



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday January 22, 2025 | 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 December 18, 2024 Board Meeting Minutes January 15, 2025 Special Board Meeting Minutes Credentialing Policy 		
	Previous Month's Warrants Issued:	10125357 – 10125634	12/07/2024 – 01/10/2025 \$ 969,885.70
	Accounts Payable EFT Transactions:	20240178 – 20250003	12/07/2024 – 01/10/2025 \$ 735,896.90
	Payroll EFT Transactions:	23947 – 24370	12/14/2024 – 01/10/2025 \$ 935,262.77
	<ul style="list-style-type: none"> December 2024 Bad Debt 		
IV.	Election of Officers	5:35	Commissioners
V.	Community Input	5:40	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.		
VI.	Foundation Report	5:45	Bob Adamson
VII.	EMS Levy Education	5:50	Matt Ellsworth
VIII.	CM Values	6:35	Diane Blake
IX.	<u>Committee Reports</u>	6:40	
	a. Community Outreach & Awareness Committee		Shari Campbell
	b. Medical Staff		Jessica Kendall
X.	<u>Discussions & Reports</u>	7:00	
	a. Q4 2024 Dashboard Review		Diane Blake
	b. Clinic Remodel Discussion		Pat Songer
	c. Foundation Golf Tournament Sponsorship		Shari Campbell
XI.	<u>Action Items</u>	7:25	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve Board Committee & Liaison Appointments		
	c. MOTION: Appoint Pro/Con EMS Levy Committee Members		
	d. MOTION: Approve Resolution 2025-01 Amendment to CEO Employment Agreement		
XII.	Administrator Report	7:45	Diane Blake
XIII.	Board Action Items	8:05	Commissioners
XIV.	Meeting Evaluation/Commissioner Comments	8:10	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
XV.	Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	8:15	Commissioners
XVI.	Adjournment	9:00	Shari Campbell

BOARD CALENDAR REMINDERS

February 4, 2025	Community Engagement Night: Shari	Leavenworth Festhalle	TBD
February 5, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
February 18, 2025	Q1 Open Forum	Arleen Blackburn Conference Room	11:30 AM
February 19, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
February 19, 2025	Q1 Open Forum	Arleen Blackburn Conference Room	12:30 PM
February 20, 2025	Q1 Open Forum	Arleen Blackburn Conference Room	5:15 PM
February 21, 2025	Q1 Open Forum	Arleen Blackburn Conference Room	12:00 PM
March 18, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
April 16, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 6, 2025	Community Engagement Night	Leavenworth Festhalle	TBD
May 7, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
May 13, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	12:30 PM
May 14, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	11:30 AM
May 15, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	5:15 PM
May 15, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	12:00 PM
May 21, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 11, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 16, 2025	CMF Golf Classic	TBD	TBD
July 16, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
August 6, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
August 12, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	12:30 PM
August 13, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	11:30 AM
August 14, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	5:15 PM
August 15, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	12:00 PM
August 20, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
August 21, 2025	Community Block Party	TBD	TBD
September 17, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
October 1, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
October 22, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 11, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	12:30 PM
November 12, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 12, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	11:30 AM
November 13, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	5:15 PM
November 14, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	12:00 PM
November 18, 2025	Community Engagement Night	Leavenworth Festhalle	TBD
December 10, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM

Values

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

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

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

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

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

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

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

AGENDA / PACKET EXPLANATION

For Meeting on January 22, 2025

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

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss. Also, please note we are including the credentialing policy for approval. It has been approved by Medical Staff but has not been reviewed yet this year by the Quality Oversight Committee (QOC). We skipped that part of the process in order to put forth an update that allows a broader range of commissioners to review the credentialing in detail, rather than solely a member of the QOC; this allows more flexibility to the board in their review while still allowing for a thorough process.
- **Election of Officers** – Board bylaws require the board to hold officer elections annually in January; board practice has been to do this at the beginning of the meeting. If the election prompts a change in officers, that change is effective at the time of the election, which results in a new president presiding over the remainder of the meeting. As a reminder, the Governance Committee shared their recommendations for officer rotations during the Governance Committee report at the November board meeting.
- **EMS Levy Education** – Matt Ellsworth, Executive Director of the Association of Public Hospital Districts (AWPHD), will attend the meeting virtually to provide education on what Commissioners and others can and cannot do while running a levy. We’ve included a document in the packet providing an overview of what is allowed and disallowed for public hospital districts when running a levy. If additional materials are available for review prior to the meeting, such as a slide deck, we will send those to you, and, at this point, they will be sent separate from the packet.
- **Committee Reports**
 - Community Outreach & Awareness Committee – Included in your packet is the agenda from the most recent committee meeting, to inform Shari’s report. Also included in your packet is a document with upcoming outreach opportunities for commissioners. Please bring your calendars to the meeting so we can begin to finalize schedules.
 - Medical Staff – No documents are included in your packet for this item. Jessica, who attended the January meeting, will report out.
- **Discussions & Reports**
 - Q4 2024 Dashboard Review – Included in your packet is our strategic plan document with 2024 objectives and the dashboard summarizing progress toward meeting annual objectives. Please bring your questions and thoughts related to CM’s strategic work.

- Clinic Remodel Discussion – No documents are included in your packet for this topic. Those of you who were on the board in the spring of 2024 may recall in one of Dr. Kendall's reports on team-based care the desire to remodel the provider and staff work area of the clinic, to improve communication and workflows, maximizing the benefits of our team-based care work. Management has been working on a plan to support this remodel and Pat will report out on those plans, introducing a topic that we anticipate coming back to you in a subsequent meeting with a request for approval. This is an opportunity for you to learn more about the plan, ask questions, and provide input on what additional information you would find helpful to receive, in advance of considering approval of the project.
- Foundation Golf Tournament Sponsorship – No documents are included in your packet for this topic. Shari will lead a discussion on whether or not the board would like to participate in a group sponsorship to support the Foundation's June golf tournament.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Board Committee and Liaison – The board typically makes committee appointments annually in January. This is an opportunity to take a look at committee makeup and make adjustments if desired. As a reminder, the Governance Committee shared their recommendations for committee members during the Governance Committee report at the November board meeting.
 - Approve Pro/Con EMS Levy Committee Members – No documents are included in your packet for this topic. As a reminder, Washington State regulations now require entities running a ballot proposition to seek interested parties to write a con statement (or why the ballot proposition should not be supported) and invites entities to appoint parties to write a pro statement (why the ballot proposition should be supported). The pro and con statements would be included in the voter pamphlet with the ballot proposition, as education for the voters. In December the board used open public meeting time to invite community volunteers to express interest in writing a con statement as one of the accepted ways to meet the requirement of seeking this input. At that time no interest was expressed. Additionally, the Communication and Outreach Committee has discussed if there are potential interested people to join the Pro Committee. Each committee (Pro and Con) is limited no more than three members. This time on the agenda will be to appoint one or both committees, if there is interest.
 - Resolution 2025-01 – Included in your packet is a resolution to allow amendment of the CEO employment agreement to increase compensation by the standard annual increase. Also included in your packet is the amendment, for your review.

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.
- Our practice is to hold the December preliminary financials open an extra month to capture a majority of the yearend entries. Those preliminary yearend financials will be presented in February, rather than this month.
- Included in your packet is turnover data, in the form of two graphs, which is provided for your review. This information is provided to you on a quarterly basis in this manner; because these reports are for the final quarter of the year, we've given you the annual data, rather than all the individual quarters. The data is most readable in this format and more comparable to the benchmarks.
- Included in your packet is a copy of the board pledge. Board practice is to sign these every year in January. They will be sent to you after the meeting via Docusign and are included in your packet simply for informational purposes.
- Also included in your packet, for informational purposes and to give the board visibility on public records, is our annual summary of records requests and the costs to produce them.
- Just a final reminder to please bring your calendars to the meeting to allow for scheduling upcoming board outreach.
- In December we discussed having an agenda item at the January meeting to brainstorm potential education topics for the year. We will bring that discussion in a subsequent month, when the agenda provides more available time.



