CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday May 22, 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.

- Meeting Agenda
- April 24, 2024 Board Meeting Minutes
- Policy: Financial Assistance
- Policy: Change Order Authority
- Policy: Credentialing
- Policy: Professional Practice Evaluation

Previous Month's Warrants Issued:	10121967 – 10122262	04/12/2024 – 05/10/2024	$1,000,907.26
Accounts Payable EFT Transactions:	20240051 – 20240066	04/12/2024 – 05/10/2024	$ 592,361.83
Payroll EFT Transactions:	19999-20603	04/06/2024 – 05/17/2024	$1,344,124.26

- Bad Debt: April 2024

IV.	**Community Input** Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.	5:35	Commissioners
V.	**Foundation Report**	5:40	Bob Jennings
VI.	**CM Values**	5:45	Diane Blake
VII.	**Public Relations Report**	5:50	Clint Strand
VIII.	**Discussions & Reports**	6:00	
	a. IT Security/System Update		Chad Schmitt
	b. EMS Levy Education		Brad Berg, Attorney
	• **What information would be helpful to review at future meetings to best inform the Board's decision-making regarding the levy?**		
	c. Meditech Update		Pat Songer
	d. Clinic Construction Update		Pat Songer
IX.	**Committee Reports**	7:00	
	a. Medical Staff Meeting		Jessica Kendall
	b. Quality Oversight Committee		Jessica Kendall
	c. Board Quality Rounding		Jessica K. & Tom B.
	d. WSHA Board Meeting		Bruce Williams
X.	**Action Items**	7:30	Commissioners
	a. **MOTION**: Authorize CEO to sign IAFF Contract		
	b. **MOTION**: Approve Credentialing		
	c. **MOTION**: Approve Ambulance Purchase		
	d. **MOTION**: Appoint Jessica Kendall as Quality Oversight Committee Chair		
XI.	**April Financial Report**	8:00	Marianne Vincent
XII.	**Administrator Report**	8:15	Diane Blake
XIII.	**Board Action Items**	8:35	Commissioners
XIV.	**Meeting Evaluation/Commissioner Comments** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	8:40	Commissioners
XV.	**Adjournment**	8:45	Bruce Williams

BOARD CALENDAR REMINDERS

May 23, 2024	Q2 Open Forum	Arleen Blackburn Conference Room	5:15 PM
May 24, 2024	Q2 Open Forum	Arleen Blackburn Conference Room	11:30 AM
June 17, 2024	CMF 21st Annual Golf Classic	Kahler Mountain Club	All Day
June 19, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 23-26, 2024	WSHA Annual Conference	Campbell's Resort, Chelan, WA	All Day
June 26, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
July 17, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
July 24, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
August 21, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
August 22, 2024	Community Engagement Night	Leavenworth Festhalle	5:30 PM
September 4, 2024	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
September 18, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
September 21, 2024	Jive Time in the Cascades Big Band Concert	Leavenworth Festhalle	TBD
September 25, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
October 2, 2024	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
October 16, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
October 29, 2024	Community Engagement Night	Leavenworth Festhalle	5:30 PM
October 30, 2024	Board Meeting	Arleen Blackburn Conference Room	5;30 PM
November 9, 2024	Part Time Resident Advisory Council (PTRAC) Meeting	Arleen Blackburn Conference Room	10:00 AM
November 13, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 20, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
December 11, 2024	CMF Annual Board Retreat	TBD	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 May 22, 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 included in the consent agenda were reviewed by the Finance Committee and the Quality Oversight Committee, respectively, and each committee recommends full Board approval of their respective policies. Also, 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.
- **Discussions & Reports**
    - IT Security / System Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology and security work.
    - EMS Levy Education – No documents are included in the packet for this topic. Brad Berg, an attorney with Foster Garvey, with whom CM has worked for many years on levies and other public agency topics, will provide an overview of the levy process, including what decisions the board will need to make in the coming months regarding the EMS Levy. As a reminder, the final year of tax collections for our current levy will occur in 2025, so now is the right time to begin planning for the next levy cycle. The May education is intended to provide a broad overview of the levy process and define what decisions the board will need to make. Those decisions are likely to be made over the next several months and will likely require additional data and information from management. (While Brad will be able to provide a general overview of what the board can and cannot do while preparing to ask the community to vote on the levy, in terms of community engagement, we do anticipate offering education in a future month more focused on the do's and don'ts of community engagement.) The question prompt on the agenda will gather your thoughts and input to help shape subsequent meeting planning, to ensure the board receives the right information to best support decision-making.
    - Meditech Update – No documents are included in your packet for this topic. Pat will provide a summary of the past quarter's work in this area and current priorities.
    - Clinic Construction Update – No documents are included in your packet for this topic. In March, when Dr. Kendall, Whitney Lak and Deb Williams reported on Team Based Care, they mentioned exploring altering the floor plan in the clinic. We would like to share with the board where we are in that exploration; Pat will lead that report.
- **Committee Reports**
    - Medical Staff Meeting – No document is included in your packet for this topic. Jessica, who attended, will provide a verbal report of the May meeting.
    - Quality Oversite Committee (QOC) – Included in your packet is the agenda from the most recent QOC meeting, to facilitate Jessica's report.

    - Board Quality Rounding – No documents are included in your packet for this update. Jessica and Tom, who participated in the most recent quarterly rounding, will share what they learned.
    - WSHA Board Meeting – No documents are included in your packet for this topic. Bruce, who attended the most recent meeting, will provide a verbal report.
- **Action Items**
    - Authorize CEO to Sign IAFF Contract – No document is included in your packet for this topic. Management and our EMS team (EMTs and paramedics), who are represented by the International Association of Fire Fighters (IAFF) union, have reached a tentative agreement on the next three-year union contract. A verbal summary of the agreement will be provided during the meeting.
    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
    - Approve Ambulance Purchase – Included in your packet is a document summarizing management's request for approval to purchase a new ambulance. This purchase is budgeted. Because of the scarce availability of units and the need to commit to a purchase on a short timeframe, management reported in February that the timing could require management to proceed with the ambulance purchase and then inform the board after the fact. The timeline has fallen such that management is able to ask for Board approval at the May meeting, albeit without the ability to present informationally the full rationale one month prior.
    - Appoint Jessica Kendall as Quality Oversight Committee Chair – No documents are included in your packet for this item. Mall's upcoming retirement from the Board requires the Commission to appoint a new chair of the committee.
- **April Financial Report** – Included in your packet is the financial report for April 2024.

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.

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
April 24, 2024

Present: Bruce Williams, President; Tom Baranouskas, Vice President; Mall Boyd, Commissioner; Jessica Kendall, Commissioner; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Clint Strand, Director of Public Relations; Megan Baker, Executive Assistant
Via Zoom: Chad Schmitt, Virtual Fractional Chief Information Officer
Guests: Natasha Piestrup, Director of Nursing; Megan Sawyer, Laboratory Director; Bob Keller, CM Foundation; Norma Gallegos, Community Member; Deb Williams, Clinic Consultant

Topics	Actions/Discussions
Call to Order	• President Bruce Williams called the meeting to order at 5:32 pm. Tom then led the pledge of allegiance.
Consent Agenda	• Mall moved to approve the consent agenda. Tom seconded the motion and the group unanimously approved.
Community Input	• None
Introduction: Megan Sawyer	• Diane introduced Megan Sawyer, the new Lab Director. • Megan grew up in Pennsylvania and later moved to Wenatchee where she completed high school. She has a Bachelor of Science in Medical Lab Services from the University of Washington where she also won an award in chemistry. Megan brings experience from Confluence and Lake Chelan Health. CM is thrilled to have Megan on board.
Foundation Report	**Bob Keller provided the Foundation Report.** • Since their inception, the CM Foundation collectively donated $1.8 million to Cascade Medical. Their most recent goal was raising funds for a hematology analyzer. Due to strong efforts, CMF plans to do stretch goal that may include a vehicle for the Mobile Integrated Health program. • The Mark Judy Education Fund awarded a total of $2,500 split between 3 employees: Janeth B., Taylor H., and Brandi W. • Benevolent Night: South, April 25th • Mother's Day 5K: May 12th • Annual Golf Tournament, Monday June 17th • Jive Time in the Cascades at Leavenworth Festhalle: September 21 • Many thanks to the Commissioners for graciously supporting the Foundation's Golf Tournament each year.
CM Values	Diane Blake provided the report. • Diane defined the value of Respect as embracing equality on a daily basis through positive, personal interactions and recognizing the unique value within each of our colleagues, patients, and ourselves. She described two demonstrations of respect, the first by Natasha, the Director of Nursing. • Natasha consistently demonstrates great leadership and celebration of her team and others. Members of her team recognized each other

	after a busy night in the Emergency Department by acknowledging collective efforts to ensure smooth and efficient patient care. Kudos to Kristen B, Tracy S. and Kevin H.! • The second demonstration of respect was by members of the Endoscopy team who worked in a patient who prepped two weeks early for their procedure. Kudos to the Endoscopy team for demonstrating care and respect for the patient while providing a great experience.
Public Relations Report	Clint Strand provided the report. **Annual Report** • The CM Annual Report was mailed out today celebrating nearly a century of care. The evolution of care in our community was the focus of the report which included a timeline and statistics, a section on community partnerships, and highlights of employee appreciation. **Outreach** • Community Engagement Night is on May 7th at the Leavenworth Festhalle. Commissioner Jessica Kendall and the CM Foundation plan to be in attendance. The even hosts around 17 different partners in addition to the Leavenworth City Council. • Maifest, a Spring German Celebration will take place on May 12th, which also kicks off hospital week. **Social Media** • Marketing efforts via social media have reached over 9,500 accounts. The CM Instagram account has reached over 1,100 accounts. The posts with greatest interaction on CM's social media included: meet the EMS team, kudos to the Rehab Team, and an appreciation post for Briana B.
Discussions & Reports	**IT Security/System Update** Chad Schmitt provided the update. • The Change HealthCare breach is still problematic for many organizations. The disruption began on February 21st and there are ongoing efforts to recover their system. Overall, they experienced a $108 billion loss in total disruptive costs, which included delays in posting and receiving payments. Change Healthcare's data that was removed from their system on February 21st was recently held for a second ransom. Chad will continue monitoring this event. • A related issue includes posting and receiving payments with Health Alliance who was impacted during Change Healthcare's data breach. Marianne stated that there is no way to process claims through CM's clearinghouse, Trubridge and CM anticipates delays in getting claims posted and paid. Patients will then be delayed in receiving a balance for their portion of costs. Ongoing discussion to isolate and notify affected patients. The Commissioners requested CM patients be notified as soon as there is a process to do so. • Chad wrapped up his report by commenting on cyber risk investments and recognizing that CM is putting safety tools in place to reduce hacker opportunities. **Billing & Statements Update** Marianne Vincent led the update. • CM will be sending a letter to Rehab patients regarding the delay in viewing their balances for these services. Meditech and the billing statement vendor are working together to resolve the issue. Nearly 145 patients are impacted by this.

- Change healthcare: contractual allowance vs patient. Hand posting. Made errors.

Q1 Organizational Dashboard Review
Diane Blake led the review.

- The dashboard and list of long term and annual objectives were included in the packet.

1. Patient and Family Centered Care Pillar
(Below Target): Implement Mobile Integrated Healthcare
(Caution/At Risk): Improve Patient's First Touch Experience at CM
(On Track): Optimize Team-Based Care

2. Financial Stewardship Pillar
(Caution/At Risk): Develop and Implement Charge Capture Program
(On Track): Build Structure for Developing and Sustaining Long Term Financial Plan
(On Track): Optimize Rehab Services
(On Track): Service Line Expansion

3. Our People Pillar
(On Track): Optimize the Living Well Program
(On Track): 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
(On Track): Promote Cascade Medical in the Community

Strategic Questions:
Which of the current year organizational objectives are the most critical for the long-term success of CM?

- **Optimize Team-Based Care.** This objective operating smoothly is important due to the high value of CM providers being accessible to care for our community.
- **Develop and Implement Charge Capture Program.** This objective requires CM to ensure billing and coding process are accurate, timely, and efficient, which is key to CM sustainability.
- **Improve Patients' first touch experience at CM.** This objective drives patient retention and the ripples of care experiences as described through word-of-mouth connections.
- All of these three areas relate to each other and impact other areas as well. As CM moves forward on these items, there may be adjustments to the timelines of other goals.

Of the objectives that are at risk, behind timeline, or require additional focused attention, as identified in the Recommendations section, which are the most important to successfully accomplish?

- **Improve Patients' first touch experience at CM.** By switching to a different appointment system, waitlist appointments could be electronically filled versus the current manual entry process. CM's first touch work pertains to both staff training and systems process

	improvement and hopes to ensure equitable care experiences for both English and Spanish speakers. CM is working to develop key performance indicators (KPIs) to measure progress but may be able to do so in part through patient satisfaction surveys. The intent is to provide trended data in future dashboard discussions. • The Commissioners requested more frequent updates about this objective as work progresses. ***What is missing from our 2024 plan, in terms of CM sustainability or how we serve the community, that we should consider for 2025 or beyond?*** • The Commissioners discussed future objectives that reflect the following areas: an objective that relates to collaboration with other agencies such as the work currently happening with Upper Valley MEND and collaborating with others to create shelter or cooling stations for our community during unusually hot periods.
Committee Reports	**Finance Committee** Tom Baranouskas provided the report. • The committee reviewed the March minutes and amended items with regard to a discussion around cybersecurity and extortion coverage. CM's prior carrier, USI was able to increase coverage from $250,000 to $3 million. However, CM elected to move this type of coverage to Parker, Smith, & Feek who insured $5 million coverage. • Clinic volumes may be behind due to a provider's unexpected absence. Additionally, there is ongoing work in the clinic to establish expectations around panel sizes and daily visit targets. • Patient service representatives (PSRs) recently engaged in customer service training. The Business Office, Financial Coordinator, and PSRs will have a Financial Assistance/Medicare as a Secondary Payer (MSP) training. **Governance Committee** Bruce Williams provided the report. • The committee opted out of planning a Q2 board education session due to board recruitment efforts. The group also discussed postponing the retreat date until September 2024. • The Commissioners discussed the Commissioner Pledge process and will sign after this board meeting and then again every January moving forward. • Mall submitted her letter of resignation dated August 1, 2024, and is flexible in her departure. The committee reviewed the board skills matrix and discussed the priority candidate qualifications: board leadership potential, strategic thinker, previous board experience, and healthcare experience. Diane will send out an email to the Commissioners with recruitment timeline and information. • Commissioner Recruitment Timeline o Applications in by May 31 o The Governance Committee will review the applications at their June meeting. o The board will participate in the interview process. The interviews will be open public meetings. The Board will then move into an executive session to engage in a post-interviews discussion. **Strategic Questions:**

