



**Public Hospital District No.1: Board of Commissioners Meeting Agenda**  
**Wednesday March 26, 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.

<b>I.</b>	<b>Call to Order</b>	5:30	Shari Campbell
<b>II.</b>	<b>Pledge of Allegiance</b>	5:30	Shari Campbell
<b>III.</b>	<b>Consent Agenda</b>	5:30	Shari Campbell
	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"> <li>Meeting Agenda</li> <li>February 26, 2025 Board Meeting Minutes</li> <li>March 4-7, 2025 Special Board Meeting's Minutes</li> </ul>		
	<b>Previous Month's Warrants Issued:</b>	10125853 – 10126183	02/11/2025 – 03/14/2025 \$ 1,394,314.94
	<b>Accounts Payable EFT Transactions:</b>	20250020 – 20250036	02/11/2025 – 03/14/2025 \$ 543,361.27
	<b>Payroll EFT Transactions:</b>	24800 – 25454	02/11/2025 – 03/14/2025 \$ 948,237.20
	<ul style="list-style-type: none"> <li>Policy: Death with Dignity</li> <li>February 2025 Bad Debt</li> </ul>		
<b>IV.</b>	<b>(Action Item) New Commissioner Appointment Position No. 2</b>	5:35	Commissioners
<b>V.</b>	<b>Oath of Office</b>	5:40	Megan Baker
<b>VI.</b>	<b>Community Input</b>	5:45	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.		
<b>VII.</b>	<b>Introduction: Kalie Thompson, PA-C</b>	5:50	Kalie Thompson, PA-C
<b>VIII.</b>	<b>CM Values</b>	5:55	Diane Blake
<b>IX.</b>	<b>Foundation Report</b>	6:00	Strode Weaver
<b>X.</b>	<b><u>Committee Reports</u></b>	6:05	
	a. Quality Oversight Committee		
	b. Community Outreach & Awareness Committee		Jessica Kendall Shari Campbell
	<ul style="list-style-type: none"> <li>Commissioner Outreach</li> <li><b>MOTION:</b> Approve Charter</li> </ul>		
	c. Finance Committee		Tom Baranouskas
<b>XI.</b>	<b><u>Discussions &amp; Reports</u></b>	6:35	
	a. IT Security Report		Luke Hoisington
	<ul style="list-style-type: none"> <li>How well is CM prepared to respond to a cybersecurity event?</li> <li>How are we staying ahead of evolving threats and technologies, and how should we be thinking long term about budget and other factors, to ensure an appropriate long-term strategy is in place?</li> </ul>		
	b. Education: Performance Evaluations		Melissa Grimm
	c. Provider Strategy		Diane Blake
<b>XII.</b>	<b><u>Action Items</u></b>	7:15	Commissioners
	a. <b>MOTION:</b> Approve Credentialing		
	b. <b>MOTION:</b> Resolution 2025-02: Surplus Lab Equipment		
	c. <b>MOTION:</b> Approve Artificial Intelligence (AI) Acceptable Use Policy (AUP)		
<b>XIII.</b>	<b>February Financials</b>	7:35	Marianne Vincent
<b>XIV.</b>	<b>Administrator Report</b>	7:45	Diane Blake
<b>XV.</b>	<b>Board Action Items</b>	8:05	Commissioners
<b>XVI.</b>	<b>Meeting Evaluation/Commissioner Comments</b>	8:10	Commissioners
	<ul style="list-style-type: none"> <li>What topics should come back at a future meeting for more discussion? What additional information is needed to deepen your understanding?</li> <li>Were there any agenda items for which you need more information from management? What additional information would be helpful?</li> <li>What would have helped the meeting be more efficient, without sacrificing important discussion time?</li> </ul>		
<b>XVII.</b>	<b>Adjournment</b>	8:20	Shari Campbell

## BOARD CALENDAR REMINDERS

April 16, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
April 19, 2025	Part-time Resident Advisory Council Meeting	Arleen Blackburn Conference Room	10:00 AM
April 26, 2025	EMS Levy Outreach: Chiwawa River Pines HOA (Tom)	Plain, WA	4:00 PM
May 6, 2025	Community Engagement Night	Leavenworth Festhalle	4:00 PM
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 17, 2025	Healthcare Week Street Fair	Behind the Hospital	11:00 AM
May 21, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 31, 2025	CM Health & Safety Fair	Alpine Lakes Elementary	11:00 AM
June 11, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 16, 2025	CMF Golf Classic	Kahler Mountain Club	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 March 26, 2025**

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

- **Consent Agenda** – The Death with Dignity policy has been reviewed by the Quality Oversight Committee, who recommends it to the board for approval. Additionally, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **New Commissioner Appointment, Position No. 2** – CM has been following the legal appointment process to fill an open commission spot; the process the board has followed thus far has been to request applications and interview. At this point, if a commissioner wishes to nominate a candidate, they may make a motion to do so. Just like all motions, there is an opportunity for a second and then discussion. A candidate is selected, ultimately, when at least three of the four commissioners vote to appoint.
- **Oath of Office** – If a candidate is appointed by majority vote of the Board, then Megan will administer the oath of office to the new commissioner, and they can then begin serving as a commissioner immediately following the oath of office.
- **Introduction: Kalie Thompson, PA-C** – One of our newer provider team members, Kalie Thompson, will attend the early part of the board meeting so you have an opportunity to meet. Kalie is a Physician Assistant working in the clinic and mobile clinic and has already led some great efforts to improve outreach with the mobile clinic.
- **Committee Reports**
  - Quality Oversight Committee – Included in your packet are two documents to support Jessica’s report: the most recent QOC agenda and our 2024 Critical Access Hospital Program Evaluation report. The CAH Program Evaluation is an annual report we’re required to produce to maintain compliance with Medicare Conditions of Participation. Historically this report has been reviewed by the Quality Oversight Committee (QOC). This year the QOC wishes to share the report with the full board, for informational purposes.
  - Community Outreach & Awareness Committee (COAC) – Included in your packet is the agenda from the most recent committee meeting as well as a list of EMS Levy Outreach events, to inform Shari’s report. We’ve also included a list of additional Commissioner outreach opportunities, primarily focused on second quarter, and a proposed committee charter, which reflects changes discussed and recommended by the COAC.
  - Finance Committee – Included in your packet is the agenda from the most recent committee meeting as well as the finance dashboard, to inform Tom’s report.
- **Discussions & Reports**
  - IT Security Report – No documents are included in your packet for this item. Our CIO will be in attendance to share with you the results of a recent IT security assessment. This information is presented to inform the board and support the

board's role in oversight of cybersecurity risk. We've included a couple of strategic questions the board may wish to ask to help prime discussion, in case that is helpful.

- Education: Performance Evaluations – No documents are included in your packet for this topic. Shari will introduce and Melissa will present a short presentation on performance management/evaluations. This education supports the board in meeting their 2025 education goal, provides foundational/best practice education, and helps align board practices with internal training which is occurring in 2025 on this topic with CM leaders.
- Provider Strategy – No documents are included in your packet for this topic. Diane will update the board on plans to ensure provider staffing meets the needs of the community today and into the future.
- **Action Items**
  - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
  - Surplus Lab Equipment - Included in your packet is a resolution for board consideration to allow CM to dispose of an old, unusable asset.
  - AI Governance Policy – Included in your packet is a proposed policy to provide guidelines for the usage of AI at Cascade Medical. This policy will be reviewed by the Finance Committee on March 24. Any changes made at that meeting will be provided to the board in advance of the March 26 board meeting. We are including this policy in the board packet prior to Finance Committee review so the board may consider adoption if recommended by the Finance Committee. Having an AI Governance policy and procedures in place will allow us to begin to thoroughly assess and potentially implement tools to support our team's work and, giving the timing of the Finance Committee, we prefer to advance this to the full board in March, if amenable to the Finance Committee, rather than wait until April. Additionally, we've included this policy in the body of the meeting, rather than the consent agenda, to support robust discussion.
- **February Financials** – Included in your packet is the financial report for February 2025.

### **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.
- Below are proposed dates and times from which to choose for the next Board Quality Rounding. The intent is that attendees and a final date and time will be decided during the Board Action Items section of this meeting. This list of proposed dates is included to simplify the work of scheduling; please come prepared to know which dates may work for you. Board Quality Rounding requires scheduling two hours in total.
  - Monday, April 14<sup>th</sup> 1pm-3pm
  - Monday, April 21<sup>st</sup> 1pm-3pm
  - Thursday, April 24<sup>th</sup> 10am-12pm
  - Monday, April 28<sup>th</sup> 9:30am-11:30am



**Minutes of the Board of Commissioners Meeting**

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

February 26, 2025

- Present:** Tom Baranouskas, Vice President; Gustavo Montoya, Commissioner; Bruce Williams, 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
- Via Zoom:** Shari Campbell, President; Jessica Kendall, Commissioner; Don Morse, Community Member; Cary Ecker, Community Member
- Guests:** Rex McMillian, CM Foundation; Erin Adams, Medical Supervisor Officer; Natasha Piestrup, Director of Nursing; Dr. Lauren Kendall, Clinic Medical Director; Whitney Lak, Clinic Director; Deb Williams, Clinic Consultant

Topics	Actions/Discussions
<b>Call to Order</b>	<ul style="list-style-type: none"><li>President Shari Campbell called the meeting to order at 5:30 PM. Bruce then led the pledge of allegiance.</li></ul>
<b>Consent Agenda</b>	<ul style="list-style-type: none"><li>Tom moved to approve the consent agenda. Jessica seconded the motion, and the group unanimously approved.</li></ul>
<b>Community Input</b>	<ul style="list-style-type: none"><li>None</li></ul>
<b>Medical Director Report</b>	<p>Dr. Lauren Kendall provided the report:</p> <ul style="list-style-type: none"><li>Provider Engagement<ul style="list-style-type: none"><li>Quarterly rounding now includes patient satisfaction scores. Weekly provider meetings focus on education, with efforts to ensure equitable PTO coverage. The UW Medical Clerkship program expanded to four students annually. Increased administrative participation in provider meetings and growing excitement for the clinic remodel.</li></ul></li><li>Clinic Improvement Projects<ul style="list-style-type: none"><li>Efforts are underway to streamline the Luma program and install wall-mounted computers in all clinic rooms. Sound privacy is being improved with music and acoustic panels. Quarterly code training has been implemented. Kalie, the new Mobile Clinic provider, is contributing ideas for location optimization and QR code scheduling. MAs launched the Party Planning Committee, hosting their first event for departing hospitalist Bob. Provider workflows are being standardized.</li></ul></li><li>Relationship with Admin &amp; CM as a Whole<ul style="list-style-type: none"><li>Attending daily Safety Huddles to foster community, monthly executive team meetings for collaboration, and serving as one of two site directors for the UW Clerkship Program.</li></ul></li></ul>
<b>CM Values</b>	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"><li>Diane highlighted our shared value of Community, emphasizing our commitment to fostering a transparent, supportive environment by prioritizing others' needs, assisting those in difficulty, and working toward a shared purpose. She also thanked Janeth and Marianne for bringing forward a meaningful story about the impact of charity care. The patient expressed deep gratitude to CM and our team.</li></ul>
<b>Foundation Report</b>	<p>Rex McMillian provided the report:</p> <ul style="list-style-type: none"><li>CM Foundation Annual Golf Tournament: June 16</li></ul>

	<ul style="list-style-type: none"> <li>• Benevolent Night: March 20 @ Wildflower</li> <li>• Mai Blumenlauf (May Flower Run): May 11 @ Downtown Leavenworth</li> <li>• Clinic Bundle fundraising is on track.</li> <li>• The group recently welcomed five new board members.</li> <li>• Thanks to Bruce for his dedicated service to CM and this community.</li> </ul>
<b>Committee Reports</b>	<p><b>Medical Staff</b> Jessica Kendall provided the report.</p> <ul style="list-style-type: none"> <li>• Flu cases are notably high this year, with a significant increase in serious sledding injuries reported in the Emergency Department. There's potential for a social media collaboration with the Leavenworth Winter Sports Club to promote safety education. Wait times for physical therapy have decreased.</li> </ul> <p><b>Board Quality Rounding</b> Jessica and Gustavo provided the report.</p> <ul style="list-style-type: none"> <li>• Endoscopy: The outpatient coordinator is working to update patient education materials in both Spanish and English while also dedicating time to in-person patient support.</li> <li>• Mobile Integrated Health (MIH): The team is balancing multiple responsibilities while developing workflows to improve patient access to the program. The team is processing internal and external referrals.</li> </ul> <p><b>Community Outreach &amp; Awareness Committee</b> Shari Campbell provided the report.</p> <ul style="list-style-type: none"> <li>• The group is finalizing the overall messaging for the hospital and EMS Levy, including commissioner talking points and updated FAQs.</li> <li>• The committee discussed its future and a plan to shift to a quarterly cadence and invite community members to participate.</li> </ul> <p><b>Governance Committee</b> Shari Campbell provided the report.</p> <ul style="list-style-type: none"> <li>• The commissioner recruitment process and succession planning were discussed, including the matrix, commissioner mentorship, and updated interview questions. The Community Health Needs Assessment (CHNA) survey and Strategic Plan were reviewed, with a focus on how they align and contribute to the master facilities plan.</li> <li>• The group also focused on ways to foster Board strategic thinking and identify opportunities for collaboration to support this approach. As a result, additional question prompts have been added to the agenda.</li> </ul>
<b>Discussions &amp; Reports</b>	<p><b>A. Clinic Remodel</b> Pat Songer let the discussion.</p> <ul style="list-style-type: none"> <li>• The need for change supports the continuation of Team-Based care efforts. The proposed solution is to consolidate four pods into two Team-Based care areas, integrating PSRs, MAs, and nurses to enable a more efficient one-touch approach. Next steps include reviewing contractor bids for the project, which has a capital budget of \$150,000. While the clinic team has some concerns about the construction process and sharing office space, they are excited about the project's vision.</li> <li>• Tom moved to approve moving forward with the Request for Proposal (RFP) process; Bruce seconded. Motion unanimously approved.</li> </ul> <p><b>B. Advocacy Day Recap</b> Shari and Diane led the sponsorship discussion.</p> <ul style="list-style-type: none"> <li>• Spent February 10-11 in Olympia for Advocacy Day, really productive and great use of time. Diane is widely respected and WSHA relies on her leadership and contributions with WA legislators.</li> <li>• Washington is facing a significant budget deficit, with 2025 advocacy focused on protecting hospitals from cuts. The federal budget landscape</li> </ul>

