CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

## Wednesday September 27, 2023 | 5:30 PM

**Arleen Blackburn Conference Room and Zoom Connection**

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

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| **I.** | **Call to Order** | | 5:30 | Tom Baranouskas |
| **II.** | **Pledge of Allegiance** | | 5:30 | Tom Baranouskas |
| **III.** | **Consent Agenda** | | 5:30 | Tom Baranouskas |

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
- August 23, 2023 Board Meeting Minutes
- **Quality Oversight Committee Charter**
- **Previous Month's Warrants Issued:** #10119964 -- 10120228 08/17/2023 – 09/14/2023 $ 963,455.01
- **Accounts Payable EFT Transactions:** #20220295 – 20220308 08/12/2023 – 09/14/2023 $ 470,859.43
- **Payroll EFT Transactions:** #15349 – 15919 08/12/2023 – 09/22/2023 $1,175,103.31
- August Bad Debt

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| IV. | **Community Input**<br>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. | 5:35 | Commissioners |
| **V.** | **Foundation Report** | 5:40 | Foundation Member |
| **VI.** | **CM Values** | 5:45 | Diane Blake |
| **VII.** | **Public Relations Report** | 5:50 | Clint Strand |
| **VIII.** | **Old Business** | 6:00 | |
| | a. IT Update | | Chad Schmitt |
| **IX.** | **New Business** | 6:10 | |
| | a. Medicaid Re-enrollments | | Diane Blake |
| | b. DC Rural Advocacy Days | | Bruce Williams |
| | c. Risk Work Overview | | Diane Blake |
| | b. Update on 2024 Organizational Goals Work | | Diane Blake |
| | c. First Reading of Draft Budget | | Marianne Vincent |
| | **Strategic Questions:**<br>• **Is there risk mitigation work that requires more priority attention?**<br>• **What elements of the draft goals are most essential to meeting our long-term objectives, including carrying us beyond 2025? Anything missing?**<br>• **What topics essential to CM's future remain unaddressed in the goals or budget work?** | | |
| **X.** | **Committee Reports** | 7:00 | |
| | a. Quality Oversight | | Mall Boyd |
| | b. Governance | | Tom Baranouskas |
| | c. WSHA Hospital Governing Boards | | Bruce Williams |
| **XI.** | **Action Items** | 7:15 | Commissioners |
| | a. **MOTION**: Authorize approval of WSNA Contract | | |
| | b. **MOTION**: Approve Security System Replacement | | |
| | c. **MOTION**: Approve Credentialing | | |
| | d. **MOTION**: Approve Disclosure of Unanticipated Outcomes Policy | | |
| | e. **MOTION**: Approve Resolution 2023-10 Surplus IT Equipment | | |
| **XII.** | **August Finance Report** | 7:35 | Marianne Vincent |
| **XIII.** | **Administrator Report** | 7:50 | Diane Blake |
| **XIV.** | **Board Action Items** | 8:10 | Commissioners |
| **XV.** | **Meeting Evaluation/Commissioner Comments**<br>Roundtable discussion to evaluate meeting topics and identify opportunities for improvement. | 8:15 | Commissioners |
| **XVI.** | **Adjournment** | 8:20 | Tom Baranouskas |

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# 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 September 27, 2023

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

- **Consent Agenda** – The Quality Oversight Committee (QOC) Charter included in the consent agenda has been reviewed by the QOC, who recommends it to the full Board for approval. Also, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday's meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Old Business**
    - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology work.
- **New Business**
    - Medicaid Re-enrollments – No documents are included in your packet for this topic. Diane will provide a verbal report with a summary of work CM has been involved in to communicate the need for some patients to re-enroll.
    - DC Rural Advocacy Days – No documents are included in your packet for this topic. Bruce, who participated, will lead off the verbal report.
    - Risk Work Overview – Management leads the reassessment of organizational risk as part of our annual strategic planning process. Diane will share the stratified lists of risks during the meeting. Your thoughts and feedback are welcome, including whether there is something missing on the list or whether something should be reprioritized.
    - Update on 2024 Organizational Goals Work – No documents are included in your packet for this topic. Diane will provide an update on where management is at in the process, including summarizing a draft list of topic areas that will be further refined in the coming weeks with input from medical staff and others in the organization.
    - First Reading of Draft Budget – Included in your packet is the current draft version of the 2024 budget. Marianne will provide updates of our progress to date in planning for the coming year. As with all topics, your feedback / input is highly encouraged.
        - Strategic questions are included in the agenda as starting points to assist in gathering Board input and thoughts regarding planning for the coming year and beyond. Please feel free to work beyond these questions as you wish; they are merely suggested jumping off points.
- **Committee Reports**
    - Quality Oversight – Included in your packet is the agenda from the most recent meeting, to support Mall's report.
    - Governance – Included in your packet is the agenda from the most recent meeting, to support Tom's report.

- WSHA Hospital Governing Boards – No documents are included in your packet for this topic. Bruce, who serves on the WSHA Governing Boards Committee, will provide a verbal report.

- **Action Items**
  - Authorize Approval of WSNA Contract – Management and the Washington State Nurses Association (WSNA) members reached tentative agreement on a new three-year contract. WSNA members voted to accept the contract with a 100% yes vote this week. Diane will provide a verbal recap of the negotiation process and a summary of negotiated items. Management is seeking a motion from the Board to authorize Diane to sign the contract.
  - Security System Replacement – This is a summary document detailing management's recommendation to invest in replacing critical structural systems to enhance staff and patient safety. This was discussed briefly in August and given the supportive conversation at that time, management is bringing this forward for the Board's consideration. The document will arrive after the packet but before the board meeting, via email.
  - Credentialing – Included in your packet is a list of providers ready to be considered for approval.
  - Disclosure of Unanticipated Outcomes Policy – Included in your packet is a new policy which sets the process for notifying patients and/or families when there is an unanticipated outcome. The Quality Oversight Committee reviewed this policy and recommends it to the Board for approval. The Department of Health requires us to have this policy in place and requires that it be approved by the Board. Because it is a new policy and may benefit from discussion, it is included in the body of the meeting rather than in the consent agenda.
  - Surplus Resolution 2023-10 – Included in your packet is a resolution which would allow us to surplus old, no longer used equipment. As a reminder, for asset-tagged capital items, we are required to receive board approval prior to disposal. Due to the helpful discussion at the last Board meeting, we have updated our process so that we utilize one resolution for a list of items, which is an allowable and recommended process.
- **August Finance Report** – Included in your packet are the August financials, to support Marianne's report.

**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.

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# Minutes of the Board of Commissioners Meeting
# Chelan County Public Hospital District No. 1
# Arleen Blackburn Conference Room & Video Conference Connection
# August 23, 2023

**Present:** Tom Baranouskas, Board President; Bruce Williams, Vice President; Mall Boyd, Secretary; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operations Officer: Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Deb Williams, Clinic Consultant, Lauren Liebling, PA-C, Reese Bradburn, PA-C; Brian Walker, Attorney, Ogden, Murphy, Wallace.
**Via Zoom:**; Jessica Kendall, Commissioner; Chad Schmitt, Virtual Fractional Chief Information Officer; Clint Strand, Director of Public Relations

**Excused**: Megan Baker, Executive Assistant

**Guests:** Karl Kranz, CM Free Clinic
**Via Zoom:** Mary Morse, Patient Services Representative; Duane Goehner, Community Member; Bob Jennings, CMF Board Member, Michael (No other information)

| Topics | Actions/Discussions |
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| **Call to Order** | • President Tom Baranouskas called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance. |
| **Consent Agenda** | • Tom moved to approve consent the agenda.<br>• Bruce seconded the motion and the commissioners unanimously approved. |
| **Community Input** | • None provided |
| **Introduction Reese Bradburn, PA-C & Lauren Liebling, PA-C** | • Diane introduced our two new hospitalist Physician Assistants, Lauren Liebling and Reese Bradburn, both began the end of June 2023.They provide continuity of care for our inpatients, in the afternoon they provide care in the clinic, which provides more access for the community and allows our clinic providers to open up their schedule to see more patients, further increasing access. Diane explained this is a new program and shared that both Reese and Lauren knew they would be working to shape the program; they both have done an amazing job stepping up and doing this from day one. Diane shared that they both live locally and have both been ski patrollers. Diane shared Lauren's and Reese's education and background.<br>  • Tom asked what schedule they are working – Lauren explained the 7 days on and 7 days off schedule.<br>  • Tom welcomed them and stated they are excited with the beginning of the program.<br>  • Gustavo asked if either of the were bilingual. Reese explained he started down that road but was accepted into PA school.<br>  • Tom asked to clarify the hours. Reese explained 7:30-5:30 and explained after hours coverage. And shared that they both are covering the Saturday clinic. |

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| | • Bruce asked- I am wondering if you are new enough to remember what your expectations were and if you have been here long enough to share what might be missing. Lauren stated she feels she is still in the learning and exploring phase – people here are very motivated to help us be successful. Reese agrees, we both anticipated a long period of learning what is needed and adapting to the needs. We bring an inpatient care expertise to patients, families, and staff. Reese talked about the transition and growth of hospitalists specialty of care.<br>• Jessica welcomed both Lauren and Reese to the facility and thanked them for attending the board meeting. Jessica wanted to know how the transition is working between hospital and clinic. Lauren explained that outpatient medicine is a welcome challenge and new learning experience and each day the patients are expanding her skill set and pushing her as a provider. Jessica shared that we want this role to be a success and asked that they share any of their needs. |
| **Foundation Report** | • Bob Jennings provided the Foundation Report.<br>• CMF has had a good year financially and a challenging year for members. They are down to 17 board members and their bylaws indicate the need for 21. Out of the 17 board members 8 are from Plain. Looking to expand to Peshastin / Dryden area.<br>• Raised enough money for the cardiac rehab program; revenue up 55% over this time last year.<br>• Foundation hosted a Benevolent Night at the Wok About on August 16. The Montgomery's have been very successful in organizing these events; over $14,000 has been raised from benevolent nights so far this year.<br>• Mark Judy memorial education fund will be going live on their website later this month. The committee will have 3 members from the Foundation and 3 members from CM to evaluate applications.<br>• Between two major fundraisers – finished golf tournament and preparing for the Jive Time in the Cascades: September 17th at Snowy Owl Theater<br>• Whitney Lak will be a guest speaker at next month's CMF board meeting.<br>• Tom thanked them for all the work they are doing.<br>• Bob stated that they are reviewing new requests for next year and it appears they maybe looking toward the radiology upgrade and/or the hematology analyzer.<br>• Gustavo – Thanked the foundation and stated he appreciated being at the benevolent night. |
| **CM Values** | • Diane Blake provided the CM Values report.<br>• Diane shared a note Natasha received from one of her team members. Nurse Sarah Baker gave kudos to many team members. Thanks to Sarah for celebrating her team. Thanks to Natasha to fostering and encouraging others to share gratitude and recognize the good works of others. Sarah gave Kudos to Corey (ED PA), Kudos to Shari (ED CRN), Kudos to Aron (ED CRN), Kudos to Lauren (PA-C), Kudos to Dr. Wefel (MD). |
| **Public Relations Report** | • Clint Strand provided the Public Relations Report.<br>• Just received the sandwich boards in for the mobile clinic, in both English and Spanish. Stating same day appointments, Spanish speaking providers and information about charity care |

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| | • Clint shared the refresh of our new website, scroll friendly, scrolling banner on the front page, updated provider page, more icon friendly-quick links. The website should be live by the end of the month.<br>• More posts and content will be on our social media channels, at the height of COVID we minimized our content, with COVID falling behind us we plan to refresh our social media and Linked In Page-Plan to have 3-5 posts per week.<br>• Jessica asked about a back to school flu shot with the mobile clinic. Clint stated there will be a bilingual event at Peshastin/Dryden elementary school.<br>• Gustavo – thanked him for his work and ensured he is supported. |
| **Action Items** | **Motion Approve Credentialing**<br>• Mall moved to approve the credentialing, Bruce seconded the motion and commissioners unanimously approved.<br>**Motion to Approve Resolution 2023-07 Surplus Whirlpool Refrigerator**<br>• Tom moved to approve, Gustavo seconded the motion and commissioners unanimously approved.<br>**Motion to Approve Resolution 2023-08 Surplus Refrigerator**<br>• Tom moved to approve, Mall seconded the motion and commissioners unanimously approved.<br>**Motion to Approve Resolution 2023-09 Surplus Garbage Disposal**<br>• Tom moved to approve, Gustavo seconded the motion and commissioners unanimously approved.<br>• Diane recognized Chad Avery in his work to cleaning up old items and taking initiative to set up an account with waste management.<br>• Bruce questioned if it was necessary for these items to be presented to the board for approval. Gustavo, Tom and Diane discussed asset tag process. Management will research whether there is room to adjust current process. |
| **Old Business** | **IT Update**<br>• Chad Schmitt presented the IT Update<br>o High level work continues to improve the security of our system.<br>o Chad walked through a high-level security situation in which a nurse called with a significant concern on a Sunday. Within minutes, they had 12 people engaged on the issue and began the investigative process. Result: determined there was no threat or compromise, and did not result in a breach. This event took 10 hours to fully investigate. Kudos to nurse for reporting concern.<br>o There are cybersecurity firewall upgrades and continue to look for and address areas of improvement.<br>o Imprivata project has been launched with the vendor and hope to have this implemented by the end of the year<br>• Gustavo asked – do we have someone in house that can be the hands-on leadership. Chad explained absolutely and they had a person ready to deploy someone to the facility on that Sunday.<br>• Jessica asked – sounds like you did everything you could, how does this work financially. Will we see a large bill for the 12 people – Chad answered No, this is part of the service we provide. It is a benefit of the care share program Scaled Data offers. The goal is to prevent security breaches.<br>• Jessica asked if we had any connection with the facility in Oregon that has recently had a breach? Chad stated that we did not. |

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| | • Bruce asked a question about Meditech portal and ability to see appointments and if we can see rehab appointments. Pat answered – Maybe- we are having difficulty with Web PT and the integration. We are hoping that as we evolve that relationship and integration, we are hopeful and it remains a goal to have all appointments visible through the portal.<br>• Gustavo asked if there is a way to portray satisfaction from over time. Pat explained that there has been good improvement, as we continue to invest with the consultants, our informatics team. Provider satisfaction is improving and we will continue to see night and day difference even in the next 6 months. Deb acknowledged that physician satisfaction from the time she began her project has shown positive shift.<br>• Gustavo asked about vendors offering AI to assist providers in documentation. Pat stated he is seeing this, Chad stated he is seeing it most in radiology and that there will be many variations and options. Chad states it will be an interesting next two year as we assess out options. |
| **July Finance Report** | • Marianne provided the Finance Report.<br>o We have a budget variance of ($510,000).<br>o Over $600,000 of billable charges attributable to the period prior to August 1 still to be recognized.<br>o In the month of July Professional fees are over budget by $90,000 in ED due to Nurse Registry Fees, and Clinic consultant fees, Audit and accounting fees.<br>o Purchased services and expenses are over budget by ($69,000) due to IT expense for Centricity, Business Office support services, and Radiology expenses.<br>o Cash receipts just under $1.9 Million<br>o Cash balances $13.6 Million compared to $12 Million budget<br>o Days in Net Accounts Receivable increased to 70 days in July and Gross Accounts Receivable has increased by $261,000 from June. Marianne stated she was in the business office and witnessed staff taking calls that lasted over an hour working through an issue with an insurance company. Marianne wanted to give exceptional credit to those working in the business office, Marianne shared her concern with the days in net AR are continuing to creep up.<br>• Vendor has had challenged with getting invoices set up and hope that next month we can report we are on the new system.<br>• Desk review of our bad debit from 2020 cost report. This was challenging as we had to review 2 systems, DZA is assisting in the audit. This is a routine audit with CMS.<br>• Operating budget had its first review by senior leadership.<br>• Marianne stated they had opening sessions with BCA module, for reporting. Marianne is excited to use this new system. Team members are excited to do this work.<br>• Tom stated that with the unrecognized revenue if that were collected, we would be closer to budget. Marianne stated it is our hope this will reduce our budget variance. |
| **Administrator Report** | • Diane provided the Administrator Report.<br>• Diane attended a hospital council meeting, attended by Sue Birch, HCA Director, who recognize rural hospital needs. Discussed cost transparency board, discussion about concerns with the legislation and potential capping of hospital costs. Sue stated 1/3 of costs are |

