



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday November 20, 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 • October 30, 2024 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10124885 – 10125125	10/18/2024 – 11/14/2024 \$ 1,106,977.40
	Accounts Payable EFT Transactions:	20240149 – 20240164	10/18/2024 – 11/14/2024 \$ 639,833.09
	Payroll EFT Transactions:	23120 – 23533	10/18/2024 – 11/14/2024 \$ 971,983.48
	<ul style="list-style-type: none"> • Bad Debt: October 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	5:50	Julie French
VIII.	<u>Committee Reports</u>	5:55	
	a. Governance Committee		Bruce Williams
	b. Quality Oversight Committee		Jessica Kendall
IX.	<u>Discussions & Reports</u>	6:20	
	a. Rehab Services Optimization Assessment		Rehab Visions
	b. CEO Annual Evaluation Process & Materials		Commissioners
	c. 2025 Organizational Objectives		Commissioners
	<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? 		
X.	<u>Action Items</u>	7:15	Commissioners
	a. MOTION: Approve Organizational Succession Plan		
	b. MOTION: Approve Conflict of Interest Policy		
	c. MOTION: Approve Commissioner Compensation Policy		
	d. MOTION: Approve Mobile MRI		
	<ul style="list-style-type: none"> • What does this proposed service line expansion do for CM's strategic direction and where do you think there may be additional opportunities? 		
XI.	Administrator Report	7:45	Diane Blake
XII.	Board Action Items	8:05	Commissioners
XIII.	Meeting Evaluation/Commissioner Comments	8:10	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
XIV.	Adjournment	8:20	Bruce Williams

BOARD CALENDAR REMINDERS

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 November 20, 2024

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

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Committee Reports**
 - Governance Committee – Included in your packet is the agenda from the most recent Governance Committee meeting, to facilitate Bruce’s report.
 - Quality Oversight Committee (QOC) – Included in your packet is the agenda from the most recent QOC meeting, to facilitate Jessica’s report.
- **Discussions & Reports**
 - Rehab Services Optimization Assessment – No document is included in your packet for this item. Rehab Visions, the organization who performed the assessment of our Rehab Services program earlier this year, will be in attendance to share the optimization opportunities they identified. This is a chance for the board to hear more directly about the operational improvements that can be made to improve patient access and begin to work toward an at least margin-neutral program, instead of one which requires subsidization from other service lines that earn a profit.
 - CEO Annual Evaluation Process & Materials – Included in your packet is a proposed CEO Review Timeline and a proposed CEO Evaluation Form. The timeline reflects changes made by the Governance Committee which moves away from a 360 survey process, to an alternate process for collecting input from medical staff and CEO’s direct reports. Additionally, the proposed CEO Evaluation Form is a proposed new format for the Board to utilize to document the annual review.
 - 2025 Draft Objectives – Included in your packet is an updated draft proposal of organizational objectives for 2025, reflecting changes made since the board reviewed the objectives in October. Changes were driven by board input and additional work by the Executive Team and Clinic Medical Director. As a reminder, the draft objectives have been informed by our risk work (which was discussed at the September board meeting), status of 2024 objectives, the CHNA, and other industry information. Further, this draft has been honed with input from the executive team, medical staff, the broader leadership team, and now the board’s discussion in October. We are bringing these back for more discussion, rather than approval, to ensure we are thorough in capturing the board’s input, which is essential for the success of the organization. Included on the agenda are two strategic questions to help frame board discussion.

- **Action Items**

- Organizational Succession Plan – Included in your packet is an updated organizational succession plan. The executive team has reviewed and updated the document. This is a process we go through annually, including presenting it to the board for review and approval.
- Conflict of Interest Policy – Included in your packet is the commissioner Conflict of Interest policy, which is reviewed and discussed by the Board annually. Additionally, the Governance Committee reviews this policy annually, and they recommend it for board approval. Also included in your packet is a Disclosure Statement for review as well. These documents are presented in the main body of the meeting to allow for Board discussion prior to action.
- Commissioner Compensation Policy – Included in your packet is a new policy, recommended for approval by the Governance Committee, to standardize and communicate which activities are compensable for commissioners. This proposed policy adheres to state law guidelines and reflects industry practices.
- Mobile MRI – Included in your packet is information detailing management’s recommendation to implement a mobile MRI, for board consideration.

Further Notes

- Because this meeting occurs earlier than normal in November, we are not presenting the monthly October financials for review. Please reach out to Diane if you have any questions about this.
- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

October 30, 2024

- Present:** Bruce Williams, President; Tom Baranouskas, Vice President; Shari Campbell, Commissioner; Jessica Kendall, Commissioner; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer; Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Megan Baker, Executive Assistant
- Guests:** Natasha Piestrup, Director of Nursing; Erin Adams, Medical Services Officer- EMS; Terri Judy, CM Foundation
- Via Zoom:** Kathy Jo Evans, Director of Accounting; Janeth Baltazar Lopez, Financial Counselor; Cary Ecker, Community Member

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Bruce Williams called the meeting to order at 5:39 pm. Shari 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
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> Diane defined the values of commitment, community, empowerment, and quality. She then shared a story about Jenny P., Cascade Medical's Purchasing and Materials Management Coordinator who went above and beyond to pay attention to the news (looming port strike, hurricane in North Carolina) and stock up on IV fluids. Jenny's thoughtfulness helped to protect CM from what turned out to be a national shortage of IV fluids.
Public Relations Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> Social Media Metrics: Facebook visits increased, and Instagram visits rose by 24% over the previous month, with messaging focused on specific topics. Community Outreach: Hosted two drive-thru flu clinics, participated in Think Pink and Community Engagement Night, and will have a presence at the Día de los Muertos event at Icicle Creek Center for the Arts. Newsletter: Positive feedback received; the next issue is set for late November. Upcoming Initiatives: Preparing to launch a food drive for Upper Valley MEND. Leavenworth Echo, Women in Business Edition: Featured the Executive Team women, including a team photo in front of CM.
Foundation Report	<p>Terri Judy provided the Foundation Report.</p> <ul style="list-style-type: none"> The October 16th Annual Retreat was successful. The blood analyzer is fully funded, and the new stretch goal is to purchase an MIH vehicle. The CM Foundation is seeking new members, as three current members will rotate off later this year.

