



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday October 30, 2024 | 5:30 PM
Arleen Blackburn Conference Room and Zoom Connection

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

I.	Call to Order	5:30	Bruce Williams
II.	Pledge of Allegiance	5:30	Bruce Williams
III.	Consent Agenda	5:30	Bruce Williams
	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"> • Meeting Agenda • September 25, 2024 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10124483 – 10124884	09/12/2024 – 10/17/2024 \$ 1,523,366.47
	Accounts Payable EFT Transactions:	20240134 – 20240148	09/12/2024 – 10/17/2024 \$ 609,006.07
	Payroll EFT Transactions:	22494 – 23119	09/12/2024 – 10/17/2024 \$ 1,384,797.38
	<ul style="list-style-type: none"> • Non-Payroll/EFT Release Policy • Capital Spending Approval Matrix Policy • Financial Management Policy • Bad Debt: September 2024 		
IV.	Community Input	5:35	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
V.	CM Values	5:40	Diane Blake
VI.	Public Relations Report	5:45	Clint Strand
VII.	Foundation Report	5:55	Terri Judy
VIII.	Q3 Finance Report	6:00	Marianne Vincent
IX.	Finance Committee Report	6:15	Tom Baranouskas
X.	2025 Budget Hearing: 2nd Reading	6:30	Marianne Vincent
XI.	Action Item:	6:50	Commissioners
	MOTION: Approve Resolution: 2024-09: 2025 Operating & Capital Budget		
XII.	Discussions & Reports	6:55	
	a. Q3 Organizational Dashboard Review		Diane Blake
	b. 2025 Draft Objectives		Diane Blake
	<ul style="list-style-type: none"> • Which of the proposed objectives for 2025 do you see as the highest priority? • Is there any big picture work missing from the plan which will be essential to tackle in 2025? 		
XIII.	Committee Reports	7:20	
	a. Board Quality Rounding		Bruce W. & Shari C.
	b. Medical Staff Meeting		Shari Campbell
	c. Community Outreach and Awareness Committee		Shari Campbell
	d. Part-time Resident Advisory Council Meeting		Tom Baranouskas
XIV.	Action Items	7:50	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve Resolution 2024-10: Authorizing the 2025 Regular Property Tax Levy		
	c. MOTION: Approve Resolution 2024-11: Authorizing the 2025 EMS Property Tax Levy		
	d. MOTION: Approve Capital Purchase MIH Vehicle		
XV.	Administrator Report	8:05	Diane Blake
XVI.	Board Action Items	8:25	Commissioners
XVII.	Meeting Evaluation/Commissioner Comments	8:30	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
	<ul style="list-style-type: none"> • Retreat Feedback 		
XVIII.	Adjournment	8:40	Bruce Williams

BOARD CALENDAR REMINDERS

November 11, 2024	Open Forum	Arleen Blackburn Conference Room	11:30 AM
November 12, 2024	Open Forum	Arleen Blackburn Conference Room	12:30 PM
November 13, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 14, 2024	Governance Committee	Administration Conference Room	9:00 AM
November 14, 2024	Open Forum	Arleen Blackburn Conference Room	5:15 PM
November 15, 2024	Open Forum	Arleen Blackburn Conference Room	12:00 PM
November 19, 2024	Quality Oversight Committee	Arleen Blackburn Conference Room	9:00 AM
November 20, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
December 9, 2024	Finance Committee	Administration Conference Room	9:00 AM
December 11, 2024	CMF Board Meeting	Squirrel Tree Resort	9:00 AM
December 18, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 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 October 30, 2024

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

- **Consent Agenda** –The policies have been reviewed by the Finance Committee, who recommend them for approval. Additionally, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Q3 Finance Report** – Included in your packet are the September financials. Focus will be on financial performance / results for the third quarter. The financial report is earlier in this month’s agenda to allow for review prior to the second reading of the 2025 budget.
- **Finance Committee Report** – Included in your packet is the agenda from the most recent Finance Committee meeting as well as the finance dashboard, to facilitate Tom’s report.
- **2025 Budget Hearing** – Included in your packet are the materials summarizing the proposed operating and capital budget for 2025. As a reminder, there are a few processes we need to follow to properly conduct the budget hearing:
 - Marianne will make the budget presentation. The board may ask Marianne questions during the presentation.
 - After the budget is presented, the Board President will open the public hearing to hear comments from the public specifically on the budget.
 - After all public comment has been received, the Board President will close the public hearing.
 - The board can then enter into longer discussion / deliberation on the budget, including regarding the question of annual increases, should the board desire.
- **MOTION: Resolution 2024-09** – Included in your packet is a resolution for the board to vote on to pass the 2025 operating and capital budget. This motion comes after the board deliberation described above.
- **Discussions & Reports**
 - Q3 Organizational Dashboard Review – Included in your packet is our strategic plan document with 2024 objectives, our Strategic Plan Cycle of Work document and the dashboard summarizing progress toward meeting annual objectives. Please bring your questions and thoughts related to CM’s progress.
 - 2025 Draft Objectives – Included in your packet is a draft proposal of organizational objectives for 2025. These were informed by our risk work (which was discussed at the September board meeting), progress on current objectives, the CHNA and other industry information. Further, this list has been honed with input from the executive team, medical staff and the broader leadership team. Now is an opportunity for the board to provide input as we further refine 2025 objectives. Included on the agenda are two strategic questions to help frame board discussion.

- **Committee Reports**
 - Board Quality Rounding – No documents are included in your packet for this agenda item. Bruce and Shari will provide a report on their most recent Board Rounding experience.
 - Medical Staff Meeting – No documents are included in your packet for this item. Shari, who attended, will provide a verbal report.
 - Community Outreach and Awareness Committee – Included in your packet are the agendas from the two most recent Community Outreach and Awareness Committee meetings, to facilitate Shari’s report.
 - Part Time Resident Advisory Council Meeting – Included in your packet is the agenda from the most recent meeting, to facilitate Tom’s report, who attended.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Resolution 2024-10 – Included in your packet is a resolution for board consideration to direct the County to authorize collection of the 2025 regular property tax levy.
 - Resolution 2024-11 – Included in your packet is a resolution for board consideration to direct the County to authorize collection of the 2025 EMS levy.
 - MIH Vehicle – Included in your packet is a document summarizing a purchase request for an MIH vehicle, for board consideration. The Foundation has raised the funds to make this purchase, and we are asking for approval in October to take advantage of special pricing.

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 for informational purposes are CM’s quarterly turnover numbers.



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

September 25, 2024

- Present:** Bruce Williams, President; Tom Baranouskas, Vice President; Shari Campbell, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Megan Baker, Executive Assistant
- Excused:** Gustavo Montoya, Commissioner
- Guests:** Natasha Piestrup, Director of Nursing; Erin Adams, Medical Services Officer- EMS; Shannon Keller, CM Foundation
- Via Zoom:** Mary Morse, PSR; Carrie Kingsley, Community Member

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Bruce Williams called the meeting to order at 5:32 pm. Tom then led the pledge of allegiance.
Consent Agenda	<ul style="list-style-type: none"> Tom moved to approve the consent agenda. Shari seconded the motion, and the group unanimously approved.
Community Input	<ul style="list-style-type: none"> None
Foundation Report	<p>Shannon Keller provided the Foundation Report.</p> <ul style="list-style-type: none"> Jive Time was September 21st at the Leavenworth Festhalle <ul style="list-style-type: none"> There were fewer attendees this year compared to previous years which may be attributed to the increase in live music events happening around town. The CM Foundation raised ~ \$10,000 in 2023 and \$11,400.00 in 2024. The group will host their annual retreat on October 16 at the Wenatchee River Institute. They will be working with a consultant who will advise foundation initiatives for 2025. The CM Foundation is actively recruiting new members.
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> CMF remains unwavering in their support of CM and our community, consistently exemplifying our Shared Values—commitment, community, empowerment, respect, and leadership. Their dedication inspires and motivates our teams to deliver their best efforts. Shannon shared a thoughtful email highlighting the numerous individual contributions that made CMF’s Jive Time event a success. Kudos to Shannon for her exceptional leadership, dedication, and support for her team.
Discussions & Reports	<p>A. Patient and Family Advisory Council (PFAC) Report Melissa Grimm provided the report.</p> <ul style="list-style-type: none"> Huge thanks to Jade Wolfe for her work creating the report. Melissa outlined various consultation and field trip initiatives aimed at educating the group about Cascade Medical’s services, along with a dedicated effort to improve navigation of the patient portal. Upcoming work includes early viewing access of EMS Levy print materials. In January, the group will look to add new members to PFAC. Melissa, Clint, or Jade are all points of contact for interest.

B. Meditech Update

Diane Blake led the review of the progress document included in the packet.

- CM budgeted for an additional Informatics FTE for which we have not yet recruited.
- The portal is now accessible outside of the US.
- The Rural Collaborative is developing a Meditech Users Group which will allow hospitals with Meditech to connect, collaborate, and share resources.
- Intuitive referrals are now populating in Meditech.
- Luma Health is a patient engagement platform that streamlines healthcare communication and access by automating appointment scheduling, reminders, and care management through a user-friendly interface. CM is currently working to set up Luma with a Meditech interface.

C. Risk Work Overview

Diane Blake provided the report.

- Kudos to Melissa’s leadership through risk stratification work.
- Dr. Kendall, Dr. Richardson, the Executive Team, and the Leadership team were all involved in a process of collaboratively adjusting rankings to address and capture team input.

Strategic Question:

Are there any risks missing from the list or different risks the board identifies as highest priority for mitigation?

- The constrained campus risk is relevant to CM, as there are limitations for expansion, landlocked conditions, and ongoing parking challenges that warrant consideration.
- Items that have been adjusted include:
 - Fell Off: EMS Levy and Payor Contract Management.
 - Blended/Revised: Mental health Crisis is now incorporated under Provider Coverage, since the risk is about whether there are enough practitioners to serve the population.
- Cybersecurity is a top priority because it's not a matter of if an incident will occur, but when, and the consequences could be catastrophic.

D. First Reading of Draft 2025 Budget

Marianne Vincent led the review.

Summary of Proposed Changes and Challenges:

- Chagemaster Increase: Proposed increase of 5%, following a 7% increase last year that received some pushback from payors.
- Proposed FTE Additions:
 - 1 Dietary Staff: Partially due to staffing regulations and the need to extend café hours.
 - 1 HR Staff: To expand the onboarding process, revive the volunteer program, and enhance training program management, increasing training from one day to two days to ensure completion of all modules.
 - 1 UR Data Specialist
 - 1 Provider
- Proposed Capital Budget: Approximately \$1 million, with largest dollars allocated for IT and ambulance services.

Challenges for Growth:

- Achieving 9.1% Growth in the Clinic:
 - The urgent care question is still under consideration, with the most sensible approach being its integration into the Clinic by adding or expanding hours.

	<ul style="list-style-type: none"> ○ Team-based care is still being fine-tuned, necessitating new marketing strategies to attract patients. ○ All panels in the clinic are currently open, and there is increased visibility for same-day appointments. <p><i>Summary of Patient Volume Forecast and Budgeting Insights:</i></p> <ul style="list-style-type: none"> ● Patient Volume Forecast: The forecast is influenced by acute inpatient, swing bed, emergency, and clinic areas, which drive demand for ancillary services such as rehabilitation, lab, and radiology. ● Admissions Growth: In 2024, there has been an increase in hospital admissions due to the addition of a hospitalist program. Efforts will focus on improving patient admissions rather than transfers, with a budgeted expectation of 5 observation stays per month, though the average has risen to 9 in 2024. ● Ambulance Reimbursement: The budget includes cost-based reimbursement for ambulance services. Recently, it was discovered that LCCH applied for and received the same reimbursement, which gives CM a sense of optimism. ● MRI Discussion: While discussions regarding MRI services are ongoing, no budget provisions have been made as of yet. ● Ultrasound Services: A few additional ultrasound days per month have been added, and this adjustment is reflected in the budget. ● Employee Compensation Budgeting: The group engaged in discussions about the budget process for employee compensation, which will be further refined at the October Finance meeting before being presented to the Commissioners. <p>Overall Sentiment: Marianne is optimistic about the budget's outlook, while Diane is enthusiastic about developing the next strategic planning cycle, focusing on a big-picture vision.</p>
<p>Committee Reports</p>	<p>Quality Oversight Committee Jessica Kendall provided the report.</p> <ul style="list-style-type: none"> ● The committee convened in August and discussed various topics, with a notable highlight being the infection control summary: "It's fire season, beware of bats." It was recommended that all board members should conduct at least one quality rounding session per calendar year, and moving forward, dates for these rounds will be presented at board meetings for discussion among all commissioners. Additionally, the committee explored ways for the board to better understand quality initiatives and determine what information would be most valuable for them, with ongoing efforts to develop a narrative that is useful for the board. <p>Board Quality Rounding Shari C. & Tom B. provided the report. Tom and Shari participated in Board Quality Rounding on August 19, 2024.</p> <ul style="list-style-type: none"> ● The EMS goal is to ensure that by July 2025, 100% of patients meeting stroke neuro requirements in the field are transported to the appropriate emergency department per county medical protocols; although no transports have occurred since the new protocol's implementation, historical data indicates a potential increase in stroke patients being transported to CM in the future. For the lab, the objective is to reduce average outpatient wait times from arrival to collection to 10 minutes or less by the end of 2024, as improving this metric will establish a foundation for success in other lab-related measures, such as decreasing turnaround times. <p>Medical Staff Meeting Shari Campbell provided the report.</p>

	<ul style="list-style-type: none"> Shari shared with the medical staff that she and Jessica bring fresh perspectives to their roles in the QOC as the quality team arranges a follow-up meeting to address knowledge gaps and plan future quality initiatives, while also working on creating a quality dashboard. A communications survey is available on the CM website to gather insights on the services that matter most to community residents. Shari expressed her admiration for the provider engagement during the 2025 Organizational Objectives activity, noting it reflects well on provider culture, and reporting that the most important aspect for providers was the information flow with Confluence. <p>Community Outreach and Awareness Committee Shari Campbell provided the report. The discussion focused on key areas of emphasis, particularly the access and availability of all CM services. Questions raised included how to measure these aspects, how to leverage data to enhance marketing efforts, and how to synergize various initiatives.</p> <p>Governance Committee Bruce Williams provided the report.</p> <ul style="list-style-type: none"> The committee reviewed several policies and the upcoming Board Retreat, placing particular emphasis on refining the CEO Annual Review processes to prioritize actionable feedback and provider input, along with conducting further research into best practices. Board succession plans were outlined, including proposals to transition Shari to board chair in 2026, her appointment as Vice President of the Governance Committee in January 2025, and Tom's transition to the Quality Committee. Additionally, the group discussed Commissioner compensation, concentrating on which activities should be counted versus those regarded as assumed responsibilities of Commissioner representation. <p>WSHA Board Meeting Bruce Williams provided the report.</p> <ul style="list-style-type: none"> The board discussed a cybersecurity presentation, specifically addressing downtime processes. They noted significant changes ahead for elected officials, including shifts within the legislature and governing organizations. Additionally, discussion was had among the board on whether WSHA membership should or could remain unified in the face of legislative proposals that would harm only some members.
<p>Action Items</p>	<p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> Shari moved to approve; Jessica seconded. Motion unanimously approved. <p>Motion: Approve Resolution 2024-08: Authorizing Proposition 1: EMS Regular Property Tax Levy</p> <ul style="list-style-type: none"> Consensus on the necessity of EMS services. This was a common theme heard in the community when commissioners discussed with constituents. Financial Misconceptions: <ul style="list-style-type: none"> During Community Night, someone thought that CM benefits from the lodging tax, but the belief is misleading. Property Tax Contributions: <ul style="list-style-type: none"> Desire to consider both service users and property tax contributors. Tourists using the emergency department help offset costs and support a robust emergency response program. The levy benefits the entire community.

	<ul style="list-style-type: none"> • Education and Support from AWPHD: <ul style="list-style-type: none"> ○ Matt Ellsworth from the Association of Washington Public Hospital Districts (AWPHD) is available to provide educational resources and guidance on mailers. • Upcoming Vote Details: <ul style="list-style-type: none"> ○ The upcoming vote is planned for April 2025, with a proposal for a 50-cent increase over a six-year period. • Tom moved to approve Resolution 2024-08 at the rate of \$0.50 / \$1,000, Jessica seconded. Motion unanimously approved. <p>Motion: Approve Open Public Meetings Policy</p> <ul style="list-style-type: none"> • Shari moved to approve; Tom seconded. Motion unanimously approved.
August Financial Report	<p>Marianne Vincent provided the financial report.</p> <ul style="list-style-type: none"> • YTD net margin variance is approaching \$1.5 million. • Monthly gross revenue is approximately \$500K higher per month than it was in 2023. • Cash receipts totaling \$4,015,000 For August were greater than the budgeted cash receipts total of \$2,404,000, which included Medicare settlement funds for 2023 and 2024.. • Professional Fees were over budget in August by (\$63,000), primarily in Acute due to coverage for our open hospitalist position and in Admin for ongoing Clinic Practice Share consulting. • Rehab statements were recently sent out, accompanied by a letter explaining the changes. CM is transitioning to a monthly billing format instead of using a rolling patient visit account. • In August we saw Swing Bed, Rehab, and Clinic volumes below budgeted volumes, while Acute, CT, and Radiology were all well above budgeted volumes. • Our Balance Sheet shows an increase in cash balances in August of \$1,429,000.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • Staffing Law Update: CM is investing approximately \$30,000 in new time clocks to support the transition to “to the minute” timekeeping, ensuring employees can clock in effectively, in response to new regulations. • Hiring: CM is actively recruiting for the hospitalist position, with an onsite interview conducted last week and additional interest received today. The new Clinic Outreach Provider, Kalie Thompson, PA-C, will start in early November. • Hilfreiche Hausfruen: The group will set up two tables for a yard sale, coinciding with the library’s book sale on October 12. • Endoscopy Update: Dr. Butruille has expressed interest in increasing endoscopy days, and CM is evaluating potential program expansion opportunities. The team is considering the ideal patient wait time for this service, given the current 8-month wait at Confluence, and exploring solutions for coverage when Dr. Butruille is unavailable, including collaboration with LCCH. • Parking: The city and CM are working on refreshing their parking agreement to ensure positive patient parking experiences and maintain a strong partnership. • X-ray/Mammograph: Radiology was recently surveyed by the Department of Health (DOH) and passed with flying colors. Kudos to Deseree for her leadership. CM is fully staffed in radiology, with a quality focus on mammography imaging, reaching a 90% efficiency rate in three capture areas. • EMTALA Training: The care team will participate in upcoming EMTALA training, which is being provided at the request of nursing.

	<ul style="list-style-type: none"> • Connections with WA Legislators: Diane and Aaron Edwards, the CEO of LCCH met with Representative Keith Goehner to discuss rural healthcare challenges,. Diane, Aaron, and Dr. Jones (Confluence) plan to meet with Representative Mike Steele in Chelan on Friday for further discussions. • DC Advocacy Days: Leaders, WSHA staff, CEOs, and commissioners, met with senators who showed strong interest in supporting initiatives aimed at protecting access. Discussions centered on challenges with Medicare Advantage plans (advocating for increased oversight), potential changes to CAH regulations (allowing hospitals with slightly more than 25 beds to apply for CAH designation), and concerns over the 96-hour acute care limit, which poses risks as statewide bed space tightens. Additional discussions involved extending telehealth waivers to continue to allow CM to be an originating site. • AHA Rural Policy Board: This group focused heavily on workforce issues, particularly the challenges related to provider shortages. Emphasis was placed on expanding access and exploring debt relief programs to incentivize individuals to pursue careers in medicine. • Rural Collaborative Board Retreat: Provided valuable networking opportunities and insights into what other organizations are doing. Discussions focused on joint payor contract work, interest in forming a consortium to pursue funding for digital initiatives such as Universal Service Administrative Co. (USAC) support, and strategies for enhancing rural workforce training programs. • WSHA Annual CEO Retreat: October 1-3 at Salish Lodge. • Sarah Portin was honored as a Wenatchee World 30 Under 35 award winner. Kudos to Melissa for advocating and highlighting the importance of nominating team members for recognition.
Board Action Items	<ul style="list-style-type: none"> • October 26th PTRAC: Tom • October 29th Community Engagement Night: Shari • Board Quality Rounding: October 30th: Bruce and Shari, 9-11 AM • Please check your email for the Resolution.
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	<ul style="list-style-type: none"> • Bruce called the executive session to order at 9:00 PM for 15 minutes. • At 9:15 PM, the group extended the meeting for an additional 15 minutes. • The group came back into regular session at 9:30 PM.
Adjournment	<ul style="list-style-type: none"> • Jessica moved to adjourn; Shari seconded, and the group unanimously agreed.

Bruce Williams, President

Shari Campbell, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: October 30, 2024

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

Accounts Payable Warrant Numbers	10124483 – 10124884	\$1,523,366.47	9/12/2024 – 10/17/2024
Accounts Payable EFT Transactions	20240134 – 20240148	\$609,006.07	9/12/2024 – 10/17/2024
Payroll EFT Transactions ¹	22494 – 23119	\$1,384,797.38	9/12/2024 – 10/17/2024
Grand Total		\$3,517,169.92	

Notes:

¹ Payroll Warrant #22494 was a payroll adjustment transaction processed on the employee's record to adjust YTD payroll taxes. Employee reimbursed as a result of a check received by employee for reimbursement of employee paid benefits.

