



**Public Hospital District No.1: Board of Commissioners Meeting Agenda**  
**Wednesday July 23, 2025 | 5:00 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>	5:00	Shari Campbell
<b>II.</b>	<b>Pledge of Allegiance</b>	5:00	Shari Campbell
<b>III.</b>	<b>Consent Agenda</b>	5:00	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>• June 25, 2025 Board Meeting Minutes</li> </ul>		
	<b>Previous Month's Warrants Issued:</b>	10126968 – 10127206	06/14/2025 – 07/14/2025 \$ 878,808.97
	<b>Accounts Payable EFT Transactions:</b>	20250087 – 20250100	06/14/2025 – 07/14/2025 \$ 537,807.80
	<b>Payroll EFT Transactions:</b>	26950 – 27377	06/14/2025 – 07/14/2025 \$ 985,229.92
	<ul style="list-style-type: none"> <li>• Bad Debt: July 2025</li> </ul>		
<b>IV.</b>	<b>Community Input</b>	5:05	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>V.</b>	<b>CM Values</b>	5:10	Diane Blake
<b>VI.</b>	<b>Committee Reports</b>	5:15	
	a. Community Outreach and Awareness Committee		Shari Campbell
	b. Finance Committee		Tom Baranouskas
<b>VII.</b>	<b>Clinic Medical Director Report</b>	5:35	Dr. Kendall
<b>VIII.</b>	<b>Discussions &amp; Reports</b>	5:50	
	a. Listening Session Themes		Diane Blake
	b. Q2 Organizational Dashboard Review		Diane Blake
	c. Continued Conference Discussion/Education		Commissioners
<b>IX.</b>	<b>Action Items</b>	6:50	Commissioners
	a. <b>MOTION:</b> Approve Credentialing		
<b>X.</b>	<b>Q2/June Financial Report</b>	6:55	Marianne Vincent
<b>XI.</b>	<b>Administrator Report</b>	7:10	Diane Blake
<b>XII.</b>	<b>Board Follow Up Items</b>	7:30	Commissioners
	<ul style="list-style-type: none"> <li>• Review outreach opportunities and determine who can participate</li> <li>• Determine attendees and date for Board Quality Rounding</li> <li>• Other reminders</li> </ul>		
<b>XIII.</b>	<b>Meeting Evaluation/Commissioner Comments</b>	7:40	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement, including:		
	<ul style="list-style-type: none"> <li>• What information or materials do you need to be prepared for the October retreat?</li> </ul>		
<b>XIV.</b>	<b>Adjournment</b>	7:50	Shari Campbell

### BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
August 6, 2025	Medical Staff Meeting		ABC Room	7:00 AM
August 19, 2025	Q3 Open Forum		ABC Room	12:30 PM
August 19, 2025	Special Board Meeting		ABC Room	1:00 PM
August 20, 2025	Q3 Open Forum		ABC Room	11:30 AM
August 21, 2025	Q3 Open Forum		ABC Room	5:15 PM
August 22, 2025	Q3 Open Forum		ABC Room	12:00 PM
August 20, 2025	CMF Board Meeting		ABC Room	9:00 AM
August 21, 2025	Community Block Party		Osborn Playfield	4 PM – 7 PM
August 26, 2025	CMF Benevolent Day		Squirrel Tree Resort	All Day
Sept 15 – 17, 2025	Rural Advocacy Days	Shari Day-Campbell	Washington, DC	All Day
September 17, 2025	CMF Board Meeting		ABC Room	9:00 AM
September 20, 2025	Jive Time in the Cascades		Silvara Cellars	6:00 PM
September 24, 2025	Board Meeting		ABC Room	5:00 PM
October 1, 2025	Medical Staff Meeting	Jessie Knight	ABC Room	7:00 AM
October 1, 2025	CMF Benevolent Day		Bear Bear	8 AM – 3 PM
October 3, 2025	Board Retreat		Icicle Inn	8 AM – 5 PM
October 18, 2025	Part-Time Resident Advisory Council		ABC Room	9:30 AM – 12:30 PM
October 22, 2025	CMF Board Meeting		ABC Room	9:00 AM
October 22, 2025	Board Meeting		ABC Room	5:00 PM
November 11, 2025	Q4 Open Forum		ABC Room	12:30 PM
November 12, 2025	CMF Board Meeting		ABC Room	9:00 AM
November 12, 2025	Q4 Open Forum		ABC Room	11:30 AM
November 13, 2025	Q4 Open Forum		ABC Room	5:15 PM
November 14, 2025	Q4 Open Forum		ABC Room	12:00 PM
November 18, 2025	Community Engagement Night		Leavenworth Festhalle	4 PM – 7 PM
November 19, 2025	Board Meeting		ABC Room	5:00 PM
December 10, 2025	CMF Board Meeting		ABC Room	9:00 AM
December 17, 2025	Board Meeting		ABC Room	5:00 PM

## 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 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 July 23, 2025**

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

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual items from the consent agenda at the meeting, should you wish to discuss.
- **Committee Reports**
  - Community Outreach and Awareness Committee – Included in your packet is the agenda from the most recent meeting to inform Shari’s report.
  - Finance Committee – Included in your packet is the agenda from the most recent meeting as well as the Q2 Finance Dashboard, to inform Tom’s report.
- **Discussions & Reports**
  - Listening Session Themes – No documents are included in your packet for this report. Slides will be sent to you in advance of the meeting no later than end of day Monday. Those slides will also be presented during Wednesday’s meeting.
  - Q2 Organizational Dashboard Review – Included in your packet is the second quarter dashboard as well as a companion document providing additional summarized information on organizational progress. We’ve included several questions on the summary document that we’re interested in your thoughts on; additional questions / feedback on our strategic work are also welcome.
  - Continued Conference Discussion/Education – Included in your packet is a document summarizing commissioner learning from the June WSHA/AWPHD rural healthcare leadership conference. Please come prepared to discuss and to share your takeaways.
- **Action Items**
  - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **Q2/June Financial Report** – Included in your packet is the financial report for June 2025, which reports financial performance through second quarter.

#### **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.
- Included in your packet is turnover data, in the form of two graphs, which are provided for your review. This information is provided to you on a quarterly basis to help provide a strategic view of the CM environment via turnover data.
- 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 Follow Up 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.

- Tuesday Aug 5: 10am-12pm or 1pm-3pm
- Monday Aug 11: 8:30am-10:30am or 1pm-3 pm
- Tuesday Aug 12: 10am-12pm
- Monday Aug 18: 9am-11am
- Tues Aug 19: 1pm-3pm



**Minutes of the Board of Commissioners Meeting**

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

June 25, 2025

- Present:** Shari Campbell, President; Tom Baranouskas, Vice President; Cary Ecker, Commissioner; Dr. Jesse Knight, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director, Rural Health Clinic; Madison McNeil, HR Coordinator
- Guests:** Rich Adamson, Cascade Medical Foundation
- Zoom:** marykm, Jody Carona and Garth Reeves with Health Facility Planning

Topics	Actions/Discussions
<b>Call to Order</b>	President Shari Campbell called the meeting to order at 5:31 PM. Cary then led the Pledge of Allegiance.
<b>Consent Agenda</b>	Cary Ecker moved to approve the consent agenda, Jessica Kendall seconded. Motion unanimously approved.
<b>Community Input</b>	None.
<b>Foundation Report</b>	Rich Adamson provided history of Cascade Medical Foundation and then gave an update on recent work. The golf tournament was a big success that earned \$52,550. The Foundation has raised funds for the clinic bundle and has selected as a stretch goal to raise funds for a new cardiac monitor, which is about \$70,000. Plain Cellars will be hosting a benevolent night on July 5 <sup>th</sup> to benefit the foundation. The fall fundraiser, Jive Time in the Cascades, will be a Silvara Cellars on September 20.
<b>CM Values</b>	Diane Blake provided the Shared Values reflection about quality, highlighting an award Cascade Medical received at the WSHA Rural Healthcare Leadership Conference for quality improvement efforts. Additionally, kudos to Jessica Kendall and Rachel Avery who presented on board quality rounding at the conference as well.
<b>Discussions and Reports</b>	<p><b>Community Health Needs Assessment (CHNA) Report</b> Jody and Garth from Health Facility Planning gave a presentation highlighting community data and demographics as well as input received from the community via the CHNA process. No major changes were noted in the data or input from past assessments, and interest remained from the community to maintain focus on areas identified in the previous CHNA. Those areas of focus will be finalized later in the year, in conjunction with the master facilities and strategic planning work.</p> <p><b>Strategic Plan Timeline Check-in</b> The board discussed the proposed strategic planning timeline. While the timeline looks good, the board expressed interest in ensuring they received more information on the plan inputs prior to the scheduled October retreat. Discussion ensued on the ways to accomplish this, including planning for a special meeting in August, sharing data and information via email ahead of time, and including time at the September meeting for brainstorming.</p>

<p><b>Committee Reports</b></p>	<p><b>Governance</b>  Shari Campbell provided a summary report of the most recent meeting. This year, the plan is for the board retreat to focus on strategic planning and the master facilities plan. The committee reviewed the new commissioners' orientation progress and discussed a structured process to involve community members in board committees. The committee also discussed additional ways to involve community in CM work, including the Patient &amp; Family Advisory Council and the Part Time Resident Advisory Council, as well as how to recruit for membership. Board objectives were review; all are on track.</p>
<p><b>Action Items</b></p>	<p><b>Motion: Approve Credentialing.</b>  Jesse moved to approve the list of providers to credential, Jessica seconded. Motion unanimously approved.</p> <p><b>Motion: Approve Resolution 2025-03 Meeting Time Update</b>  Tom moved to approve Resolution 2025-03, Jesse seconded. Motion approved by a 4 to 1 vote.</p> <p><b>Motion: Approve Resolution 2025-04 Surplus Items</b>  Jesse moved to approve Resolution 2025-04, Cary seconded. Motion unanimously approved.</p>
<p><b>May 2025 Financials</b></p>	<p>Marianne Vincent provided the report.  May's net margin of (\$137,000) fell below the budgeted margin of \$109,000 by \$245,000. Gross revenues of \$3,613,000 were below budgeted revenues of \$3,991,000 by (\$378,000). May operating expenses exceeded budgeted operating expenses by \$186,000. Margin remains ahead of budget for the year by \$526,000.</p> <p><b>Revenue, Expense, and Volume Variances</b></p> <ul style="list-style-type: none"> <li>• Year to date, inpatient services, endoscopy and lab reflect gross revenue that exceeds budget; CT, Clinic, and Pharmacy revenue is behind budget.</li> <li>• Professional fees were over budget by \$113,000 due to consulting fees for Meditech optimization.</li> <li>• Ambulance and Lab exceeded budgeted volumes in May; CT, Swing Bed, and Rehab volumes were below budget. Clinic volumes exceeded budgeted volumes for the second consecutive month.</li> </ul> <p><b>Cash Receipts and Balances</b></p> <ul style="list-style-type: none"> <li>• May cash collections on patient accounts were \$883,000 more than budgeted. Cash balances for the year remain strong and are forecasted to end the year ahead of budget by \$1,314,000.</li> </ul> <p><b>Accounts Receivable</b></p> <ul style="list-style-type: none"> <li>• Continued strong collections on patient balances have resulted in a \$315,000 reduction in Gross Accounts Receivable during May.</li> </ul> <p><b>Additional Comments</b></p> <ul style="list-style-type: none"> <li>• As we approach the mid-point of the year we look forward to the onboarding of our new Director of HIM and Revenue Integrity and to continued progress on our work related to improving workflows within Meditech and charge capture. Data has been provided to Wipfli for their work on our Master Facilities Plan.</li> </ul>
<p><b>Administrator Report</b></p>	<p>Diane Blake provided the report.  <b>Strategic Plan Work:</b> Community Health Needs Assessment was presented tonight; we'll finalize focus areas and the report itself later in the year, in</p>