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

December 18, 2024

Present: Bruce Williams, President; Shari Campbell, Commissioner; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Megan Baker, Executive Assistant; Clint Strand, Director of Public Relations

Via Zoom: Jessica Kendall, Commissioner

Guests: Natasha Piestrup, Director of Nursing; Jennifer Andrews, MSO-EMS; Mary Morse, Patient Services Representative; Dana Wilson, 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. Shari then led the pledge of allegiance.
Consent Agenda	<ul style="list-style-type: none">Shari moved to approve the consent agenda. Gustavo seconded the motion, and the group unanimously approved.
Community Input	<ul style="list-style-type: none">None
Committee Members for Advocating Levy Disapproval	<ul style="list-style-type: none">None
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none">Diane reflected on CM's experience with the DOH last year, highlighting their praise for our team's transparency, support, and collaboration throughout the survey process. She then emphasized the importance of understanding the "why" behind our shared values with these examples:<ul style="list-style-type: none">CM recently hosted a representative from our liability and insurance carrier to identify potential risks. The team was welcoming, collaborative, and left a strong positive impression.Nursing requested education on EMTALA (Emergency Medical Treatment and Labor Act), emphasizing the obligation to provide care without refusal. Thanks to Natasha for coordinating a representative visit, where staff demonstrated warmth, openness, and dedication to patient and team care. Additionally, the CEO's written response to the staffing plan will incorporate patient feedback. Which remains overwhelmingly positive, with a sampling of comments included in the report.Shawndra and Erin stepped up yesterday to assist with snow removal, exemplifying our shared values in action and making a positive impact on others.All of us—Commissioners, leaders, and staff—play a vital role in cultivating CM's positive culture, rooted in our shared values.
Public Relations Report	<p>Clint Strand provided the report.</p> <ul style="list-style-type: none">Content creation<ul style="list-style-type: none">Newsletter: Working on mid-January mailing date for another newsletter.Annual Report: The content deadline is mid-January, with the report scheduled to be mailed out in mid-March.EMS/Emergency community educational efforts: Actively creating

	<p>collateral for community and employee education, scheduling times for public presentations</p> <ul style="list-style-type: none"> • Social Media <ul style="list-style-type: none"> ○ Numbers are holding steady which is a good thing. Social Media algorithms usually limit accounts like CM's in November and December in favor of commerce sites. ○ Posts highlighting our people and patients stories are yielding the highest traffic and interaction.
Foundation Report	<p>Dana Wilson provided the report:</p> <ul style="list-style-type: none"> • The CMF elected a new executive board for 2025: President – Rich Adamson, Vice President – Wade Nash, Treasurer – Strode Weaver, Secretary – Dana Wilson. The board will move forward with 18 members. • Early discussions have begun on recruiting part-time residents. • Golf sponsorship assignments are currently in progress. • Work on the Christmas Ambassador program is underway. • CMF is actively raising funds for the clinic bundle and AEDs, with Give NCW supporting AED funding from Thanksgiving through the end of the year. • In January, CM employees will be invited to apply for the Mark Judy Caregiver Education Fund. • A heartfelt thank you to CM staff for their thoughtful cards of appreciation.
Committee Reports	<p>Community Outreach & Awareness Committee Shari Campbell provided the report.</p> <ul style="list-style-type: none"> • CM has engaged DH to lead strategic communications, with much of the meeting focused on core value propositions, emphasizing quality, convenience, and warmth. Discussions also included progress on the EMS levy timeline, preparation of the annual report, and community outreach efforts, particularly around EMS education and the role of commissioners. <p>Quality Oversight Committee Jessica Kendall provided the report.</p> <ul style="list-style-type: none"> • The Quality team is focusing on continuous improvement, including initiatives like board quality rounding. By the end of 2025, they aim to identify key data for presentation at the QOC and determine what information to share with the broader community, along with the most effective methods for sharing quality updates. A roadmap for 2025 is being developed to guide these efforts, promising an exciting year ahead. <p>Finance Committee Diane Blake and Marianne Vincent provided the report.</p> <ul style="list-style-type: none"> • The committee conducted a year-end review, assessing the viability of 2025 initiatives and discussing the capital budget, with anticipated lower expenditures for IT capital but an increase related to mobile MRI infrastructure. They also recommended retaining DZA as the audit firm for the upcoming year. • Industry Trends <ul style="list-style-type: none"> ○ The committee discussed federal and state-level challenges, including potential Medicaid funding decreases and regulatory shifts in Washington, which could be impacted by election outcomes and policy changes. ○ Federal opportunities include the elimination of unnecessary regulations to streamline operations. At the state level, Washington stands out as one of the few states that shifted further left politically after the recent election, raising concerns about federal scrutiny or policy focus. ○ The WA Safety Net Assessment Program requires annual approval

	<p>by CMS. While it is likely to gain approval under the current administration, there could be increased scrutiny and potential challenges if it is not passed before the incoming administration takes office.</p> <ul style="list-style-type: none"> Concerns were raised about healthcare cost caps, Medicare Advantage predatory practices, and the impact of expiring federally subsidized insurance rates, with ongoing efforts to navigate these challenges and reduce unnecessary regulations. <p>Governance Committee Bruce Williams provided the report.</p> <ul style="list-style-type: none"> Diane developed a Strategic Plan Cycle of Work document to guide the board's focus on strategic thinking. Additional emphasis has been placed on board succession planning, the CEO's annual review, and officer and committee rotations.
Discussions & Reports	<p>A. Meditech Update Pat Songer provided the update.</p> <ul style="list-style-type: none"> The HealthNet partnership has played a key role in rebuilding workflows, with ongoing projects such as the Luma implementation and Zynx order sets. Looking ahead, plans are in place for the introduction of transverse exchange interoperability in late 2025, a nationwide platform for sharing patient data. Key achievements include the successful implementation of the Wound Care Program build, MIH scheduling and registration system build, and restructuring of ED admission assessments. These efforts are being driven by a small, yet highly dedicated team, and despite the challenges, significant progress is being made. <p>B. Proposed 2025 Board Meeting Dates</p> <ul style="list-style-type: none"> The group reviewed the proposed dates and did not propose any changes. <p>C. EMS Levy Timeline Diane Blake introduced the timeline.</p> <ul style="list-style-type: none"> The goal is to educate individuals in March and early April before they receive their ballots which will be mailed on April 1. CM is collaborating with DH, who is developing community messaging that is both simple and impactful. Key talking points, a PowerPoint presentation, and physical materials will be provided for Commissioners to leave behind when connecting with groups or individuals.
Action Items	<p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> Shari moved to approve; Gustavo seconded. Motion unanimously approved. <p>Motion: Approve 2025 Organizational Objectives</p> <ul style="list-style-type: none"> Building on the discussion from the last board meeting and the QOC report, the additional objective highlights a strong commitment to transparent communication and ensuring accountability to the board. Shari moved to approve; Gustavo seconded. Motion unanimously approved. <p>Motion: Approve 2025 Board Goals</p> <ul style="list-style-type: none"> Bruce introduced the goals to the board, and the group discussed having the Governance Committee take the lead in developing processes to accomplish this work, with the intention of presenting them to the full board. Jessica moved to approve; Gustavo seconded. Motion unanimously approved. <p>Motion: Approve Dingus, Zarecor, & Associates Engagement Letter</p> <ul style="list-style-type: none"> Shari moved to approve; Jessica seconded. Motion unanimously approved.

November Financial Report	<p>Marianne Vincent provided the report.</p> <ul style="list-style-type: none"> • CM had a negative margin for the month of November that was (\$280,000) below budget, but year-to-date remains at a positive margin and a positive budget variance. • Gross revenue for November was higher than expected. • Professional fees continued to exceed projections for the year, and purchased services are also over budget. The Safety Net payment was offset by revenue. • AR balances have increased. • Statements began being sent out in late November and early December.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • Medical Staff Updates: Dr. Jerome has started his sabbatical and will be off until mid-March, while Dr. Butruille will be off from mid-March through mid-June. Whitney is coordinating the schedule to ensure continued strong support for patients during this time. • Endoscopy Services: CM is actively working to secure coverage, including exploring an interim partnership with Lake Chelan. Another provider has also expressed interest, and discussions will continue. Long-term plans involve assessing whether expanding the program beyond once a week is appropriate and identifying necessary changes within clinic operations to support increased demand. • Employee Appreciation: The EAC and Executive Leadership Team hosted a pancake breakfast on December 10th. Senior leaders also served CM tumblers and cocoa bombs to staff that week, along with bagels from Bavarian Bagels. This week, coffee is being provided at LOGE. A big thank you to Melissa for organizing these celebrations! • Leadership Training: Six CM leaders recently graduated from an extensive leadership cohort program, culminating in a project presentation in early December. One project focused on telemedicine, and the second centered on Spanish-language service initiatives. Both projects presented valuable insights for the executive leadership team to consider. • USAC Consortium: Federal funding is available to improve technology connections in underserved areas. The Rural Collaborative is leading the effort to form the consortium. CM has completed and submitted the necessary documentation and is hopeful to receive funding to help cover IT costs. • Apprenticeship Programs: The third Medical Assistant (MA) apprentice, Hannah, is set to graduate, continuing the trend of one graduate per year. Another apprentice has been hired and will begin the program in January. The Certified Nursing Assistant (CNA) program has graduated eight individuals so far—four from CM and four from Mountain Meadows. A shared CNA cohort will serve as a pool for both CM and Mountain Meadows. • Regulation impacts: CM is remaining flexible in order to comply with new reproductive healthcare privacy rules and also not building complete new structure and processes around this as there is likelihood the next federal administration may overturn this HHS rule. Additionally, concern has been raised with WA state DOH over how much sensitive demographic data they require hospitals to collect and whether this could put patients at risk in the future. Work is ongoing at the state level on these topics, including recommendations on how hospitals may best navigate. • Diane's Schedule: OOO 12/19-12/30. Will be checking in and available virtually.
Board Action Items	<ul style="list-style-type: none"> • Please submit your CEO Evaluation response to Melissa by Friday, December 20. A special board meeting is scheduled for January 15.

