

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

February 7, 2024

2:00 p.m.

Zoom Meeting

Meeting ID: 826 5315 6079

Passcode: 964117

AGENDA

- I. Call to Order Barbara Sowada
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Mission and Vision](#) Nena James
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. [Minutes](#) *(For Action)* Barbara Sowada
- IV. Community Communication Barbara Sowada
- V. Old Business Barbara Sowada
 - A. Employee Policy–Non-Discrimination & Anti-Harassment *(Remains under review/development, no request for action)*
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
 - A. [Joint Conference Committee Charter](#) *(For Review)* Barbara Sowada
 - B. [Emergency Operations Plan](#) *(For Review)* Stevie Nosich, *Emergency Management & Environmental Safety Coordinator*
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
 - A. [Governance Committee](#) Barbara Sowada
 - B. [Quality Committee](#) Kandi Pendleton
 - C. Human Resources Committee Kandi Pendleton
 - D. Finance & Audit Committee Marty Kelsey
 - 1. [Capital Expenditure Request](#) *(For Ratification)*
 - 2. [I.S. Report](#)
 - 3. Bad Debt *(For Action)*
 - 4. [Finance & Audit Committee Meeting Information](#)
 - E. Foundation Board Craig Rood
 - F. Executive Oversight and Compensation Committee Barbara Sowada
 - G. Joint Conference Committee Barbara Sowada
 - H. [Building & Grounds Committee](#) Marty Kelsey
 - I. [Compliance Committee](#) Kandi Pendleton
- IX. Contract Review Irene Richardson
 - A. [Cardinal Pharmacy Agreement](#) *(For Action)*

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

February 7, 2024

2:00 p.m.

Zoom Meeting

Meeting ID: 826 5315 6079

Passcode: 964117

AGENDA

- | | | |
|-------|---|--|
| X. | Board Education | Barbara Sowada |
| | A. Veralon | |
| | 1. Key Income Statement Ratios | |
| | 2. How Operating Income Is Computed | |
| | 3. What Is An Income Statement? | |
| | 4. What Is Medicare Reimbursement? | |
| XI. | Medical Staff Report | Dr. Brianne Crofts, <i>Medical Staff President</i> |
| XII. | Good of the Order | Barbara Sowada |
| XIII. | Executive Session (W.S. §16-4-405(a)(ix)) | Barbara Sowada |
| XIV. | Action Following Executive Session | Barbara Sowada |
| | A. Request for Privileges (<i>For Action</i>) | |
| XV. | Adjourn | Barbara Sowada |



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**

January 3, 2024

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on January 3, 2024, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

CALL TO ORDER

Dr. Sowada welcomed everyone and called the meeting to order.

Dr. Sowada requested a roll call and announced there was a quorum. The following Trustees were present: Judge Nena James, Mr. Marty Kelsey, Ms. Kandi Pendleton, Mr. Craig Rood, and Dr. Barbara Sowada.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Mr. Taylor Jones, Sweetwater County Commissioner Liaison; and Mr. Geoff Phillips, Legal Counsel.

Pledge of Allegiance

Dr. Sowada led the attendees in the Pledge of Allegiance.

Our Mission and Vision

Ms. Pendleton read aloud the mission and vision statements.

Mission Moment

Ms. Richardson read aloud a letter from a patient who was very pleased with the care received. Ms. Pendleton shared the positive message from a recent Facebook post from a patient who was very happy with their care. Ms. Pendleton said it is always nice when people share their good messages. Mr. Rood said a family member was very happy with the care provided by Ms. Deseriee Padilla, NP, in the Clinic. He said he had some questions afterward and the follow up with him was quick and she spent time with him to help him understand the information. Mr. Kelsey said he was really sick before Christmas and visited the Clinic. He said it was so busy. He said he saw Mr. Mark Sanders, PA, and it was a good visit. Mr. Kelsey said he is glad we have him on staff and said he is doing a great job. Mr. Kelsey said the Clinic is really a nice thing.

AGENDA

The motion to approve the agenda with an addition under “New Business” to “Ratify the New Board member of the Foundation” was made by Ms. Pendleton; second by Judge James. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the October 4, 2023, regular meeting as presented was made by Mr. Rood; second by Mr. Kelsey. Motion carried. The motion to approve the minutes of the November 13, 2023, special meeting as presented was made by Ms. Pendleton; second by Judge James. Mr. Kelsey abstained and the motion carried. The motion to approve the minutes of the December 6, 2023, regular meeting as presented was made by Ms. Pendleton; second by Judge James. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

Employee Policy – Non-Discrimination & Anti-Harassment

Dr. Sowada reported the Committee is continuing work on this policy.

Employee Policy – Weapons Policy

The motion to approve the policy as presented was made by Judge James; second by Mr. Rood. Motion carried.

NEW BUSINESS

Ratify the New Member of the Foundation Board

The motion to ratify the appointment of Mr. Dolan Wire to the Foundation Board of Directors was made by Mr. Rood; second by Mr. Kelsey. Motion carried. Mr. Rood said Mr. Wire will be a great addition to the Foundation Board and he is looking forward to working with him.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson provided a patient experience and person-centered care culture update. She provided an update on Critical Access Hospital status. Meetings continue to develop the Strategic Plan. The Joint Commission was onsite December 6-8. Ms. Richardson said the survey was very thorough and she thanked staff for their work preparing and participating in the survey. She said the surveyors were very complimentary of our staff. Ms. Richardson said we are one of 20% of hospitals that do not require a return visit. The master plan deep dive is dovetailing with our strategic plan process. Town Hall meetings are scheduled in January. The American Hospital Association Rural Healthcare Conference is in February in Orlando. Dr. Sowada is a presenter. Ms. Richardson said over 100 staff walked in the holiday lighted parade along with four members of our Patient and Family Advisory Council. Ms. Richardson thanked Unidine for preparing a lovely holiday lunch and dinner for staff in December. The Merry Birthday event in December was very successful. Ms. Richardson thanked everyone involved in the events during the month. Dr. Sowada said it has been a busy, productive, enjoyable December.

COMMITTEE REPORTS

Compliance Committee

Ms. Pendleton reported the Committee did not meet.

Governance Committee

Dr. Sowada said the report was in the packet.

Quality Committee

Ms. Pendleton said information is in the packet. She noted TeamSTEPPS is starting in January and is a way to alleviate working in silos and improve communication. Training will be conducted with departments and it will take three to four months to complete the training. The Emergency Department times have improved and sepsis rates are improving. Ms. Pendleton said the Quality Team did a great job with The Joint Commission survey.

Human Resources Committee

Ms. Pendleton said the information is in the packet.

Finance and Audit Committee

Capital Expenditure Request: Mr. Kelsey said there are five requests to approve. He said they have been approved by the Committee. The motion to approve FY24-28 for \$39,995, FY24-29 for \$138,434.40, FY24-30 for \$80,625.01, FY24-31 for \$162,180, and FY24-32 for \$97,070.01 as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried.

Bad Debt: The motion to approve the potential bad debt of \$1,559,326.82 as presented was made by Mr. Kelsey; second by Judge James. Motion carried.

Finance & Audit Committee Meeting Information: Mr. Kelsey said the information is in the packet. He said it was another month with a positive margin. Ms. Tami Love, Chief Financial Officer, provided a brief overview for December. Ms. Richardson said we have had high numbers of surgeries in November and December.

Foundation Board

Mr. Rood said the Foundation Board had a modified meeting and holiday celebration in December. They are working on the Red Tie Gala that is fast-approaching. Ms. Tiffany Marshall, Foundation Executive Director, reported we are excited for our 10th anniversary event.

Executive Oversight and Compensation Committee

Dr. Sowada said the Committee has not met.

Joint Conference Committee

Dr. Sowada said the Committee has not met.

Building and Grounds

Mr. Kelsey said the meeting minutes and his report are in the packet. He said we are waiting on a guaranteed maximum price and still planning for a spring groundbreaking for the lab expansion project.

CONTRACT REVIEW

Facility Master Planning Services Agreement

Ms. Richardson reviewed the agreement. She said the last time we did a master plan was 2013. Ms. Richardson said we have a road map and some ideas of what we want to work on. She said we will work to keep costs low. The motion to approve the agreement as presented was made by Ms. Pendleton; second by Judge James. Motion carried. Mr. Kelsey said the master plan will have a strong tie in to the Building and Grounds Committee and then the Finance and Audit Committee.

MEDICAL STAFF REPORT

Ms. Kerry Downs, Director of Medical Staff Services, read a report provided by Dr. Crofts. The Medical Executive Committee (MEC) met December 18. They will meet January 15 to discuss bylaws. The regular MEC meeting is scheduled January 24. Dr. Crofts said we have been very busy treating respiratory illnesses.

GOOD OF THE ORDER

Dr. Sowada said Ms. Richardson will be out of town March 6 and that is our next regular meeting. She asked if the Board would be available to meet instead on Monday, March 4. The Trustees agreed.

Dr. Sowada reminded Trustees to forward to Ms. Marshall their contributions to the Board Red Tie Gala basket donation.

Dr. Sowada invited Trustees to attend the upcoming AHA Rural Healthcare Conference if possible. She said it is a nice overview of rural hospitals and an opportunity to meet with peers.

EXECUTIVE SESSION

The motion to go into executive session at 2:54 p.m. to discuss litigation and personnel was made by Ms. Pendleton; second by Judge James. Motion carried. Dr. Sowada said there would be a 10-minute break and the anticipated amount of time for the executive session was approximately ninety minutes.

RECONVENE INTO REGULAR SESSION

The motion to leave executive session and return to regular session at 4:31 p.m. was made by Ms. Pendleton; second by Judge James. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to grant clinical privileges and appointments to the Medical Staff as discussed in executive session was made by Ms. Pendleton; second by Judge James. Motion carried.

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from December 12, 2023

1. Initial Appointment to Active Staff (2 years)
 - Dr. Jason Kalan, Pediatric Hospitalist
 - Dr. Holden Wagstaff, Emergency Medicine (U of U)
2. Initial Appointment to Associate Staff (1 year)
 - Dr. Mark Zamboni-Cutter, Pediatric Hospitalist
 - Dr. Karen Carcamo, OB/GYN
 - Dr. Patrick Hughes, Emergency Medicine (U of U)
 - Dr. George Scott Cuming, Pediatrics
3. Initial Appointment to Consulting Staff
 - Dr. Ravinder Sohal, Tele Radiology (VRC)
4. Reappointment to Active Staff (2 years)
 - Dr. Prachi Pawar, Neurology
 - Dr. Cielette Karn, Pathology
 - Dr. Scott Sulentic, Plastic Surgery
5. Reappointment to Consulting Staff (2 years)
 - Dr. Scott Sullivan, Tele Radiology (VRC)
 - Dr. Lawrence Briggs, Tele Radiology (VRC)
6. Reappointment to Non-Physician Staff (2 years)
 - Tenny Hanson, Family Nurse Practitioner
 - Mark Sanders, Family & Occupational Medicine Physician Assistant

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:32 p.m.

Dr. Barbara Sowada, President

Attest:

Ms. Kandi Pendleton, Secretary



ORIENTATION MEMO

Board Meeting Date:2/7/2024

Topic for Old & New Business Items:

The Governance Committee reviewed the Joint Conference Committee Charter and is recommending the highlighted changes be approved by the Board.

Click or tap here to enter text.

Policy or Other Document:

- ☒ Revision
☐ New

Brief Senior Leadership Comments:

Recommend approval of this change to the Joint Conference Committee Charter.

Board Committee Action:

The Governance Committee approved the changes to the Charter on 01/15/2024.

Policy or Other Document:

- ☒ For Review Only
☐ For Board Action

Legal Counsel Review:

- ☐ In House Comments:
☐ Board Comments:

Senior Leadership Recommendation:

Recommend approval of changes to the Joint Conference Committee Charter.

Board Charter for The Joint Conference Committee

Board of Directors Policy Manual

Category: Charter

Title: Joint Conference Committee

Original adoption: 2017

Revision: 2024

Purpose:

The purpose of the Joint Conference Committee is to serve as an official means of liaison among the Board of Trustees (Board), the Medical Staff, and the Chief Executive Officer (CEO), with the intent of promoting open communications and strengthening relationships. Its primary function shall be to serve as a forum for discussion of matters effecting the medical staff and medical care; the community's health care needs; and plans for growth and/or changes in service(s).

Responsibilities:

In fulfilling its charge, the Joint Conference Committee is responsible for the following activities and functions:

- Serves as a forum for education and discussion of issues of mutual concern related to patient care, medical policies, staffing and resources, and the relationship between the Board, the CEO, and members of the medical staff.
- Serves as a forum for education and discussion on all matters related to the quality of care, patient safety, customer service, organizational culture, ~~hospital economics~~ the Hospital's economics, health care policy, and other items of mutual interest.
- Addresses troublesome issues before they burgeon into conflicts.
- Makes recommendations to the Board and the Medical Executive Committee, respectively.
- Keeps a record of its meetings and reports to the Board and the Medical Executive Committee, respectively.

Composition

The ~~e~~Committee shall consist of two (2) members of the Board, one (1) of whom shall be the Board ~~Chair~~ President; two (2) members of the medical staff, one (1) of whom shall be the Chair of the Medical Executive Committee, and the CEO. All members will have voting privileges. The chair of this ~~e~~Committee will alternate annually between the Board ~~Chair~~ President and the Medical Executive Committee Chair.

Meeting Schedule

The committee shall meet ~~at least quarterly, and~~ as needed.

ORIENTATION MEMO

Board Meeting Date: 2/7/2024

Topic for Old & New Business Items:

The EOP Plan – The Emergency Management chapter standards from The Joint Commission have been reformatted. They have updated the standard numbers and EP's, therefore the policy needed updated. While going through the policy, our Committee noticed that a few titles were not accurate, they have been updated as well.

And on the hospital incident command structure there were some items that were not in the right place that have also been updated.

The overall updates were standard numbers, title corrections, and correct location of specific information.

Policy or Other Document:

- ☒ Revision
☐ New

Brief Senior Leadership Comments:

Recommendation to approve.

Board Committee Action:

N/A

Policy or Other Document:

- ☒ For Review Only
☐ For Board Action

Legal Counsel Review: N/A

- ☐ In House Comments:
☐ Board Comments:

Senior Leadership Recommendation:

Recommendation for approval.

Approved N/A
Review Due N/ADocument Area Emergency Operations
Reg. TJC EM
Standards 12.01.01, TJC
EM.09.01.01, TJC
EM.10.01.01
+ 12 more

Emergency Operations Plan (EOP)

STATEMENT OF PURPOSE

Conforming to TJC EM.09.01.01, (MHSC) Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies or incidents, both external and internal, which could confront the Hospital and the surrounding community based upon the annual Hazard Vulnerability Assessment (HVA).

The Emergency Operations Plan describes a comprehensive "all hazards" **continuity of operation plans (COOP)** with command structure that uses the Hospital Incident Command System (HICS) for coordinating six (6) critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities. The overall response procedures include emergencies that can temporarily affect demand for services, along with emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.

MHSC frequently reviews and updates emergency plans to establish the necessary policies and procedures to achieve preparedness for, response to and recovery from an incident. These plans and procedures are exercised and reviewed to determine and measure functional capability.

EMERGENCY RESPONSE PLANS (links)

In Alphabetic order:

- Link to 1135 Waiver Request Procedure <https://sweetwatermemorial.policystat.com/policy/9548773/latest/>
- Link to Active Shooter Response <http://sweetwatermemorial.policystat.com/policy/3674995/latest/>
- Link to Boiler Failure Protocol <http://sweetwatermemorial.policystat.com/policy/3674718/latest/>
- Link to Bomb Threat Protocol <http://sweetwatermemorial.policystat.com/policy/3674829/latest/>
- Link to Call-Tree Phone List <http://sweetwatermemorial.policystat.com/policy/4000707/latest/>

- **Link to Code Pink: Infant/Child Abduction Response** <http://sweetwatermemorial.policystat.com/policy/3972423/latest/>
- **Link to Code Red: Fire Response** <http://sweetwatermemorial.policystat.com/policy/3674716/latest/>
- **Link to Continuing of Operation Plan (COOP)** <https://sweetwatermemorial.policystat.com/policy/12054147/latest/>
- **Link to Decontamination Response** <http://sweetwatermemorial.policystat.com/policy/3615387/latest/>
- **Link to Delegation of Authority & Succession Protocol** <https://sweetwatermemorial.policystat.com/policy/9357259/latest/>
- **Link to Evacuation Protocol** <http://sweetwatermemorial.policystat.com/policy/3674819/latest/>
- **Link to Hazardous Spill and Exposure Response** <http://sweetwatermemorial.policystat.com/policy/3674797/latest/>
- **Link to Information Technology Disaster Recovery Response** <https://sweetwatermemorial.policystat.com/policy/10761636/latest/>
- **Link to Loss of Air Handling Units** <http://sweetwatermemorial.policystat.com/policy/3674796/latest/>
- **Link to Loss of Elevators** <http://sweetwatermemorial.policystat.com/policy/3674787/latest/>
- **Link to Loss of Medical Gas or Vacuum** <http://sweetwatermemorial.policystat.com/policy/3674740/latest/>
- **Link to Mass Casualty Response** <http://sweetwatermemorial.policystat.com/policy/3674815/latest/>
- **Link to Medical Staff Policy for Granting Privileges in Disasters** <http://sweetwatermemorial.policystat.com/policy/3844658/latest/>
- **Link to Natural Disaster Response** <http://sweetwatermemorial.policystat.com/policy/3674812/latest/>
- **Link to Pandemic Response** <https://sweetwatermemorial.policystat.com/policy/7761435/latest/>
- **Link to Patient Upsurge: Internal Response** <http://sweetwatermemorial.policystat.com/policy/3674824/latest/>
- **Link to Physical Altercation Response** <http://sweetwatermemorial.policystat.com/policy/3674813/latest/>
- **Link to Plumbing Failure** <http://sweetwatermemorial.policystat.com/policy/3674792/latest/>
- **Link to Power Failure** <http://sweetwatermemorial.policystat.com/policy/3674737/latest/>
- **Link to Severe Weather Response** <http://sweetwatermemorial.policystat.com/policy/3674808/latest/>
- **Link to Tornado Watch And/Or Warning Response Plan** <http://sweetwatermemorial.policystat.com/policy/5035899/latest/>
- **Link to Water Failure** <http://sweetwatermemorial.policystat.com/policy/3674802/latest/>
- **Link to Radioactive Spill** <https://sweetwatermemorial.policystat.com/policy/12570163/latest/>

Link to Hospital Incident Command System Forms (see also attached)

<https://emsa.ca.gov/hospital-incident-command-system-forms-2014/>

EMERGENCY OPERATIONS PLAN (EOP)

I. HOSPITAL LEADERSHIP RESPONSIBILITIES - TJC EM.10.01.01

A. Leadership

The hospital's leaders, including the medical staff, are involved in the planning activities of the Emergency Operations Plan. The medical staff, Senior Leadership, and department leaders are represented in the Emergency Management Committee. The final copy of the EOP is approved by the Emergency Management Committee, Senior Leadership, the Medical Executive Committee (MEC), and MHSC's Board of Trustees.

B. Emergency Program Managers

Per senior leadership delegation the Emergency management Coordinator (EM Coordinator) and the Emergency Department Director (ED Director) or designee work together as the Emergency Program (EP) Managers. The EP Managers provide overall management of the hospital's preparedness efforts, including developing needed procedures, coordinating production or revision of the Emergency Operations Plan (EOP), planning and executing training and exercises, and writing After Action Reports (AAR). The EP Managers or their designee represent the Hospital at various preparedness meetings at the local, regional, and state levels. The desired background for an Emergency Program Manager includes formal and informal training, education, and/or experience in emergency management, National Incident Management System (NIMS), Hospital Incident Command, hospital operations and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

C. The Emergency Management Committee

The Hospital's EM Committee is a multidisciplinary group of hospital representatives involved in planning for potential disasters based upon the HVA. Local agencies such as police, fire/emergency medical services, city and county emergency management and public health, through committee deliberations, help clarify the Hospital's roles and responsibilities to support community response to incidents. These multi-agency collaboration encourage familiarity and networking between community partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.

The Hospital's EM Committee meets regularly and consists of clinical and non-clinical representatives from key Hospital departments and functioning units of the facility. The EM Coordinator is the EM Committee chairperson. The chairperson will set each meeting's agenda and facilitate the Committee's work to achieve an annually established set of objectives. Minutes of each meeting will be published and disseminated to Committee members.

To ensure overall readiness and support, the chairperson will report to the Performance Improvement Patient Safety (PIPS) Committee twice per year and present the evaluation/review of the scope and objectives of the Emergency Operations Plan to the Quality

Committee of the Board biennially.

II. **PLANNING ACTIVITIES – TJC EM.11.01.01**

A. **HAZARD VULNERABILITY ANALYSIS**

MHSC identifies potential emergencies that could affect demand for the Hospital's services or its ability to provide those services, the likelihood of those incidents occurring, and the consequences of those incidents.

1. The assessment is the *Hazard Vulnerability Analysis (HVA)* attached to this Plan, it is designed to assist the EM Committee in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts.
2. The hospital prioritizes hazards identified on annual review of the HVA.
3. The community and region's HVA assessments are also an aid in the assessment by the Hospital.
4. A list of priority concerns are developed from the HVA and are evaluated annually to determine what exercises are to be conducted, along with any additional planning.

B. **COMMUNITY INVOLVEMENT**

MHSC has established a relationship with community partners. Potential emergencies are identified in the MHSC Hazard Vulnerability Analysis and prioritized, in conjunction with HVA's from community partners. The HVA aids in establishing the needs and vulnerabilities of the Hospital. The Hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's review of its Emergency Operations Plan, which occurs at least every two years and whenever its needs or vulnerabilities change.

During a disaster, the Hospital's role within the community is to care for sick and/or wounded individuals who may present for treatment. The facility and community are involved through:

- Local emergency management meetings
- State emergency management meetings

C. **MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY**

The Emergency Program Managers and the EM Committee develop appropriate specific emergency response plans based on priorities established as part of the Hazard Vulnerability Analysis. Each Emergency Response Plan addresses the four (4) phases of emergency management activities:

Mitigation - Activities designed to reduce the risk of and potential damage due to an emergency (i. e., the installation of stand-by or redundant equipment, training).

Preparedness - Activities that organize and mobilize essential resources such as plan-

writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies.

Response - Activities the Hospital undertakes to respond to disruptive incidents. The actions are designed with strategies and actions to be activated during the emergency (i.e., control, warnings, and evacuations).

Recovery - Activities the Hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum safe operating standards. Long-term focus is on returning all Hospital operations back to normal or an improved state of affairs.

D. Hospital Command Center (HCC) and Delegation of Authority

1. The HCC will be set up immediately in the Physician Lounge. If the Physician Lounge is not available, the Incident Commander (IC) will identify an alternate site. The alternate HCC location will be announced overhead by the PBX Operator. The Incident Commander will initiate the Hospital Incident Command System (HICS).
2. **Order of succession:** Due to rural nature and limited resources, the organization establishes and maintains orders of succession for key positions in the event Leadership is incapable of performing authorized duties. (See MHSC policy "Delegation of Authority and Secession Protocol", and "COOP"). Designation as a "successor" enables the selected individual to serve in the same position as the principal in the event of principals death, incapacity, or resignation. Order of succession is determined with each incident as selection of individuals for key positions may vary based on type of incident. Please see attached templates.
3. **Designation/delegation of authority:** Due to rural nature and limited resources, designation/delegation of authority is determined with each incident as designation/delegation of authority may vary based on type of incident. Designation/delegation of authority specify the actions individuals are authorized to implement. The organization establishes designation/delegation of authority to provide successors the legal authority to act on behalf of the organization and to carry out specified duties. Designation/delegation of authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished. Please see attached templates.
4. Per TJC EM.15.01.01, EM Committee and all leaders to fill the HCC positions will have to complete these HICS trainings and are met annually through MHSC's on line education program and initial orientation.
5. Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated. (See section VII "Communication Management" for emergency response plans/codes)

E. Hospital Incident Command System (HICS)

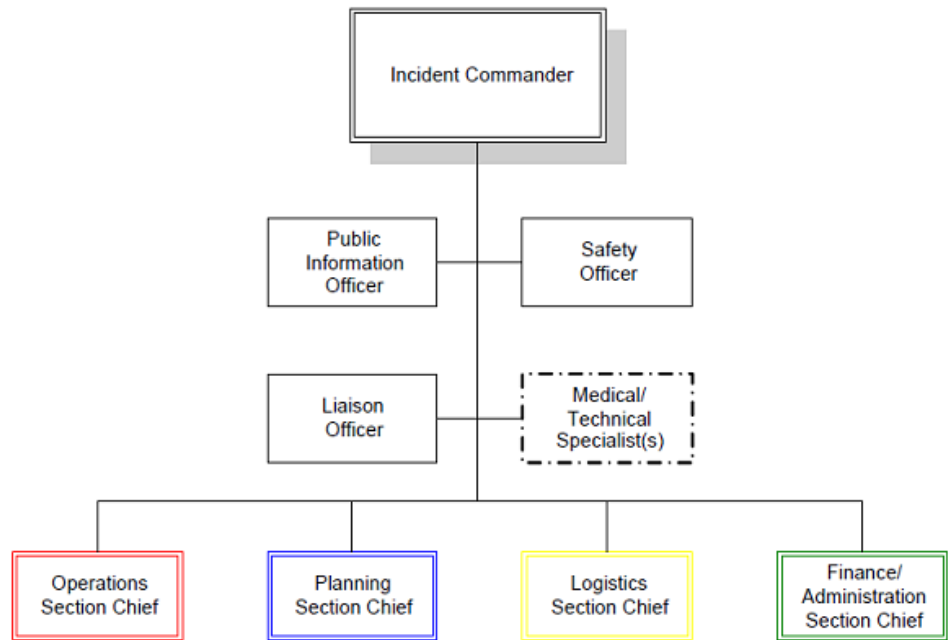
The hospital has implemented the Hospital Incident Command System (HICS) developed by the Emergency Medical Services Authority (EMSA) of California as a revision from the

previous Hospital Emergency Incident Command System (HEICS).

HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals to improve their emergency management planning, response, and recovery capabilities for unplanned and planned incidents. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. The new HICS has been restructured to be consistent with ICS and NIMS principles and will provide greater flexibility/adaptability for the hospital setting.

- The Command staff will report to the Hospital Command Center. Command Staff may include a Public Information Officer, a Safety Officer, a Liaison Officer, one or more Medical Specialist and administrative support to assist with the phones and documentation.
- The Incident Commander (IC) will organize and direct the HCC and give overall direction for hospital operations and if needed, authorize evacuation.
- The IC in concert with the Command Staff, have the delegated authority to implement the appropriate emergency operations plans.
- The Safety Officer, if assigned, assists the IC to ensure that the Emergency Operations Plan is implemented and identify any hazards or unsafe conditions.
- The Public Information Officer (PIO), if assigned, provides information to the news media as directed or approved by the IC.
- The Liaison Officer if assigned, coordinates with community partners and assist the IC as directed.
- Administrative support will provide phone support and documentation support for the IC, along with receiving various information/tracking lists and messages.
- The Section Chiefs for Operations, Planning, Finance, and Logistics, if assigned establish their functions as directed by the Incident Commander. They then report to their designated meeting place to receive further instructions.
- The IC or Liaison Officer, if assigned, initiates communication with local emergency response groups, as needed.
- The proper HICS identification apparel will be issued to the Command Center Staff and Section Chiefs and other designated personnel as required by the incident and HICS structure established.
- The IC directs Security Department personnel to the appropriate location, as necessary, in preparation for securing the facility (lock-down).

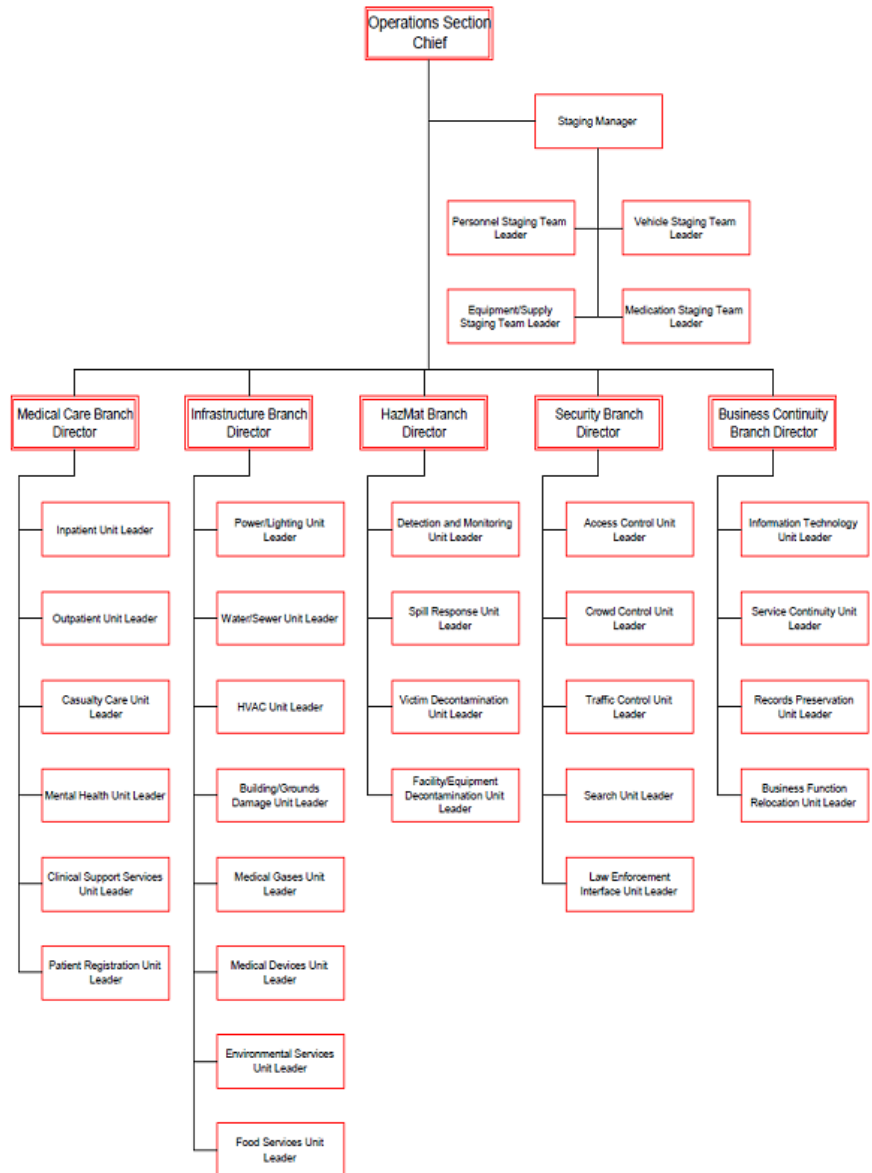
Command Staff



F. Operations Section

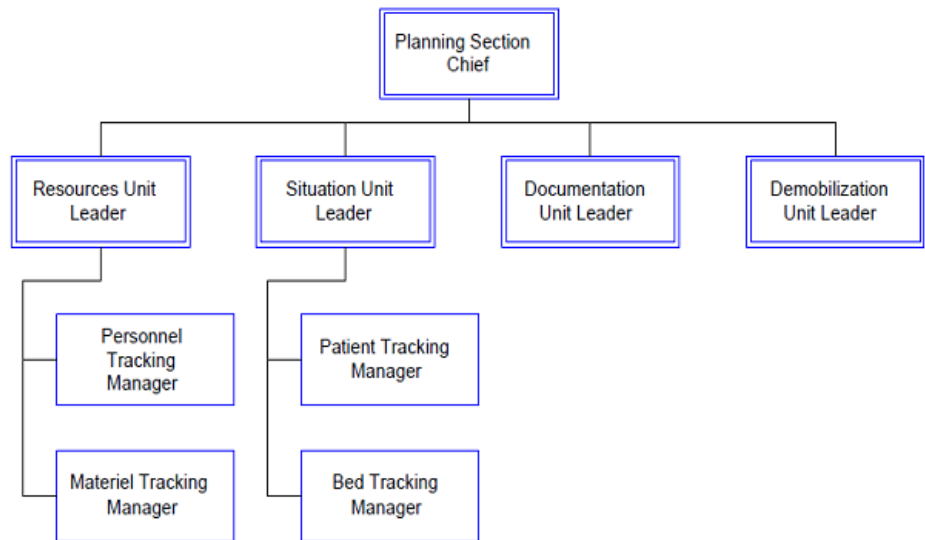
- The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section Chief will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.
- **Operations Staff**

DF



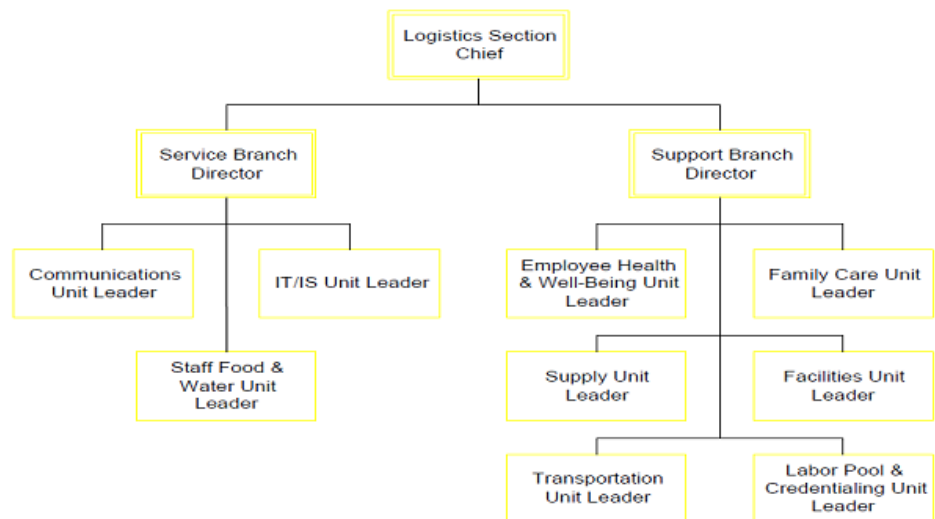
G. Planning Section

- The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.
- **Planning Section**



H. Logistics Section

- The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Commander. For the hospital to respond effectively to the demands associated with a disaster, the Logistics Section will coordinate support requirements. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC (Emergency Operation Center). When requesting resources from outside sources, it will be important that the hospital specify exactly what is needed and not try to identify how that need can be met: that will be done at the local EOC. In addition, it is important for the hospital to know how the requests are to be made (electronically, fax, phone): **HICS form #254 - EOP Manual Flash drive**
- **Logistics Section**



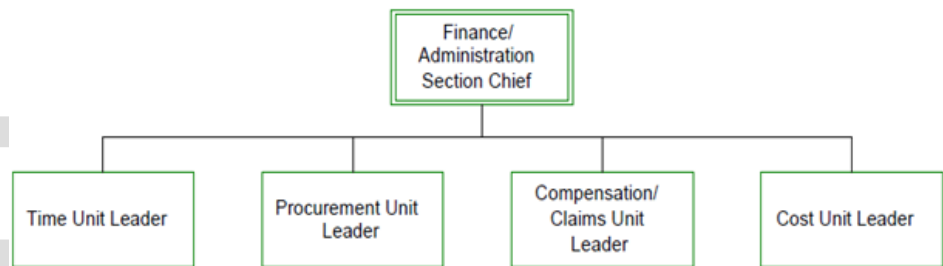
I. Finance Section

- The Finance/Administration Section monitors costs related to the incident

while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

- Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/Administration Section coordinates personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Worker's Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).

- **Finance Section**



III. **INVENTORY & MONITORING OF ASSETS & RESOURCES**

- IV. MHSC has identified and documented the resources and assets that are available on-site and/or elsewhere prior to an incident. **The Inventory and Sustainability Tool** includes the assets and resources such as:

- Personal protective equipment (PPE)
- Water
- Fuel
- Medical supplies
- Surgical supplies
- Medications

V. **EMERGENCY OPERATIONS PLAN – TJC**

EM.12.01.01

A. **Response**

Each emergency response plan has procedures to direct the immediate and long term response to the emergency. The "all hazards" **Continuity of Operation Plan (COOP)** command structure is used to manage the response to the incident and assure adequate staffing for patient care and safety. A response to an emergency can include any of the following: maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation.

- B. **Continuity of Operation Plan (COOP)** is included with the essential functions/service, orders of succession, designation/delegation of authority, continuity, and communications.

Memorial Hospital of Sweetwater County has one or more emergency management response plans based on the emergency plan, risk assessment, and communication plan. Procedures guiding implementation are defined in this emergency management plan, continuity of operations plan, and other preparedness and response protocols. Response plans, procedures and documents are reviewed by the EM Committee and updated at least every two years. The format of these documents is at the discretion of the hospital.

C. **Staff Response**

1. All on-duty Staff will report to their department, reporting to their supervisor or Director and STAND-BY for further instructions (i.e., being ready, willing and able to perform assigned duties). Unit leaders will complete a Disaster Readiness Response form (attached) reporting current staffing levels and unit patient care activity to HCC. Staff will continue their assigned patient care activities until directed otherwise by the HCC.
2. Departments with excess personnel will advise HCC of the number of available staff to support the Labor Pool. Labor pool personnel will stay at their home department until called upon by HCC.
3. Labor pool personnel will be assigned by the HCC as needed to support the hospital's incident response.
4. Patients and Staff away from their assigned treatment area will return to the appropriate area as soon as practical or receive instructions to secure the patient in an ancillary location if necessary.
5. Staff unable to return to their assigned area will notify their department leader of the location of the patient and Staff member. Department leaders will report this to the HCC for patient tracking.
6. All Staff requesting to go off duty must obtain the approval from HCC through their department leaders. The department leaders may not give this approval without prior clearance from the Incident Commander. Staff must not leave their workstations until relief has arrived or until dismissed by the department leaders.

D. **Departmental Response**

Each department leader, for both clinical and non-clinical operations, will assess the status of their Staff's ability to maintain normal operations.

1. Each department leader, or designee, will identify available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.
2. The department leader will complete the Disaster Readiness Report and relay the information to the HCC, on status of the department.
3. When the departments receive the notification of the specific emergency, the department leaders will initiate the appropriate departmental response plan for the emergency.
4. The department leaders will report any problems or concerns to the appropriate Section Leader or the HCC.
5. No department should reduce its hours of operation without prior approval from the HCC.

E. SUSTAINABILITY

The importance of sustainability on supplies is crucial to determine if services can still be rendered during an emergency incident. The hospital plans for sustainability without the support of the community for the required 96 hours. This planning is a coordinated effort by the Emergency Management Committee and all hospital departments by reviewing the six critical areas before an incident has occurred. Where supplies and alternative means are required to sustain 96 hours of operation, alternative resources and assets, must be identified by the Incident Commander. The **Inventory and Sustainability Tool** (see attached) has identified those resources and assets and the sustainability indicated in hours.

F. RECOVERY PROCEDURES - TJC EM.14.01.01

Recovery after an incident response defines the activities the hospital will take to restore the systems that are critical to resuming normal care, treatment and services. Short-term recovery actions assess damage and return vital life-support operations to minimum safe operating standards. Long-term recovery focuses on returning all hospital operations back to normal or an improved state. MHSC will follow the following recovery protocol:

1. When deemed appropriate, the Incident Commander will initiate the recovery phase by announcing an **"All Clear"**.
2. The Incident Commander will notify the PBX Operator to alert the staff of the end of the incident by announcing **"All Clear"** by normal code announcement methods.
3. Labor Pool personnel will be released by the HCC Command Staff or a Section Chief.
4. The Incident Commander notifies community Emergency Management Services of the **"All Clear"** action.

Note: Upon announcement of the "All Clear", all information concerning the emergency will be recorded and properly filed for later reference using the noted HICS forms (EOP Manual Flash drive).

5. Section Leaders and HCC staff will contact Unit leaders to receive information

and critiques concerning the response to the emergency.

6. Form #252, #256: All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.
7. The EM Coordinator and/or Security Personnel will collect and inspect all communication equipment, data processing systems, and other equipment used during the emergency. Equipment will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.- The IC or designee will collect all HICS identification apparel and ensure that it is repackaged. EM Coordinator will be notified if materials need to be replaced for the next emergency. The IC or designee will ensure that the physical surrounding of the HCC is cleaned and furniture repositioned for normal operations. All documents used for the incident will be gathered and replacement copies of forms and documentation sheets will be replenished.
8. The Hospital Command Center staff and appropriate designees will conduct the evaluation of the emergency and the response. The EM Coordinator will take notes, collect HICS forms and write the after action report (AAR). All reports shared and reviewed by the EM Committee and then are stored in the EM Coordinator office.
9. The Public Information Officer will communicate to the local media relevant information concerning the "**All Clear**" as directed and approved by the IC.
10. Facilities Management will ensure all utilities are back to normal operation. In the event there is a need to contact outside agencies to assist with this process, Logistics will contact the appropriate vendors or contractors to assist with the recovery process.
11. The HVA will help us in identifying the critical systems, such as all utilities, communication and IT information, needed to return to full operation. Contractor and vendors will be contacted to assist our recovery process if needed.
12. **COMMUNICATION WITH FAMILY MEMBERS** is part of the recovery process, this is addressed under communications.

