



**Public Hospital District No.1: Board of Commissioners Meeting Agenda**  
**Wednesday November 19, 2025 | 5:00 PM**  
**Arleen Blackburn Conference Room and Zoom Connection**

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

<b>I.</b>	<b>Call to Order</b>	5:00	Shari Campbell
<b>II.</b>	<b>Pledge of Allegiance</b>	5:00	Shari Campbell
<b>III.</b>	<b>Consent Agenda</b>	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.		
	<ul style="list-style-type: none"> <li>• Meeting Agenda</li> <li>• October 3, 2025 Board Retreat Minutes</li> <li>• October 22, 2025 Board Meeting Minutes</li> </ul>		
	<b>Previous Month's Warrants Issued:</b>	10127680 – 10127787	10/15/2025 – 11/12/2025 \$ 494,860.09
	<b>Accounts Payable EFT Transactions:</b>	20250147 – 20250161	10/15/2025 – 11/12/2025 \$ 661,946.93
	<b>Payroll EFT Transactions:</b>	28631 – 29058	10/15/2025 – 11/12/2025 \$ 1,099,241.06
	<ul style="list-style-type: none"> <li>• Bad Debt: October 2025</li> </ul>		
<b>IV.</b>	<b>Community Input</b>	5:05	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
<b>V.</b>	<b>CM Values</b>	5:10	Diane Blake
<b>VI.</b>	<b>Committee Reports</b>	5:15	
	a. Governance Committee		Shari Campbell
<b>VII.</b>	<b>Discussions &amp; Reports</b>	5:25	
	a. CEO Annual Evaluation Process & Materials		Commissioners
	b. Department of Health Survey		Pat Songer
<b>BREAK</b>		5:45	
<b>VIII.</b>	<b>Action Items</b>	6:00	Commissioners
	a. <b>MOTION:</b> Approve Organizational Succession Plan		
	b. <b>MOTION:</b> Approve 2026-2028 Community Health Needs Assessment		
	c. <b>MOTION:</b> Approve Credentialing		
<b>IX.</b>	<b>October Financial Report</b>	6:30	Marianne Vincent
<b>X.</b>	<b>Administrator Report</b>	6:35	Diane Blake
<b>XI.</b>	<b>Board Follow Up Items</b>	6:55	Commissioners
<b>XII.</b>	<b>Meeting Evaluation/Commissioner Comments</b>	7:00	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
<b>XIII.</b>	<b>Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))</b>	7:10	Commissioners
<b>XIV.</b>	<b>Adjournment</b>	7:40	Shari Campbell

## BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
December 10, 2025	CMF Board Meeting	Cary	ABC Room	9:00 AM
December 17, 2025	Board Meeting		ABC Room	5:00 PM
January 6, 2025	Special Board Meeting		Administration Conf. Room	3:00 PM – 5:00 PM
January 7, 2025	Medical Staff		ABC Room	7:00 AM
February 4, 2025	Medical Staff		ABC Room	7:00 AM
May 6, 2025	Medical Staff		ABC Room	7:00 AM
August 5, 2025	Medical Staff		ABC Room	7:00 AM
October 7, 2025	Medical Staff		ABC Room	7:00 AM

## 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 19, 2025**

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.
- **Committee Reports**
  - Governance Committee – Included in your packet is the agenda from the most recent committee meeting, to facilitate Shari’s report.
- **Discussions & Reports**
  - CEO Annual Evaluation Process and Materials – Included in your packet is the proposed timeline / process document for the annual CEO evaluation as well as the evaluation tool itself. These documents have been reviewed by the Governance Committee in advance of the November Board meeting.
  - Department of Health Survey – No documents are included in your packet for this item. Pat will present a high-level overview of our recent hospital licensing survey and fire & life safety survey.
- **Action Items**
  - 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 process we go through annually, including presenting it to the board for review and approval.
  - 2026-2028 Community Health Needs Assessment (CHNA) – We are awaiting final edits to the CHNA. While minor, we’d like those to be made prior to sending to you for final review. Thus, we will send the final version to you separately from the meeting packet but prior to end of day Monday.
  - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **October Financial Report** – Included in your packet is the financial report for October 2025 to support Marianne’s report.

### **Further Notes**

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Included in your packet is Q3 turnover data, in the form of two graphs, which are provided for your review. This information is provided to you on a regular basis to help provide a strategic view of the CM environment via turnover data.
- We will bring proposed three-year organizational objectives back to you with a draft of 2026 annual objectives in December. The Executive Team are scheduled to refine the

three-year plan, based on October Board feedback, on November 20, so there is not another update to provide yet at the November meeting. We will plan to send this information out to you well ahead of the December meeting to allow for collection of your questions and thoughts in advance of the meeting, so we can be prepared for a robust discussion in December.



**Minutes of the Board of Commissioners Meeting**

Chelan County Public Hospital District No. 1

Icicle Village Resort

October 3, 2025

- Present:** Shari Campbell, President; Tom Baranouskas, Vice President; Cary Ecker, Commissioner; Dr. Jesse Knight, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operations Officer; Melissa Grimm, Chief Human Resources Officer; Marianne Vincent, Chief Financial Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director, Rural Health Clinic; Madison McNeil, Human Resources Coordinator
- Guests:** Charles Hall, John Dao
- Zoom:** Wipfli

Topics	Actions/Discussions
<b>Kick Off</b>	President Shari Campbell and Charles Hall welcomed the board and started introductions at 8:33am.
<b>Ice Breakers</b>	<p>Charles opened by directing the preassigned icebreakers centered around dialogue for thoughtful strategic planning.</p> <p>“If Cascade was recognized in 5 Years as the most trusted provider of patient and family centered care in our region, what would patients and families say about their experiences?”</p> <p>“If we reinvest wisely over the next 5 years, what facilities, technology, or services will Cascade be known for?”</p> <p>“In a competitive and collaborative healthcare environment, what should Cascade do to strengthen its role in primary care, specialty care, and procedures?”</p> <p>“Imagine cascade becomes the Healthcare employer of choice in the region. What does that look like for our staff, providers, and leaders?”</p> <p>“What role should cascade play in shaping the health and wellness of our community beyond traditional hospital and clinic care?”</p>
<b>Wipfli Market Share and Master Facility Planning Analysis</b>	John Dao delivered the presentation. Wipfli provided the Board with a comprehensive assessment of our facility and its current resources, market position, and facility/service needs. John informed the Board and Executive Team of our organization’s current standings for purposes of exploring strategic opportunities for growth, facility planning, and service development.
<b>Developing Cascade strategic 3-year Directional Themes</b>	<p>After the Board broke for lunch, Diane directed a brainstorming exercise to review and prioritize key strategic activities within Cascade’s four pillars of focus.</p> <p>Financial Stewardship: Maintain a financially stable Public Hospital District that meets our communities; needs now and in the future.</p>

	<p>Community Connections: Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.</p> <p>Our People: Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.</p> <p>Patient &amp; Family Centered Care: Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.</p>
<b>Connecting Strategy to Cascade's Mission and Vision Statements</b>	<p>This closing group exercise, led by Diane and Charles, focused on strengthening the alignment between Cascade's strategic priorities and its mission and vision. We will work to ensure that the future initiatives not only advance strategic goals by also reinforce the organization's core purpose, identity and long-term direction. The Governance Committee will be reassessing our mission and vision statements and will be using feedback from this exercise to further develop those statements to match the strategic work we've done today.</p>
<b>Adjournment</b>	<p>Charles and Shari adjourned the meeting at 4:08.</p>

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Shari Campbell, President

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Jessica Kendall, Secretary



**Minutes of the Board of Commissioners Meeting**

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

October 22, 2025

- Present:** Shari Campbell, President; Tom Baranouskas, Vice President; Jessica Kendall, Commissioner; Cary Ecker, Commissioner; Dr. Jesse Knight, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director of Rural Health Clinic; Megan Baker, Executive Assistant
- Guests:** Christian Soper, EMS; Hays Clawson, EMS; Jennifer Andrews, EMS
- Zoom:** Lester Stolz, EMS; Leilani DiPaula, EMS

Topics	Actions/Discussions
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>President Shari Campbell called the meeting to order at 5:01 PM. Dr. Knight then led the Pledge of Allegiance.</li> </ul>
<b>Consent Agenda</b>	<ul style="list-style-type: none"> <li>Cary moved to approve the consent agenda. Jessica seconded the motion; motion unanimously approved.</li> </ul>
<b>Community Input</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>CM Values</b>	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> <li>Diane's shared a childhood story which reinforced the importance of honesty and accountability. She believes that transparency builds trust, encourages learning from mistakes, and strengthens processes. In healthcare, these principles are essential for enhancing team performance and delivering safe, high-quality care.</li> </ul>
<b>Q3 Finance Report</b>	<p>Marianne Vincent provided the Finance report.</p> <ul style="list-style-type: none"> <li>Cascade Medical has a positive margin of \$1.96 million, exceeding projections by \$1.8 million.</li> <li>September performance was near budget, with a positive margin of \$88,000.</li> <li>Q3 overall strong. Year-to-date variances:               <ul style="list-style-type: none"> <li>Contractual allowances are high at \$2.7 million.</li> <li>Salaries and benefits are \$26K over budget.</li> <li>Professional fees are over budget by \$750K, due to ongoing Meditech work and informatics support.</li> <li>Other operating expenses are over budget due to depreciation, which will increase as remaining IT assets are written off later in the year.</li> </ul> </li> <li>Cash receipts for September were strong; YTD collections total \$28 million, \$3.2 million above budget.</li> <li>Days in net AR trending down at 38.3 days.</li> <li>340(B) program audit is underway.</li> <li>Provided the final data to DZA for GEMT cost report and the interim Medicare cost report.</li> </ul>
<b>Finance Committee Report</b>	<p>Tom Baranouskas provided the Finance Committee report.</p> <ul style="list-style-type: none"> <li>The Committee reviewed the Q3 financial highlights and discussed several key topics, including bad debt questions related to Armada, the 2026 budget, and the forecasted 5.9% clinic volume growth. They also considered an annual increase recommendation, endorsed continuing with current auditors DZA, and reviewed industry trends and upcoming state and federal legislation.</li> </ul>

