

**MEMORIAL HOSPITAL OF SEETATER COUNTY
REGULAR MEETING OF THE BOARD OF TRUSTEES**

August 1, 2020

7:00 p.m.

Dial: 801-814-8191

Meeting ID: 818 1111 1111

Password: 10118

AGENDA

- I. Call to Order Taylor Jones
 - A. Roll Call
 - B. [Pledge of Allegiance](#)
 - C. [Our Mission and Vision](#) Ed Tardoni
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Taylor Jones
- III. [Minutes](#) *(For Action)* Taylor Jones
- IV. Community Communication Taylor Jones
- V. Old Business Taylor Jones
 - A. COVID-19 Preparation and Recovery
 - 1. Incident Command Team Update Jim Hite, *Incident Commander*
 - B. [Mental Health Conditions-Application Forms](#) *(For Action)* Dr. Lawrence Lauridsen, *President Medical Staff*
 - C. Outstanding – Not Ready for Board Consideration (Placed on the agenda as a reminder of uncompleted business)
 - 1. Credentialing Criteria *(presented following approval of new medical staff bylaws)*
 - B. Employee Policies *(from the Human Resources Committee)*
 - a. Employee Corrective Action
 - b. Introductory Period
 - c. Termination and Appeal
 - B. Rules of Practice Governing Hearings
- VI. New Business Taylor Jones
 - A. Employee Policies *(from the Human Resources Committee)* *(For Review)* Ed Tardoni
 - 1. [Employee Policy-Cultural Diversity](#)
 - B. [Employee Policy-Communication Systems](#)
 - B. Board Policy *(from the Governance Committee)* *(For Review)* Barbara Sowada
 - 1. [Attendance of Board Committee Meetings](#)
 - B. [Contracts Requiring Board Approval Policy](#)
- VII. Chief Executive Officer Report Irene Richardson

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
REGULAR MEETING OF THE BOARD OF TRUSTEES

August 1, 2020

6:00 p.m.

Dial: 801-814-8191

Meeting ID: 814 814 814

Password: 1018

AGENDA

VIII. Committee Reports

- A. [Quality Committee](#) Marty Welsey
- B. [Human Resources Committee](#) Ed Tardoni
- C. Finance & Audit Committee Richard Mathey
 - 1. [Bad Debt](#) (For Action)
- D. [Building & Grounds Committee](#) Marty Welsey
- E. Foundation Board Taylor Jones
- F. [Compliance Committee](#) Ed Tardoni
- G. Governance Committee Barbara Sowada
- H. Executive Oversight and Compensation Committee Taylor Jones
- I. Joint Conference Committee Richard Mathey

IX. Contract Review Suzan Campbell, *In-House Counsel*

- A. Contract Consent Agenda (For Action)
 - 1. [Sweetwater Now](#)
- B. Contracts Approved by CEO since Last Board Meeting (For Your Information)
 - 1. [Joining Division of Victim Services \(DVS\)](#)

- C. Medical Staff Report Dr. Lauridsen
 - A. [AHP CME Statement – Update Nurse Practitioner Requirements](#) (For Your Information)
- D. Good of the Order Taylor Jones
- E. Executive Session Taylor Jones
- F. Action Following Executive Session Taylor Jones
- G. Adjourn Taylor Jones





Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

*Compassionate care for
every life we touch.*

OUR VISION

*To be our community's trusted
healthcare leader.*

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Workplace Experience

Growth, Opportunity & Community

Financial Stewardship

**MINUTES FROM THE REGULAR MEETING
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
BOARD OF TRUSTEES**

July 1, 2020

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on July 1, 2020 at 2:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order and announced there was a quorum. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Elsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer, Mr. Tim Phillips, Legal Counsel, and Mr. Jeff Smith, Sweetwater County Board of County Commissioners Liaison.

Pledge of Allegiance

Mr. Jones led the attendees in the Pledge of Allegiance.

Our Mission and Vision

Mr. Elsey read aloud the mission and vision statements.

Mission Moment

Ms. Richardson said she received a call from a patient who tried to get in to our dialysis unit and thanked our staff for their assistance making those arrangements and for the care the patient received.

APPROVAL OF AGENDA

The motion to approve the agenda with the addition of Committee Assignments in New Business was made by Dr. Sowada, second by Mr. Mathey. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the June 1, 2020 regular meeting as presented was made by Mr. Tardoni, second by Mr. Mathey. Motion carried. The motion to approve the minutes of the June 1, 2020 special meeting as presented was made by Mr. Mathey, second by Mr. Tardoni. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

COVID-19 Preparation and Recovery - Incident Command Team Update

Ms. Jim Hite Incident Command reported getting personal protective equipment (PPE) is still a big issue. We are working to obtain a six-month inventory. Ms. Hite said we are doing a lot of Covid testing with the volume of testing varying by the day. She said we have had an employee test positive and fortunately there has not been any patient exposure. Ms. Hite said we are focusing on keeping each other safe. She said there have been changes made to the cafeteria. The University of Utah is getting close to capacity with Covid. Ms. Richardson said the Incident Command Team is doing a great job keeping us safe.

Performance Improvement and Patient Safety (PIPS) Plan

Ms. Sara Jackson Director of Quality Accreditation and Patient Safety highlighted the key points in the plan. Dr. Sowada said the plan was reviewed at the last Quality Committee meeting and is ready for approval. She commended Ms. Jackson and her team for their great work. The motion to approve the PIPS plan as presented was made by Dr. Sowada second by Mr. Halsey. Motion carried.

NEW BUSINESS

Committee Assignment

Mr. Jones said he did not make any changes to assignments last year. Mr. Jones announced the following FY21 assignments:

Finance and Audit:

Mr. Mathey and Mr. Tardoni

Quality:

Mr. Mathey and Mr. Halsey

Human Resources:

Mr. Tardoni and Dr. Sowada

Building and Grounds:

Mr. Halsey and Dr. Sowada

Compliance:

Mr. Tardoni and Mr. Halsey

Governance:

Mr. Mathey and Dr. Sowada

Executive Oversight and Compensation:

Mr. Jones and Mr. Tardoni

Joint Conference:

Mr. Jones and Dr. Sowada

Foundation:

Mr. Jones said he would continue with the assignment unless someone would like to jump on.

Mr. Halsey said it seems Mr. Mathey and Dr. Sowada have been on the Governance Committee for a long time. Mr. Jones said he reviewed the list and tried to keep Trustee assignments evened out. Mr. Jones said changes are a good way to get fresh eyes on subject matter and he said he is not a fan of keeping people on committees forever.

Election of Officers

Mr. Mathey announced the slate of officers:

Mr. Taylor Jones: President

Mr. Richard Mathey: Vice President

Mr. Marty Elsey: Secretary

Mr. Ed Tardoni: Treasurer

Mr. Mathey said the Governance Charter permits nominations from the floor. There were no nominations. The motion to approve the slate of officers nominated by the Governance Committee as presented was made by Mr. Mathey second by Dr. Sowada. Motion carried.

Board Charter: The Compliance Committee

Dr. Sowada said changes were brought to the Board in April. The former Compliance Director left in January 2020 and Ms. Noreen Hove has taken over that position. Dr. Sowada said the proposed changes are to help make the transition complete. An authority line was added as well as a Compliance Auditor as a non-voting member who will also take the minutes. Dr. Sowada said a list of reports was also added. She said Mr. Tardoni and Ms. Susan Campbell, In-House Counsel, have been highly involved and the updated charter has been approved by the Committee. The motion to approve the Compliance Charter as presented was made by Dr. Sowada second by Mr. Tardoni. Motion carried.

Employee Policies

Mr. Tardoni said the Human Resources Committee basically brought two policies to be in line with the hospital appeal process. He said Mr. Jim Phillips had made a comment he would like to see all policies before they go to the Board but the changes were trivial and Mr. Tardoni said the Committee didn't think we needed to waste Mr. Phillips' time and brought it directly to the Board. Mr. Tardoni said there are some things that Mr. Phillips needs to see but that is an expense. Mr. Tardoni said he thinks it is better under current times to rely on the Hospital In-House Legal Counsel. Mr. Elsey said we have not approved the termination and appeal policy. He said it is just for review now and feels it is appropriate to hold for a vote until the next meeting. He said Ms. Richardson requested an increase to one year for the intro and probationary period. If someone is transferred or promoted into another new position they would serve an additional 90-day period. Mr. Phillips said he has not reviewed the policy. He said he does not want to review every policy. He clarified he wants to review specific employment-related policies. Mr. Jones said the policies will be on the agenda for approval at August meeting.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson provided a Covid-19 update and said we implemented our new face mask and social distancing policy. If an employee comes in contact with someone who tests positive who was not wearing a mask and social distancing they will be quarantined by the State. Ms. Richardson said we want to continue Zoom meetings for the foreseeable future. She asked all staff to do all meetings by Zoom and she asked staff able to work from home to please work from home to minimize the spread of Covid-19 and help in keeping everyone safe. She asked for everyone's help to not have a surge of Covid cases. She said it would be wonderful to have a decrease in cases even after the July 4 holiday and she thanked everyone in advance for trying to do that. Ms. Richardson said we have trained over 420 of our staff, Board, and physicians on person-centered care. The PCC Steering Committee has been sending out daily emails trying to help our staff find ways to fill their compassion buckets. She said that every day we come and take care of our patients and we need to take care of ourselves too. Ms. Richardson said some information Dr. Sowada sent to us was forwarded to staff. Ms. Richardson said we will continue sending those

messages and asked people to please share their stories. Ms. Richardson thanked Ms. MacKison of the Quality Department and Ms. Mari Quicken of Chief Clinical Officer for their work on the PIPS plan. She said she thinks we will grow in leaps and bounds from their work. Ms. Marali Plonsky, Quality Analyst, sent out the safety survey and it looks like we have received a number of responses. We look forward to seeing the survey results. Ms. Richardson has been meeting with Dr. Sowada and Mr. Jones to create a plan to bring some new services and look at what we want to do in the post-Covid era we are facing. They created an Ad Hoc Revenue and Consumer Steering Committee. Ms. Richardson said we will be ready to roll that out very shortly. She said Dr. Sowada has been instrumental in getting that going. Ms. Richardson said the group will keep everyone posted. She said people have been receiving a high number of spam emails that say they are from her. She asked people to make sure to delete those and please let her know if you receive one. She reminded everyone that if it looks suspicious, do not respond to the sender and do not act on the request. Ms. Richardson presented her annual report to the Sweetwater Board of County Commissioners June 16. The presentation can be found on our hospital website and she encouraged people to review it when they have an opportunity. She said it was great to be able to talk about the great things going on at MHSC. Ms. Richardson said the auditors offered us some education related to Covid and financials. Ms. Richardson reported she created a team to look at opportunities to submit requests to the State for the 1.2B they received related to Covid. She said this great team worked hard, stepped up, and looked at potential projects. The State Loan and Investment Board (SLIB) received our mobile lab and payroll expenses applications. Ms. Tiffany Marshall, Foundation Director, is working to submit a lab equipment application. The SLIB is meeting July 16 and we will find out if our requests are accepted. Ms. Richardson gave a shout out to the electronic health record (EHR) committee for their work to select a new EHR. She said they went above and beyond to talk to as many stakeholders as they could to make a good decision. The overwhelming choice was Cerner. Ms. Richardson thanked the Board for their support and approval. She thanked the staff leaders and physicians for working through this pandemic. She said it has been hard but we are all in it together and we will get through this. Ms. Richardson said this experience has taught us a lot. She shared the quote, "Tough times don't last. Tough people do." Ms. Richardson asked everyone to hang in there and please know she appreciates everyone. She thanked the Board for their support. Mr. Jones thanked everyone for what they are doing and said he agrees it has been a difficult time.

COMMITTEE REPORTS

Mr. Jones said we continue including information in our packets and on our hospital webpage.

Quality Committee

Dr. Sowada said the information is included in the meeting packet.

Human Resources Committee

Mr. Tardoni said the information is in the meeting packet. He said it shows our path forward and where we are going.

Finance and Audit Committee

Mr. Elsey said if you look at the financial narrative it is gratifying to see our numbers are coming up and he hopes we can continue. The motion to approve the net potential end of 2020 was presented was made by Mr. Elsey second by Mr. Mathey. Motion carried.

Building & Grounds Committee

Mr. Tardoni said his comments are in the meeting packet. He said we have a potential change order. Some items need to be sorted out so the information is not in the packet yet. Mr. Tardoni said he thinks it will be reviewed by the Committee and then brought to the Board for approval. Mr. Phillips said he believes any change orders need to come to the Board for approval.

Foundation Board

Mr. Jones asked Ms. Marshall to provide an update. Ms. Marshall said Mr. Fred Von Ahrens termed out from service on the Foundation Board but we are going to continue to invite him as a guest until we have a new member. Mr. Charlie Van Over President will term out in November. Ms. Marshall said there will be a transition this year. She said we are working hard on the SLIB grant applications. Mr. Jones said we are sad to see Mr. Von Ahrens and Mr. Van Over go because they have been great board members and we appreciate their support of the Hospital.

Compliance Committee

Dr. Sowada said there was nothing new to report.

Governance Committee

Mr. Mathey said we are working on a policy of attendance at committee meetings. He said the recent special workshop was timely. We are working on the maintenance of minutes and records policy for the Board and committees. We are working on contracts that need Board approval.