Prepared by:

Kathy Jo Evans
Director of Accounting



CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

Title:	Non-Payroll Warrant / EFT Release	Effective Date:	07/01/2004
Categories:	Board of Commissioners	Approved Date:	09/05/2023
Prepared By:	Marianne Vincent (Chief Financial Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer)		
Approved By:	Board of Commissioners; Diane Blake (Chief Executive Officer)		

POLICY: It is the policy of CM to release approved non-payroll warrants and electronic fund transfers only after being authorized by the Chief Executive Officer, Chief Financial Officer, or the Chief Operating Officer.

PROCEDURE: Accounts payable warrants will be run every week. Warrants will go through the normal administrative review and approval process, including signature authorization. This process includes a review by the Director of Accounting, the Chief Financial Officer and either the Chief Executive Officer or the Chief Operating Officer. The Accounting Team may use the signature stamp for the AP warrants, with the permission of the Chief Executive Officer or Chief Financial Officer. At this point the signed warrants are released.

Electronic fund transfers may be established for selected vendors and employee benefit administrators with prior approval by the CFO or CEO and appropriate staff with the County Treasurer. EFT transactions will be approved by the CFO or CEO before being sent to the County Treasurer for processing.

Prior to each Board of Commissioners monthly board meeting, the Voucher Register with an explanation for each purchase is provided to the Board of Commissions via email. and a Vouchers Summary is provided in the Board packet. The Board of Commissioners may approve the Vouchers Summary through consent agenda, having the option to pull and review any items prior to approval. Once the Vouchers Summary is approved by the Board of Commissioners, the warrants and EFTs are filed in the accounting department.



Title:	Capital Spending Approval Matrix	Effective Date:	11/01/2007
Categories:	Board of Commissioners	Approved Date:	08/25/2020
Prepared By:	Marianne Vincent (Chief Financial Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Finance Committee		
Approved By:	Board of Commissioners; Diane Blake (Chief Executive Officer)		

POLICY: The Board of Commissioners delegate authority for approving major and minor capital spending according to the guidelines set forth below. These guidelines shall also be used to set approval limits for purchased services and agreements. With the exception of Purchase Orders, all other contracts and agreements entered into by Cascade Medical must be signed by the CEO and/or the Board of Commissioners.

PROCEDURE:

Approving Authority Matrix

	Dept. Head	Assistant Administrators	CEO	Board of Commissioners
Capital Equipment - Budgeted				
New (\$5,000 - \$25,000)	R	R	A	Inform
New (Over \$25,000)	R	R	R	A
Replacement (\$5,000 - \$25,000)	R	R	A	Inform
Replacement (Over \$25,000)	R	R	R	A
Urgent/Emergent	R	R	A	Inform
Capital Equipment - Non Budgeted				
New (\$5,000)	R	R	A	Inform
New (Over \$5,000)	R	R	R	A
Minor Equipment	\$500 A	\$501 - \$2,500 A	\$2,501 - \$4,999 A	N/A N/A
Urgent/Emergent	R	R	A	Inform

R=Recommend
A=Approve



Title:	Financial Management Policy	Effective Date:	08/19/2017
Categories:	Board of Commissioners	Approved Date:	Not Approved Yet
Prepared By:	Marianne Vincent (Chief Financial Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Finance Committee		
Approved By:	Board of Commissioners; No Users		

Purpose

The health care services provided by Chelan County Public Hospital District No. 1 are a valuable resource to the residents of Leavenworth and western Chelan County and to the visitors who come to enjoy the Upper Valley’s scenic and cultural attractions. The set of policies outlined below are designed to keep these resources available and to anticipate health care needs of residents and visitors well into the future.

Written, adopted financial policies have many benefits, such as assisting the elected officials and staff in the financial management of the municipality, saving time and energy when discussing financial matters, engendering public confidence, and providing continuity over time as elected officials and staff members change. While these policies will be amended periodically, they will provide the foundation and framework for many of the issues and decisions facing the District. They will promote sound financial management and assist the District’s stability, efficiency, and effectiveness.

Overall Financial Policy

- Ensure the ongoing financial integrity of the District.
- Safeguard the financial assets of the District and preserve the taxpayer’s investments.
- Ensure adequate funds are available to support on-going health care services and to meet the future health care needs of the community.
- Provide accurate financial information to District Commissioners, staff and the public in a timely manner.
- Maintain a spirit of openness and transparency while being fully accountable to the public for the District’s fiscal activities.

Sections

- I. General Policies
- II. Accounting policies
- III. Cash Management policies and maintenance of cash reserves
- IV. Debt policies
- V. Revenue Cycle Management policies
- VI. Expenditure policies
- VII. Financial Reporting policies
- VIII. Budgeting policies
- IX. Management of capital and other assets
- X. Communication policies



Title:	Financial Management Policy	Effective Date:	08/19/2017
Categories:	Board of Commissioners	Approved Date:	Not Approved Yet
Prepared By:	Marianne Vincent (Chief Financial Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Finance Committee		
Approved By:	Board of Commissioners; No Users		

I. General Policies

1. The District may adopt resolutions to set financial policies to assure the financial strength and accountability of the District.
2. The Chief Executive Officer (“CEO”) and Chief Financial Officer (“CFO”) will develop administrative directives and general procedures for implementing financial policies approved by the Board of Commissioners.
3. All Departments will share in the responsibility of meeting policy goals and ensuring long-term financial health. Future service plans and programs will be developed to reflect current policy directives, projected resources, and future service requirements.
4. To attract and retain employees necessary for providing high quality services, the District will establish and maintain a competitive compensation and benefit package with the public and private sectors.
5. Efforts will be coordinated with other governmental agencies to achieve common policy objectives, share the cost of providing governmental services on an equitable basis, and support favorable legislation at the state and federal level.
6. The District will initiate, encourage, and participate in economic development efforts to create job opportunities and strengthen the local economy.
7. The District will strive to maintain fair and equitable relationships with its contractors and suppliers.

II. Accounting Policies - *Comply with prevailing federal, state, and local statutes and regulations. Conform to a comprehensive basis of accounting in compliance with Washington State statutes and with generally accepted accounting principles (GAAP) as promulgated by the Governmental Accounting Standards Board (GASB) where applicable.*

1. Accounting principles. The District will account for assets, liabilities, revenues and expenses in conformity with accounting principles generally accepted in the United States of America and the state of Washington as applicable to public hospital districts, and in accordance with standards established by the Governmental Accounting Standards Board. The District will use enterprise fund accounting and revenues and expenses will be recognized on an accrual basis using the economic resources measurement focus. The District will utilize a fiscal period ending on December 31st of each year.
2. Departmental Accounting. Gross revenues and operating expenses for individual service areas within the District’s hospital and clinic will be segregated through the use of departmental accounting, in a manner consistent with State Auditor’s Office and Medicare Cost Reporting requirements.
3. Restricted funds. The District will account for expenditures from funds that are restricted as to use by donors, restricted to specific purposes by the Board of Commissioners, restricted by financing covenants or otherwise restricted by law. Funds received that are not under such restrictions will be part of the general fund and not earmarked for specific purposes or activities.



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4. Capital items. Building and equipment purchases costing in excess of \$5,000 per item and having useful lives of one year or more will be recorded as capital assets on the District’s balance sheet and depreciated on a straight line basis. Leased items meeting the definition of capital leases will be amortized over the lesser of the useful life or lease term.
5. Inventory. Inventories of medical, pharmaceutical and other supplies will be valued on a first in, first out basis. Inventory values will be verified at least annually by departmental and accounting staff.
6. Prepaid expense. Non-capital expenses costing \$5,000 or more that will be of value to or benefit future periods will be treated as prepaid expenses and amortized over the expected benefit period.
7. Tax revenue. Tax revenues that are expected to be received over the course of a fiscal year will be recognized as a level amount in each monthly accounting period.
8. Time off accrual. The value of any accrued compensated absence time, such as Paid Time Off, that may be paid to employees of the District upon termination of employment will be shown as a liability on the District’s Balance Sheet.
9. Record retention. Accounting records will be retained in conformity with the state of Washington’s record retention guidelines for Public Hospital Districts, or a longer period if required by state or federal regulatory authority.

III. Cash management and maintenance of cash reserves - *Manage and invest the District's operating cash to ensure its legality, safety, provide for necessary liquidity, avoid imprudent risk, and optimize yield.*

1. Deposits. All cash receipts will be deposited or transferred to the CM accounts held by the Chelan County Treasurer, who serves as the treasurer for the District. District funds will be invested by the County Treasurer’s office in the Washington State Local Government Investment Pool or other investments as permitted by RCW chapter 39.
2. Cash Accounts. The District will establish cash accounts with the County Treasurer’s office for various purposes, including debt service, capital asset purchases, cost report settlement reserves and others. Funds will be deposited into and transferred between these accounts in accordance with the District’s established Cash Management policy.
3. Reconciliations. Cash balances held with the County Treasurer will be reconciled on a monthly basis to the District’s accounting records by District Accounting staff, under the supervision of the District’s CFO.
4. Cash Balancing. The District’s daily cash and check receipts will be listed, balanced and, except for an authorized change fund amount, deposited to the Depository Account. Deposits to the depository will be made each day the total cash deposit reaches \$200 and/or when there are checks to deposit. When receiving payment in person from a patient or other individual, the District will provide a numerically sequential receipt. Any out-of-balance conditions (cash over/short) will be immediately reported to the CEO or CFO, reviewed, and posted. Cash over/short conditions of more than \$100 shall be reported to the CEO immediately. The Board of Commissioners will be notified no later than the next regular Board meeting.



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5. Internal Control policies. The District will maintain written policies on cash handling, accounting, segregation of duties, and other internal control components. These policies will be reviewed and updated on at least an annual basis.
6. Reserves. Cash reserves, excluding those restricted to debt service or donations restricted to a specific use by donors, will be maintained at a level equivalent to 60 days of operating expenses or higher.

IV. Debt policy – Establish guidelines for debt financing that will provide needed capital equipment and infrastructure improvements while minimizing the impact of debt payments on current revenues.

1. Overall Debt Policy. The Debt Policy for the District is established to help ensure that all debt is issued both prudently and cost effectively. The Debt Policy sets forth comprehensive guidelines for the issuance and management of all financings of the District. Adherence to the policy is essential to ensure that the District maintains a sound debt position and protects the credit quality of its obligations.
2. Legal Governing Principles. In the issuance and management of debt, the District shall comply with the state constitution and with all other legal requirements imposed by federal, state, and local rules and regulations, as applicable.
 - a. State Statutes – The District may contract indebtedness as provided for by State law, subject to the statutory and constitutional limitations on indebtedness.
 - b. Federal Rules and Regulations – The District shall issue and manage debt in accordance with the limitations and constraints imposed by federal rules and regulations including the Internal Revenue Code of 1986, as amended; the Treasury Department regulations there under; and the Securities Acts of 1933 and 1934.
 - c. Local Rules and Regulations – The District shall issue and manage debt in accordance with the limitations and constraints imposed by local rules, policies, and regulations.
3. Debt purposes. The District may issue bonds or enter into other types of indebtedness to support major building additions or improvements, major capital equipment purchases, major purchases of software licenses or the acquisition of property. The term of any debt entered into will not exceed the useful life of the project or purchase and in no instance will exceed 40 years.
4. Deficit financing. Long term debt will not be used to support current operating requirements. Further, the District will not use deficit financing or short-term borrowing in the case of projected long-term (greater than one year) revenue shortfalls.
5. New debt. Any new debt, capital lease obligations or refinancing of current debt will be approved by the District’s Board of Commissioners. The bond underwriter and bond counsel will also be approved by the Board, as will the term, rates and other significant financing components. Sufficient funding to allow the repayment of debt obligations will be provided for in budgets approved by the Board.
6. Types of debt. The District may utilize the following types of debt, subject to Board approval:



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- a. Unlimited Tax General Obligation bonds, to be used for capital projects only, which will require the approval of the voters within the District.
 - b. Limited Tax General Obligation bonds, which do not require voter approval and are payable from funds collected through an existing tax levy, providing the District determines it can afford the payments and UTGO or other funding is not readily available.
 - c. Short-term commercial borrowing, lines of credit and capital lease financing, as permitted by law, for the purpose of financing major equipment purchases, Information Technology investments or meeting short-term liquidity needs during anticipated temporary interruptions in cash receipts from operations.
 - d. Revenue bonds, to be used for financing building construction or improvements.
 - e. Refunding bonds, to be used in debt refinance to achieve true savings as market opportunities arise. Refunding debt will not be used for the purpose of avoiding debt service obligations. A target 5% cost savings (discounted to its present value) over the remainder of the debt must be demonstrated unless otherwise justified.
7. Arbitrage earnings. The use of interest earnings on bond proceeds will be limited to funding the improvements specified in the authorizing bond ordinance or payment of debt service on the bonds. Proceeds from debt will be used in accordance with the purpose of the debt issue.
 8. Bond compliance. To maintain the District’s credit worthiness, the CEO, CFO and staff will maintain active relationships with ratings agencies and outside parties involved in debt funding and will act in accordance with the District’s established Bond Compliance Policy. The District will maintain its bond rating at the highest level fiscally prudent.

V. Revenue Cycle Management policy – *Design, maintain and administer a revenue cycle to ensure a reliable, equitable, diversified and sufficient revenue stream to support desired services.*

1. Billing and Collections. To support the ongoing provision of health care services to the residents of the District and to those in need of care while visiting, the District will establish and maintain systems to collect appropriate amounts from patients and their government-sponsored or commercial health insurance plans for the care received. District staff will utilize an Electronic Health Record and Patient Accounting system to document the care received, create charges for the individual services provided and bill and collect payments from patients and their health plans.
2. Charges for services. In accordance with Medicare program requirements and contracts with individual health plans, all patients will be charged the same amounts for individual service or supply items through the use of a standardized Charge Master. Maintenance of the Charge Master will be overseen by the District’s CFO. The District will periodically evaluate pricing levels against industry standards, Medicare fee schedules and other available references.
3. Compliance. District staff will make appropriate efforts to ensure compliance with Medicare and Medicaid billing requirements, the provisions of contracts with individual commercial health plans and the compliance policies established by the District.



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4. Cash receipt controls. The District’s Business Services Director and CFO will enforce proper segregation of duties to ensure that staff opening mail and preparing daily cash and check deposits are different from those staff updating payments and adjustments to individual patient accounts.
5. Payment reconciliation. The Business Services Director, Accounting Director and CFO will ensure that patient and health plan payments are reconciled on a monthly basis with bank and County Treasurer records.
6. Delinquent accounts. The District will make ~~aggressive,~~ professional and timely efforts to collect balances due on patient accounts. The District may utilize one or more collection agencies, which may in turn utilize legal actions, liens and other methods of collection as allowed by law. The District may also establish ~~short-term~~ installment payment plans with patients needing additional time to pay their accounts.
7. Financial Assistance. In accordance with the District’s established Financial Assistance policy, District staff will identify and assist patients who are unable to make full payment on their accounts and meet the income and other criteria established in the policy.
8. Overpayments. When overpayments have occurred on patient accounts, the Business Office staff will initiate refunds to patients or either refunds or payment adjustments with health plans, as appropriate, on a timely basis.
9. Reporting. Accounts Receivable balances, collection trends and other revenue cycle management information will be reported by the CFO to the CEO and Board of Commissioners on a monthly basis.
10. Cost Reports. With the assistance of the District’s audit firm, financial staff will file a cost report with the Medicare program each year within the regulatory deadline. Information in the report will be evaluated to ensure optimal reimbursement from the Medicare program.
11. Insurance contracts. The CFO will endeavor to establish contractual relationships with health care plans providing coverage to residents of the District, wherever possible at terms favorable to the District.

VI. Expenditure policies – *establish appropriate service levels and administer the expenditures of available resources to ensure fiscal stability and the effective and efficient delivery of services*

1. Means of payments. Any payments made by the District will be done using either warrants drawn on CM accounts held by the Chelan County Treasurer, electronic fund transfers, or payroll direct deposits initiated from those accounts to individual employee bank accounts. In accordance with the established Warrant/EFT Release policy, these payments will be approved by the Board of Commissioners at a public meeting.
2. Authorizations. Payments will be authorized by one of the following means prior to release:
 - a. Purchase orders that are completed in accordance with the established General Fund Distribution policy.
 - b. Payments made for goods or services as part of a vendor contract signed by the District’s CEO. These will be authorized by the applicable Department Director or Senior Leader.



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- c. Check requests signed by a Department Director or Senior Leader and in accordance with the Spending Approval Matrix policy.
 - d. Reimbursements made to employees for travel expenses or personal expenditures made on behalf of the District, which will be done using established forms and subject to inclusion of supporting documentation and approval by the employee’s supervisor in accordance with the Expense and Travel Reimbursement policy.
 - e. Electronic fund transfers authorized by the CFO or CEO.
 - f. Payroll expenditures authorized by the employee’s supervisor using the District’s payroll/time & attendance system and subject to existing payroll policies and union contracts where applicable.
3. Recording payments. All expenditures will be recorded in the District’s accounting system and will be assigned to an account number in accordance with the type of expenditure and the benefitting service.
 4. Petty cash. The CFO may authorize one or more petty cash or change funds for minor cash expenditures or making change for cash payments. Payments made from petty cash will be recorded individually in the District’s accounting system in accordance with the established Petty Cash policy. In no event will the value of a petty cash fund exceed \$250.

VII. Financial Reporting policies – to provide complete and accurate reporting of the District’s financial position to Commissioners, District staff and interested members of the public.

1. Financial statements. District financial staff will prepare financial statements on a monthly basis for review by the Board of Commissioners, District staff and interested members of the public. Statements will be prepared on an accrual basis with revenues and expenses shown in the period in which services occurred or benefits were provided. Monthly financial statements will include, at a minimum, Balance Sheet, Revenue and Expense and Cash Flow statements.
2. Statement presentation. Financial statements will be presented to the Board of Commissioners by the District’s CFO, who will also provide comparisons with budgeted and prior year financial results, patient volume statistics and other analytical reports as requested by the Board. Financial statements for the most recent month will normally be provided at the Commissioners’ next public meeting. The Board will also be provided, for approval, a vouchers summary of the previous month’s warrants issued, and electronic fund transfers made, along with the balances of patient accounts sent to collection agencies and discounts provided under the Financial Assistance (Charity) policy. The Board will receive an emailed Voucher Register prior to each Board meeting with a detailed listing of the previous month’s warrants issued, and electronic fund transfer made.
3. Finance Committee. District financial staff and the CFO will provide additional, in-depth financial reporting and a discussion of District financial issues to the Board of Commissioner’s Finance Committee, in accordance with the Committee’s charter and annual work plan. Any changes to the financial information package presented to the full Board will be reviewed and approved by the Finance Committee.



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4. Annual audit. On an annual basis, the Board of Commissioners will approve the engagement of an independent Certified Public Accounting firm, which will review and audit the District’s financial records, prepare financial statements in conformance with the Accounting Policies shown in Section I and review and report upon the adequacy of the District’s financial controls. The CPA firm will report directly to the Board and will receive the full cooperation and support of the District’s financial and management staff during the course of their audit.
5. Reporting. The District’s CPA firm will provide their report, including audited financial statements, to the Board of Commissioners no later than June 30 of each year. The CPA firm will also provide the audited financial statements, copies of their workpapers and any additional requested reports to the Washington State Auditor’s office in accordance with the SAO’s established timelines. District financial staff will cooperate fully with any requests for additional information made by the State Auditor’s Office staff.
6. Other services. At the discretion of District Management, the CPA firm engaged to perform the District’s annual audit may also assist in the preparation of the District’s annual Medicare Cost Report, along with responses to external audits that may be performed by the Medicare program, its administrative contractors, the Washington State Health Care Authority and Medicaid Managed Care Organizations. The CPA firm may also assist in the preparation of reports required by the Washington State Department of Health.

VIII. Budgeting policies – to establish a planning and control process for future periods

1. Budgeting purpose. The Board of Commissioners and management of the District will prepare budgets for the purpose of establishing a financial plan for future periods, guiding decision-making in those periods and serving as a control and comparison during those periods.
2. Annual Budgets. On an annual basis, the Board of Commissioners will adopt a Revenues and Expenses (Operating) Budget, a Cash Flow Budget and a Capital Budget.
3. Approval. Budgets will be prepared by the District’s management staff and presented to the Board in draft form at a public meeting in September of each year. After initial review, budgets will be presented to the Board for final approval at a public budget hearing in October. Public notice of the budget hearing will be made in advance in accordance with statutory requirements of the State of Washington. Budget approval will consist of Resolutions adopting the final budgets and authorizing tax levy amounts.
4. Management responsibilities. Operating and Capital Budgets will be prepared by Department Directors and will project patient volumes, line item revenues and expenses and capital equipment needs for their departments. Operating Budgets will be prepared for the upcoming fiscal year while Capital Budgets will show projected capital needs for at least three years into the future. Department Directors will strive to ensure budgets are consistent with the District’s Strategic Objectives and are prepared in a complete, accurate and realistic manner. District Senior Leadership will review submitted budgets, provide preliminary approval, deferral or disapproval, and consolidate budgets for Board review.