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| | work force and 2/3 are the other costs. Diane shared that we can not set costs of supplies, additionally that the numbers are switched and for hospitals it is really 2/3 staffing and 1/3 other costs.<br>• Other payment related items. While we did not participate in the analysis of the chart model, many in our region did and we have been invited to a listening session with CMMI. Our state ultimately did not participate, but Diane will be participating in the discussion to share where the model may have worked better.<br>• WSHA starting a work group on rural payment reform, Diane will be participating. Bruce recognized Diane for her willingness to participate and thanked her for the commitment of her time.<br>• Med Staff update on the long-term goal that was presented last month; the coverage issue has been fully solved. ED providers are sharing in the coverage and clinic providers are taking a rotating phone call rotation for Saturday clinic back up while hospitalists become fully integrated in clinic. Diane expressed appreciation for the provider team's willingness to find a solution together.<br>• Med Staff meeting update – 7am meeting trial will likely remain and meetings have moved to Wednesdays since all clinic providers are here those days. Diane discussed past practice of board members attending the past meetings, discussion was had about board members beginning to attend again. Diane stated she would circulate a sign-up list for commissioners to attend. Discussion on inviting providers to board meetings. Discussion was had with the commissioners about the content, value and past practice to attend Med Staff meetings.<br>• Facilitator located for the board retreat: Steven Hartz from COORS. Upon Megan's return we will work to set a date, likely in late November.<br>• Thank you to Melissa for the work on the HRSA application. One of the tools for provider recruitment are access to loan reimbursement programs. We have been approved.<br>• Reminded the board about the WSHA annual meeting coming up October 23 and 24. Please let Megan know and she can assist in registration.<br>• Diane and Bruce will be going to DC for rural advocacy days<br>• Staff BBQ 8/30 from 11:30-1:30 we will be celebrating staff; Leadership and board can assist in manning the grills<br>• EMS team will be having a team BBQ Sunday that Pat and Diane will join<br>• The current WSNA contract ends in September. Negotiations are underway and while they are not moving as quickly as we'd hoped, Melissa and Natasha are to be commended for their hard work and efforts in getting forward movement. CM aims to finalize discussions by September 30th.<br>• Purchase of budgeted cardiac rehab items is in process. Once the items are in we will submit to Foundation for reimbursement.<br>• We have two pieces of snow removal equipment budgeted for 2024. We've already been looking for a pickup on which to mount the existing plow blade, allowing us to consolidate to just one piece of equipment. A good pickup has been located, and Diane anticipates approving the expense ahead of 2024 capital cycle for substantially less than 2024 budget. Gustavo asked about snow removal process. Diane explained that our facility team tracks |

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| | snow fall and comes in early to clear the facility and having the ability to control this is highly beneficial.<br>• Preparing the capital budget for next year, we have been working towards improved security system. Our badge system is nearing end of life and we are not allowed to expand it. Our current camera system cannot be tied into our current badge access system and we would like to upgrade this. Our panic alarm system also needs to be replaced. We would like to upgrade all 3 systems with a state-of-the-art system that will tie together with the Imprivata tap and go badge system. Diane shared that she and Pat sat through a presentation and shared some hesitation on the current system and feel it would be a benefit to the whole team to implement these upgrades ahead of 2024 capital cycle. Bruce shared full support, given CM's strong cash position, to do this prior to the beginning of the new budget cycle.<br>• Bruce asked for more information on the Mark Judy memorial fund, Diane shared that this was developed by the Foundation, with the funds managed by the community foundation. The goal will be for team members to have access to funds for training and personal/career development. |
| **Board Action Items** | • September 20th 9-11 Foundation meeting looking for a commissioner to attend. Tom stated he would attend and potentially Jessica or Gustavo could cover.<br>• Check your email. |
| **Meeting Evaluation/ Commissioner Comments** | • Tom stated good to meet hospitalists.<br>• Tom thanked Deb and Karl for attendance. |
| **Executive Session – Potential Litigation RCW 42.30.110(1)(i)** | • Board went into Executive Session for 30 minutes at 7:20 PM. Executive session extended to 8:00, then extended to 8:10, then extended to 8:20.<br>• The board returned to open session at 8:20 PM. |
| **Adjournment** | • Mall made a motion to adjourn the meeting at 8:20 PM. Tom seconded the motion and the commissioners unanimously approved. |

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Tom Baranouskas, President Mall Boyd, Secretary

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**Quality Oversight Committee Charter**
Cascade Medical Board of Commissioners

## Purpose

To provide a mechanism to assist the Board in fulfilling its oversight responsibilities related to patient safety, operational and clinical quality, patient satisfaction, risk management and medical staff credentialing. The Committee shall provide oversight to Cascade Medical's efforts in measuring quality and patient safety, disseminating information, improving clinical practices and supporting a culture of high-quality care and safety throughout the organization.

## Responsibilities

- At least annually, review Committee Charter.
- Define Committee work plan goals annually.
- Define how new committee members will be efficiently oriented to the committee.
- Review policies related to Quality and Risk Management work on an at least annual basis.
    a. Quality Assessment and Performance Improvement Program
    b. Yearly Quality Reporting and Improvement Plan
    c. Risk Management Plan
    d. Governance Policy regarding Washington's Death with Dignity Act
    e. Medical Staff Credentialing Policy
    f. Medical Staff Professional Practice Evaluation Policy
- Review reports from at least the following committees on a quarterly basis:
    a. Safety Committee
    b. Utilization Management Committee
    c. Infection Control Committee
    d. Emergency Care Committee
- Review the following quarterly:
    a. Quality Assurance data from Cascade Medical departments
    b. Cascade Medical Quality Improvement projects and progress
    c. Patient Satisfaction Survey data
- Review publically reported data annually.
- Ensure Board Quality Rounds are conducted for each department annually.
- Ensure the review of medical staff credentialing documents as required, following medical staff input as per medical staff bylaws, and present to the Board for approval.
- Challenge Administration and Staff when Quality measures are below expectations or Quality Improvement projects are not achieving desired outcomes.
- Summarize and report information shared at Quality Oversight Committee meetings with the entire Board.

## Membership

The Quality Oversight Committee will be made up of two Commissioners, one of whom will be designated Chair of the committee; and at least Cascade Medical's CEO; Chief Operating Officer; Chief Human Resources Officer; Director of Clinical Quality Improvement; Quality Manager; Operational Safety Manager; Director of Nursing; Executive Assistant; and other ad-hoc representation as required. The COO shall be considered the staff liaison to the Quality Oversight Committee.

Annually at the January Board meeting, the Governance Committee recommends a chairperson and one other Board member to serve on each committee. The full Board will ratify these appointments via vote.

**Meetings**

The Quality Oversight Committee meets at least four times per year, ideally on a quarterly basis.

Before each meeting the COO sends a draft agenda to the committee chair for review and amendment. The COO and committee chair work together in this fashion to develop the final agenda, in advance, for each committee meeting. The agendas will include an estimated time frame for each agenda item. In addition, the COO will ensure preparation of a Quality Assurance dashboard with current data for each department prior to the scheduled meeting. The agenda and supporting documents will be distributed to the Board Quality Oversite Committee members five days in advance of the meeting. The COO will also be responsible for ensuring Board Quality Rounds are scheduled.

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

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

Minutes will be taken by the Executive Assistant. In his or her absence, the COO will take minutes or designate a minute-taker.

**Reporting**

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

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

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: Sep 27, 2023

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

| | | | |
|---|---|---|---|
| Accounts Payable Warrant Numbers | 10119964 – 10120228 | $963,455.01 | 08/17/2023 – 09/14/2023 |
| Accounts Payable EFT Transactions | 20220295 – 20220308 | $470,859.43 | 08/12/2023 – 09/14/2023 |
| Payroll EFT Transactions | 15349 – 15919 | $1,175,103.31 | 08/12/2023 – 09/22/2023 |
| | Grand Total | $2,609,417.75 | |

Prepared by:

Kathy Jo Evans
Director of Accounting

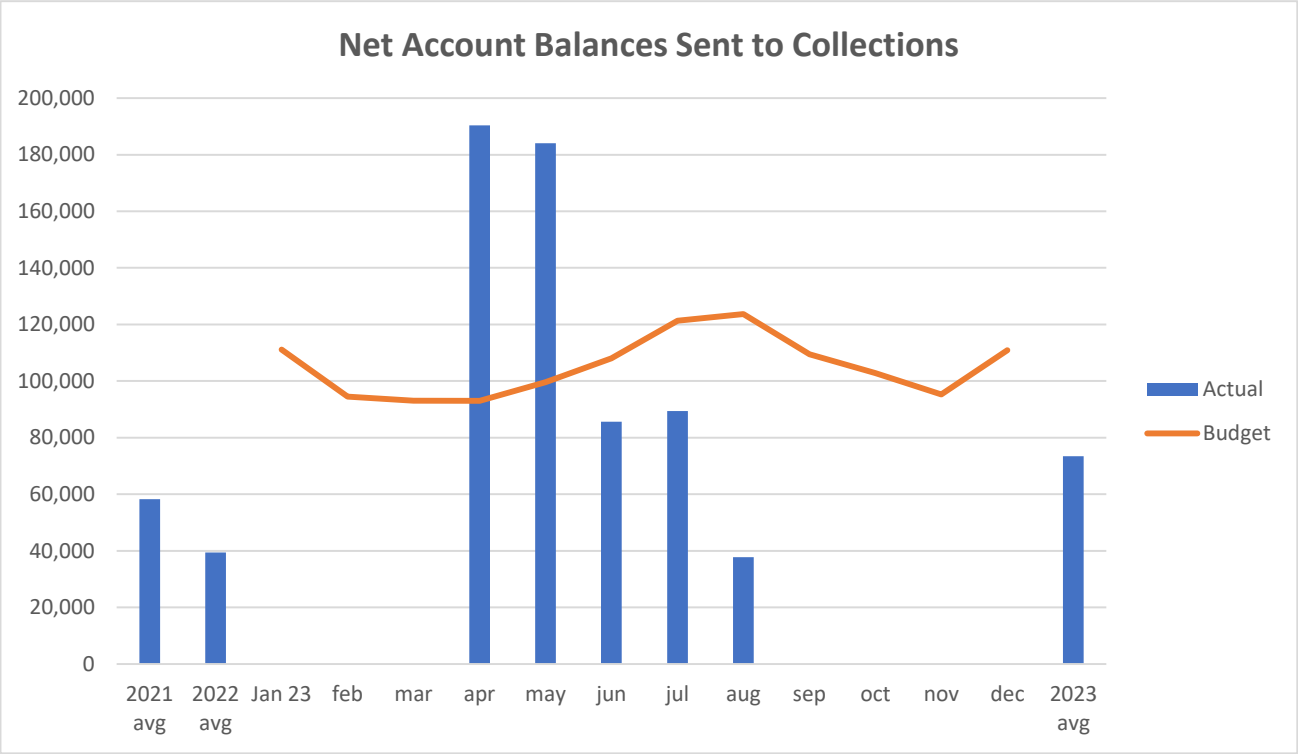
# Cascade Medical

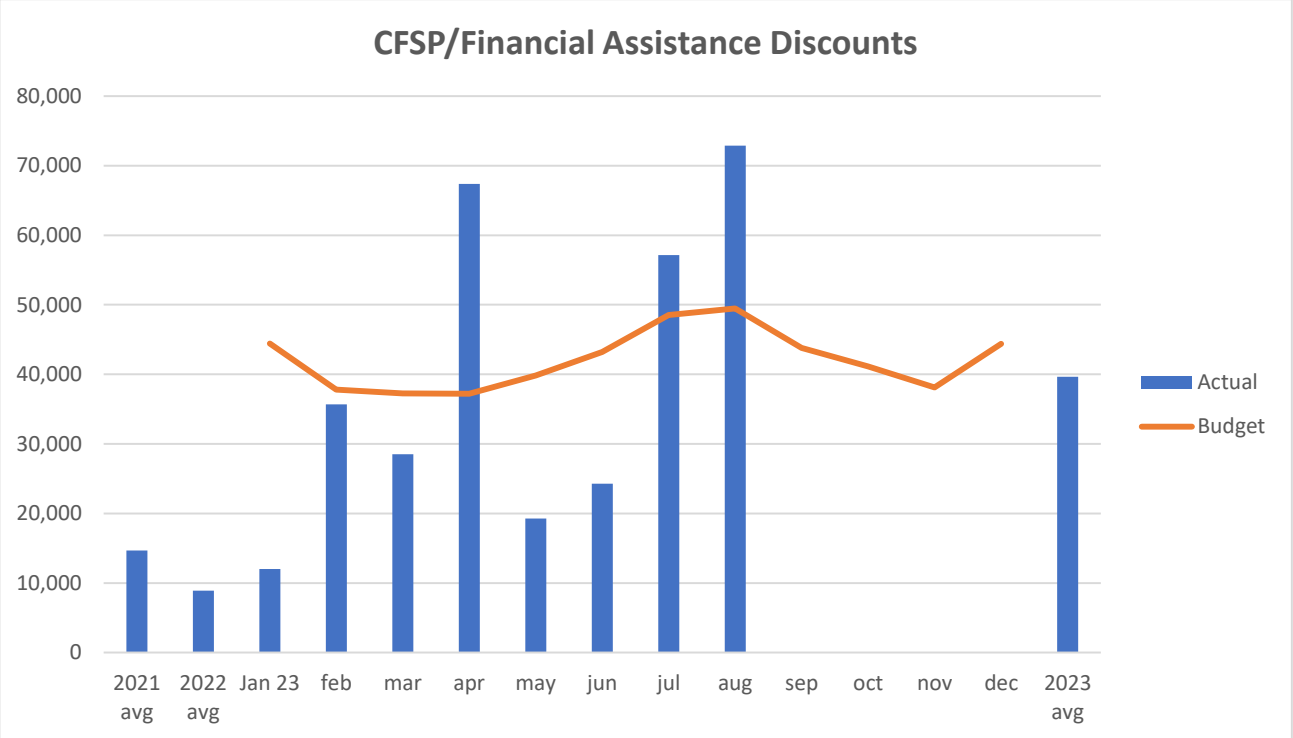
## Bad Debt Write Offs
## Financial Assistance Program Discounts

Month of August, 2023

| | | |
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| Net Bad Debt Write-Offs for Board Approval | **$** | **37,768.21** |
| CFSP/Financial Assistance Program Discounts for Board Approval | **$** | **72,883.51** |

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| Bad Debt/ Financial Assistance Supplemental Information | | | |
| Bad Debt Write-Offs | Sent to Collection Agency | | 44,092.39 |
| | less: pullback from Agency due to receipt of payments | | (6,324.18) |
| | Net Bad Debt Write-Offs | | 37,768.21 |
| CFSP/Financial Assistance Applications - Discounts Approved | | $ | 72,883.51 |
| | Total | | 110,651.72 |


Net Account Balances Sent to Collections
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
2021 avg
2022 avg
Jan 23
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2023 avg
Actual
Budget


CFSP/Financial Assistance Discounts
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2021 avg
2022 avg
Jan 23
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2023 avg
Actual
Budget

# Cascade Medical

# Operating and Capital Budgets

Fiscal Year Ending 12/31/2024

First draft – presented September 27, 2023

# Cascade Medical
# Budget Calendar – 2024

| Cascade Medical | | | | |
|---|---|---|---|---|
| Operating and Capital Budget Calendar - Fiscal Year 2024 | | | | |
| | | | | |
| Operating Budget | | | Capital Budget | |
| Date | Item | | Date | Item |
| July 10 | Sr. Leaders prepare preliminary volume projections for 2024. | | June 16, 2023 | Capital budget form, 2024 budget calendar, Long Term Cap Bud emailed to Directors |
| July 11 | Training for Operating Budget at Leadership meeting | | Jul 14 | Department Directors turn in Capital Budget forms to Marianne Vincent and their respective Sr. |
| July 17 | Operating budget packages sent to Department Directors. | | July 24 | Preliminary Capital Budget presented to Leadership team |
| July 17 - Aug 4 | Department Directors complete financial packages, meet with their Sr. Leaders to refine. Turn in to Finance by August 4 | | | |
| July 24 | Strategic Plan discussion, preliminary Goal setting at Leadership meeting | | | |
| Aug 22 | First draft of Operating Budget complete for review at full day Sr. Leadership meeting. | | | |
| Sept 13 | 2nd review of draft Operating Budget at Monday pm Sr. Leadership meeting | | | |
| Sept 27 | Draft 2024 Operating, Capital Budgets presented to Board of Commissioners. | | | |
| Oct 11 | First public notice of Budget Hearing | | | |
| Oct 18 | Second public notice of Budget Hearing | | | |
| Oct 24 | Final Budget review, Finance Committee | | | |
| Oct 25 | Budget hearing, Board of Commissioners | | | |
| Nov 14 | Final budget presentation at Leadership meeting | | | |

Cascade Medical
Operating and Capital Budgets, FY 2024
Budget process summary and assumptions

The schedules shown below represent our first draft of our Operating and Capital budgets for FY 2024. As shown on our calendar above, we started our budget process in June. Department Directors have provided their projected capital budget needs and, for their Operating Budgets, have projected patient volumes, staffing needs, and operational expense requirements for their departments.

Our Long-Term Capital Budget listing has our preliminary recommendation for projects to approve for 2024, based on recommendations from Department Directors and a review by the Sr. Leadership Team, along with as complete a listing of projects for 2025 - 2028 as we can make so far in our planning cycle. Currently, our Capital Budget for 2024 totals $1,305,000.

## Patient volume forecast

Patient volumes by department have been forecasted using historical trends, our knowledge of current factors and estimates of volumes from new programs and services. Based on our best knowledge, our preliminary volume forecast for 2024 is as follows:

a. Acute IP 33.2% growth
b. Swing Bed 0.0% growth
c. Emergency 1.5% growth
d. Clinic 9.5% growth

Prior to budget completion in the next four weeks, we will factor in September volumes, check our growth rates, and fine-tune volume projections as needed.

