

Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday September 25, 2024 | 5:30 PM
Arleen Blackburn Conference Room and Zoom Connection

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

I.	Call to Order	5:30	Bruce Williams
II.	Pledge of Allegiance	5:30	Bruce Williams
III.	Consent Agenda	5:30	Bruce Williams
	All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.		
	<ul style="list-style-type: none"> • Meeting Agenda • July 24, 2024 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10122952 – 10124482	07/12/2024 – 09/11/2024 \$ 1,521,393.83
	Accounts Payable EFT Transactions:	20240100 – 20240133	07/13/2024 – 09/11/2024 \$ 1,238,734.16
	Payroll EFT Transactions:	21636 – 22493	07/13/2024 – 09/11/2024 \$ 1,852,457.81
	Payroll Warrant Numbers:	80037– 80049	08/14/2024 \$ 541.12
	<ul style="list-style-type: none"> • Community Outreach and Awareness Charter • Disclosure of Unanticipated Outcomes • Bad Debt: July & August 2024 		
IV.	Community Input	5:35	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
V.	Foundation Report	5:40	Shannon Keller
VI.	CM Values	5:45	Diane Blake
VII.	Discussions & Reports	5:50	
	a. Patient and Family Advisory Council (PFAC) Report		Melissa Grimm
	b. Meditech Update		Diane Blake
	c. Risk Work Overview		Diane Blake
	<ul style="list-style-type: none"> • Are there any risks missing from the list or different risks the board identifies as highest priority for mitigation? 		Marianne Vincent
	d. First Reading of Draft 2025 Budget		
	<ul style="list-style-type: none"> • Are there any elements of the proposed budget which cause you concern or any for which you would like additional information? 		
VIII.	Committee Reports	6:45	
	a. Quality Oversight Committee		Jessica Kendall
	b. Board Quality Rounding		Shari & Tom
	c. Medical Staff Meeting		Shari Campbell
	d. Community Outreach and Awareness Committee		Shari Campbell
	e. Governance Committee		Bruce Williams
	f. WSHA Board Meeting		Bruce Williams
IX.	Action Items	7:25	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve Resolution 2024-08: Authorizing Proposition 1: EMS Regular Property Tax Levy		
	c. MOTION: Approve Open Public Meetings Policy		
X.	August Financial Report	8:20	Marianne Vincent
XI.	Administrator Report	8:30	Diane Blake
XII.	Board Action Items	8:50	Commissioners
XIII.	Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	8:55	Commissioners
XIV.	Adjournment	9:10	Bruce Williams

BOARD CALENDAR REMINDERS

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 17, 2024	Annual Board Retreat	Icicle Village Resort	All Day
October 24, 2024	Finance Committee	Administration Conference Room	9:00 AM
October 26, 2024	Part Time Resident Advisory Council (PTRAC) Meeting	Arleen Blackburn Conference Room	10:00 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 11, 2024	Open Forum	Arleen Blackburn Conference Room	11:30 AM
November 12, 2024	Open Forum	Arleen Blackburn Conference Room	12:30 PM
November 13, 2024	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 14, 2024	Governance Committee	Administration Conference Room	9:00 AM
November 14, 2024	Open Forum	Arleen Blackburn Conference Room	5:15 PM
November 15, 2024	Open Forum	Arleen Blackburn Conference Room	12:00 PM
November 20, 2024	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
December 9, 2024	Finance Committee	Administration Conference Room	9:00 AM
December 11, 2024	CMF 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 September 25, 2024

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

- **Consent Agenda** – Please note the Community Outreach and Awareness Charter is included in the consent agenda. This charter is recommended for board approval by the committee and is included in the consent agenda as standard procedure, with recognition that a report out from that committee will occur later in the meeting. Given it is a newly formed committee, however, please remember that a commissioner can request to pull it from the consent agenda, should they wish to discuss it prior to approval. Additionally, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Discussions & Reports**
 - Patient and Family Advisory Council (PFAC) Report – Included in your packet is a report summarizing the work of the PFAC over the past year. Melissa, as the Executive lead for this committee, will be on hand to answer questions and provide additional information. This informational update is in response to the board’s request earlier in the year to receive education on the PFAC.
 - Meditech Update – Included in your packet is a summary report of Meditech work, to inform Pat’s report.
 - Risk Work Overview – Included in your packet is a list of organizational risks with their definitions. These risks have been ranked for severity, with input from the leadership team and medical staff. We utilize this ranked list as an input for organizational planning, to ensure we include an appropriate focus on risk mitigation in our annual plan. Please keep in mind that the ranking formula weighs three different measures: how catastrophic the impact of an event would be, how likely it is to happen and whether it is likely to occur in the next two years. This means that some risks are likely to always be in the top ten, such as Board Changes (which is always likely to happen and often expected in the next two years). That doesn’t mean disaster is looming, but it is a reminder that, in this case, the board’s structure around new commissioner orientation, for example, is essential to maintain, for facilitating a smooth transition. We look forward to your thoughts and input on this topic, and the agenda includes a question prompt, to facilitate discussion.
 - First Reading of Draft 2025 Budget – Included in your packet is the draft budget for 2025. This has been drafted with input from medical staff, department teams, and the leadership team and has undergone an in-depth review with the executive team. We anticipate work will continue in the coming weeks, and the draft in your packet reflects up to date thinking and planning.
- **Committee Reports**

- Quality Oversight Committee – Included in your packet is the agenda from the most recent Quality Oversight Committee meeting, to facilitate Jessica’s report.
- Board Quality Rounding – No documents are included in your packet for this item. Shari and Tom, who participated in recent rounding, will report out on their experience.
- Medical Staff Meeting – No documents are included in your packet for this item. Shari, who attended, will report out on the meeting.
- Community Outreach and Awareness Committee – Included in your packet is the inaugural, most recent agenda from this committee’s meeting, to facilitate Shari’s report.
- Governance Committee – Included in your packet, to facilitate Bruce’s report, are the following documents: most recent meeting agenda, an updated strategic planning framework document, board education plan, and current year board goals.
- WSHA Board Meeting – No documents are included in your packet for this topic. Bruce will provide a verbal update related to the most recent meeting he attended.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Resolution 2024-08 – Included in your packet is a resolution for board consideration to renew the EMS Levy. Throughout the document, you will note a blank in each place that includes the amount of the levy. Previous EMS renewals have been run at the maximum allowed amount of \$0.50/\$1,000. This packet contains information (a summary of our current services and board-requested financial data) which will also be presented at the meeting, to assist the board in determining an amount for which to run the levy. The resolution which will be subsequently sent for signature will be updated with the amount decided by the board, ideally at this September meeting. Please also come prepared to briefly share a summary of any public input you received on this topic since the last meeting.
 - Open Public Meetings Policy – This policy, included in your packet, has been reviewed by the Governance Committee, who recommends approval. This item is included here, rather than as part of the consent agenda, to allow for discussion prior to approval.
- **August Financial Report** – Included in your packet is the financial report for August 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.
- Given there will be a report from the Community Outreach and Awareness Committee this month, coupled with Clint’s expected absence from the September meeting, there

will not be a Public Relations report, in its typical format, this month but should return in its usual format in October.

- Below are proposed dates and times from which to choose for the next Board Quality Rounding. The intent is that attendees and a final date and time will be decided during the Board Action Items section of the meeting. This list of proposed dates is included to simplify the work of scheduling; please come prepared to know which dates may work for you.
 - Monday, Oct 21: 8:00 – 10:00 AM or 2:00 – 4:00 PM
 - Wednesday, Oct 23: 8:00 – 10:00 AM or 2:00 – 4:00 PM *Preferred
 - Monday, Oct 28: 1:30 – 4:00 PM
 - Wednesday, Oct 30: 9:00 – 11:00 or 2:00 – 4:00 *Preferred
 - Monday, Nov 4: 1:30 – 4:00 PM



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

July 24, 2024

- Present:** Bruce Williams, President; Tom Baranouskas, Vice President; Jessica Kendall, Commissioner; Gustavo Montoya, Commissioner; Shari Campbell, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Megan Baker, Executive Assistant
- Via Zoom:** Clint Strand, Director of Public Relations
- Guests:** Ann MacPherson, CM Foundation

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Bruce Williams called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance.
Consent Agenda	<ul style="list-style-type: none"> Jessica moved to approve the consent agenda. Shari seconded the motion and the group unanimously approved.
Community Input	<ul style="list-style-type: none"> None
Foundation Report	<p>Ann MacPherson provided the Foundation Report.</p> <ul style="list-style-type: none"> The CM Foundation hosted its annual golf tournament on June 17, 2024, which was a great success, netting approximately \$40,000. The group has fully funded the hematology analyzer and has approximately \$22,000 in excess funds, which will contribute towards their stretch goal of purchasing an MIH vehicle. Benevolent Nights: <ul style="list-style-type: none"> August 14th: Wok About Grill September 21st: Jive Time in the Cascades The CM Foundation is actively recruiting new members.
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> CM defines integrity as “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.” At CM, behaviors reflecting integrity include but are not limited to treating others with uncompromising truth and ethical behavior, putting character above all else, standing for truth even when it is unpopular, and seeking, allowing, and giving honest feedback. Diane shared two examples of integrity in action. The Executive Team holds an all-day meeting once a month, focusing on major strategic planning and overlapping topics. They begin the meeting by reviewing a document called the DNA Code, which addresses key themes such as accountability, engagement, feedback, and growth. The group also participates in a roundtable where each member shares something they do well, something they’re proud of, and something they’re struggling with. It’s common for a team member to mention a struggle that another member praises them for. This practice highlights the humility and integrity of each member, as well as their commitment to holding themselves to a higher standard and being more critical of themselves than of others. Scott MacGregor, founder and CEO of Something New, highlighted

	<p>recruiter Sandra DiFiglia’s integrity. Over a decade ago, she reported a candidate’s rude behavior during an interview, despite the candidate’s qualifications, choosing honesty over convenience. This decision left a lasting impression and illuminated Sandra’s commitment to integrity.</p>
<p>Public Relations Report</p>	<p>No report.</p>
<p>Discussions & Reports</p>	<p>A. Strategic Plan Cycle of Work Diane Blake provided the report.</p> <ul style="list-style-type: none"> • The Strategic Plan Cycle of Work developed from a request at the first Governance meeting this year. The request included considerations on how to enhance the connection between the board and leadership throughout the strategic planning cycle. The document is meant to serve as a communication tool and a map to guide the strategic planning work. The document also assists the board in focusing their strategic thinking on very specific areas. • Governance Committee and the Executive Team, including Dr. Kendall, have all reviewed the document prior to the meeting. • Commissioner suggestions: <ul style="list-style-type: none"> ○ add years to document ○ add descriptive language to the dashboard that ties the cycle document to the annual objectives • The Commissioners will decide how frequently they want to review the document, starting with quarterly review. <p>B. Q2 Organizational Dashboard Review Diane Blake led the review.</p> <ul style="list-style-type: none"> • The dashboard and list of long term and annual objectives were included in the packet. <p>1. Patient and Family Centered Care Pillar</p> <p>(Caution/At Risk): Implement Mobile Integrated Healthcare (On Track): Improve Patient’s First Touch Experience at CM</p> <ul style="list-style-type: none"> ○ CM is transitioning to a new appointment reminder system called Luma, which offers enhanced functionality and is expected to improve the patients’ digital experience. Luma includes a waitlist function that electronically notifies patients when openings become available. ○ Patient survey data continues to improve, consistently averaging above 4 out of 5. ○ PSR team completed customer service training. ○ CM has started tracking number of patients for whom appointment availability timeline does not work. ○ The clinic schedule has been standardized to optimize patient experience and access, aligning with the team-based care objective. <p>(Caution/At Risk): Optimize Team-Based Care</p> <ul style="list-style-type: none"> ○ Most work in this area is on track, but goal shows at risk due to delayed timelines related to an embedded school clinic and solution for telepsychiatrist. <p>2. Financial Stewardship Pillar</p> <p>(On Track): Develop and Implement Charge Capture Program (Caution/At Risk): Build Structure for Developing and Sustaining Long Term Financial Plan (On Track): Optimize Rehab Services</p> <ul style="list-style-type: none"> ○ The work ahead includes developing a strategy to tackle efficiency opportunities to increase sustainability and access.

(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

(Caution/At Risk): Develop and Implement Spanish Language Focus for Mobile Clinic, Chronic Care, and Same Day Appointments

(On Track): Promote Cascade Medical in the Community

- o A significant amount of structural work has been dedicated to planning month-to-month activities, with an increased frequency of social media postings. It is essential to ensure all activities align with an objective.
- o More work is needed in Charity Care training to ensure that individuals who may have out-of-pocket expenses are aware they could qualify for assistance.

C. EMS Levy Prep Update

Diane Blake provided the report.

- The last levy passed resoundingly. The timing was such that between the yes vote and the implementation of the taxes, property values saw a massive increase. As a result, CM collected significantly more in taxation than initially expected.
- Sustaining ambulance and emergency department services as they currently exist on anything less than \$0.50 per \$1,000 would be challenging.
- Matt Ellsworth from the Association of Washington Public Hospital Districts (AWPHD) is available to provide education. They can also participate in activities that CM cannot, such as a "vote yes" mailer.
- The Commissioners discussed ways to increase attendance at the September board meeting.

Strategic Question:

What considerations need to be weighed as the Board navigates the potential tension between community appetite for taxation and the amount of taxation needed to provide read, high-quality EMS to the community?

- Forecast the maximum potential revenue at a \$0.50 rate per \$1,000 of assessed property value and compare it with alternative rates to evaluate the financial impact on the community and the EMS program.
- Clearly define the EMS program components, including the department's scope, the number and condition of ambulances, staffing levels, availability, and the range of services provided. This transparency helps the community understand what their tax dollars support.
- Assess and explain how overhead costs are allocated within the EMS program. Ensure that the community understands how funds are utilized and the necessity of these expenditures in maintaining high-quality services.
- Share compelling patient stories that highlight the importance and impact of EMS and emergency services. Use these narratives to illustrate the real-life benefits and crucial role of EMS in the community, fostering a connection and support for the program.

	<ul style="list-style-type: none"> Analyze voter turnout data for August election to gauge community engagement and potential support levels. This information can inform strategies to increase awareness and participation in upcoming votes related to EMS funding. The Commissioners discussed implementing a temporary board committee to support marketing and outreach efforts at CM. The anticipated duration is August 2024-July 2025. Members include but are not limited to Diane, Shari, and Clint. Diane and Bruce will work together to refine the details. <p>D. Continued Conference Discussion/Education The Commissioners continued their WSHA + AWPMD Annual Conference discussion.</p> <ul style="list-style-type: none"> AI & the Digital Transformation in Healthcare <ul style="list-style-type: none"> CM's focus on AI and digital transformation in healthcare involves addressing both opportunities and risks from a policy and resource standpoint. Overarching discussions highlight the significant potential of AI, as well as the associated risks. Key considerations include whether CM has sufficient resources to optimize AI access and implementation. Immediate priorities include developing usage and governance policies, followed by conducting an inventory to assess current capabilities and needs. Quality <ul style="list-style-type: none"> Quality is an area CM could create specific dashboard, initiated by the Quality Oversight Committee The CEO Performance Evaluation: Best Practices & Recommendations <ul style="list-style-type: none"> While 360 reviews can be effective, they can also present challenges. Regardless of the chosen process, CM will still be subject to public records requests. The objective is to enhance the usefulness of the review by carefully refining the process. The Governance Committee will continue working on reevaluating and improving the CEO performance evaluation process.
Committee Reports	<p>Finance Committee Tom Baranouskas provided the report.</p> <ul style="list-style-type: none"> The committee reviewed policies with no changes and discussed Q2 financials, highlighting a positive budget variance due to increased Emergency Department volumes. They addressed challenges with a new staffing law on meal and rest breaks and WSHA's related lawsuit. A recommendation for long-term financial planning education for the board later in the year was made. <p>WSHA Hospital Governing Boards Committee Bruce Williams provided the report.</p> <ul style="list-style-type: none"> WSHA's proposed strategic plan emphasizes increased support for the board's role in quality oversight. The group discussed the board's involvement in credentialing, noting that while some believe the board should play a larger role, opinions on the extent of involvement vary.
Action Items	<p>Motion: Approve Resolution 2024-07: Surplus Item</p> <ul style="list-style-type: none"> Tom moved to approve; Gustavo seconded. Motion unanimously approved. <p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> Shari moved to approve; Tom seconded. Motion unanimously approved.

<p>June Financial Report</p>	<p>Marianne Vincent provided the financial report.</p> <ul style="list-style-type: none"> • The June net margin of \$359,000 was greater than the budgeted net margin of \$57,000 by \$302,000. • Gross patient revenue of \$3,782,000 in June exceeded the budgeted amount of \$3,378,000 by \$404,000. • The contractual allowance of \$1,188,000 for June was greater than the budgeted amount of \$1,157,000 by (\$31,000). • Other Expenses were over budget in June by (\$47,000) primarily due to our Medicaid Q1 Safety Net Assessment for the Safety Net Assessment Program. We will see quarterly payments of \$51,000 that will be offset by SNAP revenue. • Cash receipts totaling \$2,396,000 For June were greater than the budgeted cash receipts total of \$2,060,000. • The June month end cash balance of \$14,023,000 is less than the budgeted cash balance of \$14,286,000 by (\$263,000). • Our Balance Sheet shows a decrease in cash balances in June of (\$68,000). June payments included \$152,000 in bond interest expense. We will make another interest payment in early December, along with the principal payments due for 2024. • Our 2019-2022 State Accountability Audit concluded recently with no audit findings. The audit took a close look at our cash receipting, payroll compliance with wage rates and policy, accounts payable payments on credit cards, compliance with the Open Public Meetings Act and a review of our overall financial position. They also reviewed our PCI compliance (payment card industry) that requires us to complete an annual questionnaire. • CM is still experiencing challenges with our statement vendor for rehab billing but hope to have a resolution soon. • CM is in the beginning stages of our budget planning for 2025 with department directors finalizing work on their capital budget requests and work beginning on the operating budget soon. Work has begun to identify a resource to assist in the Revenue Cycle optimization of Meditech and we look forward to getting this work underway in early August. • Financial assistance in March was notably higher compared to June due to several inpatients having their applications approved during that period.
<p>Administrator Report</p>	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • CM provided 106 free sports physicals in June, in partnership with the school district. • The chiller has been shipped and is now in Wenatchee. Salcido is storing it for CM, and installation is likely to be in October. • Staffing Committee Work: A big thank you to Melissa, Natasha, and Marianne for their efforts. CM is on track with the committee's progress. • Meal and Rest Breaks: Compliance with the new law is removing flexibility for staff, requiring a shift to a precise time-keeping process. CM is moving to a to-the-minute system to mitigate the risk of class action lawsuits associated with a rounding system. • CrowdStrike: A few of CM's third-party vendors were affected by the CrowdStrike update, which led to IT outages across various industries. • Vacation & Conferences: Diane will be on vacation through mid-August. She will be offsite for the September Rural Collaborative Retreat on September 12 and 13 and will be in DC for Rural Advocacy Days from September 15 to 18, followed by an AHA Regional Policy Board meeting in Pasadena. • Provider Compensation Work: CM is likely to engage with a firm to assist with provider compensation analysis and to help develop a

	<p>structure and policies for provider compensation which will provide structure and guidance for the years ahead.</p> <ul style="list-style-type: none"> • Endoscopy: Dr. Butruille is interested in expanding the endoscopy program by adding two additional endoscopy days per month. Current work is underway to understand operational impacts to the feasibility of this request as well as whether market demand exists to support program expansion. • Annual Board Retreat: CM plans to host the retreat on October 10 or 17. Further planning work is underway. • Hiring: CM is still working on filling the hospitalist position and has filled the second MSO position. Sam Linn will be departing in mid-September. The new Clinic Outreach Provider, Kalie Thompson, PA-C, will start in early November.
Board Action Items	<ul style="list-style-type: none"> • Let Megan know if you are going to be out of town. • Continue thinking about how best to approach the EMS levy. • Please check your email. • No August board meeting.
Meeting Evaluation/Commissioner Comments	<ul style="list-style-type: none"> • The meeting was highly productive with a thorough discussion, though time constraints limited exploration of some topics. • CMF board meeting 8/21: Shari
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	<ul style="list-style-type: none"> • Bruce called the executive session to order at 9:00 PM for 15 minutes. • The board came back into regular session at 9:15 PM.
Adjournment	<ul style="list-style-type: none"> • Jessica moved to adjourn; Gustavo seconded, and the group unanimously agreed.