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5. Budget guidelines. It will be the goal of the District to create Operating and Cash Flow budgets in which operating revenues plus tax receipts meet or exceed necessary expenditures. Budget volumes and revenue estimates will be made conservatively using information from reliable economic forecasts and state or other governmental agencies. Revenues from expected donations, grants or sources of limited duration will be fully disclosed during budget review and approval and will not be utilized to support on-going operations.

In the event a balanced budget is not attainable, and the cause of the imbalance is expected to last for no more than one year, the planned use of cash reserves to balance the budget is permitted. If a budget shortfall is expected to continue beyond one year, the planned use of reserves must be developed as part of a corresponding strategic financial plan to close the gap through revenue increases or expenditure decreases.

Provisions within the budgets will be made to ensure adequate funds for the following:

- a. Debt service.
 - b. Proper maintenance and timely replacement of the District’s capital assets.
 - c. Staffing levels sufficient to provide health care services and support for District operations.
6. Budgeting new programs and services. Planned new programs, expansions in service or increases in staffing levels will wherever possible be evaluated as part of the annual Operating Budget prior to approval. New programs and services will be expected to generate sufficient revenues to offset capital and operating expense increases. In evaluating staffing increases, attempts to expand individual and work group productivity rather than adding to the work force will be made, including investment in technology and other efficiency tools to maximize productivity. The District will hire additional staff only after the need for such positions has been demonstrated and documented and no productivity improvements are feasible.
 7. Use of Budgets. Once adopted, the budgets will be used as a financial plan for the District’s operations, and during the fiscal year will be used as a comparison and control tool for evaluation of current operations. Financial management staff will include comparisons of actual financial results to budgeted amounts in monthly reporting to the Board and District management staff.

IX. Management of capital and other assets - review and monitor the state of the District’s capital equipment and infrastructure, setting priorities for its replacement and renovation based on needs, funding alternatives, and availability of resources.

1. Capital equipment. Items costing over \$5,000 per item will be authorized prior to purchase in accordance with the established Capital Requisition policy and the Spending Approval Matrix policy.
2. Asset tagging. Capital equipment items, along with minor equipment items costing over \$500, must be authorized for ordering by completion of the Capital Request Form by a Department Director or Senior Leader. When received, these items will be tagged prior to being placed into service using asset tags applied by the Materials Management department staff. Where applicable,



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equipment used in patient care areas will also be inspected by the District’s Biomedical Engineering consultant.

3. Surplus. Any previously purchased capital or minor equipment item with an asset tag that has exceeded its useful life and is meant to be traded-in, sold or discarded, must be declared as surplus by the Board of Commissioners.
4. Capital Facilities Plan (CFP). In addition to the three-year Capital Budget, the District may create and maintain a Capital Facilities Plan which will encompass a longer-term planning period, as follows:
 - a. The CFP will include all projects to maintain public capital facilities required to maintain service levels at standards established by the Board of Commissioners. It may also include for consideration such other projects as requested by the CEO or Board of Commissioners.
 - b. The CFP will provide details on each capital project plan including estimated costs, sources of financing and a full description of the project.
 - c. The District will finance only those capital improvements that are consistent with the adopted CFP and District priorities. All capital improvement operating and maintenance costs will be included in operating budget forecasts.
 - d. A status review of the CFP will be conducted periodically, and a report will be presented by the CEO or his/her designee, to the Board of Commissioners.
5. Insurance. The District will purchase and maintain liability, property and other insurance policies that fully protect the District from all reasonably-anticipated losses. These policies will include:
 - a. Professional and general liability, including medical malpractice liability and non-medical tort claims.
 - b. Directors and Officers liability, including employment practices liability.
 - c. Property, covering buildings, equipment and vehicles.
 - d. Employee dishonesty and other crime-related risks.
 - e. Cybercrime.

X. Communications policy – maintain transparency and comply with public information laws

1. It is the policy of the District to remain as transparent as possible, follow public meetings laws and respond promptly to public information requests.
2. The District shall manage relationships with the rating analysts assigned to the District’s credit, using both informal and formal methods to disseminate information.
3. The District’s Basic Financial Statements and Notes shall be a vehicle for compliance with continuing disclosure requirements. The Notes to the Financial Statements may be supplemented with additional documentation as required. Each year included in the Notes to the Financial Statements, the District will report its compliance with debt targets and the goals of the Debt Policies.
4. The District shall seek to maintain and improve its current bond rating.



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Cascade Medical

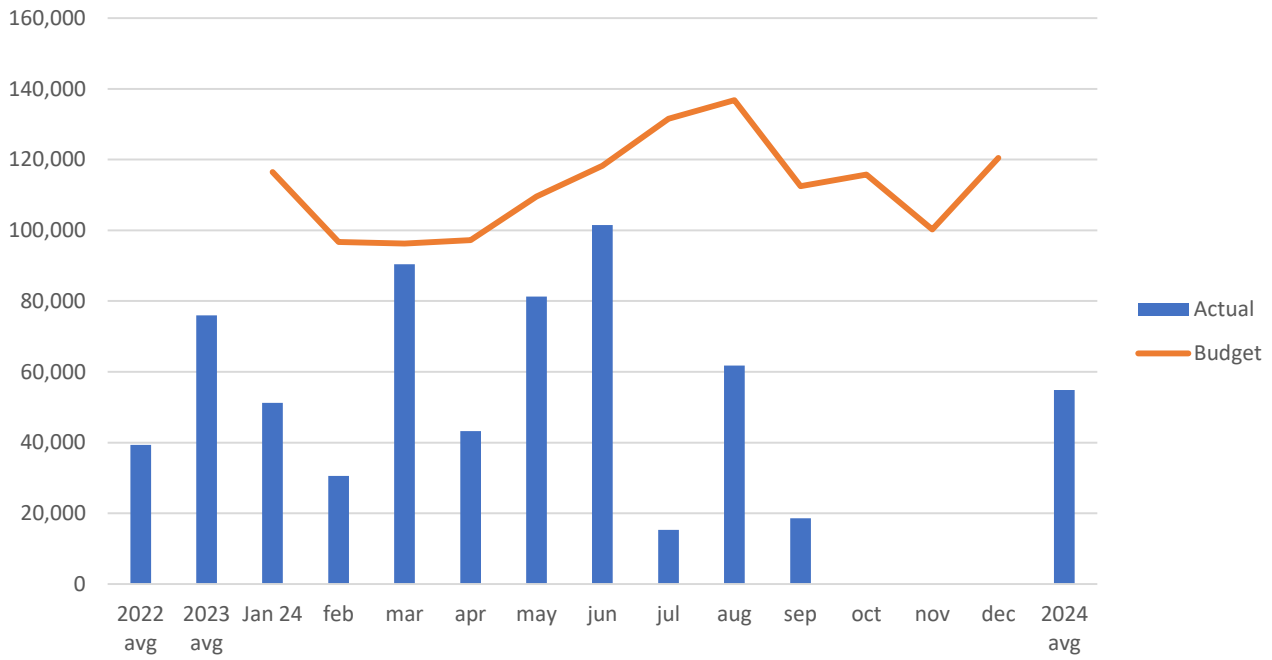
Bad Debt Write Offs Financial Assistance Program Discounts

Month of September, 2024

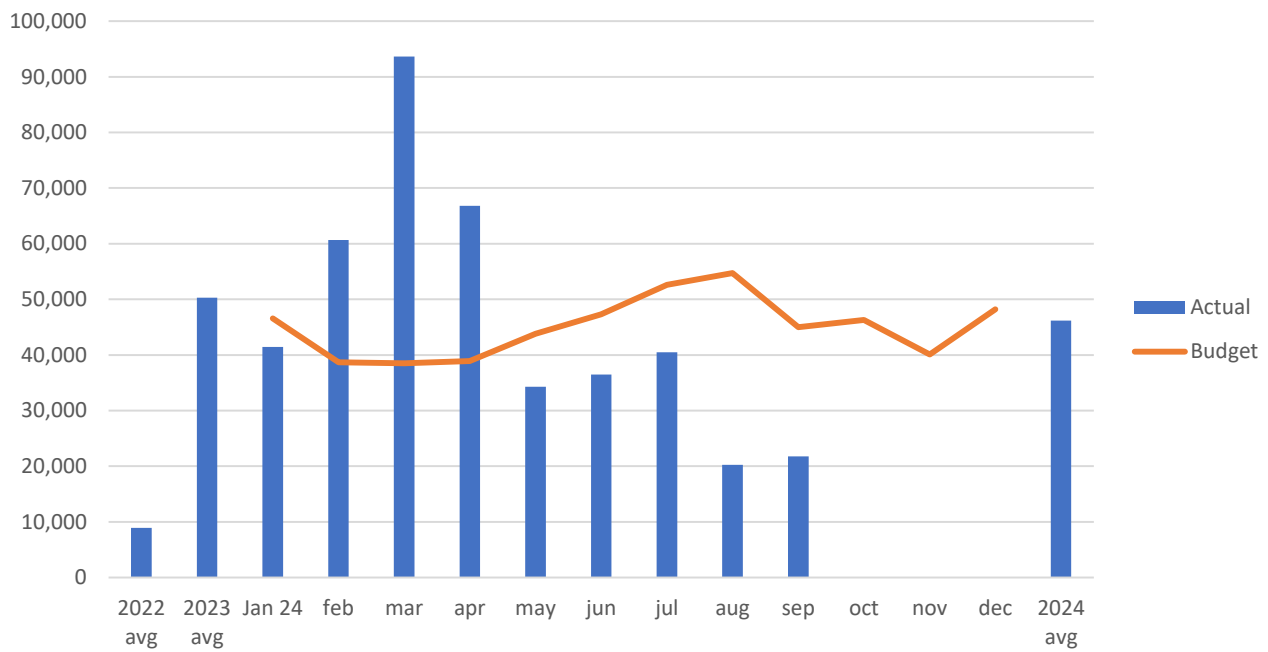
Net Bad Debt Write-Offs for Board Approval	\$	18,628.11
CFSP/Financial Assistance Program Discounts for Board Approval	\$	21,749.14

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	24,557.88
	less: pullback from Agency due to receipt of payments	(5,929.77)
	Net Bad Debt Write-Offs	<u>18,628.11</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	21,749.14
	Total	40,377.25

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts



Accompanying Notes for the September 2024 Financial Statements

September Financial Statements –Quarterly Summary

Our Q3 has shown to be a busy quarter, as is typical for our location, and our margin is well ahead of budget with a variance of \$1,726,000. Our cash position also strengthened in Q3, ending the quarter well ahead of our forecasted cash position with a variance of \$2,098,000.

Revenue and Expense Variances

1. Professional Fees continued to run higher than budgeted in Q3 with Clinic Practice Share Consulting, Hospitalist and Provider coverage creating the largest budget variances. We would anticipate Q4 to be much the same as we look to fill vacancies in both the hospitalist and Clinic outreach provider positions.
2. Purchased Services continue to be well over budget in Q3, with Business Office services accounting for much of the overage.
3. Offsetting variances in our Other Operating Revenue and Other Operating Expenses are a result of the Medicaid Safety Net payments and cash receipts resulting from a change to the program that resulting in larger payments and receipts than anticipated.

Patient Statistics

Inpatient volumes were high late in Q3, particularly Swing Bed, but volumes have dropped again in early October. ED volumes ran high through the quarter but began to cool late in the quarter with the reduction in summer visitors. We saw the addition of two additional days each month of Ultrasound so anticipate an uptick in Ultrasound volumes as we head into Q4.

Cash Receipts

Collections on patient were strong in Q3, coming in at \$1,832,000 more than budgeted, with close to \$1,000,000 of that in Medicare settlement funds for 2023 claims and 2024 claims- to-date.

Balance Sheet

Our Balance Sheet shows an increase in cash balances for the quarter totaling \$2,124,000 resulting from the higher than anticipated cash receipts and catch up of Safety Net Payments through Q3.

Accounts Receivable

Days in Net Accounts Receivable have increased since Q3, which is typical when our volumes are higher. We were able to resume billing for Rehab patients late in Q3 and will continue to work with our statement vendor to improve our billing statements.

Contractual Allowances

We have asked our audit firm to reach out to our Medicare Intermediary to follow-up on our request to have cost-based reimbursement for our Ambulance services.

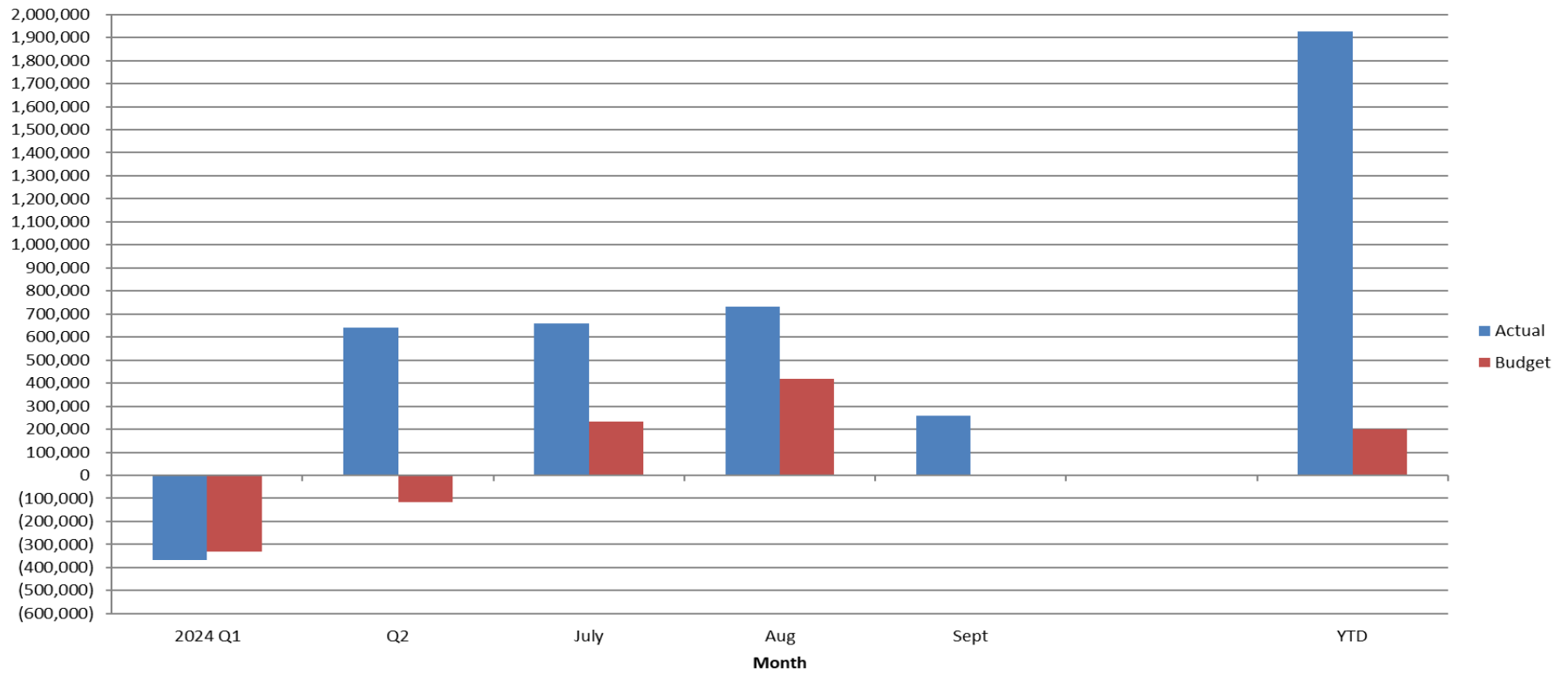
Final comments and Upcoming

Work with HealthNET, who we are partnering with for Meditech optimization was just getting underway in late September, with Rev Cycle work slated for early in Q4.

Data was submitted early in Q4 for our interim cost report as well as our FY2024 GEMT ambulance cost report.

Work to streamline and grow Clinic operations continues, with a newly budgeted FTE planned for 2025 to help extend services/hours.

Cascade Medical Net Surplus/(Deficit) - 2024



**Cascade Medical Center
Financial Performance Summary
Year-to-Date - September, 2024**

000's omitted

YTD Sept

Net Margin

Actual	1,926
Budget	200
	1,726
Better (Worse) than Budget	1,726

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - CT \$1342; ED \$629; Clinic \$401; Endo \$329; Lab\$329; PT (\$280)	2,709
Contractual Allowances	(280)
	2,429
Net Patient Revenue	2,429
Other Operating Revenue	297
	2,726
Total Operating Revenue	2,726

Expenses

Salaries & Benefits	93
Prof. Fees - Acute (\$169); Admin (\$129); HR (\$97); Clinic Prov (\$72); ED Prov (\$56)	(570)
Supplies	30
Purchased Services/Repairs - Bus Off (\$186); CT(\$56); IT(\$54); Plant (\$43)	(342)
Other Operating Expenses - IT \$138; Safety Net (\$152); Admin (\$147)	(215)
	(1,004)
Total Operating Expenses	(1,004)

Non-Operating Revenues & Expenses	4
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Actuals Better/(worse) than Budget	1,726
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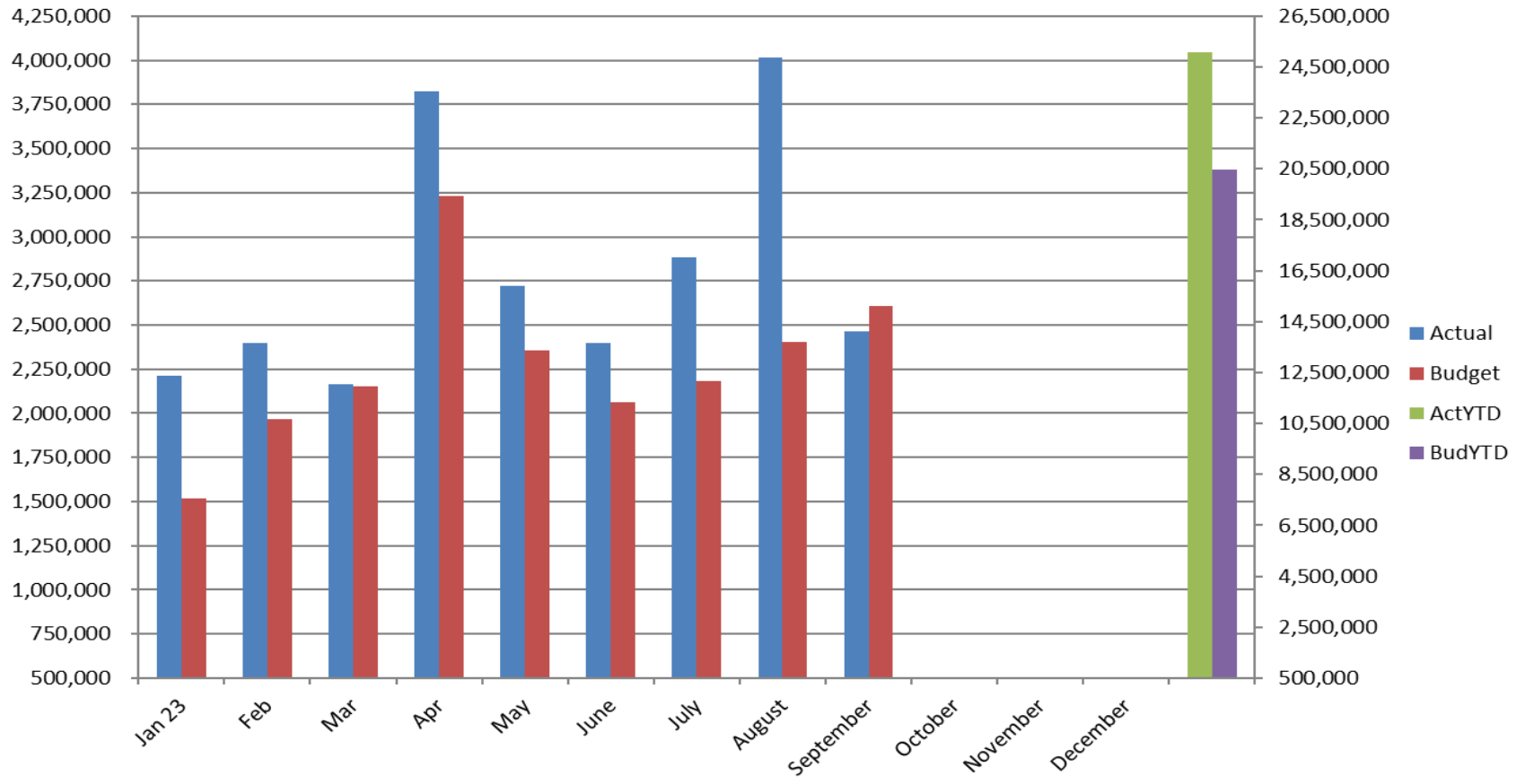
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending September 30, 2024