<p>Q3 Finance Report</p>	<p>Marianne Vincent provided the Finance report.</p> <ul style="list-style-type: none"> • CM has a positive margin of +\$1.9 million, \$1.7 million above projections. • There were strong summer months with high ED and swing bed volumes, with ED volumes boosting lab and radiology demand. • CM's positive margin was largely driven by higher-than-anticipated gross revenue, with cash receipts \$4.6 million above projections, aided by Medicare settlements. There are continued overages in professional fees and purchased services. • Ongoing accounts receivable volume increases and delays in issuing statements. • Kudos to Janeth and Jerri, who coordinated with mobile DSHS team to provide financial outreach in Cashmere. Marianne expressed her appreciation for their efforts.
<p>Finance Committee Report</p>	<p>Tom Baranouskas provided the Finance Committee report.</p> <ul style="list-style-type: none"> • The Committee reviewed Q3 financial highlights, focusing on revenue growth, accounts receivable challenges, and capital investments. Key discussions centered on budget and wage increases, 2025 projected growth (including an 11% increase in clinic volumes), capital budget items, a projected positive margin from ~\$450K to ~\$700K, and ongoing compliance needs.
<p>2025 Budget Hearing: 2nd Reading</p>	<p>Marianne Vincent led the budget hearing.</p> <ul style="list-style-type: none"> • Patient volume forecast changed a bit, including increasing clinic volumes from 9% to 11% compared to 2024 Q3 YTD actuals. • Capital Budget: Added a POC ultrasound and moved one clinic barrier-free exam table from 2026 to 2025. • FTE Additions: Included 1 lab position (swing shift to reduce on-call hours), 1 clinic Advanced Practice Provider, 1 Dietary and Nutrition Services position (for meal and rest breaks), and 1 Utilization Review/Quality position. • Changes to the margin since September draft include job title changes, weekend and night differentials, an increase to admin dues, and volume adjustments. <p>Bruce opened the floor for Public Comment at 6:27 PM. There were no comments.</p> <p>Bruce closed the floor for Public Comment at 6:29 PM</p> <ul style="list-style-type: none"> • The Finance Committee recommended the budget to be approved with a 5.0% annual wage increase for staff; for non-exempt team members this means a 3% increase in January and then 1.5% anniversary increase during the year. The Commissioners then engaged in a discussion around margin implications and anticipated volumes.
<p>Action Item</p>	<p>Motion: Approve Resolution 2024-09: 2025 Operating & Capital Budget</p> <ul style="list-style-type: none"> • Jessica moved to approve the resolution with the 5.0% annual wage increase; Shari seconded. Motion unanimously approved.
<p>Discussions & Reports</p>	<p>A. Q3 Organizational Dashboard Review</p> <p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • The dashboard and list of long term and annual objectives were included in the packet. <p>1. Patient and Family Centered Care Pillar</p> <p>(Caution/At Risk): Implementing Mobile Integrated Healthcare</p> <p>(Caution/At Risk): Improve patients' first touch experience at CM</p> <ul style="list-style-type: none"> ○ CM expects improved digital satisfaction with the implementation of Luma software, enabling greater communication flexibility to align with preferred methods. Luma will be demoed through the Patient and Family Advisory Council. <p>(Caution/At Risk): Optimize Team-Based Care</p>

- Mobile clinic appointments are increasing, and CM's new provider begins in November. Telepsychiatry may face delays into next year due to high upfront financial commitment, but CM is actively exploring alternative options to advance this initiative.

2. Financial Stewardship Pillar

(On Track): Develop and Implement Charge Capture Program

- CM is working through this item with a consultant, and it will carry into 2025.

(Caution/At Risk): Build Structure for Developing and Sustaining Long Term Financial Plan

- This item will likely pivot into a framework that will allow CM to evaluate new services.

(Caution/At Risk): Optimize Rehab Services

(On Track): Service Line Expansion

3. Our People Pillar

(On Track): Optimize the Living Well Program

(Caution/At Risk): Continue to Develop Leaders

(On Track): Expand Education/Training Opportunities and Workforce/Apprenticeship Programs

(On Track): Explore Alternative Retention Strategies

4. Community Connections Pillar

(On Track): Develop and Implement Spanish Language Focus for Mobile Clinic, Chronic Care, and Same Day Appointments

(Caution/At Risk): Promote Cascade Medical in the Community

- . While more outreach and communication YTD has occurred compared to 2024, multiple planned initiatives have lagged in Q3.

B. 2025 Draft Objectives

Diane Blake introduced the review, noting that CM's Executive Team, Medical Staff, and Leadership Team participated in risk analysis and a voting process to prioritize 2025 objectives. The Executive Team then refined these inputs to draft the 2025 objectives included in the board packet. Much of 2025 will concentrate on forward planning to position CM for strategic growth.

- The Senior Leaders discussed the value of exploring accreditation options, emphasizing quality and a patient care focus.
- There has been significant work in 2024 to improve patients' first touch and this work will continue simultaneously through these two 2025 objectives:
 - Implement structured communication and outreach plan that is consistently on message, maintaining focus on priority areas, strengthens connection to Spanish-speaking population and utilizes regular measurement to adapt work as needed,
 - 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.
- The goal of launching the CNA program in collaboration with the school district is to prepare for its rollout in the fall of 2025 by addressing the logistics of classwork and skills lab practicum. Currently, Melissa believes that the materials are not available in Spanish, but CM is actively working towards increasing bilingual staffing opportunities.
- The compensation strategy for future consideration includes discussing how to reward high achievement to enhance motivation and satisfaction.