Bruce Williams, President

Shari Campbell, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: September 25, 2024

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

Accounts Payable Warrant Numbers ¹	10122952 – 10124482	\$1,521,393.83	7/12/2024 – 9/11/2024
Accounts Payable EFT Transactions	20240100 – 20240133	\$1,238,734.16	7/13/2024 – 9/11/2024
Payroll EFT Transactions	21636 – 22493	\$1,852,457.81	7/13/2024 – 9/11/2024
Payroll Warrant Numbers ²	80037 – 80049	\$541.12	8/14/2024
Grand Total		\$4,581,549.91	

Notes:

1. AP warrants #10122952 – 10123999 voided due to a printing issue.
2. Payroll warrants #80024 – 80036 voided due to a printing issue.

Prepared by:

Kathy Jo Evans
Director of Accounting



Community Outreach & Awareness Committee Charter
Cascade Medical Board of Commissioners

Purpose

This is a temporary committee, established with a planned duration of August 2024 through July 2025. The purpose is to provide strategic oversight and direction to maximize Commissioner connection to the community and ensure CM's communication to and engagement with the community consistently furthers the strategic direction of the organization.

Responsibilities

While Cascade Medical has increased its community engagement via an enhanced social media presence and the launch of a Patient & Family Engagement Council, commissioners and management believe further opportunities exist to increase community understanding about:

- ✓ Cascade Medical's key services
- ✓ What it means to be a public hospital district
- ✓ What the EMS levy supports, why it's needed or what would happen if these funds weren't available to Cascade
- ✓ Why MIH is needed and how it will help improve health, reduce ER visits, etc.

Given the launch of Mobile Integrated Health, an anticipated EMS Levy in 2025, the continued discussions around after hours/urgent care services and CM's intent to strengthen connection to the Spanish-language community, this committee would oversee a strategic and comprehensive plan to:

1. Enhance awareness of the key services offered at Cascade Medical and how to access them. This might also include services that have capacity and/or potential to grow visits/volumes to benefit the community while also helping sustain CM.
2. Improve overall understanding of emergency medical services (emergency department, ambulance/paramedics) provided by Cascade Medical, including those available because of levy funding, and why this matters.
3. Actively identify and seek out ways to gather input from community members about what's important to them and why. This feedback can also help shape CM's upcoming Community Health Needs Assessment, which will be performed early in 2025 and is a critical part of CM's strategic planning cycle.
4. Consider identifying people and stories to help spread the word and to help strengthen the value/value proposition of Cascade Medical in the hearts and minds of the communities we serve. This will help flip messaging from "we offer" to "you can access" or "you can save time by" or "to make it easier for you to get the care you need..."

Membership

The Community Outreach & Awareness Committee will be made up of two Commissioners, one of whom will be designated Chair of the committee; Cascade Medical's CEO; Cascade Medical's COO; Cascade Medical's Director of Public Relations; and the Executive Assistant. The Chair of the committee will be Shari Day-Campbell and the second Commissioner committee member will be Bruce Williams. Other non-Commissioners will be invited on an ad hoc basis. The CEO shall be considered the staff liaison to the Community Outreach & Awareness Committee.

Meetings

The Community Outreach & Awareness Committee meets as needed, with an initial planned monthly cadence.

Before each meeting, the CEO and the Chair will work together to draft an agenda prior to each meeting. Preferably, all meeting materials will be sent to committee members five calendar days in advance.

- Every agenda will include an estimated time frame for each agenda item.

Ideally every committee meeting should be attended by two commissioners. If a commissioner who is a regular member of the committee is unavailable to attend a meeting, the committee chair and CEO will decide together whether to reschedule the meeting or invite another commissioner to attend.

- Cascade Medical is a public entity. As such, the Board of Commissioners must follow the Open Public Meetings Act. This act requires that all ordinances, resolutions, rules, regulations, orders and directives, in order to be valid, be adopted at open public meetings. The committee meetings are not open public meetings and, as such, committees are not able to take official action on behalf of the Board of Commissioners. As a result, there is no quorum requirement at the committee level.

Minutes will be taken by the Executive Assistant. In his or her absence, the CEO will take minutes.

Reporting

The committee chair will provide a verbal report at the full board meeting subsequent to each committee meeting.

- The committee meeting agenda will go out in the full board packet for the meeting at which the committee chair reports.



Title:	Disclosure of Unanticipated Outcomes	Effective Date:	Not Set
Categories:	Administration	Approved Date:	09/27/2023
Prepared By:	Melissa Grimm (Chief Human Resources Officer)Melissa Grimm		
Reviewed By:	Melissa Grimm (Chief Human Resources Officer), Pat Songer (Chief Operations Officer), Tony Butruille (Physician)		
Approved By:	Diane Blake (Chief Executive Officer)		

PURPOSE:

- Unanticipated outcomes are undesirable events that can vary widely from an unusual temporary side effect to a treatment or medication, to a serious change in the patient’s healthcare status that was not planned or anticipated during the course of care.
- This document provides guidance in the process for Cascade Medical (CM) leaders and providers to inform the patient/patient representative about the event and the impact this may or may not have on the patient’s health and healthcare.

POLICY:

- In keeping with CM’s values of partnering with patients and families in care and in the spirit of transparency, serious unanticipated outcomes in the course of clinical care shall be disclosed to the patient/patient representative by providers and/or leaders of CM.
- Disclosure is a dynamic process that may require multiple conversations as the patient’s condition changes or more information becomes available.

PROCEDURE:

- When staff become aware of an unanticipated outcome through assessment and observation or discussions with patients and/or family, the responsible provider shall be immediately notified.
- The responsible provider shall determine:
 - If this outcome is, in fact, a known potential side effect or related to the medical care provided.
 - If this is serious to the patient’s current condition and/or ongoing care.
- If it is a known or suspected serious unanticipated outcome which may lead to additional monitoring or treatment, temporary or permanent change in patient’s condition, then the Medical Director and Risk Management shall be notified.
- Generally, the patient is the recipient of the disclosure except in circumstances of surrogate decision-making.
- Guidelines for the content of the disclosure discussion shall include:
 - Who will be involved in the discussion (patient/patient representative and the patient’s express wishes)
 - Except in unusual circumstances, it shall be the responsible provider who leads the disclosure discussion. It is common for one or two members of the



Title:	Disclosure of Unanticipated Outcomes	Effective Date:	Not Set
Categories:	Administration	Approved Date:	09/27/2023
Prepared By:	Melissa Grimm (Chief Human Resources Officer)Melissa Grimm		
Reviewed By:	Melissa Grimm (Chief Human Resources Officer), Pat Songer (Chief Operations Officer), Tony Butruille (Physician)		
Approved By:	Diane Blake (Chief Executive Officer)		

healthcare team to be present to ensure smooth coordination of care and answer other related questions the patient or family may have.

- What will be discussed:
 - Focus on current circumstances and known facts in the initial discussion.
 - Further information may become known about the sequence of events leading to a change in condition or other relevant factors.
 - Empathetic support for patients and families and a clear description of current condition, care and expected care or monitoring are commonly addressed in the initial discussion.
- Documentation in the patient record shall include:
 - Time
 - Date
 - Place of Discussion
 - Who was present
 - Nature of the discussion, including offers of assistance
 - Questions asked and answered during the discussion
- If the unanticipated outcome is not known at the time of care or during the same episode of care, the process of disclosure may vary; however, the intent of keeping the patient informed of serious information about his/her care and condition is still a guiding principle in decisions to disclose.

REFERENCES:

- American Society for Healthcare Risk Management (2001), *Perspective on Disclosure of Unanticipated Outcome Information*, Chicago: American Hospital Association

Cascade Medical

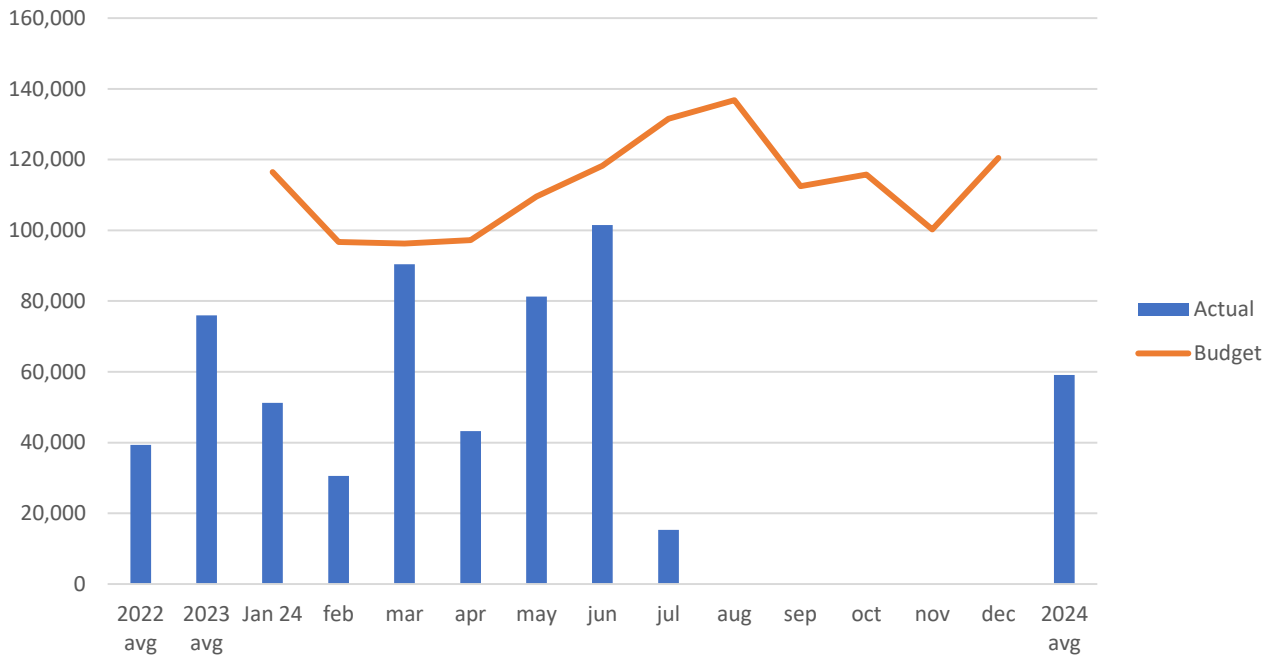
Bad Debt Write Offs Financial Assistance Program Discounts

Month of July, 2024

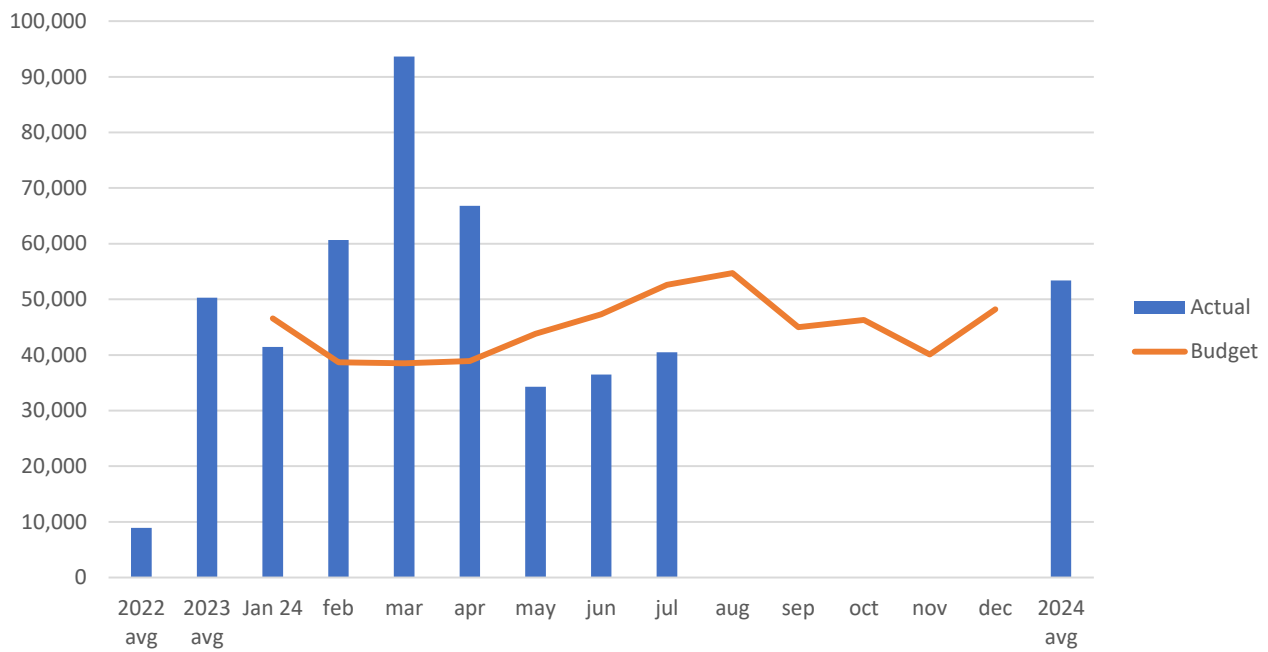
Net Bad Debt Write-Offs for Board Approval	\$	15,314.40
CFSP/Financial Assistance Program Discounts for Board Approval	\$	40,470.27

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	60,152.68
	less: pullback from Agency due to receipt of payments	(44,838.28)
	Net Bad Debt Write-Offs	<u>15,314.40</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	40,470.27
	Total	55,784.67

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts



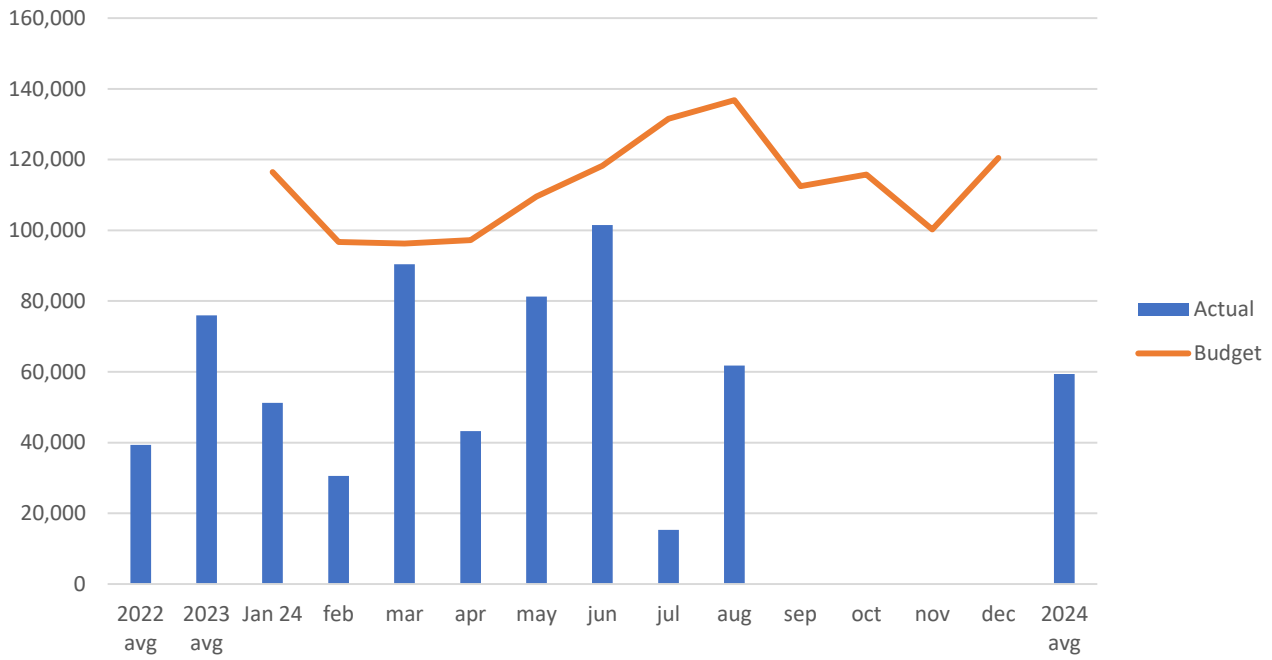
Cascade Medical
 Bad Debt Write Offs
 Financial Assistance Program Discounts

Month of August, 2024

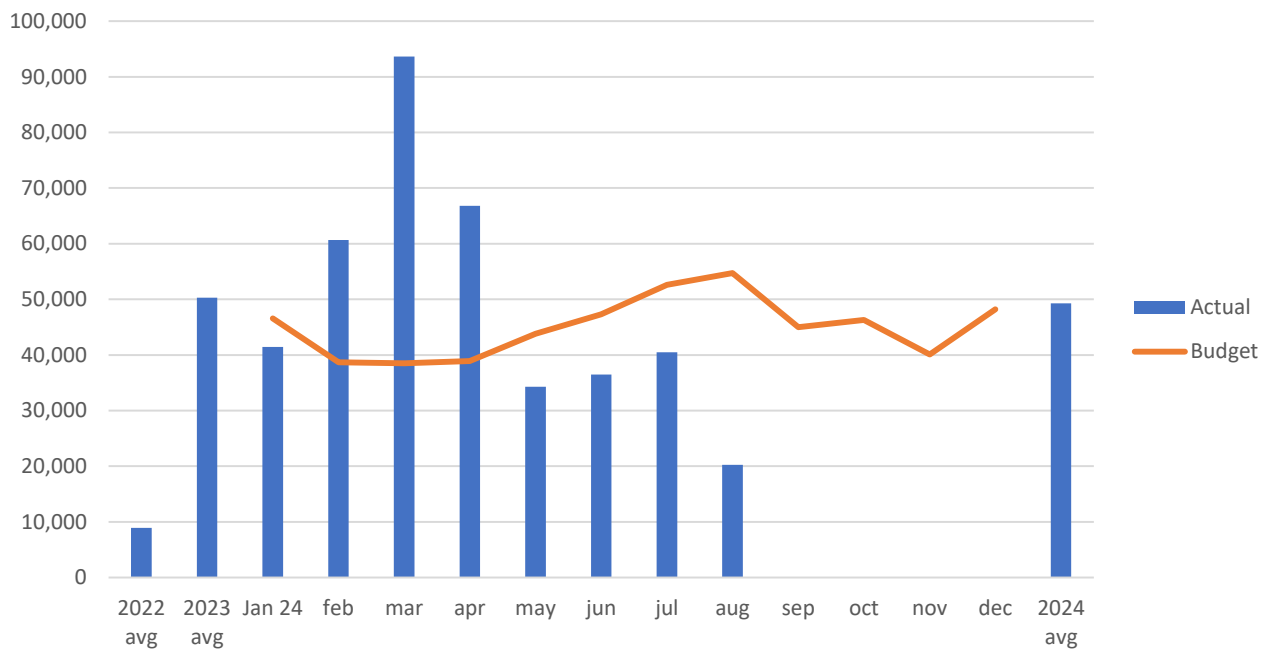
Net Bad Debt Write-Offs for Board Approval	\$	61,810.17
CFSP/Financial Assistance Program Discounts for Board Approval	\$	20,269.64

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	107,974.11
	less: pullback from Agency due to receipt of payments	(46,163.94)
	Net Bad Debt Write-Offs	61,810.17
CFSP/Financial Assistance Applications - Discounts Approved	\$	20,269.64
Total		82,079.81

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts





CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

PFAC

**2023-2024
REPORT**

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ACKNOWLEDGEMENTS

Special thanks to the patient-family advisors for their dedicated participation and contributions during the 2023 - 2024 Cascade Medical Patient and Family Advisory Council term.