	<p>also suggests potential cuts to hospitals.</p> <ul style="list-style-type: none"> <li>Two key advocacy items: <ul style="list-style-type: none"> <li>1) Rate setting and PEBB/SEBB plans—rural and urban hospitals rely on each other, and cuts to larger systems, still recovering from the pandemic, would make the system more fragile.</li> <li>2) A bill to introduce guardrails on insurance carriers' behavior, targeting AI-driven denials that are often overturned. The goal is to impose requirements to curb these negative practices.</li> </ul> </li> <li>Also advocated for rural nurse program, currently piloted, allows greater flexibility for training RNs in an apprenticeship model with education closer to home, offering significant benefits for rural areas.</li> </ul> <p><b>C. Topics for Part-time Resident Advisory Council (PTRAC)</b> Diane Blake teed up the discussion.</p> <ul style="list-style-type: none"> <li>PTRAC brings a diverse range of skillsets and is deeply invested in the wellbeing and sustainability of Cascade Medical. It has proven to be a valuable space for gathering input on various initiatives.</li> <li>The group posed the following: What is the preferred way for PTRAC to receive updates on CM services? How can we best communicate with them moving forward?</li> <li>Diane will send an informational email to the group regarding the EMS Levy.</li> </ul>
<b>Action Items</b>	<p><b>Motion: Approve Credentialing</b></p> <ul style="list-style-type: none"> <li>Tom moved to approve; Gustavo seconded. Motion unanimously approved.</li> </ul>
<b>December 2024 Preliminary and January 2025 Financials</b>	<p><b>Marianne Vincent provided the report.</b></p> <p><b>December 2024 Preliminary</b></p> <ul style="list-style-type: none"> <li>Year-to-date net margin of \$1.8 million is \$1,379,000 more than the budgeted net margin of \$439,000.</li> <li>A large adjustment to the contractual allowance was made, driven by a trend of growing patient balances due to suspended statements for several months. Despite this, CM ended the year on a positive note.</li> <li>CM is likely to book a \$150K receivable for sales &amp; use and excise taxes, with a refund pending as the result of work completed by a consulting firm, several accruals for AP items are also needed. A Medicare payable or receivable will be determined when the cost report is returned. There is a \$741K liability that has been on the books since 2017, and legal has supported removing it.</li> <li>The variance between actual cash collections and the budgeted amount is \$5,700,000, with the actual collections of \$34,700,000 exceeding the budgeted \$29,000,000.</li> </ul> <p><b>January 2025</b></p> <ul style="list-style-type: none"> <li>CM showed a negative margin for January of (\$267,000) which is below budget by (\$300,000).</li> <li>Dues and Subscriptions for January exceeded the budget by (\$47,000), primarily due to a \$40,000 payment to the The Rural Collaborative, which will be reallocated to reflect an expense distribution throughout the year.</li> <li>While Days in Net Accounts Receivable increased in January, focused efforts on patient balance collections led to higher-than-average cash collections in December and January.</li> <li>CM signed a \$200,000 statement of work with HealthNet, reinforcing its commitment to continuing this highly valued partnership.</li> </ul>
<b>Administrator Report</b>	<p><b>Diane Blake provided the report.</b></p> <ul style="list-style-type: none"> <li><b>PTRAC:</b> If you know a part-time resident, consider connecting them with CM, as we are always looking for new members.</li> <li><b>Dopl Technologies:</b> Providing outpatient ultrasound services and</li> </ul>



	<p>working toward FDA approval for telerobotic ultrasound capabilities. CM is one of the hospitals in Washington supporting this initiative.</p> <ul style="list-style-type: none"> <li>• <b>Endoscopy Services:</b> CM's collaboration with Lake Chelan Health for expand endoscopy coverage is moving forward.</li> <li>• <b>Community Health Needs Assessment:</b> The COAC reviewed the survey, and consultants have made the necessary edits. The survey has been tested and is ready for launch within the CM community. The group is arranging focus groups to assess health needs, with a focus on engaging the Spanish-speaking community. EMS Levy education efforts will include a CHNA QR code for attendees. Commissioners recommended partnering with the school district to connect with local families.</li> <li>• <b>Federal Legislation:</b> CM is staying closely attuned to WSHA. Larger bodies of work: <ul style="list-style-type: none"> <li>○ <b>Immigration:</b> Hospitals remain safe spaces, but enforcement is permitted in public areas. CM is finalizing policies to specify public areas and has educated frontline staff.</li> <li>○ <b>Diversity, Equity &amp; Inclusion:</b> CM is considering a path forward, following a major executive order on race and sex.</li> <li>○ <b>State vs. Federal Laws:</b> CM is working with WSHA to navigate conflicts.</li> <li>○ <b>Telemedicine:</b> Some services under Medicare may lose coverage as early as April, requiring close monitoring.</li> <li>○ <b>Data Access:</b> Restrictions on CDC and EMS data have impacted CM's ability to access critical information.</li> </ul> </li> <li>• <b>Federal Budget:</b> <ul style="list-style-type: none"> <li>○ <b>Medicaid:</b> Assume Medicaid cuts are coming, though legislators may resist those that harm their constituents. Medicaid cuts will heavily impact rural areas. Medicaid-reliant nursing homes may also struggle, making hospital discharges more difficult.</li> <li>○ <b>Affordable Care Act (ACA) Subsidies:</b> Likely elimination could leave many uninsured.</li> <li>○ <b>Graduate Medical Education:</b> Potential cuts may reduce physician training slots amid an ongoing shortage.</li> <li>○ <b>Tariffs:</b> The industry is monitoring potential impacts.</li> <li>○ <b>Healthcare Cabinet:</b> Once established, additional executive orders are expected focused on healthcare.</li> </ul> </li> <li>• <b>CM Foundation:</b> Diane has toured new folks through the facility recently.</li> <li>• <b>Open Forums:</b> CM hosted Open Forum sessions last week.</li> <li>• <b>AHA Region 9 Policy Board:</b> Diane is serving on the nominating committee. The upcoming RPB meeting will be held in Hawaii on March 12-13.</li> <li>• <b>Mobile Integrated Health (MIH) Referral:</b> An MIH single patient visit led to two follow-up clinic visits, demonstrating the program's impact.</li> <li>• <b>Bruce's Retirement Celebration:</b> Join us on Friday, February 28, from 3:30-5:00 PM in the ABC room.</li> </ul>
<b>Board Action Items</b>	<ul style="list-style-type: none"> <li>• Please attend Bruce's Retirement Celebration.</li> <li>• Clint will update the EMS Levy Outreach calendar. Please RSVP by reaching out to him.</li> <li>• Megan will send a link for Golf Tournament sponsorship contributions.</li> </ul>
<b>Meeting Evaluation/Commissioner Comments</b>	<ul style="list-style-type: none"> <li>• A Commissioner requested a quarterly Medical Director report, and it was valuable to have her as a key stakeholder in the Clinic Remodel discussion.</li> <li>• Ongoing strategic plan education for the board is important as the process progresses.</li> </ul>

<b>Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))</b>	<ul style="list-style-type: none"> <li>• Shari called the executive session to order at 7:56 PM for 20 minutes.</li> <li>• At 8:26, the group extended the meeting for an additional 10 minutes.</li> <li>• The group exited the executive session at 8:36 PM</li> </ul>
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Bruce moved to adjourn at 8:36 PM; Gustavo seconded, and the group unanimously agreed.</li> </ul>

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Shari Campbell, President

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Jessica Kendall, Secretary



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

**Minutes of the Board of Commissioners Special Meeting**  
Cascade Medical– Arleen Blackburn Conference Room  
Chelan County Public Hospital District No. 1 – March 4, 2025

**Present:** Shari Campbell, President; Tom Baranouskas, Vice President; Jessica Kendall, Commissioner; Diane Blake, CEO; Jesse Knight, Candidate

**Excused:** Gustavo Montoya, Commissioner

Topics	Actions/Discussions
<b>CALL TO ORDER</b>	▪ President Shari Campbell called the meeting to order at 3:05 PM.
<b>AGENDA APPROVAL</b>	▪ The board unanimously approved the agenda.
<b>OPEN SESSION</b>	▪ The board moved into Open Session at 3:05 PM.
<b>ADJOURNMENT</b>	▪ There being no further business, Jessica moved to adjourn the meeting. ▪ Tom seconded the motion. ▪ The meeting was adjourned at 3:50 PM

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Shari Campbell, President

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Jessica Kendall, Secretary



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

**Minutes of the Board of Commissioners Special Meeting**  
Cascade Medical– Arleen Blackburn Conference Room  
Chelan County Public Hospital District No. 1 – March 6, 2025

**Present:** Shari Campbell, President; Tom Baranouskas, Vice President; Jessica Kendall, Secretary; Gustavo Montoya, Commissioner; Diane Blake, CEO; Melissa Grimm, CHRO; Bryan Karol, Candidate

Topics	Actions/Discussions
<b>CALL TO ORDER</b>	▪ President Shari Campbell called the meeting to order at 4:00 PM.
<b>AGENDA APPROVAL</b>	▪ The board unanimously approved the agenda.
<b>OPEN SESSION</b>	▪ The board moved into Open Session at 4:00 PM.
<b>ADJOURNMENT</b>	▪ There being no further business, Tom moved to adjourn the meeting. ▪ Gustavo seconded the motion. ▪ The meeting was adjourned at 4:45 PM

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Shari Campbell, President

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Jessica Kendall, Secretary



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

**Minutes of the Board of Commissioners Special Meeting**  
Cascade Medical– Arleen Blackburn Conference Room  
Chelan County Public Hospital District No. 1 – March 7, 2025

**Present:** Shari Campbell, President; Tom Baranouskas, Vice President; Jessica Kendall, Secretary; Gustavo Montoya, Commissioner; Diane Blake, CEO; Melissa Grimm, CHRO; Cary Ecker, Candidate

Topics	Actions/Discussions
<b>CALL TO ORDER</b>	▪ President Shari Campbell called the meeting to order at 3:00 PM.
<b>AGENDA APPROVAL</b>	▪ The board unanimously approved the agenda.
<b>OPEN SESSION</b>	▪ The board moved into Open Session at 3:00 PM.
<b>EXECUTIVE SESSION</b>	▪ The board moved into executive session at 3:50 PM for 30 minutes to discuss: [RCW: 42.30.110(1)(g)]
<b>ADJOURNMENT</b>	▪ There being no further business, Jessica moved to adjourn the meeting. ▪ Gustavo seconded the motion. ▪ The meeting was adjourned at 4:20 PM

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Shari Campbell, President

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Jessica Kendall, Secretary

FINANCIAL ACCOUNTING  
WARRANTS / EFTS ISSUED

Commissioner Meeting: March 26, 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 <sup>1</sup>	10125853 – 10126183	\$1,394,314.94	2/11/2025 – 3/14/2025
Accounts Payable EFT Transactions	20250020 – 20250036	\$543,361.27	2/11/2025 – 3/14/2025
Payroll EFT Transactions <sup>2</sup>	24800 – 25454	\$948,237.20	2/11/2025 – 3/14/2025
Grand Total		\$2,885,913.41	

Notes:

<sup>1</sup> AP warrants #10125879, #10126036, #10126040, and #10126042 were voided due to a processing issue.

<sup>2</sup> Payroll Warrants #24800-25034 were adjustments made to employees' records as a result of the reconciliation payroll.

Prepared by:

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Kathy Jo Evans  
Director of Accounting



Title:	<b>Death with Dignity Act</b>	Effective Date:	<b>07/01/2009</b>
Categories:	<b>Board of Commissioners</b>	Approved Date:	<b>03/01/2021</b>
Prepared By:	<b>Pat Songer (Chief Operations Officer)</b>		
Reviewed By:	<b>Diane Blake (Chief Executive Officer), Board Quality Oversight Committee</b>		
Approved By:	<b>Diane Blake (Chief Executive Officer), Board of Commissioners</b>		

**PURPOSE:**

To establish Cascade Medical Board of Commissioners' Governing Policy regarding the Washington State Death with Dignity Act.

**POLICY:**

- A. Cascade Medical is committed to a mission of providing high quality primary care services to meet the healthcare needs of persons who seek our care. These needs include a range of services for patients approaching the end of their lives. Cascade Medical has long provided pain management, palliative care and comfort care for these patients whether in its facilities or at the patient's home. Patients qualified under the provisions of Title 70.245 of the Revised Code of Washington are now afforded the opportunity to seek life ending medications. This Governing Policy specifies Cascade Medical's position regarding the Death with Dignity Act:
- 1) Qualified Patients, as defined in Washington's Death with Dignity Act ("Act") (also known as "Initiative 1000" and "I-1000") may not ingest Life Ending Medications at Cascade Medical facilities.
  - 2) The Cascade Medical pharmacy will not fill prescriptions for life ending medications described in the Act.
  - 3) Members of the Medical Staff of Cascade Medical may counsel their patients with regard to the Act and may serve in the role of Attending Physician and/or Consulting Physician in accordance with the Act, provided they do not deliver or facilitate delivery or ingestion of life ending medications within any Cascade Medical facility.
  - 4) No employee of Cascade Medical will be required to participate in any activities directly related to the Act. Giving patients general information about their available options under Washington law is to be distinguished from activities directly related to the delivery, ingestion, or direct facilitation of life ending activities under the Act.
  - 5) Any physician employed by Cascade Medical who chooses to participate in activities under the Act, as limited in this Policy, will document all activities in the manner prescribed by the Act and its related regulations. A summary of such documentation requirements is to be available to all staff.
  - 6) Only established patients of a physician may be accepted as Qualified Patients under this policy. No referrals of outside patients may be accepted by a physician for services under the Act.

**RESPONSIBILITIES:**

- A. Executive Leadership of Cascade Medical will adopt Policies and Procedures pertaining to the Death with Dignity Act that are consistent with the Board of Commissioners' expectations set forth in this Governing Policy.
- B. Communications consistent with the Board of Commissioners' expectations as set forth in this policy will be shared with all Cascade Medical employees and contract or temporary personnel.



# CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

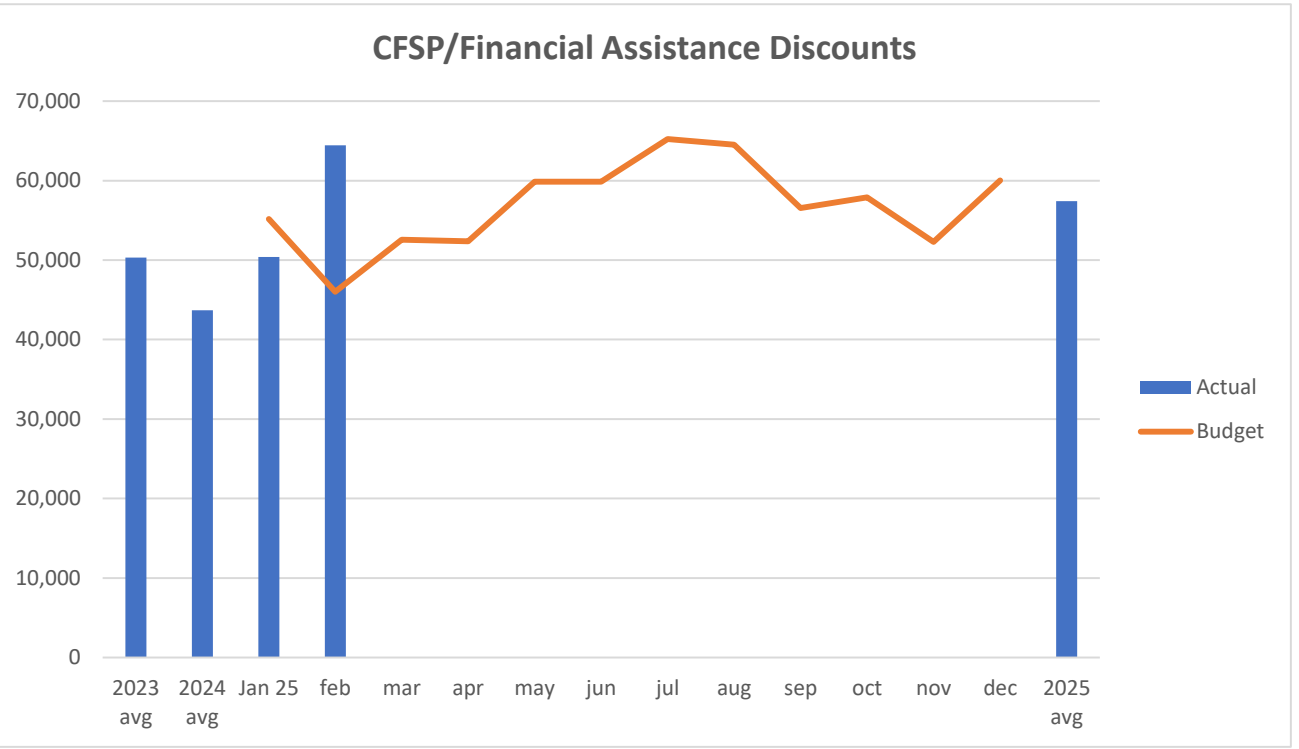
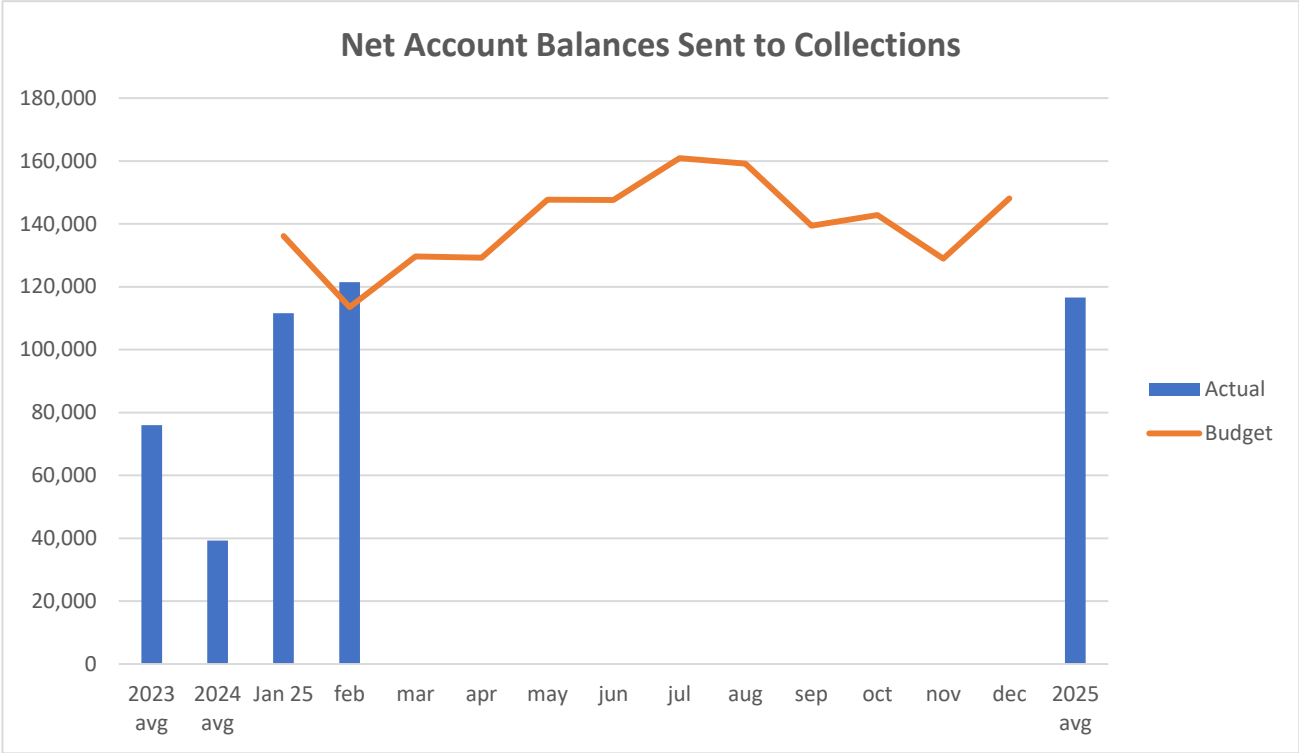
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Categories:	<b>Board of Commissioners</b>	Approved Date:	<b>03/01/2021</b>
Prepared By:	<b>Pat Songer (Chief Operations Officer)</b>		
Reviewed By:	<b>Diane Blake (Chief Executive Officer), Board Quality Oversight Committee</b>		
Approved By:	<b>Diane Blake (Chief Executive Officer), Board of Commissioners</b>		

- C. The Board of Commissioners' Governing Policy shall also be posted on the Cascade Medical web site and such other locations as the Executive Leadership Team determines to be appropriate in accordance with the provisions of the Death with Dignity Act.

## REFERENCES:

- A. RCW Title 70.245, Death with Dignity Act.
- B. Washington Administrative Code, Section 246.978, Department of Health Rules Related to Death with Dignity Act.





Cascade Medical

Bad Debt Write Offs

Financial Assistance Program Discounts

Month of February, 2025

Net Bad Debt Write-Offs for Board Approval	\$	<b>121,463.04</b>
CFSP/Financial Assistance Program Discounts for Board Approval	\$	<b>64,431.82</b>

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	143,982.42
	less: pullback from Agency due to receipt of payments	(22,519.38)
	Net Bad Debt Write-Offs	<u>121,463.04</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	64,431.82
Total		<b>185,894.86</b>



# CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

## A G E N D A

### Board Quality Oversight Committee

February 26, 2025

9:00 AM – 11:00 AM

Arleen Blackburn Conference Room

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

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

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none"><li>February 26, 2025, Agenda</li><li>November 19, 2024, Minutes</li></ul>	9:00 AM
Committee Work		
1.	Review Action Items	9:00 AM
2.	Patient Story	9:00 AM
3.	Finalize 2025 Workplan	9:10 AM
4.	Review Policies <ul style="list-style-type: none"><li>Death with Dignity</li></ul>	9:20 AM
5.	Q4 Quality Committee Reports	9:30 AM
6.	Board Quality Rounding Review	9:40 AM
7.	Review Q4 Data <ul style="list-style-type: none"><li>Patient Safety and Quality Data</li><li>Incident Reporting Data</li><li>Patient Satisfaction Report</li><li>Notable Achievements</li></ul>	9:50 AM
8.	Quality Data and Dashboard Updates	10:15 AM
9.	Clinic Mock Survey Overview	10:25 AM
10.	2024 CAH Program Evaluation Discussion	10:35 AM
11.	Set initial 2025 Meeting Dates	10:50 AM
12.	Provider Credentialing	10:55 AM
Adjournment		
1.	Adjournment	11:00 AM

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

Materials provided in advance of meeting along with agenda:

- November 19, 2024, Minutes
- 2025 Workplan (DRAFT – to be finalized)
- Policy – Death with Dignity
- Committee Reports
  - Antibiotic Stewardship Committee
  - Diversity, Equity, and Inclusion Committee
  - Emergency Care Committee
  - Infection Control Committee
  - Patient and Family Advisory Council
  - Pharmacy & Therapeutics Committee
  - Safety Committee

- h. Swing Bed Committee
    - i. Utilization Management Committee
- 5. Board Quality Rounding Forms and Data
  - a. Endoscopy
  - b. Mobile Integrated Health
- 6. Q4 Data
- 7. 2024 CAH Program Evaluation



# **CASCADE MEDICAL**

## PARTNERS IN YOUR HEALTH

### Critical Access Hospital Program Evaluation

Chelan County Public Hospital District #1  
817 Commercial St.  
Leavenworth, WA 98826

# Program Evaluation Details:



The reporting period for this evaluation is January 1, 2024, through December 31, 2024.



This report was prepared by the Director of Continuous Quality Improvement, the Quality Manager, and input from hospital leadership.



Included is information about the services provided at Cascade Medical, volumes of patients served, operational details and quality performance.





# Cascade Medical at a Glance

Our public hospital district covers 1,200 square miles between the summit of Stevens Pass to the summit of Blewett Pass, including the towns of Plain, Peshastin and Dryden. Our facility is located in the heart of Leavenworth, a charming Bavarian-themed town with year-round recreation. The view from our Family Practice Clinic is the stunning skyline of the Enchantments and Tumwater Mountain. A block away, nature trails along Blackbird Island follow the Wenatchee River through forest and wetland.

As a community-owned, critical access facility, Cascade Medical is devoted to the well-being of our neighbors and visitors of this incredible place. Every Monday evening, we offer our exam rooms and our staff donates time for Upper Valley MEND's Free Clinic program. Our doctors and staff are also involved in community groups, youth outreach, sports and promoting an active lifestyle.







## A Profile of Our Community

### Service Area Definition

As shown in **Exhibit 5**, the Chelan County Public Hospital District is comprised of three distinct communities/zip codes: 98826 (Leavenworth/Plain), 98821 (Dryden), and 98847 (Peshastin), as well as a small portion of 98815 (Cashmere).

### Demographic Overview

As identified in **Exhibit 6**, the District continues to grow, and its overall population is aging. Between 2010 and 2022, the District grew by over 1,000 residents, with the biggest gains in those aged 65 and older (56.0% increase). Approximately 12% of the District's population is Hispanic/ Latino, and this cohort is projected to grow faster than the District at large over the next five years (8.9% vs 5.2%). Over the same period, the District's population growth is projected to come almost exclusively from those aged 65 and older (18.4%), compared to a nearly flat increase in residents 0 to 64 years old (0.4%).

\*2023-2025 Community Health Needs Assessment and Implementation Plan

**Exhibit 5: The District**







**Bruce Williams**  
Board President



**Thomas Baranouskas**  
Board Vice President



**Shari Campbell**  
Board Commissioner  
Appointed, June 2024



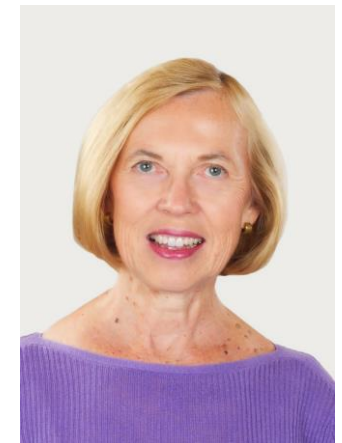
**Jessica Kendall**  
Board Commissioner



**Gustavo Montoya**  
Board Commissioner

# Board of Commissioners

Service as a nonprofit begins with our Board of Commissioners. As the highest-ranking position within the medical center, it comes with an important responsibility for stewardship of the goals and principles of our nonprofit, community-owned medical center.



**Mall Boyd**  
Board Commissioner  
Retired, June 2024





**Diane Blake**

Chief Executive Officer



**Pat Songer**

Chief Operating  
Officer & Chief of EMS



**Melissa Grimm**

Chief of Human  
Resources Officer



**Marianne Vincent**

Chief Financial Officer



**Whitney Lak**

Family Clinic Director



**Natasha Piestrup**

Director of Nursing

## Leadership

While the Board of Commissioners is responsible for governance, the administration is responsible for daily operations of the medical center. As one of the most complex industries in the world, healthcare management—at any size—requires solid and scrupulous leadership of which to gauge success. Regardless of size, all medical centers must meet the regulations and standards as set forth by state and federal law.

Our administrative team has a heart for patients and a passion for our Core Principles. We believe the path to fulfilling our goals and objectives is to live our Shared Values — every day.







# Our mission statement inspires the work we do here:

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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.







# *Shared 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.





# Cascade Medical Strategic Pillars



## 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





**Ambulance Service**



**Behavioral Health**



**Diagnostic Imaging**



**Emergency**



**Endoscopy**



**Family Practice Clinic**



**Laboratory**



**Rehabilitation Services**



**Sub-Acute Rehab**

# Service Line Review







## Hospital Care

Cascade Medical is a fully accredited hospital staffed 24/7 by a skilled and experienced team. We offer a range of inpatient services supported by a lab, advanced imaging (including X-rays, ultrasounds and CT scans) and comprehensive physical, occupational and speech therapy programs. Whether you need routine care or specialized treatment, Cascade Medical provides trusted care close to home.



# Ambulance Services

## **Dial 9-1-1 in the event of an emergency.**

As a recreation and theme-town destination, Cascade Ambulance responds to more than 1,000 calls a year, including motor vehicle accidents, medical emergencies and assist Chelan County Sheriff's Deputies on year-round backcountry rescues.

At any time, two Advance Support Ambulances, a volunteer-staffed Basic Life Support Ambulance located in Plain with a partnership with Lake Wenatchee Fire Department, along with a backup Basic Life Support Transport unit station in Leavenworth at Chelan Fire District 3, are on duty 24 hours a day. Cascade Medical partners with multiple agencies to provide backup and support, and to help ensure that our community receives the best pre-hospital care possible throughout our 1,200 square mile Hospital District.







## Behavioral Health

Cascade Medical supports you in all aspects of your health and well-being – physical, behavioral, social and emotional. Integrated behavioral health connects medical and behavioral health clinicians together to collaborate with each other and their patients and families to address medical conditions and related behavioral health factors that affect health and well-being.

Benefits of integrated behavioral health include:

- (a) Easier access to mental and behavioral health services. Our behavioral health clinicians see patients within the family practice clinic, often on the same-day without the need to schedule separate appointments.
- (b) Improved coordination between services (medical, behavioral health, school, community, etc.).
- (c) Improved health outcomes.



# Diagnostic Imaging

We offer the quality of a big-city facility, but with a personal touch. No wait times. No hassle. Appointments are available on a same-day basis, and our staff takes the time to ensure your comfort.

- 3D Mammography
- CT Scan
- Bone Densitometry (DEXA)
- X-Ray
- Ultrasound
- Echocardiogram







## Emergency

Providing 24-hour coverage, seven days a week, we treat a wide range of illnesses and injuries.

We are a fully equipped Level Five Trauma Center and Level Three Stroke Center capable of stabilizing and transporting patients to Wenatchee, Spokane or Seattle, as needed. Our facility includes a trauma room with two beds, an orthopedic/cast room, obstetrics and gynecology room and an observation room.





## Endoscopy

For more than a decade, our experienced providers at Cascade Medical have offered safe, comfortable endoscopic services close to home. To ensure patient safety and quality care, our staff closely follows guidelines set by the American Society of Gastrointestinal Endoscopy (ASGE), and the Society of Gastroenterology Nurses and Associates (SGNA).





# Family Practice Clinic

- Preventive care
- Women's healthcare
- Sports medicine
- Newborn and pediatric care
- Chronic condition management
- Behavioral health
- Nutrition counseling
- Prescription management
- Vaccinations
- Osteopathic medicine
- Minor surgery
- Same-day appointments, even on Saturdays





# Laboratory

Our clinical laboratory staff offers a variety of screening and diagnostic services:

- Chemistry panels
- Lipid testing
- Endocrinology and diabetic testing
- Hematology and anti-coagulation monitoring
- Microbiological services

Licensed by the State of Washington, our laboratory is conveniently located for our community and meets the highest standards in personnel, proficiency testing and quality assurance





## Rehabilitation Services

Cascade Medical offers the most comprehensive rehabilitation in the Upper Valley. Our team of therapists help people of all ages lead healthier, more active and independent lives.

- Aquatic therapy
- Speech therapy
- Occupational therapy
- Orthopedic manual therapy
- Total spine care
- Post-surgical rehabilitation
- Corrective orthotics
- Video gait analysis
- Functional training (work and sports rehabilitation)
- Balance Training/Fall
- Prevention
- Neurological Rehab (Parkinson's, stroke, concussion)
- Modalities (ultrasound, e-stimulation, thermal agents)





### Sub-Acute Rehab

#### Our program is ideal for patients recovering from:

Generalized deconditioning

Joint replacement or other types of surgery

Stroke, cardiac or respiratory illnesses, or other medical conditions

Post-surgical care required such as long-term antibiotic therapy and debridement that can't be provided at home or in an outpatient setting.