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,576,918	2,139,876	437,042	21,949,187	19,520,235	2,428,952	17,538,102
Grants, Contribs, Other Op Revenue	138,247	93,770	44,477	1,362,566	1,132,930	229,636	1,033,363
Tax Levies, unrestricted	<u>145,225</u>	<u>137,725</u>	<u>7,500</u>	<u>1,307,025</u>	<u>1,239,525</u>	<u>67,500</u>	<u>1,346,985</u>
Total Operating Revenue	2,860,389	2,371,371	489,018	24,618,778	21,892,690	2,726,088	19,918,450
Operating expenses							
Salaries & Benefits	1,692,002	1,660,258	(31,744)	15,116,985	15,209,754	92,769	13,319,362
Professional fees	159,441	109,930	(49,511)	1,603,592	1,033,317	(570,275)	1,701,331
Supplies	179,805	186,129	6,324	1,518,665	1,548,807	30,142	1,538,348
Purchased services	188,920	138,374	(50,546)	1,621,838	1,280,073	(341,765)	1,491,875
Depreciation	169,238	169,874	636	1,511,359	1,528,866	17,507	1,500,047
Other Operating Expenses	<u>299,207</u>	<u>193,550</u>	<u>(105,657)</u>	<u>2,101,171</u>	<u>1,868,841</u>	<u>(232,330)</u>	<u>1,588,425</u>
Total operating expenses	2,688,613	2,458,115	(230,498)	23,473,611	22,469,658	(1,003,953)	21,139,386
Operating gain / (loss)	171,777	(86,744)	258,521	1,145,167	(576,968)	1,722,135	(1,220,936)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	1,013,769	1,013,769	-	974,646
Interest expense on bonds	(25,327)	(25,328)	1	(227,944)	(227,952)	8	(244,926)
Other Non-Operating rev (exp)	<u>(27)</u>	<u>(989)</u>	<u>962</u>	<u>(5,391)</u>	<u>(8,901)</u>	<u>3,510</u>	<u>(2,260)</u>
Total nonoperating rev (exp), net	87,287	86,324	963	780,434	776,916	3,518	727,460
Net Income	259,064	(420)	259,484	1,925,601	199,948	1,725,653	(493,477)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending September 30, 2024

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Gross Patient Revenue	3,660,633	3,214,120	446,513	31,716,843	29,007,630	2,709,213	26,485,669
less:							
Contractual Allowances	928,340	916,752	(11,588)	8,317,694	8,066,019	(251,675)	7,649,357
Reserve for Bad Debts	110,556	112,494	1,938	1,031,704	1,015,268	(16,436)	923,705
Reserve for Financial Assistance	44,820	44,998	178	418,258	406,108	(12,150)	374,505
Total Deductions from Revenue	1,083,715	1,074,244	(9,471)	9,767,656	9,487,395	(280,261)	8,947,567
Net Patient Revenue	2,576,918	2,139,876	437,042	21,949,187	19,520,235	2,428,952	17,538,102
Grants, Contributions	5,000	2,000	3,000	178,350	73,000	105,350	138,246
Other Operating Revenue	133,247	91,770	41,477	1,184,216	1,059,930	124,286	895,118
Tax Levies, unrestricted	145,225	137,725	7,500	1,307,025	1,239,525	67,500	1,346,985
Total Operating Revenue	2,860,389	2,371,371	489,018	24,618,778	21,892,690	2,726,088	19,918,450
Operating expenses							
Salaries and wages	1,396,450	1,362,860	(33,590)	12,470,431	12,437,793	(32,638)	10,874,536
Employee benefits	295,553	297,398	1,846	2,646,554	2,771,961	125,407	2,444,826
Professional fees	159,441	109,930	(49,511)	1,603,592	1,033,317	(570,275)	1,701,331
Supplies	179,805	186,129	6,324	1,518,665	1,548,807	30,142	1,538,348
Utilities	31,307	24,981	(6,326)	216,781	225,029	8,248	200,109
Repairs and maintenance	49,022	22,844	(26,178)	242,201	205,596	(36,605)	359,492
Purchased services	139,898	115,530	(24,368)	1,379,637	1,074,477	(305,160)	1,132,383
Continuing medical education	1,185	2,167	982	12,250	19,503	7,253	7,309
Other expenses	57,646	12,001	(45,645)	267,954	154,488	(113,466)	120,033
Dues and subscriptions	91,496	81,743	(9,753)	761,794	792,576	30,782	569,264
Travel / training / meetings	35,583	9,475	(26,108)	249,938	100,055	(149,883)	154,266
Leases and rentals	24,888	13,978	(10,910)	165,276	138,527	(26,749)	145,759
Depreciation	169,238	169,874	636	1,511,359	1,528,866	17,507	1,500,047
Licenses and taxes	31,826	25,683	(6,143)	236,597	228,307	(8,290)	198,697
Insurance	23,950	22,248	(1,702)	178,647	198,890	20,243	181,057
Interest	1,326	1,274	(52)	11,933	11,466	(467)	11,933
Total operating expenses	2,688,613	2,458,115	(230,498)	23,473,611	22,469,658	(1,003,953)	21,139,386
Operating gain / (loss)	171,777	(86,744)	258,521	1,145,167	(576,968)	1,722,135	(1,220,936)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	1,013,769	1,013,769	-	974,646
Interest expense on bond financing	(25,327)	(25,328)	1	(227,944)	(227,952)	8	(244,926)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	4,000
Investment income	1,743	780	963	10,533	7,020	3,513	9,664
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(15,924)	(15,921)	(3)	(15,924)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	87,287	86,324	963	780,434	776,916	3,518	727,460
Net Income	259,064	(420)	259,484	1,925,601	199,948	1,725,653	(493,477)

Cascade Medical 2024 Cash Receipts



Cascade Medical
 Statistics Summary - 2024

	YTD 2023						2024 Act	2024 Bud	Act/Bud	2024 Act	2024 Act	2024 Bud	2024 Bud	Act/Bud
	avg/mo	may24	jun	jul	aug	sep	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	22	38	42	45	39	20	20	18	11.1%	275	31	207	23	32.9%
Swing Bed	70	75	29	49	41	88	88	95	-6.9%	576	64	821	91	-29.8%
Laboratory tests	2,917	3,389	3,519	3,566	3,254	3,399	3,399	2,768	22.8%	29,892	3,321	26,105	2,901	14.5%
Radiology exams	317	408	368	437	426	356	356	313	13.7%	3,262	362	2,986	332	9.2%
CT scans	123	173	177	180	176	160	160	120	33.3%	1,408	156	1,041	116	35.3%
ED visits	342	385	421	490	468	337	337	352	-4.3%	3,302	367	3,067	341	7.7%
Ambulance runs	71	66	87	89	92	74	74	74	0.0%	636	71	667	74	-4.6%
Clinic visits	1,134	1,314	1,150	1,243	1,216	1,234	1,234	1,243	-0.7%	10,932	1,215	11,230	1,248	-2.7%
Rehab procedures	2,300	2,541	1,901	2,489	2,338	2,318	2,318	2,528	-8.3%	19,305	2,145	22,952	2,550	-15.9%

Patient Statistics

	2023	2024											2024	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Admits														
Acute Care	5.9	7	4	5	8	10	12	10	12	7				8.3
Short Stay	4.1	6	7	7	5	7	8	9	7	4				6.7
Swing Bed	5.1	4	1	6	6	2	3	4	4	8				4.2
Respite Care	0.7	2	1	-	-	-	-	2	-	-				0.6
Total Admits	15.8	19	13	18	19	19	23	25	23	19				19.8
Patient Days														
Acute Care	21.8	34	9	25	23	38	42	45	39	20				30.6
Short Stay	5.2	8.3	11.3	8.3	4.8	11.1	9.2	8.8	10.6	4.8				8.6
Swing Bed	70.4	70	38	84	102	75	29	49	41	88				64.0
Respite Care	8.1	7	6	-	-	-	-	9	-	-				2.4
Total Patient Days	105.6	119.3	64.3	117.3	129.8	124.1	80.2	111.8	90.6	112.8				105.6
Average Length of Stay	6.7	6.3	4.9	6.5	6.8	6.5	3.5	4.5	3.9	5.9				5.4
Average Patients per Day	3.5	3.8	2.2	3.8	4.3	4.0	2.7	3.6	2.9	3.8				3.5
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,917	3,427	2,847	3,114	3,377	3,389	3,519	3,566	3,254	3,399				3,321
Radiology (tests)	264	263	246	233	334	352	344	374	371	332				317
Mammography (tests)	37	36	38	37	38	35	18	36	41	20				33
Cardiac Diagnostics	89	87	80	95	85	133	128	132	127	133				111
CT (Scans)	123	144	131	129	138	173	177	180	176	160				156
DXA (Scans)	16	13	10	11	8	21	6	27	14	4				13
PT (services billed)	1,834	1,463	1,441	1,507	1,862	1,978	1,691	2,072	1,862	1,888				1,752
ER (visits/procedures)	342	325	262	287	327	385	421	490	468	337				367
Ambulance (runs)	71	64	47	73	44	66	87	89	92	74				71
Clinic (visits)	1,138	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216	1,234				1,215
Occupational Therapy	404	302	246	320	251	462	153	353	405	334				314
Speech Therapy	61	70	62	66	59	61	33	55	60	59				58
Cardiac Rehab	-	7	12	15	35	40	24	9	11	37				21
Endoscopy Procedures	-	27	24	17	24	24	26	17	17	28				23

REVENUE COMPARISON

	2023	2024											2024	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 73,298	\$ 124,350	\$ 28,890	\$ 80,250	\$ 73,830	\$ 121,980	\$ 134,820	\$ 144,450	\$ 125,190	\$ 64,200				\$ 99,773
Short Stay	16,228	27,810	36,660	29,145	15,875	37,340	30,820	29,810	35,025	16,115				28,733
Respite Care	4,902	5,005	3,300	-	-	-	-	4,950	-	-				1,473
Swing Bed	159,122	190,780	98,230	217,140	263,670	193,875	74,965	126,665	105,985	227,480				166,532
Central Supply	24,788	46,843	20,703	20,645	37,524	42,262	38,128	43,430	37,797	26,985				34,924
Laboratory	339,898	448,711	343,301	383,678	399,112	391,498	409,357	413,910	385,054	411,522				398,460
Cardiac Diagnostics	28,559	22,436	24,588	29,132	27,721	40,176	40,238	37,466	34,350	36,090				32,466
CT	422,852	529,581	462,108	479,319	462,828	632,780	703,940	628,700	644,109	603,323				571,854
Radiology	136,018	140,411	131,027	132,687	178,723	210,109	189,286	229,994	227,637	187,136				180,779
Mammography	21,672	22,920	24,666	27,284	17,304	30,432	11,934	16,618	29,238	14,532				21,659
Pharmacy	146,114	164,563	105,684	129,592	156,409	200,553	150,876	157,085	120,329	163,625				149,857
Respiratory Therapy	-	90	-	269	-	-	-	358	179	716				179
Physical Therapy	194,604	162,891	164,573	167,178	143,098	297,086	210,615	240,604	209,279	217,691				201,446
Emergency Room	722,711	739,709	570,388	625,754	743,812	845,980	989,160	1,247,391	1,055,598	865,021				853,646
Ambulance	237,641	229,135	146,682	220,818	150,456	255,368	260,492	373,435	328,169	258,530				247,009
Clinic	285,758	400,468	367,968	319,558	328,510	408,211	393,139	424,269	334,025	372,458				372,067
Occupational Therapy	47,686	34,011	33,089	45,081	22,581	71,747	28,424	46,507	49,304	43,519				41,584
Outpatient Diagnostic Svcs	55,332	71,615	94,840	94,169	95,743	102,705	94,677	82,484	65,747	121,760				91,527
Speech/Contracted Svcs	20,309	24,359	21,522	23,619	15,337	30,539	13,827	19,110	20,962	20,722				21,111
Cardiac Rehab	-	1,575	2,475	3,600	7,875	9,000	5,400	2,025	2,475	8,325				4,750
Wound Care	-	-	-	-	-	-	-	-	-	885				98
Dietary/Contracted Svcs	-	6,856	5,265	8,729	7,212	8,513	1,434	-	(518)	-				4,166
Total Patient Revenue	\$ 2,937,492	\$ 3,394,117	\$ 2,685,959	\$ 3,037,644	\$ 3,147,618	\$ 3,930,151	\$ 3,781,529	\$ 4,269,259	\$ 3,809,933	\$ 3,660,633				\$ 3,524,094

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending September 30, 2024

	<u>Sep-24</u>	<u>2024 YTD</u>	<u>2023 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,267,857	\$ 21,877,579	\$ 18,999,834
Other receipts	\$ 68,163	\$ 684,182	\$ 484,850
Payments to & on behalf of employees	\$ (1,317,130)	\$ (12,919,190)	\$ (11,185,194)
Payments to suppliers and contractors	\$ (816,279)	\$ (8,691,103)	\$ (8,179,311)
Net cash gained / (used) in operating activities	\$ 202,611	\$ 951,469	\$ 120,180
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 47,794	\$ 1,424,152	\$ 1,470,304
Noncapital grants and contributions	\$ 5,000	\$ 79,835	\$ 222,850
Net cash provided by noncapital financing activities	\$ 52,794	\$ 1,503,987	\$ 1,693,154
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 15,256	\$ 414,056	\$ 403,212
Purchase of capital assets	\$ (36,809)	\$ (1,112,353)	\$ (57,456)
Payments toward construction in progress	\$ (28,436)	\$ (322,361)	\$ (292,228)
Proceeds from disposal of capital assets	\$ -	\$ 30,000	\$ 4,000
Proceeds from long-term debt	\$ -	\$ -	\$ -
Principle & Interest paid on long-term debt	\$ -	\$ (151,963)	\$ (163,284)
Bond maintenance & issuance costs	\$ -	\$ (550)	\$ (550)
Capital grants and contributions	\$ -	\$ 98,515	\$ -
Net cash provided by capital and related financing activities	\$ (49,989)	\$ (1,044,655)	\$ (106,307)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 58,789	\$ 498,040	\$ 431,699
Net increase (decrease) in cash and cash equivalents	\$ 264,204	\$ 1,908,840	\$ 2,138,726
Cash and Cash equivalents, beginning of period	\$ 15,882,780	\$ 14,238,144	\$ 12,919,205
Cash and cash equivalents, end of period	<u>\$ 16,146,984</u>	<u>\$ 16,146,984</u>	<u>\$ 15,057,931</u>

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2024

	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Actual/Forecast	Budget
	1st Qtr	2nd Qtr	July	August	September	3rd Qtr	4th Qtr	Year End 2024	2024
Cash balance, beginning of period	\$ 14,238,144	\$ 13,783,098	\$ 14,023,100	\$ 14,453,922	\$ 15,882,780	\$ 14,023,100	\$ 16,146,984	\$ 14,238,144	\$ 14,238,144
Cash available for operating needs	\$ 14,021,607	\$ 13,479,513	\$ 13,196,331	\$ 13,621,015	\$ 15,039,908	\$ 13,196,331	\$ 15,275,662	\$ 14,021,607	\$ 14,021,607
Cash restricted to debt service, other restricted funds	\$ 216,537	\$ 303,585	\$ 826,769	\$ 832,907	\$ 842,873	\$ 826,769	\$ 871,321	\$ 216,537	\$ 216,537
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,145,318	\$ 7,073,582	\$ 2,752,674	\$ 3,638,149	\$ 2,267,856	\$ 8,658,678	\$ 6,849,042	\$ 28,726,620	\$ 24,445,262
Grant receipts	\$ 74,176	\$ 49,674	\$ 5,000	\$ -	\$ 5,000	\$ 10,000	\$ 6,000	\$ 139,850	\$ 79,000
Other receipts	\$ 187,045	\$ 115,919	\$ 59,527	\$ 253,528	\$ 68,163	\$ 381,218	\$ 151,335	\$ 835,517	\$ 794,340
Payments to or on behalf of employees	\$ (3,932,884)	\$ (4,793,421)	\$ (1,415,335)	\$ (1,460,420)	\$ (1,317,130)	\$ (4,192,885)	\$ (4,447,500)	\$ (17,366,690)	\$ (19,537,764)
Payments to suppliers and contractors	\$ (2,699,435)	\$ (3,131,698)	\$ (984,692)	\$ (1,058,999)	\$ (816,279)	\$ (2,859,970)	\$ (1,841,062)	\$ (10,532,165)	\$ (7,610,953)
Net cash provided by operating activities	\$ (225,780)	\$ (685,944)	\$ 417,173	\$ 1,372,258	\$ 207,610	\$ 1,997,041	\$ 717,815	\$ 1,803,133	\$ (1,830,116)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 271,769	\$ 271,769	\$ 271,769
Taxation for Emergency Medical Services	\$ 113,004	\$ 865,909	\$ 5,887	\$ 11,510	\$ 34,601	\$ 51,999	\$ 692,298	\$ 1,723,209	\$ 1,652,698
Investment Income	\$ 165,805	\$ 161,220	\$ 55,861	\$ 56,367	\$ 58,789	\$ 171,017	\$ 138,090	\$ 636,131	\$ 552,360
Donations	\$ -	\$ -	\$ -	\$ 44,499	\$ -	\$ 44,499	\$ 90,000	\$ 134,499	\$ 90,000
Net cash provided by noncapital financing activities	\$ 278,809	\$ 1,027,128	\$ 61,748	\$ 112,376	\$ 93,389	\$ 267,514	\$ 1,192,157	\$ 2,765,608	\$ 2,566,827
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (595,122)	\$ (624,367)	\$ (54,237)	\$ (65,742)	\$ (65,245)	\$ (185,224)	\$ (295,014)	\$ (1,699,727)	\$ (1,180,056)
Increase/(decrease) in cash available for operations	\$ (542,094)	\$ (283,183)	\$ 424,684	\$ 1,418,893	\$ 235,754	\$ 2,079,332	\$ 1,614,958	\$ 2,869,013	\$ (443,345)
Cash available for operating needs	\$ 13,479,513	\$ 13,196,331	\$ 13,621,015	\$ 15,039,908	\$ 15,275,662	\$ 15,275,662	\$ 16,890,620	\$ 16,890,620	\$ 13,578,262
Taxation for bond prin & int (incl encumbrd M&O)	\$ 87,048	\$ 675,147	\$ 6,138	\$ 10,515	\$ 28,449	\$ 45,102	\$ 294,442	\$ 1,101,739	\$ 1,079,927
Principle & Interest paid on long-term debt	\$ -	\$ (151,963)	\$ -	\$ (550)	\$ -	\$ (550)	\$ (937,963)	\$ (1,090,476)	\$ (1,089,926)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 87,048	\$ 523,184	\$ 6,138	\$ 9,965	\$ 28,449	\$ 44,552	\$ (643,521)	\$ 11,263	\$ (9,999)
Cash restricted to debt service, other restricted funds	\$ 303,585	\$ 826,769	\$ 832,907	\$ 842,873	\$ 871,321	\$ 871,321	\$ 227,800	\$ 227,800	\$ 206,538
Cash balance, end of period	\$ 13,783,098	\$ 14,023,100	\$ 14,453,922	\$ 15,882,780	\$ 16,146,984	\$ 16,146,984	\$ 17,118,421	\$ 17,118,421	\$ 13,784,800

**CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - SEPTEMBER, 2024**

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	9/30/24	9/30/24 YTD	9/30/24	9/30/24 YTD	9/30/24	9/30/24 YTD	9/30/2023 YTD
PATIENT REVENUE	865,021	7,682,811	258,530	2,223,083	\$1,123,551	\$9,905,894	\$8,643,174
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$503,269	\$4,469,860	\$138,494	\$1,190,906	\$641,763	\$5,660,765	\$5,186,012
NET PATIENT REVENUE	\$361,752	\$3,212,952	\$120,035	\$1,032,177	\$481,787	\$4,245,130	\$3,457,162
OTHER OPERATING REVENUE	\$0	\$0	-	43,198	\$0	\$43,198	\$0
TOTAL OPERATING REVENUE	\$361,752	\$3,212,952	\$120,035	\$1,075,376	\$481,787	\$4,288,328	\$3,457,162
OPERATING EXPENSES							
SALARIES AND WAGES	186,604	1,764,845	145,367	1,216,937	\$331,971	\$2,981,783	\$2,414,229
EMPLOYEE BENEFITS	24,737	254,941	34,051	281,239	\$58,788	\$536,180	\$445,668
PROFESSIONAL FEES	18,111	112,684	450	5,550	\$18,561	\$118,234	\$226,288
SUPPLIES	8,847	62,010	10,002	75,194	\$18,849	\$137,203	\$130,823
FUEL	-	-	2,098	16,527	\$2,098	\$16,527	\$18,437
REPAIRS AND MAINT.	-	150	-	34,876	\$0	\$35,026	\$29,283
PURCHASED SERVICES	2,500	29,674	16,234	145,294	\$18,734	\$174,968	\$165,428
CONTINUING MEDICAL EDUCATION	10,593	16,560	3,163	12,491	\$13,756	\$29,051	\$16,001
DUES	964	12,621	590	18,100	\$1,554	\$30,721	\$24,136
OTHER EXPENSES	210	2,103	910	47,768	\$1,121	\$49,871	\$20,573
LEASES / RENTALS	232	2,045	2,317	28,731	\$2,549	\$30,776	\$24,290
DEPRECIATION	4,522	40,696	17,597	158,369	\$22,118	\$199,065	\$201,979
TAXES AND LICENSES	530	530	-	163	\$530	\$693	\$1,451
INSURANCE	1,079	9,707	4,455	40,096	\$5,534	\$49,803	\$48,164
OVERHEAD COSTS	201,714	1,671,209	92,031	762,483	\$293,746	\$2,433,693	\$2,592,366
TOTAL OPERATING EXPENSES	\$460,643	\$3,979,774	\$329,264	\$2,843,819	\$789,908	\$6,823,593	\$6,359,116
MARGIN ON OPERATIONS	(\$98,891)	(\$766,824)	(\$209,229)	(\$1,768,444)	(\$308,120)	(\$2,535,264)	(\$2,901,954)
TAX REVENUE					\$145,225	\$1,307,025	\$1,346,985
NET MARGIN WITH TAX REVENUE					(\$162,895)	(\$1,228,239)	(\$1,554,969)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	337	3,302	74	636			
Total Ambulance Runs (includes unbillable runs)			103	924			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	346	3,079	69	637			
Total Ambulance Runs (includes unbillable runs)			102	915			