	<ul style="list-style-type: none"> Developing a Master Facilities Plan will help create a plan for utilizing some of CM's cash reserves to invest in service expansion and address community needs
Committee Reports	<p>Board Quality Rounding Shari & Bruce participated in Board Quality Rounding today.</p> <ul style="list-style-type: none"> The Facilities team aims to complete 75% or more of unscheduled work requests within two days on average, highlighting communication as a key opportunity for improvement. The Rehab department is dedicated to contacting 100% of outpatient therapy patients within two business days of receiving a referral. Additionally, the Quality department assists department directors in goal development, leveraging data to empower informed decision-making. <p>Medical Staff Meeting Shari Campbell provided the report.</p> <ul style="list-style-type: none"> Shari encouraged the Medical Staff to elevate questions or concerns related to the EMS levy to Commissioners. She also expressed the Board's confidence in the proposed 2025 budget. <p>Community Outreach and Awareness Committee Shari Campbell provided the report.</p> <ul style="list-style-type: none"> The meeting focused on enhancing community outreach, particularly for the upcoming EMS Levy. The team conducted a SWOT analysis with DH Communications, identifying areas to refine messaging through community perspectives and one-on-one interviews. Plans include crafting an elevator speech and establishing a clear 2025 communication strategy, with March set as a focal point for outreach efforts related to levy education. Key actions also involve a targeted messaging timeline, increased commissioner visibility at local events, and expanded bilingual outreach to align with CM's strategic goals. <p>Part-time Resident Advisory Council Meeting Tom Baranouskas provided the report.</p> <ul style="list-style-type: none"> The group reviewed updates on Cascade Medical, industry news, and the EMS Levy. The Council discussed community perspectives on the levy, focusing on the importance of educating the public on emergency services. Plans for the upcoming Community Health Needs Assessment (CHNA) were reviewed, including strategies for comprehensive data collection and community engagement in early 2025.
Action Items	<p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> Shari moved to approve; Gustavo seconded. Motion unanimously approved. <p>Motion: Approve Resolution 2024-10 Authorizing the 2025 Regular Property Tax Levy</p> <ul style="list-style-type: none"> Tom moved to approve; Jessica seconded. Motion unanimously approved. <p>Motion: Approve Resolution 2024-11: Authorizing the 2025 EMS Property Tax Levy</p> <ul style="list-style-type: none"> Shari moved to approve; Tom seconded. Motion unanimously approved. <p>Motion: Approve Capital Purchase MIH Vehicle</p> <ul style="list-style-type: none"> The vehicle will cost around \$68K plus \$10K for the personalization. Tom moved to approve; Gustavo seconded. Motion unanimously approved.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> New Provider: Kalie Thompson joins CM on November 11th, and the team is excited to welcome her. Wound Care: Special thanks to Natasha for readying for the launch of the program, with support from Pat and Molly.

	<ul style="list-style-type: none"> • Recruitment: An offer has been extended to a hospitalist candidate, and leadership remains hopeful for a positive response. • Endoscopy: Discussions with Dr. B about the Endo program are ongoing. CM has received some external referrals, though process improvements are needed. Additional days for endoscopy are planned for Q4 to support increased access. • School District Update: CM is working with the Cascade School District to expand behavioral health services, building on the coverage already provided. • Open Enrollment: CM is exploring new vision provider options, thanks to Melissa's efforts. • Leavenworth Echo: Diane and Pat recently interviewed with the Echo to inform the community about the impact of tourism on healthcare. CM is prioritizing partnerships with the city, chamber, and other organizations to better serve community needs. • Parking Agreement: The city and CM are working on refreshing their parking agreement to ensure positive patient parking experiences and maintain a strong partnership. • Chiller: The unit was successfully installed today, marking the end of a lengthy process. • USAC Funding: Diane and Pat met with group of other hospitals to discuss digital expansion of services. The Rural Collaborative is willing to form a consortium to pursue this funding. • IT Leadership Update: Chad has appointed Luke Hoisington as Interim VFCIO. • Budget Preparation and Charity Care geographic data: Kudos to Marianne for her excellent work preparing the budget and creating helpful materials for the executive team while also preparing for additional reporting regarding how much out of state charity care is provided at CM by service line. • Diane called attention to the publication regarding Medicare Advantage program facts that WSHA helped prepare and distribute. CM is making this fact sheet widely available for patients and community and is offering space for an organization to hold informational meetings on this topic during the Medicare open enrollment period. • Diane attended the Foundation retreat, which was very good. The Foundation continues to be deeply committed to serving. • EMS Levy Education: Diane met with Matt Ellsworth from the Association of Public Hospital Districts last week to plan community education, with DH's messaging framework anticipated to aid these efforts. • WA Legislative Session: Diane will attend Advocacy Days on February 11, 2025, with WSHA. As hospitals enter a legislative session marked by a budget deficit, expected leadership changes—including a new HCA head, Secretary of Health, and Insurance Commissioner—are prompting hospitals to advocate against healthcare cuts. In response to legislation impacting hospital financials and insurance practices, WSHA is educating legislators while gathering claim payment data to support advocacy efforts. Other focus areas include supporting sustainable OB programs, the need for state investment in long-term care facilities, ongoing workforce support, and a permanent Telehealth Waiver for remote care in Rural Health Clinics (this latter being a federal advocacy topic).
<p>Board Action Items</p>	<ul style="list-style-type: none"> • Please check your email for the Resolutions. • 11/11 Open Forum: Gustavo • 11/12 Open Forum: Bruce • 11/14 Open Forum: Shari

	<ul style="list-style-type: none"> • 11/15 Open Forum: Tom
Meeting Evaluation/Commissioner Comments	<ul style="list-style-type: none"> • Diane noted the dialogue was very thoughtful and the discussions helpful. Jessica echoed these sentiments. • Shari continues to be impressed with the culture of employees, emphasizing their genuine openness and commitment to continuous improvement.
Adjournment	<ul style="list-style-type: none"> • Jessica moved to adjourn at 8:37 PM; Tom seconded, and the group unanimously agreed.

Bruce Williams, President

Shari Campbell, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: November 20, 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 ¹	10124885 – 10125125	\$1,106,977.40	10/18/2024 – 11/14/2024
Accounts Payable EFT Transactions	20240149 – 20240164	\$639,833.09	10/18/2024 – 11/14/2024
Payroll EFT Transactions ¹	23120 – 23533	\$971,983.48	10/18/2024 – 11/14/2024
Grand Total		\$2,718,793.97	

Notes:

¹ AP warrant #1012491 was voided due to a misspelling; #10125023 and #10125040 were voided due to incorrect amounts.