G. PLAN INITIATION AND TERMINATION

To facilitate the orderly initiation of the response to an incident, the following steps of the Emergency Operations Plan will be initiated:

1. Creditable information received by MHSC Emergency Department or to other MHSC leaders concerning an external incident facing the community or if an internal incident adversely affecting the function of the Hospital, the information will be passed directly to Administration or the Administrator on Call.
2. When notified of a potential disaster, the Administration/ Administrator on Call, House Supervisor, Emergency Department (ED) Physician, ED Director and/or ED Nursing staff will:
 - a. Evaluate the issues such as location of incident (internal, external),

- the distance from the Hospital, the scope of the incident (single individual, mass casualty), and weather conditions (seasonal and current).
- b. Based upon the severity of the incident, the decision will be made whether or not to implement HICS.
 - c. Plan the care of casualty and non-casualty patients arriving in the Emergency Department during the incident.
 - d. Once it has been determined to activate HICS, the individual who takes the role of Incident Commander will notify the hospital staff and executives as soon as possible.
3. **Note:** During work hours it is unknown which senior leader might be available. It may be the determination of administration to contact the EM Coordinator or other staff well trained in HICS methodology to assume the position of Incident Commander.

VI. INCIDENT PHASES

A. Phase I

When the hospital is notified by EMS and/or other sources of an incident that has occurred that may involve multiple casualties or a small incident with no casualties has occurred within the facility:

1. A Phase I incident is a situation that can most likely be managed with the staff already on duty.
2. Staff should remain on their assigned unit and review their department specific procedures as applicable, to be prepared to respond to the next Phase if the incident requires an upgrade.
3. The Department Supervisor or Charge Nurse will have a bed count and expected discharges ready to report to HCC.
4. The Hospital Incident Command System (HICS) will be initiated. Potentially, only selected or affected departments may be notified depending upon expected or actual severity of the incident.

B. Phase II

When the hospital will be receiving a large number of patients or a major incident occurs within the facility and additional support staff will be required:

1. Situation requires additional staff to be called into the hospital – activate Emergency Hospital Alert System as needed.
2. All on duty staff will remain at their assigned units and will follow the department specific procedures.
3. The HCC will be initiated to coordinate incident operations.

C. Phase III

When the facility will be receiving large numbers of patients that is likely to overwhelm

normal and emergency patient care services and/or significant issues have occurred within the facility that has or will disrupt continued operation and results in the need for extensive internal and/or external support:

1. The HCC will be initiated to coordinate emergency operations.
2. This major incident will require mobilization of most aspects of the HICS as detailed in the EOP, including initiation of the Hospital Emergency Alert System for staff relief over an extended period of time.

VII. **ALTERNATE CARE SITES -TJC EM.13.01.01**

- A. MHSC is prepared for the possibility that the buildings or spaces in which patient care is normally provided will be rendered unusable. In this type of incident, a pre-designated alternate care site may be activated. Other facilities such as hospitals, community location, etc. have been assessed and identified as alternate site locations. The Memorandum of Understanding with alternative care sites are available from In House Counsel.
 1. Holiday Inn - 307-382-9200
 2. Aspen Mountain Medical Center 307-352-8900
 3. Homewood Suites - 307-382-0764
- B. MHSC's decision to use an ACS in an emergency response will be decided by the Incident Commander. Any equipment and supplies that may be needed at the ACS will be provided by the Hospital, and will be transported by designees assigned through Hospital Incident Command team.
- C. The HCC will determine collectively if a request for an 1135 waiver needs to be completed. IC will delegate this task to the appropriate individual.

VIII. **COMMUNICATION MANAGEMENT – TJC EM.12.02.01**

A. **INTERNAL & STAFF NOTIFICATION LEVELS**

1. The Incident Commander will notify the PBX Operator to alert the Staff of the incident by announcing the applicable Code via the overhead paging system.
2. **During an emergency all staff may announce overhead the following emergencies by dialing 700:**
 - Hostage Situation
 - Active Shooter
 - Physical Altercation

Note: Any inappropriate use of the overhead paging will be subject to the corrective action process.

3. The Staff may also be notified through alternate means and methods such as Intranet messages and personal communication devices (e. g., email, text messaging, pagers, walkie-talkies, satellite phone and cellular telephones) via

the Mass Notification Messaging System, a.k.a. **RAVE**.

4. In case of **RAVE**/Mass Notification system failure (i.e. Internet down) public radio announcements will be made and we will begin a manual phone call process:
 - a. Use the Call-Tree Phone lists kept on the Hospital's shared drive: http://T:\Administration_Public\Call-Tree Phone Lists Hard copies of the Call-Tree are updated and kept in the EOP Binders in the Administration and Security Offices.
 - b. Designate "Callers" within each department and divide the list to expedite notification.
 - c. Begin a Disaster Response Report (DRR), to list each person contacted.
 - d. Begin calling: notify staff of the type of Emergency Code.
 - e. If contact cannot be made, leave a detailed message (if possible), and inform staff to call Hospital Command Center (HCC) at 352-8579 if/when available.
 - f. When the end of the call list is reached, deliver DRR to department leader or designee.
 - g. department leader or designee will complete the DRR and deliver to HCC via a runner.
5. Call-Tree Phone lists are maintained by Human Resources.
 - a. Each Director is responsible for notifying Human Resources of staff phone number changes.
 - b. Each Department should print and keep a current hard copy of their phone list readily available within their department.

Note: Hard copy sets of the Call-Tree Phone list in the EOP Binders are kept in Administration, the Security offices and the Mobile Command Cabinet. Human resources updates the Call-Tree phone list every three months.

6. Communications systems may include the following:
 - Internal telephone system: Internal communications will be limited to disaster-related issues once HICS has been initiated. **THE OPERATOR SHOULD NOT BE CALLED FOR INFORMATION.**
 - Radios: Communications Unit Leader will determine location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
 - RAVE, MHSC's emergency alert system, can send out text email and voice text to staff. In addition the public address system, inter-departmental radios, fax, cellular telephones, and runners can be utilized.
 - Cell phones: for Text messaging and/or in the event of Internet failure/internal phones down.

- The hospital has three (3) non-internet, direct dial hard line phones. They are located in three (3) locations: the Administration Office, the Physician Lounge and in the Emergency Department in the event the Internet fails. These phones are easily identified by their red housings.

B. EMERGENCY RESPONSE PLANS-CODES

1.	INCIDENT	OVERHEAD ANNOUNCEMENT	Emergency #
	Hostage Incident	Hostage Situation	700 - all staff
	Use of a Weapon	Active Shooter	700 - all staff
	Disturbance or Altercation	Physical Altercation	700 - all staff
	External Incident/Mass Casualty	Mass Casualty	300
	Radiation/Biological/Chemical/ Incident	HERT	300
	Bomb Threat	Bomb Threat	300
	Fire	CODE Red	300
	Infant/Pediatric Abduction	CODE Pink	300
	Cardiac/Respiratory Arrest	Code Blue	300
	Deterioration in Patient health	Rapid Response	300
	Tornado Warning	Tornado Warning	300
	Tornado Watch	Tornado Watch	300

C. NOTIFICATION & COMMUNICATION WITH EXTERNAL AUTHORITIES

All appropriate external authorities will be notified to facilitate effective response, continuing operations, and recovery from an emergency that disrupts the normal patient care and/or business operations of the organization. When an emergency plan is initiated, the appropriate external authorities and community resources will be notified by telephone, cell phone, radio, or pager, whichever is functioning and available during an incident.

D. COMMUNICATION WITH FAMILY

In the event of a mass casualty incident, a temporary Family Support Center (FSC) may be established at the direction of the Incident Commander to facilitate in the relay of crucial information to family members regarding the status of patients and provide incident briefings as directed by the IC. Only immediate family members of victims/ patients will be allowed access to the Hospital. All family members will be directed to either the classrooms or cafeteria in the basement to the chosen site for the FSC. In a situation where a patient's emergency contact is not present with the patient, the emergency contact will be advised of the location of the patient if the patient is moved or

evacuated

E. **COMMUNICATION WITH MEDIA**

The Public Information Officer (PIO) if assigned, has the responsibility for media and public information as it pertains to an incident that involves the Hospital and as directed by the Incident Commander. The PIO has established working relationships with local media, the local emergency management office, and public health prior to an incident. The PIO regularly attends meetings with the external agencies who in the event of a community-wide incident will establish a Joint Information Center (JIC). The information provided to the community will come from the JIC as a unified message to the residents of the area. If the Hospital is solely involved during an incident, the PIO in the Hospital Command Center will communicate with the community or local media as directed by the IC.

F. **COMMUNICATION WITH PURVEYORS**

MHSC has developed a list of purveyors, including vendors, contractors, and consultants that can provide specific services before, during, and after an incident. The list will be kept in the HCC and maintained by the EM Coordinator and updated as needed. Memorandum of Understandings (MOUs) have been developed to help facilitate services during the time of a community-wide incident.

G. **COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS**

1. The Healthcare organizations that are located within the geographical area to the facility have a working relationship with MHSC. These hospitals are members, as is MHSC, of the **Western Wyoming Healthcare Coalition**:
 - St. John's Medical Center, Jackson, WY
 - Star Valley Medical Center, Afton, WY
 - South Lincoln Medical Center, Kemmerer, WY
 - Evanston Regional Hospital, Evanston, WY
 - Aspen Mountain Medical Center, Rock Springs, WY
2. The key information to share with the other Healthcare organizations:
 - Names & roles of Hospital Incident Command team
 - Resources & assets to be potentially shared
 - Process for the dissemination of patient & deceased individual names for tracking purposes
 - Communication with third parties
3. The patient information that may be shared with the other healthcare organizations, local or state health departments, or other law enforcement authorities on the whereabouts of patients during an incident may include patient's name and location. The information shared about the patients will be in accordance with applicable HIPAA laws and regulations.

H. **COMMUNICATION WITH ALTERNATE CARE SITE**

The Hospital Command Center (HCC) will maintain communications with the Alternate

Care Site (ACS). Once the ACS has been established, an Alternate Care Command Center (ACCC) will be initiated using the HICS format. The site will initiate contact with the HCC via the Hospital Liaison Officer through the ACS Liaison Officer to ensure that continuous communication, leadership and documentation will occur. The available communication will be the following: phones, fax, and radios.

I. BACKUP COMMUNICATIONS

MHSC will maintain a current listing of backup communication systems or devices. The communication devices or systems will be tested on a regular basis and be included in exercises.

A listing of all communication of primary or secondary communication systems or devices is listed below:

- Email will be available if the infrastructure is working.
- Inter-departmental radios or inter-hospital radio networks may be used as backup communication. Training must be achieved along with an instruction card attached for those that do not use the equipment often.
- Fax machines may be used as backup as long as some are on the emergency power and land line telephone lines are functional.
- Ham radios may be used either with internal or external operators.
- Cellular telephones have proven to shut down quickly during a natural or large-scale disaster and may not be reliable.
- The Hospital has satellite telephones for back up communications.
- Runners will be used as a last resort when all other communications fail.

Mass Notification authority is granted to the Director of Security and appointed designees, PBX operators, and house supervisors.

IX. RESOURCE AND ASSET MANAGEMENT - TJC EM 12.02.09

A. OBTAINING & REPLENISHING MEDICAL, NON-MEDICAL & MEDICATION SUPPLIES

The amounts, locations, processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies, including personal protective equipment, has been established. The process will need to go from mitigation to recovery stages. Medical supplies include anything used in the care of patients. Non-medical supplies include food, linen, water, fuel, and transportation vehicles. (see attached 96-hour sustainability grid).

The amounts and locations of current supplies will be evaluated annually to determine how many hours the facility can sustain before replenishing. This will give the facility a par level on supplies and aid in the projection of sustainability before terminating services or evacuating if during an incident supplies are unable to get to the facility. The inventory of resources and assets that were discussed earlier in the Planning Activities Section is the starting point of par levels.

Memorandums of Understanding for each applicable emergency operations plans are available from the In House Counsel once the par level has decreased.

B. SHARING OF RESOURCES

The process of sharing resources with other healthcare organizations outside of the community during a regional incident will be coordinated through the County Emergency Operations Center (EOC). The Western Wyoming Healthcare Coalition identifies five (5) Medical Facilities in our region that could provide staffing support, supplies and other essential resources if needed in a disaster. The local community EOC will be contacted and support requested, with essential supplies, as needed and will be responsible for delivery of the needed resources.

C. MONITORING RESOURCES AND ASSETS

During the emergency, a process has been put into place under the Logistics Chief that will monitor the overall quantities of assets and resources. This information will be communicated through HICS within the facility and to those within the community who have a need to know.

**X. SECURITY AND SAFETY MANAGEMENT – TJC
EM.12.02.07**

A. SECURITY WITH COMMUNITY

Upon activation the Emergency Operations Plan, all available Security personnel will be called in to report to the Security Branch Director and standby for further direction from the HCC. Security issues will be handled according to Security Department policies and procedures. In the event that MHSC's Security Department becomes overwhelmed, they will contact the Joint Combined Communications Center to request support from local law enforcement and state law enforcement agencies. Local law enforcement or Western Wyoming Community College security if available, may be utilized to assist with outside traffic control and crowd control as well as external security for the facility. Contact information is on resource list.

B. ACCESS & EGRESS CONTROL

Due to the limited amount of Security personnel in the facility at any given time, there may be a time when the facility is locked down. Secure Operations or a "lock down" refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. The decision to "lockdown" the facility will be made by the Incident Commander in HCC.

C. TRAFFIC CONTROL

Security Branch Director if assigned, initiate the organization's Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility if the need arises during an incident. Security personnel will support the movement of patients and staff inside the facility. If advisable, the Security staff will also assist in the movement of vehicles, both emergency and commercial, on

the grounds. When appropriate, local law enforcement will assist in the management of traffic on the grounds of facility.

XI. STAFF MANAGEMENT – TJC EM.12.02.03

A. ROLES AND RESPONSIBILITIES

MHSC will provide staff training to ensure that critical staff functions will be performed for the rapid, effective implementation of any incident response.

When the Hospital Incident Command System (HICS) is established, the HICS Organization Chart and Job Action Sheets are used to assist Command Staff and Section Chiefs to assign staff to HICS positions as situational conditions dictate.

The Section Chiefs are responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

If staff is not available for handling critical tasks defined by the Job Actions Sheets, staff will be drawn from the appropriate departments or from the Labor pool. Human Resources will function as the Personnel Tracking Manager.

As staff is recalled, they may replace personnel in task assignments for which they are better qualified to perform. Staff can only perform activities that they are capable of safely performing or for which they are allowed based on certification/license. If questions arise concerning assignments, the appropriate Section Chief will determine who will perform the task. The tasks are evaluated frequently to ensure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as staff levels allow.

B. MANAGING STAFF SUPPORT ACTIVITIES

During activations of HICS, various modifications and accommodations are made for hospital staff to assist them in coming to the hospital to provide needed services. The following accommodations are authorized:

- When there is a Mass Notification and it is difficult or impossible because of weather conditions, the hospital will work with law enforcement that possess the appropriate type of vehicles to assist staff and extended family members in getting to and from the hospital or alternate care site(s).
- Where necessary because of conditions, the hospital will accommodate staff that need to sleep, eat, and/or other services in order to be at the hospital to provide needed services.
- The hospital will facilitate incident stress debriefings. Debriefing areas may be staffed by available staff from either Southwest Counseling, available clergy, and others in the community or state(s) trained in incident stress debriefing.

C. MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff family

members. The accommodations are to ensure that staff is available to provide their services to the Hospital and community. Family accommodations will be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These will normally be arranged prior to families arriving at the hospital. Staff should notify HCC of their need for childcare, elder care or animal care before reporting to the Hospital. Staff should exhaust all other resources for care.

1. Child Care Center:

A Child Care Center will be established if deemed necessary and appropriate by the Incident Commander. The Childcare area will be set up at the Family, Internal & Occupational Medicine Clinic (3000 College Dr.) as determined by availability; an alternate care site may be necessary. Staffing for the Child Care Center will be assigned from the Labor Pool. The following requirements regarding the Child Care Center will be followed:

- A Childcare tracking form will be filled out upon admittance and discharge of child from the daycare
- An ID band will be attached to each child
- Food and or snacks may be provided by Nutritional Services, depending on length of disaster
- Parents will need to provide the necessary essentials for their child; materials management will assist with additional supplies needed
- Individuals designated to pick up children from Childcare will enter through the main entrance and be escorted to the Child Care Center
- Parents or designee will sign out the child on the same tracking form the child was signed in on
- Complete Child - Elder Care Registration-Tracking Form

2. Elder Care:

- In the event that elder care is needed, the hospital can utilize any available space in the hospital. In the event the hospital does not have space readily available, then an alternate care site can be utilized. It would be the responsibility of HCC to assess the needs and designate caregivers to the alternate site from the Labor Pool.
- Complete Child - Elder Care Registration-Tracking Form

3. Pet Care:

- If staff or patients arrive with their pets, the Sweetwater County Emergency Management Office (SCEMO) (307-922-5370) or Sweetwater County Sheriff's Office (SCSO) (after hours at 307-922-5300) will be contacted by HCC. SCEMO) or SCSO will contact Sweetwater County Animal Response Team to assist with the temporary placement of animals.
- Complete Small Animal Intake Form

D. TRAINING AND IDENTIFICATION OF STAFF - TJC EM.15.01.01

1. EM Committee and all leaders will receive the appropriate training in HICS and NIMS prior to an incident. This training will also be made available to the staff, LIP and authorized volunteers.
2. Hospital Incident Command System identification vests are issued for the appropriate roles in the HICS organization chart. Vests identify the HICS title/role and are color coded by branch for easy recognition.
3. All employees will wear their hospital identification badges at all times during the incident.
4. All EM committee members have continuing education annually on the hospital learning system as an extensive continuing education training program for disaster response and emergency preparedness. Bi-annually the EM Coordinator has an instructor provide HICS training to all leadership staff that want to attend. Certificate of training is provided.

XII. MANAGING ESSENTIAL or CRITICAL UTILITIES – TJC EM.12.02.11

- A. During an incident, the organization will ensure alternate means for providing essential utility systems are available as identified in the EOP. The organization will assess the requirements needed to support and maintain essential systems such as fuel, water, exterior storm drains and supplies for a period of time identified in the ***Inventory and Sustainability Tool***.
- B. This assessment shall include the requirements for 96 hours without community support. The alternative means for these sources are located in the ***Inventory and Sustainability Tool***.
- C. The alternative utility systems and supplies networks are identified in the Facilities Support Policies and are included in the ***Alternate Utilities***, on alternate means of essential utility systems. The list of essential utility systems includes:
 - Boilers
 - Air Handlers
 - Elevators
 - Medical gas systems/Vacuum systems
 - Plumbing
 - Normal power supply system
 - Emergency power supply system
 - Natural gas
 - Diesel fuel
 - Water supply
 - Maintaining Storm Drainage

XIII. **MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES – TJC EM.12.02.05**

A. **TRIAGE AND CASUALTY LOCATIONS**

Anyone seeking medical care in the Emergency Department during an Incident will be triaged. The area by the ambulance entrance doors will be the primary triage location. The Emergency Department waiting area can be used for triage if additional space is needed. Patients will initially be triaged by a physician or nurse and will be tagged for identification. All patients will be sorted as follows:

The following locations have been identified as the locations for **Provision of Care** for casualties and **fatalities**:

LOCATION	DESCRIPTION
Morgue	Deceased victims will go to the basement morgue. Additional morgue space may be obtained by contacting the local mortuaries
PACU Area	Victims classified as walking wounded will be sent to the PACU (Post Anesthesia Care Unit) Area for evaluation
Ambulance Garage/ Triage Area	Triage will be conducted at the entrance to the ambulance garage. ED waiting area can be used if more space is needed.
Same Day Surgery/ Patient Dying Area	Patients expected to die (Black tagged) will be sent to an assigned room on Same Day Surgery for palliative care
Nursing Care Units	All patients requiring surgery will be held in the appropriate nursing care unit until they can be treated in the OR.

CATEGORY	DESCRIPTION
Immediate Care Patients (Red Tag)	Victims survival is dependent upon immediate medical intervention
Delayed Care Patients (Yellow Tag)	Victims whose injuries require intervention but whose condition allows treatment to be delayed for up to 1 hour without further deterioration
Minor Care Patients (Green Tag)	Victims whose injuries can wait an undetermined amount of time (greater than 1 hour) without risk of significant deterioration
No Injury	Victims who do not require medical attention, but may require emotional support
Morgue (Black Tag)	Victims who are Deceased on Arrival or who will expire regardless of treatment will receive Palliative care. Clergy will be assigned
Classrooms/	Inpatients and Outpatients who can be discharged, will be

Discharge Area	escorted to the classrooms or cafeteria in the basement if "Shelter in Place" conditions exist, otherwise patients can be discharged with the intention of leaving the facility
-----------------------	---

B. PATIENT CARE AND DOCUMENTATION

In the event of a situation, i.e. power loss, that impacts MHSC's electronic medical record; all departments will refer to the IT Downtime policy and/or their department specific Downtime policy for guidance.

C. CLINICAL ACTIVITIES

Depending on the nature of the incident, HCC will make the decisions regarding if and when the Hospital will temporarily close to new admissions, transfers, elective surgeries and procedures.

D. EVACUATION ACTIVITIES

MHSC realizes that a severe or catastrophic incident may force the evacuation of part or all of the Hospital. In the event that the Hospital needs to be evacuated the Incident Commander will give the evacuation order.

E. PERSONAL HYGIENE AND SANITATION REQUIREMENTS

In situations where hygiene may be compromised by lack of water for bathing and normal bathroom accommodations, the following guidelines will be followed:

- The alternative means to personal hygiene can be baby wipes, personal wipes, or alcohol-based rubs.
- Family members may be supplied with cleaning materials and be used to help clean the patient during an incident.
- The alternative means to sanitation, if toilets are inoperable toilets may be manually flushed using bottled or reclaimed water.
- Environmental Services use of water will be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms, and isolation areas or if deemed necessary by the Environmental Services Director.
- Limit changes of bed linen to those patients who have gross soiling from draining wounds, catheters, etc.
- The Verna Care system will not be used during this time.

F. MENTAL HEALTH SERVICES

Due to limited availability, mental health services during an incident will be limited to the availability of staff from Southwest Counseling and/or the availability of Chaplin services.

G. MORTUARY SERVICES

In the event of an incident involving deceased patients, MHSC will contact the County Coroner for the appropriate clearance and procedures. If necessary, the "mobile morgue" owned by the County should be requested for securing bodies not able to be contained in

facility's existing morgue. The Coroner's office will be notified when the refrigerated trailer is full or the disaster has been cleared.

- H. **PATIENT TRACKING: INTERNAL AND EXTERNAL** For the departments that will be receiving disaster patients such as the Emergency Room and patient care units, the units will have patient trackers assigned to track the patients entering and leaving the areas. The patient tracking information will be given to the Patient Tracking Manager who will track all the patients within the facility during an incident. The form to use for patient tracking will be the **HICS 254 – Disaster Victim Patient Tracking Form**.

If patients are evacuated, the process will be the same except for the forms. The individual patient tracking for evacuation will be the **HICS 260 – Patient Evacuation Tracking Form**.

When more than two patients are being evacuated, the **HICS 255 – Master Patient Evacuation Tracking Form** will be used as a master list of all those patients who were evacuated.

XIV. **DISASTER PRIVILEGES-VOLUNTEER LICENSED INDEPENDENT PRACTITIONERS (LIP)/OTHER LICENSED VOLUNTEERS – TJC EM.12.02.03**

- A. The hospital grants disaster privileges to volunteer licensed independent practitioners (LIP) and other volunteers that are licensed, certified and/or registered in a skilled health care position.
- B. Disaster privileges are extended when the Emergency Operations Plan has been activated in response to an incident and the Hospital is unable to meet immediate patient needs. The Medical Staff policy for granting privileges in the event of a disaster has identified the Hospital's process for granting disaster privileges

XV. **SPECIAL NEEDS/VULNERABLE PATIENTS DURING EMERGENCY TIMES RESPONSE**

- A. Anyone seeking medical care in the Emergency Department during an emergency response will be triaged, including those with special needs.
1. The staff at MHSC will be trained to identify the special clinical needs of the population of patients that are considered to be vulnerable during an emergency.
 2. Patient registration and medical records may be used to help identify the special needs/vulnerable population.
- B. Clinical management decisions regarding the special needs/ vulnerable patients will be made on an individual basis and will take into account the medical needs of the patient and the current status of the emergency situation.
1. In the event that the patient is treated at MHSC, clinical procedures provided

will be documented in the patient's medical record.

2. All hospital departments are responsible for the tracking of the patient, both inside and outside the facility.
3. If the patient needs specialized care not provided by MHSC, special provisions will be made and the patient will be transferred to an appropriate specialized care center.
 - Pediatric patients- Primary Children's Hospital, Salt Lake City, UT
 - Denver's Children's Hospital, Denver, CO
 - Geriatric and disabled patients- Transferred to specialty hospital depending on condition and availability
 - Mental health/ addiction patients- Wyoming Behavioral Institute, Casper, WY
 - Wyoming State Hospital, Evanston, WY
4. Clinical management analysis will be made at the conclusion of the emergency response and revisions will be made as necessary in preparation for the next emergency.

Reviewed and Approved:

Emergency Management Committee: 07/14/2023

MEC: 01/24/2024

Board of Trustees:

Attachments

[2020 - 96 hour sustainability grid-9.20.pdf](#)

[2022 Hazard Vulnerability Analysis.pdf](#)

[802673 - Small Animal Intake Form.pdf](#)

[802675 - Child - Elder Care Registration-Tracking Form.pdf](#)

[802676 - Decon Response Team.pdf](#)

[802736 - Disaster Readiness Report.pdf](#)

[803088 - Leadership Order Succession form 10.20.pdf](#)

[HICS IV Forms and Instru#24.docx](#)

[Hospital Resource Directory- HICS 258 Directory 2019.pdf](#)

Approval Signatures

Step Description	Approver	Date
------------------	----------	------

Reg. Standards

TJC EM.12.01.01, TJC EM.09.01.01, TJC EM.10.01.01, TJC EM.11.01.01, TJC EM.12.02.01, TJC EM.12.02.03, TJC EM.12.02.05, TJC EM.12.02.07, TJC EM.12.02.09, TJC EM.12.09.11, TJC EM.13.01.01, TJC EM.14.01.01, TJC EM.15.01.01, TJC EM.16.01.01, TJC EM.17.01.01

DRAFT



Approved N/A
Review Due N/A

Document Area
Emergency Operations
Reg. TJC EM
Standards 12.01.01, TJC
EM.09.01.01,
TJC
EM.10.01.01
+ 12 more

Emergency Operations Plan (EOP)

STATEMENT OF PURPOSE

Memorial Hospital of Sweetwater County's **Conforming to TJC EM.09.01.01**, (MHSC) Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies or incidents, both external and internal, which could confront the Hospital and the surrounding community based upon the annual Hazard Vulnerability Assessment (HVA).

The Emergency Operations Plan describes a comprehensive "all hazards" **continuity of operation plans (COOP)** with command structure that uses the Hospital Incident Command System (HICS) for coordinating six (6) critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities. The overall response procedures include emergencies that can temporarily affect demand for services, along with emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.

MHSC frequently reviews and updates emergency plans to establish the necessary policies and procedures to achieve preparedness for, response to and recovery from an incident. These plans and procedures are exercised and reviewed to determine and measure functional capability.

EMERGENCY RESPONSE PLANS (links)

In Alphabetic order:

- Link to 1135 Waiver Request Procedure <https://sweetwatermemorial.policystat.com/policy/9548773/latest/>
- Link to Active Shooter Response <http://sweetwatermemorial.policystat.com/policy/3674995/latest/>
- Link to Boiler Failure Protocol <http://sweetwatermemorial.policystat.com/policy/3674718/latest/>
- Link to Bomb Threat Protocol <http://sweetwatermemorial.policystat.com/policy/3674829/latest/>
- Link to Call-Tree Phone List <http://sweetwatermemorial.policystat.com/policy/4000707/latest/>

- Link to Code Pink: Infant/Child Abduction Response <http://sweetwatermemorial.policystat.com/policy/3972423/latest/>
- Link to Code Red: Fire Response <http://sweetwatermemorial.policystat.com/policy/3674716/latest/>
- Link to **County** Continuing of Operation Plan (COOP) <https://sweetwatermemorial.policystat.com/policy/12054147/latest/>
- Link to Decontamination Response <http://sweetwatermemorial.policystat.com/policy/3615387/latest/>
- Link to Delegation of Authority & Succession Protocol <https://sweetwatermemorial.policystat.com/policy/9357259/latest/>
- Link to Evacuation Protocol <http://sweetwatermemorial.policystat.com/policy/3674819/latest/>
- Link to Hazardous Spill and Exposure Response <http://sweetwatermemorial.policystat.com/policy/3674797/latest/>
- Link to Information Technology Disaster Recovery Response <https://sweetwatermemorial.policystat.com/policy/10761636/latest/>
- Link to Loss of Air Handling Units <http://sweetwatermemorial.policystat.com/policy/3674796/latest/>
- Link to Loss of Elevators <http://sweetwatermemorial.policystat.com/policy/3674787/latest/>
- Link to Loss of Medical Gas or Vacuum <http://sweetwatermemorial.policystat.com/policy/3674740/latest/>
- Link to Mass Casualty Response <http://sweetwatermemorial.policystat.com/policy/3674815/latest/>
- Link to Medical Staff Policy for Granting Privileges in Disasters <http://sweetwatermemorial.policystat.com/policy/3844658/latest/>
- Link to Natural Disaster Response <http://sweetwatermemorial.policystat.com/policy/3674812/latest/>
- Link to Pandemic Response <https://sweetwatermemorial.policystat.com/policy/7761435/latest/>
- Link to Patient Upsurge: Internal Response <http://sweetwatermemorial.policystat.com/policy/3674824/latest/>
- Link to Physical Altercation Response <http://sweetwatermemorial.policystat.com/policy/3674813/latest/>
- Link to Plumbing Failure <http://sweetwatermemorial.policystat.com/policy/3674792/latest/>
- Link to Power Failure <http://sweetwatermemorial.policystat.com/policy/3674737/latest/>
- Link to Severe Weather Response <http://sweetwatermemorial.policystat.com/policy/3674808/latest/>
- Link to Tornado Watch And/Or Warning Response Plan <http://sweetwatermemorial.policystat.com/policy/5035899/latest/>
- Link to Water Failure <http://sweetwatermemorial.policystat.com/policy/3674802/latest/>
- **Link to Radioactive Spill** <https://sweetwatermemorial.policystat.com/policy/12570163/latest/>

Link to Hospital Incident Command System Forms (see also attached)

<https://emsa.ca.gov/hospital-incident-command-system-forms-2014/>

EMERGENCY OPERATIONS PLAN (EOP)

I. HOSPITAL LEADERSHIP RESPONSIBILITIES - TJC EM.10.01.01

A. Leadership

The hospital's leaders, including the medical staff, are involved in the planning activities of the Emergency Operations Plan. The medical staff, Senior Leadership, and department ~~heads~~ leaders are represented in the Emergency Management Committee. The final copy of the EOP ~~will be~~ is approved by the Emergency Management Committee ~~and~~, Senior Leadership, the Medical Executive Committee (MEC), and MHSC's Board of Trustees.

B. Emergency Program Managers

~~The~~ Per senior leadership delegation the Emergency ~~Management~~ management Coordinator (EM Coordinator) and the Emergency Department Director (ED Director) or designee work together as the Emergency Program (EP) Managers. The EP Managers provide overall management of the hospital's preparedness efforts, including developing needed procedures, coordinating production or revision of the Emergency Operations Plan (EOP), planning and executing training and exercises, and writing After Action Reports (AAR). The EP Managers or ~~at their~~ their designee ~~will~~ represent the Hospital at various preparedness meetings at the local, regional, and state levels. The desired background for an Emergency Program Manager includes formal and informal training, education, and/or experience in emergency management, National Incident Management System (NIMS), Hospital Incident Command, hospital operations and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

C. The Emergency Management Committee

The Hospital's ~~Emergency Management~~ EM Committee is a multidisciplinary group of hospital representatives involved in planning for potential disasters based upon the HVA. Local agencies such as police, fire/emergency medical services, city and county emergency management and public health, through committee deliberations, ~~will~~ help clarify the Hospital's roles and responsibilities to support community response to incidents. ~~Multi~~ These multi-agency collaboration ~~will~~ encourage familiarity and networking between community partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.

The Hospital's ~~Emergency Management~~ EM Committee meets regularly and consists of clinical and non-clinical representatives from key Hospital departments and functioning units of the facility. The ~~Emergency Management~~ EM Coordinator is the EM Committee chairperson. The chairperson will set each meeting's agenda and facilitate the Committee's work to achieve an annually established set of objectives. Minutes of each meeting will be published and disseminated to Committee members.

To ensure overall readiness and support, the chairperson will report to the Performance Improvement Patient Safety (PIPS) Committee twice per year and present the evaluation/ review of the scope and objectives of the Emergency Operations Plan to the Quality Committee of the Board ~~every two years~~ biennially.

II. **PLANNING ACTIVITIES – TJC EM.1011.01.0201**

A. **HAZARD VULNERABILITY ANALYSIS**

MHSC ~~will identify~~ identifies potential emergencies that could affect demand for the Hospital's services or its ability to provide those services, the likelihood of those incidents occurring, and the consequences of those incidents.

1. The assessment is the *Hazard Vulnerability Analysis (HVA) attached to this Plan, which it* is designed to assist the ~~Emergency Management~~ EM Committee in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts.
2. The hospital prioritizes hazards identified on annual review of the HVA.
3. The community and region's HVA assessments ~~will~~ are also ~~be~~ an aid in the assessment by the Hospital.
4. A list of priority concerns ~~will~~ are developed from the HVA and are evaluated annually to determine what exercises are to be developed from the HVA and will be evaluated annually to determine what exercises are to be conducted and, along with any additional planning.

B. **COMMUNITY INVOLVEMENT**

MHSC has established a relationship with community partners. Potential emergencies are identified in the MHSC Hazard Vulnerability Analysis and prioritized, in conjunction with ~~HVAs~~ HVA's from community partners. The HVA aids in establishing the needs and vulnerabilities of the Hospital. The Hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's review of its Emergency Operations Plan, which occurs at least every two years and whenever its needs or vulnerabilities change.

During a disaster, the Hospital's role within the community is to care for sick and/or wounded individuals who may present for treatment. The facility and community are involved through:

- Local emergency management meetings
- State emergency management meetings

C. **MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY**

The Emergency Program Managers and the EM Committee develop appropriate specific emergency response plans based on priorities established as part of the Hazard Vulnerability Analysis. Each ~~Emergency Management Committee will develop appropriate specific emergency response plans based on priorities established as part of the Hazard Vulnerability Analysis. Each~~ Emergency Response Plan ~~will address~~ addresses

the four (4) phases of emergency management activities:

Mitigation - Activities designed to reduce the risk of and potential damage due to an emergency (i. e., the installation of stand-by or redundant equipment, training).

Preparedness - Activities that organize and mobilize essential resources such as plan-writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies.

Response - Activities the Hospital undertakes to respond to disruptive incidents. The actions are designed with strategies and actions to be activated during the emergency (i. e., control, warnings, and evacuations).

Recovery - Activities the Hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum safe operating standards. Long-term focus is on returning all Hospital operations back to normal or an improved state of affairs.

D. Hospital Command Center (HCC) and Delegation of Authority

1. The HCC will be set up immediately in the Physician Lounge. If the Physician Lounge is not available, the Incident Commander (IC) will identify an alternate site. The alternate HCC location will be announced overhead by the PBX Operator. The Incident Commander will initiate the Hospital Incident Command System (HICS).
2. **Order of succession:** Due to rural nature and limited resources, the organization establishes and maintains orders of succession for key positions in the event Leadership is incapable of performing authorized duties. (See MHSC policy "Delegation of Authority and Secession Protocol", and "COOP"). Designation as a "successor" enables the selected individual to serve in the same position as the principal in the event of ~~principal's~~ principals death, incapacity, or resignation. (~~Joint Commission Quick Safety Issue 41 May 2018~~). Order of succession is determined with each incident as selection of individuals for key positions may vary based on type of incident. Please see attached templates.
3. **Designation/delegation of authority:** Due to rural nature and limited resources, designation/delegation of authority is determined with each incident as designation/delegation of authority may vary based on type of incident. Designation/delegation of authority specify the actions individuals are authorized to implement. The organization establishes designation/delegation of authority to provide successors the legal authority to act on behalf of the organization and to carry out specified duties. Designation/delegation of authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished. (~~Joint Commission Quick Safety Issue 41 May 2018~~). Please see attached templates.
4. ~~The persons selected to fill the HCC positions are preferred to have completed and documented ICS (Incident Command System)-100, 200, 700 and 800. These requirements are met annually through NetLearning Education and initial orientation.~~

5. ~~Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated.~~
- ~~• The Command staff will report to the Hospital Command Center. Command Staff may include a Public Information Officer, a Safety Officer, a Liaison Officer, one or more Medical Specialist and administrative support to assist with the phones and documentation.~~
 - ~~• The Incident Commander (IC) will organize and direct the HCC and give overall direction for hospital operations and if needed, authorize evacuation.~~
 - ~~• The IC in concert with the Command Staff, have the delegated authority to implement the appropriate emergency operations plans.~~
 - ~~• The Safety Officer will assist the IC to ensure that the Emergency Operations Plan is implemented and identify any hazards or unsafe conditions.~~
 - ~~• Public Information Officer (PIO) will provide information to the news media as directed or approved by the IC.~~
 - ~~• The Liaison Officer will coordinate with community partners and assist the IC as directed.~~
 - ~~• Administrative support will provide phone support and documentation support for the IC, along with receiving various information/tracking lists and messages.~~
 - ~~• The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions as directed by the Incident Commander. They will then report to their designated meeting place to receive further instructions.~~
 - ~~• The IC or Liaison Officer, initiates communication with local emergency response groups, as needed.~~
 - ~~• The proper HICS identification apparel will be issued to the Command Center Staff and Section Chiefs and other designated personnel as required by the incident and HICS structure established.~~
 - ~~• The IC will direct Security Department personnel to the appropriate location as necessary in preparation for securing the facility (lock-down).~~
6. Per TJC EM.15.01.01, EM Committee and all leaders to fill the HCC positions will have to complete these HICS trainings and are met annually through MHSC's on line education program and initial orientation.
7. Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated. (See section VII "Communication Management" for emergency response plans/codes)

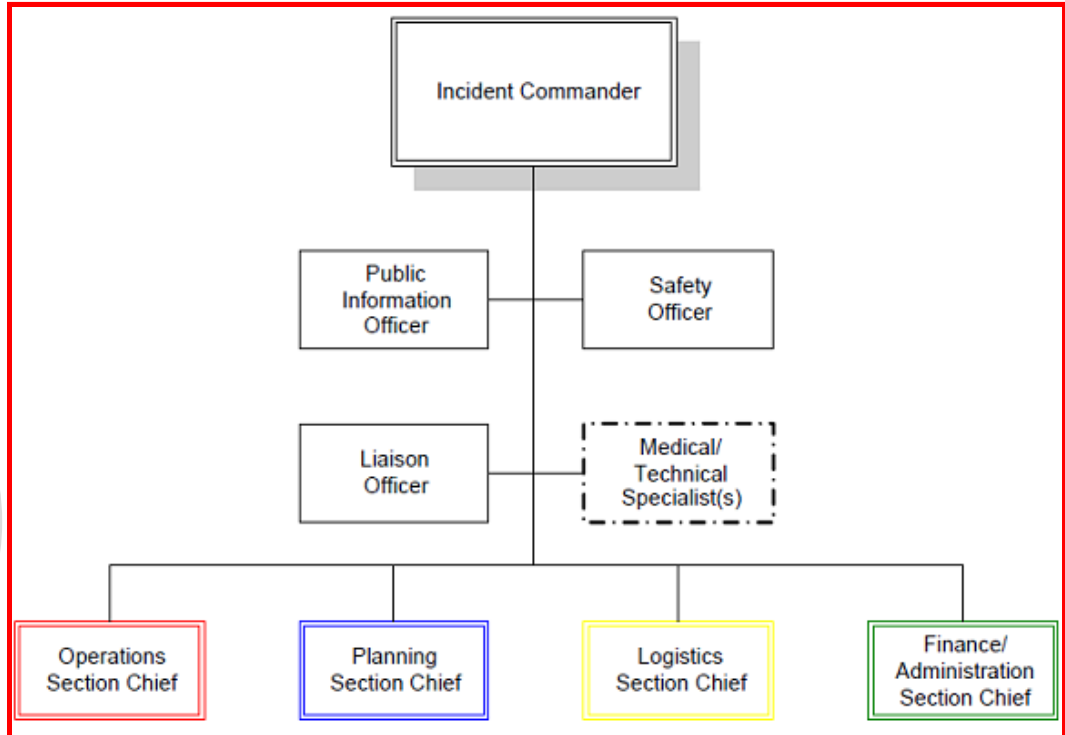
E. Hospital Incident Command System (HICS)

The hospital has implemented the Hospital Incident Command System (HICS) developed by the Emergency Medical Services Authority (EMSA) of California as a revision from the

previous Hospital Emergency Incident Command System (HEICS).

HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals to improve their emergency management planning, response, and recovery capabilities for unplanned and planned incidents. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. The new HICS has been restructured to be consistent with ICS and NIMS principles and will provide greater flexibility/adaptability for the hospital setting.