	<ul style="list-style-type: none"> • 1/8 Med Staff: Jessica Kendall (if not, Shari as back up) • Board Rounding: January 30 at 1:00 PM, Jessica and Gustavo
Meeting Evaluation/Commissioner Comments	<ul style="list-style-type: none"> • No comments.
Adjournment	<ul style="list-style-type: none"> • Shari moved to adjourn at 7:10 PM; Shari seconded, and the group unanimously agreed.

Bruce Williams, President

Shari Campbell, Secretary



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Special Meeting
Cascade Medical Center – Arleen Blackburn Conference Room
Chelan County Public Hospital District No. 1 – January 15, 2025

Via Zoom: Bruce Williams, President; Tom Baranouskas, Vice President; Shari Campbell, Secretary;
Jessica Kendall, Commissioner; Megan Baker, Executive Assistant

Excused: Gustavo Montoya, Commissioner

Topics	Actions/Discussions
CALL TO ORDER	▪ President Bruce Williams called the meeting to order at 3:00 PM.
AGENDA APPROVAL	▪ The board unanimously approved the agenda.
Executive Session	▪ The board moved into executive session at 3:00 PM for 90 minutes to discuss: [RCW: 42.30.110(1)(g)] <ul style="list-style-type: none">○ CEO Performance Evaluation○ CEO Compensation ▪ At 4:30 PM the board extended for an additional 45 minutes. ▪ At 5:15 the board extended an additional 10 minutes. ▪ At 5:25 the board extended an additional 5 minutes.
Open Session	▪ The board moved back into Open Session at 5:30 PM.
ADJOURNMENT	▪ There being no further business, Jessica moved to adjourn the meeting. ▪ Tom seconded the motion. ▪ The meeting was adjourned at 5:32 PM

Bruce Williams, President

Shari Campbell, Secretary



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

CREDENTIALING POLICY

Chelan County Public Hospital District No.1 dba Cascade Medical
Leavenworth, Washington

Reviewed by	Dr. Tony Butruille, Chief of Staff Dr. Jerome Jerome, Vice Chief of Staff Corey Rubinfeld, PA-C, Secretary Diane Blake, CEO/Administrator Megan Baker, Medical Staff Coordinator
Approved by the Medical Staff	May 1, 2024 <u>January 8, 2025</u>
Approved by the Administrator	May 1, 2024 <u>January 8, 2025</u>
Approved by the Board of Commissioners	May 22, 2024

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Cascade Medical Credentialing Policy

I. Policy Statement

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

II. Definitions

ADMINISTRATOR: The Board appointed superintendent of Cascade Medical.

BOARD: The Board of Commissioners for Chelan County Public Hospital District No.1 dba Cascade Medical.

CASCADE MEDICAL (CM): Chelan County Public Hospital District No.1 (dba Cascade Medical) which includes but is not limited to, the hospital, family practice clinic, and emergency services.

CREDENTIALING: Based on the recommendation of the Medical Staff, the process of assessing and validating the qualifications of a licensed Practitioner to provide patient care services at Cascade Medical. The process includes a series of activities designated to collect and assess relevant data that will serve as the basis for decisions regarding appointment and reappointment.

CLINICAL PRIVILEGES: Authorization granted by the Board of Commissioners to a Practitioner to provide specific patient care and procedures and clinical activities at Cascade Medical within defined limits, based on an individual Practitioner's license, education and training, experience, competence, health status, and judgment.

CREDENTIALING PROCESS: Cascade Medical has an agreement with a Credentialing Verification Organization (CVO) to perform all screening and primary source documentation collection functions of credentialing applications to the Medical Staff.

DEPARTMENT CHAIR: A Medical Staff member appointed in accordance with the bylaws of the Medical Staff.

FAIR HEARING PLAN: A separate document outlining the hearing procedures for the Medical Staff, that is part of the Medical Staff Policy and Procedures.

HOSPITAL CREDENTIALING COMMITTEE: The Hospital Credentialing Committee shall consist of the Medical Executive Committee; Medical Directors, as needed; Chief Executive Officer; and the Medical Staff Coordinator. The Hospital Credentialing Committee shall meet periodically, and its responsibilities are:

1. To review Practitioner applications for initial appointment and reappointment to the Medical Staff from credentialing information provided by the CVO of all applicants and others requesting clinical privileges, to make such investigations of and interview applicants as may be necessary, and to make recommendations for membership and delineation of clinical privileges, as recommended by the Medical Director, in compliance with Medical Staff Bylaws;
2. To report to the Medical Executive Committee on each applicant for Medical Staff membership and or privileges.

MEDICAL DIRECTOR: A position appointed by administration.

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

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

PEER: Individuals from the same discipline with essentially equal qualifications.

WASHINGTON HOSPITAL SERVICES: a Washington professional services organization.

III. Hospital Medical Staff Membership

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

IV. Qualifications for Membership

a. Qualifications

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

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

b. No Entitlement to Appointment

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

c. Ethics

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

d. Non-Discrimination Policy

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

e. Administrative Members

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

f. Member Agreement

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

g. Term of Appointment

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

V. Credentialing

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

VI. Application for Initial Appointment

a. Burden of Providing Information

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

b. Application Information

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

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

c. Application Update Responsibility

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

d. Application Submission

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

e. Application Procession Timelines

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

f. Application Withdrawal

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

g. Department Chair

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

VII. Telemedicine Credentialing

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

- a. There shall be written agreement between CM and the distant site telemedicine entity stating that the distant site of telemedicine entity must furnish services that permit the hospital to comply with all the applicable CMS conditions of participation and standards for contracted services;
- b. The distant site telemedicine entity's medical staff credentialing and privileging process and standards must at least meet the standards compliant with CMS 482.12 (a) (1) through (a) (7) and 482.22 (a) (1) through (a) (2);
- c. The individual distant-site Practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services;
- d. When considering the medical staff privileging decisions at CM, CM shall review a current list of the distant-site telemedicine entity's Practitioner's privileges;
- e. The individual distant-site Practitioner holds a current/valid medical license issued by Washington State; holds current/valid professional liability insurance, source documented education and training, professional history and hospital affiliations, Board certifications, ECFMG (if applicable). A DEA certificate may or may not be required for tele-radiologists. The Medical Staff Coordinator will collect and retain telemedicine applicant documentation.
- f. With respect to a distant-site Practitioner who holds current privileges at CM, CM shall have evidence of an internal review of the distant-site Practitioner's performance of these privileges and shall send the distant-site telemedicine entity such performance information for use in the periodic appraisal of the distant-site Practitioner. At a minimum, this information shall include all adverse events that result from the telemedicine services provided by the distant-site Practitioner to the hospital's patients, and all CMS and CM complaints the hospital has received about the distant-site Practitioner.

VIII. Regarding Perioding Evaluations and Quality Assurance Review for Telemedicine

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

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

IX. Medical Staff Appointment Process

a. Medical Director Procedure

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

b. Medical Executive Committee Procedure

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

c. Medical Executive Committee Recommendation Options

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

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

d. Board Procedure

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

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

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

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

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

e. Initiation of a Fair Hearing

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

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

X. Provisional Status

a. Duration of Provisional Appointment and Clinical Privileges

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

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

requirements.

b. Provisional Appointment Report

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

XI. Clinical Privileges

a. General

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

b. Privilege Request

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

c. Clinical Privileges for Dentists

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

d. Clinical Privileges for Podiatrists

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

e. Temporary Clinical Privileges

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

f. Locum Tenens Clinical Privileges

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

g. Reasons for Granting Temporary Privileges

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

- i. Pendency of application: After completion of Section VI, receipt of a request for specific temporary privileges for a period not to exceed three (3) months can be made and can be renewed for an additional 180 days. The medical director or MEC will review the documentation submitted and must concur with the granting of temporary privileges.
- ii. Care of specific patient: Care of a specific patient can occur upon receipt of: (1) written request for specific temporary privileges for the care of one or more specific patients from a Practitioner who

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

h. Reasons for Granting of Locum Tenens Privileges

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

i. Termination of Temporary or Locum Tenens Clinical Privileges

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

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

j. Temporary or Locum Tenens Privileges and Fair Hearing Process

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

XII. Medical Staff Reappointment Process

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

a. Reapplication Alert and Requirements

The hospital or its designees will communicate intentions to reappoint each hospital Medical Staff member with the CVO at least 120 days prior to termination. The CVO will then notify the applicant of the reappointment opportunity. Each individual who desires reappointment will, within thirty (30) days after receipt thereof, furnish on the approved form in writing:

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

b. Burden of Information

The Medical Staff member has the burden of producing further information resolving any doubts about the data or release of information required by the hospital. Failure to provide information required for changes in privileges, staff category, or department assignments will be deemed a voluntary waiver of the request for such changes. Failure, without good cause, as determined by the Medical Executive Committee in its sole discretion, to provide the information required for reappointment shall be deemed a voluntary

resignation from the Medical Staff and will result in automatic termination of membership at the expiration for the current term, unless explicitly extended for not more than two (2) sixty (60) day periods, by action of the MEC. A Medical Staff member whose membership is so terminated may then request a review of the termination as provided in these policies and procedures for the sole purpose of determining the issue of good cause.

c. Quality Review

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

d. Medical Director Procedure

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

e. Medical Executive Committee Procedure

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

f. Medical Executive Committee Recommendation

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

g. Board Procedures

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

h. Duration of Reappointment

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

i. Meeting with Affected Individual

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

j. Procedures for Requesting Additional Clinical Privileges

Whenever, during the term of the appointment, additional clinical privileges are desired, the member will apply in writing to the department chair. The application will state in detail the specific additional clinical privileges desired and the relevant training and experience, which justify the additional privileges.