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

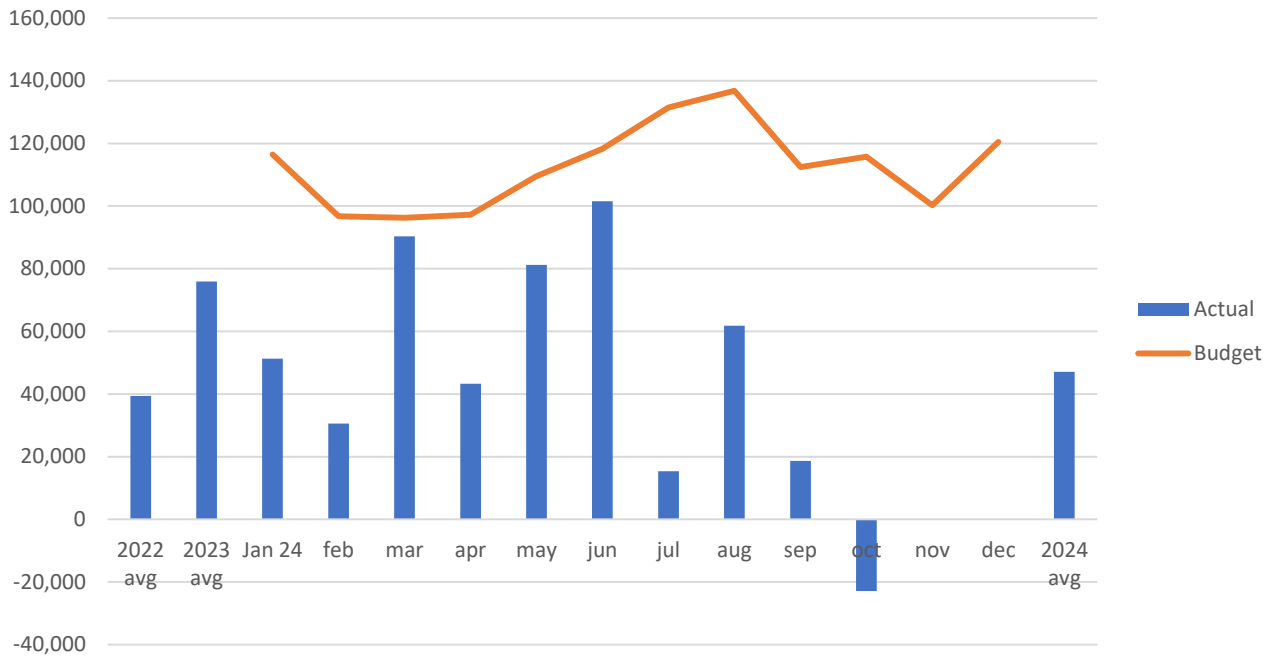
Bad Debt Write Offs Financial Assistance Program Discounts

Month of October, 2024

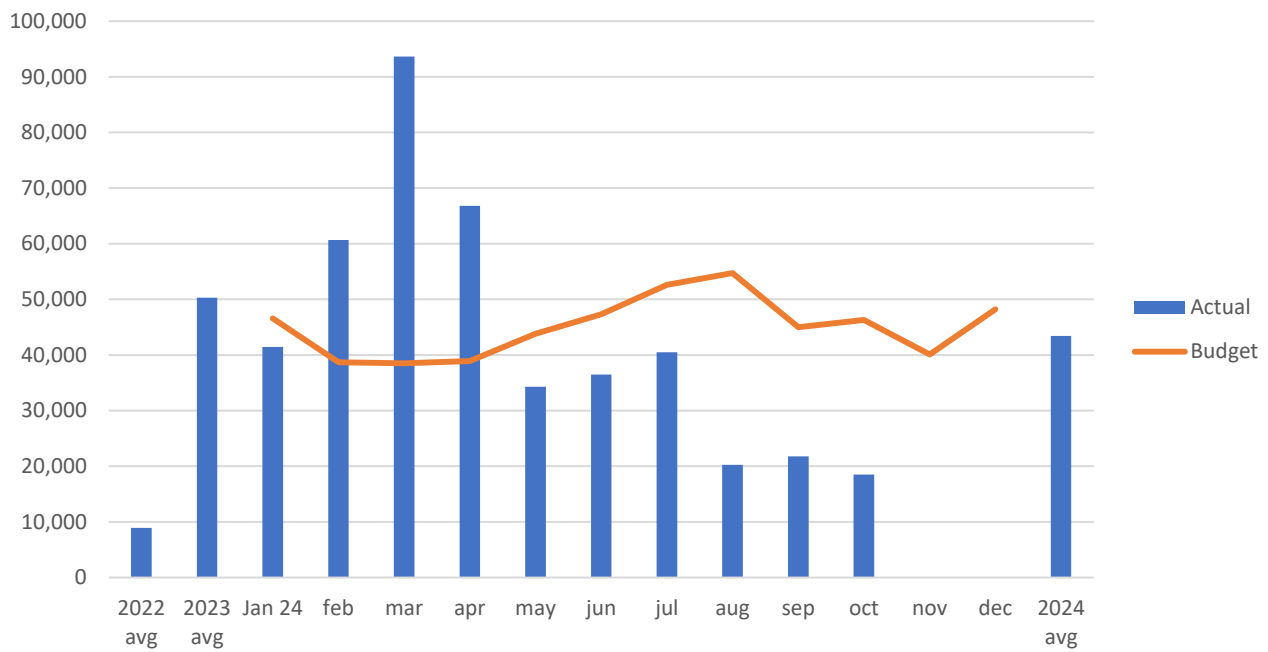
Net Bad Debt Write-Offs for Board Approval	\$	(22,929.40)
CFSP/Financial Assistance Program Discounts for Board Approval	\$	18,509.43

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	2,740.16
	less: pullback from Agency due to receipt of payments	(25,669.56)
	Net Bad Debt Write-Offs	<u>(22,929.40)</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	21,749.14
	Total	(1,180.26)