## Budget Assumptions

We used the following assumptions in making our Operating Budget projections:

a. Patient charge increases – we used a base charge increase of 7% over current charge levels for most department, except for Ambulance 6% and Clinic 5 % with revenue added in for any new services.
b. Salary increases – we have included step increases of 1.5% for non-union, non-management staff, as well as contracted adjustments for members of the collective bargaining units. No additional amounts are included for exempt or contracted staff.

c. Supplies and other expenses – we used a base inflation factor of 5% for supplies with different increase percentages for individual line items where we have knowledge of different amounts.

d. In miscellaneous revenues, we have included an estimated $90,000 in Foundation donations.

e. Tax revenues have been estimated with a net 1% increase for the M&O and EMS levies, and an amount for the Construction Bond levy that will meet our debt service requirements.

f. We have budgeted for the Ambulance based on cost-based reimbursement, which is a significant change from prior years. We are still awaiting word from Noridian-Medicare as to whether they will agree to reimburse on cost.

## Notes on budget schedules

### Income Comparison Summaries

These two worksheets show the annual and monthly roll-up of individual department projections and compares our latest 2024 projections to prior and current years. The model currently shows a net margin of $792,135, or 2.6% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements. This margin could change due to volume forecast fine-tuning and the results of our interim Medicare cost report.

### Contractual Allowances

Contractual Allowances are based on our current payer mix, meaning the proportions of Medicare, Medicaid and other payers would stay the same as our current year. Medicare and Medicaid allowances were calculated using our latest interim rates and will be adjusted once DZA has completed our interim report.

### FTEs

We project to add 4.15 FTE for 2023.

### Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2024 through 2028 are shown, with a projected total for 2024 of $1,305,000.

**Cascade Medical**
**Income Comparison Summary**
**Budget Year 2024**

| | Actual 12/31/2022 | Budget 12/31/2023 | Actual 08/31/2023 | Annualized 12/31/2023 | Budget 12/31/2024 | Budget To Budget Change | Bud To Bud % change | Bud to Annualzd % change |
|---|---|---|---|---|---|---|---|---|
| **Patient Revenue** | $ 31,398,482 | $ 36,079,032 | $ 16,420,947 | $ 35,167,393 | $ 38,619,844 | $ 2,540,811 | 7.0% | 9.8% |
| **Less: Contractual Adjust** | (11,232,776) | (14,117,659) | (5,552,610) | (12,308,588) | (12,848,765) | 1,268,894 | -9.0% | 4.4% |
| **Net Patient Revenue** | $ 20,165,706 | $ 21,961,373 | $ 10,868,337 | $ 22,858,806 | $ 25,771,078 | $ 3,809,705 | 17.3% | 12.7% |
| **Other Operating Revenue** | $ 5,424,895 | $ 3,774,241 | $ 2,164,067 | $ 4,644,062 | $ 4,521,457 | $ 747,216 | 19.8% | -2.6% |
| Total Revenue | $ 25,590,601 | $ 25,735,614 | $ 13,032,404 | $ 27,502,868 | $ 30,292,535 | $ 4,556,921 | 17.7% | 10.1% |
| **Expenses:** | | | | | | | | |
| Salaries | $ 13,441,232 | $ 14,474,917 | $ 7,192,001 | $ 14,493,089 | $ 15,953,971 | $ 1,479,055 | 10.2% | 10.1% |
| Benefits | 3,012,573 | 3,276,295 | 1,649,789 | 3,223,479 | 3,617,024 | $ 340,729 | 10.4% | 12.2% |
| Legal Fees | 50,487 | 56,000 | 79,514 | 142,410 | 108,000 | $ 52,000 | 92.9% | -24.2% |
| Audit and Accounting Fees | 73,396 | 71,600 | 43,003 | 64,000 | 70,000 | $ (1,600) | -2.2% | 9.4% |
| Professional Fees | 934,884 | 1,007,483 | 935,338 | 1,973,507 | 1,183,009 | $ 175,525 | 17.4% | -40.1% |
| Supplies | 1,601,301 | 1,899,026 | 931,574 | 1,968,956 | 2,074,211 | $ 175,184 | 9.2% | 5.3% |
| Utilities | 278,582 | 284,388 | 130,193 | 261,947 | 299,193 | $ 14,805 | 5.2% | 14.2% |
| Repairs and Maintenance | 271,724 | 239,469 | 224,271 | 535,722 | 274,132 | $ 34,663 | 14.5% | -48.8% |
| Purchased Services | 1,941,264 | 1,081,337 | 805,225 | 1,556,843 | 1,418,385 | $ 337,048 | 31.2% | -8.9% |
| Continuing Medical Education | 12,001 | 17,000 | 6,339 | 8,196 | 26,000 | $ 9,000 | 52.9% | 217.2% |
| Dues and Subscriptions | 241,930 | 764,125 | 396,944 | 815,898 | 1,045,415 | $ 281,291 | 36.8% | 28.1% |
| Other Expenses | 130,221 | 89,840 | 77,530 | 91,838 | 217,609 | $ 127,769 | 142.2% | 136.9% |
| Travel/Training/Meetings | 110,816 | 85,996 | 90,035 | 195,633 | 129,085 | $ 43,089 | 50.1% | -34.0% |
| Leases and Rentals | 124,563 | 167,748 | 99,688 | 190,050 | 180,395 | $ 12,646 | 7.5% | -5.1% |
| Depreciation | 1,901,218 | 2,047,431 | 999,311 | 2,004,933 | 2,012,488 | $ (34,943) | -1.7% | 0.4% |
| Taxes and Licenses | 632,041 | 229,826 | 119,735 | 97,720 | 306,627 | $ 76,800 | 33.4% | 213.8% |
| Insurance | 244,098 | 229,478 | 119,617 | 259,200 | 265,634 | $ 36,156 | 15.8% | 2.5% |
| Interest | 423,299 | 342,968 | 171,240 | 417,087 | 319,224 | $ (23,744) | -6.9% | -23.5% |
| **Total Department Expenses** | $ 25,425,630 | $ 26,364,927 | $ 14,071,347 | $ 28,300,507 | $ 29,500,401 | $ 3,135,474 | 11.9% | 4.2% |
| **Income** | $ 164,971 | $ (629,312) | $ (1,038,943) | $ (797,639) | $ 792,135 | $ 1,421,447 | -225.9% | 199.3% |
| | 0.6% | -2.4% | -8.0% | -2.9% | 2.6% | | | |

**CASCADE MEDICAL**
**MONTHLY SUMMARY**

| | | aug2023ytd | Avg/mo | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Patient Revenue** | | $ 16,420,947 | $ 2,052,618 | $ 3,328,158 | $ 2,763,670 | $ 2,750,408 | $ 2,777,115 | $ 3,130,280 | $ 3,377,848 | $ 3,757,559 |
| **Contr Adjusts** | # | $ (5,552,610) | $ (694,076) | $ (1,107,273) | $ (919,469) | $ (915,057) | $ (923,942) | $ (1,041,440) | $ (1,123,805) | $ (1,250,134) |
| **Net Patient Revenue** | | $ 10,868,337 | $ 1,358,542 | $ 2,220,885 | $ 1,844,201 | $ 1,835,351 | $ 1,853,173 | $ 2,088,841 | $ 2,254,043 | $ 2,507,425 |
| **Other Operating Rev** | | $ 2,164,067 | $ 270,508 | $ 348,955 | $ 358,955 | $ 397,955 | $ 523,955 | $ 363,955 | $ 358,955 | $ 343,955 |
| | | $ 13,032,404 | $ 1,629,051 | $ 2,569,839 | $ 2,203,155 | $ 2,233,306 | $ 2,377,128 | $ 2,452,795 | $ 2,612,998 | $ 2,851,379 |
| **Expenses:** | | | | | | | | | | |
| Salaries | | $ 7,192,001 | $ 899,000 | $ 1,350,955 | $ 1,263,133 | $ 1,343,468 | $ 1,306,343 | $ 1,355,001 | $ 1,312,544 | $ 1,352,871 |
| Benefits | | $ 1,649,789 | $ 206,224 | $ 308,846 | $ 302,615 | $ 308,097 | $ 305,590 | $ 308,980 | $ 304,852 | $ 305,681 |
| Legal Fees | | $ 79,514 | $ 9,939 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 |
| Audit/ Accounting Fees | | $ 43,003 | $ 5,375 | $ - | $ 8,000 | $ 4,000 | $ 20,000 | $ - | $ 20,000 | $ 6,000 |
| Professional Fees | | $ 935,338 | $ 116,917 | $ 99,386 | $ 99,392 | $ 98,055 | $ 102,052 | $ 98,365 | $ 102,279 | $ 96,785 |
| Supplies | | $ 931,574 | $ 116,447 | $ 175,318 | $ 160,043 | $ 153,661 | $ 141,663 | $ 154,301 | $ 181,551 | $ 192,149 |
| Utilities | | $ 130,193 | $ 16,274 | $ 25,235 | $ 24,635 | $ 24,535 | $ 24,560 | $ 24,885 | $ 25,010 | $ 25,510 |
| Repairs and Maint | | $ 224,271 | $ 28,034 | $ 22,844 | $ 22,844 | $ 22,844 | $ 22,844 | $ 22,844 | $ 22,844 | $ 22,844 |
| Purchased Services | | $ 805,225 | $ 100,653 | $ 124,214 | $ 120,614 | $ 119,214 | $ 123,323 | $ 119,214 | $ 119,214 | $ 115,307 |
| Continuing Medical Educ | | $ 6,339 | $ 792 | $ 2,167 | $ 2,167 | $ 2,167 | $ 2,167 | $ 2,167 | $ 2,167 | $ 2,167 |
| Dues and Subscriptions | | $ 396,944 | $ 49,618 | $ 90,879 | $ 97,897 | $ 88,764 | $ 83,989 | $ 88,262 | $ 85,144 | $ 83,314 |
| Other Expenses | | $ 77,530 | $ 9,691 | $ 15,264 | $ 15,264 | $ 55,264 | $ 16,743 | $ 15,264 | $ 14,264 | $ 14,264 |
| Travel/Training/Meetings | | $ 90,035 | $ 11,254 | $ 15,175 | $ 5,445 | $ 12,214 | $ 16,030 | $ 9,141 | $ 9,605 | $ 16,925 |
| Leases and Rentals | | $ 99,688 | $ 12,461 | $ 17,923 | $ 18,178 | $ 18,128 | $ 14,198 | $ 14,138 | $ 14,128 | $ 13,928 |
| Depreciation | | $ 999,311 | $ 124,914 | $ 167,707 | $ 167,707 | $ 167,707 | $ 167,707 | $ 167,707 | $ 167,707 | $ 167,707 |
| Taxes and Licenses | | $ 119,735 | $ 14,967 | $ 25,154 | $ 25,654 | $ 25,154 | $ 25,154 | $ 26,054 | $ 25,554 | $ 25,154 |
| Insurance | | $ 119,617 | $ 14,952 | $ 21,600 | $ 21,600 | $ 21,600 | $ 22,248 | $ 22,850 | $ 22,248 | $ 22,248 |
| Interest | | $ 171,240 | $ 21,405 | $ 26,602 | $ 26,602 | $ 26,602 | $ 26,602 | $ 26,602 | $ 26,602 | $ 26,602 |
| **Total Expenses** | | $ 14,071,347 | $ 1,758,918 | $ 2,498,269 | $ 2,390,791 | $ 2,500,475 | $ 2,430,213 | $ 2,464,777 | $ 2,464,713 | $ 2,498,457 |
| **Gross Margin** | | $ (1,038,943) | $ (129,868) | $ 71,570 | $ (187,635) | $ (267,170) | $ (53,085) | $ (11,981) | $ 148,285 | $ 352,923 |

**CASCADE MEDICAL**
**MONTHLY SUMMARY**

| | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Total 2024 | Avg/mo | 2023 Annualized | % Chg |
|---|---|---|---|---|---|---|---|---|---|
| **Patient Revenue** | $ 3,908,481 | $ 3,214,122 | $ 3,306,723 | $ 2,863,024 | $ 3,442,455 | $ 38,619,844 | $ 3,218,320 | $ 35,167,393 | 9.8% |
| **Contr Adjusts** | $ (1,300,346) | $ (1,069,334) | $ (1,100,142) | $ (952,524) | $ (1,145,300) | $ (12,848,765) | $ (1,070,730) | $ (12,308,588) | |
| **Net Patient Revenue** | $ 2,608,135 | $ 2,144,788 | $ 2,206,581 | $ 1,910,500 | $ 2,297,155 | $ 25,771,078 | $ 2,147,590 | $ 22,858,806 | 12.7% |
| **Other Operating Rev** | $ 343,955 | $ 343,955 | $ 433,955 | $ 343,955 | $ 358,955 | $ 4,521,457 | $ 376,788 | $ 4,644,062 | -2.6% |
| | $ 2,952,090 | $ 2,488,743 | $ 2,640,536 | $ 2,254,455 | $ 2,656,110 | $ 30,292,535 | $ 2,524,378 | $ 27,502,868 | 10.1% |
| **Expenses:** | | | | | | | | | |
| Salaries | $ 1,355,603 | $ 1,309,309 | $ 1,340,891 | $ 1,308,584 | $ 1,355,268 | $ 15,953,971 | $ 1,329,498 | $ 14,493,089 | 10.1% |
| Benefits | $ 300,442 | $ 294,349 | $ 292,777 | $ 291,059 | $ 293,738 | $ 3,617,024 | $ 301,419 | $ 3,223,479 | 12.2% |
| Legal Fees | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 | $ 108,000 | $ 9,000 | $ 142,410 | -24.2% |
| Audit/ Accounting Fees | $ - | $ - | $ 4,000 | $ 6,000 | $ 2,000 | $ 70,000 | $ 5,833 | $ 64,000 | 9.4% |
| Professional Fees | $ 96,265 | $ 100,829 | $ 99,469 | $ 94,665 | $ 95,465 | $ 1,183,009 | $ 98,584 | $ 1,973,507 | -40.1% |
| Supplies | $ 204,003 | $ 186,130 | $ 176,055 | $ 163,287 | $ 186,048 | $ 2,074,211 | $ 172,851 | $ 1,968,956 | 5.3% |
| Utilities | $ 25,510 | $ 24,960 | $ 24,635 | $ 24,535 | $ 25,185 | $ 299,193 | $ 24,933 | $ 261,947 | 14.2% |
| Repairs and Maint | $ 22,844 | $ 22,844 | $ 22,844 | $ 22,844 | $ 22,844 | $ 274,132 | $ 22,844 | $ 535,722 | -48.8% |
| Purchased Services | $ 116,057 | $ 115,307 | $ 115,307 | $ 115,307 | $ 115,307 | $ 1,418,385 | $ 118,199 | $ 1,556,843 | -8.9% |
| Continuing Medical Educ | $ 2,167 | $ 2,167 | $ 2,167 | $ 2,167 | $ 2,167 | $ 26,000 | $ 2,167 | $ 8,196 | 217.2% |
| Dues and Subscriptions | $ 90,192 | $ 81,444 | $ 81,314 | $ 92,924 | $ 81,294 | $ 1,045,415 | $ 87,118 | $ 815,898 | 28.1% |
| Other Expenses | $ 14,264 | $ 14,264 | $ 14,264 | $ 14,244 | $ 14,244 | $ 217,609 | $ 18,134 | $ 91,838 | 136.9% |
| Travel/Training/Meetings | $ 6,045 | $ 9,475 | $ 13,780 | $ 7,725 | $ 7,525 | $ 129,085 | $ 10,757 | $ 195,633 | -34.0% |
| Leases and Rentals | $ 13,928 | $ 13,978 | $ 13,938 | $ 13,948 | $ 13,978 | $ 180,395 | $ 15,033 | $ 190,050 | -5.1% |
| Depreciation | $ 167,707 | $ 167,707 | $ 167,707 | $ 167,707 | $ 167,707 | $ 2,012,488 | $ 167,707 | $ 2,004,933 | 0.4% |
| Taxes and Licenses | $ 25,154 | $ 25,734 | $ 25,154 | $ 27,554 | $ 25,154 | $ 306,627 | $ 25,552 | $ 97,720 | 213.8% |
| Insurance | $ 22,248 | $ 22,248 | $ 22,248 | $ 22,248 | $ 22,248 | $ 265,634 | $ 22,136 | $ 259,200 | 2.5% |
| Interest | $ 26,602 | $ 26,602 | $ 26,602 | $ 26,602 | $ 26,602 | $ 319,224 | $ 26,602 | $ 417,087 | -23.5% |
| **Total Expenses** | $ 2,498,032 | $ 2,426,346 | $ 2,452,154 | $ 2,410,399 | $ 2,465,775 | $ 29,500,401 | $ 2,458,367 | $ 28,300,507 | 4.240% |
| **Gross Margin** | $ 454,058 | $ 62,397 | $ 188,382 | $ (155,944) | $ 190,335 | $ 792,135 | $ 66,011 | $ (797,639) | 199% |