Thereafter, it shall be processed in the same manner as an application for initial clinical privileges.

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

1. Relevant, recent training;
2. Observation of patient care provided;
3. Review of the records of patients treated in this or other hospitals;

4. Results of the hospital's quality improvement activities;
5. Applicants ability to meet the qualifications and criteria for the clinical privileges requested; and
6. Other reasonable indicators of the individual's continuing qualifications for the privileges in question.

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

k. Informal Proceedings

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

XIII. Confidentiality and Reporting

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

XIV. Peer Review Protection

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

XV. Advanced Practice Providers

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

Adoption and Amendment of Medical Staff Credentialing Policy and Procedure Manual

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

Method of Adoption and Amendment

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

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

- ii. The Board or its authorized agent will approve such amendment(s) before becoming effective.

Adoption

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

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: January 22, 2025

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	10125357 – 10125634	\$969,885.70	12/07/2024 – 1/10/2025
Accounts Payable EFT Transactions	20240178 – 20250003	\$735,896.90	12/07/2024 – 1/10/2025
Payroll EFT Transactions ¹	23947 – 24370	\$935,262.77	12/14/2024 – 1/10/2025
Grand Total		\$2,641,045.37	

Notes:

¹ Payroll Warrant #23947 was an adjustment made to the employee's record to correct the YTD totals.

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

Bad Debt Write Offs

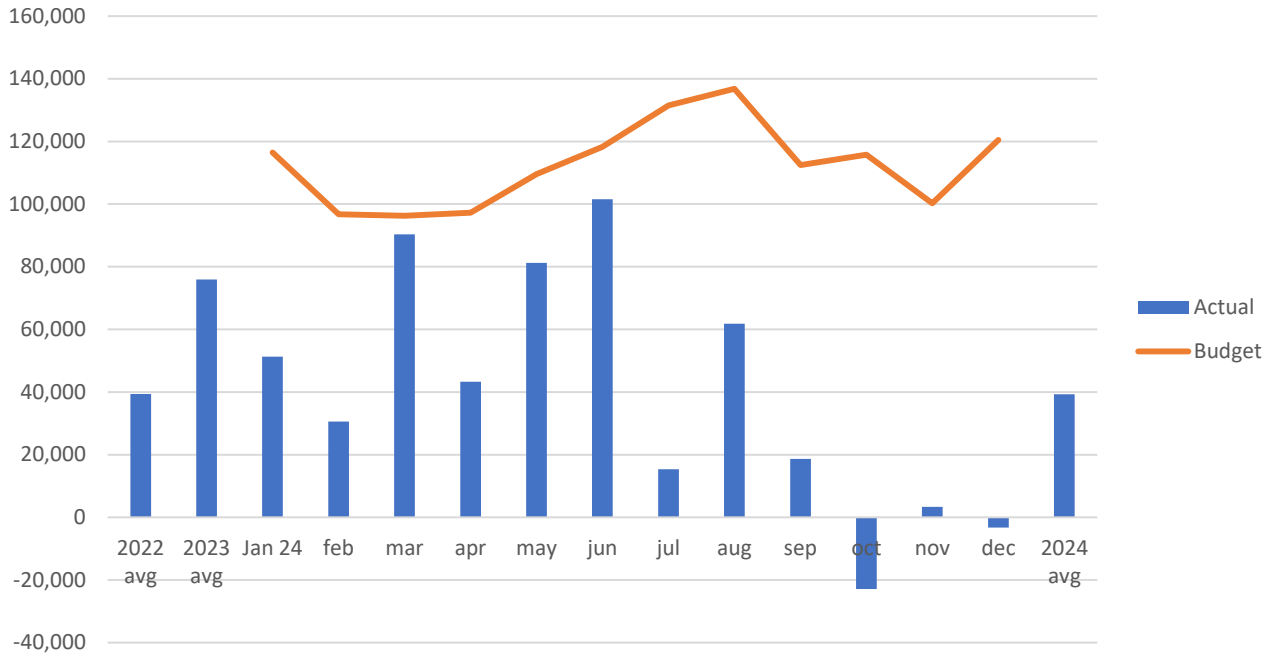
Financial Assistance Program Discounts

Month of December, 2024

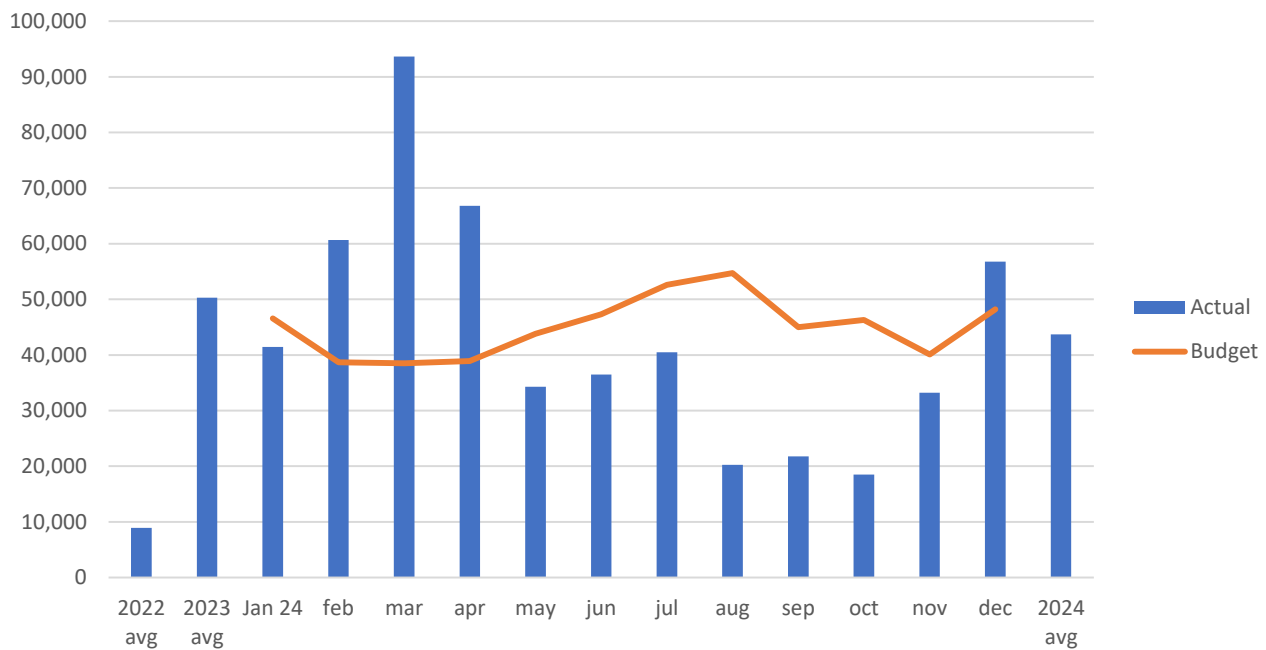
Net Bad Debt Write-Offs for Board Approval	\$	(3,232.43)
CFSP/Financial Assistance Program Discounts for Board Approval	\$	56,759.42

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	-
	less: pullback from Agency due to receipt of payments	(3,232.43)
	Net Bad Debt Write-Offs	(3,232.43)
CFSP/Financial Assistance Applications - Discounts Approved	\$	56,759.42
Total		53,526.99

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts





Association of Washington Public Hospital Districts

1000 Third Avenue
Suite 1000
Seattle, WA 98101
Phone 206-462-1000

Guidelines for elected and appointed officials' participation in elections activity

Elected officials and PHD staff should understand Public Disclosure Commission (PDC) guidelines before participating in any election activities, including taking a position on a ballot measure or endorsing a candidate for political office. Below are some common examples of activities PHD officials may and may not do. This is not intended to be comprehensive. A complete listing of the PDC guidelines for [Local Government Agencies in Election Campaigns](http://www.pdc.wa.gov) can be found on their website [pdc.wa.gov](http://www.pdc.wa.gov). If you have any questions, please call the PDC at 206-462-1000 or consult your jurisdiction's legal counsel.