Command Staff

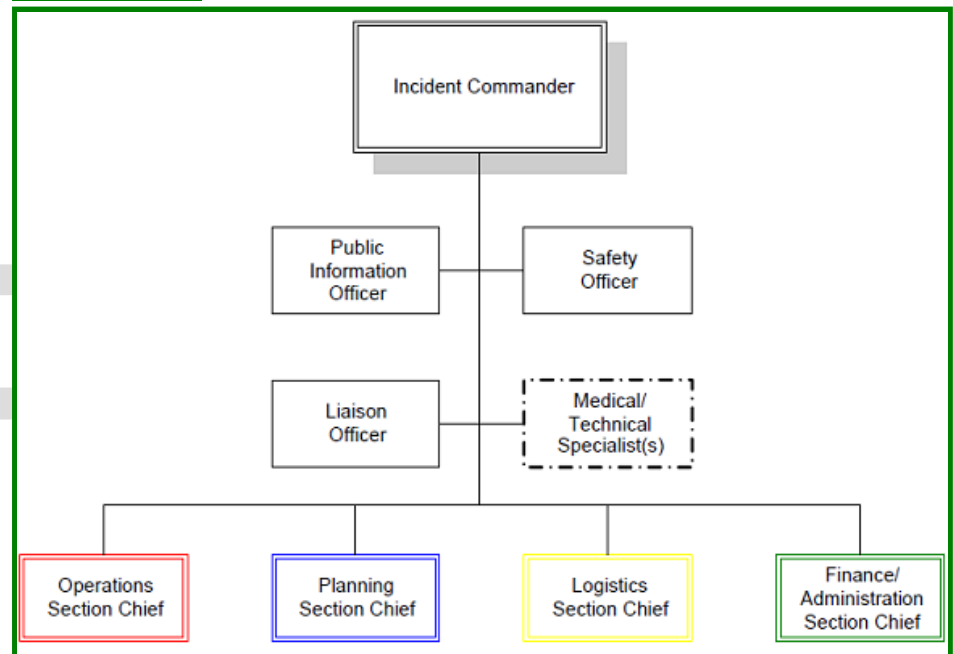


- The Command staff will report to the Hospital Command Center. Command Staff may include a Public Information Officer, a Safety Officer, a Liaison Officer, one or more Medical Specialist and administrative support to assist with the phones and documentation.
- The Incident Commander (IC) will organize and direct the HCC and give overall direction for hospital operations and if needed, authorize evacuation.
- The IC in concert with the Command Staff, have the delegated authority to implement the appropriate emergency operations plans.
- The Safety Officer, if assigned, assists the IC to ensure that the Emergency Operations Plan is implemented and identify any hazards or unsafe conditions.
- The Public Information Officer (PIO), if assigned, provides information to the news media as directed or approved by the IC.
- The Liaison Officer if assigned, coordinates with community partners and assist the IC as directed.
- Administrative support will provide phone support and documentation support for the IC, along with receiving various information/tracking lists and

messages.

- The Section Chiefs for Operations, Planning, Finance, and Logistics, if assigned establish their functions as directed by the Incident Commander. They then report to their designated meeting place to receive further instructions.
- The IC or Liaison Officer, if assigned, initiates communication with local emergency response groups, as needed.
- The proper HICS identification apparel will be issued to the Command Center Staff and Section Chiefs and other designated personnel as required by the incident and HICS structure established.
- The IC directs Security Department personnel to the appropriate location, as necessary, in preparation for securing the facility (lock-down).

Command Staff

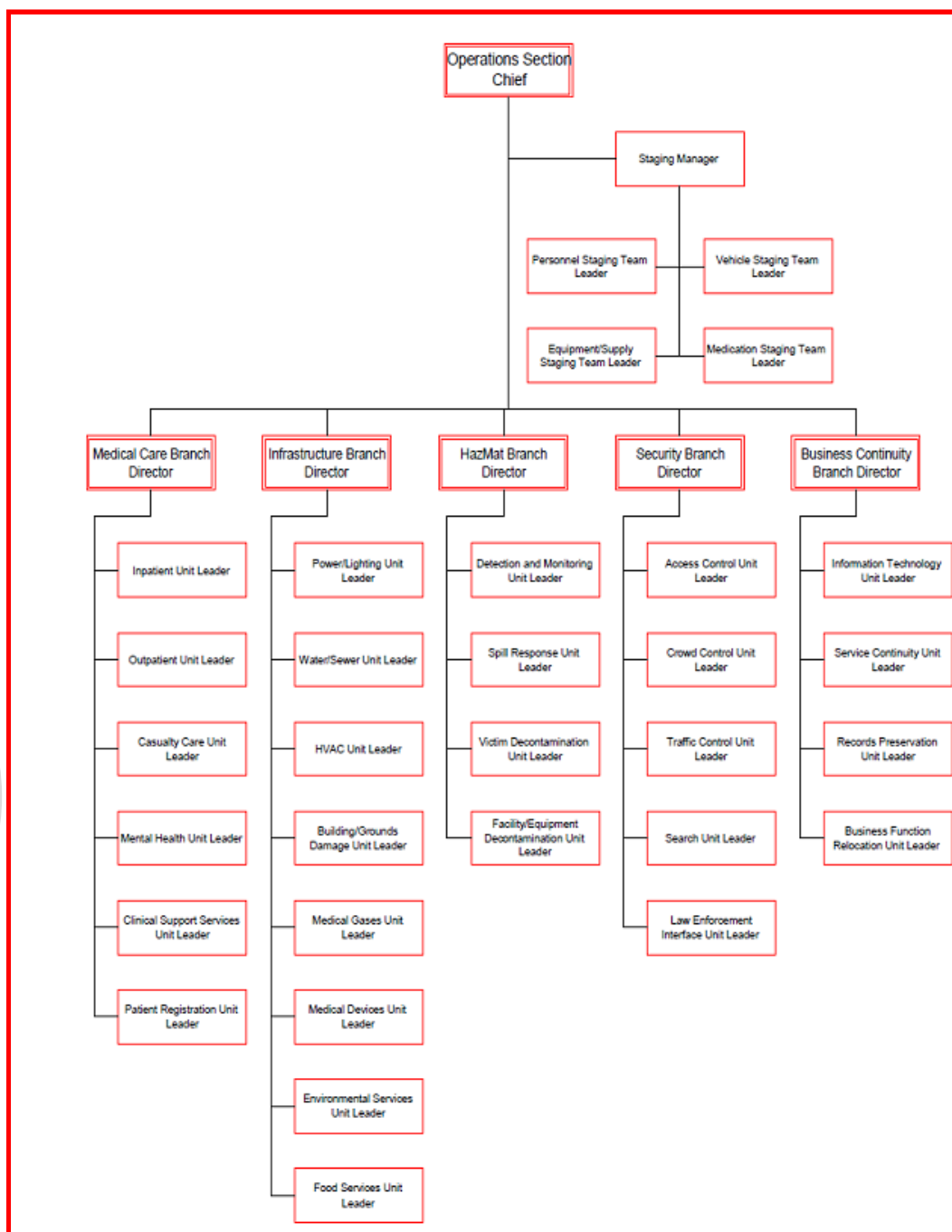


F. Operations Section

The Operations Section conducts the tactical operations (e.g., patient care, clean-up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section Chief will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.

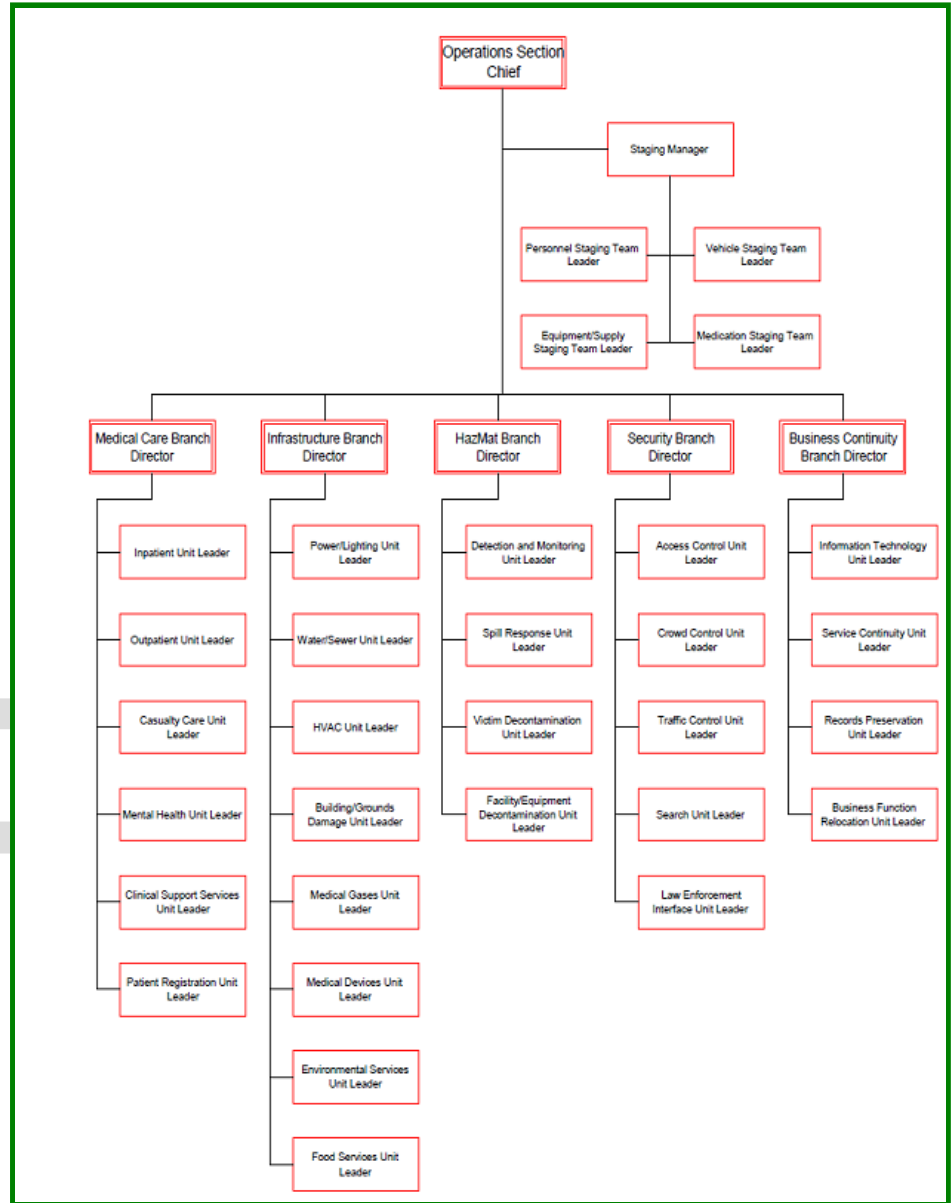
Operations Staff

D



- The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section Chief will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.

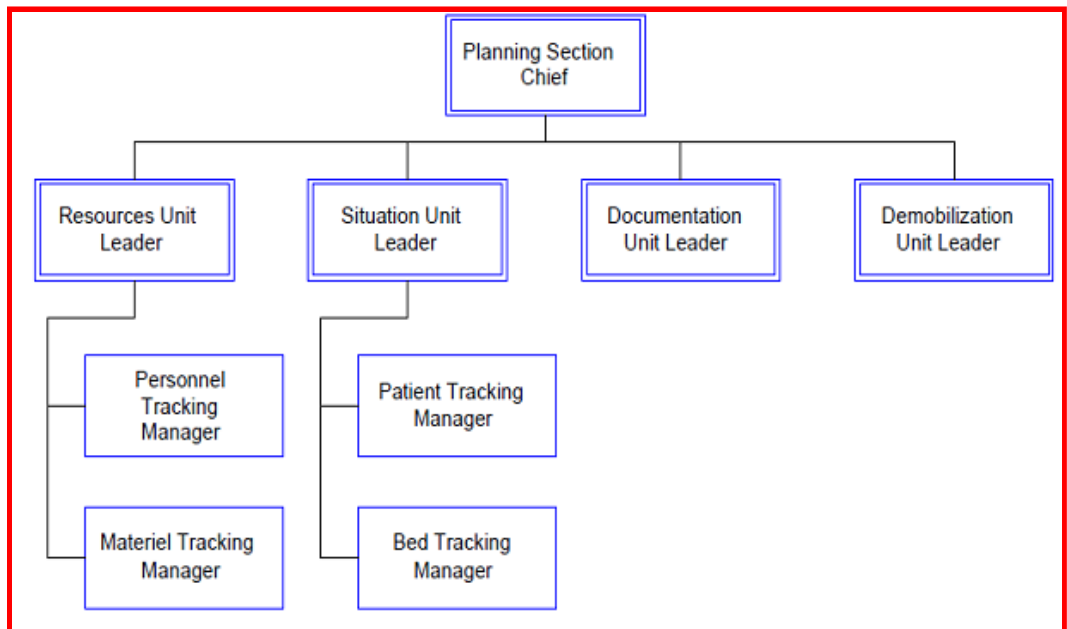
: Operations Staff



G. Planning Section

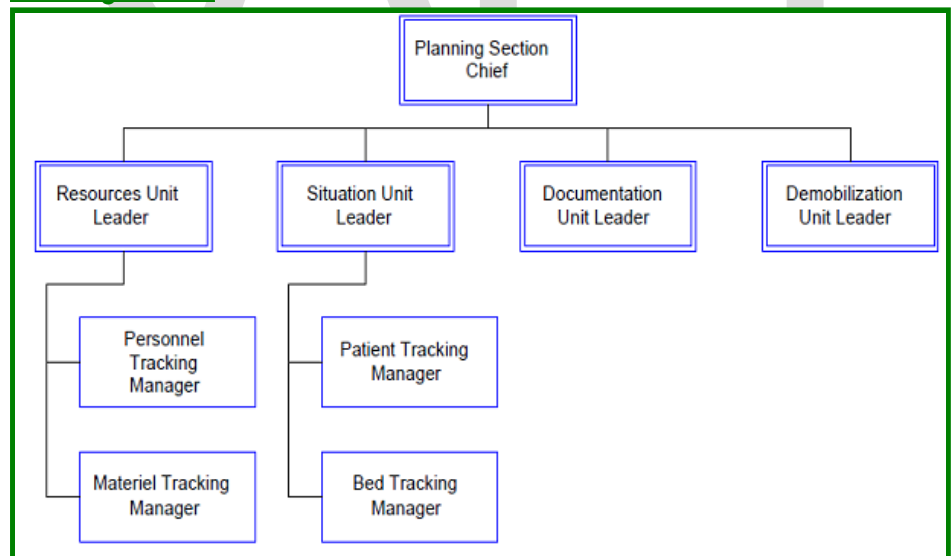
The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

Planning Section



- : The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

: **Planning Section**

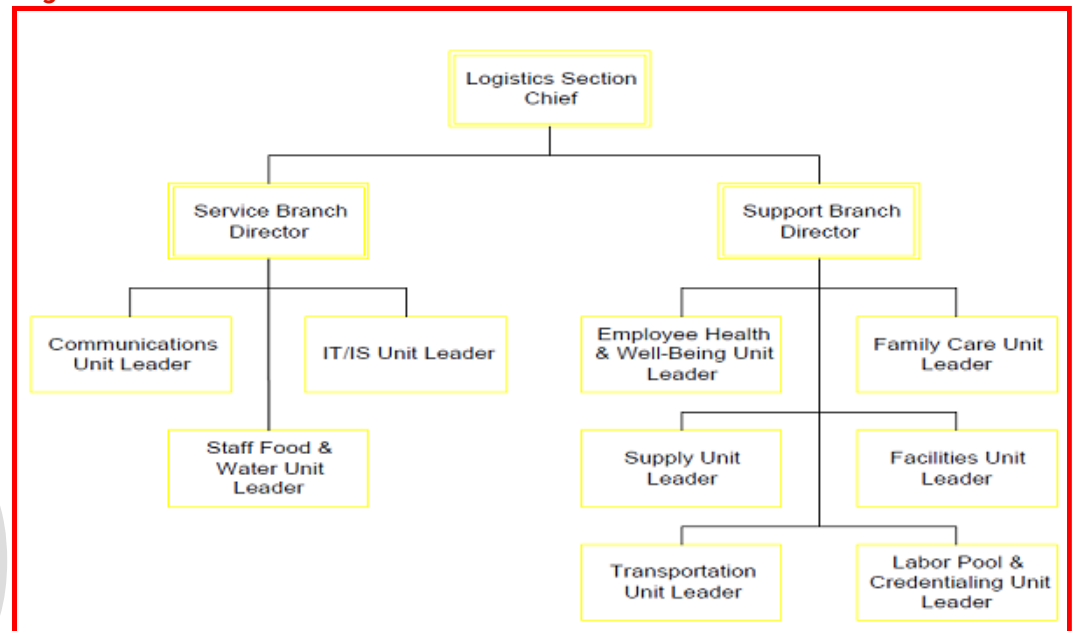


H. Logistics Section

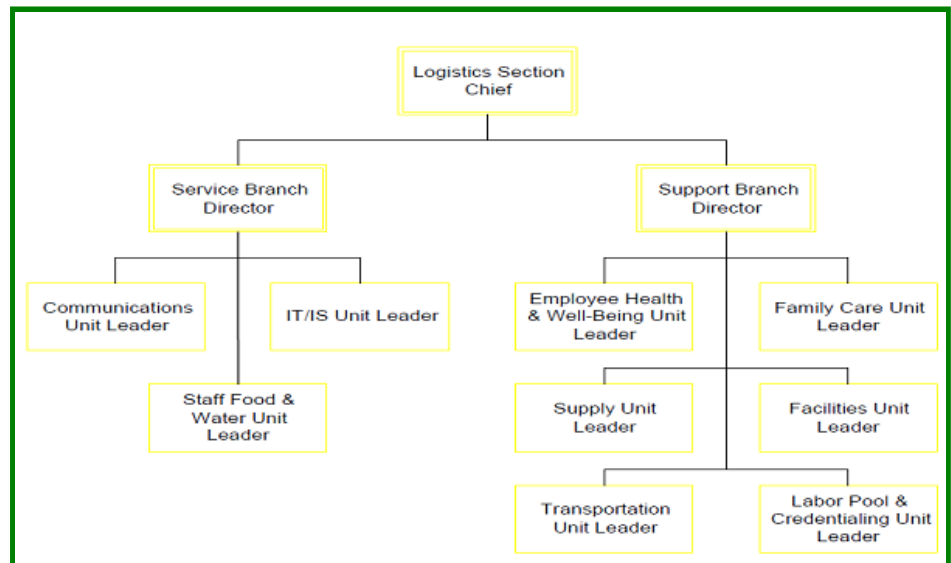
The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Commander. For the hospital to respond effectively to the demands associated with a disaster, the Logistics Section will

coordinate support requirements. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC (Emergency Operation Center). When requesting resources from outside sources, it will be important that the hospital specify exactly what is needed and not try to identify how that need can be met: that will be done at the local EOC. In addition, it is important for the hospital to know how the requests are to be made (electronically, fax, phone): **HICS form #254 - EOP Manual Flash drive**

Logistics Section



- The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Commander. For the hospital to respond effectively to the demands associated with a disaster, the Logistics Section will coordinate support requirements. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC (Emergency Operation Center). When requesting resources from outside sources, it will be important that the hospital specify exactly what is needed and not try to identify how that need can be met: that will be done at the local EOC. In addition, it is important for the hospital to know how the requests are to be made (electronically, fax, phone): **HICS form #254 - EOP Manual Flash drive**
- Logistics Section

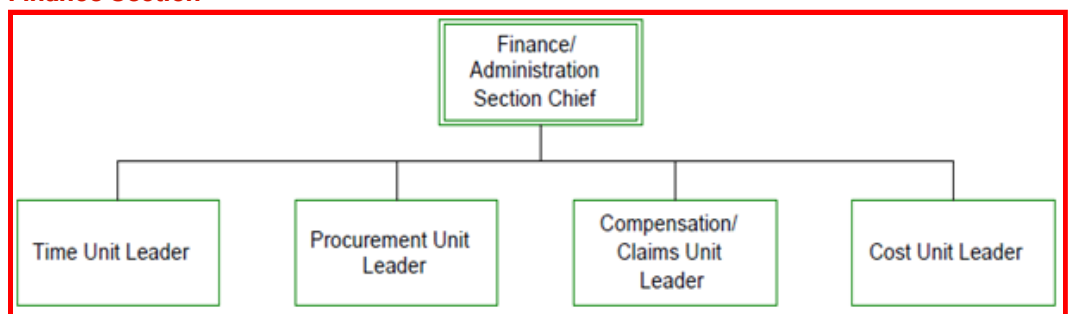


I. Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/Administration Section coordinates personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Worker's Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).

Finance Section

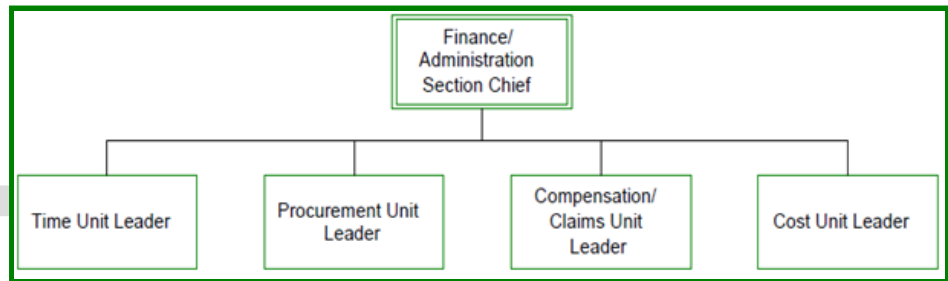


- The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the

outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

- Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/Administration Section coordinates personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Worker's Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).

• **Finance Section**



III. **INVENTORY & MONITORING OF ASSETS & RESOURCES**

IV. **INVENTORY & MONITORING OF ASSETS & RESOURCES**

A. ~~MHSC has identified and documented the resources and assets that are available on-site and/or elsewhere prior to an incident. **The Inventory and Sustainability Tool** includes the assets and resources such as:~~

- ~~Personal protective equipment (PPE)~~
- ~~Water~~
- ~~Fuel~~
- ~~Medical supplies~~
- ~~Surgical supplies~~
- ~~Medications~~

MHSC has identified and documented the resources and assets that are available on-site and/or elsewhere prior to an incident. **The Inventory and Sustainability Tool** includes the assets and resources such as:

- : [Personal protective equipment \(PPE\)](#)
- : [Water](#)
- : [Fuel](#)
- : [Medical supplies](#)
- : [Surgical supplies](#)
- : [Medications](#)

v. **EMERGENCY OPERATIONS PLAN – [TJC](#)**

EM.12.01.01

A. **Response**

Each emergency response plan has procedures to direct the immediate and long term response to the emergency. The "all hazards" **Continuity of Operation Plan (COOP)** command structure is used to manage the response to the incident and assure adequate staffing for patient care and safety. A response to an emergency can include any of the following: maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation.

B. **Continuity of Operation Plan (COOP)** is included with the essential functions/service, orders of succession, designation/delegation of authority, continuity, and communications.

Memorial ~~hospital~~[Hospital](#) of Sweetwater County has one or more emergency management response plans based on the emergency plan, risk assessment, and communication plan. Procedures guiding implementation are defined in this emergency management plan, continuity of operations plan, and other preparedness and response protocols. Response plans ~~and procedure~~, [procedures and documents](#) are [reviewed by the EM Committee and updated at least every two years. The format of these documents are reviewed by the E.M. team and updated at least every two years; the format of these documents](#) is at the discretion of the hospital.

C. **Staff Response**

1. All on-duty Staff will report to their department, reporting to their supervisor or Director and STAND-BY for further instructions (i.e., being ready, willing and able to perform assigned duties). Unit leaders will complete a Disaster Readiness Response form (attached) reporting current staffing levels and unit patient care activity to HCC. Staff will continue their assigned patient care activities until directed otherwise by the HCC.
2. Departments with excess personnel will advise HCC of the number of available staff to support the Labor Pool. Labor pool personnel will stay at their home department until called upon by HCC.
3. Labor pool personnel will be assigned by the HCC as needed to support the hospital's incident response.
4. Patients and Staff away from their assigned treatment area will return to the

appropriate area as soon as practical or receive instructions to secure the patient in an ancillary location if necessary.

5. Staff unable to return to their assigned area will notify their **Department Heads** ~~department leader~~ of the location of the patient and Staff member. Department **Heads** ~~leaders~~ will report this to the HCC for patient tracking.
6. All Staff requesting to go off duty must obtain the approval from HCC through their **Department Heads** ~~department leaders~~. The **Department Heads** ~~department leaders~~ may not give this approval without prior clearance from the Incident Commander. Staff must not leave their workstations until relief has arrived or until dismissed by the **Department Heads** ~~department leaders~~.

D. Departmental Response

Each **Department Head** ~~department leader~~, for both clinical and non-clinical operations, will assess the status of their Staff's ability to maintain normal operations.

1. Each **Department Head** ~~department leader~~, or designee, will identify available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.
2. The **Department Head** ~~department leader~~ will complete the Disaster Readiness Report and relay the information to the HCC, on status of the department.
3. When the departments receive the notification of the specific emergency, the **Department Heads** ~~department leaders~~ will initiate the appropriate departmental response plan for the emergency.
4. The **Department Heads** ~~department leaders~~ will report any problems or concerns to the appropriate Section Leader or the HCC.
5. No department should reduce its hours of operation without prior approval from the HCC.

E. SUSTAINABILITY

The importance of sustainability on supplies is crucial to determine if services can still be rendered during an emergency incident. The hospital plans for sustainability without the support of the community for the required 96 hours. This planning is a coordinated effort by the Emergency Management Committee and all hospital departments by reviewing the six critical areas before an incident has occurred. Where supplies and alternative means are required to sustain 96 hours of operation, alternative resources and assets, must be identified by the Incident Commander. The **Inventory and Sustainability Tool** ([see attached](#)) has identified those resources and assets and the sustainability indicated in hours.

F. RECOVERY PROCEDURES - **TJC EM.14.01.01**

Recovery after an incident response defines the activities the hospital will take to restore the systems that are critical to resuming normal care, treatment and services. Short-term recovery actions assess damage and return vital life-support operations to minimum safe operating standards. Long-term recovery focuses on returning all hospital operations back to normal or an improved state. MHSC will follow the following recovery

protocol:

1. When deemed appropriate, the Incident Commander will initiate the recovery phase by announcing an **"All Clear"**.
2. The Incident Commander will notify the PBX Operator to alert the staff of the end of the incident by announcing **"All Clear"** by normal code announcement methods.
3. Labor Pool personnel will be released by the HCC Command Staff or a Section Chief.
4. The Incident Commander notifies community Emergency Management Services of the **"All Clear"** action.

Note: Upon announcement of the "All Clear", all information concerning the emergency will be recorded and properly filed for later reference using the noted HICS forms (EOP Manual Flash drive).

5. Section Leaders and HCC staff will contact Unit leaders to receive information and critiques concerning the response to the emergency.
6. Form #252, #256: All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.
7. The ~~Emergency Management~~EM Coordinator (~~EMC~~) and/or Security Personnel will collect and inspect all communication equipment, data processing systems, and other equipment used during the emergency. Equipment will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.- The IC or designee will collect all HICS identification apparel and ensure that it is repackaged. ~~EMC~~EM Coordinator will be notified if materials need to be replaced for the next emergency. The IC or designee will ensure that the physical surrounding of the HCC is cleaned and furniture repositioned for normal operations. All documents used for the incident will be gathered and replacement copies of forms and documentation sheets will be replenished.
8. The Hospital Command Center staff and appropriate designees will conduct the evaluation of the emergency and the response. The ~~EMC~~EM Coordinator will take notes, collect HICS forms and write the after action report (AAR). All reports shared and reviewed by the EM ~~Team~~Committee and then are stored in the ~~EMC~~EM Coordinator office.
9. The Public Information Officer will communicate to the local media relevant information concerning the **"All Clear"** as directed and approved by the IC.
10. Facilities Management will ensure all utilities are back to normal operation. In the event there is a need to contact outside agencies to assist with this process, Logistics will contact the appropriate vendors or contractors to assist with the recovery process.
11. The HVA will help us in identifying the critical systems, such as all utilities, communication and IT information, needed to return to full operation. Contractor and vendors will be contacted to assist our recovery process if

needed.

12. ~~COMMUNICATION WITH FAMILY~~**COMMUNICATION WITH FAMILY MEMBERS** is part of the recovery process, this is addressed under communications.

G. PLAN INITIATION AND TERMINATION

To facilitate the orderly initiation of the response to an incident, the following steps of the Emergency Operations Plan will be initiated:

1. ~~Information~~**Creditable information** received by MHSC Emergency Department **or to other MHSC leaders** concerning an external incident facing the community or if an internal incident adversely affecting the function of the Hospital, the information will be passed directly to Administration or the Administrator on Call.
2. When notified of a potential disaster, the Administration/ Administrator on Call, House Supervisor, Emergency Department (ED) Physician, ED Director and/or ED Nursing staff will:
 - a. Evaluate the issues such as location of incident (internal, external), the distance from the Hospital, the scope of the incident (single individual, mass casualty), and weather conditions (seasonal and current).
 - b. Based upon the severity of the incident, the decision will be made whether or not to implement HICS.
 - c. Plan the care of casualty and non-casualty patients arriving in the Emergency Department during the incident.
 - d. Once it has been determined to activate HICS, the individual who takes the role of Incident Commander will notify the hospital staff and executives as soon as possible.
3. **Note:** During work hours it is unknown which senior leader might be available. It may be the determination of administration to contact the ~~Emergency Management~~**EM** Coordinator or other staff well trained in HICS methodology to assume the position of Incident Commander.

VI. INCIDENT PHASES

A. Phase I

When the hospital is notified by EMS and/or other sources of an incident that has occurred that may involve multiple casualties or a small incident with no casualties has occurred within the facility:

1. A Phase I incident is a situation that can most likely be managed with the staff already on duty.
2. Staff should remain on their assigned unit and review their department specific procedures as applicable, to be prepared to respond to the next Phase if the incident requires an upgrade.
3. The Department Supervisor or Charge Nurse will have a bed count and

expected discharges ready to report to HCC.

4. The Hospital Incident Command System (HICS) will be initiated. Potentially, only selected or affected departments may be notified depending upon expected or actual severity of the incident.

B. Phase II

When the hospital will be receiving a large number of patients or a major incident occurs within the facility and additional support staff will be required:-

1. Situation requires additional staff to be called into the hospital – activate Emergency Hospital Alert System as needed.
2. All on duty staff will remain at their assigned units and will follow the department specific procedures.
3. The HCC will be initiated to coordinate incident operations.

C. Phase III

When the facility will be receiving large numbers of patients that is likely to overwhelm normal and emergency patient care services and/or significant issues have occurred within the facility that has or will disrupt continued operation and results in the need for extensive internal and/or external support:

1. The HCC will be initiated to coordinate emergency operations.
2. This major incident will require mobilization of most aspects of the HICS as detailed in the EOP, including initiation of the Hospital Emergency Alert System for staff relief over an extended period of time.

VII. **ALTERNATE CARE SITES -TJC EM.13.01.01**

- A. MHSC is prepared for the possibility that the buildings or spaces in which patient care is normally provided will be rendered unusable. In this type of incident, a pre-designated alternate care site may be activated. Other facilities such as hospitals, community location, etc. have been assessed and identified as alternate site locations. The Memorandum of Understanding with alternative care sites are available from ~~the Accreditation Director~~In House Counsel.
 1. Holiday Inn - 307-382-9200
 2. Aspen Mountain Medical Center 307-352-8900
 3. Homewood Suites - 307-382-0764
- B. MHSC's decision to use an ACS in an emergency response will be decided by the Incident Commander. Any equipment and supplies that may be needed at the ACS will be provided by the Hospital, and will be transported by designees assigned through Hospital Incident Command team.
- C. The HCC will determine collectively if a request for an 1135 waiver needs to be completed. IC will delegate this task to the appropriate individual.

VIII. **COMMUNICATION MANAGEMENT – TJC**

EM.12.02.01

A. INTERNAL & STAFF NOTIFICATION LEVELS

1. The Incident Commander will notify the PBX Operator to alert the Staff of the incident by announcing the applicable Code via the overhead paging system.
2. **During an emergency all staff may announce overhead the following emergencies by dialing 700:**
 - Hostage Situation
 - Active Shooter
 - Physical Altercation

Note: Any inappropriate use of the overhead paging will be subject to the corrective action process.

3. The Staff may also be notified through alternate means and methods such as Intranet messages and personal communication devices (e. g., email, text messaging, pagers, walkie-talkies, satellite phone and cellular telephones) via the Mass Notification Messaging System, a.k.a. **RAVE**.
4. In case of **RAVE**/Mass Notification system failure (i.e. Internet down) public radio announcements will be made and we will begin a manual phone call process:
 - a. Use the Call-Tree Phone lists kept on the Hospital's shared drive: http://T:\Administration_Public\Call-Tree Phone Lists Hard copies of the Call-Tree are updated and kept in the EOP Binders in the Administration and Security Offices.
 - b. Designate "Callers" within each department and divide the list to expedite notification.
 - c. Begin a Disaster Response Report (DRR), to list each person contacted.
 - d. Begin calling: notify staff of the type of Emergency Code.
 - e. If contact cannot be made, leave a detailed message (if possible), and inform staff to call Hospital Command Center (HCC) at 352-8579 if/when available.
 - f. When the end of the call list is reached, deliver DRR to department ~~head~~leader or designee.
 - g. ~~Department head~~department leader or designee will complete the DRR and deliver to HCC via a runner.
5. Call-Tree Phone lists ~~will be~~are maintained by ~~Security~~via Human Resources ~~notification~~.
- a. Each Director is responsible for notifying ~~Security~~Human Resources of staff phone number changes.
- b. Each Department should print and keep a current hard copy of their phone list readily available within their department.

Note: Hard copy sets of the Call-Tree Phone list in the EOP Binders are kept in Administration, the Security offices and the Mobile Command Cabinet. Human resources updates the Call-Tree phone list every three months.

6. Communications systems may include the following:

- Internal telephone system: Internal communications will be limited to disaster-related issues once HICS has been initiated. **THE OPERATOR SHOULD NOT BE CALLED FOR INFORMATION.**
- Radios: Communications Unit Leader will determine location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
- RAVE, MHSC's emergency alert system, can send out text email and voice text to staff. In addition the public address system, inter-departmental radios, fax, cellular telephones, and runners can be utilized.
- Cell phones: for Text messaging and/or in the event of Internet failure/internal phones down.
- The hospital has three (3) non-internet, direct dial hard line phones available. They are located in three (3) locations: the Administration Office, the Physician Lounge and in the Emergency Department in the event the Internet fails. These phones are easily identified by their red housings.

B. **EMERGENCY RESPONSE PLANS-CODES**

1.	INCIDENT	OVERHEAD ANNOUNCEMENT	Emergency #
	Hostage Incident	Hostage Situation	700 - all staff
	Use of a Weapon	Active Shooter	700 - all staff
	Disturbance or Altercation	Physical Altercation	700 - all staff
	External Incident/Mass Casualty	Mass Casualty	300
	Radiation/Biological/Chemical/ Incident	HERT	300
	Bomb Threat	Bomb Threat	300
	Fire	CODE Red	300
	Infant/Pediatric Abduction	CODE Pink	300
	Cardiac/Respiratory Arrest	Code Blue	300
	Deterioration in Patient health	Rapid Response	300
	Tornado Warning	Tornado Warning	300

Tornado Watch	Tornado Watch	300
---------------	---------------	-----

C. NOTIFICATION & COMMUNICATION WITH EXTERNAL AUTHORITIES

All appropriate external authorities will be notified to facilitate effective response, continuing operations, and recovery from an emergency that disrupts the normal patient care and/or business operations of the organization. When an emergency plan is initiated, the appropriate external authorities and community resources will be notified by telephone, cell phone, radio, or pager, whichever is functioning and available during an incident.

D. COMMUNICATION WITH FAMILY

In the event of a mass casualty incident, a temporary Family Support Center (FSC) may be established at the direction of the Incident Commander to facilitate in the relay of crucial information to family members regarding the status of patients and provide incident briefings as directed by the IC. Only immediate family members of victims/patients will be allowed access to the Hospital. All family members will be directed to either the classrooms or cafeteria in the basement to the chosen site for the FSC. In a situation where a patient's emergency contact is not present with the patient, the emergency contact will be advised of the location of the patient if the patient is moved or evacuated.

E. COMMUNICATION WITH MEDIA

The Public Information Officer (PIO) if assigned, has the responsibility for media and public information as it pertains to an incident that involves the Hospital and as directed by the Incident Commander. The PIO has established working relationships with local media, the local emergency management office, and public health prior to an incident. The PIO regularly attends meetings with the external agencies who in the event of a community-wide incident will establish a Joint Information Center (JIC). The information provided to the community will come from the JIC as a unified message to the residents of the area. If the Hospital is solely involved during an incident, the PIO in the Hospital Command Center will communicate with the community or local media as directed by the IC.

F. COMMUNICATION WITH PURVEYORS

MHSC has developed a list of purveyors, including vendors, contractors, and consultants that can provide specific services before, during, and after an incident. The list will be kept in the HCC and maintained by the Emergency Program Managers EM Coordinator and updated as needed. Memorandum of Understandings (MOUs) have been developed to help facilitate services during the time of a community-wide incident.

G. COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS

1. The Healthcare organizations that are located within the geographical area to the facility have a working relationship with MHSC. These hospitals are members, as is MHSC, of the **Western Wyoming Healthcare Coalition**:
 - St. John's Medical Center, Jackson, WY
 - Star Valley Medical Center, Afton, WY

- South Lincoln Medical Center, Kemmerer, WY
 - Evanston Regional Hospital, Evanston, WY
 - Aspen Mountain Medical Center, Rock Springs, WY
2. The key information to share with the other Healthcare organizations:
- Names & roles of Hospital Incident Command team
 - Resources & assets to be potentially shared
 - Process for the dissemination of patient & deceased individual names for tracking purposes
 - Communication with third parties
3. The patient information that may be shared with the other healthcare organizations, local or state health departments, or other law enforcement authorities on the whereabouts of patients during an incident may include patient's name and location. The information shared about the patients will be in accordance with applicable HIPAA laws and regulations.

H. COMMUNICATION WITH ALTERNATE CARE SITE

The Hospital Command Center (HCC) will maintain communications with the Alternate Care Site (ACS). Once the ACS has been established, an Alternate Care Command Center (ACCC) will be initiated using the HICS format. The site will initiate contact with the HCC via the Hospital Liaison Officer through the ACS Liaison Officer to ensure that continuous communication, leadership and documentation will occur. The available communication will be the following: phones, fax, and radios.

I. BACKUP COMMUNICATIONS

MHSC will maintain a current listing of backup communication systems or devices. The communication devices or systems will be tested on a regular basis and be included in exercises.

A listing of all communication of primary or secondary communication systems or devices is listed below:

- Email will be available if the infrastructure is working.
- Inter-departmental radios or inter-hospital radio networks may be used as backup communication. Training must be achieved along with an instruction card attached for those that do not use the equipment often.
- Fax machines may be used as backup as long as some are on the emergency power and land line telephone lines are functional.
- Ham radios may be used either with internal or external operators.
- Cellular telephones have proven to shut down quickly during a natural or large-scale disaster and may not be reliable.
- The Hospital has satellite telephones for back up communications.
- Runners will be used as a last resort when all other communications fail.

Mass Notification authority is granted to the Director of Security and appointed designees, PBX operators, and house supervisors.

IX. **RESOURCE AND ASSET MANAGEMENT - TJC EM** **12.02.09**

A. **OBTAINING & REPLENISHING MEDICAL, NON-MEDICAL & MEDICATION SUPPLIES**

The amounts, locations, processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies, including personal protective equipment, has been established. The process will need to go from mitigation to recovery stages. Medical supplies include anything used in the care of patients. Non-medical supplies include food, linen, water, fuel, and transportation vehicles. (see attached 96-hour sustainability grid).

The amounts and locations of current supplies will be evaluated annually to determine how many hours the facility can sustain before replenishing. This will give the facility a par level on supplies and aid in the projection of sustainability before terminating services or evacuating if during an incident supplies are unable to get to the facility. The inventory of resources and assets that were discussed earlier in the Planning Activities Section is the starting point of par levels.

Memorandums of Understanding for each applicable emergency operations plans are available from the Accreditation Director In House Counsel once the par level has decreased.

B. **SHARING OF RESOURCES**

The process of sharing resources with other healthcare organizations outside of the community during a regional incident will be coordinated through the County Emergency Operations Center (EOC). The Western Wyoming Healthcare Coalition identifies five (5) Medical Facilities in our region that could provide staffing support, supplies and other essential resources if needed in a disaster. The local community EOC will be contacted and support requested, with essential supplies, as needed and will be responsible for delivery of the needed resources.

C. **MONITORING RESOURCES AND ASSETS**

During the emergency, a process has been put into place under the Logistics Chief that will monitor the overall quantities of assets and resources. This information will be communicated through HICS within the facility and to those within the community who have a need to know.

X. **SECURITY AND SAFETY MANAGEMENT – TJC** **EM.12.02.07**

A. **SECURITY WITH COMMUNITY**

Upon activation the Emergency Operations Plan, all available Security personnel will be

called in to report to the Security Branch Director and standby for further direction from the HCC. Security issues will be handled according to Security Department policies and procedures. In the event that MHSC's Security Department becomes overwhelmed, they will contact the Joint Combined Communications Center to request support from local law enforcement and state law enforcement agencies. Local law enforcement or Western Wyoming Community College security if available, may be utilized to assist with outside traffic control and crowd control as well as external security for the facility. Contact information is on resource list.

B. ACCESS & EGRESS CONTROL

Due to the limited amount of Security personnel in the facility at any given time, there may be a time when the facility is locked down. Secure Operations or a "lock down" refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. The decision to "lockdown" the facility will be made by the Incident Commander in HCC.