Cascade Medical
Volume Forecast - Budget Year 2024

| Acute Patient Days | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 2019 | 27 | 12 | 11 | 24 | 8 | 14 | 12 | 15 | 14 | 27 | 11 | 11 | 186 |
| Actual | 2020 | 25 | 14 | 20 | 14 | 16 | 11 | 15 | 25 | 14 | 32 | 18 | 5 | 209 |
| Actual | 2021 | 23 | 29 | 12 | 11 | 21 | 18 | 7 | 26 | 14 | 11 | 8 | 15 | 195 |
| Actual | 2022 | 8 | 1 | 13 | 16 | 1 | 29 | *21* | *15* | *3* | *11* | *19* | *73* | 210 |
| Actual/Projected | 2023 | *19* | *6* | *15* | *24* | *25* | *26* | *18* | *15* | *18* | *25* | *12* | *14* | 217 |
| Forecast | 2024 | 29 | 17 | 20 | 25 | 20 | 28 | 20 | 30 | 18 | 30 | 19 | 33 | 289 |
| | | | | | | | | | | | | *increase/decrease over 2023* | | 33.2% |

| Swing Bed Patient Days | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 2019 | 154 | 121 | 79 | 107 | 68 | 77 | 113 | 128 | 113 | 134 | 102 | 92 | 1,288 |
| Actual | 2020 | 128 | 155 | 54 | 68 | 104 | 68 | 42 | 123 | 120 | 111 | 152 | 202 | 1,327 |
| Actual | 2021 | 155 | 74 | 51 | 87 | 66 | 49 | 138 | 160 | 74 | 150 | 67 | 43 | 1,114 |
| Actual | 2022 | 131 | 116 | 74 | 46 | 52 | 90 | *69* | *114* | *46* | *133* | *43* | *63* | 977 |
| Actual/Projected | 2023 | *75* | *98* | *49* | *66* | *59* | *66* | *61* | *98* | *95* | *108* | *107* | *100* | 982 |
| Forecast | 2024 | *111* | *97* | *52* | *64* | *59* | *60* | *78* | *109* | *77* | *110* | *80* | *85* | 982 |
| | | | | | | | | | | | | *increase/decrease over 2023* | | 0.0% |

| Emergency Visits | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 2019 | 250 | 219 | 209 | 218 | 283 | 305 | 369 | 391 | 281 | 297 | 224 | 357 | 3,403 |
| Actual | 2020 | 276 | 262 | 194 | 145 | 216 | 241 | 358 | 382 | 297 | 248 | 236 | 285 | 3,140 |
| Actual | 2021 | 294 | 240 | 235 | 263 | 346 | 387 | 477 | 428 | 327 | 286 | 229 | 364 | 3,876 |
| Actual | 2022 | 293 | 213 | 252 | 267 | 323 | 381 | *452* | *424* | *354* | *374* | *330* | *390* | 4,053 |
| Actual/Projected | 2023 | *324* | *253* | *244* | *283* | *371* | *375* | *467* | *416* | *341* | *301* | *250* | *385* | 4,010 |
| Forecast | 2024 | *316* | *261* | *249* | *259* | *339* | *371* | *465* | *455* | *352* | *331* | *279* | *392* | 4,069 |
| | | | | | | | | | | | | *increase/decrease over 2023* | | 1.5% |

| Clinic visits | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 2019 | 1,490 | 1,127 | 1,174 | 1,326 | 1,349 | 1,237 | 1,452 | 1,365 | 1,300 | 1,490 | 1,277 | 1,309 | 15,896 |
| Actual | 2020 | 1,408 | 1,112 | 860 | 769 | 1,025 | 1,148 | 1,320 | 1,205 | 1,110 | 1,269 | 1,107 | 1,147 | 13,480 |
| Actual | 2021 | 1,016 | 1,050 | 1,317 | 1,006 | 962 | 1,080 | 1,190 | 1,213 | 1,070 | 1,005 | 998 | 980 | 12,887 |
| Actual | 2022 | 908 | 750 | 1,097 | 971 | 987 | 1,122 | *892* | *1,103* | *991* | *930* | *1,069* | *925* | 11,745 |
| Actual/Projected | 2023 | *1,051* | *976* | *1,197* | *1,091* | *1,167* | *1,139* | *1,087* | *1,320* | *1,143* | *1,250* | *1,146* | *1,134* | 13,701 |
| Forecast | 2024 | *1,300* | *1,110* | *1,249* | *1,143* | *1,215* | *1,267* | *1,346* | *1,357* | *1,243* | *1,316* | *1,239* | *1,215* | 15,000 |
| | | | | | | | | | | | | *increase/decrease over 2023* | | 9.5% |

**Cascade Medical Center**
**Contractual Allowance Worksheet**
**Budget 2024**

| Hospital | Mcare | Mcaid | Other | Total | |
|---|---|---|---|---|---|
| Inpatient Revenue | $ 1,336,348 | $ 105,561 | $ 192,167 | $ 1,634,076 | |
| Patient Days | 236 | 19 | 34 | 289 | |
| Reimb Rate | $ 5,516 | $ 2,819 | 58.3% | $ 5,080.94 | |
| Total Payment | $ 1,303,762 | $ 52,624 | $ 112,006 | $ 1,468,392 | |
| Contr Allow | $ 32,585 | $ 52,938 | $ 80,161 | **$ 165,684** | 10% |
| | -44.26% | 50.15% | 41.71% | | |
| Swing Bed Revenue | $ 3,064,059 | $ - | $ 179,705 | $ 3,243,764 | |
| Patient Days | 928 | - | 54 | $ 982 | |
| Reimb Rate | $ 5,438 | $ 1,251 | 58.3% | $ 5,244 | |
| Total Payment | $ 5,044,452 | $ - | $ 104,742 | $ 5,149,194 | |
| Contr Allow | $ (1,980,392) | $ - | $ 74,962 | **$ (1,905,430)** | -59% |
| Outpatient Revenue | $ 12,276,573 | $ 4,484,849 | $ 9,950,008 | $ 26,711,430 | |
| Reimb Rate | 51.1% | 35.9% | 60.0% | 52% | |
| Total Payment | $ 6,275,774 | $ 1,610,702 | $ 5,970,005 | $ 13,856,480 | |
| Contr Allow | $ 6,000,799 | $ 2,874,148 | $ 3,980,003 | **$ 12,854,950** | 48% |
| Total Revenue | $ 20,065,302 | $ 5,835,735 | $ 12,718,807 | $ 38,619,844 | |
| Total contractual Allow | **$ 2,775,873** | **$ 2,712,906** | **$ 5,467,614** | **$ 10,956,393** | 28% |

| Clinic | Mcare | Mcaid | Other | Total |
|---|---|---|---|---|
| Revenue | $ 1,843,959 | $ 663,054 | $ 1,428,025 | $ 3,935,038 |
| Visits | 7,029 | 2,528 | | |
| Reimb Rate | $ 466.00 | $ 448.44 | 44.7% | 128% |
| Total Payment | $ 3,275,514 | $ 1,133,432 | $ 638,123 | $ 5,047,069 |
| Cont Allow | $ (1,431,555) | $ (470,378) | $ 789,902 | **$ (1,112,032)** |
| | -77.63% | -70.94% | | |

| Ambulance | Mcare | Mcaid | Other | Total |
|---|---|---|---|---|
| Revenue | $ 1,544,363 | $ 582,270 | $ 968,903 | $ 3,095,536 |
| Reimb Rate | 90.0% | 56.0% | 44.0% | 69% |
| Total Payment | $ 1,389,927 | $ 326,071 | $ 426,317 | $ 2,142,315 |
| Contr Allow | $ 154,436 | $ 256,199 | $ 542,586 | **$ 953,221** |

| | Bad Debt | C.S.P |
|---|---|---|
| **Total Revenue** | | |
| Rate | 3.5% | 1.4% |
| Reserve | **1,351,695** | **540,678** |

| | | |
|---|---|---|
| **Total Contractual Allowance, Bad Debt Reserve, Charity** | **$ 12,848,765** | **33.3%** |

FY 2024

| Dept Number | Department | Authorized FTEs 2023 | Requested Change in FTEs | Budgeted FTEs FY 2024 | Notes |
|---|---|---|---|---|---|
| 60000 | Acute IP | 16.80 | | 16.80 | |
| 60100 | Swing Bed | 0.34 | | 0.34 | |
| 80400 | Central Supply | 1.00 | | 1.00 | |
| 60700 | Laboratory | 7.60 | | 7.60 | |
| 60800 | Cardiac Diagnostic | 0.27 | | 0.27 | |
| 60900 | CT | 0.48 | | 0.48 | |
| 61000 | Radiology | 4.33 | | 4.33 | |
| 61100 | Pharmacy | - | | - | |
| 61500 | Physical Therapy | 7.00 | 0.30 | 7.30 | |
| 60500 | Emergency Department | 6.60 | | 6.60 | |
| 60550 | ED Providers | 4.21 | | 4.21 | |
| 60400 | Ambulance | 21.40 | 2.00 | 23.40 | MSO |
| 60600 | Endoscopy | 0.90 | | 0.90 | |
| 60200 | Clinic | 19.00 | (0.25) | 18.75 | |
| 60250 | Clinic Providers | 10.18 | | 10.18 | |
| 61600 | Occupational Therapy | 1.60 | | 1.60 | |
| 61700 | Speech Therapy | 0.50 | 0.10 | 0.60 | |
| 80800 | Food/Nutrition Svcs | 5.00 | | 5.00 | |
| 81300 | Laundry | 1.00 | | 1.00 | |
| 81400 | Materials Management | 0.80 | | 0.80 | |
| 81600 | Plant Operations | 3.00 | | 3.00 | |
| 80600 | Environmental Services | 5.50 | (0.50) | 5.00 | |
| 81100 | Information Technology | - | | - | |
| 80700 | Fiscal Services | 3.00 | | 3.00 | |
| 80300 | Business Office | 7.00 | 1.00 | 8.00 | Biller |
| 80100 | Admitting | 10.00 | | 10.00 | |
| 80000 | Administration | 5.00 | | 5.00 | |
| 81700 | Public Relations | 1.00 | | 1.00 | |
| 81000 | Human Resources | 1.50 | | 1.50 | |
| 83000 | Foundation | 0.75 | | 0.75 | |
| 80900 | Health Information Mgt | 5.15 | | 5.15 | |
| 81900 | Utilization Review | 4.50 | | 4.50 | |
| 81500 | Nursing Admin | 2.10 | 0.50 | 2.60 | Nurse Manager |
| 82000 | Informatics | 2.00 | 1.00 | 3.00 | Analyst |
| 81200 | Inservice Education | - | | - | |
| | | 159.51 | 4.15 | 163.66 | |

Cascade Medical

Capital Equipment Requests - Long Range Plan 2024 - 2028

| *Dept #* | *Item* | Est / Required Completion Date | Original Request Date | Estimated Project/Equipment Costs | Projected 2024 | Projected 2025 | Projected 2026 | Projected 2027 | Projected 2028 |
|---|---|---|---|---|---|---|---|---|---|
| | **Buildings/Building Improvements/Grounds** | | | | | | | | |
| Clin | Urgent Care | 2022 | 2022 | 542,500 | | 542,500 | | | |
| Clin | Pod Redesign | 2022 | 2018 | 150,000 | | 150,000 | | | |
| Plant | Security Gate - New Parking Lot | 5/2023 | 2020 | 59,675 | | | 59,675 | | |
| Plant | Lab Remodel/Upgrade | 7/2023 | 2021 | 217,000 | | | 217,000 | | |
| Plant | Replace carpet in Patient Area & Corridor | 8/2023 | 2022 | 70,525 | | 70,525 | | | |
| Plant | Architectural Services | 2/2023 | 2020 | 55,000 | | 55,000 | | | |
| Plant | Chiller Replacement | 4/2024 | 2022 | 110,463 | 110,463 | | | | |
| Plant | Property Acquisition | 2021 | 2016 | 1,000,000 | | | 1,000,000 | | |
| Plant | Rearrange Main Lobby Patient Flow | 4/2021 | 2021 | 92,225 | | | 92,225 | | |
| Plant | Shelled Space | 6/2020 | 2018 | 193,200 | | 193,200 | | | |
| Plant | Stucco Repair | 6/2024 | 2023 | 32,550 | 32,550 | | | | |
| Plant | Chiller Replacement | 4/2027 | 2023 | 151,900 | | | | 151,900 | |
| | | | | | | | | | |
| | **Major Moveable Equipment** | | | | | | | | |
| Acute | Bariatric Bed | 2024 | 2023 | 43,400 | 43,400 | | | | |
| Admin | Contract Software | 2024 | 2023 | 9,698 | 9,698 | | | | |
| Admin | Policy Software | 2025 | 2023 | 15,000 | | 15,000 | | | |
| Amb | Ambulance - replace 2016 unit | 2024 | 2022 | 282,100 | 282,100 | | | | |
| Amb | GMC Command/Rescue Vehicle | 2024 | 2022 | 70,525 | 70,525 | | | | |
| Amb | Stryker power pro 2, power cots | 10/2024 | 2022 | 69,440 | 69,440 | | | | |
| Amb | Ambulance - Demers - replace 2011 | 2/2025 | 2023 | 358,050 | | 358,050 | | | |
| Amb | Ambulance - Demers - replacement unit | 2/2027 | 2023 | 379,750 | | | | 379,750 | |
| Clin | Body Composition Scale | 1/2023 | 2022 | 4,764 | 4,764 | | | | |
| ED | Glidescope | 2024 | 2023 | 16,275 | 16,275 | | | | |
| ED | Bed | 2024 | 2023 | 43,400 | | 43,400 | | | |
| Educ | SimMan 3G | 1/2023 | 2023 | 65,100 | | | 65,100 | | |
| Endo | Pediatric Colonoscope | 2022 | 2020 | 28,210 | | 28,210 | | | |
| Endo | Adult Colonoscope | 2/2024 | 2023 | 31,194 | | 31,194 | | | |
| Endo | Adult Colonoscope | 6/25 | 2023 | 32,496 | | 32,496 | | | |
| Endo | Big Wheel Stretcher | 6/2023 | 2023 | 23,093 | | | 23,093 | | |
| IT | Impravata Expansion | 2024 | 2023 | 25,000 | 25,000 | | | | |
| IT | Expansion of Virtual Environment | 2024 | 2023 | 100,000 | 100,000 | | | | |
| IT | Network Refresh - Phase 2 - Cisco | 2024 | 2023 | 125,000 | 125,000 | | | | |
| Lab | Hematology Analyzer | 6/2024 | 2022 | 69,898 | 69,898 | | | | |
| Lab | Refrigerator - Helmer Upright Freezer 20 cu ft | 2024 | 2023 | 11,984 | 11,984 | | | | |
| Lab | Regrigerator - Helmer Scientific 56 cu ft | 2026 | 2023 | 13,912 | | | 13,912 | | |
| Plant | Liquid Oxygen System | 6/2024 | 2023 | 10,850 | 10,850 | | | | |
| Plant | Conference Room Table & Chairs | 1/2024 | 2023 | 21,700 | 21,700 | | | | |
| PT | Ultrasound/E-Stim Unit (PT) | 2025 | 2017 | 6,000 | | 6,000 | | | |
| PT | Upright Stationary Bike | 1/2024 | 2021 | 7,687 | 7,687 | | | | |
| PT | Treadmill | 1/2026 | 2022 | 9,765 | | | 9,765 | | |
| PT | NuStep T5 Recumbent Crosstrainer | 2024 | 2023 | 6,722 | 6,722 | | | | |
| Rad | Xray-GE or Siemens | 4/2024 | 2023 | 287,000 | 287,000 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | TOTAL | | $ 4,843,051 | $ 1,305,056 | $ 1,525,575 | $ 1,480,770 | $ 531,650 | $ - |

Could be moved to 2025

CASCADE MEDICAL
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# A G E N D A

**Board Quality Oversight Committee**
**September 5, 2023**
**1:00 – 3:00 PM**
Administration Building Meeting Room

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

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

| Agenda Item | | Time |
|---|---|---|
| **1.** | Call to Order | 1:00 PM |
| **2.** | Consent Agenda Approval<br>• September 1, 2023, Agenda<br>• May 16, 2023, Minutes | 1:00 PM |
| **Action** | | |
| **1.** | Motion:<br>• Approve Quality Oversight Committee Charter<br>• Approve Quality Department Structure<br>*Addition of Shawndra Duke, Operational Safety Manager | 1:00 PM |
| **Committee Work** | | |
| **2.** | Review Action Items<br>• Reassess board quality rounding documents: Sarah and Rachel<br>• Demonstrate continuity in quality sub-committee reports: Sarah | 1:10 PM |
| **3.** | Patient Story | 1:10 PM |
| **4.** | Review Policies<br>• Notice of Unanticipated Outcomes | 1:20 PM |
| **5.** | Q2 Quality Committee Reports | 1:30 PM |
| **6.** | Review Q2 Data<br>• Patient Safety and Quality Data<br>• Incident Reporting Data<br>• Patient Satisfaction Report<br>• Notable Achievements | 1:40 PM |
| **7.** | DOH Survey Updates | 2:05 PM |
| **8.** | CAH Program Evaluation Updates | 2:20 PM |
| **9.** | Board Quality Rounding Updates | 2:25 PM |
| **10.** | Committee Self-Assessment Planning | 2:40 PM |
| **11.** | Confirm Q4 Meeting Date<br>• Tuesday, November 7th | 2:50 PM |
| **12.** | Provider Credentialing | 2:55 PM |
| **Adjournment** | | |
| **1.** | Adjournment | 3:00 PM |

