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CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
May 27, 2026

Present: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Diane Blake, Chief Executive Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director Rural Health Clinic; Megan Baker, Executive Assistant

Guests: Kathy Jo Evans, Accounting Director; Kyle Archbold, Director of Rehab Services; Mike Stanford, EMS; Kami Matzek, CPA, DZA

Topics	Actions/Discussions
Call to Order	• President Shari Campbell called the meeting to order at 5:00 PM and then Jessica led the Pledge of Allegiance.
Consent Agenda	• Cary moved to approve the consent agenda; Jessica seconded the motion; motion unanimously approved.
Community Input	• None
Introduction: Kyle Archbold, Rehab Director	Diane Blake introduced Kyle Archbold. • Kyle is a speech-language pathologist with experience across a variety of care settings, including rural healthcare. He recently joined Cascade Medical from Montana, and the team is pleased to welcome him.
2025 Financial Audit Presentation	Kami Matzek, CPA provided the presentation. • Kami Matzek, CPA, presented the 2025 audit results, noting an unmodified (clean) opinion with no findings. • Overall, Cascade Medical experienced strong financial performance in 2025. Cash balances increased, reflecting improved operational cash flow. Net patient service revenue grew by 12.5%, driven primarily by Medicare and commercial insurance, as well as increased activity in swing bed, ambulance, lab, and radiology services. Total operating revenue increased by 10%, while operating expenses rose 11.5%, largely due to salaries, wages, and employee benefits, which comprise approximately 63% of total expenses. • The organization reported a positive change in net position of nearly $2 million. Key financial indicators remain strong, including a total margin of 5.2% (within the target range of 3–6%), 190 days cash on hand, and a current ratio of 5.4. No new debt has been incurred in the past two years. • Additional audit highlights include stable accounts receivable metrics, consistent contractual adjustments, and manageable bad debt levels, with continued opportunity to shift more bad debt into charity care classifications. Staffing levels increased to 140 FTEs, with corresponding growth in revenue per FTE. • The auditor reported no issues with internal controls or compliance, no difficulties during the audit process, and no disagreements with management. Key estimates within the financial statements include contractual adjustments, doubtful accounts, and third-party settlements. • Leadership expressed appreciation for the finance team's consistency and strong stewardship. Additional recognition was given to clinical teams for exceptional collaboration and performance during high-demand periods.
CM Values	Diane Blake provided the report. • Diane shared a note from the Emergency Department recognizing an exceptionally busy day that was managed with professionalism and teamwork. Appreciation was extended to Emergency Department, Acute Care, Lab, and EMS staff for their collaboration and support in caring for a surge of injured bikers on an already high-volume day.
Committee Reports	**A. Part-time Resident Advisory Council (PTRAC)**

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	Shari Campbell provided the report. • Council discussion reflected strong patient experiences related to access, responsiveness, and care coordination, while also identifying opportunities to improve awareness of services and address barriers for part-time residents. Parking remains a challenge impacting patient access, staff operations, and the broader community. Future messaging will focus on addressing immediate parking needs while reinforcing a long-term vision for service expansion and community benefit. **MOTION: Approve PTRAC Member Appointments** • The council appointed a new president, Jim Elliott, and Vice President, Jane Mounsey. • Jessica made a motion to appoint PTRAC members to new terms. Cary seconded and the board unanimously approved. **B. Medical Staff** Shari Campbell provided the report. • At the May Medical Staff meeting, Shari shared that the Board appointed Julie Pankow and reaffirmed support for administration's swift action in securing the new property. Diane provided an update on the implementation of a new AI scribing tool in the clinic and emergency department, including considerations for obtaining and documenting patient consent. Discussions are ongoing regarding best practices for capturing and retaining consent for AI use during patient visits. Kyle Archbold was also introduced and presented an overview of rehabilitation service access and patient volumes. **C. Community Outreach and Awareness** Shari Campbell provided the report. • The committee discussed the addition of a potential new member. Significant time was dedicated to reviewing the homework assignment provided by Katie, focused on community and patient perceptions of CM. The group also reviewed and discussed social media metrics, messaging related to next steps for the master facility plan, upcoming outreach opportunities, and Q2 talking points. **D. Quality Oversight Committee** Jessica Kendall provided the report. • The Executive Leadership Team identified four key data priority areas for the Quality Committee to focus on in 2026. In addition, the committee will be notified of outliers as they arise throughout the year, rather than waiting for year-end reporting. A quality and safety messaging framework was also developed for commissioners, emphasizing a more narrative approach.
Discussion	**A. Master Facility Plan Update** Diane Blake led the discussion. • Diane provided an update on Master Facilities Planning efforts to date in 2026. Since the April Board meeting, CM has reached an agreement with the tenant regarding patio space, initiated preparations for asset disposition, engaged appraisers for valuation of the river property, met with financing experts to begin preparations for financing a future expansion. • A high-level timeline of next steps was outlined through Q1 2027, including stakeholder communications, defining project scope, preparing a request for proposals for architectural services, and prioritizing financing strategies and related education.