PERMISSIONS

Activities that are allowed:	Activities that are <i>not</i> allowed:
<ul style="list-style-type: none">PHD employees or elected officials may, on their own time during non-work hours and not with the use of PHD property or equipment, participate in campaign-related activities.Elected officials may make statements supporting or opposing an initiative or referendum in response to a specific media inquiry. All PHD officials may respond to requests for factual information as part of their normal job duty.PHD officials may use their title for identification purposes in endorsements supporting or opposing a candidate or an initiative or referendum but should not use public facilities or equipment for communications and should make clear that it is their personal view.PHD employees or elected officials may place on their individual agency calendar basic information if they are scheduled to be out of the office to attend campaign events.A PHD may provide a facility, if it is available, for a public forum, making arrangements for all sides to be represented.A PHD may allow use of a public meeting space, if it is available as normal and regular conduct, to community groups for campaign activities. If a PHD normally charges for the use of these facilities, then the PHD must charge all users equally.PHD employees may wear lapel buttons at work if the PHD has a policy permitting employees to wear political buttons.Private employee vehicles displaying bumper stickers may be parked on public property.PHD officials may encourage staff and members of the public to vote, as long as such encouragement routinely occurs for other elections.	<ul style="list-style-type: none">PHD employees or elected officials may not use public facilities, supplies, or equipment, for any campaign purpose. This includes phones, copiers, mail facilities, computers, email, websites, social media, uniforms purchased with PHD funds, and paper products. PHD officials may not reimburse the PHD for usage of these facilities. PHD officials may not use PHD vehicles to transport or display political material.PHD officials may not promote or oppose a candidate or ballot measure during work hours. This includes gathering signatures, distributing materials, coordinating speakers fundraising phone banks, etc. It does not include elected official statements on ballot measures in response to a specific media inquiry.PHD officials may not maintain individual campaign-related events on agency-wide distributed calendars.PHD employees may not oppose or support an issue or candidate before a civic group on PHD work time. It must be on personal time.PHD officials may not post signs advocating for or against candidates or ballot measures on any PHD property.PHD employees or elected officials may not pressure PHD employees to participate in campaign activities for a ballot measure or candidate, take a position, or coordinate informational activities with campaign work.

Activities that are allowed:

- Elected officials and PHD staff may speak at community forums and clubs during regular work hours to make an objective and fair presentation of the facts on a ballot measure if it is normal and regular conduct. PHD equipment (projector, laptop) may be used for the presentation.
- Elected officials may attend an event any time during the day and give their opinion about a ballot measure, as long as they are not being compensated by the PHD or using any public equipment, facility or vehicle (with exceptions for specific inquiries).
- PHD employees or elected officials may use their job title with the PHD in a letter to the editor (written on their own time using their own computer). They must clarify that they are expressing their own opinion, and not speaking for the PHD.
- A PHD employee may respond to a political inquiry by providing routine factual information if that is part of their normal job duty.
- Members of an elected commission may vote to support or oppose an initiative or referendum. If your commission plans to vote to take a position on an initiative or referendum, the notice of the meeting when the vote will be taken must include the title and number of the ballot proposition. Commission members or the public must have an equal opportunity to express an opposing view.
- Elected officials may make statements supporting or opposing an initiative or referendum in response to a specific media inquiry. All PHD officials may respond to requests for factual information as part of their normal job duty.
- A PHD may use its website, newsletter, or other publications to provide citizens with information about an issue that directly impacts the PHD, looking at all available information. If you routinely provide objective and fair facts on a ballot measure or controversial issue, you may present objective and fair presentation of facts on the ballot propositions.
- If your website or newsletter publishes resolutions or reports on commission activity, you may report on action taken on a resolution.
- Distribution of all information must be to normal and regular recipients, using the publication's regular schedule. Repeated distribution of the same information may be considered campaign activity by the PD.
- A PHD website may be used to inform citizens about anticipated ballot measure impacts and allow readers to explore an issue through detailed links, if part of normal conduct and do not link to campaigns. Websites may be updated according to the PHD's normal procedures.
- PHD employees may provide in-house contingency planning (what if an initiative or referendum passes) (this isn't a public activity). This includes researching the impact of a ballot proposition for the purpose of gathering facts.
- PHD employees may respond to requests for public records even if the records will be used in support or opposition of a measure, as long as the record isn't exempt from disclosure under state law.

Activities that are not allowed:

- PHD officials may not use public facilities, supplies or equipment, for any campaign purpose. This includes phones, copiers, mail facilities, computers, email, social media, websites, uniforms purchased with PHD funds, and paper products. PHD officials may not reimburse the PHD for usage of these facilities. PHD officials may not use PHD vehicles to transport or display political material.
- PHD officials may not promote or oppose a candidate or ballot measure during work hours. This includes gathering signatures, distributing materials, coordinating speakers (fundraising) phone banks, etc. It does not include elected official statements on ballot measures in response to a specific media inquiry.
- PHD officials may not produce information that targets specific subgroups. This does not refer to mailing to groups that are on the PHD's regular distribution list.
- PHD employees may not oppose or support an issue or candidate before a civic group on PHD work time. It must be on personal time.
- PHD officials may not have a petition available for signature at PHD hall, or other PHD facility or vehicle.
- PHD officials may not post signs advocating for or against candidates or ballot measures on any PHD property.
- PHD employees or elected officials may not pressure PHD employees to participate in campaign activities for a ballot measure or candidate, take a position or coordinate informational activities with campaign work.



CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

AGENDA

Community Outreach & Awareness Committee

January 13, 2025

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">January 13, 2025 AgendaDecember 2, 2024 Minutes	3:00 PM
Committee Work		
1.	Review proposed final DH messaging platform, including around EMS <ul style="list-style-type: none">Is there anything in the proposed messaging that lacks clarity?Anything missing from it?	3:00 PM
2.	Review DH recommendations for social media messaging and posts <ul style="list-style-type: none">What's missing?Any feedback or questions on cadence, topics, or other aspects?How do analytics impact the plan? What about boosting posts?	3:30 PM
3.	Continue to refine EMS Levy communication / education timeline and work <ul style="list-style-type: none">Review schedule and plans for management and commissioner outreachCheck in on list of planned materials/communication tools and their timeline for production; refine if neededReview any draft materials available, including those previously utilized, such as FAQs, to refine for 2025 usageAny further amendments needed to the timeline/plan?Discuss appointment process for pro & con statement committees	4:00 PM
4.	Discuss overall roles for Commissioners in community outreach <ul style="list-style-type: none">General events/outreach opportunitiesReview plan for Community Health Needs Assessment<ul style="list-style-type: none">Identify opportunities for commissioner outreachReview and recommend changes, if needed, to community outreach plans overall	4:30 PM
5.	Brief Meeting Recap and Next Steps, including scheduling future meeting(s)	4:50 PM
Adjournment		
1.	Adjournment	5:00 PM

Materials provided in advance of meeting along with agenda:

- December 2, 2024 minutes
- DH Messaging Platform – a few proof points still to be refined, but all else final draft version
- DH Social Media Recommendations
- Website / Google analytics
- Social Medica analytics
- EMS Levy Communication Timeline Overview
- EMS Levy Communication Detailed Timeline
- Proposed EMS Levy Outreach Calendar
- EMS Levy Fact Sheet (from prior EMS Levy education work)
- EMS FAQ discussion document
- Community Health Needs Assessment **very draft** plan – for broad input/discussion/shaping

Opportunities for Community Outreach
EMS Levy Education

Outreach Event	Date/Time	Date Status	Management	Commissioner
Lions Club	3/6 OR 3/20 6:30 PM		Diane, Pat & Brian avail	
Leavenworth Chamber of Commerce	3/20 9-10:30 AM	Confirmed	Diane, Pat, & Brian avail	
Rotary Club	3/7, 3/21 or 3/28 11:45 A – 1:15 P	Contacted, waiting on response	Diane & Pat avail all three dates, Brian unsure for all 3	
City Engagement Night	2/4 6:00 PM	Confirmed	Diane available, unsure Pat & Brian unavailable	Shari
Leavenworth City Council	3/11 7:00 PM	Confirmed	Diane likely not available, Brian available, question out to Pat	
Peshastin Community Council	3/19 7:00 PM	Tentative confirmation, board confirming date	Diane & Pat avail both dates, unsure Brian avail	
Town Hall Meeting in Leavenworth	We select	Not Scheduled		
CMF Board Meeting	3/18 9-11:00 AM	In Progress	Diane, Pat, & Brian available	
Lake Wenatchee Fire & Rescue Auxiliary	LWFR wants to book for 3/12, 6pm	In progress	Diane likely not available, question out to Pat & Brian	
Fire District 6 in Dryden - ?	Board 3/12 Time? Firefighters: 3/4, 3/11, 3/18, 3/25 7:00 PM	Our choice, not yet scheduled		

Fire District 3 in Leavenworth - ?	Board Meeting 3/12, 6pm Volunteer Association 3/4	In progress		
Lake Wenatchee Fire & Rescue - ?	No Info Yet	Not Scheduled		
Lake Wenatchee Rec Club - ?	No Info Yet	Not Scheduled		
Plain Valley Adventure Women - ?	No Info Yet	Not Scheduled		
Mountain Meadows - ?	TBD	Not Scheduled		
Chiwawa River Pines HOA Matt Oaks Matthewoaks1@gmail.com	4/26, time of day not sure	Scheduled, general update since after 4/22	Possibly Diane	Shari