C. TRAFFIC CONTROL

Security Branch Director ~~will~~if assigned, initiate the organization's Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility if the need arises during an incident. Security personnel will support the movement of patients and staff inside the facility. If advisable, the Security staff will also assist in the movement of vehicles, both emergency and commercial, on the grounds. When appropriate, local law enforcement will assist in the management of traffic on the grounds of facility.

XI. STAFF MANAGEMENT – TJC EM.12.02.03

A. ROLES AND RESPONSIBILITIES

MHSC will provide staff training to ensure that critical staff functions will be performed for the rapid, effective implementation of any incident response.

When the Hospital Incident Command System (HICS) is established, the HICS Organization Chart and Job Action Sheets are used to assist Command Staff and Section Chiefs to assign staff to HICS positions as situational conditions dictate.

The Section Chiefs are responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

If staff is not available for handling critical tasks defined by the Job Actions Sheets, staff will be drawn from the appropriate departments or from the Labor pool. Human Resources will function as the Personnel Tracking Manager.

As staff is recalled, they may replace personnel in task assignments for which they are better qualified to perform. Staff can only perform activities that they are capable of safely performing or for which they are allowed based on certification/license. If questions arise concerning assignments, the appropriate Section Chief will determine who will perform the task. The tasks are evaluated frequently to ensure the most

appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as staff levels allow.

B. MANAGING STAFF SUPPORT ACTIVITIES

During activations of HICS, various modifications and accommodations are made for hospital staff to assist them in coming to the hospital to provide needed services. The following accommodations are authorized:

- When there is a Mass Notification and it is difficult or impossible because of weather conditions, the hospital will work with law enforcement that possess the appropriate type of vehicles to assist staff and extended family members in getting to and from the hospital or alternate care site(s).
- Where necessary because of conditions, the hospital will accommodate staff that need to sleep, eat, and/or other services in order to be at the hospital to provide needed services.
- The hospital will facilitate incident stress debriefings. Debriefing areas may be staffed by available staff from either Southwest Counseling, available clergy, and others in the community or state(s) trained in incident stress debriefing.

C. MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff family members. The accommodations are to ensure that staff is available to provide their services to the Hospital and community. Family accommodations will be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These will normally be arranged prior to families arriving at the hospital. Staff should notify HCC of their need for childcare, elder care or animal care before reporting to the Hospital. Staff should exhaust all other resources for care.

1. Child Care Center:

A Child Care Center will be established if deemed necessary and appropriate by the Incident Commander. The Childcare area will be set up at the Family, Internal & Occupational Medicine Clinic (3000 College Dr.) as determined by availability; an alternate care site may be necessary. Staffing for the Child Care Center will be assigned from the Labor Pool. The following requirements regarding the Child Care Center will be followed:

- A Childcare tracking form will be filled out upon admittance and discharge of child from the daycare
- An ID band will be attached to each child
- Food and or snacks may be provided by Nutritional Services, depending on length of disaster
- Parents will need to provide the necessary essentials for their child; materials management will assist with additional supplies needed
- Individuals designated to pick up children from Childcare will enter through the main entrance and be escorted to the Child Care Center
- Parents or designee will sign out the child on the same tracking form

the child was signed in on

- [Complete Child - Elder Care Registration-Tracking Form](#)

2. Elder Care:

- In the event that elder care is needed, the hospital can utilize any available space in the hospital. In the event the hospital does not have space readily available, then an alternate care site can be utilized. It would be the responsibility of HCC to assess the needs and designate caregivers to the alternate site from the Labor Pool.
- [Complete Child - Elder Care Registration-Tracking Form](#)

3. Pet Care:

- If staff or patients arrive with their pets, the Sweetwater County Emergency Management Office (SCEMO) (307-922-5370) or Sweetwater County Sheriff's Office (SCSO) (after hours at 307-922-5300) will be contacted by HCC. ~~SCEM~~[SCEMO](#) or SCSO will contact Sweetwater County Animal Response Team to assist with the temporary placement of animals. ~~Complete Small Animal Intake Form (Appendix 10 – Code Orange: External Incident / Patient Surge, Attachment)~~
 - [Complete Small Animal Intake Form](#)

D. TRAINING AND IDENTIFICATION OF STAFF - [TJC EM.15.01.01](#)

1. ~~The staff identified for Command and Chief positions~~[EM Committee and all leaders](#) will receive the appropriate training in HICS and NIMS prior to an incident. This training will also be made available to the staff, LIP and authorized volunteers.
2. Hospital Incident Command System identification vests are issued for the appropriate roles in the HICS organization chart. Vests identify the HICS title/role and are color coded by branch for easy recognition.
3. All employees will wear their hospital identification badges at all times during the incident.
4. All ~~Emergency Management team~~[EM committee](#) members have continuing education annually on the hospital learning system as an extensive continuing education training program for disaster response and emergency preparedness. ~~The hospital Bi-Annual~~[annually the EM Coordinator](#) has an instructor ~~who comes to the hospital and provides~~[provide](#) HICS training to all ~~leadership~~[staff](#) that want to attend. Certificate of training is provided.

XII. MANAGING ESSENTIAL or CRITICAL UTILITIES – [TJC EM.12.02.11](#)

- A. During an incident, the organization will ensure alternate means for providing essential utility systems are available as identified in the EOP. The organization will assess the requirements needed to support and maintain essential systems such as fuel, water, exterior storm drains and supplies for a period of time identified in the **Inventory and**

Sustainability Tool.

- B. This assessment shall include the requirements for 96 hours without community support. The alternative means for these sources are located in the ***Inventory and Sustainability Tool.***
- C. The alternative utility systems and supplies networks are identified in the Facilities Support Policies and are included in the ***Alternate Utilities***, on alternate means of essential utility systems. The list of essential utility systems includes:
- Boilers
 - Air Handlers
 - Elevators
 - Medical gas systems/Vacuum systems
 - Plumbing
 - Normal power supply system
 - Emergency power supply system
 - Natural gas
 - Diesel fuel
 - Water supply
 - Maintaining Storm Drainage

XIII. **MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES – TJC EM.12.02.05**

A. **TRIAGE AND CASUALTY LOCATIONS**

Anyone seeking medical care in the Emergency Department during an Incident will be triaged. The area by the ambulance entrance doors will be the primary triage location. The Emergency Department waiting area can be used for triage if additional space is needed. Patients will initially be triaged by a physician or nurse and will be tagged for identification. All patients will be sorted as follows:

The following locations have been identified as the locations for **Provision of Care** for casualties and **fatalities**:

LOCATION	DESCRIPTION
Morgue	Deceased victims will go to the basement morgue. Additional morgue space may be obtained by contacting the local mortuaries
PACU Area	Victims classified as walking wounded will be sent to the PACU (Post Anesthesia Care Unit) Area for evaluation
Ambulance Garage/ Triage Area	Triage will be conducted at the entrance to the ambulance garage. ED waiting area can be used if more space is needed.
Same Day Surgery/	Patients expected to die (Black tagged) will be sent to an

Patient Dying Area	assigned room on Same Day Surgery for palliative care
Nursing Care Units	All patients requiring surgery will be held in the appropriate nursing care unit until they can be treated in the OR.
CATEGORY	DESCRIPTION
Immediate Care Patients (Red Tag)	Victims survival is dependent upon immediate medical intervention
Delayed Care Patients (Yellow Tag)	Victims whose injuries require intervention but whose condition allows treatment to be delayed for up to 1 hour without further deterioration
Minor Care Patients (Green Tag)	Victims whose injuries can wait an undetermined amount of time (greater than 1 hour) without risk of significant deterioration
No Injury	Victims who do not require medical attention, but may require emotional support
Morgue (Black Tag)	Victims who are Deceased on Arrival or who will expire regardless of treatment will receive Palliative care. Clergy will be assigned
Classrooms/ Discharge Area	Inpatients and Outpatients who can be discharged, will be escorted to the classrooms or cafeteria in the basement if "Shelter in Place" conditions exist, otherwise patients can be discharged with the intention of leaving the facility

B. PATIENT CARE AND DOCUMENTATION

In the event of a situation, i.e. power loss, that impacts MHSC's electronic medical record; all departments will refer to the IT Downtime policy and/or their department specific Downtime policy for guidance.

C. CLINICAL ACTIVITIES

Depending on the nature of the incident, HCC will make the decisions ~~on~~ regarding if and when the Hospital will temporarily close to new admissions, transfers, elective surgeries and procedures.

D. EVACUATION ACTIVITIES

MHSC realizes that a severe or catastrophic incident may force the evacuation of part or all of the Hospital. In the event that the Hospital needs to be evacuated the Incident Commander will give the evacuation order.

E. PERSONAL HYGIENE AND SANITATION REQUIREMENTS

In situations where hygiene may be compromised by lack of water for bathing and normal bathroom accommodations, the following guidelines will be followed:

- The alternative means to personal hygiene can be baby wipes, personal wipes, or alcohol-based rubs.
- Family members may be supplied with cleaning materials and be used to help clean the patient during an incident.

- The alternative means to sanitation, if toilets are inoperable toilets may be manually flushed using bottled or reclaimed water.
- Environmental Services use of water will be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms, and isolation areas or if deemed necessary by the Environmental Services Director.
- Limit changes of bed linen to those patients who have gross soiling from draining wounds, catheters, etc.
- The Verna Care system will not be used during this time.

F. MENTAL HEALTH SERVICES

Due to limited availability, mental health services during an incident will be limited to the availability of staff from Southwest Counseling and/or the availability of Chaplin services.

G. MORTUARY SERVICES

In the event of an incident involving deceased patients, MHSC will contact the County Coroner for the appropriate clearance and procedures. If necessary, the "mobile morgue" owned by the County should be requested for securing bodies not able to be contained in facility's existing morgue. The Coroner's office will be notified when the refrigerated trailer is full or the disaster has been cleared.

- H. **PATIENT TRACKING: INTERNAL AND EXTERNAL** For the departments that will be receiving disaster patients such as the Emergency Room and patient care units, the units will have patient trackers assigned to track the patients entering and leaving the areas. The patient tracking information will be given to the Patient Tracking Manager who will track all the patients within the facility during an incident. The form to use for patient tracking will be the **HICS 254 – Disaster Victim Patient Tracking Form**.

If patients are evacuated, the process will be the same except for the forms. The individual patient tracking for evacuation will be the **HICS 260 – Patient Evacuation Tracking Form**.

When more than two patients are being evacuated, the **HICS 255 – Master Patient Evacuation Tracking Form** will be used as a master list of all those patients who were evacuated.

XIV. **DISASTER PRIVILEGES-VOLUNTEER LICENSED INDEPENDENT PRACTITIONERS (LIP)/OTHER LICENSED VOLUNTEERS – TJC EM.~~15~~12.0102.0103**

- The hospital grants disaster privileges to volunteer licensed independent practitioners (LIP) and other volunteers that are licensed, certified and/or registered in a skilled health care position.
- Disaster privileges are extended when the Emergency Operations Plan has been activated in response to an incident and the Hospital is unable to meet immediate patient needs. The Medical Staff policy for granting privileges in the event of a disaster

has identified the Hospital's process for granting disaster privileges

XV. **SPECIAL NEEDS/VULNERABLE PATIENTS DURING EMERGENT TIMES RESPONSE**

- A. Anyone seeking medical care in the Emergency Department during an emergency response will be triaged, including those with special needs.
1. The staff at MHSC will be trained to identify the special clinical needs of the population of patients that are considered to be vulnerable during an emergency.
 2. Patient registration and medical records may be used to help identify the special needs/vulnerable population.
- B. Clinical management decisions regarding the special needs/ vulnerable patients will be made on an individual basis and will take into account the medical needs of the patient and the current status of the emergency situation.
1. In the event that the patient is treated at MHSC, clinical procedures provided will be documented in the patient's medical record.
 2. All hospital departments are responsible for the tracking of the patient, both inside and outside the facility.
 3. If the patient needs specialized care not provided by MHSC, special provisions will be made and the patient will be transferred to an appropriate specialized care center.
 - Pediatric patients- Primary Children's Hospital, Salt Lake City, UT
 - Denver's Children's Hospital, Denver, CO
 - Geriatric and disabled patients- Transferred to specialty hospital depending on condition and availability
 - Mental health/ addiction patients- Wyoming Behavioral Institute, Casper, WY
 - Wyoming State Hospital, Evanston, WY
 4. Clinical management analysis will be made at the conclusion of the emergency response and revisions will be made as necessary in preparation for the next emergency.

Reviewed and Approved:

Emergency Management Committee ~~09/21/2022~~: 07/14/2023

~~MEC 11/29/2022~~

MEC: 01/24/2024

Attachments

[2020 - 96 hour sustainability grid-9.20.pdf](#)
[2022 Hazard Vulnerability Analysis.pdf](#)
[802673 - Small Animal Intake Form.pdf](#)
[802675 - Child - Elder Care Registration-Tracking Form.pdf](#)
[802676 - Decon Response Team.pdf](#)
[802736 - Disaster Readiness Report.pdf](#)
[803088 - Leadership Order Succession form 10.20.pdf](#)
[HICS IV Forms and Instru#24.docx](#)
[Hospital Resource Directory- HICS 258 Directory 2019.pdf](#)
[Medical Staff Policy for Granting Privileges in the event of a Disaster](#)
[Small-Rural Hospital Job Action Sheets.doc](#)

Approval Signatures

Step Description	Approver	Date
------------------	----------	------

Reg. Standards

TJC EM.12.01.01, TJC EM.09.01.01, TJC EM.10.01.01, TJC EM.11.01.01, TJC EM.12.02.01, TJC EM.12.02.03, TJC EM.12.02.05, TJC EM.12.02.07, TJC EM.12.02.09, TJC EM.12.09.11, TJC EM.13.01.01, TJC EM.14.01.01, TJC EM.15.01.01, TJC EM.16.01.01, TJC EM.17.01.01

Minutes
Governance Committee
January 15, 2024

Present: Irene Richardson, Marty Kelsey, and Barbara Sowada
Zoom meeting called to order at 2:00 pm
Minutes had been previously approved

Meeting called to order at 2:00 pm by Barbara Sowada; all members present.

Old Business

None

New Business

1. Irene gave status update of strategic plan. Goal is to have plan ready for Board approval at February Board meeting.
2. Bylaws were discussed. Bylaws should be reviewed every three years. Last revision was 2022. Because Bylaw review is a great way to become familiar with them, it was decided the review committee should be an ad hoc committee of the Board plus the CEO. Volunteers will be solicited at the February Board meeting. Because the Committee will have three board members, it will be advertised as a public meeting.
3. Committee Charters
 - a. Joint Conference Committee charter was reviewed and revised during the meeting. It will be presented to the Board for the first reading at the February meeting.
 - b. Executive Oversight & Compensation charter was reviewed. Decision made to review/revise charter independently and bring back to February Governance meeting for refinement.
 - i. An old, 2011, policy for CEO Compensation and Evaluation was briefly discussed. Action was tabled until February, giving members time to review the policy.
4. February Board education will be finance Iprotean videos. Board financial workshop is tentatively planned for February 19th or 26th.

Meeting adjourned at 2:30 pm.

Next meeting is tentatively scheduled for February 19 at 2:00 pm.

Respectfully submitted,

Barbara J. Sowada, Ph.D.

Executive Summary – Quality Committee of the Board

PROVIDED BY Kari Quickenden and Kara Jackson

REPORTING DATE January 2024 Quality Committee Monthly Meeting

General Highlights	<ul style="list-style-type: none"> • Our mammography department went through their Mammography Quality Standards Act (MQSA) inspection in November and did very well, with no findings. • Certain quarterly data that we submit to CMS will be refreshed on the Care Compare site, the data is lagged. There are many improvements to celebrate over the past few years.
FY 2024 PIPS Priorities	<ul style="list-style-type: none"> • Patient Experience <ul style="list-style-type: none"> ○ Development of patient experience back to basics toolkit for leadership ○ We are finishing our year strong in our inpatient (med/surg, ICU, OB) patient experience scores, currently with “communication with nurses, communication with doctors, and responsiveness of hospital staff” domains above the 75th percentile; as well as 4 of our other 5 domains in the 50th to 75th percentile. • Medication History Updates – Clinics and ED <ul style="list-style-type: none"> ○ Continued work to improve medication history completion
Patient Safety	<ul style="list-style-type: none"> • TeamSTEPPS training has started in our obstetrics and medical imaging units, along with our house supervisors. This program will provide our staff with additional tools to improve communication and teamwork and was implemented in response to our staff survey for culture of safety in late 2022. • We continue to work on improving our patient’s safety related to falls.
Medication Safety	<ul style="list-style-type: none"> • FY 2023 PIPS Priority Update – All departments continue to show sustainment of improvement efforts related to Pyxis overrides as well as medication and patient barcode scanning to improve patient safety.
Infection Prevention	<ul style="list-style-type: none"> • We’ve had no Central line associated blood stream infections (CLABSI), or catheter associated urinary tract infections (CAUTI) in CY 2023. • We’ve had 2 C.Diff cases in CY 2023, improvement work continues with our lab, infection preventionist, and inpatient units.
PIPS Committee	<ul style="list-style-type: none"> • We heard about wonderful improvement projects happening in multiple departments and committees. In addition to our improvement work in quality and safety measures, our antimicrobial stewardship committee is working to reduce the vancomycin drug spend; pharmacy is working to reduce medication outdates and waste; medical oncology has moved their chemo accounts from recurring to daily accounts, in turn significantly improving the workload for revenue cycle team; radiation oncology is working to improve assessment of smoking history at follow up appts; fiscal services is working with materials management to implement an electronic invoice system to improve vendor satisfaction, create efficiencies internally, and reduce lost time; information services is working to reduce service desk issue resolve times; rehab services is working to improve patient satisfaction with therapy goals; marketing is working to improve the digital star rating; surgical services is working to reduce overnight supply requests; cardiac and pulmonary rehab is working to improve completion of the cardiac and pulmonary rehab program; behavioral health is working to improve room cleaning services; and emergency management is working to streamline our emergency management team.

Memorial Hospital

OF SWEETWATER COUNTY

		# Assigned: FY 24-33
Capital Request		
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.		
***** Note: Before ordering equipment requiring sterilization, check with Surgical Services/Central Sterile to ensure we have the proper sterilizing equipment.		
Department: Medical Imaging – Gen Rad	Submitted by: Tracie Soller	Date: 12/29/2023
Provide a detailed description of the capital expenditure requested: Hologic Horizon-W DXA scanner		
Preferred Vendor:		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation 2. Equipment 3. Installation 4. Shipping 5. Accessories 6. Training 7. Travel costs 8. Other e.g. interfaces	\$ 0 \$ 57695.50 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ Click or tap here to enter text.	
Total Costs (add 1-8)		\$ 57695.50
Does the requested item:		
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain: May require electrical and I/S cabling	
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain: Click or tap here to enter text.	
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ Amount \$ Amount \$ Amount \$ Amount \$ Amount
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Projected Annual Procedures (NEW not existing)		
Revenue per procedure	\$ Amount	# of bids obtained? <u> 1 </u>
Projected gross revenue	\$ Amount	<input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: The other vendor never submitted a quote.
Projected net revenue	\$ Amount	
Projected Additional FTE's		
Salaries	\$ Amount	
Benefits	\$ Amount	
Maintenance	\$ Amount	
Supplies	\$ Amount	
Total Annual Expenses		\$ Total
Net Income/(loss) from new service		\$ Amount

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Executive Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Karin</i> 01/12/2024
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 1-12-24
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 1-12-2024
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

FY 24 The DXA equipment is utilized to assess a patient's bone mineral density and their risk for osteoporosis, intervertebral fracture assessment and Body fat composition. At this time, MHSC is the only facility in Rock Springs that offers this imaging service. We perform on average 1-2 of these procedures per day. The bone mineral density study is also performed annually for patients with osteoporosis to assess the effectiveness of their calcium treatments.

The Affordable Care Act emphasize a shift towards increased access, improved quality and value-based care. Greater than 50% of Americans over 50 years of age have low bone mass/osteoporosis. Quality Outcomes are increasingly linked to payment. Five national quality groups include DXA scanning in their quality metrics. Preventive care screening may help change the fact that more women die each year from complications of hip fracture due to osteoporosis than from breast cancer. DXA screening identified those at high risk with cost-effective early intervention and has reduced rate of hip fracture by 35% among women with Medicare who receive DXA exams.

Our existing DXA machine was installed 3/16/2011. It has Microsoft Windows 7 operating system and is no longer supported. Hologic will not upgrade this machine to a newer operating system due to the age of the system. The equipment reached end of life as of 1/1/2020. The existing equipment is currently down and we are awaiting an answer for service if they will be able to repair it. It is imperative that we look toward replacing this piece of equipment as soon as possible. The wait time from the vendor is approximate 5 months, however, I have been advised they keep a few units on reserve for urgent situations.

The quote contains a loyalty discount and a \$4500 trade in value for the existing equipment. This has increased by \$1000 since the capital request was originally submitted for the FY24 budget.

Tracie Soller
Submitted by: Signature

12/29/2023
Date



Purchase Quotation

PLEASE REFER TO THIS NUMBER ON
ALL CORRESPONDENCES AND ORDERS

Quote #: Q-361291

Status: Approved

Quote Expiration Date: 8/30/2024

TO:

CUSTOMER NAME	CUSTOMER NUMBER
MEMORIAL HOSPITAL OF SWEETWATER COUNTY	72104
BILL TO ADDRESS	SHIP TO ADDRESS
1200 COLLEGE DR ROCK SPRINGS Wyoming US 82901	1200 COLLEGE DR ROCK SPRINGS Wyoming United States 82901

TAX INFO:

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final Invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

This Quotation is based on the information known by Hologic regarding your needs as of the date the Quotation is generated. This offer is subject to change or withdrawal by Hologic prior to acceptance. This Quotation and the governing terms as noted herein shall supersede all other quotations, agreements, understandings, warranties and representations, whether written or oral, between us, and may be accepted only in accord with their terms. In the event of a conflict between this Quotation and the governing terms, this Quotation shall prevail. To accept, please sign below within the time period for acceptance. Signed quote and/or purchase order should be forwarded by mail, via e-mail or by fax to:

Breast Health:
HOLOGIC SALES AND SERVICE, LLC
250 Campus Drive
Marlborough, MA 01752
ATTN: Sales Administration
Fax: (203) 731-8463
BSHSalesSupportUS@hologic.com

ATTN: Tracie Soller

Phone: (307) 352-8386

Fax:

Email:

tsoller@sweetwatermemorial.com

Quote Date	Hologic Representative	Quote Currency
1/2/2024	Tana Pedersen tana.pedersen@hologic.com	U.S. Dollar

Summary of Governing Terms/Contracts	Contract Number	FOB	Payment Terms	Freight Terms
Hologic Std T&C*		ORIGIN	45 NET	NO CHARGE
VIZIENT (XR0693) - BONE	XR0693	ORIGIN	45 NET	NO CHARGE

*For the purpose of clarity, the Products as contained herein that are not subject to a governing terms / contract as listed above, shall be governed by the applicable Hologic Terms and Conditions available at: <https://www.hologic.com/hologic-sales-terms-conditions>

Qty	Product Name	Description	List Price	Unit Price	Extended Price
1	HORIZON-W	HORIZON-W	\$174,000.00	\$58,195.50	\$58,195.50
1	HOR-DISP-01	MONITOR ASSEMBLY FOR HORIZON DXA	Included	Included	Included
1	ASY-07185	ASSY, Z2 COMPUTER, PCIE, W10	Included	Included	Included
1	FRAX-APEX	FRAX OPTION FOR APEX	Included	Included	Included
1	AFF-APEX	ATYPICAL FEMUR FRACTURE OPTION	Included	Included	Included
1	INNERCORE-APEX	APEX VISCERAL FAT OPTION	Included	Included	Included
1	TRADE-HOLX-BONE	TRADE IN - HOLOGIC - BONE	Included	-\$4,500.00	-\$4,500.00
1	010-0804	KIT, DEINST 4500C RM-RM MOVE	Included	Included	Included

Quote #: Q-361291-1

Qty	Product Name	Description	List Price	Unit Price	Extended Price
1	HLX-LOYALTY-DXA-DISCOUNT	HOLOGIC LOYALTY DXA DISCOUNT	Included	\$-2,500.00	-\$2,500.00
1	SCRAP-TIER1-FEE-BSH	SCRAPPING FEE IS APPLICABLE TO TIER1 BSH CAPITAL ITEMS	\$2,500.00	\$2,500.00	\$2,500.00
1	ASY-06792	POWER KIT FOR 120VAC	Included	Included	Included
1	INKJET-COLOR	INKJET-COLOR	Included	Included	Included
1	ASY-07541	KIT, PCIE CABLE, INTERFACE 30'	Included	Included	Included
1	IRIS-ENT-APEX	APEX IRIS CONNECTIVITY SUITE W/ENTERPRISE DATA MANAGEMENT	\$10,900.00	\$4,000.00	\$4,000.00
1	DXA-TRAIN-INIT-01	DXA TRAINING, INITIAL, 1 DAY (8-HOUR), 1 SITE, MAX 4 OPERATORS	Included	Included	Included

*To the extent this Quotation contains any Professional Services for Equipment relocation or clinical training, such Professional Services shall be governed by the Hologic Professional Services Terms and Conditions (US Customers), available at <https://www.hologic.com/hologic-master-sales-terms-conditions>. To the extent this Quotation contains any Products with Product Name UA-SUB-SW-0001, UA-SW-002, UEQ-SUB, DIM-LIC-QT-SUB (collectively "Subscription Products"), such Subscription Products shall be governed by the Hologic Subscription Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>, and the Effective Term for said Subscription Products shall be a twelve (12) month period beginning on the date of designated Equipment for such Subscription Software. Otherwise, any Products with Governing Terms listed as "Hologic Std T&C" shall be governed by the Hologic Sales Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>.

List Price Total:	USD 187,400.00
Discount:	USD 129,704.50
Total Quote Price:	USD 57,695.50
Final Quote Price:	USD 57,695.50

Customer agrees to keep the discount price provided to them in this Quotation or agreement confidential and not disclose it to anyone other than as required by law or court order.

Title Transfer

The undersigned MEMORIAL HOSPITAL OF SWEETWATER COUNTY ("Transferor"), for valuable consideration hereby transfer title for property defined as:

Product Name	Trade-In Manufacturer	Trade-In Serial #
TRADE-HOLX-BONE		85362

to Hologic Sales and Service, LLC of 250 Campus Drive, Marlborough, MA 01752, effective as of date of the actual pick-up of the property by Hologic Sales and Service, LLC.

If applicable, Transferor acknowledges as such consideration a trade-in credit value of

US \$ _____ (if known) toward purchase of a Hologic Model _____

Transferor warrants in regard to the property being transferred that:

1. Transferor is the legal owner,
2. Transferor will defend the title against any and all claims and demands of all persons,
3. Transferor will take all further steps necessary to effectively transfer ownership to Hologic Sales and Service, LLC, at no cost or expense to Hologic Sales and Service, LLC, and
4. It is free from all liens and encumbrances
5. All patient data stored within the hard drive(s) of transferred property has been removed from all data storage devices in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health of 2009 ("HITECH") regulations implemented by the U.S Dept. of Health and Human Services.
6. The transferred property has been thoroughly cleaned and, if property has been in contact with potentially infectious materials (blood, blood products or other potentially infectious materials), it must be decontaminated in accordance with OSHA 29 CFR 1910.1030 "Bloodborne Pathogens." If it is not feasible to fully decontaminate the equipment, the equipment must be clearly labeled with a warning sign that indicates the possible presence of blood/body fluids. Decontamination must be done with an appropriate EPA approved disinfectant - <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>.

If Transferor and Hologic are parties to a Service Agreement providing maintenance and repair services for the property being transferred herein, then this Title Transfer shall serve as an amendment to said Service Agreement terminating coverage with respect to the transferred property. The termination of coverage shall be effective as of the date of the actual pick-up of the property by Hologic Sales and Service, LLC.

To HAVE AND TO HOLD the same, with the rights, privileges, and appurtenances thereof, unto Hologic Sales and Service, LLC, its successors and assigns, forever, to its own use and behalf.

This agreement will be construed in accordance with and governed by the laws of the state of Massachusetts.

Hologic may request new customers and established customers to complete our credit application to create or update current credit files. This requirement will be contingent on order amount and prior history with Hologic.

Please note: Given the global supply disruptions impacting product availability, upon receipt of a Purchase Order your Hologic team will work collaboratively on an installation timeline.

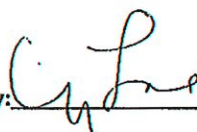
Sales Orders that are requested to be cancelled within forty-five (45) days of the confirmed installation date must be approved by Hologic and may be subject to a cancellation fee of ten percent (10%) of the total Quote price for the items contained herein.

Once the installation confirmation is provided by Hologic, all requests to reschedule an installation within seven (7) business days of the confirmed installation date may be subject to a rescheduling fee of \$2,500.00 USD.

Quote #: Q-361291-1

Buyer Acceptance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

By:  (signature)

Name: Tom Love Title: CFO (print/type)

Date: 1-12-24

Additional Buyer Acceptance (if applicable)

By: _____ (signature)

Name and Title: _____ (print/type)

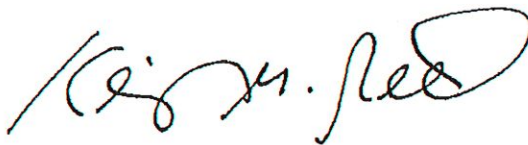
Date: _____

Please provide the Shipping and Billing address here if different from the quote address above
(If this section is left blank, the product will ship and bill to the addresses printed at the top)

Shipping Address

Billing Address:

Hologic Approval:



Date:

HOLOGIC SALES AND SERVICE, LLC 250 CAMPUS DRIVE. MARLBOROUGH MA 01752

Product Name	Long Description
HORIZON-W	<p>Horizon DXA system generates the crisp, clear, high-resolution images to accurately assess bone density, fracture risk, body composition, and calcified plaque in the abdominal aorta. It combines a wealth of advanced, proprietary technologies that work together.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Advanced Technology <ul style="list-style-type: none"> • OnePass™ fan beam technology for precision and a fast scan time. • Dynamic Calibration™ system for continuous calibration and long-term measurement stability. • 128 high-resolution multi element ceramic detector array. • High-frequency, oil cooled X-ray generator. • Motorized table and 24" C-arm clearance; 500 lb. patient weight limit. • Scan and Analysis Protocols <ul style="list-style-type: none"> • Bone Mineral Density (BMD) assessment with Express BMD 10 second acquisition. • Instant Vertebral Assessment™ (IVA) scan. • Atypical Femur Fracture (AFF) assessment. • Whole Body BMD Advanced Body Composition™ analysis with InnerCore™ Visceral Fat Assessment. • Pediatric analysis for over 3 years. • Window/Level control for image optimization. • Advance Reporting Solutions <ul style="list-style-type: none"> • QDR OnePage™ Report with Rate of Change assessment. FRAX® 10 Year Fracture Risk Assessment. Dual Hip™ Report. Integrated Report Writer DX™ Horizon Scan and Analysis Protocols. AP Lumbar Spine with Automatic Low-Density Analysis and Scoliosis Analysis. • Standard Computer Package <ul style="list-style-type: none"> • Workstation with dual core 3 GHz Windows®10 LTSC 2019 500 GB hard drive 32 GB RAM widescreen LCD monitor and DVD RAM drive. Hologic APEX™ Operating System. • HP Professional Series color DeskJet® printer. • Workflow APEX Productivity Tools <ul style="list-style-type: none"> • Express Exam™ workflow management. OneTime™ auto analysis with histogram. ProTech with DXApro™. Auto hip positioning. Reposition/Rescan feature. Automatic scan comparison for serial exams. • QDR Anthropomorphic Spine Phantom and reference manual CD Installation and Unifit® Connect remote service tool. • Hologic® Platinum Marketplace: Access to a comprehensive co-operative marketing program focused on business growth through patient and referring physician education on the benefits of Horizon® DXA exams. Online entry into the program will be provided once order is placed and online initiation form completed at hologicmarketplace.com/user/register. Estimated value included per system: \$5,000. • Installation: Installation by Hologic certified technicians. • Warranty: Twelve (12) Month Comprehensive Warranty.
HOR-DISP-01	Monitor for Horizon DXA
HLX-LOYALTY-DXA-DISCOUNT	Customers who trade in their existing Hologic skeletal system for a new Hologic skeletal system, are eligible for an additional "Loyalty Discount" in conjunction with their trade-in credit. Please see notes section for additional eligibility requirements.
SCRAP-TIER1-FEE-BSH	SCRAPPING FEE IS APPLICABLE TO TIER1 BSH CAPITAL ITEMS FOR ALL RELATED COSTS INCLUDING BUT NOT LIMITED TO SCRAP FEE, DISPOSAL FEE, HANDLING FEE AND OTHERS.
ASY-06792	Power kit includes the cable that connects the table to a 120 VAC power outlet.
INKJET-COLOR	HP Office Inkjet-Color Printer
ASY-07541	30 FT CABLE INTERFACE KIT

Quote #: Q-361291-1

Product Name	Long Description
IRIS-ENT-APEX	IRIS Enterprise-APEX for systems on APEX 5.xx Includes DICOM Storage DICOM Modality Worklist Remote Physician's Viewer Physician's Report Writer HL7 Enterprise Data Management Installation and Twelve (12) Month Comprehensive Warranty for IRIS Enterprise
DXA-TRAIN-INIT-01	<p>One day (8-hour) of Applications Training for up to (4) Operators per site. Applications must be completed within 24 months of equipment installation. Online courses required prior to onsite training. Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled applications training start date. Fee for cancellation within 6 business days of confirmed training is \$1000.</p> <p>Note:</p> <ul style="list-style-type: none"> • CONVERSION CUSTOMERS: Sites converting from another vendor's DXA will receive an additional 4-hour onsite training. Please use DXA-TRAIN-INIT-02. • TEXAS non-RT operators: In Texas an additional 4-hour onsite training plus 4 hours on demand training will be provided for non-RTs per state regulations. Please use DXA-TRAIN-INIT-02.

Quote #: Q-361291-1

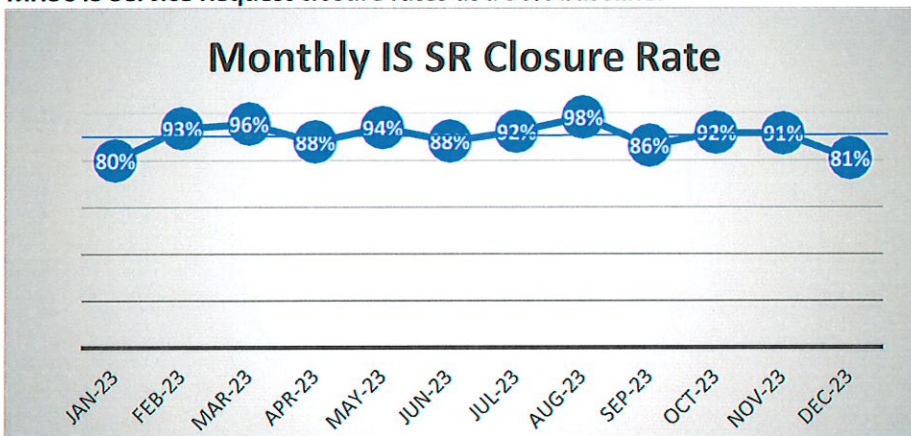
IS Report December 2023 EOY

By Terry (TJ) Thompson, IS Director

MHSC IS service environment:

- 1158 computer user accounts
- 100 portable devices, Cell Phones, and iPads
- 790 Desktop systems, Laptops, and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 UPS

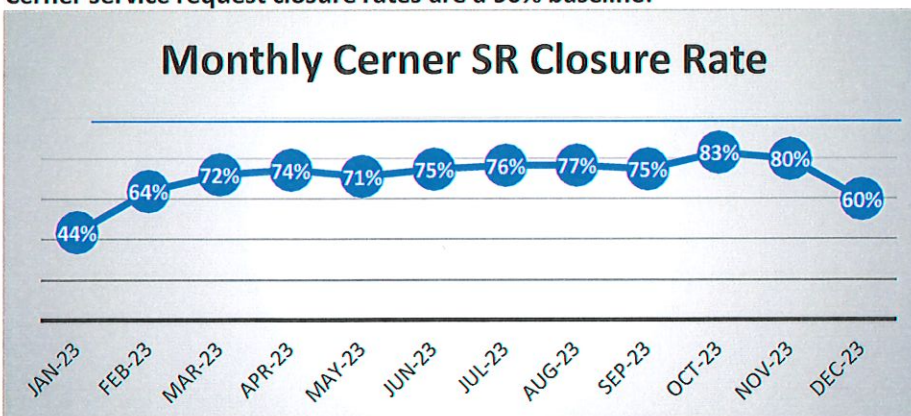
MHSC IS Service Request closure rates at a 90% baseline:



Service Desk Numbers have dropped to 81%, with an EOY overall of 89.88%

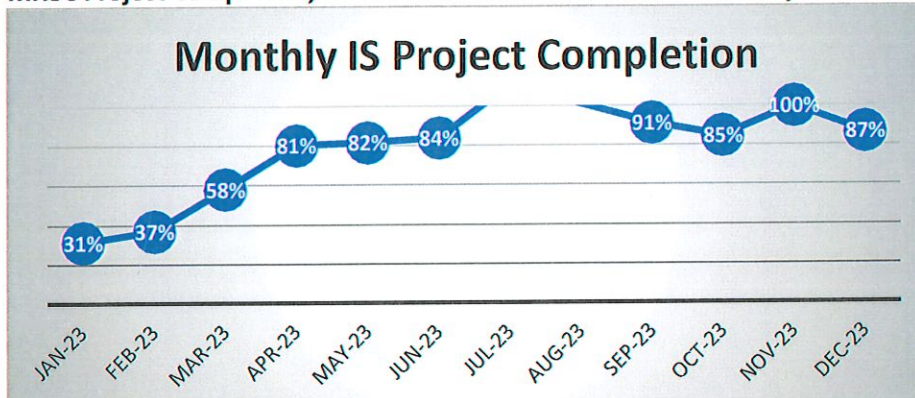
The service desk had over 10,000 service requests last year with a weekly average of 192 requests, and a daily resolution rate of 30.87/day. New service desk techs on staff with a new weekly meantime to restore of 95% per week.

Cerner service request closure rates are a 90% baseline:



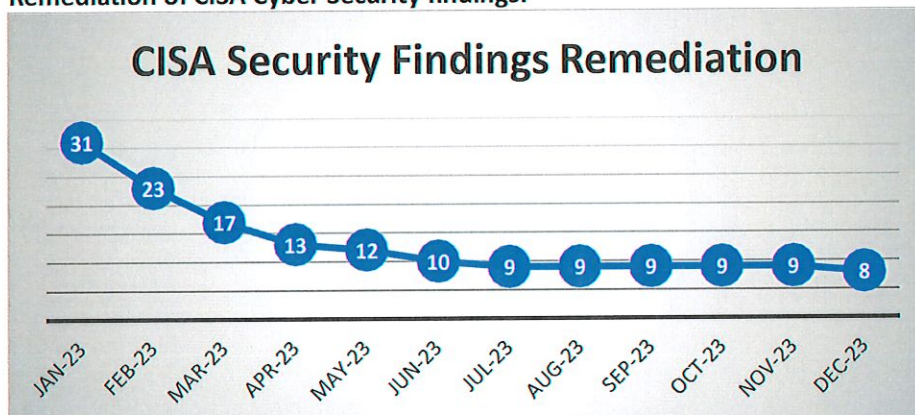
Cerner numbers have dropped to 60% Overall, with an EOY overall 79.79%

MHSC Project Completion, at a 90% closure rate of 80 work stories per month:



Project numbers have dropped to 87% PSC was onsite assisting with projects overall, 70.04%

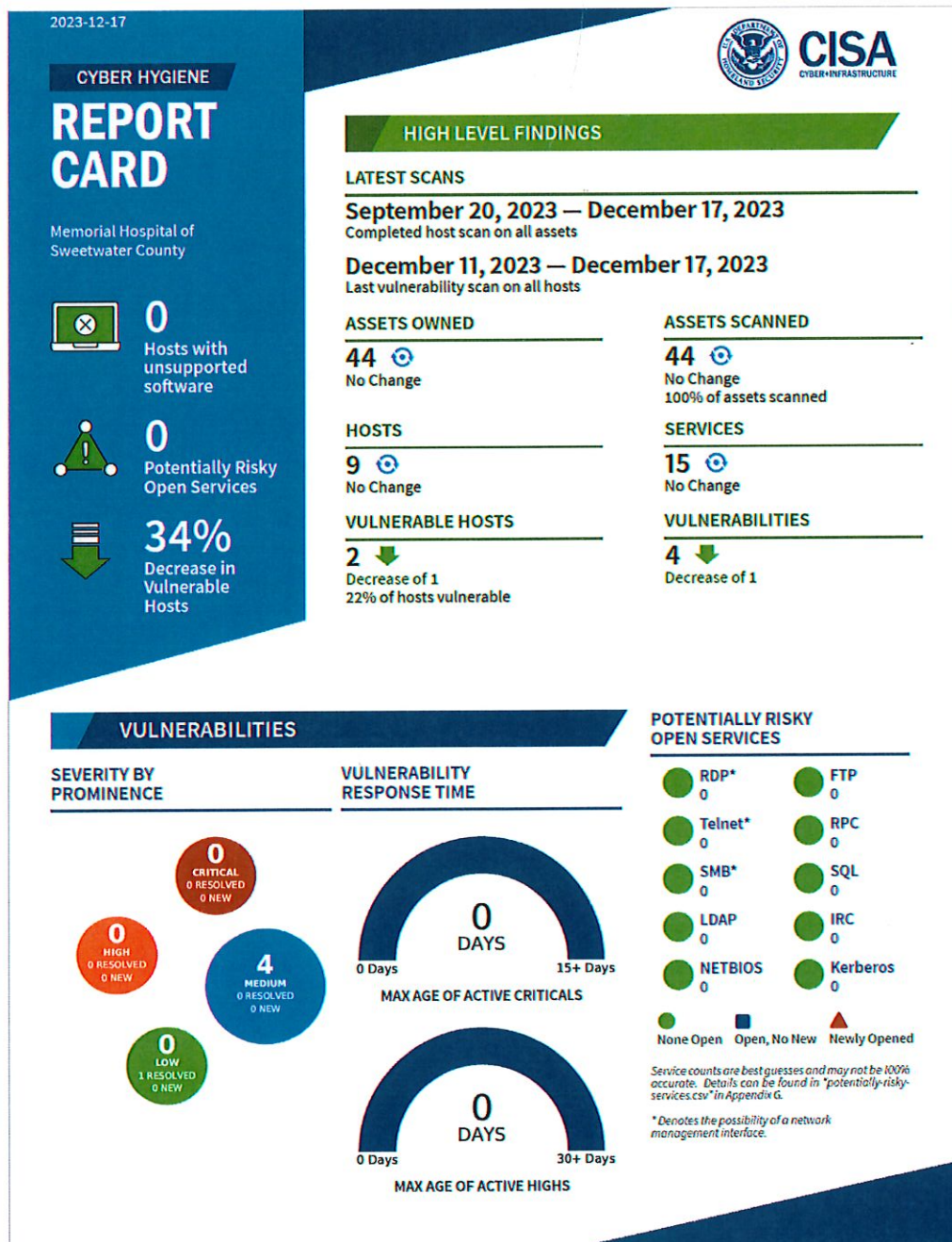
Remediation of CISA Cyber Security findings:



The CISA Security Findings are down to 8, a reduction of 74.2% of the original 31 findings.