	In addition to the skills and qualities identified on the matrix, what other attributes will be essential for commissioners to possess to lead CM into the future? • AI/Technology background/skillset • Medical Background: Physician, Advanced Practice Provider (APP), or Nurse ***In our ongoing work around succession planning, what tactics will work best to ensure recruitment of an ideal candidate?*** • Flyer at Community Engagement Night • Ensuring time commitment is doable to help balance availability of current working commissioners. **Part-time Resident Advisory Council (PTRAC)** Bruce Williams provided the report. • The Part-time Resident Advisory Council group is smart, thoughtful, and engaged. The council's numbers reflect an opportunity for recruitment efforts. Tom will engage with leaders in Lake Wenatchee to help connect part-time folks to CM and the PTRAC. There may be an opportunity for CM to access tax records and send mailers to part-time folks. • The group discussed the following topics: urgent care exploration and service convenience with emphasis on utilizing a system that can better support electronic medical record information exchange.
Action Items	**Motion: Approve Resolution 2024-05 Part-time Resident Advisory Council** • Mall moved to approve; Jessica seconded. Motion unanimously approved. **Motion: Approve Part-time Resident Advisory Council Member Appointments** • Mall moved to approve the updated credentialing list; Gustavo seconded. Motion unanimously approved. **Motion: Approve Credentialing** • Mall moved to approve; Gustavo seconded. Motion unanimously approved.
March Financial Report	**Marianne Vincent provided the financial report.** • The net margin of ($296,000) was slightly more than the budgeted net margin of ($305,000) by $9,000. Contractual Allowances ($294K). Salary and bennies: positive variance $99K. • Professional fees for March were over budget by ($127,000), with $57,000 of this amount due to the reclassification of leadership training expenses from Travel/Meeting/Training to Human Resources Professional Fees and we also incurred $25,000 in recruitment expense for our open hospitalist and lab director positions and $22,000 in expense for the Business Office Assessment completed in late 2023. • Purchased Services expenses were over budget ($81,000) YTD due to Business Office Support expenses and HIM Coding support expenses that were accrued as we had not received invoices for several months. We will also see higher than budgeted expense for the Business Office as we are still paying for services from our old statement vendor in addition to payments to the new vendor. • Collections on patient accounts of $1,840,000 in March were above budgeted patient account collections of $1,812,000 by $28,000. Please note a slight revision to January and February collections on

	patient accounts totaling ($2,324) as we corrected a few small items on our depository cash reconciliation. • Days in Net Accounts Receivable decreased from 59.2 days in February to 57.2 days in March and Gross Accounts Receivable has increased by $132,000 from February. • The WSHA Vitality Payer Scorecard project and the Charity Care check-up are both underway. • CM recently had an introductory call with a credentialing and provider enrollment vendor from The Rural Collaborative.
Administrator Report	Diane Blake provided the administrator report. **Spending Update** • Diane approved a $12,000 spend for a new music and paging system that will help support patient privacy in the clinic. • There is a chiller part that is currently unavailable which is impacting the shipment of the chiller. As a result, CM may install the unit in the fall due to anticipated hot temperatures this summer. **Staffing/Recruitment** • CM is exploring additional social worker services to help support the school district and our community with this invaluable service. • Two strong candidates were interviewed within the last week for the hospitalist role. One person is local, and the other person lives in Arizona but owns a cabin in Lake Wenatchee. Recruitment efforts continue moving forward. • CM recently signed a contract with Dr. Kami Veltri who will help cover Dr. Kendall's maternity leave and other clinic coverage needs. **Workforce** • CM + Mountain Meadows CNA Apprenticeship Program has officially been approved by the WA Department of Health. • Kudos to the CM Foundation and their coordination of the Mark Judy Education Scholarship recipient photo. Terry Judy attended and shared about Mark's passion and desire to lift others. • CM continues negotiations with the International Association of Fire Fighters (IAFF) regarding the union contract. This work is slow going. Melissa has been leading the management side and the group is hopeful that there may be a finalized contract next month. **Industry Trends** • Diane virtually attended the Healthcare Cost Transparency Board (HCCTB) on April 10th and spoke about the lack of clarity around capped payments and how this would impact Medicaid reimbursement. Around 70% of rural healthcare costs are related to full-time employee wages. Diane reached out to The Rural Collaborative (TRC) and requested their presence at the HCCTB meetings. • Rural payment reform could be changing with the anticipated change of leadership. When Governor Inslee exits, Health Care Authority (HCA) Director, Sue Birch will also. WSHA will continue to work with the HCA as there is work to be done around managed care organization collaboration. **Centers for Medicare and Medicaid Services (CMS) Region 10 Visit** • CM's executive team had a delightful visit with CMS Region 10 visitors Brenda Suiter, CMS Seattle Regional Administrator; and Ashby Wolfe, CMS Seattle & San Francisco Chief Medical Officer. They discussed challenges with Medicare Advantage insurers and predatory payment practices, EMS and Mobile Integrated Health (MIH) reimbursement, the hospital at home program, and Obstetric

	(OB) services. CMS Region 10 is geographically the largest land mass but has one of the smallest populations. **Kudos** • Melissa passed her written and physical exams and is now certified as an EMT. Kudos, Melissa!
Board Action Items	• Please check your emails. • Look for the email from Diane and begin recruitment efforts. • Send interview dates to Melissa that will work for June interviews. • Megan: Make sure Outlook invite is sent for calendar commitments.
Meeting Evaluation/ Commissioner Comments	• Dashboard discussion was good—strategic questions were helpful. • Good discussion on board succession planning. • The packet materials were great and readable. The details in the dashboard were insightful.
Adjournment	• Mall made a motion to adjourn the meeting at 8:12 PM. Tom seconded the motion and the commissioners unanimously approved.

_____ _____

Bruce Williams, President Mall Boyd, Secretary

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**Financial Assistance**	Effective Date:	**05/01/2005**
Categories:	**Business Office**	Approved Date:	**05/26**/2023
Prepared By:	**Marianne Vincent**		
Reviewed By:	**Diane Blake, Board Finance Committee**		
Approved By:	**Board of Commissioners; Diane Blake** (Chief Executive Officer)		

POLICY

Cascade Medical is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following Financial Assistance Program is established, which is designed to be consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, the 2016 WSHA/DOH voluntary Financial Assistance Program application guidelines and the Internal Revenue Service 501(r) regulations. The program criteria will assist staff in making consistent, objective decisions regarding eligibility for financial assistance while maintaining Cascade Medical's financial integrity.

PROCEDURE:

COMMUNICATIONS TO THE PUBLIC

Information about Cascade Medical's Financial Assistance Program will be made publicly available as follows:

A. A notice advising patients that Cascade Medical provides financial assistance will be posted in key public areas of the facility, including Admissions, the Emergency Department and the Family Practice Clinic. Information about the Program will also be featured prominently on CM's website. This notice will conform to IRS 501(r) regulations and the WSHA/DOH standardized application process.

B. In order to meet Notice Language requirements, both written information about the Financial Assistance Program and verbal explanations shall be available in any language spoken by more than ten percent of the population in Cascade Medical's service area. As of the effective date of this policy, written and verbal information will be made available in English and Spanish. At any point in the future, should Cascade Medical determine that another language is spoken by ten percent or more of the service area population, written and verbal information will be provided in that language as well. Where possible, interpretation for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation will be provided.

C. Cascade Medical will, on at least an annual basis, provide training to receptionists, registration and other front-line staff. This training will help staff answer financial assistance and charity care questions correctly, provide staff with the appropriate Financial Assistance Program application and informational materials, and direct further inquiries to the Patient Financial Counselor in a timely manner.

D. Written notice about Cascade Medical's Financial Assistance Program, including a plain-language summary of its provisions, financial assistance application form, and information on the current federal poverty levels by family size will be made available to any person who requests the information, by mail, by email, by telephone or in person. Information about Cascade Medical's current discount schedule, schedule of charges and estimates of charges for planned procedures will also be made available upon request.

E. In accordance with RCW 70.170.060(8)(a) All billing statements and other written communications concerning billing or collection of a bill will include a statement displayed prominently on the first page of the statement in both English and the second most spoken language in the hospital's service area that the patient may qualify for free care or a discount on their hospital bill, whether or not they have insurance, and will direct the patient to contact our Financial Assistance Counselor at cascademedical.org or at 509-548-3436. Patients with self-pay balances who are receiving periodic

Title:	**Financial Assistance**	Effective Date:	**05/01/2005**
Categories:	**Business Office**	Approved Date:	**05/26**/2023
Prepared By:	**Marianne Vincent**		
Reviewed By:	**Diane Blake, Board Finance Committee**		
Approved By:	**Board of Commissioners; Diane Blake** (Chief Executive Officer)		

statements from CM's Billing department will, at the time of or prior to receiving a final notice, be provided with a plain language summary of the Financial Assistance Program, including necessary contact information and other key information about the Program. Patient accounts will not be turned to collections and no other extraordinary collection efforts will be undertaken until such notice has been provided and the patient has been provided 30 days to respond.

ELIGIBILITY CRITERIA AND DESCRIPTION OF BENEFITS

1. Discounts made under Cascade Medical's Financial Assistance Program will be considered secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, third party liability (e.g. auto accidents or personal injuries covered under a liability insurance policy), or any other situation in which another person or entity has a legal responsibility to pay for the costs of medical services. Cascade Medical will work to identify patients and guarantors eligible for medical assistance programs under Medicaid or the Washington State health benefit exchange and assist patients in applying for available coverage. If a patient or guarantor is eligible for retroactive Medicaid coverage, Cascade Medical may choose to not provide financial assistance to any patient or guarantor who does not make reasonable efforts to cooperate with Cascade Medical in the Medicaid application process.
2. Patients will be eligible to receive financial assistance without discrimination due to age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, association, veteran or military status, the presence of any sensory, mental, or physical disability or the related need for a trained dog guide or service animal, or any other basis prohibited by federal, state, or local law.
3. Hospital, Clinic and Ambulance services eligible for discount under the Financial Assistance Program will be limited to appropriate, medically necessary hospital, outpatient, and professional services that Cascade Medical provides. With the exception of Clinical Pathology services, which are provided and billed through an outside medical group, all professional services provided at Cascade Medical will be from physicians, mid-levels and other providers employed or contracted by CM and will be eligible for program discounts.
4. Discounts made under the Financial Assistance Program will be based on the patient's family income, Federal Poverty Level (FPL) published by the US Department of Health and Human Services and Cascade Medical's Amounts Generally Billed (AGB), as defined by the Internal Revenue Service 501(r) regulations. The AGB is calculated annually by Cascade Medical financial staff and represents the average percent of billed charges paid by the Medicare and Medicaid programs and commercial insurance plans. To calculate discounts under the Program, the AGB discount percentage will be applied to billed charges as follows:
    1. Patients with family incomes at or below 200% of the Federal Poverty Levels: 100% discount.
    2. Patients with family incomes between 201% and 250% of FPLs: 75% discount from the Amounts Generally Billed (AGB) percentage.
    3. Patients with family incomes between 251% and 300% of FPLs: 50% discount from the AGB percentage.

4. Patients with family incomes over 300% of FPL: at the discretion of the Cascade Medical CFO, patients suffering severe financial hardship, personal loss or other catastrophic circumstances may qualify for a discount under the program.

5. A Financial Assistance Program Schedule of Discounts will be prepared and updated annually by CM financial staff, showing the current Federal Poverty Levels applicable to the state of Washington, the current AGB discount percentages and the income levels by family size used for eligibility determination. Federal Poverty Levels are determined annually by the US Department of Health and Human Services and are shown at https://aspe.hhs.gov/poverty-guidelines. The description of the Financial Assistance Program shown on Cascade Medical's website will include the Program's current Schedule of Discounts and will also include this hyperlink.
6. For the purposes of determining family income, CM will normally require inclusion of the incomes of those persons defined in WAC 246-453-010 as family members.
7. The responsible party's financial obligation which remains after the application of any Financial Assistance Program discounts will be payable as negotiated between Cascade Medical and the responsible party. If three or more installment payments are missed and there is no satisfactory contact with the patient or responsible party, Cascade Medical reserves the right to initiate its standard collection efforts to recover any remaining balances.
8. Cascade Medical will not require a disclosure of the existence and availability of family assets from Financial Assistance Program applicants whose income is at or below 200% of the current Federal Poverty Level. Patients with family income above 200% of the current FPL will be required to disclose the existence and availability of family assets, and the CFO may require that available liquid assets, with the exception of the specific monetary assets exempt from consideration listed below be used to meet all or part of the patient's financial obligation prior to approving eligibility for the Program. Monetary Assets exempt from consideration: 1) The first $5,000 in monetary assets for an individual, $8,000 for a family of two, and $1,500 of monetary assets for each additional family member. 2) Equity in a primary residence. 3) Retirement plans other than 401(k) plans. 4) One motor vehicle (and a second motor vehicle if it is necessary for employment or medical purposes). 5) Prepaid burial contracts or burial plots. 6) Life insurance policies with a face value of $10,000 or less.

INITIAL DETERMINATION OF ELIGIBILITY

A. Cascade Medical's Financial Assistance Program will use an application process to determine eligibility. CM will utilize the standard application form developed by the Washington State Hospital Association and Department of Health.

B. Requests to provide financial assistance will be accepted from patients, family members or those parties responsible for the patient's financial obligations. Requests will also be accepted from sources such as physicians, community or religious groups, social services or CM financial services personnel who are aware of factors that might qualify the patient for assistance under the Program. Patients are encouraged to apply prior to receiving services at CM, but applications will be accepted at any point from preadmission through settlement of the final bill.

C. Patients, family members or other parties may apply for program benefits by completing an application and submitting it, along with supporting documentation, to CM's Patient Financial Counselor. Applications may be submitted prior to receiving services or at any time after receiving

services up to the final adjudication of the patient's account. Patients and other parties may obtain applications, receive assistance in completing applications and ask questions about the Financial Assistance program by speaking with the Patient Financial Counselor, between the hours of 8 am and 5 pm, Monday through Friday. Applications and information may also be requested from Registration or Business Office staff, by telephone at 509-548-3436 or on the hospital's website at www.cascademedical.org. Applications will be provided at no charge.

D. An initial determination of eligibility for financial assistance will, to the extent feasible, be completed by the Patient Financial Counselor or other CM financial services personnel at the time an application is made or as soon as possible thereafter. The patient, family member or responsible party will be duly informed of this determination.

E. During the application review process CM financial services staff will work with the patient and/or responsible party to pursue other sources of payment, such as Medicare, Medicaid and other assistance programs, and will attempt to verify application information as feasible. CM financial services staff will not impose application procedures or verification requirements that place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application process. Where verification would impose such a burden or is otherwise not possible, CM may rely on written or verbal attestations made by the patient or responsible party. CM will not require a patient to apply for any state or federal aid program for which they are clearly ineligible, or for which they have been found ineligible in the past 12 months.

F. In accordance with WAC 246-453-030(3), if a patient or responsible party is unable to complete the Financial Assistance Program application process, but CM staff are able to determine through other means that there is a high likelihood the patient would qualify for Program benefits, CM's CFO may approve Program eligibility based solely on this determination. In these cases, CM staff will not be required to complete full verification of documentation.

G. Pending final eligibility determination, CM will initiate no collection efforts, will not require deposits for current services or payments on previous account balances and will not require patients to apply for bank loans or other credit as a condition for receiving benefits under the Program.

FINAL DETERMINATION OF ELIGIBILITY

A. Cascade Medical will notify the patient, family member or responsible party of its final determination of eligibility within 14 days of receipt of a complete application and required documentation. This determination will be made by the Business Office Manager or, in his/her absence, a designee. For discounts under the program that exceed $1,000, the approval of the Chief Financial Officer will also be required.

B. If a patient is determined to be eligible for Program benefits, that eligibility will extend for one year from the time of the application. If the application has been made more than three months prior to a new request, CM financial staff will request verification from the patient or responsible party that a patient's family income and Medicare, Medicaid or insurance coverage availability are unchanged and, if necessary, will request updates to the information provided in the application.

C. If, after due consideration, the patient is determined to be ineligible for benefits under the Program, the patient or responsible party will be provided written notice of the application denial, a description of the reasons for the denial and instructions for appeal or reconsideration. If eligibility was denied

due to a lack of needed information, CM will so inform the patient or responsible party of the needed information.

D. The patient or responsible party will have 30 days from the date of the final determination of eligibility to appeal the decision.

E. In the event a patient or responsible party has made partial or full payment for hospital services and is subsequently found to have been eligible for Program benefits at the time of those services, the patient or responsible party will be reimbursed the amounts paid.

F. In the event that the hospital's final decision upon appeal affirms the previous denial of financial assistance designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the Department of Health shall be provided with copies of the documentation upon which the decision was based.

DOCUMENTATION AND RECORDS

A. All information relating to applications made for Financial Assistance Program benefits, including supporting documentation provided and copies of any related correspondence, will be kept confidential and not disclosed to any outside parties, except as required by law.

B. In accordance with the State of Washington's Record Retention requirements for Public Hospital Districts, documents pertaining to the Financial Assistance Program will be retained for six years following final account activity.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**Change Order Authority**	Effective Date:	**11/01/2007**
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:	**Diane Blake** (Chief Executive Officer)**, Board of Commissioners**		

POLICY:

1. In order to facilitate and expedite construction projects, the Board of Commissioners delegate authority for approving change orders according to the following guidelines: whereas (X) designates the individual with authority to sign change orders

2. Project Manager will keep a change order log and present this on a regular basis to the ~~Facility Committee and to the~~ Board.

3. The change order log shall identify the nature, cost and time impacts of all change orders.

PROCEDURE:

Change Order Level	Project Manager and/or Facility Consultant	Administrator	Board
No cost, no time impact	X		
Up to $~~15~~25,000 and within project budget and time delay less than working 10 days		X	
Greater than $~~15~~25,000, or exceeds project budget or time delay greater than working 10 days (may require special board meeting)			X

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

CREDENTIALING POLICY

Chelan County Public Hospital District #1

Adopted and Approved:

Reviewed by:	Dr. Mara Merritt, Chief of Staff Dr. Geoff Richardson, Vice Chief of Staff Dr. Miranda Raiche, Secretary Diane Blake, CEO/Administrator Jill Barich, Medical Staff Coordinator
Approved by the Medical Staff:	~~**November 7, 2019**~~ **May 1, 2024**
Approved by the Board of Commissioners	
Approved by the Administrator	**02/28/2020**

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CASCADE MEDICAL CENTER
CREDENTIALING POLICY

I. POLICY STATEMENT

Cascade Medical's Board of Commissioners, Administration and Medical Staff evaluate the professional competence of persons seeking appointment or reappointment to the Medical Staff. The Medical Staff and officers will investigate and consider each request for appointment, reappointment, and privileging with recommended action to the Board, which the Board may adopt, reject or refer back to the Medical Staff.