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

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

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

2024 Annual Goals (with some tactics noted):

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

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

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

2024 Annual Goals (with some tactics noted):

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

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

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

2024 Annual Goals:

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

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

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

2024 Annual Goals (with some tactics noted):

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

Mission

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

Vision

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

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

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

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

Values

Commitment

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

Community

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

Empowerment

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

Integrity

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

Quality


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



Respect


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



Transparency



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





Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS			
Patient & Family Centered Care			
Deliver quality care that is accessible, equitable and safe every time every touch	 Implement Mobile Integrated Healthcare	<p>In 2024, Cascade Medical aimed to implement an integrated Mobile Integrated Health (MIH) program with the hiring of two Medical Supervisor Officers (MSOs). However, delays in onboarding the MSOs and challenges with current 911 staffing created additional workloads, diverting their focus from fully launching the pilot MIH program. Despite these setbacks, the experience has laid the groundwork for a 2025 work plan that positions the MSOs to effectively serve as MIH responders. These MSOs advanced their community paramedic training and are preparing for certification in early 2025. They established regular blood pressure checks at the Leavenworth Senior Center and began integrating with clinic workflows for home visits, supported by Meditech training and resources. Key infrastructure, including vehicles with Starlink connectivity, was procured to facilitate MIH appointments. A collaborative team, led by Dr. Richardson and supported by clinic staff, developed processes to address hypertension care gaps, enhance medication compliance, and improve home safety. Plans for future program expansion include telehealth, diabetic eye checks, and lab draw capabilities.</p>	<p>Moving into 2025, the focus is on fully leveraging the foundational work established in 2024 to expand the Mobile Integrated Health (MIH) program. Priorities include finalizing MSOs' certification as community paramedics, completing infrastructure enhancements like vehicle branding and Starlink installation, and implementing a structured workflow for home visits targeting hypertension and medication compliance. Expanding services such as telehealth, diabetic eye checks, and lab draws will further address community needs. Strengthening collaboration between clinic staff, social services, and the MIH team, alongside continued training and data tracking, will ensure a sustainable and impactful program.</p>


Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Improve patients' first touch experience at CM	<p>In 2024, significant progress was made in enhancing patient and customer service experiences. PSR customer service training was completed early in the year, covering both external and internal service education. Work on the Luma digital patient experience platform faced integration challenges with Meditech but is on track for completion by March 2025, with milestones including enhanced digital pre-visit planning and overall patient experience improvements. The delay in Luma implementation is the one item putting this objective at the Caution rating; originally this work was anticipated to conclude before the end of 2024. The Net Promoter Score was successfully implemented and is monitored monthly by the Clinic Director. Online appointment scheduling optimization with Luma and ongoing phone system enhancements, supported by daily analytics and actionable insights, continue to drive service improvements.</p>	<p>Continue Luma testing, including with the Patient and Family Advisory Council, which is slated for late January 2025. The success of our work on this objective continues to be reflected in highly positive patient satisfaction scores: out of a scale of 1 - 5, with 5 being the top score: "The appointment process was satisfactory" = 4.82 Q4, 4.77 Q3; "The check in/ out process was a pleasant experience" = 4.84 Q4, 4.8 Q3; "The staff was professional" = 4.9 Q4, 4.88 Q3.</p>
	 Optimize Team-Based Care	<p>Work around this objective will continue into 2025. While the transformation to Team-Based Care continues to track appropriately, other elements of this goal demand continued efforts into the new year. Efforts to optimize the mobile clinic are ongoing, with our new provider actively taking the mobile clinic out into the community. Working on changes to the locations and hours for early 2025. Finding a telepsychiatry partner that can provide a sustainable solution has been delayed due to competing internal workloads and awaiting response from a third party solution. Active conversations with the school district are taking place to discuss expanding behavioral health and mobile health services with hopes to implement changes in Q1 2025. Internal conversations are being had to determine next steps in gathering patient feedback on expanding family practice hours.</p>	

Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS			
Financial Stewardship			
Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth	 Develop and implement charge capture program	We pivoted on this objective early in 2024 in order to identify a resource for revenue cycle optimization prior to implementing a charge capture program. In identifying a resource we also expanded the work to include Meditech optimization more broadly throughout the organization. Much work around charge capture was completed in 2024, and that work will extend into 2025 as we continue to work with an outside consulting firm to optimize components of work in registration and patient care areas that impact revenue cycle. Examples of completed work include focused work by informatics to capture oxygen charges in the emergency department and inpatient settings and an ad hoc internal team, led by our DON and Quality Director, to improve the process for capturing insurance information and obtaining authorizations for inpatient stays to reduce insurance denials. The work in 2024 has laid a strong foundation, which also supports better long-term resource utilization.	Charge capture will remain a focus in 2025, as reflected in our 2025 objectives, including focus on charge reconciliation and barcoding supplies.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Build structure for developing and sustaining long term financial plan	<p>This objective is at caution due to the challenge in finding a tool or already developed process for this work at a Critical Access Hospital, rather than for lack of attention. We have identified elements for consideration, such as for assessing long term debt capacity, understanding Medicare percentage of reimbursement by department and analyzing departmental financial performance. But we are not finding a methodology or tool that other cost-based reimbursement facilities are using for long-range financial planning, due to the complexities of the cost-based reimbursement environment. Instead, our CFO has developed a draft document to help guide us as we evaluate new programs and financial decisions, to help ensure we consider all elements necessary in a cost-based reimbursement model. The executive team has reviewed this template and provided input, and it continues to be updated; ultimately we'll look to the Finance Committee for thoughts as well.</p>	<p>We'll continue to hone the tool for new program / service evaluation and will test it in 2025 for validity.</p>
	 Optimize Rehab Services	<p>The assessment was complete in Q2 with multiple areas of opportunity identified to improve operational efficiency and increase patient access. Management is currently working through barriers related to implementation of assessment outcomes.</p>	<p>Some recommendations from the assessment to standardize appointments will be initiated in Q1 2025.</p>





Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Service Line Expansion	<p>This objective consists of four focus areas: 1) outpatient infusions, 2) urgent care, 3) mobile MRI, and 4) telehealth exploration. All met completion milestones at the end of Q4. A partner for starting outpatient infusions has been identified and initial processes / proformas reviewed; more work needs to be done internally around space priorities and review of the impact of how our 340B drug program is set up related to infusion drugs. The board approved moving forward with mobile MRI in November. The urgent care study has been completed, and the recommendations were presented at the board retreat (which is a pivot to expanded clinic hours, due to financial/volume projections). Telehealth exploration is on track, with education provided at the board retreat and team working internally on operational concepts.</p>	<p>Continue working toward Department of Health approval for mobile MRI in early 2025, finish deeper dive into infusion analysis around 340B drug program and space allocations to validate initial projections and plans, complete organizational objective in 2025 that includes expansion of clinic hours, and continue to stay focused on telehealth work, including joining in advocacy to allow us to continue to offer telehealth and work with our Mobile Integrated Health team and the Mobil Clinic to expand telehealth access in our community.</p>
PILLARS Our People			
Provide an exceptional employee experience within a safe, stable, family-based work environment	 Optimize the Living Well Program	<p>Living Well was completed in 2024 with a full introduction of cohorts. Moving into 2025, each cohort will keep the same month as it did in 2024; continuing to educate and communicate to staff the resources that are available. Additional 2025 goals include:</p> <ol style="list-style-type: none"> 1. Placing the boards that were created in the hall downstairs. 2. Pamphlets for each cohort will be created and placed in admin building for staff to grab anytime they need. Pamphlets will include resources and contacts. 3. Living Well information will be provided for new staff during orientation. 	

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Continue to develop leaders	<p>Focused attention on new leaders culminated with cohort presentations on December 5th. Education to the full leadership team continued in December with risk training focused on when to contact HR and items directors should be able to initially address.</p>	<p>Continue focused leadership training as planned in 2025.</p>
	 Expand education / training opportunities and workforce / apprenticeship programs	<p>CNA training program went live mid-2024 and continues with success; two classes graduated in 2024 and four are scheduled for 2025. We initiated in 2024 and continue to support cross training programs for EMTs. The CHRO continues to have involvement on the state-sponsored long term care taskforce. Additional staff training was provided at staff request, such as EMTALA training.</p>	<p>Continue great work of supporting employees with growth opportunities. In 2025, we'll host at least two MA to CNA bridge courses. Additionally, with the high school receiving a grant, we will look to partner with them for a student class in the fall.</p>
	 Explore alternative retention strategies	<p>Alternative medical benefit options were explored but ultimately determined to not be currently financially feasible or were not beneficial to employees. Continued with current medical benefit options. Pay differentials were analyzed against comparators with the decision being made to adjust night and weekend differential pay according to findings. Current HR software does not accommodate reallocating sick-leave for PTO, will investigate this option further should additional capabilities be added to the system.</p>	
PILLARS			
Community Connections			
Collaborate with community to define needs and nurture partnerships to support healthy lifestyles	 Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments	<p>A Spanish speaking PSR continues to be available 90% of the time. Job-aid that can be utilized by staff to assist in providing quality care for Spanish speaking patients has been completed and distributed to staff and is being utilized.</p>	<p>Continue focus on connecting with and continuing to grow to best serving our Spanish speaking neighbors. Multiple additional opportunities were highlighted through the work of our leadership cohort, which they reported on in early December. We'll roll those opportunities into 2025 and have already started working on identifying a better translation service, one of the improvement recommendations noted by the leadership cohort.</p>

