CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday January 21, 2026 | 5:00 PM

Administration Building Conference Room and Zoom Connection

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

I.	**Call to Order**	5:00	Cary Ecker
II.	**Pledge of Allegiance**	5:00	Cary Ecker
	• **Consent Agenda**	5:00	Cary Ecker

All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.

- Meeting Agenda
- December 17, 2025 Board Meeting Minutes
- January 6, 2026 Board Meeting Minutes
- Confirm 2025-2027 Medical Staff Officers
- **Policies**: Medical Staff Bylaws, Medical Staff Rules and Regulations

Previous Month's Warrants Issued:	10127903 – 10128032	12/09/2025 – 01/10/2026	$ 720,082.91
Accounts Payable EFT Transactions:	20250176 – 20250189	12/09/2025 – 01/10/2026	$ 532,445.56
Payroll EFT Transactions:	29483 – 30089	12/09/2025 – 01/10/2026	$ 1,468,845.39

- Bad Debt: December 2025

III.	**Community Input** Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.	5:00	Commissioners
IV.	**CM Values**	5:05	Diane Blake
V.	**Committee Reports**	5:10	
	a. Medical Staff		Dr. Knight
	b. Board Quality Rounding		Dr. Knight
VI.	**Discussion**	5:20	
	a. Q4 2025 Dashboard		Diane Blake
	b. 2026-2028 Organizational Objectives and 2026 Annual Objectives		Diane Blake
VII.	**Action Items**	5:45	Commissioners
	a. **MOTION**: Approve Resolution 2026—01 Surplus Equipment		
	b. **MOTION**: Approve Credentialing		
VIII.	**November Financial Report**	5:50	Marianne Vincent
IX.	**Administrator Report**	6:00	Diane Blake
X.	**Board Follow Up Items / Meeting Evaluation / Commissioner Comments** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	6:20	Commissioners
XI.	**Adjournment**	6:30	Cary Ecker

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non Open Public Meetings)	Location	Time
February 4, 2026	Medical Staff	Shari	ABC Room	7:00 AM – 8:30 AM
February 9, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
February 11, 2026	Community Outreach & Awareness Committee	Shari & Jessica	Administration Conf. Room	1:00 PM – 3:00 PM
February 18, 2026	Governance Committee	Shari	Administration Conf. Room	2:00 PM – 4:30 PM
February 25, 2026	CMF Board Meeting		ABC Room	10:00 AM-12:00 PM
March 16, 2026	Finance Committee	Tom & Cary	Administration Conf. Room	9:00 AM -11:00 AM
March 18, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
April 15, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
April 25, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
May 6, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
May 11, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
May 20, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
June 17, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
June 22, 2026	CMF Annual Golf Tournament		Kahler Mountain Club	All Day
July 15, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
August 5, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
August 10, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
August 19, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
September 16, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
October 7, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
October 21, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
October 24, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
November 11, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
November 16, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
December 9, 2026	CMF Board Meeting		TBD	TBD

Values

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

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

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

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

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

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

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

AGENDA / PACKET EXPLANATION
For Meeting on January 21, 2026

Reminder: In person board meeting will be held in the Administration Conference Room. This is to allow for optimal audio given a portion of commissioners plan to attend virtually.

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

- **Consent Agenda** – The list of Medical Staff officers, who were elected by their peers, is included in your packet both for your awareness and your approval, which is required by the Medical Staff governing documents. Additionally, Medical Staff seeks approval on updated bylaws and rules and regulations, which were recently amended and approved by Medical Staff; changes to these documents were made to align with changes in state law surrounding Physician Assistant oversight. Lastly, 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**
    - Medical Staff – No documents are included in your packet for this item. Dr. Knight, who attended in January, will provide a brief update of the meeting.
    - Board Quality Rounding – No documents are included in your packet for this item. Dr. Knight will lead the report out from the most recent Board Rounding session.
- **Discussion**
    - Q4 2025 Dashboard – Included in your packet is the dashboard for 2025 which reports final status of planned work for the year as well as a companion document with additional details. We look forward to your thoughts and discussion.
    - 2026-2028 Organizational Objectives and 2026 Annual Objectives – Included in your packet are two versions of objectives, for your consideration. Both documents are identical in the annual objectives proposed for 2026. Where these documents differ is in how they describe our foundational strategic concepts and 2026-2028 strategies. Version A lays out the long term (2026-2028) objectives similar to how you've seen them in prior meetings. Version B remains conceptually similar to Version A but is constructed differently, in part to allow us to remove some repetitive language from the proposed objectives and to provide clarity on the principles to which we're rooted. These are two different ways to look at essentially the same concepts. We are interested in your feedback. A couple other background points that may be helpful:
        - You will note a decrease in numbers of proposed objectives from earlier versions. After careful consideration, we realized some objectives were more tactical in nature, and those will show up in the more detailed workplans carried out by management rather than as overarching

objectives. Additionally, we've worked to develop high level measures using data for a majority of the annual objectives. This reflects organizational growth as we become more data driven and as we continue to develop focus on strategic direction.

- As for timing, as mentioned earlier this month, we'd like to give you time to consider and provide feedback on these documents and concepts this month. We plan to return with a request for approval in February, after making adjustments based on your input. In the meantime, management is moving forward into 2026 with this version in mind, so as not to lose time; we can pivot from the work should it be needed.

- **Action Items**
  - Resolution 2026-01 – Included in your packet is a resolution requesting your approval to surplus a quite long list of assets. Additionally included is the list of assets and a cover page explaining management's rationale for the surplus request.
  - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **November Financial Report** – Included in your packet are the financial reports for the month of November. As a reminder, our practice is to hold open the December financials for an additional month, to allow additional time for yearend work; thus, December financials will be presented in February.

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.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
December 17, 2025

Present: Shari Campbell, President; Tom Baranouskas, Vice President; Jessica Kendall, Commissioner; Cary Ecker, 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; Natasha Piestrup, Senior Director of Nursing; Megan Baker, Executive Assistant

Zoom: Dr. Jesse Knight, Commissioner; Sydney Diekmann, Wipfli; Jenifer Jirele, BWBR; Kelly Heatley, BWBR; Cindy Rudolph; Doug Unknown; Mike Unknown

Topics	Actions/Discussions
Call to Order	• President Shari Campbell called the meeting to order at 4:32 PM and then led the Pledge of Allegiance.
Consent Agenda	• Cary moved to approve the consent agenda. Tom seconded the motion; motion unanimously approved.
Community Input	• None
Foundation Report	• The Foundation announced new executive committee officers and new members joining in January, replacing members who have completed their terms. In 2025, the Foundation completed two fundraising projects—the Clinic Bundle and a cardiac monitor for the MIH vehicle. The Board expressed deep appreciation for the Foundation's continued support of Cascade Medical.
CM Values	Shari Campbell provided the report. • Shari reflected on last week's storm, highlighting CM's values of commitment and community, as demonstrated by staff efforts to prioritize patient care and safety. She noted the calm, steady leadership onsite, the Saturday clinic serving 30 patients with additional provider support, and CM's assistance to Mountain Meadows. • She also recognized Melissa and the HR team for planning the holiday party as another example of fostering community and connection. • Shari also shared appreciation for the incredible response from CM teams and their generosity in supporting the Food Drive with both cash and food donations.
2026 Board Committee Assignments	Shari Campbell led the discussion. • The group discussed 2026 leadership roles. **MOTION: Approve 2026 Board Office Election** • The bylaws require this action to occur annually in January; however, due to member travel and availability, the Board elected to proceed early. Tom moved to approve Shari as President, Cary as Vice President and Jessica continuing as Secretary. Jessica seconded, and the motion was unanimously approved.
Committee Reports	**A. Community Outreach and Awareness Committee** Shari Campbell provided the report. • New Marketing and Public Relations Director Katie Grove and community member Luke Knutson joined the group. Members spent time getting up to speed, reviewing the charter, and reflecting on 2025

	accomplishments. Highlights included successful planning for the EMS levy education effort, guided by early commissioner insight and COAC priorities, as well as a light brand refresh. The shift toward fewer, high-value communications made a noticeable impact. Areas for improvement included clearer data sets, better understanding of social media engagement, and increased community participation in the CHNA, as well as opportunities to make Community Engagement Night more interactive. **Looking ahead to 2026**, priorities include developing big-picture data points and having Katie prepare talking points for Board members. The group looks forward to continuing this work. **B. Finance Committee** Tom Baranouskas provided the report. • The group reviewed the 2026 budget, noting no significant changes since the last review, and examined policies and the Finance Committee charter, incorporating language to support CM's strategic direction. They conducted a committee self-evaluation, reflected on industry trends, and drafted the 2026 work plan. The group looks forward to maintaining a strategic focus throughout the year. **C. Quality Oversight Committee** Jessica Kendall provided the report. • The 2025 Notable Achievements list reflected the many accomplishments across CM this year. The group reviewed the Quality Assurance and Process Improvement (QAPI) Plan and, following the DOH survey, updated related policies and processes to reflect re-packaging requirements. The group also revised the annual committee self-reflection questions and reviewed the draft 2026 work plan.
Master Facility Plan Presentation & Discussion	**Sydney Diekmann introduced the team and facilitated the presentation.** • The Master Facility Plan presentation reviewed six facility solution options, evaluating each based on cost, phasing, long-term growth capacity, parking relief, operational disruption, and the need for additional land or property. Parking emerged as one of the most significant concerns for both patients and staff.
BREAK	The Commission took a 10-minute break at 6:10 PM and resumed the meeting at 6:20 PM.
Master Facility Plan Presentation & Discussion (continued)	• The Board recommended that administration prioritize exploring parking solutions in 2026 and incorporate related language into the annual strategic objectives.
Review Proposed 2026-2028 Organizational Objectives and 2026 Annual Objectives	**Diane Blake led the review.** • Administration anticipates returning to the Board in January with finalized 2026-2028 Long Term Objectives. • For **Patient and Family-Centered Care**, members emphasized the value of accreditation, the desire to increase market share, clarification around the scope of the clinician workforce, exploration of a behavioral health program, and the elimination of the best-practice visiting specialist program. The Board also affirmed patient experience as a high priority. • For **Financial Stewardship**, the Board agreed on meeting 2026 margin and cash projections while acknowledging ongoing work related to Rehab Services margins. • For the **Our People** pillar, members discussed annual performance reviews for all staff, and administration shared information on internal processes and training. • For **Community Connections**, the Board emphasized the importance of expanding access points for care to ensure CM services are well advertised and accessible.

Action Items	**MOTION: Approve Credentialing**
	• Credentialing Candidates
	  ○ Tai Moses, PA-C
	  ○ Chad Barker, MD
	  ○ Sean Chang, MD
	  ○ Kyle Hirshman, DO
	  ○ Veronica Ruvo, DO
	• Tom moved to approve, Cary seconded, and the motion unanimously approved.
	MOTION: Approve Cardiac Monitor Purchase
	• Jessica moved to approve; Cary seconded. Motion unanimously approved.

Oath of Office	• Megan Baker administered the oath of office to Shari Campbell, Jessica Kendall, Cary Ecker, and Dr. Jesse Knight, who affirmed their commitment as Cascade Medical commissioners.
Administrator Report	**Diane Blake provided the report**. • **Recruitment:** CM hired Dr. Dixon, who will complete residency at the end of June 2026 and begin working at CM in November 2026. Recruitment for additional providers is ongoing, with an interview scheduled in early January and the potential for an earlier start date. Administration is also working to arrange an interview with a more experienced physician who has expressed interest in serving as Clinic Medical Director. • **Pharmacy Inspection:** A routine pharmacy inspection was completed and identified a small number of deficiencies. A plan of correction is being developed and will be submitted. • **November Financials:** November financials will be available in January. Inpatient volumes were lower in November, and charge capture is still in progress. Accounting is also working to clean up the depreciation schedule. In January, we'll will present a list of surplus items; several items totaling approximately $175,000 still have book value but require disposal and will impact income statement. • **Inclement Weather Response:** Diane expressed appreciation for the team's efforts during last week's inclement weather and for the thoughtful reflection on how to improve future response. Communication challenges were noted, and while internet failover did not function as intended, a fix is in place to utilize Starlink going forward. CM will also explore backup power for imaging, noted that the kitchen had power, but the stove did not, and identified EMS staff conditions at their apartment as an area for improvement. Given the lack of power, more efficient patient communication methods were also discussed and are being implemented. • **Leadership Development:** Focused training for emerging leaders was completed, with nearly 20 participants completing a six-month leadership development program. Participants successfully connected Lincoln's leadership principles and philosophy to CM's shared values. Kudos to the group for their engagement and growth.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	• Board Quality Rounding: Thursday, January 8th, 2:00pm-4:00pm; Shari and Dr. Knight
Adjournment	• Shari moved to adjourn the meeting at 8:25 PM; Dr. Knight seconded, and the group unanimously agreed.

_____ Shari Campbell, President

_____ Jessica Kendall, Secretary

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Special Meeting
Cascade Medical – Administration Conference Room
Chelan County Public Hospital District No. 1 – January 6, 2026

In Person: Shari Campbell, President; Dr. Jesse Knight, Commissioner; Melissa Grimm CHRO

Via Zoom: Cary Ecker, Vice President; Jessica Kendall, Commissioner; Tom Baranouskas, Commissioner

Topics	Actions/Discussions
Call to Order	▪ President Shari Campbell called the meeting to order at 3:02 PM.
Agenda Approval	▪ The board unanimously approved the agenda.
Review of Performance Management Best Practices	▪ Melissa Grimm led the review of Performance Management Best Practices.
Executive Session	▪ The board moved into executive session at 3:10 PM for 120 minutes to discuss: [RCW: 42.30.110(1)(g)] ○ CEO Performance Evaluation ○ CEO Compensation
Open Session	▪ The board moved back into Open Session at 5:10 PM.
ADJOURNMENT	▪ There being no further business, Dr. Knight moved to adjourn the meeting. ▪ Jessica seconded the motion. ▪ The meeting was adjourned at 5:10 PM.

_____ _____

Shari Campbell, President Jessica Kendall, Secretary

2025-2027 Medical Staff Officers

Chief of Staff:	Dr. Jerome Jerome
Vice Chief of Staff:	Corey Rubinfeld, PA-C
Secretary:	Kalie Thompson, PA-C

CASCADE MEDICAL

PARTNERS IN YOUR HEALTH

MEDICAL STAFF BYLAWS

Revised January 2026

Revised August 2016

Revised June 2015

Revised November 2012

Revised November 2011

Leavenworth, Washington

Contents

Cascade Medical Staff Bylaws 5

DEFINITIONS 5

ARTICLE I 7

PURPOSE 7

ARTICLE II 7

MEDICAL STAFF MEMBERSHIP 7

Section 1 MEDICAL STAFF APPOINTMENT 7

Section 2 QUALIFICATIONS FOR MEMBERSHIP 7

Section 3 NONDISCRIMINATION 7

Section 4 CONDITIONS AND DURATION OF APPOINTMENT 7

Section 5 RESPONSIBILITIES OF MEMBERSHIP 8

ARTICLE III 8

CATEGORIES OF THE MEDICAL STAFF 8

Section 1 PROVISIONAL CATEGORY 8

Section 2 ACTIVE CATEGORY 9

Section 3 ADJUNCT CATEGORY 9

Section 4 TELERADIOLOGY CATEGORY 10

Section 5 CONSULTING CATEGORY 10

Section 6 LOCUM TENENS/TEMPORARY CATEGORY 10

Section 7 EMERITUS/HONORARY CATEGORY 11

Section 8 MID LEVEL PROVIDER (MLP) EXCEPTIONS 11

Section 9 LEAVE OF ABSENCE ..... 12~~11~~

ARTICLE IV 12

MEDICAL STAFF AS A WHOLE 12

Section 1 MEDICAL STAFF FUNCTIONS 12

ARTICLE V ..... 13~~12~~

OFFICERS ..... 13~~12~~

Section 1 OFFICERS OF THE MEDICAL STAFF 1312
Section 3 ELECTION OF OFFICERS 1413
Section 4 TERM OF OFFICE 1413
Section 5 VACANCIES IN OFFICE 1413
Section 6 DUTIES OF OFFICERS 1413
Section 7 REMOVAL FROM OFFICE 1514
ARTICLE VI 1514
DEPARTMENTS 1514
Section 1 ORGANIZATION OF DEPARTMENTS 1514
Section 2 QUALIFICATIONS, SELECTION, AND TENURE OF DEPARTMENT CHAIRS 1514
Section 3 FUNCTIONS OF DEPARTMENTS 1514
Section 4 ASSIGNMENT TO DEPARTMENTS 1514
ARTICLE VII 1615
COMMITTEES 1615
Section 1 MEDICAL EXECUTIVE COMMITTEE 1615
Section 2 JOINT CONFERENCE 1615
Section 3 CASCADE MEDICAL CENTER COMMITTEES 1716
ARTICLE VIII 1716
MEDICAL STAFF MEETINGS 1716
Section 1 ANNUAL MEDICAL STAFF MEETINGS 1716
Section 2 REGULAR MEETINGS 1716
Section 3 SPECIAL MEETINGS 1716
Section 4 QUORUM 1817
Section 5 ATTENDANCE REQUIREMENTS 1817
Section 6 PARTICIPATION BY ADMINISTRATOR (CEO) 1918
Section 7 ROBERT'S RULES OF ORDER 1918
Section 8 ACTION OF COMMITTEE/DEPARTMENT 1918
Section 9 RIGHTS OF EX OFFICIO MEMBERS 1918

Section 10 MINUTES 1918

ARTICLE IX 1918

PRACTITIONER RIGHTS 1918

Section 1 Right to an Audience 1918

Section 2 Initiate Recall 2019

Section 3 Initiate Petition 2019

Section 4 Challenge 2019

Section 5 Request Department Meeting 2019

Section 6 Right to a Hearing/Appeal 2019

ARTICLE X 2019

BOARD APPROVAL AND INDEMNIFICATION 2019

ARTICLE XI 2120

RULES AND REGULATIONS OF THE MEDICAL STAFF 2120

ARTICLE XII 2120

CREDENTIALING AND DUE PROCESS PROCEDURES 2120

ARTICLE XIII 2120

REVIEW, REVISION, ADOPTION, AND AMENDMENT OF THE BYLAWS 2120

Section 1 MEDICAL STAFF RESPONSIBILITY 2120

Section 2 METHODS OF ADOPTION AND AMENDMENT 2120

Section 3 RELATED PROTOCOLS AND MANUALS 2221

ARTICLE XIV 2221

ADOPTION 2221

Cascade Medical Staff Bylaws

DEFINITIONS

ACTION: any act, decision, recommendation or determination that affects a Practitioner's Staff appointment, Privileges or obligations. An Action may form the basis for procedural rights for a Medical Staff applicant or appointee.