Executive Oversight and Compensation Committee

Mr. Mathey said we will have another leadership interview in executive session.

Joint Conference Committee

Mr. Mathey said a meeting is set in July.

CONTRACT REVIEW

Consent Agenda

Mr. Tardoni said there is a space in one contract that should not be there. Mr. Ron Gatti Sweetwater Medics said their agreement is a carbon copy of the one we had in the past. He said it is dependent on the number of transports MHSC determines is their responsibility and then those

would fall under this contract. He said it is exactly the way it has been the past two years. He said Sweetwater Medics signed a contract with the County for continued service for the next 12 months. Mr. Gatti said they are still looking for ways to consolidate and improve and find economies of scale to improve. The motion to authorize the CEO to execute the contracts in the consent agenda was made by Mr. Mathey second by Mr. Tardoni. Motion carried. Mr. Mathey asked what OVID is and Ms. Susan Campbell In House Counsel said that others lower has three different divisions and OVID is one of the medical libraries divisions.

MEDICAL STAFF REPORT

Mr. Jones reported Dr. Lauridsen was unable to join the meeting and told Mr. Jones he did not have anything to add. Ms. Merry Downs Medical Staff Services Director said Ms. Jackson sent Ms. Downs a notice from The Joint Commission regarding removing barriers from physicians related to mental health conditions. Ms. Downs said we updated our health statement and application for initial and reappointment to physicians and to allied health professionals. She said she thinks it can wait for approval if the Board needs more time to review. The request for approval will be on the August meeting agenda.

GOOD OF THE ORDER

Mr. Mathey asked those on committees he is going on to help him with his new assignments.

Ms. Richardson announced Dr. Kristy Nielson Chief Nursing Officer gave us her resignation and plans to stay with us through The Joint Commission survey deadline of August 1. Ms. Richardson said she could not say enough good about Dr. Nielson and all she has done the time and commitment mentoring the guidance provided and said we wish her well. Ms. Richardson thanked Dr. Nielson and said she will be greatly missed. Mr. Jones said he hopes she has a wonderful retirement.

Mr. Jones said he appreciates everything everyone is dealing with and everything everyone is doing.

Mr. Tardoni said Covid has presented some difficulties to the whole country but we are finding new ways to deal with things.

EXECUTIVE SESSION

Mr. Jones said the Board would move into executive session for personnel reasons and was anticipating the timeframe would be 4 minutes. He said the Board would end the current room meeting and take a 10 minute break. The motion to go into executive session was made by Dr. Sowada second by Mr. Mathey. Motion carried.

RECONVENE INTO REGULAR SESSION

At 4:42 PM the Board came out of executive session and the motion to resume regular session was made by Mr. Tardoni second by Dr. Sowada. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to grant privileges to healthcare professionals as discussed in executive session with the list appearing in the minutes was made by Mr. Mathey second by Dr. Sowada.

Credentials Committee Recommendations

1. Initial Appointment to Active Staff 2 years
 - Dr. Alicia Gray Hospitalist
2. Initial Appointment to Associate Staff 1 year
 - Dr. Joshua Bins Radiation Oncology
3. Initial Appointment to Consulting Staff 1 year
 - Dr. Eric Tuday Cardiovascular Disease U of U
4. Reappointment to Active Staff 2 years
 - Dr. Jacob Johnson Family and Occupational Medicine
5. Reappointment to Locum Tenens Staff 1 years
 - Dr. Taylor Delgado Emergency Medicine U of U
 - Dr. Chandrashekar Yeshlur Pediatrics
6. Reappointment to AHP Staff 2 years
 - Jacqueline Lindsey NP Oncology Nurse Practitioner

The motion to approve the doctor contracts discussed in executive session and authorize the CEO to sign those contracts was made by Mr. Mathey second by Dr. Sowada. Motion carried.

ADJOURNMENT

There being no further business to discuss the meeting adjourned at 4:44 PM.

Mr. Taylor Jones President

Attest:

Mr. Marty Wiley Secretary

**MINUTES FROM THE SPECIAL MEETING
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
BOARD OF TRUSTEES**

June 29, 2020

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on June 29, 2020, at 3:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer, and Mr. Jim Angell, Former Director of the Wyoming Press Association.

AGENDA

The motion to approve the agenda as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

OPEN MEETINGS EDUCATION

Mr. Jones said the meeting was arranged for the purpose of open meetings education. He said he appreciated Mr. Angell taking the time to meet with the Board to ensure we are on the right track. Mr. Angell said he appreciated being invited to speak about this topic and said he appreciated the opportunity. Mr. Angell stated he is not an attorney and comes at the subject as a reporter and former director of the Wyoming Press Association (WPA). He said he always believes in openness and doing business in an open way. Mr. Angell referenced a pamphlet he provided, "Wyoming Public Documents and Open Meetings Acts effective July 1, 2018." He said Wyoming law says if you are doing public business, you shall do it in public with some narrow exceptions. He said where you can get into trouble is in the application of the language. Mr. Angell reviewed public documents. He said if paper is received or generated by a governmental entity in the course of doing public business, it is a public document. He said we should get used to living life in a fishbowl. Mr. Angell said this applies to electronic documents and paper documents. He added that unless there is a specific reason to withhold that document, it is public. He reviewed the right of inspection language in the pamphlet. Mr. Angell said the Ombudsman is a new role at the state level. He said all local government entities are allowed to utilize the knowledge and assistance of the Ombudsman. He said the office will sort out an opinion to mediate a response and hopefully save some time and money in the end. Each government entity must designate a person as the person to receive requests for documents and it is easier if you have just one person designated. Mr. Tardoni noted the MHSC Board publishes meeting packets publicly on the hospital website. Mr. Angell said that is not a requirement but he thinks it is a great thing. He referred to perception and said the more information you make available, the better the perception is. Mr. Mathey asked for clarification on electronic communication. Mr. Angell said to keep your e-mails in a separate box from personal e-mails. He said e-mails are very much public documents but not if it doesn't have to do with public business done with public resources on the public's dime. Regarding

communication, Mr. Angell referenced the “grocery store rule”: You can talk but you can’t talk about public business. He said you should never vote via e-mail because the public has the right to see what is being done on their behalf. Mr. Angell said a contract of using public money to hire a physician was not protected. Mr. Angell listed the exemptions included in the pamphlet and said he is always available to answer questions on whether something should be an exemption. He said if you give something to one person, it has to be available to every person. Mr. Angell noted these laws are for the public, the constituents. He reviewed the public meetings act information in the pamphlet. He said if you are acting in the public’s behalf, you do it in public. A quorum is a majority of members. For MHSC, that is three (3) of the five (5). Mr. Angell said you must give the public an opportunity to participate. He noted that does not mean you have to give an opportunity to talk. You cannot require a record of who is in attendance from the public but you can request that information if they speak. He said Board Committees have been given a portion of the Board’s authority. He said it’s as important to see how or why decisions are made as well as the actual decision made. Mr. Angell said Board Committees are allowed to meet in executive session because they have the same authority and responsibility to meet as the executive body. He said you do not have to publish notice of the meeting as long as you are going with a regular schedule. When you do publish notice, it shows the group is going above and beyond. Mr. Angell said when committees are created by the Hospital Board, they are required to obey the public meetings laws. Mr. Tardoni pointed out committee minutes and chair reports are provided in the public meeting packet so the public is generally aware of everything the Board is doing. Mr. Angell said the public must be given the opportunity to be in attendance whether you have a quorum or not. He said when you stray from the meeting schedule, special precautions must be taken where you notify anyone who has ever asked to be notified of the meeting schedule. If you have special meetings, you can only take action on what you said you were going to take action on. Mr. Angell said his example of an emergency meeting would be when a sinkhole opens up on Main Street and swallows a Buick. He said with an emergency meeting, you must have a special meeting within 48 hours to do it again and verify what you did. He said to tell everybody as much as you can if possible and remember that not everything is an emergency. Mr. Angell reviewed the reasons for an executive session included in the pamphlet. Minutes are to be maintained and kept safe so that in the case of legal action they can be listened to or read by a judge. Mr. Angell said you can talk all you want but when it comes time to make the decision, action must be taken in open session. The vote must be taken in open session. The Board discussed the wording used regarding authorizing the CEO to negotiate or enter into an agreement as discussed. Mr. Angell said he believes the name and specifics would not have to be given in the open session vote due to being a pre-authorization. Mr. Mathey said we can change our procedure to ratify after. Mr. Angell reminded the Board before you go in to executive session, you have to say you are going in and the reason why. He said it is always good to give the statutory reference. Mr. Angell said no meeting must be conducted to get around the public meeting laws and referenced Zoom meetings. Mr. Kelsey asked if one member of the Board wants to send other Board members an e-mail to share an opinion and asks for no reply, does that violate the law. Mr. Angell said that e-mail is now a public document. He asked why not wait and share the opinion in the proper setting. Mr. Angell said he does not work for the WPA any longer and invited anyone to call him any time. He said any answer given will always weigh on the side of openness. On behalf of the Board, Mr. Jones thanked Mr. Angell for his presentation. Mr. Angell thanked the Board again for the opportunity.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:40 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

DRAFT

**MINUTES FROM THE SPECIAL MEETING
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
BOARD OF TRUSTEES**

July 23, 2020

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on July 23, 2020, at 8:00 AM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer; Mr. Jeff Smith, Sweetwater County Board of County Commissioners Liaison; and Mr. Jake Blevins, ST&B Engineering.

AGENDA

The motion to approve the agenda as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

COVID RELIEF FUNDS FROM SLIB APPLICATION

Mr. Jones welcomed everyone and thanked them for attending on such short notice. He said the meeting came about following the prior day's Building & Grounds Committee meeting. Ms. Richardson said the State of Wyoming received \$1.25B for coronavirus relief funds. The first State Loan and Investment Board (SLIB) meeting was July 16. Ms. Richardson said we were able to get a better idea of how and what they were approving. We were able to discuss additional projects we may be able to apply for. She said all work for payment must be completed by the end of the current calendar year. Ms. Richardson said we have been working hard on additional ideas. Mr. Jim Horan, Facilities Director, and Mr. Jake Blevins of ST&B Engineering presented a really good idea at the July 22 Building & Grounds Committee meeting. Ms. Richardson said Phase 1 of an HVAC project was presented to the Board a few months ago. We believe \$850,000 of the project could be complete and we can request reimbursement from SLIB with \$1.4M remaining for the project. Ms. Richardson said we have to expend that additional amount from the CARES Act funds we received or from our reserves. Mr. Horan thanked the Board for considering this request and the early morning meeting. He said this came from something Mr. Tardoni said asking if there is anything we could purchase to use for future use. Mr. Horan said we know these HVAC projects were so important but are huge, convoluted projects. He said Mr. Blevins came up with a great idea to look at roof units instead of housing them in the basement. Mr. Blevins reviewed the project and plans. He said the proposal is to get the equipment ordered and fabricated, get it on-site, and set it in place by the deadline so that portion can be invoiced. He said we are hopeful that we can cut into the remaining \$1.4M for SLIB fund use, as well. Mr. Tardoni said we will have to expedite some of the processes to make sure everything is complete and submitted per the government restrictions. He said he recommends we activate our plan as proposed as well as lobby to make sure people realize the deadline is excluding a lot of really beneficial things. Mr. Mathey said we should authorize the Hospital to submit the SLIB grant application that covers as much money as we can spend. Ms. Richardson said we have to ask for a specific amount. Ms. Tami Love, Chief Financial Officer, saw where there was a conditional application but the entity was required to keep a certain amount of cash-on-hand to pay for the remainder. She said we would have to show financial security to pay for the completion of the project.

Mr. Blevins said it would be optimistic but not out of the realm to work toward 25-30% of completion of the full project. He said we don't want to miss out on that opportunity. Ms. Richardson said we are seeking confirmation from the American Hospital Association on the timing for all reporting of CARES funds by July 31, 2021. Mr. Blevins noted the numbers for the additional amount are an estimate. He said the total of \$2.3M encompasses those soft costs. Mr. Tardoni said what we are considering is strategy and we want to get the max amount available from the SLIB. Ms. Tiffany Marshall, Foundation Director, said the deadline to submit the application for the next meeting is the end of the current business day. All supporting documentation is required at that time. There was discussion of a separate grant submitted for UV lights for the HVAC. The group agreed to go ahead with that submission. Mr. Jones said we had better watch the change orders pretty closely because we can't go back for more and the Hospital is not flush with funds. Mr. Jones thanked Mr. Blevins for his work and presentation. Ms. Love said she, Mr. Blevins, and Ms. Marshall would work together to see how they will write the grant request. The motion to submit a grant to SLIB for the full amount of \$2.3M for construction of the ventilation project as discussed was made by Mr. Tardoni; second by Mr. Mathey. Motion carried. The motion to approve paying the remainder of costs not covered by grant application funds with CARES Act funds if available and if not, by hospital reserve funds if needed, was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

CENTRAL PLANT CHANGE ORDERS

Mr. Horan thanked Mr. Blevins for his thoroughness and coming on-site ten times to minimize change orders. Mr. Blevins said ST&B has a primary focus and prefers to work with healthcare clients. He said imperative in that is boots on the ground, rolling up sleeves, working on updating old equipment, and doing everything possible to have accurate documents to get good bids. He said we will have that same approach with the project the Board just approved. Mr. Blevins reviewed the two change orders. Mr. Tardoni said we had some discipline on the side of the Hospital and he commended the hospital staff on the way we approached this. The motion to approve change order #1 in the amount of \$32,252 was made by Mr. Kelsey; second by Mr. Mathey. Motion carried. The motion to approve change order #2 for an amount not to exceed \$27,741.98 was made by Mr. Kelsey; second by Mr. Mathey. Motion carried. Mr. Kelsey thanked Mr. Horan and Mr. Blevins for the Building & Grounds meeting presentations. Mr. Jones agreed and thanked Ms. Love, Ms. Marshall, and Ms. Richardson. He said there is a lot of great teamwork. Mr. Blevins expressed gratitude to all of the team and said he is grateful to be involved. Ms. Richardson thanked the team for working very hard to come up with great ideas and working to make them happen. She said this is a great project and some great thinking. She thanked the Board for coming together so quickly to help make this happen.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 8:55 AM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

Joint Commission Statement on Removing Barriers to Mental Health Care for Clinicians and Health Care Staff

May 12, 2020

The COVID-19 pandemic is placing unprecedented strains on the health care workforce. As a result, many health care workers feel that it would be helpful to talk to a mental health professional. However, clinicians have concerns that seeing a mental health professional could adversely affect their career if they are asked about a previous history of mental health issues during the credentialing or licensing process.