<p><b>2026 Budget Hearing: 2<sup>nd</sup> Reading</b></p>	<p>Marianne Vincent led the budget hearing.</p> <ul style="list-style-type: none"> <li>• Schedule of Changes since September review: <ul style="list-style-type: none"> <li>○ Salaries: Adjustments included raising the lowest wage rates; the Finance Committee recommended a 4.0% annual wage increase for staff. Cascade Medical also increased base pay to no less than \$20.00/hour.</li> <li>○ EMS: Adjusted to account for the increased levy rate of \$0.50/\$1,000, ensuring alignment with updated funding projections.</li> <li>○ Plant and Food Costs: Noted increases from first draft of budget.</li> <li>○ Budget Margin: Ending at 3.6% positive margin.</li> <li>○ FTE: Proposed increase of 3.8 FTE for 2026; positions were in the initial budget, but associated dollars were not finalized.</li> </ul> </li> <li>• Dues and Subscriptions: Costs rose across several areas: <ul style="list-style-type: none"> <li>○ AVO expenses increased.</li> <li>○ Luma is more expensive than previous vendor Telavox.</li> <li>○ WSHA and TRC dues increased.</li> <li>○ HIM added software expenses for medical necessity support.</li> <li>○ IT costs rose, this is partially due to coding classifications of licensing and subscriptions.</li> </ul> </li> <li>• Leases and Rentals: <ul style="list-style-type: none"> <li>○ Committed to a second apartment for ambulance staff and a second lease for rehab services.</li> <li>○ PYXIS costs increased due to system upgrades.</li> <li>○ Administrative expenses rose related to the city parking commitment and additional housing for interim rehab director.</li> </ul> </li> <li>• Benefits: Employee health insurance costs are driving a 19% increase in overall benefits.</li> <li>• <b>Shari opened the floor for Public Comment at 6:04 PM. There were no comments.</b></li> <li>• <b>Shari closed the floor for Public Comment at 6:05 PM.</b></li> <li>• Commissioners engaged in a robust discussion on supporting staff financially and expressed a commitment to ongoing staff satisfaction.</li> </ul>
<p><b>Action Item</b></p>	<p><b>MOTION: Approve Ambulance Purchase</b></p> <ul style="list-style-type: none"> <li>• Tom moved to approve; Jessica seconded. Motion unanimously approved</li> </ul> <p><b>MOTION: Approve Resolution 2025-05: 2026 Operating &amp; Capital Budget</b></p> <ul style="list-style-type: none"> <li>• Tom moved to approve the resolution with a 4.0% annual wage increase for non-union staff (union staff already have contracts in place);. Cary seconded. Motion unanimously approved.</li> </ul>
<p><b>BREAK</b></p>	<ul style="list-style-type: none"> <li>• The Commission took a 10-minute break at 6:20 PM and resumed the meeting at 6:30 PM.</li> </ul>
<p><b>Committee Reports</b></p>	<p><b>Medical Staff Meeting</b> Dr. Jesse Knight provided the report.</p> <ul style="list-style-type: none"> <li>• The group reviewed the strategic plan, behavioral health services are offered at the high school, and the Medical Staff is working on a new Physician Assistant oversight model.</li> </ul> <p><b>Part-time Resident Advisory Council Meeting</b> Shari Campbell provided the report.</p> <ul style="list-style-type: none"> <li>• The Part-time Resident Advisory Council was highly engaged, offering perspectives on various topics, discussing ways to communicate Cascade Medical updates, and exploring opportunities to market other services while continuing to recruit part-time members.</li> </ul>

<p><b>Discussions &amp; Reports</b></p>	<p><b>A. Q3 2025 Organizational Dashboard Review</b>  Diane Blake led the review.</p> <ul style="list-style-type: none"> <li>• A few items are lagging but are expected to be on track by the end of the year. <ul style="list-style-type: none"> <li>○ Team-based care efforts include expansion of hours, with Saturday hours starting December 6.</li> <li>○ Charge capture work may remain behind schedule; hiring of the Director of HIM and Revenue Integrity is helping advance related initiatives.</li> <li>○ Efforts to utilize data / measurement to inform communication work is lagging. A reenergized marketing plan will launch in 2026.</li> <li>○ Infusion services are lagging from the original scope, but patient growth continues steadily within current operational capacity.</li> </ul> </li> <li>• The Commission expressed gratitude for the dashboard companion document.</li> </ul> <p><b>B. Draft Three-Year Objectives</b>  Diane Blake provided the report.</p> <ul style="list-style-type: none"> <li>• <b>Process:</b> First refine themes (pillars), then create annual objectives.</li> <li>• <b>Patient and Family Centered Care</b> <ul style="list-style-type: none"> <li>○ Themes: Access, quality, whole patient experience that is warm, friendly, and affordable.</li> <li>○ Broaden language to reflect access to the right number and types of clinicians.</li> <li>○ Emphasize care home and personal touch.</li> </ul> </li> <li>• <b>Financial Stewardship</b> <ul style="list-style-type: none"> <li>○ Themes: Service expansion, strengthening financial performance, and innovation.</li> <li>○ Focus on service expansion, financial literacy, and patient access to care.</li> </ul> </li> <li>• <b>Our People</b> <ul style="list-style-type: none"> <li>○ Themes: Working culture, enhanced pay and benefits, education, and promotion.</li> <li>○ Working culture and promotion could be combined.</li> </ul> </li> <li>• <b>Community Connections</b> <ul style="list-style-type: none"> <li>○ Themes: Convenient access points for care, promotion, mindful outreach.</li> <li>○ Continue designating care focus to the Latinx community where possible.</li> </ul> </li> </ul> <p><b>C. Draft Community Health Needs Assessment (CHNA)</b>  Diane Blake provided the update.</p> <ul style="list-style-type: none"> <li>• The Commission reported that the document looked good. The priority areas remained the same as earlier draft CHNA review.</li> </ul>
<p><b>Action Items</b></p>	<p><b>MOTION: Approve Credentialing</b></p> <ul style="list-style-type: none"> <li>• Shari moved to approve; Jessica seconded. Motion unanimously approved.</li> </ul> <p><b>MOTION: Approve Resolution 2025-06: Authorizing the 2026 Regular Property Tax Levy</b></p> <ul style="list-style-type: none"> <li>• Cary moved to approve; Dr. Knight seconded. Motion unanimously approved.</li> </ul> <p><b>Motion: Approve Resolution 2026-07: Authorizing the 2026 EMS Property Tax Levy</b></p> <ul style="list-style-type: none"> <li>• Tom moved to approve; Jessica seconded. Motion unanimously approved.</li> </ul>

<b>Administrator Report</b>	<p><b>Diane Blake provided the report.</b></p> <ul style="list-style-type: none"> <li>• <b>Staffing and Recruitment:</b> Justin Stoltzfus, FNP, was hired as a full-time provider and will begin seeing patients in early January, working four days per week with a full patient panel. Endoscopy services will expand from one day per week to two. Physician recruitment continues, with residents unavailable until fall 2026, and efforts are ongoing to recruit a full-time physician for the Medical Director role. Luke Hoisington will transition VFCIO responsibilities to Brett Mello, maintaining Meditech support.</li> <li>• <b>Department of Health Surveys:</b> The clinic has addressed deficiencies, and the plan of correction has been accepted. The hospital received a deficiency list from a late-September survey, and a plan of correction is expected to be submitted by the end of the week.</li> <li>• <b>Clinic Remodel</b> is nearly complete.</li> <li>• <b>CM Foundation:</b> Their project will fund an endoscopy bundle valued at \$101,000, with a stretch goal to purchase a Big Wheel stretcher—bringing the total fundraising goal to \$124,000.</li> <li>• <b>Board Retreat Survey:</b> Please provide your feedback.</li> <li>• <b>Advocacy Updates:</b> Telehealth services in the clinic are temporarily prohibited due to the government shutdown. The organization is monitoring potential impacts from the upcoming state legislative session and the state budget. Changes to the Open Exchange may result in approximately 800,000 people losing healthcare coverage. The Rural Health Transformation Program could provide \$50 billion over five years to states supporting rural care.</li> <li>• <b>Kudos to the EMS team:</b> Brian Pulse hosted the entire organization, and the team enjoyed connecting with one another.</li> </ul>
<b>Board Follow Up Items</b>	<ul style="list-style-type: none"> <li>• Please check your emails</li> <li>• Tom will attend Open Forum on 11/13 @ 12:00 PM.</li> <li>• Holiday Party: December 3<sup>rd</sup>, 6-9 PM</li> </ul>
<b>Meeting Evaluation/Commissioner Comments</b>	<ul style="list-style-type: none"> <li>• Good discussions tonight. Please continue thinking about strategic plan themes.</li> </ul>
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Tom moved to adjourn at 8:02 PM; Jessica seconded, and the group unanimously agreed.</li> </ul>

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Shari Campbell, President

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Jessica Kendall, Secretary

FINANCIAL ACCOUNTING  
WARRANTS / EFTS ISSUED

Commissioner Meeting: November 19, 2025

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	10127680 – 10127787	\$494,860.09	10/15/2025 – 11/12/2025
Accounts Payable EFT Transactions	20250147 – 20250161	\$661,946.93	10/15/2025 – 11/12/2025
Accounts Payable ACH Transactions	EP13216 – EP13249 EP13283 – EP13310 EP13344 – EP13387 EP13439 – EP13459 EP13498 – EP13517	\$646,352.90	10/15/2025 – 11/12/2025
Payroll EFT Transactions	28631 – 29058	\$1,099,241.06	10/15/2025 – 11/12/2025
Grand Total		\$2,902,400.98	

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

Prepared by:

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Kathy Jo Evans  
Director of Accounting

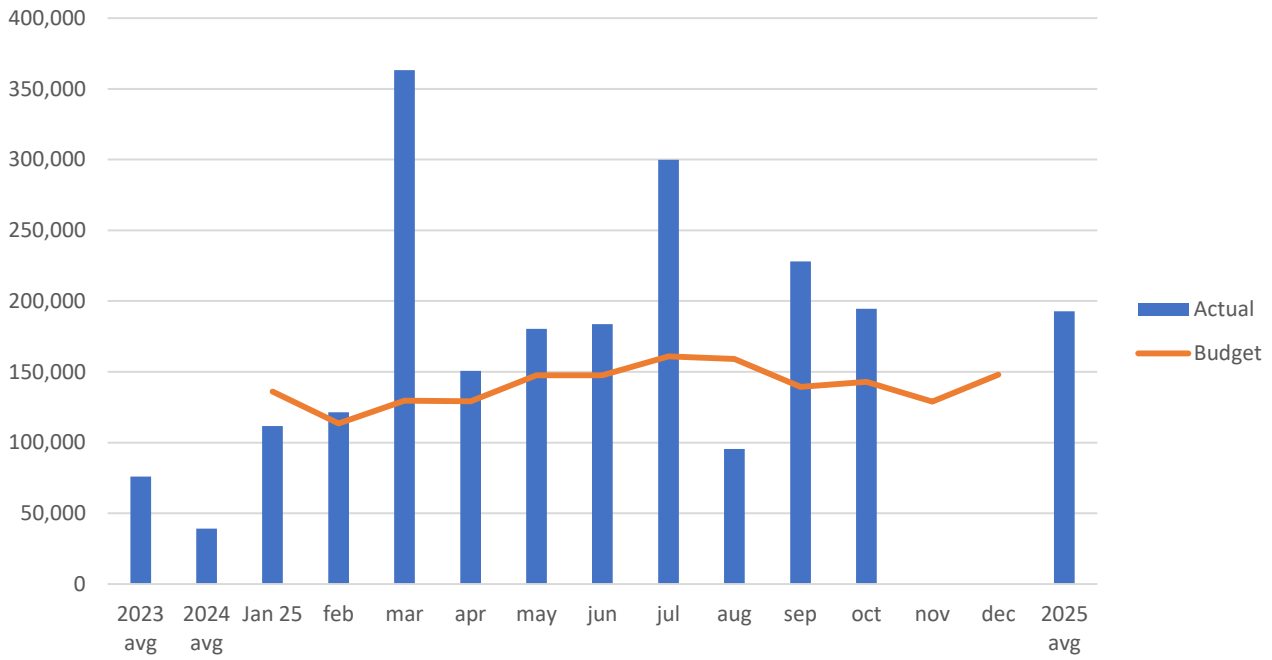
**Cascade Medical**  
**Bad Debt Write Offs**  
**Financial Assistance Program Discounts**