APPOINTEE: any person appointed and maintaining appointment in any category of the Medical Staff in accordance with these Bylaws.

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

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

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

EX OFFICIO: service as a member of a body by virtue of an office or position held. Unless otherwise expressly provided, an Ex Officio member shall not have voting rights.

HEARING: an administrative proceeding conducted for the examination of witnesses, presentation of evidence and determination of facts pertinent to the Action that is the subject of the notice of Adverse Action received by the Practitioner requesting the Hearing. The procedures to be followed in all Hearings conducted under these Bylaws are specified in Article IX and the Fair Hearing Plan.

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

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

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

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

MEDICAL STAFF YEAR: November 1 through October 31.

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

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

SPECIAL NOTICE: written notification sent by e-mail (with read receipt notification requested), certified or registered mail, return receipt requested or personally delivered to the addressee with receipt thereof acknowledged in writing.

JOINT CONFERENCE COMMITTEE: Medical Staff officers, officers of Board, and the CEO.

ARTICLE I

PURPOSE

The purpose of the medical staff organization is to insure that the professionals who practice at Cascade Medical Center provide exceptional patient care. To this end, among other activities, it will assist in screening applicants for staff membership, review and recommend privileges of members, evaluate and assist in improving the work done by the staff, provide education, and offer advice and service to the Administrator and the Board of Commissioners.

ARTICLE II

MEDICAL STAFF MEMBERSHIP

Section 1 MEDICAL STAFF APPOINTMENT

Appointment to the Medical Staff of Cascade Medical Center is a privilege that shall be extended only to competent professionals who continuously meet the qualifications, standards and requirements set forth in these Bylaws, Rules and Regulations of the Staff, associated policies of the Medical Staff and Hospital and generally accepted community standards of performance within their specialty.

Section 2 QUALIFICATIONS FOR MEMBERSHIP

Appointments to the medical staff shall be given only to physicians with Doctors of Osteopathy or Doctors of Medicine degrees, Advanced Registered Nurse Practitioners, Certified Physician Assistants, dentists, podiatrists, or psychologists holding a license to practice in the State of Washington, who can document their background, experience, training, individual character and demonstrated competence, physical and mental capabilities, adherence to ethics of their profession, and ability to work with others with sufficient adequacy to assure the Medical Staff and Board of Commissioners that any patient treated by them in the Medical Center will be given high quality care, according to generally accepted medical standards in our community. No professional may be entitled to membership on the medical staff or to the exercise of particular clinical privileges in the Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another hospital (except as noted in CoPs: Sec.482.22 regarding telemedicine physicians and practitioners.

Section 3 NONDISCRIMINATION

The Medical Center will not discriminate in granting staff appointment and/or clinical privileges on the basis of any protected status under federal or state law.

Section 4 CONDITIONS AND DURATION OF APPOINTMENT

A. Initial appointments and reappointments to the Medical Staff shall be made by the Board of Commissioners. The Board shall act on appointments and reappointments only after recommendation from the Medical Executive Committee.
B. Appointments to the staff will normally be for no more than 24 calendar months.
C. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.

Section 5 RESPONSIBILITIES OF MEMBERSHIP

A. Each member of the staff pledges to provide continuous patient care, to seek consultation as needed or as defined in the Rules and Regulations, and to delegate in his/her absence the responsibility for care of his/her patients only to a member who is qualified to undertake such responsibility.

B. Each member will:
   1. Provide his/her patients with care at the generally professionally recognized level of quality and efficiency in the community.
   2. Abide by the Medical Staff Bylaws, Medical Staff Rules and Regulations, and standards and policies of the Medical Staff and the Medical Center.
   3. Discharge such staff, department, and committee functions for which he/she is responsible by appointment, election or otherwise.
   4. Prepare and complete in a timely, as defined in the Rules and Regulations, and accurate manner, the medical and other required records for all patients he/she admits or in any way provides care to in the Hospital.
   5. Abide by the ethical principles of his/her profession.
   6. As the leader of the healthcare team, work cooperatively with all personnel and other staff members and treat employees, patients, visitors, and other staff members in a dignified and courteous manner.
   7. Utilize appropriate resources for patient care in an efficient and economical manner.

ARTICLE III

CATEGORIES OF THE MEDICAL STAFF

All appointments to the Medical Staff shall be made by the Board of Commissioners to one of the following categories of the staff. All appointees shall be assigned to a specific department(s), but shall be eligible for clinical privileges in other departments as applied for, and recommended, pursuant to these Bylaws and the Credentials Policy.

Section 1 PROVISIONAL CATEGORY

The Provisional Staff will consist of practitioners newly appointed to the Medical Staff. They will be eligible for advancement to Active, Adjunct, Consulting or Teleradiology Staff membership according to their original application after serving for 180 days. If advancement is denied, the member will be subject to revocation of their Medical Staff membership. Appointees to this category are not eligible for the Fair Hearing Process.

Qualifications: Appointees to this category must:

A. Participate in all required quality assurance activities.
B. Be willing to have cases reviewed regularly.

Prerogatives: Appointees to this category may:

A. Exercise such specific clinical privileges as are granted to them.

Responsibilities:

A. Appointees to this category are not eligible to vote, hold office, or serve on committees.

Section 2 ACTIVE CATEGORY

Qualifications: Appointees to this category must:

A. Be involved in the care of a minimum of 6 hospital inpatients or outpatients per 6 months at Cascade Medical and have completed at least six months of satisfactory performance on the Medical Staff of Cascade Medical.

Prerogatives: Appointees to this category may:

A. Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.

B. Vote on all matters presented at general and special meetings of the Medical Staff and of the department and committees on which (s) he is appointed.

C. Hold office and sit on, or be chairperson of, any committee, unless otherwise specified elsewhere in these Bylaws.

Responsibilities: Appointees to this category must:

A. Contribute to the organizational and administrative affairs of the Medical Staff.

B. Accept care for unassigned patients, consultation and teaching assignments.

C. Actively participate in recognized functions of staff appointment, including quality improvement and other monitoring activities, in monitoring initial appointees during their provisional period, and in discharging other staff functions as may be required from time to time.

Section 3 ADJUNCT CATEGORY

Qualifications: Appointees to this category must:

A. Anticipate working fewer than 1200 hours at Cascade Medical in a calendar year.

B. Must be actively practicing medicine commensurate to their training and ability.

C. Upon application, must provide verification of outside employment, and/or active clinical practice, including patient encounters or procedures performed by month. The medical executive committee will determine if applicant has sufficient patient encounters to qualify for continued privileges.

D. Must provide proof of malpractice insurance in order to provide ongoing patient care within the hospital.

Failure to provide the above information on a yearly basis will result in termination of clinical privileges unless extension is granted by Medical Executive Committee pending verification of training, insurance and active practice.

Adjunct category practitioner will be subject to review on an annual basis of their patient encounters within the hospital.

Prerogatives: Appointees to this category may:

A. Exercise clinical privileges granted in the same manner as an active medical staff member.

B. May attend meetings of the staff, departments or committees to which (s)he is appointed and any staff or medical center education programs.
C. May only vote on those committees of which they are a member.
D. Members of this category are entitled to Fair Hearing.

Responsibilities: Appointees must:

A. Actively participate in recognized functions of staff appointments including quality improvement and other monitoring activities.
B. Contribute to the organizational and administrative affairs of the Medical Staff.

Section 4 TELERADIOLOGY CATEGORY

Qualifications: Appointees to this category must:

A. Be actively practicing Board Certified Radiologists that meet the qualifications under the Cascade Medical QI Plan.
B. Be licensed to practice in the State of Washington and meet credentialing requirements outlined in the Credentialing Policy.

Prerogatives: Appointees to this category may:

A. Exercise such specific clinical privileges as granted to them.

Responsibilities:

A. Appointees are not eligible to admit patients, hold office or vote.

Section 5 CONSULTING CATEGORY

Qualifications: Appointees to this category must:

A. Possess specialized skills needed at the Hospital for patient consultation or for teaching or research activities, subject to approval by the appropriate department head.

Prerogatives: Appointees to this category may:

A. Exercise such specific clinical privileges as are granted to them.
B. Attend meetings of the staff, departments or committees to which (s)he is appointed and any staff or medical center education programs.

Responsibilities:

Appointees are not eligible to admit patients, hold office or vote.

Section 6 LOCUM TENENS/TEMPORARY CATEGORY

Appointees to this category are not eligible for the Fair Hearing Process.

Qualifications: Appointees to this category must:

A. Be licensed to practice in the State of Washington; fulfill all credentialing requirements as outlined in the credentialing policy.

Prerogatives: Appointees to this category may:

A. Be granted temporary Family Practice and/or Emergency Department privileges to attend patients at the Medical Center for a period not to exceed 90 days unless extended by the Medical Executive Committee.
B. Care will be reviewed every 90 days by department head.
C. After 180 days, appointees must apply for another staff category.

Responsibilities:

A. Appointees to this category may not vote, hold office, or serve on committees.

Section 6 RESIDENT CATEGORY

Qualifications:

A. Appointees to this category must be attending an approved Residency Training Program and practicing in the Medical Center in a training status.
B. Shall not be required to comply with the credentialing policies and procedures but shall be required to provide whatever information or documentation may be requested by the CEO, Chief of Staff or MEC concerning the applicants or appointee's clinical competence. Failure to provide requested documentation may result in denial of the application or termination of appointment.

Prerogatives: Appointees to this category:

A. Have no vote and may not hold office.
B. May admit and treat patients, and write orders only when acting under the supervision of a physician who is on the Medical Staff.

Responsibilities:

A. Shall not be eligible to utilize the procedural rights specified in Article IX.

Section 7 EMERITUS/HONORARY CATEGORY

Emeritus/Honorary status is restricted to those individuals the Medical Staff wish to honor. Such staff appointees are not eligible to admit patients to the hospital or to exercise clinical privileges in the Medical Center. They may attend Medical Staff and department meetings.

Section 8 PHYSICIAN ASSISTANT (PA) ~~EXCEPTIONS~~PROVISIONS

A. Each Physician Assistant (PA) shall practice pursuant to a written collaboration agreement with one (1) or more ~~have a~~ participating physicians, as required by RCW 18.71A. ~~identified in a collaboration agreement, as defined by Washington State law (ESHB 2041, 2024).~~ The collaboration agreement shall define the PA's ~~must outline the nature and~~ scope of practice, available resources, and communication expectations between the PA and the participating physician(s). Alternate participating physicians may be designated in the collaboration agreement or through hospital credentialing procedures ~~as needed~~.
B. ~~All PA clinical documentation shall be reviewed in accordance with the collaboration agreement and applicable hospital policy.~~ PAs may be granted admitting and other clinical privileges consistent with their education, training, demonstrated competence, and scope of practice as defined under Washington Administrative Code and the applicable

collaboration agreement. Such privileges are subject to the approval of the Medical Staff and Hospital Board.

~~A.~~C. Unless required by the applicable collaboration agreement, physician co-admission, co-signature, or routine review of PA documentation is not required. However, in accordance with CMS requirements, only a physician may certify or recertify a swing-bed admission or continued stay if the PA is employed by the hospital. A PA who is not employed by the hospital, such as a locum tenens or contracted PA, may perform such certifications and recertifications as permitted under CMS Conditions of Participation.

~~B.~~D. P~~A~~as shall~~will~~ have voting privileges commensurate with their category assignment.

Section 9 LEAVE OF ABSENCE

Members of the medical Staff may apply for a Leave of Absence not to exceed six (6) months, renewable under appropriate conditions. Reinstatement of staff privileges may be requested through the Credentials Committee without formal reapplication, and without the concurrence of the MEC.

ARTICLE IV

MEDICAL STAFF AS A WHOLE

Section 1 MEDICAL STAFF FUNCTIONS

A. These functions are to:
   1. Monitor, evaluate, and improve care.
   2. Develop clinical policy for appropriate areas.
   3. Conduct or coordinate quality, appropriateness, and improvement activities including invasive procedures, blood usage, drug usage review, medical record and other reviews.
   4. Conduct or coordinate utilization review activities.
   5. Conduct or coordinate credentials investigations for staff membership and recommends clinical privileges and specified services.
   6. Provide continuing education opportunities responsive to quality assessment / improvement activities, new state of the art developments and other perceived needs.
   7. Develop and maintain surveillance over drug utilization policies and practices.
   8. Investigate and control nosocomial infections and monitor the medical center's infection program.
   9. Plan for response to fire and other disasters, for medical center's growth and development, and for the provision of services required to meet the needs of the Upper Wenatchee Valley, and other areas served by Cascade Medical Center.
   10. Direct staff organizational activities including staff bylaws, review and revision, staff officer and committee nominations, liaison with Medical Center administration and the Board and review and maintenance of appropriate Medical Center's certifications and accreditations (DOH, Medicare, CAH, etc.)
   11. Coordinate the care provided by members of the Medical Staff.

12. Engage in other functions reasonably requested by the MEC, the Board, or the Administration.

B. The Medical Executive Committee may, upon approval of the Board, dissolve or rearrange committee structure, duties or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to a committee or department shall be performed by the Medical Executive Committee.

ARTICLE V

OFFICERS

Section 1 OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be:

A. Chief of Staff
B. Vice Chief of Staff
C. Secretary

Section 2 QUALIFICATIONS OF OFFICERS

A. Officers must be Active Staff Appointees at the time of nomination and election and must remain Appointees in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved. All Officers must demonstrate competence in their fields of practice and demonstrate qualifications on the basis of experience and ability to direct the medico-administrative aspects of Hospital and Staff activities.

Section 3 ELECTION OF OFFICERS

A. Officers shall be elected biannually at the October Medical Staff meeting of each odd-numbered year. Only members of the Active Medical Staff shall be eligible to vote. The Board shall confirm all officers.

B. The nominating committee shall consist of the medical staff committee of the whole. Officers shall be elected by the membership with a simple majority determining the elected position.

Section 4 TERM OF OFFICE

A. All officers shall serve a term of two years.

Section 5 VACANCIES IN OFFICE

Vacancies in office during the Medical Staff year, except the office of Chief of Staff (COS), shall be appointed by the MEC of the Medical Staff. If there is a vacancy in the office of COS, a special election will be conducted as reasonably soon after the vacancy occurs as possible to complete the term.

Section 6 DUTIES OF OFFICERS

A. **Chief of Staff**: The Chief of Staff shall serve as the chief administrative officer of the Medical Staff. He/She will also serve on and chair Medical Executive Committee (MEC) meetings, chair Medical Staff Meetings, as well as perform the following duties:

1. Implements disciplinary measures related to other medical staff.
2. Liaison between Administration and Medical Staff.
3. Presents reports to Administration or to the Board as requested.
4. Reviews clinical issues raised by Quality Improvement activities, employees, and medical staff as requested.
5. Assigns committees and other duties to other medical staff members.

B. **Vice Chief of Staff:**

1. The Vice Chief of Staff in the event of the Chief of Staff's temporary inability to perform duties due to illness, absence from the community or unavailability for any other reason; assume all the duties and have the authority of the Chief of Staff.
2. Perform such further duties to assist the Chief of Staff.
3. Serve on the Medical Executive Committee.

C. **Secretary/Treasurer**

1. Be a member of the MEC.
2. Insure proper notice of all staff meetings on order of the appropriate authority.

3. Insure accurate and complete minutes for all MEC and general medical staff meetings and signs same minutes.
4. Perform other such duties as delegated by the Chief of Staff.

Section 7 REMOVAL FROM OFFICE

The Medical Staff may remove any officer by petition of 50% of Active Staff members and a subsequent two-thirds (2/3) vote by ballot of the Active Staff present and voting at a meeting called for such a purpose by the MEC. Removal shall be for failure to conduct those responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff.

ARTICLE VI

DEPARTMENTS

Section 1 ORGANIZATION OF DEPARTMENTS

The Medical Staff shall be organized into two departments: Emergency, and Family Practice. Family Practice shall include pathology, radiology, specialty services, and all other clinical areas. Each department shall have a department head with overall responsibility for the supervision and satisfactory discharge of assigned functions of the department.

Section 2 QUALIFICATIONS, SELECTION, AND TENURE OF DEPARTMENT CHAIRS

A. Each department chair shall be a member of the Active Medical Staff, willing and able to discharge the functions of his/her office, and shall be either board certified or shall have been determined to possess equivalent qualifications by the MEC. Additionally, (s) he shall meet the qualifications and perform the functions specified in the manual.
B. Department chair shall be selected by their individual departments by a simple majority vote and approved by the MEC.
C. Department chairs may be removed from office by a two-thirds vote of the department. Absentee ballots shall be permitted.
D. Tenure of department chair shall be two years. Elections will be held biannually on each odd numbered year at the October medical staff meeting.

Section 3 FUNCTIONS OF DEPARTMENTS

Each department shall recommend criteria, consistent with the policies of the Medical Staff and of the Board, for the granting of clinical privileges.

Section 4 ASSIGNMENT TO DEPARTMENTS

The MEC will, after consideration of the recommendations of the department head of the appropriate clinical departments, recommend department assignments for all Medical Staff members in accordance with their qualifications.

ARTICLE VII

COMMITTEES

Section 1 MEDICAL EXECUTIVE COMMITTEE

A. Composition: The MEC shall include the Chief of Staff, Vice Chief of Staff, and Secretary/Treasurer. The Chief Executive Officer will be an ex-officio member without votes with the Chief of the Medical Staff as chairperson of the Committee.

B. Duties: The duties of the MEC shall be:

1. To represent and to act on behalf of the Medical Staff when the Medical Staff cannot be called to order
2. To coordinate the activities and general policies of the Medical Staff and make recommendations regarding the Governing Documents to the Medical Staff.
3. To receive and act upon committee reports
4. To implement policies of the Medical Staff not otherwise the responsibility of the departments
5. To provide a liaison between the Medical Staff and the Chief Executive officer
6. To recommend action to the Chief Executive Officer on medical-administrative matters
7. To make recommendations on medical center management matters, i.e. strategic planning, to the Administrator.
8. To ensure that the Medical Staff is kept abreast of various regulatory and/or accreditation programs and status of the medical center's compliance with such programs.
9. To fulfill the Medical Staff organization's accountability for the medical care of patients in the Medical Center.
10. To review the report of the Department Chairs on all applicants and make recommendations for staff membership, departmental assignments, and delineation of clinical privileges on behalf of the Medical Staff
11. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges.
12. To conduct such other functions as are necessary for the effective operation of the medical staff.
13. To report at each general staff meeting.

C. Meetings: The MEC shall meet monthly at the monthly medical staff meetings and maintain a permanent record of its proceedings and actions; the MEC meeting minutes will be documented in the Medical Staff meeting Minutes. Special meetings of the MEC may be called at any time by the Chief of Staff.