II. DEFINITIONS

a. Administrator. The Board appointed superintendent of Cascade Medical.
b. Board. The Board of Commissioners for Chelan County Public Hospital District No. 1, dba Cascade Medical.
c. Cascade Medical (CM). Chelan County Public Hospital District No. 1, (dba Cascade Medical) which includes but is not limited to, the hospital, family practice clinic, and emergency services.
d. Credentialing. Based on the recommendation of the Medical Staff, the process of assessing and validating the qualifications of a licensed Practitioner to provide patient care services at Cascade Medical. The process includes a series of activities designed to collect and assess relevant data that will serve as the basis for decisions regarding appointment and reappointment.
e. Clinical Privileges. Authorization granted by the Board of Commissioners to a Practitioner to provide specific patient care and procedures and clinical activities at Cascade Medical within defined limits, based on an individual Practitioner's license, education and training, experience, competence, health status, and judgment.
f. Credentialing Process. Cascade Medical has an agreement with a Credentialing Verification Organization (CVO) to perform all screening and primary source documentation collection functions of credentialing applications to the Medical Staff.
g. Department Chair. A Medical Staff member appointed in accordance with the bylaws of the Medical Staff.
h. Fair Hearing Plan. A separate document outlining the hearing procedures for the Medical Staff, that is part of the Medical Staff Policy and Procedures.
i. Hospital Credentialing Committee
    i. The Hospital Credentialing Committee shall consist of the Medical Executive Committee; Medical Directors, as needed; Chief Executive Officer; and the Medical Staff Coordinator. The Hospital Credentialing Committee shall meet periodically and its responsibilities are:
        1. To review Practitioner applications for initial appointment and reappointment to the Medical Staff from credentialing information provided by the CVO of all applicants and others requesting clinical privileges, to make such investigations of and interview applicants as may be necessary, and to make recommendations for membership and delineation of clinical privileges, as recommended by the Medical Director, in compliance with Medical Staff Bylaws;

2. To report to the Medical Executive Committee on each applicant for Medical Staff membership and or privileges.

j. Medical Director. A position appointed by Administration.

k. Medical Executive Committee (MEC). The MEC shall include the Chief of Staff, Vice Chief of Staff, and the Secretary/Treasurer. The Chief Executive Officer will be an ex officio member without voting privileges and will not count toward determining a quorum. The Chief of the Medical Staff is the chairperson of the committee.

l. Practitioner. A Practitioner in the context of credentialing is a Physician (MD/DO), Podiatrist, Dentist, Psychologist or other licensed independent Practitioner to include Certified Physician Assistant and Advanced Registered Nurse Practitioner (aka Advanced Practice Provider).

m. Peer. Individuals from the same discipline with essentially equal qualifications.

n. Washington Hospital Services, a Washington professional services organization.

III. HOSPITAL MEDICAL STAFF MEMBERSHIP

Hospital Medical Staff membership is a privilege extended only to those Practitioners who meet the standards and requirements set forth in these policies.

IV. QUALIFICATIONS FOR MEMBERSHIP

a. Qualifications

Eligibility for membership on the hospital Medical Staff is only for Practitioners who demonstrate the following threshold conditions as determined by the pre-application process described in Section VI:

1. are currently licensed to practice in Washington State;
2. are available to provide timely care for patients;
3. current professional liability insurance coverage in amounts (established periodically) satisfactory to the Board;
4. education, training, experience, and clinical performance demonstrating competent patient care;
5. an ability to work with others in a cooperative, professional manner and to refrain from disruptive conduct;
6. freedom from abuse of any substance used in such a way as may interfere with appropriate professional conduct;
7. If applicable, ACLS, PALS, ATLS, and educational requirements as delineated by the Centers for Medicare and Medicaid Services; Washington State Department of Health; Washington State Trauma Registry System; State Licensing Board, or as outlined in the Cascade Medical Rules & Regulations, or criterion defining current competence for Practitioners who may request special privileges, such as conscious sedation.

b. No Entitlement to Appointment

No Practitioner shall automatically be entitled to membership in the hospital Medical Staff, nor to appointment, reappointment, or a set of privileges because of membership in another medical or professional organization.

c. Ethics

The Hospital Medical Staff member will strictly abide by the Code of Ethics of the American Medical Association and Cascade Medical.

d. Non-Discrimination Policy

No individual shall be denied appointment on the basis of age, race, color, creed, ethnicity, religion, national original, marital status, sex, sexual orientation, gender identity or expression, veteran or military status, disability, or on the basis of any criteria related to state or federal law.

e. Administrative Members

Individual Practitioners in administrative positions may become ex-officio members of the hospital Medical Staff and not have active patient care privileges. A Practitioner employed by or under contract with CM for purely administrative functions shall be subject to the regular personnel policies of that entity and/or the terms of the Practitioner's contract. Ex-officio members do not have the rights of a hospital Medical Staff Member.

f. Member Agreement

All members of the Hospital Medical Staff and applicants agree as a condition of membership to abide by the Bylaws, Rules and Regulations, Professional Practice Evaluation Policy, and the policies and procedures of Cascade Medical.

g. Term of Appointment

Initial appointments shall be for a provisional period of six months for all practitioners. All categories are fully defined in the Medical Staff Bylaws. Upon recommendation and approval, a Provisional member may be advanced to Active, Adjunct or Consulting category. Appointments and reappointment to the Active, Adjunct and Consulting categories of the Hospital Medical Staff shall be for a period of not more than two (2) years.

V. CREDENTIALING

Cascade Medical has delegated the process of screening documentation of primary source verifications and the administrative function of initial credentialing to a contracted Credentialing Verification Organization (CVO).

VI. APPLICATION FOR INITIAL APPOINTMENT

a. Burden of Providing Information

Membership of the hospital Medical Staff and the practice of clinical skills is a privilege, not a right. The applicant will have the burden of producing adequate information for a proper evaluation of their experience, training, demonstrated ability to perform all essential functions of the hospital Medical Staff category and privileges sought, and to resolve any doubts about such qualifications.

b. Application Information

Every applicant must furnish all of the complete, current information, documents, consents and releases in the application form. All entries and attachments must be legible, understandable, and substantively responsive on every point of inquiry. A complete application shall include the following:

i. applications for appointment to the Medical Staff shall be in writing on the prescribed form (*Washington Practitioner Application*);
ii. challenges to any licensure or registration (state or district), Drug Enforcement Administration; or the voluntary relinquishment of such licensure or registration;
iii. disclosure of voluntary or involuntary termination of Medical Staff membership, or limitation, reduction, or loss of clinical privileges at another hospital;
iv. disclosure of involvement in any professional liability action(s) which is pending or resolved and final judgments and settlements, if the action(s) is resolved;
v. relevant information regarding the applicant's competence;
vi. such other information, or assistance in obtaining such information, as may be requested;
vii. reasonable evidence of current health status to insure the applicant is fit to perform the mental and/or physical functions associated with the clinical privileges requested;
viii. verification of current/valid Washington State Department of Health license;
ix. verification of current professional liability insurance;
x. disclosure of any criminal background;
xi. disclosure of any sanctions that applicant has by Medicare and/or Medicaid; and
xii. grants immunity to the hospital and third parties in providing any information bearing on the applicant's professional qualifications to practice. This immunity is granted by RCW 4.24.250, RCW Chp. 70.41, and the Health Care Quality Improvement Act of 1986 (P.L. 99-660).

c. Application Update Responsibility

The applicant is responsible for keeping the application current. Any material change in the information provided or any new information that affects the applicant's candidacy must be provided.

d. Application Submission

The completed application shall be submitted to the Medical Staff Coordinator. After reviewing the materials submitted, the coordinator will submit the application to the CVO, who will input the information into an electronic application. The applicant will then be notified to log into the electronic system to verify and attest the application. The hospital or CVO will promptly notify the applicant if further information is required. The application will be processed according to the current Initial Credentials Verification Worksheet. (Information from: all state professional license departments, AMA master file, Federation of State Medical Boards, prior practice facilities, DEA, National Technical Information Service, training programs and testing groups [ECFMG, ABMS, ABOS], liability companies, National Practitioners Data Bank, criminal background check, work history and professional references.) Staff category and division desired will be indicated.

e. Application Processing Timeliness

The hospital will obtain and review the appropriate application information. The goal is to have this process completed within 90 days after the completed application and requested information is submitted. Applications may be expedited and require responsive communication between the applicant and CVO.

f. Application Withdrawal

If the applicant fails to complete the application after a reasonable opportunity to do so, the application is deemed withdrawn and the credentialing process will be terminated. Termination of the process shall not entitle the applicant to review, hearing, or appeal.

g. Department Chair

When the application review is complete and all required information has been provided, the CVO will notify the chair of the department in which privileges are being requested to review the application and supporting documents.

VII. TELEMEDICINE CREDENTIALING

Cascade Medical (CM) is a facility that may deliver telemedicine services. CM's Board of Commissioners allows the medical staff to have the option of relying on the credentialing and privileging decisions of distant site telemedicine specialists with the following stipulations:

a. There shall be written agreement between CM and the distant site telemedicine entity stating that the distant site of telemedicine entity must furnish services that permit the hospital to comply with all the applicable CMS conditions of participation and standards for contracted services;

b. The distant site telemedicine entity's medical staff credentialing and privileging process and standards must at least meet the standards compliant with CMS 482.12 (a) (1) through (a) (7) and 482.22 (a) (1) through (a) (2);

c. The individual distant-site Practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services;

d. When considering the medical staff privileging decisions at CM, CM shall review a current list of the distant-site telemedicine entity's Practitioner's privileges;

e. The individual distant-site Practitioner holds a current/valid medical license issued by Washington State; holds current/valid professional liability insurance, source documented education and training, professional history and hospital affiliations, Board certifications, ECFMG (if applicable). A DEA certificate may or may not be required for tele-radiologists. The Medical Staff Coordinator will collect and retain telemedicine applicant documentation.

f. With respect to a distant-site Practitioner who holds current privileges at CM, CM shall have evidence of an internal review of the distant-site Practitioner's performance of these privileges and shall send the distant-site telemedicine entity such performance information for use in the periodic appraisal of the distant-site Practitioner. At a minimum, this information shall include all adverse events that result from the telemedicine services provided by the distant-site Practitioner to the hospital's patients, and all CMS and CM complaints the hospital has received about the distant-site Practitioner.

VIII. REGARDING PERIODIC EVALUATIONS AND QUALITY ASSURANCE REVIEW FOR TELEMEDICINE

The quality and appropriateness of the diagnosis and treatment furnished by the Practitioners are evaluated by:

a. Primary hospital where telemedicine Practitioner principally works or;
b. A Quality Improvement Organization or equivalent entity and;
c. One other appropriate and qualified entity.

IX. MEDICAL STAFF APPOINTMENT PROCESS

a. Medical Director Procedure

The medical director, or their designee, will review and evaluate the application and privileging VI (b). documents. Completion of this review will be made by electronic signature for applications processed through the CVO or by signature on privileging documents for all other applications within ten (10) days after receiving the completed documents. If the medical director requires further information, the evaluation can include calls to those who may have knowledge about the applicant's education, training, experience, and ability to work with others. An interview team can conduct a group interview with the applicant. In the case of a problematic review and evaluation, a written report will accompany the medical director's recommendations for scope of clinical privileges. If the medical director requires further information, the report can be deferred up to thirty (30) days after the required information is received.

b. Medical Executive Committee Procedure

One member of the Medical Executive Committee (MEC), typically the Chief of Staff, will review the application, supporting documentation, and the medical director's recommendation on behalf of the group. When the applicant is accepted, the scope of the clinical privileges granted will be delineated.

c. Medical Executive Committee Recommendation Options

The MEC will recommend to the Board, through the Chief of Staff and Administrator, that the application be provisionally accepted, deferred, or rejected and the clinical privileges, if any, to be granted, deferred, or rejected to the applicant.

i. If the MEC defers the application for further evaluation, the MEC must, within sixty (60) days, make a recommendation to accept or reject the application. The MEC will refer the matter back to the department chair for further investigation and preparation for responses to questions raised by the MEC.
ii. If the MEC recommends acceptance of the application, the application will be submitted to the Board for approval.
iii. If the MEC recommends rejection of the application for either appointment or clinical privileges, the Chief of Staff will send a courtesy notification to the applicant by first class mail and e-mail within ten (10) days. The Chief of Staff or the designated representative will make a summary, justifying the action in the letter.

d. Board Procedure

After MEC recommendations, the application shall be reviewed by the CEO and then a Board of Commissioners member of the Board Quality Oversight Committee.

The Board makes the final credentialing decision on the final status of a Medical Staff applicant.

The Board, at its next regular meeting, may adopt or reject, all or part of the recommendation of the MEC, CEO and the Commissioner representative to the QOC, or refer the recommendation back to the MEC for reconsideration stating the reasons for such referral back. A time limit for each referral will be set by the Board, within which the MEC recommendation must be made, or take such other action as it sees fit.

Subsequent to the Board of Commissioners approving the application, the Board of Commissioners President or their designee, provided that designee is another Commissioner, shall sign approval of the application. The purpose of this approval signature is to memorialize action taken by the Board of Commissioners as a whole.

Should there be a time when approval is required before a Board meeting, a single Board member may review the file and approve the application, subject to review by the Board at its next meeting.

e. Initiation of Fair Hearing

If the decision of the Board would entitle the applicant to request a Fair Hearing, it shall be forwarded to the Administrator who shall promptly notify the applicant in writing, via e-mail and certified mail, return receipt requested. The Administrator shall then hold the application until after the applicant has exercised or waived the right to a hearing as provided in the Fair Hearing Plan.

i. If the applicant has waived the right to a hearing the complete application documentation will be filed and the MEC so informed.
ii. If the Fair Hearing Plan is invoked, the outcomes are per the Fair Hearing Plan.

X. PROVISIONAL STATUS

a. Duration of Provisional Appointment and Clinical Privileges

All initial appointments and privileges to the Active, Adjunct, or Consulting Medical Staff category are provisional for a minimum of six months from the date of the appointment, or longer pending MEC decision on advancement. During this time, the Medical Director and the Medical Staff will evaluate the individual as to the clinical competence, general behavior and conduct in the hospital.

i. A minimum of six cases will be randomly chosen to be reviewed by the Medical Director of the department in which privileges are being sought.
ii. Failure to admit, treat or attend to six inpatients or outpatients during the provisional period or failure to fulfill requirements of medical records completion or cooperation with monitoring conditions will render the appointee ineligible for continued appointment, unless based on good cause.
iii. If the applicant was ineligible for continued appointment, the individual may reapply for initial appointment again. The applicant must demonstrate an interest in fulfilling the aforementioned requirements.

b. Provisional Appointment Report

Prior to the expiration of the individual's provisional period the medical director will provide the MEC with a report of the actions and compliance during the provisional period. The MEC will act according to Section IX.(c). The provisional period will be automatically extended for one (1) month as necessary.

XI. CLINICAL PRIVILEGES

a. General

Every Practitioner at CM with Medical Staff membership will be entitled to exercise only those clinical privileges specifically granted to them by the Board, except as provided in Section XI.f.g

b. Privilege Request

Every application for hospital Medical Staff appointment or reappointment (additions or deletions only) must contain a request for the specific clinical privileges desired by the applicant, and for assignment to a department consistent with the nature of their practice. The applicant will have the burden of establishing qualifications and competence to exercise the clinical privileges requested. The clinical privileges recommended to the Board will be based upon the completion of the appropriate privileging document. Privileges will be

renewed at reappointment with a request unless the Practitioner denies a change or the reviewing bodies determine a change is needed.

c. Clinical privileges for Dentists

Clinical privileges for dentists will be delineated and recommended in the same manner as other clinical privileges. Procedures performed by dentists will be under the supervision of the Chief of Staff. A designated staff physician will perform preoperative and postoperative evaluation and care. The dentist will be responsible for the dental care of the patient including the dental history, examination, orders and dental record keeping.

d. Clinical Privileges for Podiatrists

Clinical Privileges for podiatrists will be delineated and recommended in the same manner as other clinical privileges. Procedures performed by podiatrists will be under the supervision of the Chief of Staff. A designated staff physician will perform preoperative and postoperative evaluation and care. The podiatrist will be responsible for the podiatric care of the patient including the podiatric history, examination, orders and record keeping.

e. Temporary Clinical Privileges

Temporary Clinical Privileges will not be granted except in circumstances set for in Section XI. g. The applicant must supply the same information as an applicant for active staff status. The Practitioner must agree in writing to abide by the Bylaws, Rules and Regulations, Professional Practice Evaluation Policy and policies and procedures of the hospital Medical Staff and those of the hospital in all matters relating to their temporary privileges. Temporary privileges may be terminated as described in Section XI.h.

f. Locum Tenens Clinical Privileges

Locum Tenens Clinical Privileges will not be granted except in circumstances set for in Section XI.h. The applicant must supply the same information as an applicant for Active staff status. The Practitioner must agree in writing to abide by the Bylaws, Rules and Regulations, Professional Practice Evaluation Policy and policies and procedures of the hospital medical staff and those of the hospital. Locum Tenens privileges will not exceed the duration of services.

g. Reasons for Granting of Temporary Privileges

Granting of temporary privileges will occur as follows: (1) Written concurrence of the Administrator and either of the following: the Medical Director where the privileges will be exercised, the Chief of Staff, Vice Chief of Staff, or Secretary/Treasurer, such decision will take effect immediately;.

i. Pendency of application: After completion of Section VI, receipt of a request for specific temporary privileges for a period not to exceed three (3) months can be made and can be renewed for an additional 180 days. The medical director or MEC will review the documentation submitted and must concur with the granting of temporary privileges.

ii. Care of specific patient: Care of a specific patient can occur upon receipt of: (1) written request for specific temporary privileges for the care of one or more specific patients from a Practitioner who is not an applicant for

hospital Medical Staff membership; and (2) telephonic confirmation or copy of appropriate licensure, DEA registration and adequate professional liability insurance coverage. Such privileges will be restricted to the treatment of not more than three (3) patients in one (1) year, after which the physician, dentist, or MLP to whom temporary privileges have been granted shall be required to become a member of the hospital Medical Staff before being allowed to attend additional patients.

h. Reasons for Granting of Locum Tenens Privileges

Locum Tenens privileges will be granted to staff shifts in which CM privileged staff are unavailable. Applicants for locum tenens privileges must supply the same information required of applicants for active status. Locum tenens privileges may be granted initially for a maximum period of ninety (90) days, and may be renewed by the MEC an additional ninety (90) days, but will not exceed the duration of services as locum tenens.

i. Termination of Temporary or Locum Tenens Clinical Privileges

Termination of temporary or Locum Tenens clinical privileges for any Practitioner may occur on the discovery of any information or the occurrence of any event upon which the MEC determines that such Practitioner's qualifications or ability to exercise any or all of the temporary privileges granted have been adversely impaired. The hospital Administrator, or their designee, the Medical Director or the Chief of Staff may impose termination of temporary clinical privileges, and such termination will be immediately imposed.

i. The Medical Director or the Chief of Staff shall assign a Medical Staff appointee to be responsible for the care of the terminated individual's patients until they are discharged from the hospital, giving consideration whenever possible to the wishes of the patient in the selection of the substitute.
ii. The granting of any temporary admitting and clinical privileges is a courtesy. Neither the granting, denial or termination of such privileges will entitle the individual concerned to any of the procedural rights provided in this policy.
iii. Temporary privileges will be automatically terminated when the MEC recommends not appointing the applicant to the staff. Similarly, temporary clinical privileges can be modified to confirm to the recommendation of the MEC that the applicant be granted clinical privileges different from the temporary privileges.

j. Temporary or Locum Tenens Privileges and Fair Hearing Process

Refusal, alteration or limitation of temporary or Locum Tenens privileges in any way does not entitle the individual to review under the appointment and reappointment procedure or to the Fair Hearing Plan.