The remaining eight CISA security findings are known as heavy lift issues where we must make infrastructure changes without outages, a good analogy would be working on your car while driving it. Many of these issues require legacy system retirement and infrastructure initiative completion. This is why these changes are taking a significant amount of time to complete. We will continue to monitor the remaining CISA issue this year with an ETA by the third quarter of 2024.

Below is the latest CISA Cyber Hygiene Report Card, which is performed weekly. CISA is scanning MHSC 44 external public IP addresses for vulnerabilities. We have 44 scanned addresses, with 8 hosts and 14 services on these hosts. Where two hosts have 4 medium vulnerabilities. We are still waiting for AllWest Communications to provide routing information to stand up our Internet Edge project which will remove the last three vulnerabilities, AllWest ETA to complete this request is the end of February 15 2024.



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
FINANCE & AUDIT COMMITTEE AGENDA**

Wednesday~ January 31, 2024 2:00 p.m. Teleconference

Voting Members:

Marty Kelsey, Chair
Craig Rood, Trustee
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese	Terry Thompson
Angel Bennett	Kari Quickenden
Ann Clevenger	

Guests:

Leslie Taylor
Taylor Jones,
Commissioner

Barbara Sowada
Carrie Canestorp

Tracie Soller

- | | | |
|-------|---|------------------|
| I. | Call Meeting to Order | Marty Kelsey |
| II. | Mission Moment | Irene Richardson |
| III. | Approve Agenda | Marty Kelsey |
| IV. | Approve December 27, 2023 Meeting Minutes | Marty Kelsey |
| V. | Capital Requests FY24 | Marty Kelsey |
| VI. | Financial Report | |
| A. | Monthly Financial Statements & Statistical Data | |
| | 1. Narrative | Tami Love |
| | 2. Financial Information | Tami Love |
| | 3. Financial Goals | Tami Love |
| | 4. Self-Pay Report | Ron Cheese |
| | 5. Preliminary Bad Debt | Ron Cheese |
| VII. | Old Business | |
| A. | Critical Access Update | Tami Love |
| B. | CLA Project – PIPS Financial Goals | Tami Love |
| VIII. | New Business | |
| A. | Financial Forum Discussion | Marty Kelsey |
| IX. | Next Meeting – February 28, 2024 | Tami Love |
| X. | Adjournment | Marty Kelsey |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Finance & Audit Committee Meeting

December 27, 2023

Voting Members Present:

Mr. Marty Kelsey, *Trustee - Chairman*
Mr. Craig Rood, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*
Ms. Jan Layne, *Controller*

Voting Members Absent:

Non-Voting Members Present:

Mr. Ron Cheese, *Director of Patient Financial Services*
Ms. Angel Bennett, *Director of Materials*
Dr. Kari Quickenden, *CCO*

Non-Voting Members Absent:

Dr. Ann Clevenger, *CNO*
Mr. Terry Thompson, *Director of IT*

Guests:

Dr. Barbara Sowada, *Trustee*
Ms. Noreen Hove, *Director of Surgical Services*
Ms. Carrie Canestorp, *Director of HIM*
Ms. Tracie Soller, *Director of Medical Imaging*
Ms. Tiffany Marshall, *Foundation Director*

Call Meeting to Order

Mr. Kelsey called the meeting to order via teleconference at 2:00 PM.

Approve Agenda

A motion to approve the agenda was made by Mr. Rood; second by Mr. Love. Motion carried.

Approve Meeting Minutes

A motion to approve the meeting minutes from November 29, 2023 was made by Mr. Rood; second by Ms. Richardson. Motion carried.

Capital Requests

FY24-28,29,30,31 & 32 were presented to the committee for 5 different ultrasound machines. The total of all 5 capital requests is \$518,304.42. The ultrasounds will be used in medical imaging, surgical services and the emergency room. All of these units will be covered by a grant that was received by the Foundation. A motion was made to approve all five capital requests by Mr. Rood; second by Ms. Love. Motion approved.

Financial Report

Ms. Love reviewed the financial information for November. We had an operating gain in November of \$370,822 compared to a budgeted loss of \$290,388. Gross revenue came in at \$21.6 million, over budget by \$1.8 million. Reductions of revenue were 52.1%, under the budget of 52.5%. Accounts Receivable decreased slightly in November. Collections were at \$9.8 million, under budget by \$500,000. The annual debt service coverage ratio was 4.49 and days of cash on hand decreased to 78.2 due to the payment of the QRA. Net days in AR decreased to 52.7. Expenses for November were \$10.1 million, over the budget by \$298,471. The clinic's revenue came in over budget, at \$2.5 million. The Clinic loss for November was \$448,853.

The revenue projection for December is projected to \$22.7 million. Inpatient volumes have remained lower in December, but we have had increases in length of stay. Collections should be around \$10 million. Expenses are expected to be close to budget in December. The estimated gain for December is \$500,000-\$600,000.

Financial Goals

Ms. Love reviewed the financial goals included in the packet. She said we are still working on being able to pull the information to start tracking denials. DNFB saw a slight increase from 7.4 days to 8.6 days in December.

Self-Pay Report

Mr. Cheese reviewed the self-pay report included in the packet. He said the new employee calling on self-pay balances is really helping with collections.

Preliminary Bad Debt

The preliminary bad debt, less recovery, is \$1,534,803.59. This will be updated to present at the January Board meeting.

Old Business

Critical Access

Ms. Love provided a critical access update. We are still working on the state licensing application and updating patient care policies. Dr. Sowada asked if we are still on track to meet our March 31, 2024 goal. Ms. Love said she isn't sure because she doesn't know how long it takes to approve once we submit the application.

PIPS Financial Goals

Ms. Love provided the executive summary of the engagement actions and plans in the packet. The work of these groups will be provided monthly. Dr. Sowada would like to see them tied back to the financial goals.

Depreciation Capital Fund

Ms. Love said that we received QRA and have moved funds over to WyoStar.

New Business

Financial Forum Discussion

There was no new business brought forward for the financial forum discussion this month.

Next Meeting

The next meeting is January 31, 2024 at 2:00 pm.

Meeting adjourned at 2:34pm.

Submitted by Jan Layne

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO DECEMBER 2023 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for December is a gain of \$861,029, compared to a gain of \$508,293 in the budget. This yields a 7.81% operating margin for the month compared to 4.83% in the budget. The year-to-date gain is \$2,524,557 compared to a loss of \$537,842 in the budget. The year-to-date operating margin is 4.05%, compared to -.90% in the budget.

Year-to-date, the total net gain is \$2,448,122, compared to a total net gain of \$990,634 in the budget. This represents a profit margin of 3.93% compared to 1.65% in the budget.

REVENUE. Revenue in December came in very high at \$23,659,252, up from the prior month and over budget by \$1,872,070. Inpatient revenue is \$4,338,974, under budget by \$711,099 and outpatient revenue is \$19,320,278, over budget by \$2,583,169. Year-to-date, gross revenue remains over budget by \$6,502,519. The largest percentage variances for revenue to budget comparison came from the following hospital departments:

Behavioral Health – 142%	Echocardiography – (24%)
Outpatient Services – 46%	Respiratory Therapy – (33%)
Surgical Services – 47%	Physical Therapy – (28%)
Radiation Oncology – 50%	
Histology – 112%	
Nuclear Medicine – 67%	
Cardiac Rehab – 43%	

REDUCTION OF REVENUE. Deductions from revenue are estimated at 53.7% for the month, higher due to the increase in total AR and Medicare, and over the 52.5% budget. Year-to-date reductions of revenue are 52.8%. Total AR increased significantly from November, up by about \$3.6 million:

<i>Medicare – increase \$2.2 million</i>	<i>Government – no sizable change</i>
<i>Medicaid - increase \$700,000</i>	<i>Self Pay - decrease \$300,000</i>
<i>Blue Cross - increase \$500,000</i>	
<i>Commercial - increase \$400,000</i>	
<i>Worker's Compensation – increase \$50,000</i>	

Accounts receivable was most impacted by the high revenue month which in turn increased the estimated reserves for December. Lower collections in December also kept AR higher than anticipated. Total collections for the month came in at \$9.7 million, under budget by \$300,000. We remain about 5% below budget year to date. Budgeted cash collections are calculated as 47.5% of the average gross revenue of the two prior months.

NET OPERATING REVENUE. Total net operating revenue was \$11,027,947 in December and 61,557,063 year-to-date. Other operating revenue in December includes occupational medicine revenue, county maintenance funds and cafeteria revenue.

RATIOS. Annual Debt Service Coverage came in at 4.79. Days of Cash on Hand increased by 35 days to 113.1 days due to the payment of the QRA and the high collections. Daily cash expenses remained at \$298,000 year-to-date. Net days in AR increased to 54.12 days.

VOLUME. Inpatient admissions, discharges and patient days for December came in under budget. The average daily census (ADC) increased to 13.6, under budget, and average length of stay (LOS) came in at 3.4 slightly under budget. Births, Surgeries, Emergency Room visits, Outpatient visits, and Clinic visits came in over budget.

EXPENSES. Total expenses came in slightly higher in December at \$10,166,918, over budget by \$158,642. Total expenses remain under budget by \$780,999 year-to-date. The following line items were over budget in December:

Benefits – Group health came in over budget for December but remains slightly under budget for the year.

Contract Labor – There was unbudgeted contract labor expense in Medical Floor, Labor & Delivery and Radiology.

Other Physician Fees – Locum physician expenses were over budget for pediatrics, urology, and obstetrics as we continue to recruit for these positions.

Supplies – Expenses over budget for December include lab supplies, instruments, patient chargeables, implants, medical supplies, contrast, and maintenance supplies. Total supply expense remains under budget year-to-date by \$189,157.

Utilities – Fuel expense continues to be over budget.

Insurance – Professional liability insurance came in over budget due to changes in how locum tenens physicians are calculated. This expense will continue to be over budget for the fiscal year.

PROVIDER CLINICS. Revenue for the Clinics came in at \$2,429,711, under budget by \$461,325. The bottom line for the Clinics in December is a loss of \$662,500 compared to a loss of \$204,313 in the budget. The year-to-date loss for the Clinics is \$2,492,837, compared to a loss of \$2,121,964 in the budget. Clinic volumes were down slightly in December, at 6,408 visits. Total Clinic expenses for the month are \$1,956,227, over budget by \$68,232. Year-to-date expenses are under budget by \$35,105. Salary & wages, benefits, supplies, and depreciation are over budget for December.

OUTLOOK FOR JANUARY. Gross patient revenue for January is projected to be close to \$24 million, which would be the highest revenue month in history and over the budget of \$21.2 million. Inpatient admissions have increased during the month and are projecting over budget. LOS is currently at 2.6 days and average daily census is currently at 16.8. Births, ER visits, Surgeries, Clinic visits and most Outpatient departments are currently projecting over budget.

Collections are projected to be close to \$10 million, slightly under budget. Deductions of revenue are expected to remain stable with the continued high revenue month and collections. Expenses are expected to be close to budget in January. If the projection for revenue remains high and expenses come in at budget, the estimated gain for January is \$700,000 to \$800,000.

Critical Access. We submitted the CAH licensing application to the Wyoming Department of Health in mid-January and are waiting for any additional requests they may require. Once the application is approved, we will need to be surveyed by both the State licensing division and Joint Commission. We continue to meet with the consultant, our auditors, and cost report preparer as we work through the process.

Financial PIPS. Our revenue cycle team meets weekly with Clifton Larsen Allen on the revenue cycle paired advisory support project. The most recent executive summary of the engagement actions and plans are included in the packet. The work of these groups will be reported monthly, through this committee, as part of the Financial PIPS priorities for FY2024.

For fiscal year 2024, we have chosen to continue to focus on two main financial metrics: Days Cash on Hand and Days in Accounts Receivable. In addition to these main goals, we have set additional goals for corresponding financial metrics impacting the revenue cycle:

- DNFB Days – Discharged Not Final Billed Days
- Total Accounts Receivable aging
- Days in AR by Payer
- Denials
- Cash Collections



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY**

Unaudited Financial Statements

for

Six months ended December 31, 2023

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:

Tami Love

Chief Financial Officer

Table of Contents

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	PAGE 1
ROCK SPRINGS, WY	
Six months ended December 31, 2023	

TABLE OF CONTENTS

EXECUTIVE SUMMARY	PAGE 2
FINANCIAL RATIOS AND BENCHMARKS	PAGE 3
BALANCE SHEET - ASSETS	PAGE 4
BALANCE SHEET - LIABILITIES AND NET ASSETS	PAGE 5
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 7
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 8
STATEMENT OF CASH FLOWS	PAGE 10
KEY OPERATING STATISTICS	PAGE 11
ACCOUNTS RECEIVABLE REPORT	PAGE 12
REVENUE AND EXPENSE VARIANCE ANALYSIS	PAGE 13
KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE	PAGE S-A

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

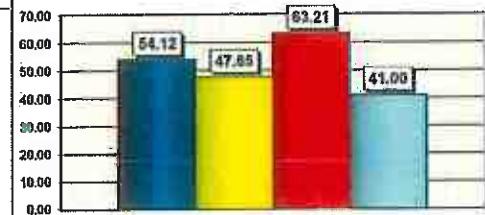
PAGE 2

Six months ended December 31, 2023

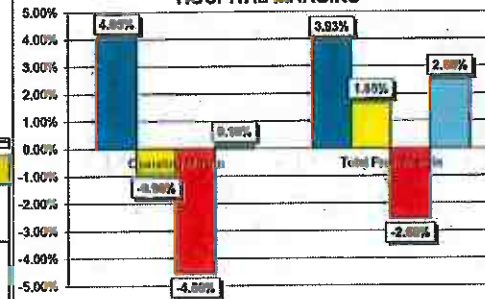
BALANCE SHEET

	YTD 12/31/2023	Prior FYE 6/30/2023
ASSETS		
Current Assets	\$42,517,947	\$38,972,749
Assets Whose Use is Limited	19,316,025	19,968,483
Property, Plant & Equipment (Net)	76,824,498	79,366,421
Other Assets	933,982	930,753
Total Unrestricted Assets	139,592,453	139,238,406
Restricted Assets	472,878	469,827
Total Assets	\$140,065,330	\$139,708,233
LIABILITIES AND NET ASSETS		
Current Liabilities	\$16,495,198	\$17,193,366
Long-Term Debt	24,331,591	25,114,116
Other Long-Term Liabilities	12,302,645	12,916,028
Total Liabilities	53,129,434	55,223,510
Net Assets	86,935,897	84,484,723
Total Liabilities and Net Assets	\$140,065,330	\$139,708,233

NET DAYS IN ACCOUNTS RECEIVABLE



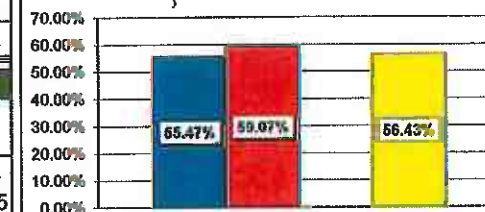
HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	12/31/23 ACTUAL	12/31/23 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	421	492	2,359	2,476
Average Acute Length of Stay	3.4	3.7	3.1	3.5
Total Emergency Room Visits	1,458	1,435	8,070	7,865
Outpatient Visits	8,548	7,788	48,641	44,526
Total Surgeries	202	145	1,038	907
Total Worked FTE's	454.14	491.43	454.78	491.43
Total Paid FTE's	536.97	540.03	509.03	540.03
Net Revenue Change from Prior Yr	15.11%	9.78%	13.44%	9.29%
EBIDA - 12 Month Rolling Average			7.62%	7.92%
Current Ratio			2.58	
Days Expense in Accounts Payable			43.76	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	12/31/23
Prior Fiscal Year End	06/30/23
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX -	0.34
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Six months ended December 31, 2023

PAGE 3

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 12/31/2023	Budget 6/30/2023	Prior Fiscal Year End 06/30/23	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	4.05%	0.24%	-4.55%	0.10%
Total Profit Margin	↑	3.93%	0.31%	-2.56%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	113.10	129.83	100.77	242.00
Net Days in Accounts Receivable	↓	54.12	45.02	63.21	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	11.89	11.32	13.79	12.00
Long Term Debt to Capitalization	↓	22.36%	19.87%	23.77%	27.00%
Debt Service Coverage Ratio **	↑	4.79	2.42	2.41	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	7.10	8.43	7.36	NA
Salary Expense per Paid FTE		\$102,428	\$86,892	\$103,824	NA
Salary and Benefits as a % of Total Operating Exp		55.47%	56.43%	59.07%	NA

Note 1 - 2020 CLA Benchmark-\$50M-\$100M net patient service revenue

****Bond Covenant ratio is 65 Days Cash on Hand and 1.0-1.25 Debt Service Coverage**

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2023

PAGE 4

	Current Month 12/31/2023	Prior Month 11/30/2023	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2023
Current Assets					
Cash and Cash Equivalents	\$15,254,786	\$8,806,536	\$6,448,250	73.22%	\$10,941,766
Gross Patient Accounts Receivable	41,078,941	37,418,482	3,660,459	9.78%	36,590,061
Less: Bad Debt and Allowance Reserves	(22,584,092)	(19,650,377)	(2,933,715)	-14.93%	(20,161,785)
Net Patient Accounts Receivable	18,494,849	17,768,105	726,744	4.09%	16,428,276
Interest Receivable	0	0	0	0.00%	0
Other Receivables	2,908,209	12,220,060	(9,311,851)	-76.20%	5,920,310
Inventories	3,933,921	3,922,953	10,968	0.28%	3,831,105
Prepaid Expenses	1,926,183	2,229,559	(303,376)	-13.61%	1,851,292
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	42,517,947	44,947,213	(2,429,266)	-5.40%	38,972,749
Assets Whose Use Is Limited					
Cash	89,686	69,143	20,543	29.71%	84,123
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	783,435	607,085	176,350	29.05%	1,515,814
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	4,418,028	413,563	4,004,464	968.28%	4,343,674
Other Limited Use Assets	14,024,876	14,024,876	1	0.00%	14,024,873
Total Limited Use Assets	19,316,025	15,114,668	4,201,357	27.80%	19,968,483
Property, Plant, and Equipment					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	50,936,649	50,900,110	36,539	0.07%	49,931,920
Equipment	137,260,071	135,807,734	1,452,338	1.07%	135,715,602
Construction In Progress	1,468,199	1,404,566	63,633	4.53%	1,531,105
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	193,907,214	192,354,704	1,552,510	0.81%	191,420,921
Less: Accumulated Depreciation	(117,082,716)	(116,215,657)	(867,058)	-0.75%	(112,054,500)
Net Property, Plant, and Equipment	76,824,498	76,139,047	685,452	0.90%	79,366,421
Other Assets					
Unamortized Loan Costs	933,982	939,969	(5,987)	-0.64%	930,753
Other	0	0	0	0.00%	0
Total Other Assets	933,982	939,969	(5,987)	-0.64%	930,753
TOTAL UNRESTRICTED ASSETS	139,592,453	137,140,897	2,451,556	1.79%	139,238,406
Restricted Assets	472,878	472,878	0	0.00%	469,827
TOTAL ASSETS	\$140,065,330	\$137,613,774	\$2,451,556	1.78%	\$139,708,233

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 5

ROCK SPRINGS, WY

Six months ended December 31, 2023

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2023
	Current Month 12/31/2023	Prior Month 11/30/2023	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$7,423,151	\$7,153,437	(\$269,714)	-3.77%	\$7,322,373
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,365,988	1,946,141	(419,847)	-21.57%	2,077,791
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,683,404	2,649,493	(33,911)	-1.28%	3,014,608
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD	3,295,462	3,295,462	0	0.00%	3,295,462
Other Current Liabilities	727,193	552,862	(174,331)	-31.53%	1,483,132
Total Current Liabilities	16,495,198	15,597,395	(897,803)	-5.76%	17,193,366
Long Term Debt					
Bonds/Mortgages Payable	27,627,053	27,762,887	135,833	0.49%	28,409,579
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	3,295,462	3,295,462	0	0.00%	3,295,462
Total Long Term Debt (Net of Current)	24,331,591	24,467,424	135,833	0.56%	25,114,116
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	12,302,645	11,450,485	(852,160)	-7.44%	12,916,028
Total Other Long Term Liabilities	12,302,645	11,450,485	(852,160)	-7.44%	12,916,028
TOTAL LIABILITIES	53,129,434	51,515,304	(1,614,129)	-3.13%	55,223,510
Net Assets:					
Unrestricted Fund Balance	82,059,650	82,059,650	0	0.00%	84,787,454
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	469,005	469,005	(0)	0.00%	465,954
Net Revenue/(Expenses)	2,448,123	1,610,696	N/A	N/A	(2,727,804)
TOTAL NET ASSETS	86,935,897	86,098,470	(837,427)	-0.97%	84,484,723
TOTAL LIABILITIES AND NET ASSETS	\$140,065,330	\$137,613,774	(\$2,451,556)	-1.78%	\$139,708,233

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2023

PAGE 6

	CURRENT MONTH				Prior Year 12/31/22
	Actual 12/31/23	Budget 12/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$4,119,968	\$4,678,452	(\$558,484)	-11.94%	\$4,463,069
Outpatient Revenue	17,109,573	14,217,694	2,891,879	20.34%	12,848,096
Clinic Revenue	2,429,711	2,891,037	(461,325)	-15.96%	2,582,451
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	23,659,252	21,787,182	1,872,070	8.59%	19,893,615
Deductions From Revenue					
Discounts and Allowances	(11,039,342)	(9,796,335)	(1,234,007)	-12.60%	(9,136,379)
Bad Debt Expense (Governmental Providers Only)	(1,360,315)	(1,422,564)	62,250	4.38%	(945,317)
Medical Assistance	(311,923)	(218,856)	(93,067)	-42.52%	(417,112)
Total Deductions From Revenue	(12,712,579)	(11,437,755)	(1,264,824)	-11.06%	(10,498,808)
Net Patient Revenue	10,956,673	10,349,427	607,246	5.87%	9,394,807
Other Operating Revenue	71,274	167,143	(95,869)	-57.36%	185,133
Total Operating Revenue	11,027,947	10,516,570	511,377	4.86%	9,579,941
Operating Expenses					
Salaries and Wages	4,134,172	4,138,874	4,702	0.11%	3,889,680
Fringe Benefits	1,293,553	1,186,792	(106,761)	-9.00%	1,119,832
Contract Labor	327,326	292,952	(34,374)	-11.73%	394,710
Physicians Fees	264,625	251,226	(13,399)	-5.33%	269,836
Purchased Services	681,342	574,108	(107,233)	-18.68%	592,959
Drug Expense	864,876	1,051,997	187,122	17.79%	992,908
Supply Expense	911,134	726,981	(184,153)	-25.33%	739,889
Utilities	139,792	131,003	(8,789)	-6.71%	129,834
Repairs and Maintenance	356,186	413,422	57,236	13.84%	432,826
Insurance Expense	70,566	65,684	(4,881)	-7.43%	64,081
All Other Operating Expenses	238,412	269,619	31,207	11.57%	255,979
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	17,877	17,270	(606)	-3.51%	25,990
Depreciation and Amortization	867,058	888,347	21,289	2.40%	860,247
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	10,166,918	10,008,277	(158,642)	-1.59%	9,768,771
Net Operating Surplus/(Loss)	861,029	608,293	352,735	69.40%	(188,830)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	23,953	19,357	4,596	23.75%	22,675
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	7
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(63,173)	(86,103)	(22,930)	26.63%	(91,608)
Other Non-Operating Revenue/(Expenses)	15,618	855,563	(839,945)	-98.17%	9,397
Total Non Operating Revenue/(Expense)	(23,602)	788,816	(812,419)	-102.99%	(59,528)
Total Net Surplus/(Loss)	\$837,427	\$1,297,110	(\$459,683)	-35.44%	(\$248,358)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	\$837,427	\$1,297,110	(\$459,683)	-35.44%	(\$248,358)
Operating Margin	7.81%	4.83%			-1.97%
Total Profit Margin	7.59%	12.33%			-2.59%
EBIDA	15.67%	13.28%			7.01%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2023

PAGE 7

	YEAR-TO-DATE				
	Actual 12/31/23	Budget 12/31/23	Positive (Negative) Variance	Percentage Variance	Prior Year 12/31/22
Gross Patient Revenue					
Inpatient Revenue	\$23,339,815	\$24,652,307	(\$1,312,492)	-5.32%	\$23,236,237
Outpatient Revenue	92,037,152	83,855,950	8,181,202	9.76%	75,281,662
Clinic Revenue	15,223,031	15,589,222	(366,191)	-2.35%	13,450,282
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	130,599,998	124,097,479	6,502,519	5.24%	111,970,180
Deductions From Revenue					
Discounts and Allowances	(60,015,898)	(55,868,437)	(4,147,461)	-7.42%	(51,978,309)
Bad Debt Expense (Governmental Providers Only)	(8,262,426)	(8,048,542)	(213,883)	-2.66%	(5,094,638)
Medical Assistance	(764,611)	(1,238,237)	473,626	38.25%	(1,143,401)
Total Deductions From Revenue	(69,042,935)	(65,155,216)	(3,887,719)	-5.97%	(58,126,348)
Net Patient Revenue	61,557,063	58,942,263	2,614,800	4.44%	53,843,832
Other Operating Revenue	748,432	1,081,832	(333,400)	-30.82%	1,077,574
Total Operating Revenue	62,305,495	60,024,094	2,281,400	3.80%	54,921,406
Operating Expenses					
Salaries and Wages	24,195,480	24,475,839	280,359	1.15%	22,780,993
Fringe Benefits	6,879,670	6,991,031	111,360	1.59%	6,633,927
Contract Labor	2,088,230	2,040,712	(47,518)	-2.33%	2,986,545
Physicians Fees	1,753,930	1,947,858	193,929	9.96%	1,698,484
Purchased Services	3,703,757	3,545,204	(158,553)	-4.47%	3,302,159
Drug Expense	5,961,084	6,335,948	374,863	5.92%	5,164,566
Supply Expense	4,792,122	4,606,416	(185,706)	-4.03%	4,239,631
Utilities	700,634	675,147	(25,486)	-3.77%	639,662
Repairs and Maintenance	2,361,099	2,547,150	186,051	7.30%	2,705,402
Insurance Expense	410,379	381,348	(29,031)	-7.61%	381,883
All Other Operating Expenses	1,544,918	1,561,827	16,909	1.08%	1,450,108
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	202,533	159,361	(43,173)	-27.09%	157,175
Depreciation and Amortization	5,187,101	5,294,097	106,996	2.02%	5,171,642
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	59,780,937	60,561,937	781,000	1.29%	57,312,178
Net Operating Surplus/(Loss)	2,524,558	(537,842)	3,062,400	-569.39%	(2,380,772)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	191,676	116,139	75,537	65.04%	105,557
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	11,904
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(371,934)	(503,213)	131,279	-26.09%	(546,023)
Other Non-Operating Revenue/(Expense)	103,823	1,915,550	(1,811,727)	-94.58%	290,236
Total Non Operating Revenue/(Expense)	(76,435)	1,528,476	(1,604,911)	-105.00%	(138,327)
Total Net Surplus/(Loss)	\$2,448,123	\$990,634	\$1,457,489	147.13%	(\$2,529,099)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$2,448,123	\$990,634	\$1,457,489	147.13%	(\$2,529,099)
Operating Margin	4.05%	-0.90%			-4.35%
Total Profit Margin	3.93%	1.65%			-4.60%
EBIDA	12.38%	7.92%			5.08%

Statement of Revenue and Expense - 13 Month Trend
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

PAGE 8

	Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023	Actual 8/31/2023	Actual 7/31/2023	Actual 6/30/2023
Gross Patient Revenue							
Inpatient Revenue	\$4,119,988	\$3,562,335	\$3,746,554	\$4,038,243	\$3,931,335	\$3,951,380	\$3,536,764
Inpatient Psych/Rehab Revenue							
Outpatient Revenue	\$17,109,573	\$15,518,757	\$14,463,990	\$14,487,978	\$15,726,753	\$14,732,101	\$14,165,133
Clinic Revenue	\$2,428,711	\$2,587,917	\$2,868,662	\$2,531,474	\$2,624,096	\$2,401,171	\$2,370,337
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$23,659,252	\$21,637,009	\$20,879,205	\$21,057,695	\$22,282,184	\$21,084,652	\$20,072,234
Deductions From Revenue							
Discounts and Allowances	\$11,030,342	\$10,080,276	\$9,186,702	\$9,424,162	\$10,876,186	\$9,458,230	\$9,010,157
Bad Debt Expense (Governmental Providers Only)	\$1,380,315	\$1,134,520	\$1,410,631	\$1,460,018	\$1,252,727	\$1,644,215	\$1,422,556
Charity Care	\$311,323	\$73,754	\$188,585	(\$1,270)	\$90,013	\$101,528	\$561,325
Total Deductions From Revenue	12,702,579	11,288,550	10,765,897	10,862,911	12,218,926	11,204,072	10,994,039
Net Patient Revenue	\$10,956,673	\$10,368,459	\$10,113,308	\$10,174,785	\$10,063,258	\$9,880,580	\$9,088,195
Other Operating Revenue	71,274	\$1,333	118,581	76,424	281,510	103,210	100,075
Total Operating Revenue	11,027,947	10,469,793	10,231,889	10,251,209	10,344,768	9,983,790	9,188,271
Operating Expenses							
Salaries and Wages	\$4,134,172	\$4,106,842	\$4,180,542	\$3,826,537	\$3,983,441	\$3,983,946	\$3,871,776
Fringe Benefits	\$1,293,553	\$1,186,780	\$1,260,515	\$1,004,543	\$1,054,117	\$1,080,161	\$1,208,615
Contract Labor	\$327,326	\$420,155	\$322,974	\$285,363	\$410,651	\$321,781	\$477,161
Physicians Fees	\$284,626	\$309,047	\$282,515	\$252,823	\$271,882	\$379,227	\$312,763
Purchased Services	\$681,342	\$582,899	\$679,295	\$620,426	\$588,788	\$553,011	\$602,444
Drug Expense	\$884,876	\$1,056,487	\$987,515	\$1,057,312	\$974,794	\$1,020,101	\$1,318,367
Supply Expense	\$911,134	\$769,388	\$867,552	\$764,805	\$838,743	\$840,500	\$881,133
Utilities	\$138,792	\$125,552	\$112,685	\$109,851	\$109,828	\$103,225	\$96,330
Repairs and Maintenance	\$356,188	\$421,619	\$374,630	\$415,782	\$405,279	\$387,003	\$191,167
Insurance Expense	\$70,566	\$70,566	\$67,726	\$67,726	\$67,726	\$66,071	\$66,244
All Other Operating Expenses	\$238,412	\$186,495	\$298,563	\$316,879	\$244,958	\$298,612	\$197,353
Bad Debt Expense (Non-Governmental Providers)							
Leases and Rentals	\$17,877	\$17,833	\$44,102	\$39,636	\$40,578	\$42,607	\$50,618
Depreciation and Amortization	\$667,058	\$641,307	\$666,707	\$662,144	\$670,730	\$679,166	\$663,997
Interest Expense (Non-Governmental Providers)							
Total Operating Expenses	\$10,166,518	\$10,088,970	\$10,345,220	\$9,823,627	\$9,839,321	\$9,716,891	\$10,257,979
Net Operating Surplus/(Loss)	\$861,029	\$370,822	(\$113,331)	\$627,582	\$505,447	\$272,009	(\$1,069,708)
Non-Operating Revenue:							
Contributions							
Investment Income	23,953	25,927	38,387	33,135	38,479	31,795	243,819
Tax Subsidies (Except for GO Bond Subsidies)							
Tax Subsidies for GO Bonds	0	0	0	0	0	0	110
Interest Expense (Governmental Providers Only)	(63,173)	(58,363)	(58,584)	(59,321)	(43,939)	(88,534)	(113,407)
Other Non-Operating Revenue/(Expenses)	15,618	10,043	23,222	18,095	16,549	21,166	401,927
Total Non Operating Revenue/(Expense)	(\$23,685)	(\$22,412)	\$3,024	(\$7,081)	\$11,089	(\$56,643)	\$632,449
Total Net Surplus/(Loss)	\$837,427	\$348,411	(\$110,307)	\$620,491	\$516,536	\$237,366	(\$437,259)
Change in Unrealized Gains/(Losses) on Investment	0	0	0	0	0	0	(158,655)
Increase/(Decrease in Unrestricted Net Assets	\$837,427	\$348,411	(\$110,307)	\$620,491	\$516,536	\$237,366	(\$595,914)
Operating Margin	7.81%	3.55%	-1.11%	6.12%	4.89%	2.73%	-11.64%
Total Profit Margin	7.59%	3.33%	-1.08%	6.05%	4.99%	2.38%	-5.85%
EBIDA	15.67%	11.59%	7.36%	14.63%	13.30%	11.53%	-0.93%

Actual 6/31/2023	Actual 4/30/2023	Actual 3/31/2023	Actual 2/28/2023	Actual 1/31/2023
\$4,358,327	\$2,991,123	\$4,216,853	\$3,485,435	\$3,973,548
\$13,726,852	\$13,141,671	\$14,677,971	\$11,863,453	\$13,732,108
\$2,428,167	\$2,189,602	\$2,519,030	\$2,028,043	\$2,443,375
\$0	\$0	\$0	\$0	\$0
\$20,514,346	\$18,272,386	\$21,413,854	\$17,173,931	\$20,149,031
\$9,644,283	\$8,523,554	\$10,285,189	\$8,000,115	\$8,989,084
\$1,426,492	\$1,077,723	\$1,358,885	\$1,009,559	\$1,548,276
\$188,843	\$101,840	\$548,287	\$105,022	(\$4,178)
11,209,718	9,702,917	12,192,381	9,114,695	10,531,162
\$9,304,628	\$8,569,479	\$9,221,274	\$8,059,235	\$9,617,869
107,399	144,855	282,488	144,273	138,146
9,412,227	8,714,334	9,603,742	8,203,508	9,757,814
\$3,950,361	\$3,888,530	\$3,908,184	\$3,804,999	\$3,898,131
\$1,438,897	\$1,389,984	\$1,134,998	\$1,083,878	\$1,188,657
\$447,220	\$454,168	\$547,722	\$412,714	\$383,999
\$302,718	\$283,149	\$289,670	\$301,283	\$255,802
\$545,825	\$519,289	\$550,837	\$518,213	\$512,049
\$809,470	\$827,453	\$1,124,257	\$891,530	\$854,270
\$642,063	\$637,278	\$813,502	\$887,826	\$960,108
\$101,688	\$181,324	\$132,036	\$129,351	\$139,683
\$305,197	\$471,430	\$389,765	\$401,388	\$412,868
\$87,760	\$63,281	\$64,245	\$64,245	\$64,081
\$282,044	\$183,485	\$283,420	\$230,705	\$213,795
\$33,508	\$37,330	\$13,433	\$16,048	\$29,246
\$882,532	\$924,151	\$844,640	\$861,503	\$854,829
\$9,785,589	\$9,760,801	\$10,050,710	\$9,343,282	\$9,717,199
(\$373,362)	(\$1,046,455)	(\$545,868)	(\$1,139,774)	\$39,815
34,236	27,547	38,410	19,900	28,271
(579)	214	33	10	41
(84,131)	(82,122)	(89,788)	(82,309)	(83,186)
728,018	568,576	284,277	6,976	26,472
\$677,545	\$514,216	\$232,932	(\$85,422)	(\$28,397)
\$304,183	(\$532,253)	(\$314,037)	(\$1,195,196)	\$11,418
0	0	0	0	0
\$304,183	(\$532,253)	(\$314,037)	(\$1,195,196)	\$11,418
-3.97%	-12.01%	-5.76%	-13.89%	0.41%
3.23%	-6.11%	-3.30%	-14.57%	0.12%
5.41%	-1.40%	3.13%	-3.39%	9.17%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

PAGE 10

Six months ended December 31, 2023

CASH FLOW

	Current Month 12/31/2023	Current Year-To-Date 12/31/2023
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$837,427	\$2,448,123
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	867,058	5,187,101
(Increase)/Decrease in Net Patient Accounts Receivable	(726,744)	(2,066,573)
(Increase)/Decrease in Other Receivables	9,311,851	3,012,102
(Increase)/Decrease in Inventories	(10,968)	(102,816)
(Increase)/Decrease in Pre-Paid Expenses	303,376	(74,891)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	269,714	100,778
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	453,758	(43,006)
Increase/(Decrease) in Accrued Expenses	0	0
Increase/(Decrease) in Patient Refunds Payable	0	0
Increase/(Decrease) in Third Party Advances/Liabilities	0	0
Increase/(Decrease) in Other Current Liabilities	174,331	(755,939)
Net Cash Provided by Operating Activities:	11,479,803	7,704,878
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(1,552,510)	(2,645,178)
(Increase)/Decrease in Limited Use Cash and Investments	(4,180,815)	658,022
(Increase)/Decrease in Other Limited Use Assets	(20,543)	(5,564)
(Increase)/Decrease in Other Assets	5,987	(3,229)
Net Cash Used by Investing Activities	(5,747,880)	(1,995,949)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(135,833)	(782,525)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	852,160	(613,383)
Net Cash Used for Financing Activities	716,327	(1,395,908)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	(0)
Net Increase/(Decrease) in Cash	6,448,250	4,313,020
Cash, Beginning of Period	8,806,536	10,941,766
Cash, End of Period	\$15,254,786	\$15,254,786

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 11

ROCK SPRINGS, WY

Six months ended December 31, 2023

Current Month				Year-To-Date				
Actual 12/31/23	Budget 12/31/23	Positive/ (Negative) Variance	Prior Year 12/31/22	STATISTICS	Actual 12/31/23	Budget 12/31/23	Positive/ (Negative) Variance	Prior Year 12/31/22
Discharges								
124	132	(8)	120	Acute	759	713	46	742
124	132	(8)	120	Total Adult Discharges	759	713	46	742
33	30	3	37	Newborn	217	208	9	202
157	162	(5)	157	Total Discharges	976	921	55	944
Patient Days:								
421	492	(71)	424	Acute	2,359	2,476	(117)	2,833
421	492	(71)	424	Total Adult Patient Days	2,359	2,476	(117)	2,833
54	61	(7)	70	Newborn	366	352	14	317
475	553	(78)	494	Total Patient Days	2,725	2,828	(103)	3,150
Average Length of Stay (ALOS)								
3.4	3.7	(0.3)	3.5	Acute	3.1	3.5	(0.4)	3.8
3.4	3.7	(0.3)	3.5	Total Adult ALOS	3.1	3.5	(0.4)	3.8
1.6	2.0	(0.4)	1.9	Newborn ALOS	1.7	1.7	(0.0)	1.6
Average Daily Census (ADC)								
13.6	15.9	(2.3)	13.7	Acute	12.8	13.5	(0.6)	15.4
13.6	15.9	(2.3)	13.7	Total Adult ADC	12.8	13.5	(0.6)	15.4
1.7	2.0	(0.2)	2.3	Newborn	2.0	1.9	0.1	1.7
Emergency Room Statistics								
153	130	23	130	ER Visits - Admitted	808	704	104	756
1,305	1,305	0	1,197	ER Visits - Discharged	7,262	7,161	101	6,990
1,458	1,435	23	1,327	Total ER Visits	8,070	7,865	205	7,746
10.49%	9.06%		9.80%	% of ER Visits Admitted	10.01%	8.95%		9.76%
123.39%	98.48%		108.33%	ER Admissions as a % of Total	106.46%	98.74%		101.89%
Outpatient Statistics:								
8,548	7,788	760	8,806	Total Outpatients Visits	48,641	44,526	4,115	56,423
207	114	93	181	Observation Bed Days	820	770	50	762
5,933	5,525	408	5,231	Clinic Visits - Primary Care	35,135	31,183	3,952	30,186
475	519	(44)	568	Clinic Visits - Specialty Clinics	3,188	3,028	160	2,897
56	55	1	22	IP Surgeries	306	246	60	132
146	90	56	130	OP Surgeries	732	661	71	634
Productivity Statistics:								
454.14	491.43	(37.29)	442.13	FTE's - Worked	454.78	491.43	(36.65)	447.03
536.97	540.03	(3.06)	488.28	FTE's - Paid	509.03	540.03	(31.00)	500.26
1.6300	1.3200	0.31	1.6206	Case Mix Index - Medicare	1.4083	1.4896	(0.08)	1.7206
1.2900	1.2300	0.06	0.7200	Case Mix Index - All payers	1.2050	0.6731	0.53	0.9448