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

Materials provided in advance of meeting along with agenda:

1. May 16, 2023, Minutes
2. Quality Oversight Committee Charter w/proposed changes
    a. Reflective of the addition of "Operational Safety Manager"
3. Quality Department Structure (Current)

4. Quality Department Structure (Proposed)
    a. Reflective of the addition of “Operational Safety Manager”
5. Policy- Disclosure of Unanticipated Outcomes
    a. New policy created following DOH Survey
6. Quality, Incident Reporting, and Satisfaction Data
7. Notable Achievements
8. Board Quality Rounding Form
    a. Changes made from previous version
9. Quality Goals- Development Form
10. Committee Self-Assessment Questions

Committee Reports:

- Safety Committee
- Infection Control Committee
- Emergency Care Committee
- Utilization Management Committee
- PFAC Steering Committee
- Safe Patient Handling Committee
- Swing Bed Committee

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# A G E N D A

**Board Governance Committee**
**September 25, 2023**
**10:00 AM-12:00 PM**
Administration Conference Room

| Agenda Item | | Time |
|---|---|---|
| **1.** | Call to Order | 10:00 AM |
| **2.** | Consent Agenda Approval<br>• September 25, 2023 Agenda<br>• June 8, 2023 Minutes | 10:00 AM |
| **Committee Work** | | |
| **1.** | Policy Review:<br>• Conflict of Interest Policy<br>• Open Public Meetings Policy | 10:00 AM |
| **2.** | Board future / succession planning<br>• Receive input: refreshed commissioner time commitment document<br>• Strategy for 2024 officers, committees, and committee chairs | 10:05 AM |
| **3.** | Check-in on progress of Board's 2023 objectives work | 11:10 AM |
| **4.** | CEO Performance Review<br>• Review / refine process for annual CEO review<br>• Decide month(s) for remaining 2023 exec sessions for CEO review | 11:15 AM |
| **5.** | Review Board Education Plan | 11:25 AM |
| **6.** | Discuss / finalize retreat plans<br>• Affirm timing of full board self-assessment survey | 11:30 AM |
| **7.** | Finalize committee self-evaluation survey & timeline | 11:40 AM |
| **8.** | Discuss number of 2024 board meetings | 11:45 AM |
| **9.** | Discuss ways to continue to grow the Board's approach to thinking strategically | 11:50 AM |
| **10.** | Set next meeting date | 11:55 AM |
| **Adjournment** | | |
| **1.** | Adjournment | 12:00 PM |

Materials provided in advance of meeting along with agenda:

1) Minutes from June 8, 2023
2) Conflict of Interest Policy
3) Open Public Meetings Policy
4) Refreshed time commitment document
5) List of current board officers and committee chairs & members
6) 2023 Board objectives
7) CEO 360-degree questions
8) CEO evaluation timeline / process
9) List of multi-raters for CEO evaluation
10) Board education plan
11) 2022 Governance Committee survey, with responses

# Credentialing Approvals

**Adjunct Privileges**: (1-year)

- Nathan Chambers, PA-C
- Dr. Andrew Otto

**Telestroke Privileges**: (Initial Appointment: 1-year)

- Dr. Vivian Yang
- Dr. Hope Opara

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

**CASCADE MEDICAL**
PARTNERS IN YOUR HEALTH

| | | | |
|---|---|---|---|
| Title: | **Disclosure of Unanticipated** Outcomes | Effective Date: | **No Date** Set |
| Categories: | **Administration** | Approved Date: | **Not Approved** Yet |
| Prepared By: | **Melissa Grimm (Chief Human Resources Officer)** | | |
| Reviewed By: | **Melissa Grimm (Chief Human Resources Officer), Pat Songer (Chief Operations Officer), Tony Butruille (Physician)** | | |
| Approved By: | **No Users** | | |

**PURPOSE:**

- Unanticipated outcomes are undesirable events that can vary widely from an unusual temporary side effect to a treatment or medication, to a serious change in the patient's healthcare status that was not planned or anticipated during the course of care.

- This document provides guidance in the process for Cascade Medical (CM) leaders and providers to inform the patient/patient representative about the event and the impact this may or may not have on the patient's health and healthcare.

**POLICY:**

- In keeping with CM's values of partnering with patients and families in care and in the spirit of transparency, serious unanticipated outcomes in the course of clinical care shall be disclosed to the patient/patient representative by providers and/or leaders of CM.

- Disclosure is a dynamic process that may require multiple conversations as the patient's condition changes or more information becomes available.

**PROCEDURE:**

- When staff become aware of an unanticipated outcome through assessment and observation or discussions with patients and/or family, the responsible provider shall be immediately notified.

- The responsible provider shall determine:
    - If this outcome is, in fact, a known potential side effect or related to the medical care provided.
    - If this is serious to the patient's current condition and/or ongoing care.

- If it is a known or suspected serious unanticipated outcome which may lead to additional monitoring or treatment, temporary or permanent change in patient's condition, then the Medical Director and Risk Management shall be notified.

- Generally, the patient is the recipient of the disclosure except in circumstances of surrogate decision-making.

- Guidelines for the content of the disclosure discussion shall include:
    - Who will be involved in the discussion (patient/patient representative and the patient's express wishes)
        - Except in unusual circumstances, it shall be the responsible provider who leads the disclosure discussion. It is common for one or two members of the

| | | | |
|---|---|---|---|
| Title: | **Disclosure of Unanticipated** Outcomes | Effective Date: | **No Date** Set |
| Categories: | **Administration** | Approved Date: | **Not Approved** Yet |
| Prepared By: | **Melissa Grimm (Chief Human Resources Officer)** | | |
| Reviewed By: | **Melissa Grimm (Chief Human Resources Officer), Pat Songer (Chief Operations Officer), Tony Butruille (Physician)** | | |
| Approved By: | **No Users** | | |

healthcare team to be present to ensure smooth coordination of care and answer other related questions the patient or family may have.

- What will be discussed:
  - Focus on current circumstances and known facts in the initial discussion.
  - Further information may become known about the sequence of events leading to a change in condition or other relevant factors.
  - Empathetic support for patients and families and a clear description of current condition, care and expected care or monitoring are commonly addressed in the initial discussion.

- Documentation in the patient record shall include:
  - Time
  - Date
  - Place of Discussion
  - Who was present
  - Nature of the discussion, including offers of assistance
  - Questions asked and answered during the discussion

- If the unanticipated outcome is not known at the time of care or during the same episode of care, the process of disclosure may vary; however, the intent of keeping the patient informed of serious information about his/her care and condition is still a guiding principle in decisions to disclose.

**REFERENCES:**

- American Society for Healthcare Risk Management (2001), *Perspective on Disclosure of Unanticipated Outcome Information*, Chicago: American Hospital Association

# RESOLUTION NO. 2023-10

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

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 disposal of surplus hard drives and hardware.

**WHEREAS**, the District purchased many hard drives and hardware for use in different departments,

**WHEREAS**, the hard drives and hardware listed on attached Exhibit A are no longer in use and are in poor shape or obsolete,

**WHEREAS**, Exhibit A list of items are no longer necessary for the District's use, and it would be an inefficient use of resources to continue to store them,

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 surplused and disposed of by the District Policy, at the discretion of the Information Technology Manager.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, at a Regular Open Public Meeting of the Board on the 27 day of September, 2023, the following Commissioners being present and voting in favor of this resolution.

_____
Board President, Thomas Baranouskas

_____
Board Vice President, Bruce Williams

_____
Commissioner Mall Boyd

_____
Commissioner Jessica Kendall

_____
Commissioner Gustavo Montoya

**Exhibit A**
**Disposal of Surplus Property**

| Make | Model | Asset Tag | Serial Number | Reason for Disposal | Disposition Process | Disposal Time |
|---|---|---|---|---|---|---|
| Aegis | 6002 | 2703 | 1943719 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Solo | IOSafe | 2599 | 123014865 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Solo | IOSafe | 2600 | 123014965 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | 5590 | 2898 | 1C8WRQ2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | 7490 | 2937 | 1GNTWT2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | 7480 | 2896 | 1WYBRQ2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | Optiplex 3060 | 2911 | 2MDZ0W2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| HP | Compaq 6000 | 2367 | 2UA0270DQF | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | 7400 | 2987 | 33Q68Y2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | Latitude 5440 | 3036 | 4YRDYX2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Dell | 7400 | 3008 | 5XBTN13 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| NEC | MD212NC Monitor | 2350 | 99000311YW | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Apple | iPad | 2591 | DMPL2A2ZF18W | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Apple | iPad | 2568 | DMPL2AUPF18W | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Cisco | Catalyst 2960 | 2226 | FOC1106Z7FV | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Cisco | Catalyst 2960 | 2227 | FOC1109Y62B | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Cisco | Catalyst 2960 | 2228 | FOC1120U4U2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Cisco | Catalyst 2960 | 2229 | FOC1129Z15E | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Cisco | Catalyst 2960 | 2230 | FOC1129Z16B | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2609 | MJ00127Y | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lenovo | E93z | 2607 | MJ0012KV | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2614 | MJ0012KW | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2616 | MJ00F9HL | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2611 | MJ00F9HQ | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2651 | MJ016916 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2694 | MJ02WC3X | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2699 | MJ034363 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | E93z | 2618 | MJ09F9HK | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2546 | MJ3173L | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2573 | MJ75R0M | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2577 | MJ75R0R | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2571 | MJ78L4X | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2576 | MJ78L5D | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2575 | MJ78L5P | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Acer | G2 5625 Laptop | 2819 | NXVEEAA00172703AA47200 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T5430 | 2565 | PK-0L72R | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T5430 | 2673 | PK-15BN4 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T5430 | 2585 | PK-15BR1 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | Edge71 | 2603 | R8AMT3L | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | Edge71 | 2462 | R8AZ27AL | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2645 | R9-02VN8W | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2646 | R9-02VNW0 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2637 | R9-02VNW2 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lenovo | T540 | 2636 | R9-02VNW3 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2640 | R9-02VNW4 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2642 | R9-02VNW7 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2644 | R9-02VNW9 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2647 | R9-02VNWA | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2641 | R9-02VNWB | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2648 | R9-02Z043 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2649 | R9-02Z047 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2698 | R9-0GLXEK | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T540 | 2690 | R9-0HKLSD | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T560 | 2729 | R9-0KRTGL | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T520 | 2487 | R9-KG43Z | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T520 | 2497 | R9-PKHXK | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T530 | 2743 | R9-QKVKMV | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T530 | 2509 | R9-T3XAG | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | T530 | 2559 | R9-XGDNP | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 91z | 2579 | S1DCL60 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2511 | S1FKD64 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2516 | S1FKK58 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2520 | S1FKP68 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 92z | 2519 | S1FKR14 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |
| Lenovo | 91z | 2484 | S1Z8127 | Outdated and/or damaged | E-cycle hardware ; Destroy hard drives | Immediately |

# Accompanying Notes for the August 2023 Financial Statements

## August Financial Statements – Current Month Summary

Gross patient revenue for August totaled $4,005,000, which was greater than the budgeted amount of $3,534,000 by $471,000. The contractual allowance for August of $1,251,000 was less than the budgeted amount of $1,417,000 by $166,000. August's net margin of $586,000 was well above the budgeted net margin of $202,000 by $384,000. Our cash receipts totaled $2,791,000 in August compared to a budgeted cash receipt total of $1,929,000.

## August Year-To-Date Summary

Our year-to-date net margin of ($591,000) is ($126,000) below the budgeted net margin of ($465,000). Through August, Swing Bed, Ambulance and Laboratory, and Clinic volumes remain below year-to-date budgeted volumes. CT, Acute and Rehab Services volumes remain higher than budgeted. Cash receipts year-to-date total $18,999,000 compared to a budgeted amount of $15,827,000. The August month end cash balance of $14,071,000 was ahead of the budgeted cash balance of $12,123,000 by $1,948,000.

## Specific Revenue and Expense Variances

1. Professional fees are over budget by ($143,000) in August due to Admin Consulting for the Mobile Integrated Health study, Clinic Practice Share and ED Registry Staffing.
2. Repair & Maintenance expenses are over budget by ($98,000) for August due to chiller repairs and IT expense for Centricity.
3. Supply expenses are over budget by ($31,000) in August due to Pharmacy supplies expense.

## Patient Statistics

Lab, CT and Rehab volumes were all well above budgeted volumes for August. Labs particularly large volumes were related to billing for outside orders, while PT volumes have increased likely due in part to decreased availability at Mt. Stuart Physical Therapy. Acute, Swing Bed, ED and Ambulance all saw volumes below budgeted volumes.

## Cash Receipts

Cash collections of $2,666,000 in August on patient accounts were above the budgeted patient account collections of $1,877,000 by $789,000. For the year 2023 our cash receipts on patient accounts are $2,888,000 greater than budgeted cash receipts.

## Balance Sheet

Our Balance Sheet shows an increase in cash balances in August of $451,000.

## Accounts Receivable

Days in Net Accounts Receivable decreased from 70.0 days in July to 55.3 days in August and Gross Accounts Receivable has decreased by $633,000 from July.

## Contractual Allowances

Our Contractual Allowance for August is 31.2% of Gross Revenues, while our overall Contractual

Allowance is 43% of Gross Accounts Receivable.

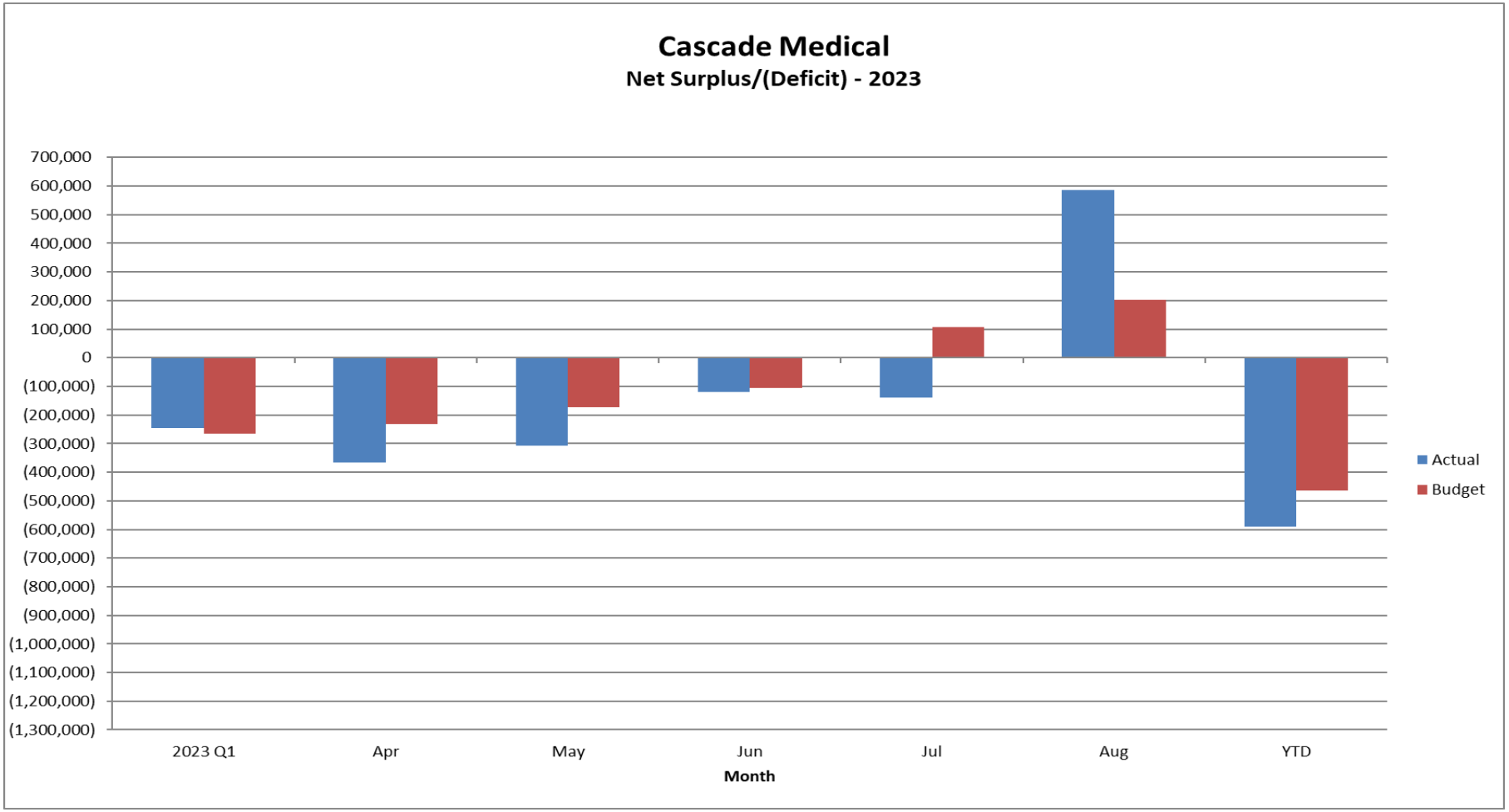
Final comments

The August net margin of just over $586,000 resulted from not only higher than budgeted gross revenues, but also from unbudgeted revenue resulting from the grant funds received to support work around Mobile Integrated Health and higher than budgeted interest income.