	<p>tandem with other strategy work. You'll receive a summary of the listening session comments at the July meeting; these are another input to our strategic plan work. Master facility planning work is on timeline; we've provided data to the vendor and they will be onsite in July to continue the work.</p> <p><b>Mobile MRI:</b> Currently planning for a mid-July launch.</p> <p><b>Diane participated in a virtual American Hospital Association Regional Policy Board meeting earlier in the month. Key takeaways:</b> Warning that the OBBBA could get worse in the Senate. Discussion on price transparency work, that the current requirements haven't achieved the desired results and not a substantial number of patients are utilizing the posted data. Healthcare industry should expect additional changes/requirements on this topic in the future. Discussion about Health &amp; Human Services new agenda focusing on health promotion and wellness. Discussed strategies hospitals can take and the problem of misalignment in provider pay, that specialty services are paid more than specialties like primary care, which are more focused on health and wellness.</p> <p><b>Provider Compensation Work:</b> Project is ongoing. Interviews have been conducted with providers, steering committee is meeting and reviewing data. Regionally marketplace provider pay is estimated to be above national comparables by 7-9%; initial look at CM provider pay looks like we are unlikely to require major pay adjustments. Beginning to set the foundation for exploring other ways to structure provider incentive programs.</p> <p><b>Clinic Provider Staffing:</b> Now utilizing a recruiter for open physician position. Interest from several residents who are not available until next year, we're working through strategy on that opportunity. Working on locum coverage for the summer in the clinic.</p> <p><b>Hospital Care Team:</b> Diane highlighted the great news that all positions on the hospital care team are filled and shared Natasha Piestrup's email to her team, congratulating them on the work they do to make Cascade a desirable place to work.</p>
<b>Board Action Items</b>	Please check emails regularly. Please share with Maddy dates when you will be away.
<b>Meeting Evaluation/Commissioner Comments</b>	<p><b>Meeting Evaluation/Commissioner Comments</b></p> <p>Commissioners expressed appreciation for a good meeting and did not have specific feedback on the questions provided on the agenda.</p> <p>For those that attended the WSHA &amp; AWPMD conference, please send notes or key takeaways or documents to highlight, to Shari who will consolidate for the July board packet.</p> <p>If you can, please send a note to lawmakers with any of your concerns for Medicare and Medicaid cuts and how it can impact our healthcare facility and healthcare accessibility.</p>
<b>Adjournment</b>	Shari moved to adjourn the meeting. Tom seconded, and motion was unanimously approved.

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

\_\_\_\_\_  
Jessica Kendall, Secretary

FINANCIAL ACCOUNTING  
WARRANTS / EFTS ISSUED

Commissioner Meeting: July 23, 2025

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

Accounts Payable Warrant Numbers	10126968 – 10127206	\$878,808.97	06/14/2025 – 07/14/2025
Accounts Payable EFT Transactions	20250087 – 20250100	\$537,807.80	06/14/2025 – 07/14/2025
Accounts Payable ACH Transactions	EP12107 – EP12110 EP12296 – EP12298	\$4,044.34	06/14/2025 – 07/14/2025
Payroll EFT Transactions	26950 – 27377	\$985,229.92	06/14/2025 – 07/14/2025
Grand Total		\$2,405,891.03	

Note: The ACH transaction numbers are not reported sequentially; there is a gap between batch runs.

Prepared by:

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Kathy Jo Evans  
Director of Accounting

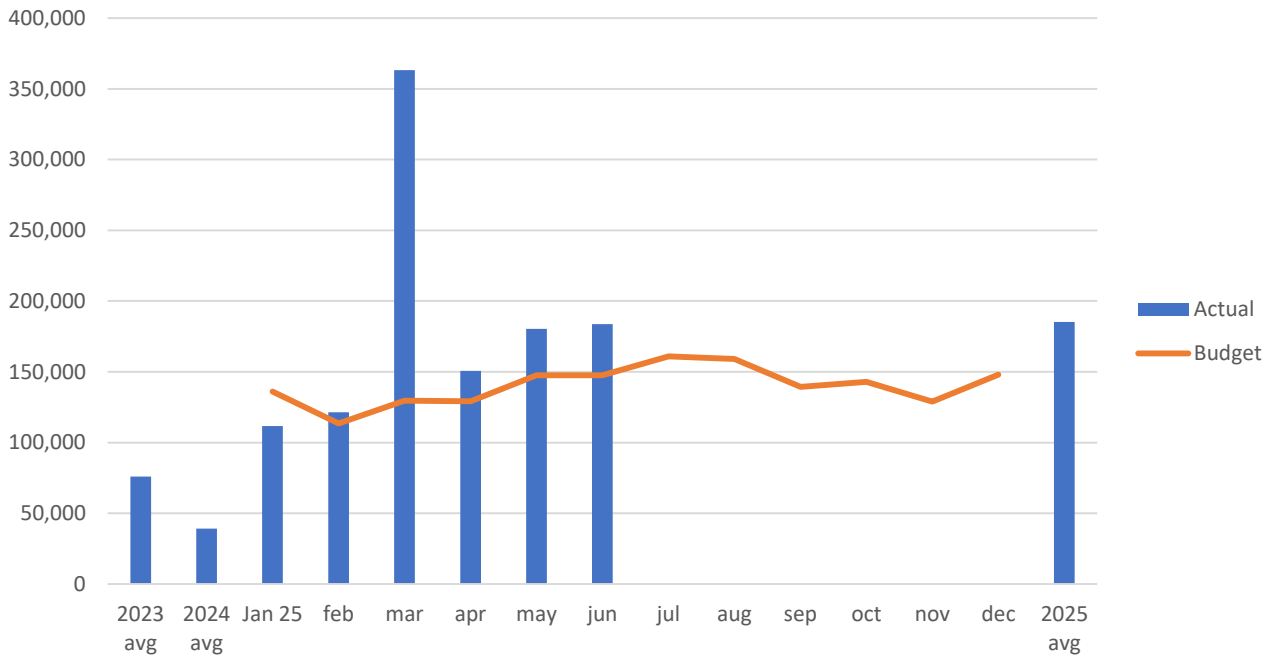
Cascade Medical  
 Bad Debt Write Offs  
 Financial Assistance Program Discounts

Month June, 2025

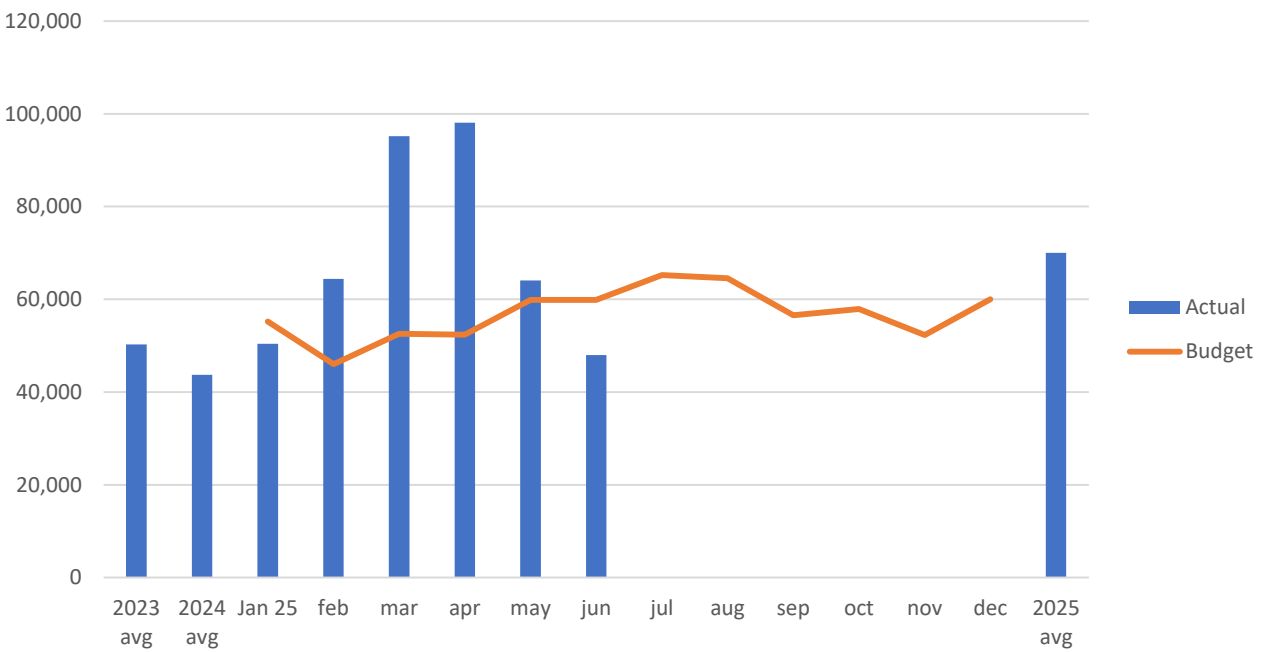
Net Bad Debt Write-Offs for Board Approval	\$	<b>183,651.30</b>
CFSP/Financial Assistance Program Discounts for Board Approval	\$	<b>48,001.66</b>

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	206,777.83
	less: pullback from Agency due to receipt of payments	(23,126.53)
	Net Bad Debt Write-Offs	183,651.30
CFSP/Financial Assistance Applications - Discounts Approved	\$	48,001.66
Total		231,652.96

### Net Account Balances Sent to Collections



### CFSP/Financial Assistance Discounts





**AGENDA**

**Community Outreach & Awareness Committee**

July 7, 2025

2:00 PM – 4:00 PM

Administration Conference Room

<b>Agenda Item</b>		<b>Time</b>
1.	Call to Order	2:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none"><li>July 7, 2025 Agenda</li><li>May 19, 2025 Minutes</li></ul>	2:00 PM
<b>Committee Work</b>		
1.	Updates / loop closure of May agenda items	2:00 PM
2.	EMS Levy Recap <ul style="list-style-type: none"><li>Review list of what worked well and opportunities for improvement<ul style="list-style-type: none"><li>Review and capture input from a data perspective (Google analytics, newsletters, mailer, social, etc.)</li></ul></li><li>Are there any learnings we want to apply to more general communications?</li></ul>	2:05 PM
3.	Check-in on organizational and Board outreach <ul style="list-style-type: none"><li>Strategic view of planned outreach<ul style="list-style-type: none"><li>Are there additional opportunities for board and organizational connection in the future that are not part of current plan?</li><li>What are key messages/areas that we wish to focus on at upcoming events? Do we have the right collateral for this? How does this fit into communication strategy overall?</li></ul></li><li>Are there opportunities to ask the community for feedback at upcoming outreach events, such as a survey at the city block party? What do we want to know from our community?</li></ul>	2:30 PM
4.	Strategic View of Marketing <ul style="list-style-type: none"><li>What data do we have and what data do we need in order to identify what's working and what needs to be changed, in regard to communication and marketing? What are we learning from analytics?</li></ul>	3:10 PM
5.	Committee Business <ul style="list-style-type: none"><li>Discuss plan for community member appointment to committee</li><li>Is there/should there be a role for this committee with advocacy?</li><li>Schedule future meeting(s)</li></ul>	3:20 PM
<b>Adjournment</b>		
1.	Adjournment	4:00 PM