XII. MEDICAL STAFF REAPPOINTMENT PROCESS

All terms and conditions and procedures relating to initial appointment shall apply to continued appointment and clinical privileges and to reappointment.

a. Reapplication Alert and Requirements

The hospital or its designees will communicate intentions to reappoint each hospital Medical Staff member with the CVO at least 120 days prior to termination. The CVO will then notify the applicant of the reappointment opportunity.

. Each individual who desires reappointment will, within thirty (30) days after receipt thereof, furnish on the approved form in writing:

i. Complete information and current copies of all documents necessary to bring the member's credentials file up to date on each item required by the application form in use under Section VI. of these procedures.
ii. Specific request for any changes in clinical privileges sought on reappointment, with any basis for requested changes.
iii. Requests for changes in hospital Medical Staff category or department assignments.

b. Burden of Information

The Medical Staff member has the burden of producing further information, resolving any doubts about the data or release of information required by the hospital. Failure to provide information required for changes in privileges, staff category, or department assignments will be deemed a voluntary waiver of the request for such changes. Failure, without good cause, as determined by the Medical Executive Committee in its sole discretion, to provide the information required for reappointment shall be deemed a voluntary resignation from the Medical Staff and will result in automatic termination of membership at the expiration for the current term, unless explicitly extended for not more than two (2) sixty (60) day periods by action of the MEC. A Medical Staff member whose membership is so terminated may then request a review of the termination as provided in these policies and procedures for the sole purpose of determining the issue of good cause.

c. Quality Review

Evaluation of the Practitioner's performance will include assessment of performance by peers, a summary report of all internally and externally peer reviewed cases from the current appointment period, review of any sanctions or adverse actions during the current appointment period and a professional liability report.

d. Medical Director Procedure

The Medical Director to which the member is assigned will review the application and supporting materials forty-five (45) days before expiration. The Medical Director will complete an evaluation of the Practitioner to be included in the Practitioner's file for review by the MEC within ten (10) days, with a recommendation for reappointment; reappointment with changes in Medical Staff category, clinical privileges, or non-reappointment.

e. Medical Executive Committee Procedure

The MEC, will review the information available on each member being considered for reappointment. The MEC will transmit its report to the Board with a recommendation for each Medical Staff member reviewed for reappointment, reappointment with changes in category, clinical privileges, or non-

reappointment.

f. Medical Executive Committee Recommendations

The procedures set forth in Section IX.(c) of these procedures relating to the MEC recommendations for initial appointment will apply to applications for reappointment.

g. Board Procedures

The procedures set forth in Section IX.(d) of these procedures relating to the Board recommendations for initial appointment will apply to applications for reappointment.

h. Duration of Reappointment

Reappointment will be for a period of not more than two (2) years for members of the Active and Consulting categories. Any member who is sixty-five (65) years of age or older at the expiration of the appointee's current term of appointment, will be reappointed for a period of not more than one (1) year. Reappointment will be for a period of one year for members of the Adjunct category.

i. Meeting with Affected Individual

If, during the processing of any individual's reappointment request, it becomes apparent to the MEC that it is considering a recommendation that would deny reappointment, deny a requested change in staff category or clinical privileges, or reduce clinical privileges, the Chief of Staff may notify the individual of the general tenor of the possible recommendation and ask if the individual desires to meet with the committee prior to any final recommendation. At such meeting, the affected individual will be informed of the general nature of the evidence supporting the action contemplated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing and none of the procedural rules provided in this policy with respect to hearings shall apply. Minutes of the discussion in the meeting shall not be kept. However, the committee shall indicate as part of its report to the Board whether such a meeting occurred, and shall include a summary of the meeting.

j. Procedures for Requesting Additional Clinical Privileges

Whenever, during the term of the appointment, additional clinical privileges are desired, the member will apply in writing to the department chair. The application will state in detail the specific additional clinical privileges desired and the relevant recent training and experience, which justify the additional privileges. Thereafter, it shall be processed in the same manner as an application for initial clinical privileges.

Recommendations for additional clinical privileges will be based upon at least the following:

1. relevant recent training;
2. observation of patient care provided;
3. review of the records of patients treated in this or other hospitals;
4. results of the hospital's quality improvement activities;

5. applicant's ability to meet the qualifications and criteria for the clinical privileges requested; and
6. other reasonable indicators of the individual's continuing qualifications for the privileges in question.

The recommendation for additional privileges may carry with it such requirements for supervision or consultation or other conditions for such periods of time as are thought necessary.

k. Informal Proceedings

Nothing in this procedure will preclude collegial or informal efforts to address questions or concerns relating to an individual's practice and conduct at the hospital. This procedure specifically encourages voluntary structuring of clinical privileges to achieve a clinical practice mutually acceptable to the individual, the MEC, and the Board.

XIII. CONFIDENTIALITY AND REPORTING

a. Actions taken and recommendations made related to this procedure will be treated as confidential in accordance with applicable legal requirements and such policies regarding confidentiality as may be adopted by the Board. Reports of actions taken related to this procedure will be made by the Administrator to such governmental agencies as may be required by law.
b. All records and other information generated in connection to professional review activities will be confidential, and each individual participating will agree to make no disclosures of any information except as authorized, in writing by the Administrator or legal counsel to the hospital. Any breach of confidentiality by an individual member may result in a professional review action, and/or may result in appropriate legal action to ensure that confidentiality is preserved, including application to a court of law for injunctive or other relief.

XIV. PEER REVIEW PROTECTION

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are deemed to be covered by the provisions of RCW 4.24.240, RCW 4.24.250 and RCW Chapter 70.41 or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the hospital and its Board, including the hospital's Quality Oversight Committee, when engaged in such professional review activities and thus will be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986 and shall be deemed to be a regularly constituted Quality Improvement Committee for purposes of RCW Chapter 70.41.

XV. ADVANCED PRACTICE PROVIDERS

Categories of health care professionals other than physicians, dentists and podiatrists, who have been duly appointed to the hospital Staff are eligible to practice according to the Bylaws and privileges granted.

ADOPTION AND AMENDMENT OF MEDICAL STAFF CREDENTIALING POLICY AND PROCEDURE MANUAL

The Medical Directors shall have the responsibility to review these policies and procedures on an as needed basis. They can formulate and recommend to the Medical Executive Committee revisions. Such responsibility will be exercised in good faith.

METHOD OF ADOPTION AND AMENDMENT

All proposed amendments, from any Medical Staff entity, must be reviewed and discussed by the Medical Staff before a Medical Staff vote. Such amendments will be recommended to the Board for final action:

a. By the Medical Staff after a majority vote, provided that the proposed amendment(s) was/were first distributed to the members of the active category at least 31 days prior to a Medical Staff vote, then presented and voted on at the Medical Staff meeting. The Medical Staff's recommendation may be acted upon by the Board. The affirmative vote of a majority of those active staff members present and voting is required for passage. (Absentee ballots will be permitted.)
    i. The MEC will have the power to adopt amendments that are technical, legal modifications or clarifications, reorganization or renumbering or grammatical corrections.
    ii. The Board or its authorized agent will approve such amendment(s) before becoming effective.

ADOPTION

This credentialing policy and procedure is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, Rules and Regulations or hospital policies pertaining to the subject matter thereof.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

PROFESSIONAL PRACTICE EVALUATION POLICY

Leavenworth, Washington

Adopted by the Medical Staff on:
Original Effective Date: March 29, 2016

Date Last Approved: ~~May 3, 2018~~ May 1, 2024

Approved by the Board of Commissioners:
Bruce Williams, Board President May 22, 2018

Approved by Administration:
Diane Blake (Chief Executive Officer) (06/05/2018)

Contents

Cascade Medical Professional Practice Evaluation Policy

DEFINITIONS

OPPE: On-going Professional Practice Evaluation (OPPE) means the ongoing review and analysis of data to identify issues in practitioners' professional performance. The purpose of OPPE is to ensure that the hospital, through the activities of its medical staff, assesses a practitioner's clinical competence and professional behavior on an ongoing basis consistent with the requirements of RCW 70.41.200(1)(c).

FPPE: Focused Professional Practice Evaluation) is a time-limited period during which the Medical Center evaluates a practitioner's professional performance. The purpose of FPPE is to ensure that the hospital, through the activities of its medical staff, assesses new practitioner competency and addresses concerns related to physical and mental capacity, professional conduct, and competence in delivering health care services in accordance with RCW 70.41.200 (1) (b). FPPE is conducted for an appointed medical staff member upon request of a new privilege or in response to concerns.

BOARD OF COMMISSIONERS or BOARD: the duly elected Commissioners of Public Hospital District #1 of Chelan County or its designated committees.

CHIEF EXECUTIVE OFFICER (CEO) or Administrator: the individual Administrator appointed by the Board to act on its behalf in the overall management of the Medical Center.

DEPARTMENT DIRECTOR: Physician leadership position required by regulation and determined by management of Medical Center, including Emergency Department Medical Director and Clinic Medical Director.

CLINICAL PRIVILEGES or PRIVILEGES: the permission granted to a Practitioner to render specific diagnostic, therapeutic, medical, dental or surgical services within the Medical Center.

HOSPITAL: Public Hospital District #1 of Chelan County operating as CASCADE MEDICAL CENTER of Leavenworth.

LICENSE: the license, certificate or other legal credential authorizing a Practitioner to practice in the State of Washington.

MEDICAL EXECUTIVE COMMITTEE or MEC: Represent and acts on behalf of the Medical Staff in matters relating to the Medical Staff. The MEC shall include the Chief of Staff, Vice Chief of Staff, and the Secretary/Treasurer. The Chief Executive Officer will be an ex officio member without voting privileges and does not count toward a quorum. The Chief of the Medical Staff is the chairperson of the committee.

MEDICAL STAFF or STAFF: all practitioners who are privileged to attend patients in the Medical Center as organized by authority of the Board to fulfill the purposes of these Bylaws.

PHYSICIAN: an individual with an M.D. or a D. O. degree who is licensed to practice medicine in the State of Washington.

PRACTITIONER: a Washington State licensed physician, advanced registered nurse practitioner, certified physician assistant, dentist, podiatrist, or psychologist applying for or exercising Clinical Privileges in the hospital.

ARTICLE 1

Section 1 Objectives

The primary objectives of the Cascade Medical professional practice evaluation process are to:

1. Define prospectively, to the extent possible, the expectations for patient care and safety through patient care protocols and guidelines.
2. To create an ongoing, systematic, data based process for the medical staff to effectively, efficiently and fairly evaluate practitioner performance and maintain accountabilities for addressing opportunities for improvement.
3. To identify and resolve performance problems through constructive feedback, education and improvement assistance to practitioners regarding the quality, appropriateness, and safety of the care they provide.
4. To create a positive peer case review culture by recognizing practitioner excellence as well as identifying improvement opportunities through a process that is clearly defined, fair, efficient and useful.

Section 2 Scope

This policy applies to all physicians and practitioners who provide direct patient care services at Cascade Medical. This policy specifically exempts tele-radiology practitioners who do not provide on-site direct patient care services. A separate process for evaluating quality is outlined in the Cascade Medical tele-radiology agreement.

Section 3 Statement of Mutual Expectations

1. Expectations for physicians and practitioners:
    a. Constructively participate in the development, review and revision of clinical protocols, such as nurse initiated orders (NIOs) and guidelines pertinent to their clinical specialties, including those related to national patient safety initiatives and core measures.
    b. Comply with adopted protocols and guidelines or document the clinical reasons for variance.
    c. Carry out responsibilities outlined in the Medical Staff Bylaws, Rules and Regulations, Credentials Policy and other Medical Staff and Cascade Medical Policies and Procedures.
    d. Constructively participate in identifying the data to be collected, reviewed and analyzed for practitioners as part of the ongoing professional practice evaluation.
    e. Constructively participate in identifying adverse outcomes, clinical occurrences or complications that will trigger focused professional practice evaluation
    f. Respond appropriately to educational letters and collegial interventions by modifying the behavior or practice that triggered the letter or intervention.
    g. Participate constructively and cooperatively in the focused professional evaluation process and in any performance improvement plans that may be developed for the practitioner.
    h. Report, through appropriate channels, any quality of care or patient safety concerns.

2. Expectations for Medical Staff Leaders and Cascade Medical Administration:
    a. Devote resources to the research and development of clinically sound protocols, guidelines and quality measures.
    b. Openly communicate with practitioners regarding review of their professional practice within the confines of peer review confidentiality principles.

c. Share clinically relevant data and ongoing professional practice evaluation reports on a regular basis.
d. Use collegial, educational methods to address concerns when, at the discretion of Medical Staff leaders and Hospital Administration, such methods are consistent with patient safety and quality of care.
e. Provide a reasonable opportunity for a practitioner to have input into the review of a particular case or cases and in the development of a performance improvement plan.
f. Complete the focused professional practice evaluation process in a timely and efficient manner, adhering to the time frames as outlined in this policy and attempt, as a general guideline, to complete reviews of cases within 30 days.

ARTICLE II

Practitioner Competencies

The medical staff has determined that for purposes of defining its expectations of performance, measurement of performance and providing performance feedback it will use the American College of Graduate Medical Education Framework outlined below:

Patient Care
Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

Medical/Clinical Knowledge
Practitioners are expected to demonstrate knowledge commensurate with their level of training and board specialty with documentation of on-going CME, and the application of their knowledge to patient care and the education of others.

Practice-Based Learning and Improvement
Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

Interpersonal and Communication Skills
Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

Professionalism
Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development.

ARTICLE III

On-Going Professional Practice Evaluation (OPPE)

Section 1 OPPE Overview

1. The on-going professional practice evaluation process consists of both random and triggered internal peer review, external peer review and documentation of any collegial intervention letters.
2. An OPPE report for each credentialed practitioner will be generated and maintained by the Medical Staff Coordinator.
3. The report will be provided to the appropriate Department Director or Chief of Staff and practitioner on an annual basis for review.
4. OPPE reports containing Findings at or above a level 3 will be referred to the MEC for review.
5. When the practitioner being reviewed is a Department Director, the Chief of Staff and/or the Medical Executive Committee will be responsible for the review process. When the practitioner being reviewed is the Chief of Staff, the Department Director and/or the Medical Executive Committee will be responsible for the review process.

Section 2 OPPE Report

1. Each practitioner's OPPE report will contain:
   a) A minimum of six internally peer reviewed cases per year and all externally peer reviewed cases.
   b) Cases for internal peer review will be selected at random by the Quality Improvement Coordinator or Risk Manager or Registered Nurse designee or based on triggers identified in Article V, section 1.
   c) Cases for external peer review will be selected based on triggers identified in Article V, section 2.
   d) Recognition of excellence in care and/or opportunities for improvement will be documented by the Department Director.
   e) Cases that result in collegial intervention (those identified as 3 or 4) will be identified on the OPPE report by the medical record number and date of the collegial intervention.