- Personalized treatment plans
- Physician care
- Social activities
- Physical therapy
- Skilled nursing
- Aquatic therapy
- Wound care
- Occupational therapy
- Nutritional counseling
- IV therapy
- Swallow evaluations
- Patient/family education
- Case management and counseling





# Volumes Review

## Patient Statistics

	2023	2 0 2 4												2024
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
<b>Admits</b>														
Acute Care	6.0	7	4	5	8	10	12	10	12	7	11	6	13	8.8
Short Stay	4.2	6	7	7	5	7	8	9	7	4	5	9	7	6.8
Swing Bed	4.8	4	1	6	6	2	3	4	4	8	2	6	5	4.3
Respite Care	0.6	2	1	-	-	-	-	2	-	-	-	1	2	0.7
<b>Total Admits</b>	15.5	19	13	18	19	19	23	25	23	19	18	22	27	20.4
<b>Patient Days</b>														
Acute Care	21.6	34	9	25	23	38	42	45	39	20	43	43	47	34.0
Short Stay	5.4	8.3	11.3	8.3	4.8	11.1	9.2	8.8	10.6	4.8	5.3	10.4	12.9	8.8
Swing Bed	68.4	70	38	84	102	75	29	49	41	88	45	69	39	60.8
Respite Care	6.3	7	6	-	-	-	-	9	-	-	-	5	8	2.9
<b>Total Patient Days</b>	101.7	119.3	64.3	117.3	129.8	124.1	80.2	111.8	90.6	112.8	93.3	127.4	106.9	106.5
<b>Average Length of Stay</b>	6.6	6.3	4.9	6.5	6.8	6.5	3.5	4.5	3.9	5.9	5.2	5.8	4.0	5.3
<b>Average Patients per Day</b>	3.3	3.8	2.2	3.8	4.3	4.0	2.7	3.6	2.9	3.8	3.0	4.2	3.4	3.5
<b>Laboratory (tests)</b>	3,033	3,427	2,847	3,114	3,377	3,389	3,519	3,566	3,254	3,399	3,377	3,049	3,815	3,344
<b>Radiology (tests)</b>	263	263	246	233	334	352	344	374	371	332	309	215	382	313
<b>Mammography (tests)</b>	39	36	38	37	38	35	18	36	41	20	60	28	35	35
<b>Cardiac Diagnostics</b>	91	87	80	95	85	133	128	132	127	133	111	96	136	112
<b>CT (Scans)</b>	133	144	131	129	138	173	177	180	176	160	156	133	163	155
<b>DXA (Scans)</b>	16	13	10	11	8	21	6	27	14	4	17	22	14	14
<b>PT (services billed)</b>	1,802	1,463	1,441	1,507	1,862	1,978	1,691	2,072	1,862	1,888	2,077	1,847	1,629	1,776
<b>ER (visits/procedures)</b>	341	325	262	287	327	385	421	490	468	337	358	285	437	365
<b>Ambulance (runs)</b>	70	64	47	73	44	66	87	89	92	74	88	51	88	72
<b>Clinic (visits)</b>	1,148	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216	1,234	1,264	1,063	1,237	1,208
<b>Occupational Therapy</b>	370	302	246	320	251	462	153	353	405	334	221	187	252	291
<b>Speech Therapy</b>	59	70	62	66	59	61	33	55	60	59	52	10	4	49
<b>Cardiac Rehab</b>	-	7	12	15	35	40	24	9	11	37	63	50	32	28
<b>Endoscopy Procedures</b>	-	27	24	17	24	24	26	17	17	28	25	18	21	22



# Service Oversight

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## Provider Credentialing

Initial credentialing and re-appointments of physicians and advanced practice providers to the Medical Staff are completed by Cascade Medical's Executive Assistant /Med Staff Coordinator in conjunction with a primary source verification service. Reappointments for each provider are done on a two-year cycle. Credentialing and reappointments are approved by the Medical Executive Committee, the CEO, and the Board of Commissioners.

## Evaluation of Patient Care

A peer review physician provided through a contract with Washington Hospital Services performs peer review for adequacy and appropriateness of care, based on a list of fall out triggers of Emergency, Outpatient, and Inpatient charts quarterly. Findings are presented to the full medical staff for discussion and review. In addition to cases identified via a trigger, the hospital's Risk Manager, along with the ED Medical Director, Clinic Medical Director and Chief of Staff refer individual cases to the peer review physician for further review. Those are then presented to the medical staff for review and discussion.

## Advanced Practice Provider Patient Care Review

All cases seen in the Emergency Department by advanced practice providers are reviewed by a physician who signs off on all diagnoses and treatment notes for these cases within 72 hours of the patient visit. There are also an established set of "rule out" diagnoses for which the advanced practice providers consults with a physician at the time of service. All cases are deemed appropriate in diagnosis and treatment by reviewing physicians.

## Policy and Procedure Review

Facility-wide policies needing periodic review and approval by the Board of Commissioners are presented and approved by the Board annually. Departmental policies are updated and completed using a policy tracking software system, PolicyTech.



# Quality Assessment and Improvement Program

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## GOAL :

The goal of Cascade Medical's (CM) Quality Assessment & Performance Improvement (QAPI) program is to provide a multidisciplinary, coordinated, systematic, organization-wide approach to improving patient care, safety, and organizational outcomes to the highest standards within CM's scope of services.

## OBJECTIVES:

1. Identify the needs and expectations of our patients and their families by implementing a system for assessing satisfaction of those served.
2. Provide a planned, systematic, and organization-wide system for monitoring and evaluating the quality of care provided.
3. Cultivate a culture throughout the organization and with providers, staff and management which promotes the highest standards of quality care and continuous performance improvement.
4. Provide a quality assessment and improvement process that includes comparing data to other organizations similar to Cascade Medical or authorized reference databases.
5. Ensure all state and federally required reporting is timely and accurate.

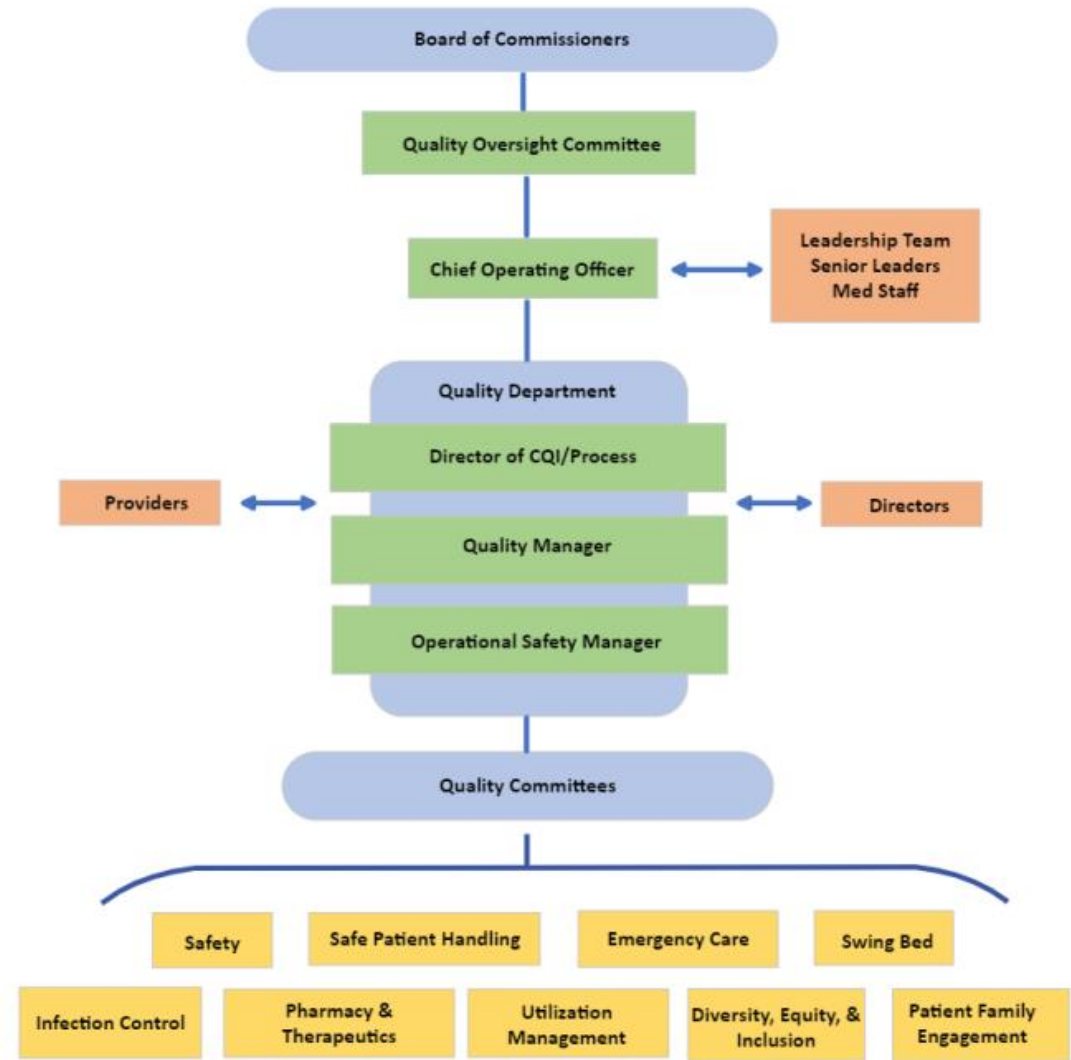




# Quality Structure

Performance monitoring and improvement functions are carried out by individuals, departments, and committees. Alignment and integration between those responsible are created by well-defined areas of oversight with documented standard work, diagrammed and defined interactive relationships, and transparency into all data and activities.

A new Quality Department structure was defined and approved in 2023, recognizing the addition of a new organizational role, Operational Safety Manager.



# Notable Program Achievements

---



Q1

# Notable Achievements

- Received official Level III Stroke Center designation
- Launched new tele-stroke workflow
- Approved the addition of the Diversity, Equity, and Inclusion Committee under the quality structure
  - Charter developed and approved
  - Workplan developed
- Pharmacy and Therapeutics Committee re-launched under new leadership
- Successfully developed dashboards within Business and Clinical Analytics (BCA) to aid in committee work and department volume analysis
  - Cardiac Rehab volumes and charges
  - Ultrasound volumes and charges
  - Missing ED professional fees
- Completed training for the hospital team with speakers/trainings on mock codes, safe patient handling, bear hugger, fluid warmer, NG tubes, tube feeding, medication review, wound care, organ donation, stroke updates, and a fall huddle tool
- Initiated a quality project with Radiology centered on improving the quality of mammography images
- Utilized ClearPoint to build out the 2024 strategic plan tracking dashboard
- Expanded service line offerings with the addition of weekly, onsite ultrasound
- Rolled out annual workplace violence e-learning module to all employees



Q2

## Notable Achievements

- Emergency Medical Services deployed new protocols in support of the Level III Stroke Center Designation
- Hosted a successful Health and Safety Fair
- Completed the 2023 CAH Annual Program Evaluation
- Attended WSHA hosted webinars focused on improving comfortability in collecting Health Equity data
- Launched the Financial, Mental Health, and Family cohorts under the Living Well Program
- Conducted a Root Cause Analysis (RCA) centered on privacy
- Completed Board Quality Rounding for the Emergency Department and Radiology
- Initiated a quality project with Emergency Medical Services centered on appropriate transport of potential stroke patients
- Initiated a quality project with the Laboratory centered on decreasing outpatient wait times for blood draws
- Clinic successfully reached their goal associated with vaccine loss, decreasing unaccounted for state-supplied vaccines to 1 or fewer per quarter
- Led a board education session centered on quality

Q3

## Notable Achievements

- Launched the Physical Health cohort under the Living Well Program
- Completed Board Quality Rounding for Emergency Medical Services and the Lab
- Initiated a quality project with Facilities/Maintenance centered on timely completion of work orders
- Initiated a quality project with the Rehab Services centered on timely patient contact after referral receipt
- Radiology successfully reached their quality goal ahead of schedule: 85% or more of mammograms met all three quality criteria (nipples in profile, positioning, and comparison to priors)
- Attended a DASH Premium in-person training session with WSHA staff, opening further sources and opportunities for data collection and analysis
- Diversity, Equity, and Inclusion (DEI) Committee created and coordinated events recognizing Hispanic Heritage Month
- Initiated work on a project utilizing Mobile Integrated Health (MIH) to connect with patients in our community and drive clinic volumes
- Hospital team members (nursing) completed in-person workplace violence training
- Onboarded with WSHA to view hospital and provider level opioid prescribing data and trends within DASH
- Developed a tracking log for endoscopy referrals to streamline processes and aid in data collection and analysis
- Focused charge reconciliation on a new service line, ultrasound
- Graduated 8 students through the CNA Apprenticeship Program, in collaboration with Mountain Meadows

Q4

## Notable Achievements

- Launched the Spiritual, Behavioral, and Personal Growth cohorts within the Living Well Program, completing introductions of all cohorts in 2024
- Completed Board Quality Rounding for Endoscopy and Mobile Integrated Health
- Initiated a quality project with Endoscopy centered on improving bowel preparation
- Initiated a quality project with Mobile Integrated Health setting a goal on monthly patient outreach
- Infection Control met their quality goal: 90% of patients requiring isolation precautions will have precautions in place <24 hours of indication
- Submitted our Level V Trauma application for the 2025-2028 re-designation cycle
- Initiated work with a new vendor for policy and contract management
- Hospital team members completed bi-annual in-person training
- Focused efforts with HealthNet consultants on Meditech optimization
- Completed a Rural Health Clinic mock survey
- Developed a new Account Corrections Committee with work focused on fixing workflow errors impacting patient accounts
- Hosted Physician's Insurance for an onsite risk evaluation
- Continued work with Liberty Street Partners, a Meditech consultant, to enhance data and reporting capabilities that support our partnership with the Rural Collaborative
- Updated the Endoscopy Tracking Log to ensure appropriate data collection
- Focused work on ensuring the organization meets the CDC's 7 Core Elements for an Antimicrobial Stewardship Program



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

**AGENDA**

**Community Outreach & Awareness Committee**

March 19, 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"><li>March 19, 2025 Agenda</li><li>February 12, 2025 Minutes</li></ul>	3:00 PM
Committee Work		
1.	Discuss and plan for future of committee <ul style="list-style-type: none"><li>Update Charter</li><li>Review proposed cadence and purpose</li><li>Discuss strategies for community member appointment</li></ul>	3:00 PM
2.	Check in on EMS levy communication <ul style="list-style-type: none"><li>What have we heard?</li><li>Are we on track with all communication plan components?</li><li>What do we still need to do and/or plan for?</li></ul>	3:45 PM
3.	Review Community Health Needs Assessment work <ul style="list-style-type: none"><li>Summary of where we're at in the process</li><li>Are there are additional opportunities for communication or outreach?</li></ul>	4:15 PM
4.	Ongoing Commissioner Outreach discussion <ul style="list-style-type: none"><li>Review general events/outreach opportunities, prepare recommendations for full board, if appropriate</li></ul>	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:

1. February 12, 2025 minutes
2. Draft committee charter
3. EMS Levy Communication Timeline Overview
4. EMS Levy Communication Detailed Timeline
5. Current EMS Levy Outreach Calendar
6. Written summary of CHNA work to date
7. List of outreach opportunities