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts





AGENDA

Board Governance Committee

November 14, 2024

9:00 AM-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"> • November 14, 2024 Agenda • September 9, 2024 Minutes 	9:00 AM
Committee Work		
1.	Review Conflict of Interest policy and finalize process for obtaining signatures annually on the disclosure statement	9:00 AM
2.	Discuss development of Commissioner Compensation Policy	9:10 AM
3.	Prepare for December report to Board on Committee's 2024 Work <ul style="list-style-type: none"> • 2024 Work Plan with completion notes • Check in on 2024 Board Objectives 	9:30 AM
4.	Review Governance Committee Self-Assessment Results	9:40 AM
5.	Review Committee Charter	9:45 AM
6.	Plan for 2025: <ul style="list-style-type: none"> • Review 2025 Proposed Board Committee & Liaison Assignments • Begin Drafting 2025 Work Plan • Initial Discussion for 2025 Board Objectives • Plan board education for January & February 2025 <ul style="list-style-type: none"> ◦ Matt Ellsworth, EMS Levy Education in January • Recommend a month to skip board meeting in 2025 (July or August) 	9:50 AM
7.	Finalize process, timeline, and documents for CEO Annual Review	10:15 AM
8.	Discuss ways to continue to grow the Board's approach to thinking strategically	10:45 AM
9.	Set at least first 2025 Governance meeting date	10:55 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. Minutes from September 9, 2024
2. Conflict of Interest Policy
3. Conflict of Interest Disclosure Statement
4. Draft Commissioner Compensation policy
5. 2024 Work Plan with completion notes
6. 2024 Board Objectives
7. Governance Committee Self-Assessment Results
8. Governance Committee Charter
9. Proposed 2025 Board Committee & Liaison Assignments
10. Draft 2025 Governance Committee Work Plan
11. 2024 Board Education Plan
12. 2023 CEO evaluation timeline/process
13. 2024 Memo: CEO Performance Evaluation Process
14. CM Annual Appraisal Form
15. Jefferson Healthcare CEO Assessment of Key Accountabilities
16. Ferry County Health CEO Annual Review



A G E N D A
Board Quality Oversight Committee
November 19, 2024
9:00 AM – 11:00 AM
Clinic Meeting Room

The documents contained in this file are part of the performance/quality improvement and peer review programs to review the services rendered in the hospital/clinic areas, both retrospectively and prospectively, in order to improve the quality of medical care of patients and to prevent medical malpractice (RCW 70.41.200 (1) (a)).

Therefore, **all** information following the agenda is confidential and protected under: [RCW 4.24.250](#); [RCW 70.41.200](#); and [Senate Bill 5666](#)

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none"> • November 19, 2024, Agenda • August 27, 2024, Minutes 	9:00 AM
Committee Work		
1.	Review Action Items	9:00 AM
2.	Patient Story	9:00 AM
3.	Q3 Quality Committee Reports	9:15 AM
4.	Board Quality Rounding Review	9:25 AM
5.	Review Q3 Data <ul style="list-style-type: none"> • Patient Safety and Quality Data • Incident Reporting Data • Patient Satisfaction Report • Notable Achievements 	9:35 AM
6.	Quality Data Discussion – Current State Assessment	9:50 AM
7.	Discuss Annual QOC Report for December Board Meeting	10:05 AM
8.	Review Annual Committee Self-Assessment Results	10:10 AM
9.	Review/Revise Committee Charter	10:20 AM
10.	Review/Draft 2025 Workplan	10:30 AM
11.	New Committee Member Debrief - Shari	10:40 AM
12.	Discuss initial Q1 2025 meeting date	10:50 AM
13.	Provider Credentialing - Questions	10:55 AM
Adjournment		
1.	Adjournment	11:00 AM

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

Materials provided in advance of meeting along with agenda:

1. August 27, 2024, Minutes
2. Committee Reports
 - a. Diversity, Equity, and Inclusion Committee
 - b. Emergency Care Committee
 - c. Infection Control Committee
 - d. Patient and Family Advisory Council
 - e. Safety Committee
 - f. Swing Bed Committee
 - g. Utilization Management Committee
3. Board Quality Rounding Forms and Data
 - a. Rehab Services

b. Facilities/Maintenance

4. Q3 Data
5. Quality Data – Current State Assessment
6. 2024 Workplan (with notes)
7. 2024 Committee Self-Assessment Results
8. Committee Charter
9. 2025 Workplan- Draft

Timeline for CEO Review - 2024

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

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

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

November 15 CHRO begins work to facilitate discussion among CEO's direct reports to gather feedback on two questions:

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

November 20 Full Board reviews CEO performance review documents and process

December 9 Deadline for CEO completion of written synopsis self-evaluation

December 9 Deadline for CHRO to receive summary from Medical Directors and to complete facilitation with CEO's direct reports

December 12 Deadline for CHRO to send to the Board the CEO self-evaluation document and the summarized feedback from medical staff and CEO's direct reports. CHRO also sends the CEO evaluation document to commissioners, for individual completion.

December 20 Deadline for commissioners to submit individual CEO evaluation forms to CHRO, so they can be summarized.

December 27 CHRO sends summary of commissioner evaluation forms to Board President and Vice President, for use in completing a draft CEO evaluation document.

December 27 through January Special Meeting

Board members leading CEO review to meet and complete draft CEO evaluation, with individual input from the rest of the Board members, CEO's self-evaluation, and summarized feedback from medical staff and CEO's direct reports.

TBD: Special Meeting (propose date)

Special Meeting of the full board to finalize CEO review document prior to the regularly scheduled Board meeting. Board President to provide a summary of the summarized feedback results along with written CEO performance evaluation. Relevant review documents will be sent out in advance to all board members. CHRO will help with this process.

CEO will join in the last 15-20 minutes of the special meeting to begin at least initial discussion related to performance evaluation.

January 24, 2024: Review Presentation Meeting

If necessary, full Board will conduct CEO final performance review in Executive Session at January regular Board meeting.

General Process Notes / Reminder

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

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

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

CEO Assessment of Key Accountabilities

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

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

CEO Assessment of Key Accountabilities

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

CEO Assessment of Key Accountabilities

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

CEO Assessment of Key Accountabilities

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

CEO Assessment of Key Accountabilities

Examples

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

Achievements

Please identify any achievements you believe should be recognized.