Section 3 Practitioner Performance Feedback

1. Within 15 days of a Peer Reviewed case needing follow up, the Department Director or Chief of Staff will review the OPPE report and discuss the report with the practitioner.
2. If the Department Director or Chief of Staff identifies an opportunity for improvement, the Department Director or Chief of Staff will select one or more of the following mechanisms for feedback:
   a. Address through a Collegial Intervention:
      i. If the Department Director or Chief of Staff determines that no further review or action is required, but the goal of enhancing quality of care and improving patient safety would be advanced by a collegial intervention with the

practitioner involved, the Department Director or Chief of Staff will conduct a timely collegial intervention.

ii. Following the intervention, the Department Director or Chief of Staff will summarize the information in the form of a letter. The letter will be sent to the practitioner with a copy to their PPE file.

b. Refer to MEC to consider external peer review:

i. If the Department Director or Chief of Staff believes external peer review may be indicated, the Department Director or Chief of Staff will discuss their concerns with the MEC. If the MEC concurs, the MEC will notify the practitioner and the Risk Manager and/or their designee who will be responsible for preparing and sending the case for External Peer Review.

c. Refer for FPPE and Performance Improvement Plan

i. If the Department Director or Chief of Staff is concerned regarding a potential pattern or trend negatively impacting patient safety or quality, the Department Director or Chief of Staff will recommend to the MEC that an FPPE process be initiated.

ii. The Department Director or Chief of Staff will make this recommendation in writing identifying the concern to be monitored through FPPE. A copy will be provided to the practitioner, the MEC and the Medical Staff Coordinator for inclusion in the PPE file.

iii. If MEC concurs with the need to initiate the FPPE process, then the Department Director or Chief of Staff and practitioner will work collaboratively to create a performance improvement plan with measurable goals and objectives. The goals and objectives shall serve as the data elements for review under the FPPE.

iv. The Department Director or Chief of Staff will report to the MEC regarding any instance where a plan was not developed when requested, is perceived to be inadequate or is not accepted by the practitioner.

Section 4 Use of OPPE Report in Credentialing Process

1. At the time of re-credentialing, the Department Director or Chief of Staff will review the most current 24 months of OPPE and FPPE data and document the interpretation and any improvement activities for each indicator that required follow-up during that period of time.
2. If the results of OPPE indicate a potential issue with practitioner performance, the Department Director or Chief of Staff may recommend initiation of an FPPE to the MEC.
3. Triggers that may initiate FPPE are described in Article IV.

ARTICLE IV

Focused Professional Practice Evaluation (FPPE)

Section 1 FPPE: Triggers

A focused professional practice evaluation may be triggered by any of the following events:

1. Newly credentialed practitioner under provisional status of the Medical Staff Credentialing Policy.
2. Practitioner requesting new specific privilege.
3. MEC determination that OPPE data reveals a practice, pattern or trend that requires further review related to the safety or quality of care provided to a patient or the professional conduct of a practitioner.
4. A trend of noncompliance with Medical Staff Rules and Regulations or other policies and/or failure to follow adopted clinical protocols or guidelines.
5. Cases identified as litigation risks that are referred by the Quality Improvement Coordinator or Risk Manager for focused professional practice evaluation.
6. Concerns about medical necessity referred from the Medical Center's Compliance Officer.
7. Sentinel events, as defined by the Washington State Department of Health, if they involve an individual practitioner's professional performance.
8. A single serious or egregious case as defined by the MEC.

Section 2 FPPE: New Members of the Medical Staff

1. A period of focused evaluation is required for all new members of the Medical Staff and is accomplished through review of all hospital admissions and 6 emergency department cases.
    a. A minimum of 5 – 7 charts will be reviewed within 15 days of each shift worked by a practitioner with temporary privileges.
2. The duration of focused review will be consistent with the 6 month provisional appointment status defined in Cascade Medical's Medical Staff Credentialing Policy.
3. Focused Evaluation will be conducted by the Department Director or Chief of Staff and may also include:
    a. Prospective monitoring of clinical practice patterns
    b. Proctoring
    c. External Peer Review
    d. Simulation
    e. Discussion with other individuals involved in the care of the practitioner's patients
4. If at any time during the focused evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the Chief of Staff with input from the Hospital Administrator and/or Risk Manager and/or their designee shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question.
5. At the end of the period of focused evaluation, in the event that the practitioner's activity at Cascade Medical has not been sufficient to appropriately evaluate his/her competence for the relevant privilege(s) either:
    a. The practitioner shall voluntarily resign the relevant privilege(s) or
    b. The practitioner shall submit a written request for an extension of the period of focused evaluation by providing a letter of explanation describing the circumstances suggesting that an extension is appropriate or

c. If the practitioner has significant volume of the privileges in question at another local hospital, external peer references specific to the procedures will be obtained.

6. If, at the end of the period of focused evaluation, the Department Director or Chief of Staff determines the practitioner's activity at Cascade Medical has been sufficient to appropriately evaluate his/her competence and the Department Director or Chief of Staff concludes that the practitioner demonstrates competency, the Department Director or Chief of Staff will recommend the practitioner for Initial Appointment per the Cascade Medical Credentialing Policy.

Section 3 FPPE: Newly Requested Special Privilege

1. A period of focused evaluation is also required for all existing members of the Medical Staff who have been approved for new privileges. Focused evaluation is accomplished through review of all episodes of care where the new privilege has been exercised.
2. The duration of focused review shall be for a minimum of six months or until at least five episodes of care are available for review. The period of focused evaluation shall not exceed one year unless extended by practitioner request.
3. If at any time during the focused evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the Chief of Staff with input from the Hospital Administrator and/or Risk Manager and/or their designee shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question.
    a. If it is determined that it is not safe for the practitioner to exercise the privilege in question, the Chief of Staff will notify the practitioner immediately following such decision.
    b. In the event the practitioner does not agree with the decision made regarding denial of the new privilege they may exercise their rights under Article IX of the Medical Staff By-Laws.
4. At the end of the period of focused evaluation the Department Director or Chief of Staff will document the outcome of the Focused Evaluation related to the special privilege. A copy of the documentation will be sent to the practitioner and a copy to the Medical Staff Coordinator for inclusion in the practitioner's PPE file.

Section 4 FPPE: Concerns for Practitioner Competency

1. Concerns regarding practitioner competency will be directed to the Department Director or Chief of Staff who will review and discuss the concern(s) with the MEC.
2. The MEC will be responsible for reviewing all matters that it identifies as relevant or that are referred to it for FPPE. This review may include:
    a. Relevant medical records
    b. Interviews with and information from Cascade Medical employees, patients, family, visitors and others who may have relevant information.
    c. Consultation with relevant medical staff or Cascade Medical personnel
    d. Review of other relevant documentation
    e. The practitioner's professional practice evaluation history
    f. Interview with the practitioner
3. The MEC, in collaboration with the Department Director and the practitioner, will develop a focused practice evaluation plan with a specified timeline of not less than 3 months and with

measurable goals and objectives designed to improve quality, patient safety and support the success of the practitioner. The plan may include but is not limited to:

   a. Comparison of the practitioner's inpatient and outpatient complications / outcomes related to his/her peers
   b. Retrospective or prospective chart review
   c. Monitoring of clinical practice patterns
   d. Proctoring
   e. External Peer Review
   f. Simulation
   g. Discussion with other individuals involved in the care of the practitioner's patients relative to the substance of the focused review
   h. Practitioner education

4. The Department Director or Chief of Staff will be responsible for meeting with the practitioner and documenting the progress of the FPPE plan on a regular basis, with a minimum of 2 meetings in a 3 month period.
5. If at any time during the focused evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the Chief of Staff with input from the Hospital Administrator and/or Risk Manager and/or their designee shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question.
   a. If it is determined that it is not safe for the practitioner to exercise the privilege in question, the Chief of Staff will notify the practitioner immediately following such decision.
   b. In the event the practitioner does not agree with the decision made regarding denial of the new privilege they may exercise their rights under Article IX, Practitioner's Rights, of the Medical Staff By-Laws.
6. If at the conclusion of the FPPE, all goals and desired outcomes are met, the Department Director or Chief of Staff will document a summary of improvements made. This summary will be provided to the practitioner with a copy to the practitioner's PPE File.

ARTICLE V

Peer Review

Section 1 Internal Peer Review

1. Internal peer review is conducted by credentialed members of the medical staff and is utilized to identify episodes of excellence in care and service delivery and opportunities for quality improvement. Results from internal peer review are recorded on each practitioner's OPPE report. All cases reviewed internally will be identified as:
    i. (0) No Concerns
    ii. (1) Minor question, no compromise in care
    iii. (2) Quality concerns without adverse clinical impact
    iv. (3) Quality Concerns with adverse clinical impact
    v. (4) Unacceptable quality concerns with significant adverse impact
2. Cases identified as category 3 or 4 will be referred to the MEC for review. The MEC will follow the Practitioner Feedback guidelines in Article III, section 3.
3. Documentation of internally peer reviewed cases will be forwarded to the Medical Staff Coordinator and will be included in the practitioner's PPE file. A summary of the review will be added to the practitioner's OPPE report.
4. Random selection internal peer review will be conducted by the Medical Staff following scheduled medical staff meetings on a periodic basis. Cases will be reviewed and discussed in a group setting.
5. Cases triggered for Internal Peer review due to patient quality or safety concerns will be reviewed by:
    a. Emergency Department Medical Director for Emergency Department patients.
    b. Family Practice Department Director or Chief of Staff for all other patients.
    c. Chief of Staff upon his/her discretion or as requested by a Department Director, practitioner or administration.
6. Triggers for Internal Peer Review due to quality or safety concerns:
    a. Patient Complaints related to medical management (quality or timeliness of care)
    b. Patient Safety Incidents reported in the Meditech Event Reporting System related to medical management (quality or timeliness of care)
    c. Emergent transfers from inpatient or observation status to a higher level of care.
    d. Variation from Medical Staff approved protocols
    e. Unexpected Death
    f. 30 day re-admission to the hospital
    g. 48 hour bounce back to emergency department
7. Notifications for Internal Peer review due to quality or safety concerns:
    a. When a chart is triggered for internal peer review the following practitioners will be notified prior to review:
        - The practitioner whose chart is to be reviewed
        - The appropriate Department Director (ED or Family Practice)
        - The Chief of Staff
    b. Notification will be via one email to appropriate parties and include:
        - Name of Patient
        - Date of Service
        - Trigger for Review
8. Internal Peer review, due to quality or safety concerns, follow up:

a. The practitioner conducting internal peer review will talk with the practitioner whose chart has been reviewed, discuss the case and provide written feedback.
b. Peer Review, including discussion with the practitioner whose chart has been triggered, will be conducted within 15 days of notification.
c. Written feedback will be forwarded to the practitioner with a copy to the Medical Staff Coordinator for inclusion in the practitioner's PPE file.

Section 2 External Peer Review

1. External peer review will be conducted by a physician licensed in the State of Washington and approved by the Medical Staff.
2. External peer review occurs on a regularly scheduled basis as well as an as-needed basis in response to concerns.
3. Triggers for scheduled external Peer Review:
   a. Emergent transfers from inpatient or observation status to a higher level of care
   b. Unexpected Death
   c. 30 day readmission to the hospital
   d. Emergency department cases requiring modified trauma activation
4. Scheduled external peer review cases will be discussed quarterly at medical staff meetings. Written feedback will be provided to the practitioner with a copy to the Medical Staff Coordinator for inclusion in the practitioner's PPE file.
5. As needed external peer review may occur in the following circumstances:
   a. Individual or collective case review as requested by MEC
   b. Individual or collective case review as identified by the facility Risk Manager for QI purposes.
6. Notifications for External Peer Review:
   a. When a chart is triggered for External peer review based on triggers listed in #5 above, the following practitioners will be notified prior to review:
      - The practitioner whose chart is to be reviewed
      - The appropriate Department Director (ED or Family Practice)
      - The Chief of Staff
   b. Notification will be via one email to appropriate parties and include:
      - Name of Patient
      - Date of Service
      - Trigger for Review
      - Date chart is expected to be reviewed
7. External Peer review follow up:
   a. The practitioner conducting external peer review will provide written feedback. Generally cases will be discussed on a quarterly basis at the Medical Staff meeting.
   b. Cases pulled for external peer review that are conducted outside of the quarterly schedule will be reviewed with the Department Director (ED or Family Practice) or Chief of Staff. The Department Director or Chief of Staff will discuss the case with the practitioner whose chart was reviewed within 15 days of the completion of the review.
   c. Written feedback will be provided to the practitioner with a copy to the Medical Staff Coordinator for inclusion in the practitioner's PPE file.

ARTICLE VI

ADOPTION

This Professional Practice Evaluation Policy and procedure is adopted and made effective upon approval of the board, superseding and replacing any and all other By-Laws, Rules and Regulations or hospital policies pertaining to the subject matter thereof.

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: May 22, 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	10121967 – 10122262	$1,000,907.26	4/12/2024 – 5/10/2024
Accounts Payable EFT Transactions	20240051 – 20240066	$592,361.83	4/12/2024 – 5/10/2024
Payroll EFT Transactions	19999 – 20603	$1,344,124.26	4/6/2024 – 5/17/2024
	Grand Total	$2,937,393.35	

Prepared by:

Kathy Jo Evans
Director of Accounting

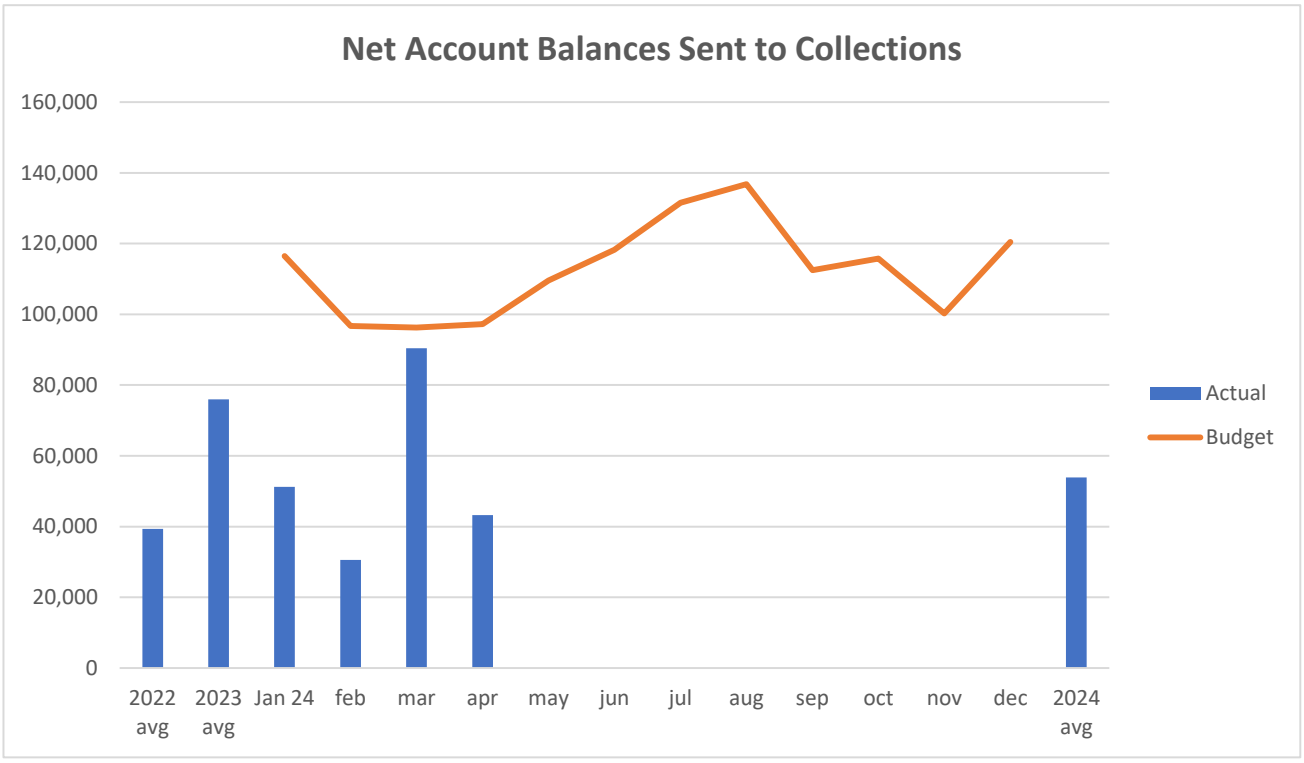
Cascade Medical

Bad Debt Write Offs
Financial Assistance Program Discounts

Month of April, 2024

Net Bad Debt Write-Offs for Board Approval	**$**	**43,275.82**
CFSP/Financial Assistance Program Discounts for Board Approval	**$**	**66,825.75**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		109,673.46
	less: pullback from Agency due to receipt of payments		(66,397.64)
	Net Bad Debt Write-Offs		43,275.82
CFSP/Financial Assistance Applications - Discounts Approved		$	66,825.75
	Total		110,101.57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140,000
120,000
100,000
80,000
60,000
40,000
20,000
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2023 avg
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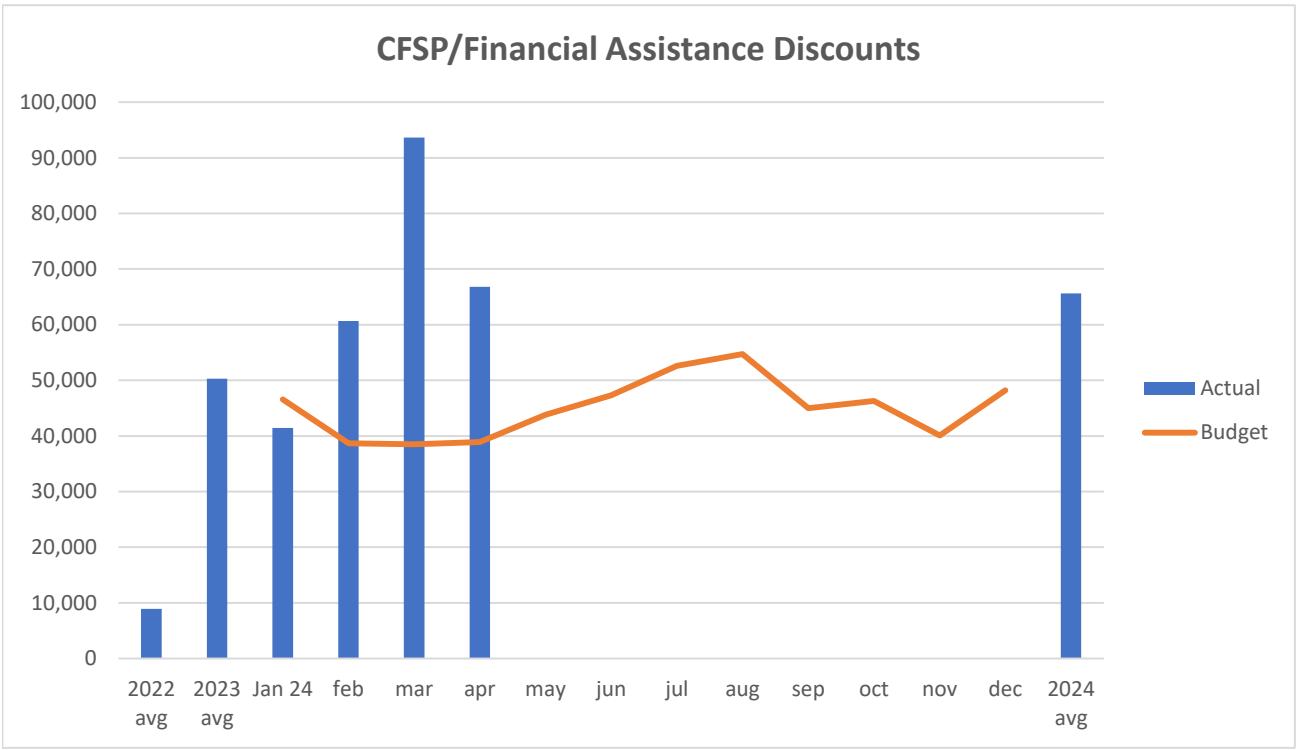
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2024 avg
Actual
Budget


CFSP/Financial Assistance Discounts
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90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2022 avg
2023 avg
Jan 24
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2024 avg
Actual
Budget

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

A G E N D A

Board Quality Oversight Committee
May 17, 2024
12:00 PM – 2:00 PM
Administration Building 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	12:00 PM
2.	Consent Agenda Approval • May 17, 2024, Agenda • February 27, 2024, Minutes	12:00 PM
Committee Work		
1.	Review Action Items	12:00 PM
2.	Patient Story	12:00 PM
3.	Review Policies • Medical Staff Credentialing • Medical Staff Professional Practice Evaluation	12:15 PM
4.	Q1 Quality Committee Reports	12:30 PM
5.	Review Q1 Data • Patient Safety and Quality Data • Incident Reporting Data • Patient Satisfaction Report • Notable Achievements	12:40 PM
6.	CAH Program Evaluation Review	1:10 PM
7.	Board Quality Rounding Review	1:30 PM
8.	Committee Chair Transition Discussion	1:40 PM
9.	Schedule August Meeting Date	1:50 PM
10.	Provider Credentialing	1:55 PM
Adjournment		
1.	Adjournment	2:00 PM

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

Materials provided in advance of meeting along with agenda:

1. February 27, 2024, Minutes
2. Policy – Medical Staff Credentialing
3. Policy – Medical Staff Professional Practice Evaluation
4. Committee Reports
    a. Diversity, Equity, and Inclusion Committee (*new)*
    b. Emergency Care Committee
    c. Infection Control Committee
    d. Patient and Family Advisory Council
    e. Pharmacy and Therapeutics Committee (*new)*
    f. Safe Patient Handling Committee
    g. Safety Committee
    h. Swing Bed Committee

    i. Utilization Management Committee
5. Q1 Data
6. CAH Program Evaluation
7. Board Quality Rounding Forms and Data
    a. Emergency Department
    b. Radiology

Credentialing Approvals

Active Privileges: (2-year appointment)

- Mara Merritt, MD*

Adjunct Privileges, Provisional: (1-year appointment)

- Kami Veltri, MD*

Teleradiology Privileges, Provisional: (1-year appointment)

- Mohan Ashok Kumar, MD (Telerobotic Ultrasound)

Cascade Medical's credentialing process has been followed for these providers except for those starred, which have not been reviewed by the Quality Oversight Chair.

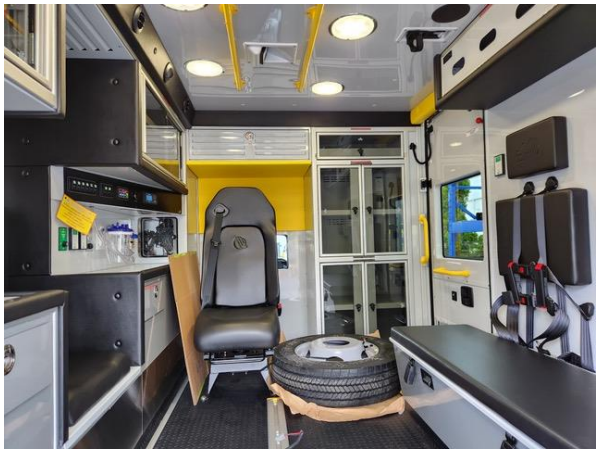
Replacement Ambulance Summary

Management wishes to proceed with purchasing a new ambulance for our fleet. This will replace an aging unit and is a planned 2024 capital purchase item. Below is a summary of the need and recommendation.

SBAR: Purchase of Replacement Ambulance

- **Situation:**
  - Ambulance fleets need to be regularly refreshed, due to the wear and tear which occurs on an emergency vehicle and the need to keep them in reliable working condition, given their purpose.
  - Our two newest ambulances were both acquired in 2021. One of those is stationed at Lake Wenatchee and the other operates out of CM. The second out unit at CM was acquired in 2016 and the back up unit is a 2015.

    - A good goal in a rural EMS system is for the ambulance replacement cycle to provide a cadence so that no ambulance is older than five years. For most rural EMS agencies, this is challenging to meet, due to cost of acquisition, but it is good to recognize the optimal standard.
    - Our second out unit is eight years old, the back up is nine years old.
    - The supply chain for ambulances is tight, with lead time for a new ambulance hovering around the three year mark.
- **Background:**
    - The 2024 Capital Budget includes $282,000 for a replacement ambulance as well as $34,720 for a power loading cot/stretcher for a total of $316,720.
    - The quote for the ambulance, which includes an installed power cot is $307,308. We anticipate spending up to an additional $10,000 to decal the outside and install radios.
    - The ambulance for purchase is a show demo model, so it's price to us is less than a brand new non-demo model; it's status also makes it readily available.
    - Our capital budget currently plans for additional ambulance purchases in 2025 for $358,000 and in 2027 for $380,000.
- **Assessment:**
    - A fleet of ambulances in proper working condition is essential for serving the emergency needs of our community.
- **Recommendation:**
    - Management recommends approval of the ambulance. This is planned for in the capital budget and the quote is on budget. Given the long lead time and cost of a brand new ambulance, the demo model purchase best fits our budget and timeline.
    - Normally we would introduce the purchase request at one board meeting and ask for approval at the second board meeting, but management is recommending approval in May. This is due to the need to make a quick commitment in order to receive the identified ambulance and not have it go to another agency.



Accompanying Notes for the April 2024 Financial Statements

April Financial Statements – Current Month Summary

April gross patient revenue of $3,148,000 exceeded the budgeted amount of $2,777,000 by $371,000. The contractual allowance of $846,000 for April was less than the budgeted amount of $882,000 by $36,000. The April net margin of ($87) was greater than the budgeted net margin of ($69,000) by $69,000. Cash receipts totaling $3,825,000 in April were greater than the budgeted cash receipts total of $3,228,000. The April month end cash balance of $14,922,000 is greater than the budgeted cash balance of $14,469,000 by $453,000.

Specific Revenue and Expense Variances

1. Purchased Services for April were over budget by ($92,000) due to Business Office Support expenses ($51), HIM Coding expenses and plant expenses for heater repairs.
2. Professional fees were over budget in April by ($73,000) due to Acute nurse registry expense, Hospitalist expense, Clinic practice share consulting and expense for an EMS staffing study.

Patient Statistics

In April we saw Ambulance, Rehab, and Acute volumes below budgeted volumes, while CT, ED, Lab, and Radiology volumes all were well above budgeted volumes. Rehab volumes are trending up with the addition of a new Physical Therapist in late March.

Cash Receipts

Collections on patient accounts of $2,464,000 in April were above budgeted patient account collections of $1,973,000 by $491,000.

Balance Sheet

Our Balance Sheet shows an increase in cash balances in April of $1,139,000.

Accounts Receivable

Days in Net Accounts Receivable decreased from 55.7 days in March to 53.7 days in April, which is just below our target budget amount. Gross Accounts Receivable has decreased by $91,000 from March.

Contractual Allowances

Our Contractual Allowance for April is 26.9% of Gross Revenues. Overall, our Contractual Allowance is 43% of Gross Accounts Receivable.

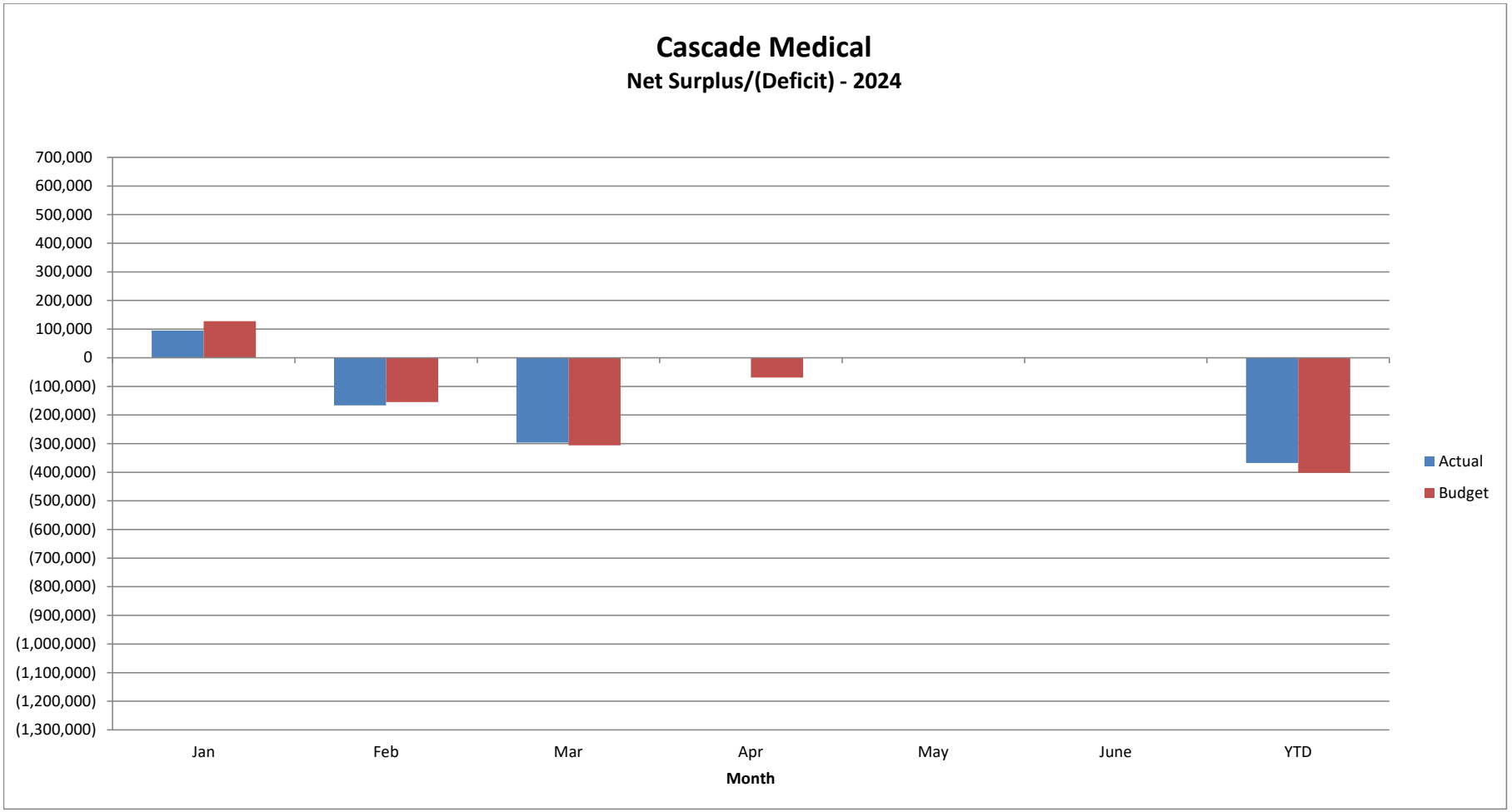
Final comments

Accounts Receivable balances for Health Alliance, which was our payer most affected by the Change Healthcare cyberattack, were quite high at the end of April, totaling close to $550,000, as our ability to send outgoing claims and to receive payments were both affected. In early May we received substantial payments on these accounts.

Our annual financial audit is nearly complete, and our Medicare Cost Report currently is in its final review with our audit firm. We have had no updates from the state auditor on the 2019-

2022 State Accountability Audit, with our last communication with them being in mid-April.

The Charity Care Checkup that Washington Hospital services is performing is complete except for a follow up call scheduled for late May. The WSHA AHA Vitality Payer Scorecard work continues, and we have taken on some additional work through The Rural Collaborative to review our purchases made through specific vendors. The Rural Collaborative is asking their membership to take part in this work so they can understand where they can be most helpful to the membership in working to get better pricing, and we can also use the data for our own purposes.