Within the last year, the dedicated members of the Patient Family Advisory Council have volunteered their time to promote the practice of patient and family-centered care. Together, we have worked to incorporate these principles:

- **Respect and Dignity:** we honor the perspective and choices of patients and families.
- **Information Sharing:** we provide timely, understandable, and usable communication.
- **Participation:** we welcome patients and families to participate in their care.
- **Collaboration:** we include patients and families in hospital decision-making.

In this Annual Report, Cascade Medical and the PFAC are proud to share some of the progress and highlights of the tremendous work over the last year. Thank you to each patient family advisor, CM staff and leadership team's for continued efforts to support a culture in which patient and family-centered care is provided at each encounter.



Jade Wolfe RN, BSN

Jade Wolfe RN, BSN
Cascade Medical
PFE Lead | PFAC Staff Liaison

CASCADE MEDICAL PATIENT FAMILY ADVISORY COUNCIL

ESTABLISHED JUNE 2023

VISION

To integrate the patient and family perspective into the planning, delivery, and assessment of healthcare within Cascade Medical with the aim of improving and enhancing the care provided to all patients and their families.

MISSION

The Patient and Family Advisory Council (PFAC) was formed to receive and implement feedback and advice from our patients and their families to enhance and improve the processes, procedures, and services that are provided by Cascade Medical, with a framework that is guided by patient and family-centered care and community values, which drive genuine transformation in attitudes, behavior, and excellent medical practice.

PURPOSE

The Patient and Family Advisory Council (PFAC) will serve as a formal mechanism for involving community members to have an active role in enhancing patient and family care experiences at Cascade Medical. The council will gather feedback and perspectives to identify opportunities and practices that promote excellent patient and family-centered healthcare. The Council will report to the Cascade Medical Quality Committee.

*“Patient- and family-centered care is working “with” patients and families, rather than just doing “to” or “for” them”
(ipfcc.org).*

PATIENT FAMILY ADVISORY COUNCIL

Who we are.

The Patient Family Advisory Council (PFAC) helps ensure client and family centered care is at the heart of everything that Cascade Medical serves. PFAC members share their expertise, unique perspectives and provide feedback on how to promote and improve patient-centered care and experiences at Cascade Medical.

**"NOTHING ABOUT US
WITHOUT US"**

-AAMC's Patient Family Advisors



The Patient Family Advisory Council (PFAC) is a formal council made up of patients, parents, or primary caregivers who are cared for at Cascade Medical. PFAC members meet monthly and partner with hospital staff and leaders to carry out the following:

- Support the mission and vision of The Patient Family Advisory Council and Cascade Medical's shared values.
- Provide ongoing feedback to collaboratively problem-solve for solutions that are patient and family-centered.
- Promote an environment in which patients, family members, caregivers, community, and professionals work together to ensure care that is patient and family centered.
- Incorporate diverse perspectives representing the populations served.



PATIENT AND FAMILY CENTERED CARE (PFCC)

Patient and Family-Centered Care (PFCC) is an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients, and families. It redefines the relationships in healthcare. Patient and family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of family members. They acknowledge that emotional, social, and developmental support are integral components of health care. They promote the health and well-being of individuals and families and ensure dignity and control are evident. Patient and family-centered care is an approach to healthcare that shapes policies, programs, facility design, and staff day-to-day interactions. It leads to better health outcomes, wiser allocation of resources, and greater patient and family satisfaction. The priorities and choices of patients and their families are in collaboration with the provider to drive the delivery of healthcare. Interventions occur with patients and families rather than to and for them (ipfcc.org).

Core Concepts of Patient and Family-Centered Care

- **Respect and Dignity.** Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing.** Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported to participate in care and decision-making at the level they choose.
- **Collaboration.** Patients and families are also included on an institution-wide basis. Healthcare leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care.

PFAC STRUCTURE



COUNCIL MEMBERSHIP

Active PFAC membership includes a preference for a minimum term of 2 years to a maximum 3-year commitment, with an opportunity to serve for 2 terms. Membership is extended based on an approved request to the PFAC Executive Leadership. The PFAC will consist of no more than, 12 Patient Family Advisors (PFAs) and no more than four Cascade Medical permanent staff members, to ensure that PFAs are empowered to have an active voice during council meetings. Staff members must consist of at least one senior leader and council liaison. Council officers will consist of a PFAC Chair, Co-Chair, and Scribe elected as needed by the full council. Each officer position will hold an alternate PFA in the event of absence and/or resignation of thereby. Alternates for each of these positions will also be elected or appointed in the event of the absence or resignation of any council officer.

CURRENT MEMBERSHIP

Currently, the Cascade Medical PFAC has 8 patient-family advisors and 3 Cascade Medical staff members. Patient-family advisors Henry Hettick (Chair) and Ann Macpherson (Chair Alternate) hold current council chair positions 2023-current. Patient-family advisors Alan Chappron (Co-Chair) and Barbee Teasley (Co-Chair Alternate) hold current council co-chair positions 2023-current. Other patient-family advisors include Connie McCauley, Judith Weaver, Paloma Anaya, and Marianne Frank.

Chief Human Resources Officer, Melissa Grimm serves as Cascade Medical Senior Leadership representative. Director of Public Relations, Clint Strand serves as council Chair and spokesperson representative. Jade Wolfe RN, BSN UR Management/Admissions Coordinator/PFE Lead serves as the Staff Liaison.

The council thanks resigned patient-family advisors Sally Bauer & Amanda Ledezma for their time, valuable perspectives, and contributions.

CASCADE MEDICAL PFAC MEMBERS

PATIENT FAMILY ADVISORS



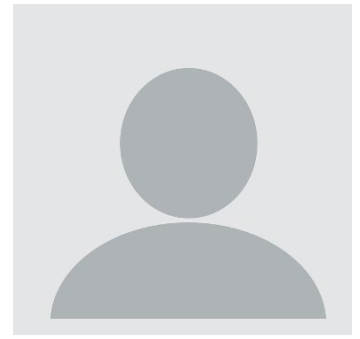
Henry Hettick
PFAC Chair



Ann Macpherson
PFAC Chair Alternate



Alan Chappron
PFAC Co-Chair



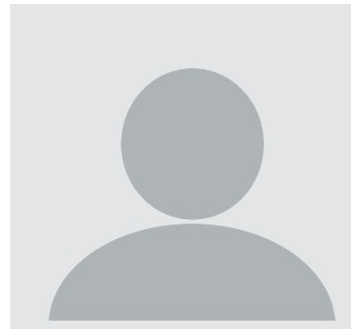
Barbee Teasley
PFAC Co-Chair Alternate



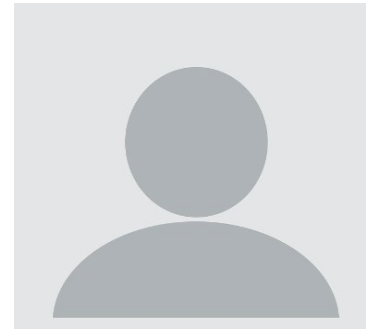
Connie McCauley
PFA



Judith Weaver
PFA



Paloma Anaya
PFA



Marianne Frank
PFA

STAFF ADVISORS



Jade Wolfe
Cascade Medical
PFAC Staff Liaison/Scribe



Clint Strand
Cascade Medical
Director of Public Relations



Melissa Grimm
Cascade Medical
Chief Human Resources Officer

PFAC TIMELINE [2022-2024]

2022

December
PFAC Steering
Committee Launch

Committee
consisted of 9 CM
Staff Members

- PP
Presentation:
PFAC Overview
& SC Committee
Purpose.

2023

Q1
Begin Marketing & Recruitment
Efforts

Developed & Distributed

- Brochures|Flyers|Application|Website Page.
- Community Fest Hall on 2/31/23
- Community outreach "spread the word."

Review Developed Documents for Official
PFAC Launch:

- Interview Process
- Acceptance-Denial Letters
- Meeting Candance

Q2
Review Applications & Orientation/
Official Council Launch

- Release of Leavenworth Echo
- Budget Discussion
- Application selection.
- PFAC information table 4/19/2023
- Orientation planning & handbook review.
- 6/20/23 Orientation/First Official PFAC meeting.

2024

Q1

- Reviewed & Revised Council Charter.
- Review PFAC Purpose & Council Expectations.
- Begin first advisory project:
-Patient Online Portal
- Review new PFAC Applicants.

Q2

- Finalized Council Charter.
- Continue work on
Patient Online Portal advisory
project.
-Presentation & Discussion
with CM Online Portal
Specialists.
- 2 new PFAs joined the council.

Q3

- Steering Committee review & conclusion.
- Council story sharing.
- Council purpose.
- Organization structure & leadership overview.
- Determine standard process for advisory projects & discussions.

Q4

- Council Chair election
- Team Based Care discussion & presentation.
- Mobile Health Clinic discussion & field trip.
- Begin Charter review & revisions.
- Brainstorming learning activity.

Q3

- New PFA Orientation.
- Advisory project number 2 brainstorming.

ACTIVITIES AND PROJECTS [2023-2024]

Activities & Accomplishments

- Official PFAC Launch & Orientation 6/20/23.
- PFAC Informational table at Community Fest Hall 02/31/23.
- Team Based Care Presentation by Deb Williams & Whitney Lak.
- Mobile Health Clinic field trip to Lake Wenatchee Fire & Rescue in Plain, WA.
- Council Chair Election.
- Patient Online Portal presentation by Courtney Grimm & Selma Diaz.
- Patient Online Portal PFAC project: User interface improvement
- Finalized Council Charter.
- Addition of 2 new PFAs in 2024.



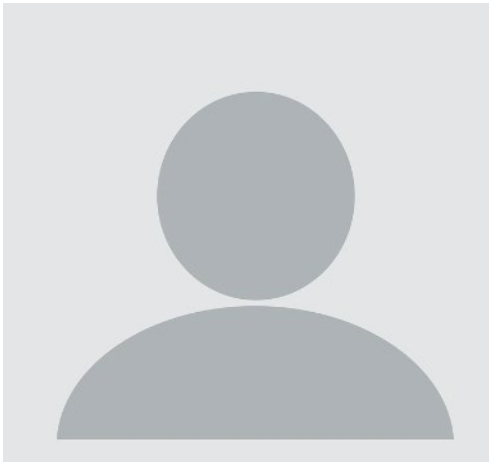
What's Next

- Continue to explore opportunities and best practices for engaging patients and families in identifying areas to enhance patient-centered care within Cascade Medical.
- Begin second advisory council project.

STORIES PROMOTE CHANGE

PFAS SHARE THEIR EXPERIENCES TO MAKE A DIFFERENCE

BARBEE TEASLEY



"It has been a pleasure and an honor being on the PFAC committee. The most encouraging thing I've learned is how much the CMC organization truly cares about getting productive input from their patients, their families, the community, and their staff. That input is being used to, not only improve healthcare, but the overall "user experience" of CMC".

Judith Weaver, a retired elementary school principal, contributes a generous amount of her time as an active volunteer and leader within the Leavenworth community. Judy has been Chair of the Leavenworth Friends of the Library for the past 9 years, a leader of the Leavenworth Community United Methodist Church, and is a current member of the Cascade Education Foundation Board. Our PFAC would cease to exist without incredible community members & dedicated volunteers like Judy.

Barbee Teasley began utilizing the clinic as needed during summer visits in the 1980s and became a "full - time" patient after moving to Leavenworth in 2001. Barbee a retired Professor of Computer Science at Bowling Green State University for over 20 years, including behavioral research. She previously served on the board of Upper Valley Mend for six years and worked for a short time as a patient service representative here at Cascade Medical. Barbee is a phenomenal example of how our patient and family advisors reflect the full range of experiences of the patients and families we serve.

JUDITH WEAVER



"As a member of this community, I value the health care that I receive from Cascade Medical. We are fortunate to have such a quality healthcare organization in our community. Like any organization or business, there is always room for improvement and/or growth. That is why I am part of PFAC. I hope to be part of the communication between our community and Cascade Medical that results in continued growth and improvement!"

SUMMARY



Final Thoughts

Building partnerships with patients and families in healthcare must be a well-planned, inclusive process that reaches out to planners and policymakers, members of the business community, accrediting bodies and foundations, and third-party payers, as well as to healthcare administrators, clinicians, educators, and members of the community at large. Partnership-building efforts must be grounded in the recognition that, patients and families are essential to effecting transformational change in healthcare and enhancing safety and quality.

Based on this shared premise. It is then necessary to create meaningful roles for patients and families in all aspects of healthcare planning, delivery, education, and evaluation. To prepare all participants to successfully assume their roles in the collaborative process. Education and guidance materials are essential, both to create partnerships and to maintain their ongoing effectiveness.

The PFAC provides guidance on how to improve the patient and family experience. As part of this process, the council member's role is to ensure that the persons who utilize care and services at Cascade Medical, perspectives and experiences are not only heard but also integrated into the service and quality improvements that are engineered to ensure high-quality, person-centered care.

The council has made incredible progress during the past year in revisiting/solidifying the council's purpose, mission and goals. Producing a final formal council charter. Progressively working on current council projects with involved contribution from all members. Welcoming two new PFAC members, who bring unique perspectives, diverse backgrounds, and experience to the council.



September 25, 2024
Board of Commissioners Meeting
Clinical Informatics Update

Cascade Medical Center Informatics Projects	Q3			Q4			Q1		
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Spacelabs, Sentinel Interface • Change to Nova Cardio	Red	Red	Red	Red	Red				
HealthNET consulting Group			Green	Green	Green	Green	Green	Green	
Zynx Ordersets AMB	Red	Red	Red	Red					
Hospital Documentation, Admissions & Discharges Optimization				Green	Green	Green	Green	Green	Green
Luma Implementation - Clinic		Green	Green	Green					
Priority Pack Update 2.2.50, testing & training		Green	Green						
HCC Download and Implementation to Live	Green	Green	Yellow						
Wound Care/Restorix - Hospital				Green					
Medical Necessity		Green	Yellow						
NEW									
Meditech Traverse Package							Blue	Blue	Blue
MedPower					Blue	Blue			
Provation/SUR Module Implementation							Blue	Blue	Blue

Current Focus Areas
<p>HealthNET Consulting Group</p> <ul style="list-style-type: none"> • Business Office Revenue Cycle & Claims • Registration/Admissions/Central Admitting • Access and MIS dictionaries • Quality Vantage/Registries • Referrals • Forms and Questionnaires • HIM Assessment, Build and Training
<ul style="list-style-type: none"> • Medical Necessity • Filling Vacant Informatics FTE • Improved Collaboration with IT for EMR projects • Luma Scheduling: Clinic
Notable Achievements
<ul style="list-style-type: none"> • Successful Priority Pack 2.2.50 Updates without major disruptions to end-user • Robust assessment and plan from HealthNET Consulting Team with a 6 mo. Timeline for addressing major issues • Completed HCC file testing to improve billing accuracy and regulatory compliance, LIVE deployment expected soon
Significant Challenges
<ul style="list-style-type: none"> • Meditech Responsiveness and CM Informatics/IT Bandwidth <ul style="list-style-type: none"> ○ Zynx Ordersets for Clinic ○ Luma Implementation for Clinic Appointments ○ Spacelabs EKG interface unsuccessful. Exploring NovaCardio/PACS options ○ Medical Necessity ensures providers discuss with patients if a test isn't covered due to their diagnosis, triggering an EMR form for billing instead of writing it off when insurance doesn't pay. • Competing challenges: There are competing challenges with the time and resources for departments to review workflows and gaps in knowledge vs. actual EMR issues.

Cascade Medical Organizational Risks 2024 Stratification

Top Ten Risks	Notes
Artificial Intelligence	New to Top Ten from Prior Year
Cybersecurity Threats	Top Ten
Constrained Campus	Top Ten
Board Changes	Top Ten
Area Growth/Increased Cost of Housing	New to Top Ten from Prior Year
Competition/Market Share	Top Ten
Electronic Health Record Optimization	Top Ten
IT Vulnerability	Top Ten
Public Relations	Top Ten
Revenue Cycle	New to Top Ten from Prior Year
Other Risks	
Growth Plan	
Workforce Dynamics	
EMS Levy	
Resource Requirements	
Team Financial Literacy	
Supply Chain	
Providers/Coverage	
Regulatory/Legislative	
Payor Contract Management	
Increased Reporting Requirements	
End of Accelerated Depreciation	
Disaster Preparedness	
Changes to CMS Payment Models	
Organizational Safety	

Additional Notes

- Definitions for each risk are included in next pages
- Risk severity is assigned by formula including the following three categories:
 - Impact of event/risk, should it occur (minimal to catastrophic)
 - Likelihood of event/risk happening (unlikely to certain)
 - Will event/risk occur within the next two years (yes or no)
- A risk being in or out of the Top Ten or on the list at all does not necessarily mean it needs to be mitigated. This is simply a tool to help management think through and prioritize risk mitigation work.