Section 2 JOINT CONFERENCE

If the Board has determined not to accept a recommendation submitted to it by the MEC, the MEC is entitled to a Joint Conference between the officers of the Board and the officers of the Medical Staff. Such Joint Conference shall be for purposes of further communicating the Board's rationale for its contemplated action, and to permit the officers of the Medical Staff to fully articulate the rationale for the MEC's recommendation. Such a Joint Conference will be scheduled by the Chief

Executive Officer within two weeks after receipt of a request of same submitted by the Chief of the Medical Staff.

Section 3 CASCADE MEDICAL CENTER COMMITTEES

Medical providers who participate in a Cascade Medical Center committee are to function as medical consultants, lending professional expertise and opinion as needed, and act as liaison to the medical staff providing to the latter all pertinent actions and information.

A. ROLE OF THE MEDICAL STAFF COMMITTEES AND COMMITTEE MINUTES
There shall be standing and special Medical Staff Committees which will be established to perform one or more of the Medical Staff functions required by the Bylaws. The Committees described in this Article VII shall be the standing Committees of the Medical Staff. Additional special or ad hoc Committees may be created by the Medical Staff to perform specified tasks. All Committees of the Medical Staff are to function in an advisory capacity to the Medical Staff except as otherwise noted in these Bylaws. When required, reports and recommendations of the various Committees will be submitted to the Medical Staff for evaluation and appropriate action. Verbal reports at the monthly Medical Staff meetings from the various committees will be recorded in the Medical Staff Meeting Minutes and become a permanent record thereto. Committees may decide the time for holding regular meetings.

ARTICLE VIII

MEDICAL STAFF MEETINGS

Section 1 ANNUAL MEDICAL STAFF MEETINGS

A. An annual meeting of the Medical Staff shall be held during October. Written notice of the meeting shall be sent to all Medical Staff members.
B. The primary objective of the meetings shall be to report on the activities of the staff and conduct other business including election and department head appointments that may be on the agenda. Written minutes of all meetings shall be prepared and recorded.

Section 2 REGULAR MEETINGS

A. Regular meetings of the Medical Staff shall be scheduled at the beginning of each year. The purpose of these meetings is to conduct business of the medical staff, report on activities of the staff, receive reports from the various committees and provide education to the Medical Staff members.
B. Meetings may be cancelled if a quorum of Active Medical Staff is not available to attend the meeting, or there is no business for the medical staff to conduct.
C. Medical Staff Committee meetings will be scheduled by the Committee Chair and held at their discretion.

Section 3 SPECIAL MEETINGS

A. The Chief of Staff may call a special meeting of the Medical Staff at any time. The Chief of Staff shall call a special meeting within one month (30 days) after receipt of a written request for such a meeting signed by not less than a simple majority (51%) of the Active Medical Staff, or

upon a request by the MEC. Such request shall state the purpose of the meeting. The Chief of Staff shall designate the time and place of any special meeting.

B. Written or printed notice stating the time, place, and purposes of any special meeting of the Medical Staff shall be sent to each member of the Medical Staff at least five (5) days before the date of such meeting. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting, except that stated in the notice of such meeting.

C. A special meeting of any committee or department may be called by or at the request of the department head or director thereof, or by the Chief of Staff. Time frames as above shall apply to these meetings.

Section 4 QUORUM

A. The quorum requirement for the following meetings shall be:

1. Medical Staff Meetings: 51% of the active medical staff.
2. Medical Executive Committee Meetings: fifty percent (50%) of the voting members of the committee.
3. Committee/Department Meetings: fifty percent (50%) of the voting members of the committee**.**

Section 5 ATTENDANCE REQUIREMENTS

Members of the Active/Provisional Medical Staff are encouraged to attend meetings of the Medical Staff.

A. **Medical Executive**

Medical Executive Meetings: Members of the MEC and Credentials Committee are expected to attend at least seventy percent (70%) of the meetings held.

B. **Medical Staff Meetings**

Members of the Active Medical Staff and those applying for Active Medical Staff Category are expected to attend at least seventy percent (70%) of the meetings held.

C. **Absence from Meetings**

Any Appointee who is compelled to be absent from any Medical Staff or committee meeting may provide, in writing to the regular presiding officer thereof, the reason for such absence. Unless excused for good cause, failure to meet the attendance requirements of Article VIII shall be grounds for any of the corrective Action as specified in the Medical Staff Credentialing Policy Manual, including removal from such department or committee. Reinstatement of a Staff Appointee whose appointment has been revoked because of absence from meetings shall be made only upon application, and any such application shall be processed in the same manner as an application for initial appointment.

D. **Special Attendance Requirements**

1. Whenever a staff or department educational program is prompted by findings of quality assessment/improvement activities, the practitioner whose performance prompted the program will be notified of the time, date, and place of the program, the subject matter to be covered, and its special applicability to the practitioner's practice. Except in unusual circumstances, the practitioner shall be required to be present.

2. Whenever a pattern of suspected deviation from standard clinical or professional practice is identified, the Chief of Staff or the applicable department head may require the practitioner to confer with him or with a standing or ad hoc committee considering the matter. The practitioner will be given special notice of the conference at least five days prior to the conference, including the date, time, and place, a statement of the issue involved, and a statement that the practitioner's appearance is mandatory. Failure of the practitioner to appear at any such conference, unless excused by the MEC upon showing good cause, will result in an automatic suspension of all or such portions of the practitioner's clinical privileges as the MEC may direct. A suspension under this Section will remain in effect until the matter is resolved by subsequent action of the MEC and the Board of Commissioners.
3. The hospital shall notify all agencies as required by federal and state law in these cases.

Section 6 PARTICIPATION BY ADMINISTRATOR (CEO)

The Administrator (CEO) and any representative assigned by the Administrator (CEO) may attend any committee, department, or other meetings of the Medical Staff.

Section 7 ROBERT'S RULES OF ORDER

The latest edition of ROBERT'S RULES OF ORDER shall prevail at all meetings of the General Staff, divisional staff, MEC, and departmental meetings unless waived, except that the chairperson of any meetings may vote.

Section 8 ACTION OF COMMITTEE/DEPARTMENT

The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.

Section 9 RIGHTS OF EX OFFICIO MEMBERS

Except as otherwise provided in these Bylaws, persons serving as ex officio members of a committee shall have all rights and privileges of regular members thereof, except they shall not vote or be counted in determining the existence of a quorum.

Section 10 MINUTES

Minutes of all regular and special meeting of a committee or department and all regular and special meetings of the entire medical staff shall be prepared and shall include a record of the attendance of members and the vote taken on each matter.

ARTICLE IX

PRACTITIONER RIGHTS

Section 1 Right to an Audience

Each member of the Medical Staff has the right to an audience with the Medical Executive Committee. In the event a practitioner is unable to resolve a difficulty working with his/her respective department head, that practitioner may, upon presentation of a written notice, meet with the MEC to discuss the issue.

Section 2 Initiate Recall

Any practitioner has the right to initiate a recall election of a Medical Staff officer and/or department head.

Section 3 Initiate Petition

Any practitioner may initiate a petition for the scheduling of a general staff meeting. Upon presentation of a petition signed by a simple majority of the members of the Active Staff, the MEC will schedule a general staff meeting for the specific purpose addressed by the petitioner. No business other than that in the petition may be transacted.

Section 4 Challenge

Any practitioner may raise a challenge to any rule or policy established by the Executive Committee. In the event that a rule, regulation or policy is felt to be inappropriate, any practitioner may submit a petition signed by a simple majority of the members of the Active Staff. When such petition has been received by the MEC, it will either: (1) provide the petitioners with information clarifying the intent of such rule, regulation, or policy and/or (2) schedule a meeting with the petitioners to discuss the issue.

Section 5 Request Department Meeting

Any department may request a department meeting when a majority of the members/sub specialists believe that the department has not acted appropriately.

Section 6 Right to a Hearing/Appeal

Any practitioner has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan in the event any of the following actions are taken or recommended:

A. Denial of reappointment
B. Revocation of staff appointment
C. Denial or restriction of requested clinical privileges
D. Reduction in clinical privileges
E. Revocation of clinical privileges
F. Individual application of, or individual changes in, the mandatory consultation requirement
G. Suspension of staff appointment or clinical privileges if such suspension is for more than 14 days.

ARTICLE X

BOARD APPROVAL AND INDEMNIFICATION

Any Medical Staff officer, department head, committee chairperson, committee member and individual staff appointee who acts for and on behalf of the Medical Center in discharging duties, functions or responsibilities stated in these Rules & Regulations & Professional Review and Corrective Action Procedure, Bylaws, Credentials Policy or Fair Hearing Plan shall be indemnified by the Medical Center, to the fullest extent permitted by law, when appointment or election of the individual has been approved by the Board.

ARTICLE XI

RULES AND REGULATIONS OF THE MEDICAL STAFF

A. Medical Staff Rules and Regulations, as may be necessary to implement more specifically the general principles of conduct found in these bylaws, shall be adopted in accordance with this Article. Rules and Regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the Medical Center, and shall act as an aid to evaluating performance under, and compliance with, these standards. Rules and Regulations shall have the same force and effect as the Bylaws.

B. Rules and Regulations may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose, provided that the procedure used in amending the Medical Staff Bylaws is followed. All such changes shall become effective only when approved by the Board.

ARTICLE XII

CREDENTIALING AND DUE PROCESS PROCEDURES

The procedures for Medical Staff appointment, reappointment, and related credentialing matters and due process, shall be as set forth in the Credentialing Policy Manual.

ARTICLE XIII

REVIEW, REVISION, ADOPTION, AND AMENDMENT OF THE BYLAWS

Section 1 MEDICAL STAFF RESPONSIBILITY

The Medical Staff shall have the responsibility to formulate, review, adopt, and recommend to the Governing Board, Bylaws, Rules & Regulations, and Credentialing Policy, Fair Hearing Plan, and Review and Correction Plan of the Medical Staff every *four years*, and amendments thereto, which shall be effective when approved by the Board. The Medical Staff shall review one component of the Medical Staff Governing Documents per year, having reviewed the Medical Staff Governing Documents in its entirety within four years. (Fair Hearing Plan, and "Review and Correction Plan" shall be considered a single component). Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement various sections of these bylaws.

Section 2 METHODS OF ADOPTION AND AMENDMENT

All proposed amendments, whether originated by the MEC, another standing committee, or by a member of the active category of the Medical Staff, must be reviewed and discussed by the Medical Staff prior to a Medical Staff vote. Such amendments may be recommended to the Board:

A. As matter of procedure, any proposals for changes to the Medical Staff Governing Documents must be submitted to the current Active Medical Staff at its regular meeting or by email. The proposed amendments shall be voted upon at that meeting, provided

that the precise wording of the proposed changes shall have been submitted to each member of the Active Medical Staff **(14) days in advance of the Medical Staff Meeting**. To be recommended to the Board for approval, an amendment must pass in the affirmative with a simple majority of those active staff members present and voting. (Absentee ballots will be permitted).

B. The Medical Executive Committee shall have the power to adopt such amendments to the Bylaws as are in the committee's judgment, technical or legal modifications or clarifications; reorganization or renumbering or amendments needed because of punctuation, spelling, or other errors of grammar or expression.

C. Such amendment(s) shall be approved by the Board or its authorized agent prior to becoming effective.

Section 3 RELATED PROTOCOLS AND MANUALS

The Medical Executive Committee will recommend to the Board a set of Medical Staff Rules and Regulations, a Credentials Policy Manual, a Fair Hearing Plan, and Professional Review and Corrective Action Procedure. Upon adoption by the Board, these manuals will be incorporated by reference and become part of these Medical Staff Bylaws.

ARTICLE XIV

ADOPTION

A. These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privileges at the Medical Center shall be according to the requirements of these Bylaws.

B. The present Rules and Regulations of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws.

Adopted by the Medical Staff on:

_____ _____

MEC Representative **Date**

Approved by the Administration on:

_____ _____

Diane Blake, Administrator/CEO **Date**

Approved by the Board on:

_____ _____

Board of Commissioner Chairperson **Date**

MEDICAL STAFF RULES AND REGULATIONS

Cascade Medical

Revised January 2026
Revised May 2023
Revised August 2017
Revised April 2017
Revised February 2015

Contents

Patient Stays 3
Inpatient – Acute Care 3
Inpatient – SwingBed 5
Outpatient – Emergency Department 6
Outpatient – Observation 6
Outpatient – Ambulatory Outpatient Medication Services 7
Outpatient – Tests 7
Outpatient – Special Procedures 8
RULES AND REGULATIONS 8
SPECIAL RULES 8
Medical Records 9
General Conduct of Care 11
Consultations 12
Confidentiality and Reporting 13
Peer Review 13

MEDICAL STAFF RULES AND REGULATIONS

Patient Stays

Definitions:

Medical Staff: Practitioners who are credentialed by Cascade Medical (CM)
Physician: Those holding the MD or DO degree
PA or NP: Those holding the ARNP degree or PA-~~C~~
Practitioner: Any Physician (MD or DO), ARNP, PA-~~C~~, Dentist, Podiatrist or Psychologist licensed to practice in the State of Washington.

Inpatient – Acute Care

1. Who is privileged:
   a. Admission privileges to Acute Care are extended to Active, Adjunct, Provisional and Temporary/Locum Tenens Staff Members. Temporary/Locum Tenens staff members are not required to have an Active Staff Member agree to the Acute Care admission. Only a member of the medical staff with admitting privileges may admit a patient to the medical center. All practitioners shall be governed by the official admitting policies of the medical center.
   b. A member of the medical staff shall be responsible for the medical care and treatment of each patient admitted to the medical center.
   c. Inpatient care shall typically be provided by PA or NP hospitalists seven days per week. Weekdays when the clinic is open during which no PA or NP hospitalist is on shift, Clinic Practitioners with inpatient privileges will be responsible for the medical care and treatment of inpatients.
   d. After clinic hours or over weekends and on holidays when a hospitalist is not on shift, inpatient care will be automatically assumed by the practitioner on call for the emergency department unless otherwise specified by the attending physician.

2. Admission Criteria:
   a. Except in an emergency, no patient shall be admitted to the medical center until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded as soon as possible.
   b. Before a patient is admitted, the Practitioner shall first contact the acute care unit to ascertain whether there is an available bed.

3. Patient Management:
   a. The attending practitioner shall be responsible for the prompt completeness and accuracy of the medical records, for necessary special instructions, and for transmitting reports of the condition of the patient to the relatives of the patient.
   b. Each member of the staff shall name a member of the Active or Adjunct staff that may be called to attend his/her patient in an emergency. In case of failure to name such alternate, the Administrator of the medical center, Chief of Staff, or Chairperson of the Department concerned shall have authority to call any Member of the Active Staff to

attend the patient who shall be required to attend the patient. Each practitioner must assure timely, adequate professional care for his/her patients in the medical center by being available or having available through his/her office an eligible alternate practitioner with whom prior arrangements have been made.

c. Patients must be seen by a medical staff member each day that they are admitted under acute care or observations status.

d. Code Blue and Rapid Response Team event responses are delineated separately via policy.

4. Special Rules:

a. PAs or NPs who have admitting privileges may admit patients independently, consistent with their education, training, and granted privileges.

b. For PAs, physician participation in admissions, orders, or documentation, including co-admission, co-signature, or routine chart review, is required only as specified in the PA's collaboration agreement.

c. For NPs, physician participation in admissions, orders, or documentation, including co-admission, co-signature, or routine chart review, is not required.

d. The on-call physician shall remain available for consultation in accordance with CM policy.

e. Nothing in this section limits a physician's ability to review or sign PA or NP documentation when clinically indicated or required for quality assurance purposes

~~a. PAs or NPs that have admitting privileges will discuss admission orders with the supervising physician and have them countersigned within 72 hours.~~

~~b.~~f. The attending practitioner shall comply with the Utilization Review Plan and the Quality Improvement Plan.

5. Patient Transfer:

a. A patient is transferred from one level of care to another upon approval by the responsible practitioner.

b. A patient may be transferred to another hospital for hospitalization and further care if the patient requests such transfer and if the practitioner who will receive the patient and assume responsibility is determined to be available and concurs in the judgment to transfer the patient. Patients who qualify for a different level of care, for example, Swing Bed care, may not be transferred to that level until authorized by the responsible practitioner.

c. A patient may be transferred to another hospital if its facilities are more appropriate for the care of the patient and if the attending practitioner concurs and feels that the transfer does not involve an unwarranted risk.

d. The admitting practitioner shall be responsible for providing such information as may be necessary to protect a patient from self-harm, and to protect others when a patient may be dangerous for any reason. Restraint orders must be episode-specific and time-limited with specific starting and end times as outlined in the restraints policy and procedure.

6. Patient Discharge:

a. A patient shall be discharged only on a written order of the attending practitioner. Should a patient leave the medical center against the advice of the attending

practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record by the attending practitioner.

b. When a patient dies in the medical center, the deceased shall be pronounced dead by the attending Practitioner or his/her designee within a reasonable time. The body shall not be released until an entry has been made and signed in the medical record of the deceased by the attending practitioner or his/her designee of the staff. Exceptions shall be made in those instances of incontrovertible and irreversible terminal disease wherein the patient's course has been adequately documented to within a few hours of death. Policies with respect to the release of decedent's remains shall conform to local law.

c. It shall be the duty of all members to secure meaningful autopsies whenever possible. An autopsy may be performed only with a written consent signed in accordance with state law. All autopsies shall be performed by a pathologist or by the coroner. Provisional anatomic diagnoses shall be recorded on the medical record within 24 hours and should be made a part of the record within sixty (60) days.

d. Patients who are emotionally ill or are suffering from alcohol or drug abuse shall be offered appropriate referral.

Inpatient – Swing Bed

1. Who is privileged:
   a. Admission privileges to the Swing bed Unit are extended to Active, Adjunct, Provisional, and Temporary/Locum Tenens Staff Members. Temporary/Locum Tenens staff members are not required to have an Active Staff member agree to the Swing Bed Unit admission. Additionally, Adjunct staff members are not required to have an Active staff member who is responsible for the care of the patient in the absence of the Adjunct staff member. The call coverage for the Adjunct staff member will assume responsibility for the patient.

2. Admission Criteria:
   a. A three-midnight inpatient stay within 30 days is required before admission to Swing Bed for Medicare patients. The Swing Bed admission must be related to the same diagnosis as the Acute Stay.
   b. Patients admitted to the Swing Bed unit from an acute care facility must have been seen by a practitioner~~the physician~~ within 48 hours prior to discharge from the acute facility or within 48 hours of the admission to the sub-acute unit.

3. Patient Management:
   a. Swing Bed Patients must be seen by the practitioner at least every 7 days or more often if the patient's medical condition warrants more frequent ongoing visitation and monitoring by the ~~physician~~practitioner.
   b. A progress note will be entered in the Medical Record for each Practitioner visit.
   c. Whenever possible, admission orders to the Swing Bed unit will be written when a patient is discharged from the acute care facility, per recommendations of the discharging practitioner~~hysician~~.

