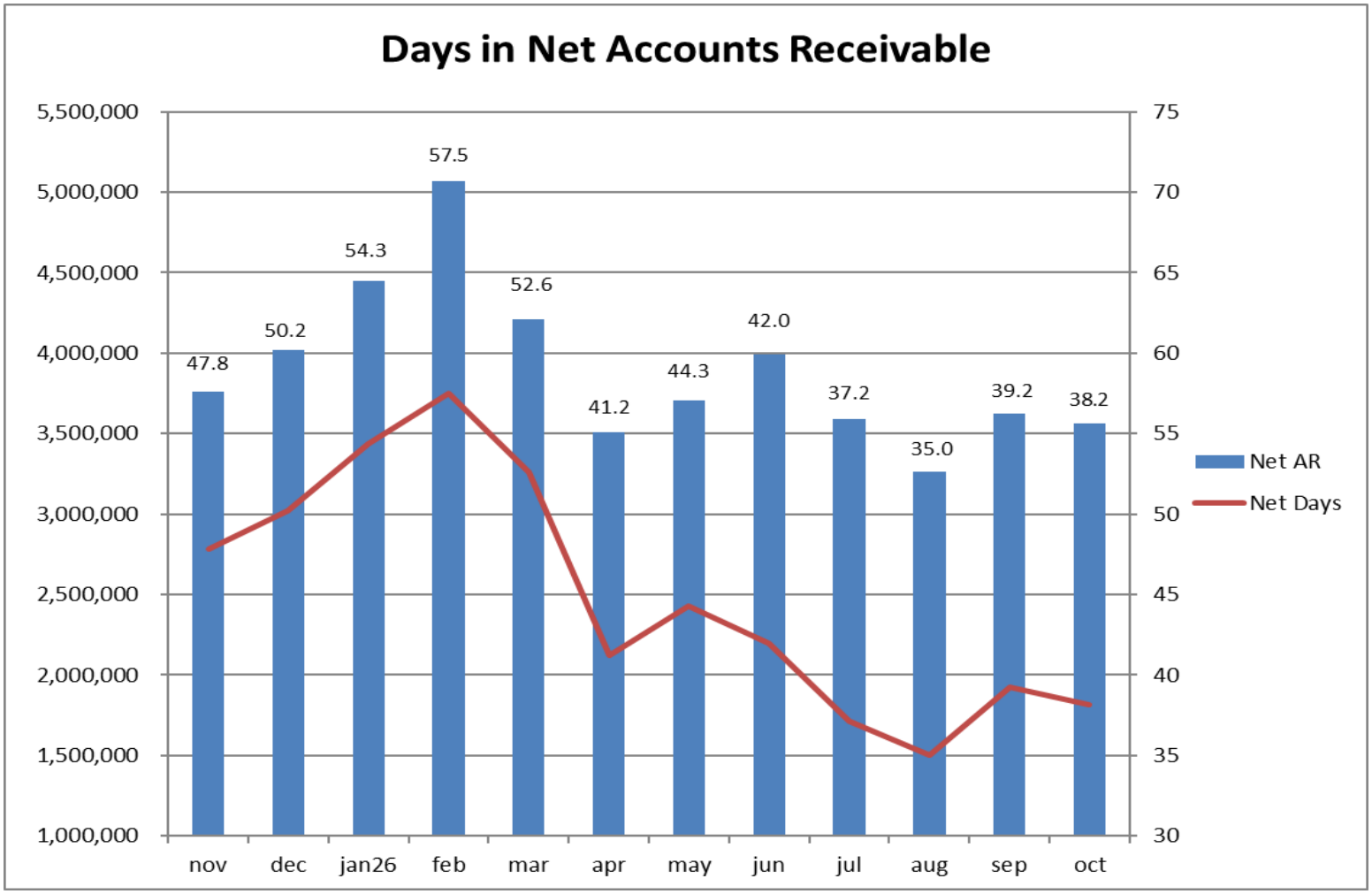
REVENUE	EMERGENCY ROOM 10/31/2026	EMERGENCY ROOM 10/31/2026 YTD	AMBULANCE 10/31/2026	AMBULANCE 10/31/2026 YTD	COMBINED EMERGENCY MEDICAL SERVICES 10/31/2026	COMBINED EMERGENCY MEDICAL SERVICES 10/31/2026 YTD	COMBINED EMERGENCY MEDICAL SERVICES 10/31/2025 YTD
PATIENT REVENUE	704,486	8,884,674	319,988	3,251,817	$1,024,474	$12,136,490	$11,759,360
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$409,870	$5,169,103	$171,418	$1,741,998	$581,288	$6,911,101	$6,710,557
NET PATIENT REVENUE	**$294,616**	**$3,715,571**	**$148,570**	**$1,509,818**	**$443,187**	**$5,225,390**	**$5,048,803**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$0
TOTAL OPERATING REVENUE	**$294,616**	**$3,715,571**	**$148,570**	**$1,509,818**	**$443,187**	**$5,225,390**	**$5,048,803**
OPERATING EXPENSES							
SALARIES AND WAGES	238,121	2,013,719	180,143	1,646,820	$418,264	$3,660,538	$3,574,788
EMPLOYEE BENEFITS	31,990	303,286	48,426	416,492	$80,416	$719,779	$683,393
PROFESSIONAL FEES	-	140,895	-	4,400	$0	$145,295	$207,392
SUPPLIES	5,365	63,403	8,055	76,140	$13,420	$139,542	$150,451
FUEL	-	-	3,014	29,697	$3,014	$29,697	$24,333
REPAIRS AND MAINT.	-	3,871	12,776	38,130	$12,776	$42,001	$67,176
PURCHASED SERVICES	3,472	35,358	16,046	157,698	$19,518	$193,056	$207,767
CONTINUING MEDICAL EDUCATION	-	9,734	1,831	21,586	$1,831	$31,320	$16,890
DUES	1,035	13,624	3,545	45,215	$4,580	$58,839	$30,558
OTHER EXPENSES	288	5,213	821	8,763	$1,109	$13,975	$11,352
LEASES / RENTALS	411	2,668	9,512	69,359	$9,923	$72,027	$56,463
DEPRECIATION	2,581	25,806	19,934	199,342	$22,515	$225,148	$284,110
TAXES AND LICENSES	429	2,205	-	390	$429	$2,595	$1,757
INSURANCE	837	8,374	3,359	33,587	$4,196	$41,961	$41,961
OVERHEAD COSTS	180,146	1,860,027	115,370	1,191,211	$295,516	$3,051,238	$2,921,912
TOTAL OPERATING EXPENSES	**$464,676**	**$4,488,183**	**$422,832**	**$3,938,829**	**$887,508**	**$8,427,011**	**$8,280,304**
MARGIN ON OPERATIONS	**($170,059)**	**($772,613)**	**($274,262)**	**($2,429,011)**	**($444,321)**	**($3,201,621)**	**($3,231,500)**
TAX REVENUE					**$209,770**	**$2,097,700**	**$1,467,620**
NET MARGIN WITH TAX REVENUE					**($234,551)**	**($1,103,921)**	**($1,763,880)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	**371**	**3,637**	**72**	**832**			
Total Ambulance Runs (includes unbillable runs)			**110**	**1,253**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	**317**	**3,562**	**71**	**778**			
Total Ambulance Runs (includes unbillable runs)			**106**	**1,109**			