Risk Definitions

<p>Area Growth/Increased Cost of Housing- Lack of affordable housing impacts on employees recruitment and retention, impacts on well-being of community members who live with financial insecurity.</p>	<p>Increased Reporting Requirements- Increased cost/demand on internal resources as more reports on same or similar information being required from outside entities.</p>
<p>Artificial Intelligence- What changes will this tool bring to healthcare delivery and are we prepared to leverage the benefits while protecting patients/community/organization from its risks?</p>	<p>IT Vulnerability- Do we have an appropriately built network and other technical hardware, including end user devices, to meet our needs today and a plan for ensuring sustain ability of infrastructure well into the future?</p>
<p>Board Changes- Commissioner turnover can impact culture, momentum and direction of organization.</p>	<p>Organizational Safety- Are we taking appropriate steps to ensure we maintain and continue to build organizational mindset centered around continuous process improvement?</p>
<p>Changes to CMS Payment Models- Rural Health Clinic payment cap could constrain RHC service expansion, changes to cost reimbursement programs at state (Medicaid) or federal (Medicare) level could threaten organizational sustainability, potential for future rural payment programs to work less well than current payment structure and the need to advocate for change/no change in order to preserve access to care for rural communities.</p>	<p>Payor Contract Management- Resources required to stay abreast of negotiations; to negotiate for adequate payment; and hold payors accountable to contract elements, including payment amounts and practices around referrals and denials.</p>
<p>Competition/Market Share- Changing consumer demands around: digital patient experience, retail health, telemedicine, and urgent care/care on demand. Also, traditional competitive pressure form area FQHC and their mobile clinic.</p>	<p>Providers/Coverage- Will we have enough of the right types of providers to care for future needs of our community, given likely upcoming retirements, industry changes, and workforce shortage predictions?</p>
<p>Constrained Campus- Can we meet future needs of our growing community given our limited space to expand operations and parking?</p>	<p>Public Relations- Are we communicating frequently and appropriately with our community, so they know what CM offers? When something isn't working well, are we also communicating with our community that we're working on it? Are we listening to our community? DO we have a plan to sustain community connection?</p>
<p>Cybersecurity Threats- Healthcare Industry is a high value target for hackers; requires continued investments to protect data systems; systems breach would bring patient safety and operational challenges as well as financial and reputational damage.</p>	<p>Regulatory/Legislative- How to ensure access to care for our community and others when facing: Healthcare Cost Transparency Board's focus on cost without regard to access, laws passed despite dynamics of providing care in rural areas and without clarity around hospital cost structure and how changes impact service delivery, hospitals' tarnished reputation with some lawmakers (state and federal) despite essential nature of services, etc.</p>
<p>Disaster Preparedness- Likelihood of local or regional disaster/catastrophic event and whether we have the systems and resources in place to appropriately respond.</p>	<p>Resource Requirements- Do we haven enough resources (time, people, money) to stay abreast of and prepare for our industry's rapid changes or will we fall behind?</p>
<p>Electronic Health Record Optimization- Do we have enough inhouse resources and support from vendor so that timing/pace of optimization adequately meets clinical and revenue cycle needs? Are we communicating system fixes appropriately? Are all users adequately trained? Do user expectations align with industry standards around page of optimization? Are we meeting industry standards?</p>	<p>Revenue Cycle- Have we invested the appropriate resources in revenue cycle enhancement, including strengthening charge capture and building a high reliability process from pre-check-in to insurance billing to patient statement?</p>
<p>EMS Levy- Impact to organization and questionable ability to care for the emergency needs of the community should the next EMS levy fail. Next levy runs 2025.</p>	<p>Supply Chain- Having the necessary equipment, supplies, and pharmaceuticals on hand to care for patients given continued challenges with shortages of all three.</p>
<p>End of Accelerated Depreciation- Are we prepared for the decrease in cost reimbursement payments when the facility remodel/new construction is fully depreciated (2028 and 2030)?</p>	<p>Team Financial Literacy- Do our providers have a solid understanding of billing/admissions requirements to minimize write-offs and unbillable charges and ensure billing compliance? Do we provide information about RHC and CAH particulars at orientation? Does our team receive the training they need to help them navigate the financial aspects of care, when appropriate, including around Charity Care?</p>
<p>Growth Plan- Do we have the structures and resources in place to efficiently provide quality, accessible care to everyone who wants/needs it today, with a plan for future growth? Do we have the structures and processes in place to meet consumer needs around patient experience, to drive demand?</p>	<p>Work Force Dynamics- Ability to impact lack of operational depth/loss of institutional knowledge via attrition; inefficiencies; lack of standardization; including around accountability; supporting multi-generational workforce; and changing workforce demands.</p>

Cascade Medical
Operating and Capital Budgets

Fiscal Year Ending 12/31/2025

First draft – presented September 25, 2024

Cascade Medical Budget Calendar – 2024

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

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

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

Our Long-Term Capital Budget listing has our preliminary recommendation for projects to approve for 2025, based on recommendations from Department Directors and a review by the Sr. Leadership Team, along with as complete a listing of projects for 2026 - 2029 as we can make so far in our planning cycle. Currently, our Capital Budget for 2025 totals \$1,036,000.

Patient volume forecast

Patient volumes by department have been forecasted using historical trends, our knowledge of current factors and estimates of volumes from new programs and services. Based on our best knowledge, our preliminary volume forecast for 2025 is as follows:

- | | |
|--------------|-------------|
| a. Acute IP | 5.0% growth |
| b. Swing Bed | 3.1% growth |
| c. Emergency | 2.0% growth |
| d. Clinic | 9.1% growth |

Prior to budget completion in the next four weeks, we will factor in September volumes, check our growth rates, and fine-tune volume projections as needed.

Budget Assumptions

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

- a. Patient charge increases – we used a base charge increase of 5% over current charge levels with revenue added in for any new services.
- b. Salary increases – we have included step increases of 1.5% for non-union, non-management staff, as well as contracted adjustments for members of the collective bargaining units. No additional amounts are included for exempt or contracted staff.

- c. Supplies and other expenses – we used a base inflation factor of 3% for supplies with different increase percentages for individual line items where we have knowledge of different amounts.
- d. In miscellaneous revenues, we have included an estimated \$90,000 in Foundation donations.
- e. Tax revenues have been estimated with a net 1% increase for the M&O and EMS levies, and an amount for the Construction Bond levy that will meet our debt service requirements.
- f. We have budgeted for the Ambulance based on cost-based reimbursement again in 2025, but have not yet been formerly approved by CMS. We are still awaiting word from Noridian-Medicare as to whether they will agree to reimburse at cost.

Notes on budget schedules

Income Comparison Summaries

These two worksheets show the annual and monthly roll-up of individual department projections and compares our latest 2025 projections to prior and current years. The model currently shows a net margin of \$453,457, or 1.3% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements. This margin could change due to volume forecast fine-tuning and the results of our interim Medicare cost report.

Contractual Allowances

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

FTEs

We project to add 4.2 FTE for 2025.

Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2025 through 2029 are shown, with a projected total for 2025 of \$1,036,000.

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

	<u>Actual 12/31/2023</u>	<u>Budget 12/31/2024</u>	<u>Actual 08/31/2024</u>	<u>Annualized 12/31/2024</u>	<u>Budget 12/31/2025</u>	<u>Budget To Budget Change</u>	<u>Bud To Bud % change</u>	<u>Bud to Annualz % change</u>
Patient Revenue	\$ 36,303,045	\$ 38,619,844	\$ 28,056,210	\$ 42,082,972	\$ 45,659,014	\$ 7,039,170	18.2%	8.5%
Less: Contractual Adjust	(12,141,811)	(12,492,441)	(8,683,941)	(14,729,040)	(16,759,371)	(4,266,930)	34.2%	13.8%
Net Patient Revenue	\$ 24,161,234	\$ 26,127,403	\$ 19,372,269	\$ 27,353,932	\$ 28,899,643	\$ 2,772,240	10.6%	5.7%
Other Operating Revenue	\$ 4,825,206	\$ 4,532,994	\$ 3,296,038	\$ 4,916,928	\$ 5,044,460	\$ 511,466	11.3%	2.6%
Total Revenue	\$ 28,986,440	\$ 30,660,397	\$ 22,668,307	\$ 32,270,860	\$ 33,944,103	\$ 3,283,706	10.7%	5.2%
Expenses:								
Salaries	\$ 14,868,569	\$ 16,606,609	\$ 11,073,982	\$ 16,610,972	\$ 17,811,695	\$ 1,205,086	7.3%	7.2%
Benefits	3,195,948	3,658,322	2,351,001	3,509,416	3,857,743	\$ 199,421	5.5%	9.9%
Legal Fees	165,911	108,000	68,900	103,350	69,200	\$ (38,800)	-35.9%	-33.0%
Audit and Accounting Fees	82,690	70,000	76,664	80,000	80,000	\$ 10,000	14.3%	0.0%
Professional Fees	1,989,745	1,184,209	1,298,587	1,915,737	1,765,175	\$ 580,966	49.1%	-7.9%
Supplies	1,900,161	2,074,211	1,338,860	1,995,398	2,179,614	\$ 105,403	5.1%	9.2%
Utilities	283,711	299,193	185,474	277,826	313,263	\$ 14,070	4.7%	12.8%
Repairs and Maintenance	647,645	274,132	193,179	299,768	332,145	\$ 58,013	21.2%	10.8%
Purchased Services	1,631,032	1,418,385	1,239,739	1,856,921	2,062,874	\$ 644,489	45.4%	11.1%
Continuing Medical Education	16,412	26,000	11,065	8,196	39,856	\$ 13,856	53.3%	386.3%
Dues and Subscriptions	809,515	1,045,415	670,298	1,005,192	1,011,876	\$ (33,539)	-3.2%	0.7%
Other Expenses	89,596	217,609	224,462	71,398	179,957	\$ (37,652)	-17.3%	152.0%
Travel/Training/Meetings	237,128	129,085	214,356	315,850	280,926	\$ 151,841	117.6%	-11.1%
Leases and Rentals	186,059	180,395	140,388	210,582	204,791	\$ 24,396	13.5%	-2.8%
Depreciation	2,007,820	2,038,492	1,342,122	2,053,237	2,007,840	\$ (30,652)	-1.5%	-2.2%
Taxes and Licenses	278,457	306,627	204,771	107,705	723,778	\$ 417,152	136.0%	572.0%
Insurance	253,481	265,634	154,697	259,200	275,398	\$ 9,764	3.7%	6.2%
Interest	437,765	319,224	213,224	417,087	294,516	\$ (24,708)	-7.7%	-29.4%
Total Department Expenses	\$ 29,081,645	\$ 30,221,540	\$ 21,001,769	\$ 31,097,837	\$ 33,490,646	\$ 3,269,106	10.8%	7.7%
Income	\$ (95,205)	\$ 438,857	\$ 1,666,538	\$ 1,173,023	\$ 453,457	\$ 14,600	3.3%	-61.3%
	-0.3%	1.4%	7.4%	3.6%	1.3%			

**CASCADE MEDICAL
MONTHLY SUMMARY**

	aug2024ytd	Avg/mo	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Patient Revenue	\$ 28,056,210	\$ 3,507,026	\$ 3,653,206	\$ 3,037,261	\$ 3,455,847	\$ 3,456,369	\$ 3,947,353	\$ 3,947,426	\$ 4,301,346
Contr Adjusts #	\$ (8,683,941)	\$ (1,085,493)	\$ (1,340,928)	\$ (1,114,842)	\$ (1,268,486)	\$ (1,268,678)	\$ (1,448,896)	\$ (1,448,923)	\$ (1,578,831)
Net Patient Revenue	\$ 19,372,269	\$ 2,421,534	\$ 2,312,278	\$ 1,922,419	\$ 2,187,361	\$ 2,187,692	\$ 2,498,457	\$ 2,498,504	\$ 2,722,516
Other Operating Rev	\$ 3,296,038	\$ 412,005	\$ 486,205	\$ 378,205	\$ 417,205	\$ 481,205	\$ 383,205	\$ 378,205	\$ 481,205
	\$ 22,668,307	\$ 2,833,538	\$ 2,798,483	\$ 2,300,624	\$ 2,604,566	\$ 2,668,897	\$ 2,881,662	\$ 2,876,709	\$ 3,203,721
Expenses:									
Salaries	\$ 11,073,982	\$ 1,384,248	\$ 1,498,008	\$ 1,394,202	\$ 1,497,053	\$ 1,469,744	\$ 1,508,509	\$ 1,467,945	\$ 1,508,247
Benefits	\$ 2,351,001	\$ 293,875	\$ 330,364	\$ 321,315	\$ 328,085	\$ 326,395	\$ 328,960	\$ 324,971	\$ 325,725
Legal Fees	\$ 68,900	\$ 8,613	\$ 9,100	\$ 4,100	\$ 4,100	\$ 9,100	\$ 4,100	\$ 4,100	\$ 9,100
Audit/ Accounting Fees	\$ 76,664	\$ 9,583	\$ 2,500	\$ 2,500	\$ 15,000	\$ 15,000	\$ 20,000	\$ -	\$ 5,000
Professional Fees	\$ 1,298,587	\$ 162,323	\$ 162,581	\$ 157,653	\$ 162,071	\$ 148,124	\$ 152,457	\$ 146,585	\$ 138,844
Supplies	\$ 1,338,860	\$ 167,358	\$ 203,097	\$ 158,683	\$ 182,469	\$ 197,557	\$ 172,193	\$ 166,050	\$ 190,275
Utilities	\$ 185,474	\$ 23,184	\$ 25,906	\$ 25,362	\$ 25,804	\$ 25,362	\$ 25,804	\$ 26,882	\$ 26,872
Repairs and Maint	\$ 193,179	\$ 24,147	\$ 28,330	\$ 25,500	\$ 38,349	\$ 25,108	\$ 24,581	\$ 25,135	\$ 25,135
Purchased Services	\$ 1,239,739	\$ 154,967	\$ 173,867	\$ 155,301	\$ 192,336	\$ 159,160	\$ 163,888	\$ 185,623	\$ 168,042
Continuing Medical Educ	\$ 11,065	\$ 1,383	\$ 2,488	\$ 2,488	\$ 5,488	\$ 2,488	\$ 2,488	\$ 2,488	\$ 5,488
Dues and Subscriptions	\$ 670,298	\$ 83,787	\$ 87,586	\$ 92,869	\$ 95,094	\$ 81,864	\$ 82,176	\$ 84,266	\$ 80,151
Other Expenses	\$ 224,462	\$ 28,058	\$ 12,558	\$ 10,425	\$ 56,655	\$ 12,558	\$ 10,425	\$ 10,525	\$ 12,558
Travel/Training/Meetings	\$ 214,356	\$ 26,795	\$ 14,761	\$ 19,486	\$ 26,376	\$ 24,761	\$ 45,211	\$ 21,871	\$ 21,511
Leases and Rentals	\$ 140,388	\$ 17,549	\$ 17,134	\$ 16,874	\$ 17,001	\$ 17,146	\$ 17,079	\$ 17,008	\$ 17,040
Depreciation	\$ 1,342,122	\$ 167,765	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320
Taxes and Licenses	\$ 204,771	\$ 25,596	\$ 57,445	\$ 58,985	\$ 57,445	\$ 58,315	\$ 65,535	\$ 57,445	\$ 57,445
Insurance	\$ 154,697	\$ 19,337	\$ 22,093	\$ 22,755	\$ 22,755	\$ 23,023	\$ 23,613	\$ 23,023	\$ 23,023
Interest	\$ 213,224	\$ 26,653	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543
Total Expenses	\$ 21,001,769	\$ 2,625,221	\$ 2,839,683	\$ 2,660,362	\$ 2,917,945	\$ 2,787,570	\$ 2,838,883	\$ 2,755,780	\$ 2,806,319
Gross Margin	\$ 1,666,538	\$ 208,317	\$ (41,200)	\$ (359,738)	\$ (313,379)	\$ (118,674)	\$ 42,780	\$ 120,928	\$ 397,401

**CASCADE MEDICAL
MONTHLY SUMMARY**

	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Total 2025	Avg/mo	2024 Annualized	% Chg
Patient Revenue	\$ 4,265,551	\$ 3,749,456	\$ 3,937,136	\$ 3,533,876	\$ 4,374,187	\$ 45,659,014	\$ 3,804,918	\$ 42,082,972	8.5%
Contr Adjusts	\$ (1,565,692)	\$ (1,376,257)	\$ (1,445,145)	\$ (1,297,127)	\$ (1,605,567)	\$ (16,759,371)	\$ (1,396,614)	\$ (14,729,040)	
Net Patient Revenue	\$ 2,699,859	\$ 2,373,199	\$ 2,491,990	\$ 2,236,749	\$ 2,768,619	\$ 28,899,643	\$ 2,408,304	\$ 27,353,932	5.7%
Other Operating Rev	\$ 363,205	\$ 363,205	\$ 571,205	\$ 363,205	\$ 378,205	\$ 5,044,460	\$ 420,372	\$ 4,916,928	2.6%
	\$ 3,063,064	\$ 2,736,404	\$ 3,063,195	\$ 2,599,954	\$ 3,146,824	\$ 33,944,103	\$ 2,828,675	\$ 32,270,860	5.2%
Expenses:									
Salaries	\$ 1,508,251	\$ 1,472,263	\$ 1,508,268	\$ 1,470,937	\$ 1,508,268	\$ 17,811,695	\$ 1,484,308	\$ 16,610,972	7.2%
Benefits	\$ 320,105	\$ 314,397	\$ 313,363	\$ 310,853	\$ 313,206	\$ 3,857,743	\$ 321,479	\$ 3,509,416	9.9%
Legal Fees	\$ 4,100	\$ 4,100	\$ 9,100	\$ 4,100	\$ 4,100	\$ 69,200	\$ 5,767	\$ 103,350	-33.0%
Audit/ Accounting Fees	\$ -	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 80,000	\$ 6,667	\$ 80,000	0.0%
Professional Fees	\$ 136,944	\$ 136,744	\$ 141,058	\$ 140,058	\$ 142,058	\$ 1,765,175	\$ 147,098	\$ 1,915,737	-7.9%
Supplies	\$ 158,244	\$ 218,609	\$ 191,797	\$ 168,618	\$ 172,020	\$ 2,179,614	\$ 181,634	\$ 1,995,398	9.2%
Utilities	\$ 26,872	\$ 26,124	\$ 25,784	\$ 25,954	\$ 26,532	\$ 313,263	\$ 26,105	\$ 277,826	12.8%
Repairs and Maint	\$ 25,641	\$ 25,610	\$ 25,210	\$ 25,210	\$ 38,335	\$ 332,145	\$ 27,679	\$ 299,768	10.8%
Purchased Services	\$ 162,222	\$ 186,327	\$ 161,589	\$ 160,693	\$ 193,828	\$ 2,062,874	\$ 171,906	\$ 1,856,921	11.1%
Continuing Medical Educ	\$ 2,488	\$ 2,488	\$ 3,488	\$ 2,488	\$ 5,488	\$ 39,856	\$ 3,321	\$ 8,196	386.3%
Dues and Subscriptions	\$ 79,726	\$ 80,171	\$ 82,676	\$ 82,622	\$ 82,676	\$ 1,011,876	\$ 84,323	\$ 1,005,192	0.7%
Other Expenses	\$ 10,425	\$ 10,425	\$ 12,558	\$ 10,425	\$ 10,425	\$ 179,957	\$ 14,996	\$ 71,398	152.0%
Travel/Training/Meetings	\$ 22,971	\$ 25,651	\$ 24,511	\$ 18,111	\$ 15,701	\$ 280,926	\$ 23,410	\$ 315,850	-11.1%
Leases and Rentals	\$ 17,040	\$ 17,040	\$ 17,250	\$ 17,139	\$ 17,040	\$ 204,791	\$ 17,066	\$ 210,582	-2.8%
Depreciation	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 167,320	\$ 2,007,840	\$ 167,320	\$ 2,053,237	-2.2%
Taxes and Licenses	\$ 59,743	\$ 57,645	\$ 78,880	\$ 57,445	\$ 57,445	\$ 723,778	\$ 60,315	\$ 107,705	572.0%
Insurance	\$ 23,023	\$ 23,023	\$ 23,023	\$ 23,023	\$ 23,023	\$ 275,398	\$ 22,950	\$ 259,200	6.2%
Interest	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 24,543	\$ 294,516	\$ 24,543	\$ 417,087	-29.4%
Total Expenses	\$ 2,749,657	\$ 2,797,480	\$ 2,815,419	\$ 2,714,539	\$ 2,807,009	\$ 33,490,646	\$ 2,790,887	\$ 31,097,837	7.694%
Gross Margin	\$ 313,407	\$ (61,076)	\$ 247,776	\$ (114,585)	\$ 339,816	\$ 453,457	\$ 37,788	\$ 1,173,023	-61%