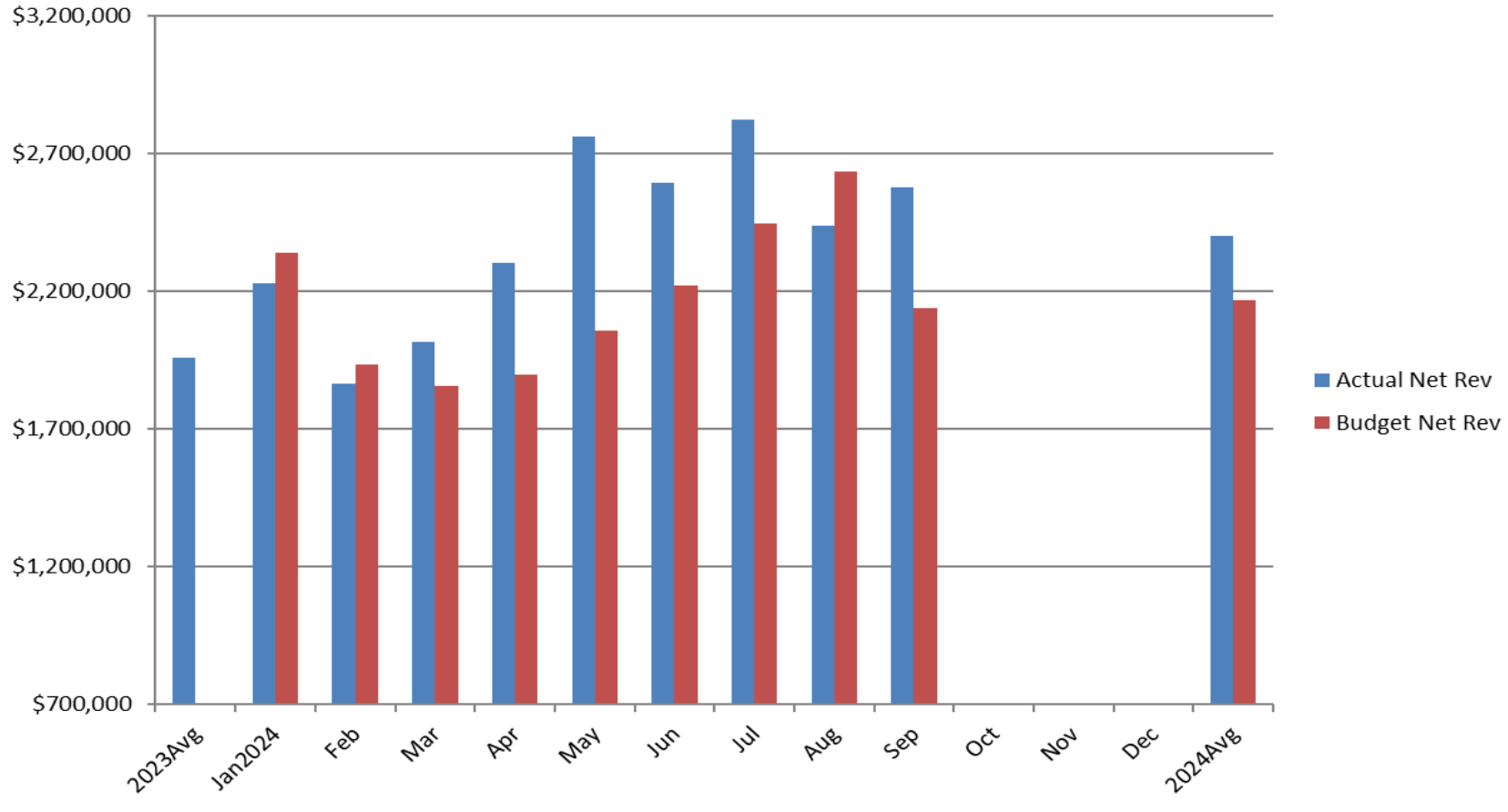
**Cascade Medical Center
Balance Sheet**

As of September 30, 2024 and December 31, 2023

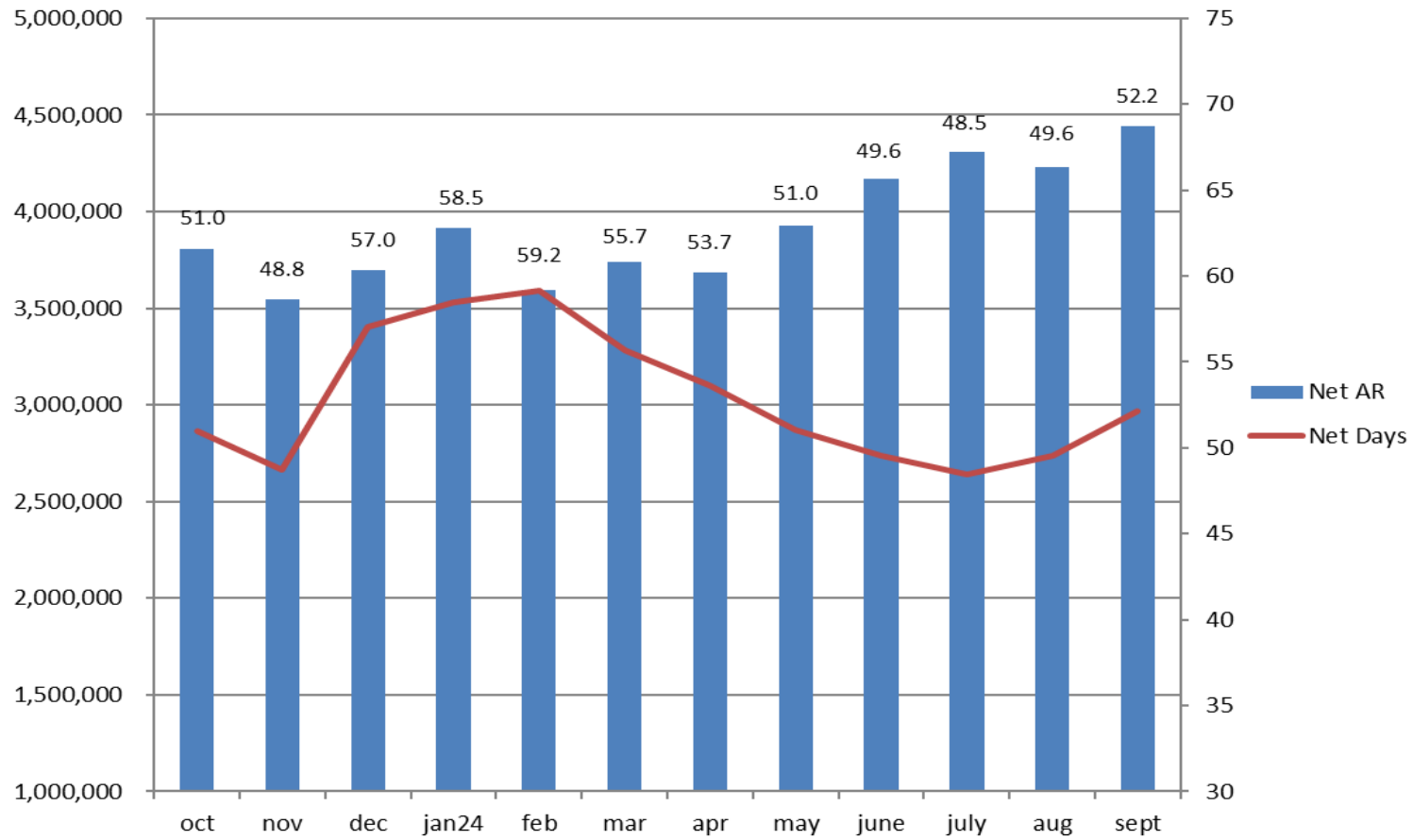
	Sep 2024	Dec 2023		Sep 2024	Dec 2023
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,066,340	925,852	Accounts Payable	593,205	636,707
Savings Account	13,588,326	11,886,669	Accrued Payroll	991,308	457,506
Patient Account Receivable	7,796,748	6,490,775	Refunds Payable	(131,411)	1,285
less: Reserves for Contractual Allowances	(3,352,601)	(2,859,845)	Accrued PTO	948,564	854,110
Inventories and Prepaid Expenses	271,080	270,696	Payroll Taxes & Benefits Payable	(116,058)	83,616
Taxes Receivable - M&O Levy	118,573	11,199	Accrued Interest Payable	101,309	25,327
- EMS Levy	309,837	31,211	Current Long Term Debt	787,917	793,670
Other Assets	463,259	1,064,683	Current OPEB Liability	955,819	996,196
Total Current Assets	<u>20,261,562</u>	<u>17,821,239</u>	Short Term Lease	36,493	36,493
			ST Subscriptions	46,906	46,906
Assets Limited as to Use			Settlement Payable	737,742	741,000
Cash and Cash Equivalents			Total Current Liabilities	<u>4,951,794</u>	<u>4,672,815</u>
Funded Depreciation	673,195	964,217	Long Term Liabilities		
CVB Memorial Fund	1,274	1,274	Notes Payable	199,824	199,824
UTGO Bond Payable Fund	421,947	75,373	Covid SHIP Funding	-	-
LTGO Bond Payable Fund	6,973	2,004	PPP Note Payable	-	-
Investment Memorial Fund	136,390	131,019	CARES Act Funds Reserve	-	-
Settlement Account	178,629	171,595	UTGO Bond Payable	4,460,000	4,460,000
Paycheck Protection Loan Proceeds	-	-	LTGO Bond Payable	4,215,000	4,215,000
Cash - EMS	63,059	82,148	Deferred Revenue/Bond Premium	79,283	83,493
	<u>1,481,466</u>	<u>1,427,630</u>	Long Term OPEB/Pension Liability	2,651,452	2,651,452
Taxes Receivable - Construction Bond Levy	122,555	11,246	Long Term ROU Leases	5,359	5,359
Total Assets Limited as to Use	<u>1,604,021</u>	<u>1,438,875</u>	Long Term Subscriptions	13,039	13,039
			Total Long Term Liabilities	<u>11,623,956</u>	<u>11,628,165</u>
Property, Plant and Equipment			Total Liabilities	16,575,749	16,300,980
Land	522,015	522,015			
Land Improvements	1,420,326	1,420,326	Fund Balance - Prior Years	13,979,478	13,979,478
Buildings & Improvements	10,709,788	10,502,549	Fund Balance - Current Year	1,925,601	-
Fixed Equip - Hospital	9,191,084	8,946,455	Total Fund Balance	<u>15,905,080</u>	<u>13,979,478</u>
Major Movable Equipment Hospital	8,737,155	7,975,703			
Construction in Progress	669,012	760,146			
Total Property, Plant and Equipment	31,249,379	30,127,194			
Less: Accumulated Depreciation	<u>(22,535,228)</u>	<u>(21,023,868)</u>			
	8,714,151	9,103,326			
ROU Leases					
ROU Leases	243,095	243,095			
Less Accumulated Amortization	<u>(120,495)</u>	<u>(120,495)</u>			
	122,600	122,600			
Other Assets					
Long Term Pension Assets	591,878	591,878			
Deferred OPEB/Pension Costs	901,308	901,308			
Deferred Bond Costs	285,309	301,233			
TOTAL ASSETS	<u>32,480,829</u>	<u>30,280,459</u>	TOTAL LIABILITIES & FUND BALANCE	<u>32,480,829</u>	<u>30,280,459</u>

Cascade Medical

2024 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable



Cascade Medical
 Accounts Receivable Trending Report - 2024

Total Facility	Dec 2021	Dec 2022	Dec 2023	Apr24	May	Jun	Jul	Aug	Sept
0 - 30 days	2,437,008	2,660,733	2,851,120						
31-60 days	863,160	545,432	839,394						
61-90 days	332,252	349,290	451,019						
91-180 days	991,256	1,129,065	1,005,422						
over 180 days	1,016,613	1,360,992	1,343,819						
Total Balance	5,640,289	6,045,511	6,490,775	6,468,797	6,885,869	7,313,880	7,556,174	7,424,893	7,796,748
Credit bals as % of AR	2.5%	6.8%							
% >90 w/o installs	33.6%	41.2%							



A G E N D A

Board Finance Committee

October 24, 2024

9:00 – 11:00 AM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none">October 24, 2024 AgendaJuly 24, 2024 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05AM
2.	Review Q3 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:10 AM
3.	Financial Assistance stats	9:30 AM
4.	Review final proposed budget for 2025 <ul style="list-style-type: none">Discuss market wage plansDiscuss and review 5-year capital plan	9:35 AM
5.	Review Clinic stats/revenue	10:15 AM
6.	Check-in to ensure compliance with bond reporting requirements	10:20 AM
7.	Recommend audit firm selection / process.	10:25 AM
8.	Prepare committee self-assessment survey	10:30 AM
9.	Review Q3 OICC quarterly report	10:35 AM
10.	Discuss industry trends	10:40 AM
11.	Discuss Board education	10:45 AM
12.	Discuss long-term financial planning	10:50 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. July 24, 2024 Minutes
2. Q3 Financial Packet & Notes
3. Q3 Dashboard
4. Financial Assistance stats
5. 2025 Budget Packet & Notes
6. Clinic stats/revenue
7. Bond Compliance information
8. Draft 2024 Committee Self-Assessment Survey
9. OICC Q3 Report

2024 Meeting Schedule

- December 9, 2024

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2024

Strategic Pillar	Measure	2020	2021	2022	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	2024 YTD	2024 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
□□□□□□	Total Margin	3.1%	24.8%	-6.1%	-2.6%	-5.1%	7.3%	17.2%		7.5%	0.9%		3.0%	
	Days Cash on Hand	235	217	194	190	171	162	192		192	90		60	
	Cash Growth available to Operations	6,892	166	22	1,314	-542	-283	2,079		1254	-2058		-	-
	Days in Net Patient Accounts Receivable	68	57	61	56	56	50	50		55	54		54	
	% of AR balances > 90 days since DOS	22.0%	33.6%	41.2%	0.0%	0.0%	0.0%	0.0%		0.0%			-	-
	Net Revenue as % of Staffing Costs	146%	153%	144%	152%	145%	166%	185%		166%	149%		-	-
	Debt Service Coverage	2.39	7.36	0.73	1.44	0.70	4.20	7.57		4.16	2.22		3.00	
	Long Term Debt to Capitalization	74%	46%	44%	40%	41%	38%	36%		36%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.49	0.45	0.55	0.59						NA	-	0.55	

Key: Blue = Better than Target, Green = At Target, Red = Worse than Target

Note: If targets were established by the Cascade Medical budget, then current performance is measured against those targets. For measures which a corresponding target was not established during the most recent budget process, the dashboard uses benchmarks established by the Flex Monitoring Team as a basis for comparison.

Total Margin is a measure of how *profitable* an organization is. This measure is important because it lets us know how well expenses are controlled, relative to revenues. Over time, a consistent negative margin indicates an organization's current business model may not be sustainable.

Days Cash on Hand is a measure of an organization's *liquidity*. Days cash on hand measures the number of days an organization could operate if no cash was collected or received.

Cash Growth available to Operations is an internal measure of *liquidity*. It measures how well we are growing our operational cash balance since the start of the fiscal year and compares this to our Cash Flow budget.

Days in Net Patient Accounts Receivable is another measure of *liquidity*. This measure tells us how many days, on average, it takes us to collect what we've billed to insurers and patients. Too high or too low of a value indicates processes may not allow for the full collection of what we're owed for services we provide.

Percent of AR balances over 90 days since Date of Service is also an operational measure of our Business Office operations and measures how consistently we follow through working older accounts.

Net Revenue as a % of Staffing Costs is designed to gauge the effectiveness of the organization's ability to generate net revenues from patient care activities, using not only staffing costs but also professional fees in the denominator.

Debt Service Coverage and **Long Term Debt to Capitalization** are *capital structure* indicators. These measures show our ability to meet current debt service requirements and the percentage of total capital that is debt. Cascade Medical is fairly highly leveraged, primarily due to the debt we incurred to remodel and build our new facility. With the refinancing we completed in 2017, we will actually see somewhat higher debt service amounts during the next several years than we would have under the previous financing. Both ratios will improve over time as we retire bond debt.

Medicare Outpatient Cost to Charge Ratio is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2023 YTD column is the rate from the 2023 final cost report.

Cascade Medical
Operating and Capital Budgets

Fiscal Year Ending 12/31/2025

Final draft – presented October 30, 2024

Cascade Medical Budget Calendar – 2025

Cascade Medical				
Operating and Capital Budget Calendar - Fiscal Year 2025				
Operating Budget			Capital Budget	
Date	Item		Date	Item
July 9, 2024	Training for Operating Budget at Leadership meeting		June 14, 2024	Capital budget form, 2025 budget calendar, Long Term Cap Bud emailed to Directors
July 10	Sr. Leaders prepare preliminary volume projections for 2025.		Jul 12	Department Directors turn in Capital Budget forms to Marianne Vincent and their respective Sr. Leaders
July 19	Operating budget packages sent to Department Directors.		Aug 13	Preliminary Capital Budget presented to Leadership team
July 19 - Aug 6	Department Directors complete financial packages, meet with their Sr. Leaders to refine. Turn in to Finance by August 6			
July 22	Strategic Plan discussion, preliminary Goal setting at Leadership meeting			
Aug 28	First draft of Operating Budget complete for review at full day Sr. Leadership meeting.			
Sept 9	2nd review of draft Operating Budget at Monday pm Sr. Leadership meeting			
Sept 25	Draft 2025 Operating, Capital Budgets presented to Board of Commissioners.			
Oct 16	First public notice of Budget Hearing			
Oct 23	Second public notice of Budget Hearing			
Oct 24	Final Budget review, Finance Committee			
Oct 30	Budget hearing, Board of Commissioners			
Nov 12	Final budget presentation at Leadership meeting			

Cascade Medical
Operating and Capital Budgets, FY 2025
Budget process summary and assumptions

The schedules shown below represent our final draft of our Operating and Capital budgets for FY 2025. As shown on our calendar above, we started our budget process in June. Department Directors have provided their projected capital budget needs and, for their Operating Budgets, have projected patient volumes, staffing needs, and operational expense requirements for their departments.

Our Long-Term Capital Budget listing has our recommendation for projects to approve for 2025, based on recommendations from Department Directors and a review by the Sr. Leadership Team, along with as complete a listing of projects for 2026 - 2029 as we can make so far in our planning cycle.

Patient volume forecast

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

- | | |
|--------------|------------|
| a. Acute IP | 5% growth |
| b. Swing Bed | 3% growth |
| c. Emergency | 2% growth |
| d. Clinic | 11% growth |

We reviewed September actual volumes prior to finalizing the budget and made a few changes for projections for forecasted volumes through the end of 2024 while projected volume increases for Acute, Swing Bed, and Emergency remain the same as our preliminary forecast. Our Clinic volume now projects an 11% growth. We think this increase is reasonable considering some unexpected leave in 2024 and the loss of a provider in Q4 2024, along with continued Clinic operational improvements in 2025.

Budget Assumptions

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

- a. Patient charge increases – we used a base charge increase of 5% over current charge levels, with revenue added in for any new services.

- b. Salary increases – we have included step increases of 1.5% for non-union, non-management staff, as well as contracted adjustments for members of the collective bargaining units. No additional amounts are included for exempt or contracted staff.
- c. Supplies and other expenses – we used a base inflation factor of 3% for supplies with different increase percentages for individual line items where we have knowledge of different amounts.
- d. In miscellaneous revenues, we have included an estimated \$90,000 in Foundation donations.
- e. Tax revenues have been estimated with a net 1% increase for the M&O and EMS levies, and an amount for the Construction Bond levy that will meet our debt service requirements.
- f. We have budgeted for the Ambulance based on cost-based reimbursement for Medicare patients and are still awaiting word from Noridian-Medicare as to whether they will approve our request to reimburse based on cost.