Materials provided in advance of meeting along with agenda:

1. July 7, 2025 minutes
2. EMS Levy Recap Data
3. Outreach calendar
4. Process for adding community members to committees
5. Committee Charter



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

### **Board Finance Committee**

**July 21, 2025**

**9:00 – 11:00 AM**

Administration Conference Room

<b>Agenda Item</b>		<b>Time</b>
<b>1.</b>	Call to Order	9:00 AM
<b>2.</b>	Consent Agenda Approval <ul style="list-style-type: none"><li>July 21, 2025 Agenda</li><li>April 21, 2025 Minutes</li></ul>	9:00 AM
<b>Committee Work</b>		
<b>1.</b>	Review follow-up items from minutes	9:05 AM
<b>2.</b>	Policy Review <ul style="list-style-type: none"><li>Non-Payroll / EFT Release Policy</li><li>Capital Spending Approval Matrix Policy</li><li>Financial Management Policy</li></ul>	9:10 AM
<b>3.</b>	Review Q2 Financials and Dashboard	9:25 AM
<b>4.</b>	Financial Assistance stats	9:45 AM
<b>5.</b>	Review Clinic stats/revenue	9:50 AM
<b>6.</b>	Insurance discussion	9:55 AM
<b>7.</b>	Discuss industry trends	10:05 AM
<b>8.</b>	Discuss Board Education	10:15 AM
<b>9.</b>	Discuss Long-Term Planning	10:25 AM
<b>10.</b>	Review Q2 OICC quarterly report	10:45 AM
<b>Adjournment</b>		
<b>1.</b>	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. April 21, 2025 Minutes
2. Non-Payroll / EFT Release Policy Draft
3. Capital Spending Approval Matrix
4. Financial Management Policy
5. Q2 Financial Packet & Notes
6. Q2 Dashboard
7. Financial Assistance stats
8. Clinic stats/revenue
9. Budget Process draft
10. CM 5-Year Projection with Cash Flows
11. OICC Q2 Report

#### **2025 Meeting Schedule**

- October 20, 2025
- December 8, 2025

## Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2025

Strategic Pillar	Measure	2021	2022	2023	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025 YTD	2025 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex	
FINANCE	Total Margin	24.8%	-6.1%	-2.6%	5.4%	-1.9%	7.4%			3.0%	-2.5%		3.0%		
	Days Cash on Hand	217	194	190	197	178	195			197	90		60		
	Cash Growth available to Operations	166	22	1,314	2,008	-540	1,573			1034	-616		-	-	
	Days in Net Patient Accounts Receivable	57	61	56	49	55	40			43	54		54		
	% of AR balances > 90 days since DOS	33.6%	41.2%	0.0%	0.0%	0.0%	0.0%			0.0%			-	-	
	Net Revenue as % of Staffing Costs	153%	144%	152%	162%	146%	167%			156%	153%		-	-	
	Debt Service Coverage	7.36	0.73	1.44	3.40	1.56	4.51			3.07	1.23		3.00		
	Long Term Debt to Capitalization	46%	44%	40%	34%	34%	32%			32%	NA		-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.45	0.55	0.59	0.57						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.

**Dashboard Strategy / Performance Measures  
Cascade Medical 2025**

2023-2025 Focus with 2025 Objectives		Q1 '25	Q2 '25	Q3 '25	Q4 '25	Target/ Comparative	YTD Status
<b>Patient &amp; Family Centered Care</b>	<b>Three-year Objective:</b> Deliver quality care that is accessible, equitable, and safe every time, every touch						
	• Develop a Master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion					Meet Project Timelines	On Track
	• Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited					Meet Project Timelines	On Track
	• Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and hospitalist programs under the umbrella of Team-Based Care, with continued emphasis on enhancing patients' first touch experience with CM					Thru Q2, Meet Project Timelines	Lagging
• Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements					Meet Communication Cadence	On Track	
<b>Financial Stewardship</b>	<b>Three-year Objective:</b> Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth						
	• Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies					To Timeline, then Track Data	Lagging
	• Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025					Meet Project Timelines	On Track
	• Conduct thorough employee and community education program around the EMS Levy					Meet Timelines	Complete
	• Fully develop and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025					Meet Timelines	On Track
• Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)					Timelines / Metrics	Lagging	
<b>Our People</b>	<b>Three-year Objective:</b> Provide an exceptional employee experience within a safe, stable, family-based work environment						
	• Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development					Meet Timelines	On Track
	• Continue robust professional development programs, including focused leadership development					Meet Timelines	On Track
	• Launch a CNA program in collaboration with Cascade High School					Meet Timelines	On Track
• Understand compensation strategy options, for future consideration					Meet Timelines	Lagging	
<b>Community Connections</b>	<b>Three-year Objective:</b> Collaborate with community to define needs and nurture partnerships to support healthy lifestyles						
	• Implement structured, robust plan for bilingual community dialogue to inform Community Health Needs Assessment, which will, in turn, inform the next strategic plan					Meet Project Timelines	Lagging
	• Implement structured communication and outreach plan that is consistently on message, including communications about first touch improvements; maintains focus on priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed		79%			85% Tactics Completed By Timeline	Lagging

Status: On Track Behind Timeline At Risk

Board Dashboard Companion Document  
Q2 2025  
Cascade Medical

In your packet is the Dashboard Strategy / Performance Measures document which provides a snapshot of our organizational progress to date toward meeting our board-approved strategic objectives for the year. This longer document provides additional information to ensure transparency with the board on organizational progress toward meeting the objectives of our strategic plan. As you review the dashboard and refer to this document to better understand the work, please try to focus your questions and feedback on broad organizational direction; sharing your thoughts and perspectives from viewing our progress as a whole, rather than in individual tactical elements, is essential to helping us stay on track, to pivoting where necessary, and to future planning.

As you consider our strategic plan from a governance perspective, please consider your thoughts to the following questions:

- Of the initiatives which are lagging, which do you see as the most essential we successfully complete by yearend and why? (This will help inform our prioritization, if we need to adjust resource allocation between initiatives.)
- What elements of work on the strategic plan are you/would you be most excited to share with community members and why?
- For the CHNA work under Community Connections we've rated ourselves as behind / lagging, even though we are on track with the Target / Comparative goal of meeting timelines. Do you support this rating? Why or why not?
- What additional information do you need to feel confident you understand the planned annual direction of CM and how we are steering toward that direction?
- What broad, big picture concerns, opportunities, or questions are unaddressed in the 2025 plan that you'd like to ensure are addressed in the future?

**Patient & Family Centered Care 2023-2025 Focus:** Deliver quality care that is accessible, equitable, and safe every time, every touch.

**2025 Objectives**

1. Develop a master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion
  - a. This work is on track and well underway. As planned, the final vendor selection was made early in Q2, a plan and timeline for the work was developed, and data was provided to the vendor, setting us up to be on schedule with the robust work planned for Q3.
2. Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited
  - a. This work is on track. Q2 saw the kickoff of and working through a thorough evaluation process, including the examination of accreditors' standards against CM strategic priorities and capabilities as well as gathering peer feedback on different accreditors. We are on track to narrow the selection to two

recommendations by the end of August, setting us up to be able to make a final recommendation by the end of 2025.

3. Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and hospitalist programs under the umbrella of Team-Based Care, with continued emphasis on enhancing patients' first touch experience with CM
  - a. This objective includes a number of tactics, several of which are behind timeline, putting this objective in the lagging/behind timeline category. Lagging areas include a delay in customer service training which was planned for Q2 but won't be deployed until Q3; being behind timeline on implementing a school-based medical clinic (we're working on the school's timeline and will start this up in the fall; our initial plan was to launch spring of 2025); and needing to do more work on the project to expand clinic hours, which has been delayed in part due to impacts from provider turnover. Ultimately, we expect these areas to be back on track before the end of the year. Work that's on timeline includes the dovetailing of mobile integrated health (MIH) and clinic work, successful utilization of Luma (for improved patient digital connection; 135 patients self-scheduled appointments in Q2) and planned work for the optimization of the mobile clinic (we will continue making adjustments to improve utilization as we go, because despite changes in Q2 we still are not reaching the numbers of patients we'd like).
4. Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements
  - a. This work is on track in that all of the pieces related to data validation and electronic health records (EHR) systems improvements are moving strongly ahead, including closing in on completing registry work. This goal is also about communicating about the data validation and EHR work, and regular updates have been provided to the Executive Team, including Dr. Kendall, as well as touchpoints quarterly at board meetings.

**Financial Stewardship 2023-2025 Focus:** Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth.

### **2025 Objectives**

1. Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies
  - a. This work lags behind original plan in the areas of supply barcoding and departmental charge reconciliation work; while both are underway, we did not meet the tactics in June that we'd originally set, which included completing the implementation of barcoding supplies for the Emergency Department. Some of this lag is owing to the pivot we made relating to our good fortune in having been able to add an experienced Director of Health Information Management and Revenue Cycle Integrity to our team. With that role in place, we'll be able to

move this objective's tactics back into timeline compliance before the end of the year, and we now have the potential to exceed original plans around charge capture work.

2. Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025
  - a. This objective is on track, with Q2 efforts having included the convening of the internal steering committee and the finalized vetting of and work toward implementation of an ambient listening tool to support providers in their work. Planned efforts in Q3 include completing implementation of the ambient listening tool and continuing to build structure around proactive exploration of AI tools, including an innovation form / process to capture interest from the team.
3. Conduct thorough employee and community education program around EMS Levy
  - a. Met, culminating in passage of the EMS Levy by a 77.2% approval. Additionally, we've documented what elements of the education program worked well and where there are opportunities for improvement, for future reference.
4. Fully develop and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025
  - a. This plan is so far on track. The timeline of activities presented to the board in a monthly summarized plan in June are included in the list of tactics to develop a strategic plan by yearend, with tactics for 2026 work, that wraps in the results of the Master Facility Planning work. Inputs to the strategic plan that we are tracking to completion include the Community Health Needs Assessment, employee listening sessions, risk stratification work, market / outmigration assessment, market wage assessment, and other industry inputs as well as the collaborative work needed to complete a successful master facilities plan. All inputs are on track.
5. Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)
  - a. This objective consists of three areas of focus, and we do not consider the goal on track unless all three are on track. Additionally, each area of focus is driven by a lengthy and detailed task list. Below is the status of each area:
    - i. Swing Bed – This project area is behind timeline and had four associated tactics for Q2. For the quarter, 2/4 were complete/on track (related to training on wound vacs and completion of nursing competencies) and 2/4 are behind timeline. The two lagging tactics include a delay by 60 – 90 days of the optimization of the referral desktop, to improve efficiency around admissions, and the selection of an external resource to provide additional program assessment to identify gap areas (the original selected vendor recently dropped this work from their portfolio). The goal of this work will be to ensure our Swing Bed program is efficient and consistently delivers high quality care, with a goal of increasing our annual number of Swing Bed days.
    - ii. Infusion – This project is lagging, with 0/1 tactics complete for Q2. The goal of this work is to assess formalizing an infusion program at CM and

then working to grow volumes, provided an appropriate approach is identified. We are in the evaluation stage currently, working with a vendor who offers a structured program and learning from peer hospitals on how they operate their programs. Much of the Q2 delay is related to diminished responsiveness from the vendor we were considering partnering with on a structured program, making it more likely we will solely be evaluating a “build our own” program. Master Facilities planning could impact program direction.