**Opportunities for Community Outreach**  
**EMS Levy Education**

Outreach Event	Date/Time	Date Status	Management	Commissioner
City Engagement Night	2/4 4:00 PM	Completed	Diane/Pat/Brian	Shari
Fire District 3 in Leavenworth	3/4, 6 PM	Completed	Diane/Pat/Brian	
Lions Club	3/6, 6:30 PM	Completed	Diane/Pat/Brian	Shari
Rotary Club	3/7 11:30 A – 1:15 P	Completed	Diane/Pat	
Leavenworth City Council	3/11 7:00 PM	Completed	Brian/Pat	Shari
CMF Board Meeting	3/18 9-11:00 AM	Completed	Diane/Pat/Brian	Shari
Peshastin Community Council	3/19 7:00 PM	Completed	Diane/Pat/Brian	Shari & Jessica
Leavenworth Chamber of Commerce	3/20 9-10:30 AM	Completed	Diane/Pat/Brian	Shari
Plain Cellars Tasting Room	3/22 4-6 PM	Confirmed	Diane/Pat	Shari & Jessica
NCWLife Interview @ CM	3/28, 3:00 PM	Confirmed	Diane/Brian	N/A
Fire District 6 in Dryden - ?	4/1, 7:00 PM	Confirmed	Brian	Jessica (Tentative)
Radio Interview with KPQ	4/9, 1:30-2 PM	Confirmed	Diane/Brian	N/A
Chiwawa River Pines HOA Matt Oaks (Lake Wenatchee Rec Club) <a href="mailto:Matthewoaks1@gmail.com">Matthewoaks1@gmail.com</a>	4/26, 10:00 AM	Confirmed	Diane	Tom
Lake Wenatchee Fire & Rescue - ?	Meeting Request Declined			
Lake Wenatchee Rec Club - ?	No Info Yet	Not yet scheduled		
Plain Valley Adventure Women - ?	No Info Yet	Not yet scheduled		
Mountain Meadows - ?	No Info Yet	Not yet scheduled		
Town Hall Meeting in Leavenworth	We select	Not yet scheduled		

## Q2 Outreach Opportunities

April 16, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
April 19, 2025	Part-time Resident Advisory Council Meeting	Arleen Blackburn Conference Room	10:00 AM
April 26, 2025	EMS Levy Outreach: Chiwawa River Pines HOA (Tom)	Plain, WA	4:00 PM
May 6, 2025	Community Engagement Night	Leavenworth Festhalle	4:00 PM
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 17, 2025	Healthcare Week Street Fair	Behind the Hospital	11:00 AM
May 21, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 31, 2025	CM Health & Safety Fair	Alpine Lakes Elementary	11:00 AM
June 11, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 16, 2025	CMF Golf Classic	Kahler Mountain Club	TBD



Community Outreach & Awareness Committee Charter  
Cascade Medical Board of Commissioners

**Purpose**

The purpose of the Community Outreach & Awareness Committee (COAC) is to provide strategic oversight and direction to maximize Commissioner connection to the community and to ensure CM's communication to and engagement with the community consistently furthers the strategic direction of the organization and continues to position it as trusted care that puts patients first.

**Responsibilities**

- At least annually, review the committee charter.
- Define committee work plan and goals annually by February 28.
- Perform an annual committee self-assessment by November 30
- When possible, use input and/or data from community engagement work, patient surveys, social media and other data sources to better understand what's important, what may be lacking awareness, and/or where opportunities exist to increase market share and services, to help guide future work.
- Define how new committee members will be efficiently oriented to the committee.
- Evaluate and oversee communication regarding CM's key services; recommend strategic initiatives and direction to enhance community awareness of these services and how to access them, including what tools/communication vehicles work best for various segments of the community served by CM.
- Provide strategic direction regarding communication around being a public hospital district.
- Provide strategic direction around the collection of community feedback, to learn what's important to the community and why, and be a conduit for community input on how understanding of needs, services and challenges, if any, can be improved.
- Recommend strategic communication and marketing work, such as around timing of rebranding and defining mission/vision/values, for consideration in the strategic planning process.
- Consider and recommend opportunities for community outreach opportunities for commissioners.
- Consider and recommend opportunities for strategic outreach broadly for Cascade Medical.

**Membership**

The Community Outreach & Awareness Committee will be made up of two Commissioners, one of whom will be designated Chair of the committee; Cascade Medical's CEO; Cascade Medical's COO; Cascade Medical's Director of Public Relations; and the Executive Assistant. The Clinic Medical Director and/or other provider

representation will be included on an ad hoc basis, based on planned agenda topics. The board may choose to add one or more community members to the committee. The CEO shall be considered the staff liaison to the Community Outreach & Awareness Committee.

Ideally, Commissioners serving on the COAC will possess experience in communications and/or marketing.

Annually at the January Board meeting, the Board will appoint a chairperson and one other Board member to serve on each committee. At that time the Board may also appoint one or more community members to serve on the committee.

### **Meetings**

The Community Outreach & Awareness Committee meets at minimum four times per year, on an at least quarterly basis.

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

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

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

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

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

### **Reporting**

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

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





## **A G E N D A**

### **Board Finance Committee**

**March 24, 2025**

**9:00 – 11:00 AM**

Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none"><li>March 24, 2025 Agenda</li><li>December 9, 2024 Minutes</li></ul>	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05 AM
2.	Review Artificial Intelligence (AI) Acceptable Use Policy (AUP)	9:10 AM
3.	Discuss insurance renewals	9:20 AM
4.	Review December Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:25 AM
5.	Discuss Meaningful Use	9:40 AM
6.	Update on Financial Assistance	9:45 AM
7.	Review Clinic stats/revenue	9:50 AM
8.	Discuss industry trends	9:55 AM
9.	Approve Annual Committee Work Plan	10:05 AM
10.	Approve Finance Dashboard indicators and their targeted thresholds	10:20 AM
11.	Review long-term planning document	10:30 AM
12.	Discuss Board education	10:40 AM
13.	Review Q4 OICC quarterly report	10:45 AM
14.	Set remaining meeting dates	10:50 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. December 9, 2024 Minutes
2. Artificial Intelligence (AI) Acceptable Use Policy (AUP)
3. December Financial Packet with Notes
4. Financial Assistance stats
5. Clinic stats/revenue
6. Draft 2025 Work Plan
7. Finance Dashboard
8. Long-term planning document
9. OICC Q4 Report

### **2025 Meeting Schedule**

- TBD

## Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2024

Strategic Pillar	Measure	2020	2021	2022	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	2024 YTD	2024 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
FINANCE	Total Margin	3.1%	24.8%	-6.1%	-2.6%	-5.1%	7.3%	17.2%	-1.3%	5.4%	1.4%		3.0%	
	Days Cash on Hand	235	217	194	190	171	162	192	195	197	90		60	
	Cash Growth available to Operations	6,892	166	22	1,314	-542	-283	2,079	754	2008	-443		-	-
	Days in Net Patient Accounts Receivable	68	57	61	56	56	50	50	51	49	54		54	
	% of AR balances > 90 days since DOS	22.0%	33.6%	41.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			-	-
	Net Revenue as % of Staffing Costs	146%	153%	144%	152%	145%	166%	185%	152%	162%	149%		-	-
	Debt Service Coverage	2.39	7.36	0.73	1.44	0.70	4.20	7.57	1.78	3.40	2.25		3.00	
	Long Term Debt to Capitalization	74%	46%	44%	40%	41%	38%	36%	34%	34%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.49	0.45	0.55	0.59						NA	-	0.55	

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

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

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

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

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

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

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

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

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

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

## Credentialing Approvals

### **Active Privileges: (2-years)**

- Reese Bradburn, PA-C
- Drew Chambers, PA-C

### **Provisional Active Privileges: (6-months)**

- Elisa Esper, FNP

### **Teleradiology Privileges: (2-years)**

- Kimia Kani, MD
- David Bodne, MD
- Jordan Dixon, MD
- Sean Feinberg, MD
- Jesse Knight, MD

### **Telerobotic Ultrasound Privileges: (2-years)**

- Mohan Ashok Kumar, MD

## RESOLUTION NO. 2025-02

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

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the “District”), relating to the finances of the District; authorizing the surplus of equipment identified by the following descriptions:

Description	Serial No./Model Number	CM Asset Tag No.	Market Value	Recommendation
Pentra 60C+	80PCP14868	02891	\$0.00	Auction

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on March 26, 2025.

WHEREAS, the members of the commission of the district, after due consideration, declare that the above equipment is surplus to the needs of the District, agree to sell of the equipment listed above.

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO 1, CHELAN COUNTY, WASHINGTON, AS FOLLOWS:

It is hereby found and declared that the equipment be disposed of via auction.

ADOPTED and APPROVED by the Commission of Chelan County Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 26th day of March 2025, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
Board President, Shari Campbell

\_\_\_\_\_  
Board Vice President, Thomas Baranouskas

\_\_\_\_\_  
Commissioner Jessica Kendall

\_\_\_\_\_  
Commissioner Gustavo Montoya



Title:	<b>Artificial Intelligence (AI) Acceptable Use Policy (AUP)</b>	Effective Date:	<b>Not Set</b>
Categories:	<b>Administration</b>	Approved Date:	<b>Not Set</b>
Prepared By:	<b>Pat Songer (Chief Operations Officer)Pat Songer</b>		
Reviewed By:	<b>Lauren Kendall (Clinic Medical Director), Luke Hoisington (IT Systems Administrator), Marianne Vincent (Chief Financial Officer), Pat Songer (Chief Operations Officer)</b>		
Approved By:	<b>No Users</b>		

## **ARTIFICIAL INTELLIGENCE (AI) ACCEPTABLE USE POLICY (AUP)**

### **Purpose**

The purpose of this Artificial Intelligence (AI) Acceptable Use Policy (AUP) is to establish clear rules and guidelines for the ethical, secure, and responsible use of AI technologies at Cascade Medical ("Cascade"). This policy is designed to ensure the confidentiality, integrity, and availability of data and systems, safeguard the privacy of individuals, support the workforce in delivering quality care, and uphold the trust and well-being of the community we serve.

### **Scope**

This policy applies to all uses of AI technologies across all departments, facilities, and operational areas of Cascade. It governs the actions of all workforce members, including employees, contractors, and third-party vendors, involved in the design, deployment, management, or use of AI systems within Cascade's operations.

### **Background**

As generative AI technology progresses, chatbots, virtual assistants, and other systems based on it are becoming more mainstream. These can include standalone systems, features integrated into search engines, or tools embedded within software. Examples include ChatGPT and DALL-E from OpenAI, Microsoft Bing's Chat, Microsoft 365 Copilot, and Bard from Google.

Generative AI tools have the potential to enhance productivity by assisting with tasks like drafting documents, editing text, reducing human error, diagnostics in radiology, creating treatment plans, improving technical safeguards, etc. However, these technologies also come with potential risks such as inaccuracies, bias, unauthorized use of intellectual property, data integrity issues, and privacy and security concerns. AI-generated content and the public availability of inputs to AI systems could also pose risks to security and privacy.

### **Policy**

This policy serves as the master governing document for the use of generative artificial intelligence technology at Cascade. Additional restrictions may be imposed through other policies within the organization, provided they do not conflict with this Policy.

#### **1. Policy Applicability**

This policy applies to all departments and use cases at Cascade, including but not limited to:

- 1.1. Development of software code.
- 1.2. Written documentation (e.g., policies, procedures, standards, plans) and correspondence (e.g., memorandums, letters, text messages, emails).
- 1.3. Patient care and patient care decisions.





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Approved By:	<b>No Users</b>		

- 1.4. Summarizing and proofreading documents.
- 1.5. Business decisions impacting short-term or long-term financial posture, activities, physical security, cybersecurity, policies, and procedures.

## **2. 2.0 Responsibilities**

- 2.1. Responses generated by generative AI outputs must be reviewed by knowledgeable human operators for accuracy, appropriateness, privacy, and security before being acted upon or disseminated.
- 2.2. Responses generated by generative AI must not:
  - Be used to harm workforce members or the community.
  - Be assumed truthful, credible, or accurate without human verification.
  - Serve as the sole reference source of information.
  - Be used to issue official statements (e.g., policies, procedures, standards) without thorough human review and verification.
  - Be solely relied upon for making final decisions, especially those impacting patient care or operational outcomes.
  - Be used to impersonate the workforce, individual, or entity in any medium or platform.
- 2.3. Sensitive information, such as any information that identifies individuals, including electronic protected health information (ePHI) under HIPAA, personally identifiable information (PII), or business confidential data, must not be entered into public generative AI systems. For proprietary generative AI systems used within Cascade, such inputs are permitted only if explicitly authorized and consistent with applicable intellectual property agreements, confidentiality standards, and Cascade policies.
- 2.4. Information inappropriate for public release must not be entered into generative AI systems. Input must adhere to the same standards outlined in Cascade's social media policy and be treated as publicly available.
- 2.5. Copyrighted, proprietary, or third-party intellectual property must not be entered into public generative AI systems under any circumstances. For proprietary generative AI systems used within Cascade, such inputs are permitted only if explicitly authorized and consistent with applicable intellectual property agreements, confidentiality standards, and Cascade policies.
- 2.6. Generative AI must not be used for purposes that are harmful, unethical, illegal, or in violation of any federal, state, or local laws, regulations, or Cascade policies.
- 2.7. Contracts with third- and fourth-party vendors must explicitly disclose any use or integration of generative AI within their deliverables or operations and include provisions to ensure compliance with this policy.
- 2.8. Vendors are prohibited from using Cascade-related ePHI, PII, or confidential data in generative AI queries or for training proprietary generative AI systems without explicit, written approval from the Chief Information Officer (CIO), Chief Executive Officer (CEO), or Chief Operating Officer (COO) and in a manner consistent with Cascade's underlying written agreement(s) with vendors.



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Approved By:	<b>No Users</b>		

### 3. Use of Generative AI-Created Software Code

- 3.1. Generative AI-created software code must be implemented only after a thorough assessment of associated business, operational, and security risks. Identified risks must be mitigated before deployment.
- 3.2. All uses of generative AI-created software code must include proper documentation and annotation, detailing its origin, purpose, and modifications to ensure traceability and accountability.

### 4. Governance and Oversight

- 4.1. Cascade shall establish an AI Governance Committee to oversee the development, deployment, and monitoring of AI systems. The Committee will include representatives from key leadership roles, such as the Chief Information Officer (CIO), Chief Operating Officer (COO), Clinic Medical Director, and Compliance Officer. The AI Governance Committee shall provide strategic oversight and guidance for the use of AI systems within Cascade. Specific duties include:
  - Approve AI systems prior to deployment based on vendor-provided documentation, including certifications of compliance with regulatory, legal, and ethical standards.
  - Require vendors to conduct regular audits of AI performance, bias, and compliance and provide periodic audit reports to the Committee for review.
  - Review and address incidents or complaints arising from AI use based on reports prepared by responsible staff or vendors, with recommendations for corrective actions.
  - Develop and approve Cascade-wide AI policies and procedures, delegating operational implementation and maintenance to appropriate staff or departments.

### 5. Risk and Bias Mitigation

- 5.1. Cascade will use commercially reasonable efforts to ensure that vendors provide documentation demonstrating:
  - Testing of AI systems using diverse datasets representative of the population served.
  - Ongoing efforts to identify and address potential bias in AI outputs.
  - Mechanisms to ensure compliance with applicable legal and ethical standards.
- 5.2. Cascade will review vendor-provided documentation and use commercially reasonable efforts to require certification of compliance as part of the procurement and approval process. Where feasible, Cascade will incorporate human oversight into critical decisions influenced by AI systems to ensure accountability and mitigate risks.