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

	Oct 2026	Dec 2025
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,657,258	1,252,061
Savings Account	10,292,773	15,762,050
Patient Account Receivable	6,821,766	7,063,319
less: Reserves for Contractual Allowances	(3,256,878)	(3,226,153)
Inventories and Prepaid Expenses	343,613	329,797
Taxes Receivable - M&O Levy	(52,680)	15,982
- EMS Levy	(319,257)	17,469
Other Assets	780,278	1,542,368
Total Current Assets	16,266,872	22,756,893
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	66,662	460,201
CVB Memorial Fund	1,276	1,275
UTGO Bond Payable Fund	729,149	80,405
LTGO Bond Payable Fund	30,648	106,579
Investment Memorial Fund	148,531	144,037
Settlement Account	194,542	188,645
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	1,026,313	188,442
	2,197,120	1,169,585
Taxes Receivable - Construction Bond Levy	(87,430)	16,854
Total Assets Limited as to Use	2,109,690	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	9,377,765	9,362,642
Major Movable Equipment Hospital	8,087,000	7,393,948
Construction in Progress	6,645,602	10,346
Total Property, Plant and Equipment	37,062,571	29,690,838
Less: Accumulated Depreciation	(24,120,659)	(22,755,588)
	12,941,912	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	241,077	258,770
TOTAL ASSETS	33,232,219	32,810,019

	Oct 2026	Dec 2025
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	536,161	607,352
Accrued Payroll	615,181	770,056
Refunds Payable	(3,926)	-
Accrued PTO	1,073,898	1,009,328
Accrued SL & SD	936,900	936,900
Payroll Taxes & Benefits Payable	(210,723)	80,572
Accrued Interest Payable	105,954	21,191
Current Long Term Debt	904,680	911,072
Current OPEB Liability	854,361	894,361
Short Term Lease	-	-
ST Subscriptions	-	-
Settlement Payable	-	-
Total Current Liabilities	4,812,485	5,230,832
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	67,590	72,267
Long Term OPEB/Pension Liability	2,542,590	2,542,590
Long Term ROU Leases	-	-
Long Term Subscriptions	-	-
Total Long Term Liabilities	9,723,430	9,728,108
Total Liabilities	14,535,916	14,958,939
Fund Balance - Prior Years	17,851,079	17,851,079
Fund Balance - Current Year	845,224	-
Total Fund Balance	18,696,303	17,851,079
TOTAL LIABILITIES & FUND BALANCE	33,232,219	32,810,019


Cascade Medical
2026 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
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
5,500,000
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
47.8
50.2
54.3
57.5
52.6
41.2
44.3
42.0
37.2
35.0
39.2
38.2
nov
dec
jan26
feb
mar
apr
may
jun
jul
aug
sep
oct
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2026

Total Facility	Dec 2023	Dec 2024	Dec 2025	May2026	Jun	Jul	Aug	Sep	Oct
0 - 30 days	2,851,120	3,276,645	2,986,673	3,166,279	3,596,874	3,191,431	2,910,580	3,463,388	3,137,505
31-60 days	839,394	668,472	1,012,199	1,113,802	1,136,669	1,007,094	1,057,485	788,965	1,041,010
61-90 days	451,019	594,276	632,753	568,090	608,174	540,115	537,578	570,015	564,940
91-180 days	1,005,422	1,383,758	1,248,551	824,538	834,314	911,512	1,048,437	1,069,270	1,010,933
over 180 days	1,343,819	2,162,011	1,183,143	968,912	1,019,425	1,031,649	969,457	1,015,895	1,067,378
Total Balance	6,490,775	8,085,162	7,063,319	6,641,622	7,195,455	6,681,800	6,523,537	6,907,533	6,821,766
Credit bals as % of AR			2.8%	3.1%	2.2%	2.7%	3.6%	3.5%	3.6%
% >90 w/o installs									