- iii. Rehab Services – This project includes seven focus areas, some of which were identified through the 2024 assessment. These are: (1) Establish Financial Margin, (2) Improve Patient Access and Productivity, (3) Retain and Recruit Team Members, (4) Promote OT, Pediatric, and SLP Services, (5) Achieve Cardiac Rehab Certification through AACVPR, (6) Ensure DOH Survey Readiness, and (7) Evaluate Facility Design and Space Utilization. Limited progress was made in Q2 due to department changes; in Q3 we will be back to concentrated focus on implementation of the initial assessment recommendations, which will be led by the interim Rehab Services Director.

**Our People 2023-2025 Focus:** Provide an exceptional employee experience within a safe, stable, family-based work environment.

**2025 Objectives**

1. Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development
  - a. This work is on track to meet stated timelines. Sixteen listening sessions were held in Q2 and reached 77 team members; this equates to 45% of regular employees, exceeding our goal of reaching 30% of regular employees. Additionally, we are on track to meet Q3 tactics, which includes sharing the summarized feedback and utilizing it in our strategic planning process.
2. Continue robust professional development programs, including focused leadership development
  - a. This work is tracking to plan and timeline. Q2 activities included work with the WA State workforce training and education board as well as The Rural Collaborative members to advance an LPN apprenticeship program as well as focused and facilitated training for the Leadership Team (directors and executives) as well as defining a cohort of managers who will participate in leadership development in the latter half of the year.
3. Launch CNA program in collaboration with Cascade High School
  - a. On track. Q2 work included finalizing space and supply needs/solutions for the program, completion of legal review, finalization of the agreement with the school, and working on the class schedule build. We are on track to finalize all the elements of this collaborative work to be able to launch the program as planned in January 2026.

4. Understand compensation strategy options, for future consideration
  - a. This project is lagging 30 – 60 days behind planned timeline. While work has begun on performance review redesign and evaluation of platform options, this work is taking longer than expected and still needs to be finalized in draft and then reviewed by the executive team, work we originally planned to have completed in Q2. We do currently anticipate being on goal by end of year. Additionally, the provider compensation work is on track, with on-site interviews conducted in Q2 and the internal steering committee meeting regularly to advance the work.

**Community Connections 2023-2025 Focus:** Collaborate with community to define needs and nurture partnerships to support healthy lifestyles.

**2025 Objectives**

1. Implement structured, robust plan for bilingual community dialogue to inform Community Health Needs Assessment, with will, in turn, inform the next strategic plan
  - a. The elements of this goal are now tracking on time to our completion timeline, as those elements relate to the work of the Community Health Needs Assessment. However, the spirit of the objective was to have / gather a robust, bilingual community dialogue. We worked hard to do this and did finally reach at least the minimum number of survey respondents, including a demographically proportionate number of Hispanic community members, but, despite efforts, we did not end up with as robust of community input originally envisioned. Because of that lack, this objective is rated as lagging and will likely remain so throughout the remainder of the year.
2. Implement structured communication and outreach plan that is consistently on message, including communication about first touch improvements; maintains focus on priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed
  - a. This measure is lagging. Our goal is to achieve an 85% on time completion rate of the tactics on our Marketing & PR plan. We achieved that in April, in part because we were still heavily focused on EMS communication while pivoting to other tactics. In May we had an on-time completion rate of 67% and in June of 72%. This is a quarterly average of 79%, which is below our aim of 85%. Additionally, we have yet to finalize efforts to utilize data / measurement to inform our communication work and we have not been as focused in Q2 on efforts to strengthen connection to our Spanish-speaking neighbors, two important elements of this objective.

## **WSHA & AWPHD Annual Conference Notes/Takeaways from presentations**

### **Outreach & Legislative Advocacy**

The importance of having personal relationships with your state and federal representatives. Other commissioners talked about how they wanted to be the first person their rep called when they had rural health questions.

- Know your why for being a commissioner and serving rural health, so you can detail it to your representatives easily.
- Know your payor mix
- Have examples for anything you want to explain to reps
- Numbers AND stories
- Remember the hospital is an economic engine in community
- Be an asset/ally to your reps
- Everyone gets sick, doesn't matter what party you are in
- Invite legislators to everything; eg ribbon cutting, etc
- Ask community, if we weren't here, what would you miss
- Build relationships with reps throughout year, better when not in session
- Build relationships with subject matter experts
- Your employees are constituents also and can share message of hospital

### **Cybersecurity: Presented by Chad Schmidt, CEO, Scaled Health (the firm CM works with)**

- It's a board issue; presentation focused on board's role – a top down perspective
- Cyber events happen every day, at every hospital; up to 1,500 a week or more
- Cybersecurity is highly technical, highly complex
- Think of Cybersecurity as an investment, one that should have board backing
- Board's role in Cybersecurity is to help ensure proper risk management, asking strategic questions
- Chad reiterated that today's IT/Tech professionals cannot be experts at everything and Cybersecurity is its own discipline

### **The Board's Role in CEO Succession Planning**

- Presentation goal: demystify succession planning and make it part of your regular governance work
- Why is it important?
  - In Washington State alone, nearly half of rural hospitals have had CEO turnover in the last three years
  - CEO succession planning helps ensure community access to healthcare

- Burnout and board relationship challenges are two of the top reasons CEOs cite for leaving their role
- Succession planning isn't about replacing your CEO, it's about how your support them, retain them and protect your organization
- The elements of a good CEO succession plan include: having a plan, defining roles, building internal talent, being ready to use plan, if needed, onboarding CEO well and reviewing the plan regularly/annually
- Five questions to ask every year:
  - Do we have a written CEO succession plan?
  - Who owns the process?
  - How are we developing internal talent?
  - When did we last talk with our CEO about the future?
  - Would we be ready if the CEO gave notice tomorrow?
- How do we support our CEO today?
  - Set clear expectations – and stick to them
  - Keep in the right lane (Strategy, oversight/accountability and policy, not daily operations)
  - Be a partner in leadership development
  - Check in, not up
  - Acknowledge challenges

### **High Functioning Boards (Great presentation and some great examples of strategic questions in the PowerPoint)**

- Five factors drive high board performance:
  - Board composition
  - Strategic focus
  - Role clarity
  - Board behavior and culture
  - Self-assessment and continuous learning
- What does the board do?
  - Sets strategic direction, appoints/hires CEO, oversees performance and safeguards organizational assets
  - Board should focus on oversight, strategy and accountability
  - Each commissioner should act in good faith and in the best interests of the organization, while exercising diligence, care and skill
- It can be difficult to serve as a commissioner/board member because:
  - Commissioners may have expertise in a specific field, such as HR, law
  - Background may be in execution (doing) rather than oversight

- Governance defines 'what' (strategy and goals), while management defines 'how' (execution and tactics)
- Boards monitor outcomes and ensure accountability
- Great board members ask great (strategic) questions
- Great boards have great cultures:
  - Curiosity: Asking great questions, not giving directives
  - Humility: Willingness to listen and learn
  - Accountability: To each other, to the mission, to the public

### **Best practices for Successful Hospital foundations-**

- I think our foundation is doing great—but a couple of suggestions in the presentation I thought were meaningful to consider:
  - Board member contact & participation with Foundations generate 4-5 times more revenue- Could our board be more visible?
  - Grateful patient engagement

### **Engaging your board in its role of Safety & Quality**

- Jessica and Rachel did a great job presenting! And I think CMC is doing a great job, especially engaging the board.
- On their list of questions that board members should be able to answer, there was only one that I couldn't answer: "*How are these priorities tied to hospital and physician payment?*" I would also ask—should they be?

### **One Hospital's unique Journey to Capital financing**

- Summit Pacific, a hospital not unlike ours (CAH, 10 beds etc), have been accessing capital financing via the US Department of Agriculture for over 10 years. They have used this along with a new look at their health priorities (new Mission & Vision), community engagement, industry experts (e.g., Key Bank). Not insignificant is their growth which has enabled Revenue bond financing without a Levy/Bond ask of the community. As we go forward with our Master Facility Planning, more understanding of their story may be helpful as we look at financing options.

## Securing the future Rural Health with AI Skilling and Innovation

- A lot of great stats about AI and cyber security in health care.
- Almost like an advertisement for Microsoft Philanthropies but may be an opportunity to get some "free" AI/Cyber security help in Broadband expansion, Training and AI innovation and Skilling. I.e., Microsoft Rural Health Care AI Innovation Lab (RHAIL)
- There are bottom line favorable impacts to AI out there. e.g., Ambient listening, chart closure, documentation time, reduction in reported clinician burnout, less after hour documentation, etc.
- AI training in health care is lagging and the work force wants it.
- 32% of Rural hospitals are using AI, while 75% of large hospitals use it
- AI Governance cautions: data privacy, data breaches, bias, lack of transparency, patient safety, lack of human supervision, etc.
- What Strategic goals do we have that AI might support? How do we track AI's value and contribution to these goals?
- The redesign of workflows seems to be the biggest factor in AI's favorable impact on the bottom line.

# Credentialing Approvals

## **Teleradiology Initial Privileges (1-year)**

- Trevor Lewis, MD

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

- Alison Seitz, MD
- Jarrett Kuo, MD
- Jason Grennan, MD
- Eugene Chung, MD
- Timothy Conner, MD

## **Locum Tenens Privileges: (90 Days)**

- Jonathan Maher, MD
  - Jonathan was emergently credentialed via the process for that due to the timing of coverage needs in the Emergency Department
- Jonathan Lippman, PA
  - Jonathan was emergently credentialed via the process for that due to the timing of coverage needs in the Emergency Department
- David Freidenberg, MD
  - David was emergently credentialed via the process for that due to the timing of coverage needs in the Emergency Department
- Robin Nicholson, MD
  - Robin was emergently credentialed via the process for that due to the timing of coverage needs in the Emergency Department

# Accompanying Notes for the June 2025 Financial Statements

## June Financial Statements –Quarterly Summary

Our second quarter (Q2) net margin continued the first quarter positive trend with a net margin of \$690,000, which was greater than the budgeted margin of \$169,000 by \$521,000. Year-to-date through June we have a net margin of \$530,000 compared to a budgeted margin of (\$424,000), for a total variance of \$954,000. While gross revenues dipped below budgeted volumes by \$418,000 in Q2, net patient revenue is well ahead of budget. We were less successful in holding our operating expenses below budget in Q2 but remain slightly ahead of budget as the quarter ended. Cash collections and balances both trended positively in Q2.