The Joint Commission does not require organizations to ask about a clinician's history of mental health conditions or treatment. We strongly encourage organizations to not ask about past history of mental health conditions or treatment. As an alternative, we support the recommendations of the Federation of State Medical Boards and the American Medical Association to limit inquiries to conditions that *currently* impair the clinicians' ability to perform their job. It is critical that we ensure health care workers can feel free to access mental health resources.

The Joint Commission supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.

For helpful resources please refer to The Joint Commission's Staff Health and Wellbeing section on the Coronavirus portal.

This email was sent by: The Joint Commission
One Renaissance Boulevard Oakbrook Terrace, IL 60181 USA



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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Statement of Health

☐ By my signature hereto, I represent that presently, and for five years prior to the date of my signature, I have not been diagnosed and/or treated as having any illness, condition or symptom relating to any physical or mental health condition that would currently impact in any manner upon my ability to either practice medicine in general, or perform any of the functions in particular that are set out in the position description/delineation of privileges for which I am applying.

OR

I have an impairment that:

☐ Affects my ability to perform the clinical privileges requested and for which I require special accommodation. Describe any needed accommodations: _____

☐ **Does not** affect my ability to perform the clinical privileges requested. No special accommodations are needed.

Applicant's Signature

Date

This statement must be confirmed by either the director of your training program (provided they are a physician), chief of staff, or personal physician, as required by accrediting bodies.

I hereby confirm that the provider identified above ☐ does ☐ does not currently have any physical and/or mental health condition that might impair his/her ability to care for patients.

Reasonable accommodation needed: _____

Name (printed or typed)

Signature (Must be a physician (MD or DO) other than the applicant)

Title

Date

Address

Daytime Phone Number

HEALTH STATUS (If any of the following questions are answered in the affirmative, please provide full explanation below or on a separate sheet, including a description of any accommodations that could reasonably be made to facilitate your performance of such functions without risk of compromises.)

| | YES | NO |
|---|-----|----|
| Do you presently have a physical or mental health condition that currently affects, or that may reasonably be expected to progress within the next two years to the point of affecting, your ability to perform the clinical privilege requested or other medical staff duties? | | |
| Are you currently taking medication/ under other therapy for a condition which could affect your ability to perform professional or medical staff duties if the medication/ therapy were discontinued today? | | |
| Have you at any time during the last 5 years been hospitalized or received any other type of institutional care for any such condition/ problem? | | |

DISCIPLINARY ACTIONS

Since your last (re)appointment, have any of the following ever been, or are any currently in the process of being, encumbered in any way? Have you ever voluntarily relinquished, withdrawn or failed to proceed with an application in order to avoid an adverse action, or to preclude an investigation, or while under investigation relating to professional conduct? Please include restrictions, conditions, censures, reprimands, letters of concern, limitations, denials, probationary periods, consent orders, stipulations, surrenders, suspensions, revocations and fines. If you answer yes to any of the questions below, please provide full explanation on a separate sheet

| | No | Yes |
|--|----|-----|
| Medical license in any state | | |
| Other health-related professional registration/license | | |
| DEA/state controlled substances registrations | | |
| Academic appointment | | |
| Membership on any hospital medical staff | | |
| Clinical privileges | | |
| Prerogatives/rights on any medical staff | | |
| Other institutional affiliation or status or authorization to provide services thereat | | |
| Professional society membership/fellowship/certification | | |
| Have you ever been convicted of, entered a plea of nolo contendere, or currently have pending charges against you for any crime other than traffic violations (include felonies and misdemeanors)? If yes, include resolution. | | |
| Have you been convicted of, or pleaded no contest to, a drug or alcohol related offense? | | |
| Have you been sanctioned by a PSRO, PRO, Medicare/Medicaid or similar agency? | | |

HEALTH STATUS

If you answer "yes" to any of the following questions, please provide full explanation on a separate sheet.

| | No | Yes |
|---|----|-----|
| Do you presently have a physical or mental health condition that is reasonably likely to progress within the next two years to the point of affecting your ability to perform professional or medical staff duties appropriately? | | |
| Are you currently taking medication/under other therapy for a condition which could affect your ability to perform professional or medical staff duties if it were discontinued today? | | |
| Have you at any time since your last (re)appointment been hospitalized or received any other type of institutional care for a major health problem? | | |

| | | |
|--|--|--|
| Clinical privileges | | |
| Prerogatives/rights on any medical staff | | |
| Other institutional affiliation or status or authorization to provide services thereat | | |
| Professional society membership/fellowship/certification | | |
| Any other type of professional sanction | | |
| Have you ever been convicted of, or pleaded no contest to, any criminal charges (other than motor vehicle speeding violation) brought against you? If yes, include resolution. | | |
| Have you been convicted of, or pleaded no contest to, a drug or alcohol related offense? | | |
| Have you been sanctioned by a PSRO, PRO, Medicare/Medicaid or similar agency? | | |

HEALTH STATUS:

If you answer "yes" to any of the following questions, please provide full explanation on a separate sheet.

| | No | Yes |
|---|----|-----|
| Do you presently have a physical or mental health condition that is reasonably likely to progress within the next two years to the point of affecting your ability to perform professional or medical staff duties appropriately? | | |
| Are you currently taking medication/under other therapy for a condition that could affect your ability to perform professional or medical staff duties if it were discontinued today? | | |

PROFESSIONAL LIABILITY INSURANCE (Please attach a Certificate of Insurance):

1. Have there ever been, or are there currently pending, any malpractice claims, suits, settlements, or arbitration proceedings involving your professional practice? Yes _____ No _____

If yes, please provide the following information for each situation:

- a. Date suit or claim was initiated _____
- b. Name and location of the court _____
- c. Name of the parties _____
- d. Brief description of the nature of the claim _____

- e. Current status, including the substance of the findings in each action that has been concluded and the amount of any award made.

2. Since your last (re) appointment have you been denied professional liability insurance or has your coverage been cancelled, or has a surcharge been imposed based on your own claims experience?
Yes _____ No _____ If yes, please provide details:

HEALTH STATUS

If you answer "yes" to any of the following questions, please provide full explanation on a separate sheet.

| | No | Yes |
|---|----|-----|
| Do you presently have a physical or mental health condition that is reasonably likely to progress within the next two years to the point of affecting your ability to perform professional or medical staff duties appropriately? | | |
| Are you currently taking medication/under other therapy for a condition that could affect your ability to perform professional or medical staff duties if it were discontinued today? | | |
| Have you at any time since your last (re)appointment been hospitalized or received any other type of institutional care for a major health problem? | | |

EMPLOYER/SUPERVISING PHYSICIAN:

Sponsoring Physician's Name: _____

Do you continue to recommend this individual for Allied Health Professional staff membership and privileges?

Yes _____ No _____ If your answer is no, please explain:

Signature of Supervising/Employing Physician _____ Date _____



Current Status: Draft

PolicyStat ID: 8007197



Approved: N/A
Review Due: N/A
Document Area: *Employee Policies*
Reg. Standards:

EMPLOYEE POLICIES-CULTURAL DIVERSITY

EMPLOYEE POLICIES-Cultural Diversity

Memorial Hospital of Sweetwater County (MHSC) is committed to providing an environment that encourages the talents and recognizes the uniqueness of each employee with respect to race, gender, age, cultural background, ethnicity, sexual orientation, disability, religion and other types of diversity. We believe a diverse workforce will help MHSC employees interact effectively and compassionately with our patients and in our community. MHSC Mission, Values and Vision operate on the fundamental belief that individual and cultural differences are a reality, and that such differences will produce better idea, quality services and genuine compassionate care for all.

Attachments

No Attachments



Approved: N/A
 Review Due: N/A
 Document Area: *Employee Policies*
 Reg. Standards:

EMPLOYEE POLICIES- COMMUNICATION SYSTEMS

PURPOSE

To inform MHSC employees and other users (students, contractors, contract employees and non-employed providers) of MHSC communication systems of the expectations and responsibilities of using Hospital communication systems. MHSC employees should have no expectation of a right to privacy on MHSC computers, phones, voice mail or other MHSC communication systems.

POLICY

- I. The Hospital's network, access to Internet, e-mail and voice mail systems are business tools intended for employees to use in performing their job duties. Therefore, all documents and files are the property of MHSC. All information regarding access to the Hospital's computer resources, such as user identifications, access codes, and passwords are confidential Hospital information and may not be disclosed to non-MHSC personnel.

Computer equipment should not be removed from the Hospital premises without written approval from IT and/or employee's supervisor. Upon separation of employment, all hospital issued computers or cell phones shall be returned to the Hospital's IT or HR department.

- II. The electronic communication systems such as computers, phone system, etc. are the property of MHSC and intended for hospital business use. All computer files, documents, and software created or stored on MHSC's computer systems are subject to review and inspection at any time. This includes web-based email employees may access through MHSC systems, whether password protected or not. Employees should not assume that any such information is confidential, including e-mail either sent or received. **Employees should not have an expectation of privacy** as MHSC owns all the information sent within the Hospital's network and has the right to search the information without employee knowledge or consent.

- III. Users of MHSC's internal email system should never assume emails sent through the hospital system network are in any way private and /or confidential.

IV. Unauthorized Use

Employees may not attempt to gain access to another employee's personal file of e-mail messages or send a message under someone else's name without the latter's express permission. Employees are strictly prohibited from using the Hospital's communication systems in ways that management deems to be inappropriate. If you have any question whether your behavior would constitute unauthorized use,

contact your immediate supervisor before engaging in such conduct.

V. Telephones/Cell Phones/mobile Devices

Employee work hours are valuable and are to be used for hospital business. Excessive personal phone calls can significantly disrupt hospital operations. Employees should use their break or lunch period for personal phone calls.

VI. Confidential information should not be discussed on a cell phone or via any mobile device. Phones and mobile devices with cameras should not be used in a way that violates other MHSC guidelines such as, but not limited to, Non-Discrimination and Anti-Harassment, Confidentiality and HIPAA Policies.

Employees' use of a cell phone or mobile device to access Hospital systems is restricted/prohibited without prior authorization. Such access, once authorized, may subject the employee's personal device to discovery requests or MHSC corrective action. Employees authorized to access MHSC systems and information using a personal device must immediately inform the Hospital if the device is lost or stolen. Employees are prohibited from using a cell phone while operating a motor vehicle unless the phone is operated through a hands free system. Texting is permitted only when the vehicle is at rest and lawfully parked.

VII. New employees are required to read and sign the Computer Account User Access Agreement.

Link to Form 80 Computer Account User Access Agreement

<https://sweetwatermemorial.policystat.com/policy/4985147/latest/>

Approved: computer usage policy 8.18 revised presented to Bd of Trustees 8.10

Attachments

No Attachments

Attendance of Board Committee Meetings

Statement of Purpose

Standing Committees are an important part of the governance structure of the Board of Trustees (Board) of Memorial Hospital of Sweetwater County. Although most of the detailed work of the Board is performed by its Committees, the Committees have no expressed or implied power or authority. Therefore, it is permissible for a Trustee, who is not an appointed member, to attend meetings of Committees of which s/he is not a member.

Policy

1. In the absence of an appointed trustee member, the President may appoint a trustee to be a temporary member of the Committee, who shall have voting privileges.
2. For educational/informational purposes, Trustees may attend the meetings of Committees of which they are not appointed members. They shall not have voting privileges. Their attendance neither triggers a quorum nor indicates a public meeting.
3. The Board President is an ex-officio member of all committees and may attend any Committee meeting without being in conflict of open meeting laws.
4. All Board and Committee meeting shall comply with the Wyoming Open Meetings Act.¹
5. Under Wyoming's Open Meetings Act notice of regularly scheduled committee meetings need not be given.
6. Committees may meet in executive session provided that all executive sessions are in compliance with the Wyoming Open Meetings Act.

¹ Wyoming Open Meetings Act which is statutes 16-4-401 to 16-4-408.