Month October, 2025

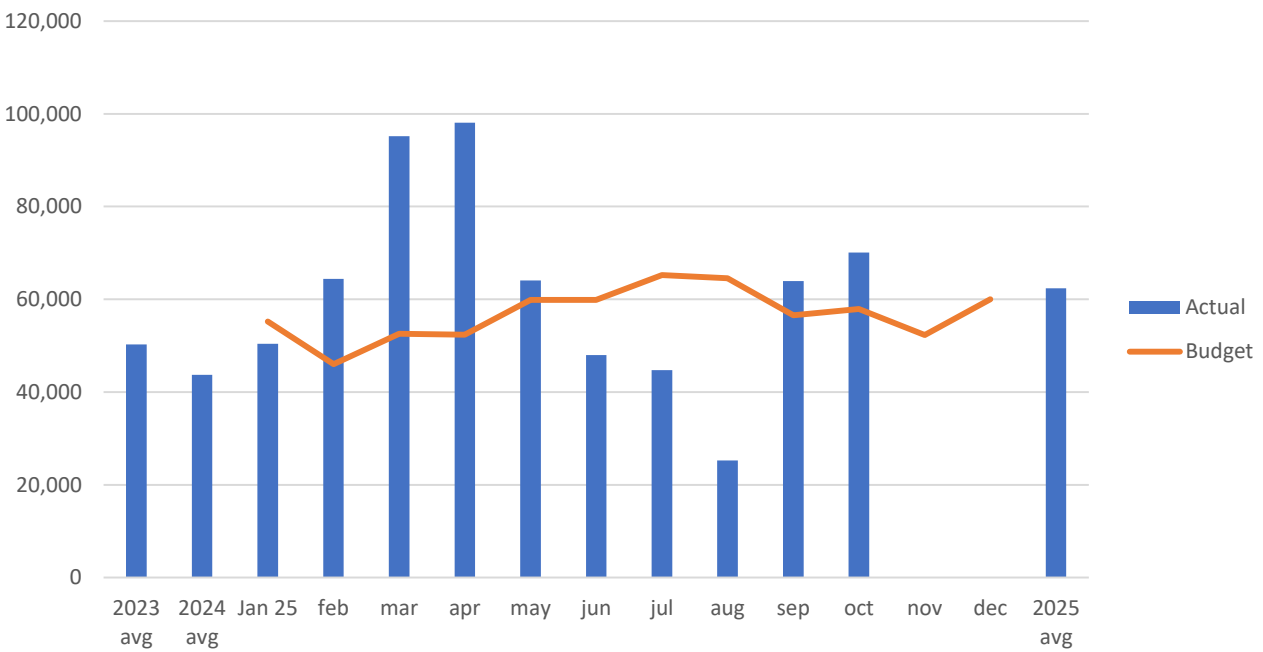
Net Bad Debt Write-Offs for Board Approval	\$	<b>194,460.32</b>
CFSP/Financial Assistance Program Discounts for Board Approval	\$	<b>70,060.18</b>

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	232,709.34
	less: pullback from Agency due to receipt of payments	(38,249.02)
	Net Bad Debt Write-Offs	194,460.32
CFSP/Financial Assistance Applications - Discounts Approved	\$	70,060.18
Total		264,520.50

### Net Account Balances Sent to Collections



### CFSP/Financial Assistance Discounts





**AGENDA**

**Board Governance Committee**  
**November 17, 2025**  
2:00 PM-4:00 PM  
Administration Conference Room

Agenda Item		Time
1.	Call to Order	2:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none"> <li>• November 17, 2025 Agenda</li> <li>• August 20, 2025 Minutes</li> </ul>	2:00 PM
<b>Committee Work</b>		
1.	Review policies: <ul style="list-style-type: none"> <li>• Commissioner Compensation Policy</li> </ul>	2:00 PM
2.	Board Roles / Succession <ul style="list-style-type: none"> <li>• Update from Governance Chair on how committee chairs are doing</li> <li>• Discuss 2026 committee membership and officer rotations</li> <li>• Other board future / succession topics</li> <li>• Message about Role of Hospital Commissioner</li> </ul>	2:05 PM
3.	Committee Discussion <ul style="list-style-type: none"> <li>• Committee self-evaluation discussion</li> <li>• Review charter, propose updates if needed</li> <li>• Review 2025 workplan for completion &amp; accuracy</li> <li>• Begin to draft 2026 committee workplan, with a focus of continuing to grow the board's facility with strategic work</li> </ul>	2:20 PM
4.	Board Education Plan <ul style="list-style-type: none"> <li>• Review 2025 education plan</li> <li>• Begin to develop 2026 Board education plan, with attention to the Board's strategic growth, January/February priorities, and annual conferences</li> <li>• Consider OPM impacts for select board committees against potential benefit to learning by inviting a third commissioner periodically</li> </ul>	3:00 PM
5.	Check progress on Board's 2025 objectives and begin to develop 2026's	3:20 PM
6.	Finalize timeline and documents for CEO annual review	3:35 PM
7.	Review attendee feedback from October Board retreat, if time allows	3:45 PM
8.	Set next meeting date	3:55 PM
<b>Adjournment</b>		
1.	Adjournment	4:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from August 20, 2025, meeting
- Commissioner Compensation Policy
- List of current commissioners with committee and officer roles
- Role of a Hospital Commissioner DRAFT
- Committee self-evaluation questions
- Governance Committee Charter
- 2025 workplan with completion notes
- 2026 workplan (beginning draft)
- 2025 Board Education Plan
- 2025 Board Objectives
- CEO evaluation document / tool
- CEO annual evaluation timeline and process
- October Board retreat evaluation

## Timeline for CEO Review - 2025

**October of Odd Years** Governance Committee Board members to review CEO market wage data (comp data used Lake Chelan, Klickitat, Skyline and Gallagher (blended Acute Care and Rural Critical Access)) and assess for full board review

**November 15** CHRO, in collaboration with Board President, begins work with Clinic Medical Director and ED Medical Director who will facilitate discussions among providers to gather feedback on two questions:

- What are two or three things the CEO has done particularly well this year?
- What two or three things would you like to see the CEO do more of or do differently in the future?

**November 15** CHRO, in collaboration with Board President, begins work to facilitate discussion among Executive Team and CEO's direct reports to gather feedback on two questions:

- What are two or three things the CEO has done particularly well this year?
- What two or three things would you like to see the CEO do more of or do differently in the future?

**November 19** Full Board reviews CEO performance review documents and process

**December 8** Deadline for CEO completion of written synopsis self-evaluation

**December 8** Deadline for CHRO to receive summary from Medical Directors and to complete facilitation with CEO's direct reports

**December 11** Deadline for CHRO to send to the Board the CEO self-evaluation document and the summarized feedback from medical staff and CEO's direct reports. CHRO also sends the CEO evaluation document to commissioners, for individual completion.

**December 19** Deadline for commissioners to submit individual CEO evaluation forms to CHRO, so they can be summarized.

**December 29** CHRO sends summary of commissioner evaluation forms to Board President and Vice President, for use in completing a draft CEO evaluation document.

**January 6, 2026: Special Board Meeting**

Special Meeting of the full board to review information and collaboratively finalize ratings and comments for CEO review document. Relevant review documents will be sent out in advance to all board members. CHRO will help with this process.

**January 13, 2026:** Board President sends draft CEO evaluation document to commissioners for review by end of day.

**On or about January 30, 2026:** Commissioners provide feedback to Board President on proposed CEO evaluation. If feedback raises no material questions or need for additional collaborative work, evaluation document will be finalized for February review presentation.

**If needed, between January 30, 2026 and February 25, 2026:** Special Board meeting will be held to finalize CEO evaluation if the need for material changes or revisions to the review document arise out of feedback received from commissioners on January 30.

**February 25, 2026: Review Presentation Meeting**

Full Board will conduct CEO final performance review in Executive Session at February regular Board meeting.

**General Process Notes / Reminder**

Cascade Medical typically performs a market analysis for exempt employees every two years. Beginning with 2025, CEO market wage analysis will be included with the other exempt employees. The ideal time frame for this work will be during the summer months, which will allow for market wage adjustments to be considered and implemented early enough to be captured in the budget for the ensuing year.

If a change in wage or benefits occurs\* it should be documented by Resolution of the Board, voted on in an open public meeting and appended to CEO Agreement. The Resolution cannot back date wage or benefit change; any change would be effective going forward after passage of the Resolution.

\*The only time two meetings are needed to review and then approve a CEO Agreement is for appointment or removal of a CEO / Superintendent. Further, if there are no changes made to the CEO Agreement, then no resolution is needed; the Agreement is effective until terminated as provided for in the Agreement.

## CEO Assessment of Key Accountabilities

Please evaluate the CEO’s performance for each *Key Accountability*. Use the “Comments” section to explain your answers (especially for those which you answered ‘Fails to Meet Expectations’, ‘Meets Minimal Expectations’, ‘Exceeds Expectations’ or ‘Don’t Know’.) Use space provided to explain evaluation or cite examples; attach additional pages if needed.

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
<b>Financial Management</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ Not Applicable</i>
<p><b>In rating the CEO’s performance around <u>Financial Management</u> please consider the following:</b>                      Achieves financial goals as set by the Board of Commissioners. Promotes effective allocation and utilization of resources. Ensures adequate financial controls are in place to protect the financial health of the organization. Enhances revenue and controls costs to foster achievement of planned total margin.</p>	1	2	3	4	5	N/A
	Comments:					
<b>Quality of Care and Service</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO’s performance around <u>Quality of Care and Service</u> please consider the following:</b>                      Fosters a culture of quality and safety within the organization. Ensures overall facility-wide quality and compliance programs are actively in place for all services. Gains commitment from entire clinical staff to support facility’s quality improvement initiatives. Maintains organizational focus on delivering customer service that meets the highest patient satisfaction and customer service standards. Ensures the organization takes measures necessary to promote patient and employee safety.</p>	1	2	3	4	5	N/A
	Comments:					
<b>Human Resource Management</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO’s performance around <u>Human Resource Management</u> please consider the following:</b>                      Provides leadership that allows the organization to attract, retain, motivate and develop a highly qualified workforce. Manages a cohesive executive team to successfully implement organizational objectives. Strives to maintain a good working environment and high employee morale.</p>	1	2	3	4	5	N/A
	Comments:					