4. Special Rules:
   a. The admitting practitioner shall comply with the Utilization Review and the Quality

Improvement Plan of the Swing Bed unit.

b. PAs and NPs who have been granted admitting privileges under the Medical Staff Bylaws may admit patients to the Swing-Bed Unit independently, consistent with their education, training, and granted privileges. Unless otherwise required by an applicable PA collaboration agreement, physician co-signature or routine review of PA or NP documentation is not required.

c. In accordance with 42 C.F.R. § 482.58(b)(3), Medicare certification and recertification of swing-bed admissions and continued stays must be completed as follows:

   i. If the PA or NP is directly or indirectly employed by CM, the certification or recertification must be signed by a physician.

   ii. If the PA or NP is not employed by CM, such as a contracted or locum tenens provider, the PA or NP may perform the certification and recertification consistent with the CMS Conditions of Participation~~PAs and NPs with admitting privileges will have their orders and notes countersigned by the on-call physician within 72 hours~~.

Outpatient – Emergency Department

1. Who is privileged:
   a. Emergency Department privileges are extended to Active, Adjunct, Provisional, and Temporary/Locum Tenens staff members who have applied for and been granted Emergency Department privileges through the CM Credentialing process.
   b. Practitioners with CM Emergency Department privileges or Registered Nurses with current ACLS certification shall perform medical screening exams in accordance with the CM EMTALA policy.
   c. Evaluation, treatment, stabilization and admission, discharge or transfer decisions shall only be made by CM practitioners who have been granted Emergency Department privileges.

2. Admission Criteria:
   a. Such services shall be in accordance with all EMTALA regulations and other policies and procedures of Cascade Medical.

3. Patient Management:
   a. A medical screening exam must be performed in accordance with EMTALA regulations and shall be a part of the medical record.
   b. A medical record shall be kept for every patient and shall become part of the CM record. Past records and CM Family Practice clinic records shall be made available upon request of the Emergency Department. Emergency Department records shall be retained per Washington State retention guidelines for Public Hospital Districts.

4. Special Rules:
   a. PAs practicing in the Emergency Department shall function under a written collaboration agreement with one or more participating physicians, consistent with RCW 18.71A. Consultation and communication expectations shall be defined in the collaboration agreement and applicable CM policy.
   b. NPs practicing in the Emergency Department are independent practitioners under

RCW 18.79 and provide care consistent with their education, training, and granted privileges. They may seek physician consultation as clinically appropriate or as required by CM policy.

c. Routine physician co-signature or countersignature of PA or NP documentation is not required, except when specifically required by an applicable PA collaboration agreement.

~~a. PA or NP providers in the Emergency Department are required to obtain consultations from physicians according to established policy.~~

~~PA or NP Emergency Department charts will be countersigned by supervising physician within 72 hours.~~

Outpatient – Observation

1. Who is privileged:
   a. Admission privileges to Observation are extended to Active, Adjunct, Provisional, and Temporary/Locum Tenens Staff Members. Temporary/Locum Tenens staff members are not required to have an Active staff member agree to the Observation admission.

2. Admission Criteria:
   a. Patients admitted to this category must be expected to be discharged within 48 hours.

3. Patient Management:
   a. Written orders and an admission note and diagnosis must accompany the patient's admission, and the patient must meet observation criteria per utilization management and the practitioner's recommendation.
   b. History and physical must be recorded within 24 hours.
   c. Practitioner must see the patient at least once per 24 hours.
   d. A progress note is required at discharge or transfer.

4. Special Rules:
   a. Deaths should be handled according to inpatient policies.

Outpatient – Ambulatory Outpatient Medication Services

1. Who is privileged:
   a. Admission privileges to Ambulatory Outpatient Medication Services are extended to Active, Adjunct, Provisional and Temporary/Locum Tenens Staff Members. Temporary/Locum Tenens staff members are not required to have an Active staff member agree to the Ambulatory Outpatient Medication Services admission.

2. Admission Criteria:
   a. Patients admitted to this category must be expected to be discharged within 4 hours. Consider observation/short stay/acute status for unstable patients or those patients requiring longer stay.

3. Patient Management:
   a. Admissions to Ambulatory Outpatient Medications Services shall comply with established policies.
   b. If a patient is referred from the Cascade Medical clinic, a clinic nurse should contact the hospital clinical resource nurse to determine bed availability and explain reason for admission.

c. Post-injection discharge vital signs are necessary for patients receiving parenteral medications. Parenteral antibiotics require a 15-minute post-injection waiting period before vital signs are obtained.
d. The nurse may request a patient evaluation from practitioner at any time.

4. Special Rules:
   a. If IV fluids over 100 cc are administered, vital signs at discharge and a practitioner evaluation of the patient prior to discharge are required.
   b. A clinic note needs to be included with the final hospital medical record.
   c. Standing orders (e.g., Neupogen q week) must be renewed each month.
   d. If a patient evaluation is done during the ambulatory services stay, a written or dictated encounter note will be provided.

Outpatient – Tests:

1. Who is privileged:
   a. Tests ordered by outside parties that are processed by our in-house lab or radiology department fall into a separate category. (See Medical Staff policy titled, "Ordering Outpatient Tests".)
   b. Active member of the hospital medical staff: this includes any member who holds Active, Adjunct, Provisional, or Temporary/Locum Tenens status.
      i. Management of test results:
      Outpatient test results are reported to the ordering practitioner. In addition, critical lab values or radiology findings, as defined by CM lab and/or radiology policy, will be brought to the attention of the ordering provider or covering on call provider immediately.

      It is the responsibility of the ordering provider or on call provider to evaluate and determine next management action for critical lab or radiologic abnormalities.

2. Admission Criteria:
   a. A diagnosis must accompany any order for outpatient tests.

3. Patient Management:
   a. A written order or prescription is required for outpatient tests.
   b. The patient must be notified of abnormal values within 24 hours of the time results are obtained.
   c. The ordering provider (or on-call provider) will be notified of results as they become available. It is the responsibility of the ordering provider (or on-call provider) to notify the patient of test results.

4. Special Rules:
   a. Test results will not be left in a voicemail unless patient has documented this is appropriate. Such documentation must be in the patient's medical record.

Outpatient – Special Procedures

1. Who is privileged:
   a. Special procedures may only be done by medical staff members who are privileged to

do them through regular medical staff credentialing processes.

2. Admission Criteria:
   a. Patients must have a written diagnosis.

3. Patient Management:
   a. Patients must have a medical record established.
   b. A history and physical must be completed and written prior to the procedure.
   c. A post procedure note must be dictated or written within 72 hours.

4. Special Rules:
   a. Tissue specimens must be preserved and sent to pathology for review and diagnosis as determined by the practitioner.
   b. Patients must be scheduled in advance with the appropriate clinical department.

RULES AND REGULATIONS

SPECIAL RULES

1. **PROCEDURAL SEDATION AND ANALGESIA**

   If performing Procedural Sedation & Analgesia (PSA) the practitioner must demonstrate competency by at least one of the three methods:

   a. Training and demonstrated competence as part of a residency program within the past five years, documented in the procedure list or by verification from a residency program chair.
   b. Documentation and attestation that the applicant has performed IV conscious sedation/moderate analgesia for at least ten patients in the last year.
   c. Evidence of participation in Category 1 continuing medical education in conscious sedation/moderate analgesia within the past two years.

2. **Washington State Trauma Registry (WSTR) rules**:

   All practitioners who care for trauma patients must abide by WA State Trauma Service standard WAC 246-976-700.

Medical Records

1. The attending practitioner shall be responsible for insuring the preparation of a complete and legible medical record for each patient. Its content shall be pertinent and current. This record shall include patient identification data, and admission note in the EMR at the time of admission, code status**,** personal history, history of present illness, physical examination, nursing and ancillary notes, medication records, patient added notes, physician orders, special reports such as consultations, clinical laboratory and radiology services, and others, provisional diagnosis, medical or surgical treatment, operative report, pathological findings, progress notes, final diagnosis, condition on discharge, summary or discharge note, clinical resume and autopsy report when performed.

2. A complete admission history and physical examination shall be recorded within 24 hours following admission. This report shall include all pertinent findings resulting from an

assessment of all the systems of the body. If a complete history has been recorded and a physical examination performed prior to the patient's admission to the medical center, a reasonably durable, legible copy of these reports may be used in the patient's medical record in lieu of the admission history and report of the physical examination, provided these reports are recorded by a member of the staff and are no older than 30 days. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. If a patient is readmitted for treatment of the same or related problem within 30 days following discharge from the hospital, an interval history and physical examination report reflecting any subsequent changes may be used in the medical record provided the original information is readily available.

3. When the history and physical examination are not recorded before an operation (or any potentially hazardous diagnostic procedure) the procedure shall be cancelled unless the attending practitioner states in writing that such delay would be detrimental to the patient.

4. Pertinent progress notes shall be written at least every day on all acute care and observation patients. When possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. All LIPs visits must be recorded in the Electronic Medical Record (EMR).

5. Special procedure reports shall include a detailed account of the findings as well as the details of the technique. Reports shall be dictated immediately following the procedure for outpatients and inpatients and promptly signed by the practitioner and made a part of the patient's current medical record.

6. Consultation shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion, and recommendations. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report of the consultation. When operative or special procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the procedure.

7. Symbols and abbreviations may be used only when they have been approved by the Staff. An official record of approved abbreviations is kept on file in Medical Records.

8. Final diagnosis shall be recorded in terms of standard nomenclature in full, without the use of symbols or abbreviations, and dated and signed by the responsible Practitioner at the time of discharge of any patient. This is as important as the actual discharge order and shall be a condition of discharge.

9. A formal discharge summary shall be completed on all medical records of patients who die and for all patients who are hospitalized over 48 hours. This summary shall be completed within 24 hours of discharge. For patients with problems of a minor nature and hospitalized less than 48 hours, a final summation progress note shall be sufficient.

10. Medical records of all patients shall be available to members of the staff for genuine study and research consistent with preserving the confidentiality of personal and medical information concerning the patient.

11. A medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed by the Medical Executive Committee.

12. Incomplete Medical Record Procedure
    a. Chart counts are made to determine when a medical record is delinquent. Practitioners will be notified when the chart count dates are by: Emailing the chart count(s) dates to the Clinic Director and each provider.
    b. Chart count is performed each Friday for charts that fall into the delinquency definition by these Medical Staff Rules and Regulations. A tabulation will be made for each practitioner.
    c. Medical Records Letter #1: A practitioner with delinquent records (greater than 14 days) will be notified via email with a copy to the Chief of Staff and Administration. To assist the office staff in identifying the urgency of this e-mail, the words "DELINQUENT RECORDS NOTIFICATION" will appear in block letters on the subject line of the email as well as the "High Importance" flag on the email. In the text of the email will be a statement informing the practitioner that if he/she is unable to complete his/her records, he/she must contact the Medical Records Department for a one-week extension. Also, in the text of the delinquent records notification will be a statement that the practitioner is being granted a three (3) working day "grace" period in which he/she may complete the delinquent records.
    d. On the Thursday following the Friday of the count discovering the delinquency, a final determination will be made of the practitioners with delinquent records remaining. The practitioners responsible for these delinquent records will be put on a conjoined "Medical Records" list.
    e. Those practitioners going on the "Medical Records" list will be docked ½ hour of PTO per chart per day outstanding. Medical Records will notify the CEO, CFO, COO, and the Clinic Director when a practitioner remains on the "Medical Records" list until his/her charts are completed.
    f. The Medical Records Department will complete a PTO deduction form for each provider for each payroll cycle and turn it into the Payroll Clerk.
    g. The Medical Records Department will notify the CEO, CFO, COO, and the Clinic Director as soon as the provider's delinquent medical records are brought current.
    h. An incomplete chart of a patient whose practitioner has permanently moved away or is unable to complete the chart because of incapacitating illness or death shall be the responsibility of the Medical Executive Committee.
    i. The above rule shall not be applied capriciously and shall not be followed if there are legitimate reasons why the charts cannot be completed on time. These reasons shall include personal and family hardships. The Chief of Staff and administrator shall jointly make this determination. Delinquent charts that accumulate during vacation time shall not be counted until the practitioner returns to work.

General Conduct of Care

1. A general consent form, signed by or on behalf of each patient admitted to the medical center, must be obtained at the time of admission. It shall be, except in emergency situations, the Practitioner's obligation to obtain proper consent before a patient is treated in the medical center. A specific consent form that informs the patient of the risks inherent in any special treatment or surgical procedure shall be obtained. Written, signed, informed, consent forms shall be obtained prior to the procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor, incompetent or unconscious patient in whom consent cannot be immediately obtained from parents, guardian, or next of kin, these circumstances shall be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency procedure is undertaken if time permits. Should a second procedure be required during the patient's stay in the medical center, a second consent form should be obtained. If two or more specific procedures are to be carried out at the same time and this is known in advance, they shall all be described and consented to on the same form.

2. All orders for treatment shall be a signed electronic format or writing. A verbal order shall be considered to be in writing if recorded by appropriate medical center personnel and signed by the responsible practitioner. All orders dictated over the telephone shall be signed by the appropriately authorized person who dictated with the name of the practitioner per his or her own name. The responsible practitioner shall authenticate such orders within 48 hours, and failure to do so shall be brought to the attention of the MEC for appropriate action. Only "Licensed" personnel, e.g., physicians, PAs and NPs, licensed nurses, and pharmacists, may be authorized to give verbal orders.

3. A practitioner's orders must be written clearly, legibly, and completely or documented in the EMR. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the nurse. The use of "renew," "repeat," or "continue orders," is not acceptable.

4. All previous orders are cancelled when a patient is taken to Surgery.

5. All drugs and medications administered to patients shall be those listed in the latest edition of: United States Pharmacopoeia, National Formulary, American Hospital Formulary Service or A.M.A. Drug Evaluations. Drugs for bona-fide clinical investigations may be exceptions.

6. Practitioners who care for patients in ambulatory care areas, emergency care areas, and medical center-sponsored home care areas, must follow the same Medical Staff Bylaws, Rules and Regulations and Policies**.** Emergency Care coverage will be provided in these areas in the same manner as prescribed by the Staff Bylaws and Rules and Regulations. Medical Center policies that have been approved by the Staff will be followed by each eligible practitioner when providing patient care in these areas.

Consultations

1. The right to added professional opinion is not only that of the attending practitioner but is the patient's privilege. It is the duty of the staff, through its departmental chairperson and MEC to ensure that a Practitioner seeks consultation when indicated. The consultant must

be qualified to give an opinion in the service in which it is sought. This should require evidence of special training and experience in this service. The consultant's findings and opinion shall be recorded, signed, and become a part of the medical record.

2. The attending practitioner is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant. He/she shall contact the Consultant and brief him/her on the problem involved and shall provide written authorization to permit another attending practitioner to attend or examine his/her patient, except in an emergency.

3. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, he/she shall call this to the attention of his/her supervisor who in turn may refer the matter to the Chief Operating Officer. If warranted, the Chief Operating Officer may bring the matter to the attention of the department Chairperson, or Chief of Staff or Medical Director of the department wherein the Practitioner has clinical privileges. Where circumstances are such as to justify such action the Chairperson of the department may request a consultation.
4. Any qualified practitioner with clinical privileges in the medical center may be called for consultation within his or her areas of expertise.

5. Consultation is recommended at least as follows:
   a. When a patient is not a good risk for surgery or treatment.
   b. For all patients, where the diagnosis is obscure or where there is doubt as to the best therapeutic measures to be utilized.
   c. For all cases where there is use of an investigational drug in research.
   d. Where known or suspected pregnancy may be interrupted.
   e. In unusually complicated situations, where specific skills or other practitioners may be needed.
   f. In instances in which the patient exhibits severe psychiatric symptoms.
   g. When requested by the patient or his/her family.
   h. PA and NP consultation requirements, if any, shall be defined in the applicable collaboration agreement and individual clinical privileges.~~PA and NP providers may have additional consultation requirements~~.

6. Informal Proceedings.
   Nothing in this policy or the Medical Staff Bylaws shall preclude collegial or informal efforts to address questions or concerns relating to an individual's practice and conduct at the medical center. This policy specifically encourages voluntary structuring of clinical privileges to achieve a clinical practice mutually acceptable to the individual, the Medical Executive Committee, and the Board.

Confidentiality and Reporting

1. Confidentiality and Reporting:
   a. Actions taken and recommendations made pursuant to this policy shall be treated as confidential in accordance with applicable legal requirements and such policies regarding confidentiality as may be adopted by the Board. In addition, actions and

reports of actions taken pursuant to this policy shall be sent to the Administrator who shall notify such governmental agencies as may be required by laws.

b. All records and other information generated in connection with and/or as a result of professional review activities shall be confidential, and each individual or committee member participating in such review activities shall agree to make no disclosures of any such information except as authorized, in writing, by the Administrator or by legal counsel to the medical center. Any breach of confidentiality by an individual or committee member may result in a professional review action, and/or may result in appropriate legal action to ensure that confidentiality is preserved, including application to a court of law for injunctive or other relief.

2. All practitioners shall follow all HIPAA guidelines and professional standards regarding patient confidentiality.

Peer Review

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

2. All Active staff members shall participate in peer review activities as required by the medical staff or administration.

Adopted by the Medical Staff on:

DocuSigned by:
Tony Butrille
C16780F6D8A94F4...
Chief of Staff Date

Administrator
Date

DocuSigned by:
Tom Baranouskas
77381184BC324F7...

Approved by the Board on:

Chairperson
Date

Approved by the Administration on:

DocuSigned by:
Diane Blake, CEO
4FF47DFD355F482...