### 6. Regulatory and Legal Compliance

- 6.1. The use of AI systems at Cascade must comply with all applicable laws and regulations, including HIPAA, FDA regulations, and state privacy laws.
- 6.2. Vendor Responsibilities:



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Approved By:	<b>No Users</b>		

- Vendors must ensure that their AI systems meet all applicable regulatory requirements, including obtaining FDA approval or clearance when required for medical devices or tools.
- Vendors must provide documentation certifying compliance with HIPAA, including safeguards for the protection of ePHI, and other relevant legal standards.
- Cascade will require vendors to certify that their AI systems meet all legal, regulatory, and ethical standards before deployment.

#### 6.3. Patient Consent Requirements:

- Cascade will consider the applicability of the Washington State law governing consent for the interception or recording of private communications (RCW 9.73.030). AI systems involving audio recording must ensure that patient consent is obtained when required under this statute.
- Cascade will also evaluate Washington State informed consent requirements, which mandate informed consent for medical treatment (RCW 7.70.060).

#### 6.4. Cascade Review:

- Cascade will review vendor-provided documentation for compliance with these requirements as part of its procurement process.
- In areas involving patient care, Cascade will implement processes to ensure that patient consent is obtained and documented where required by law.

## 7. Vendor Contracts

### 7.1. 7.1 All contracts with AI vendors must address critical legal and operational considerations, including:

- Data ownership and control, ensuring that Cascade retains ownership of all patient and operational data.
- Indemnity provisions protecting Cascade against liabilities arising from vendor errors or AI system failures.
- Compliance with healthcare regulations, including HIPAA and FDA requirements.
- Cascade will enter into a HIPAA Business Associate Agreement with vendors that meet the definition of business associate under HIPAA.
- Vendor obligations to disclose and address biases or inaccuracies in their systems.

## 8. Incident Response

### 8.1. Any incident or near-misses related to AI and its use must be reported immediately to the CIO and Privacy Officer through normal notification channels. This includes:

- Errors in AI-generated recommendations or outputs
- Unexpected system behaviors
- Data breaches involving AI systems
- Detected biases
- Unauthorized use of AI tools



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Approved By:	<b>No Users</b>		

8.2. Upon notification, the CIO will initiate the following protective measures until a full investigation has been completed. These measures include:

- Disabling the AI solution.
- Disabling access to the AI solution.
- Disabling any integrations with the AI solution.
- Immediate notification to the AI Governance Committee.

8.3. The AI Governance Committee will oversee the investigation of AI-related incidents. This investigation will include:

8.3.1. Collaborate with the AI solution vendor to determine:

- Scope and impact of the incident
- Level of risk
- Root cause
- Corrective actions
- Prompt communication with affected parties, including patients, if appropriate.
- Implementation of corrective actions to prevent recurrence.

## **9. Feedback**

9.1. Cascade shall establish a formal feedback mechanism to collect input from staff, patients, and other stakeholders regarding the use of AI systems. Feedback will be used to:

- Identify and address usability issues.
- Improve the functionality and accuracy of AI tools.
- Enhance trust and satisfaction among end-users and patients.
- The AI Governance Committee will review feedback regularly and recommend updates or changes to AI systems as needed.

## **10. Training and Awareness**

10.1. Workforce members involved in the use of AI in healthcare must complete mandatory training on the appropriate and ethical use of generative AI, including security protocols, data privacy, and risk mitigation. Regular awareness and refresher programs will be conducted to keep personnel informed of advancements, updates, and industry best practices.

## **11. Enforcement**

11.1. Violations of this policy will be addressed in accordance with Cascade's Progressive Discipline Plan and may result in disciplinary actions, up to and including termination of employment. Severe violations may lead to legal action and mandatory reporting to regulatory authorities, as required by law.

## **12. Review and Revision**



Title:	<b>Artificial Intelligence (AI) Acceptable Use Policy (AUP)</b>	Effective Date:	<b>Not Set</b>
Categories:	<b>Administration</b>	Approved Date:	<b>Not Set</b>
Prepared By:	<b>Pat Songer (Chief Operations Officer)Pat Songer</b>		
Reviewed By:	<b>Lauren Kendall (Clinic Medical Director), Luke Hoisington (IT Systems Administrator), Marianne Vincent (Chief Financial Officer), Pat Songer (Chief Operations Officer)</b>		
Approved By:	<b>No Users</b>		

- 12.1. This policy will be reviewed at least annually or more frequently as needed to maintain its relevance and effectiveness in the evolving field of AI in healthcare. Revisions will address emerging technologies, changes in regulations, and evolving best practices to ensure Cascade's continued compliance and leadership in AI governance.

***For internal use at Cascade.***



## Accompanying Notes for the February 2025 Financial Statements

### February Financial Statements –Current Month Summary

The February net margin of \$270,000 exceeded the budgeted margin of (\$433,000) by \$703,000. Gross revenue exceeded budgeted volumes by \$459,000. Operating expenses were under budget by \$82,000.

### Revenue and Expense Variances

1. Salaries & Benefits are under budget by \$37,000 primarily due to ED RN and ED Provider wage expenses.
2. Dues & Subscriptions are under budget by \$36,000 in February due to the reclassification of dues for The Rural Collaborative to prepaid expenses in February.
3. Depreciation is over budget by (\$20,000) and will likely be underestimated for the year.

### Patient Statistics

Inpatient volumes were well over budget in January and Emergency Department and Ambulance volumes both exceeded budgeted volumes, while volumes for CT, Clinic, and Lab were lower than budgeted.

### Cash Receipts and Balances

Cash collections continued the January trend of being less than budgeted while cash reserves have dropped below the year-to-date budgeted number by (\$246,000). With cash collections having been slightly lower than anticipated in January and February, we have reviewed our Medicare cash receipts to understand if we have seen delayed payments and do not find that to be the case. The turnaround time on billed claims is consistent with historical turnaround times.

### Accounts Receivable

Once again, we saw strong collections on patient balances for the month.

### Contractual Allowance

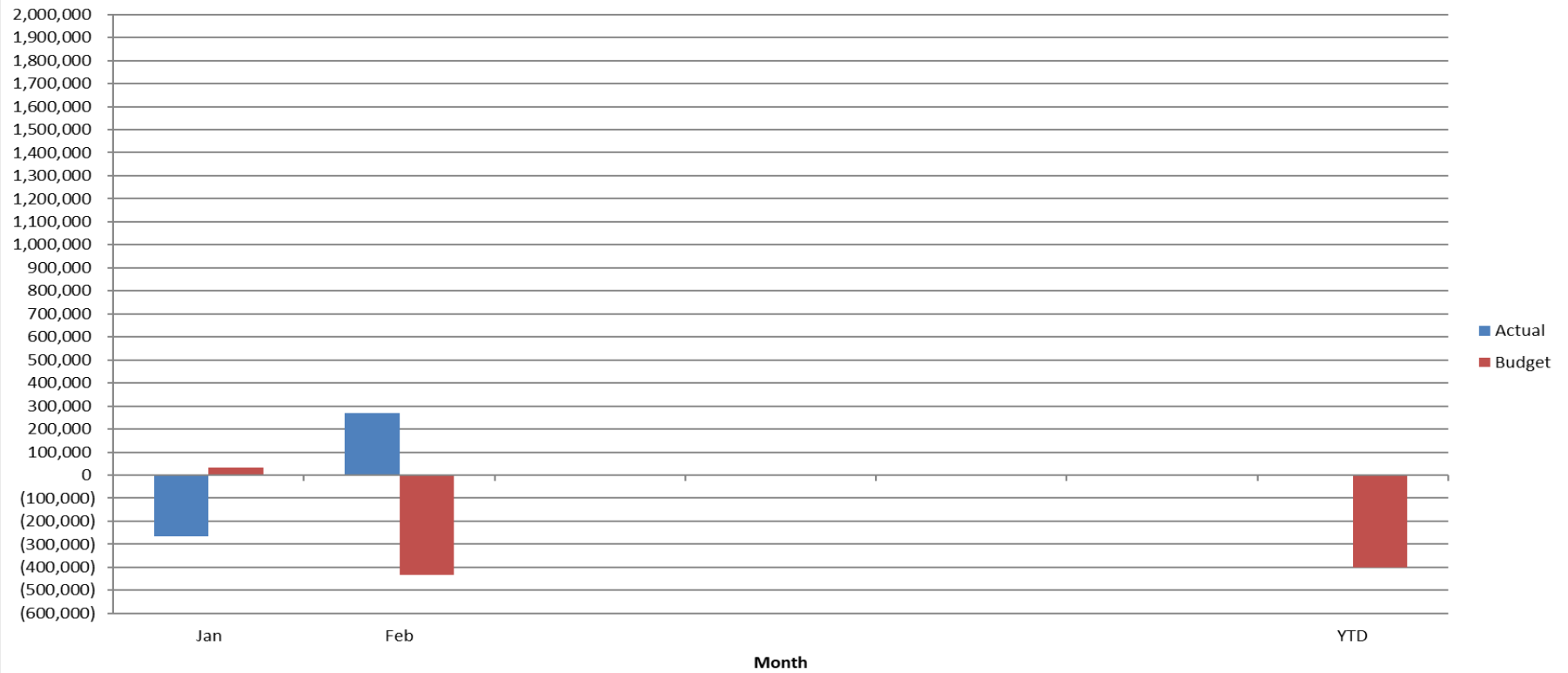
While the contractual allowance for February is lower than budgeted in a month with higher than budgeted revenue, the adjustment is related to higher inpatient volumes during February and the related receivables.

### Final comments and Upcoming

We continue preparation of audit materials and will have that work substantially complete by the end of March. Work in revenue cycle to optimize the functionality of Meditech continues. The work by Agile consulting for B & O and Sales & Use Tax was complete in early March. Work to move organizational contracts into a third-party software has been underway and is ramping up as audit work slows.

# Cascade Medical

## Net Surplus/(Deficit) - 2025



**Cascade Medical Center**  
**Financial Performance Summary**  
**Year-to-Date - February, 2025**

000's omitted

YTD Feb

**Net Margin**

Actual	3
Budget	(400)
	<hr/>
Better (Worse) than Budget	403

**Variance Analysis - favorable vs (unfavorable)**

Gross Revenue - SBED \$211; ED \$120; SLP (\$37); CT (\$120); Clinic (\$228)	(65)
Contractual Allowances	471
	<hr/>
Net Patient Revenue	405
Other Operating Revenue - Safety Net (\$118); 340B (\$63)	(198)
	<hr/>
Total Operating Revenue	208

**Expenses**

Salaries & Benefits	57
Prof. Fees	37
Supplies	39
Purchased Services/Repairs - Bus Off \$19; Rad \$16; Lab \$12	76
Other Operating Expenses	(12)
	<hr/>
Total Operating Expenses	196

Non-Operating Revenues & Expenses	(1)
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Actuals Better/(worse) than Budget	403
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Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending February 28, 2025

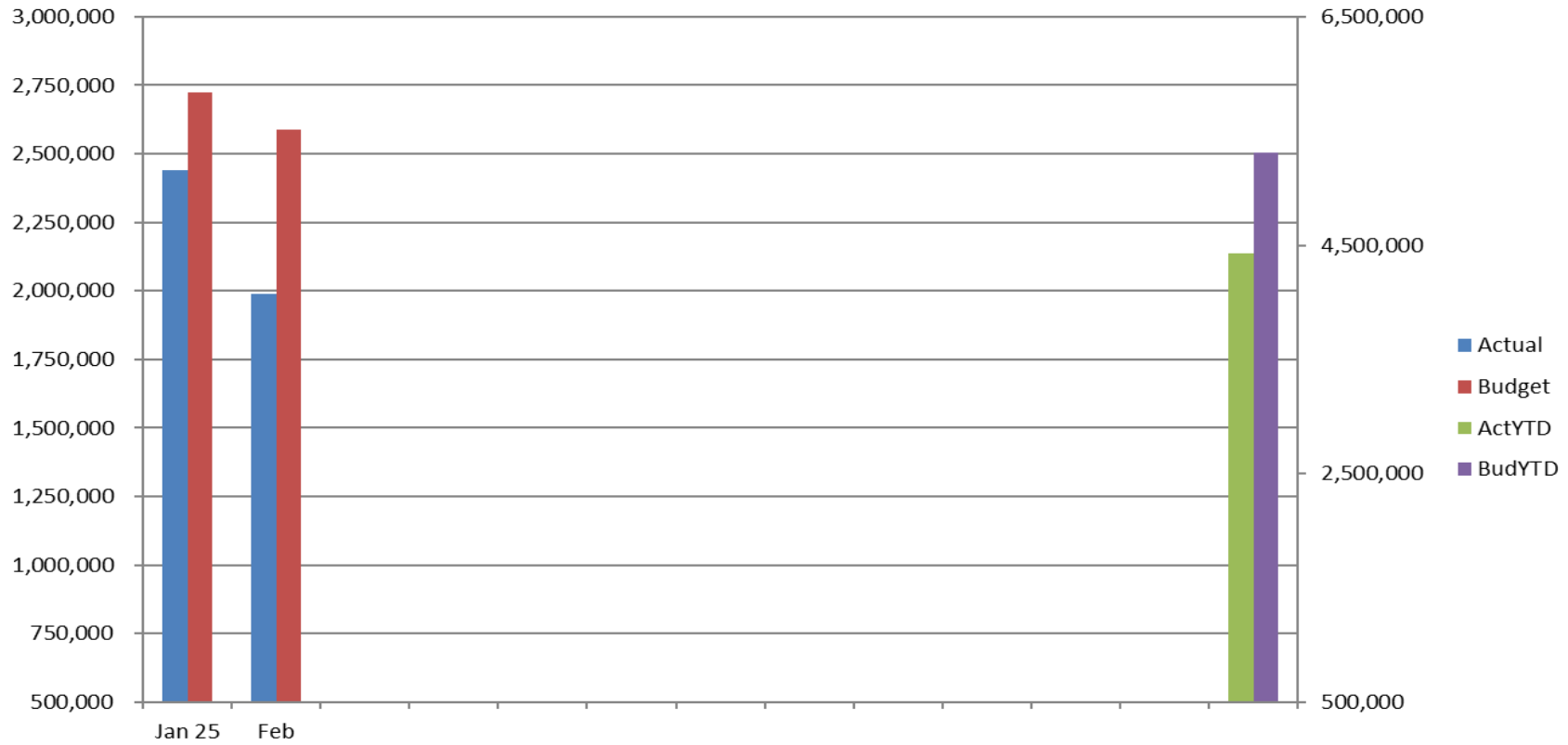
	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,570,137	1,907,993	662,144	4,763,698	4,357,895	405,803	4,094,904
Grants, Contribs, Other Op Revenue	76,092	116,695	(40,603)	143,796	341,390	(197,595)	259,041
Tax Levies, unrestricted	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>293,524</u>	<u>293,524</u>	<u>-</u>	<u>275,450</u>
Total Operating Revenue	2,792,991	2,171,450	621,541	5,201,018	4,992,809	208,209	4,629,395
Operating expenses							
Salaries & Benefits	1,734,837	1,771,832	36,996	3,603,884	3,660,384	56,500	3,255,583
Professional fees	179,608	164,253	(15,355)	301,437	338,435	36,998	245,199
Supplies	148,158	158,686	10,528	322,649	361,785	39,136	341,368
Purchased services	155,689	180,962	25,273	307,250	383,319	76,069	293,015
Depreciation	187,198	167,320	(19,878)	371,519	334,640	(36,879)	325,572
Other Operating Expenses	<u>206,646</u>	<u>251,535</u>	<u>44,889</u>	<u>469,287</u>	<u>493,797</u>	<u>24,510</u>	<u>411,586</u>
Total operating expenses	2,612,136	2,694,588	82,452	5,376,025	5,572,360	196,335	4,872,323
Operating gain / (loss)	180,855	(523,138)	703,993	(175,008)	(579,551)	404,543	(242,929)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	227,836	227,836	-	225,282
Interest expense on bonds	(23,324)	(23,324)	(0)	(46,648)	(46,648)	(0)	(50,654)
Other Non-Operating rev (exp)	<u>(1,527)</u>	<u>(939)</u>	<u>(588)</u>	<u>(3,028)</u>	<u>(1,878)</u>	<u>(1,150)</u>	<u>(2,869)</u>
Total nonoperating rev (exp), net	89,067	89,655	(588)	178,160	179,310	(1,150)	171,759
Net Income	269,922	(433,483)	703,405	3,152	(400,241)	403,393	(71,170)

Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending February 28, 2025

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,526,297	3,067,770	458,527	6,681,603	6,746,514	(64,911)	6,080,076
less:							
Contractual Allowances	880,982	1,000,253	119,271	1,707,500	2,037,800	330,300	1,700,628
Reserve for Bad Debts	50,154	113,507	63,353	140,306	249,621	109,315	202,464
Reserve for Financial Assistance	25,024	46,017	20,993	70,100	101,198	31,098	82,080
Total Deductions from Revenue	956,160	1,159,777	203,617	1,917,905	2,388,619	470,714	1,985,172
Net Patient Revenue	2,570,137	1,907,993	662,144	4,763,698	4,357,895	405,803	4,094,904
Grants, Contributions	5,882	2,000	3,882	5,882	4,000	1,882	57,673
Other Operating Revenue	70,210	114,695	(44,485)	137,914	337,390	(199,477)	201,367
Tax Levies, unrestricted	146,762	146,762	-	293,524	293,524	-	275,450
Total Operating Revenue	2,792,991	2,171,450	621,541	5,201,018	4,992,809	208,209	4,629,395
Operating expenses							
Salaries and wages	1,407,434	1,446,922	39,488	2,921,738	3,000,844	79,107	2,661,197
Employee benefits	327,403	324,910	(2,493)	682,146	659,540	(22,606)	594,386
Professional fees	179,608	164,253	(15,355)	301,437	338,435	36,998	245,199
Supplies	148,158	158,686	10,528	322,649	361,785	39,136	341,368
Utilities	27,994	25,383	(2,611)	44,736	51,310	6,574	42,069
Repairs and maintenance	23,786	25,500	1,714	35,942	53,829	17,888	43,416
Purchased services	131,903	155,462	23,559	271,309	329,490	58,181	249,599
Continuing medical education	-	2,488	2,488	2,247	4,976	2,729	5,325
Other expenses	15,281	25,146	9,865	23,993	52,425	28,432	13,822
Dues and subscriptions	59,986	96,199	36,213	198,181	187,115	(11,066)	166,594
Travel / training / meetings	27,178	19,486	(7,692)	65,540	34,247	(31,293)	59,088
Leases and rentals	32,021	16,874	(15,147)	39,810	34,008	(5,802)	24,045
Depreciation	187,198	167,320	(19,878)	371,519	334,640	(36,879)	325,572
Licenses and taxes	21,069	41,985	20,916	48,547	82,430	33,884	54,711
Insurance	21,791	22,755	964	43,583	44,848	1,265	43,281
Interest	1,326	1,219	(107)	2,652	2,438	(214)	2,652
Total operating expenses	2,612,136	2,694,588	82,452	5,376,025	5,572,360	196,335	4,872,323
Operating gain / (loss)	180,855	(523,138)	703,993	(175,008)	(579,551)	404,543	(242,929)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	227,836	227,836	-	225,282
Interest expense on bond financing	(23,324)	(23,324)	(0)	(46,648)	(46,648)	(0)	(50,654)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	242	830	(588)	511	1,660	(1,149)	670
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(3,539)	(3,538)	(1)	(3,539)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	89,067	89,655	(588)	178,160	179,310	(1,150)	171,759
Net Income	269,922	(433,483)	703,405	3,152	(400,241)	403,393	(71,170)



## Cascade Medical 2025 Cash Receipts



Cascade Medical  
Statistics Summary - 2025

	YTD 2024			2025 Act	2025 Bud	Act/Bud	2025 Act	2025 Act	2025 Bud	2025 Bud	Act/Bud
	avg/mo	jan25	feb	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	22	16	32	32	10	205.1%	48	24	46	23	4.4%
Swing Bed	54	77	115	115	40	187.5%	192	96	113	57	69.9%
Laboratory tests	3,137	3,192	2,871	2,871	3,148	-8.8%	6,063	3,032	6,529	3,265	-7.1%
Radiology exams	303	379	361	361	333	8.4%	740	370	696	348	6.3%
CT scans	138	128	124	124	135	-8.1%	252	126	283	142	-11.0%
ED visits	294	384	297	297	267	11.2%	681	341	599	300	13.7%
Ambulance runs	56	72	61	61	52	17.3%	133	67	120	60	10.8%
Clinic visits	1,198	1,244	1,125	1,125	1,226	-8.2%	2,369	1,185	2,605	1,303	-9.1%
Rehab procedures	1,802	2,365	2,226	2,226	2,310	-3.6%	4,591	2,296	4,666	2,333	-1.6%

	2024	2 0 2 5												2025
Admits	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	5.5	4	7											5.5
Short Stay	6.5	2	5											3.5
Swing Bed	2.5	8	6											7.0
Respite Care	1.5	-	1											0.5
Total Admits	16.0	14	19											16.5
Patient Days														
Acute Care	4.5	16	32											24.0
Short Stay	5.6	3.4	8.1											5.8
Swing Bed	19.0	76	115											95.5
Respite Care	3.0	-	9											4.5
Total Patient Days	32.1	95.4	164.1											129.8
Average Length of Stay	2.0	6.8	8.6											7.7
Average Patients per Day	1.1	3.1	5.9											4.5
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,137	3,192	2,871											3,032
Radiology (tests)	255	333	322											328
Mammography (tests)	37	37	28											33
Cardiac Diagnostics	84	117	99											108
CT (Scans)	138	128	124											126
DXA (Scans)	12	9	11											10
PT (services billed)	1,452	1,948	1,753											1,851
ER (visits/procedures)	294	384	297											341
Ambulance (runs)	56	72	61											67
Clinic (visits)	1,198	1,244	1,125											1,185
Occupational Therapy	274	382	428											405
Speech Therapy	66	8	20											14
Cardiac Rehab	10	27	25											26
Endoscopy Procedures	26	36	28											32
REVENUE COMPARISON	2024	2 0 2 5												2025
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 76,620	\$ 57,307	\$ 104,501											\$ 80,904
Short Stay	32,235	11,780	28,086											19,933
Respite Care	4,153	-	4,950											2,475
Swing Bed	144,505	203,625	314,940											259,283
Central Supply	33,773	27,807	27,752											27,779
Laboratory	396,006	405,807	390,208											398,007
Cardiac Diagnostics	23,512	34,552	26,497											30,525
CT	495,844	493,508	471,563											482,536
Radiology	135,719	212,018	202,732											207,375
Mammography	23,793	24,274	20,556											22,415
Pharmacy	135,124	86,312	132,280											109,296
Respiratory Therapy	45	188	-											94
Physical Therapy	163,732	228,695	215,046											221,871
Emergency Room	655,048	786,626	797,025											791,825
Ambulance	187,909	217,830	232,208											

# Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending February 28, 2025

	<u>Feb-25</u>	<u>2025 YTD</u>	<u>2024 YTD</u>
<b><i>Cash flows from operating activities</i></b>			
Receipts from and on behalf of patients	\$ 1,919,809	\$ 4,230,681	\$ 4,307,800
Other receipts	\$ 8,082	\$ 74,710	\$ 126,523
Payments to & on behalf of employees	\$ (1,503,985)	\$ (3,020,501)	\$ (2,666,793)
Payments to suppliers and contractors	\$ (1,125,543)	\$ (2,064,949)	\$ (1,749,032)
Net cash gained / (used) in operating activities	\$ (701,637)	\$ (780,059)	\$ 18,498
<b><i>Cash flows from noncapital financing activities</i></b>			
Taxation for maintenance and operations, EMS	\$ 5,208	\$ 10,069	\$ 6,669
Noncapital grants and contributions	\$ 5,882	\$ 5,882	\$ 5,882
Net cash provided by noncapital financing activities	\$ 11,090	\$ 15,951	\$ 12,551
<b><i>Cash flows from capital and related financing activities</i></b>			
Taxation for bond principal and interest	\$ 1,248	\$ 2,842	\$ 1,827
Purchase of capital assets	\$ (18,728)	\$ (141,507)	\$ (319,583)
Payments toward construction in progress	\$ (7,379)	\$ (7,379)	\$ (166,182)
Proceeds from disposal of capital assets	\$ -	\$ -	\$ -
Proceeds from long-term debt	\$ -	\$ -	\$ -
Principle & Interest paid on long-term debt	\$ -	\$ -	\$ -
Bond maintenance & issuance costs	\$ -	\$ -	\$ -
Capital grants and contributions	\$ -	\$ -	\$ 51,791
Net cash provided by capital and related financing activities	\$ (24,858)	\$ (146,044)	\$ (432,147)
<b><i>Cash flows from investing activities</i></b>			
Investment Income	\$ 48,078	\$ 103,290	\$ 110,472
Net increase (decrease) in cash and cash equivalents	\$ (667,326)	\$ (806,862)	\$ (290,626)
Cash and Cash equivalents, beginning of period	\$ 16,105,185	\$ 16,244,722	\$ 14,238,144
Cash and cash equivalents, end of period	\$ 15,437,859	\$ 15,437,859	\$ 13,947,518

**Forecasted Statement of Cash Flows**  
**Cascade Medical Center**  
**For the year ending December 31, 2025**

		<u>Actual</u> <u>January</u>	<u>Actual</u> <u>February</u>	<u>Forecast</u> <u>March</u>	<u>Forecast</u> <u>1st Qtr</u>	<u>Forecast</u> <u>2nd Qtr</u>	<u>Forecast</u> <u>3rd Qtr</u>	<u>Forecast</u> <u>4th Qtr</u>	<u>Actual/Forecast</u> <u>Year End 2025</u>	<u>Budget</u> <u>2025</u>
Cash balance, beginning of period	\$	16,244,722	\$ 16,105,186	\$ 15,437,859	\$ 16,244,722	\$ 15,415,625	\$ 16,132,919	\$ 16,045,369	\$ 16,244,722	\$ 16,377,421
Cash available for operating needs	\$	16,030,043	\$ 15,887,577	\$ 15,217,575	\$ 16,030,043	\$ 15,106,751	\$ 15,329,895	\$ 15,205,701	\$ 16,030,043	16,149,621
Cash restricted to debt service, other restricted funds	\$	214,679	\$ 217,609	\$ 220,284	\$ 214,679	\$ 308,874	\$ 803,024	\$ 839,668	\$ 214,679	227,800
<i>Cash flows from operating activities</i>										
Receipts from and on behalf of patients	\$	2,310,872	\$ 1,919,809	\$ 2,257,740	\$ 6,488,420	\$ 6,703,307	\$ 7,804,657	\$ 7,594,992	\$ 28,591,376	\$ 29,250,631
Grant receipts	\$	-	\$ 5,882	\$ 37,000	\$ 42,882	\$ 26,000	\$ 6,000	\$ 6,000	\$ 80,882	\$ 79,000
Other receipts	\$	66,628	\$ 8,082	\$ 68,460	\$ 143,170	\$ 281,380	\$ 266,380	\$ 281,380	\$ 972,310	\$ 1,134,520
Payments to or on behalf of employees	\$	(1,516,516)	\$ (1,503,985)	\$ (1,649,954)	\$ (4,670,455)	\$ (5,013,957)	\$ (5,809,591)	\$ (4,958,632)	\$ (20,452,635)	\$ (21,688,558)
Payments to suppliers and contractors	\$	(939,406)	\$ (1,125,543)	\$ (897,455)	\$ (2,962,404)	\$ (2,468,260)	\$ (2,317,610)	\$ (2,325,213)	\$ (10,073,486)	\$ (9,574,652)
Net cash provided by operating activities	\$	(78,422)	\$ (695,755)	\$ (184,209)	\$ (958,386)	\$ (471,530)	\$ (50,165)	\$ 598,527	\$ (881,554)	\$ (799,059)
<i>Cash flows from noncapital financing activities</i>										
Unencumbered M & O taxation	\$	-	\$ -	\$ -	\$ -	\$ -	\$ 436	\$ 281,706	\$ 282,142	\$ 282,142
Taxation for Emergency Medical Services	\$	3,523	\$ 3,782	\$ 114,131	\$ 121,436	\$ 816,912	\$ 47,772	\$ 737,725	\$ 1,723,845	\$ 1,761,145
Investment Income	\$	55,211	\$ 48,078	\$ 49,990	\$ 153,280	\$ 149,970	\$ 149,970	\$ 149,970	\$ 603,190	\$ 599,880
Donations	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$	58,735	\$ 51,860	\$ 164,121	\$ 274,716	\$ 966,882	\$ 198,178	\$ 1,259,401	\$ 2,699,177	\$ 2,733,167
Proceeds from Long Term Debt				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$	(122,779)	\$ (26,106)	\$ (90,736)	\$ (239,622)	\$ (272,208)	\$ (272,208)	\$ (272,205)	\$ (1,056,243)	\$ (1,088,829)
Increase/(decrease) in cash available for operations	\$	(142,467)	\$ (670,001)	\$ (110,824)	\$ (923,292)	\$ 223,144	\$ (124,195)	\$ 1,585,723	\$ 761,380	\$ 845,279
<b>Cash available for operating needs</b>	\$	<b>15,887,577</b>	\$ <b>15,217,575</b>	\$ <b>15,106,751</b>	\$ <b>15,106,751</b>	\$ <b>15,329,895</b>	\$ <b>15,205,701</b>	\$ <b>16,791,424</b>	\$ <b>16,791,424</b>	\$ <b>16,994,900</b>
Taxation for bond prin & int (incl encumbr M&O)	\$	2,931	\$ 2,675	\$ 88,590	\$ 94,195	\$ 634,095	\$ 36,644	\$ 290,923	\$ 1,055,857	\$ 1,084,874
Principle & Interest paid on long-term debt					\$ (139,945)	\$ -	\$ (981,945)	\$ (1,121,890)	\$ (1,121,890)	\$ (1,121,890)
Restricted grants and contributions				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$	2,931	\$ 2,675	\$ 88,590	\$ 94,195	\$ 494,150	\$ 36,644	\$ (691,022)	\$ (66,033)	\$ (37,016)
<b>Cash restricted to debt service, other restricted funds</b>	\$	<b>217,609</b>	\$ <b>220,284</b>	\$ <b>308,874</b>	\$ <b>308,874</b>	\$ <b>803,024</b>	\$ <b>839,668</b>	\$ <b>148,646</b>	\$ <b>148,646</b>	\$ <b>190,784</b>
<b>Cash balance, end of period</b>	\$	<b>16,105,186</b>	\$ <b>15,437,859</b>	\$ <b>15,415,625</b>	\$ <b>15,415,625</b>	\$ <b>16,132,919</b>	\$ <b>16,045,369</b>	\$ <b>16,940,070</b>	\$ <b>16,940,070</b>	\$ <b>17,185,684</b>