## Revenue and Expense Variances

1. Professional fees were over budget in Q2 as we continue our work with HealthNET.
2. Supply expense continued to trend under budget in Q2. We know much of this is due to Lab and Pharmacy supply expenses. Continued efforts by Materials Management to improve Lab contracting prices has resulted in the lower Lab supply expense in 2025. The lower supply expense in Pharmacy is primarily due to our 340B program.
3. We will continue to see the variance for depreciation grow through the end of the year as we recognized that we underbudgeted for 2025 in total.

## Patient Statistics

Both Acute and Swing Bed inpatient volumes remained strong in Q2, while Lab, Ambulance, and Clinic volumes were up in Q2. CT and Rehab continued a negative trend in Q2.

## Cash Receipts and Balances

Cash collection in Q2 exceeded budgeted cash collections by \$2,350,000 while cash balance at the end of Q2 are \$1,545,000 greater than budgeted balances.

## Accounts Receivable

Work to clean up our Gross Accounts Receivable continued in Q2 as we saw Gross Accounts Receivable reduced by \$1,200,000 in Q2. State account write-offs were strong in Q2 with write-offs in Q2 slightly below Q1 write-offs. Charity Care application approval amounts in Q2 mirrored Q1 approval amounts.

## Contractual Allowance

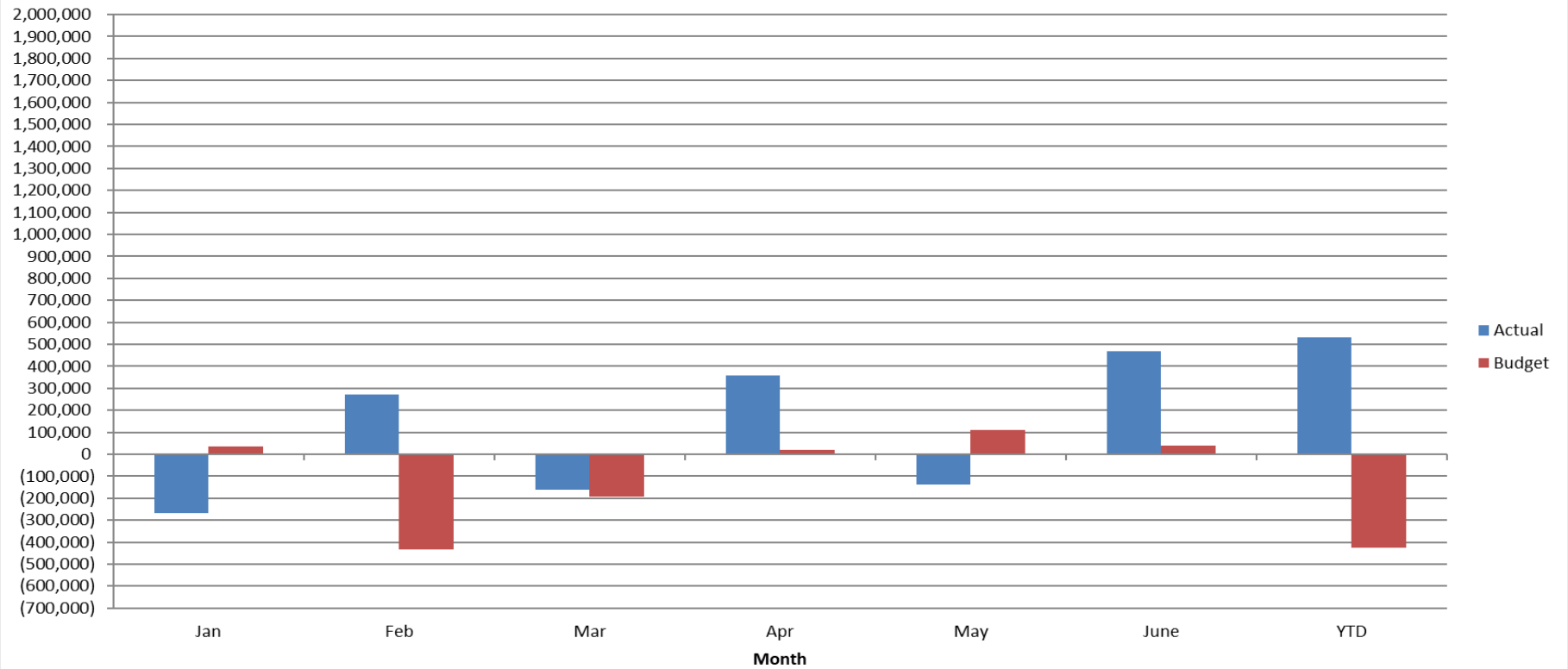
The contractual allowance is at 45.5%, allowing for a conservative estimate of our uncollectible accounts.

## Final comments and Upcoming

Overall, we had a strong quarter financially and hope to continue this trend in Q3. We welcomed Lisa Steen, our new Director of HIM and Revenue Integrity, to our team in mid-July. Lisa came to us from HealthNET and will continue to push forward with planned Revenue Cycle improvements, charge capture initiatives, as well as allowing our Business Services Director more time to focus on claims and collections. We began our 2026 Capital Budget work in June and will follow that up with 2026 Operating Budget planning in July. We will be providing data to our audit firm for the annual Ground Emergency Medical Transport (GEMT) Cost Report in

July. The GEMT program allows us to be paid our cost for Ambulance Medicaid transports. We are looking for an outside consultant to do an external audit of our 340B program and will hope to begin that work soon.

### Cascade Medical Net Surplus/(Deficit) - 2025



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

000's omitted

YTD June

**Net Margin**

Actual	530
Budget	(424)
	954
Better (Worse) than Budget	954

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

Gross Revenue -Endo \$357; SBed \$356; Acute \$235; ED (\$199); Clinic (\$221); Pharmacy(\$242); CT (\$511)	(228)
Contractual Allowances	1,557
	1,328
Net Patient Revenue	1,328
Other Operating Revenue - Safety Net (\$236); 340B (\$130)	(391)
	938
Total Operating Revenue	938

**Expenses**

Salaries & Benefits - Acute (\$215); Admit (\$56); Inform \$35; PT \$35; Clinic \$38 ; OBEB \$51; Clinic Prov \$93	(39)
Prof. Fees - Informatics \$(248); HR (\$74); ED Providers (\$40)	(372)
Supplies - Pharmacy - \$109; Lab \$75	222
Purchased Services/Repairs - Info Tech \$60; Rad \$49; Bus Off \$43;	152
Other Operating Expenses	55
	17
Total Operating Expenses	17

Non-Operating Revenues & Expenses	(1)
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Actuals Better/(worse) than Budget	954
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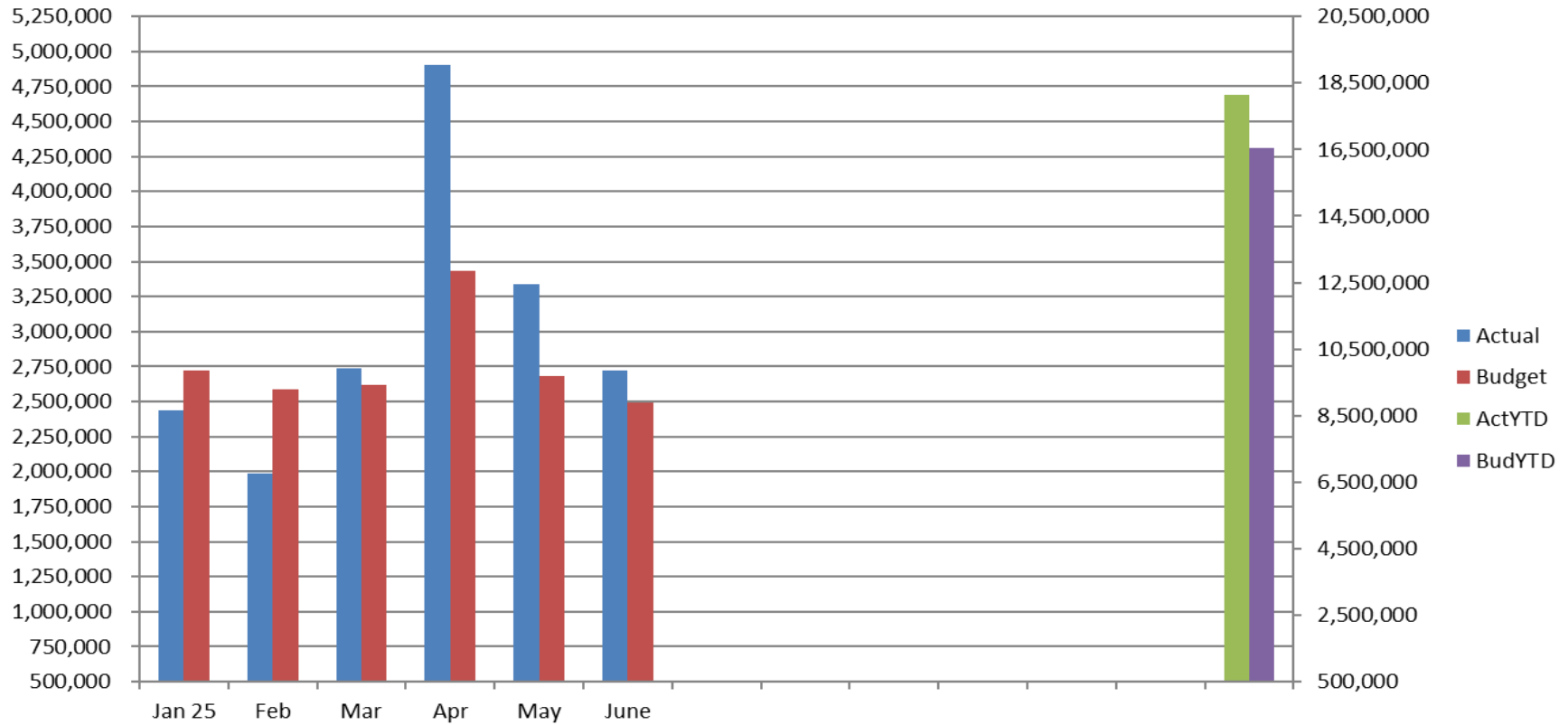
Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending June 30, 2025

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,853,674	2,480,180	373,494	15,552,478	14,224,313	1,328,165	11,171,346
Grants, Contribs, Other Op Revenue	116,615	116,695	(81)	564,638	955,170	(390,532)	629,023
Tax Levies, unrestricted	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>880,572</u>	<u>880,572</u>	<u>-</u>	<u>688,625</u>
Total Operating Revenue	3,117,050	2,743,637	373,413	16,997,687	16,060,055	937,632	12,488,994
Operating expenses							
Salaries & Benefits	1,745,235	1,851,838	106,603	11,189,029	11,149,990	(39,039)	8,380,303
Professional fees	386,744	150,685	(236,059)	1,390,732	1,019,071	(371,661)	911,499
Supplies	125,003	166,052	41,049	858,454	1,080,061	221,607	871,506
Purchased services	115,248	210,919	95,671	1,046,279	1,198,142	151,863	965,501
Depreciation	187,587	167,320	(20,267)	1,120,975	1,003,920	(117,055)	836,513
Other Operating Expenses	<u>178,738</u>	<u>245,799</u>	<u>67,061</u>	<u>1,399,183</u>	<u>1,570,938</u>	<u>171,755</u>	<u>1,041,439</u>
Total operating expenses	2,738,556	2,792,613	54,057	17,004,651	17,022,122	17,471	13,006,761
Operating gain / (loss)	378,495	(48,976)	427,471	(6,964)	(962,067)	955,103	(517,767)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	683,508	683,508	-	563,205
Interest expense on bonds	(23,324)	(23,324)	(0)	(139,945)	(139,944)	(1)	(126,636)
Other Non-Operating rev (exp)	<u>(269)</u>	<u>(939)</u>	<u>670</u>	<u>(6,251)</u>	<u>(5,634)</u>	<u>(617)</u>	<u>(5,441)</u>
Total nonoperating rev (exp), net	90,325	89,655	670	537,312	537,930	(618)	431,128
Net Income	468,819	40,679	428,140	530,348	(424,137)	954,485	(86,639)

Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending June 30, 2025

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Gross Patient Revenue	3,837,965	3,990,015	(152,050)	21,495,127	21,723,468	(228,342)	16,195,489
less:							
Contractual Allowances	939,560	1,302,354	362,794	5,144,878	6,369,533	1,224,655	4,303,892
Reserve for Bad Debts	52,760	147,631	94,871	597,375	803,769	206,394	512,486
Reserve for Financial Assistance	(8,029)	59,850	67,879	200,397	325,853	125,456	207,765
Total Deductions from Revenue	984,291	1,509,835	525,544	5,942,649	7,499,155	1,556,506	5,024,143
Net Patient Revenue	2,853,674	2,480,180	373,494	15,552,478	14,224,313	1,328,165	11,171,346
Grants, Contributions	1,000	2,000	(1,000)	40,509	67,000	(26,491)	109,961
Other Operating Revenue	115,615	114,695	920	524,129	888,170	(364,041)	519,062
Tax Levies, unrestricted	146,762	146,762	-	880,572	880,572	-	688,625
Total Operating Revenue	3,117,050	2,743,637	373,413	16,997,687	16,060,055	937,632	12,488,994
Operating expenses							
Salaries and wages	1,496,195	1,523,170	26,975	9,154,353	9,166,942	12,589	6,867,786
Employee benefits	249,040	328,668	79,628	2,034,676	1,983,048	(51,628)	1,512,517
Professional fees	386,744	150,685	(236,059)	1,390,732	1,019,071	(371,661)	911,499
Supplies	125,003	166,052	41,049	858,454	1,080,061	221,607	871,506
Utilities	17,957	26,903	8,946	149,046	155,246	6,200	121,362
Repairs and maintenance	7,138	25,135	17,997	128,816	167,000	38,184	133,850
Purchased services	108,110	185,784	77,674	917,463	1,031,142	113,680	831,651
Continuing medical education	425	2,488	2,063	4,394	17,928	13,534	6,153
Other expenses	8,584	25,246	16,662	111,532	201,472	89,940	85,773
Dues and subscriptions	109,797	87,596	(22,201)	600,547	543,835	(56,712)	403,624
Travel / training / meetings	(52,908)	21,871	74,779	117,878	152,466	34,588	129,849
Leases and rentals	58,153	17,008	(41,145)	146,390	102,245	(44,145)	79,769
Depreciation	187,587	167,320	(20,267)	1,120,975	1,003,920	(117,055)	836,513
Licenses and taxes	16,355	40,445	24,090	132,735	253,170	120,435	120,017
Insurance	19,049	23,023	3,974	128,706	137,262	8,556	88,263
Interest	1,326	1,219	(107)	7,956	7,314	(642)	6,629
Total operating expenses	2,738,556	2,792,613	54,057	17,004,651	17,022,122	17,471	13,006,761
Operating gain / (loss)	378,495	(48,976)	427,471	(6,964)	(962,067)	955,103	(517,767)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	683,508	683,508	-	563,205
Interest expense on bond financing	(23,324)	(23,324)	(0)	(139,945)	(139,944)	(1)	(126,636)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	1,500	830	670	4,365	4,980	(615)	3,405
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(10,616)	(10,614)	(2)	(8,846)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	90,325	89,655	670	537,312	537,930	(618)	431,128
Net Income	468,819	40,679	428,140	530,348	(424,137)	954,485	(86,639)

# Cascade Medical 2025 Cash Receipts



Cascade Medical  
 Statistics Summary - 2025

	YTD 2024 avg/mo	feb25	mar	apr	may	jun	2025 Act mo	2025 Bud mo	Act/Bud % var	2025 Act YTD Tot	2025 Act avg/mo	2025 Bud YTD Tot	2025 Bud avg/mo	Act/Bud % var
Acute Care	29	32	41	65	37	42	42	43	-3.4%	233	39	180	30	29.5%
Swing Bed	66	115	101	79	62	108	108	31	248.4%	542	90	407	68	33.2%
Laboratory tests	3,279	2,871	3,401	3,372	3,831	3,298	3,298	3,453	-4.5%	19,965	3,328	19,819	3,303	0.7%
Radiology exams	341	361	322	346	387	364	364	375	-2.9%	2,159	360	2,214	369	-2.5%
CT scans	149	124	125	147	130	130	130	182	-28.6%	784	131	918	153	-14.6%
ED visits	335	297	309	289	357	368	368	429	-14.1%	2,004	334	2,047	341	-2.1%
Ambulance runs	64	61	55	68	79	73	73	82	-11.0%	408	68	384	64	6.3%
Clinic visits	1,207	1,125	1,231	1,347	1,337	1,076	1,076	1,379	-22.0%	7,360	1,227	7,926	1,321	-7.1%
Rehab procedures	2,027	2,226	2,408	2,267	2,291	2,225	2,225	2,544	-12.5%	13,782	2,297	14,772	2,462	-6.7%

**Patient Statistics**

	2024		2 0 2 5										2025	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
<b>Admits</b>														
Acute Care	7.7	4	7	6	6	9	7							6.5
Short Stay	6.7	2	5	4	4	6	10							5.2
Swing Bed	3.7	8	6	4	6	6	8							6.3
Respite Care	0.5	-	1	1	1	-	-							0.5
<b>Total Admits</b>	18.5	14	19	15	17	21	25							18.5
<b>Patient Days</b>														
Acute Care	7.0	16	32	41	65	37	42							38.8
Short Stay	1.5	3.4	8.1	5.8	4.3	9.0	14.4							7.5
Swing Bed	4.8	76	115	101	79	62	108							90.2
Respite Care	-	-	9	27	33	4	-							12.2
<b>Total Patient Days</b>	13.4	95.4	164.1	174.8	181.3	112.0	164.4							148.7
<b>Average Length of Stay</b>	0.7	6.8	8.6	11.7	10.7	5.3	6.6							8.3
<b>Average Patients per Day</b>	0.4	3.1	5.9	5.6	6.0	3.6	5.5							5.0
<b>Worked FTEs</b>	-													#DIV/0!
<b>FTEs (W/ Non-Working Pay*)</b>	-													#DIV/0!
<b>Laboratory (tests)</b>	3,279	3,192	2,871	3,401	3,372	3,831	3,298							3,328
<b>Radiology (tests)</b>	295	333	322	269	261	317	321							304
<b>Mammography (tests)</b>	34	37	28	37	58	55	25							40
<b>Cardiac Diagnostics</b>	101	117	99	103	88	109	121							106
<b>CT (Scans)</b>	149	128	124	125	147	130	130							131
<b>DXA (Scans)</b>	12	9	11	16	27	15	18							16
<b>PT (services billed)</b>	1,657	1,948	1,753	1,951	1,856	1,854	1,780							1,857
<b>ER (visits/procedures)</b>	335	384	297	309	289	357	368							334
<b>Ambulance (runs)</b>	64	72	61	55	68	79	73							68
<b>Clinic (visits)</b>	1,207	1,244	1,125	1,231	1,347	1,337	1,076							1,227
<b>Occupational Therapy</b>	289	382	428	378	333	358	361							373
<b>Speech Therapy</b>	59	8	20	31	46	33	34							29
<b>Cardiac Rehab</b>	22	27	25	48	32	46	50							38
<b>Endoscopy Procedures</b>	24	36	28	27	21	24	22							26

**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	\$ 94,020	\$ 57,307	\$ 104,501	\$ 144,631	\$ 222,325	\$ 124,727	\$ 141,582							\$ 132,512
Short Stay	29,608	11,780	28,086	20,565	15,046	31,956	49,935							26,228
Respite Care	1,384	-	4,950	13,200	18,150	2,200	-							6,417
Swing Bed	173,110	203,625	314,940	274,215	211,770	168,330	293,220							244,350
Central Supply	34,351	27,807	27,752	31,866	30,874	30,616	48,832							32,958
Laboratory	395,943	405,807	390,208	452,804	420,591	476,783	421,429							427,937
Cardiac Diagnostics	30,715	34,552	26,497	36,202	31,014	33,449	37,729							33,241
CT	545,092	493,508	471,563	515,803	518,809	536,612	475,305							501,933
Radiology	163,707	212,018	202,732	177,207	197,311	208,655	217,729							202,608
Mammography	22,423	24,274	20,556	26,208	43,380	40,645	17,562							28,771
Pharmacy	151,279	86,312	132,280	97,946	102,823	99,578	107,285							104,371
Respiratory Therapy	60	188	-	-	-	-	-							38
Physical Therapy	190,907	228,695	215,046	231,617	229,908	213,404	212,847							221,920
Emergency Room	752,467	786,626	797,025	765,715	737,733	882,666	832,543							800,384
Ambulance	210,492	217,830	232,208	240,049	218,017	259,457	275,290							240,475
Clinic	369,642	242,943	347,436	416,090	512,242	299,056	454,005							378,629
Occupational Therapy	39,155	51,750	59,487	51,402	46,202	51,842	50,756							51,907
Outpatient Diagnostic Svcs	92,292	55,584	132,454	217,126	8,197	91,597	170,967							112,654
Speech/Contracted Svcs	21,534	3,410	8,443	12,281	17,830	12,022	13,036							11,170
Cardiac Rehab	4,988	6,399	5,925	10,902	7,821	9,480	9,954							8,414
Wound Care	-	-	-	16,277	7,602	33,635	3,528							10,174
Dietary/Contracted Svcs	-	4,892	4,208	6,540	6,635	5,923	4,432							5,438
<b>Total Patient Revenue</b>	<b>\$ 3,323,168</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>#####</b>	<b>\$ 3,582,521</b>

## Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending June 30, 2025

	<u>Jun-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	\$ 2,579,524	\$ 15,752,418	\$ 13,218,900
Other receipts	\$ 63,904	\$ 279,619	\$ 302,964
Payments to & on behalf of employees	\$ (1,489,598)	\$ (9,896,669)	\$ (8,726,305)
Payments to suppliers and contractors	<u>\$ (1,033,759)</u>	<u>\$ (6,178,416)</u>	<u>\$ (5,831,133)</u>
Net cash gained / (used) in operating activities	\$ 120,071	\$ (43,048)	\$ (1,035,574)
<b><i>Cash flows from noncapital financing activities</i></b>			
Taxation for maintenance and operations, EMS	\$ 17,995	\$ 1,371,334	\$ 1,352,362
Noncapital grants and contributions	<u>\$ 1,000</u>	<u>\$ 6,882</u>	<u>\$ 69,834</u>
Net cash provided by noncapital financing activities	\$ 18,995	\$ 1,378,216	\$ 1,422,196
<b><i>Cash flows from capital and related financing activities</i></b>			
Taxation for bond principal and interest	\$ 6,646	\$ 406,818	\$ 388,745
Purchase of capital assets	\$ (12,351)	\$ (180,399)	\$ (956,780)
Payments toward construction in progress		\$ (57,243)	\$ (292,710)
Proceeds from disposal of capital assets		\$ -	\$ 30,000
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ -	\$ (151,963)
Bond maintenance & issuance costs	\$ (139,945)	\$ (139,945)	\$ -
Capital grants and contributions		\$ -	\$ 54,016
Net cash provided by capital and related financing activities	<u>\$ (145,650)</u>	<u>\$ 29,231</u>	<u>\$ (928,691)</u>
<b><i>Cash flows from investing activities</i></b>			
Investment Income	<u>\$ 54,943</u>	<u>\$ 314,966</u>	<u>\$ 327,024</u>
Net increase (decrease) in cash and cash equivalents	\$ 48,359	\$ 1,679,364	\$ (215,044)
Cash and Cash equivalents, beginning of period	<u>\$ 17,875,726</u>	<u>\$ 16,244,722</u>	<u>\$ 14,238,144</u>
Cash and cash equivalents, end of period	<u><u>\$ 17,924,086</u></u>	<u><u>\$ 17,924,086</u></u>	<u><u>\$ 14,023,100</u></u>

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

	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Forecast</b>	<b>Forecast</b>	<b>Actual/Forecast</b>	<b>Budget</b>
	<b>1st Qtr</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>2nd Qtr</b>	<b>3rd Qtr</b>	<b>4th Qtr</b>	<b>Year End 2025</b>	<b>2025</b>
Cash balance, beginning of period	\$ 16,244,722	\$ 15,804,610	\$ 17,394,506	\$ 17,875,726	\$ 15,804,610	\$ 17,924,086	\$ 17,836,536	\$ 16,244,722	\$ 16,377,421
Cash available for operating needs	\$ 16,030,043	\$ 15,490,527	\$ 16,502,473	\$ 16,886,955	\$ 15,490,527	\$ 17,063,651	\$ 16,939,456	\$ 16,030,043	\$ 16,149,621
Cash restricted to debt service, other restricted funds	\$ 214,679	\$ 314,084	\$ 892,033	\$ 988,771	\$ 314,084	\$ 860,435	\$ 897,079	\$ 214,679	\$ 227,800
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,650,312	\$ 3,484,846	\$ 3,037,737	\$ 2,579,524	\$ 9,102,107	\$ 7,804,657	\$ 7,594,992	\$ 31,152,067	\$ 29,250,631
Grant receipts	\$ 5,882	\$ -	\$ -	\$ 1,000	\$ 1,000	\$ 6,000	\$ 6,000	\$ 18,882	\$ 79,000
Other receipts	\$ 128,869	\$ 59,593	\$ 27,253	\$ 63,904	\$ 150,750	\$ 266,380	\$ 281,380	\$ 827,379	\$ 1,134,520
Payments to or on behalf of employees	\$ (4,509,223)	\$ (2,216,253)	\$ (1,681,597)	\$ (1,489,598)	\$ (5,387,447)	\$ (5,809,591)	\$ (4,958,632)	\$ (20,664,893)	\$ (21,688,558)
Payments to suppliers and contractors	\$ (2,920,241)	\$ (1,081,030)	\$ (1,143,387)	\$ (1,033,759)	\$ (3,258,175)	\$ (2,317,610)	\$ (2,325,213)	\$ (10,821,239)	\$ (9,574,652)
Net cash provided by operating activities	\$ (644,401)	\$ 247,157	\$ 240,006	\$ 121,072	\$ 608,235	\$ (50,165)	\$ 598,527	\$ 512,196	\$ (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	\$ 126,094	\$ 731,969	\$ 121,354	\$ 13,032	\$ 866,356	\$ 47,772	\$ 737,725	\$ 1,777,947	\$ 1,761,145
Investment Income	\$ 155,144	\$ 50,423	\$ 54,457	\$ 54,943	\$ 159,822	\$ 149,970	\$ 149,970	\$ 614,906	\$ 599,880
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$ 281,238	\$ 782,391	\$ 175,811	\$ 67,975	\$ 1,026,178	\$ 198,178	\$ 1,259,401	\$ 2,764,995	\$ 2,733,167
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (176,354)	\$ (17,602)	\$ (31,335)	\$ (12,351)	\$ (61,288)	\$ (272,208)	\$ (272,205)	\$ (782,055)	\$ (1,088,829)
Increase/(decrease) in cash available for operations	\$ (539,517)	\$ 1,011,946	\$ 384,482	\$ 176,696	\$ 1,573,124	\$ (124,195)	\$ 1,585,723	\$ 2,495,136	\$ 845,279
<b>Cash available for operating needs</b>	<b>\$ 15,490,527</b>	<b>\$ 16,502,473</b>	<b>\$ 16,886,955</b>	<b>\$ 17,063,651</b>	<b>\$ 17,063,651</b>	<b>\$ 16,939,456</b>	<b>\$ 18,525,179</b>	<b>\$ 18,525,179</b>	<b>\$ 16,994,900</b>
Taxation for bond prin & int (incl encumbd M&O)	\$ 99,405	\$ 577,950	\$ 96,738	\$ 11,609	\$ 686,297	\$ 36,644	\$ 290,923	\$ 1,113,269	\$ 1,084,874
Principle & Interest paid on long-term debt	\$ -	\$ -	\$ -	\$ (139,945)	\$ (139,945)	\$ -	\$ (981,945)	\$ (1,121,890)	\$ (1,121,890)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 99,405	\$ 577,950	\$ 96,738	\$ (128,336)	\$ 546,352	\$ 36,644	\$ (691,022)	\$ (8,621)	\$ (37,016)
<b>Cash restricted to debt service, other restricted funds</b>	<b>\$ 314,084</b>	<b>\$ 892,033</b>	<b>\$ 988,771</b>	<b>\$ 860,435</b>	<b>\$ 860,435</b>	<b>\$ 897,079</b>	<b>\$ 206,057</b>	<b>\$ 206,057</b>	<b>\$ 190,784</b>
<b>Cash balance, end of period</b>	<b>\$ 15,804,610</b>	<b>\$ 17,394,506</b>	<b>\$ 17,875,726</b>	<b>\$ 17,924,086</b>	<b>\$ 17,924,086</b>	<b>\$ 17,836,536</b>	<b>\$ 18,731,236</b>	<b>\$ 18,731,236</b>	<b>\$ 17,185,684</b>

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

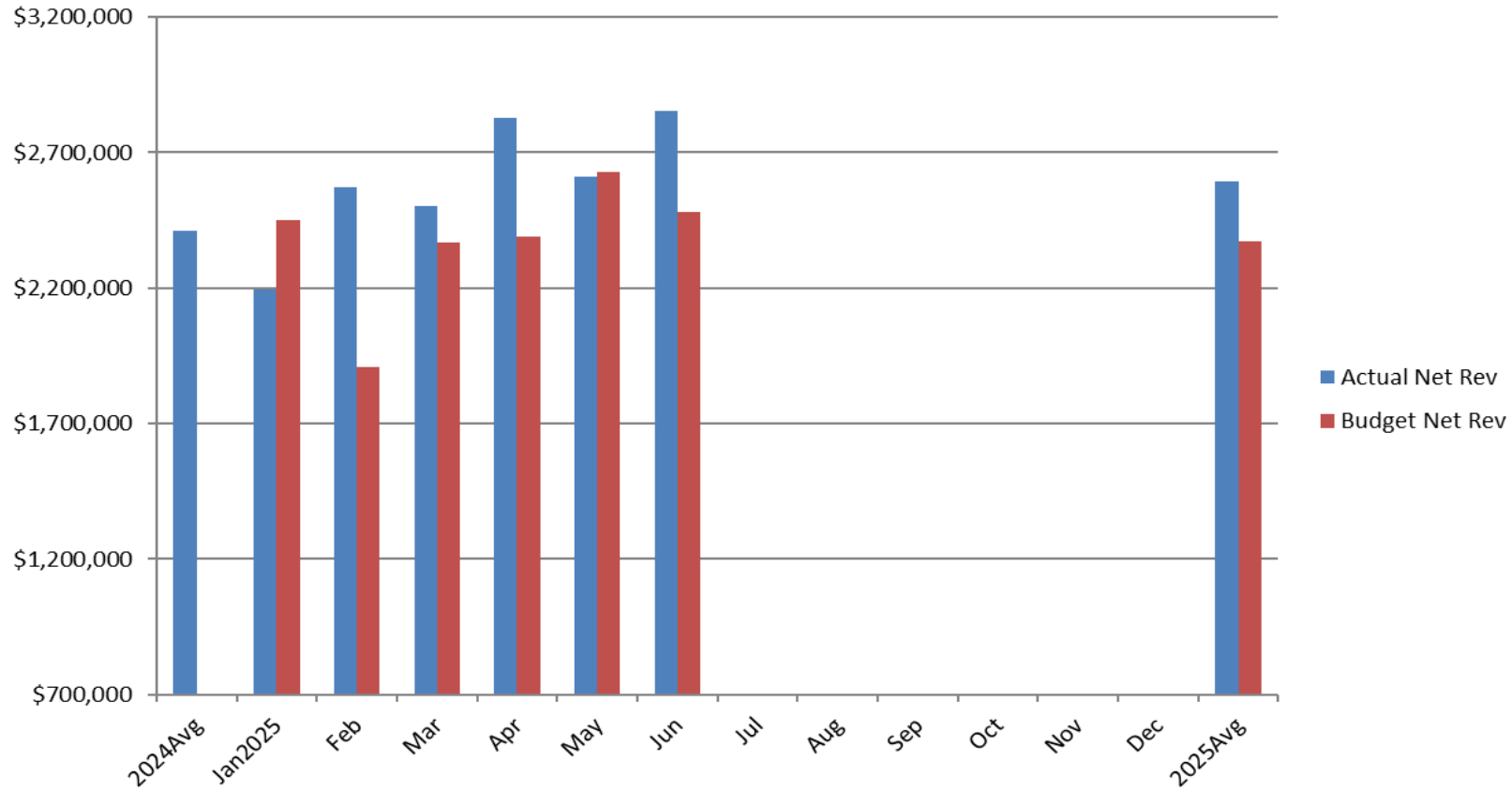
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	6/30/2025	6/30/2025 YTD	6/30/2025	6/30/2025 YTD	6/30/2025	6/30/2025 YTD	6/30/2024 YTD
PATIENT REVENUE	832,543	4,802,307	275,290	1,442,851	\$1,107,833	\$6,245,157	\$5,777,751
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$484,373	\$2,793,982	\$147,473	\$772,935	\$631,846	\$3,566,917	\$3,303,274
NET PATIENT REVENUE	<b>\$348,169</b>	<b>\$2,008,325</b>	<b>\$127,817</b>	<b>\$669,915</b>	<b>\$475,986</b>	<b>\$2,678,241</b>	<b>\$2,474,478</b>
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$43,198
TOTAL OPERATING REVENUE	<b>\$348,169</b>	<b>\$2,008,325</b>	<b>\$127,817</b>	<b>\$669,915</b>	<b>\$475,986</b>	<b>\$2,678,241</b>	<b>\$2,517,676</b>
<b>OPERATING EXPENSES</b>							
SALARIES AND WAGES	210,448	1,254,626	158,178	936,176	\$368,626	\$2,190,802	\$1,957,345
EMPLOYEE BENEFITS	23,536	191,547	30,554	225,629	\$54,090	\$417,176	\$351,424
PROFESSIONAL FEES	48,443	73,743	-	900	\$48,443	\$74,643	\$58,501
SUPPLIES	6,013	35,036	6,371	44,676	\$12,384	\$79,711	\$85,526
FUEL	-	-	2,290	12,178	\$2,290	\$12,178	\$9,328
REPAIRS AND MAINT.	-	-	234	38,824	\$234	\$38,824	\$16,944
PURCHASED SERVICES	2,945	22,710	16,663	101,821	\$19,608	\$124,530	\$114,901
CONTINUING MEDICAL EDUCATION	-	4,768	1,543	5,260	\$1,543	\$10,029	\$4,665
DUES	-	6,235	607	15,459	\$607	\$21,694	\$17,126
OTHER EXPENSES	280	1,707	935	5,619	\$1,216	\$7,326	\$46,228
LEASES / RENTALS	216	815	6,726	28,144	\$6,941	\$28,959	\$19,164
DEPRECIATION	4,570	27,422	23,841	143,045	\$28,411	\$170,466	\$132,710
TAXES AND LICENSES	-	-	-	177	\$0	\$177	\$3,309
INSURANCE	837	5,025	3,359	20,152	\$4,196	\$25,177	\$33,202
OVERHEAD COSTS	164,236	1,064,826	95,101	616,588	\$259,337	\$1,681,414	\$1,614,884
TOTAL OPERATING EXPENSES	<b>\$461,524</b>	<b>\$2,688,460</b>	<b>\$346,401</b>	<b>\$2,194,650</b>	<b>\$807,926</b>	<b>\$4,883,109</b>	<b>\$4,465,255</b>
MARGIN ON OPERATIONS	<b>(\$113,355)</b>	<b>(\$680,136)</b>	<b>(\$218,584)</b>	<b>(\$1,524,735)</b>	<b>(\$331,940)</b>	<b>(\$2,204,867)</b>	<b>(\$1,947,579)</b>
TAX REVENUE					<b>\$146,762</b>	<b>\$880,572</b>	<b>\$871,350</b>
NET MARGIN WITH TAX REVENUE					<b>(\$185,178)</b>	<b>(\$1,324,295)</b>	<b>(\$1,076,229)</b>
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	368	2,004	73	408			
Total Ambulance Runs (includes unbillable runs)			110	596			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	421	2,007	87	381			
Total Ambulance Runs (includes unbillable runs)			120	548			