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	 Promote Cascade Medical in the community	<p>We met nearly all targets of planned elements (categories: brand awareness campaigns, community outreach, patient testimonials, newsletter publication, mobile clinic outreach, and social media for Spanish speakers) of our communication plan in Q4. While a couple of the items came in behind timeline, they were ultimately completed by quarter end.</p> <p>Additionally, we were able to make progress in Q4 around refining our social media focus while we performed significant work to establish strategic framework for communication and messaging, to support 2025 communication work, including our efforts to educate the community on the EMS Levy. This sets us up for good work in 2025.</p>	<p>Utilize recently developed messaging platforms and social media guidelines to continue on-brand messaging in 2025.</p>

Description

Status Key

-  On Target
-  Caution/At Risk
-  Below Target
-  Not Defined (Project has not started per timeline)

Credentialing Approvals

Active Privileges: (2-year appointment)

- Tony Butruille, MD
- Jerome Jerome, MD
- Lauren Kendall, MD
- Geoff Richardson, MD
- Eric Stirling, MD
- Lucca Criminale, PA-C

Teleradiology Provisional Privileges: (1-year)

- Chad Barker, MD
- Sean Chang, MD
- Douglas Green, MD
- Kyle Hirschman, DO
- Veronica Ruvo, DO

Cascade Medical's credentialing process has been followed for these providers.

AMENDMENT NO. 13 TO EMPLOYMENT AGREEMENT

This Amendment No. 13 is an amendment to that certain Employment Agreement between Public Hospital District No. 1, Chelan County, Washington d/b/a Cascade Medical Center (“CMC” or the “District”) and Diane M. Blake (“Blake”) with an effective date of January 1, 2013, as approved by the passage of District Resolution No. 2013-02 (hereinafter the “Agreement”). The District and Blake agree as follows:

1. Section 4.1 of the Agreement is hereby amended to read as follows:

4.1 For all services rendered by the CEO under the Agreement, CMC shall pay the CEO an annual salary of \$272,497.68, less required federal and state withholding for taxes, FICA, and other authorized withholdings or deductions. The CEO’s salary shall be paid in installments equal to 1/26th of the annual salary amount and shall be paid on CMC’s regular pay days, which occur every two weeks.
2. All other terms and conditions of the Agreement are ratified and confirmed by the Parties.
3. This Amendment No 13 shall be effective January 22, 2025.

APPROVED by Diane M. Blake
this 22nd day of January 2025 .

APPROVED by the Board of
Commissioners of Public Hospital
District No. 1 of Chelan County,
Washington, at an Open Public
Meeting the 22nd day of January 2025.

Diane M. Blake

President
Board of Commissioners

RESOLUTION NO. 2025-01

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF PUBLIC HOSPITAL DISTRICT NO. 1 OF CHELAN COUNTY, WASHINGTON, APPROVING AMENDMENT NO. 10 TO THE EMPLOYMENT AGREEMENT BETWEEN THE DISTRICT AND DIANE M. BLAKE AS CHIEF EXECUTIVE OFFICER/SUPERINTENDENT OF THE DISTRICT.

WHEREAS, RCW 70.44.070 requires the District to establish the compensation of the Superintendent by Resolution; and

WHEREAS, the District, by passage of District Resolution No. 2013-02 approved an Employment Agreement between the District and Diane Blake as Chief Executive Officer/Superintendent of the District effective January 1, 2013; and

WHEREAS, pursuant to Section 5 of the Agreement, the District Board has reviewed the performance of the Chief Executive Officer/Superintendent and determined that an increase in compensation is warranted and approved the change in compensation and severance as set forth in Amendment No. 13 to the Employment Agreement at a Regular Open Public Meeting on January 22, 2025 with said change in compensation to be effective January 22, 2025; now, therefore,

THE BOARD OF COMMISSIONERS OF CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 HEREBY RESOLVE AS FOLLOWS:

Section 1 The Employment Agreement between the Chelan County Public Hospital District No. 1 and Diane M. Blake, with an effective date of January 1, 2013, as approved by District Resolution No. 2013-02, is hereby amended as set forth in Amendment No. 13 to the Employment Agreement attached hereto and by this reference made a part herein as if set forth in full.

Section 2 This Resolution shall be effective immediately upon passage by the Board.

RESOLVED this 22nd day of January, 2025.