As anticipated, we were able to recognize over $660,000 in charges in August for service dates prior to August 1, 2023. The Business Office has been working diligently to reduce our unrecognized revenues. For the month of September, charges for service dates prior to September 1, 2023, are just over $290,000, indicating that we are closing the gap on these visits. We have also seen strong efforts to reduce our receivables, resulting in the significant drop in balance of $633,000.

We recently received notice of an upcoming settlement for Noridian of just over $330,000 for our 2022 Cost Report. While this revenue was recognized in 2022 through our audit entries, the cash flow will further bolster our cash balances. We will also be receiving a lump sum settlement of $107,000 for our 2023 Medicare claims.

Budget work for 2024 continues as we will see the preliminary budget presented this month. The budget has been prepared with the assumption that we will receive cost-based reimbursement for Medicare Ambulance runs in 2024, which would have a significant impact on net margin in 2024. We filed a request to move to cost reimbursement for not only 2024, but also retroactively to January 1, 2023. We have yet to receive a response form Noridian.


Cascade Medical
Net Surplus/(Deficit) - 2023
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)
(800,000)
(900,000)
(1,000,000)
(1,100,000)
(1,200,000)
(1,300,000)
2023 Q1
Apr
May
Jun
Jul
Aug
YTD
Month
Actual
Budget

# Cascade Medical Center
# Financial Performance Summary
# Year-to-Date - August, 2023

000's omitted

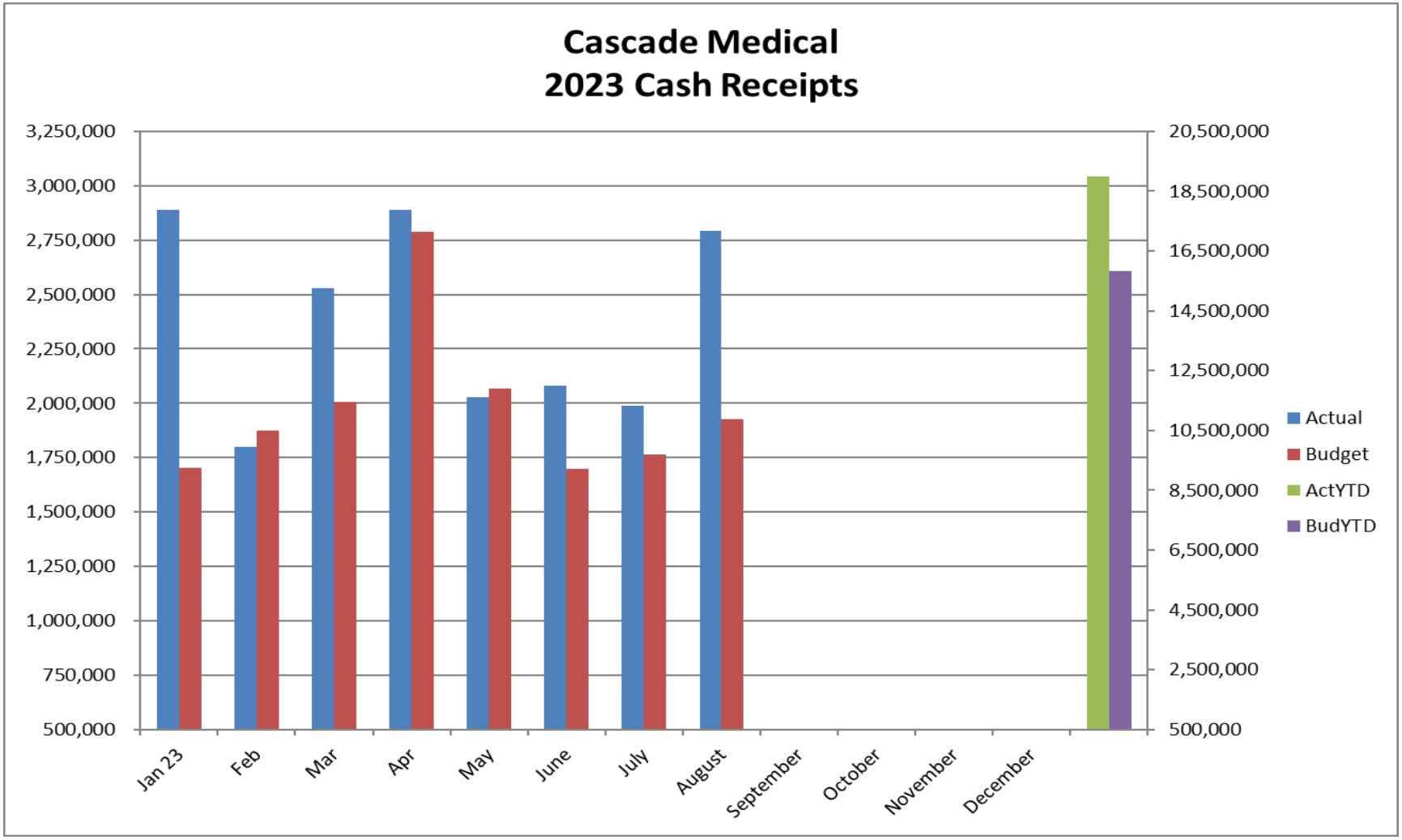
| | YTD Aug |
|---|---|
| **Net Margin** | |
| Actual | (591) |
| Budget | (465) |
| Better (Worse) than Budget | (126) |
| | |
| **Variance Analysis - favorable vs (unfavorable)** | |
| Gross Revenue - SBed ($461); Lab ($316);Amb ($253); CT $248; Acute $176 | (632) |
| Contractual Allowances | 1,490 |
| Net Patient Revenue | 858 |
| | |
| Other Operating Revenue | 395 |
| Total Operating Revenue | 1,253 |
| | |
| Expenses | |
| Salaries & Benefits | (21) |
| Prof. Fees - Informatics ($254); Admin ($223); ED Prov ($39); Clin Prov ($33) | (689) |
| Supplies | (60) |
| Purchased Services/Repairs - Plant ($199); IT ($128); BusOff ($73); Rad ($85) | (506) |
| Other Operating Expenses - Bank Charges ($61); Excise Tax ($38) | (114) |
| Total Operating Expenses | (1,390) |
| | |
| Non-Operating Revenues & Expenses | 11 |
| | |
| Actuals Better/(worse) than Budget | (126) |

# Cascade Medical Center
## Statement of Revenues, Expenses and Net Income
For the Month Ending August 31, 2023

| | Current Period | | | Year-to-Date | | | |
|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | Prior YTD |
| Operating revenues | | | | | | | |
| Net Patient Revenue | 2,754,269 | 2,116,821 | 637,448 | 15,455,337 | 14,597,293 | 858,044 | 12,770,591 |
| Grants, Contribs, Other Op Revenue | 121,952 | 31,665 | 90,287 | 840,967 | 445,918 | 395,049 | 681,057 |
| Tax Levies, unrestricted | 149,665 | 149,665 | - | 1,197,320 | 1,197,320 | - | 1,158,304 |
| Total Operating Revenue | 3,025,886 | 2,298,151 | 727,735 | 17,493,624 | 16,240,531 | 1,253,093 | 14,609,952 |
| Operating expenses | | | | | | | |
| Salaries & Benefits | 1,549,039 | 1,506,800 | (42,239) | 11,819,068 | 11,798,013 | (21,055) | 11,063,580 |
| Professional fees | 226,022 | 96,629 | (129,393) | 1,466,058 | 776,745 | (689,313) | 621,822 |
| Supplies | 196,036 | 165,503 | (30,533) | 1,316,798 | 1,257,081 | (59,717) | 1,185,797 |
| Purchased services | 199,065 | 95,461 | (103,604) | 1,390,117 | 884,529 | (505,588) | 1,339,203 |
| Depreciation | 166,988 | 169,956 | 2,968 | 1,332,849 | 1,359,648 | 26,799 | 1,264,705 |
| Other Operating Expenses | 183,272 | 141,095 | (42,177) | 1,405,940 | 1,265,009 | (140,931) | 1,174,608 |
| Total operating expenses | 2,520,422 | 2,175,444 | (344,978) | 18,730,830 | 17,341,025 | (1,389,805) | 16,649,715 |
| Operating gain / (loss) | 505,464 | 122,707 | 382,757 | (1,237,206) | (1,100,494) | (136,712) | (2,039,763) |
| Nonoperating revenues (expenses) | | | | | | | |
| Tax Levies, restricted | 108,294 | 108,294 | - | 866,352 | 866,352 | - | 808,128 |
| Interest expense on bonds | (27,214) | (27,214) | - | (217,712) | (217,712) | - | (231,665) |
| Other Non-Operating rev (exp) | (102) | (1,673) | 1,571 | (2,174) | (13,384) | 11,210 | (12,932) |
| Total nonoperating rev (exp), net | 80,978 | 79,407 | 1,571 | 646,466 | 635,256 | 11,210 | 563,530 |
| Net Income | 586,442 | 202,114 | 384,328 | (590,740) | (465,238) | (125,502) | (1,476,233) |

# Cascade Medical Center
## Statement of Revenues, Expenses and Net Income
For the Month Ending August 31, 2023

| | ----- Current Period ----- | | | ----- Year-to-Date ----- | | | |
|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | Prior YTD |
| Operating revenues | | | | | | | |
| Gross Patient Revenue | 4,004,939 | 3,533,811 | 471,128 | 23,490,372 | 24,121,959 | (631,587) | 20,132,147 |
| less: | | | | | | | |
| Contractual Allowances | 1,071,357 | 1,243,834 | 172,477 | 6,882,998 | 8,342,690 | 1,459,692 | 6,545,446 |
| Reserve for Bad Debts | 127,588 | 123,683 | (3,905) | 819,697 | 844,269 | 24,572 | 616,203 |
| Reserve for Financial Assistance | 51,725 | 49,473 | (2,252) | 332,340 | 337,707 | 5,367 | 199,907 |
| Total Deductions from Revenue | 1,250,670 | 1,416,990 | 166,320 | 8,035,035 | 9,524,666 | 1,489,631 | 7,361,556 |
| Net Patient Revenue | 2,754,269 | 2,116,821 | 637,448 | 15,455,337 | 14,597,293 | 858,044 | 12,770,591 |
| Grants, Contributions | 45,000 | 2,100 | 42,900 | 94,648 | 125,398 | (30,750) | 410,356 |
| Other Operating Revenue | 76,952 | 29,565 | 47,387 | 746,319 | 320,520 | 425,799 | 270,701 |
| Tax Levies, unrestricted | 149,665 | 149,665 | - | 1,197,320 | 1,197,320 | - | 1,158,304 |
| Total Operating Revenue | 3,025,886 | 2,298,151 | 727,735 | 17,493,624 | 16,240,531 | 1,253,093 | 14,609,952 |
| Operating expenses | | | | | | | |
| Salaries and wages | 1,260,456 | 1,234,191 | (26,265) | 9,661,532 | 9,586,757 | (74,775) | 9,075,376 |
| Employee benefits | 288,583 | 272,609 | (15,974) | 2,157,536 | 2,211,256 | 53,720 | 1,988,205 |
| Professional fees | 226,022 | 96,629 | (129,393) | 1,466,058 | 776,745 | (689,313) | 621,822 |
| Supplies | 196,036 | 165,503 | (30,533) | 1,316,798 | 1,257,081 | (59,717) | 1,185,797 |
| Utilities | 13,285 | 22,164 | 8,879 | 175,013 | 187,012 | 11,999 | 180,524 |
| Repairs and maintenance | 113,691 | 15,473 | (98,218) | 350,481 | 176,484 | (173,997) | 166,083 |
| Purchased services | 85,374 | 79,988 | (5,386) | 1,039,636 | 708,045 | (331,591) | 1,173,120 |
| Continuing medical education | 592 | 1,417 | 825 | 6,931 | 11,332 | 4,401 | 3,021 |
| Other expenses | 22,651 | 2,271 | (20,380) | 101,249 | 59,755 | (41,494) | 74,171 |
| Dues and subscriptions | 69,363 | 60,219 | (9,144) | 543,752 | 517,074 | (26,678) | 161,186 |
| Travel / training / meetings | 31,696 | 3,183 | (28,513) | 123,961 | 61,429 | (62,532) | 70,882 |
| Leases and rentals | 11,928 | 13,844 | 1,916 | 126,700 | 109,544 | (17,156) | 99,632 |
| Depreciation | 166,988 | 169,956 | 2,968 | 1,332,849 | 1,359,648 | 26,799 | 1,264,705 |
| Licenses and taxes | 23,098 | 17,556 | (5,542) | 158,258 | 154,750 | (3,508) | 415,987 |
| Insurance | 9,333 | 19,074 | 9,741 | 159,469 | 153,177 | (6,292) | 154,623 |
| Interest | 1,326 | 1,367 | 41 | 10,607 | 10,936 | 329 | 14,582 |
| Total operating expenses | 2,520,422 | 2,175,444 | (344,978) | 18,730,830 | 17,341,025 | (1,389,805) | 16,649,715 |
| Operating gain / (loss) | 505,464 | 122,707 | 382,757 | (1,237,206) | (1,100,494) | (136,712) | (2,039,763) |
| Nonoperating revenues (expenses) | | | | | | | |
| Tax Levies, restricted | 108,294 | 108,294 | - | 866,352 | 866,352 | - | 808,128 |
| Interest expense on bond financing | (27,214) | (27,214) | - | (217,712) | (217,712) | - | (231,665) |
| Gain (loss) on disposal of equipment | - | - | - | 4,000 | - | 4,000 | - |
| Investment income | 1,667 | 96 | 1,571 | 7,980 | 768 | 7,212 | 1,222 |
| Net of bond premium/amortization | (1,769) | (1,769) | (0) | (14,154) | (14,152) | (2) | (14,154) |
| CARES Funds | - | - | - | - | - | - | - |
| PPP Loan Proceeds | - | - | - | - | - | - | - |
| Total nonoperating revenues (expenses), net | 80,978 | 79,407 | 1,571 | 646,466 | 635,256 | 11,210 | 563,530 |
| Net Income | 586,442 | 202,114 | 384,328 | (590,740) | (465,238) | (125,502) | (1,476,233) |


Cascade Medical
2023 Cash Receipts
3,250,000
3,000,000
2,750,000
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
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
Actual
Budget
ActYTD
BudYTD
Jan 23
Feb
Mar
Apr
May
June
July
August
September
October
November
December

Cascade Medical
Statistics Summary - 2023

| | YTD 2022 avg/mo | apr 23 | may | jun | jul | aug | 2023 Act mo | 2023 Bud mo | Act/Bud % var | 2023 Act YTD Tot | 2023 Act avg/mo | 2023 Bud YTD Tot | 2023 Bud avg/mo | Act/Bud % var |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Acute Care | 17 | 24 | 25 | 26 | 18 | 15 | 15 | 24 | -37.5% | 161 | 20 | 153 | 19 | 5.1% |
| Swing Bed | 89 | 66 | 59 | 66 | 61 | 98 | 98 | 106 | -7.4% | 572 | 72 | 726 | 91 | -21.2% |
| Laboratory tests | 2,726 | 3,001 | 3,110 | 2,746 | 3,080 | 3,659 | 3,659 | 3,062 | 19.5% | 23,151 | 2,894 | 23,596 | 2,950 | -1.9% |
| Radiology exams | 274 | 306 | 356 | 316 | 319 | 373 | 373 | 395 | -5.6% | 2,556 | 320 | 2,558 | 320 | -0.1% |
| CT scans | 102 | 89 | 125 | 128 | 157 | 154 | 154 | 136 | 13.2% | 962 | 120 | 893 | 112 | 7.7% |
| ED visits | 324 | 283 | 371 | 375 | 467 | 416 | 416 | 443 | -6.2% | 2,733 | 342 | 2,716 | 340 | 0.6% |
| Ambulance runs | 72 | 54 | 69 | 75 | 83 | 81 | 81 | 85 | -4.7% | 568 | 71 | 611 | 76 | -7.0% |
| Clinic visits | 999 | 1,091 | 1,167 | 1,139 | 1,087 | 1,320 | 1,320 | 1,246 | 5.9% | 9,044 | 1,131 | 9,327 | 1,166 | -3.0% |
| Rehab procedures | 2,021 | 2,227 | 2,232 | 2,540 | 2,282 | 2,417 | 2,417 | 2,176 | 11.1% | 18,387 | 2,298 | 17,199 | 2,150 | 6.9% |