**Cascade Medical Center**  
**Balance Sheet**  
As of June 30, 2025 and December 31, 2024

	Jun 2025	Dec 2024		Jun 2025	Dec 2024
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	883,115	961,831	Accounts Payable	238,059	367,456
Savings Account	15,537,323	14,144,282	Accrued Payroll	658,889	665,443
Patient Account Receivable	6,733,453	8,085,162	Refunds Payable	-	-
less: Reserves for Contractual Allowances	(3,062,710)	(4,278,265)	Accrued PTO	1,003,990	984,137
Inventories and Prepaid Expenses	325,095	319,451	Payroll Taxes & Benefits Payable	114,578	82,610
Taxes Receivable - M&O Levy	(29,654)	11,990	Accrued Interest Payable	23,324	23,324
- EMS Levy	(77,352)	31,939	Current Long Term Debt	846,562	850,397
Other Assets	597,798	622,759	Current OPEB Liability	918,361	942,361
<b>Total Current Assets</b>	<u>20,907,068</u>	<u>19,899,150</u>	Short Term Lease	36,493	36,493
			ST Subscriptions	13,039	13,039
Assets Limited as to Use			Settlement Payable	(33,625)	(33,625)
Cash and Cash Equivalents			<b>Total Current Liabilities</b>	<u>3,819,669</u>	<u>3,931,636</u>
Funded Depreciation	696,195	681,259	Long Term Liabilities		
CVB Memorial Fund	1,275	1,275	Notes Payable	191,323	191,323
UTGO Bond Payable Fund	423,180	76,126	Covid SHIP Funding	-	-
LTGO Bond Payable Fund	17,111	47,292	PPP Note Payable	-	-
Investment Memorial Fund	141,049	138,023	CARES Act Funds Reserve	-	-
Settlement Account	184,732	180,769	UTGO Bond Payable	3,848,000	3,848,000
Paycheck Protection Loan Proceeds	-	-	LTGO Bond Payable	3,985,000	3,985,000
Cash - EMS	101,244	68,794	Deferred Revenue/Bond Premium	75,074	77,880
	<u>1,564,787</u>	<u>1,193,538</u>	Long Term OPEB/Pension Liability	2,616,403	2,616,404
Taxes Receivable - Construction Bond Levy	(42,364)	12,315	Long Term ROU Leases	5,359	5,359
<b>Total Assets Limited as to Use</b>	<u>1,522,422</u>	<u>1,205,853</u>	Long Term Subscriptions	-	-
			<b>Total Long Term Liabilities</b>	<u>10,721,159</u>	<u>10,723,966</u>
Property, Plant and Equipment			<b>Total Liabilities</b>	<u>14,540,828</u>	<u>14,655,601</u>
Land	522,015	522,015	Fund Balance - Prior Years	16,703,846	16,703,846
Land Improvements	1,420,326	1,420,326	Fund Balance - Current Year	530,348	-
Buildings & Improvements	10,709,788	10,709,788	<b>Total Fund Balance</b>	<u>17,234,194</u>	<u>16,703,846</u>
Fixed Equip - Hospital	9,698,477	9,676,405			
Major Movable Equipment Hospital	8,963,967	8,820,605			
Construction in Progress	75,689	18,446			
<b>Total Property, Plant and Equipment</b>	<u>31,390,262</u>	<u>31,167,585</u>			
Less: Accumulated Depreciation	(23,954,454)	(22,833,480)			
	<u>7,435,808</u>	<u>8,334,105</u>			
ROU Leases					
ROU Leases	214,816	214,816			
Less Accumulated Amortization	(144,523)	(144,523)			
	<u>70,293</u>	<u>70,293</u>			
Other Assets					
Long Term Pension Assets	472,138	472,138			
Deferred OPEB/Pension Costs	1,097,906	1,097,906			
Deferred Bond Costs	269,386	280,002			
<b>TOTAL ASSETS</b>	<u>31,775,021</u>	<u>31,359,447</u>	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<u>31,775,021</u>	<u>31,359,447</u>

# Cascade Medical

## 2025 Net Patient Revenue, Actual vs. Budget

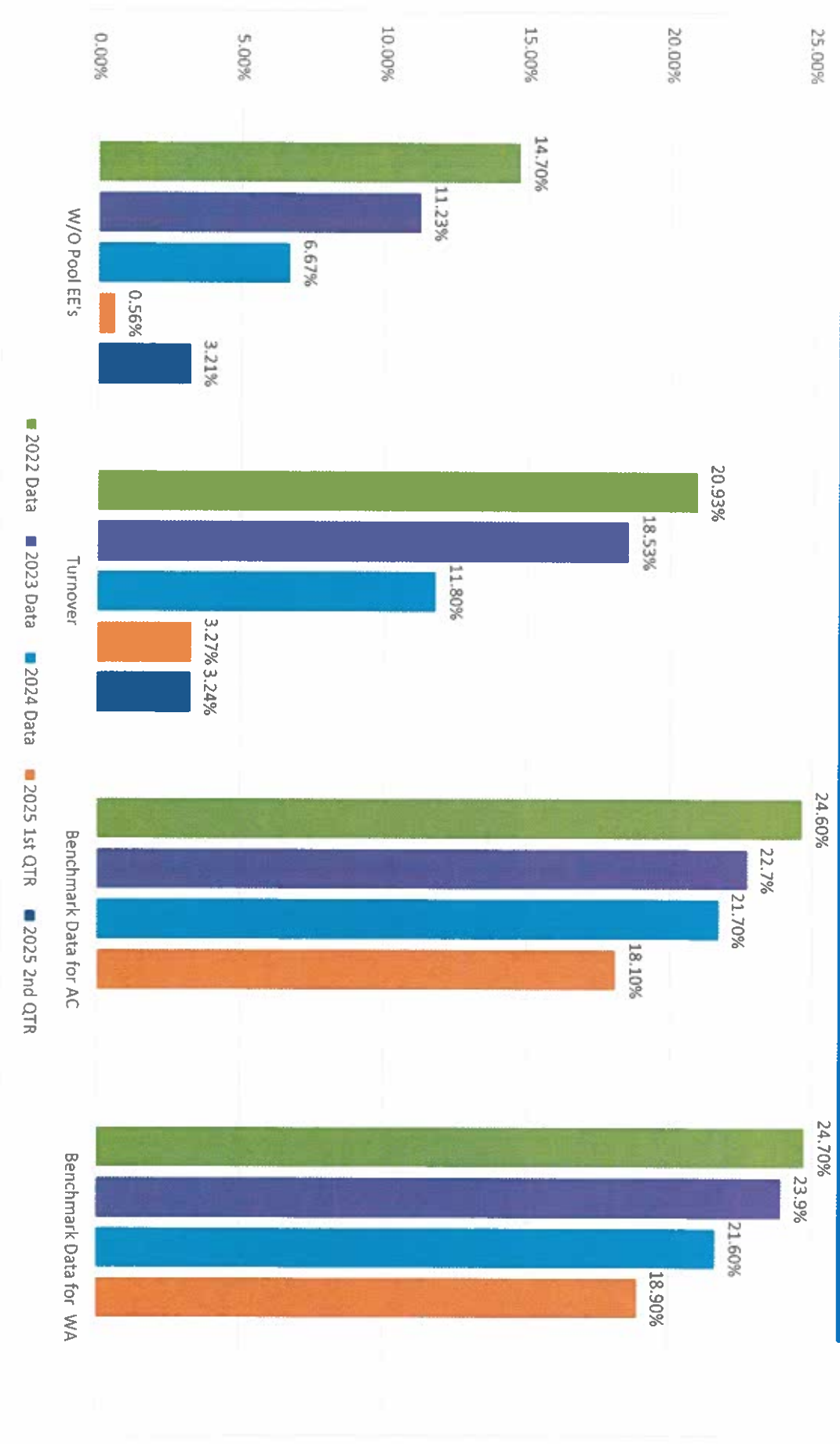






## CM TURNOVER

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



## CM TURNOVER BY REASON

Turn over by reason is the % of reason by total turnover to equal 100% for 2nd QTR of 2025. 8 total: 1 personal reasons, 2 other job, 2 pool requirements, 1 policy violation 2 retirement. Note employees who did not complete their introduction period are not included in data.