CHELAN COUNTY PUBLIC HOSPITAL
DISTRICT NO. 1

Commissioner

Commissioner

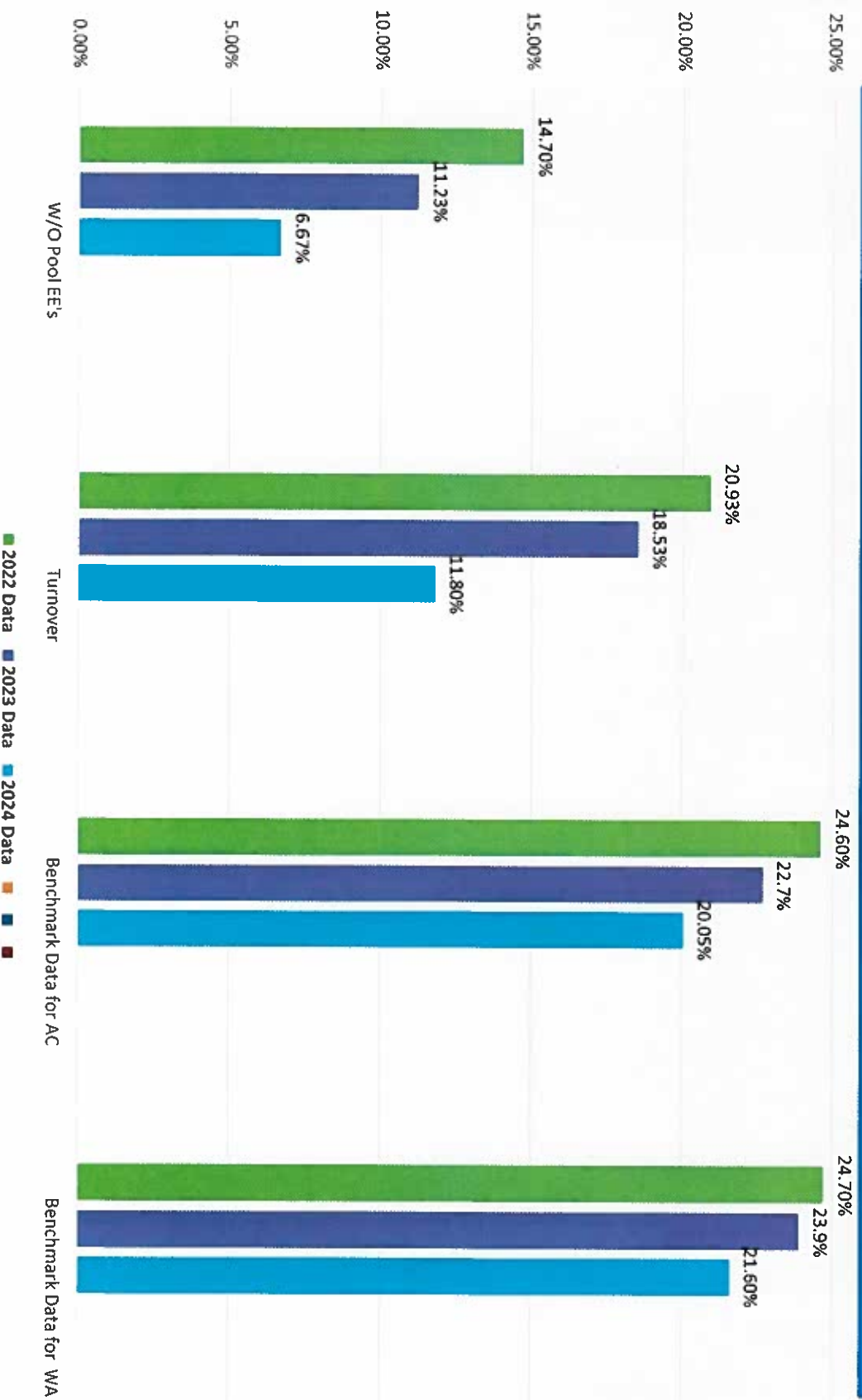
Commissioner

Commissioner

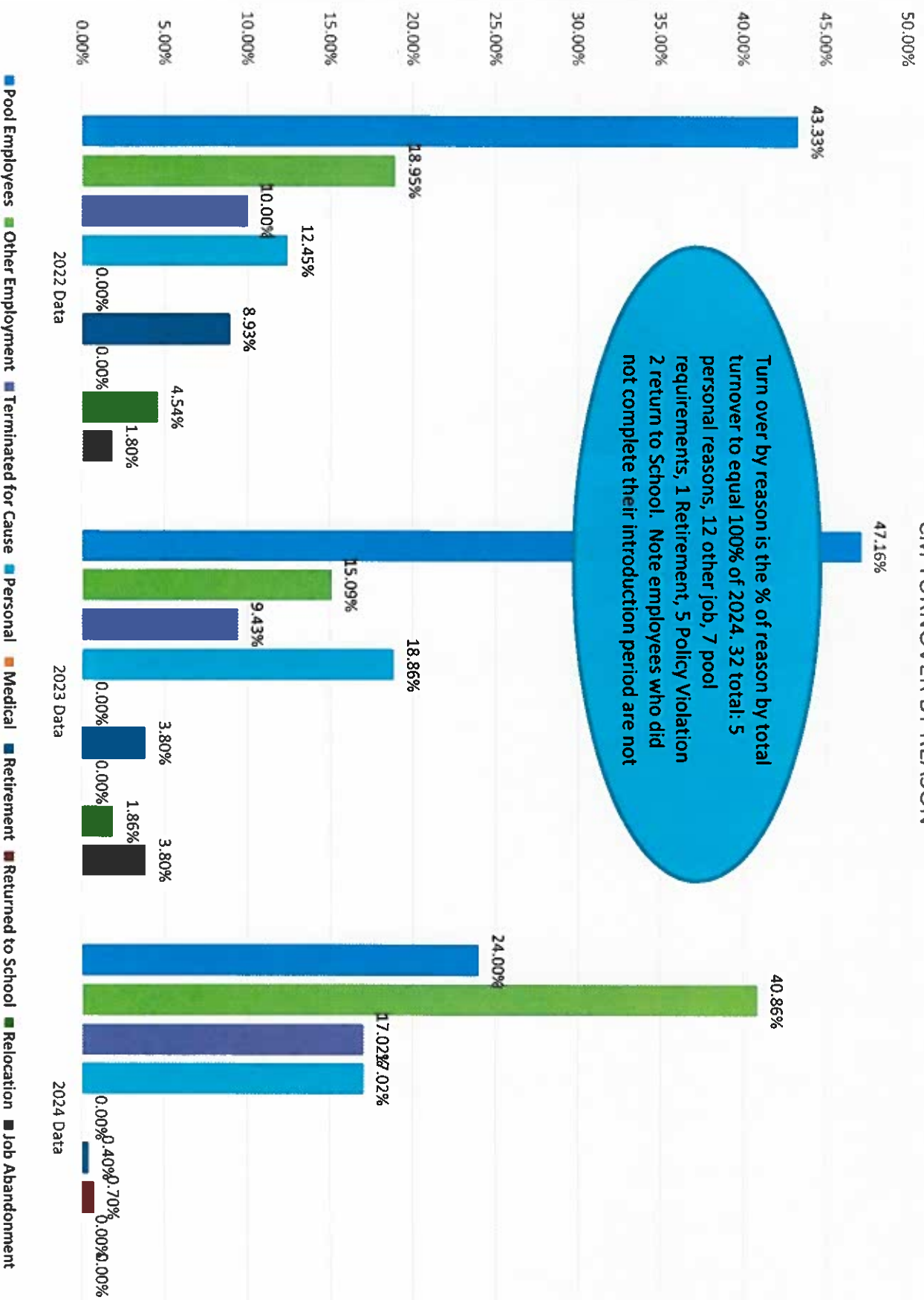
Commissioner

CM TURNOVER

CM uses the W/O Pool data as that which is most reflective of our turnover. CM turnover reflects our most vulnerable number, because it includes the somewhat routine changes related to pool/per diem employees. Most employers do not include this category in a turnover calculation and we are not able to validate if the benchmark data is with or without pool employees.



CM TURNOVER BY REASON





Commissioner Pledge Meeting Code of Conduct

Governance excellence is the life blood of a high-quality board of commissioners. It is vital that each board member take their responsibilities seriously and pledge their best efforts to follow this code of conduct.

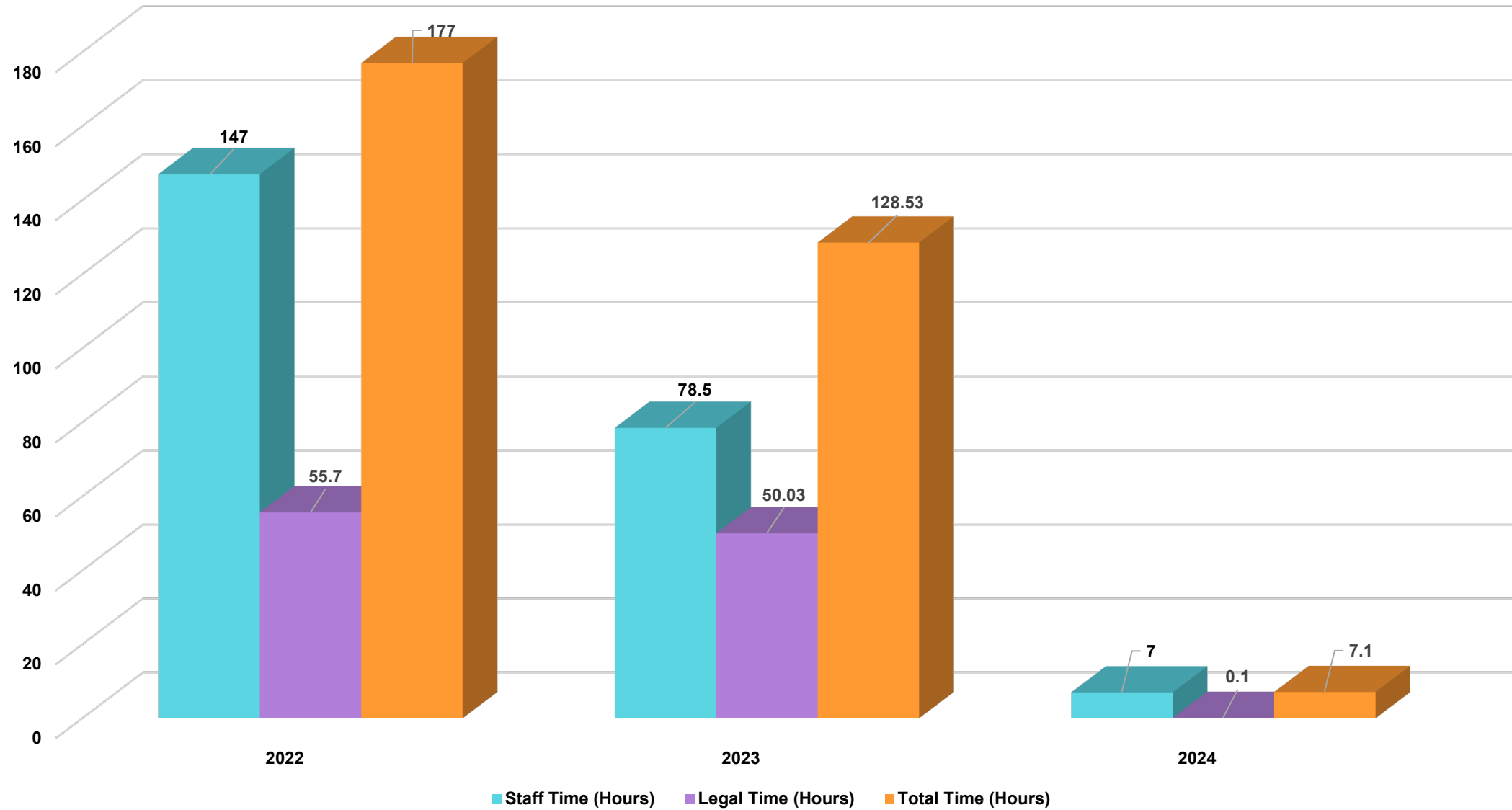
In pursuit of governance excellence, I pledge to:

- A. Refrain from micromanagement and focus on strategic leadership and policy, not on administrative and operational detail. I will respect distinctions between board and staff roles and will manage any overlap between the respective roles in a spirit of collegiality and partnership that supports the authority of staff and maintains the proper lines of accountability. I will not discuss significant operational concerns or issues with employees without the knowledge of the CEO.
- B. Attend board and committee meetings regularly and come prepared to fully discuss and deliberate all matters important to the business of the board.
- C. Listen carefully to my fellow board members and be willing to consider all points of view during board discussions.
- D. Share my point of view, do not dominate discussions, be respectful and courteous in debate, but do not shy away from difficult or contentious issues.
- E. Fully support the decisions of the majority once a decision has been reached, even if I am in the minority.
- F. Be inquisitive and ask any questions important to the discussions at hand. Strive to push the organization to continuous growth and excellence. Challenge the status quo.
- G. Keep executive session board discussions confidential.
- H. Take all opportunities to be a good ambassador for Cascade Medical and advocate on behalf of the organization in matters of important public policy issues and encourage philanthropic support that would advance the mission of the organization.
- I. Be a continuous learner and look for opportunities to stay abreast of current topics and trends in healthcare delivery and policy.
- J. Follow the conflict of interest policies and practices of Cascade Medical.
- K. Conduct myself in an ethical, moral and legal manner at all times.
- L. Celebrate the success of Cascade Medical and the role I play in its mission!

SIGNED _____

DATE _____

Requests for Public Records 2022-2024



Requests for Public Records 2022-2024