## Patient Statistics

| | 2022 | 2023 | | | | | | | | | | | | 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Admits** | **YTD Mo Avg** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **YTD Mo Avg** |
| Acute Care | 3.0 | 5 | 2 | 5 | 7 | 6 | 7 | 5 | 5 | | | | | 5.3 |
| Short Stay | 1.6 | - | 4 | 5 | 3 | 4 | 3 | 5 | 5 | | | | | 3.6 |
| Swing Bed | 5.6 | 5 | 4 | 5 | 5 | 6 | 6 | 5 | 9 | | | | | 5.6 |
| Respite Care | 0.8 | 2 | - | - | 1 | 1 | 1 | - | - | | | | | 0.6 |
| ***Total Admits*** | 11.0 | 12 | 10 | 15 | 16 | 17 | 17 | 15 | 19 | | | | | 15.1 |
| | | | | | | | | | | | | | | |
| **Patient Days** | | | | | | | | | | | | | | |
| Acute Care | 13.0 | 19 | 6 | 15 | 24 | 25 | 26 | 18 | 15 | | | | | 18.5 |
| Short Stay | 2.2 | 1.2 | 5.1 | 4.5 | 4.5 | 4.6 | 5.9 | 5.2 | 6.4 | | | | | 4.7 |
| Swing Bed | 86.5 | 75 | 98 | 49 | 66 | 59 | 66 | 61 | 98 | | | | | 71.5 |
| Respite Care | 9.6 | 13 | 20 | - | 5 | 20 | 2 | 11 | - | | | | | 8.9 |
| ***Total Patient Days*** | 111.3 | 108.2 | 129.1 | 68.5 | 99.5 | 108.6 | 99.9 | 95.2 | 119.4 | | | | | 103.5 |
| | | | | | | | | | | | | | | |
| **Average Length of Stay** | 10.1 | 9.0 | 12.9 | 4.6 | 6.2 | 6.4 | 5.9 | 6.3 | 6.3 | | | | | 7.2 |
| **Average Patients per Day** | 3.7 | 3.5 | 4.5 | 2.2 | 3.3 | 3.5 | 3.3 | 3.1 | 3.9 | | | | | 3.4 |
| | | | | | | | | | | | | | | |
| **Worked FTEs** | - | | | | | | | | | | | | | #DIV/0! |
| **FTEs (W/ Non-Working Pay*)** | - | | | | | | | | | | | | | #DIV/0! |
| | | | | | | | | | | | | | | |
| **Laboratory (tests)** | 2,726 | 2,875 | 2,395 | 2,285 | 3,001 | 3,110 | 2,746 | 3,080 | 3,659 | | | | | 2,894 |
| **Radiology (tests)** | 243 | 253 | 245 | 231 | 254 | 292 | 272 | 267 | 312 | | | | | 266 |
| **Mammography (tests)** | 24 | 35 | 28 | 42 | 32 | 49 | 35 | 40 | 38 | | | | | 37 |
| **Cardiac Diagnostics** | 75 | 84 | 74 | 79 | 102 | 114 | 70 | 91 | 65 | | | | | 85 |
| **CT (Scans)** | 102 | 112 | 82 | 115 | 89 | 125 | 128 | 157 | 154 | | | | | 120 |
| **DXA (Scans)** | 7 | 17 | 7 | 28 | 20 | 15 | 9 | 12 | 23 | | | | | 16 |
| **PT (services billed)** | 1,592 | 1,778 | 1,645 | 1,764 | 1,686 | 1,735 | 1,960 | 1,908 | 2,046 | | | | | 1,815 |
| **ER (visits/procedures)** | 326 | 324 | 253 | 244 | 283 | 371 | 375 | 467 | 416 | | | | | 342 |
| **Ambulance (runs)** | 72 | 88 | 61 | 57 | 54 | 69 | 75 | 83 | 81 | | | | | 71 |
| **Clinic (visits)** | 979 | 1,051 | 976 | 1,197 | 1,091 | 1,167 | 1,139 | 1,087 | 1,320 | | | | | 1,129 |
| **Occupational Therapy** | 393 | 516 | 446 | 364 | 469 | 445 | 521 | 299 | 305 | | | | | 421 |
| **Speech Therapy** | 36 | 69 | 66 | 41 | 72 | 52 | 59 | 75 | 66 | | | | | 63 |
| **Endoscopy Procedures** | 8 | 9 | 22 | 20 | 13 | 27 | 12 | 19 | 24 | | | | | 18 |

| **REVENUE COMPARISON** | 2022 | 2023 | | | | | | | | | | | | 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **YTD Mo Avg** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **YTD Mo Avg** |
| Acute Care | $ 30,370 | $ 122,267 | $ (28,105) | $ 44,978 | $ 104,755 | $ 25,923 | $ 120,085 | $ 345 | $ 90,000 | | | | | $ 60,031 |
| Short Stay | 6,780 | 3,846 | 15,659 | 14,765 | 13,764 | 13,795 | 18,260 | 15,897 | 19,590 | | | | | 14,447 |
| Respite Care | 1,477 | 5,785 | 14,960 | - | 445 | 9,180 | 6,600 | 7,150 | - | | | | | 5,515 |
| Swing Bed | 213,657 | 144,900 | 272,895 | 118,335 | 113,505 | 176,295 | 108,675 | 198,030 | 205,275 | | | | | 167,239 |
| Central Supply | 30,635 | 18,694 | 13,789 | 15,385 | 20,622 | 26,042 | 27,275 | 23,260 | 34,301 | | | | | 22,421 |
| Laboratory | 327,784 | 323,582 | 273,385 | 356,070 | 356,554 | 343,528 | 297,314 | 339,080 | 410,126 | | | | | 337,455 |
| Cardiac Diagnostics | 20,282 | 24,824 | 23,326 | 25,498 | 33,963 | 38,007 | 26,770 | 26,196 | 32,558 | | | | | 28,893 |
| CT | 324,135 | 382,550 | 289,072 | 376,137 | 340,517 | 414,505 | 427,780 | 556,372 | 500,946 | | | | | 410,985 |
| Radiology | 113,070 | 126,184 | 121,002 | 126,516 | 141,478 | 148,047 | 138,459 | 128,102 | 164,226 | | | | | 136,752 |
| Mammography | 13,641 | 17,620 | 18,493 | 25,513 | 20,365 | 26,363 | 21,660 | 18,493 | 24,762 | | | | | 21,659 |
| Pharmacy | 114,542 | 132,753 | 87,704 | 193,768 | 150,174 | 157,323 | 90,176 | 121,354 | 253,326 | | | | | 148,322 |
| Respiratory Therapy | 72 | - | - | - | - | - | - | - | - | | | | | - |
| Physical Therapy | 163,503 | 179,529 | 180,871 | 178,606 | 186,602 | 187,312 | 210,686 | 210,456 | 226,039 | | | | | 195,013 |
| Emergency Room | 599,954 | 595,285 | 566,371 | 592,177 | 573,591 | 705,793 | 824,147 | 761,154 | 1,257,262 | | | | | 734,473 |
| Ambulance | 233,979 | 164,881 | 244,598 | 225,217 | 178,209 | 239,989 | 306,725 | 215,014 | 342,986 | | | | | 239,702 |
| Clinic | 235,748 | 206,005 | 249,653 | 282,355 | 310,787 | 259,199 | 333,152 | 301,340 | 322,022 | | | | | 283,064 |
| Occupational Therapy | 47,909 | 52,920 | 59,886 | 44,284 | 52,754 | 54,713 | 62,186 | 37,947 | 34,393 | | | | | 49,885 |
| Outpatient Diagnostic Svcs | 24,600 | 14,952 | 44,461 | 62,002 | 60,911 | 56,994 | 58,978 | 75,290 | 56,700 | | | | | 53,786 |
| Speech/Contracted Svcs | 11,927 | 20,019 | 25,402 | 13,392 | 20,241 | 21,366 | 20,863 | 23,305 | 23,211 | | | | | 20,975 |
| Dietary/Contracted Svcs | 2,455 | 5,366 | 3,407 | 8,471 | 5,469 | 3,974 | 5,841 | 5,701 | 7,216 | | | | | 5,681 |
| **Total Patient Revenue** | **$ 2,516,518** | **$ 2,541,962** | **$ 2,476,829** | **$ 2,703,469** | **$ 2,684,706** | **$ 2,908,348** | **$ 3,105,632** | **$ 3,064,486** | **$ 4,004,939** | | | | | $ 2,936,296 |

# Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending August 31, 2023

| | Aug-23 | 2023 YTD | 2022 YTD |
|---|---|---|---|
| ***Cash flows from operating activities*** | | | |
| Receipts from and on behalf of patients | $ 2,666,421 | $ 16,291,062 | $ 11,942,390 |
| Other receipts | $ 8,235 | $ 426,378 | $ 340,626 |
| Payments to & on behalf of employees | $ (1,124,406) | $ (10,010,971) | $ (9,526,094) |
| Payments to suppliers and contractors | $ (1,171,719) | $ (7,334,088) | $ (5,942,093) |
| Net cash gained / (used) in operating activities | $ 378,532 | $ (627,620) | $ (3,185,171) |
| ***Cash flows from noncapital financing activities*** | | | |
| Taxation for maintenance and operations, EMS | $ 13,376 | $ 1,415,999 | $ 1,391,571 |
| Noncapital grants and contributions | $ 45,000 | $ 94,647 | $ 257,809 |
| Net cash provided by noncapital financing activities | $ 58,376 | $ 1,510,646 | $ 1,649,380 |
| ***Cash flows from capital and related financing activities*** | | | |
| Taxation for bond principal and interest | $ 5,060 | $ 387,059 | $ 364,728 |
| Purchase of capital assets | $ (33,945) | $ (46,167) | $ (154,706) |
| Payments toward construction in progress | $ (10,145) | $ (292,228) | $ (175,979) |
| Proceeds from disposal of capital assets | | $ 4,000 | $ - |
| Proceeds from long-term debt | | $ - | $ - |
| Principle & Interest paid on long-term debt | | $ (163,284) | $ (173,749) |
| Bond maintenance & issuance costs | | $ - | $ - |
| Capital grants and contributions | $ - | $ - | $ 107,497 |
| Net cash provided by capital and related financing activities | $ (39,030) | $ (110,620) | $ (32,209) |
| ***Cash flows from investing activities*** | | | |
| Investment Income | $ 52,863 | $ 379,884 | $ 50,432 |
| Net increase (decrease) in cash and cash equivalents | $ 450,741 | $ 1,152,291 | $ (1,517,568) |
| Cash and Cash equivalents, beginning of period | $ 13,620,755 | $ 12,919,205 | $ 12,895,031 |
| Cash and cash equivalents, end of period | $ 14,071,496 | $ 14,071,496 | $ 11,377,463 |

# Forecasted Statement of Cash Flows
## Cascade Medical Center
## For the year ending August 31, 2023

| | Actual 1st Qtr | Acutal 2nd Qtr | Actual July | Actual August | Forecast September | Forecast 3rd Qtr | Forecast 4th Qtr | Actual/Forecast Year End 2023 | Budget 2023 |
|---|---|---|---|---|---|---|---|---|---|
| Cash balance, beginning of period | $ 12,919,205 | $ 14,269,736 | $ 13,845,914 | $ 13,620,755 | $ 14,071,496 | $ 13,845,914 | $ 14,456,097 | $ 12,919,205 | $ 12,919,205 |
| Cash available for operating needs | $ 12,707,225 | $ 13,935,775 | $ 13,056,281 | $ 12,820,456 | $ 13,262,604 | $ 13,056,281 | $ 13,617,854 | $ 12,707,225 | 12,707,225 |
| Cash restricted to debt service, other restricted funds | $ 211,980 | $ 333,961 | $ 789,633 | $ 800,299 | $ 808,892 | $ 789,633 | $ 838,243 | $ 211,980 | 211,980 |
| *Cash flows from operating activities* | | | | | | | | | |
| Receipts from and on behalf of patients | $ 6,595,932 | $ 5,165,892 | $ 1,862,817 | $ 2,666,421 | $ 2,066,903 | $ 6,596,141 | $ 6,872,431 | $ 25,230,395 | $ 21,346,379 |
| Grant receipts | $ 35,993 | $ 3,654 | $ 10,000 | $ 45,000 | $ 1,500 | $ 56,500 | $ 2,090 | $ 98,237 | $ 133,798 |
| Other receipts | $ 168,890 | $ 212,303 | $ 40,949 | $ 8,235 | $ 12,585 | $ 61,769 | $ 89,939 | $ 532,901 | $ 403,985 |
| Payments to or on behalf of employees | $ (3,442,158) | $ (4,128,902) | $ (1,315,505) | $ (1,124,406) | $ (1,064,247) | $ (3,504,158) | $ (3,948,637) | $ (15,023,854) | $ (16,977,604) |
| Payments to suppliers and contractors | $ (2,413,564) | $ (2,850,614) | $ (898,191) | $ (1,171,719) | $ (720,335) | $ (2,790,245) | $ (2,308,131) | $ (10,362,554) | $ (6,239,189) |
| Net cash provided by operating activities | $ 945,094 | $ (1,597,668) | $ (299,930) | $ 423,532 | $ 296,406 | $ 420,007 | $ 707,691 | $ 475,125 | $ (1,332,631) |
| *Cash flows from noncapital financing activities* | | | | | | | | | |
| Unencumbered M & O taxation | $ - | $ - | $ - | $ - | $ - | $ - | $ 246,325 | $ 246,325 | $ 243,957 |
| Taxation for Emergency Medical Services | $ 169,499 | $ 851,016 | $ 12,504 | $ 9,844 | $ 40,022 | $ 62,370 | $ 722,608 | $ 1,805,493 | $ 1,795,981 |
| Investment Income | $ 126,178 | $ 149,242 | $ 51,600 | $ 52,863 | $ 18,822 | $ 123,285 | $ 90,954 | $ 489,659 | $ 44,952 |
| Donations | $ - | $ - | | | $ - | $ - | $ 67,269 | $ 67,269 | $ 90,000 |
| Net cash provided by noncapital financing activities | $ 295,678 | $ 1,000,258 | $ 64,105 | $ 62,707 | $ 58,844 | $ 185,655 | $ 1,127,155 | $ 2,608,746 | $ 2,174,890 |
| Proceeds from Long Term Debt | $ - | $ - | | | | $ - | $ - | $ - | $ - |
| Less Funds Expended for Capital Purchases | $ (12,222) | $ (282,084) | | $ (44,090) | $ - | $ (44,090) | $ (93,804) | $ (432,200) | $ (554,448) |
| Increase/(decrease) in cash available for operations | $ 1,228,550 | $ (879,494) | $ (235,825) | $ 442,148 | $ 355,250 | $ 561,573 | $ 1,741,042 | $ 2,651,671 | $ 287,811 |
| **Cash available for operating needs** | **$ 13,935,775** | **$ 13,056,281** | **$ 12,820,456** | **$ 13,262,604** | **$ 13,617,854** | **$ 13,617,854** | **$ 15,358,896** | **$ 15,358,896** | **$ 12,995,036** |
| Taxation for bond prin & int (incl encumbd M&O) | $ 121,981 | $ 618,955 | $ 10,667 | $ 8,592 | $ 29,351 | $ 48,610 | $ 270,318 | $ 1,059,865 | $ 1,055,568 |
| Principle & Interest paid on long-term debt | | $ (163,284) | | | | $ - | $ (854,219) | $ (1,017,503) | $ (1,065,568) |
| Restricted grants and contributions | $ - | $ - | | | | $ - | $ - | $ - | |
| Increase/(decrease) in restricted cash | $ 121,981 | $ 455,671 | $ 10,667 | $ 8,592 | $ 29,351 | $ 48,610 | $ (583,901) | $ 42,362 | $ (10,000) |
| **Cash restricted to debt service, other restricted funds** | **$ 333,961** | **$ 789,633** | **$ 800,299** | **$ 808,892** | **$ 838,243** | **$ 838,243** | **$ 254,342** | **$ 254,342** | **$ 201,980** |
| **Cash balance, end of period** | **$ 14,269,736** | **$ 13,845,914** | **$ 13,620,755** | **$ 14,071,496** | **$ 14,456,097** | **$ 14,456,097** | **$ 15,613,238** | **$ 15,613,238** | **$ 13,197,016** |