Cascade Medical
Volume Forecast - Budget Year 2025

Acute Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	25	14	20	14	16	11	15	25	14	32	18	5	209
Actual	2021	23	29	12	11	21	18	7	26	14	11	8	15	195
Actual	2022	8	1	13	16	1	29	21	15	3	11	19	73	210
Actual	2023	30	4	15	29	25	26	18	17	36	17	16	26	259
Actual/Projected	2024	34	10	25	23	35	42	20	30	18	30	19	33	319
Forecast	2025	34	16	24	26	28	35	23	32	24	28	22	43	335
<i>increase/decrease over 2024</i>														5.0%

Swing Bed Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	128	155	54	68	104	68	42	123	120	111	152	202	1,327
Actual	2021	155	74	51	87	66	49	138	160	74	150	67	43	1,114
Actual	2022	131	116	74	46	52	90	69	114	46	133	43	63	977
Actual	2023	75	98	49	61	59	66	61	102	67	61	57	69	825
Actual/Projected	2024	70	38	74	95	75	29	82	113	80	114	84	89	943
Forecast	2025	105	90	57	67	67	57	73	115	72	107	75	87	972
<i>increase/decrease over 2024</i>														3.1%

Emergency Visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	276	262	194	145	216	241	358	382	297	248	236	285	3,140
Actual	2021	294	240	235	263	346	387	477	428	327	286	229	364	3,876
Actual	2022	293	213	252	267	323	381	452	424	354	374	330	390	4,053
Actual	2023	324	253	244	283	371	375	467	416	346	342	280	385	4,086
Actual/Projected	2024	325	262	287	327	385	421	465	455	352	331	279	392	4,281
Forecast	2025	340	276	272	289	369	406	499	473	377	355	304	408	4,368
<i>increase/decrease over 2024</i>														2.0%

Clinic visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2020	1,408	1,112	860	769	1,025	1,148	1,320	1,205	1,110	1,269	1,107	1,147	13,480
Actual	2021	1,016	1,050	1,317	1,006	962	1,080	1,190	1,213	1,070	1,005	998	980	12,887
Actual	2022	908	750	1,097	971	987	1,122	892	1,103	991	930	1,069	925	11,745
Actual	2023	1,051	976	1,197	1,091	1,167	1,148	1,098	1,333	1,178	1,224	1,177	1,135	13,775
Actual/Projected	2024	1,264	1,132	1,146	1,233	1,314	1,150	1,346	1,357	1,243	1,316	1,239	1,215	14,955
Forecast	2025	1,379	1,226	1,372	1,238	1,332	1,379	1,426	1,517	1,365	1,403	1,365	1,318	16,320
<i>increase/decrease over 2024</i>														9.1%

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

<u>Hospital</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Inpatient Revenue	\$ 1,896,404	\$ 133,885	\$ 216,103	\$ 2,246,392
Patient Days	337	24	38	399
Reimb Rate	\$ <u>7,177</u>	\$ <u>6,969</u>	<u>72.6%</u>	\$ <u>6,867.48</u>
Total Payment	\$ <u>2,415,269</u>	\$ <u>165,582</u>	\$ <u>156,870</u>	\$ <u>2,737,721</u>
Contr Allow	\$ (518,864)	\$ (31,697)	\$ 59,233	\$ (491,328)

-59.23% -23.67% 27.41%

<u>Clinic</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 2,487,728	\$ 725,180	\$ 1,930,213	\$ 5,143,121
Visits	7,894	2,301		
Reimb Rate	\$ <u>466.00</u>	\$ <u>465.61</u>	<u>47.1%</u>	<u>110%</u>
Total Payment	\$ <u>3,678,597</u>	\$ <u>1,071,424</u>	\$ <u>908,855</u>	\$ <u>5,658,876</u>
Cont Allow	\$ (1,190,869)	\$ (346,244)	\$ 1,021,359	\$ (515,755)

-22% -47.87% -47.75%

<u>Ambulance</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 1,549,826	\$ 436,073	\$ 1,115,614	\$ 3,101,513
Reimb Rate	<u>39.0%</u>	<u>57.0%</u>	<u>55.0%</u>	<u>47%</u>
Total Payment	\$ <u>604,432</u>	\$ <u>248,561</u>	\$ <u>613,588</u>	\$ <u>1,466,581</u>
Contr Allow	\$ 945,394	\$ 187,511	\$ 502,026	\$ 1,634,931

Swing Bed Revenue	\$ 2,816,470	\$ -	\$ -	\$ 2,816,470
Patient Days	721	-	-	721
Reimb Rate	\$ <u>7,058</u>	\$ <u>6,951</u>	<u>72.6%</u>	\$ <u>7,058</u>
Total Payment	\$ <u>5,089,172</u>	\$ -	\$ -	\$ <u>5,089,172</u>
Contr Allow	\$ (2,272,701)	\$ -	\$ -	\$ (2,272,701)

-81%

Outpatient Revenue	\$ 14,273,490	\$ 5,228,005	\$ 12,850,023	\$ 32,351,518
Reimb Rate	<u>56.2%</u>	<u>35.9%</u>	<u>50.0%</u>	<u>50%</u>
Total Payment	\$ <u>8,015,279</u>	\$ <u>1,877,601</u>	\$ <u>6,428,683</u>	\$ <u>16,321,562</u>
Contr Allow	\$ 6,258,211	\$ 3,350,405	\$ 6,421,340	\$ 16,029,955

50%

Total Revenue	\$ 23,023,918	\$ 6,523,143	\$ 16,111,953	\$ 45,659,014
Total contractual Allow	\$ 3,221,170	\$ 3,159,975	\$ 8,003,958	\$ 14,385,102

	<u>Bad Debt</u>	<u>C.S.P</u>
Total Revenue Rate	<u>3.7%</u>	<u>1.5%</u>
32% Reserve	1,689,384	684,885

Total Contractual Allowance, Bad Debt Reserve, Charity	\$ 16,759,371	36.7%
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Cascade Medical
 FTE Budget, Staffing Additions
 FY 2025

Dept Number	Department	Authorized FTEs 2024	Requested Change in FTEs	Budgeted FTEs FY 2025	Notes
60000	Acute IP	16.80		16.80	
60100	Swing Bed	0.34		0.34	
80400	Central Supply	1.00		1.00	
60700	Laboratory	7.60	1.00	8.60	Swing Shift
60800	Cardiac Diagnostic	0.27		0.27	
60900	CT	0.48		0.48	
61000	Radiology	4.33	0.50	4.83	Partial FTE
61100	Pharmacy	-		-	
61500	Physical Therapy	7.30	(0.25)	7.05	Move to Cardiac Rehab
60500	Emergency Department	6.60		6.60	
60550	ED Providers	4.21		4.21	
60400	Ambulance	23.40		23.40	
60600	Endoscopy	0.90		0.90	
60200	Clinic	18.75	(1.45)	17.30	.65 FTE from HIM, staff leveling
60250	Clinic Providers	10.18	1.00	11.18	Expansion of hours/Urgent care
61600	Occupational Therapy	1.60		1.60	
61700	Speech Therapy	0.60		0.60	
61800	Cardiac Rehab	-	0.25	0.25	Move from Cardiac Rehab
80800	Food/Nutrition Svcs	5.00	1.00	6.00	Expanded hours due to Nurse Staffing law change
81300	Laundry	1.00		1.00	
81400	Materials Management	0.80		0.80	
81600	Plant Operations	3.00		3.00	
80600	Environmental Services	5.00		5.00	
81100	Information Technology	-		-	
80700	Fiscal Services	3.00		3.00	
80300	Business Office	8.00		8.00	
80100	Admitting	10.00	0.75	10.75	Staff leveling
80000	Administration	5.00		5.00	
81700	Public Relations	1.00		1.00	
81000	Human Resources	1.50	1.00	2.50	New hire onboarding improvements
83000	Foundation	0.75		0.75	
80900	Health Information Mgt	5.15	(0.65)	4.50	Move to Clinic
81900	Utilization Review	4.50	1.00	5.50	Quality Data Specialist
81500	Nursing Admin	2.60		2.60	
82000	Informatics	<u>3.00</u>		<u>3.00</u>	
81200	Inservice Education	0.00		0.00	
		163.66	4.15	167.81	



A G E N D A
Board Quality Oversight Committee
August 27, 2024
9:00 AM – 11:00 AM
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	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none"> • August 27, 2024, Agenda • May 17, 2024, Minutes 	9:00 AM
Committee Work		
1.	Review Action Items	9:00 AM
2.	Patient Story	9:00 AM
3.	Review Policies <ul style="list-style-type: none"> • Disclosure of Unanticipated Outcomes 	9:10 AM
4.	Q2 Quality Committee Reports	9:15 AM
5.	Board Quality Rounding Review	9:25 AM
6.	Review Q2 Data <ul style="list-style-type: none"> • Patient Safety and Quality Data • Incident Reporting Data • Patient Satisfaction Report • Notable Achievements 	9:35 AM
7.	Future Quality Data Discussion	10:00 AM
8.	Board Member Questions: Safety & Quality	10:15 AM
9.	Quality Orientation Discussion	10:25 AM
10.	Plan for Annual Committee Self-Assessment	10:35 AM
11.	Schedule November Meeting Date	10:45 AM
12.	Provider Credentialing	10:55 AM
Adjournment		
1.	Adjournment	11:00 AM

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

Materials provided in advance of meeting along with agenda:

1. May 17, 2024, Minutes
2. Policy – Disclosure of Unanticipated Outcomes
3. Committee Reports
 - a. Diversity, Equity, and Inclusion Committee
 - b. Emergency Care Committee
 - c. Infection Control Committee
 - d. Patient and Family Advisory Council
 - e. Safety Committee
 - f. Swing Bed Committee
 - g. Utilization Management Committee
4. Board Quality Rounding Forms and Data

- a. Emergency Medical Services
 - b. Laboratory
- 5. Board Quality Rounding Calendar
- 6. Q2 Data
- 7. Board Member Questions: Safety & Quality
- 8. Draft Committee Self-Assessment



AGENDA

Community Outreach & Awareness Committee

August 26, 2024

3:00 PM-5:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	3:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">August 26, 2024 Agenda	3:00 PM
Committee Work		
1.	Review Committee Charter <ul style="list-style-type: none">Does the work of the Committee make sense?Any additions or edits to the Charter?	3:00 PM
2.	Discuss Vision for Committee Success <ul style="list-style-type: none">How can Cascade Medical be more strategic in all internal and external communications?What are 2-3 things we'd like our community to know about Cascade Medical?<i>We will know this work is successful if ...</i>	3:15 PM
3.	Review the Four Key Goals (Items 1 – 4 on draft Charter) to be included in a strategic and comprehensive plan <ul style="list-style-type: none">What key services should we focus on?How do we measure, learn and adapt our work over the next year?How do we leverage our limited resources to be even more effective?	3:45 PM
4.	Brief Meeting Recap and Next Steps, including scheduling future meeting(s)	4:45 PM
Adjournment		
1.	Adjournment	5:00 PM

Materials provided in advance of meeting along with agenda:

1. Draft Charter for Community Outreach & Awareness Committee



AGENDA

Board Governance Committee

September 5, 2024

1:00 PM-3:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">September 9, 2024 AgendaJune 4, 2024 Minutes	1:00 PM
Committee Work		
1.	Policy Review: <ul style="list-style-type: none">Conflict of Interest PolicyOpen Public Meetings Policy	1:00 PM
2.	Preliminary discussion to refine/review process for CEO Annual Review	1:05 PM
3.	Finalize Board retreat	1:35 PM
4.	Discussion topics for Part Time Resident Advisory Council Meeting	1:50 PM
5.	Board future/succession planning <ul style="list-style-type: none">Officer & committee rotations planning	1:55 PM
6.	Review Board education plan	2:20 PM
7.	Check-in on Board Objectives	2:35 PM
8.	Finalize Committee Self-Evaluation Survey	2:45 PM
10.	Discuss ways to continue to grow the Board's approach to thinking strategically	2:50 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

1. Minutes from June 4, 2024 meeting
2. Conflict of Interest Policy
3. Open Public Meetings Policy
4. CEO 360-degree questions
5. 2023 CEO evaluation timeline/process
6. 2023 List of multi-raters for CEO evaluation
7. Draft summary planning document for Board retreat
8. *Current board matrix w/Shari – will be sent separately*
9. List of current board officers and committee chairs/members
10. 2024 Board education plan
11. 2024 Board objectives
12. 2023 Governance Committee survey, with responses
13. Strategic Plan Timeline

Three-Year Strategic Plan Cycle of Work

Black = Work involving Board; Orange = Management work

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

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

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

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



Education Plan
Cascade Medical Board of Commissioners
For 2024

Date	Location	Topic	Comments
January 24, 2024	ABC Room	Health Policy	Jessica to share learnings from State of Reform conference during meeting
February 28, 2024	ABC Room	TBD	
March 27, 2024	ABC Room	Quality	Potential education prior to the meeting on CM's quality and safety work
April 24, 2024	ABC Room	TBD	
May 22, 2024	ABC Room	EMS Levy	Brad Berg attend board meeting
June 24 – 26	Chelan	Rural Healthcare & Leadership	WSHA & AWPMD Conference
June 26, 2024	ABC Room	General	WSHA conference & meeting discussion
July 24, 2024	ABC Room	TBD	
Sept 25, 2024	ABC Room	Patient & Family Advisory Council	Update
		EMS Levy	Services & Financial Forecast
October 17, 2024	Icicle Inn	General	Board annual retreat; topics include telehealth and access (2 nd bullet below)
October 30, 2024	ABC Room	TBD	
November 20, 2024	ABC Room	NA	
December 18, 2024	ABC Room	TBD	

2024 Priority Topics

- Telehealth* (timing TBD, will tie to organizational objective task work on this topic)
- Strategy around offsite service delivery options/expansion of hours/access away from downtown core* (timing TBD, dependent on coordination with organizational objectives work on these topics, with potential for a retreat or mid-summer discussion)
- EMS Levy/Community Engagement* (timing likely to be May for the functional pieces of the levy and TBD for communication prep, likely four to five months ahead of the planned vote date)
- Long range financial planning, including capital investment planning, service line expansion, impact from Rural Health Clinic payment cap* (timing likely near end of 2024, to coordinate with related organizational objective)

2024 Update Topics

Topic	Frequency	Notes
Clinical Medical Director/Team Based Care	Quarterly (roughly)	Once TBC is fully implemented, it will be a smaller part of the clinic update.
Patient & Family Advisory Council	Every 6 months until established	
Meditech	Quarterly	Feb, May, Sept, Nov

Topic	Frequency	Notes
Billing	Quarterly until “fixed”	
Scheduling	Quarterly as part of Improving Patients First Touch Experience	

Future Potential Topics

- Updates on Team Based Care*
- Artificial Intelligence and update on CM technology road map*
- Opioids and Substance Use Disorder in our community and how CM addresses (potential for Chelan Co Sherriff’s Office and school district presence to share what they see?)*
- Current and future work of CM out in the community; relates to population health, CHNA, health equity*
- Quality, what is the board’s role, what is our data?*(proposing March 2024 currently)
- Expansion*
- Long-term planning around providers needed to serve the community into the future, services offered, particular areas of expertise, taking care of infants/children*
- Updates on Patient and Family Engagement Council work*
- Governance: education on advocacy how-to’s, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- Strategic Question: Do we have the right mission and vision statements to appropriately guide the direction of the organization? Revise mission and vision statements.
- Compliance Training
- IT Security / Cybersecurity
- Patient retention metrics
- The Board’s Role in Health Care Experience (AHA article) and provider and staff engagement
- Vaccination information
- How to improve at strategic planning/thinking
- Finance education, financial risks
- Board’s role in organizational succession planning

Upcoming WSHA Governance Topics for independent viewing 2024

- Charity Care 101 (October 14)
- Hospital Finances 201 (October 22)

Link to check progress on certification: <https://governanceeducation-wsha.talentlms.com/>

*Identified in January 2024 board meeting brainstorming

2024 Board Annual Objectives

2024 Board Objectives:

1. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage.
2. Assess and refine Board's ongoing connection to and communication with the community.
3. Refine board succession and new commissioner orientation / onboarding plans.

2023 Board Objectives:

4. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage
5. Assess and refine Board's ongoing connection to and communication with the community.
6. Fully integrate new commissioners to the board through continued mentorship, regular check-ins and by continuing to adapt processes to support needs while optimizing board work.

2022 Board Objectives:

1. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage
2. Check in quarterly on planning for community engagement scenarios with the intent to implement something in 2022.
3. Develop plan for Board succession which addresses near, mid- and long-term needs

Credentialing Approvals

Active Privileges (2-years)

- Roselynn Gentles, MD

Telestroke Active Privileges: (2-years)

- Hope Opara, MD
- Vivian Yang, MD

Teleradiology Initial Privileges: (1-year)

- Dr. David Bulley

Locum Tenens Privileges: (90 Days)

- Robert Glazewski, PA-C: Hospitalist
- Ed Lopez, PA-C: Hospitalist*

*Ed was credentialed emergently on August 27 due to impending lapse between July and September board meetings.

RESOLUTION NO. 2024-08

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

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington (the “District”), providing for the submission to the voters of the District at a special election to be held on April 25, 2025, of a proposition authorizing the District to renew its regular property tax levy pursuant to RCW 84.52.069 to provide funds for emergency medical care and emergency medical services.

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, CHELAN COUNTY, WASHINGTON, as follows:

Section 1. Findings. The Commission (the “Commission”) of Public Hospital District No. 1, Chelan County, Washington (the “District”), hereby makes the following findings and determinations:

(a) Pursuant to RCW 84.52.069, a public hospital district, when authorized by the voters of the district, may impose an additional regular property tax levy in an amount up to 50 cents per \$1,000 of assessed value of property in the district (a) each year for six consecutive years, (b) each year for ten consecutive years, or (c) permanently, to provide funds for emergency medical care or emergency medical services.

(b) Pursuant to Resolution No. 2018-08, adopted by the District’s Board of Commissioners on November 27, 2018, the Commission authorized the submission to the voters of the District of a proposition authorizing the District to impose a regular property tax levy pursuant to RCW 84.52.069 in an amount of 50 cents per \$1000 of assessed value, for a period of six years beginning in 2020 and ending in 2026, which proposition was approved by the voters of the District at a special election held in February, 2019.

(c) he District has determined that in order to assure the continued availability of high quality emergency medical care and services within the boundaries of the District, it is in the best interest of the residents of the District and other persons served by the District to request the renewal of the District’s regular property tax levy at the rate of **XX** cents per \$1,000 of assessed value of property in the District each year beginning in 2026 and continuing for a period of six years to provide funds for emergency medical care and services.

Section 2. Calling of Election. The Auditor of Chelan County, Washington (the “Auditor”), as *ex officio* Supervisor of Elections, is requested to call a special election in the District, in the manner provided by law to be held therein on the 25th day of April, 2025. The special election shall be for the purpose of submitting to the electors of the District for their approval or rejection, pursuant to the provisions of RCW 84.52.069, the question of whether, beginning with taxes levied in 2025 and payable in 2026, and continuing thereafter, the District should levy a regular property tax in an amount equal to **XX** cents or less per \$1,000 of assessed

value to provide funds for emergency medical care or emergency medical services, including related personnel costs, training for such personnel, and related equipment, supplies, vehicles and structures. If this proposition is approved, the Commission will be authorized to adopt, in accordance with its regular budget process, a renewed regular property tax as described in Section 3.