5/27/2023 _____

5/31/2023 _____

6/1/2023

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: January 21, 2026

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	10127903 – 10128032	$720,082.91	12/09/2025 – 01/10/2026
Accounts Payable EFT Transactions	20250176 – 20250189	$532,445.56	12/09/2025 – 01/10/2026
Accounts Payable ACH Transactions	EP13837 – EP13880 EP13926 – EP13953 EP13989 – EP14025 EP14061 – EP14079	$615,587.16	12/09/2025 – 01/10/2026
Payroll EFT Transactions	29483 – 30089	$1,468,845.39	12/09/2025 – 01/10/2026
	Grand Total	$3,336,961.02	

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

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

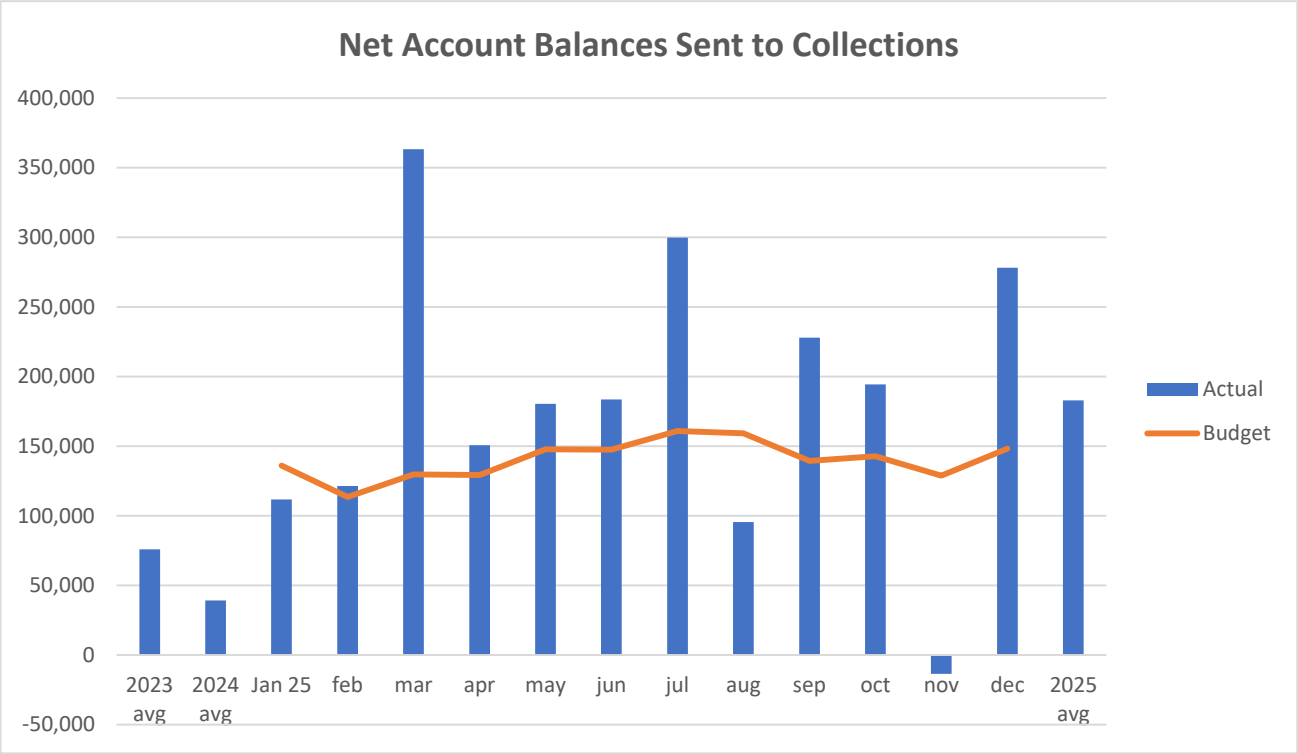
Bad Debt Write Offs
Financial Assistance Program Discounts

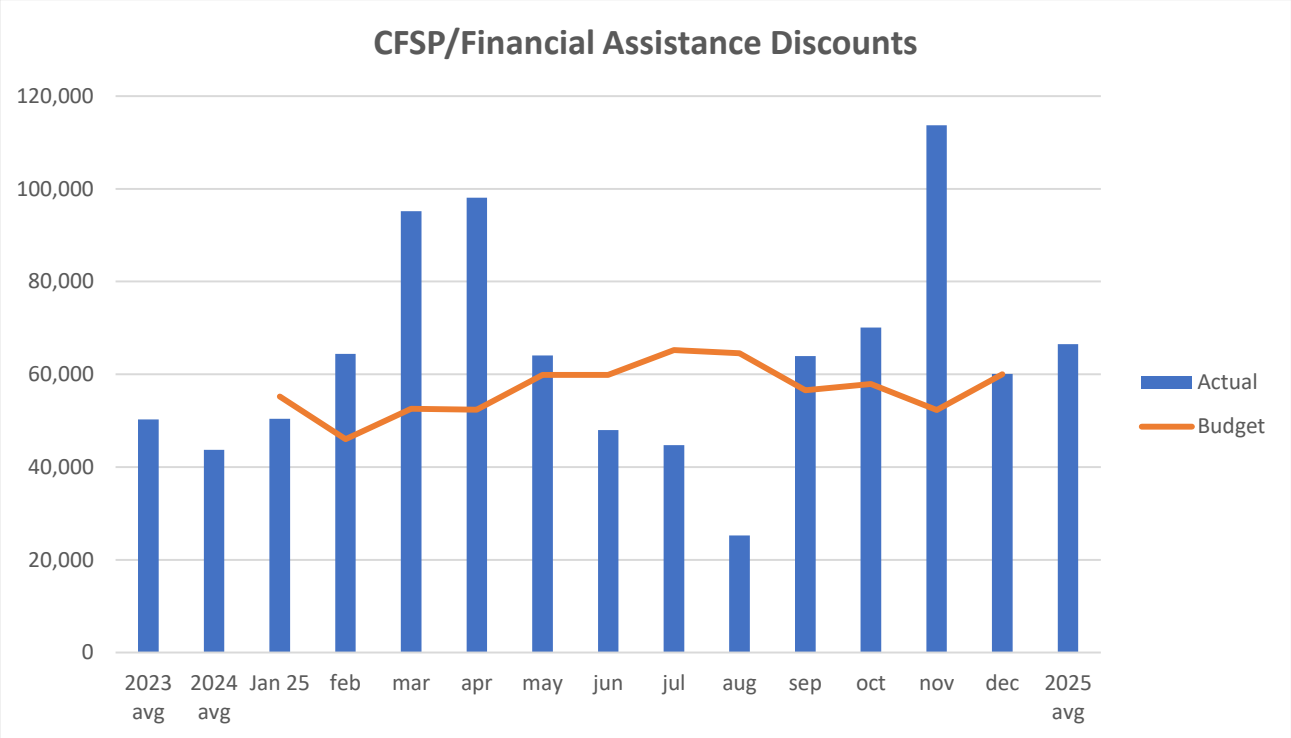
Month December, 2025

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Net Bad Debt Write-Offs for Board Approval	**$**	**278,081.14**
CFSP/Financial Assistance Program Discounts for Board Approval	**$**	**60,071.13**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		329,561.66
	less: pullback from Agency due to receipt of payments		(51,480.52)
	Net Bad Debt Write-Offs		278,081.14
CFSP/Financial Assistance Applications - Discounts Approved		$	60,071.13
	Total		338,152.27


Net Account Balances Sent to Collections
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
-50,000
2023 avg
2024 avg
Jan 25
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2025 avg
Actual
Budget


CFSP/Financial Assistance Discounts
120,000
100,000
80,000
60,000
40,000
20,000
0
2023 avg
2024 avg
Jan 25
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2025 avg
Actual
Budget

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
Patient & Family Centered Care	**Three-year Objective:** 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	**Timeline Met**
	• Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited					Meet Project Timelines	**Complete**
	• 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 Q3, 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	**Complete**
Financial Stewardship	**Three-year Objective:** 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	**Complete**
	• 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	**Lagging**
	• Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)					Timelines / Metrics	**Lagging**
Our People	**Three-year Objective:** 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	**Complete**
	• Continue robust professional development programs, including focused leadership development					Meet Timelines	**Complete**
	• Launch a CNA program in collaboration with Cascade High School					Meet Timelines	**Complete**
	• Understand compensation strategy options, for future consideration					Meet Timelines	**Complete**
Community Connections	**Three-year Objective:** 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	**Complete**
	• 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%**	**82%**	**Not Tracked**	85% Tactics Completed By Timeline	**Tactics Not Complete**

Status: **On Track** **Behind Timeline** **At Risk**

Board Dashboard Companion Document
Q4 2025
Cascade Medical

In your packet is the Dashboard Strategy / Performance Measures document which provides a snapshot of our organizational performance toward meeting our board-approved strategic objectives for 2025. 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:

- Out of the organizational successes in 2025, which are you most proud of? Which do you believe will have the greatest long-term positive impact on how we serve our community?
- Of the objectives that were incomplete at yearend, which are you most concerned about, from a broad strategy perspective?
- What additional information do you need to feel confident in your understanding of CM's strategic direction?

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 was essentially complete at year end, culminating with a report out to the board which will provide an ongoing framework for strategic work around expansion and growth considerations, with a shorter-term plan / focus for next steps around explorations of parking investments.
2. Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited
    a. Complete. A partner accreditation organization has been selected, with 2026 focused on finalized development of timeline to accreditation and first steps of work intiated toward that.
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 multiple tactics, nearly all of which ended the year complete or on timeline. One component lags, which is driving the scoring of

this objective, and this is around expansion of clinic hours. While we did expand Saturday clinic hours, and this is an important first step, we did not finalize a plan for alternate hours for the mobile clinic or expanded weekday clinic hours. This work continues to be important for consideration. Completed items include customer service training, expansion of team intake visits (dramatically improving access for new patients), operationalization of the school clinic, adjustments to mobile clinic to increase volumes/access, and continued focus on coordination between clinic and mobile integrated health.

4. Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements
    a. Communication cadence was met for the year, so this objective was achieved. Data validation and electronic health record improvements are substantially complete and are now supporting leadership oversight and decision-making. Key quality measures are validated, reporting tools are in use by the Executive Team and will transition to BCA (business & clinical analytics module of Meditech) in the first half of 2026. Final delivery of the BCA dashboard extended beyond the original timeline due to the October Meditech system update, which temporarily paused related work. That work is ongoing and expected to be completed in the first half of 2026. Overall, this objective is considered achieved, with the remaining BCA continuing into 2026.

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; while both are underway, we did not meet the tactics through the year that we'd originally set. The structure for ongoing charge reconciliation was complete at year end but bar coding in the emergency department will push into 2026. 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 and our adjusted focus to medical necessity processes for compliance and co-pay collection. Provider education for medical necessity was completed in Q4 and training was provided to front line staff regarding co-pay collection, with additional signage and process refinement pushing over into the early part of January 2026.
2. Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025
    a. This objective was successfully completed; the AI tool implemented in 2025 was the ambient listening tool for clinic providers. Management will maintain focus on AI and innovation and ensure it threads throughout our work; part of the

successfully completed work in 2025 created structure internally to guide our evaluation and implementation of AI technology, ensuring a good foundation for continued focus.

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 work is lagging, due primarily to timing of master facility plan completion, as we did not end the year with a finalized three-year strategic plan. The work on the strategic plan is nearly complete, however, with a presentation to the board in January and then anticipated plan approval in February. This lag to original timeline is a purposeful decision, to ensure thoughtful consideration of the next three years, in context to the master facility plan work. Additionally, when this plan was first set, we anticipated completing the strategic plan prior to the master facility plan, but it became clear as we worked through projects that the master facility plan should be finalized prior to the strategic plan.
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 – Much of the task list for this work tracked to timeline for the year, with the one area of lag the utilization of an external resource to assess the swing bed program, which management ultimately declined to do, due to the calculation of cost relative to organizational value. All the internal work, including internal assessment, team training on wound vac, and improving our internal referral evaluation tool was completed. Additionally, as we track success through increased admissions, we have grown swing bed admissions through November 2025 to 6.0 per month, from last year's average of 4.2 per month.
        ii. Infusion – This project is incomplete from its original scope at yearend, which was anticipated in last quarter's report. This is driven in part by eliminating the considered option to work with a third-party partner to fully develop this service as well as the mindful pause on formal expansion during completion of the master facilities plan, to ensure any additional space utilization occurs with an eye on the overarching plan. Despite these elements of the plan not moving forward as originally intended, work has continued internally with optimization, allowing us to quietly grow the number of patients served in a way that's manageable within current operations.
        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. The addition of an interim leader in Q3 allowed for focused attention to most of these areas, and substantial work related to the 2024 assessment has been moved forward. However, given all the changes in that area and our top priority of stabilizing and ensuring community access, we have not prioritized all seven focus areas, such as #5, so this objective lags to original plan. Significant progress has been made, however, in reshaping processes to promote both increased community access and financial sustainability, something we've developed a process to more accurately track in 2026, for continued focus.

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 complete and met all 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 met all other tactics, which included sharing the summarized feedback and utilizing it as input to our strategic planning process.
2. Continue robust professional development programs, including focused leadership development
    a. All elements of this objective were complete at yearend, culminating in the delivery of meaningful and impactful education and development opportunities across the organization.
3. Launch CNA program in collaboration with Cascade High School
    a. This work was successfully completed on time, with all structures in place and state approvals received. This program will begin operating in January 2026, with five students enrolled at the end of 2025.
4. Understand compensation strategy options, for future consideration
    a. Work was complete and timelines were met at yearend. Work included the refresh of our performance evaluation structure, development of a three-year plan with year one implemented to move our base wages consistently above market minimums, and the restructuring of one department's pay schedule to encourage full time work. The provider compensation work continues, with enough structure built to support recent recruitments, but with some data work still needing attention before moving fully to the alternate incentive program preferred by the comp committee.

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 (CHNA), which will, in turn, inform the next strategic plan
    a. The elements of this goal are now complete, with the board having approved the CHNA 2025.
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 incomplete at yearend; given the change in personnel in fourth quarter, we did not track to a specific marketing and communication timeline. We did, however, focus on orientation of the new team member, who brings a rich skill set, positioning CM to grow our strategic marketing and communication efforts to the next level in 2026.

Proposed Organizational Objectives for 2026 - 2028
With Proposed 2026 Annual Objectives
VERSION A

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

Proposed 2026-2028 Long Term Objectives:

Engage in a continuous process of expanding our community's access to healthcare, including through service expansion and exploration of visiting specialists, and with attention to clinician workforce, to meet community needs.

2026 Annual Objectives to Consider/Narrow:

1. Grow family medicine market share to at least 55% of market by the end of 2026.
2. Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps.

Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience.

2026 Annual Objectives to Consider/Narrow:

1. Meet the first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028.
2. Achieve average net promotor score for the year across the organization, of at least X (exact data points still being considered to maximize meaningfulness, but the concept of using net promotor score is the firm recommendation to be considered)

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

Proposed 2026-2028 Long Term Objectives:

Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth and expansion to meet future community needs.

2026 Annual Objectives to Consider/Narrow:

1. Full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting.

Focused strengthening of organizational financial performance, including through innovation, to ensure CM is positioned to best meet community needs and the facility expansion that may be necessary to care for our community into the future.

2026 Annual Objectives to Consider/Narrow:

1. Meet budgeted total margin and cash projections for 2026
2. Rehab Services delivers break even or better monthly financial performance by end of 2026

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

Proposed 2026-2028 Long Term Objectives:

Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.

2026 Annual Objectives to Consider/Narrow:

1. Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark.

Evergreen statement for:

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

Proposed 2026-2028 Long Term Objectives:

Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community.

2026 Annual Objectives to Consider/Narrow:

1. Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. (Measurement recommendation still being developed.)

Proposed Organizational Objectives for 2026 - 2028
With Proposed 2026 Annual Objectives
VERSION B

For more than a century, Cascade Medical has been our community's hub for health. Our purpose is to care for the health and well-being of our community by providing exceptional care that meets patient and community needs both today and for years to come.

To continue this purpose, the 2026-2028 strategic plan and objectives highlight key work the organization will undertake in the next three years to continue to expand access to care, address identified health needs and improve the health and well-being of our community.

We center this work around four pillars, believing these the four essential areas of focus to deliver on our purpose of caring for the health and well-being of our community for years to come. The four pillars, with definitions, are:

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.

The foundation supporting these four pillars are guiding principles which describe the way we consistently approach our work. These guiding principles include:

1. Despite our small size and rural location, we are committed to meeting the highest quality and safety standards while maintaining adherence to changing regulatory requirements. Achieving this within a resource-constrained environment requires flexibility, innovation, and a steadfast commitment to ensuring our patients receive the highest quality, safest care possible.
2. Because healthcare continues to be an industry challenged by financial constraints and declining government funding, we must consider financial sustainability as part of our commitment to caring for our community. This means making decisions that support fiscal sustainability to ensure care remains available in the local community for years to come.

3. Healthcare is a people industry. It is our team of providers, care givers, support staff across all departments and leaders who care for our community. Without our people there would be no Cascade Medical. We strive to provide a warm, respectful, nurturing environment for our people, rooted in a culture of seven Shared Values. We further strive to honor our team through the provision of wages and benefits that meet or exceed the market, while ensuring we do so within the context of long term organizational sustainability.
4. As an organization by and for the community, we consistently strive to engage and involve our community in our key objectives and to always consider community need and impact when making operational and service decisions.

It is within this framework and centered on these guiding principles that we present the following 2026-2028 strategic objectives, with 2026 annual objectives.

Patient & Family Centered Care
Proposed 2026-2028 Long Term Objectives:

Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

2026 Annual Objectives:

1. Grow family medicine market share to at least 55% of market by the end of 2026.
2. Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps.

Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience.

2026 Annual Objectives:

1. Meet the first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028.
2. Achieve average net promotor score for the year across the organization, of at least X (exact data points still being considered to maximize meaningfulness, but the concept of using net promotor score is the firm recommendation to be considered)

Financial Stewardship
Proposed 2026-2028 Long Term Objectives:

Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.

2026 Annual Objective:

1. Full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting.

Focused strengthening of organizational financial performance to ensure CM is positioned to best meet future community needs.

2026 Annual Objectives:

1. Meet budgeted total margin and cash projections for 2026
2. Rehab Services delivers break even or better monthly financial performance by end of 2026

Our People
Proposed 2026-2028 Long Term Objectives:

Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.

2026 Annual Objective:

1. Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark.

Community Connections
Proposed 2026-2028 Long Term Objectives:

Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community.

2026 Annual Objective:

1. Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. (Measurement recommendation still being developed.)

Explanation for Board Resolution 2026-01

The accounting team has worked to clean up the depreciation schedule, to ensure it is an accurate record of depreciable assets currently held by Cascade Medical. Our current threshold for depreciable assets, as defined in the Financial Management Policy, is $5,000. This threshold was established when we became a Critical Access Hospital; prior to that the depreciable threshold was much lower, which is why you will see some lower-value items on the surplus list. The purchase of a depreciable asset is approved by capital request and, where practicable, the item is assigned an asset tag.

We have found that complete records do not exist to support all assets currently listed on the depreciation schedule. We have worked with department directors to identify assets that are no longer in use and / or no longer in our possession. The result is an extensive list of items identified as needing to be removed from the depreciation schedule, something which requires board approval, in the form of a vote to surplus the items Where possible, we have matched asset tag numbers to items on the depreciation listing but many of these items are no longer on site or in some instances for assets still on site, no asset tag can be located on the item. Some of the items on the surplus list have purchase dates prior to 1980.