Notes on budget schedules

Income Comparison Summaries

These two worksheets show the annual and monthly roll-up of individual department projections and compares our latest 2025 projections to prior and current years. The model currently shows a net margin of \$704,582, or 2.1% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements.

Contractual Allowances

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

FTEs

We project to add 4.2 FTE for 2025.

Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2025 through 2029 are shown, with a projected total for 2025 of \$1,089,000.

**Cascade Medical
Income Comparison Summary
Budget Year 2025**

	<u>Actual</u> <u>12/31/2023</u>	<u>Budget</u> <u>12/31/2024</u>	<u>Actual</u> <u>09/30/2024</u>	<u>Annualized</u> <u>12/31/2024</u>	<u>Budget</u> <u>12/31/2025</u>	<u>Budget To Budget</u> <u>Change</u>	<u>Bud To Bud</u> <u>% change</u>	<u>Bud to Annualzd</u> <u>% change</u>
Patient Revenue	\$ 36,303,045	\$ 38,619,844	\$ 31,716,843	\$ 42,286,975	\$ 45,490,811	\$ 6,870,967	17.8%	7.6%
Less: Contractual Adjust	(12,141,811)	(12,492,441)	(9,767,656)	(14,800,441)	(16,264,407)	(3,771,966)	30.2%	9.9%
Net Patient Revenue	\$ 24,161,234	\$ 26,127,403	\$ 21,949,187	\$ 27,486,534	\$ 29,226,403	\$ 3,099,001	11.9%	6.3%
Other Operating Revenue	\$ 4,825,206	\$ 4,532,994	\$ 3,693,893	\$ 4,911,277	\$ 5,044,460	\$ 511,466	11.3%	2.7%
Total Revenue	\$ 28,986,440	\$ 30,660,397	\$ 25,643,080	\$ 32,397,811	\$ 34,270,863	\$ 3,610,467	11.8%	5.8%
Expenses:								
Salaries	\$ 14,868,569	\$ 16,606,609	\$ 12,470,431	\$ 16,627,242	\$ 17,848,605	\$ 1,241,996	7.5%	7.3%
Benefits	3,195,948	3,658,322	2,646,554	3,512,766	3,860,469	\$ 202,147	5.5%	9.9%
Legal Fees	165,911	108,000	85,093	113,457	69,200	\$ (38,800)	-35.9%	-39.0%
Audit and Accounting Fees	82,690	70,000	87,214	80,000	80,000	\$ 10,000	14.3%	0.0%
Professional Fees	1,989,745	1,184,209	1,431,286	1,881,698	1,765,175	\$ 580,966	49.1%	-6.2%
Supplies	1,900,161	2,074,211	1,518,665	2,012,176	2,179,614	\$ 105,403	5.1%	8.3%
Utilities	283,711	299,193	216,781	288,663	313,263	\$ 14,070	4.7%	8.5%
Repairs and Maintenance	647,645	274,132	242,201	332,934	332,145	\$ 58,013	21.2%	-0.2%
Purchased Services	1,631,032	1,418,385	1,379,637	1,836,826	2,062,874	\$ 644,489	45.4%	12.3%
Continuing Medical Education	16,412	26,000	12,250	7,285	39,856	\$ 13,856	53.3%	447.1%
Dues and Subscriptions	809,515	1,045,415	761,794	1,015,462	1,047,876	\$ 2,461	0.2%	3.2%
Other Expenses	89,596	217,609	283,878	71,805	179,957	\$ (37,652)	-17.3%	150.6%
Travel/Training/Meetings	237,128	129,085	249,938	329,600	280,926	\$ 151,841	117.6%	-14.8%
Leases and Rentals	186,059	180,395	165,276	220,368	204,791	\$ 24,396	13.5%	-7.1%
Depreciation	2,007,820	2,038,492	1,511,359	2,055,201	2,007,840	\$ (30,652)	-1.5%	-2.3%
Taxes and Licenses	278,457	306,627	236,597	112,835	723,778	\$ 417,152	136.0%	541.4%
Insurance	253,481	265,634	178,647	259,200	275,398	\$ 9,764	3.7%	6.2%
Interest	437,765	319,224	239,877	417,087	294,516	\$ (24,708)	-7.7%	-29.4%
Total Department Expenses	\$ 29,081,645	\$ 30,221,540	\$ 23,717,479	\$ 31,174,607	\$ 33,566,282	\$ 3,344,742	11.1%	7.7%
Income	\$ (95,205)	\$ 438,857	\$ 1,925,601	\$ 1,223,204	\$ 704,582	\$ 265,725	60.5%	-42.4%
	-0.3%	1.4%	7.5%	3.8%	2.1%			

**CASCADE MEDICAL
MONTHLY SUMMARY**

	sept2024ytd	Avg/mo	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Patient Revenue	\$ 31,716,843	\$ 3,524,094	\$ 3,678,744	\$ 3,067,768	\$ 3,503,842	\$ 3,492,127	\$ 3,990,970	\$ 3,990,015	\$ 4,348,763
Contr Adjusts #	\$ (9,767,656)	\$ (1,085,295)	\$ (1,315,268)	\$ (1,096,825)	\$ (1,252,735)	\$ (1,248,546)	\$ (1,426,898)	\$ (1,426,557)	\$ (1,554,821)
Net Patient Revenue	\$ 21,949,187	\$ 2,438,799	\$ 2,363,476	\$ 1,970,944	\$ 2,251,107	\$ 2,243,581	\$ 2,564,072	\$ 2,563,458	\$ 2,793,942
Other Operating Rev	\$ 3,693,893	\$ 410,433	\$ 486,205	\$ 378,205	\$ 417,205	\$ 481,205	\$ 383,205	\$ 378,205	\$ 481,205
	\$ 25,643,080	\$ 2,849,231	\$ 2,849,681	\$ 2,349,149	\$ 2,668,312	\$ 2,724,786	\$ 2,947,277	\$ 2,941,663	\$ 3,275,147
Expenses:									
Salaries	\$ 12,470,431	\$ 1,385,603	\$ 1,501,027	\$ 1,397,222	\$ 1,500,073	\$ 1,472,764	\$ 1,511,529	\$ 1,470,965	\$ 1,511,266
Benefits	\$ 2,646,554	\$ 294,062	\$ 330,595	\$ 321,537	\$ 328,307	\$ 326,618	\$ 329,182	\$ 325,194	\$ 325,947
Legal Fees	\$ 85,093	\$ 9,455	\$ 9,100	\$ 4,100	\$ 4,100	\$ 9,100	\$ 4,100	\$ 4,100	\$ 9,100
Audit/ Accounting Fees	\$ 87,214	\$ 9,690	\$ 2,500	\$ 2,500	\$ 15,000	\$ 15,000	\$ 20,000	\$ -	\$ 5,000
Professional Fees	\$ 1,431,286	\$ 159,032	\$ 162,581	\$ 157,653	\$ 162,071	\$ 148,124	\$ 152,457	\$ 146,585	\$ 138,844
Supplies	\$ 1,518,665	\$ 168,741	\$ 203,097	\$ 158,683	\$ 182,469	\$ 197,557	\$ 172,193	\$ 166,050	\$ 190,275
Utilities	\$ 216,781	\$ 24,087	\$ 25,906	\$ 25,362	\$ 25,804	\$ 25,362	\$ 25,804	\$ 26,882	\$ 26,872
Repairs and Maint	\$ 242,201	\$ 26,911	\$ 28,330	\$ 25,500	\$ 38,349	\$ 25,108	\$ 24,581	\$ 25,135	\$ 25,135
Purchased Services	\$ 1,379,637	\$ 153,293	\$ 173,867	\$ 155,301	\$ 192,336	\$ 159,160	\$ 163,888	\$ 185,623	\$ 168,042
Continuing Medical Educ	\$ 12,250	\$ 1,361	\$ 2,488	\$ 2,488	\$ 5,488	\$ 2,488	\$ 2,488	\$ 2,488	\$ 5,488
Dues and Subscriptions	\$ 761,794	\$ 84,644	\$ 90,586	\$ 95,869	\$ 98,094	\$ 84,864	\$ 85,176	\$ 87,266	\$ 83,151
Other Expenses	\$ 283,878	\$ 31,542	\$ 12,558	\$ 10,425	\$ 56,655	\$ 12,558	\$ 10,425	\$ 10,525	\$ 12,558
Travel/Training/Meetings	\$ 249,938	\$ 27,771	\$ 14,761	\$ 19,486	\$ 26,376	\$ 24,761	\$ 45,211	\$ 21,871	\$ 21,511
Leases and Rentals	\$ 165,276	\$ 18,364	\$ 17,134	\$ 16,874	\$ 17,001	\$ 17,146	\$ 17,079	\$ 17,008	\$ 17,040
Depreciation	\$ 1,511,359	\$ 167,929	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320
Taxes and Licenses	\$ 236,597	\$ 26,289	\$ 57,445	\$ 58,985	\$ 57,445	\$ 58,315	\$ 65,535	\$ 57,445	\$ 57,445
Insurance	\$ 178,647	\$ 19,850	\$ 22,093	\$ 22,755	\$ 22,755	\$ 23,023	\$ 23,613	\$ 23,023	\$ 23,023
Interest	\$ 239,877	\$ 26,653	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543
Total Expenses	\$ 23,717,479	\$ 2,635,275	\$ 2,845,933	\$ 2,666,603	\$ 2,924,186	\$ 2,793,813	\$ 2,845,124	\$ 2,762,022	\$ 2,812,561
Gross Margin	\$ 1,925,601	\$ 213,956	\$ 3,748	\$ (317,454)	\$ (255,874)	\$ (69,027)	\$ 102,153	\$ 179,641	\$ 462,587

**CASCADE MEDICAL
MONTHLY SUMMARY**

Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Total 2025	Avg/mo	2024 Annualized	% Chg
\$ 4,302,136	\$ 3,768,952	\$ 3,860,094	\$ 3,484,670	\$ 4,002,729	\$ 45,490,811	\$ 3,790,901	\$ 42,286,975	7.6%
\$ (1,538,150)	\$ (1,347,520)	\$ (1,380,106)	\$ (1,245,880)	\$ (1,431,103)	\$ (16,264,407)	\$ (1,355,367)	\$ (14,800,441)	
\$ 2,763,986	\$ 2,421,432	\$ 2,479,988	\$ 2,238,790	\$ 2,571,627	\$ 29,226,403	\$ 2,435,534	\$ 27,486,534	6.3%
\$ 363,205	\$ 363,205	\$ 571,205	\$ 363,205	\$ 378,205	\$ 5,044,460	\$ 420,372	\$ 4,911,277	2.7%
\$ 3,127,191	\$ 2,784,637	\$ 3,051,193	\$ 2,601,995	\$ 2,949,832	\$ 34,270,863	\$ 2,855,905	\$ 32,397,811	5.8%
\$ 1,511,270	\$ 1,475,282	\$ 1,511,288	\$ 1,473,956	\$ 1,511,964	\$ 17,848,605	\$ 1,487,384	\$ 16,627,242	7.3%
\$ 320,327	\$ 314,620	\$ 313,585	\$ 311,076	\$ 313,480	\$ 3,860,469	\$ 321,706	\$ 3,512,766	9.9%
\$ 4,100	\$ 4,100	\$ 9,100	\$ 4,100	\$ 4,100	\$ 69,200	\$ 5,767	\$ 113,457	-39.0%
\$ -	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 80,000	\$ 6,667	\$ 80,000	0.0%
\$ 136,944	\$ 136,744	\$ 141,058	\$ 140,058	\$ 142,058	\$ 1,765,175	\$ 147,098	\$ 1,881,698	-6.2%
\$ 158,244	\$ 218,609	\$ 191,797	\$ 168,618	\$ 172,020	\$ 2,179,614	\$ 181,634	\$ 2,012,176	8.3%
\$ 26,872	\$ 26,124	\$ 25,784	\$ 25,954	\$ 26,532	\$ 313,263	\$ 26,105	\$ 288,663	8.5%
\$ 25,641	\$ 25,610	\$ 25,210	\$ 25,210	\$ 38,335	\$ 332,145	\$ 27,679	\$ 332,934	-0.2%
\$ 162,222	\$ 186,327	\$ 161,589	\$ 160,693	\$ 193,828	\$ 2,062,874	\$ 171,906	\$ 1,836,826	12.3%
\$ 2,488	\$ 2,488	\$ 3,488	\$ 2,488	\$ 5,488	\$ 39,856	\$ 3,321	\$ 7,285	447.1%
\$ 82,726	\$ 83,171	\$ 85,676	\$ 85,622	\$ 85,676	\$ 1,047,876	\$ 87,323	\$ 1,015,462	3.2%
\$ 10,425	\$ 10,425	\$ 12,558	\$ 10,425	\$ 10,425	\$ 179,957	\$ 14,996	\$ 71,805	150.6%
\$ 22,971	\$ 25,651	\$ 24,511	\$ 18,111	\$ 15,701	\$ 280,926	\$ 23,410	\$ 329,600	-14.8%
\$ 17,040	\$ 17,040	\$ 17,250	\$ 17,139	\$ 17,040	\$ 204,791	\$ 17,066	\$ 220,368	-7.1%
\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 2,007,840	\$ 167,320	\$ 2,055,201	-2.3%
\$ 59,743	\$ 57,645	\$ 78,880	\$ 57,445	\$ 57,445	\$ 723,778	\$ 60,315	\$ 112,835	541.4%
\$ 23,023	\$ 23,023	\$ 23,023	\$ 23,023	\$ 23,023	\$ 275,398	\$ 22,950	\$ 259,200	6.2%
\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 294,516	\$ 24,543	\$ 417,087	-29.4%
\$ 2,755,899	\$ 2,803,722	\$ 2,821,660	\$ 2,720,781	\$ 2,813,978	\$ 33,566,282	\$ 2,797,190	\$ 31,174,607	7.672%
\$ 371,292	\$ (19,085)	\$ 229,532	\$ (118,787)	\$ 135,854	\$ 704,582	\$ 58,715	\$ 1,223,204	-42%

Cascade Medical
Operating Budget 2025
Schedule of Changes in Final Proposed Budget

<u>Item</u>	<u>Amount</u>
Budgeted margin, 1st draft	\$ 453,457
Changes:	
1. Job title changes, Weekend and Night Differentials	(20,732)
2. Increase to Admin Dues	(18,485)
3. Volume adjustments	290,342
Revised margin	<u>\$ 704,582</u>

Cascade Medical
2025 Operating Budget

Margin with Annual Wage Increase Options
For managers, providers and non-union staff

**Final
Margin**

1. Margin with no non-union changes other than step increases <i>(Note: union contract changes, with step increases, are included)</i>			\$ 704,582 2.1%
3. Margin with annual increase for all staff			
non-union staff increase **	2.50%	\$	455,481
Managers, Providers increase	4.00%		1.3%
non-union staff increase **	3.00%	\$	415,675
Managers, Providers increase	4.50%		1.2%
non-union staff increase **	3.50%		377,734
Managers, Providers increase	5.00%		1.1%
non-union staff increase **	4.00%		338,194
Managers, Providers increase	5.50%		1.0%

** - this increase is in addition to the 1.5%
step increases already included on line 1

Statement of Cash Flows - Operating Budget
Cascade Medical Center
For the year ending December 31, 2025

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Cash balance, beginning of period	\$ 16,377,421	\$ 15,654,088	\$ 15,683,473	\$ 15,661,239	\$ 16,433,696	\$ 16,561,826	\$ 16,378,533	\$ 15,715,279	\$ 16,008,639	\$ 16,290,983	\$ 17,623,097	\$ 18,171,295
Cash available for operating needs	\$ 16,149,621	\$ 15,421,950	\$ 15,421,051	\$ 15,310,227	\$ 15,635,929	\$ 15,585,543	\$ 15,533,371	\$ 14,863,403	\$ 15,147,718	\$ 15,409,177	\$ 16,541,792	\$ 17,004,730
Cash restricted to debt service, other restricted funds	\$ 227,800	\$ 232,138	\$ 262,422	\$ 351,012	\$ 797,767	\$ 976,283	\$ 845,162	\$ 851,876	\$ 860,921	\$ 881,806	\$ 1,081,305	\$ 1,166,565
<i>Cash flows from operating activities</i>												
Receipts from and on behalf of patients	\$ 2,488,799	\$ 2,401,137	\$ 2,257,740	\$ 2,195,176	\$ 2,155,211	\$ 2,352,920	\$ 2,457,037	\$ 2,640,491	\$ 2,707,129	\$ 2,659,787	\$ 2,555,135	\$ 2,380,070
Grant receipts	\$ 2,000	\$ 2,000	\$ 37,000	\$ 2,000	\$ 22,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Other receipts	\$ 172,460	\$ 64,460	\$ 68,460	\$ 167,460	\$ 49,460	\$ 64,460	\$ 167,460	\$ 49,460	\$ 49,460	\$ 167,460	\$ 49,460	\$ 64,460
Payments to or on behalf of employees	\$ (2,539,152)	\$ (1,717,272)	\$ (1,649,954)	\$ (1,677,937)	\$ (1,661,091)	\$ (1,674,929)	\$ (2,487,642)	\$ (1,652,860)	\$ (1,669,089)	\$ (1,646,786)	\$ (1,664,544)	\$ (1,647,302)
Payments to suppliers and contractors	\$ (816,621)	\$ (749,493)	\$ (897,455)	\$ (895,812)	\$ (805,204)	\$ (767,245)	\$ (776,728)	\$ (725,682)	\$ (815,200)	\$ (798,169)	\$ (737,130)	\$ (789,915)
Net cash provided by operating activities	\$ (692,515)	\$ 832	\$ (184,209)	\$ (209,113)	\$ (239,624)	\$ (22,793)	\$ (637,873)	\$ 313,409	\$ 274,299	\$ 384,292	\$ 204,922	\$ 9,313
<i>Cash flows from noncapital financing activities</i>												
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 436	\$ 193,178	\$ 82,559	\$ 5,969
Taxation for Emergency Medical Services	\$ 5,590	\$ 39,015	\$ 114,131	\$ 575,560	\$ 229,984	\$ 11,368	\$ 8,651	\$ 11,652	\$ 27,469	\$ 505,891	\$ 216,203	\$ 15,631
Investment Income	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990	\$ 49,990
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ -	\$ -
Net cash provided by noncapital financing activities	\$ 55,580	\$ 89,005	\$ 164,121	\$ 625,550	\$ 279,974	\$ 61,358	\$ 58,641	\$ 61,642	\$ 77,895	\$ 839,059	\$ 348,752	\$ 71,590
Less Funded Depreciation utilized for Information System												
Less Funds Expended for Capital Purchases	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,736)	\$ (90,733)
Increase/(decrease) in cash available for operations	\$ (727,671)	\$ (899)	\$ (110,824)	\$ 325,701	\$ (50,386)	\$ (52,171)	\$ (669,968)	\$ 284,315	\$ 261,458	\$ 1,132,615	\$ 462,938	\$ (9,830)
Cash available for operating needs	\$ 15,421,950	\$ 15,421,051	\$ 15,310,227	\$ 15,635,929	\$ 15,585,543	\$ 15,533,371	\$ 14,863,403	\$ 15,147,718	\$ 15,409,177	\$ 16,541,792	\$ 17,004,730	\$ 16,994,900
Taxation for bond prin & int (incl encumbd M&O)	\$ 4,338	\$ 30,284	\$ 88,590	\$ 446,755	\$ 178,516	\$ 8,824	\$ 6,714	\$ 9,045	\$ 20,885	\$ 199,499	\$ 85,260	\$ 6,164
Principle & Interest paid on long-term debt					\$	\$ (139,945)						\$ (981,945)
Restricted grants and contributions												
Increase/(decrease) in restricted cash	\$ 4,338	\$ 30,284	\$ 88,590	\$ 446,755	\$ 178,516	\$ (131,121)	\$ 6,714	\$ 9,045	\$ 20,885	\$ 199,499	\$ 85,260	\$ (975,781)
Cash restricted to debt service, other restricted funds	\$ 232,138	\$ 262,422	\$ 351,012	\$ 797,767	\$ 976,283	\$ 845,162	\$ 851,876	\$ 860,921	\$ 881,806	\$ 1,081,305	\$ 1,166,565	\$ 190,784
Cash balance, end of period	\$ 15,654,088	\$ 15,683,473	\$ 15,661,239	\$ 16,433,696	\$ 16,561,826	\$ 16,378,533	\$ 15,715,279	\$ 16,008,639	\$ 16,290,983	\$ 17,623,097	\$ 18,171,295	\$ 17,185,684

Cascade Medical
Volume Forecast - Budget Year 2025

Acute Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	25	14	20	14	16	11	15	25	14	32	18	5	209
Actual	2021	23	29	12	11	21	18	7	26	14	11	8	15	195
Actual	2022	8	1	13	16	1	29	21	15	3	11	19	73	210
Actual	2023	30	4	15	29	25	26	18	17	36	17	16	26	259
Actual/Projected	2024	34	9	25	23	38	42	45	39	20	34	22	38	369
Forecast	2025	35	10	26	24	39	43	46	40	21	36	24	39	387
<i>increase/decrease over 2024</i>														5.0%