## CEO Assessment of Key Accountabilities

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
<b>Leadership</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO's performance around <u>Leadership</u> please consider the following:</b>                      Displays strong leadership in effectively navigating complex challenges facing the organization. Fosters climate that promotes effective decision-making at all levels of the organization. Demonstrates the ability to bring people together and guide them toward a common goal. Promotes and prioritizes high ethical standards for the organization.</p>	1	2	3	4	5	N/A
	Comments:					
<b>Operational and Performance Management</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO's performance around <u>Operational and Performance Management</u> please consider the following:</b>                      Exhibits understanding of key operating issues while maintaining primary focus on strategic leadership. Takes responsibility for achievement of established organizational goals. Establishes systems for monitoring performance and provides regular reports to the Board of Commissioners. Oversees regulatory compliance with local, state and federal standards and takes corrective action when necessary.</p>	1	2	3	4	5	N/A
	Comments:					
<b>Strategic Planning</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO's performance around <u>Strategic Planning</u> please consider the following:</b>                      Effectively translates the organization's vision and mission into realistic strategic goals and objectives. Develops, communicates and leads implementation of the organization's strategic plan. Ensures the planning process is effective and that the organization's strategic direction is clear to all staff. Obtains and allocates resources consistent with strategic priorities.</p>	1	2	3	4	5	N/A
	Comments:					

## CEO Assessment of Key Accountabilities

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
<b>Board Relations and Communications</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO's performance around <u>Board Relations and Communications</u> please consider the following:</b> Provides the Board of Commissioners with clear and timely information it needs to monitor organizational performance and make good decisions. Builds and maintains effective working relationships with Board members. Keeps Board informed of important developments and issues. Provides the Board of Commissioners with on-going educational opportunities.</p>	1	2	3	4	5	N/A
	Comments:					
<b>Provider Relations</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO's performance around <u>Provider Relations</u> please consider the following:</b> Develops and maintains positive and productive relationships with providers associated with the organization. Encourages input from providers; e.g., key operational issues and strategic plan.</p>	1	2	3	4	5	N/A
	Comments:					
<b>External Relations</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<p><b>In rating the CEO's performance around <u>External Relations</u> please consider the following:</b> Clearly communicates the vision and mission of the organization to the community and organizational stakeholders. Effectively represents the organization's position to local, state and federal law makers. Ensures the organization participates in the identification of community health needs. Implements programs to appropriately address identified community health needs.</p>	1	2	3	4	5	N/A
	Comments:					

## CEO Assessment of Key Accountabilities

KEY ACCOUNTABILITIES AND PERFORMANCE FACTORS	EVALUATION/COMMENTS					
<b>Professional Development</b>	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
<b>In rating the CEO's performance around <i>Professional Development</i> please consider the following:</b> Remains current on healthcare industry changes and trends. Engages in personal and professional development. Attends and serves professional and civic service organizations as an organizational representative. Encourages professional development of employees.	1	2	3	4	5	N/A
Comments:						
<b><i>Overall Performance Rating</i></b>						
Please provide your overall rating of the CEO's performance. Provide your comments in the space below.	<i>Fails to Meet Expectations</i>	<i>Meets Minimal Expectations</i>	<i>Meets Some Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>Don't Know/ No Answer</i>
	1	2	3	4	5	N/A
Comments:						

## CEO Assessment of Key Accountabilities

### Examples

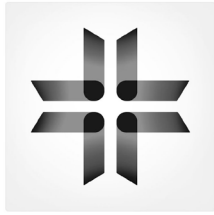
Please identify any examples of performance that you believe are particularly noteworthy. Explain how the examples illustrate your evaluation above.

### Achievements

Please identify any achievements you believe should be recognized.

### Improvements Needed

Please note any areas in which the CEO's abilities or performance should be improve



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

# Succession Planning Document

November 20254

# **Cascade Medical Succession Planning Document**

## **Table of Contents**

1. Executive Summary	Page 3
2. Emergency plan	Page 4-5
3. Identification of Positions Needing Succession	Page 6-7
4. Philosophy – internal vs. external recruitment If external, what, when, how	Page 8

## 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.<sup>1</sup> 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 diversity within its team. A ~~diverse~~ team composed of people with a broad range of experiences ~~brings broader perspectives to planning and decision-making,~~ maximizes ~~ing~~ 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 diversity ~~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, with a goal for the Cascade Medical team to be broadly diverse and exhibit a close representation of the communities we serve.~~

## Emergency Plan

### **Emergency CEO and Chief ~~Senior Leadership~~ 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 2025<sup>54</sup> 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 ~~Senior Leadership~~ 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's 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 re-location to the area.

The 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, ~~two Clinic~~ one 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 2019. 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. ~~Currently there is one~~ There are two physician assistants working in this role, providing coverage on an every other week basis. ~~The other open APP position, to cover opposite weeks, is currently being covered by a team of locum APPs while we recruit to fill the open position.~~ 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 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 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~~<sup>Three</sup> (13) of five (5) board members have served greater than one term to date.

Commissioner Name	Expiration Date of Term	Status of Term	Year for succession
<del>Bruce Williams</del> <u>Cary Ecker</u>	End of 2029	<del>Current term began 2024</del> <u>Appointed in 2025</u>	<del>Re-elected in 2025 to serve out remainder of appointment</del> <sup>3</sup>
Jessica Kendall	End of 2031 <del>25</del>	<del>Appointed in 2022</del> <u>Term begins 2026</u>	<del>Elected</del> <u>Re-lected</u> in 202 <del>5</del> <sup>3</sup> to serve out remainder of appointment
Tom Baranouskas	End of 2027	Current term began 2022	Re-elected in 2021
<del>Gustavo Montoya</del> <u>Jesse Knight</u>	End of 202 <del>9</del> <sup>5</sup>	Appointed in 202 <del>5</del> <sup>2</sup>	Elected in 202 <del>5</del> <sup>3</sup> to serve out remainder of appointment

Shari Day Campbell	End of 2027	Appointed in 2024	<del>Will need to run for</del> <del>Election</del> in 2025 to <del>finish</del> <del>serve out</del> <del>remainder of</del> <del>appointed</del> <del>term</del>
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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 ~~the community leader dinners or via~~ 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 groomed over one to two years to step into a Leadership Team Director role.

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 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 groomed for future positions.

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<sup>i</sup> “CEO Succession Planning that Works”, Mercer, LLC 2012

## Credentialing Approvals

### **Locum Tenens Privileges: (90-days)**

- Zachary Forcade, MD
- Theodore Weatherwax, MD
- Ashima Natt, MD
- Selemani Wambuzi, PA-C

### **Teleradiology Provisional Privileges: (1-year)**

- Randal Snyder, MD
- Le Yu Chiu, MD

### **Telestroke Provisional Privileges: (1-year)**

- Dr. Husitha Vanguru, MD

## Accompanying Notes for the October 2025 Financial Statements

### October Financial Statements – Current Month Summary

October financial results, except for a large payable (\$700,000) to Medicare resulting from our interim Medicare Cost Report, were better than budgeted. The Medicare adjustment impacts the contractual allowance and will reduce the budget variance we have shown YTD in the contractual allowance. Our October margin of (\$623,000) compared to a budgeted margin of \$272,000 for a variance of (\$894,000), with the Medicare contractual allowance accounting for much of the variance. Operating expenses exceeded budgeted expenses by (\$283,000).

### Revenue and Expense Variances

1. Professional fees continued to run over budget (\$143,000) in October as we moved forward with Meditech optimization work, utilized outside staffing for Rehab services, and incurred provider recruiting expenses.
2. Supply expenses were over budget in October due to flu vaccine purchases.

### Patient Statistics

Swing Bed and Ambulance volumes remained high in October while Clinic volumes were well below budget.

### Cash Receipts and Balances

Cash receipts exceeded budgeted collections by \$460,000 while YTD cash balances are \$2,137,000 greater than budgeted cash balances. In October, expenditures for capital purchases totaled \$294,000.

### Accounts Receivable

Days in Net Accounts Receivable 41.6 days. The increase from September's lower balance is due to the contractual allowance adjustment for the interim Medicare Cost Report.

### Contractual Allowance

The contractual allowance is at 46%, allowing for a conservative estimate of our uncollectible accounts.

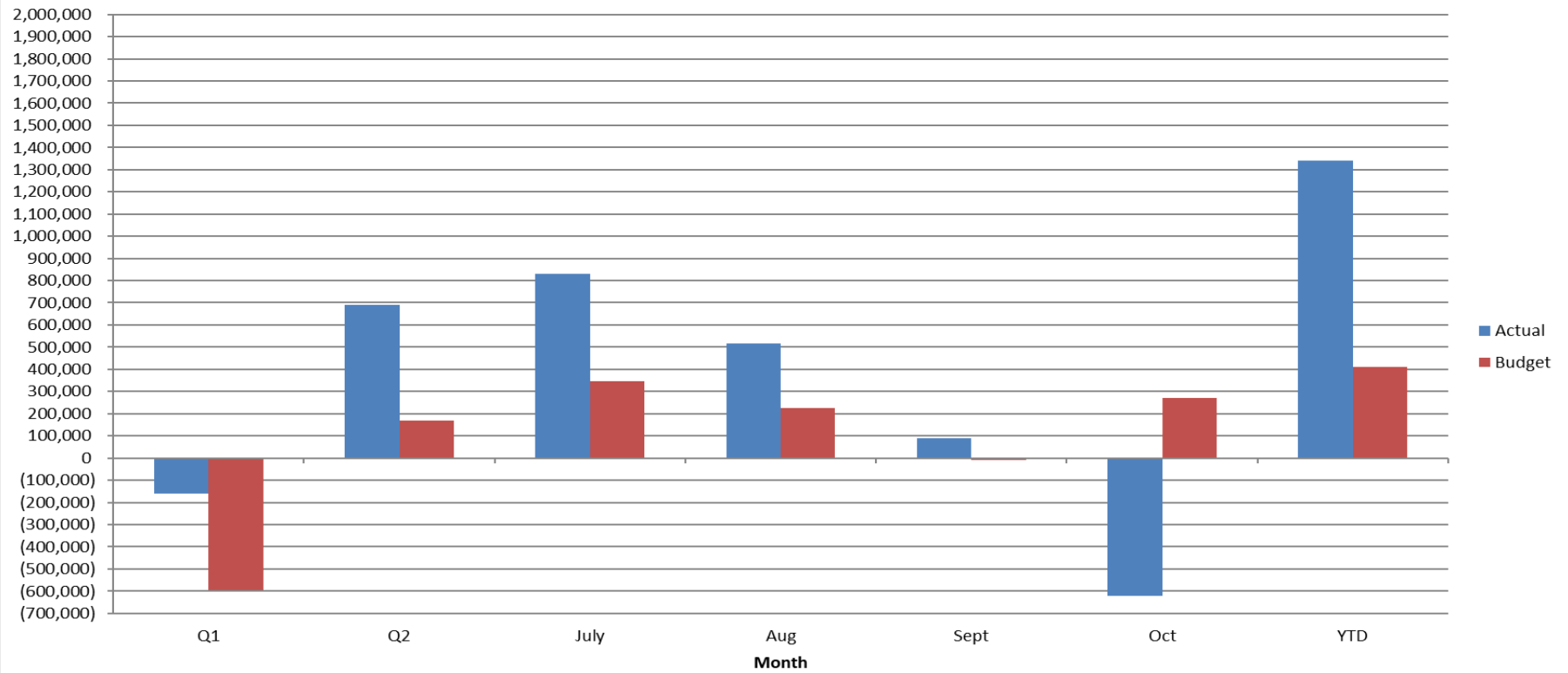
### Final comments and Upcoming

As mentioned above, we will owe Medicare a payment close to \$700,000 because of our interim cost report. Higher inpatient volumes, particularly Swing Bed, contributed to the Medicare payable. With higher volumes, the cost per day paid by Medicare is reduced and they will retroactively adjust payments for YTD volumes. The Ground Emergency Medical Transport (GEMT) cost report for ambulance transports of Medicaid patients is also complete, and we will likely see a reimbursement from the state for this program.