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
12/31/23

PAGE 12

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	57.11	56.57
Net Days in Accounts Receivable	54.12	55.45
Number of Gross Days in Unbilled Revenue	17.15	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	26.49%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	1.32%	1.00%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.59%	1.00%
Bad Debts as a % of Gross Patient Revenue - Current Month	5.75%	6.53%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.33%	6.49%
Collections as a Percentage of Net Revenue - Current Month	89.17%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	93.42%	100% or >
Percentage of Blue Cross Receivable > 90 Days	4.15%	< 10%
Percentage of Insurance Receivable > 90 Days	31.14%	< 15%
Percentage of Medicaid Receivable > 90 Days	20.28%	< 20%
Percentage of Medicare Receivable > 60 Days	5.11%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 13

ROCK SPRINGS, WYOMING

Six months ended December 31, 2023

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	1,872,070	8.59%	6,502,519	5.24%
Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget in December were patient days. Average Daily Census is 13.6 in December which is under budget by 2.3				
Deductions from Revenue	(1,254,824)	-11.06%	(3,887,719)	-5.97%
Deductions from revenue are over budget for December and over budget year to date. They are currently booked at 53.6% for December and 52.9% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages. More detail included in the narrative.				
Bad Debt Expense	62,250	4.38%	(213,883)	-2.66%
Bad debt expense is booked at 5.7% for December and 6.3% year to date.				
Charity Care	(93,067)	-42.52%	473,626	38.25%
Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.				
Other Operating Revenue	(95,889)	-57.36%	(333,400)	-30.82%
Other Operating Revenue is under budget for the month and is under budget year to date because of less county maintenance invoiced.				
Salaries and Wages	4,702	0.11%	280,359	1.15%
Salary and Wages are under budget in December and are under budget year to date. Paid FTEs are under budget by 3.06 FTEs for the month and under 31.0 FTEs year to date.				
Fringe Benefits	(106,761)	-9.00%	111,360	1.59%
Fringe benefits are over budget in December and under budget year to date.				
Contract Labor	(34,374)	-11.73%	(47,518)	-2.33%
Contract labor is over budget for December and over budget year to date. Med/Surg, ER, L&D, X-ray and OR are over budget for the month.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 14

ROCK SPRINGS, WYOMING

Six months ended December 31, 2023

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	(13,399)	-5.33%	193,929	9.96%
Physician fees over budget in December and under budget year to date. Cardio and clinic locums are over budget in December.				
Purchased Services	(107,233)	-18.68%	(158,553)	-4.47%
Purchased services are under budget for December and over budget year to date. Expenses over budget are consulting, advertising, legal fee's, bank card fee's and other purchased services.				
Supply Expense	(184,153)	-25.33%	(186,786)	-4.03%
Supplies under over budget for December and under budget year to date. Line items over budget include lab supplies, blood, chargables, implants, other med/surg supplies, contrast and maint. supplies				
Repairs & Maintenance	57,236	13.84%	186,051	7.30%
Repairs and Maintenance are under budget for December and under budget year to date.				
All Other Operating Expenses	31,207	11.57%	16,909	1.08%
This expense is under budget in December and under budget year to date. Other expenses over budget are freight, employee recruitment committee meeting meals.				
Leases and Rentals	(606)	-3.51%	(43,173)	-27.89%
This expense is over budget for December and is over budget year to date				
Depreciation and Amortization	21,289	2.40%	106,996	2.02%
Depreciation is under budget for December and is under budget year to date				
BALANCE SHEET				
Cash and Cash Equivalents	\$6,448,250	73.22%		
Cash increased in December. Cash collections for December were \$9.7 million. Days Cash on Hand increased to 113 days due to the QRA payment.				
Gross Patient Accounts Receivable	\$3,660,459	9.78%		
This receivable increased in December due to higher revenue.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 15

ROCK SPRINGS, WYOMING

Six months ended December 31, 2023

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	(2,933,715)	-14.93%		
Bad Debt and Allowances increased.				
Other Receivables	(9,311,851)	-76.28%		
Other Receivables decreased in December due to receipt of QRA				
Prepaid Expenses	(303,376)	-13.61%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	4,201,357	27.80%		
These assets increased due to receipt of QRA.				
Plant Property and Equipment	685,452	0.90%		
The increase in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	(269,714)	-3.77%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(419,847)	-21.57%		
This liability increased in December. The payroll accrual for December was 14 days.				
Accrued Benefits	(33,911)	-1.28%		
This liability increased in December with the normal accrual and usage of PTO.				
Other Current Liabilities	(174,331)	-31.53%		
This liability increased for December due to the accrual on the bonds				
Other Long Term Liabilities	(852,160)	-7.44%		
This liability increased the addition of the MRI.				
Total Net Assets	370,822	-0.97%		
The net gain from operations for December is \$861,029				



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY**

PROVIDER CLINICS

Unaudited Financial Statements

for

Six months ended December 31, 2023

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:

Tami Love

Chief Financial Officer

Table of Contents

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 1

ROCK SPRINGS, WY

Six months ended December 31, 2023

TABLE OF CONTENTS

FINANCIAL RATIOS AND BENCHMARKS	PAGE 2
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 3
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 4
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 5
KEY OPERATING STATISTICS	PAGE 7

Key Financial Ratios**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 2****ROCK SPRINGS, WY****Six months ended December 31, 2023****- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET**

	Month to Date 12/31/2023	Year to Date 12/31/2023	Prior Fiscal Year End 06/30/23	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-51.21%	-28.77%	-30.52%	-36.58%
Total Profit Margin	-51.21%	-28.77%	-30.52%	-36.58%
Contractual Allowance %	48.39%	44.85%	44.16%	
Liquidity:				
Net Days in Accounts Receivable	62.52	55.94	37.74	39.58
Gross Days in Accounts Receivable	46.11	43.37	56.57	72.82
Productivity and Efficiency:				
Patient Visits Per Day	191.39	190.95	193.53	
Total Net Revenue per FTE	N/A	\$199,565	\$219,823	
Salary Expense per Paid FTE	N/A	\$181,287	\$103,824	
Salary and Benefits as a % of Net Revenue	128.87%	106.83%	56.63%	91.26%
Employee Benefits %	18.97%	17.60%	30.38%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2023

PAGE 3

	CURRENT MONTH				Prior Year 12/31/22
	Actual 12/31/23	Budget 12/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,429,711	2,891,037	(461,325)	-15.96%	2,582,451
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	2,429,711	2,891,037	(461,325)	-15.96%	2,582,451
Deductions From Revenue					
Discounts and Allowances	(1,175,631)	(1,245,500)	69,869	5.61%	(1,134,681)
Total Deductions From Revenue	(1,175,631)	(1,245,500)	69,869	5.61%	(1,134,681)
Net Patient Revenue	1,254,080	1,645,537	(391,456)	-23.79%	1,447,770
Other Operating Revenue	39,646	38,145	1,501	3.94%	27,776
Total Operating Revenue	1,293,727	1,683,682	(389,955)	-23.16%	1,475,545
Operating Expenses					
Salaries and Wages	1,401,351	1,367,978	(33,373)	-2.44%	1,261,706
Fringe Benefits	265,866	227,157	(38,709)	-17.04%	197,665
Contract Labor	0	0	0	0.00%	0
Physicians Fees	104,507	76,567	(27,941)	-36.49%	45,281
Purchased Services	3,976	4,046	70	1.72%	9,136
Supply Expense	18,050	16,104	(1,946)	-12.09%	13,287
Utilities	957	1,691	735	43.44%	982
Repairs and Maintenance	6,565	7,203	638	8.86%	6,266
Insurance Expense	22,391	24,124	1,733	7.18%	16,625
All Other Operating Expenses	122,279	154,101	31,822	20.65%	170,453
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,528	3,780	252	6.65%	3,035
Depreciation and Amortization	6,757	5,245	(1,512)	-28.83%	8,110
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,956,227	1,887,995	(68,232)	-3.61%	1,732,546
Net Operating Surplus/(Loss)	(662,500)	(204,313)	(458,187)	224.26%	(257,001)
Total Net Surplus/(Loss)	(662,500)	(204,313)	(458,187)	224.26%	(257,001)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(662,500)	(204,313)	(458,187)	224.26%	(257,001)
Operating Margin	-51.21%	-12.13%			-17.42%
Total Profit Margin	-51.21%	-12.13%			-17.42%
EBIDA	-50.69%	-11.82%			-16.87%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2023

PAGE 4

	YEAR-TO-DATE				Prior Year 12/31/22
	Actual 12/31/23	Budget 12/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	15,223,031	15,589,222	(366,191)	-2.35%	13,450,282
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	15,223,031	15,589,222	(366,191)	-2.35%	13,450,282
Deductions From Revenue					
Discounts and Allowances	(6,826,888)	(6,747,206)	(79,682)	-1.18%	(5,964,216)
Total Deductions From Revenue	(6,826,888)	(6,747,206)	(79,682)	-1.18%	(5,964,216)
Net Patient Revenue	8,396,163	8,842,016	(445,853)	-5.04%	7,486,066
Other Operating Revenue	268,745	228,870	39,875	17.42%	230,690
Total Operating Revenue	8,664,908	9,070,886	(405,978)	-4.48%	7,716,756
Operating Expenses					
Salaries and Wages	7,871,298	7,847,152	(24,146)	-0.31%	7,252,584
Fringe Benefits	1,385,318	1,371,637	(13,681)	-1.00%	1,196,586
Contract Labor	0	0	0	0.00%	0
Physicians Fees	672,859	781,400	108,541	13.89%	387,302
Purchased Services	40,442	23,509	(16,933)	-72.03%	52,839
Supply Expense	136,747	129,595	(7,152)	-5.52%	122,337
Utilities	6,625	9,786	3,161	32.30%	7,805
Repairs and Maintenance	32,439	43,816	11,377	25.97%	82,371
Insurance Expense	129,974	131,985	2,011	1.52%	99,865
All Other Operating Expenses	814,470	798,994	(15,476)	-1.94%	787,573
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	25,442	22,342	(3,100)	-13.88%	18,586
Depreciation and Amortization	42,130	32,633	(9,497)	-29.10%	48,659
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	11,157,745	11,192,850	35,105	0.31%	10,056,509
Net Operating Surplus/(Loss)	(2,492,837)	(2,121,964)	(370,873)	17.48%	(2,339,753)
Total Net Surplus/(Loss)	(2,492,837)	(2,121,964)	(370,873)	17.48%	(2,339,753)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(2,492,837)	(2,121,964)	(370,873)	17.48%	(2,339,753)
Operating Margin	-28.77%	-23.39%			-30.32%
Total Profit Margin	-28.77%	-23.39%			-30.32%
EBIDA	-28.28%	-23.03%			-29.69%

Statement of Revenue and Expense - 13 Month Trend
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

PAGE 5

	Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023	Actual 8/31/2023
Gross Patient Revenue					
Clinic Revenue	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096
Deductions From Revenue					
Discounts and Allowances	(\$1,175,631)	(\$1,127,829)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)
Total Deductions From Revenue	(\$1,175,631)	(\$1,127,829)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)
Net Patient Revenue	\$1,254,080	\$1,439,988	\$1,465,429	\$1,433,629	\$1,491,852
Other Operating Revenue	\$39,846	\$44,519	\$40,763	\$40,709	\$56,877
Total Operating Revenue	1,293,727	1,484,508	1,506,193	1,474,338	1,548,529
Operating Expenses					
Salaries and Wages	\$1,401,351	\$1,379,054	\$1,408,800	\$1,268,262	\$1,189,449
Fringe Benefits	\$265,866	\$246,824	\$253,428	\$191,356	\$211,574
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$104,507	\$141,747	\$122,560	\$48,223	\$124,956
Purchased Services	\$3,976	\$6,143	\$8,953	\$7,449	\$11,119
Supply Expense	\$18,050	\$22,082	\$25,675	\$32,076	\$20,843
Utilities	\$957	\$957	\$954	\$1,866	\$946
Repairs and Maintenance	\$6,565	\$8,071	\$3,411	\$7,881	\$3,298
Insurance Expense	\$22,391	\$22,391	\$22,391	\$22,391	\$20,205
All Other Operating Expenses	\$122,279	\$94,799	\$172,653	\$153,968	\$97,070
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$3,528	\$4,556	\$4,812	\$3,828	\$2,865
Depreciation and Amortization	\$6,757	\$6,757	\$6,757	\$6,791	\$7,097
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,956,227	\$1,933,361	\$2,028,495	\$1,744,991	\$1,689,421
Net Operating Surplus/(Loss)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)
Total Net Surplus/(Loss)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)
Change In Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)
Operating Margin	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%
Total Profit Margin	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%
EBIDA	-50.69%	-29.78%	-34.23%	-17.90%	-8.64%

Actual 7/31/2023	Actual 6/30/2023	Actual 5/31/2023	Actual 4/30/2023	Actual 3/31/2023	Actual 2/28/2023	Actual 1/31/2023	Actual 12/31/2022
\$2,401,171	\$2,370,337	\$2,429,167	\$2,139,602	\$2,519,930	\$2,025,043	\$2,443,375	\$2,582,451
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$2,401,171	\$2,370,337	\$2,429,167	\$2,139,602	\$2,519,930	\$2,025,043	\$2,443,375	\$2,582,451
(\$1,089,987)	(\$966,079)	(\$1,078,791)	(\$929,422)	(\$1,105,620)	(\$948,497)	(\$1,096,382)	(\$1,134,684)
(\$1,089,987)	(\$966,079)	(\$1,078,791)	(\$929,422)	(\$1,105,626)	(\$948,497)	(\$1,096,382)	(\$1,134,684)
\$1,311,184	\$1,404,258	\$1,350,377	\$1,210,180	\$1,413,410	\$1,076,545	\$1,346,993	\$1,447,770
\$46,430	\$45,558	\$43,934	\$39,958	\$40,995	\$35,492	\$40,919	\$27,776
1,357,614	1,449,816	1,394,310	1,250,137	1,454,405	1,112,037	1,387,912	1,475,545
\$1,226,382	\$1,313,328	\$1,258,318	\$1,250,382	\$1,221,400	\$1,221,608	\$1,236,979	\$1,261,706
\$216,269	\$240,597	\$278,825	\$277,921	\$264,654	\$248,570	\$267,208	\$197,865
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$130,987	\$87,845	\$62,293	\$78,330	\$62,578	\$52,152	\$67,606	\$45,281
\$2,801	\$19,728	\$1,912	\$1,797	\$7,333	\$7,968	\$10,005	\$9,136
\$17,142	\$23,512	\$14,520	\$9,471	\$18,138	\$19,188	\$19,705	\$13,287
\$948	\$946	\$914	\$972	\$1,876	\$1,221	\$986	\$982
\$3,213	\$4,762	\$2,745	\$3,984	\$3,056	\$5,842	\$4,118	\$6,266
\$20,206	\$20,205	\$20,205	\$16,284	\$16,284	\$16,237	\$16,238	\$16,625
\$173,700	\$89,444	\$162,897	\$81,612	\$115,468	\$122,180	\$108,716	\$170,453
\$6,754	\$3,154	\$3,586	\$3,808	\$3,310	\$3,432	\$3,660	\$3,035
\$7,874	\$8,480	\$8,380	\$8,433	\$8,433	\$8,091	\$8,091	\$8,110
\$1,805,250	\$1,803,001	\$1,812,574	\$1,732,794	\$1,722,529	\$1,706,485	\$1,743,302	\$1,732,546
(\$447,637)	(\$353,185)	(\$418,264)	(\$482,657)	(\$268,124)	(\$594,448)	(\$355,390)	(\$257,001)
(\$447,637)	(\$353,185)	(\$418,264)	(\$482,657)	(\$268,124)	(\$594,448)	(\$355,390)	(\$257,001)
0	0	0	0	0	0	0	0
(\$447,637)	(\$353,185)	(\$418,264)	(\$482,657)	(\$268,124)	(\$594,448)	(\$355,390)	(\$257,001)
-32.97%	-24.36%	-30.00%	-38.61%	-18.44%	-53.46%	-25.61%	-17.42%
-32.97%	-24.36%	-30.00%	-38.61%	-18.44%	-53.46%	-25.61%	-17.42%
-32.39%	-23.78%	-29.40%	-37.93%	-17.86%	-52.73%	-25.02%	-16.87%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Six months ended December 31, 2023

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior Year		Actual	Budget	Positive/ (Negative)	Prior Year
12/31/23	12/31/23	Variance	12/31/22		12/31/23	12/31/23	Variance	12/31/22
Outpatient Statistics:								
5,933	5,525	408	5,525	Clinic Visits - Primary Care	35,135	31,183	3,952	31,183
475	519	(44)	519	Clinic Visits - Specialty Clinics	3,188	3,028	160	3,028
Productivity Statistics:								
80.31	80.17	0.14	69.25	FTE's - Worked	75.77	80.17	(4.40)	68.82
98.24	88.10	10.14	76.93	FTE's - Paid	86.13	88.10	(1.97)	78.17

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR DECEMBER 23**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	463	10,563,323.81
CAPITAL EQUIPMENT (PLANT FUND)	5	112,320.89
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	288,940.04
PAYROLL DECEMBER 07, 2023		1,796,418.95
PAYROLL DECEMBER 21, 2023		1,800,284.95
TOTAL CASH OUTFLOW		<u>\$10,964,584.74</u>
CASH COLLECTIONS		9,767,657.03
INCREASE/DECREASE IN CASH		<u>-\$1,196,927.71</u>

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2024**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002596	7/6/2023	FISHER HEALTHCARE	6,264.08	TWO DOOR REFRIGERATOR		
002597	7/20/2023	CSESCO INC	7,507.50	CERNER MYDINE SOFTWARE		
JULY TOTALS					13,771.58	13,771.58

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002598	8/3/2023	CERNER CORPORATION	14,250.00	CERNER CLINIC MEDICATION INTEGRATION		
002599	8/17/2023	DELL COMPUTER CORPORATION	14,920.80	DELL LAPTOP MONITOR DOCKING STATION		
002600	8/24/2023	DELL COMPUTER CORPORATION	18,749.90	DELL LAPTOP MONITOR DOCKING STATION		
002601	8/24/2023	STRYKER MEDICAL	44,982.95	GURNEYS		
002602	8/31/2023	HELMER SCIENTIFIC, LLC	8,883.67	PHARMACY REFRIGERATOR		
AUGUST TOTALS					101,787.32	115,558.90

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002603	9/14/2023	STERIS CORPORATION	4,379.58	INNOWAVE SONIC IRRIGATOR		
002604	9/21/2023	BOBCAT OF ROCK SPRINGS (PETE	6,778.65	BOBCAT BRUSH		
002605	9/28/2023	CERNER CORPORATION	22,000.00	PROVIDER BASED BILLING		
SEPTEMBER TOTALS					33,158.23	148,717.13

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002606	10/2/2023	INTERMOUNTAIN TRIMLIGHT (W)	18,000.00	PERMANENT LIGHTING		
002607	10/12/2023	WYOELLECTRIC, INC	63,137.75	LIGHTNING PROTECTION		
002608	10/13/2023	BIG SKY PLUMBING LLC	2,000.00	CENTRAL SCHEDULING WALL		
002609	10/19/2023	THE BAKER COMPANY	12,038.57	STERIL COMPOUNDING HOOD		
002610	10/26/2023	COMPUNET, INC.	96,437.69	PURE STORAGE DEVICE EXPANSION		
002611	10/26/2023	FISHER HEALTHCARE	288.16	REFRIGERATOR		
002612	10/26/2023	WYOELLECTRIC, INC	63,137.75	LIGHTNING PROTECTION		
OCTOBER TOTALS					255,039.92	403,757.05

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002613	11/2/2023	BRADEN SHIELDING SYSTEMS	17,915.00	SHIELDING VENDOR INSPECT FOR MRI UPGRADE		
002614	11/9/2023	AXON ENTERPRISES, INC.	24,400.84	BODY CAMERAS		
002615	11/9/2023	STERIS CORPORATION	79,698.33	INNOWAVE SONIC IRRIGATOR		
002616	11/9/2023	UL VERIFICATION SERVICES INC	25,700.00	PURE OHS ELECTRONIS EMP HEALTH RECORD		
002617	11/9/2023	WYOELLECTRIC, INC	9,890.00	MRI UPGRADE BREAKER & ELECTRICAL		
002618	11/16/2023	BRADEN SHIELDING SYSTEMS	3,085.00	SHIELDING VENDOR INSPECT FOR MRI UPGRADE		
002619	11/16/2023	COMPUNET, INC.	13,310.00	VOIP E911 UPGRADE		
002620	11/22/2023	CDW GOVERNMENT LLC	10,762.14	NETWORK ANALYZER		
002621	11/22/2023	WYOELLECTRIC, INC	63,137.75	LIGHTNING PROTECTION		
002622	11/30/2023	FISHER HEALTHCARE	9,662.60	PLATLET INCUBATOR AND AGITATOR		
002622	11/30/2023	FISHER HEALTHCARE	228.78	NEGATIVE 30 DEGREE C FREEZER		
002623	11/30/2023	INTERMOUNTAIN TRIMLIGHT (W)	7,500.00	PERMANENT LIGHTING		
NOVEMBER TOTALS					265,290.44	669,047.49

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002624	12/14/2023	PRONK TECHNOLOGIES	12,385.00	BIOMED TEST EQUIPMENT		
002625	12/21/2023	CODALE ELECTRIC SUPPLY, INC	7,807.35	HEATER FOR MAINT HOSPITAL ENTRANCE		
002626	12/21/2023	DELL COMPUTER CORPORATION	17,586.00	DELL LAPTOP MONITOR DOCKING STATION		
002627	12/21/2023	WYOELLECTRIC, INC	64,042.54	LIGHTNING PROTECTION		
002628	12/22/2023	INTERMOUNTAIN TRIMLIGHT (W)	10,500.00	PERMANENT LIGHTING		
DECEMBER TOTALS					112,320.89	781,368.38

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2024**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001197	7/13/2023	JC JACOBS CARPET ONE	3,593.96	CENTRAL SCHEDULING WALL		
001198	7/13/2023	PLAN ONE/ARCHITECTS	23,704.50	LAB EXPANSION		
001198	7/13/2023	PLAN ONE/ARCHITECTS	2,340.38	ONCOLOGY SUITE RENOVATION		
001199	7/13/2023	WASATCH CONTROLS (HARRIS .	19,000.00	BUILDING AUTOMATION		
001200	7/13/2023	WESTERN ENGINEERS & GEOLO	2,546.75	BUILDING AUTOMATION		
001201	7/20/2023	HAGER INDUSTRIES, LLC	8,276.78	BULK OXYGEN		
001202	7/20/2023	WESTERN ENGINEERS & GEOLO	3,480.75	BULK OXYGEN		
WF DEBT	7/18/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
JULY TOTALS					252,418.70	252,418.70

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001203	8/3/2023	WYLIE CONSTRUCTION INC.	44,438.87	BULK OXYGEN		
001204	8/10/2023	PLAN ONE/ARCHITECTS	28,445.40	LAB EXPANSION		
001204	8/10/2023	PLAN ONE/ARCHITECTS	2,875.00	U OF U EXAM ROOM UPGRADES		
001204	8/10/2023	PLAN ONE/ARCHITECTS	2,340.37	ONCOLOGY SUITE RENOVATION		
001205	8/10/2023	WASATCH CONTROLS (HARRIS .	60,990.00	BUILDING AUTOMATION		
001206	8/31/2023	INSULATION INC.	581.16	LAB EXPANSION		
001207	8/31/2023	WASATCH CONTROLS (HARRIS .	45,273.05	BUILDING AUTOMATION		
001208	8/31/2023	WESTERN ENGINEERS & GEOLO	1,967.75	LAB EXPANSION		
001209	8/31/2023	WYLIE CONSTRUCTION INC.	43,412.07	BULK OXYGEN		
WF DEBT	8/17/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
AUGUST TOTALS					419,799.25	672,217.95

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001210	8/3/2023	PLAN ONE/ARCHITECTS	60,581.98	LAB EXPANSION		
WF DEBT	8/17/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
SEPTEMBER TOTALS					234,912.56	907,130.51

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001211	10/5/2023	WESTERN ENGINEERS & GEOLO	6,366.25	BULK OXYGEN		
001212	10/12/2023	BIG SKY PLUMBING LLC	7,570.00	BULK OXYGEN		
001213	10/12/2023	PLAN ONE/ARCHITECTS	39,748.37	CENTRAL SCHEDULING WALL		
001214	10/12/2023	WYOLECTRIC, INC	13,402.51	CENTRAL SCHEDULING WALL		
001215	10/19/2023	A & B HOME IMPROVEMENTS	12,460.00	CENTRAL SCHEDULING WALL		
001216	10/26/2023	WESTERN ENGINEERS & GEOLO	468.50	BULK OXYGEN		
WF DEBT	10/16/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
OCTOBER TOTALS					254,346.21	1,161,476.72

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001217	11/2/2023	VAUGHNS PLUMBING & HEATING	8,000.00	CENTRAL SCHEDULING WALL		
001218	11/2/2023	WYLIE CONSTRUCTION INC.	138,153.30	BULK OXYGEN		
001219	11/9/2023	PLAN ONE/ARCHITECTS	960.00	MRI AND XRAY ROOMS RENO		
001219	11/9/2023	PLAN ONE/ARCHITECTS	2,340.38	ONCOLOGY SUITE RENOVATION		
001219	11/9/2023	PLAN ONE/ARCHITECTS	21,841.80	LAB EXPANSION		
001220	11/30/2023	WESTERN ENGINEERS & GEOLO	367.50	MRI AND XRAY ROOMS RENO		
WF DEBT	11/16/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
NOVEMBER TOTALS					345,993.56	1,507,470.28

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001221	12/8/2023	A. PLEASANT CONSTRUCTION, I	92,292.50	ONCOLOGY SUITE RENOVATION		
001222	12/14/2023	PLAN ONE/ARCHITECTS	21,841.80	LAB EXPANSION		
001223	12/21/2023	WESTERN ENGINEERS & GEOLO	475.16	LAB EXPANSION		
WF DEBT	12/14/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
DECEMBER TOTALS					288,940.04	1,796,410.32

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

Amount	Description
23,115.63	Advertising Total
45.00	Banking Fees Total
6,196.79	Billing Services Total
15,732.46	Blood Total
3,500.00	Building Lease Total
247,736.27	Café Management Total
3,675.05	Cellular Telephone Total
32,144.93	Collection Agency Total
8,406.85	Computer Equipment Total
561,278.38	Contract Maintenance Total
425,562.75	Contract Personnel Total
385.56	Courier Services Total
3,313.59	Credit Card Payment Total
19,942.68	Dental Insurance Total
14,132.19	Dialysis Supplies Total
3,418.00	Education & Travel Total
8,043.30	Employee Recruitment Total
6,954.87	Employee Vision Plan Total
48,380.06	Equipment Lease Total
11,390.05	Food Total
8,541.36	Freight Total
553.93	Fuel Total
3,260.17	Garbage Collection Total
843,902.27	Group Health Total
382,825.23	Hospital Supplies Total
29,330.50	Implant Supplies Total
31,396.28	Insurance Premiums Total
89,069.53	Laboratory Services Total
105,819.39	Laboratory Supplies Total
5,181.28	Laundry Supplies Total
27,335.88	Legal Fee Total
300.00	License/Fees Total
200.00	Licenses & Taxes Total
2,322.32	Life Insurance Total
2,618.76	Linen Total
31,726.27	Maintenance & Repair Total
14,939.75	Maintenance Supplies Total
50.00	Medical Staff Dues Total
3,098.10	MHSC Foundation Total
3,998.45	Minor Equipment Total
2,858.03	Non Medical Supplies Total
16,118.87	Office Supplies Total
3,307.24	Other Employee Benefits Total
6,979.72	Other Purchased Services Total
13,668.24	Oxygen Rental Total
265.00	Patient Refund Total
399.00	Payroll Deduction Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

7,986.85	Payroll Garnishment Total
5,400,000.00	Payroll Transfer Total
130.75	Petty Cash Total
1,278,216.63	Pharmacy Management Total
206.34	Physician Recruitment Total
12,500.00	Physician Retention Total
191,701.56	Physician Services Total
16,666.69	Physician Student Loan Total
530.00	Postage Total
33,214.74	Professional Service Total
720.00	Proficiency Testing Total
504.52	Radiation Monitoring Total
19,485.84	Radiology Material Total
11,795.85	Reimbursement - CME Total
1,801.70	Reimbursement - Education & Travel Total
153.64	Reimbursement - Insurance Premiums Total
41.84	Reimbursement - Non Hospital Supplies Total
149.77	Reimbursement - Office Supplies Total
150.00	Reimbursement - Uniforms Total
347,464.56	Retirement Total
2,238.41	Scribe Services Total
3,400.00	Sponsorship Total
124,516.24	Surgery Supplies Total
4,789.33	Surveys Total
2,398.18	Translation Services Total
23,843.29	Utilities Total
3,004.10	Waste Disposal Total
2,293.00	Window Cleaning Total
10,563,323.81	Grand Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

Check Number	Date	Vendor Check Name	Amount	Description
EFT000000000451	12/7/2023	GREEN RIVER STAR	1,441.25	Advertising
EFT000000000455	12/7/2023	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000000456	12/7/2023	ROYCE ROLLS RINGER CO	1,401.00	Advertising
195928	12/8/2023	PILOT BUTTE BROADCASTING	650.00	Advertising
195935	12/8/2023	SCORPION HEALTHCARE LLC	5,150.42	Advertising
195985	12/14/2023	CASPER STAR TRIBUNE	260.88	Advertising
196023	12/14/2023	LAMAR ADVERTISING	1,273.00	Advertising
196048	12/14/2023	ROCKET MINER	536.87	Advertising
196066	12/14/2023	THE RADIO NETWORK	3,365.65	Advertising
196211	12/21/2023	BIG THICKET BROADCASTING	3,147.45	Advertising
196215	12/21/2023	BRIDGER VALLEY PIONEER	715.80	Advertising
196160	12/21/2023	KEMMERER GAZETTE	795.00	Advertising
196161	12/21/2023	LAMAR ADVERTISING	424.00	Advertising
196234	12/21/2023	PINEDALE ROUNDUP	1,250.00	Advertising
196173	12/21/2023	ROCKET MINER	19.56	Advertising
196182	12/21/2023	ROYAL FLUSH ADVERTISING	154.75	Advertising
196239	12/21/2023	TRUE NORTH CUSTOM PUBLISHING	2,250.00	Advertising
196178	12/21/2023	RSNB BANK	45.00	Banking Fees
196131	12/21/2023	EXPRESS MEDICAID BILLING SERV	6,196.79	Billing Services
196074	12/14/2023	VITALANT	8,476.36	Blood
196244	12/21/2023	VITALANT	7,256.10	Blood
196123	12/21/2023	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
195853	12/1/2023	UNIDINE CORPORATION	108,531.26	Café Management
196240	12/21/2023	UNIDINE CORPORATION	108,531.25	Café Management
196258	12/27/2023	UNIDINE CORPORATION	30,673.76	Café Management
195959	12/8/2023	VERIZON WIRELESS, LLC	3,675.05	Cellular Telephone
195894	12/8/2023	EXPRESS RECOVERY SERVICES	31,813.42	Collection Agency
196246	12/27/2023	COLLECTION PROFESSIONALS, INC	391.51	Collection Agency
195886	12/14/2023	CDW GOVERNMENT LLC	1,100.92	Computer Equipment
195996	12/14/2023	DELL COMPUTER CORPORATION	2,265.73	Computer Equipment
196107	12/21/2023	CDW GOVERNMENT LLC	4,974.20	Computer Equipment
196125	12/21/2023	DELL COMPUTER CORPORATION	66.00	Computer Equipment
W/T	12/6/2023	ZENITH	420.42	Contract Maintenance
195874	12/8/2023	BISCOM	1,871.93	Contract Maintenance
195892	12/8/2023	ENERGY LABORATORIES INC.	185.00	Contract Maintenance
195921	12/8/2023	MERGE HEALTHCARE SOLUTIONS, INC	6,652.74	Contract Maintenance
195937	12/8/2023	SIEMENS MEDICAL SOLUTIONS USA	685.18	Contract Maintenance
195963	12/8/2023	WYODATA SECURITY INC.	2,075.00	Contract Maintenance
195982	12/14/2023	BRIGHTLY SOFTWARE, INC.	14,138.26	Contract Maintenance
196078	12/14/2023	CERNER CORPORATION	205,476.83	Contract Maintenance
195988	12/14/2023	CLOUDLI COMMUNICATIONS INC.	59.56	Contract Maintenance
195991	12/14/2023	COMPUNET, INC.	24,371.14	Contract Maintenance
196006	12/14/2023	FRONT RANGE MOBILE IMAGING, INC.	13,414.00	Contract Maintenance
196036	12/14/2023	NETDAIS	13,498.37	Contract Maintenance
196046	12/14/2023	RL DATIX	421.00	Contract Maintenance
196054	12/14/2023	SIEMENS MEDICAL SOLUTIONS USA	3,028.35	Contract Maintenance
196213	12/21/2023	BISCOM	1,764.36	Contract Maintenance
196109	12/21/2023	CERNER CORPORATION	203,089.38	Contract Maintenance
196111	12/21/2023	CLOUDLI COMMUNICATIONS INC.	54.83	Contract Maintenance
196217	12/21/2023	CONSUMER FUSION INC.	1,750.00	Contract Maintenance
196130	12/21/2023	ENERGY LABORATORIES INC.	151.00	Contract Maintenance
196138	12/21/2023	GE HEALTHCARE	8,087.34	Contract Maintenance
196224	12/21/2023	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
196225	12/21/2023	HEALTHCARESOURCE HR, INC.	2,250.00	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

196149	12/21/2023	INOVALON PROVIDER INC.	995.70	Contract Maintenance
196151	12/21/2023	INTOUCH HEALTH	1,400.00	Contract Maintenance
196153	12/21/2023	ISI WATER CHEMISTRIES	177.69	Contract Maintenance
196232	12/21/2023	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
196173	12/21/2023	QUADRAMED	17,750.00	Contract Maintenance
196183	12/21/2023	SIEMENS MEDICAL SOLUTIONS USA	12,445.77	Contract Maintenance
196242	12/21/2023	VANDERBILT	3,259.79	Contract Maintenance
W/T	12/21/2023	TRIZETTO FEE	237.00	Contract Maintenance
W/T	12/21/2023	TRIZETTO FEE	5,864.66	Contract Maintenance
EFT000000000482	12/21/2023	STATE FIRE DC SPECIALTIES	6,593.08	Contract Maintenance
195898	12/8/2023	FOCUSONE SOLUTIONS LLC	81,526.50	Contract Personnel
195934	12/8/2023	SARAH ROTH	900.00	Contract Personnel
196004	12/14/2023	FOCUSONE SOLUTIONS LLC	80,770.00	Contract Personnel
196050	12/14/2023	SARAH ROTH	180.00	Contract Personnel
196135	12/21/2023	FOCUSONE SOLUTIONS LLC	262,186.25	Contract Personnel
196252	12/27/2023	PACKAGERUNNER LOGISTICS LLC	385.56	Courier Services
W/T	12/28/2023	UMB BANK	3,313.59	Credit Card Payment
195997	12/14/2023	DELTA DENTAL	19,942.68	Dental Insurance
EFT000000000453	12/7/2023	HENRY SCHEIN INC	137.92	Dialysis Supplies
195899	12/8/2023	FRESENIUS USA MARKETING, INC.	461.76	Dialysis Supplies
195903	12/8/2023	HENRY SCHEIN INC	252.75	Dialysis Supplies
196005	12/14/2023	FRESENIUS USA MARKETING, INC.	3,455.02	Dialysis Supplies
196011	12/14/2023	HENRY SCHEIN INC	1,916.87	Dialysis Supplies
EFT000000000464	12/14/2023	HENRY SCHEIN INC	92.17	Dialysis Supplies
196137	12/21/2023	FRESENIUS USA MARKETING, INC.	7,082.17	Dialysis Supplies
196145	12/21/2023	HENRY SCHEIN INC	719.35	Dialysis Supplies
EFT000000000475	12/21/2023	HENRY SCHEIN INC	14.18	Dialysis Supplies
195868	12/8/2023	AHA SERVICES INC	924.00	Education & Travel
196025	12/14/2023	LARRY D. MACY	2,250.00	Education & Travel
196055	12/14/2023	SOCIETY FOR HUMAN RES. MANAGE.	244.00	Education & Travel
EFT000000000457	12/7/2023	SAFE SECURE TESTING INC.	750.00	Employee Recruitment
195904	12/8/2023	HOLIDAY INN - ROCK SPRINGS	623.00	Employee Recruitment
195907	12/8/2023	INSIGHT SCREENING LLC	1,789.70	Employee Recruitment
196260	12/27/2023	WESTERN WY COLLEGE	4,800.60	Employee Recruitment
195960	12/8/2023	VISION SERVICE PLAN - WY	6,954.87	Employee Vision Plan
195936	12/8/2023	SHADOW MOUNTAIN WATER CO, WY	1,075.55	Equipment Lease
195957	12/8/2023	US BANK EQUIPMENT FINANCE	293.69	Equipment Lease
196008	12/14/2023	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
196037	12/14/2023	NEWLANE FINANCE COMPANY	114.57	Equipment Lease
196051	12/14/2023	SHADOW MOUNTAIN WATER CO, WY	335.86	Equipment Lease
196072	12/14/2023	US BANK EQUIPMENT FINANCE	774.23	Equipment Lease
196106	12/21/2023	CAREFUSION SOLUTIONS, LLC	21,706.00	Equipment Lease
196118	12/21/2023	COWIE & SUPPLY COMPANY	16,165.08	Equipment Lease
196200	12/21/2023	US BANK EQUIPMENT FINANCE	142.94	Equipment Lease
196259	12/27/2023	US BANK EQUIPMENT FINANCE	299.82	Equipment Lease
195895	12/8/2023	F B MCFADDEN WHOLESALE	2,858.34	Food
196001	12/14/2023	F B MCFADDEN WHOLESALE	2,277.05	Food
196132	12/21/2023	F B MCFADDEN WHOLESALE	6,254.66	Food
195954	12/8/2023	TRIOSE, INC	3,745.15	Freight
196002	12/14/2023	FED EX	132.79	Freight
196070	12/14/2023	TRIOSE, INC	1,819.20	Freight
196133	12/21/2023	FED EX	820.39	Freight
196190	12/21/2023	TRIOSE, INC	2,023.83	Freight
196255	12/27/2023	BAILEY ENTERPRISES	553.93	Fuel
EFT000000000467	12/14/2023	WWS - ROCK SPRINGS	3,260.17	Garbage Collection