Swing Bed Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	128	155	54	68	104	68	42	123	120	111	152	202	1,327
Actual	2021	155	74	51	87	66	49	138	160	74	150	67	43	1,114
Actual	2022	131	116	74	46	52	90	69	114	46	133	43	63	977
Actual	2023	75	98	49	61	59	66	61	102	67	61	57	69	825
Actual/Projected	2024	70	38	84	102	75	29	49	41	88	76	56	59	767
Forecast	2025	73	40	85	100	78	31	51	43	90	78	59	62	790
<i>increase/decrease over 2024</i>														3.0%

Emergency Visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	276	262	194	145	216	241	358	382	297	248	236	285	3,140
Actual	2021	294	240	235	263	346	387	477	428	327	286	229	364	3,876
Actual	2022	293	213	252	267	323	381	452	424	354	374	330	390	4,053
Actual	2023	324	253	244	283	371	375	467	416	346	342	280	385	4,086
Actual/Projected	2024	325	262	287	327	385	421	490	468	337	331	279	392	4,304
Forecast	2025	332	267	293	334	393	429	500	477	344	338	285	400	4,390
<i>increase/decrease over 2024</i>														2.0%

Clinic visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	1,408	1,112	860	769	1,025	1,148	1,320	1,205	1,110	1,269	1,107	1,147	13,480
Actual	2021	1,016	1,050	1,317	1,006	962	1,080	1,190	1,213	1,070	1,005	998	980	12,887
Actual	2022	908	750	1,097	971	987	1,122	892	1,103	991	930	1,069	925	11,745
Actual	2023	1,051	976	1,197	1,091	1,167	1,148	1,098	1,333	1,178	1,224	1,177	1,135	13,775
Actual/Projected	2024	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216	1,234	1,316	1,239	1,215	14,702
Forecast	2025	1,379	1,226	1,372	1,238	1,332	1,379	1,426	1,517	1,365	1,403	1,365	1,318	16,320
<i>increase/decrease over 2024</i>														11.0%

**Cascade Medical Center
Contractual Allowance Worksheet
Budget 2025**

<u>Hospital</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Inpatient Revenue	\$ 1,905,209	\$ 134,507	\$ 217,106	\$ 2,256,822
Patient Days	327	23	37	387
Reimb Rate	\$ 7,175	\$ 6,968	72.6%	\$ 6,879.48
Total Payment	\$ 2,346,314	\$ 160,854	\$ 157,598	\$ 2,664,767
Contr Allow	\$ (441,105)	\$ (26,347)	\$ 59,508	\$ (407,945)

-67.30% -19.59% 27.41%

Swing Bed Revenue	\$ 2,829,547	\$ -	\$ -	\$ 2,829,547
Patient Days	790	-	-	790
Reimb Rate	\$ 7,057	\$ 6,949	72.6%	\$ 7,057
Total Payment	\$ 5,574,883	\$ -	\$ -	\$ 5,574,883
Contr Allow	\$ (2,745,337)	\$ -	\$ -	\$ (2,745,337)

-97%

Outpatient Revenue	\$ 14,193,978	\$ 5,198,882	\$ 12,778,441	\$ 32,171,302
Reimb Rate	56.1%	35.9%	50.0%	50%
Total Payment	\$ 7,968,898	\$ 1,867,141	\$ 6,392,871	\$ 16,228,911
Contr Allow	\$ 6,225,080	\$ 3,331,741	\$ 6,385,569	\$ 15,942,390

50%

Total Revenue	\$ 22,960,725	\$ 6,493,021	\$ 16,037,065	\$ 45,490,811
Total contractual Allow	\$ 2,787,641	\$ 3,145,056	\$ 7,966,187	\$ 13,898,885

Total Revenue
Rate
31% Reserve

Bad Debt

C.S.P

3.7% 1.5%
1,683,160 682,362

<u>Clinic</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 2,482,269	\$ 723,589	\$ 1,925,978	\$ 5,131,835
Visits	7,894	2,301		
Reimb Rate	\$ 466.00	\$ 465.61	47.1%	110%
Total Payment	\$ 3,678,597	\$ 1,071,424	\$ 906,860	\$ 5,656,881
Cont Allow	\$ (1,196,328)	\$ (347,836)	\$ 1,019,117	\$ (525,046)

-10%

<u>Ambulance</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 1,549,722	\$ 436,044	\$ 1,115,540	\$ 3,101,306
Reimb Rate	39.0%	57.0%	55.0%	47%
Total Payment	\$ 604,392	\$ 248,545	\$ 613,547	\$ 1,466,483
Contr Allow	\$ 945,331	\$ 187,499	\$ 501,993	\$ 1,634,822

53%

Total Contractual Allowance, Bad Debt Reserve, Charity	\$ 16,264,407	35.8%
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Cascade Medical
 FTE Budget, Staffing Additions
 FY 2025

Dept Number	Department	Authorized FTEs 2024	Requested Change in FTEs	Budgeted FTEs FY 2025	Notes
60000	Acute IP	16.80		16.80	
60100	Swing Bed	0.34		0.34	
80400	Central Supply	1.00		1.00	
60700	Laboratory	7.60	1.00	8.60	
60800	Cardiac Diagnostic	0.27		0.27	
60900	CT	0.48		0.48	
61000	Radiology	4.33	0.50	4.83	
61100	Pharmacy	-		-	
61500	Physical Therapy	7.30	(0.25)	7.05	
60500	Emergency Department	6.60		6.60	
60550	ED Providers	4.21		4.21	
60400	Ambulance	23.40		23.40	
60600	Endoscopy	0.90		0.90	
60200	Clinic	18.75	(1.45)	17.30	
60250	Clinic Providers	10.18	1.00	11.18	
61600	Occupational Therapy	1.60		1.60	
61700	Speech Therapy	0.60		0.60	
61800	Cardiac Rehab	-	0.25	0.25	
80800	Food/Nutrition Svcs	5.00	1.00	6.00	
81300	Laundry	1.00		1.00	
81400	Materials Management	0.80		0.80	
81600	Plant Operations	3.00		3.00	
80600	Environmental Services	5.00		5.00	
81100	Information Technology	-		-	
80700	Fiscal Services	3.00		3.00	
80300	Business Office	8.00		8.00	
80100	Admitting	10.00	0.75	10.75	
80000	Administration	5.00		5.00	
81700	Public Relations	1.00		1.00	
81000	Human Resources	1.50	1.00	2.50	
83000	Foundation	0.75		0.75	
80900	Health Information Mgt	5.15	(0.65)	4.50	
81900	Utilization Review	4.50	1.00	5.50	
81500	Nursing Admin	2.60		2.60	
82000	Informatics	3.00		3.00	
81200	Inservice Education	-		-	
		163.66	4.15	167.81	

Cascade Medical
Capital Equipment Requests - Long Range Plan 2025 - 2029

Dept #	Item	Est / Required Completion Date	Original Request Date	Estimated Project/Equipment Costs	Projected 2025	Projected 2026	Projected 2027	Projected 2028	Projected 2029
	Buildings/Building Improvements/Grounds								
Clin	Urgent Care	2022	2022	542,500		542,500			
Clin	Pod Redesign	2022	2018	150,000	150,000				
Plant	Security Gate - New Parking Lot	7/2025	2020	75,000			75,000		
Plant	Lab Remodel/Upgrade	7/2023	2021	400,000		400,000			
Plant	Replace carpet in Patient Area & Corridor	8/2023	2022	350,000		350,000			
Plant	Property Acquisition	2021	2016	1,000,000			1,000,000		
Plant	Rearrange Main Lobby Patient Flow	4/2021	2021	92,225		92,225			
Plant	Shelled Space	6/2020	2018	300,000			300,000		
Plant	Chiller Replacement	4/2027	2023	151,900			151,900		
Plant	Roof Replacement	2029	2024	400,000					400,000
Plant	MRI electrical connectivity	2025	2025	35,000	35,000				
	Major Moveable Equipment								
Admin	Policy Software	2025	2023	20,000	20,000				
Amb	Ambulance - Demers - replace 2011	5/2026	2023	374,325		374,325			
Amb	Ambulance - Demers - replacement unit	5/2028	2023	418,110				418,110	
Amb	Ambulance Type 2 Ford Transit	2/2025	2024	179,190	179,190				
Amb	Chevrolet Tahoe-response sprint unit	5/2025	2023	65,160	65,160				
Amb	Cardiac Monitor Physio Control Life Pak 35	3/2026	2024	70,590		70,590			
Amb	Cardiac Monitor Physio Control Life Pak 35	3/2027	2024	76,020			76,020		
Amb	Cardiac Monitor Physio Control Life Pak 35	3/2028	2024	78,301				78,301	
Amb	Cardiac Monitor Physio Control Life Pak 35	3/2029	2024	80,650					80,650
Amb	Cardiac Monitor Philips Tempus-MIH	3/2025	2024	70,590	70,590				
Card	EKG Machine or New Technology	1/2026	2024	8,688		8,688			
Clin	Bladder Scanner	1/2025	2024	12,329	12,329				
Clin	Barrier Free Exam Tables	2025	2024	12,402	12,402				
Clin	Barrier Free Exam Tables	2026	2024	12,402	12,402				
Clin	Gyn Exam Table	2025	2024	8,134	8,134				
Clin	POC Ultrasound	2025	2024	40,000	40,000				
CT	CT Upgrade to 64 slice	1/2027	2024	600,000			600,000		
ED	iCare IC100 Tonometer	7/2025	2024	10,860	10,860				
ED	Chest Drain & Needle Compression Trainer	1/2025	2024	6,516	6,516				
ED	Difficult Airway Trainer	1/2025	2024	5,647	5,647				
ED	Stretcher-2	1/2025	2024	54,300	54,300				
ED	OB-GYN Stretcher	1/2025	2024	27,150	27,150				
ED	Stretcher-2	1/2026	2024	54,300		54,300			
ED	Stretcher-2	1/2027	2024	54,300			54,300		
Educ	Resusci Anne with Sim Pad	1/25	2024	7,500	7,500				
FNS	Freezer-True Two Section	1/2025	2024	7,602	7,602				
IT	Wireless Refresh	2024	2023	25,000					
IT	Expansion of Virtual Environment	2024	2023	100,000					
IT	Scale Computing refresh w/Nutanix	2025	2024	150,000	150,000				
IT	Scale Computing refresh w/Nutanix	2026	2024	150,000		150,000			
IT	Wireless Upgrade	2025	2024	75,000	75,000				
IT	New Endpoints	2025	2024	25,000	25,000				
IT	Updated Conf Room Solution	2025	2024	20,000	20,000				
IT	Updated Conf Room Solution	2026	2024	20,000		20,000			
Lab	Refrigerator - Helmer Upright Freezer 20 cu f	2024	2023	11,984	11,984				
Lab	Refrigerator - Helmer Scientific 56 cu ft	1/2025	2023	10,615	10,615				
Lab	Ortho Workstation	2026	2024	7,548		7,548			
Plant	Conference Room Table & Chairs	1/2024	2023	21,700					
PT	Ultrasound/E-Stim Unit (PT)	2027	2017	6,000			6,000		
PT	Upright Stationary Bike	2026	2021	7,687		7,687			
PT	Treadmill	1/2026	2022	9,765		9,765			
PT	Game Ready or ThermX Modality Unit	7/2025	2024	7,602	7,602				
PT	Replacement Tx Table	6/2027	2024	5,680			5,680		
PT	Replacement Tx Table	6/2029	2024	6,223				6,223	
PT	Hydroworx Aquatic Therapy Pool	4/2025	2024	6,701	6,701				
Qual/S	Verkata-Guest	1/2025	2024	20,000	20,000				
Qual/S	verkata Cameras	1/2025	2024	10,000	10,000				
Rad	Mindaways QCT-Dexa Software for CT	7/2025	2024	19,548	19,548				
Rad	Ultrasound-Sequoia Crown Edition	5/2025	2024	184,620		184,620			
SBed	NUStep Crosstrainer	1/2025	2024	7,597	7,597				
TOTAL				\$ 6,759,961	\$1,088,829	\$2,272,248	\$2,268,900	\$ 496,411	\$ 486,873

RESOLUTION NO. 2024-09

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

RCW 70.44.060

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, authorizing the adoption of the 2025 operating and capital budget.

WHEREAS, the Board of Commissioners of Public Hospital District No. 1 of Chelan County is required by RCW 70.44.060 to adopt annual budgets; and

WHEREAS, the superintendent has prepared and submitted a proposed operating and capital budget, for the year 2025 and submitted it to the Board of Commissioners in accordance with RCW 70.44.060; and

WHEREAS, the Board of Directors held a public hearing on October 30, 2024, and received and considered public testimony on the proposed operating and capital budget, NOW, THEREFORE,

BE IT RESOLVED by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, that the proposed 2025 operating and capital budget, be hereby adopted.

ADOPTED and APPROVED by the Board of Commissioners of 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 30th day of October 2024, the following commissioners being present and voting in favor of this resolution.

Board President, Bruce Williams

Board Vice President, Tom Baranouskas

Commissioner Shari Campbell

Commissioner Jessica Kendall

Commissioner Gustavo Montoya

Mission

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

Vision

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.

Values

Commitment

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

Community

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

Empowerment

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

Integrity

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

Quality



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



Respect




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

Transparency

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





Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS			
Patient & Family Centered Care			
<p>Deliver quality care that is accessible, equitable and safe every time every touch</p>	<p> Implement Mobile Integrated Healthcare</p>	<p>The Mobile Integrated Health (MIH) program experienced a slow start due to several factors, including delays in hiring a second Medical Services Officer (MSO). Additionally, the MSOs' time has been partially reallocated this quarter due to covering Advanced Life Support (ALS) calls due to staff absences related to PTO and sick time. Both MSOs are now in place and enrolled in a Community Paramedicine course, which will be completed by the end of November. We have realigned our priorities, starting with a soft launch of home safety evaluations and follow-up visits. In November, we will begin hypertension navigation and Social Determinants of Health (SDOH) assessments, with a focus on connecting patients to primary care. This reset should provide us with key performance indicators (KPIs) to evaluate by the end of the year.</p>	<p>Continue advancing the rollout of in-home visits centered on hypertension management and INR collection (a medical test measuring time for blood to clot), utilizing a navigational checklist to assess Social Determinants of Health (SDOH) and address Healthcare Effectiveness Data and Information Set (HEDIS) gaps. The focus remains on guiding patients to primary care and reducing barriers to access.</p>
	<p> Improve patients' first touch experience at CM</p>	<p>This objective is rated at caution due to the longer-than-anticipated full implementation of Luma, a patient success platform that will improve patients' first touch experience through digital patient onboarding, digital pre-visit planning and on-line appointment scheduling. Other aspects of this goal, including revision of workflows, customer service training and work to capture and analyze phone data are either complete or in progress as planned.</p>	<p>Continue to prepare for the Luma implementation as we await action step completion from third parties. We do expect Luma to Go Live before the end of 2024. We continue to monitor survey responses related to this work, with relatively flat rates in Q3, with two questions slightly down and one slightly up. Out of a scale of 1 - 5, with 5 being the top score: "The appointment process was satisfactory" = 4.77 Q3, 4.79 Q2. "The check in/out process was a pleasant experience" = 4.8 Q3, 4.77 Q2. "The staff was professional" = 4.88 Q3, 4.93 Q2.</p>



Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Optimize Team-Based Care	<p>The objective continues to show as caution, due to the lag of several elements. While the transformation to Team-Based Care continues to track appropriately, other elements of this goal are behind plan. Efforts to optimize the mobile clinic are ongoing, but this work is in a holding pattern while we transition to a new provider. Finding a telepsychiatry partner that can provide a sustainable solution has been delayed due to competing internal workloads and awaiting response from a third party solution. Discussions continue related to implementation of a school-based clinic (in addition to the onsite behavioral health services we already provide) but remains conceptual as we continue to address the operational needs of team-based care, with no clear course of action yet established. The first step in exploring the expansion of family practice hours has been taken as patients have completed taking a survey on preference. Results have been compiled and presented to COO for review and determination of next steps.</p>	<p>Close attention will need to be paid to the mobile clinic optimization and telepsychiatry solution work in Q4 if we are to end the year with good improvement overall on our tactics for this objective.</p>
<p>PILLARS</p>			
<p>Financial Stewardship</p>			
<p>Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth</p>	 Develop and implement charge capture program	<p>We pivoted on this objective in order to identify a resource for revenue cycle optimization prior to implementing a charge capture program. In identifying the resource we also expanded the work to include Meditech optimization more broadly throughout the organization, to include clinical, laboratory and patient registration areas, among others. We expect this optimization focus will impact charge capture work, including the future direction of a charge capture program, resulting in a strong foundation and better long-term resource utilization.</p>	<p>Charge capture focus will extend into 2025.</p>

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Build structure for developing and sustaining long term financial plan	<p>This objective is at caution due to the challenge in finding a tool or already developed process for this work at a Critical Access Hospital, rather than for lack of attention. We have identified elements for consideration, such as for assessing long term debt capacity, understanding Medicare percentage of reimbursement by department and analyzing departmental financial performance. But we are not finding a methodology or tool that other cost-based reimbursement facilities are using for long-range financial planning, due to the complexities of the cost-based reimbursement environment.</p>	<p>In Q4 we are looking to pivot slightly to explore developing a tool or rubric to consider using when evaluating new programs or service lines, in hopes that it gets us partway to the board's desire for a long range financial planning tool.</p>
	 Optimize Rehab Services	<p>The assessment was complete in Q2 with multiple areas of opportunity identified to improve operational efficiency and increase patient access. Management is currently working through barriers related to implementation of assessment outcomes.</p>	
	 Service Line Expansion	<p>This objective consists of four focus areas: 1) outpatient infusions, 2) urgent care, 3) mobile MRI, and 4) telehealth exploration. Three of the four were on track at the end of Q3, with the fourth lagging but continuing, so this overall goal is considered on target. Efforts are underway to revive infusion services exploration, with a goal of completion by the end of 2024. The MRI project is in its final stages, and a recommendation will be forthcoming. The urgent care study has been completed, and the recommendations will be presented at the board retreat. Telehealth exploration is on track, with education provided at the board retreat and team working internally on operational concepts.</p>	<p>Continue efforts on infusion services, aiming to have a comprehensive work plan in place by the end of the year.</p>

PILLARS

Our People

Long Term Objectives	Organizational Goals	Analysis	Recommendations
<p>Provide an exceptional employee experience within a safe, stable, family-based work environment</p>	<p> Optimize the Living Well Program</p>	<p>Living Well has remained a standing agenda item at all Open Forums presented year to date. Each cohort is being introduced at forums. Additionally, information about them is being disseminated on presentation boards which includes their planned events that are happening throughout the year. Presentation boards are located in key staff areas including admin foyer, and at the bottom of the main stairs to the basement. In quarter three, the Physical Health cohort and Personal Growth cohort were launched.</p>	<p>As we work towards completing presenting all of the cohorts, begin thinking on ways to enhance and further develop each cohort in 2025. Additionally, work towards including the Living Well Program as a standing item during the New-Hire Orientation process.</p>
	<p> Continue to develop leaders</p>	<p>Focused attention on new leaders continues as cohort projects have been assigned with all related work currently on track. Final presentations are scheduled for December 5th. Due to multiple factors, third quarter leadership team training was delayed. Training will resume in fourth quarter.</p>	<p>Ensure Q4 Leadership Training commences as planned.</p>
	<p> Expand education / training opportunities and workforce / apprenticeship programs</p>	<p>First CNA program completed with all students successfully obtaining WA CNA licenses. Second training class launched in September with another 4 students. Submitted MA-CNA bridge application for approval from the state board. Second EMT is being cross trained in the clinic with the first having successfully obtained MA-R license. Continued work with the high school to develop student programs.</p>	
	<p> Explore alternative retention strategies</p>	<p>Exploration of medical benefit options continues with a follow up meeting scheduled for 10/3 with the broker. Full year benefit pricing options will be available and reviewed at this time for comparison against current plans. Pay differential data has been compiled into a spreadsheet and passed on to CHRO for presentation to senior leadership who will determine next steps/changes to be implemented. Meeting scheduled with UKG to discuss the feasibility of using short term disability for a "personal day" to help expand sick leave options for employees.</p>	

Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS			
Community Connections			
<p>Collaborate with community to define needs and nurture partnerships to support healthy lifestyles</p>	<p> Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments</p>	<p>Connecting with bilingual staff to discuss opportunities to be highlighted via social media. A Spanish speaking PSR continues to be available 90% of the time. Finalizing job-aid that can be utilized by staff to assist in providing quality care for Spanish speaking patients.</p>	<p>While not specifically a measured focus of this objective, now that we have a Spanish language focused FaceBook presence, we should continue to work with our partner experts to hone messaging to best reach the Spanish-speaking audience.</p>
	<p> Promote Cascade Medical in the community</p>	<p>While we continue to have presence on social media and we've participated in more outreach events than in past years, we experienced lag in multiple plan areas, putting this organizational goal in a caution status. We are technically on track with brand awareness campaigns for Q3 (National Immunization Awareness Month in August, well-child checks focus in September and Think Pink in October) and Mobile Clinic outreach but lag behind our Q3 plans for outreach events, patient testimonials, publishing our newsletter, and the rollout of Spanish-language FaceBook. The launch of the Community Outreach & Awareness Committee has been helpful in generating thinking and strategy around a more focused approach to marketing and communication but it is early days in implementing a renewed approach.</p>	<p>Develop and implement strategies to improve focused messaging / communication and output. Ensure there is focused attention on educating the community regarding the EMS Levy.</p>