Approved: N/A
 Review Due: N/A
 Document Area: *General - Housewide*
 Reg. Standards:

CONTRACTS REQUIRING BOARD APPROVAL POLICY

CONTRACTS REQUIRING BOARD APPROVAL POLICY

PURPOSE:

This Hospital wide policy describes the contracts that require Board approval before they become effective. Once approved the Board may direct the CEO to sign on behalf of the Board.

I. *Agreements requiring County Commission approval* - as defined by Wyoming Statute § 18-8-301. This statute states that a contract in which the county hospital "engages in shared services and other cooperative ventures; enters into partnerships; either alone or in conjunction with any other entity, form or be an interest owner of corporations, partnership, limited partnership, cooperative... or any other trust or association organized under the laws of this state" must be approved by the Board of Trustees and the County Commissioners before such an agreement is binding on any of the parties. Contracts anticipated by Wyoming Statutes §18-8-108 and 109 can only be negotiated, executed and agreed to by the Board of Trustees in conjunction with the Board of County Commissioners.

II. *Any contract equal to or greater than \$25,000.00* This excludes service agreements (regardless of the dollar amount) attached to Board approved capital equipment. The service agreements attached to this equipment can be signed and approved by the CEO and reported to the Board at the next Board meeting after approval.

III. *Physician and **Non-Physician Providers** contracts*

IV. *Hospital Consultant contracts*

V. *Hospital Management contracts*

VI. *All Real estate transactions and any real property leases over \$2000.00 month.*

VII. *Legal settlements*

VIII. *Any other contract the CEO or In-House Counsel wish to present to the Board for discussion and approval.*

A list of other contracts that have been approved by In-House Counsel and signed by the CEO will be provided to the Board at the Board meeting following internal approval of these contracts.

Process After Contract is Approved and Signed

All executed contracts, excluding Physician and Non-Physician Provider contracts, shall be submitted to In House Counsel when finalized. Physician and Non-Physician Provider contracts are housed in the Administration office. All other contracts shall be entered into the contract database and tracked for renewal and/or expiration dates by In House Counsel. Notice of contract renewal or expiration shall be provided to the CEO and responsible staff member for the contract by In House Counsel at least 90 days prior to the date required to terminate or renew the contract. For example, if contract requires 180 days notice to terminate, the contract will be flagged for notice to responsible party and CEO 90 days prior to the start of the 180 day's required for notice of termination.

Attachments

No Attachments

DRAFT

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Date: July 29, 2020
Subject: Quality Committee...Chair's Report...July 29, 2020

The Quality Committee met on July 15th. Board members should be able to see the draft minutes as well as supporting documentation in the packet for August. There are a lot of "moving parts" associated with the Quality Committee and your new chair of this committee is working hard to better understand the various components of Quality.

Kara Jackson presented the FY 2020 Annual Review. Good progress has been made in several areas. Additional work and focus will be needed of course as we go forward.

The Hospital has contracted with Press Ganey as the new HCAHPS vendor, replacing PRC.

As Chair, I asked Kara to add one new dimension to the monthly agenda for the Quality Committee. It is called "From the Director". In this new section of the agenda, Kara will be providing information on "Significant Achievements and Progress" and "Areas of Concern to be Addressed." In any given month, perhaps there won't be a lot to report, but I feel it is important for the Board to know on a monthly basis what the Director and her immediate staff are thinking regarding these topics. I have asked Kara to put these comments in a word document and attach to the agenda.

On August 3-5, Healthcare Strategies will be on-site to review the Hospital's Quality program and to provide some consulting services. This review is not mandated by any oversight group, but Senior Leadership and the Quality Department believe this activity will be very beneficial to the Hospital to help ensure we are on the right track with what we are doing in Quality. Mella Grainger (maybe others) will interview Richard and myself. I plan to attend the opening session on the 3rd. A report to the Board will be given concerning the findings of this firm.

Barbara was kind enough to provide me a document titled The Board's Role in Quality published by *The Governance Institute*. This document posits that the Board of Trustees has three specific responsibilities regarding Quality. These are listed below:

Credentialing Competent Physicians

Boards typically delegate a major portion of the credentialing process to the medical staff and management. However, boards are responsible for participating in the development of, and approving, the criteria for credentialing, and for monitoring and maintaining the integrity of the process.

Monitoring High-Level, System-Wide Quality Markers

Examples of high-level, system-wide quality markers include:

Mortality Rate

Appropriate Care Score

HCAHPS 24 Month Mean

Overall Re-Admission Rate

AHRO Patient Safety Measures

Serious Safety Event Rate

Infection Prevention

Medication Safety

Setting the Quality Agenda for the Hospital

Boards need to weigh a number of worthy issues against each other and set priorities. Specific targets may be established such “what are our top goals for the year?” or “what are our five key targets for three years from now?”

Boards can then ask questions on a quarterly or monthly basis---are we performing as expected? If not, why not? What is our plan for performance improvement?

Present: **Voting Members:** Marty Kelsey (Quality Board Chair), Richard Mathey (Board Member), Irene Richardson (CEO), Dr. Melinda Poyer (CMO), Tami Love (CFO), Dr. Kristy Nielson (CNO), Dr. Kari Quickenden (CCO), Kara Jackson (Quality Director), Dr. Banu Symington

Non-voting Members: Korey Worden, Gabrielle Seilbach, Cindy Nelson, Kalpana Pokhrel, Karali Plonsky, Noreen Hove

Absent/Excused: **Voting Members:** Leslie Taylor (Clinic Director), Dr. Cielette Karn

Non-voting Members:

Chair: Mr. Marty Kelsey

Mission Moment

Dr. Quickenden has a friend who had a baby here, that originally NEVER wanted to come back to this hospital. But she had a wonderful experience this time, and was highly complementary of all entities.

Dr. Poyer relayed the experience with Dr. Gray and our first COVID death. Dr. Gray arranged a ZOOM meeting with the family of the dying patient. She stayed on for several hours, affording them those final moments with a loved one.

Approval of Agenda & Minutes

Mr. Kelsey presented the Agenda for approval. Ms. Richardson motioned to approve, Ms. Jackson seconded. With no further discussion the agenda was unanimously approved. Mr. Kelsey next presented the Consent Agenda for approval. Dr. Symington motioned to approve and Dr. Nielson seconded the motion. With no further discussion the Minutes were unanimously approved.

Old Business

No old business for discussion.

New Business

Ms. Jackson presented the Committee Reporting Schedule which will begin in August.

Ms. Jackson then presented the Committee Reporting structure, noting it is not yet finalized.

Next Ms. Jackson

Finally, Ms. Jackson presented the FY 2020 Annual Review. We maintained our 4-star rating as of July. ED admit time of 120-minute goal was reached, with a new goal of 100 minutes to meet by July 2021. We did not meet our overall goal for Sepsis, but we did meet smaller ones within. We found opportunities for fluids given.

Mr. Kelsey requested an explanation of "National Benchmark" numbers. Ms. Jackson stated the statistic is averaged and compared with facilities of a similar size. Dr. Neilson noted additional statistics are being gathered from rural hospital that are affiliated with larger teaching hospitals. This data will be submitted and reviewed in September.

Patient experience has continued with raising awareness of what it means: data, goals, and scores. The overall quality of care was recommended by PRC as a smarter and achievable goal. Ms. Jackson noted although Med/Surg did not meet their goal they did make tremendous improvement. ED, OB and ICU met their goals. We will be setting goals for the clinic this year. The department information will be brought forth each quarter.

Other opportunities for improvement was where we developed the Reporting Calendar and Reporting Structure to ensure we were looking at all areas and reporting information appropriately. Additional opportunity for next year would be to add additional departments and have them review themselves.

Mr. Kelsey requested when would the 2021 goals be set? Ms. Jackson stated the intention would be to have set by next month. Caveat to that is we do have some new departments reporting in, so we have been working with these departments for the past few months and expect there may be a few "bumps" and delays in setting their goals.

Next month we should be going live with Press Ganey, and will no longer be using PRC as our HCAHPS vendor. It may take a few months' worth of data to determine the best way to present this data to different levels of leadership.

Dr. Quickenden updated on Patient Safety Committee actions. We have set up a committee that is working on a Patient Safety Plan, incorporating culture of safety. There are many areas that intersect so we are making sure each is being reviewed and reported by the right staff. Many of the aspects of patient safety are addressed in Environment of Care and other groups, all which will be funneled up to the Patient Safety Committee. Mr. Kelsey requested a list of members for this committee. Dr. Quickenden assured the list would be included in the plan.

Medical Staff Update

Dr. Karn was unavailable for update, Dr. Poyer stepped in. Dr. Poyer reviewed our COVID numbers for the county. We continue to test rotationally our staff, with mandatory mask use in place. Incident Command continues to meet twice a week.

Mr. Kelsey questioned whether we use face shields along with face masks as seen in some hospitals. Dr. Poyer noted with COVID + patients we use full PPE garb. ED has been fitted with NEVEO masks. Ms. Bennet, Director of Material Management continues to amass PPE. Currently we are doing well with supplies.

Dr. Poyer noted that Utah is reaching saturation with patients, but we are still able to get a few patients transferred as needed.

Consent Agenda

Mr. Kelsey requested any items for discussion from Consent Agenda. Dr. Symington suggested we make a public announcement that ties summer gatherings, reunions and family gathering to

the recent upsurge in COVID numbers. Dr. Poyer noted that all Walmart's will be enforcing mask wearing starting July 25th. Dr. Symington reiterated we need a simple message for why mask wearing is needed. Mr. Kelsey requested Ms. Richardson work with Marketing to up our messaging. Dr. Poyer noted that Marketing has done a great job in getting the message out and explaining the correlation of spread. Dr. Poyer suggested a color code graph as University of Utah has done, that highlights areas of risk.

Dr. Nielson requested everyone be prepared to see our patient satisfaction scores may take a dip, with current restrictions in place for COVID. Dr. Symington noted we will like see the same in the staff surveys.

Mr. Kelsey had a few questions. Continual Survey Readiness Committee what is this? Ms. Jackson noted this is the committee that works to ensure we are ready for The Joint Commission (TJC) surveys. We expected TJC in August, but with delays due to COVID, they are backlogged. Second question – is star rating purely statistical? Ms. Jackson stated yes – it is statistical. They use our performance on matrix categories to calculate our rating. Follow up question – Can we look at quarterly numbers to determine if we are moving in the right direction? Ms. Jackson said yes we can make an educated guess.

Mr. Kelsey reached out to Mr. Mathey for any questions. Mr. Mathey stated he is learning as a new member to the committee and has no questions at this time.

Ms. Richardson noted we have continued to improve and provide some of the best information in this group, but if at any time our Board members have questions, please don't hesitate to reach out to us. Ms. Jackson noted she is excited to start our next fiscal year, and feels confident of our plans that are in place.

Meeting Adjourned

The meeting adjourned at 09:33 a.m.

Next Meeting

August 19, 2020 at 08:15 am via ZOOM

Respectfully Submitted,

Robin Fife, Recording Secretary

Quality Committee
Consent Agenda Quality Summary
July 2020

Four Priority/Focus Areas (**Bolded** in Summary Below)

1. ED Patient Flow
2. HCAHPS/Patient Experience
3. Sepsis
4. Hand Off

1) Star Rating

- a. There are seven categories within the Star Rating and they are as follows: mortality, readmission, safety of care, efficient use of medical imaging, timeliness of care, patient experience (see next bullet) and effectiveness of care. Each of these seven categories contain several data metrics. Data within the following categories continues to trend in right direction: mortality, safety of care, and readmission. Opportunities for improvement exist within the efficient use of medical imaging category. OP-10 Abdomen CT with and without Contrast – Project Team is working on improvements of process at this time, will continue to monitor.
- b. Within the Timeliness of Care category, **Ed-2b: ED Median Admit Decision Time to ED Departure Time** has seen an increase in the data this month. The project team is aware and is working on improvements. Within the Effectiveness of Care category, we are seeing fluctuations with the data for **Core Sep1 – Early Management Bundle, Severe Sepsis/Septic Shock**. Scorecards are sent out to physicians and nurses with specific opportunities for improvement. Core OP-23 – Head CT/MRI Results for Stroke Pts within 45 minutes of Arrival data has decreased over the past few months. A team has evaluated this data and is working with ED physicians, Radiologists, ED Department and Medical Imaging Department to review current process, identify any barriers, and work on improvements.
- c. **Patient Experience-HCAHPS:** The “Overall Inpatient HCAHPS Dashboard” is the survey data that affects our Star Rating and Value Based Purchasing reimbursement program. This survey includes OB, ICU, and Med-Surg.
 - i. Data for Overall Quality of Care by Department
 1. ED
 - a. Goal 42.2%
 - b. Q2 2020* - 42.1%
 2. ICU
 - a. Goal 59%
 - b. Q2 2020* – 60%
 3. Med/Surg
 - a. Goal 60.6%
 - b. Q2 2020* – 64%

- 4. OB
 - a. Goal 71.9%
 - b. Q2 2020* – 64%
 - 5. Surgery:
 - a. Goal 73.1%
 - b. Q2 2020* 68.8%
 - ii. *data not yet complete
- 2) Risk/Safety
 - a. Safety – An interdisciplinary team is working to create a new safety committee. Discussions are taking place as to what the safety committee will address in terms of data and subcommittees reporting into the safety committee, and a patient safety plan is also being written for our organization. Patient safety plan will come to Quality Committee of the Board for approval. More updates to come.
- 3) PI Standards
 - a. Our PI Standards within the dashboard include data metrics defined by Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), as well as priorities identified by MHSC on the Quality Assessment Performance Improvement (QAPI) plan. Please see additional information below.
 - i. Inpatient Return to Surgery is 6.25%. This represents one patient and these charts are being reviewed by the Director and Clinical Coordinator of Surgical Services.
- 4) Accreditation
 - a. We are currently in our Joint Commission triennial survey window. Joint Commission has resumed surveys with some changes to the survey process due to COVID 19. Our CSR Committee has had several meetings and we reviewed three Joint Commission Chapters. There are a few standards that need work to come into compliance and this work is underway. We will review a chapter during each meeting and we have scheduled meetings every 2 weeks to prepare for survey. Beginning in September, we will hold weekly meetings. Tracers, rounds, and COVID 19 specific rounds are completed each week. “Joint Points” began this week via e-mail and will be sent out three times per week. These will include tips and reminders about Joint Commission Standards and will also be reviewed with staff on rounds.