Section 3. Description of Ballot Proposition. If the required number of voters approve the ballot proposition, the District shall:

(a) levy an additional regular property tax for six consecutive years, beginning with taxes payable in 2026, in an amount equal to **XX** cents or less per \$1,000 of assessed value, to provide funds solely for emergency medical care and emergency medical services, including related personnel costs, training for such personnel, and related equipment, supplies, vehicles and structures, as set forth under RCW 84.52.069;

(b) provide for separate accounting of expenditures of the revenues generated by the EMS Levy and maintain a statement of the accounting which shall be updated at least every two years and shall be available to the public upon request consistent with applicable state law; and

(c) use the dollar amount levied in 2025 for collection in 2026 for the purpose of computing the limitations on levies in subsequent years under chapter 84.55 RCW.

Section 4. Ballot Proposition. Pursuant to RCW 29A.36.071, the Chelan County Prosecuting Attorney is requested to prepare the concise description of the aforesaid proposition in substantially the following form:

PUBLIC HOSPITAL DISTRICT NO. 1, CHELAN COUNTY
WASHINGTON
PROPOSITION NO. 1

EMERGENCY MEDICAL SERVICES LEVY RENEWAL

The Board of Commissioners of Chelan County Public Hospital District No. 1 (Cascade Medical) adopted Resolution No. 2024-08 concerning a proposition authorizing the renewal of an emergency medical care and services levy. This proposition authorizes the District to levy regular property taxes at the rate of **XX** cents or less per \$1,000 of assessed value, beginning with taxes payable in 2026 and continuing in each year for six consecutive years, to provide funds for emergency medical care or emergency medical services in the district, including related personnel and training costs, equipment, supplies, vehicles and structures, all as provided in Resolution No. 2024-08. Will Chelan County Public Hospital District No. 1 be authorized to impose a regular property tax levy of **XX** cents or less per \$1,000 of assessed valuation for each of six consecutive years?

YES
NO

Section 5. Filing with Auditor. The Superintendent of the District, or her designee, is directed (a) to present a certified copy of this resolution to the Auditor no later than February 21, 2025, and (b) to perform such other duties as are necessary or required by law to submit to the District’s voters at the aforesaid special election, for their approval or redemption, the proposition of whether or not the District should levy additional regular property taxes as herein provided.

Section 6. Severability. If any provision of this resolution shall be declared by any court of competent jurisdiction to be invalid, then such provision shall be null and void and shall be separable from the remaining provisions of this resolution and shall in no way affect the validity of the other provisions of this resolution, or of the levy or collection of the taxes.

Section 7. Notices. For purposes of receiving notice of the exact language of the ballot title required by RCW 29A.36.080, the Commission hereby designates: (a) Diane Blake, District Superintendent (509-548-3425, dianeblake@cascademedical.org); and (b) legal counsel, Foster Garvey PC (Brad Berg, 206-447-8970, brad.berg@foster.com) as the individuals to whom such notice should be provided. The Superintendent of the District and President of the Commission are each authorized individually to approve changes to the ballot title, if any, deemed necessary by the Chelan County Auditor or the Chelan County Prosecuting Attorney.

Section 8. Effective Date. This resolution shall become effective immediately upon its adoption.

ADOPTED and APPROVED by the Commission of Public Hospital District No. 1, Chelan County, Washington, at a regular open public meeting thereof of which due notice was given as provided by law this 25th day of September, 2024, the following Commissioners being present and voting.

Bruce Williams, President and
Commissioner

Shari Campbell, Secretary and
Commissioner

Thomas Baranouskas,
Vice President and Commissioner

Jessica Kendall, Commissioner

Gustavo Montoya, Commissioner

CERTIFICATION

I, the undersigned, Secretary of the Commission of Public Hospital District No. 1, Chelan County, Washington (the "District"), hereby certify as follows:

1. The attached copy of Resolution No. 2024-08 (the "Resolution") is a full, true, and correct copy of a resolution duly adopted at a regular meeting of the Commission of the District held at the regular meeting place thereof on September 25, 2024, as that resolution appears on the minute book of the District; and

2. A quorum of the members of the Commission was present throughout the meeting and a majority of those members present voted in the proper manner for the adoption of the Resolution.

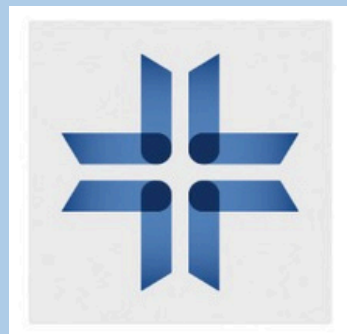
IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of September, 2024.

PUBLIC HOSPITAL DISTRICT NO. 1,
CHELAN COUNTY, WASHINGTON

Shari Campbell, Secretary of the Commission



CASCADE MEDICAL EMS SERVICES



EMERGENCY RESPONSE

- 1,100 Approximate Annual Responses
- 150 Interfacility Transports Per Year
- 15 Long-Distance Transports Annually
- Operate 2 ALS ambulances staffed 24/7 with 1 EMT and 1 paramedic
- Employ 12 full-time EMTs and paramedics, with 15 on-call EMTs and paramedics

Delivering reliable, around-the-clock emergency care, ensuring rapid response and seamless transport services.



MOBILE INTEGRATED HEALTH (MIH) PROGRAM

- Navigation to primary care through in-home assessments and care coordination
- In-Home Telehealth Navigation
- 1 staffed MSO Unit
- 2 community paramedics



Bridging the gap between emergency care and preventative health, our mobile integrated team brings advanced care and support directly to the community.

STRENGTH IN PARTNERSHIPS

- CM & Lake Wenatchee Fire and Rescue:
 - Embedded BLS Ambulance
- CM & Chelan County Fire District #3:
 - Interlocal Agreement to Provide Combined Rescue Services
 - Embedded BLS Ambulance
- CM & Chelan County Fire District #9
 - Educational Support

Collaborating to build readiness through strategic partnerships that enhance emergency response, rescue services, and public safety education.



HIGH SCHOOL & YOUTH ENGAGEMENT

- High School Football Home Game Standbys
- High School Sports Standbys
- "Arrive Alive" Program at Cascade High School
- Fourth Grade 911 Education & Ambulance Tours
- Icicle River Middle School Health Education Class
- Planning stages of EMT Class



Empowering the next generation with valuable health education and hands-on experiences in emergency services.

COMMUNITY ENGAGEMENT

- Chamber Summer Ambassador Training for River & Mountain Safety
- Sprouts Bike and Juice Event (July)
- Senior Center Blood Pressure Checks
- Life Jacket Program & River Rafting Assistance
- Oktoberfest Medical Standby
- Mother's Day Marathon Standby
- Tour De Bloom Bike Races Medical Standby
- Aid Stations for Leavenworth Marathon (October)

Dedicated to serving our community by creating meaningful connections and providing essential safety and support.



EDUCATION + PUBLIC SAFETY

- Community CPR Courses (Starting Fall 2024)
- Community AED Program
- Community Annual Safety Event
- Halloween Trick or Treat for Downtown Businesses

Promoting awareness, preparedness, and connection to empower our community and enhance public safety through education.



ADVANCED RESCUE OPERATIONS

- Paramedic support for CCSO Search & Rescue
- Snowmobile Rescue Operations
- Mountain Bike Response Units
- Integrated Rescue Services with Local Fire Districts

Equipped to navigate all terrain, we rise to meet challenging calls with unwavering dedication to saving lives.



FULL-SERVICE EMERGENCY DEPARTMENT 24/7

- Trauma Level 5 Center and a Level 3 Stroke Center.
- Handles approximately 4,000 visits annually.
- Skilled in managing medical emergencies across all age groups.
- Providing comprehensive care for all trauma injuries, offering initial treatment and stabilization before transferring patients to higher-level care centers when necessary.

Your trusted partner in emergency care, providing swift, compassionate, and expert support when you need it most.



Combined Service Line Financial Forecast for Ambulance and Emergency Departments

By Year

		Est/Act	Est	Est	Est	Est	Est	Est	Est	Est
	<u>August 2024 YTD</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>2031</u>	
Net Operating Revenue	\$ 3,806,541	\$ 5,645,014	\$ 5,985,883	\$ 6,285,177	\$ 6,599,436	\$ 6,929,407	\$ 7,275,878	\$ 7,639,672	\$ 8,021,655	
Operating Expenses										
Wages & Benefits	\$ 3,127,204	\$ 4,690,806	\$ 4,968,164	\$ 5,117,208	\$ 5,274,928	\$ 5,437,548	\$ 5,605,221	\$ 5,778,106	\$ 5,956,367	
Professional Fees	\$ 99,673	\$ 149,510	\$ 146,115	\$ 150,499	\$ 155,014	\$ 159,664	\$ 164,454	\$ 169,388	\$ 174,469	
Supplies & Fuel	\$ 132,786	\$ 199,179	\$ 238,516	\$ 245,672	\$ 253,042	\$ 260,633	\$ 268,452	\$ 276,506	\$ 284,801	
Repairs/Maint/Purch Svc	\$ 191,260	\$ 286,890	\$ 286,216	\$ 294,802	\$ 303,646	\$ 312,755	\$ 322,138	\$ 331,802	\$ 341,756	
CME/Dues/Other	\$ 121,603	\$ 182,405	\$ 145,311	\$ 159,671	\$ 164,461	\$ 169,395	\$ 174,476	\$ 179,711	\$ 185,102	
Depreciation	\$ 176,947	\$ 265,421	\$ 364,995	\$ 340,830	\$ 344,811	\$ 378,809	\$ 292,305	\$ 274,112	\$ 259,099	
Insurance	\$ 44,269	\$ 66,404	\$ 86,819	\$ 81,119	\$ 85,072	\$ 94,732	\$ 75,526	\$ 72,249	\$ 72,624	
Overhead	\$ 2,139,947	\$ 3,209,921	\$ 3,306,218	\$ 3,405,405	\$ 3,507,567	\$ 3,612,794	\$ 3,721,178	\$ 3,832,813	\$ 3,947,797	
Total Expenses	\$ 6,033,689	\$ 9,050,534	\$ 9,542,354	\$ 9,795,205	\$ 10,088,541	\$ 10,426,330	\$ 10,623,750	\$ 10,914,687	\$ 11,222,015	
Margin on Operations	\$ (2,227,148)	\$ (3,405,519)	\$ (3,556,471)	\$ (3,510,028)	\$ (3,489,106)	\$ (3,496,923)	\$ (3,347,873)	\$ (3,275,015)	\$ (3,200,360)	
Tax Revenue	\$ 1,017,160	\$ 1,743,703	\$ 1,761,140	\$ 2,595,836	\$ 2,621,794	\$ 2,648,012	\$ 2,674,492	\$ 2,701,237	\$ 2,728,250	
Net Margin	\$ (1,209,988)	\$ (1,661,816)	\$ (1,795,331)	\$ (914,192)	\$ (867,311)	\$ (848,911)	\$ (673,380)	\$ (573,778)	\$ (472,111)	

2025 is the final year of our current 6-year levy

Assumptions driving out-year estimates:

6 year levy renewal for 2026-2031 at \$.50/1000

Charges/revenue increase 5% per year

Expenses increase 3% per year

Depreciation based on current capital projections, which is likely lower than actual, particularly for years 2030 and 2031.

Reimbursement for Medicare Ambulance claims at cost-based reimbursement

Projections based on 2025 annualized estimates for ED and on 2025 budget for Ambulance to be most conservative.

No major changes in level of service offerings

Overhead allocation defined by Medicare Cost Report, which drives & impacts reimbursement



Title:	Open Public Meetings	Effective Date:	04/01/2005
Categories:	Board of Commissioners	Approved Date:	09/19/2017
Prepared By:	Diane Blake (Chief Executive Officer)		
Reviewed By:	Board Governance Committee; Diane Blake (Chief Executive Officer)		
Approved By:	Board of Commissioners; Diane Blake (Chief Executive Officer)		

POLICY:

Cascade Medical (CM) Board of Commissioners (BOC, governing body) and staff will follow and uphold requirements of the Open Public Meetings Act (OPMA), per chapter 42.30 of the Revised Code of Washington.

PROCEDURE:

1. Generally, a meeting occurs when a quorum (majority) of the governing body is in attendance and action is taken, which includes discussion or deliberation as well as voting. These meetings shall be open and public, except for certain exceptions expressly outlined in the OPMA. Because electronic communications (email, text messaging, instant messaging) can implicate the OPMA, the following practice tips should be followed by BOC and staff, to ensure electronic communications do not violate the OPMA:
 - a. Passive receipt of information via email is permissible, but discussion of issues via email by the governing body can constitute a meeting and should be avoided.
 - b. An email message to a majority or more of your colleagues on the governing body is allowable when the message is to provide only documents or factual information, such as emailing a document to all members for their review prior to the next meeting.
 - i. If you want to provide information or documents via email to other members of the governing body, especially regarding a matter that may come before the body for a vote, have the first line of the email clearly state: “For informational purposes only. Do not reply.”
 - c. Unless for informational purposes only, don’t send an email to all or a majority of the governing body, and don’t use “reply all” when the recipients are all or a majority of the members of the governing body.
 - d. Alternatively, rather than emailing materials to your colleagues on the governing body in preparation for a meeting, have a designated staff member email the documents or provide hard copies to each member. It’s permissible, for example, for a staff member to communicate via email with members of the governing body in preparation for a meeting, but the staff member needs to take care not to share any email replies with the other members of the governing body as part of that email exchange.
2. Phone calls and voice messages can also constitute a meeting, if a majority of the members of the governing body takes “action” on behalf of CM through phone calls or voice mail exchange. Taking “action” under the OPMA can occur through mere discussion of CM business, and the participants don’t have to be participating in that exchange at the same time, as a serial or rolling meeting can occur in violation of the OPMA.
3. BOC may confer a Special Meeting, under RCW 42.30.080. It is permissible for a majority of members of the governing body to confer outside of a public meeting for the sole purpose of discussion of whether to call a special meeting; this includes conferring for that purpose via electronic communications.
4. BOC may conduct Executive Sessions per the guidelines of RCW 42.30.110 and RCW 70.44.062.
5. It shall not be a violation of the OPMA for a majority of the members of a governing body to travel together or gather for purposes other than a regular meeting or a special meeting, provided no action is taken. (RCW 42.30.070)
6. Within 90 days of taking office, per the Open Government Trainings Act (ESB 5964), new Commissioners will complete the Open Public Meeting Act training (RCWs 42.56.150, 42.30.205). Education on open public meeting requirements will be conducted on an as-needed, periodic basis (but no less than every four years) for the full Commission.

Accompanying Notes for the August 2024 Financial Statements

August Financial Statements – Current Month Summary

Gross patient revenue of \$3,810,000 in August fell short of the budgeted amount of \$3,908,000 by (\$98,000). The contractual allowance of \$1,025,000 for August was less than the budgeted amount of \$1,276,000 by \$251,000. The August net margin of \$733,000 was greater than the budgeted net margin of \$419,000 by \$314,000. Cash receipts totaling \$4,015,000 For August were greater than the budgeted cash receipts total of \$2,404,000. The August month end cash balance of \$15,883,000 is more than the budgeted cash balance of \$13,657,000 by \$2,226,000.

Specific Revenue and Expense Variances

1. Professional Fees were over budget in August by (\$63,000), primarily in the clinic due to coverage for our open hospitalist position and in Admin for ongoing Clinic Practice Share consulting.
2. Other Expenses were over budget in August by (\$46,000) primarily due to our Medicaid Q2 Safety Net Assessment for the Medicaid Safety Net Assessment Program.
3. Supplies expenses were less than budgeted by \$41,000 due to lower pharmaceutical and lab supply expenses.

Patient Statistics

In August we saw Swing Bed, Rehab, and Clinic volumes below budgeted volumes, while Acute, CT, and Radiology were all well above budgeted volumes.

Cash Receipts

Collections on patient accounts of \$3,638,000 in August were above budgeted patient account collections of \$2,291,000 by \$1,347,000, of which \$642,000 was for the 2023 Medicare Receivable, and we also received \$345,000 in a lump sum settlement for 2024 year to date Medicare claims.

Balance Sheet

Our Balance Sheet shows an increase in cash balances in August of \$1,429,000.

Accounts Receivable

Days in Net Accounts Receivable saw no change from our last report, holding steady at 49.6 days. Gross Accounts Receivable has increased by \$111,000 from when we last reported in June.

Contractual Allowances

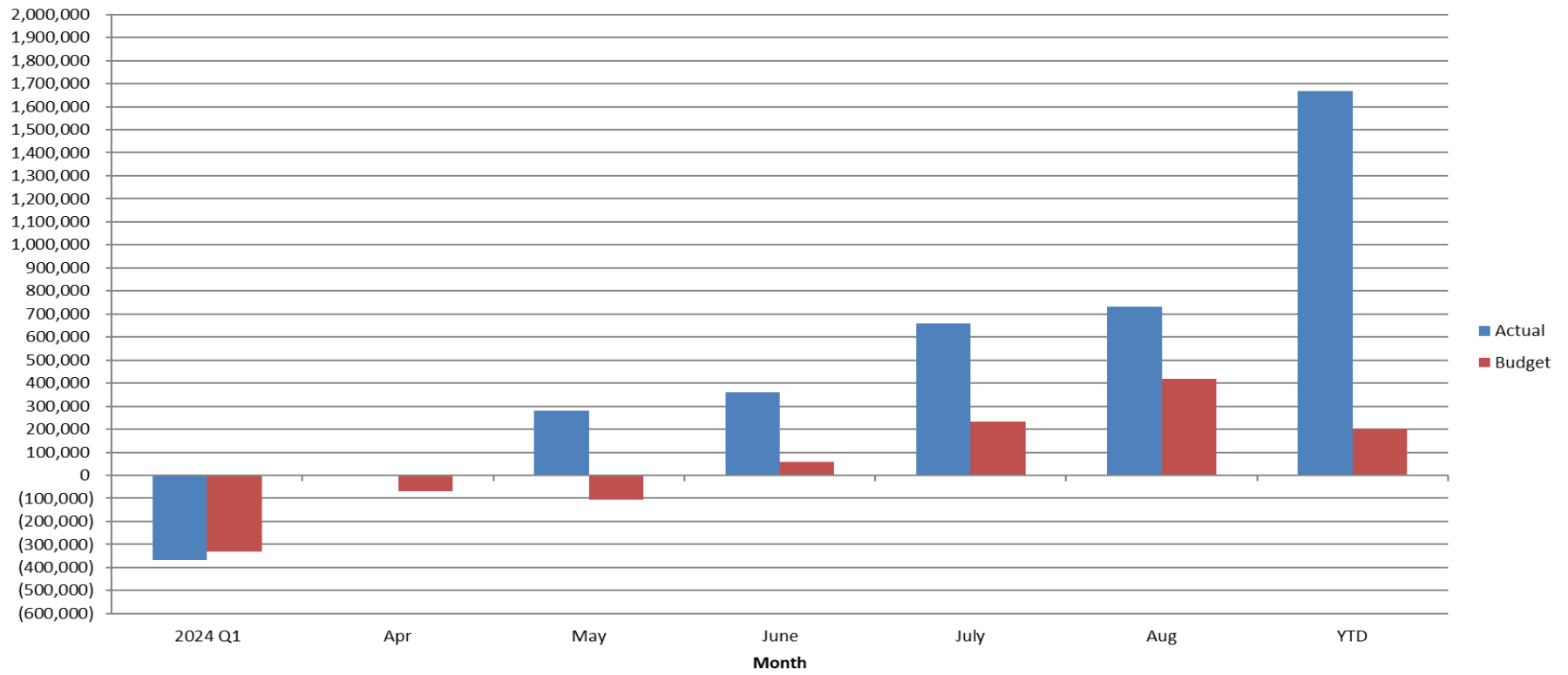
Our Contractual Allowance for August is 26.9% of Gross Revenues. Overall, our Contractual Allowance is 43% of Gross Accounts Receivable.