Improvements Needed

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

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, with continued emphasis on enhancing patients' first touch experience with 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

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 and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025
- Focused hospital service line ~~expansion~~-optimization and growth (Swing Bed, Infusion, 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

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~~ [Cascade High School](#)
- Understand compensation strategy options, for future consideration

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 [bilingual](#) 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, [including communications about first touch improvements](#); maintains focus on priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Succession Planning Document

November 20243

Cascade Medical Succession Planning Document

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Executive Summary:

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

Creating a strong succession plan is a process that happens over time. It includes transition planning for key positions. It must be a purposeful process that is engaged by the CEO and the Board.¹ While the Board is responsible for selection of a CEO, selection for positions beyond the CEO are the responsibility of the CEO. The contents of the succession plan should include processes for all critical or hard to fill positions.

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

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

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

Cascade Medical values diversity within its team. A diverse team brings broader perspectives to planning and decision-making, maximizing organizational potential. With that in mind, all hiring opportunities and succession planning activities will consider diversity, with a goal for the Cascade Medical team to be broadly diverse and exhibit a close representation of the communities we serve.

Emergency Plan

Emergency CEO and Chief / Senior Leadership Succession:

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

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

Process for Emergency Coverage of CEO/COO/CHRO/CFO:

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

Emergency Leadership Team Member Succession:

Refer to the Cascade Medical Succession Work Plan document dated November 2024⁴³ for emergency plans for any given director.

Process for Emergency Leadership Team Member Succession:

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

Emergency Provider Succession:

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

The current Clinic Medical Director was appointed in 2024⁴⁶. It is good practice for a future potential successor to be identified on the Cascade Medical Succession Work Plan, regardless of the anticipated time the current Clinic Medical Director may intend to serve in that role. In the event of an emergency, the current Chief of Staff would step in to cover the role of Clinic Medical Director, on an interim basis.

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

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

For the Inpatient / Hospital, Cascade Medical has a newly established practice of covering inpatient and same day clinic needs with an advanced practice provider (APP) Monday – Saturday with a partial day on Sunday, during the day. Currently there is one physician assistant working in this role, providing coverage on an every other week basis. The other open APP position, to cover opposite weeks, is currently being covered by a team of locum APPs while we recruit to fill the open position. The first emergency consideration of coverage is a reversion back to past practice of utilizing Clinic physicians for weekday and Emergency Department providers for weekend rounding coverage, with Clinic providers managing same day and Saturday Clinic coverage on a rotating basis. Consideration may also be given to the current team of locums, to preserve efficiency and access in the Clinic.

Process for Emergency Provider Succession:

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

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

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

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Identification of Positions Needing Long Term Succession Planning

1. CEO

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

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

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

2. Board Commissioners

The board positions are of equal importance regarding succession planning. According to Cascade Medical Bylaws adopted January 24, 2017, board members shall serve in terms of six years in length, unless they have been appointed to finish the remainder of another Commissioner’s term. Three (3) of five (5) board members have served greater than one term to date.

Commissioner Name	Expiration Date of Term	Status of Term	Year for succession
Bruce Williams	End of 2029	Subsequent Current term began in 2024	Re-elected in 2023
Jessica Kendall	End of 2025	Appointed in 2022	Elected in 2023 to serve out remainder of appointment
Tom Baranouskas	End of 2027	Current term began 2022	Re-elected in 2021
Gustavo Montoya	End of 2025	Appointed in 2022	Elected in 2023 to serve out remainder of appointment
Mall Boyd Shari Day Campbell	End of 2027	Current term began	Re-elected in 2021 Will need to run

		2022 Appointed in 2024	for election in 2025 to finish appointed term
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According to the Revised Code of Washington (RCW), for Public District Hospitals there is a set process for election of new board commissioners. The organization is also allowed to appoint should an opening occur prior to an election year. RCW 42.12.070

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

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

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

3. Leadership Team Directors

Currently, no internal candidates are capable of immediately assuming the role of director for a department. Several internal candidates exist who could be groomed over one to two years to step into a Leadership Team Director role.

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

4. Providers

As a provider resigns or isn't able to continue in their current role, the Clinic Medical Director, Clinic Director, Senior Leaders and a small group of providers will assess the provider needs of the organization, [using established guidelines and data](#), and determine the recruitment needs and CM Succession Plan 2024~~43~~

plans. In collaboration with providers and the Board of Commissioners, the plan will be reviewed, finalized and enacted. Recruitment to date has been achieved via a mix of employed providers knowing others who may be interested in relocating, open recruiting, and utilization of a recruitment agency.

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

Philosophy – internal vs. external recruitment

If external, what, when, how

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

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

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

ⁱ “CEO Succession Planning that Works”, Mercer, LLC 2012



Title:	Conflict of Interest	Effective Date:	02/01/2015
Categories:	Board of Commissioners	Approved Date:	10/27/2023
Prepared By:	Diane Blake (Chief Executive Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Governance Committee		
Approved By:	Board of Commissioners; Diane Blake (Chief Executive Officer)		

POLICY:

Board members and officers of the District shall conform, in the conduct of their office, to the provisions of RCW 42.20 and RCW 42.23 so that no conflict of interest concerns arise concerning any particular issue of business transacted by the Board of Commissioners as a whole, or in part. The Board commits itself and its members to ethical, professional, and lawful conduct to include proper use of authority and appropriate decorum when acting as Board Commissioners.

PROCEDURE:

In the event any Commissioner or officer has a real or potential conflict of interest on a matter coming before the Board, that person shall disclose such real or potential conflict prior to any participation in discussion or voting on the issue. The individual shall also state their intent to participate in discussion or voting or excuse themselves from the meeting; best practice typically indicates the most conservative route, meaning the individual should leave the room and not participate in discussion or the vote. Should any other Commissioner disagree with the individual’s stated intent, the issue of participation in discussion and/or voting shall be decided by a majority vote of the remaining Commissioners. The Board of Commissioners may by motion require that affected Commissioner leave the room during both the discussion and vote on the matter at issue; provided, that the Commissioner who is alleged to have a conflict of interest with regard to the matter may not vote on the motion to exclude that Commissioner from the discussion and vote on the matter. If the Commissioner excluded is the President of the Board, then in their absence the Vice President will preside, and in the absence of the Vice President, the Secretary will preside. If the matter for which a Commissioner has a conflict of interest is the only item of business for which a special meeting of the Board of Commissioners was called, the affected Commissioner, or Commissioners will not be counted to establish a quorum, nor will he or she or they participate in the deliberations or vote on it.