HUMAN RESOURCES COMMITTEE CHAIR REPORT TO THE BOARD JULY 2020

Ed Tardoni

The Human Resources Committee met in a Zoom format this month. Arrangements were made to ensure that the HR report and draft minutes for the current month are included in the monthly Board packets.

HR DATA FOR THE MONTH

The usual HR reports are included in the Board packet. Your attention is directed to the fact that the reported turnover percentage remains below the national average

POLICY ACTIVITY

The HR Committee unanimously approved a **do pass recommendation for two policies**. They are as follows:

CULTURAL DIVERSITY POLICY

This is a new standalone policy and is presented for consideration by the Board.

COMMUNICATIONS SYSTEMS POLICY

This policy is a **direct replacement for the existing Computer Usage Policy**. It was developed by Hospital Staff. It recognizes the fact that today's smart phones are in fact computers and laptop computers may in fact be used as phones. All of these devices are in fact verbal, print and image communication systems.

ADDITIONAL POLICY DISCUSSIONS

Discussion of the Termination and Appeals Policy continued. During those discussions it was discovered that a circular reference existed. It is a case where Termination and Appeals points to another document which points to aspects of the Termination and Appeals document. The committee also realized that the Governance and Joint Conference Committees were engaged in considerations that would impact the language on this policy.

To summarize the following items are linked and language dependent on each other:

- Termination and Appeals
- Introductory Period
- Corrective Action
- Medical Staff Bylaws
- Board Appeals Procedure

The circular references, and wording conflicts, are easily eliminated upon Board approval of the Medical Staff Bylaws. Until that time the items listed above should be held from consideration for final approval.

NEXT MEETING

The HR Committee meets the third Monday of the month. August 17th at 3:00 P.M. most likely by Zoom

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting- **Minutes Draft**
Monday, July 20, 2020
Zoom

Trustee Members Attending by Zoom: Barbara Sowada & Ed Tardoni
Members Present by Zoom: Amber Fisk, Irene Richardson, Suzan Campbell
Guests by Zoom: Amy Lucy, Ruthann Wolfe, Kristy Nielson, Shawn Bazzanella, Kari Quickenden, Tami Love.

Ed Tardoni called the meeting to order at 3:00 pm by asking for a motion to amend the agenda to switch items IV, Employee policy changes updates with V, Other employee policies requiring new language. There was a motion and a second and the change to the agenda was passed.

I. MINUTES APPROVED:

The minutes for the June 22nd meeting were passed after Suzan brought attention to the fact that her name and Jim Phillips name were misspelled and needed corrected. Ed reminded Amber that he needs July's minutes in the board packet on August 5th, 2020.

OLD BUSINESS:

II. Turnover Report - Amber:

Amber went over the turnover report which showed that the hospital is still holding at 20%. Amber also discussed that the re-hire rate is very high as well. Amber went over the reports so that Barbara could be up to speed with the numbers. The clinic turnover is still holding at 5%. Ed wanted to make sure that the turnover information is in the board packet.

III. Open Positions - Amy:

Amy went over the few positions that are open. An offer for the Ultrasound Tech has been made so they hope to be able to fill that position soon, that will just leave the Echo position open. For Non-Clinical the EVS position has been filled so the HIM position is the only open position. For the nursing positions an offer has been made for the surgical services and Irene is going to start interviewing for the CNO open position.

IV. Other Employee policies requiring new language - Suzan:
a. See Campbell email 6-16-2020

Marty noted that the reason that he wanted to switch the items was because what Suzan has proposed will go quickly and then the committee can move onto other business. Suzan discussed that she drafted a new policy called the Communications usage policy, she added language from other policies so it would cover more areas and be a little broader. Suzan said she forwarded the policy to Rich Tyler who also liked the new wording. It was discussed that the policy needed to address that non-employees also use the hospital e-mail so the wording should be changed to read "users" of MHSC e-mail and that these users should not have expectations of privacy internal to the hospital. Ed discussed that the word employer should be dropped and it should read the "user" should not expect privacy. Ed discussed that in the policy it states that MHSC owns the information. It was discussed that the committee act on the changes and recommend a "do pass" to the board with the language change to state instead of employees it will be changed to users to the MHSC systems, it was motioned, seconded and passed. Ed and Barbara decided to just send the new policy with the new verbiage and they can explain to the board that the new wording is more comprehensive. Ed wants the draft included in the board package, Amber will make sure it is in the packet for the board agenda.

The next policy that needed looked at is the Cultural Diversity policy, Suzan said that she drafted it and then decided that she wasn't sure that it needed to be added. Amber, Suzan and Barbara felt it was a good policy to have. Amber said that sometimes when talking to employees it would be good to have, Barbara felt like with today's environment she felt it would be good to add. Ed asked if the committee wanted to act on it and Irene felt it is good to act now it was motioned, seconded and a "do pass" recommendation for the new policy be passed onto the board.

V. Employee policy change updates

a. Related to Termination and Appeal policies

- i. Introductory period**
- ii. Corrective Action**

Amber discussed that she included the two policies, Ed discussed that Marty and Jim Phillips decided instead of putting them in July packet that they would be better in the August packets under new business. Marty

supplied good language on how to handle things and it had to do with mid-level providers. Irene discussed that they are working on some language on the mid-level contracts that need approved by the board along with wording on the termination and appeals policy and those policies are in Jim's hands right now. Irene also discussed that changes were going to be made on how an offer of employment will be handled going forward. Ed said that Marty had sent an e-mail with two questions, the first if mid-level employees would be subject to the same employee policies so Ed asked Irene if they will be treated like employees it was. There was also discussion about physicians and that they wouldn't be subject to the same policy Suzan discussed that if you aren't going to make physicians use the same policy then the mid-level should be the same and Amber agreed that it should be the same across the board. Ed brought it to the attention of the committee that physicians can also be held accountable from a medical board and at that point it would be medical performance and they can recommend that the credentials be pulled. Ed questioned if mid-level and physicians be held responsible for the same policies and Irene noted that the contract are different, Irene explained that yes mid-levels are under that policy and the physicians are under the same. Ed said that a physician can violate a policy and be held to the same standards but if a medical violation then a medical board would step in. Ed said that he felt that the wording for physicians and contracts should be struck out. Suzan asked if the physician is terminated for a violation does the physician get the same appeals process and right now they don't get that option so it should be the same as it is currently being handled. Irene said that she and Suzan will talk to Jim and ask what his opinion is. Ed said that these policies are not ready to go to the board. The three policies all reference back to each other Ed said that these would be put on the agenda for next time so that some direction can be made with Jim. Barbara said she didn't have a problem with the delay to get clarification. Ed said he thinks that there needs to be clarification if a physician does something that is non-medical then the HR rules should apply if a medical issue than a medical board should apply. Barbara suggested that Ed and Irene meet with Richard Mathey and discuss this as well.

Amber went over with Barbara; the hiring and wage processes were arrived at and that it was decided that a policy wasn't needed. Barbara asked if there was a committee in place for the hiring and Amber told her about the PCT team that is in place. It was decided that a policy wasn't necessary because things are being handled correctly now. That the processes are also in the HR guidelines, things should be handled internally and the board doesn't need to be involved.

It was agreed that the committee would go onto the next two that were on the list that Marty had sent originally so that the next two would be discussed on the next meeting, supplementing hospitals salary and political activities.

Suzan asked Ed and Barbara if they want to go over all of the policies in question and do one large back to present to the board Barbara felt that it was easier in smaller batches.

NEW BUSINESS:

I. Welcome Barbara Sowada

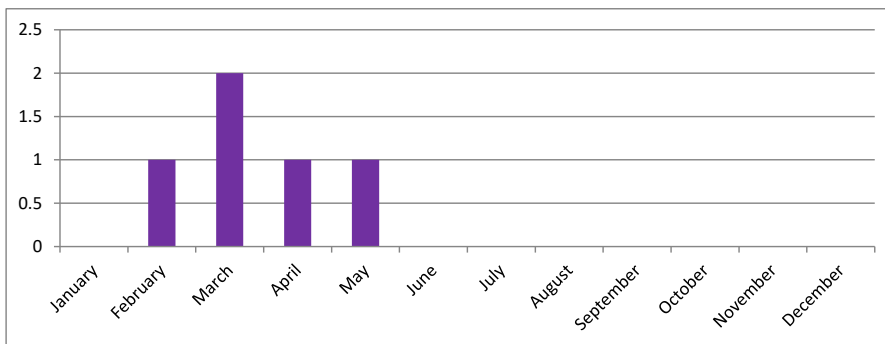
II Next Meeting

Next meeting will be held on 8/17/2020 at 3:00 p.m.

-Meeting adjourned.

2020 Separations - Clinic

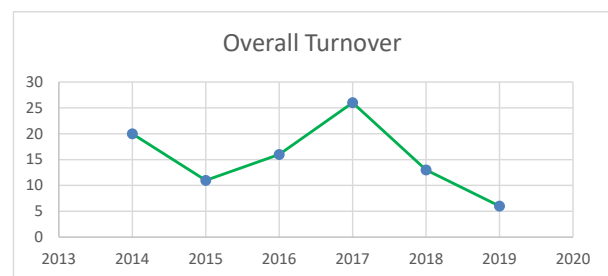
| | Separations | New Employees | Total Employees | 110 |
|-----------|-------------|---------------|-----------------|-----|
| January | 0 | 0 | 110 | |
| February | 1 | 1 | 110 | |
| March | 2 | 2 | 110 | |
| April | 1 | 0 | 109 | |
| May | 1 | 0 | 108 | |
| June | 0 | 0 | 108 | |
| July | | | | |
| August | | | | |
| September | | | | |
| October | | | | |
| November | | | | |
| December | | | | |
| Total | | | | |



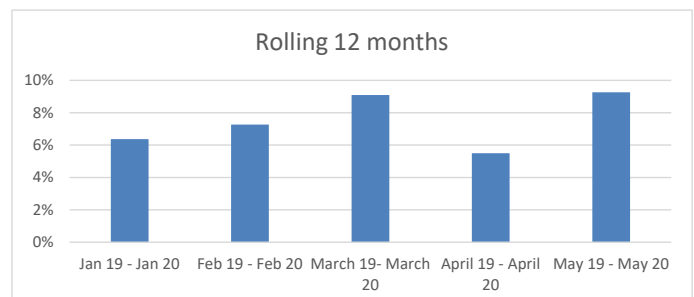
| <u>Separations</u> | |
|--------------------|---|
| Involuntary | 3 |
| Voluntary | 2 |
| Total | 5 |

| <u>Classifications</u> | |
|------------------------|---|
| RN | 1 |
| Classified | 4 |
| Total | 5 |

| | <u>Overall Turnover</u> | |
|------|-------------------------|-----|
| 2014 | 20 | 26% |
| 2015 | 11 | 18% |
| 2016 | 16 | 14% |
| 2017 | 26 | 23% |
| 2018 | 13 | 12% |
| 2019 | 6 | 5% |



| Rolling 12 Months | | |
|---------------------|----|----|
| Jan 19 - Jan 20 | 7 | 6% |
| Feb 19 - Feb 20 | 8 | 7% |
| March 19- March 20 | 10 | 9% |
| April 19 - April 20 | 6 | 6% |
| May 19 - May 20 | 10 | 9% |
| June 19 - June 20 | 5 | 5% |



MEMORIAL HOSPITAL OF SWEETWATER COUNTY - CLINIC DATA

2020 **Clinic** Turnover Data (as of 06/30/2020)

Top Position(s) / Turnover

Clinic Collections Clerk/Recep
Registered Nurse

2020

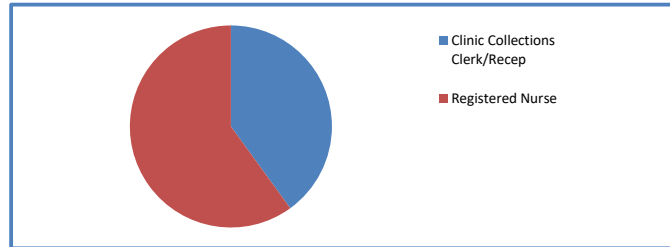
%

4

3%

1

5%



Top Reason(s) / Turnover

Resignation
Discharged

2020

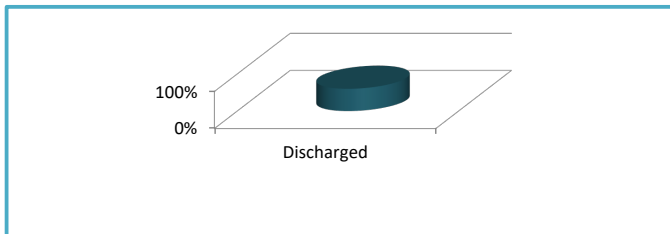
%

2

40%

3

60%



Length of Service

Less than 90 days
91 - 365 days
1-2 Yrs.
3-5 Yrs.
6-10 Yrs.
11-20 Yrs.
21-30 Yrs.