Business Office and HIM staff are working with department directors to reconcile departmental charges, and we anticipate seeing higher ambulance revenue in November as a number of unbilled transports were discovered in the reconciliation process. These transports were missed when our process for billing transports changed due to staffing changes. Several of the more involved Meditech optimization projects that have been underway that impact the revenue cycle are close to implementation and we hope to roll those out in the next few months. Our work on the 340B Program, which allows for discounted medication for non-Medicaid patients, is well underway.

# Cascade Medical

## Net Surplus/(Deficit) - 2025



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

000's omitted

YTD October

**Net Margin**

Actual	1,340
Budget	<u>412</u>
Better (Worse) than Budget	928

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

Gross Revenue - SBed \$880; Endo \$348; Amb \$281; ED (\$178); Pharmacy (\$350); Clinic (\$353); CT (\$558)	64
Contractual Allowances	<u>2,064</u>
Net Patient Revenue	2,128
Other Operating Revenue - 340B (\$227)	<u>(226)</u>
Total Operating Revenue	1,902

**Expenses**

Salaries & Benefits	(41)
Prof. Fees - Informatics (\$391); HR (\$148); ED Providers (\$142); Admin (\$131); PT (\$131)	(891)
Supplies	47
Purchased Services/Repairs	70
Other Operating Expenses - Depr (\$219)	<u>(161)</u>
Total Operating Expenses	(976)

Non-Operating Revenues & Expenses	2
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Actuals Better/(worse) than Budget	928
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Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending October 31, 2025

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,030,379	2,578,259	(547,880)	26,828,339	24,699,909	2,128,430	24,704,501
Grants, Contribs, Other Op Revenue	246,161	309,695	(63,535)	1,461,829	1,687,950	(226,121)	1,562,221
Tax Levies, unrestricted	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>1,467,620</u>	<u>1,467,620</u>	<u>-</u>	<u>1,452,250</u>
Total Operating Revenue	2,423,302	3,034,716	(611,414)	29,757,788	27,855,479	1,902,309	27,718,973
Operating expenses							
Salaries & Benefits	1,896,408	1,881,118	(15,290)	18,699,519	18,658,493	(41,026)	16,892,652
Professional fees	298,288	155,157	(143,131)	2,505,292	1,614,057	(891,235)	1,769,735
Supplies	238,636	191,800	(46,836)	1,791,498	1,838,992	47,494	1,766,477
Purchased services	238,189	186,960	(51,229)	1,908,757	1,978,562	69,805	1,867,229
Depreciation	189,311	167,320	(21,991)	1,892,758	1,673,200	(219,558)	1,682,716
Other Operating Expenses	<u>275,470</u>	<u>270,461</u>	<u>(5,009)</u>	<u>2,519,067</u>	<u>2,577,215</u>	<u>58,149</u>	<u>2,339,989</u>
Total operating expenses	3,136,301	2,852,816	(283,485)	29,316,890	28,340,519	(976,371)	26,318,797
Operating gain / (loss)	(712,999)	181,900	(894,899)	440,898	(485,040)	925,938	1,400,176
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	1,139,180	1,139,180	-	1,126,410
Interest expense on bonds	(23,324)	(23,324)	(0)	(233,242)	(233,240)	(2)	(253,271)
Other Non-Operating rev (exp)	<u>(353)</u>	<u>(939)</u>	<u>586</u>	<u>(7,161)</u>	<u>(9,390)</u>	<u>2,229</u>	<u>(5,367)</u>
Total nonoperating rev (exp), net	90,241	89,655	586	898,777	896,550	2,227	867,772
Net Income	(622,758)	271,555	(894,313)	1,339,675	411,510	928,165	2,267,948

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

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Operating revenues</b>							
Gross Patient Revenue	3,995,922	3,860,093	135,829	38,067,460	38,003,414	64,046	35,436,026
less:							
Contractual Allowances	1,763,240	1,081,110	(682,130)	9,816,234	11,327,328	1,511,094	9,143,370
Reserve for Bad Debts	149,272	142,823	(6,449)	1,147,747	1,406,126	258,379	1,130,033
Reserve for Financial Assistance	53,031	57,901	4,870	275,140	570,051	294,911	458,122
Total Deductions from Revenue	1,965,543	1,281,834	(683,709)	11,239,121	13,303,505	2,064,384	10,731,525
Net Patient Revenue	2,030,379	2,578,259	(547,880)	26,828,339	24,699,909	2,128,430	24,704,501
Grants, Contributions	51,496	92,000	(40,504)	192,157	165,000	27,157	181,370
Other Operating Revenue	194,664	217,695	(23,031)	1,269,672	1,522,950	(253,278)	1,380,851
Tax Levies, unrestricted	146,762	146,762	-	1,467,620	1,467,620	-	1,452,250
Total Operating Revenue	2,423,302	3,034,716	(611,414)	29,757,788	27,855,479	1,902,309	27,718,973
<b>Operating expenses</b>							
Salaries and wages	1,555,064	1,564,697	9,633	15,294,990	15,388,567	93,577	13,940,895
Employee benefits	341,344	316,421	(24,923)	3,404,530	3,269,926	(134,604)	2,951,757
Professional fees	298,288	155,157	(143,131)	2,505,292	1,614,057	(891,235)	1,769,735
Supplies	238,636	191,800	(46,836)	1,791,498	1,838,992	47,494	1,766,477
Utilities	28,024	25,805	(2,219)	256,867	260,982	4,116	232,987
Repairs and maintenance	38,315	25,210	(13,105)	230,080	268,595	38,515	283,142
Purchased services	199,874	161,750	(38,124)	1,678,677	1,709,967	31,290	1,584,087
Continuing medical education	3,291	3,488	197	20,361	31,880	11,519	13,371
Other expenses	10,648	27,279	16,631	252,618	306,322	53,704	278,592
Dues and subscriptions	119,406	86,006	(33,400)	1,025,898	879,879	(146,019)	856,819
Travel / training / meetings	24,113	24,511	398	210,824	247,110	36,286	293,230
Leases and rentals	32,387	17,250	(15,137)	275,656	170,615	(105,041)	191,277
Depreciation	189,311	167,320	(21,991)	1,892,758	1,673,200	(219,558)	1,682,716
Licenses and taxes	34,409	61,880	27,471	250,014	438,883	188,869	260,016
Insurance	21,866	23,023	1,157	213,570	229,354	15,785	200,439
Interest	1,326	1,219	(107)	13,259	12,190	(1,069)	13,259
Total operating expenses	3,136,301	2,852,816	(283,485)	29,316,890	28,340,519	(976,371)	26,318,797
Operating gain / (loss)	(712,999)	181,900	(894,899)	440,898	(485,040)	925,938	1,400,176
<b>Nonoperating revenues (expenses)</b>							
Tax Levies, restricted	113,918	113,918	-	1,139,180	1,139,180	-	1,126,410
Interest expense on bond financing	(23,324)	(23,324)	(0)	(233,242)	(233,240)	(2)	(253,271)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	1,416	830	586	10,532	8,300	2,232	12,326
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(17,693)	(17,690)	(3)	(17,693)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	90,241	89,655	586	898,777	896,550	2,227	867,772
Net Income	(622,758)	271,555	(894,313)	1,339,675	411,510	928,165	2,267,948

## Cascade Medical 2025 Cash Receipts



Cascade Medical  
 Statistics Summary - 2025

	YTD 2024						2025 Act	2025 Bud	Act/Bud	2025 Act	2025 Act	2025 Bud	2025 Bud	Act/Bud
	avg/mo	jun25	jul	aug	sep	oct	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	32	42	31	10	6	15	15	36	-58.2%	295	30	324	32	-9.0%
Swing Bed	62	108	101	166	93	97	97	78	24.4%	999	100	669	67	49.3%
Laboratory tests	3,327	3,298	3,620	3,410	3,394	3,283	3,283	3,423	-4.1%	33,672	3,367	33,922	3,392	-0.7%
Radiology exams	365	364	382	385	350	424	424	407	4.2%	3,700	370	3,796	380	-2.5%
CT scans	156	130	166	177	134	161	161	172	-6.4%	1,422	142	1,578	158	-9.9%
ED visits	366	368	447	462	332	317	317	338	-6.2%	3,562	356	3,706	371	-3.9%
Ambulance runs	72	73	110	98	91	71	71	60	18.3%	778	78	698	70	11.5%
Clinic visits	1,220	1,076	1,296	1,151	1,243	1,193	1,193	1,403	-15.0%	12,243	1,224	13,637	1,364	-10.2%
Rehab procedures	2,172	2,225	2,397	1,835	2,201	2,703	2,703	2,756	-1.9%	22,918	2,292	25,349	2,535	-9.6%

**Patient Statistics**

	2024	2 0 2 5											2025	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
<b>Admits</b>														
Acute Care	8.6	4	7	6	6	9	7	7	1	3	4			5.4
Short Stay	6.5	2	5	4	4	6	10	5	11	4	4			5.5
Swing Bed	4.0	8	6	4	6	6	8	5	11	3	6			6.3
Respite Care	0.5	-	1	1	1	-	-	-	-	3	-			0.6
<b>Total Admits</b>	19.6	14	19	15	17	21	25	17	23	13	14			17.8
<b>Patient Days</b>														
Acute Care	31.8	16	32	41	65	37	42	31	10	6	15			29.5
Short Stay	8.2	3.4	8.1	5.8	4.3	9.0	14.4	5.4	9.4	7.2	5.0			7.2
Swing Bed	62.1	76	115	101	79	62	108	101	166	93	97			99.8
Respite Care	2.2	-	9	27	33	4	-	-	-	32	8			11.3
<b>Total Patient Days</b>	104.3	95.4	164.1	174.8	181.3	112.0	164.4	137.4	185.4	138.2	125.0			147.8
<b>Average Length of Stay</b>	5.3	6.8	8.6	11.7	10.7	5.3	6.6	8.1	8.1	10.6	8.9			8.5
<b>Average Patients per Day</b>	3.4	3.1	5.9	5.6	6.0	3.6	5.5	4.4	6.0	4.6	4.0			4.9
<b>Worked FTEs</b>	-													#DIV/0!
<b>FTEs (W/ Non-Working Pay*)</b>	-													#DIV/0!
<b>Laboratory (tests)</b>	3,327	3,192	2,871	3,401	3,372	3,831	3,298	3,620	3,410	3,394	3,283			3,367
<b>Radiology (tests)</b>	316	333	322	269	261	317	321	334	317	285	291			305
<b>Mammography (tests)</b>	36	37	28	37	58	55	25	28	45	29	88			43
<b>MRI</b>	-	-	-	-	-	-	-	-	2	19	28			5
<b>Cardiac Diagnostics</b>	111	117	99	103	88	109	121	125	143	113	113			113
<b>CT (Scans)</b>	156	128	124	125	147	130	130	166	177	134	161			142
<b>DXA (Scans)</b>	13	9	11	16	27	15	18	20	21	17	17			17
<b>PT (services billed)</b>	1,784	1,948	1,753	1,951	1,856	1,854	1,780	1,951	1,380	1,723	2,217			1,841
<b>ER (visits/procedures)</b>	366	384	297	309	289	357	368	447	462	332	317			356
<b>Ambulance (runs)</b>	72	72	61	55	68	79	73	110	98	91	71			78
<b>Clinic (visits)</b>	1,220	1,244	1,125	1,231	1,347	1,337	1,076	1,296	1,151	1,243	1,193			1,224
<b>Occupational Therapy</b>	305	382	428	378	333	358	361	372	345	95	321			337
<b>Speech Therapy</b>	58	8	20	31	46	33	34	25	47	34	64			34
<b>Cardiac Rehab</b>	25	27	25	48	32	46	50	49	63	72	101			51
<b>Endoscopy Procedures</b>	23	38	29	30	23	26	22	20	10	19	27			24