Many of the items included on the resolution have no book value, meaning they have been fully depreciated, and have no market value. There are a few items that do have remaining book value. The book value listed represents the additional depreciation expense we will need to record for these items that cannot be sold or traded in. These items include additions made to our chiller that failed in 2021. We were forced to make significant repairs to keep the existing equipment running while waiting for a replacement chiller. The book value related to the chiller repairs totaled $134,649. The other items with remaining book value totaling $38,704 were security system upgrades placed in service from 2020-2022 that became obsolete with the implementation of the Verkada Security System in late 2023.

RESOLUTION NO. 2026-01

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 in Exhibit A.

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a special meeting of the board on January 21, 2026.

WHEREAS, the members of the commission of the district, after due consideration, declare that the equipment listed in Exhibit A is surplus to the needs of the District, agree to dispose of the equipment, effective December 31, 2025.

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 effective December 31, 2025.

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 21st day of January 2026, the following commissioners being present and voting in favor of this resolution.

_____
Board President, Shari Campbell

_____
Board Vice President, Cary Ecker

_____
Commissioner, Jessica Kendall

_____
Commissioner, Dr. Jesse Knight

_____
Commissioner, Tom Baranouskas

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Surplus Equipment: Exhibit A

Description / Model Number	Date Acquired	Serial No.	Asset Tag	Market Value	Book Value	Recommendation
Compressor / Chiller	07/01/1994	Unknown	Unknown	0	0	Dispose
Guardian Security System	08/22/1996	Unknown	Unknown	0	0	Dispose
Guardian Security System	03/18/1997	Unknown	Unknown	0	0	Dispose
Water heater	09/24/1998	Unknown	Unknown	0	0	Dispose
ShoreTel telephone system	09/01/2009	Unknown	Unknown	0	0	Dispose
Keyhole recode door	06/01/2000	Unknown	Unknown	0	0	Dispose
Access Control System	09/01/2011	Unknown	Unknown	0	0	Dispose
Chiller Condenser Coils – 4	04/09/2019	Unknown	Unknown	0	10,275	Dispose
Security Access-Keyhole Security	04/07/2020	Unknown	Unknown	0	10,030	Dispose
Compressor / Chiller	05/06/2020	Unknown	Unknown	0	12,671	Dispose
Condenser Coil Replacement	06/04/2020	Unknown	Unknown	0	8,119	Dispose
Compressors & Circuits	07/01/2021	Unknown	Unknown	0	27,669	Dispose
Install 12 RFG	07/01/2021	Unknown	Unknown	0	11,103	Dispose
Wireless Entry Card Reader	06/01/2021	Unknown	Unknown	0	16,744	Dispose
Card Readers/Access Cards	06/01/2021	Unknown	Unknown	0	9,851	Dispose
Chiller Pump	09/22/2021	Unknown	Unknown	0	27,287	Dispose
Pharmacy Security Cameras	05/13/2022	Unknown	Unknown	0	2,079	Dispose
Compressor / Condenser	11/01/2022	Unknown	Unknown	0	37,525	Dispose
Telemetry upgrade for new facility	11/01/2010	Unknown	Unknown	0	0	Dispose
File Cabinet	11/01/1992	Unknown	Unknown	0	0	Dispose
NEC System	07/01/1996	Unknown	Unknown	0	0	Software-no longer using
Reflections Software/6licenses	03/01/2000	Unknown	Unknown	0	0	Software-no longer using
Tech Time Server	07/01/2007	Unknown	Unknown	0	0	Dispose
Navex (Policy Mgmt Software)	02/01/2016	Unknown	Unknown	0	0	Software-no longer using
Misc Equipment	06/30/1990	Unknown	Unknown	0	0	Dispose
Dobbler	08/21/1991	Unknown	Unknown	0	0	Dispose

Misc Amb Equip	11/15/1991	Unknown	Unknown	0	0	Dispose
Mobile radio & Equip	02/01/1992	Unknown	Unknown	0	0	Dispose
Mobile radio	02/01/1992	Unknown	Unknown	0	0	Dispose
Resuscitator	020/1/1992	Unknown	Unknown	0	0	Dispose
Thermometer	01/01/1993	Unknown	Unknown	0	0	Dispose
Resusci Anne	03/01/1993	Unknown	Unknown	0	0	Dispose
Ambulance	09/01/1993	Unknown	Unknown	0	0	Dispose
Tycos Pediatric BP Kit	09/01/1994	Unknown	Unknown	0	0	Dispose
Auto BP Kit	11/01/1996	Unknown	Unknown	0	0	Dispose
Ambulance Radio	01/31/1997	Unknown	Unknown	0	0	Dispose
Monophastic Waveform	07/01/2000	Unknown	Unknown	0	0	Dispose
Radios	09/16/2006	Unknown	Unknown	0	0	Dispose
Wall Transformer	01/01/1988	Unknown	Unknown	0	0	Dispose
File Cabinets	07/22/1997	Unknown	Unknown	0	0	Dispose
Air conditioner, 3-1/2 ton & furnace	07/01/2007	Unknown	Unknown	0	0	Dispose
EMR	01/21/2008	Unknown	Unknown	0	0	Software-no longer using
OB GYN Gurney, Stryker	11/01/2010	Unknown	Unknown	0	0	Dispose
Ultrasound Machine	07/26/2011	Unknown	Unknown	0	0	Dispose
Patient PortalINHS	06/01/2018	Unknown	Unknown	0	0	Software-no longer using
File Cabinet	01/01/1988	Unknown	Unknown	0	0	Dispose
Desk & Chairs	01/01/1988	Unknown	Unknown	0	0	Dispose
Dining Chairs	11/11/1970	Unknown	Unknown	0	0	Dispose
Dining Tables	11/11/1970	Unknown	Unknown	0	0	Dispose
Freight-Bakers table	11/11/1970	Unknown	Unknown	0	0	Dispose
Shelving	11/11/1970	Unknown	Unknown	0	0	Dispose
2 Refridge / 1 Freezer	11/11/1970	Unknown	Unknown	0	0	Dispose
Table Staff Dining	11/11/1970	Unknown	Unknown	0	0	Dispose
4 chairs	11/11/1970	Unknown	Unknown	0	0	Dispose
Bench Table Food Prep	11/11/1970	Unknown	Unknown	0	0	Dispose
Freezer upright	11/11/1970	Unknown	Unknown	0	0	Dispose

Refrig Dining Room	11/11/1970	Unknown	Unknown	0	0	Dispose
Slim Line Terminal	02/28/1998	Unknown	Unknown	0	0	Dispose
EKG Machine	06/30/1984	Unknown	Unknown	0	0	Dispose
EKG Machine	09/01/1996	Unknown	Unknown	0	0	Dispose
Holter Monitor	07/18/2016	Unknown	Unknown	0	0	Dispose
Pulse Oximeter	07/01/1994	Unknown	Unknown	0	0	Dispose
Buffer	11/11/1970	Unknown	Unknown	0	0	Dispose
Floor cleaning equip	01/01/1971	Unknown	Unknown	0	0	Dispose
Floor Polisher	08/11/1989	Unknown	Unknown	0	0	Dispose
Server	03/31/2009	Unknown	Unknown	0	0	Dispose
Tech Time Server	01/01/2007	Unknown	Unknown	0	0	Dispose
Healthland Hardware	05/20/2013	Unknown	Unknown	0	0	Dispose
Healthland Financial Module	05/20/2013	Unknown	Unknown	0	0	Dispose
Healthland Clinical Module	11/12/2013	Unknown	Unknown	0	0	Dispose
Patient Portal	07/31/2014	Unknown	Unknown	0	0	Dispose
Time & Attendance	06/01/2014	Unknown	Unknown	0	0	Dispose
Encoder	04/01/2014	Unknown	Unknown	0	0	Dispose
Server – Dell PowerEdge R740	03/20/2019	Unknown	2914	0	0	Dispose
Syndromic Surveillance	01/19/2019	Unknown	Unknown	0	0	Dispose
Stopwatch	11/30/1975	Unknown	Unknown	0	0	Dispose
Staining Tray	05/24/1979	Unknown	Unknown	0	0	Dispose
Microscope	06/30/1985	Unknown	Unknown	0	0	Dispose
Blood Gas Analyzer	03/27/2007	Unknown	Unknown	0	0	Dispose
Immunoassay analyzer (IMX)	07/01/2008	Unknown	2269	0	0	Dispose
Micro 60	02/17/2012	Unknown	Unknown	0	0	Dispose
4 Drawer file	12/31/1981	Unknown	Unknown	0	0	Dispose
Ultrasound Machine	12/31/1984	Unknown	Unknown	0	0	Dispose
Hi-Lo Table	01/01/1987	Unknown	Unknown	0	0	Dispose
Stair Climber Leg Pr	12/01/1992	Unknown	Unknown	0	0	Dispose
Muscle Simulator	05/01/1994	Unknown	Unknown	0	0	Dispose
Access Control, Phase I	04/18/2006	Unknown	Unknown	0	0	Dispose

Access Control, Phase II	11/03/2006	Unknown	Unknown	0	0	Dispose
Snow blower	12/31/1997	Unknown	Unknown	0	0	Dispose
CCTV – Security Cameras	11/01/2011	Unknown	Unknown	0	0	Dispose
Wheeled Commode	04/30/1982	Unknown	Unknown	0	0	Dispose
10 chairs	04/30/1985	Unknown	Unknown	0	0	Dispose
4 Pedestal Desks	06/30/1985	Unknown	Unknown	0	0	Dispose
Medi-Cart	03/01/1994	Unknown	Unknown	0	0	Dispose
Bed-check control Monitors	01/01/1994	Unknown	Unknown	0	0	Dispose
Biosensor	09/01/1996	Unknown	Unknown	0	0	Dispose
Picker Grid 14 x 17	04/30/1979	Unknown	Unknown	0	0	Dispose
Picker film bin	07/31/1979	Unknown	Unknown	0	0	Dispose
DXA Prodigy	02/28/2014	Unknown	Unknown	0	0	Dispose
Picker view box 4-film	08/31/1979	Unknown	Unknown	0	0	Dispose
Densitometer	06/01/1993	Unknown	Unknown	0	0	Dispose
Sensitometer	06/01/1993	Unknown	Unknown	0	0	Dispose
Used Collimater sys. w/o.h.sup	07/01/1995	Unknown	Unknown	0	0	Dispose
Used Gendex x-ray table	07/01/1995	Unknown	Unknown	0	0	Dispose
Computer Radiology Printer Sys	11/13/2002	Unknown	Unknown	0	0	Dispose
Computer Radiology Sys	11/13/2003	Unknown	Unknown	0	0	Dispose
DXA Scanner	02/01/2007	Unknown	Unknown	0	0	Dispose
Portable x-ray	02/08/2007	Unknown	Unknown	0	0	Dispose
Windows 7 LADD upgrade	08/06/2015	Unknown	Unknown	0	0	Dispose
Portable X-ray	09/11/2015	Unknown	Unknown	0	0	Dispose
Grand Total				$0	$173,353	

Credentialing Approvals

Locum Tenens Privileges: (90-days)

- Caylon Haggard, PA-C
- Selemani Wambuzi, PA-C

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

Accompanying Notes for the November 2025 Financial Statements

November Financial Statements – Current Month Summary

The November net margin, while negative at ($213,000) was only slightly under the budgeted net margin of ($149,000), at ($64,000). In late November we were challenged to get claims coded and finalized as we refocused our HIM/Coding staff on a backlog of documentation. We would anticipate seeing higher than budgeted revenue in December as we were able to fill a vacant position in HIM and utilize Clinic staff to help catch up on the documentation and will plan to catch up on our coding backlog prior to closing the revenue cycle for December. Operating expenses exceeded budgeted expenses for November by ($172,000).

Revenue and Expense Variances

1. Professional fees were over budget ($127,000) in November due to use of Locum providers in the ED and contracted staffing for Rehab Services.
2. Purchased Services were over budget ($73,000) for November due to recruiting expenses and Ambulance training materials.
3. Other expenses were over budget in November due to our Medicaid SNAP program, which is a timing issue for which we will see offsetting revenue in December.

Patient Statistics

Ambulance and Radiology volumes were higher than budgeted in November while almost all other services were down. Rehab Services volumes were just shy of budgeted volumes for November.

Cash Receipts and Balances

Cash receipts dipped below budgeted collections by ($317,000) while YTD cash balances are $1,1713,000 greater than budgeted cash balances.

Accounts Receivable

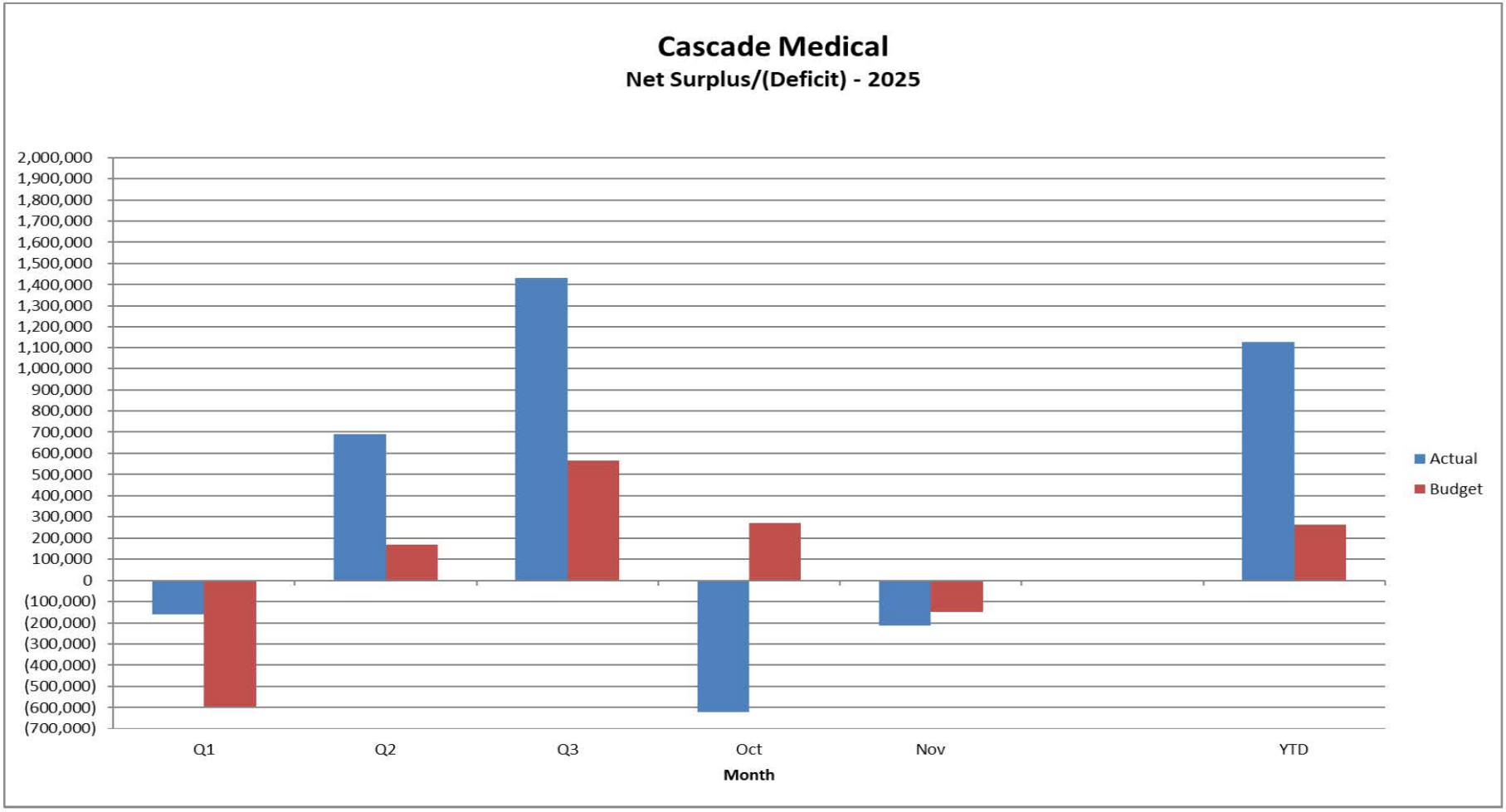
Days in Net Accounts Receivable increased from 41.6 days in October to 47.8 days in November 41.6 days. This increase is to be expected with the lower volumes seen in November combined with continued effects of the contractual adjustment entry that was booked in October for the interim Medicare Cost Report tentative settlement.

Contractual Allowance

The contractual allowance is at 47%, allowing for a conservative estimate of our uncollectible accounts.

Final comments and Upcoming

November Ambulance revenue, as anticipated, was higher than budgeted, as we billed some older transports that were discovered in the reconciliation process. As third-party payors pay balances due and we transfer any balances to patient balances, we will review accounts closely before sending out billing statements to patients and message appropriately where we are still able to bill patients. Our contracted pharmacist and accounting staff worked with a consultant to review our 340B program and we expect to have final results of that work in late December.