2020

%

2

40%

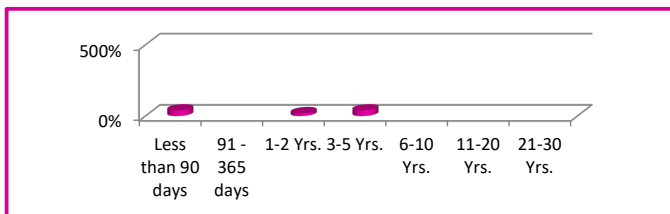
1

20%

2

40%

5



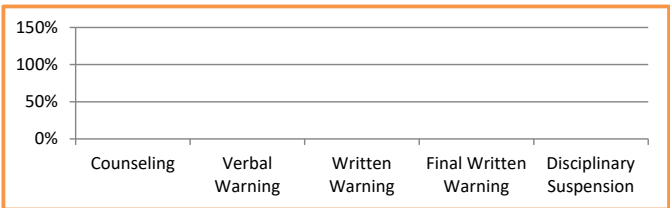
Total

Corrective Action

Counseling
Verbal Warning
Written Warning
Final Written Warning
Disciplinary Suspension

1%

100%



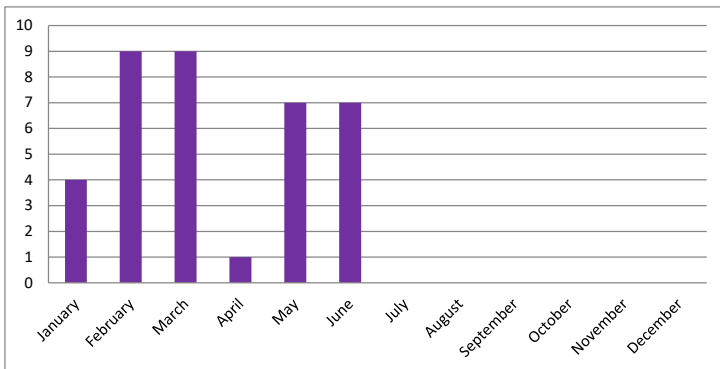
Total Employees

536

536

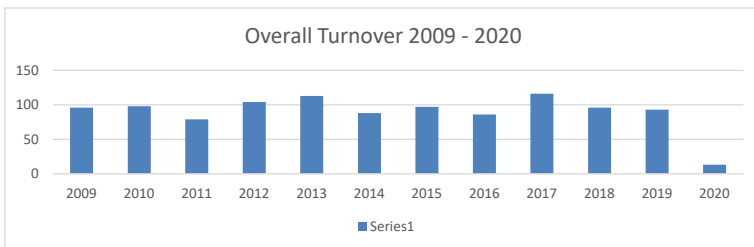
2020 Separations - Hospital Wide

| | Separations | New Employees | |
|-----------|-------------|---------------|-----|
| January | 4 | 4 | 536 |
| February | 9 | 6 | 530 |
| March | 9 | 8 | 529 |
| April | 1 | 4 | 532 |
| May | 7 | 1 | 526 |
| June | 7 | 3 | 522 |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | 37 | 26 | 7% |



| | Separations |
|-------------|-------------|
| Involuntary | 13 |
| Voluntary | 24 |
| Total | 37 |

| | Classifications |
|------------|-----------------|
| RN | 4 |
| Classified | 33 |
| Total | 37 |



Overall Turnover

| | |
|------|-----|
| 2009 | 96 |
| 2010 | 98 |
| 2011 | 79 |
| 2012 | 104 |
| 2013 | 113 |
| 2014 | 88 |
| 2015 | 97 |
| 2016 | 86 |
| 2017 | 116 |
| 2018 | 96 |
| 2019 | 93 |
| 2020 | 13 |

Rolling 12

| | Separations | % |
|---------------------|-------------|-----|
| Jan 19 - Jan 20 | 109 | 20% |
| Feb 19 - Feb 20 | 107 | 20% |
| March 19 - March 20 | 107 | 20% |
| April 19 - April 20 | 103 | 19% |
| May 19 - May 20 | 105 | 20% |
| June 19 - June 20 | 105 | 20% |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

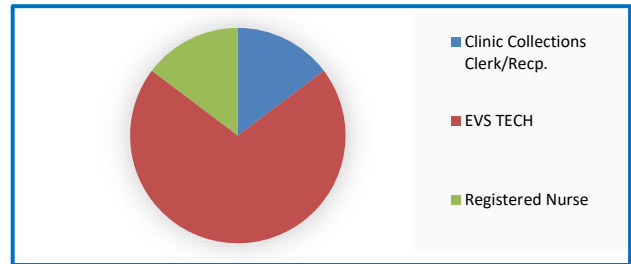
2020 Overall Turnover Data (As of 06/30/2020)

Top Position(s) / Turnover

| | | |
|--------------------------------|---|-----|
| Clinic Collections Clerk/Recp. | 4 | 3% |
| EVS TECH | 4 | 16% |
| Registered Nurse | 4 | 3% |

2020

%

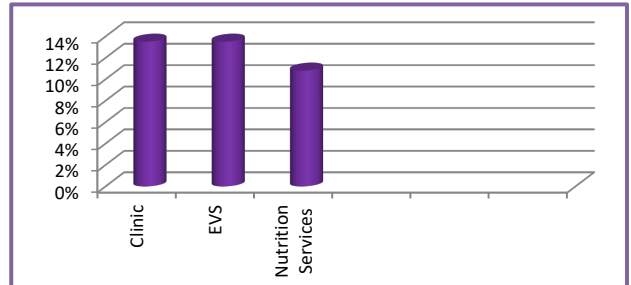


Top Department(s) / Turnover

| | | |
|--------------------|---|-----|
| Clinic | 5 | 14% |
| EVS | 5 | 14% |
| Nutrition Services | 4 | 11% |

2020

%

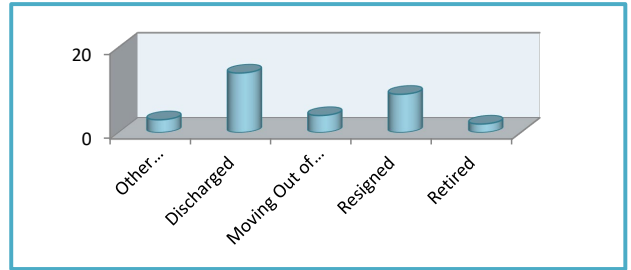


Top Reasons / Turnover

| | | |
|-------------------------------|----|-----|
| Other Employment | 3 | 8% |
| Discharged | 14 | 38% |
| Moving Out of Area/Relocation | 4 | 11% |
| Resigned | 9 | 24% |
| Retired | 2 | 5% |

2020

%

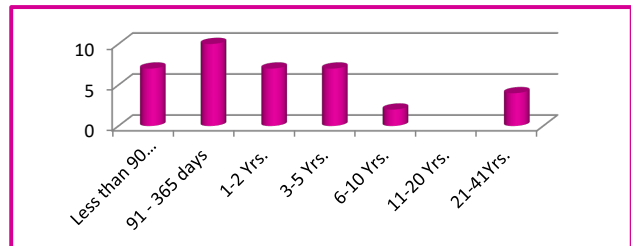


Length of Service

| | | |
|-------------------|----|-----|
| Less than 90 days | 7 | 19% |
| 91 - 365 days | 10 | 27% |
| 1-2 Yrs. | 7 | 19% |
| 3-5 Yrs. | 7 | 19% |
| 6-10 Yrs. | 2 | |
| 11-20 Yrs. | | |
| 21-41Yrs. | 4 | 11% |

2020

%



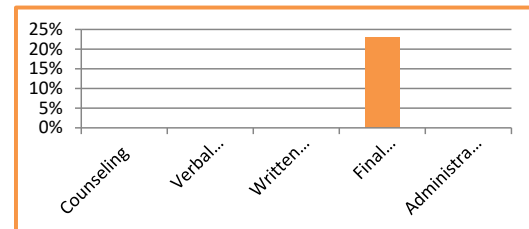
Total

37

Corrective Action

| | | |
|-----------------------|-----|------|
| Counseling | | |
| Verbal Warning | | |
| Written Warning | | |
| Final Written Warning | 23% | 100% |
| Administrative Leave | | |

% Discharged



MEMO: August 4, 2020

TO: Board of Trustees *RAC*

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: July, 2020 Potential Bad Debt Eligible for Board Certification

Hospital Potential Bad Debt Eligible for Board Certification

| | | |
|-----------------------------|----------------------|-----------------|
| Hospital Potential Bad Debt | \$1,182,823.23 | |
| Payment Plan Bad Debt | <u>\$ 169,331.85</u> | |
| | | \$ 1,352,155.08 |

Clinic Potential Bad Debt Eligible for Board Certification

| | | |
|--------------------------------------|----------------|---------------------|
| Medical Clinic Potential Bad Debt | \$ 37,608.57 | |
| Orthopedic Clinic Potential Bad Debt | \$ 00.00 | |
| Oral and Maxillofacial | <u>\$ 0.00</u> | |
| Clinic Bad Debt | | <u>\$ 37,608.57</u> |
| Total Potential Bad Debt | | \$1,389,763.65 |

Hospital Certified Bad Debt Recoveries for July, 2020

| | | |
|------------------------------|-----------------------|-----------------------|
| Recoveries Collection Agency | \$ - 260,499.66 | |
| Recoveries Payment Plans | <u>\$ - 76,635.00</u> | |
| Hospital Bad Debt Recoveries | | \$ <u>-337,134.66</u> |

Clinic Certified Bad Debt Recoveries for July, 2020

| | | |
|------------------------------|----------------------|-----------------------|
| Medical Clinic Recoveries | \$ - 12,369.89 | |
| Orthopedic Clinic Recoveries | <u>\$ - 1,748.71</u> | |
| Clinic Bad debt Recoveries | | <u>\$ - 14,118.60</u> |

| | | |
|------------------------------|--|----------------|
| Net Bad Debt Less Recoveries | | \$1,038,510.39 |
|------------------------------|--|----------------|

| | | |
|-------------------------------------|--|-----------------------|
| Hospital / Clinic Accounts Returned | | <u>\$- 256,085.01</u> |
|-------------------------------------|--|-----------------------|

| | | |
|------------------------|--|----------------------|
| Net Potential Bad Debt | | <u>\$ 782,425.38</u> |
|------------------------|--|----------------------|

Misc. Information

| | |
|--------------------|--------------|
| Largest Account | \$ 62,592.00 |
| ER Accounts | \$431,123.98 |
| Inpatient Accounts | \$426,415.69 |
| Surgery Accounts | \$111,846.98 |
| Cancer Center | \$ 65,488.81 |

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Date: July 29, 2020
Subject: Chair's Report...July Buildings and Grounds Committee

At the July regular meeting of the Building and Grounds Committee, the majority of the time was spent weighing various HVAC enhancement options associated with an application for SLIB funds. After considerable discussion, a decision was made to present to the Board of Trustees an option that, in the opinion of the Committee and the consulting engineer, best represented the Hospital's chances of receiving SLIB funding. Some components will be purchased directly by the Hospital. It is yet undecided how best to proceed with the construction/installation portion of the project. Perhaps a traditional design/bid/build option will be used or perhaps an alternative construction methodology, such as Construction Manager at Risk will be used. Jake will provide a recommendation soon. At a special meeting of the Board of Trustees the following day, the preferred option for SLIB funding was presented and discussed to a significant extent. Thus, the particular components of this option are not addressed in this report. If SLIB funding is approved next month, significant additional funds will be needed to complete this project. It is anticipated that CARES funds will be available; if not, Hospital reserve funds will be needed.

Also, the Committee discussed and subsequently approved for Board consideration two change order requests associated with the Central Plant project. Likewise, these were presented to the Board at the special meeting the following day. Thus, the particular components are not addressed in this report.

On Tuesday, July 28th, Barbara Sowada, Jim Horan, Gerry Johnston, Jake the consulting engineer, and myself met on site to review the Central Plant project, discuss the SLIB project, and look at upcoming work. It was a very informative tour as Jake provided some history of this part of the Hospital's physical plant and how the new improvements and additions will benefit the Hospital. It is anticipated that substantial completion should occur by September 15th. The original deadline for project completion was June 1st. In the contract no provision for liquidated damages was made. It was gratifying to hear that the improvements provide for HVAC-related expansion capability in the event the Hospital's square footage expands in the future.

The need for some additional earthwork and related improvements was discussed. This relates to the bulk oxygen (Air Gas) component of the plant and involves ingress and egress issues as well as drainage issues. Jim Horan will be bringing a proposal forward in the not-too-distant future for the Committee to review.