**REVENUE COMPARISON**

	2024	2 0 2 5											2025	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 103,599	\$ 57,307	\$ 104,501	\$ 144,631	\$ 222,325	\$ 124,727	\$ 141,582	\$ 104,501	\$ 33,710	\$ 50,565	\$ 14,041			\$ 99,789
Short Stay	27,635	11,780	28,086	20,565	15,046	31,956	49,935	19,688	34,813	24,795	17,571			25,424
Respite Care	1,480	-	4,950	13,200	18,150	2,200	-	-	-	17,050	4,400			5,995
Swing Bed	161,512	203,625	314,940	274,215	211,770	168,330	293,220	274,215	450,690	230,775	285,075			270,686
Central Supply	35,010	27,807	27,752	31,866	30,874	30,616	48,832	40,249	51,746	40,818	31,503			36,206
Laboratory	399,200	405,807	390,208	452,804	420,591	476,783	421,429	446,219	428,503	429,118	421,493			429,295
Cardiac Diagnostics	32,439	34,552	26,497	36,202	31,014	33,449	37,729	38,572	41,459	34,820	37,482			35,178
CT	573,675	493,508	471,563	515,803	518,809	536,612	475,305	670,371	694,128	481,629	640,418			549,815
Radiology	182,404	212,018	202,732	177,207	197,311	208,655	217,729	224,833	201,922	189,555	183,224			201,519
Mammography	23,512	24,274	20,556	26,208	43,380	40,645	17,562	20,692	33,514	21,431	59,666			30,793
MRI	-	-	-	-	-	-	-	-	6,637	56,681	78,131			14,145
Pharmacy	153,232	86,312	132,280	97,946	102,823	99,578	107,285	212,940	133,036	114,489	127,015			121,370
Respiratory Therapy	251	188	-	-	-	-	-	94	-	-	94			42
Physical Therapy	204,785	228,695	215,046	231,617	229,908	213,404	212,847	228,594	162,242	227,485	270,290			222,013
Emergency Room	850,694	786,626	797,025	765,715	737,733	882,666	832,543	1,223,849	1,101,369	972,781	816,559			891,686
Ambulance	252,224	217,830	232,208	240,049	218,017	259,457	275,290	434,339	299,411	397,948	267,948			284,250
Clinic	383,886	242,943	347,436	416,090	512,242	299,056	454,005	358,993	365,530	374,442	564,067			393,480
Occupational Therapy	40,509	51,750	59,487	51,402	46,202	51,842	50,756	53,918	54,150	20,104	44,623			48,423
Outpatient Diagnostic Svcs	87,214	55,584	132,454	217,126	8,197	91,597	170,967	77,274	69,396	72,275	73,248			96,812
Speech/Contracted Svcs	20,882	3,410	8,443	12,281	17,830	12,022	13,036	9,448	15,675	18,899	21,546			13,259
Cardiac Rehab	5,625	6,399	5,925	10,902	7,821	9,480	9,954	11,613	14,931	17,064	23,937			11,803
Wound Care	89	-	-	16,277	7,602	33,635	3,528	40,775	28,266	54,736	7,392			19,221
Dietary/Contracted Svcs	89	4,892	4,208	6,540	6,635	5,923	4,432	6,448	5,370	4,831	6,200			5,548
<b>Total Patient Revenue</b>	<b>\$ 3,539,942</b>	<b>\$ 3,155,306</b>	<b>\$ 3,526,297</b>	<b>\$ 3,758,646</b>	<b>\$ 3,604,279</b>	<b>\$ 3,612,634</b>	<b>\$ 3,837,965</b>	<b>\$ 4,497,624</b>	<b>\$ 4,226,497</b>	<b>\$ 3,852,290</b>	<b>\$ 3,995,922</b>			<b>\$ 3,806,746</b>

## Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending October 31, 2025

	<u>Oct-25</u>	<u>2025 YTD</u>	<u>2024 YTD</u>
<b><i>Cash flows from operating activities</i></b>			
Receipts from and on behalf of patients	\$ 2,966,546	\$ 27,884,917	\$ 24,748,983
Other receipts	\$ 180,276	\$ 934,814	\$ 821,583
Payments to & on behalf of employees	\$ (2,407,947)	\$ (16,762,088)	\$ (15,049,532)
Payments to suppliers and contractors	\$ (1,493,030)	\$ (11,384,617)	\$ (9,770,782)
Net cash gained / (used) in operating activities	\$ (754,156)	\$ 673,027	\$ 750,252
<b><i>Cash flows from noncapital financing activities</i></b>			
Taxation for maintenance and operations, EMS	\$ 866,323	\$ 2,271,304	\$ 2,265,719
Noncapital grants and contributions	\$ 3,014	\$ 26,569	\$ 82,856
Net cash provided by noncapital financing activities	\$ 869,337	\$ 2,297,873	\$ 2,348,574
<b><i>Cash flows from capital and related financing activities</i></b>			
Taxation for bond principal and interest	\$ 252,359	\$ 673,094	\$ 656,046
Purchase of capital assets	\$ (43,317)	\$ (522,984)	\$ (1,168,092)
Payments toward construction in progress	\$ (38,701)	\$ (95,944)	\$ (322,361)
Proceeds from disposal of capital assets		\$ -	\$ 30,000
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ -	\$ (151,963)
Bond maintenance & issuance costs		\$ (140,495)	\$ (550)
Capital grants and contributions		\$ 79,478	\$ 98,515
Net cash provided by capital and related financing activities	\$ 170,341	\$ (6,851)	\$ (858,404)
<b><i>Cash flows from investing activities</i></b>			
Investment Income	\$ 59,056	\$ 551,589	\$ 555,596
Net increase (decrease) in cash and cash equivalents	\$ 344,578	\$ 3,515,638	\$ 2,796,019
Cash and Cash equivalents, beginning of period	\$ 19,415,782	\$ 16,244,722	\$ 14,238,144
Cash and cash equivalents, end of period	<u>\$ 19,760,360</u>	<u>\$ 19,760,360</u>	<u>\$ 17,034,163</u>

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

	<u>Actual</u> <u>1st Qtr</u>	<u>Actual</u> <u>2nd Qtr</u>	<u>Actual</u> <u>3rd Qtr</u>	<u>Actual</u> <u>October</u>	<u>Forecast</u> <u>November</u>	<u>Forecast</u> <u>December</u>	<u>Forecast</u> <u>4th Qtr</u>	<u>Actual/Forecast</u> <u>Year End 2025</u>	<u>Budget</u> <u>2025</u>
Cash balance, beginning of period	\$ 16,244,722	\$ 15,804,610	\$ 17,924,086	\$ 19,415,783	\$ 19,760,360	\$ 20,308,558	\$ 19,415,783	\$ 16,244,722	\$ 16,377,421
Cash available for operating needs	\$ 16,030,043	\$ 15,490,527	\$ 17,063,651	\$ 18,532,676	\$ 18,622,721	\$ 19,085,658	\$ 18,532,676	\$ 16,030,043	\$ 16,149,621
Cash restricted to debt service, other restricted funds	\$ 214,679	\$ 314,084	\$ 860,435	\$ 883,107	\$ 1,137,640	\$ 1,222,900	\$ 883,107	\$ 214,679	\$ 227,800
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,650,312	\$ 9,102,107	\$ 9,165,953	\$ 2,966,545	\$ 2,555,135	\$ 2,380,070	\$ 7,901,751	\$ 32,820,122	\$ 29,250,631
Grant receipts	\$ 5,882	\$ 1,000	\$ 18,251	\$ 3,014	\$ 2,000	\$ 2,000	\$ 7,014	\$ 32,147	\$ 79,000
Other receipts	\$ 128,869	\$ 150,750	\$ 474,920	\$ 180,276	\$ 49,460	\$ 64,460	\$ 294,196	\$ 1,048,734	\$ 1,134,520
Payments to or on behalf of employees	\$ (4,509,223)	\$ (5,387,447)	\$ (4,457,471)	\$ (2,407,947)	\$ (1,664,544)	\$ (1,647,302)	\$ (5,719,793)	\$ (20,073,934)	\$ (21,688,558)
Payments to suppliers and contractors	\$ (2,920,241)	\$ (3,258,175)	\$ (3,713,171)	\$ (1,493,030)	\$ (737,130)	\$ (789,915)	\$ (3,020,074)	\$ (12,911,661)	\$ (9,574,652)
Net cash provided by operating activities	\$ (644,401)	\$ 608,235	\$ 1,488,482	\$ (751,142)	\$ 204,922	\$ 9,313	\$ (536,907)	\$ 915,408	\$ (799,059)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ 237,844	\$ 82,559	\$ 5,969	\$ 326,372	\$ 326,372	\$ 282,142
Taxation for Emergency Medical Services	\$ 126,094	\$ 866,356	\$ 24,343	\$ 626,304	\$ 216,203	\$ 15,631	\$ 858,138	\$ 1,874,931	\$ 1,761,145
Investment Income	\$ 155,144	\$ 159,822	\$ 177,568	\$ 59,056	\$ 49,990	\$ 49,990	\$ 159,036	\$ 651,569	\$ 599,880
Donations	\$ -	\$ -	\$ 77,900	\$ -	\$ -	\$ -	\$ -	\$ 77,900	\$ 90,000
Net cash provided by noncapital financing activities	\$ 281,238	\$ 1,026,178	\$ 279,811	\$ 923,204	\$ 348,752	\$ 71,590	\$ 1,343,546	\$ 2,930,773	\$ 2,733,167
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (176,354)	\$ (61,288)	\$ (299,268)	\$ (82,018)	\$ (90,736)	\$ (90,733)	\$ (263,487)	\$ (800,396)	\$ (1,088,829)
Increase/(decrease) in cash available for operations	\$ (539,517)	\$ 1,573,124	\$ 1,469,025	\$ 90,044	\$ 462,938	\$ (9,830)	\$ 543,152	\$ 3,045,785	\$ 845,279
<b>Cash available for operating needs</b>	<b>\$ 15,490,527</b>	<b>\$ 17,063,651</b>	<b>\$ 18,532,676</b>	<b>\$ 18,622,721</b>	<b>\$ 19,085,658</b>	<b>\$ 19,075,828</b>	<b>\$ 19,075,828</b>	<b>\$ 19,075,828</b>	<b>\$ 16,994,900</b>
Taxation for bond prin & int (incl encumbrd M&O)	\$ 99,405	\$ 686,297	\$ 23,221	\$ 254,533	\$ 85,260	\$ 6,164	\$ 345,957	\$ 1,154,880	\$ 1,084,874
Principle & Interest paid on long-term debt	\$ -	\$ (139,945)	\$ (550)	\$ -	\$ -	\$ (981,945)	\$ (981,945)	\$ (1,122,440)	\$ (1,121,890)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 99,405	\$ 546,352	\$ 22,671	\$ 254,533	\$ 85,260	\$ (975,781)	\$ (635,988)	\$ 32,440	\$ (37,016)
<b>Cash restricted to debt service, other restricted funds</b>	<b>\$ 314,084</b>	<b>\$ 860,435</b>	<b>\$ 883,107</b>	<b>\$ 1,137,640</b>	<b>\$ 1,222,900</b>	<b>\$ 247,119</b>	<b>\$ 247,119</b>	<b>\$ 247,119</b>	<b>\$ 190,784</b>
<b>Cash balance, end of period</b>	<b>\$ 15,804,610</b>	<b>\$ 17,924,086</b>	<b>\$ 19,415,783</b>	<b>\$ 19,760,360</b>	<b>\$ 20,308,558</b>	<b>\$ 19,322,947</b>	<b>\$ 19,322,947</b>	<b>\$ 19,322,947</b>	<b>\$ 17,185,684</b>