Cascade Medical
Net Surplus/(Deficit) - 2025
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,200,000
1,100,000
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
Q1
Q2
Q3
Oct
Nov
YTD
Month
Actual
Budget

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

000's omitted

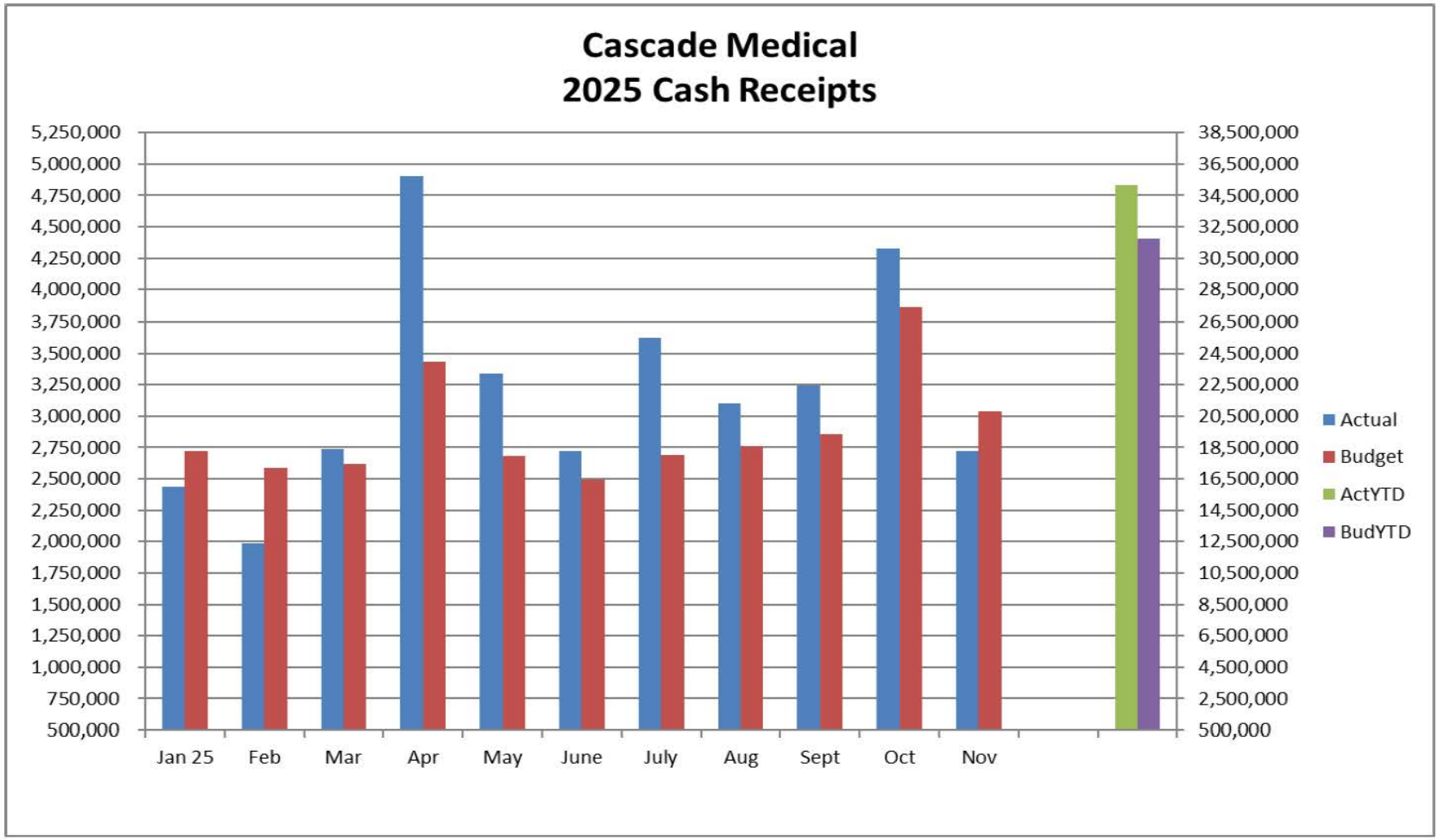
	YTD November
Net Margin	
Actual	1,127
Budget	263
Better (Worse) than Budget	864
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - SBed $865; Amb $541; Endo $390; ED ($251); Pharmacy ($423); Clinic ($447); CT ($757)	(117)
Contractual Allowances	2,310
Net Patient Revenue	2,193
Other Operating Revenue - 340B ($184)	(182)
Total Operating Revenue	2,011
Expenses	
Salaries & Benefits	31
Prof. Fees - Informatics ($384); ED Providers ($185); PT ($162); HR ($161); Admin ($144)	(1,018)
Supplies	65
Purchased Services/Repairs	8
Other Operating Expenses - Depr ($209)	(235)
Total Operating Expenses	(1,149)
Non-Operating Revenues & Expenses	2
Actuals Better/(worse) than Budget	864

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

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,328,038	2,263,691	64,347	29,156,378	26,963,600	2,192,778	26,598,841
Grants, Contribs, Other Op Revenue	146,075	101,695	44,380	1,607,904	1,789,645	(181,741)	1,649,523
Tax Levies, unrestricted	146,762	146,762	-	1,614,382	1,614,382	-	1,597,475
Total Operating Revenue	2,620,875	2,512,148	108,727	32,378,664	30,367,627	2,011,037	29,845,839
Operating expenses							
Salaries & Benefits	1,767,930	1,840,037	72,107	20,467,449	20,498,530	31,081	18,564,814
Professional fees	275,963	149,157	(126,806)	2,781,255	1,763,214	(1,018,041)	1,929,316
Supplies	151,060	168,620	17,560	1,942,558	2,007,612	65,055	1,935,969
Purchased services	247,608	186,064	(61,544)	2,156,364	2,164,626	8,262	2,015,036
Depreciation	189,327	167,320	(22,007)	2,082,085	1,840,520	(241,565)	1,894,348
Other Operating Expenses	291,036	239,497	(51,539)	2,810,102	2,816,712	6,610	2,625,923
Total operating expenses	2,922,924	2,750,695	(172,229)	32,239,814	31,091,214	(1,148,600)	28,965,405
Operating gain / (loss)	(302,049)	(238,547)	(63,502)	138,850	(723,587)	862,437	880,434
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	1,253,098	1,253,098	-	1,239,051
Interest expense on bonds	(23,324)	(23,324)	(0)	(256,566)	(256,564)	(2)	(278,598)
Other Non-Operating rev (exp)	(1,666)	(939)	(727)	(8,827)	(10,329)	1,503	(7,137)
Total nonoperating rev (exp), net	88,928	89,655	(727)	987,705	986,205	1,500	953,316
Net Income	(213,121)	(148,892)	(64,229)	1,126,555	262,618	863,937	1,833,750

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

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,303,603	3,484,668	(181,065)	41,371,063	41,488,082	(117,019)	38,540,812
less:							
Contractual Allowances	790,513	1,039,774	249,261	10,606,747	12,367,102	1,760,355	10,180,271
Reserve for Bad Debts	44,066	128,933	84,867	1,191,813	1,535,059	343,246	1,253,517
Reserve for Financial Assistance	140,986	52,270	(88,716)	416,126	622,321	206,195	508,183
Total Deductions from Revenue	975,565	1,220,977	245,412	12,214,685	14,524,482	2,309,797	11,941,971
Net Patient Revenue	2,328,038	2,263,691	64,347	29,156,378	26,963,600	2,192,778	26,598,841
Grants, Contributions	-	2,000	(2,000)	192,157	167,000	25,157	181,370
Other Operating Revenue	146,075	99,695	46,380	1,415,747	1,622,645	(206,898)	1,468,153
Tax Levies, unrestricted	146,762	146,762	-	1,614,382	1,614,382	-	1,597,475
Total Operating Revenue	2,620,875	2,512,148	108,727	32,378,664	30,367,627	2,011,037	29,845,839
Operating expenses							
Salaries and wages	1,528,245	1,526,202	(2,043)	16,823,235	16,914,769	91,534	15,385,360
Employee benefits	239,685	313,835	74,150	3,644,215	3,583,761	(60,454)	3,179,454
Professional fees	275,963	149,157	(126,806)	2,781,255	1,763,214	(1,018,041)	1,929,316
Supplies	151,060	168,620	17,560	1,942,558	2,007,612	65,055	1,935,969
Utilities	26,285	25,975	(310)	283,152	286,957	3,805	257,147
Repairs and maintenance	13,923	25,210	11,287	244,003	293,805	49,802	297,149
Purchased services	233,685	160,854	(72,831)	1,912,361	1,870,821	(41,540)	1,717,887
Continuing medical education	1,030	2,488	1,459	21,391	34,368	12,978	17,895
Other expenses	63,534	25,146	(38,388)	316,152	331,468	15,316	335,404
Dues and subscriptions	116,513	85,952	(30,561)	1,142,411	965,831	(176,580)	954,647
Travel / training / meetings	53,667	18,111	(35,556)	264,491	265,221	730	323,687
Leases and rentals	(16,959)	17,138	34,097	258,697	187,753	(70,944)	212,416
Depreciation	189,327	167,320	(22,007)	2,082,085	1,840,520	(241,565)	1,894,348
Licenses and taxes	22,931	40,445	17,514	272,945	479,328	206,383	287,350
Insurance	22,709	23,023	314	236,278	252,377	16,099	222,792
Interest	1,326	1,219	(107)	14,585	13,409	(1,176)	14,585
Total operating expenses	2,922,924	2,750,695	(172,229)	32,239,814	31,091,214	(1,148,600)	28,965,405
Operating gain / (loss)	(302,049)	(238,547)	(63,502)	138,850	(723,587)	862,437	880,434
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	1,253,098	1,253,098	-	1,239,051
Interest expense on bond financing	(23,324)	(23,324)	(0)	(256,566)	(256,564)	(2)	(278,598)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	104	830	(727)	10,636	9,130	1,506	12,326
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(19,462)	(19,459)	(3)	(19,462)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	88,928	89,655	(727)	987,705	986,205	1,500	953,316
Net Income	(213,121)	(148,892)	(64,229)	1,126,555	262,618	863,937	1,833,750


Cascade Medical
2025 Cash Receipts
5,250,000
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
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26,500,000
24,500,000
22,500,000
20,500,000
18,500,000
16,500,000
14,500,000
12,500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Jan 25
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2025

	YTD 2024 avg/mo	jul25	aug	sep	oct	nov	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	33	31	10	6	15	6	6	24	-74.8%	301	27	348	32	-13.5%
Swing Bed	63	101	166	93	97	55	55	59	-6.8%	1,054	96	728	66	44.8%
Laboratory tests	3,302	3,620	3,410	3,394	3,283	3,171	3,171	3,327	-4.7%	36,843	3,349	37,249	3,386	-1.1%
Radiology exams	356	382	385	350	424	368	368	308	19.5%	4,068	370	4,104	373	-0.9%
CT scans	154	166	177	134	161	109	109	171	-36.3%	1,531	139	1,749	159	-12.5%
ED visits	359	447	462	332	317	263	263	285	-7.7%	3,825	348	3,991	363	-4.1%
Ambulance runs	70	110	98	91	71	80	80	65	23.1%	858	78	763	69	12.5%
Clinic visits	1,205	1,296	1,151	1,243	1,193	1,129	1,129	1,365	-17.3%	13,372	1,216	15,002	1,364	-10.9%
Rehab procedures	2,165	2,397	1,835	2,201	2,703	2,359	2,359	2,380	-0.9%	25,277	2,298	27,729	2,521	-8.8%

Patient Statistics

	2024	2025												2025
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	8.4	4	7	6	6	9	7	7	1	3	4	2		5.1
Short Stay	6.7	2	5	4	4	6	10	5	11	4	4	6		5.5
Swing Bed	4.2	8	6	4	6	6	8	5	11	3	6	3		6.0
Respite Care	0.5	-	1	1	1	-	-	-	-	3	-	-		0.5
Total Admits	19.8	14	19	15	17	21	25	17	23	13	14	11		17.2
Patient Days														
Acute Care	32.8	16	32	41	65	37	42	31	10	6	15	6		27.4
Short Stay	8.4	3.4	8.1	5.8	4.3	9.0	14.4	5.4	9.4	7.2	5.0	11.0		7.5
Swing Bed	62.7	76	115	101	79	62	108	101	166	93	97	55		95.7
Respite Care	2.5	-	9	27	33	4	-	-	-	32	8	-		10.3
Total Patient Days	106.4	95.4	164.1	174.8	181.3	112.0	164.4	137.4	185.4	138.2	125.0	72.0		140.9
Average Length of Stay	5.4	6.8	8.6	11.7	10.7	5.3	6.6	8.1	8.1	10.6	8.9	6.5		8.4
Average Patients per Day	3.5	3.1	5.9	5.6	6.0	3.6	5.5	4.4	6.0	4.6	4.0	2.4		4.7
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,302	3,192	2,871	3,401	3,372	3,831	3,298	3,620	3,410	3,394	3,283	3,171		3,349
Radiology (tests)	307	333	322	269	261	317	321	334	317	285	291	290		304
Mammography (tests)	35	37	28	37	58	55	25	28	45	29	88	45		43
MRI	-	-	-	-	-	-	-	-	2	19	28	16		6
Cardiac Diagnostics	110	117	99	103	88	109	121	125	143	113	113	108		113
CT (Scans)	154	128	124	125	147	130	130	166	177	134	161	109		139
DXA (Scans)	14	9	11	16	27	15	18	20	21	17	17	17		17
PT (services billed)	1,790	1,948	1,753	1,951	1,856	1,854	1,780	1,951	1,380	1,723	2,217	1,945		1,851
ER (visits/procedures)	359	384	297	309	289	357	368	447	462	332	317	263		348
Ambulance (runs)	70	72	61	55	68	79	73	110	98	91	71	80		78
Clinic (visits)	1,205	1,244	1,125	1,231	1,347	1,337	1,076	1,296	1,151	1,243	1,193	1,129		1,216
Occupational Therapy	294	382	428	378	333	358	361	372	345	95	321	278		332
Speech Therapy	53	8	20	31	46	33	34	25	47	34	64	72		38
Cardiac Rehab	28	27	25	48	32	46	50	49	63	72	101	64		52
Endoscopy Procedures	22	38	29	30	23	26	22	20	10	19	27	19		24
														#DIV/0!

REVENUE COMPARISON	2024	2025												2025
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 106,729	$ 57,307	$ 104,501	$ 144,631	$ 222,325	$ 124,727	$ 141,582	$ 104,501	$ 33,710	$ 50,565	$ 14,041	$ 23,597		$ 92,862
Short Stay	28,283	11,780	28,086	20,565	15,046	31,956	49,935	19,688	34,813	24,795	17,571	37,717		26,541
Respite Care	1,770	-	4,950	13,200	18,150	2,200	-	-	-	17,050	4,400	-		5,450
Swing Bed	163,044	203,625	314,940	274,215	211,770	168,330	293,220	274,215	450,690	230,775	285,075	146,610		259,406
Central Supply	34,708	27,807	27,752	31,866	30,874	30,616	48,832	40,249	51,746	40,818	31,503	32,189		35,841
Laboratory	396,326	405,807	390,208	452,804	420,591	476,783	421,429	446,219	428,503	429,118	421,493	418,298		428,296
Cardiac Diagnostics	32,114	34,552	26,497	36,202	31,014	33,449	37,729	38,572	41,459	34,820	37,482	34,895		35,152
CT	570,772	493,508	471,563	515,803	518,809	536,612	475,305	670,371	694,128	481,629	640,418	457,496		541,422
Radiology	179,221	212,018	202,732	177,207	197,311	208,655	217,729	224,833	201,922	189,555	183,224	177,092		199,298
Mammography	23,209	24,274	20,556	26,208	43,380	40,645	17,562	20,692	33,514	21,431	59,666	30,523		30,768
MRI	-	-	-	-	-	-	-	-	6,637	56,681	78,131	51,665		17,556
Pharmacy	149,041	86,312	132,280	97,946	102,823	99,578	107,285	212,940	133,036	114,489	127,015	56,200		115,446
Respiratory Therapy	228	188	-	-	-		-	94	-	-	94	376		75
Physical Therapy	205,412	228,695	215,046	231,617	229,908	213,404	212,847	228,594	162,242	227,485	270,290	211,447		221,052
Emergency Room	828,566	786,626	797,025	765,715	737,733	882,666	832,543	1,223,849	1,101,369	972,781	816,559	579,943		863,346
Ambulance	243,320	217,830	232,208	240,049	218,017	259,457	275,290	434,339	299,411	397,948	267,948	498,882		303,762
Clinic	380,353	242,943	347,436	416,090	512,242	299,056	454,005	358,993	365,530	374,442	564,067	337,531		388,394
Occupational Therapy	39,052	51,750	59,487	51,402	46,202	51,842	50,756	53,918	54,150	20,104	44,623	40,942		47,743
Outpatient Diagnostic Svcs	92,545	55,584	132,454	217,126	8,197	91,597	170,967	77,274	69,396	72,275	73,248	121,658		99,071
Speech/Contracted Svcs	19,331	3,410	8,443	12,281	17,830	12,022	13,036	9,448	15,675	18,899	21,546	25,151		14,340
Cardiac Rehab	6,198	6,399	5,925	10,902	7,821	9,480	9,954	11,613	14,931	17,064	23,937	15,168		12,109
Wound Care	80	-	-	16,277	7,602	33,635	3,528	40,775	28,266	54,736	7,392	49		17,478
Dietary/Contracted Svcs	80	4,892	4,208	6,540	6,635	5,923	4,432	6,448	5,370	4,831	6,200	6,175		5,605
Total Patient Revenue	**$ 3,500,382**	**$ 3,155,306**	**$ 3,526,297**	**$ 3,758,646**	**$ 3,604,279**	**$ 3,612,634**	**$ 3,837,965**	**$ 4,497,624**	**$ 4,226,497**	**$ 3,852,290**	**$ 3,995,922**	**$ 3,303,603**		$ 3,761,006

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending November 30, 2025

	Nov-25	2025 YTD	2024 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 2,367,202	$ 30,252,120	$ 26,970,437
Other receipts	$ 85,116	$ 1,019,930	$ 845,276
Payments to & on behalf of employees	$ (1,473,985)	$ (18,236,072)	$ (16,466,503)
Payments to suppliers and contractors	$ (820,394)	$ (12,205,010)	$ (11,174,561)
Net cash gained / (used) in operating activities	$ 157,940	$ 830,967	$ 174,650
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 160,592	$ 2,431,896	$ 2,383,082
Noncapital grants and contributions		$ 26,569	$ 82,856
Net cash provided by noncapital financing activities	$ 160,592	$ 2,458,465	$ 2,465,938
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 54,768	$ 727,861	$ 689,327
Purchase of capital assets	$ (305,814)	$ (828,798)	$ (1,192,830)
Payments toward construction in progress		$ (95,944)	$ (395,753)
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		$ (140,495)	$ (550)
Capital grants and contributions		$ 79,478	$ 98,515
Net cash provided by capital and related financing activities	$ (251,046)	$ (257,897)	$ (923,254)
Cash flows from investing activities			
Investment Income	$ 55,680	$ 607,269	$ 555,596
Net increase (decrease) in cash and cash equivalents	$ 123,165	$ 3,638,803	$ 2,272,930
Cash and Cash equivalents, beginning of period	$ 19,760,360	$ 16,244,722	$ 14,238,144
Cash and cash equivalents, end of period	$ 19,883,525	$ 19,883,525	$ 16,511,074