Final comments

In mid-August we had a consulting firm on site for an assessment of our use of Meditech in various areas, particularly Revenue Cycle and Lab. We have contracted with them to work through an optimization of these areas and others and anticipate this work to run through Q1 2025. The upcoming work is in support of the annual objective for Charge Capture work outlined in our 2024 Strategic Plan.

We continue our budget planning for 2025 with our preliminary budget presentation to occur at the September board meeting. In October we will review year to date performance through September and fine tune the budget in preparation for approval at the October board meeting.

Cascade Medical Net Surplus/(Deficit) - 2024



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

000's omitted

YTD Aug

Net Margin

Actual	1,667
Budget	200
	1,466
Better (Worse) than Budget	1,466

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - CT \$1178; ED \$573; Clinic \$355; AC \$292	2,263
Contractual Allowances	(271)
	1,992
Net Patient Revenue	1,992
Other Operating Revenue	245
	2,237
Total Operating Revenue	2,237

Expenses

Salaries & Benefits	125
Prof. Fees - Acute (\$176); Admin (\$110); HR (\$103); Clinic Prov (\$60); ED Prov (\$46)	(521)
Supplies	24
Purchased Services/Repairs - Bus Off (\$193); IT (\$53); CT (\$51)	(291)
Other Operating Expenses - IT \$122; Admin (\$130); Safety Net (\$111)	(110)
	(774)
Total Operating Expenses	(774)

Non-Operating Revenues & Expenses	3
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Actuals Better/(worse) than Budget	1,466
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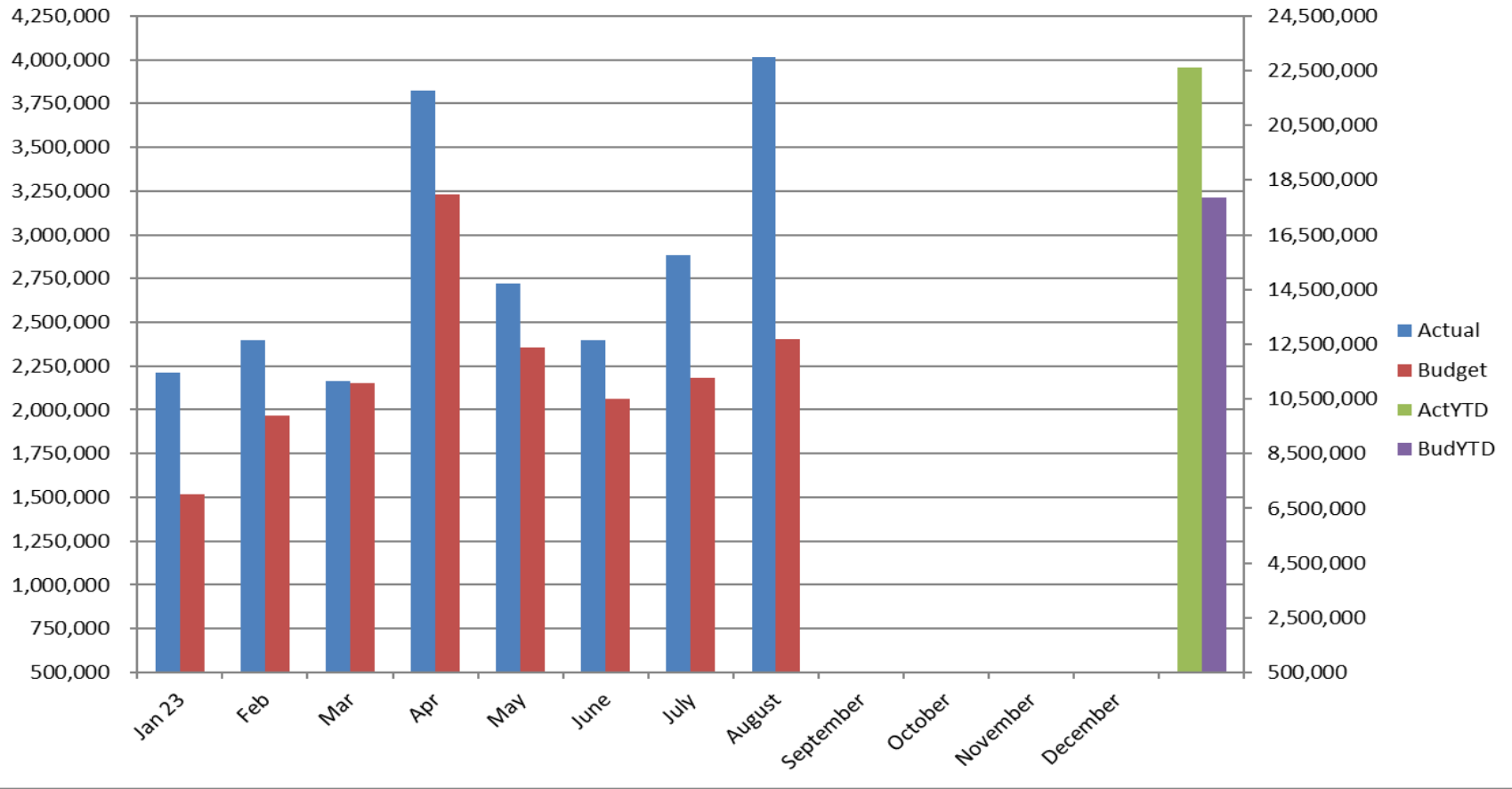
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending August 31, 2024

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,785,434	2,632,765	152,669	19,372,269	17,380,359	1,991,910	15,455,337
Grants, Contribs, Other Op Revenue	357,542	93,770	263,772	1,224,319	1,039,160	185,159	840,967
Tax Levies, unrestricted	<u>145,225</u>	<u>137,725</u>	<u>7,500</u>	<u>1,161,800</u>	<u>1,101,800</u>	<u>60,000</u>	<u>1,197,320</u>
Total Operating Revenue	3,288,201	2,864,260	423,941	21,758,388	19,521,319	2,237,069	17,493,624
Operating expenses							
Salaries & Benefits	1,690,830	1,714,770	23,940	13,424,983	13,549,496	124,513	11,819,068
Professional fees	168,616	105,366	(63,250)	1,444,151	923,387	(520,764)	1,466,058
Supplies	162,598	204,001	41,403	1,338,860	1,362,678	23,818	1,316,798
Purchased services	169,841	139,124	(30,717)	1,432,918	1,141,699	(291,219)	1,390,117
Depreciation	169,160	169,874	714	1,342,122	1,358,992	16,871	1,332,849
Other Operating Expenses	<u>281,362</u>	<u>198,788</u>	<u>(82,574)</u>	<u>1,801,965</u>	<u>1,675,291</u>	<u>(126,674)</u>	<u>1,405,940</u>
Total operating expenses	2,642,406	2,531,923	(110,483)	20,784,998	20,011,543	(773,455)	18,730,830
Operating gain / (loss)	645,794	332,337	313,457	973,391	(490,224)	1,463,615	(1,237,206)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	901,128	901,128	-	866,352
Interest expense on bonds	(25,327)	(25,328)	1	(202,617)	(202,624)	7	(217,712)
Other Non-Operating rev (exp)	<u>61</u>	<u>(989)</u>	<u>1,050</u>	<u>(5,364)</u>	<u>(7,912)</u>	<u>2,548</u>	<u>(2,174)</u>
Total nonoperating rev (exp), net	87,375	86,324	1,051	693,147	690,592	2,555	646,466
Net Income	733,169	418,661	314,508	1,666,538	200,368	1,466,170	(590,740)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending August 31, 2024

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Gross Patient Revenue	3,809,933	3,908,481	(98,548)	28,056,210	25,793,510	2,262,700	23,490,372
less:							
Contractual Allowances	827,995	1,084,200	256,205	7,389,354	7,149,267	(240,087)	6,882,998
Reserve for Bad Debts	139,821	136,797	(3,024)	921,148	902,774	(18,374)	819,697
Reserve for Financial Assistance	56,684	54,719	(1,965)	373,438	361,110	(12,328)	332,340
Total Deductions from Revenue	1,024,500	1,275,716	251,216	8,683,941	8,413,151	(270,790)	8,035,035
Net Patient Revenue	2,785,434	2,632,765	152,669	19,372,269	17,380,359	1,991,910	15,455,337
Grants, Contributions	44,499	2,000	42,499	173,350	71,000	102,350	94,648
Other Operating Revenue	313,043	91,770	221,273	1,050,970	968,160	82,810	746,319
Tax Levies, unrestricted	145,225	137,725	7,500	1,161,800	1,101,800	60,000	1,197,320
Total Operating Revenue	3,288,201	2,864,260	423,941	21,758,388	19,521,319	2,237,069	17,493,624
Operating expenses							
Salaries and wages	1,381,533	1,411,000	29,467	11,073,982	11,074,933	951	9,661,532
Employee benefits	309,297	303,770	(5,527)	2,351,001	2,474,563	123,562	2,157,536
Professional fees	168,616	105,366	(63,250)	1,444,151	923,387	(520,764)	1,466,058
Supplies	162,598	204,001	41,403	1,338,860	1,362,678	23,818	1,316,798
Utilities	24,771	25,531	760	185,474	200,048	14,574	175,013
Repairs and maintenance	31,943	22,844	(9,099)	193,179	182,752	(10,427)	350,481
Purchased services	137,899	116,280	(21,619)	1,239,739	958,947	(280,792)	1,039,636
Continuing medical education	2,096	2,167	71	11,065	17,336	6,271	6,931
Other expenses	58,404	12,001	(46,403)	210,308	142,487	(67,821)	101,249
Dues and subscriptions	94,138	90,491	(3,647)	670,298	710,833	40,535	543,752
Travel / training / meetings	32,548	6,045	(26,503)	214,356	90,580	(123,776)	123,961
Leases and rentals	18,498	13,928	(4,570)	140,388	124,549	(15,839)	126,700
Depreciation	169,160	169,874	714	1,342,122	1,358,992	16,871	1,332,849
Licenses and taxes	27,211	25,103	(2,108)	204,771	202,624	(2,147)	158,258
Insurance	22,370	22,248	(122)	154,697	176,642	21,945	159,469
Interest	1,326	1,274	(52)	10,607	10,192	(415)	10,607
Total operating expenses	2,642,406	2,531,923	(110,483)	20,784,998	20,011,543	(773,455)	18,730,830
Operating gain / (loss)	645,794	332,337	313,457	973,391	(490,224)	1,463,615	(1,237,206)
Nonoperating revenues (expenses)							
Tax Levies, restricted	112,641	112,641	-	901,128	901,128	-	866,352
Interest expense on bond financing	(25,327)	(25,328)	1	(202,617)	(202,624)	7	(217,712)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	4,000
Investment income	1,830	780	1,050	8,791	6,240	2,551	7,980
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(14,154)	(14,152)	(2)	(14,154)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	87,375	86,324	1,051	693,147	690,592	2,555	646,466
Net Income	733,169	418,661	314,508	1,666,538	200,368	1,466,170	(590,740)

Cascade Medical 2024 Cash Receipts



Cascade Medical
 Statistics Summary - 2024

	YTD 2023						2024 Act	2024 Bud	Act/Bud	2024 Act	2024 Act	2024 Bud	2024 Bud	Act/Bud
	avg/mo	apr24	may	jun	jul	aug	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	20	23	35	42	45	39	39	30	30.0%	253	32	189	24	33.9%
Swing Bed	71	95	75	29	45	41	41	106	-61.3%	467	58	726	91	-35.7%
Laboratory tests	2,894	3,377	3,389	3,519	3,566	3,254	3,254	3,232	0.7%	26,493	3,312	23,337	2,917	13.5%
Radiology exams	320	380	408	368	437	426	426	380	12.1%	2,906	363	2,673	334	8.7%
CT scans	120	138	173	177	180	176	176	140	25.7%	1,248	156	921	115	35.5%
ED visits	342	327	385	421	490	468	468	455	2.9%	2,965	371	2,715	339	9.2%
Ambulance runs	71	44	66	87	89	92	92	95	-3.2%	562	70	593	74	-5.2%
Clinic visits	1,129	1,233	1,314	1,150	1,243	1,216	1,216	1,357	-10.4%	9,698	1,212	9,987	1,248	-2.9%
Rehab procedures	2,298	2,172	2,501	1,877	2,480	2,327	2,338	2,528	-7.5%	16,987	2,123	20,424	2,553	-16.8%

Patient Statistics

	2023	2 0 2 4											2024	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Admits														
Acute Care	5.3	7	4	5	8	10	12	10	12					8.5
Short Stay	3.6	6	7	7	5	7	8	9	7					7.0
Swing Bed	5.4	4	1	6	6	2	3	4	4					3.8
Respite Care	0.8	2	1	-	-	-	-	2	-					0.6
Total Admits	15.0	19	13	18	19	19	23	25	23					19.9
Patient Days														
Acute Care	20.0	34	10	25	23	35	42	45	39					31.6
Short Stay	4.7	8.3	11.3	8.3	4.8	11.1	9.2	8.8	10.6					9.0
Swing Bed	70.9	70	38	74	95	75	29	45	41					58.4
Respite Care	9.1	7	6	-	-	-	-	9	-					2.8
Total Patient Days	104.7	119.3	65.3	107.3	122.8	121.1	80.2	107.8	90.6					101.8
Average Length of Stay	7.0	6.3	5.0	6.0	6.5	6.4	3.5	4.3	3.9					5.2
Average Patients per Day	3.4	3.8	2.3	3.5	4.1	3.9	2.7	3.5	2.9					3.3
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,894	3,427	2,847	3,114	3,377	3,389	3,519	3,566	3,254					3,312
Radiology (tests)	266	263	246	233	334	352	344	374	371					315
Mammography (tests)	37	36	38	37	38	35	18	36	41					35
Cardiac Diagnostics	85	87	80	95	85	133	128	132	127					108
CT (Scans)	120	144	131	129	138	173	177	180	176					156
DXA (Scans)	16	13	10	11	8	21	6	27	14					14
PT (services billed)	1,815	1,463	1,441	1,507	1,862	1,978	1,691	2,072	1,862					1,735
ER (visits/procedures)	342	325	262	287	327	385	421	490	468					371
Ambulance (runs)	71	64	47	73	44	66	87	89	92					70
Clinic (visits)	1,133	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216					1,212
Occupational Therapy	421	302	246	320	251	462	153	353	405					312
Speech Therapy	63	70	62	66	59	61	33	55	60					58
Cardiac Rehab	-	7	12	15	35	40	24	9	11					19
Endoscopy Procedures	18	26	22	17	22	21	26	16	16					21

REVENUE COMPARISON

	2023	2 0 2 4											2024	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 60,031	\$ 124,350	\$ 28,890	\$ 80,250	\$ 73,830	\$ 121,980	\$ 134,820	\$ 144,450	\$ 125,190					\$ 104,220
Short Stay	14,447	27,810	36,660	29,145	15,875	37,340	30,820	29,810	35,025					30,311
Respite Care	5,515	5,005	3,300	-	-	-	-	4,950	-					1,657
Swing Bed	167,239	190,780	98,230	217,140	263,670	193,875	74,965	126,665	105,985					158,914
Central Supply	22,421	46,843	20,703	20,645	37,524	42,262	38,128	43,430	37,797					35,917
Laboratory	337,455	448,711	343,301	383,678	399,112	391,498	409,357	413,910	385,054					396,828
Cardiac Diagnostics	28,893	22,436	24,588	29,132	27,721	40,176	40,238	37,466	34,350					32,013
CT	410,985	529,581	462,108	479,319	462,828	632,780	703,940	628,700	644,109					567,920
Radiology	136,752	140,411	131,027	132,687	178,723	210,109	189,286	229,994	227,637					179,984
Mammography	21,659	22,920	24,666	27,284	17,304	30,432	11,934	16,618	29,238					22,549
Pharmacy	148,322	164,563	105,684	129,592	156,409	200,553	150,876	157,085	120,329					148,136
Respiratory Therapy	-	90	-	269	-	-	-	358	179					112
Physical Therapy	195,013	162,891	164,573	167,178	143,098	297,086	210,615	240,604	209,279					199,415
Emergency Room	734,473	739,709	570,388	625,754	743,812	845,980	989,160	1,247,391	1,055,598					852,224
Ambulance	239,702	229,135	146,682	220,818	150,456	255,368	260,492	373,435	328,169					245,569
Clinic	283,064	400,468	367,968	319,558	328,510	408,211	393,139	424,269	334,025					372,018
Occupational Therapy	49,885	34,011	33,089	45,081	22,581	71,747	28,424	46,507	49,304					41,343
Outpatient Diagnostic Svcs	53,786	71,615	94,840	94,169	95,743	102,705	94,677	82,484	65,747					87,748
Speech/Contracted Svcs	20,975	24,359	21,522	23,619	15,337	30,539	13,827	19,110	20,962					21,159
Cardiac Rehab	-	1,575	2,475	3,600	7,875	9,000	5,400	2,025	2,475					4,303
Dietary/Contracted Svcs	5,681	6,856	5,265	8,729	7,212	8,513	1,434	-	(518)					4,686
Total Patient Revenue	\$ 2,936,296	\$ 3,394,117	\$ 2,685,959	\$ 3,037,644	\$ 3,147,618	\$ 3,930,151	\$ 3,781,529	\$ 4,269,259	\$ 3,809,933					\$ 3,507,026

Increase (Decrease) in Cash and Cash Equivalents
 Cascade Medical Center
 For the Month Ending August 31, 2024

	<u>Aug-24</u>	<u>2024 YTD</u>	<u>2023 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 3,638,149	\$ 19,609,723	\$ 16,291,062
Other receipts	\$ 253,528	\$ 616,019	\$ 426,378
Payments to & on behalf of employees	\$ (1,460,420)	\$ (11,602,060)	\$ (10,010,971)
Payments to suppliers and contractors	\$ (1,058,999)	\$ (7,874,824)	\$ (7,334,088)
Net cash gained / (used) in operating activities	\$ 1,372,258	\$ 748,858	\$ (627,620)
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 15,875	\$ 1,376,359	\$ 1,415,999
Noncapital grants and contributions	\$ -	\$ 74,835	\$ 94,647
Net cash provided by noncapital financing activities	\$ 15,875	\$ 1,451,194	\$ 1,510,646
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 6,151	\$ 398,799	\$ 387,059
Purchase of capital assets	\$ (64,527)	\$ (1,075,544)	\$ (46,167)
Payments toward construction in progress	\$ (1,215)	\$ (293,925)	\$ (292,228)
Proceeds from disposal of capital assets	\$ -	\$ 30,000	\$ 4,000
Proceeds from long-term debt	\$ -	\$ -	\$ -
Principle & Interest paid on long-term debt	\$ -	\$ (151,963)	\$ (163,284)
Bond maintenance & issuance costs	\$ (550)	\$ (550)	\$ -
Capital grants and contributions	\$ 44,499	\$ 98,515	\$ -
Net cash provided by capital and related financing activities	\$ (15,642)	\$ (994,667)	\$ (110,620)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 56,366	\$ 439,251	\$ 379,884
Net increase (decrease) in cash and cash equivalents	\$ 1,428,857	\$ 1,644,636	\$ 1,152,291
Cash and Cash equivalents, beginning of period	\$ 14,453,923	\$ 14,238,144	\$ 12,919,205
Cash and cash equivalents, end of period	<u>\$ 15,882,780</u>	<u>\$ 15,882,780</u>	<u>\$ 14,071,496</u>