Cascade Medical
Net Surplus/(Deficit) - 2024
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
(800,000)
(900,000)
(1,000,000)
(1,100,000)
(1,200,000)
(1,300,000)
Jan
Feb
Mar
Apr
May
June
YTD
Month
Actual
Budget

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

000's omitted

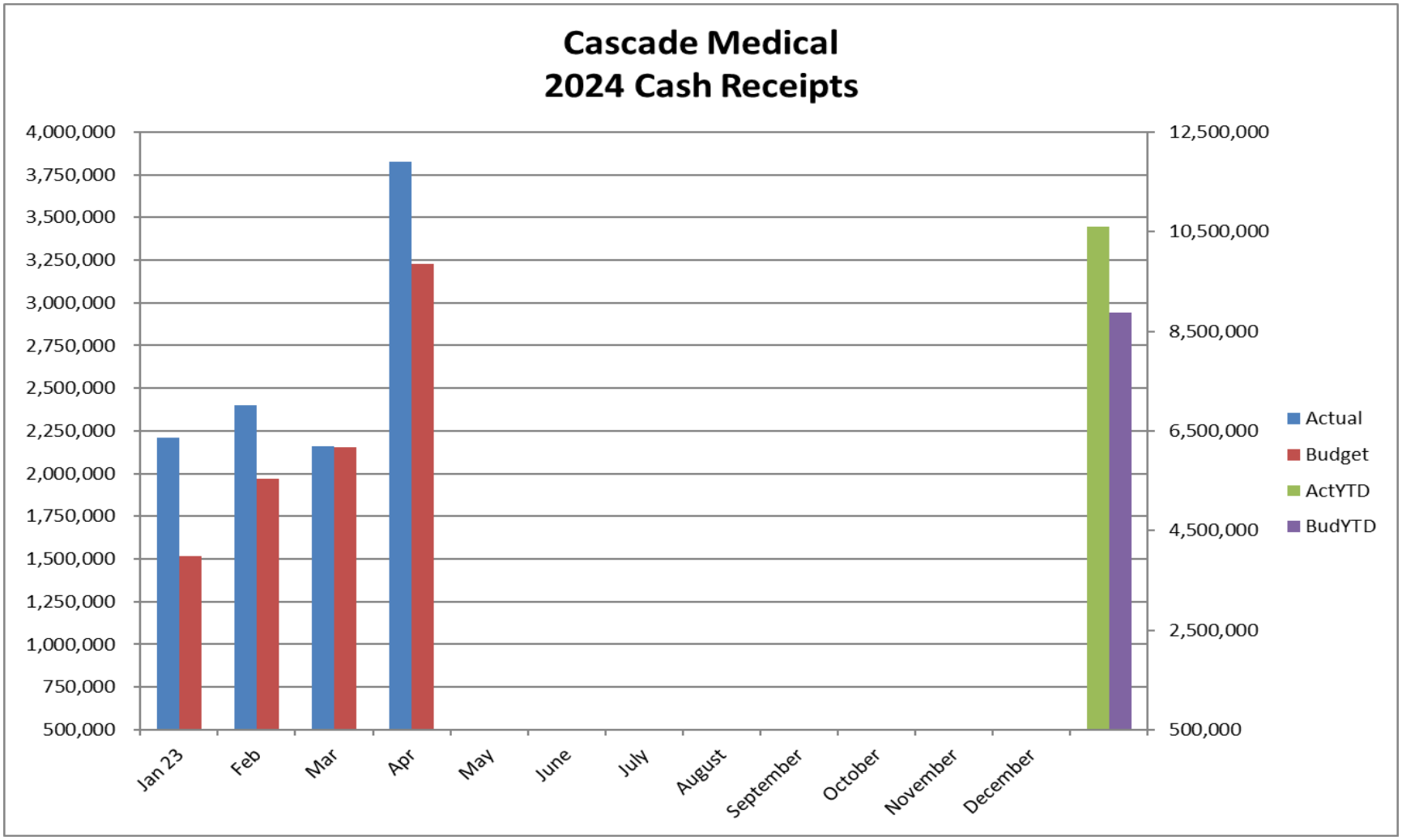
	YTD Apr
Net Margin	
Actual	(368)
Budget	(402)
Better (Worse) than Budget	34
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - PT ($284); Amb ($176); CT $473; ED $185; Lab $182; Clinic $157; Endo $136	646
Contractual Allowances	(258)
Net Patient Revenue	388
Other Operating Revenue	(104)
Total Operating Revenue	284
Expenses	
Salaries & Benefits - OPEB $60	103
Prof. Fees - HR ($72); Acute ($67); Admin ($54); ED Prov ($31); ED $41	(220)
Supplies	(64)
Purchased Services/Repairs - Bus Off ($112); IT ($43); CT ($30)	(175)
Other Operating Expenses - Info Sec $67; Depr $30; AMB $20; Admin ($26)	108
Total Operating Expenses	(248)
Non-Operating Revenues & Expenses	(2)
Actuals Better/(worse) than Budget	34

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

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,301,991	1,895,581	406,410	8,411,917	8,023,876	388,041	7,072,321
Grants, Contribs, Other Op Revenue	135,804	273,770	(137,966)	525,002	629,080	(104,078)	402,593
Tax Levies, unrestricted	137,725	137,725	-	550,900	550,900	-	598,660
Total Operating Revenue	2,575,520	2,307,076	268,444	9,487,819	9,203,856	283,963	8,073,574
Operating expenses							
Salaries & Benefits	1,665,205	1,669,012	3,807	6,616,725	6,719,461	102,736	5,764,822
Professional fees	204,518	131,153	(73,365)	687,499	467,289	(220,210)	673,841
Supplies	171,750	141,661	(30,089)	694,690	630,680	(64,010)	609,376
Purchased services	239,592	146,391	(93,201)	754,227	579,637	(174,590)	611,908
Depreciation	163,359	169,874	6,515	651,334	679,496	28,162	666,211
Other Operating Expenses	217,297	204,369	(12,928)	794,808	874,272	79,464	680,434
Total operating expenses	2,661,719	2,462,460	(199,259)	10,199,284	9,950,835	(248,449)	9,006,591
Operating gain / (loss)	(86,199)	(155,384)	69,185	(711,465)	(746,979)	35,514	(933,017)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	450,564	450,564	-	433,176
Interest expense on bonds	(25,327)	(25,328)	1	(101,308)	(101,312)	4	(108,856)
Other Non-Operating rev (exp)	(1,201)	(989)	(212)	(5,468)	(3,956)	(1,512)	(5,121)
Total nonoperating rev (exp), net	86,113	86,324	(211)	343,787	345,296	(1,509)	319,199
Net Income	(87)	(69,060)	68,973	(367,678)	(401,683)	34,005	(613,818)

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

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,147,618	2,777,114	370,504	12,265,338	11,619,344	645,994	10,406,967
less:							
Contractual Allowances	724,387	745,454	21,067	3,301,020	3,026,120	(274,900)	2,856,518
Reserve for Bad Debts	86,267	97,199	10,932	393,055	406,677	13,622	340,185
Reserve for Financial Assistance	34,973	38,880	3,907	159,347	162,671	3,325	137,943
Total Deductions from Revenue	845,627	881,533	35,906	3,853,421	3,595,468	(257,953)	3,334,646
Net Patient Revenue	2,301,991	1,895,581	406,410	8,411,917	8,023,876	388,041	7,072,321
Grants, Contributions	35,784	2,000	33,784	109,961	43,000	66,961	36,547
Other Operating Revenue	100,020	271,770	(171,750)	415,041	586,080	(171,039)	366,046
Tax Levies, unrestricted	137,725	137,725	-	550,900	550,900	-	598,660
Total Operating Revenue	2,575,520	2,307,076	268,444	9,487,819	9,203,856	283,963	8,073,574
Operating expenses							
Salaries and wages	1,368,923	1,359,775	(9,148)	5,424,769	5,479,163	54,394	4,694,115
Employee benefits	296,282	309,237	12,956	1,191,956	1,240,298	48,342	1,070,708
Professional fees	204,518	131,153	(73,365)	687,499	467,289	(220,210)	673,841
Supplies	171,750	141,661	(30,089)	694,690	630,680	(64,010)	609,376
Utilities	22,600	24,581	1,981	99,174	99,049	(125)	96,654
Repairs and maintenance	24,047	22,844	(1,203)	92,773	91,376	(1,397)	117,380
Purchased services	215,545	123,547	(91,998)	661,454	488,261	(173,193)	494,528
Continuing medical education	373	2,167	1,794	5,698	8,668	2,970	3,095
Other expenses	11,341	14,480	3,139	68,026	93,483	25,457	43,220
Dues and subscriptions	80,885	84,288	3,403	317,145	362,725	45,580	256,023
Travel / training / meetings	32,355	16,030	(16,325)	68,660	48,864	(19,796)	67,351
Leases and rentals	28,244	14,198	(14,046)	62,533	68,427	5,895	74,495
Depreciation	163,359	169,874	6,515	651,334	679,496	28,162	666,211
Licenses and taxes	19,272	25,103	5,831	101,702	100,912	(790)	58,122
Insurance	19,576	22,248	2,672	66,569	87,048	20,480	76,170
Interest	2,652	1,274	(1,378)	5,304	5,096	(208)	5,304
Total operating expenses	2,661,719	2,462,460	(199,259)	10,199,284	9,950,835	(248,449)	9,006,591
Operating gain / (loss)	(86,199)	(155,384)	69,185	(711,465)	(746,979)	35,514	(933,017)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	450,564	450,564	-	433,176
Interest expense on bond financing	(25,327)	(25,328)	1	(101,308)	(101,312)	4	(108,856)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	500
Investment income	568	780	(212)	1,609	3,120	(1,511)	1,456
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(7,077)	(7,076)	(1)	(7,077)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	86,113	86,324	(211)	343,787	345,296	(1,509)	319,199
Net Income	(87)	(69,060)	68,973	(367,678)	(401,683)	34,005	(613,818)


Cascade Medical
2024 Cash Receipts
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
2,750,000
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
500,000
12,500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Actual
Budget
ActYTD
BudYTD
Jan 23
Feb
Mar
Apr
May
June
July
August
September
October
November
December

Cascade Medical
Statistics Summary - 2024

	YTD 2023 avg/mo	jan 24	feb	mar	apr	may	2024 Act mo	2024 Bud mo	Act/Bud % var	2024 Act YTD Tot	2024 Act avg/mo	2024 Bud YTD Tot	2024 Bud avg/mo	Act/Bud % var
Acute Care	19	34	10	25	23		23	25	-8.0%	92	23	91	23	1.1%
Swing Bed	71	70	38	74	95		95	85	11.9%	277	69	374	94	-26.0%
Laboratory tests	2,639	3,427	2,847	3,114	3,377		3,377	2,786	21.2%	12,765	3,191	11,157	2,789	14.4%
Radiology exams	298	312	294	281	380		380	318	19.5%	1,267	317	1,227	307	3.3%
CT scans	100	144	131	129	138		138	95	45.3%	542	136	400	100	35.5%
ED visits	276	325	262	287	327		327	259	26.3%	1,201	300	1,085	271	10.7%
Ambulance runs	65	64	47	73	44		44	57	-22.8%	228	57	258	65	-11.6%
Clinic visits	1,079	1,264	1,132	1,146	1,233		1,233	1,143	7.9%	4,775	1,194	4,802	1,201	-0.6%
Rehab procedures	2,229	1,835	1,749	1,893	2,172		2,172	2,528	-14.1%	7,649	1,912	10,112	2,528	-24.4%

Patient Statistics

	2023	2024												2024
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	4.5	7	4	5	8									6.0
Short Stay	3.0	6	7	7	5									6.3
Swing Bed	4.3	4	1	6	6									4.3
Respite Care	1.0	2	1	-	-									1.0
Total Admits	12.8	19	13	18	19									17.3
Patient Days														
Acute Care	18.5	34	10	25	23									23.0
Short Stay	3.8	8.3	11.3	8.3	4.8									8.1
Swing Bed	70.8	70	38	74	95									69.3
Respite Care	10.0	7	6	-	-									3.3
Total Patient Days	103.1	119.3	65.3	107.3	122.8									103.6
Average Length of Stay	8.1	6.3	5.0	6.0	6.5									5.9
Average Patients per Day	3.4	3.8	2.3	3.5	4.1									3.4
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,639	3,427	2,847	3,114	3,377									3,191
Radiology (tests)	246	263	246	233	334									269
Mammography (tests)	34	36	38	37	38									37
Cardiac Diagnostics	85	87	80	95	85									87
CT (Scans)	100	144	131	129	138									136
DXA (Scans)	18	13	10	11	8									11
PT (services billed)	1,718	1,463	1,441	1,507	1,862									1,568
ER (visits/procedures)	276	325	262	287	327									300
Ambulance (runs)	65	64	47	73	44									57
Clinic (visits)	1,079	1,264	1,132	1,146	1,233									1,194
Occupational Therapy	449	302	246	320	251									280
Speech Therapy	62	70	62	66	59									64
Cardiac Rehab	-	7	12	15	35									17
Endoscopy Procedures	16	26	22	17	22									22

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	$ 60,974	$ 124,350	$ 28,890	$ 80,250	$ 73,830									$ 76,830
Short Stay	12,009	27,810	36,660	29,145	15,875									27,373
Respite Care	5,298	5,005	3,300	-	-									2,076
Swing Bed	162,409	190,780	98,230	217,140	263,670									192,455
Central Supply	17,123	46,843	20,703	20,645	37,524									31,429
Laboratory	327,398	448,711	343,301	383,678	399,112									393,701
Cardiac Diagnostics	26,903	22,436	24,588	29,132	27,721									25,969
CT	347,069	529,581	462,108	479,319	462,828									483,459
Radiology	128,795	140,411	131,027	132,687	178,723									145,712
Mammography	20,498	22,920	24,666	27,284	17,304									23,044
Pharmacy	141,100	164,563	105,684	129,592	156,409									139,062
Respiratory Therapy	-	90	-	269	-									90
Physical Therapy	181,402	162,891	164,573	167,178	143,098									159,435
Emergency Room	581,856	739,709	570,388	625,754	743,812									669,916
Ambulance	203,226	229,135	146,682	220,818	150,456									186,773
Clinic	262,200	400,468	367,968	319,558	328,510									354,126
Occupational Therapy	52,461	34,011	33,089	45,081	22,581									33,690
Outpatient Diagnostic Svcs	45,582	71,615	94,840	94,169	95,743									89,092
Speech/Contracted Svcs	19,764	24,359	21,522	23,619	15,337									21,209
Cardiac Rehab	-	1,575	2,475	3,600	7,875									3,881
Dietary/Contracted Svcs	5,678	6,856	5,265	8,729	7,212									7,015
Total Patient Revenue	**$ 2,601,742**	**$ 3,394,117**	**$ 2,685,959**	**$ 3,037,644**	**$ 3,147,618**									$ 3,066,335

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending April 30, 2024

	Apr-24	2024 YTD	2023 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 2,464,329	$ 8,609,647	$ 8,258,682
Other receipts	$ 42,504	$ 229,549	$ 183,103
Payments to & on behalf of employees	$ (1,381,284)	$ (5,314,169)	$ (4,605,946)
Payments to suppliers and contractors	$ (1,161,711)	$ (3,861,146)	$ (3,608,211)
Net cash gained / (used) in operating activities	$ (36,163)	$ (336,119)	$ 227,627
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 957,294	$ 1,113,288	$ 1,146,398
Noncapital grants and contributions	$ 33,559	$ 55,944	$ 36,547
Net cash provided by noncapital financing activities	$ 990,853	$ 1,169,232	$ 1,182,946
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 273,774	$ 317,832	$ 308,981
Purchase of capital assets	$ (143,738)	$ (471,336)	$ (12,222)
Payments toward construction in progress		$ (267,525)	$ (21,646)
Proceeds from disposal of capital assets		$ -	$ 500
Proceeds from long-term debt		$ -	$ -
Principle & Interest paid on long-term debt		$ -	$ -
Bond maintenance & issuance costs		$ -	$ -
Capital grants and contributions	$ 2,225	$ 54,016	$ -
Net cash provided by capital and related financing activities	$ 132,262	$ (367,012)	$ 275,613
Cash flows from investing activities			
Investment Income	$ 51,558	$ 217,362	$ 173,622
Net increase (decrease) in cash and cash equivalents	$ 1,138,510	$ 683,464	$ 1,859,808
Cash and Cash equivalents, beginning of period	$ 13,783,098	$ 14,238,144	$ 12,919,205
Cash and cash equivalents, end of period	$ 14,921,608	$ 14,921,608	$ 14,779,014

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending April 30, 2024

	Actual 1st Qtr	Actual April	Forecast May	Forecast June	Forecast 2nd Qtr	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2024	Budget 2024
Cash balance, beginning of period	$ 14,238,144	$ 13,783,098	$ 14,921,608	$ 15,081,269	$ 13,783,098	$ 14,738,932	$ 14,501,807	$ 14,238,144	$ 14,238,144
Cash available for operating needs	$ 14,021,607	$ 13,479,513	$ 14,079,804	$ 14,062,950	$ 13,479,513	$ 13,863,850	$ 13,590,060	$ 14,021,607	14,021,607
Cash restricted to debt service, other restricted funds	$ 216,537	$ 303,585	$ 841,805	$ 1,018,320	$ 303,585	$ 875,082	$ 911,748	$ 216,537	216,537
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 6,145,318	$ 2,464,329	$ 1,850,131	$ 1,931,938	$ 6,246,398	$ 6,827,054	$ 6,849,042	$ 26,067,812	$ 24,445,262
Grant receipts	$ 74,176	$ 35,784	$ 22,000	$ 2,000	$ 59,784	$ 6,000	$ 6,000	$ 145,960	$ 79,000
Other receipts	$ 187,045	$ 42,504	$ 45,445	$ 60,445	$ 148,394	$ 136,335	$ 151,335	$ 623,109	$ 794,340
Payments to or on behalf of employees	$ (3,932,884)	$ (1,381,284)	$ (1,499,400)	$ (1,506,174)	$ (4,386,858)	$ (5,231,455)	$ (4,447,500)	$ (17,998,698)	$ (19,537,764)
Payments to suppliers and contractors	$ (2,699,435)	$ (1,161,711)	$ (598,544)	$ (645,668)	$ (2,405,923)	$ (1,899,632)	$ (1,841,062)	$ (8,846,052)	$ (7,610,953)
Net cash provided by operating activities	$ (225,780)	$ (379)	$ (180,368)	$ (157,459)	$ (338,206)	$ (161,698)	$ 717,815	$ (7,868)	$ (1,830,116)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ -	$ -	$ -	$ 271,769	$ 271,769	$ 271,769
Taxation for Emergency Medical Services	$ 113,004	$ 692,849	$ 215,822	$ 10,668	$ 919,339	$ 44,831	$ 692,298	$ 1,769,472	$ 1,652,698
Investment Income	$ 165,805	$ 51,558	$ 46,030	$ 46,030	$ 143,618	$ 138,090	$ 138,090	$ 585,603	$ 552,360
Donations	$ -			$ -	$ -	$ -	$ 90,000	$ 90,000	$ 90,000
Net cash provided by noncapital financing activities	$ 278,809	$ 744,407	$ 261,852	$ 56,698	$ 1,062,957	$ 182,921	$ 1,192,157	$ 2,716,843	$ 2,566,827
Proceeds from Long Term Debt	$ -				$ -	$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (595,122)	$ (143,738)	$ (98,338)	$ (98,338)	$ (340,414)	$ (295,014)	$ (295,014)	$ (1,525,564)	$ (1,180,056)
Increase/(decrease) in cash available for operations	$ (542,094)	$ 600,290	$ (16,854)	$ (199,099)	$ 384,337	$ (273,791)	$ 1,614,958	$ 1,183,411	$ (443,345)
Cash available for operating needs	**$ 13,479,513**	**$ 14,079,804**	**$ 14,062,950**	**$ 13,863,850**	**$ 13,863,850**	**$ 13,590,060**	**$ 15,205,018**	**$ 15,205,018**	**$ 13,578,262**
Taxation for bond prin & int (incl encumbd M&O)	$ 87,048	$ 538,220	176,515	$ 8,725	$ 723,460	$ 36,666	$ 294,442	$ 1,141,616	$ 1,079,927
Principle & Interest paid on long-term debt				$ (151,963)	$ (151,963)	$ -	$ (937,963)	$ (1,089,926)	$ (1,089,926)
Restricted grants and contributions	$ -				$ -	$ -	$ -	$ -	
Increase/(decrease) in restricted cash	$ 87,048	$ 538,220	$ 176,515	$ (143,238)	$ 571,497	$ 36,666	$ (643,521)	$ 51,690	$ (9,999)
Cash restricted to debt service, other restricted funds	**$ 303,585**	**$ 841,805**	**$ 1,018,320**	**$ 875,082**	**$ 875,082**	**$ 911,748**	**$ 268,227**	**$ 268,227**	**$ 206,538**
Cash balance, end of period	**$ 13,783,098**	**$ 14,921,608**	**$ 15,081,269**	**$ 14,738,932**	**$ 14,738,932**	**$ 14,501,807**	**$ 15,473,245**	**$ 15,473,245**	**$ 13,784,800**