Commissioners must represent unconflicted loyalty to the interests of the District. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups, membership to other Boards or staffs, and the personal interests of any Commissioner acting as a consumer of Cascade Medical services. Each Commissioner shall annually sign a statement (the Disclosure Concerning Financial or Other Interests that Create a Potential or Actual Conflict of Interest Statement) disclosing any potential or actual conflicts of interest and affirming that the Commissioner:

1. Has received a copy of this Conflict of Interest Policy;
2. Has read and understands this policy;
3. Has read and understands the obligations of RCW 42.20 and RCW 42.23;
4. Has agreed to comply with this policy and statutes.

Board members should avoid any conflicts including, but not limited to the following conflicts:

1. With respect to their fiduciary responsibility. This means, specifically, that there must be no self-dealing or any conduct of private business or personal services between any Board member and Cascade Medical except as procedurally controlled to assure openness, competitive opportunity, and equal access to inside information.
2. Direct or indirect solicitation or acceptance of personal fees or commissions in connection with Cascade Medical business.



Title:	Conflict of Interest	Effective Date:	02/01/2015
Categories:	Board of Commissioners	Approved Date:	10/27/2023
Prepared By:	Diane Blake (Chief Executive Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer); Board Governance Committee		
Approved By:	Board of Commissioners; Diane Blake (Chief Executive Officer)		

3. Use of their position to secure special privileges or exemptions for themselves, spouse, child, parents, or other related persons from vendors, contractors, physicians, patients, the medical center, or its staff.
4. Use of their position to obtain employment at Cascade Medical for themselves, family members, or close associates. Should a member desire employment, he or she must first resign from the Board and follow the provisions of the RCW with respect to this subject.
5. Solicitation of gifts or gratuities for personal use for themselves or related parties from Cascade Medical's customers, suppliers, consultants or anyone else doing business with the District. Unsolicited non-cash gifts of nominal value such as flowers, meals, plaques, cups, pens, or calendars may be accepted.
6. Acceptance of a paid trip from a vendor to visit an installation or attend a seminar if the dominant theme is entertainment. Such trips may be acceptable for educational purposes, or an installation visit that is the result of a decision to purchase a specific vendor's product and is directly related to the installation of the product.
7. Placing themselves in a position that may create or lead to a conflict of interest, or the appearance of one, such as engaging in any outside business activity, financial relationship or investment that conflicts with the District, competes with the District, or may interfere with Board members' responsibilities to the District. Board members are also prohibited from having any personal interest, directly or indirectly, in any transaction with Cascade Medical unless disclosed in writing in advance to the medical center's administrator. A decision can then be made as to whether a conflict of interest exists.
8. Engaging in outside business, other activities, or private employment that would result in the inducement to divulge confidential information about the District, other employees or patients.
9. Disclosure of confidential information about the District or use of such information for personal gain or benefit. It is a primary responsibility of all Board members to protect the confidentiality of District information. The breaking of confidentiality is the repeating of any information, written or spoken, when unauthorized or indiscrete disclosure could be harmful or injurious to the interests of a patient, employee, or the District in general.
10. Attempts to exercise individual authority over Cascade Medical except as explicitly set forth in Board policies. Members' interactions with the CEO or with staff must recognize the lack of authority vested in individuals except when explicitly Board authorized.

Violations of this policy may be reported to the State Auditor and/or District's attorney for investigation.

**DISCLOSURE CONCERNING FINANCIAL OR OTHER INTERESTS THAT CREATE
A POTENTIAL OR ACTUAL CONFLICT OF INTEREST**

STATEMENT OF PURPOSE:

As a Board Commissioner, I understand that I owe certain duties to Cascade Medical including, but not limited to, a duty of loyalty to Cascade Medical. I understand that one aspect of fulfilling my duties to Cascade Medical is to avoid actual or potential conflict of interest where my allegiance might be divided, or appear to be divided, between a position of responsibility to Cascade Medical, and another professional, personal, business, or volunteer position or responsibility.

To help avoid actual or potential conflict of interest, I am disclosing other responsibilities and affiliations that may create or appear to create a conflict with regard to my duties to Cascade Medical.

AGREEMENT AND DISCLOSURE:

I have read Cascade Medical's Conflict of Interest Policy and agree to comply with the terms of the policy. **I understand the Conflict of Interest Policy, the provisions of RCW 42.20 and RCW 42.23, and agree to supplement this Disclosure Form in the event of additional conflicts that arise between my annual required signature.**

If there are no disclosures, write "None" in the blank fields.

1. Are you related to anyone at Cascade Medical (i.e. spouse, child, parent, or sibling) or in a romance with anyone at Cascade Medical?
2. Please disclose if you have a personal relationship with an individual who has a business, financial or fiduciary relationship with Cascade Medical:
3. Are you in a position to initiate or participate in decisions that provide a direct benefit to anyone related to you that is employed by Cascade Medical? (i.e. hiring, merit increases, work assignments, contracting, performance appraisals, etc.)
4. Please disclose your business relationships (e.g., an actual or forthcoming compensation arrangement either by contract or employment) with: (1) Cascade Medical; (2) an entity with which Cascade Medical has entered (or is negotiating to enter) a transaction or arrangement; or (3) an entity that is a competitor or potential competitor of Cascade Medical:

5. Please disclose your financial relationships (*e.g.*, a controlling or material ownership, or investment interest) with: (1) an entity with which Cascade Medical has entered (or is negotiating to enter) a transaction or arrangement; or (2) an entity that is a competitor or potential competitor of Cascade Medical:

6. Please disclose your fiduciary relationships (*e.g.*, board member, director, trustee, or officer) with: (1) an entity with which Cascade Medical has entered (or is negotiating to enter) a transaction or arrangement; or (2) an entity that is a competitor or potential competitor of Cascade Medical:

7. Please suggest means of mitigating any of the situations identified in Items 1-6:

8. I know of no professional, business, or volunteer position or responsibility, including vendor situations that might give rise to an actual or apparent conflict of interest or otherwise impair my ability to make decisions in the best interests of Cascade Medical.