BUILDING AND GROUNDS COMMITTEE (via "Zoom")

Memorial Hospital of Sweetwater County

6/16/2020

Voting Board Committee Members Present: Ed Tardoni, Barbara Sowada

Voting Staff Committee Members Present: Tami Love, Jim Horan, Irene Richardson

Non-Voting Committee Members Present: Gerry Johnston

Visitors: Jake Blevins,

Guests: Minutes taken by: Jim Horan Location: Varies Time Started: 3:30P

| TOPIC | DISCUSSION | RESPONSIBLE | ACTION | TIMELINE |
|--|---|-----------------------------------|---|-----------------------|
| Review Minutes | None | E. Tardoni | None | None |
| Maintenance Metric #1, Number of open W/O? | 174 | J. Horan | Continue to report each month | Report each meeting |
| Maintenance Metric #2, Number of open W/O > 30 days? | > 30 days = 112 ≤ 30 days = 62 | J. Horan | Continue to report each month. | Report each meeting |
| Maintenance Metric #3, Amount of OT for the month? | None anticipated | J. Horan | Continue to report each month | Report each meeting |
| Maintenance Metric #4, Over/ under budget for the month? | None anticipated | J. Horan | Continue to report each month | Report each meeting |
| Prioritized upcoming small project list. | 1. Pharmacy clean room renovation = Pending architectural review 2. Oncology private room. = on-hold... no discussion 3. Laundry upgrade = on-hold... no discussion 4. Steam piping upgrades = on-hold... no discussion | J. Horan/ G. Johnston | 1. Gerry to act as project manager/ supervisor. | Review next meeting |
| Central Plant upgrade | Mechanical contractors are creating extended completion times. General contractor to expedite. | J. Horan/ G. Johnston | Gerry and Jake to monitor. | Review next meeting |
| SLIB project funded by the "Cares Act". | Extended discussion regarding ST&B engineered HVAC project and time/ capital constraints. "Controls" portion of this project can be carved out and can likely meet those constraints. Also discussed ways/means of minimizing disruption to facility with the remainder of the project. New rooftop package-units may be a way of minimizing this disruption. More to follow. | J. Horan/ G. Johnston/ J.Blevens | Capital projects >\$500K will need to be excluded. These projects will need further investigation before approval | Drop for next meeting |
| Roof fall protection | Completed. Policies and procedures to be created. | G. Johnston | Create policies/ SOP | Review next meeting |
| Grounds lean-to | Exterior concrete apron still to be done, | J. Horan/ G. Johnston | Apron to be completed after central plant. | Review next meeting |
| Dr. Sulentic remodel | No discussion | I. Richardson/ T. Love | | Review next meeting |
| Medical Imaging refresh | No discussion. | J. Horan/ G. Johnston | | Review next meeting |
| Walk-in Clinic at 3000 College Drive | No discussion | J. Horan/ G. Johnston/ L. Taylor. | | Review next meeting. |
| Chemo Mixing Room | No discussion | J. Horan | | Review next meeting. |
| Handicap ramp for MOB | No discussion | J. Horan | | Review next meeting |
| IT heat issues | No discussion | J. Horan | | Review next meeting |
| Time Adjourned: 4:30PM | | | | |
| Next Meeting: July 21, 2020 3:30p-4:30p | | | | |
| Respectfully Submitted: Jim Horan | | | | |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
July 22, 2020

The MHSC Board of Trustees Building and Grounds Committee met in regular session via Zoom on July 22, 2020, at 2:00 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Dr. Barbara Sowada, *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. Jim Horan, *Facilities Director*
 Mr. Jake Blevins, *ST&B Engineering*

Mr. Kelsey called the meeting to order and said he was changing the agenda for Mr. Blevins to present first.

Project Review

Central Plant Expansion

Mr. Blevins said he has been out of the office the past two weeks. He said it is his understanding there have been some problems with the contractor including some safety infractions where one or more people were dismissed from the project. Mr. Blevins said the status of the project is they are behind on the schedule. Substantial completion was supposed to be before summer. He said there have been no change orders in the past however there are two now. Mr. Blevins reviewed the details and said each is at a cost of approximately \$30,000.

Projects for Funding

Mr. Blevins said he heard \$1.2B has been provided to the State with some funds earmarked for expenses directly related to Covid. He understands the deadline for expending the funds is by the end of the year. He said ultraviolet germicidal iridescent bulbs would be a good project to pursue. Mr. Blevins said we could purchase an air handler and get that installed. He said the project would require approximately \$850,000. It would require a 12-week lead time on production of the air handler. Completion of the project in 20201 would be enclosing the area at an additional cost of approximately \$1.4M. He said it would mean a commitment from the Hospital since there is no commitment for that funding. Mr. Kelsey said he has experience and had some great difficulties with something along these lines in the past. Mr. Blevins said we would have to put this on a purchase order to buy by the end of August. The whole process regarding deadlines is somewhat frightening. Ms. Richardson said she thinks our guidelines say we have to bid the work out. She said we may be able to use CARES Act money. She said she appreciates all the work Mr. Blevins and Ms. Tiffany Marshall, Foundation Director, have done. Ms. Richardson said if we complete only a portion of the project, we are only reimbursed for that percentage of completion. Mr. Horan asked we are in favor of moving forward with submitting a State Lands and Investments Board (SLIB) application to get \$850,000 funded. Ms. Richardson said she is in favor if we can prove substantial completion by the end of the calendar year. She said the deadline is the following day for the October 1 review of applications. Mr. Blevins said \$850,000 would be to procure the equipment, set it on the roof, and waterproof the roof. The Committee discussed the best process to proceed. Ms. Richardson said the staff recommend

having a special meeting the following morning to obtain approval for submitting an application to SLIB for \$850,000 and authorizing payment for the remainder of the project cost of approximately \$1.4M for a total of \$2.3M. Mr. Blevins said that is a very conservative number right now. Mr. Kelsey asked if Ms. Richardson is comfortable with the responsibility of payment of the remaining \$1.4M. Ms. Richardson asked if we will still have to do the \$7.4M project previously presented and discussed. Mr. Blevins said this project will take a big chunk out of the \$7.4M project. The motion to ask Mr. Jones to call a special meeting of the Board of Trustees at 8:00 AM on July 23, 2020, so we can approve a \$850,000 SLIB grant request and additional Board approval of \$1.4M to complete the project and move forward if SLIB approves was made by Mr. Kelsey; second by Dr. Sowada. Motion carried. Mr. Kelsey said someone from the Hospital needs to expertly write up what the meeting is about and get that information to the full Board that evening.

Ms. Love and Ms. Richardson had to leave the meeting to participate in a different Zoom meeting. Mr. Horan said he would invite Mr. Blevins to join the July 23 special meeting call to discuss the project as well as the change orders.

Maintenance Metrics

Mr. Horan said Mr. Tardoni had him compile metrics over time and we are holding the way things are. Mr. Horan said he is pleased to see that even with Covid we are not too far out of whack. Mr. Horan said Mr. Tardoni mentioned scope creep. Mr. Horan said we bypassed the grading issue by dealing with it a different way. He briefly reviewed the grading and water issues and said he didn't want to go into too much detail without Ms. Love and Ms. Richardson in attendance. He said he will bring some photos to review at the next meeting. Mr. Kelsey said he would like to walk through the area when he tours the outside of the campus the following Tuesday morning. Mr. Kelsey invited Dr. Sowada to join him.

With no further business, the meeting adjourned.

Submitted by Cindy Nelson

COMPLIANCE COMMITTEE CHAIR REPORT TO THE BOARD JULY 2020

Ed Tardonì

The Compliance Committee met in a Zoom format this month. Arrangements were made to ensure that the Compliance report and draft minutes, for the current month, are included in the monthly Board packets.

Compliance activities are documented in the Board Packet. It should be noted that the term “There were no fall outs” means that no deviations occurred and the audit shows compliance with policy.

REVIEW OF DOCUMENTS

The Committee discussed the following guiding documents. (annual reviews)

- Compliance Risk Assessment
- Compliance Plan
- Compliance Work Plan FY 20-21
- Audit Checklist

No changes were made in these items.

POLICY REVIEW

Some discussion occurred concerning the **CODE OF CONDUCT POLICY**. The committee input will be sent along to the HR Committee for consideration. Marty Kelsey submitted written comment on the policy.

The draft, examined by the Compliance Committee, is at variance with the existing Board approved Code. **Substantial discussions need to be undertaken in both the Compliance and HR Committees before any referral is made to the Board.**

NEXT MEETING (permanent change in reoccurring time and day)

The standing time and date for Compliance Committee meeting has been changed. Meetings will now occur on the fourth Thursday of the month at 3:30 P.M. (August 24th, 3:30 P.M. by Zoom)

Agenda Board Compliance Committee
July 22, 2020
2:00 PM
Zoom

| | |
|----------------------------------|------------|
| 2:00 Call to order | E. Tardoni |
| 2:05 Mission Moment | |
| 2:10 Approve Agenda and Minutes | E. Tardoni |
| 2:15 Old Business | |
| A. Code of Conduct | |
| B. Compliance Risk Assessment | |
| C. Compliance Plan | |
| D. Compliance Work Plan FY 20-21 | |
| 2:40 New Business | |
| A. Check List | N. Hove |
| 2:50 Reports | N. Hove |
| 3:00 Adjourn | E. Tardoni |



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
July 22nd, 2020**

Present via Zoom: Irene Richardson, Suzan Campbell, Noreen Hove, Ed Tardoni, Marty Kelsey, April Prado

Minutes

The meeting was called to order at 1:00pm by Ed Tardoni. New committee member Marty Kelsey was introduced.

Two "Mission Minutes" were shared. One by Ed who said one of his friends had told him that he had given the hospital high marks on the survey he had received. The other moment was shared by Irene. She received a note from a patient that had been to the Foundation lab. The patient said that the staff was nice and competent and her experience was good. Comments were also made about how great the Sheriff's Department is for borrowing us their Command Center for COVID-19 testing.

The agenda and meeting minutes from June were approved as written.

Old Business

1. Code of Conduct-Noreen Hove

Noreen asked Suzan to speak to this. Suzan stated that this original policy was done years ago and that the hospital needed a more encompassing policy, something that included all areas of the hospital and the new one does. Ed brought up that this was just a draft and our chance to take a look at it. This will further be reviewed by this group and will be brought back to our next meeting for review. Suzan pointed out that she is in the process of working with Amber in HR on page 4 of the policy. Amber has the exact verbiage that will be used in this. This section will be sent out as a separate document for review. Marty will review this draft and will send his comments to Suzan, as will Ed. Ed spoke to the fact that any comments about this policy should be from a compliance standpoint. Ed asked Marty to submit any HR comments to him so that they may be passed on to the correct committee to prevent committees from stumbling on each other.

2. Compliance Risk Assessment- Noreen Hove

Noreen stated that this assessment was done last year without her being present. Ed stated that this plan has been reviewed and approved by the Hospital Board and questioned if it needed to go again. Noreen relied that it did not need to go to the Board and that assessment was being presented as education for Marty. Noreen further explained that this assessment was developed by a large group of staff, including Directors and employees from each department that was evaluated. The risk plan was developed by assigning a number, 1-5, to different risk questions (listed in the attachments). The higher the number, the greater the risk in those areas. After reviewing the submitted attachments, most members found the "pre-audit heat map" to be confusing. Noreen noted that this was a report pulled from Healthicity and that she would review it. Ed stated that "sheet 1" of the attachments is this committees guiding document. This document does not need to be brought to the Hospital Board again. and should be noted that the Compliance Plan was approved, by this committee on June 24th, 2020.

3. Compliance Plan-Noreen Hove

This was brought to the meeting for Marty's information. It does not need to go to the Board but needs to note that it was reviewed today (7/22/20). Marty asked why it was called "Corporate Compliance Plan". Suzan stated that the word corporate needs to be taken out. Noreen made a motion to remove the word "corporate" from the title and Marty seconded the motion. This document will now be called "Compliance Plan". This title was voted on

and approved by this committee, today, July 22nd, 2020. It should be noted that the Compliance Plan itself was voted on and approved by this committee on June 24th, 2020.

4. Compliance Work Plan FY 20-21-Noreen Hove

The dates have been changed to reflect the new fiscal year. This document was also brought as education for new member, Marty. Marty asked what RAC was an acronym for. Recovery Audit Contractor and it was explained that this is an outside agency. Irene further explained that RAC can come at any time and can perform a large-scale or small-scale audit. She further explained that CMS decides what these audits will consist of and then sends that information out. Marty then asked for clarification on #15, Contract Staff vs Employed Staff. Noreen clarified that this is set up to make sure all contract staff and all employed staff are held to the same standards in any given area of employment.

New Business

1. Check List- Noreen Hove

Noreen stated that this is a checklist for us. There are 7 elements that are part of our Compliance program. It is a fairly large list and we need to make sure that we are referring to it on a regular basis. Ed added that this list is what we refer to, to make sure we are doing what we should. Marty questioned where this list came from. Noreen said it was put out by the OIG and encompasses their standards. Marty then asked if we could clarify some acronyms for him; OIG, HCCA, and CMS. The clarifications follow;

OIG- Office of Inspector General, oversees all hospitals and healthcare in general.

HCCA-Health Care Compliance Association, paired with the OIG to create the guidelines and checklists that make up our Compliance Plan.