CASCADE MEDICAL CENTER

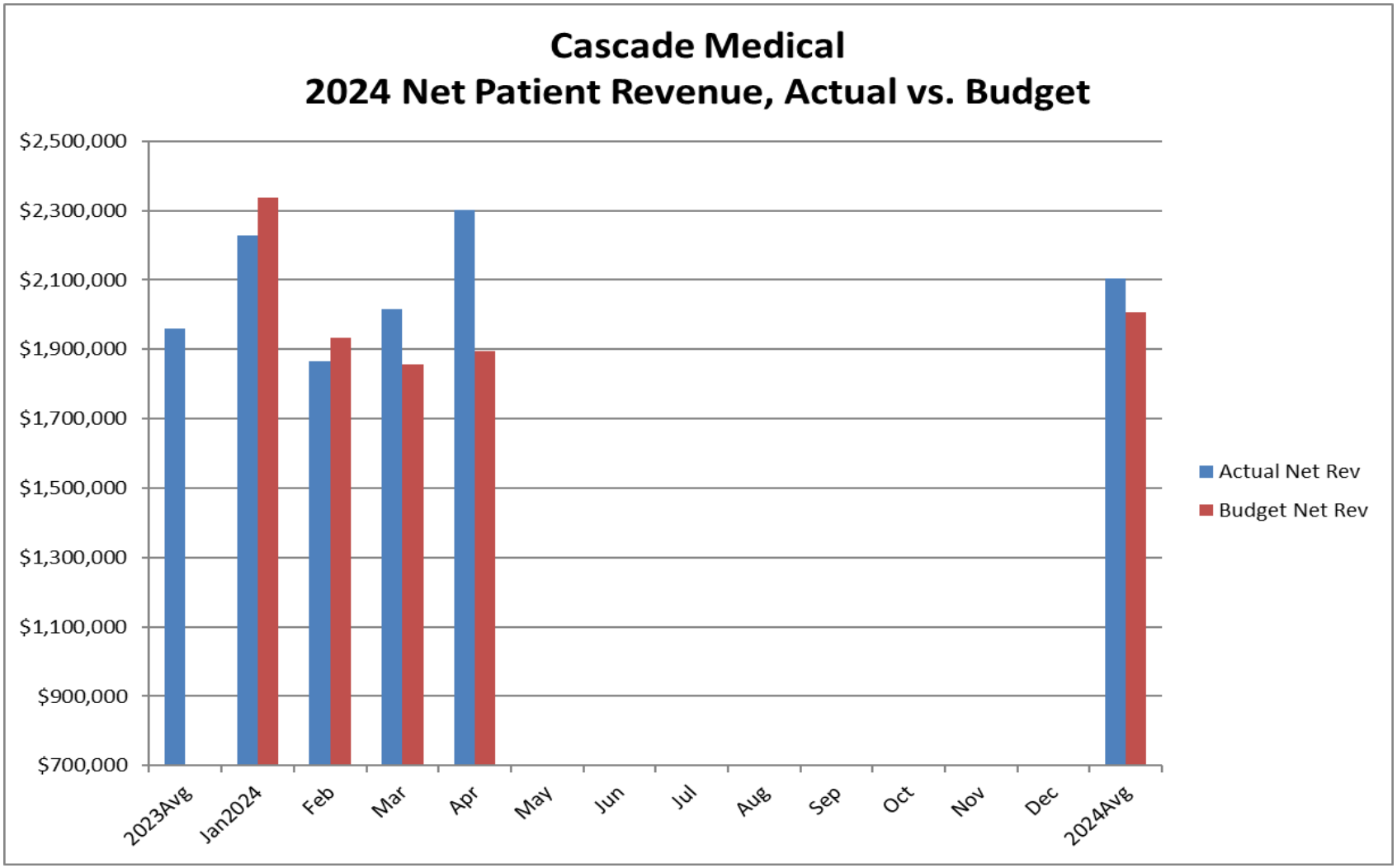
EMERGENCY MEDICAL SERVICES - APRIL, 2024

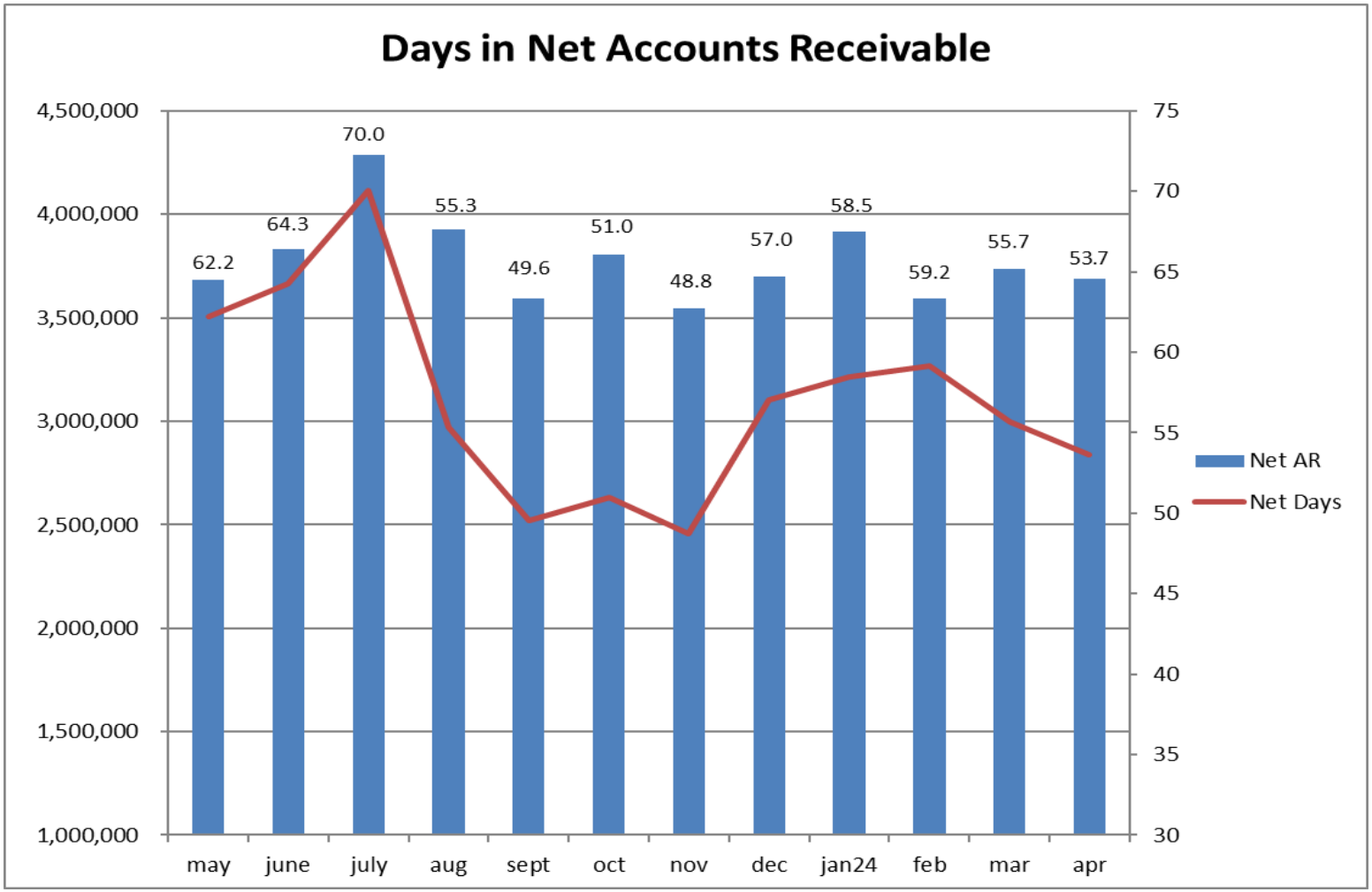
	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
REVENUE	**4/30/24**	**4/30/24 YTD**	**4/30/24**	**4/30/24 YTD**	**4/30/24**	**4/30/24 YTD**	**4/30/2023 YTD**
PATIENT REVENUE	743,812	2,679,662	150,456	747,091	$894,268	$3,426,753	$3,140,334
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT &							
CHARITY CARE	$432,750	$1,559,028	$99,090	$492,034	$531,840	$2,051,062	$1,886,876
NET PATIENT REVENUE	**$311,062**	**$1,120,635**	**$51,366**	**$255,057**	**$362,428**	**$1,375,693**	**$1,253,458**
OTHER OPERATING REVENUE	$0	$0	3,890	42,708	$3,890	$42,708	$0
TOTAL OPERATING REVENUE	**$311,062**	**$1,120,635**	**$55,256**	**$297,765**	**$366,318**	**$1,418,401**	**$1,253,458**
OPERATING EXPENSES							
SALARIES AND WAGES	191,065	788,578	121,002	459,969	$312,066	$1,248,546	$1,084,141
EMPLOYEE BENEFITS	28,745	124,102	28,574	114,720	$57,319	$238,821	$205,378
PROFESSIONAL FEES	18,132	41,727	3,750	3,750	$21,882	$45,477	$83,597
SUPPLIES	6,214	24,600	8,602	35,582	$14,816	$60,181	$57,681
FUEL	-	-	1,493	6,264	$1,493	$6,264	$7,669
REPAIRS AND MAINT.	-	-	5,497	11,951	$5,497	$11,951	$14,668
PURCHASED SERVICES	4,309	14,858	15,751	59,408	$20,060	$74,266	$72,050
CONTINUING MEDICAL EDUCATION	150	1,205	92	92	$242	$1,297	$7,724
DUES	150	3,043	1,955	10,967	$2,105	$14,010	$12,731
OTHER EXPENSES	210	843	2,494	40,750	$2,704	$41,593	$6,311
LEASES / RENTALS	205	881	8,463	13,020	$8,668	$13,901	$11,521
DEPRECIATION	4,522	18,087	17,597	70,386	$22,118	$88,473	$89,768
TAXES AND LICENSES	-	592	-	163	$0	$755	$1,338
INSURANCE	1,079	4,314	4,455	17,821	$5,534	$22,135	$21,406
OVERHEAD COSTS	185,929	700,955	96,730	364,673	$282,659	$1,065,628	$1,109,178
TOTAL OPERATING EXPENSES	**$440,710**	**$1,723,784**	**$316,455**	**$1,209,515**	**$757,166**	**$2,933,298**	**$2,785,163**
MARGIN ON OPERATIONS	**($129,648)**	**($603,150)**	**($261,200)**	**($911,750)**	**($390,848)**	**($1,514,897)**	**($1,531,705)**
TAX REVENUE					**$137,725**	**$550,900**	**$598,660**
NET MARGIN WITH TAX REVENUE					**($253,123)**	**($963,997)**	**($933,045)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	**327**	**1,201**	**44**	**228**			
Total Ambulance Runs (includes unbillable runs)			**66**	**335**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	**283**	**1,104**	**54**	**260**			
Total Ambulance Runs (includes unbillable runs)			**83**	**383**			

Cascade Medical Center
Balance Sheet
As of April 30, 2024 and December 31, 2023

	Apr 2024	Dec 2023
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,405,049	925,852
Savings Account	10,731,265	11,886,669
Patient Account Receivable	6,468,797	6,490,775
less: Reserves for Contractual Allowances	(2,781,583)	(2,859,845)
Inventories and Prepaid Expenses	266,210	270,696
Taxes Receivable - M&O Levy	(73,360)	11,199
- EMS Levy	(221,446)	31,211
Other Assets	467,193	404,970
Total Current Assets	16,262,125	17,161,526
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	981,545	964,217
CVB Memorial Fund	1,274	1,274
UTGO Bond Payable Fund	393,205	75,373
LTGO Bond Payable Fund	2,004	2,004
Investment Memorial Fund	133,373	131,019
Settlement Account	174,679	171,595
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	888,000	82,148
	2,574,081	1,427,630
Taxes Receivable - Construction Bond Levy	(75,876)	11,246
Total Assets Limited as to Use	2,498,205	1,438,875
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,420,326	1,420,326
Buildings & Improvements	10,838,430	10,502,549
Fixed Equip - Hospital	9,034,728	8,946,455
Major Movable Equipment Hospital	8,157,808	7,975,703
Construction in Progress	647,383	760,146
Total Property, Plant and Equipment	30,620,689	30,127,194
Less: Accumulated Depreciation	(21,675,202)	(21,023,868)
	8,945,487	9,103,326
ROU Leases		
ROU Leases	106,054	106,054
Less Accumulated Amortization	(30,796)	(30,796)
	75,258	75,258
Other Assets		
Long Term Pension Assets	730,164	730,164
Deferred OPEB/Pension Costs	864,166	864,166
Deferred Bond Costs	294,156	301,233
TOTAL ASSETS	29,669,560	29,674,548

	Apr 2024	Dec 2023
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	353,284	636,707
Accrued Payroll	1,030,027	457,506
Refunds Payable	1,073	1,285
Accrued PTO	941,777	854,110
Payroll Taxes & Benefits Payable	(5,925)	83,616
Accrued Interest Payable	126,636	25,327
Current Long Term Debt	791,447	794,004
Current OPEB Liability	978,251	996,196
Short Term Lease	33,406	33,406
Settlement Payable	741,000	744,258
Total Current Liabilities	4,990,975	4,626,414
Long Term Liabilities		
Notes Payable	199,490	199,490
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	4,460,000	4,460,000
LTGO Bond Payable	4,215,000	4,215,000
Deferred Revenue/Bond Premium	81,622	83,493
Long Term OPEB/Pension Liability	2,969,594	2,969,594
Long Term ROU Leases	41,852	41,852
Total Long Term Liabilities	11,967,556	11,969,427
Total Liabilities	16,958,531	16,595,841
Fund Balance - Prior Years	13,078,706	13,078,706
Fund Balance - Current Year	(367,678)	-
Total Fund Balance	12,711,029	13,078,706
TOTAL LIABILITIES & FUND BALANCE	29,669,560	29,674,548


Cascade Medical
2024 Net Patient Revenue, Actual vs. Budget
$2,500,000
$2,300,000
$2,100,000
$1,900,000
$1,700,000
$1,500,000
$1,300,000
$1,100,000
$900,000
$700,000
2023Avg
Jan2024
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2024Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
62.2
64.3
70.0
55.3
49.6
51.0
48.8
57.0
58.5
59.2
55.7
53.7
may
june
july
aug
sept
oct
nov
dec
jan24
feb
mar
apr
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2024

Total Facility	Dec 2021	Dec 2022	Dec 2023	Jan24	Feb	Mar	Apr	May	Jun
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	6,869,008	6,427,845	6,560,012	6,468,797		
Credit bals as % of AR	2.5%	6.8%							
% >90 w/o installs	33.6%	41.2%							