Action Items	**MOTION: Approve Credentialing**
	• Credentialing Candidates:
	  ○ Mara Merritt, DO
	  ○ Caylon Haggard, PA-C
	  ○ Bradley Youngers, PA-C
	• A motion was made by Dr. Knight to approve the updated candidate list, seconded by Jessica, and unanimously approved.

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	MOTION: Community Appointments to Board Committees • Shari made a motion to appoint Cindy Rudolph, community member, to the Community Outreach and Awareness Committee. Dr. Knight seconded and the board unanimously approved. **MOTION: Approve Resolution 2026-07: Surplus Ambulances and Equipment** • A motion was made by Shari to approve the surplus of ambulances and equipment, seconded by Julie, and unanimously approved.
Break	The group took a break at 6:35 PM and resumed at 6:50 PM.
April 2026 Financial Report	Marianne led the report. • Year-to-date variance is $817K behind budget, driven in part by gross revenue variances and particularly lower CT volumes that are partially attributed to decreased clinic referrals. • Variances also reflect higher recruiting and professional fees related to COO recruitment and consulting support. • Cash collections were strong for the month at $5.4M compared to a $4.1M budget, with year-to-date collections slightly ahead of budget. • Days in net accounts receivable are trending down as anticipated following year-end close. • Progress continues on key initiatives, including the 340B program transition and Medicare cost report, with approximately $645K in expected cash later this year for our Medicare cost report settlement. • Efforts are ongoing to address Medicare Advantage plan alignment through our participation in the The Rural Collaborative. • The rehabilitation department is exceeding volume expectations and has achieved a positive margin. • Overall financial indicators remain stable, including workforce levels and employee benefit investments. The employee benefit costs per employee have continued to rise and are compounded by our benefited employees that receive full-time benefits while working less than 1.0 FTE. • Appreciation was extended to Kathy Jo for cross-training and support.
Administrator Report	Diane Blake provided the report. • **Recruitment Update:** Dr. Paul Lee has accepted the Emergency Department physician and Medical Director role. He will be onsite Friday to begin orientation, with his first shift in June. Appreciation was extended to Dr. Jerome for his service as Interim Emergency Department Medical Director over the past year, and for his leadership, commitment, and thoughtfulness during this period. Recruitment continues for a full-time Clinic Medical Director and physician, with efforts being adjusted to support this search. CM also recently hosted a third-year resident and plans to maintain engagement as he completes his training. • **Chief Operating Officer:** CM is pleased to welcome Glenn Adams, who will begin full-time on June 10. • **Gratitude:** Appreciation was shared for the Behavioral Health team, including Dr. Moholy and Aisha Houghton, MSW. CM will also welcome two student rotations in the fall as part of continued workforce development efforts. • **Scaled Health:** New VFCIO, James Watkins, will begin onboarding in June. • **Dermatology Update:** Dr. Seguin will begin seeing patients in June. • **Rural Health Transformation Program:** Cascade Medical will receive no-cost support from the Rural Collaborative for chargemaster work, aligned with planned initiatives. The contract has been approved by the state. Additional WSHA funding is anticipated, though a contract has not yet been finalized • **Healthcare Week:** Recognition was given to Melissa for a successful Healthcare Week kickoff, beginning with a well-attended Saturday event and continuing throughout the week. • **AHA Regional Policy Board:** Diane will attend the near-quarterly meeting in Portland, OR next week. • **Compact Work Group:** The inaugural meeting was well attended, productive,

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	and reflected strong alignment and a shared vision among participants.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	• Please check your email and calendars, let Megan know if you want to attend meetings. • Shari and Megan are working to revise the New Commissioner Orientation manual.
Adjournment	• Shari adjourned the meeting at 7:43 PM.

Signed by:
Shari Day-Campbell
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Shari Campbell, President

Signed by:
Jessica Kendall
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Jessica Kendall, Secretary