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

	Actual 1st Qtr	Actual 2nd Qtr	Actual 3rd Qtr	Actual October	Actual November	Forecast December	Forecast 4th Qtr	Actual/Forecast Year End 2025	Budget 2025
Cash balance, beginning of period	$ 16,244,722	$ 15,804,610	$ 17,924,086	$ 19,415,783	$ 19,760,360	$ 19,883,525	$ 19,415,783	$ 16,244,722	$ 16,377,421
Cash available for operating needs	$ 16,030,043	$ 15,490,527	$ 17,063,651	$ 18,532,676	$ 18,622,721	$ 18,691,117	$ 18,532,676	$ 16,030,043	16,149,621
Cash restricted to debt service, other restricted funds	$ 214,679	$ 314,084	$ 860,435	$ 883,107	$ 1,137,640	$ 1,192,407	$ 883,107	$ 214,679	227,800
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 6,650,312	$ 9,102,107	$ 9,165,953	$ 2,966,545	$ 2,367,202	$ 2,380,070	$ 7,713,817	$ 32,632,189	$ 29,250,631
Grant receipts	$ 5,882	$ 1,000	$ 18,251	$ 3,014	$ -	$ 2,000	$ 5,014	$ 30,147	$ 79,000
Other receipts	$ 128,869	$ 150,750	$ 474,920	$ 180,276	$ 85,116	$ 64,460	$ 329,851	$ 1,084,390	$ 1,134,520
Payments to or on behalf of employees	$ (4,509,223)	$ (5,387,447)	$ (4,457,471)	$ (2,407,947)	$ (1,473,985)	$ (1,647,302)	$ (5,529,234)	$ (19,883,375)	$ (21,688,558)
Payments to suppliers and contractors	$ (2,920,241)	$ (3,258,175)	$ (3,713,171)	$ (1,493,030)	$ (820,394)	$ (789,915)	$ (3,103,338)	$ (12,994,925)	$ (9,574,652)
Net cash provided by operating activities	$ (644,401)	$ 608,235	$ 1,488,482	$ (751,142)	$ 157,939	$ 9,313	$ (583,890)	$ 868,426	$ (799,059)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ 237,844	$ 43,704	$ 5,969	$ 287,517	$ 287,517	$ 282,142
Taxation for Emergency Medical Services	$ 126,094	$ 866,356	$ 24,343	$ 626,304	$ 116,887	$ 15,631	$ 758,823	$ 1,775,615	$ 1,761,145
Investment Income	$ 155,144	$ 159,822	$ 177,568	$ 59,056	$ 55,680	$ 49,990	$ 164,725	$ 657,259	$ 599,880
Donations	$ -	$ -	$ 77,900	$ -	$ -	$ -	$ -	$ 77,900	$ 90,000
Net cash provided by noncapital financing activities	$ 281,238	$ 1,026,178	$ 279,811	$ 923,204	$ 216,271	$ 71,590	$ 1,211,065	$ 2,798,292	$ 2,733,167
Proceeds from Long Term Debt	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (176,354)	$ (61,288)	$ (299,268)	$ (82,018)	$ (305,814)	$ (90,733)	$ (478,565)	$ (1,015,474)	$ (1,088,829)
Increase/(decrease) in cash available for operations	$ (539,517)	$ 1,573,124	$ 1,469,025	$ 90,044	$ 68,397	$ (9,830)	$ 148,611	$ 2,651,244	$ 845,279
Cash available for operating needs	**$ 15,490,527**	**$ 17,063,651**	**$ 18,532,676**	**$ 18,622,721**	**$ 18,691,117**	**$ 18,681,287**	**$ 18,681,287**	**$ 18,681,287**	**$ 16,994,900**
Taxation for bond prin & int (incl encumbd M&O)	$ 99,405	$ 686,297	$ 23,221	$ 254,533	$ 54,768	$ 6,164	$ 315,465	$ 1,124,388	$ 1,084,874
Principle & Interest paid on long-term debt		$ (139,945)	$ (550)			$ (981,945)	$ (981,945)	$ (1,122,440)	$ (1,121,890)
Restricted grants and contributions	$ -	$ -	$ -		$ -		$ -	$ -	
Increase/(decrease) in restricted cash	$ 99,405	$ 546,352	$ 22,671	$ 254,533	$ 54,768	$ (975,781)	$ (666,480)	$ 1,948	$ (37,016)
Cash restricted to debt service, other restricted funds	**$ 314,084**	**$ 860,435**	**$ 883,107**	**$ 1,137,640**	**$ 1,192,407**	**$ 216,626**	**$ 216,626**	**$ 216,626**	**$ 190,784**
Cash balance, end of period	**$ 15,804,610**	**$ 17,924,086**	**$ 19,415,783**	**$ 19,760,360**	**$ 19,883,525**	**$ 18,897,914**	**$ 18,897,914**	**$ 18,897,914**	**$ 17,185,684**

CASCADE MEDICAL CENTER

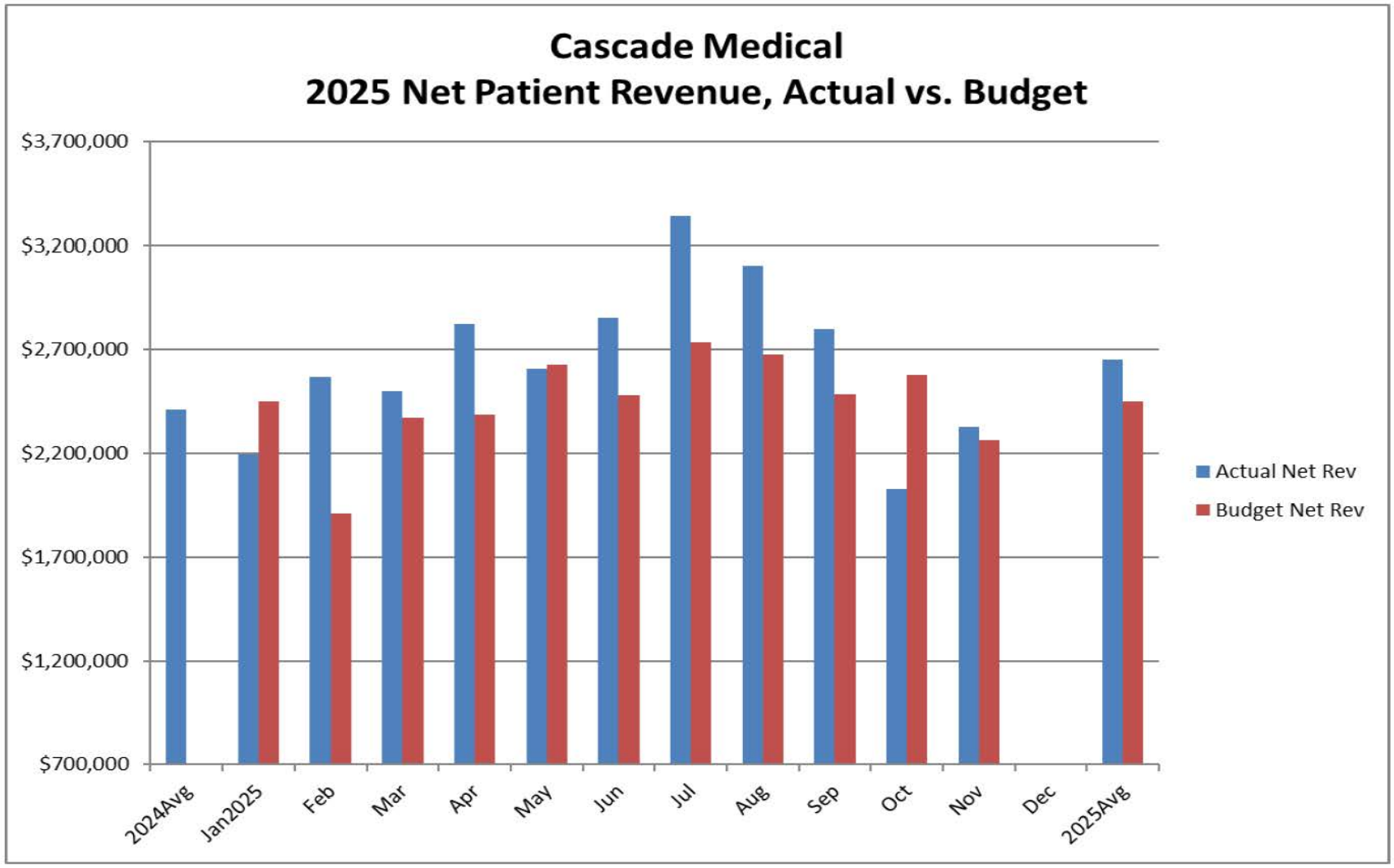
EMERGENCY MEDICAL SERVICES - NOVEMBER, 2025

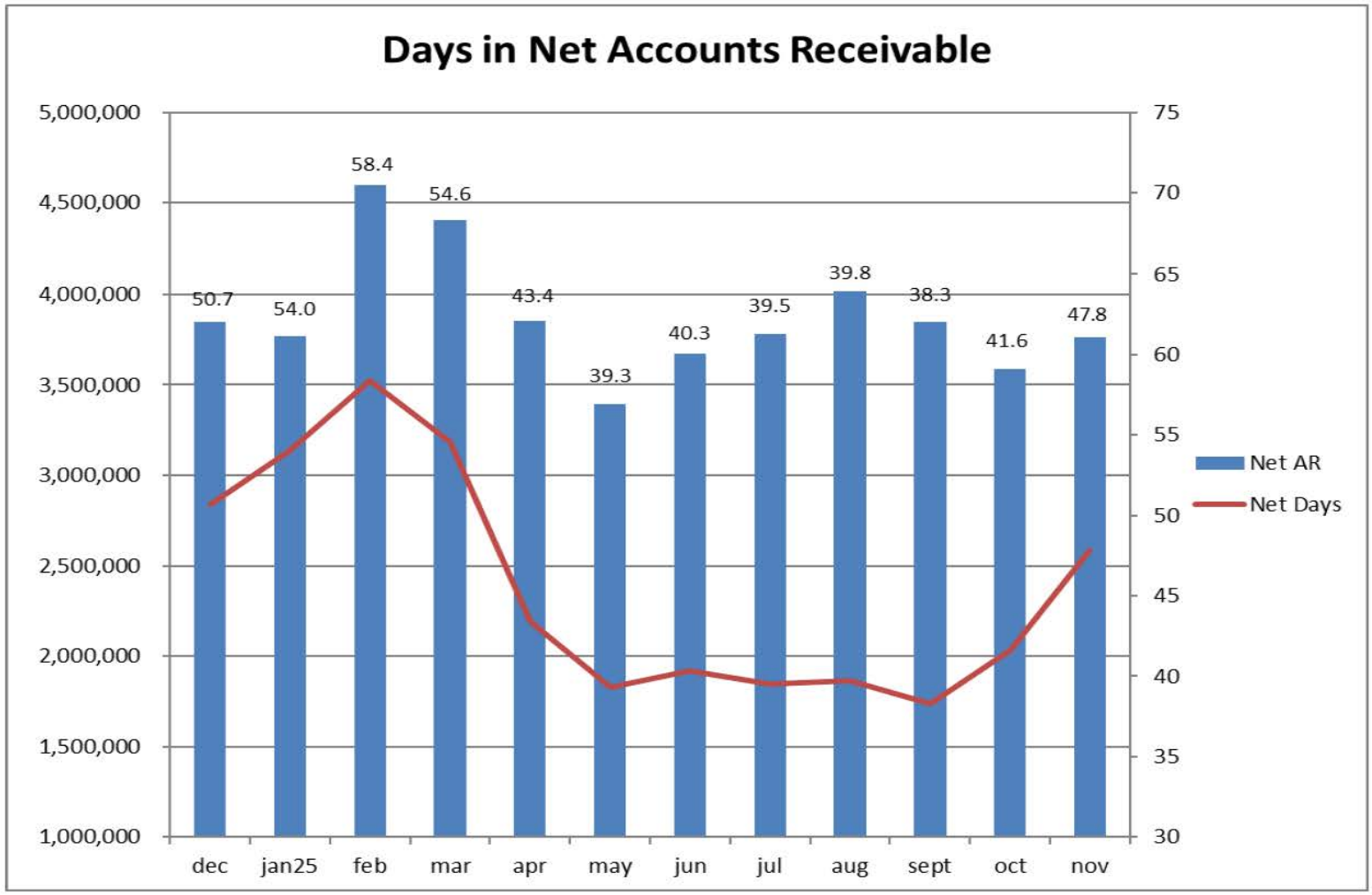
	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
REVENUE	**11/30/2025**	**11/30/2025 YTD**	**11/30/2025**	**11/30/2025 YTD**	**11/30/2025**	**11/30/2025 YTD**	**11/30/2024 YTD**
PATIENT REVENUE	579,943	9,496,807	498,882	3,341,379	$1,078,825	$12,838,185	$11,790,752
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$337,411	$5,525,242	$267,251	$1,789,976	$604,662	$7,315,219	$6,736,472
NET PATIENT REVENUE	**$242,532**	**$3,971,565**	**$231,631**	**$1,551,402**	**$474,163**	**$5,522,968**	**$5,054,280**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$43,198
TOTAL OPERATING REVENUE	**$242,532**	**$3,971,565**	**$231,631**	**$1,551,402**	**$474,163**	**$5,522,968**	**$5,097,479**
OPERATING EXPENSES							
SALARIES AND WAGES	182,863	2,184,699	153,706	1,726,658	$336,569	$3,911,357	$3,695,128
EMPLOYEE BENEFITS	18,591	319,404	29,046	411,627	$47,637	$731,030	$647,222
PROFESSIONAL FEES	50,720	257,213	-	900	$50,720	$258,113	$130,197
SUPPLIES	3,705	67,872	10,541	96,827	$14,246	$164,697	$176,115
FUEL	-	-	2,172	26,505	$2,172	$26,505	$20,320
REPAIRS AND MAINT.	-	3,413	11,298	75,060	$11,298	$78,473	$37,674
PURCHASED SERVICES	3,570	37,864	25,207	198,680	$28,777	$236,544	$211,752
CONTINUING MEDICAL EDUCATION	(88)	7,843	265	9,224	$177	$17,067	$48,512
DUES	1,769	13,337	1,000	19,990	$2,769	$33,327	$35,140
OTHER EXPENSES	280	3,141	766	9,258	$1,047	$12,399	$52,706
LEASES / RENTALS	174	1,592	5,195	60,239	$5,368	$61,831	$39,896
DEPRECIATION	4,570	50,273	23,841	262,248	$28,411	$312,521	$243,302
TAXES AND LICENSES	-	913	-	844	$0	$1,757	$1,114
INSURANCE	837	9,212	3,359	36,946	$4,196	$46,158	$60,870
OVERHEAD COSTS	185,356	1,986,275	115,376	1,236,368	$300,731	$3,222,643	$3,012,431
TOTAL OPERATING EXPENSES	**$452,348**	**$4,943,049**	**$381,771**	**$4,171,375**	**$834,119**	**$9,114,423**	**$8,412,380**
MARGIN ON OPERATIONS	**($209,816)**	**($971,485)**	**($150,140)**	**($2,619,973)**	**($359,956)**	**($3,591,455)**	**($3,314,901)**
TAX REVENUE					**$146,762**	**$1,614,382**	**$1,597,475**
NET MARGIN WITH TAX REVENUE					**($213,194)**	**($1,977,073)**	**($1,717,426)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	**263**	**3,825**	**80**	**858**			
Total Ambulance Runs (includes unbillable runs)			**108**	**1,217**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	**285**	**3,945**	**51**	**775**			
Total Ambulance Runs (includes unbillable runs)			**90**	**1,136**			

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

	Nov 2025	Dec 2024
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,467,681	961,831
Savings Account	16,211,389	14,144,282
Patient Account Receivable	7,155,445	8,085,162
less: Reserves for Contractual Allowances	(3,394,236)	(4,278,265)
Inventories and Prepaid Expenses	323,182	319,451
Taxes Receivable - M&O Levy	(42,204)	11,990
- EMS Levy	(109,875)	31,939
Other Assets	491,264	622,759
Total Current Assets	22,102,646	19,899,150
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	708,619	681,259
CVB Memorial Fund	1,275	1,275
UTGO Bond Payable Fund	744,024	76,126
LTGO Bond Payable Fund	416,761	47,292
Investment Memorial Fund	143,567	138,023
Settlement Account	188,029	180,769
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	168,778	68,794
	2,371,052	1,193,538
Taxes Receivable - Construction Bond Levy	(65,448)	12,315
Total Assets Limited as to Use	2,305,604	1,205,853
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,445,304	1,420,326
Buildings & Improvements	10,709,788	10,709,788
Fixed Equip - Hospital	9,698,477	9,676,405
Major Movable Equipment Hospital	9,587,387	8,820,605
Construction in Progress	114,390	18,446
Total Property, Plant and Equipment	32,077,361	31,167,585
Less: Accumulated Depreciation	(24,915,565)	(22,833,480)
	7,161,796	8,334,105
ROU Leases		
ROU Leases	214,816	214,816
Less Accumulated Amortization	(144,523)	(144,523)
	70,293	70,293
Other Assets		
Long Term Pension Assets	472,138	472,138
Deferred OPEB/Pension Costs	1,097,906	1,097,906
Deferred Bond Costs	260,540	280,002
TOTAL ASSETS	33,470,922	31,359,447

	Nov 2025	Dec 2024
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	714,033	367,456
Accrued Payroll	568,110	665,443
Refunds Payable	(578)	-
Accrued PTO	985,102	984,137
Payroll Taxes & Benefits Payable	57,457	82,610
Accrued Interest Payable	139,945	23,324
Current Long Term Debt	843,366	850,397
Current OPEB Liability	898,361	942,361
Short Term Lease	36,493	36,493
ST Subscriptions	13,039	13,039
Settlement Payable	666,375	(33,625)
Total Current Liabilities	4,921,702	3,931,636
Long Term Liabilities		
Notes Payable	191,323	191,323
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	3,848,000	3,848,000
LTGO Bond Payable	3,985,000	3,985,000
Deferred Revenue/Bond Premium	72,735	77,880
Long Term OPEB/Pension Liability	2,616,403	2,616,404
Long Term ROU Leases	5,359	5,359
Long Term Subscriptions	-	-
Total Long Term Liabilities	10,718,820	10,723,966
Total Liabilities	15,640,522	14,655,601
Fund Balance - Prior Years	16,703,846	16,703,846
Fund Balance - Current Year	1,126,555	-
Total Fund Balance	17,830,401	16,703,846
TOTAL LIABILITIES & FUND BALANCE	33,470,922	31,359,447


Cascade Medical
2025 Net Patient Revenue, Actual vs. Budget
$3,700,000
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2024Avg
Jan2025
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2025Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
50.7
54.0
58.4
54.6
43.4
39.3
40.3
39.5
39.8
38.3
41.6
47.8
dec
jan25
feb
mar
apr
may
jun
jul
aug
sept
oct
nov
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2025

Total Facility	Dec 2022	Dec 2023	Dec 2024	June25	July	Aug	Sept	Oct	Nov
0 - 30 days	2,660,733	2,851,120	3,276,645	2,942,905	3,227,835	3,301,355	2,890,528	2,953,512	2,720,471
31-60 days	545,432	839,394	668,472	793,012	805,885	1,184,928	1,042,190	842,330	1,159,416
61-90 days	349,290	451,019	594,276	405,276	502,732	504,031	699,243	649,301	598,814
91-180 days	1,129,065	1,005,422	1,383,758	967,718	812,841	846,621	1,030,109	1,046,352	1,288,194
over 180 days	1,360,992	1,343,819	2,162,011	1,624,543	1,551,397	1,513,722	1,378,507	1,197,959	1,388,549
Total Balance	6,045,511	6,490,775	8,085,162	6,733,453	6,900,690	7,350,656	7,040,577	6,689,453	7,155,445
Credit bals as % of AR	6.8%			2.3%	1.9%	2.0%	1.9%	3.2%	2.2%
% >90 w/o installs	41.2%								