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

W/T	12/1/2023	BLUE CROSS BLUE SHIELD 11/24/23	207,622.25	Group Health
W/T	12/7/2023	FURTHER FLEX 12/6/23	4,834.18	Group Health
W/T	12/8/2023	BLUE CROSS BLUE SHIELD 12/1/23	205,561.53	Group Health
W/T	12/14/2023	FURTHER FLEX 12/13/23	1,091.72	Group Health
W/T	12/15/2023	BLUE CROSS BLUE SHIELD 12/8/23	176,297.29	Group Health
W/T	12/21/2023	FURTHER ADMIN FEE	269.75	Group Health
W/T	12/21/2023	FURTHER FLEX 12/20/23	5,418.51	Group Health
W/T	12/22/2023	BLUE CROSS BLUE SHIELD 12/15/23	215,212.61	Group Health
W/T	12/28/2023	FURTHER FLEX 12/27/23	1,374.57	Group Health
W/T	12/29/2023	BLUE CROSS BLUE SHIELD 12/22/23	26,219.86	Group Health
EFT00000000449	12/7/2023	BREG INC	87.15	Hospital Supplies
EFT00000000452	12/7/2023	HARDY DIAGNOSTICS	129.17	Hospital Supplies
EFT00000000454	12/7/2023	OVATION MEDICAL	347.10	Hospital Supplies
EFT00000000458	12/7/2023	ZOLL MEDICAL CORPORATION	1,480.89	Hospital Supplies
195865	12/8/2023	AESCULAP INC	307.68	Hospital Supplies
195869	12/8/2023	APPLIED MEDICAL	226.00	Hospital Supplies
195871	12/8/2023	ARTHREX INC.	718.30	Hospital Supplies
195873	12/8/2023	BIG MEDICAL LLC	15,150.00	Hospital Supplies
195877	12/8/2023	BOSTON SCIENTIFIC CORP	663.54	Hospital Supplies
195883	12/8/2023	COOK MEDICAL INC.	200.00	Hospital Supplies
195888	12/8/2023	DIAGNOSTICA STAGO INC	1,765.65	Hospital Supplies
195889	12/8/2023	DJ ORTHOPEDICS, LLC	113.16	Hospital Supplies
195893	12/8/2023	EXPAND-A-BAND, LLC	126.00	Hospital Supplies
195895	12/8/2023	HOLOGIC, INC.	4,502.25	Hospital Supplies
195910	12/8/2023	J & J HEALTH CARE SYSTEMS INC	1,648.72	Hospital Supplies
195912	12/8/2023	KARL STORZ ENDOSCOPY-AMERICA	133.50	Hospital Supplies
195946	12/8/2023	LEICA BIOSYSTEMS RICHMOND	156.90	Hospital Supplies
195925	12/8/2023	M V A P MEDICAL SUPPLIES, INC.	198.50	Hospital Supplies
195918	12/8/2023	MEDI-DOSE INCORPORATED	126.15	Hospital Supplies
195920	12/8/2023	MEDLINE INDUSTRIES INC	14,504.63	Hospital Supplies
195930	12/8/2023	RADIOMETER AMERICA INC	833.64	Hospital Supplies
195931	12/8/2023	RESPIRONICS	410.00	Hospital Supplies
195943	12/8/2023	STERIS CORPORATION	4,441.89	Hospital Supplies
195952	12/8/2023	TRI-ANIM HEALTH SERVICES INC	810.22	Hospital Supplies
195958	12/8/2023	VERATHON INC.	902.51	Hospital Supplies
195961	12/8/2023	WAXIE SANITARY SUPPLY	4,408.19	Hospital Supplies
196049	12/14/2023	ABBOTT NUTRITION	45.00	Hospital Supplies
195970	12/14/2023	AESCULAP INC	2,761.39	Hospital Supplies
195975	12/14/2023	APPLIED MEDICAL	1,038.00	Hospital Supplies
195977	12/14/2023	ARTHREX INC.	4,422.50	Hospital Supplies
195981	12/14/2023	BOSTON SCIENTIFIC CORP	5,421.12	Hospital Supplies
195984	12/14/2023	CARDINAL HEALTH/V. MUELLER	39,915.21	Hospital Supplies
195992	12/14/2023	COOK MEDICAL INCORPORATED	395.00	Hospital Supplies
195998	12/14/2023	DIAGNOSTICA STAGO INC	684.10	Hospital Supplies
196000	12/14/2023	ETHICON ENDO-SURGERY, INC	2,494.51	Hospital Supplies
196010	12/14/2023	HEALTHCARE LOGISTICS INC	249.50	Hospital Supplies
196013	12/14/2023	HOLOGIC, INC.	4,769.00	Hospital Supplies
196015	12/14/2023	HULL ANESTHESIA INC	201.00	Hospital Supplies
196019	12/14/2023	J & J HEALTH CARE SYSTEMS INC	1,079.20	Hospital Supplies
196021	12/14/2023	KARL STORZ ENDOSCOPY-AMERICA	2,954.88	Hospital Supplies
196022	12/14/2023	KCI USA	1,543.79	Hospital Supplies
196028	12/14/2023	MASIMO AMERICAS, INC.	1,090.00	Hospital Supplies
196029	12/14/2023	MCKESSON MEDICAL-SURGICAL	3,026.94	Hospital Supplies
196030	12/14/2023	MEDLINE INDUSTRIES INC	8,846.52	Hospital Supplies
196035	12/14/2023	NATUS MEDICAL INC	266.00	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

196039	12/14/2023	OWENS & MINOR 90005430	1,034.02	Hospital Supplies
196043	12/14/2023	RADIOMETER AMERICA INC	12,680.66	Hospital Supplies
196061	12/14/2023	STERIS CORPORATION	4,941.44	Hospital Supplies
196069	12/14/2023	TRI-ANIM HEALTH SERVICES INC	816.34	Hospital Supplies
196073	12/14/2023	VAPOTHERM INC.	1,226.00	Hospital Supplies
196075	12/14/2023	WAXIE SANITARY SUPPLY	155.00	Hospital Supplies
EFT000000008461	12/14/2023	BREG INC	96.84	Hospital Supplies
EFT000000008463	12/14/2023	HARDY DIAGNOSTICS	1,448.18	Hospital Supplies
EFT000000008465	12/14/2023	OVATION MEDICAL	89.90	Hospital Supplies
196181	12/21/2023	ABBOTT NUTRITION	218.31	Hospital Supplies
196092	12/21/2023	AESCLAP INC	244.26	Hospital Supplies
196096	12/21/2023	APPLIED MEDICAL	1,222.00	Hospital Supplies
196209	12/21/2023	ARTHREX INC.	1,611.50	Hospital Supplies
196210	12/21/2023	B BRAUN MEDICAL INC.	3,097.00	Hospital Supplies
196099	12/21/2023	BAXTER HEALTHCARE CORP/IV	12,251.06	Hospital Supplies
196212	12/21/2023	BICOMET SPORTS MEDICINE	2,000.00	Hospital Supplies
196101	12/21/2023	BOSTON SCIENTIFIC CORP	14,943.97	Hospital Supplies
196120	12/21/2023	C R BARD INC	6,167.15	Hospital Supplies
196104	12/21/2023	CARDINAL HEALTH/V. MUELLER	25,646.84	Hospital Supplies
196216	12/21/2023	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
196114	12/21/2023	CONE INSTRUMENTS	194.14	Hospital Supplies
196116	12/21/2023	COOK MEDICAL INC.	200.00	Hospital Supplies
196117	12/21/2023	COOK MEDICAL INCORPORATED	340.00	Hospital Supplies
196122	12/21/2023	CURBELL MEDICAL	689.80	Hospital Supplies
196128	12/21/2023	DJ ORTHOPEDICS, LLC	382.84	Hospital Supplies
196222	12/21/2023	GENERAL HOSPITAL SUPPLY CORPORATION	1,019.00	Hospital Supplies
196223	12/21/2023	HARDY DIAGNOSTICS	390.14	Hospital Supplies
196144	12/21/2023	HEALTHCARE LOGISTICS INC	257.70	Hospital Supplies
196154	12/21/2023	J & J HEALTH CARE SYSTEMS INC	14,355.64	Hospital Supplies
196158	12/21/2023	KARL STORZ ENDOSCOPY-AMERICA	7,154.03	Hospital Supplies
196159	12/21/2023	KCI USA	1,795.02	Hospital Supplies
196193	12/21/2023	LEICA BIOSYSTEMS RICHMOND	453.85	Hospital Supplies
196163	12/21/2023	MASIMO AMERICAS, INC.	800.00	Hospital Supplies
196164	12/21/2023	MEDLINE INDUSTRIES INC	100,109.38	Hospital Supplies
196228	12/21/2023	MEDTRONIC, USA	1,035.60	Hospital Supplies
196166	12/21/2023	MINDRAY DS USA, INC.	45.00	Hospital Supplies
196168	12/21/2023	NEOTECH PRODUCTS, INC	92.00	Hospital Supplies
196169	12/21/2023	OWENS & MINOR 90005430	1,143.05	Hospital Supplies
196172	12/21/2023	PERFORMANCE HEALTH SUPPLY INC	151.38	Hospital Supplies
196174	12/21/2023	RADIOMETER AMERICA INC	4,926.75	Hospital Supplies
196176	12/21/2023	RESMED CORP	273.00	Hospital Supplies
196189	12/21/2023	STERIS CORPORATION	7,589.18	Hospital Supplies
196195	12/21/2023	TECHNICAL SAFETY SERVICES, LLC	7,659.00	Hospital Supplies
196197	12/21/2023	TRI-ANIM HEALTH SERVICES INC	2,763.47	Hospital Supplies
196202	12/21/2023	UTAH MEDICAL PRODUCTS INC	111.18	Hospital Supplies
196203	12/21/2023	VERATHON INC.	466.32	Hospital Supplies
EFT000000008472	12/21/2023	BREG INC	394.24	Hospital Supplies
EFT000000008474	12/21/2023	HARDY DIAGNOSTICS	1,090.55	Hospital Supplies
196256	12/21/2023	RESPIRONICS	165.00	Hospital Supplies
195884	12/8/2023	CTM BIOMEDICAL, LLC	10,183.00	Implant Supplies
195951	12/8/2023	TREACE MEDICAL CONCEPTS, INC.	14,056.00	Implant Supplies
196121	12/21/2023	CTM BIOMEDICAL, LLC	5,091.50	Implant Supplies
195956	12/8/2023	PROVIDENT LIFE & ACCIDENT	31,396.28	Insurance Premiums
195922	12/8/2023	METABOLIC NEWBORN SCREENING	6,070.48	Laboratory Services
196227	12/21/2023	MAYO COLLABORATIVE SERVICES, INC.	505.88	Laboratory Services

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

195192	12/21/2023	SUMMIT PATHOLOGY	32,316.19	Laboratory Services
EFT00000000476	12/21/2023	ARUP LABORATORIES, INC.	50,176.98	Laboratory Services
EFT00000000448	12/7/2023	BIO-RAD LABORATORIES	4,076.63	Laboratory Supplies
195967	12/8/2023	BIOMERIEUX, INC.	4,358.46	Laboratory Supplies
195878	12/8/2023	CARDINAL HEALTH	3,696.55	Laboratory Supplies
195968	12/8/2023	CEPHEID	1,722.00	Laboratory Supplies
195897	12/8/2023	FISHER HEALTHCARE	1,543.16	Laboratory Supplies
195919	12/8/2023	MEDI BADGE INC.	21.98	Laboratory Supplies
195955	12/8/2023	TYPENEX MEDICAL, LLC	231.06	Laboratory Supplies
195974	12/14/2023	ANAEROBE SYSTEMS	56.00	Laboratory Supplies
195983	12/14/2023	CARDINAL HEALTH	90.73	Laboratory Supplies
195987	12/14/2023	CEPHEID	115.00	Laboratory Supplies
196003	12/14/2023	FISHER HEALTHCARE	3,063.36	Laboratory Supplies
196059	12/14/2023	STATLAB MEDICAL PRODUCTS	540.06	Laboratory Supplies
196064	12/14/2023	SYSMEX AMERICA INC.	733.15	Laboratory Supplies
196067	12/14/2023	THERMO FISHER SCIENTIFIC, LLC	89.00	Laboratory Supplies
196071	12/14/2023	TYPENEX MEDICAL, LLC	231.06	Laboratory Supplies
EFT00000000460	12/14/2023	BIO-RAD LABORATORIES	1,382.88	Laboratory Supplies
EFT00000000466	12/14/2023	IDENTICARD	451.14	Laboratory Supplies
196103	12/21/2023	CARDINAL HEALTH	4,520.45	Laboratory Supplies
196108	12/21/2023	CEPHEID	18,433.80	Laboratory Supplies
196134	12/21/2023	FISHER HEALTHCARE	6,057.59	Laboratory Supplies
196235	12/21/2023	R&D SYSTEMS INC.	82.90	Laboratory Supplies
196194	12/21/2023	SYSMEX AMERICA INC.	1,372.15	Laboratory Supplies
196799	12/21/2023	TYPENEX MEDICAL, LLC	72.14	Laboratory Supplies
EFT00000000471	12/21/2023	BIO-RAD LABORATORIES	1,115.68	Laboratory Supplies
EFT00000000477	12/21/2023	GREER LABORATORIES, INC.	2,967.06	Laboratory Supplies
EFT00000000479	12/21/2023	ORTHO-CLINICAL DIAGNOSTICS INC	48,380.00	Laboratory Supplies
196251	12/27/2023	NOVA BIOMEDICAL CORP.	415.00	Laboratory Supplies
195917	12/8/2023	MARTIN-RAY LAUNDRY SYSTEMS	1,981.28	Laundry Supplies
196027	12/14/2023	MARTIN-RAY LAUNDRY SYSTEMS	3,200.00	Laundry Supplies
196148	12/21/2023	HUSCH BLACKWELL LLP	9,048.38	Legal Fees
196233	12/21/2023	PHILLIPS LAW, LLC	18,267.50	Legal Fees
196110	12/21/2023	CITY OF ROCK SPRINGS	300.00	License/Fees
196205	12/21/2023	WY DEPT OF ENVIRONMENT, QUALITY	200.00	Licenses & Taxes
195926	12/8/2023	NEW YORK LIFE INSURANCE COMPANY	2,322.32	Life Insurance
195940	12/8/2023	STANDARD TEXTILE	1,509.24	Linen
196237	12/21/2023	STANDARD TEXTILE	1,109.52	Linen
195866	12/8/2023	AGILITY SURGICAL EQUIPMENT REPAIR INC.	1,850.00	Maintenance & Repair
195915	12/8/2023	LEAF	120.00	Maintenance & Repair
195929	12/8/2023	POLY PRO	1,778.48	Maintenance & Repair
195979	12/14/2023	BADGER DAYLIGHTING CORP	4,337.91	Maintenance & Repair
195994	12/14/2023	CUMMINS ROCKY MOUNTAIN, LLC	2,029.06	Maintenance & Repair
195999	12/14/2023	EAGLE COMPACTION	109.20	Maintenance & Repair
196076	12/14/2023	WYOELECTRIC, INC	420.00	Maintenance & Repair
196129	12/21/2023	DJ'S GLASS PLUS, INC.	1,010.00	Maintenance & Repair
196146	12/21/2023	HIGH SECURITY LOCK & ALARM	15.00	Maintenance & Repair
196171	12/21/2023	PARTSSOURCE	1,785.16	Maintenance & Repair
196175	12/21/2023	RESA SERVICE, LLC	8,700.00	Maintenance & Repair
196184	12/21/2023	SKYTRO	346.00	Maintenance & Repair
196206	12/21/2023	WYOELECTRIC, INC	6,695.00	Maintenance & Repair
EFT00000000480	12/21/2023	SERVO	238.46	Maintenance & Repair
196247	12/27/2023	CUMMINS ROCKY MOUNTAIN, LLC	1,793.00	Maintenance & Repair
196257	12/27/2023	SURFACES	459.00	Maintenance & Repair
EFT00000000446	12/7/2023	ACE HARDWARE	57.68	Maintenance Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

195902	12/8/2023	GRAINGER	1,035.34	Maintenance Supplies
195906	12/8/2023	HOME DEPOT	1,087.52	Maintenance Supplies
195908	12/8/2023	INSULATION INC.	393.89	Maintenance Supplies
195932	12/8/2023	ROCK SPRINGS WINNELSON CO	3,159.11	Maintenance Supplies
195972	12/14/2023	ALPINE PURE SOFT WATER	970.20	Maintenance Supplies
195989	12/14/2023	CODALE ELECTRIC SUPPLY, INC	1,479.69	Maintenance Supplies
196009	12/14/2023	GRAINGER	1,655.23	Maintenance Supplies
196020	12/14/2023	JOHNSON CONTROLS INC	2,874.85	Maintenance Supplies
196034	12/14/2023	NAPA AUTO PARTS	24.98	Maintenance Supplies
196112	12/21/2023	CODALE ELECTRIC SUPPLY, INC	750.57	Maintenance Supplies
196140	12/21/2023	GRAINGER	353.54	Maintenance Supplies
196147	12/21/2023	HOME DEPOT	546.47	Maintenance Supplies
196180	12/21/2023	ROCK SPRINGS WINNELSON CO	145.69	Maintenance Supplies
EFT000000008469	12/21/2023	ACE HARDWARE	279.84	Maintenance Supplies
EFT000000008481	12/21/2023	SHERWIN WILLIAMS CO	125.14	Maintenance Supplies
195923	12/8/2023	MHSC MEDICAL STAFF	50.00	Medical Staff Dues
195957	12/5/2023	MHSC-FOUNDATION	1,542.80	MHSC Foundation
196083	12/19/2023	MHSC-FOUNDATION	1,555.30	MHSC Foundation
195875	12/8/2023	BLOXR SOLUTIONS LLC	3,213.00	Minor Equipment
196014	12/14/2023	HOOD'S EQUIPMENT & SPRINKLER, LLC	599.00	Minor Equipment
EFT000000008478	12/21/2023	LABORE MEDICAL TECHNOLOGIES CORP	186.45	Minor Equipment
195901	12/8/2023	GLOBAL EQUIPMENT COMPANY	330.00	Non Medical Supplies
195927	12/8/2023	OPTUM360 LLC	329.55	Non Medical Supplies
195938	12/8/2023	SMILEMAKERS	180.68	Non Medical Supplies
196139	12/21/2023	GLOBAL EQUIPMENT COMPANY	1,099.00	Non Medical Supplies
196185	12/21/2023	SMILEMAKERS	918.40	Non Medical Supplies
195991	12/8/2023	ENCOMPASS GROUP, LLC	1,494.72	Office Supplies
195941	12/8/2023	STAPLES BUSINESS ADVANTAGE	1,910.38	Office Supplies
196016	12/14/2023	IC GROUP	219.62	Office Supplies
196056	12/14/2023	STANDARD REGISTER COMPANY	2,038.08	Office Supplies
196057	12/14/2023	STAPLES BUSINESS ADVANTAGE	453.99	Office Supplies
196219	12/21/2023	ENCOMPASS GROUP, LLC	1,820.76	Office Supplies
196157	12/21/2023	KAISER AND BLAIR INC.	837.76	Office Supplies
196187	12/21/2023	STANDARD REGISTER COMPANY	611.19	Office Supplies
196188	12/21/2023	STAPLES BUSINESS ADVANTAGE	6,732.37	Office Supplies
EFT000000008468	12/21/2023	4IMPRINT, INC.	3,307.24	Other Employee Benefits
195880	12/8/2023	CJ SIGNS	1,842.50	Other Purchased Services
195916	12/8/2023	QUICK RESPONSE TAXI	372.00	Other Purchased Services
195969	12/14/2023	DAVID ROSS	888.25	Other Purchased Services
196012	12/14/2023	HO HO HOLIDAY LIGHTING LLC	450.97	Other Purchased Services
196026	12/14/2023	QUICK RESPONSE TAXI	312.00	Other Purchased Services
196058	12/14/2023	STATE OF WYO DEPT FAMILY SERVICES	2,330.00	Other Purchased Services
196136	12/21/2023	FOTOS BY JENNI	158.00	Other Purchased Services
196162	12/21/2023	QUICK RESPONSE TAXI	164.00	Other Purchased Services
196250	12/27/2023	QUICK RESPONSE TAXI	462.00	Other Purchased Services
EFT000000008447	12/7/2023	AIRGAS INTERMOUNTAIN INC	4,004.71	Oxygen Rental
EFT000000008459	12/14/2023	AIRGAS INTERMOUNTAIN INC	8,409.26	Oxygen Rental
EFT000000008470	12/21/2023	AIRGAS INTERMOUNTAIN INC	1,254.27	Oxygen Rental
195965	12/8/2023	PATIENT REFUND	20.00	Patient Refund
195966	12/8/2023	PATIENT REFUND	245.00	Patient Refund
195960	12/5/2023	UNITED WAY OF SWEETWATER COUNTY	187.00	Payroll Deduction
196006	12/19/2023	UNITED WAY OF SWEETWATER COUNTY	212.00	Payroll Deduction
195854	12/5/2023	CIRCUIT COURT 3RD JUDICIAL	302.63	Payroll Garnishment
195855	12/5/2023	CIRCUIT COURT 3RD JUDICIAL	240.68	Payroll Garnishment
195856	12/5/2023	CIRCUIT COURT 3RD JUDICIAL	47.55	Payroll Garnishment

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

195858	12/5/2023	STATE OF WYOMING DFS/CSES	1,746.32	Payroll Garnishment
195861	12/5/2023	SWEETWATER CIRCUIT COURT-RS	427.42	Payroll Garnishment
195862	12/5/2023	SWEETWATER CIRCUIT COURT-RS	296.70	Payroll Garnishment
195863	12/5/2023	SWEETWATER CIRCUIT COURT-RS	336.22	Payroll Garnishment
195859	12/5/2023	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
196079	12/19/2023	CIRCUIT COURT 3RD JUDICIAL	258.88	Payroll Garnishment
196080	12/19/2023	CIRCUIT COURT 3RD JUDICIAL	331.34	Payroll Garnishment
196081	12/19/2023	CIRCUIT COURT 3RD JUDICIAL	41.08	Payroll Garnishment
196082	12/19/2023	CIRCUIT COURT 3RD JUDICIAL	274.32	Payroll Garnishment
196084	12/19/2023	STATE OF WYOMING DFS/CSES	1,859.99	Payroll Garnishment
196086	12/19/2023	SWEETWATER CIRCUIT COURT-RS	475.45	Payroll Garnishment
196089	12/19/2023	SWEETWATER CIRCUIT COURT-RS	347.15	Payroll Garnishment
196090	12/19/2023	SWEETWATER CIRCUIT COURT-RS	78.64	Payroll Garnishment
196085	12/19/2023	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
W/T	12/5/2023	PAYROLL 25	1,800,000.00	Payroll Transfer
W/T	12/19/2023	PAYROLL 26	1,800,000.00	Payroll Transfer
W/T	12/26/2023	PAYROLL 1	1,800,000.00	Payroll Transfer
195924	12/8/2023	MHSC - PETTY CASH	105.00	Petty Cash
196031	12/14/2023	MHSC - PETTY CASH	25.75	Petty Cash
195879	12/8/2023	CARDINAL HEALTH PHARMACY MGMT	1,271,961.31	Pharmacy Management
196105	12/21/2023	CARDINAL HEALTH PHARMACY MGMT	6,235.32	Pharmacy Management
195890	12/8/2023	DR. ELIZABETH CONGDON	206.34	Physician Recruitment
196155	12/21/2023	DR. JANEVE GLYN	7,500.00	Physician Retention
196165	12/21/2023	MELISSA JEWELL	5,000.00	Physician Retention
195864	12/8/2023	ADVANCED MEDICAL IMAGING, LLC	20,018.00	Physician Services
195881	12/8/2023	COMPHEALTH INC.	8,273.53	Physician Services
195950	12/8/2023	THE SLEEP SPECIALISTS	8,250.00	Physician Services
195962	12/8/2023	WEATHERBY LOCUMS, INC	11,619.49	Physician Services
196033	12/14/2023	MOUNTAIN STATES MEDICAL PHYSICS	15,207.46	Physician Services
196236	12/21/2023	THE SLEEP SPECIALISTS	6,200.00	Physician Services
196241	12/21/2023	UNIVERSITY OF UTAH (UJHC OUTREACH)	122,133.08	Physician Services
196093	12/21/2023	AIDVANTAGE	2,500.00	Physician Student Loan
196141	12/21/2023	GREAT LAKES	1,666.67	Physician Student Loan
196142	12/21/2023	GREAT LAKES EDUCATION LOAN SERVICES	1,666.67	Physician Student Loan
196126	12/21/2023	MOHELA	3,333.34	Physician Student Loan
196127	12/21/2023	MOHELA	1,666.67	Physician Student Loan
196167	12/21/2023	US DEPARTMENT OF EDUCATION	1,666.67	Physician Student Loan
196201	12/21/2023	US DEPARTMENT OF EDUCATION	4,166.67	Physician Student Loan
196253	12/27/2023	POSTMASTER	530.00	Postage
195913	12/8/2023	CLIFTON LARSON ALLEN LLP	30,538.69	Professional Service
195964	12/8/2023	WYOMING DEPARTMENT OF HEALTH	186.00	Professional Service
195973	12/14/2023	ALSCO AMERICAN LINEN	170.24	Professional Service
196220	12/21/2023	CE BROKER	350.56	Professional Service
196170	12/21/2023	P3 CONSULTING LLC	1,901.25	Professional Service
196243	12/21/2023	VERISYS INC.	68.00	Professional Service
195990	12/14/2023	COLLEGE OF AMERICAN PATHOLOGY	450.00	Proficiency Testing
196113	12/21/2023	COLLEGE OF AMERICAN PATHOLOGY	270.00	Proficiency Testing
196042	12/14/2023	RADIATION DETECTION COMPANY	497.82	Radiation Monitoring
196236	12/21/2023	RADIATION DETECTION COMPANY	6.70	Radiation Monitoring
195885	12/8/2023	CURIUM US LLC	560.90	Radiology Material
195900	12/8/2023	GE HEALTHCARE INC	3,477.75	Radiology Material
195995	12/14/2023	CURIUM US LLC	200.45	Radiology Material
196007	12/14/2023	GE HEALTHCARE INC	1,391.10	Radiology Material
196024	12/14/2023	LANTHEUS MEDICAL IMAGING, INC	2,962.38	Radiology Material

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

195102	12/21/2023	BRACCO DIAGNOSTICS INC	1,215.14	Radiology Material
196221	12/21/2023	GE HEALTHCARE INC	1,391.10	Radiology Material
196231	12/21/2023	PHARMALOGIC WY, LTD	8,207.02	Radiology Material
195886	12/8/2023	DESERREE PADILLA	357.00	Reimbursement - CME
195914	12/8/2023	DR. LAWRENCE LAURIDSEN	6,438.85	Reimbursement - CME
195942	12/8/2023	STARLA LEETE	5,000.00	Reimbursement - CME
195911	12/8/2023	DR. JANENE GLYN	1,576.70	Reimbursement - Education & Travel
196249	12/27/2023	KALPANA POKHREL	225.00	Reimbursement - Education & Travel
196045	12/14/2023	RICHARD STRACK	114.85	Reimbursement - Insurance Premiums
196060	12/14/2023	STEPHANIE LYON	38.79	Reimbursement - Insurance Premiums
196052	12/14/2023	SHAYLA MCGREGOR	20.67	Reimbursement - Non Hospital Supplies
196177	12/21/2023	ROBIN RIFE	21.17	Reimbursement - Non Hospital Supplies
196032	12/14/2023	MISSY COZAD	102.45	Reimbursement - Office Supplies
196068	12/14/2023	TERRY THOMPSON	47.32	Reimbursement - Office Supplies
196156	12/21/2023	JODY BUTLER	150.00	Reimbursement - Uniforms
W/T	12/1/2023	PCS 11/23/23	174,908.67	Retirement
W/T	12/18/2023	PCS 12/7/23	172,555.00	Retirement
196196	12/21/2023	VITASCRIPITUM LLC	2,238.41	Scribe Services
195933	12/8/2023	RSHS - LADY TIGERS BASKETBALL	200.00	Sponsorship
195947	12/8/2023	SWEETWATER DIRT RACING ALLIANCE	500.00	Sponsorship
195948	12/8/2023	SWEETWATER MUSIC KEYS	200.00	Sponsorship
196038	12/14/2023	OVERLAND STAGE STAMPEDE	2,000.00	Sponsorship
196143	12/21/2023	GRHS BASKETBALL BOOSTERS	500.00	Sponsorship
EFT000000008450	12/7/2023	COOPER SURGICAL	590.19	Surgery Supplies
195867	12/8/2023	ALI MED INC	1,019.89	Surgery Supplies
195870	12/8/2023	ARMSTRONG MEDICAL INDUSTRIES	142.00	Surgery Supplies
195872	12/8/2023	BECTON DICKINSON	2,145.58	Surgery Supplies
195876	12/8/2023	BLUE ENDO	286.63	Surgery Supplies
195882	12/8/2023	COMMED LINVATEC	125.80	Surgery Supplies
195887	12/8/2023	DESOUTTER MEDICAL	741.30	Surgery Supplies
195909	12/8/2023	INTUITIVE SURGICAL INC.	4,516.00	Surgery Supplies
195939	12/8/2023	SMITH & NEPHEW ENDOSCOPY INC	2,020.65	Surgery Supplies
195945	12/8/2023	STRYKER ENDOSCOPY	609.12	Surgery Supplies
195949	12/8/2023	TELEFLEX LLC	739.00	Surgery Supplies
195953	12/8/2023	TRICOR SYSTEMS INC.	335.00	Surgery Supplies
195971	12/14/2023	ALI MED INC	1,025.95	Surgery Supplies
195976	12/14/2023	ARMSTRONG MEDICAL INDUSTRIES	310.00	Surgery Supplies
195980	12/14/2023	BECTON DICKINSON	2,025.00	Surgery Supplies
195993	12/14/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	6,455.82	Surgery Supplies
196017	12/14/2023	INNOMED INC	1,772.15	Surgery Supplies
196018	12/14/2023	INTUITIVE SURGICAL INC.	756.00	Surgery Supplies
196044	12/14/2023	RHYTHMLINK INTERNATIONAL LLC	1,162.50	Surgery Supplies
196053	12/14/2023	SHEATHING TECHNOLOGIES, INC.	162.35	Surgery Supplies
196062	12/14/2023	STRYKER ENDOSCOPY	874.59	Surgery Supplies
196063	12/14/2023	STRYKER ORTHOPAEDICS	30,725.00	Surgery Supplies
196065	12/14/2023	TELEFLEX LLC	114.00	Surgery Supplies
196077	12/14/2023	ZIMMER	4,064.01	Surgery Supplies
EFT000000008462	12/14/2023	COOPER SURGICAL	1,656.44	Surgery Supplies
196091	12/21/2023	3M COMPANY	300.00	Surgery Supplies
196094	12/21/2023	ALI MED INC	908.54	Surgery Supplies
196097	12/21/2023	ARMSTRONG MEDICAL INDUSTRIES	604.00	Surgery Supplies
196124	12/21/2023	BABY360	2,134.02	Surgery Supplies
196100	12/21/2023	BECTON DICKINSON	1,936.50	Surgery Supplies
196214	12/21/2023	BLUE ENDO	108.72	Surgery Supplies
196115	12/21/2023	COMMED LINVATEC	2,079.00	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/2023

[illegible]

**Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending December 31, 2023**

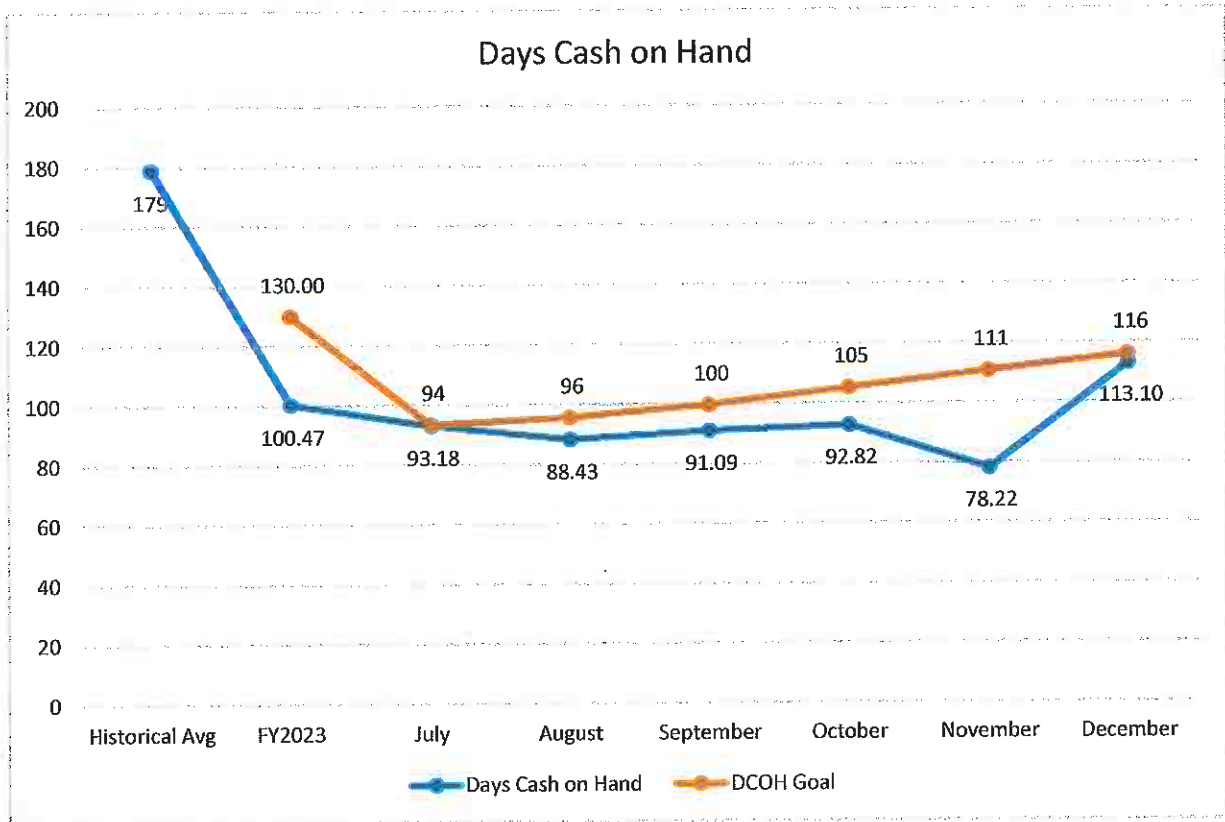
Vouchers Submitted by MHSC at agreed discounted rate	
July 2023	\$0.00
August 2023	\$49,254.59
September 2023	\$0.00
October 2023	\$27,913.61
November 2023	\$7,018.05
December 2023	\$0.00
January 2024	
February 2024	
March 2024	
April 2024	
May 2024	
June 2024	
County Requested Total Vouchers Submitted	\$84,186.25
Total Vouchers Submitted FY 24	\$84,186.25
Less: Total Approved by County and Received by MHSC FY 24	\$84,186.25
Total Vouchers Pending Approval by County	\$0.00

FY24 Title 25 Fund Budget from Sweetwater County	\$471,488.00
Funds Received From Sweetwater County	\$84,186.25
FY24 Title 25 Fund Budget Remaining	\$387,301.75
Total Budgeted Vouchers Pending Submittal to County	\$0.00

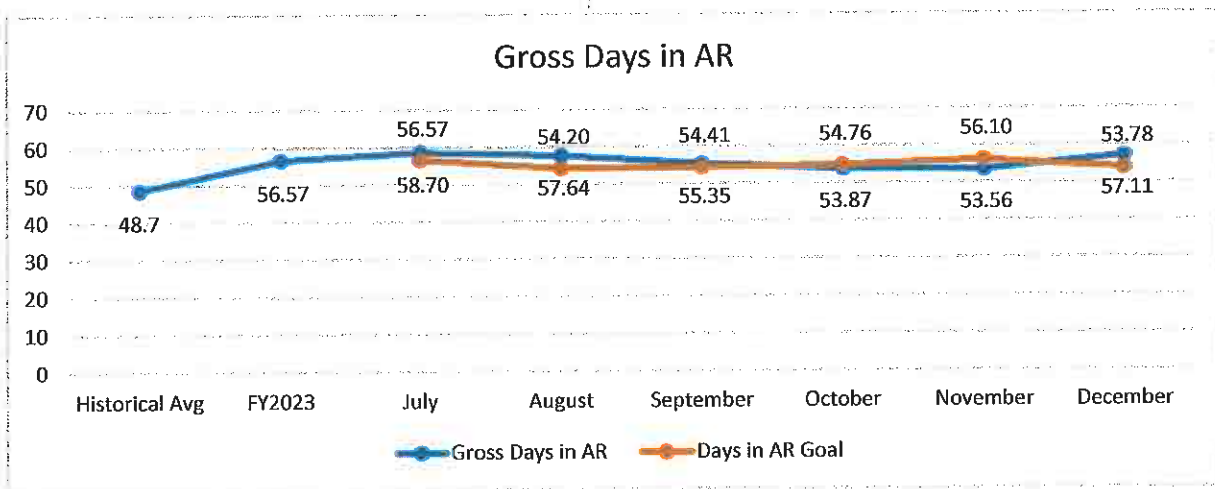
FY24 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY24 - July	\$0.00
County Maintenance FY24 - August	\$197,516.66
County Maintenance FY24 - September	\$0.00
County Maintenance FY24 - October	\$21,575.13
County Maintenance FY24 - November	\$20,665.42
County Maintenance FY24 - December	\$0.00
County Maintenance FY24 - January	
County Maintenance FY24 - February	
County Maintenance FY24 - March	
County Maintenance FY24 - April	
County Maintenance FY24 - May	
County Maintenance FY24 - June	
	\$239,757.21
FY24 Maintenance Fund Budget Remaining	\$1,208,457.79

Financial Goals – Fiscal Year 2024. We have chosen four financial metrics to focus on for the current fiscal year: Days Cash on Hand (DCOH), Days in Accounts Receivable (AR), Cash Collections and Claims Denial Rate. We have included the historical average of 18 months prior to Cerner implementation, if available, and FYE 2023 for reference.

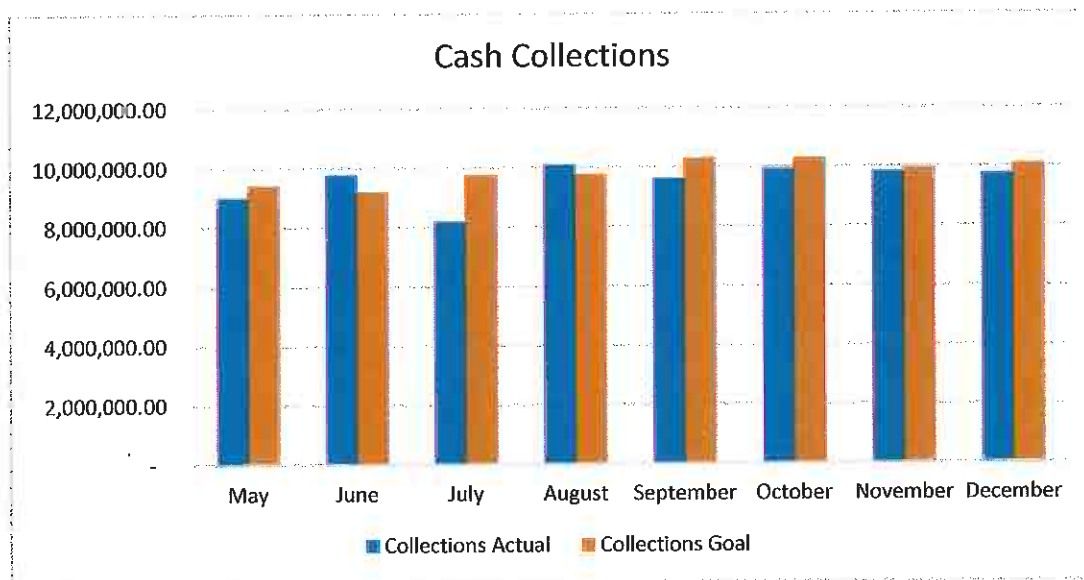
- **Days Cash on Hand** represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set interim goals of 100 days for September, 116 days for December, 132 days for March and 139 days for year end.
 - We saw an increase DCOH of 34.9 days with the receipt of the QRA payment and high collections in December. Cash collections came in under budget, at \$9.7 million. Daily cash expense increased to \$298,700 in December.



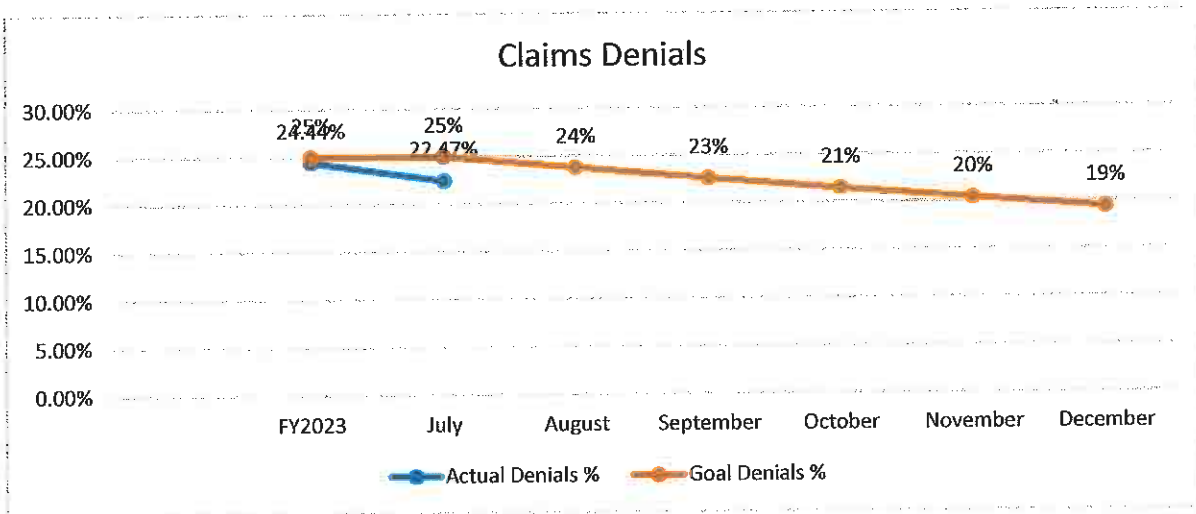
- **Days in Accounts Receivable** represents the number of days of patient charges tied up in unpaid patient accounts. We have set interim goals of 54.4 days for September, 53.8 days for December, 48.6 for March and 47.7 by year end.
 - We use a 3-month average calculation in the financial statements for this metric. Days in AR for December increased due to the increase in AR and came in at 57.1, missing the goal for the month.



- **Cash Collections** – The goal for cash collections is 47.5% of the average gross revenue of the two prior months. This is the inverse ratio of budgeted reductions of revenue.
 - Cash collections for December were \$9.77 million, under budget by \$300,000.