Name (Printed)

Date

Signature



Title:	Commissioner Compensation Policy	Effective Date:	11/14/2024
Categories:	Subcategories of Policies not selected.	Approved Date:	Not Approved Yet
Prepared By:	Diane Blake (Chief Executive Officer)		
Reviewed By:	Board Governance Committee, Diane Blake (Chief Executive Officer)		
Approved By:	Board of Commissioners; No Users		

PURPOSE:

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

POLICY:

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

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

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



CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

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

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



Business Case

Mobile MRI Services at Cascade Medical Center

Executive Summary

Cascade Medical Center referred 297 patients in 2023 and through August 2024 we have referred over 200 patients to external facilities in Wenatchee and Seattle area hospitals for MRI services. This practice of referring out MRI services leads to prolonged wait times and significant patient inconvenience, with some patients having to wait for up to three months for their MRI procedure. This business case proposes a solution to this issue by recommending a partnership with Heritage Imaging to provide Mobile MRI services one day per week at Cascade Medical. This strategic move will not only reduce patient wait times and eliminate the need for travel but also generate revenue for the facility.

Proposal

The proposed solution to the current challenges is to collaborate with Heritage Imaging to provide Mobile MRI services one day per week at Cascade Medical. This partnership will require a one-time capital investment of approximately **\$40,000** for electrical upgrades to accommodate the MRI trailer. The contracted service is projected to be financially viable.

Financial Analysis

- **Revenue Projections:**
 - The revenue projections for the Mobile MRI services at Cascade Medical suggest a wide range of potential outcomes, primarily influenced by the number and type of scans performed. After considering contractual allowances, the net patient revenue is essentially break even at the most conservative estimate (which is factored at the lowest average charge per scan and a volume at 60% of 2023 referrals). A more reasonable yet still moderate forecast using a median average scan charge and a projected volume equivalent to 2023 referrals reflects a positive margin of about \$43,000.
- **Expense Breakdown:**
 - On the expense side, the total costs of providing mobile MRI services will depend significantly on the volume of scans. Heritage Imaging's minimum per-scan costs represent a significant portion of the expenses, with additional costs attributed to read fees, payroll and benefit expenses and allocation of overhead.
- **Net Margin:**
 - The net margin is break even to positive across all scenarios, even under a very conservative approach. The margin will be highest when the per-scan charge and scan volume are maximized. While the margin is more modest in scenarios with reduced scan volumes and lower per-scan revenue, it remains positive, demonstrating the financial viability of the service despite the inherent variability. Additionally, we have not factored in other positive margin impacts associated with the retention of other services which typically occurs when an ancillary service such as MRI can be delivered on site.

Benefits of Mobile MRI Services

- **Improved Patient Care**
 - **Reduced Wait Times:** Faster diagnosis and treatment by reducing appointment wait times.
 - **Elimination of Travel:** Patients no longer need to travel to Wenatchee and beyond, increasing convenience and comfort.
 - **Enhanced Accessibility:** Essential diagnostic services available locally, improving overall patient care.
- **Operational Efficiency**
 - **Utilization of Existing Staff:** No additional staffing costs are required as certified MRI technologists are already employed at Cascade Medical, but do have the option to utilize Heritage contracted technologists if ever needed.
 - **Higher Patient Satisfaction:** Reduced travel and wait times will improve patient satisfaction and retention.
 - **Provider Satisfaction:** The provider team supports adding mobile MRI as a modality, both because of the increased convenience to patients and the ability to decrease time to diagnosis.
- **Financial Viability**
 - **Net Margin Projections:** Estimated annual net margin ranges between \$142,232 on the high end and \$4,048 (essentially break even) on the low end. At the high end, this range is based on higher quartile average scan charges + volume equivalent to 2023 referrals compared to, on the low end, lowest average scan charges + volumes 60% of 2023 referrals. Based on historical experience when launching a new service line, we believe it is likely that volumes will fairly easily exceed our recorded referrals in 2023, but we did not include a growth estimate, to ensure all forecasts remained conservative.

Recommendation

Based on the financial analysis and the anticipated benefits to patient care and operational efficiency, management recommends Cascade Medical proceed with contracting with Heritage Imaging to provide Mobile MRI services one day a week. By implementing Mobile MRI services in partnership with Heritage Imaging, Cascade Medical will enhance patient care and access, streamline operations, and support financial sustainability as well as positioning Cascade Medical for future growth in diagnostic services.

Heritage Contract Key elements (provided to give the reader additional insight to how an arrangement with a mobile MRI provider would work):

1. Premises and Purpose

- **Service Overview:** The agreement is for MRI Provider to supply mobile MRI services to Cascade Medical on a non-exclusive basis.
- **Service Location:** MRI services will be provided on Cascade Medical's campus, initially one day per week, with potential for adjustments based on utilization and needs.

2. Term and Termination

- **Initial Term:** The agreement is for 24 months, automatically renewing for successive 12-month periods unless terminated earlier.
- **Termination Conditions:** Either party can terminate the agreement with 60 days' written notice under certain conditions, such as consistent deficiencies in service quality or economic unfeasibility.

3. Service Provision and Responsibilities

- **MRI Provider's Responsibilities:**
 - Provide and maintain the mobile MRI system, including technologists and staff for operating the equipment, if needed.
 - Collaborate with Cascade Medical to establish schedules and protocols for MRI services.
 - Maintain insurance for the MRI system and indemnify Cascade Medical for damages caused by MRI Provider's personnel.
- **Cascade Medical's Responsibilities:**
 - Provide necessary site improvements, utilities, and patient scheduling.
 - Supply physicians to supervise MRI exams and radiologists for interpreting MRI results.
 - Handle billing and revenue collection from MRI services.
 - Ensure that the site for the MRI system is prepared and maintained according to the agreed specifications.

4. Payment Terms

- **Fees:**
 - Cascade Medical will pay a per MRI examination fee, with a minimum payment for six examinations per day, regardless of actual exams conducted.