**CASCADE MEDICAL CENTER**  
**EMERGENCY MEDICAL SERVICES - FEBRUARY, 2025**

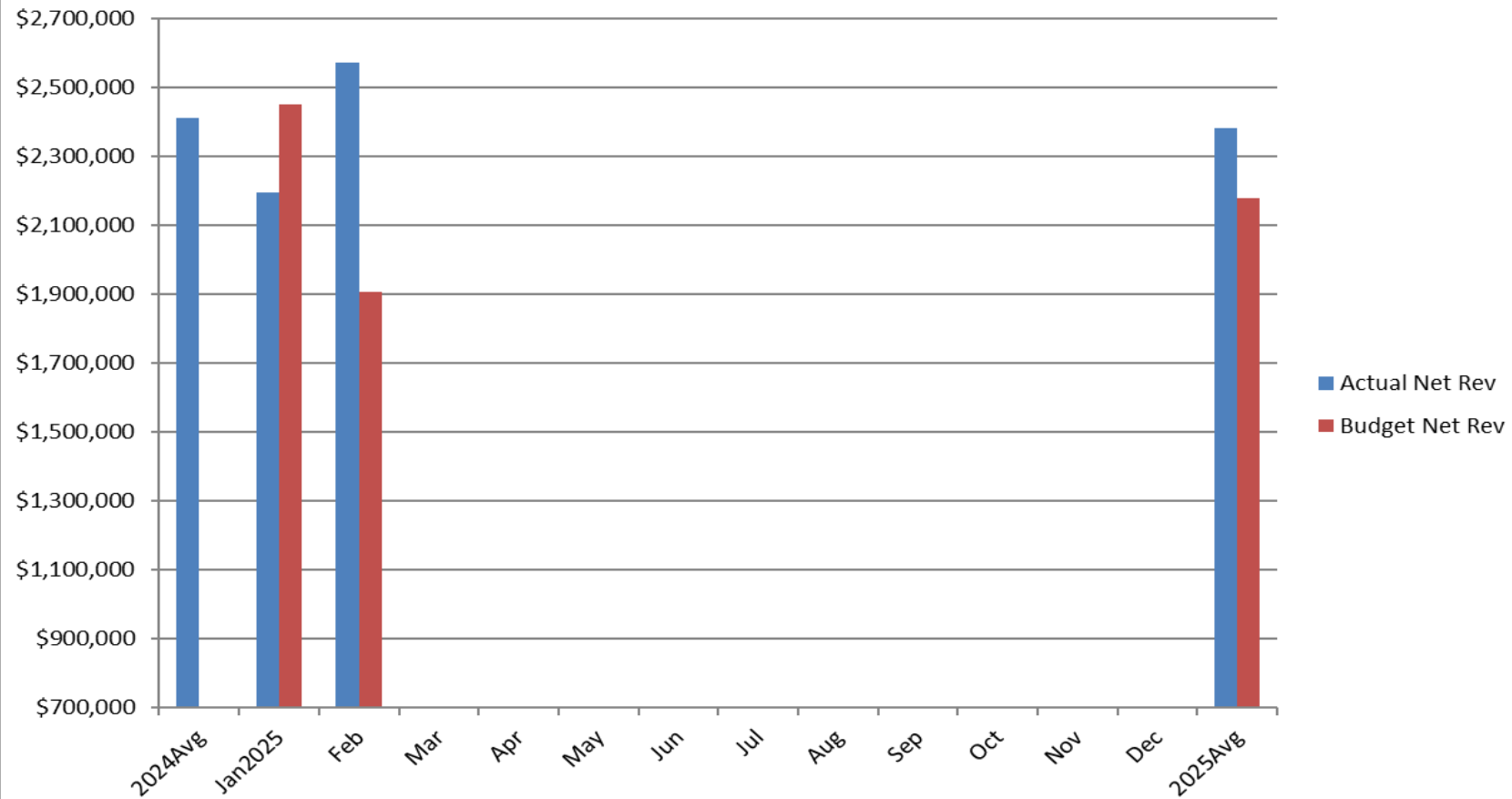
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	2/28/2025	2/28/2025 YTD	2/28/2025	2/28/2025 YTD	2/28/2025	2/28/2025 YTD	2/28/2024 YTD
PATIENT REVENUE	797,025	1,583,651	232,208	450,038	\$1,029,233	\$2,033,688	\$1,685,914
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$463,709	\$921,368	\$124,394	\$241,085	\$588,103	\$1,162,453	\$1,009,727
NET PATIENT REVENUE	\$333,316	\$662,283	\$107,814	\$208,952	\$441,130	\$871,236	\$676,186
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$23,813
TOTAL OPERATING REVENUE	\$333,316	\$662,283	\$107,814	\$208,952	\$441,130	\$871,236	\$700,000
OPERATING EXPENSES							
SALARIES AND WAGES	164,517	389,261	141,356	303,911	\$305,873	\$693,172	\$603,757
EMPLOYEE BENEFITS	28,957	64,198	35,970	75,844	\$64,927	\$140,042	\$120,173
PROFESSIONAL FEES	1,656	1,656	-	-	\$1,656	\$1,656	\$15,675
SUPPLIES	3,837	9,144	6,468	20,668	\$10,305	\$29,811	\$32,190
FUEL	-	-	1,783	4,076	\$1,783	\$4,076	\$2,919
REPAIRS AND MAINT.	-	-	12,593	13,482	\$12,593	\$13,482	\$6,225
PURCHASED SERVICES	4,225	8,356	19,068	39,597	\$23,293	\$47,953	\$35,245
CONTINUING MEDICAL EDUCATION	-	4,768	1,607	2,246	\$1,607	\$7,015	\$360
DUES	884	1,099	4,291	9,695	\$5,175	\$10,795	\$10,247
OTHER EXPENSES	280	560	922	1,712	\$1,202	\$2,272	\$4,290
LEASES / RENTALS	259	259	2,783	9,502	\$3,041	\$9,761	\$5,018
DEPRECIATION	4,570	9,141	23,841	47,682	\$28,411	\$56,822	\$44,237
TAXES AND LICENSES	-	-	-	177	\$0	\$177	\$163
INSURANCE	837	1,675	3,359	6,717	\$4,196	\$8,392	\$11,067
OVERHEAD COSTS	194,080	389,115	88,548	177,532	\$282,628	\$566,648	\$490,058
TOTAL OPERATING EXPENSES	\$404,103	\$879,234	\$342,589	\$712,841	\$746,692	\$1,592,074	\$1,381,623
MARGIN ON OPERATIONS	(\$70,787)	(\$216,952)	(\$234,775)	(\$503,889)	(\$305,563)	(\$720,838)	(\$681,623)
TAX REVENUE					\$146,762	\$293,524	\$275,450
NET MARGIN WITH TAX REVENUE					(\$158,801)	(\$427,314)	(\$406,173)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	297	681	61	133			
Total Ambulance Runs (includes unbillable runs)			89	205			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	262	587	47	111			
Total Ambulance Runs (includes unbillable runs)			76	169			

**Cascade Medical Center  
Balance Sheet**

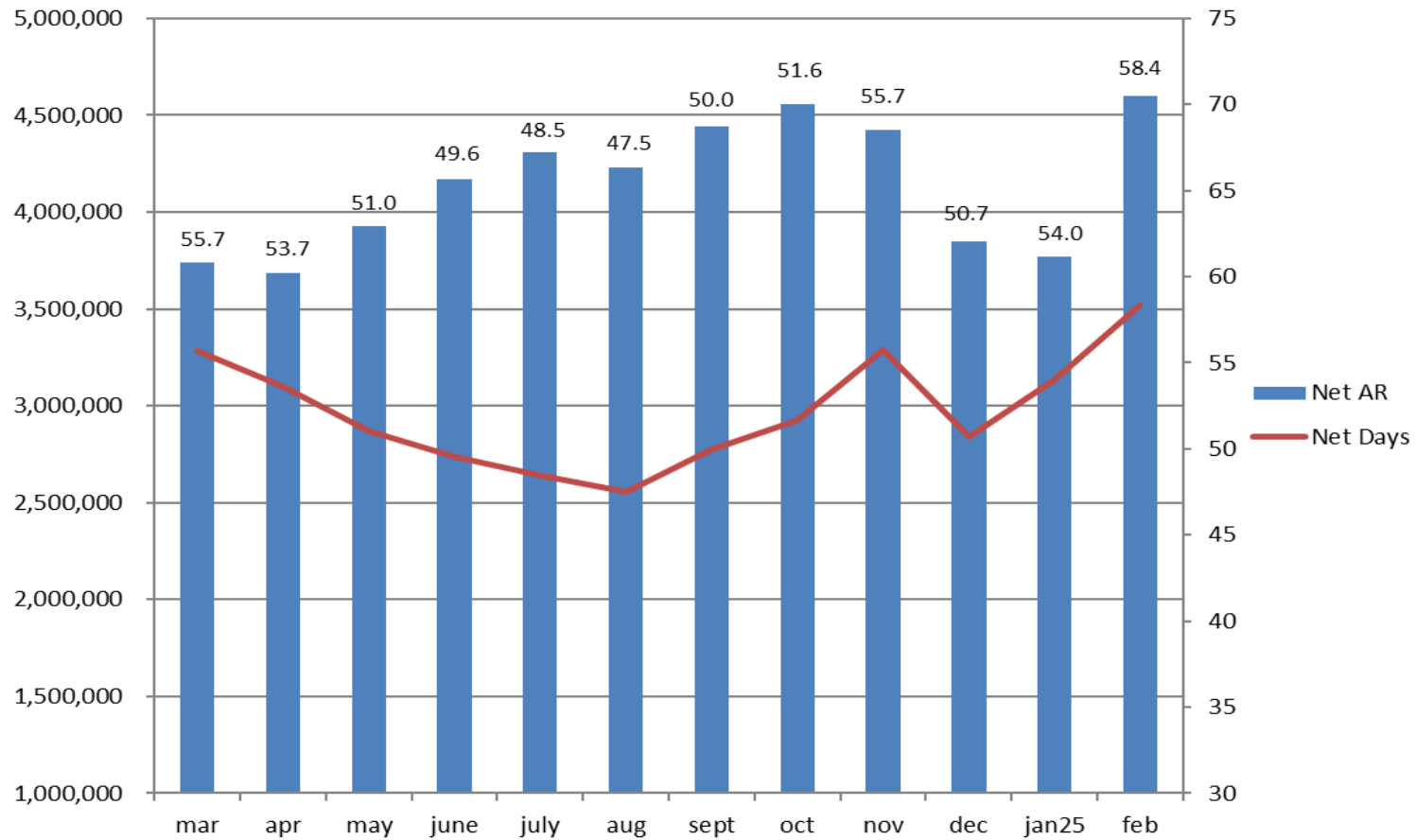
As of February 28, 2025 and December 31, 2024

	Feb 2025	Dec 2024		Feb 2025	Dec 2024
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and Cash Equivalents	806,307	961,831	Accounts Payable	128,570	367,456
Savings Account	13,240,422	14,144,282	Accrued Payroll	844,508	665,443
Patient Account Receivable	8,598,563	8,085,162	Refunds Payable	(839)	-
less: Reserves for Contractual Allowances	(3,997,342)	(4,278,265)	Accrued PTO	1,022,419	984,137
Inventories and Prepaid Expenses	322,749	319,451	Payroll Taxes & Benefits Payable	36,484	84,261
Taxes Receivable - M&O Levy	121,850	11,990	Accrued Interest Payable	69,973	23,324
- EMS Levy	319,571	31,939	Current Long Term Debt	849,119	850,397
Other Assets	459,642	542,989	Current OPEB Liability	934,361	942,361
<b>Total Current Assets</b>	<b>19,871,762</b>	<b>19,819,380</b>	Short Term Lease	36,493	36,493
			ST Subscriptions	46,906	46,906
<b>Assets Limited as to Use</b>			Settlement Payable	737,742	737,742
Cash and Cash Equivalents			<b>Total Current Liabilities</b>	<b>4,705,735</b>	<b>4,738,520</b>
Funded Depreciation	686,130	681,259			
CVB Memorial Fund	1,275	1,275	<b>Long Term Liabilities</b>		
UTGO Bond Payable Fund	78,968	76,126	Notes Payable	191,323	191,323
LTGO Bond Payable Fund	47,292	47,292	Covid SHIP Funding	-	-
Investment Memorial Fund	139,010	138,023	PPP Note Payable	-	-
Settlement Account	182,061	180,769	CARES Act Funds Reserve	-	-
Paycheck Protection Loan Proceeds	-	-	UTGO Bond Payable	3,848,000	3,848,000
Cash - EMS	76,099	68,794	LTGO Bond Payable	3,985,000	3,985,000
	1,210,835	1,193,538	Deferred Revenue/Bond Premium	76,945	77,880
Taxes Receivable - Construction Bond Levy	125,737	12,315	Long Term OPEB/Pension Liability	2,651,452	2,651,452
<b>Total Assets Limited as to Use</b>	<b>1,336,572</b>	<b>1,205,853</b>	Long Term ROU Leases	5,359	5,359
			Long Term Subscriptions	13,039	13,039
<b>Property, Plant and Equipment</b>			<b>Total Long Term Liabilities</b>	<b>10,771,116</b>	<b>10,772,053</b>
Land	522,015	522,015	<b>Total Liabilities</b>	<b>15,476,851</b>	<b>15,510,572</b>
Land Improvements	1,420,326	1,420,326			
Buildings & Improvements	10,709,788	10,709,788	Fund Balance - Prior Years	15,744,553	13,979,478
Fixed Equip - Hospital	9,689,562	9,676,405	Fund Balance - Current Year	3,152	1,765,075
Major Movable Equipment Hospital	8,933,990	8,820,605			
Construction in Progress	53,293	18,446	<b>Total Fund Balance</b>	<b>15,747,706</b>	<b>15,744,553</b>
<b>Total Property, Plant and Equipment</b>	<b>31,328,973</b>	<b>31,167,585</b>			
Less: Accumulated Depreciation	(23,204,998)	(22,833,480)			
	8,123,975	8,334,105			
<b>ROU Leases</b>					
ROU Leases	243,095	243,095			
Less Accumulated Amortization	(120,495)	(120,495)			
	122,600	122,600			
<b>Other Assets</b>					
Long Term Pension Assets	591,878	591,878			
Deferred OPEB/Pension Costs	901,308	901,308			
Deferred Bond Costs	276,463	280,002			
<b>TOTAL ASSETS</b>	<b>31,224,557</b>	<b>31,255,126</b>	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>31,224,557</b>	<b>31,255,126</b>

## Cascade Medical 2025 Net Patient Revenue, Actual vs. Budget



## Days in Net Accounts Receivable



Cascade Medical  
Accounts Receivable Trending Report - 2025

Total Facility	Dec 2022	Dec 2023	Dec 2024	Jan25	Feb	Mar	Apr	May	June
0 - 30 days	2,660,733	2,851,120	3,276,645		3,189,037				
31-60 days	545,432	839,394	668,472		1,234,728				
61-90 days	349,290	451,019	594,276		825,290				
91-180 days	1,129,065	1,005,422	1,383,758		1,006,457				
over 180 days	1,360,992	1,343,819	2,162,011		2,343,051				
Total Balance	6,045,511	6,490,775	8,085,162	7,953,177	8,598,563				
Credit bals as % of AR	6.8%				1.5%				
% >90 w/o installs	41.2%								