# CASCADE MEDICAL CENTER

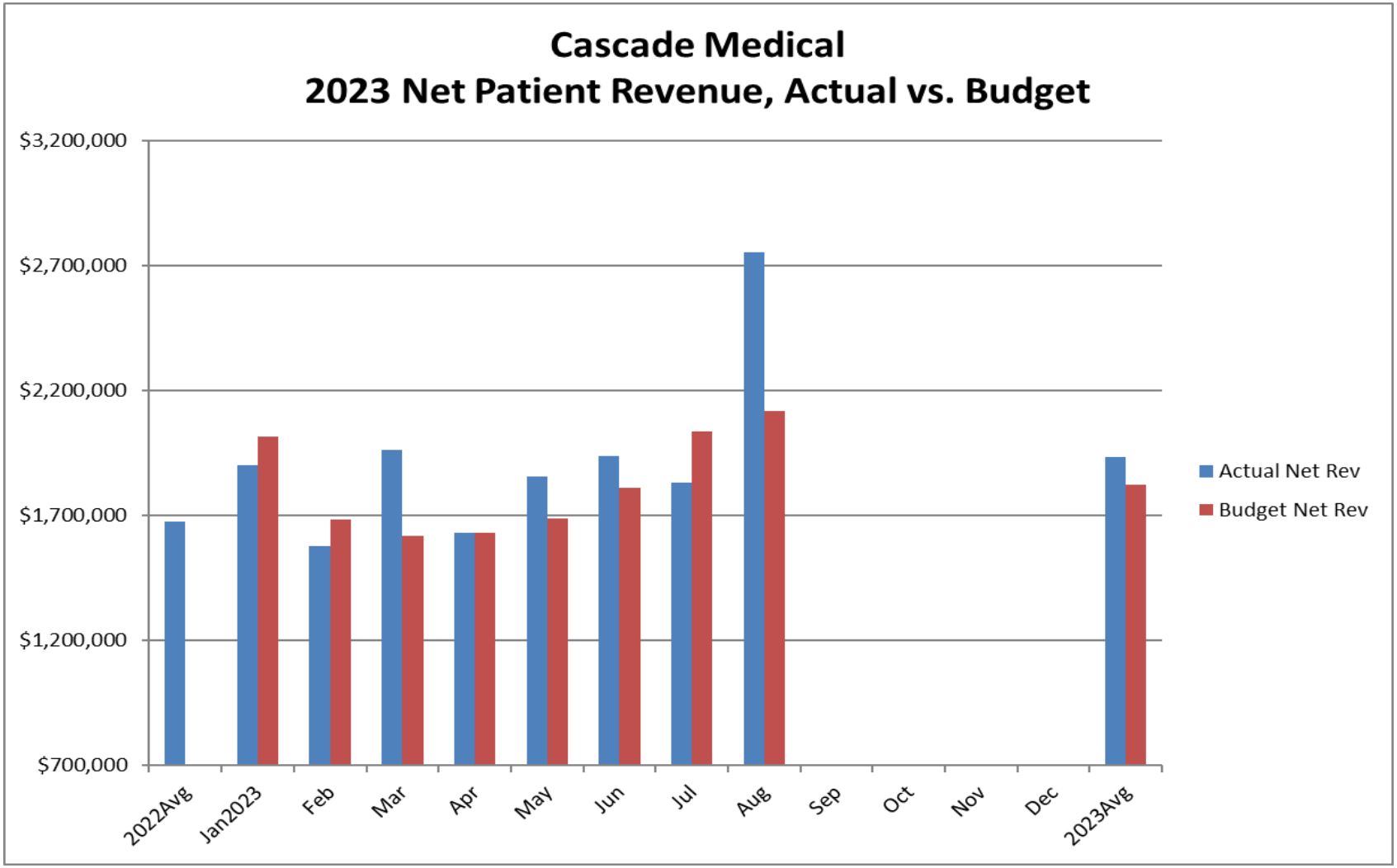
## EMERGENCY MEDICAL SERVICES - AUGUST, 2023

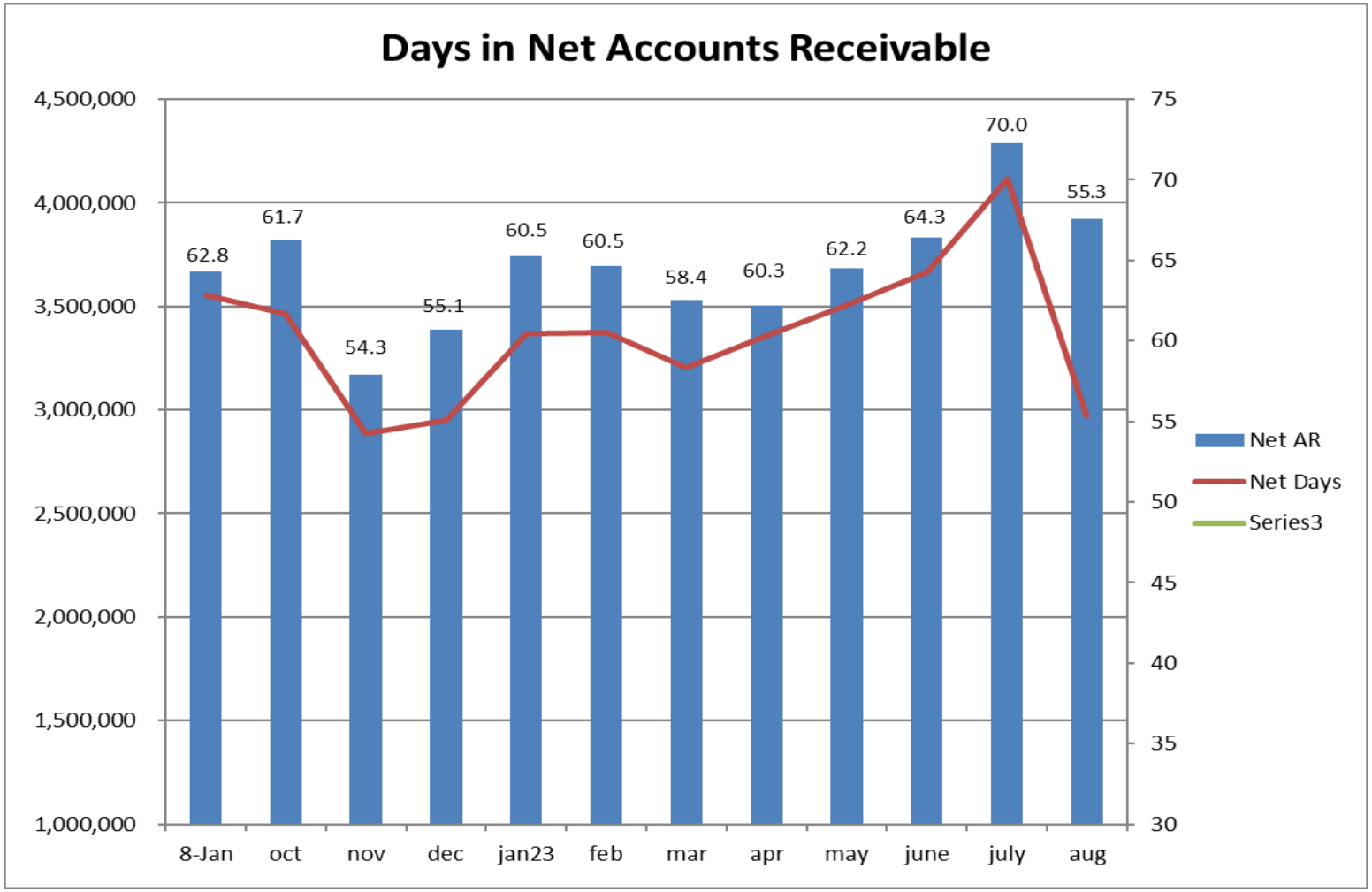
| | EMERGENCY ROOM | | AMBULANCE | | COMBINED EMERGENCY MEDICAL SERVICES | | |
|---|---|---|---|---|---|---|---|
| **REVENUE** | **8/31/23** | **8/31/23 YTD** | **8/31/23** | **8/31/23 YTD** | **8/31/23** | **8/31/23 YTD** | **8/31/2022 YTD** |
| **PATIENT REVENUE** | 1,257,263 | 5,875,789 | 342,986 | 1,917,619 | $1,600,249 | $7,793,408 | $6,671,915 |
| **DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE** | $731,476 | $3,418,534 | $224,793 | $1,256,807 | $956,269 | $4,675,341 | $3,578,690 |
| **NET PATIENT REVENUE** | **$525,787** | **$2,457,255** | **$118,193** | **$660,811** | **$643,980** | **$3,118,067** | **$3,093,225** |
| **OTHER OPERATING REVENUE** | $0 | $0 | - | - | $0 | $0 | $0 |
| **TOTAL OPERATING REVENUE** | **$525,787** | **$2,457,255** | **$118,193** | **$660,811** | **$643,980** | **$3,118,067** | **$3,093,225** |
| **OPERATING EXPENSES** | | | | | | | |
| **SALARIES AND WAGES** | 53,486 | 1,288,509 | 119,427 | 865,826 | $172,912 | $2,154,335 | $1,998,136 |
| **EMPLOYEE BENEFITS** | 13,341 | 185,991 | 29,769 | 209,677 | $43,110 | $395,667 | $354,537 |
| **PROFESSIONAL FEES** | 37,378 | 188,773 | - | 1,500 | $37,378 | $190,273 | $91,906 |
| **SUPPLIES** | 11,234 | 60,748 | 13,856 | 66,136 | $25,090 | $126,883 | $153,617 |
| **FUEL** | - | - | 2,607 | 16,520 | $2,607 | $16,520 | $19,313 |
| **REPAIRS AND MAINT.** | - | - | 5,580 | 28,369 | $5,580 | $28,369 | $27,733 |
| **PURCHASED SERVICES** | 3,286 | 23,804 | 10,544 | 123,021 | $13,830 | $146,825 | $138,584 |
| **CONTINUING MEDICAL EDUCATION** | 592 | 1,494 | 3,253 | 11,730 | $3,845 | $13,224 | $22,316 |
| **DUES** | 944 | 10,456 | 3,413 | 15,262 | $4,357 | $25,718 | $23,683 |
| **OTHER EXPENSES** | - | 1,213 | 8,348 | 16,973 | $8,348 | $18,186 | $9,553 |
| **LEASES / RENTALS** | - | 2,302 | 2,100 | 19,400 | $2,100 | $21,702 | $21,229 |
| **DEPRECIATION** | 4,522 | 36,174 | 17,920 | 143,362 | $22,442 | $179,536 | $38,156 |
| **TAXES AND LICENSES** | - | 1,338 | - | - | $0 | $1,338 | $2,006 |
| **INSURANCE** | 1,113 | 8,907 | 4,238 | 33,906 | $5,352 | $42,813 | $11,272 |
| **OVERHEAD COSTS** | 219,464 | 1,572,152 | 103,907 | 744,344 | $323,371 | $2,316,496 | $1,573,233 |
| **TOTAL OPERATING EXPENSES** | **$345,361** | **$3,381,861** | **$324,962** | **$2,296,027** | **$670,323** | **$5,677,887** | **$4,485,275** |
| **MARGIN ON OPERATIONS** | **$180,427** | **($924,607)** | **($206,769)** | **($1,635,216)** | **($26,343)** | **($2,559,819)** | **($1,392,050)** |
| **TAX REVENUE** | | | | | **$149,665** | **$1,197,320** | **$1,158,304** |
| **NET MARGIN WITH TAX REVENUE** | | | | | **$123,322** | **($1,362,499)** | **($233,746)** |
| **STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023** | **416** | **2,733** | **81** | **568** | | | |
| **Total Ambulance Runs (includes unbillable runs)** | | | **112** | **813** | | | |
| **STATISTICS (ER - visits/procedures, AMB - billed runs) - 2022** | **424** | **2,605** | **88** | **573** | | | |
| **Total Ambulance Runs (includes unbillable runs)** | | | **136** | **862** | | | |

# Cascade Medical Center
## Balance Sheet
As of August 31, 2023 and December 31, 2022

| | Aug 2023 | Dec 2022 |
|---|---|---|
| ASSETS | | |
| Current Assets | | |
| Cash and Cash Equivalents | 1,365,614 | 879,569 |
| Savings Account | 10,671,946 | 9,042,895 |
| Patient Account Receivable | 6,886,109 | 6,045,511 |
| less: Reserves for Contractual Allowances | (2,961,027) | (2,592,952) |
| Inventories and Prepaid Expenses | 333,625 | 330,878 |
| Taxes Receivable - M&O Levy | 64,967 | 11,777 |
| - EMS Levy | 318,652 | 159,405 |
| Other Assets | 772,818 | 2,005,510 |
| Total Current Assets | 17,452,704 | 15,882,594 |
| Assets Limited as to Use | | |
| Cash and Cash Equivalents | | |
| Funded Depreciation | 1,095,712 | 1,314,457 |
| CVB Memorial Fund | 1,274 | 1,273 |
| UTGO Bond Payable Fund | 383,224 | 70,467 |
| LTGO Bond Payable Fund | 176,336 | 265,317 |
| Investment Memorial Fund | 128,686 | 124,539 |
| Settlement Account | 168,540 | 163,108 |
| Paycheck Protection Loan Proceeds | - | - |
| Cash - EMS | 103,616 | 1,160,753 |
| | 2,057,387 | 3,099,915 |
| Taxes Receivable - Construction Bond Levy | 74,497 | 11,494 |
| Total Assets Limited as to Use | 2,131,884 | 3,111,409 |
| Property, Plant and Equipment | | |
| Land | 522,015 | 522,015 |
| Land Improvements | 1,392,089 | 1,392,089 |
| Buildings & Improvements | 10,502,549 | 10,502,549 |
| Fixed Equip - Hospital | 8,759,776 | 8,747,554 |
| Major Movable Equipment Hospital | 7,855,791 | 7,829,280 |
| Construction in Progress | 309,301 | 17,072 |
| Total Property, Plant and Equipment | 29,341,521 | 29,010,559 |
| Less: Accumulated Depreciation | (20,373,854) | (19,048,438) |
| | 8,967,667 | 9,962,121 |
| ROU Leases | | |
| ROU Leases | 106,054 | 106,054 |
| Less Accumulated Amortization | (30,796) | (30,796) |
| | 75,258 | 75,258 |
| Other Assets | | |
| Long Term Pension Assets | 730,164 | 730,164 |
| Deferred OPEB/Pension Costs | 864,166 | 864,166 |
| Deferred Bond Costs | 308,310 | 322,464 |
| TOTAL ASSETS | 30,530,154 | 30,948,176 |

| | Aug 2023 | Dec 2022 |
|---|---|---|
| LIABILITIES & FUND BALANCE | | |
| Current Liabilities | | |
| Accounts Payable | 193,096 | 592,145 |
| Accrued Payroll | 652,245 | 423,350 |
| Refunds Payable | 1,285 | 8,112 |
| Accrued PTO | 871,188 | 763,093 |
| Payroll Taxes & Benefits Payable | 14,770 | (91,262) |
| Accrued Interest Payable | 81,642 | 27,214 |
| Current Long Term Debt | 741,082 | 746,195 |
| Current OPEB Liability | 951,195 | 861,196 |
| Short Term Lease | 33,406 | 33,406 |
| Settlement Payable | 741,000 | 741,000 |
| Total Current Liabilities | 4,280,909 | 4,104,448 |
| Long Term Liabilities | | |
| Notes Payable | 207,494 | 207,493 |
| Covid SHIP Funding | - | - |
| PPP Note Payable | - | - |
| CARES Act Funds Reserve | - | - |
| UTGO Bond Payable | 5,021,000 | 5,021,000 |
| LTGO Bond Payable | 4,440,000 | 4,440,000 |
| Deferred Revenue/Bond Premium | 85,364 | 89,106 |
| Long Term OPEB/Pension Liability | 2,969,594 | 2,969,594 |
| Long Term ROU Leases | 41,852 | 41,852 |
| Total Long Term Liabilities | 12,765,302 | 12,769,045 |
| Total Liabilities | 17,046,211 | 16,873,493 |
| Fund Balance - Prior Years | 14,074,683 | 14,074,683 |
| Fund Balance - Current Year | (590,740) | - |
| Total Fund Balance | 13,483,943 | 14,074,683 |
| TOTAL LIABILITIES & FUND BALANCE | 30,530,154 | 30,948,176 |


Cascade Medical
2023 Net Patient Revenue, Actual vs. Budget
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2022Avg
Jan2023
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2023Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
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
62.8
61.7
54.3
55.1
60.5
60.5
58.4
60.3
62.2
64.3
70.0
55.3
8-Jan
oct
nov
dec
jan23
feb
mar
apr
may
june
july
aug
Net AR
Net Days
Series3

Cascade Medical
Accounts Receivable Trending Report - 2023

| Total Facility | Dec 2020 | Dec 2021 | Dec 2022 | Mar 23 | Apr | May | Jun | Jul | Jul2 |
|---|---|---|---|---|---|---|---|---|---|
| 0 - 30 days | 2,902,699 | 2,437,008 | 2,660,733 | | | | | | |
| 31-60 days | 546,254 | 863,160 | 545,432 | | | | | | |
| 61-90 days | 547,840 | 332,252 | 349,290 | | | | | | |
| 91-180 days | 570,339 | 991,256 | 1,129,065 | | | | | | |
| over 180 days | 728,885 | 1,016,613 | 1,360,992 | | | | | | |
| Total Balance | 5,296,017 | 5,640,289 | 6,045,511 | 6,302,232 | 6,178,319 | 6,465,344 | 6,726,102 | 7,518,876 | 6,886,109 |
| Credit bals as % of AR | 5.5% | 2.5% | 6.8% | | | | | | |
| % >90 w/o installs | 22.0% | 33.6% | 41.2% | | | | | | |