CMS-Centers for Medicare & Medicaid Services, over anything that involves Medicare or Medicaid.

Reports

Behavioral Health- 3 patients for the month of June with no fall outs. Noreen reported that they are currently looking at the Joint Commission for different ways to monitor these patients. They want to make sure that they are capturing everything that Joint Commission is requesting. Marty brought up that the wording “no fall outs” is confusing and could be changed to reflect what it really means, such as; an audit was done on these patients and we are compliant. Noreen said that she could do that.

HIPAA- 3 total alleged violations were reported in June. 2 were from Fair Warning and 1 was from HIM. Ed clarified what Fair Warning was for Marty and Noreen explained that HIM investigates high risk cases in their department. High risk right now is any COVID-19 patient.

Grievances- All grievances received in the month of June were resolved in a timely manner. Ed questioned what was a timely manner. Noreen said that it is per the policy that is set forth. Marty asked where grievances come from. Irene explained that parents of adult children would call and want to complain about the care and we cannot accept these or share information on these types of concerns. Irene continued that they typically like to get them from the patient themselves. The patient would file the grievance with Cindy N. who would type it up and sends it to Noreen and April to investigate. Ed stated that having the grievances discussed weekly has greatly improved this process for patients.

Audits- April spoke on the two ongoing audits; Professional Services Billing and Denial Management. COVID-19 has delayed these audits as well as the lack of training on Healthicity. April stated that she is getting further training next week and that all the information is in the system. She continued that it appeared that the Professional Services Billing audit would receive a passing grade. These audits will be presented to this committee when they are complete.

Additional Discussion

Ed recapped the meeting-Code of Conduct will be reviewed and brought back to next months meeting. This meeting will now be held on the 4th Thursday of every month at 3:30pm. Ed discussed what reports need to be in

The Board meeting packet. These items are; the draft of the meeting minutes from that month, the agenda, and the reports section of this meeting. All other items are not needed.

Adjournment The meeting adjourned at 2:46p.m.

Next Meeting Thursday, August 28th, 2020 @ 3:30p.m.

Respectfully Submitted,

April Prado, Recording Secretary

DRAFT

Reports for Board Compliance Committee

1. ____ Behavioral patients. There were no fall outs.
2. There were 3 HIPAA inquires. 2 were closed. 1 was referred to Human Resources
3. There were 4 Grievances for the Month of June. All were resolved in a timely manner.
 - a. 1 was sent to MEC for review.
 - b. 1 revealed semi-noncompliance with ADA and Joint Commission communications standards. This will be referred to Quality for process improvement.
4. Ongoing Audits
 - a. Professional Services Billing.
 - b. Denial management

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

1. Name of Contract: **SweetwaterNow**
2. Purpose of contract, including scope and description: **Top Billboard banner ad at the top of SweetwaterNow web page. Birth Page sponsorship on SweetwaterNow web page and Facebook.**
3. Effective Date: **July 1, 2020**
4. Expiration Date: **June 31, 2021**
5. Rights of renewal and termination. **MHSC can cancel the contract prior to agreed upon end date but we will be invoiced for the difference between the discounted rate and full rate, from the beginning of the contract to the cancellation month** Is this auto-renew? **NO**
6. Monetary cost of the contract and is the cost included in the department budget? **Top Billboard banner ad at the top of the page, \$22,800 annually. Birth Page sponsorship, \$12,000 annually. Total is \$34,800 or \$2,900 per month.** Budgeted? **YES**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NOT ADDRESSED**
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **NO**

Memorial Hospital of Sweetwater County

Sold To

Memorial Hospital of Sweetwater Cou...
1200 College Drive
Rock Springs, Wyoming 82901

Bill To

Memorial Hospital of Sweetwater Cou...
1200 College Drive
Rock Springs, Wyoming 82901

Proposal #: 300

Date: Jun 25, 2020

Account Rep: Dave Arambel

Billing Email

dsutton@sweetwatermemorial.com

| Product | Net |
|-------------------------|--------------------------|
| Top Billboard Banner Ad | \$22,800.00 |
| Birth Page Sponsorship | \$12,000.00 |
| <hr/> | |
| | Sub Total \$34,800.00 |
| | Discount \$0.00 |
| | Total \$34,800.00 |

NOTES/AMENDMENTS

Top Billboard Banner = \$3,000/month - 37% discount for annual contract = \$22,800
Birth Page Sponsorship = \$1,000/month = \$12,000
Total/month = \$2,900
Total = \$34,800

Terms and Conditions

Advertising: Advertiser agrees to purchase advertising on SweetwaterNOW (the Network) in accordance to terms listed on this contract. Advertising covers all products on the website, newsletter, social media, podcast network, or other promotion. Invoicing will be on the first of each month for annual contracted advertising and at the time of posting for sponsored content. Advertiser's advertisement or post shall be removed from the Network if payment is not received within ten (10) days of the date payment is due. Network may ask for pre-payment on any advertising on a case-by-case basis. Prior to appearing on the Network, a proof of the ad/post will be emailed to the Advertiser for approval. Changes after initial approval subject to graphic design fees. Graphic design rate is \$75/hr. Photos or ad design may not be reproduced without permission from Network. Advertiser is responsible for providing all information and digital artwork to meet SweetwaterNOW's specifications, if providing own creative. The Network reserves the right to determine the suitability of all ads submitted for distribution, and to reject advertising that does not meet its editorial or digital criteria.

Conditions of Agreement: The person signing this contract warrants that he/she has full authority to sign on behalf of the Advertiser. The Advertiser warrants that he/she has the right to use any trademark request and agrees to hold Network harmless from any liability and/or claims and will pay all expenses incurred in the defense thereof, arising out of the publication of any trademark or tradename in accordance with this contract. Advertiser has the right to terminate this contract by written notice to SweetwaterNOW within 60 days of termination date.

Recurring Contract Discount: If Advertiser cancels contract prior to agreed upon end date and received a longterm contract discount, they will be invoiced for the difference between the discounted rate and full rate, from the beginning of the contract to the cancellation month.

Limitation of Liability: The Network cannot and does not warrant the accuracy of the information provided by the Advertiser. Omission or error in advertisement shall result in adjustment of charges to the Advertiser. In no case, however, shall

SweetwaterNOW's liability exceed the total charge for services. The Advertiser acknowledges that the Network cannot guarantee advertising results and that no promise of such results have been made.

If Collection is Necessary: Advertiser agrees to pay all collection fees. All discounts on this contract become null and void. The highest published rate, on the rate sheet, for the product(s) agreed upon in this agreement will be charged and outstanding balances are subject to a 15% service charge.

Memorial Hospital of Sweetwater County Representative

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

1. Name of Contract: **Wyoming Division of victim services (DVS)**
2. Purpose of contract, including scope and description: **MHSC contracts with DVS to provide services to sexual assault victims through VOCA (Victims of Crime Act) funds. DVS pays MHSC \$26,028.00 per year to support our SANE program.**
3. Effective Date: **July 1, 2020**
4. Expiration Date: **June 30, 2021**
5. Termination provisions: **if MHSC is not in compliance with contract requirements and federal funding requirements DVS can withhold funds. Either party can terminate with 30 days' notice** Is this auto-renew? **No**
6. Monetary cost of the contract: **No cost to MHSC-DVS pays us these federal funds to help run the SANE program** Budgeted? **NA**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Wyoming contract**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **Yes**
10. Is this contract appropriate for other bids? **NA**
11. Is County Attorney review required? **No**

Credentials Committee Board Report

Janice Varley

Sent: Monday, July 20, 2020 1:56 PM

To: Cindy Nelson

Attachments: CC Board Report 07142020.docx (25 KB) ; Continuing Medical Educat~1.docx (20 KB) ; Continuing Medical Educat~2.docx (19 KB)

Hi Cindy,

Please see attached the Credentials Committee Board Report. I have also included the new AHP CME Statement (2nd attachment) approved by the committee and a copy of the old AHP CME Statement (3rd attachment). This form had to be updated because of changes made by the Wyoming Board of Nursing. This is information for the Board and can be added to Dr. Lauridsen's section of the meeting.

Thanks,

Janice Varley

Credentialing Clerk

Direct 307-352-8129, Fax 307-352-8502

jvarley@sweetwatermemorial.com

Main 307-362-3711, Fax 307-352-8180

1200 College Drive, Rock Springs WY 82901

www.sweetwatermemorial.com



Continuing Medical Education Statement

As part of the credentialing process, each applicant to the Medical Staff must provide documentation of current continuing medical education. Please complete the statement below and return it to the Medical Staff Office as soon as possible to be included in your credentials file.

I hereby certify that I have obtained _____ hours of Continuing Medical Education credits in the past two years.

_____ % of CME's related to privileges requested.

A list of the CME program titles, locations, and dates for the past two years is attached.*

Name: _____
(please print)

Signature: _____ Date: _____

Number of CME Hours must be entered above.

Completion of this form is mandatory for appointment.

*Advance Practice Nurses – required by Wyoming Board of Nursing:

- Documentation of 3 hours continuing education for each license renewal period. This education should be related to the responsible prescribing of controlled substances or treatment of substance abuse disorders.
- The Wyoming Board of Nursing does not require additional continuing education documentation as long as the APRN has a current national certification as an APRN in the recognized role and population focus area. The APRN must maintain national certification in order to fulfill Memorial Hospital of Sweetwater County's CME requirements.
- Those recognized as an APRN in the State of Wyoming prior to January 1, 1999 who have maintained continuous licensure, but are not nationally certified shall submit documentation of 60 hours of CME, for the past 2 years, related to the APRN's recognized role and population focus area.

*Genetic Counselors

- The State of Wyoming does not require a license for genetic counselors. However, the Utah Department of Commerce, Division of Occupational and Professional Licensing does license genetic counselors. Requirements of licensure include board certification. Memorial Hospital of Sweetwater County requires genetic counselors to be licensed in Utah and to comply with the requirements for board certification by their licensing body. These requirements include 50 hours of continuing education or recertification by examination.
- Genetic Counselors must maintain continual certification by the American Board of Genetic Counseling or American Board of Medical Genetics (within five years of completion of training.) This continual certification is proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

*Mental Health Professionals – required by the Wyoming Mental Health Professions Licensing Board:

- 45 hours of continuing education during each license renewal period (every two years)

*Psychologist – required by the Wyoming Psychology Licensing Board:

- 30 hours of continuing education during each license renewal period (every two years)

* Physician Assistants – required to be board certified by NCCPA

- Because the NCCPA requires Physician Assistants to log 100 CME's every two years, the Wyoming Board of Medicine does not require additional documentation of CME's for PA's. However, all Physician Assistants must maintain continual certification by NCCPA as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

*RN First Assist – required to be board certified

- Because the Competency and Credentialing Institute (CCI) requires RNFA's to log CME's and contact hours in order to remain certified, the Wyoming Board of Nursing does not require additional documentation of CME's for RNFA's once certified. However, all RNFA's must maintain continual certification as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.
- Until the RNFA obtains board certification they will need to submit an average of 20 CME's per year. Once they obtain and maintain board certification, they will no longer need to submit CME documentation for reappointment.

R 8/2020

Continuing Medical Education Statement

As part of the credentialing process each applicant to the Medical Staff must provide documentation of current continuing medical education. Please complete the statement below and return it to the Medical Staff Office as soon as possible to be included in your credentials file.

I hereby certify that I have obtained _____ hours of Continuing Medical Education credits in the past two years.

_____ % of CME's related to privileges requested.

A list of the CME program titles, locations, and dates for the past two years is attached.*

Name: _____
(please print)

Signature: _____ Date: _____

Number of CME Hours must be entered above.

Completion of this form is mandatory for appointment.

Advance Practice Nurses – required by Wyoming Board of Nursing:

- 15 CEU's of pharmacology every year for prescriptive authority and
- 60 contact hours of continuing education in the last 2 years related to area of specialty.

Genetic Counselors

- The State of Wyoming does not require a license for genetic counselors. However, the Utah Department of Commerce, Division of Occupational and Professional Licensing does license genetic counselors. Requirements of licensure include board certification. Memorial Hospital of Sweetwater County requires genetic counselors to be licensed in Utah and to comply with the requirements for board certification by their licensing body. These requirements include 40 hours of continuing education or recertification by examination.
- Genetic Counselors must maintain continual certification by the American Board of Genetic Counseling or American Board of Medical Genetics within five years of completion of training. This continual certification is proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

Mental Health Professionals – required by the Wyoming Mental Health Professions Licensing Board:

- 4 hours of continuing education during each license renewal period every two years

Psychologist – required by the Wyoming Psychology Licensing Board:

- 40 hours of continuing education during each license renewal period every two years

***Physician Assistants – required to be board certified by NCCPA**

- Because the NCCPA requires Physician Assistants to log 100 CME's every two years, the Wyoming Board of Medicine does not require additional documentation of CME's for PA's. However all Physician Assistants must maintain continual certification by NCCPA as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

RN First Assist – required to be board certified

- Because the Competency and Credentialing Institute (CCI) requires RNFA's to log CME's and contact hours in order to remain certified the Wyoming Board of Nursing does not require additional documentation of CME's for RNFA's once certified. However all RNFA's must maintain continual certification as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.
- Until the RNFA obtains board certification they will need to submit an average of 20 CME's per year. Once they obtain and maintain board certification they will no longer need to submit CME documentation for reappointment.

R 201