**CASCADE MEDICAL CENTER**  
**EMERGENCY MEDICAL SERVICES - OCTOBER, 2025**

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	10/31/2025	10/31/2025 YTD	10/31/2025	10/31/2025 YTD	10/31/2025	10/31/2025 YTD	10/31/2024 YTD
PATIENT REVENUE	816,559	8,916,864	267,948	2,842,497	\$1,084,507	\$11,759,360	\$11,029,176
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$475,074	\$5,187,831	\$143,540	\$1,522,725	\$618,614	\$6,710,557	\$6,300,500
NET PATIENT REVENUE	<b>\$341,485</b>	<b>\$3,729,032</b>	<b>\$124,408</b>	<b>\$1,319,771</b>	<b>\$465,893</b>	<b>\$5,048,804</b>	<b>\$4,728,677</b>
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$43,198
<b>TOTAL OPERATING REVENUE</b>	<b>\$341,485</b>	<b>\$3,729,032</b>	<b>\$124,408</b>	<b>\$1,319,771</b>	<b>\$465,893</b>	<b>\$5,048,804</b>	<b>\$4,771,875</b>
<b>OPERATING EXPENSES</b>							
SALARIES AND WAGES	178,624	2,001,836	156,483	1,572,952	\$335,107	\$3,574,788	\$3,354,170
EMPLOYEE BENEFITS	28,029	300,812	38,174	382,581	\$66,203	\$683,393	\$599,127
PROFESSIONAL FEES	31,520	206,492	-	900	\$31,520	\$207,392	\$123,289
SUPPLIES	6,127	64,167	9,770	86,286	\$15,897	\$150,451	\$149,581
FUEL	-	-	1,988	24,333	\$1,988	\$24,333	\$18,470
REPAIRS AND MAINT.	-	3,413	7,142	63,763	\$7,142	\$67,176	\$37,214
PURCHASED SERVICES	2,945	34,294	21,517	173,473	\$24,462	\$207,767	\$195,011
CONTINUING MEDICAL EDUCATION	779	7,931	167	8,959	\$946	\$16,890	\$30,450
DUES	934	11,568	1,278	18,990	\$2,212	\$30,558	\$33,503
OTHER EXPENSES	280	2,860	796	8,492	\$1,076	\$11,352	\$51,480
LEASES / RENTALS	379	1,418	8,989	55,045	\$9,368	\$56,463	\$37,226
DEPRECIATION	4,570	45,703	23,841	238,408	\$28,411	\$284,110	\$221,183
TAXES AND LICENSES	888	913	-	844	\$888	\$1,757	\$1,114
INSURANCE	837	8,374	3,359	33,587	\$4,196	\$41,961	\$55,336
OVERHEAD COSTS	195,021	1,800,919	121,392	1,120,992	\$316,412	\$2,921,912	\$2,728,421
<b>TOTAL OPERATING EXPENSES</b>	<b>\$450,934</b>	<b>\$4,490,701</b>	<b>\$394,897</b>	<b>\$3,789,604</b>	<b>\$845,831</b>	<b>\$8,280,304</b>	<b>\$7,635,576</b>
<b>MARGIN ON OPERATIONS</b>	<b>(\$109,449)</b>	<b>(\$761,669)</b>	<b>(\$270,489)</b>	<b>(\$2,469,833)</b>	<b>(\$379,937)</b>	<b>(\$3,231,499)</b>	<b>(\$2,863,701)</b>
<b>TAX REVENUE</b>					<b>\$146,762</b>	<b>\$1,467,620</b>	<b>\$1,452,250</b>
<b>NET MARGIN WITH TAX REVENUE</b>					<b>(\$233,175)</b>	<b>(\$1,763,879)</b>	<b>(\$1,411,451)</b>
<b>STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025</b>	<b>317</b>	<b>3,562</b>	<b>71</b>	<b>778</b>			
Total Ambulance Runs (includes unbillable runs)			<b>106</b>	<b>1,109</b>			
<b>STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024</b>	<b>358</b>	<b>3,660</b>	<b>88</b>	<b>724</b>			
Total Ambulance Runs (includes unbillable runs)			<b>122</b>	<b>1,046</b>			

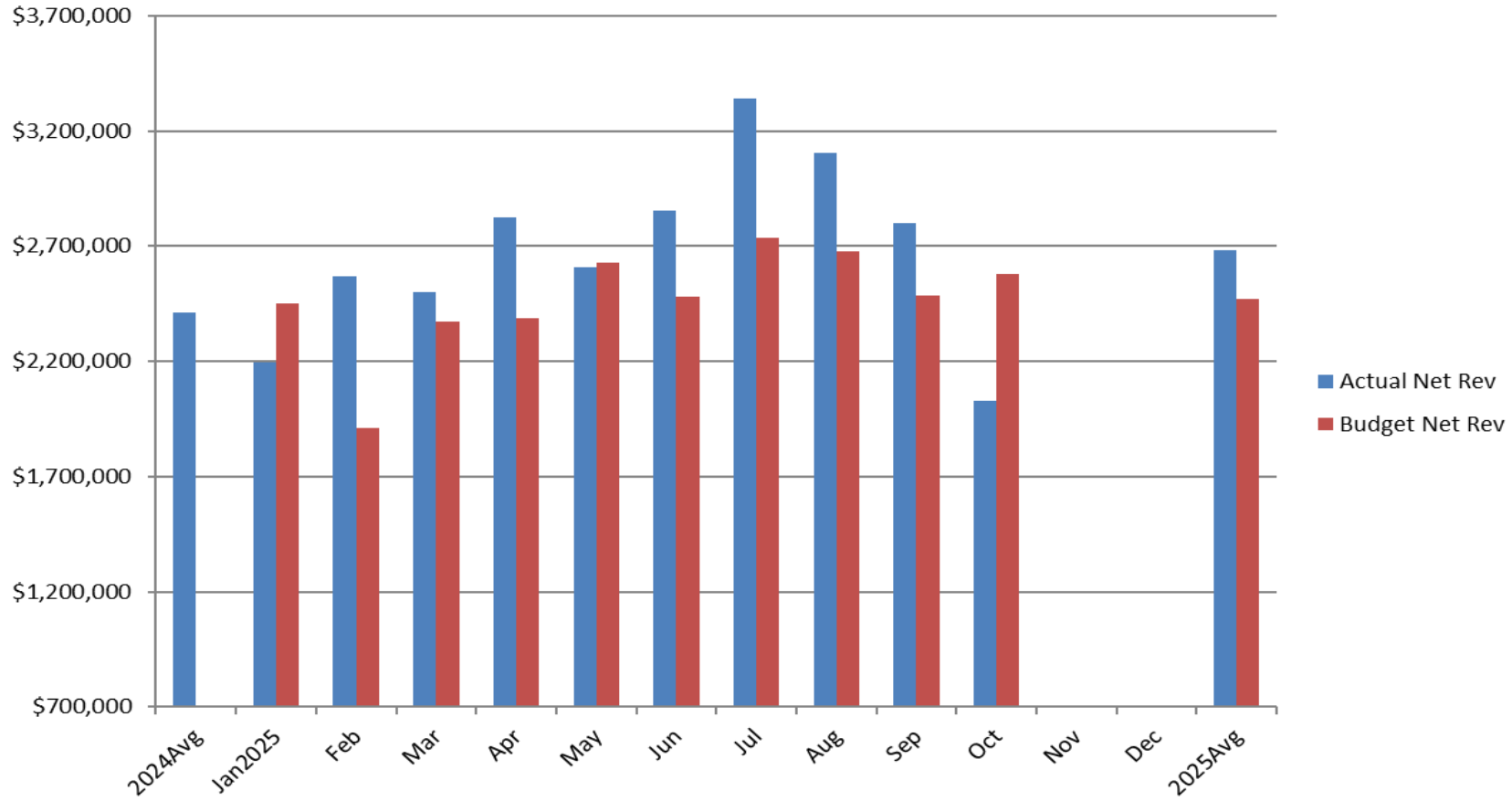
**Cascade Medical Center  
Balance Sheet**