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

	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Actual/Forecast	Budget
	1st Qtr	2nd Qtr	July	August	September	3rd Qtr	4th Qtr	Year End 2024	2024
Cash balance, beginning of period	\$ 14,238,144	\$ 13,783,098	\$ 14,023,100	\$ 14,453,922	\$ 15,882,780	\$ 14,023,100	\$ 16,274,765	\$ 14,238,144	\$ 14,238,144
Cash available for operating needs	\$ 14,021,607	\$ 13,479,513	\$ 13,196,331	\$ 13,621,015	\$ 15,039,908	\$ 13,196,331	\$ 15,410,809	\$ 14,021,607	\$ 14,021,607
Cash restricted to debt service, other restricted funds	\$ 216,537	\$ 303,585	\$ 826,769	\$ 832,907	\$ 842,873	\$ 826,769	\$ 863,956	\$ 216,537	\$ 216,537
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,145,318	\$ 7,073,582	\$ 2,752,674	\$ 3,638,149	\$ 2,464,379	\$ 8,855,202	\$ 6,849,042	\$ 28,923,143	\$ 24,445,262
Grant receipts	\$ 74,176	\$ 49,674	\$ 5,000	\$ -	\$ 2,000	\$ 7,000	\$ 6,000	\$ 136,850	\$ 79,000
Other receipts	\$ 187,045	\$ 115,919	\$ 59,527	\$ 253,528	\$ 45,445	\$ 358,500	\$ 151,335	\$ 812,799	\$ 794,340
Payments to or on behalf of employees	\$ (3,932,884)	\$ (4,793,421)	\$ (1,415,335)	\$ (1,460,420)	\$ (1,493,353)	\$ (4,369,108)	\$ (4,447,500)	\$ (17,542,913)	\$ (19,537,764)
Payments to suppliers and contractors	\$ (2,699,435)	\$ (3,131,698)	\$ (984,692)	\$ (1,058,999)	\$ (621,040)	\$ (2,664,730)	\$ (1,841,062)	\$ (10,336,925)	\$ (7,610,953)
Net cash provided by operating activities	\$ (225,780)	\$ (685,944)	\$ 417,173	\$ 1,372,258	\$ 397,431	\$ 2,186,863	\$ 717,815	\$ 1,992,954	\$ (1,830,116)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 271,769	\$ 271,769	\$ 271,769
Taxation for Emergency Medical Services	\$ 113,004	\$ 865,909	\$ 5,887	\$ 11,510	\$ 25,778	\$ 43,176	\$ 692,298	\$ 1,714,386	\$ 1,652,698
Investment Income	\$ 165,805	\$ 161,220	\$ 55,861	\$ 56,367	\$ 46,030	\$ 158,258	\$ 138,090	\$ 623,372	\$ 552,360
Donations	\$ -	\$ -	\$ -	\$ 44,499	\$ -	\$ 44,499	\$ 90,000	\$ 134,499	\$ 90,000
Net cash provided by noncapital financing activities	\$ 278,809	\$ 1,027,128	\$ 61,748	\$ 112,376	\$ 71,808	\$ 245,933	\$ 1,192,157	\$ 2,744,026	\$ 2,566,827
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (595,122)	\$ (624,367)	\$ (54,237)	\$ (65,742)	\$ (98,338)	\$ (218,317)	\$ (295,014)	\$ (1,732,820)	\$ (1,180,056)
Increase/(decrease) in cash available for operations	\$ (542,094)	\$ (283,183)	\$ 424,684	\$ 1,418,893	\$ 370,901	\$ 2,214,478	\$ 1,614,958	\$ 3,004,160	\$ (443,345)
Cash available for operating needs	\$ 13,479,513	\$ 13,196,331	\$ 13,621,015	\$ 15,039,908	\$ 15,410,809	\$ 15,410,809	\$ 17,025,767	\$ 17,025,767	\$ 13,578,262
Taxation for bond prin & int (incl encumbrd M&O)	\$ 87,048	\$ 675,147	\$ 6,138	\$ 10,515	\$ 21,083	\$ 37,737	\$ 294,442	\$ 1,094,374	\$ 1,079,927
Principle & Interest paid on long-term debt	\$ -	\$ (151,963)	\$ -	\$ (550)	\$ -	\$ (550)	\$ (937,963)	\$ (1,090,476)	\$ (1,089,926)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 87,048	\$ 523,184	\$ 6,138	\$ 9,965	\$ 21,083	\$ 37,187	\$ (643,521)	\$ 3,898	\$ (9,999)
Cash restricted to debt service, other restricted funds	\$ 303,585	\$ 826,769	\$ 832,907	\$ 842,873	\$ 863,956	\$ 863,956	\$ 220,435	\$ 220,435	\$ 206,538
Cash balance, end of period	\$ 13,783,098	\$ 14,023,100	\$ 14,453,922	\$ 15,882,780	\$ 16,274,765	\$ 16,274,765	\$ 17,246,202	\$ 17,246,202	\$ 13,784,800

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - AUGUST, 2024

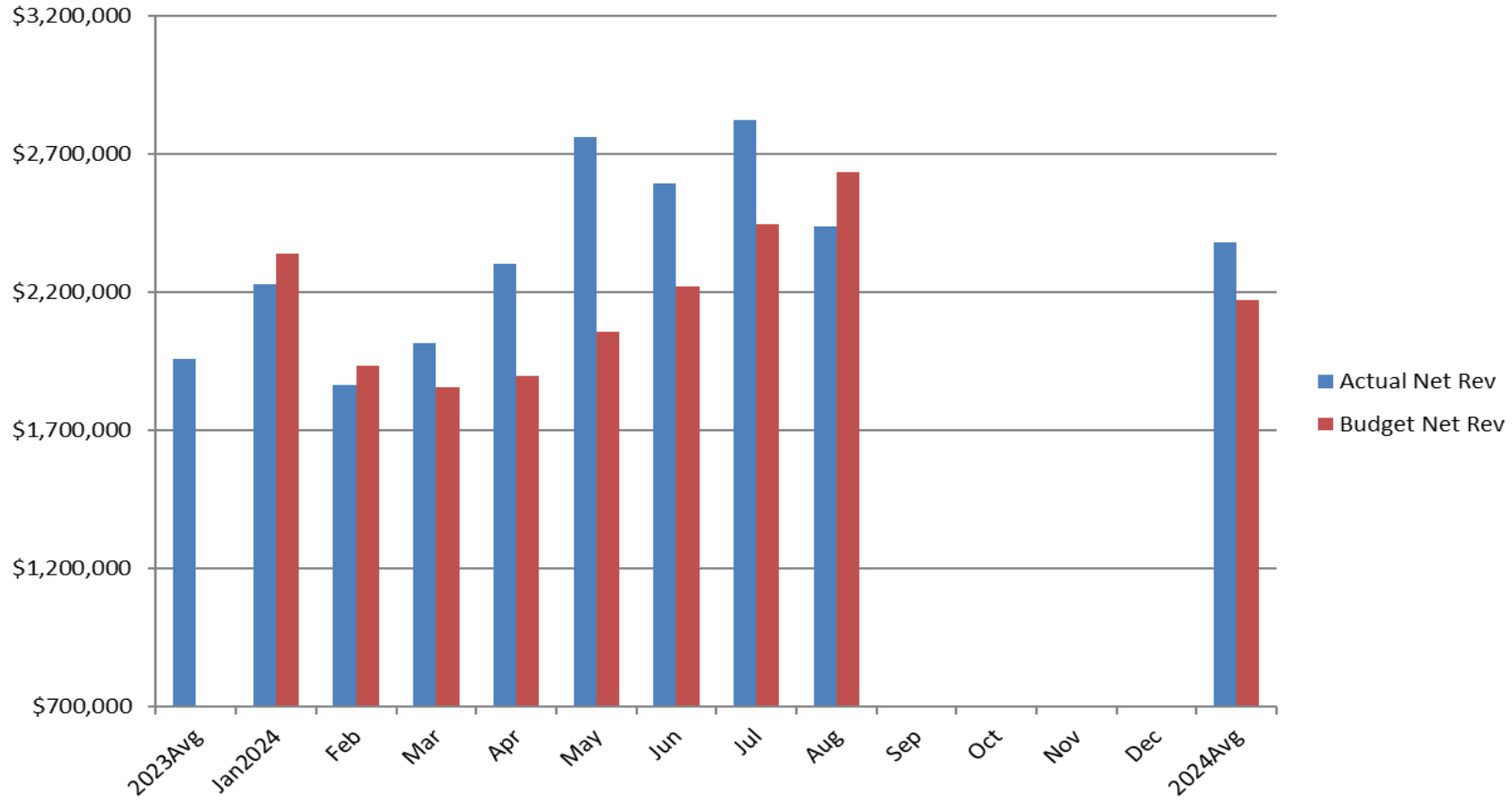
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	8/31/24	8/31/24 YTD	8/31/24	8/31/24 YTD	8/31/24	8/31/24 YTD	8/31/2023 YTD
PATIENT REVENUE	1,055,598	6,817,790	328,169	1,964,554	\$1,383,767	\$8,782,344	\$7,793,408
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$614,147	\$3,966,590	\$175,800	\$1,052,411	\$789,947	\$5,019,002	\$4,675,341
NET PATIENT REVENUE	\$441,451	\$2,851,200	\$152,369	\$912,142	\$593,820	\$3,763,343	\$3,118,066
OTHER OPERATING REVENUE	\$0	\$0	-	43,198	\$0	\$43,198	\$0
TOTAL OPERATING REVENUE	\$441,451	\$2,851,200	\$152,369	\$955,341	\$593,820	\$3,806,541	\$3,118,066
OPERATING EXPENSES							
SALARIES AND WAGES	201,995	1,578,241	153,519	1,071,571	\$355,514	\$2,649,812	\$2,154,335
EMPLOYEE BENEFITS	25,597	230,204	37,107	247,188	\$62,704	\$477,391	\$395,667
PROFESSIONAL FEES	15,958	94,573	-	5,100	\$15,958	\$99,673	\$190,273
SUPPLIES	8,886	53,164	8,490	65,192	\$17,376	\$118,355	\$126,883
FUEL	-	-	2,824	14,430	\$2,824	\$14,430	\$16,520
REPAIRS AND MAINT.	-	150	11,813	34,876	\$11,813	\$35,026	\$28,369
PURCHASED SERVICES	2,908	27,174	13,908	129,060	\$16,815	\$156,234	\$146,825
CONTINUING MEDICAL EDUCATION	-	5,967	7,713	9,329	\$7,713	\$15,296	\$13,224
DUES	3,407	7,918	1,334	17,510	\$4,741	\$25,428	\$25,718
OTHER EXPENSES	210	1,892	864	46,858	\$1,074	\$48,750	\$18,186
LEASES / RENTALS	266	1,813	2,376	26,414	\$2,642	\$28,227	\$21,702
DEPRECIATION	4,522	36,174	17,597	140,773	\$22,118	\$176,947	\$179,536
TAXES AND LICENSES	-	3,739	-	163	\$0	\$3,901	\$1,338
INSURANCE	1,079	8,628	4,455	35,641	\$5,534	\$44,269	\$42,813
OVERHEAD COSTS	192,106	1,469,495	87,647	670,452	\$279,753	\$2,139,947	\$2,316,496
TOTAL OPERATING EXPENSES	\$456,934	\$3,519,131	\$349,646	\$2,514,555	\$806,580	\$6,033,685	\$5,677,887
MARGIN ON OPERATIONS	(\$15,483)	(\$667,932)	(\$197,277)	(\$1,559,215)	(\$212,760)	(\$2,227,144)	(\$2,559,820)
TAX REVENUE					\$145,225	\$1,161,800	\$1,197,320
NET MARGIN WITH TAX REVENUE					(\$67,535)	(\$1,065,344)	(\$1,362,500)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	468	2,965	92	562			
Total Ambulance Runs (includes unbillable runs)			133	821			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	416	2,733	81	568			
Total Ambulance Runs (includes unbillable runs)			112	813			

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

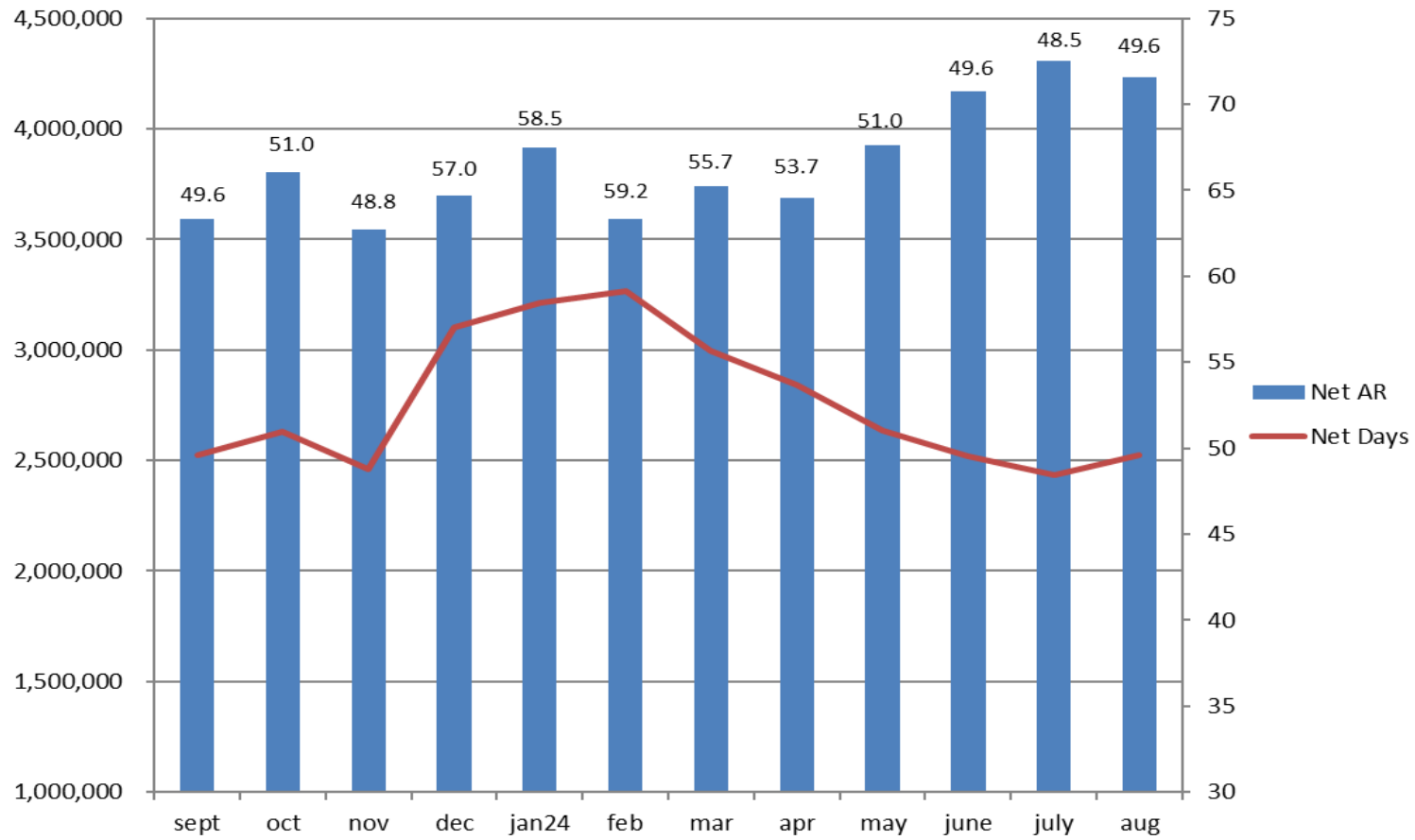
	Aug 2024	Dec 2023		Aug 2024	Dec 2023
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,303,307	925,852	Accounts Payable	164,144	636,707
Savings Account	13,033,749	11,886,669	Accrued Payroll	827,968	457,506
Patient Account Receivable	7,424,893	6,490,775	Refunds Payable	(177)	1,285
less: Reserves for Contractual Allowances	(3,192,704)	(2,859,845)	Accrued PTO	949,667	854,110
Inventories and Prepaid Expenses	270,610	270,696	Payroll Taxes & Benefits Payable	17,530	83,616
Taxes Receivable - M&O Levy	76,255	11,199	Accrued Interest Payable	75,981	25,327
- EMS Levy	199,213	31,211	Current Long Term Debt	788,556	793,670
Other Assets	539,769	1,064,683	Current OPEB Liability	960,306	996,196
Total Current Assets	19,655,092	17,821,239	Short Term Lease	36,493	36,493
Assets Limited as to Use			ST Subscriptions	46,906	46,906
Cash and Cash Equivalents			Settlement Payable	737,742	741,000
Funded Depreciation	670,325	964,217	Total Current Liabilities	4,605,116	4,672,815
CVB Memorial Fund	1,274	1,274	Long Term Liabilities		
UTGO Bond Payable Fund	406,691	75,373	Notes Payable	199,824	199,824
LTGO Bond Payable Fund	6,973	2,004	Covid SHIP Funding	-	-
Investment Memorial Fund	135,808	131,019	PPP Note Payable	-	-
Settlement Account	177,868	171,595	CARES Act Funds Reserve	-	-
Paycheck Protection Loan Proceeds	-	-	UTGO Bond Payable	4,460,000	4,460,000
Cash - EMS	28,458	82,148	LTGO Bond Payable	4,215,000	4,215,000
Taxes Receivable - Construction Bond Levy	78,858	11,246	Deferred Revenue/Bond Premium	79,751	83,493
Total Assets Limited as to Use	1,506,256	1,438,875	Long Term OPEB/Pension Liability	2,651,452	2,651,452
Property, Plant and Equipment			Long Term ROU Leases	5,359	5,359
Land	522,015	522,015	Long Term Subscriptions	13,039	13,039
Land Improvements	1,420,326	1,420,326	Total Long Term Liabilities	11,624,423	11,628,165
Buildings & Improvements	10,709,788	10,502,549	Total Liabilities	16,229,540	16,300,980
Fixed Equip - Hospital	9,191,084	8,946,455	Fund Balance - Prior Years	13,979,478	13,979,478
Major Movable Equipment Hospital	8,693,546	7,975,703	Fund Balance - Current Year	1,666,538	-
Construction in Progress	640,575	760,146	Total Fund Balance	15,646,016	13,979,478
Total Property, Plant and Equipment	31,177,334	30,127,194			
Less: Accumulated Depreciation	(22,365,990)	(21,023,868)			
	8,811,344	9,103,326			
ROU Leases					
ROU Leases	243,095	243,095			
Less Accumulated Amortization	(120,495)	(120,495)			
	122,600	122,600			
Other Assets					
Long Term Pension Assets	591,878	591,878			
Deferred OPEB/Pension Costs	901,308	901,308			
Deferred Bond Costs	287,079	301,233			
TOTAL ASSETS	31,875,556	30,280,459	TOTAL LIABILITIES & FUND BALANCE	31,875,556	30,280,459

Cascade Medical

2024 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable



Cascade Medical
 Accounts Receivable Trending Report - 2024

Total Facility	Dec 2021	Dec 2022	Dec 2023	Mar2024	Apr	May	Jun	Jul	Aug
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	6,560,012	6,468,797	6,885,869	7,313,880	7,556,174	7,424,893
Credit bals as % of AR	2.5%	6.8%							
% >90 w/o installs	33.6%	41.2%							