Description

Status Key



On Target



Caution/At Risk



Below Target



Not Defined (Project has not started per timeline)

2024 Goals
Includes Pillar Statements & 2023-2025 Objectives
Cascade Medical

Patient & Family Centered Care: Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

Long Term Objective: Deliver quality care that is accessible, equitable, and safe every time, every touch

2024 Annual Goals (with some tactics noted):

- Implement Mobile Integrated Healthcare
- Optimize Team-Based Care
 - Explore expansion of family practice hours
 - Identify new provider for telepsychiatry services
 - Implement school-based clinic
 - Continue optimization of mobile clinic
 - Partner mobile clinic with other community resources, such as mobile library and mobile food bank
- Improve patients' first touch experience at CM

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

Long Term Objective: Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth

2024 Annual Goals (with some tactics noted):

- Service Line Expansion
 - Explore and implement outpatient infusion opportunities
 - Develop implementation plan for urgent care (dependent upon study)
 - Explore mobile MRI
 - Explore telehealth expansion with attention to retail health trends
- Develop and implement charge capture program
- Build structure for developing and sustaining long term financial plan
- Optimize Rehab Services

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

Long Term Objective: Provide an exceptional employee experience within a safe, stable, family-based work environment

2024 Annual Goals:

- Optimize the Living Well Program
- Continue to develop leaders
- Expand education / training opportunities and workforce training / apprenticeship programs
- Explore alternative retention strategies

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

Long Term Objective: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles

2024 Annual Goals (with some tactics noted):

- Promote Cascade Medical in the community
 - Prepare for educating the community about EMS Levy
 - Develop and implement comprehensive external communication plan, including around marketing
 - Increase promotion of Charity Care
- Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments

Three-Year Strategic Plan Cycle of Work

Black = Work involving Board; Orange = Management work

Quarter	Year One (2023)	Year Two (2024)	Year Three (2025)
Q1 Jan – Mar	<ul style="list-style-type: none"> • Outcomes of prior strategic plan year reported at Board meeting • In January, finalize workplans, timelines, measures for current year and document in strategic plan software, if still outstanding • Exec team checks year one progress toward meeting organizational objectives • Governance Committee begins prep for Board retreat, including identifying strategic priority topics • Governance Committee proposes Board education plan for the year, including strategic topics • Management finalizes CHNA workplan elements 	<ul style="list-style-type: none"> • Outcomes of prior strategic plan year reported at Board meeting • In January, finalize workplans, timelines, measures for current year and document in strategic plan software, if still outstanding • Exec team checks year two progress toward meeting organizational objectives • Governance Committee begins prep for Board retreat, including identifying strategic priority topics • Governance Committee proposes Board education plan for the year, including strategic topics 	<ul style="list-style-type: none"> • Outcomes of prior strategic plan year reported at Board meeting • In January, finalize workplans, timelines, measures for current year and document in strategic plan software, if still outstanding • Exec team checks year three progress toward meeting organizational objectives • Finalize work to develop next three-year strategic plan in conjunction with Governance Committee; this work is likely to be the focus of the annual Board retreat. • Governance Committee proposes Board education plan for the year, including strategic topics • CHNA work commences in collaboration with third-party partner • Begin planning with partner to facilitate work to develop three-year strategic plan, if different from CHNA partner

Quarter	Year One (2023)	Year Two (2024)	Year Three (2025)
Q2 Apr – June	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for future education or discussion • Governance Committee continues prep for Board retreat, finalizing strategic topics and retreat date • Governance Committee continues thinking of possible strategic Board education topics and reviews education plan with Board • Exec team checks year one progress toward meeting organizational objectives • Exec team, including Clinic Medical Director, kicks off risk stratification work, in preparation for planning future year(s) plan • In June, budget work kickoff for following year • Late in quarter/early Q3, Exec team begins development of subsequent year objectives • Board reviews and, in May, approves CHNA workplan 	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for future education or discussion • Governance Committee continues prep for Board retreat, finalizing strategic topics and retreat date • Governance Committee continues thinking of possible strategic Board education topics and reviews education plan with Board • Exec team checks year two progress toward meeting organizational objectives • Exec team reviews CHNA workplan to ensure alignment, check progress, prepare for future work • Exec team, including Clinic Medical Director, kicks off risk stratification work, in preparation for planning future year(s) plan • In June, budget work kickoff for following year • Late in quarter/early Q3, Exec team begins development of subsequent year objectives 	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for future education or discussion • Governance Committee continues prep for Board retreat, finalizing strategic topics and retreat date, recognizing retreat is likely to be framed around CHNA priority focus areas and/or development of a three-year strategic plan • Governance Committee continues thinking of possible strategic Board education topics and reviews education plan with Board • Exec team checks year three progress toward meeting organizational objectives • Exec team reviews CHNA workplan to ensure alignment, check progress, prepare for future work (if not done during CHNA work) • Exec team, including Clinic Medical Director, kicks off risk stratification work, in preparation for planning future year(s) plan • In June, budget work kickoff for following year • Finalize CHNA priority focus areas; location / schedule TBD • Board and Exec Team brainstorm topics to be considered for next three-year plan • Finalize details with facilitator to conduct Q3 Board retreat and development of three-year strategic plan

Quarter	Year One (2023)	Year Two (2024)	Year Three (2025)
Q3 July – Sept	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for future education or discussion • Exec team checks year one progress toward meeting organizational objectives • Exec team performs market wage review/strategy work • Gather input from Leadership Team regarding organizational risks and subsequent year objectives • Gather input from Medical Staff to shape subsequent year objectives • Board reviews draft budget in September • Either at a Board retreat or during the September Board meeting, focus on strategic plan & CHNA work plan progress to date as well as development of subsequent year objectives; consider reviewing risk stratification at retreat or during September Board meeting 	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for future education or discussion • Exec team checks year two progress toward meeting organizational objectives • Exec team performs market wage review/strategy work • Gather input from Leadership Team regarding organizational risks and subsequent year objectives • Gather input from Medical Staff to shape subsequent year objectives • Board reviews draft budget in September • Either at a Board retreat or during the September Board meeting, focus on strategic plan & CHNA work plan progress to date as well as development of subsequent year objectives; consider reviewing risk stratification at retreat or during September Board meeting 	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for future education or discussion • Exec team checks year three progress toward meeting organizational objectives • Exec team performs market wage review/strategy work • Gather input from Leadership Team regarding organizational risks and subsequent year / three-year objectives • Gather input from Medical Staff to shape subsequent year / three-year objectives • Board reviews draft budget in September • Substantially complete development of next three-year strategic plan by end of Q3, at Board retreat; consider reviewing risk stratification at retreat or during September Board meeting

Quarter	Year One (2023)	Year Two (2024)	Year Three (2025)
Q4 Oct – Dec	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for education • Board approves budget for following year in October • Exec team checks year one progress toward meeting organizational objectives • Continue to review subsequent year objectives at Board meetings; Board approves annual plan by no later than the December Board meeting • Exec team leads finalization of workplans, timelines, measures for next year’s plan • Exec team reviews service line analysis • Board reviews and approves organization Succession Plan, typically in November 	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for education • Board approves budget for following year in October • Exec team checks year two progress toward meeting organizational objectives • Continue to review subsequent year objectives at Board meetings; Board approves annual plan by no later than the December Board meeting • Exec team leads finalization of workplans, timelines, measures for next year’s plan • Exec team reviews service line analysis • Board reviews and approves organization Succession Plan, typically in November • Board considers future-oriented education topics that may influence next three-year strategic plan • Governance Committee provides input on scope of work for next three-year planning cycle • Management finalizes contract(s) for CHNA and three-year strategic plan work 	<ul style="list-style-type: none"> • Board reviews current year strategic plan progress via dashboard reporting and identifies related strategic topics for education • Board approves budget for following year in October • If three-year strategic plan was not approved by Board in Q3, Board and management work to complete outstanding items remaining from Board retreat at Q4 Board meetings, with goal of adopting three-year strategic plan no later than the December Board meeting • Shape subsequent year objectives with the Board at Board meetings throughout Q4; Board approves annual plan by no later than the December Board meeting • Exec team checks year three progress toward meeting organizational objectives • Exec team leads finalization of workplans, timelines, measures for year one of next three-year strategic plan cycle • Exec team reviews service line analysis • Board reviews and approves organization Succession Plan, typically in November

Pillar Statements & 2023-2025 Long Term Objectives
Cascade Medical
2025 Draft Objectives

Patient & Family Centered Care: Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

Long Term Objective: Deliver quality care that is accessible, equitable, and safe every time, every touch

2025 Proposed Focus Areas:

- Develop a Master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion
- Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited
- Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and hospitalist programs under the umbrella of Team-Based Care

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

Long Term Objective: Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth

2025 Proposed Focus Areas:

- Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies
- Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025
- Conduct thorough employee and community education program around the EMS Levy
- Fully develop 2026 – 2028 strategic plan before end of 2025
- Focused hospital service line expansion optimization and growth (Swing Bed, infusion)

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

Long Term Objective: Provide an exceptional employee experience within a safe, stable, family-based work environment

2025 Proposed Focus Areas:

- Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development
- Continue robust professional development programs, including focused leadership development
- Launch a CNA program in collaboration with the school district
- Understand compensation strategy options, for future consideration

DRAFT

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

Long Term Objective: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles

2025 Proposed Focus Areas:

- Implement structured, robust plan for community dialogue to inform Community Health Needs Assessment, which will, in turn, inform the next strategic plan
- Implement structured communication and outreach plan that is consistently on message, maintains focus on priority areas, strengthens connection to Spanish-speaking population and utilizes regular measurement to adapt work as needed

DRAFT



AGENDA

Community Outreach & Awareness Committee

September 30, 2024

3:00 PM-5:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	3:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">September 30, 2024 AgendaAugust 26, 2024 Minutes	3:00 PM
Committee Work		
1.	Refresh list of key services priority areas for marketing / communication and ensure alignment with committee and strategic plan <ul style="list-style-type: none">Review CM current plan focus areas and discuss/refineDiscuss message focus (access, quality, close to home, etc.)Plan for weaving together messaging across platforms to maximize synergy; also plan to make sure coordinated timing of messaging/content to further enhance synergy	3:00 PM
2.	Prepping for EMS Levy Community Education <ul style="list-style-type: none">Expectations for lead-up messaging/communication, including defining structure that needs to be in place to maximize effectivenessInput / development of timeline from October to election	3:30 PM
3.	Review community survey results captured to date <ul style="list-style-type: none">What are the key themes? Do these vary from Spanish to English?What surprises did we find in the results?What are the implications of the survey results? Next steps?	4:00 PM
4.	Update on work to collect and share patient stories <ul style="list-style-type: none">Progress since August meetingBrainstorm stories to capture now and ways to approach regular collection of patient storiesIs there an opportunity to focus on emergency department and ambulance?	4:25 PM
5.	Brainstorm considerations for longer range planning and work (2025 and beyond) <ul style="list-style-type: none">Should we consider a brand refresh in 2025?Is there strategic value in using a service descriptor with the logo as opposed to the current logo/tagline lockup?	4:40 PM
6.	Brief Meeting Recap and Next Steps, including scheduling future meeting(s)	4:50 PM
Adjournment		
1.	Adjournment	5:00 PM

Materials provided in advance of meeting along with agenda:

1. August 26, 2024 minutes
2. Summary of current marketing plan focus areas
3. Survey results



AGENDA

Community Outreach & Awareness Committee

October 28, 2024

2:30 PM-4:30 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	2:30 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">October 28, 2024 AgendaSeptember 30, 2024 Minutes	2:30 PM
Committee Work		
1.	Kick-off meeting with DH, who will attend virtually. DH is a social impact agency who uses communication and creative strategy to build stronger organizations and communities. <ul style="list-style-type: none">Introduction to the team and workStrategic discussion with COAC members	2:30 PM
2.	Refine EMS Levy communication and education timeline <ul style="list-style-type: none">Identify plan additions / deletions / refinementsIdentify areas of opportunity for commissioner involvement	3:30 PM
3.	Discuss roles for Commissioners in community outreach <ul style="list-style-type: none">Events/Outreach<ul style="list-style-type: none">Commissioner + Pat/Diane strategy?Strategy for highlighting in upcoming newslettersAnd tools/materials needed to support Commissioner outreach?<ul style="list-style-type: none">PowerPoint or Fact Sheet/Leave Behind Materials, for example	4:00 PM
6.	Brief Meeting Recap and Next Steps, including scheduling future meeting(s)	4:20 PM
Adjournment		
1.	Adjournment	4:30 PM

Materials provided in advance of meeting along with agenda:

1. September 30, 2024 minutes
2. EMS Levy Communication Timeline DRAFT



Part-time Resident Advisory Council Meeting

October 26, 2024 | 10:00 AM

Arleen Blackburn Conference Room & Zoom Connection

	Optional Social Time		9:30 AM
I.	Call to Order	Neil McReynolds, President	10:00 AM
II.	Introductions	Neil McReynolds, President	
III.	Approval of April 20, 2024 Minutes	Council Members	
	Discussion		10:10 AM
IV.	Cascade Medical		
	o Value Story	Diane Blake, CEO	
	o Cascade Medical & Industry Updates	Diane Blake, CEO	
V.	Foundation Report	Wade and Kathi Nash, Foundation Members	10:25 AM
VI.	Leavenworth Update	Clint Strand, Director of Public Relations	10:35 AM
VII.	Council Input	Council Members	10:40 AM
	• EMS Levy: What are your general impressions of CM's emergency and ambulance services? What are your general impressions of the necessity of the levy and whether it is a good value to the community? What do you think are the most important facts/details on which to educate our community?		
	• Community Health Needs Assessment (CHNA): What information should we understand about our community as we perform our next CHNA in early 2025? What data do we want to look at? What groups or people should we survey? Other ideas to make it as comprehensive as possible?		
VIII.	Council Business	Neil McReynolds, President	11:35 AM
	• Council Recruitment		
	• Membership Expectations		
IX	General Q&A Council Thoughts	Council Members	11:50 AM
X.	Adjournment	Neil McReynolds, President	12:00 PM
	Lunch – In Person or To Go options		12:00 PM

Future Meetings:

2025	2026
April 19th	April 25th
October 25 th	October 24 th

Values

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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.

Credentialing Approvals

Initial Privileges (1-year)

- Kalie Thompson, PA-C

Telestroke Initial Privileges: (1-year)

- Dr. Alison Seitz*

*Dr. Seitz was credentialed emergently on October 9 due to request from UW for coverage.

Teleradiology Active Privileges: (2-years)

- Dr. Muneer Desai

Teleradiology Initial Privileges: (1-year)

- Dr. Yuyang Zhang
- Dr. Karen Phillips



Ordinance / Resolution No. 2024-10
RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District #1 has met and considered its budget for the calendar year 2025; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 665,854.08; and,

WHEREAS, the population of this district is [X] more than or [] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2025 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 6,658.54 which is a percentage increase of 1% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 30 day of October, 2024.

Three horizontal lines for signatures on the left and right sides.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.

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Ordinance / Resolution No. 2024-11
RCW 84.55.120

WHEREAS, the Board of Commissioners of Chelan County Public Hospital District #1 has met and considered its budget for the calendar year 2025; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 1,743,703.06; and,

WHEREAS, the population of this district is [X] more than or [] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2025 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 17,437.03 which is a percentage increase of 1% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 30 day of October, 2024.

Three horizontal lines for signatures on the left and right sides.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.

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CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

We are requesting approval to purchase a 2024 Ford Explorer and accessories for use as a Mobile Integrated Health (MIH) response vehicle for the ambulance department, using funds from the Cascade Medical Foundation. Value of the vehicle:

Enhanced Patient Care at Home: The 2024 Ford Explorer will allow our MIH team to efficiently deliver care to patients in their homes, reducing unnecessary Emergency Department visits and improving patient outcomes. This vehicle will be equipped to support community paramedics in conducting health assessments, addressing HEDIS (Health Effectiveness Data and Information Set) measures, and managing chronic conditions in a home setting, ultimately improving access for underserved rural populations.

Telehealth Support: The vehicle will be equipped with high-speed internet, enabling real-time telehealth visits from patient homes. This capability aligns with our mission to expand telehealth services and provide patients with seamless access to their providers.

Emergency Response Capability: The Ford Explorer will also serve as an emergency response vehicle, providing Advanced Life Support (ALS) backup when needed. This additional resource will be invaluable during critical incidents and will ensure the rapid deployment of ALS services in the field.

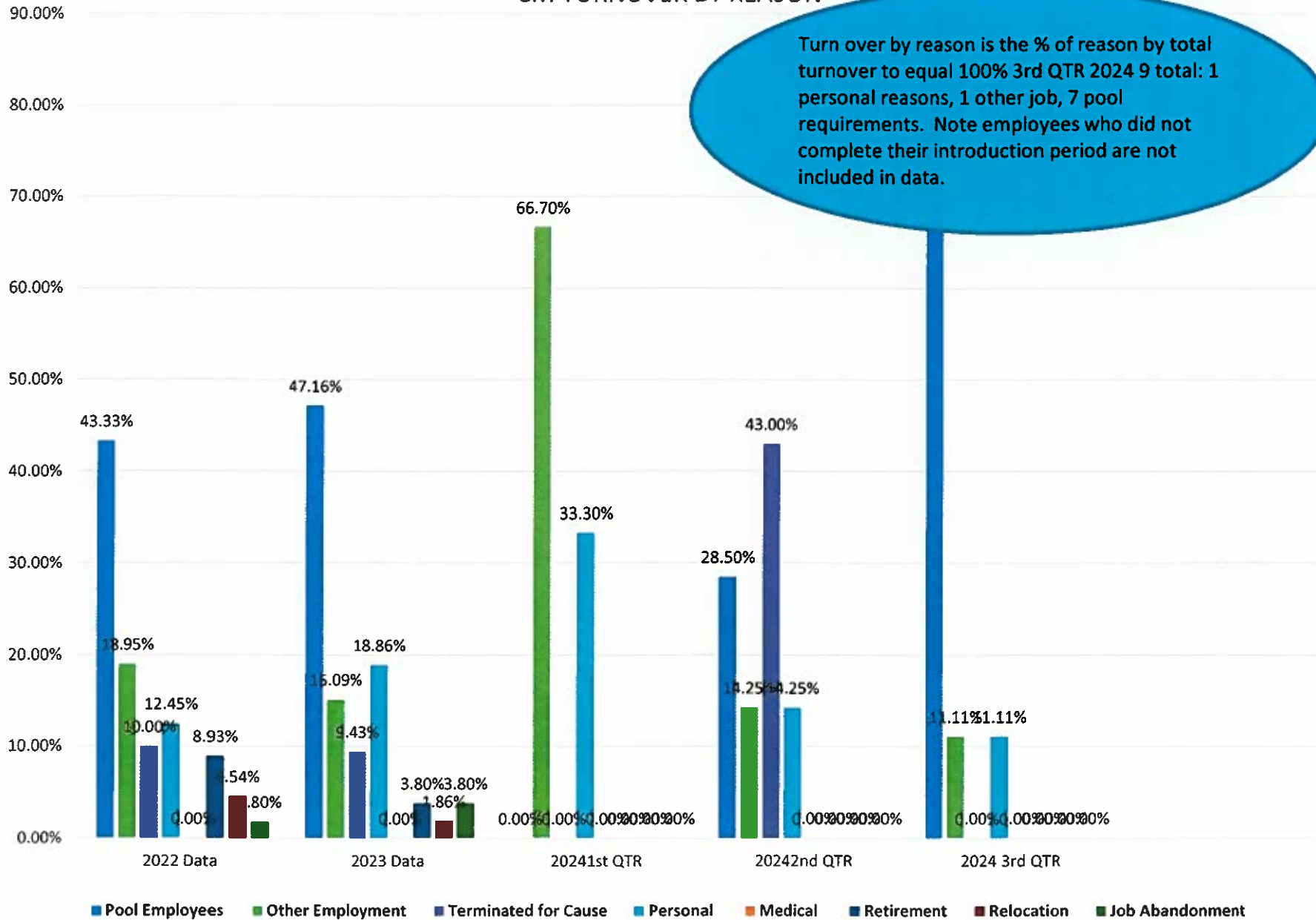
System Status Management and Supervision: With our two ALS ambulances stationed in Leavenworth, the MIH vehicle will be vital in overseeing system status and ensuring efficient coverage across our service areas. The added flexibility this vehicle provides will improve overall coordination and response times in managing emergencies and non-emergency calls alike.

Using the Foundation's funds for this purchase will improve patient care in our community, enhance telehealth services, and strengthen our emergency response capabilities.



CM TURNOVER BY REASON

Turn over by reason is the % of reason by total turnover to equal 100% 3rd QTR 2024 9 total: 1 personal reasons, 1 other job, 7 pool requirements. Note employees who did not complete their introduction period are not included in data.



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 without pool employees.