As of October 31, 2025 and December 31, 2024

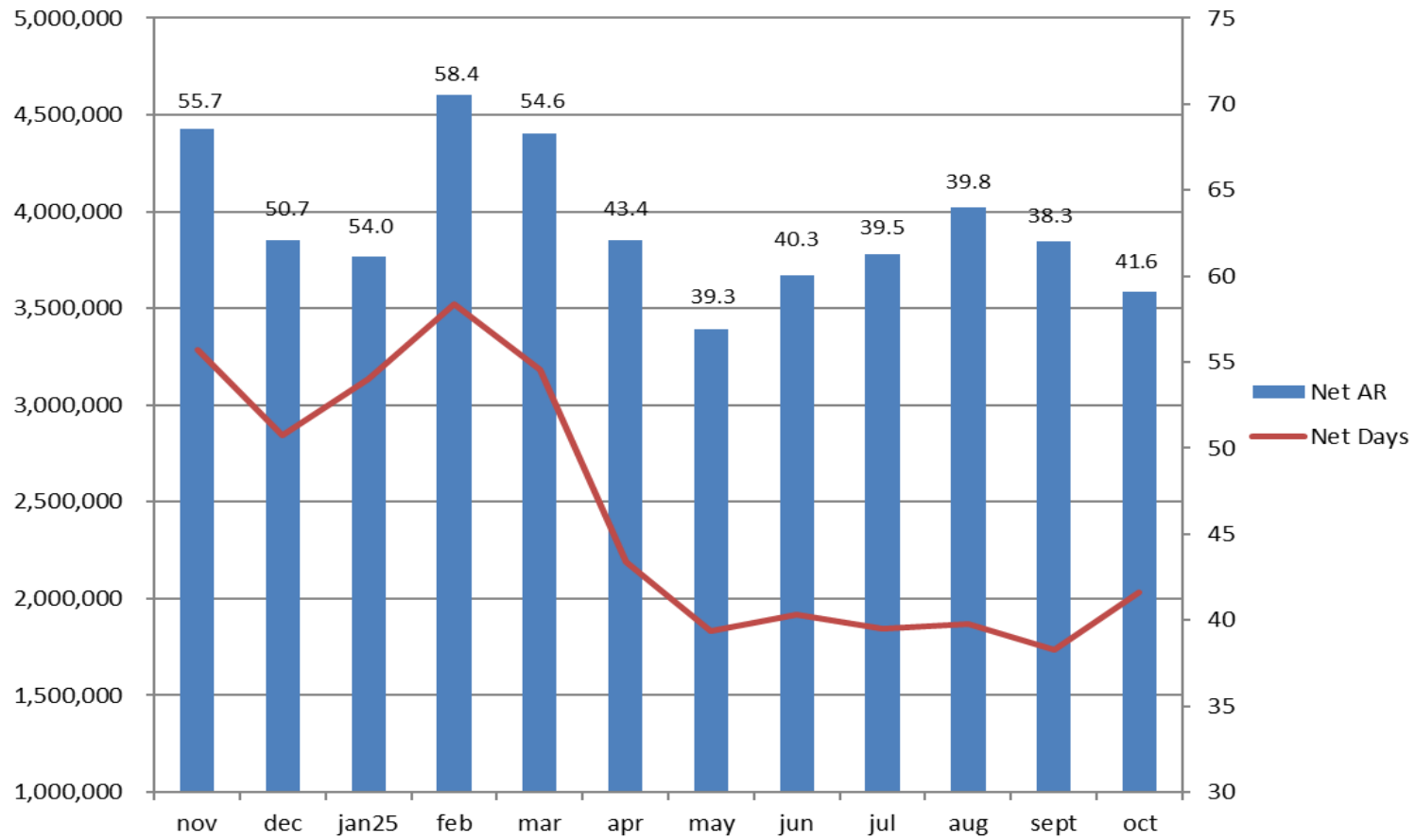
	Oct 2025	Dec 2024		Oct 2025	Dec 2024
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and Cash Equivalents	1,192,945	961,831	Accounts Payable	414,041	367,456
Savings Account	16,158,746	14,144,282	Accrued Payroll	483,966	665,443
Patient Account Receivable	6,689,453	8,085,162	Refunds Payable	-	-
less: Reserves for Contractual Allowances	(3,100,980)	(4,278,265)	Accrued PTO	992,158	984,137
Inventories and Prepaid Expenses	324,241	319,451	Payroll Taxes & Benefits Payable	13,751	82,610
Taxes Receivable - M&O Levy	(54,599)	11,990	Accrued Interest Payable	116,621	23,324
- EMS Levy	(139,901)	31,939	Current Long Term Debt	844,005	850,397
Other Assets	508,467	622,759	Current OPEB Liability	902,361	942,361
<b>Total Current Assets</b>	<u>21,578,372</u>	<u>19,899,150</u>	Short Term Lease	36,493	36,493
			ST Subscriptions	13,039	13,039
<b>Assets Limited as to Use</b>			Settlement Payable	666,375	(33,625)
Cash and Cash Equivalents			<b>Total Current Liabilities</b>	<u>4,482,809</u>	<u>3,931,636</u>
Funded Depreciation	706,625	681,259			
CVB Memorial Fund	1,275	1,275	<b>Long Term Liabilities</b>		
UTGO Bond Payable Fund	689,256	76,126	Notes Payable	191,323	191,323
LTGO Bond Payable Fund	16,761	47,292	Covid SHIP Funding	-	-
Investment Memorial Fund	143,095	138,023	PPP Note Payable	-	-
Settlement Account	187,457	180,769	CARES Act Funds Reserve	-	-
Paycheck Protection Loan Proceeds	-	-	UTGO Bond Payable	3,848,000	3,848,000
Cash - EMS	751,891	68,794	LTGO Bond Payable	3,985,000	3,985,000
	<u>2,496,360</u>	<u>1,193,538</u>	Deferred Revenue/Bond Premium	73,203	77,880
Taxes Receivable - Construction Bond Levy	(70,969)	12,315	Long Term OPEB/Pension Liability	2,616,403	2,616,404
<b>Total Assets Limited as to Use</b>	<u>2,425,391</u>	<u>1,205,853</u>	Long Term ROU Leases	5,359	5,359
			Long Term Subscriptions	-	-
<b>Property, Plant and Equipment</b>			<b>Total Long Term Liabilities</b>	<u>10,719,288</u>	<u>10,723,966</u>
Land	522,015	522,015			
Land Improvements	1,445,304	1,420,326	<b>Total Liabilities</b>	<u>15,202,097</u>	<u>14,655,601</u>
Buildings & Improvements	10,709,788	10,709,788			
Fixed Equip - Hospital	9,698,477	9,676,405	Fund Balance - Prior Years	16,703,846	16,703,846
Major Movable Equipment Hospital	9,575,473	8,820,605	Fund Balance - Current Year	1,339,676	-
Construction in Progress	114,390	18,446	<b>Total Fund Balance</b>	<u>18,043,521</u>	<u>16,703,846</u>
<b>Total Property, Plant and Equipment</b>	<u>32,065,447</u>	<u>31,167,585</u>			
<b>Less: Accumulated Depreciation</b>	<u>(24,726,238)</u>	<u>(22,833,480)</u>			
	7,339,210	8,334,105			
<b>ROU Leases</b>					
ROU Leases	214,816	214,816			
<b>Less Accumulated Amortization</b>	<u>(144,523)</u>	<u>(144,523)</u>			
	70,293	70,293			
<b>Other Assets</b>					
Long Term Pension Assets	472,138	472,138			
Deferred OPEB/Pension Costs	1,097,906	1,097,906			
Deferred Bond Costs	262,309	280,002			
<b>TOTAL ASSETS</b>	<u>33,245,618</u>	<u>31,359,447</u>	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<u>33,245,618</u>	<u>31,359,447</u>

# Cascade Medical

## 2025 Net Patient Revenue, Actual vs. Budget



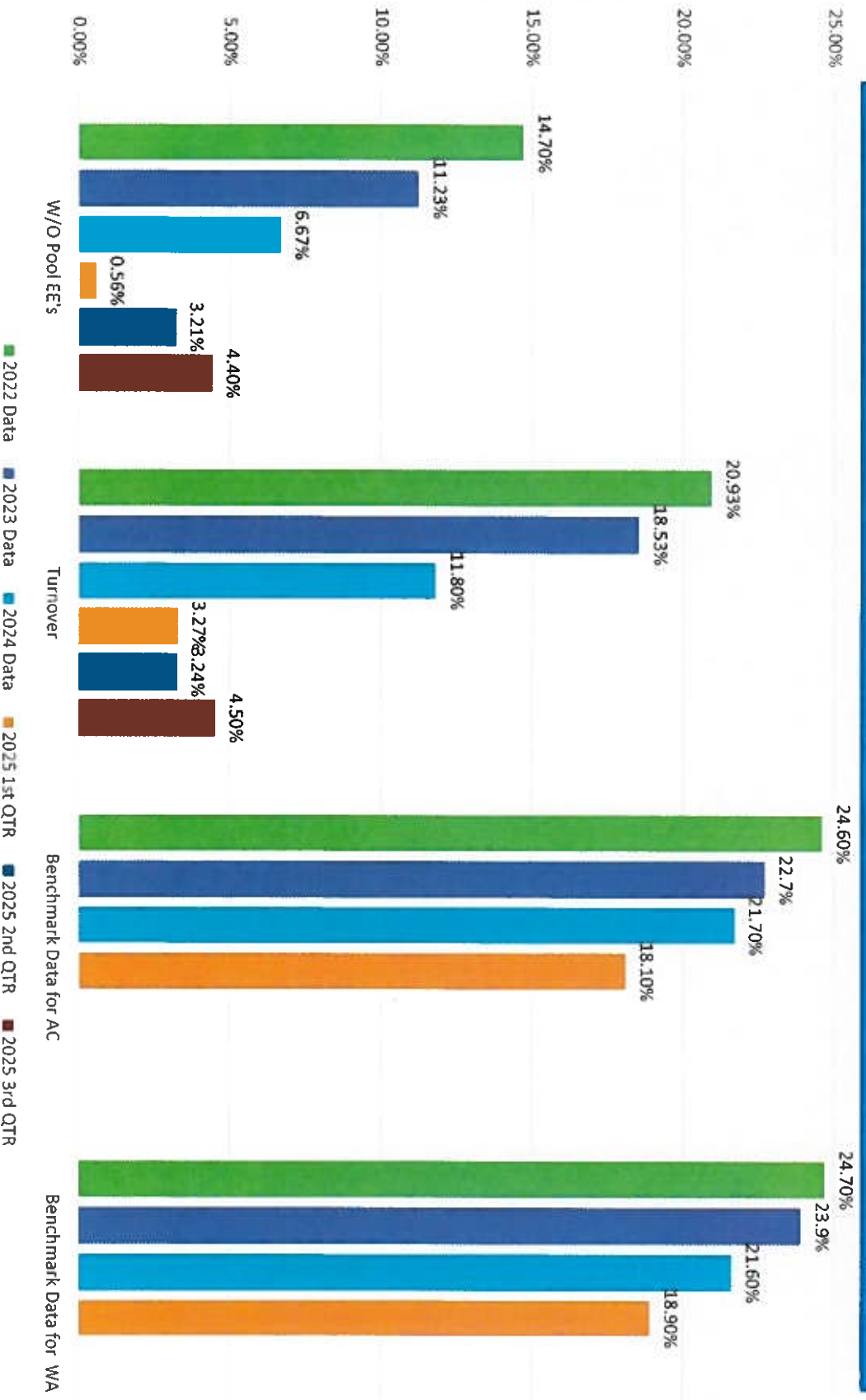
## Days in Net Accounts Receivable





## CM TURNOVER

CM uses the W/O Pool data as that which is most reflective of our turnover. CM turnover reflects our most vulnerable number, because it includes the somewhat routine changes related to pool/per diem employees. Most employers do not include this category in a turnover calculation and we are not able to validate if the benchmark data is with or with out pool employees.



# CM TURNOVER BY REASON

Turn over by reason is the % of reason by total turnover to equal 100% for 3rd QTR of 2025. 13 total: 1 personal reasons, 5 other job, 5 relocation, 1 return to school, 1 retirement. Note employees who did not complete their introduction period are not included in data.