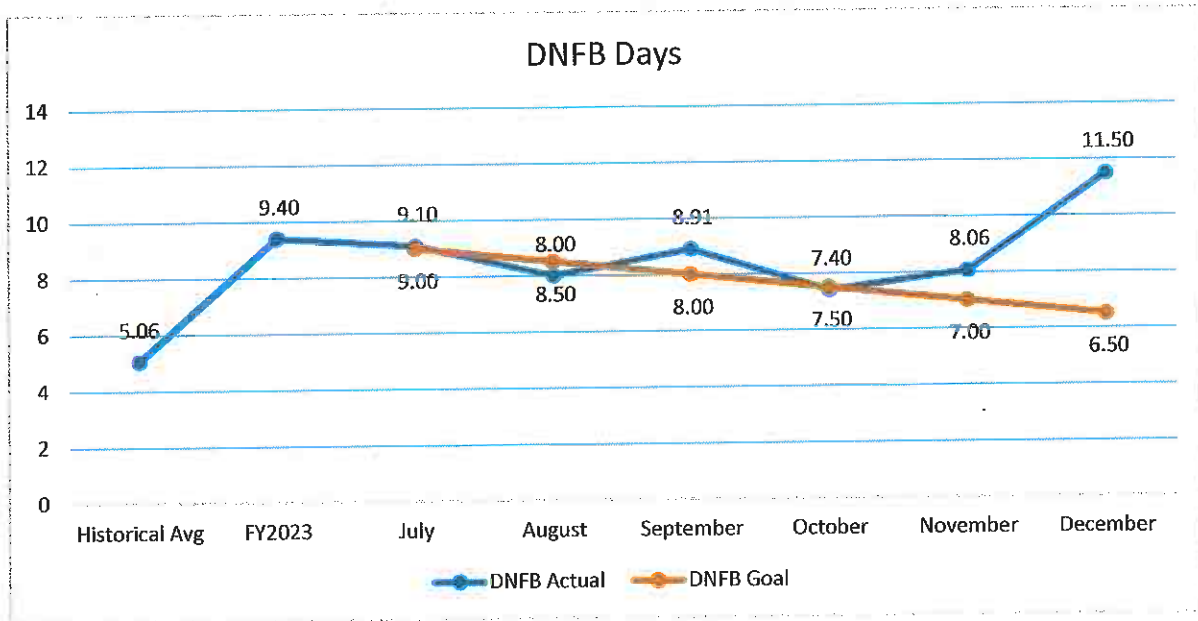


- **Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%.
 - At the end of FY2023, our denial rate was 24.4%. We are working with CLA to track our denial rate through their BI dashboard. We will be submitting claims to them monthly to update the dashboards. We currently have numbers through July 2023, coming in at 22.47%. We continue to work with CLA on action plans around denials management and will report monthly.



Revenue Cycle Goals – Fiscal Year 2024 - We have also set goals for specific financial metrics impacting the revenue cycle, DNFB Days, Total AR Aging and Payer Specific Aging.

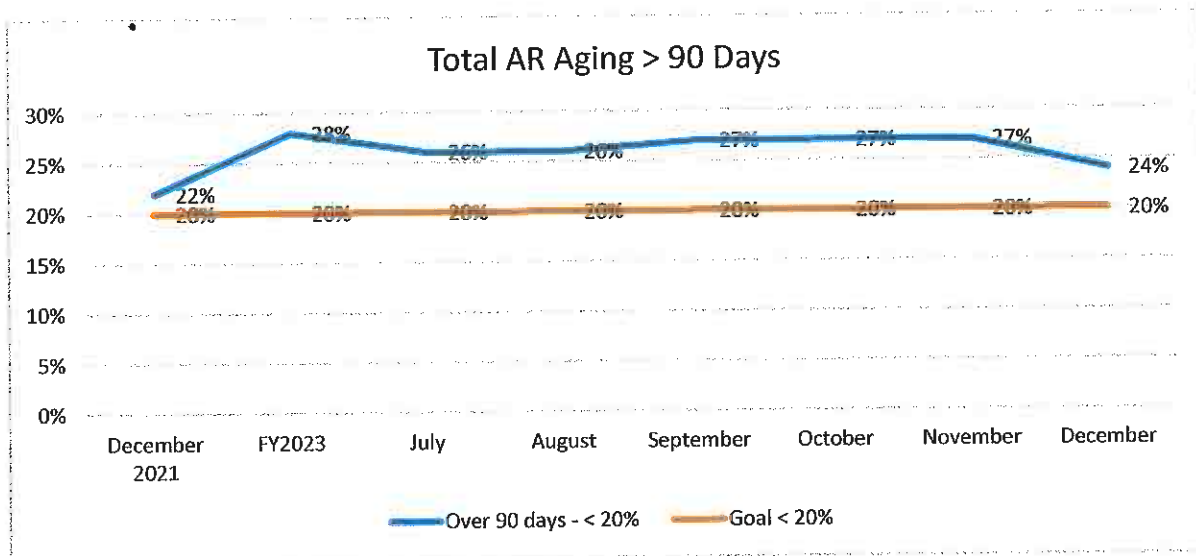
- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts where the patient has been discharged but the account has not been billed. Several categories fall under DNFB, including billing holds, corrections required, credit balances, waiting for coding, ready to bill and the standard delay. The standard delay are accounts held automatically for 5 days before being released for billing. This allows for all charges to be posted, charts documented and coding to be completed. We have set the goal for DNFB days at 5 days by the end of the fiscal year, equal to our 5-day standard delay for billing accounts.
 - DNFB Days came in at 11.50 in December. The increase can be attributed to higher volumes and a decrease in coding hours due to coding education sessions with CLA and the holidays. We continue to work through the details in bringing our DNFB days down.



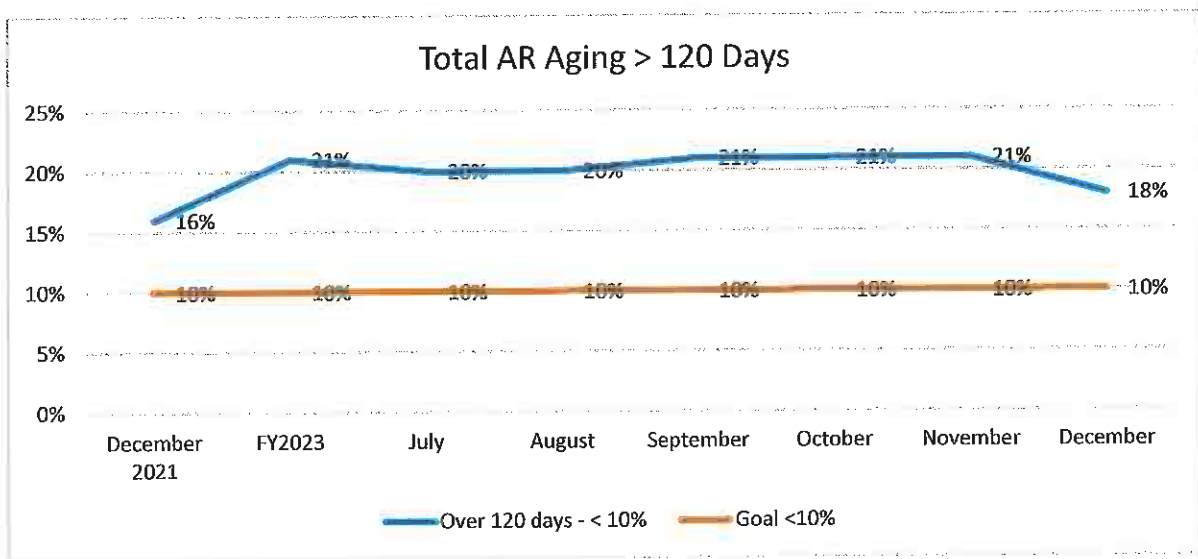
- **Total Accounts Receivable aging** – These goals were set based on national benchmarks received from CLA and are set as follows:

- Days over 90 days set be < 20% of total AR.
- Days over 120 days set at < 10% of total AR.
- Days over 180 days set at < 3% of total AR.

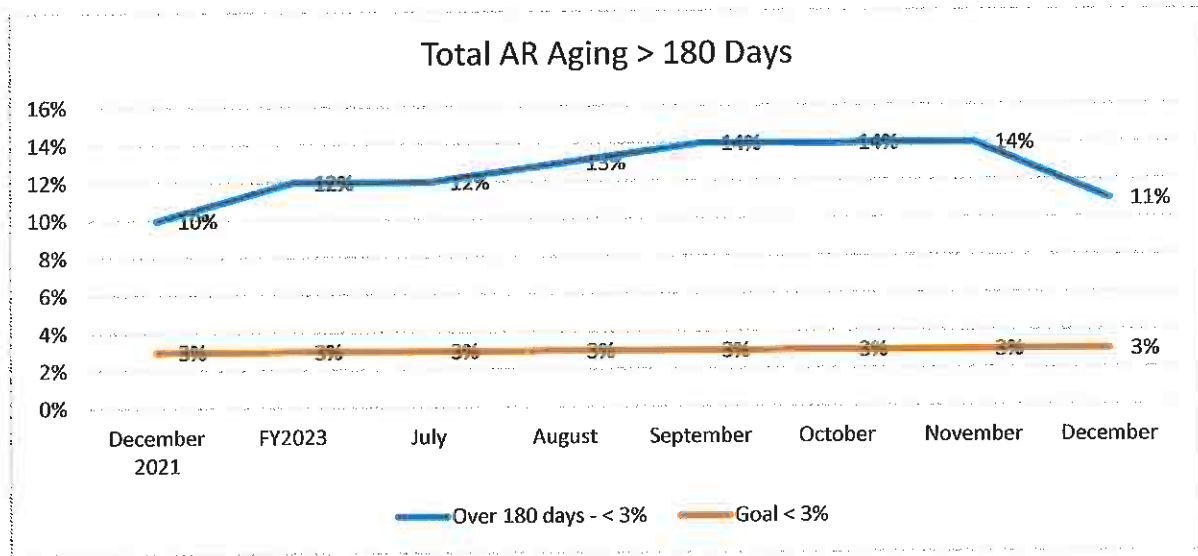
In December, overall AR increased by \$3 million resulting in our aging over 90 days improving.



- Days over 90 days are at 24% for December.

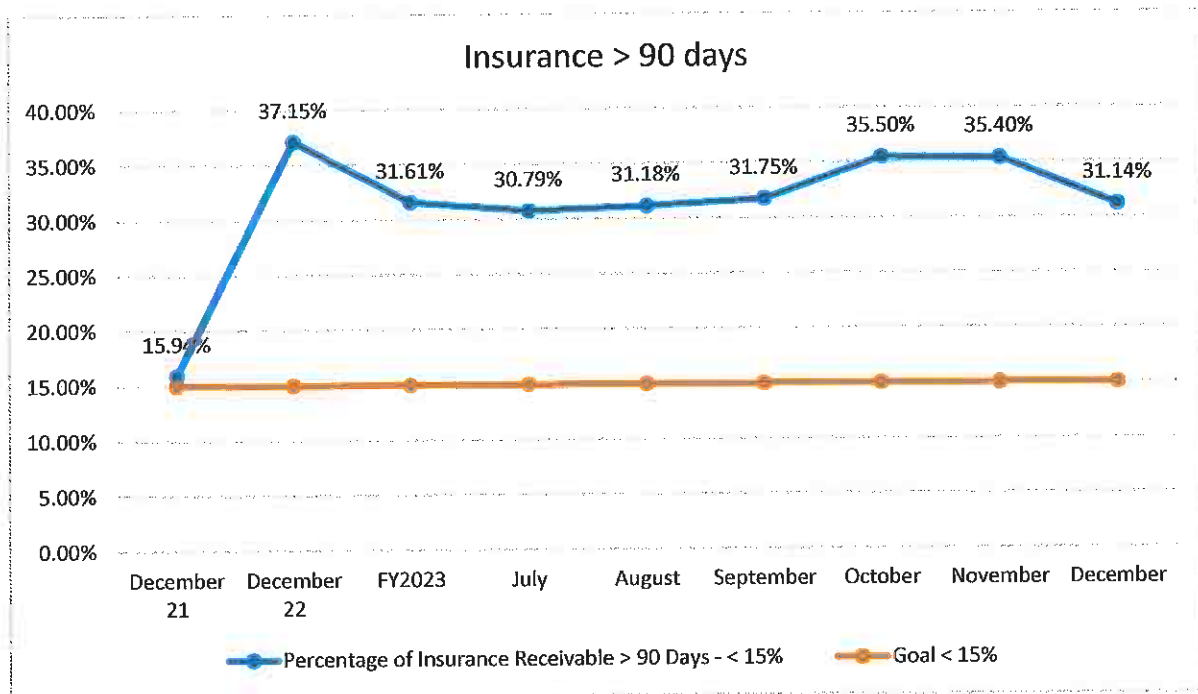
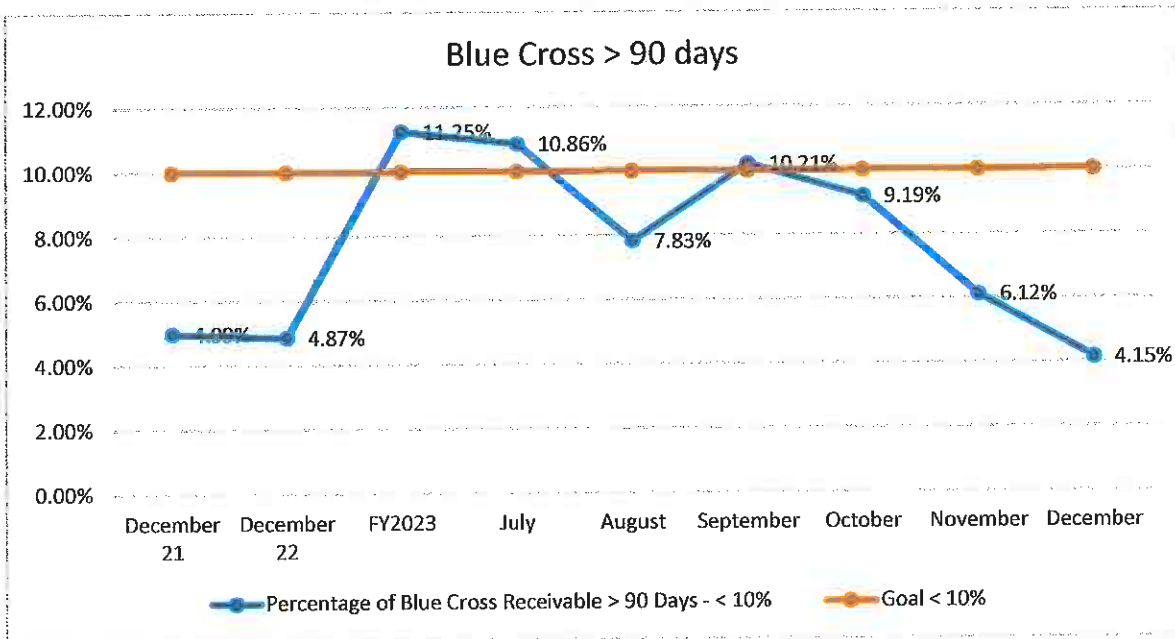


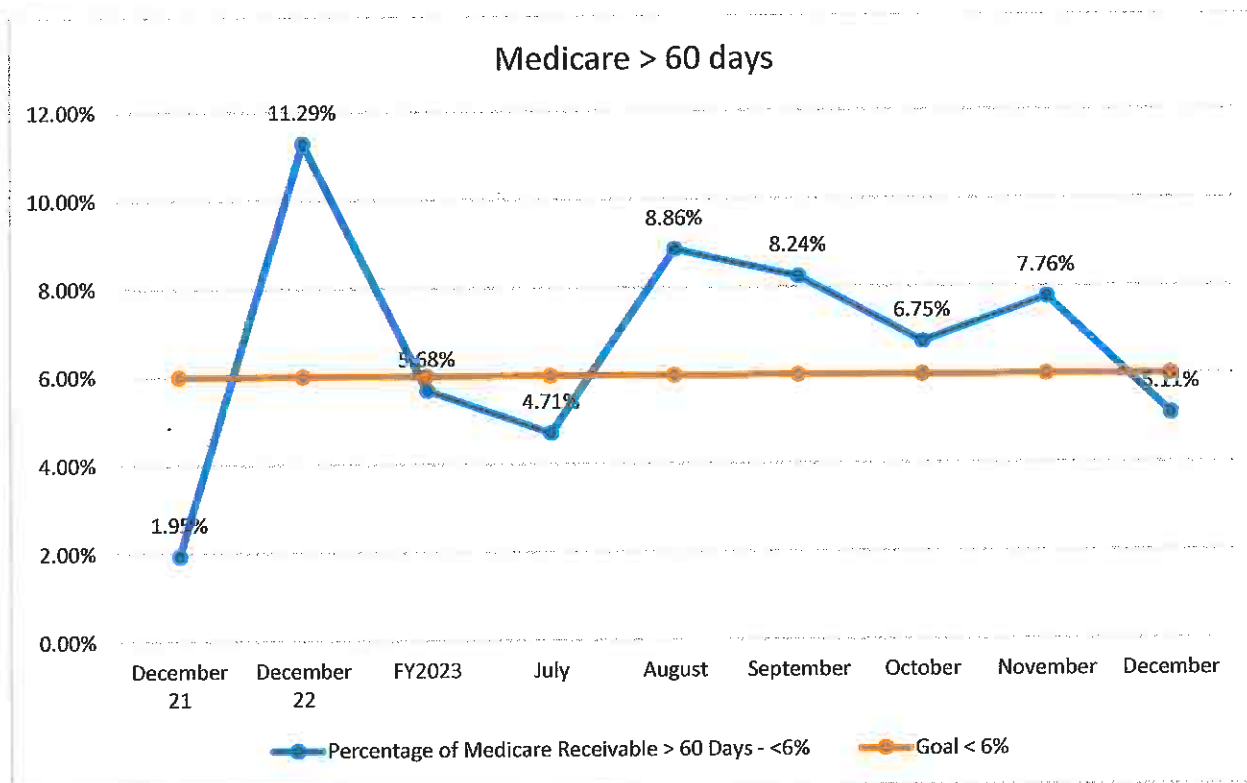
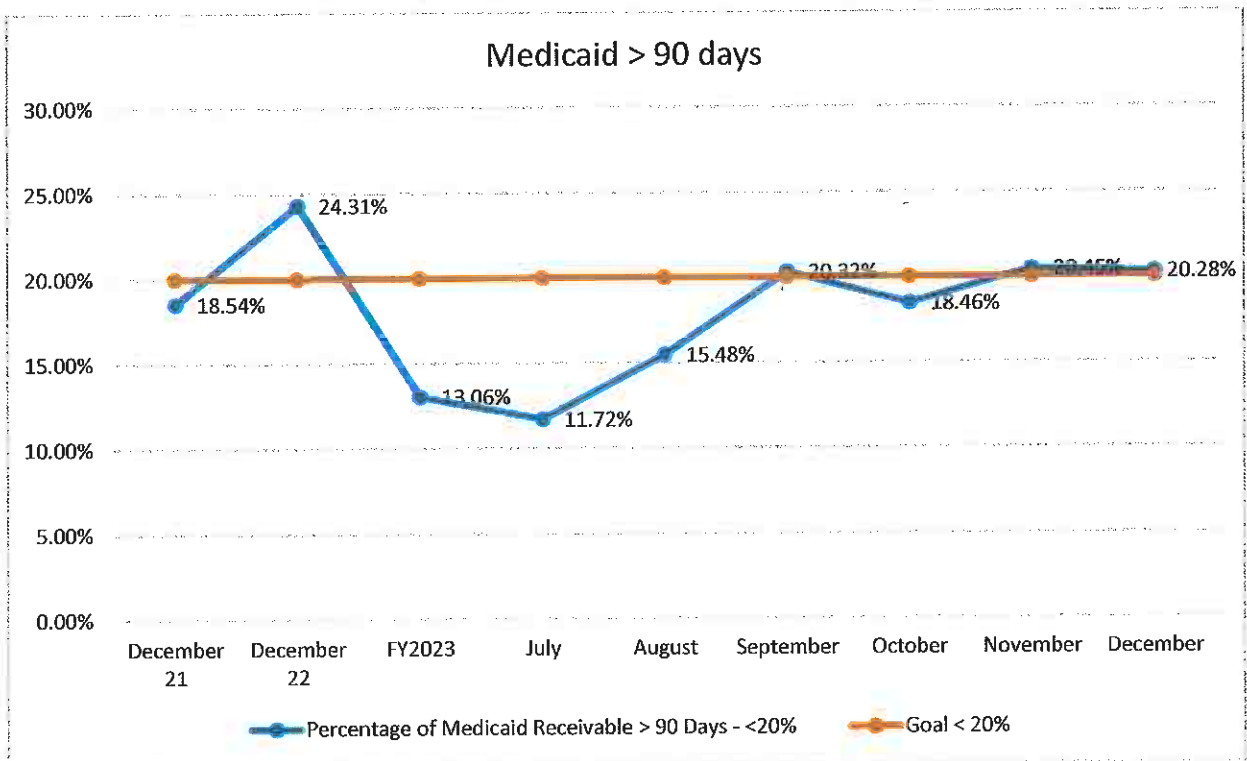
- Days over 120 days are at 18% for December.



- Days over 180 days are at 11% for December.

- **Days in AR by Payer** – These metrics show more detail of the aging AR by payer. We saw a decrease in the aging AR for Blue Cross, Commercial and Medicare with Medicaid staying right at the goal. These goals are as follows:
 - BCBS Days in AR > 90 days less than 10%
 - Insurance Days in AR > 90 days less than 15%
 - Medicaid Days in AR > 90 days less than 20%
 - Medicare Days in AR > 60 days less than 6%





**Self Pay Plan
Information and Results
January, 2024**

	FY21	FY22	FY23	FY24
SELF PAY DISCOUNTS	983,066.30	1,353,208.58	780,098.39	319,146.53
	FY 24 ESTIMATE			638,293.06
	DEC TOTAL			63,614.03

*This 20% discount is generated by sending the first private pay statement to the guarantor for a specific account.

	FY21	FY22	FY23	FY24
HARDSHIP PROGRAM	75,053.94	3,164.60	61,124.87	74,996.55
50% DISCOUNT	DEC TOTAL			5,906.71

*This 50% discount opportunity has been offered during conversation with patients after we have identified through conversation that the patient has no insurance and that the total balance of the account will be a hardship for the patient to pay.

TOTAL SELF PAY PAYMENTS	HOSPITAL	CLINIC
FY 19	7,931,404.51	
FY 20	8,093,427.44	
FY 21	7,763,867.42	
FY 22	7,359,544.59	
FY 23	7,816,556.16	1,393,371.32
FY 24	4,059,432.05	792,147.26

TOTAL SELF PAY REVENUE	HOSPITAL	CLINIC
FY 19	12,651,794.61	
FY 20	13,566,281.12	
FY 21	14,306,425.74	
FY 22	14,129,092.76	
FY 23	14,426,972.88	1,161,887.99
FY 24	7,796,406.05	679,697.11

Self Pay Plan Information and Results

PAGE 2

MEDICAL ASSISTANCE

FY19	2,122,865.57
FY20	2,579,929.74
FY21	2,890,990.97
FY22	1,534,631.43
FY23	2,382,483.18
FY 24	761,283.12

PAYMENT PLANS

FY19	1,838,325.22
FY20	1,926,052.70
FY21	1,727,454.11
FY22	1,025,407.18
FY23 CURRENT CERNER FORMAL PMT PLANS	CERNER UNABLE TO CALCULATE AT THIS TIME WENT LIVE W/CERNER FAMILY BILLING OCT 23.

PATIENT NAVIGATION

	FY22	FY23	FY24
ACTUAL COST SAVINGS OF FREE OR REPLACEMENT MEDICATION	261,211.00	285,333.00	183,445.00
COPAY ASSISTANCE *ACTUAL COLLECTIONS	40,733.69	51,976.00	38,583.00
INSURANCE MAXIMUMIZATION *ACTUAL COLLECTIONS	1,015,657.00	1,058,933.00	1,445,080.00
PREMIUM ASSISTANCE *ACTUAL COLLECTIONS	798,050.00	823,191.00	468,170.00
TOTAL COST SAVINGS AND COLLECTED REVENUE	<u>2,115,651.69</u>	<u>2,219,433.00</u>	<u>2,135,278.00</u>
 TOTAL EXPENSE TO RUN PATIENT NAVIGATION DEPT FY22	 142,622.52	 162,690.00	 166,757.25
GOAL - TOTAL LAST YEARS COLLECTIONS AND SAVINGS PLUS 10%	156,884.77	976,140.00	2,441,376.00
 TOTAL AMOUNT TO ACHIEVE OUR GOAL FOR FY 24	 <u>1,958,766.92</u>	 <u>1,243,293.00</u>	 <u>(306,098.00)</u>

*NOTE: Cost savings of free and/or replacement drug is the actual MHSC cost of products that we acquired for the patient and would have been considered uncollectable.

* NOTE: FY 23 Goal increased to Total Expense Plus 500%

*NOTE: FY 24 GOAL SET AT FY 23 TOTAL PLUS 10%

24-Jul

DONE

255,532.50 LAST MO CARRY FOREWARD
63,614.03 DEC CERNER
0.00 DEC AFFINITY 63,614.03
319,146.53 0



63,614.03

29013.32091

348159.8509

257152.77 JAN START NO

DONE

69,089.84 LAST MO CARRY FO feb

24634.41

5,906.71 DEC CERNER

212790.62

2612.57 CARRY FORWARD F

DEC AFFINITY

27246.98

74,996.55 TOTAL

5906.71

JAN START NO

18961.75

FEB START NO

23915.37

DEC TOTAL

4953.62

DONE

FY 24

243,532.18 LAST MO

258,617.17 AUG AMT

FY TOTAL LAST MO 0.00

CLINIC PMT CURRENT N 43,085.01

HOSP PMT CURRENT 215,532.16

TOT CURRENT 258,617.17

CORRECTED W/TRANS FC TO

\$7,816,556.16 FROM 3926890.49 hosp

\$1,393,371.32 clinic

\$9,209,927.48 502,149.35

JUST ADD TOT CLINIC AND THEN TOT HOSP REV FOR EACH

DONE

GROSS CLINIC AND HOSP

2,968,021.61 LAST MO FY TOTAL

1,425,042.92 THIS MO TOTAL

4,393,064.53 TOTAL

JUST ADD TOT CLINIC AND THEN TOT HOSP REV FOR EACH

CURRENT MO +FY TOT 258,617.17

CLINIC REV CURRENT 141,527.35

HOSP REV CURRENT 1,370,883.90

1,512,411.25

54.18% FY 23 TOT PMT DIVI

	FY 24	
	MED ASSIST	
DOND	LAST MO TOTAL	\$455,432.46
	CERNER DEC	\$271,784.40
	AFFINITY DEC	\$34,066.26
		<u>\$761,283.12</u>

193,789.21 LAST MO FY23 TOTAL
68,405.03 THIS MO TOTAL CERNER

DOND 120,159.84 THIS MO TOTAL AFFINITY
188,564.87 TOTAL THIS MO
382,354.08 TOTAL FY23

39,851.47 LAST MOFY TOTAL
2,433.94 SEPT TOTAL AFFINITY
42,285.41

142146.45 CURRENT MO

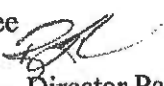
	2699	FY 21
	2640	103,822.00
	87352	12,467.00
	75308	216,951.00
		284,777.00
1,243,293.00	167999	<u>618,017.00</u>
		139,826.00
		153,808.60
		<u>464,208.40</u>

ROM 065

6,748.61

IDED BY TOT REV FY 23

MEMO: January 30, 2024

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary January, 2024 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 1,785,752.12
Hospital Accounts Affinity	\$ 14,247.88
Hospital Payment Plans Affinity	\$ 00.00
Medical Clinic Accounts EMD's	\$ 00.00
Ortho Clinic Accounts EMD's	\$ 00.00
Total Potential Bad Debt	\$ 1,800,000.00

Accounts Returned	\$ - 45,702.92	
Net Bad Debt Turned		\$ 1,754,297.08

Recoveries Collection Agency Cerner	\$ - 83,536.24	
Recoveries Collection Agency Affinity	\$ - 86,192.32	
Recoveries Payment Plans Affinity	\$ - 3,176.34	
Medical Clinic Recoveries EMD's	\$ - 5,698.12	
Ortho Clinic Recoveries EMD's	\$ - 1,249.76	
Total Bad Debt Recoveries		\$- 179,852.78

Net Bad Debt Less Recoveries		\$ 1,574,444.30
------------------------------	--	-----------------

Projected Bad Debt by Financial Class

Blue Cross and Commercial	\$ 509,145.91
Medicare	\$ 19,838.81
Medicare Advantage	\$ 6,248.00
Self Pay	\$ 1,239,267.94



Memorial Hospital Sweetwater County (MHSC)

Revenue Cycle: Paired Advisory Support

Project Summary – Period Ending: January 5, 2024

Executive summary of engagement actions and plans associated with the **Revenue Cycle Paired Advisory Support** for the period: **December 16, 2023, to January 5, 2024**. The project objectives are outlined below:

- **Patient Access Assistance** - to develop/implement a corrective action plan to address findings and recommendations from recent operational evaluation.
- **Business Office Assistance** – to develop/implement a corrective action plan to address findings and recommendations from recent operational evaluation.
- **Clinical Documentation and Coding Education** – to provide education and training to physician providers, coding, billing, and nursing staff on ICD-10-CM diagnosis coding guideline updates and changes, HCPCS/CPT procedural coding updates, Evaluation & Management levels as related to clinical documentation, coding, and billing compliance.

This summary is divided in the following four sections:

- Workplan Milestones
- Issues for Management Attention
- Major Accomplishments
- Timeline (Workplan)
- Expectations for the Next Reporting Period

PROJECT MANAGEMENT

Are milestones/deliverables being completed at the rate planned?	X	Ok – On track/Completed as Planned
		Concern – Trailing by 1 or 2 Milestones
		Problem – Trailing by > 2 Milestones

OVERALL DASHBOARD RATING

	RED		Red-Threat to project, intervention required
	YELLOW		Yellow-Shift in schedule or delay, moderate risk, or issues
	GREEN	X	Green-on schedule, minimal risks, or issues

Workplan Milestones	Finish Date	Responsible Party	Status
Project Mobilization <ul style="list-style-type: none"> Establish project governance structure, management tools, identify workgroup participants, and hold project kickoff meeting 	12-05-23	CLA Consultants & Project Team Leader	Completed
Future State Workflow Redesign <ul style="list-style-type: none"> Patient Access Business Office 	12-31-23	CLA Consultants, Project Team Leaders, & Workgroups	Completed
Future State Workflow Build <ul style="list-style-type: none"> Patient Access Business Office 	01-31-24	CLA Consultants, Project Team Leaders, & Workgroups	In Progress



Workplan Milestones	Finish Date	Responsible Party	Status
Clinical Documentation/Coding Education • HIM Coding	12-31-23	CLA Consultants	Completed
Clinical Documentation/Coding Education • Providers	03-31-24	CLA Consultants	In Progress

Issues for Management Attention

#	Issue	Definition/Impact	Action Plan	Status
01	Inappropriate assignment of charge capture posting and reconciliation of dialysis charge functions.	Billing staff completes dialysis charge functions. Activity impacts staff workload, productivity, and accuracy.	CFO to meet with Dialysis Leadership to request department be accountable for posting charges of services rendered in area.	In progress
02	Outstanding incomplete clinical documentation which hinders HIM-Coding from processing charts timely. An active HIM-Medical Staff Committee.	Days in Discharged Not Final Billed exceed industry best practice > 4-days.	Work with HIM-Medical Staff Committee to re-establish routine meetings. Enforcement of Rules & Regulations for chart completion.	Discussion meeting being scheduled.
03	Finance policy requires a \$90 payment for self-pay patients and at least a \$25-\$30 co-pay for insured patients.	Self-pay patients are unable to pay \$90 and co-pays are not being collected. Modify policy to require a minimum of \$25 to be collected upfront for self-pay and insured patients.	Modify Finance policy to reflect co-pay and self-pay requirement of \$25.	In progress

Major Accomplishments for this Reporting Period

1. Held Patient Access and Business Office Workgroups meetings the week of 12-18-23.
2. Continued editing of draft redesigned operational workflows for Patient Access core functions: scheduling and registration to include point of service collections, with more awareness being provided about the financial assistance programs, and improved eligibility processes.
3. Continued editing of operational workflows for Business Office core functions: accounts receivables follow-up to include payer team structure, denial rejections, and processing of denials external of Business Office.
4. Review of authorization workflow, to avoid avoidable denials, continues to be reviewed.
5. Completed HIM-Coding and clinical documentation training.
6. Started planning for Provider Clinical Documentation & Coding education program. Tentative training schedule has been drafted. Plans underway for MHSC leadership to marketing training program to providers for full participation in February and March.



High-level Timeline (Workplan)

MHSC Project Plan V4						
ID	Task Icon	Task Name	Duration	Start	Finish	
1	🔗	Redesign & Implementation	153 days	Wed 11/1/23	Fri 5/31/24	
2	🔗	Project Mobilization	28 days	Wed 11/1/23	Fri 12/8/23	
3	🔗	Planning Meeting	22 days	Wed 11/1/23	Thu 11/30/23	
4	🔗	Onsite meeting	2 days	Tue 12/5/23	Wed 12/6/23	
5	🔗	Future State Model Definition & Design	44 days	Tue 12/5/23	Fri 2/2/24	
6	🔗	Patient Access	30 days	Tue 12/5/23	Mon 1/15/24	
9	🔗	Patient Financial Services	42 days	Tue 12/5/23	Wed 1/31/24	
16	🔗	Reporting/Data Analytics	30 days	Tue 12/5/23	Mon 1/15/24	
18	🔗	Policies and Procedures	38 days	Wed 11/1/23	Fri 3/15/24	
19	🔗	Patient Access	37 days	Wed 11/1/23	Thu 2/29/24	
23	🔗	Patient Financial Services	37 days	Wed 11/1/23	Thu 2/29/24	
26	🔗	Training	32 days	Thu 2/1/24	Fri 3/15/24	
34	🔗	Denial Management/Prevention Committee	36 days	Fri 2/16/24	Sun 6/30/24	
35	🔗	Parking lot items	129 days	Tue 12/5/23	Fri 5/31/24	

Expectations for the Next Reporting Period

The following major activities are scheduled to occur during the next reporting period.

Key Activity	Start Date
Plan/Develop Provider Clinical Documentation & Coding Education	01-02-24
Review mapping of denial codes	12-13-23
Review phone tree flow chart	12-13-23
Finalization of pre-registration and registration process	12-5-23
Review action code report	12-13-23
Review of policies and procedures regarding newly established workflows	01-08-24
Review of KPI reports/dashboard	01-08-24





Memorial Hospital Sweetwater County (MHSC)

Revenue Cycle: Paired Advisory Support

Project Summary – Period Ending: January 19, 2024

Executive summary of engagement actions and plans associated with the Revenue Cycle Paired Advisory Support for the period: **January 6, 2024, to January 19, 2024**. The project objectives are outlined below:

- **Patient Access Assistance** - to develop/implement a corrective action plan to address findings and recommendations from recent operational evaluation.
- **Business Office Assistance** – to develop/implement a corrective action plan to address findings and recommendations from recent operational evaluation.
- **Clinical Documentation and Coding Education** – to provide education and training to physician providers, coding, billing, and nursing staff on ICD-10-CM diagnosis coding guideline updates and changes, HCPCS/CPT procedural coding updates, Evaluation & Management levels as related to clinical documentation, coding, and billing compliance.

This summary is divided in the following four sections:

- Workplan Milestones
- Issues for Management Attention
- Major Accomplishments
- Timeline (Workplan)
- Expectations for the Next Reporting Period

PROJECT MANAGEMENT

Are milestones/deliverables being completed at the rate planned?	X	Ok – On track/Completed as Planned
		Concern – Trailing by 1 or 2 Milestones
		Problem – Trailing by > 2 Milestones

OVERALL DASHBOARD RATING

	RED		Red-Threat to project, intervention required
	YELLOW		Yellow-Shift in schedule or delay, moderate risk, or issues
	GREEN	X	Green-on schedule, minimal risks, or issues

Workplan Milestones	Finish Date	Responsible Party	Status
Project Mobilization <ul style="list-style-type: none"> Establish project governance structure, management tools, identify workgroup participants, and hold project kickoff meeting 	12-05-23	CLA Consultants & Project Team Leader	Completed
Future State Workflow Redesign <ul style="list-style-type: none"> Patient Access Business Office 	12-31-23	CLA Consultants, Project Team Leaders, & Workgroups	Completed
Future State Workflow Build <ul style="list-style-type: none"> Patient Access Business Office 	01-31-24	CLA Consultants, Project Team Leaders, & Workgroups	In Progress



Workplan Milestones	Finish Date	Responsible Party	Status
Clinical Documentation/Coding Education • HIM Coding	12-31-23	CLA Consultants	Completed
Clinical Documentation/Coding Education • Providers	03-31-24	CLA Consultants	In Progress

Issues for Management Attention

#	Issue	Definition/Impact	Action Plan	Status
01	Inappropriate assignment of charge capture posting and reconciliation of dialysis charge functions.	Billing staff completes dialysis charge functions. Activity impacts staff workload, productivity, and accuracy.	CFO to meet with Dialysis Leadership to request department be accountable for posting charges of services rendered in area.	In progress
02	Outstanding incomplete clinical documentation which hinders HIM-Coding from processing charts timely. An active HIM-Medical Staff Committee.	Days in Discharged Not Final Billed exceed industry best practice > 4-days.	Work with HIM-Medical Staff Committee to re-establish routine meetings. Enforcement of Rules & Regulations for chart completion.	Discussion meeting being scheduled.
03	Finance policy requires a \$90 payment for self-pay patients and at least a \$25-\$30 co-pay for insured patients.	Self-pay patients are unable to pay \$90 and co-pays are not being collected. Modify policy to require a minimum of \$25 to be collected upfront for self-pay and insured patients.	Modify Finance policy to reflect co-pay and self-pay requirement of \$25.	In progress
04	Establishing workflow for patient collections across all clinical departments.	Registration staff collects owed funds as it relates to copays and self-pay patients.	Outstanding questions are resolved, and training schedule is established with all registration departments.	In progress
05	Editing of patient statements	Patient statements need to be edited to reflect updated financial policy.	Ron to enter SR with Cerner	In progress
06	Interpreter schedule is currently saved on Outlook calendar.	Team members are not currently able to access Outlook calendar.	Clinic Director to collaborate with Clinical Informatics team to establish schedule within Cerner.	In Progress
07	Lack of understanding regarding automated eligibility within Cerner.	Increase staff productivity by increased use of automation.	Clinic Registration Supervisor to collaborate with Clinical Informatics team to gain clearer understanding of functionality.	In Progress

Major Accomplishments for this Reporting Period

1. Held Patient Access and Business Office Workgroups meetings the week of 1-8-24 & 1-15-24.
2. Continued editing of draft redesigned operational workflows for Patient Access core functions: scheduling and registration to include point of service collections, with more awareness being provided about the financial assistance programs, and improved eligibility processes. Additional locations that will be affected by this design were identified and workflow was discussed.
3. Continued editing of operational workflows for Business Office core functions: accounts receivables follow-up to include payer team structure, denial rejections, and processing of denials external of



Business Office. The focus during this reporting period has been to work towards finalizing action codes within Cerner so productivity can be monitored.

4. Review of authorization workflow, to avoid avoidable denials, continues to be reviewed.
5. Finalized Provider Clinical Documentation & Coding education program with defined training schedule. Plans underway for MHSC leadership to marketing training program to providers for full participation in February and March. See educational schedule below.

Provider Clinical Documentation & Coding Education Schedule					
Mon. 02/13		Tue. 02/14		Wed. 02/15	
Time	Topic	Time	Topic	Time	Topic
12N - 1:30PM MST	Specialty Area - ENT	12N - 1:30PM MST	Evaluation/Management Levels for Internal Medicine, Family Practice, Pediatrics, & Neurology Services	12N - 1:30PM MST	Specialty Area - General Surgery
Mon. 02/19	Topic	Tues. 02/20	Topic	Wed. 02/21	Topic
12N - 1:30PM MST	Specialty Area - Ortho	12N - 1:30PM MST	Evaluation/Management Levels for Internal Medicine, Family Practice, Pediatrics, & Neurology Services	12N - 1:30PM MST	Specialty Area - Nephrology/Dialysis
Mon. 02/26	Topic	Tues. 02/27	Topic	Wed. 02/28	Topic
3pm - 4:30pm MST	Hospitalists	3pm - 4:30pm MST	Hospitalists	3pm - 4:30pm MST	Hospitalists
Mon. 03/05	Topic	Wed. 03/06	Topic	Mon. 03/11	Topic
12N - 1:30PM MST	Specialty Area - Hem/RadOnc	12N - 1:30PM MST	Specialty Area - Pulmonology	12N - 1:30PM MST	Specialty Area - OB/GYN

Specialty Area - ENT, General Surgery, Hem/RadOnc, Dialysis, Nephrology, Neurology, Pulmonology, Ortho, and OB/GYN
This educational session will focus on the specialty specific topic identified, and Evaluation/Management (E/M) levels and surgical procedures for the applicable specialty.

Hospitalists - Respiratory Failure and Sepsis
This educational session will focus on documentation requirements for respiratory failure and sepsis.

6. HIM-Leadership has met with Medical Staff and re-instituted a HIM Medical Staff Committee. Held first HIM Medical Staff Committee and modified Bylaws/Rules & Regulations addressing medical records completion from 14-days to 7-days requirement.

High-level Timeline (Workplan)

MHSC Project Plan V4						
ID	Task	Task Name	Duration	Start	Finish	
1	➔	Redesign & Implementation	159 days	Wed 11/1/23	Fri 5/31/24	
2	➔	Project Mobilization	28 days	Wed 11/1/23	Fri 12/8/23	
3	➔	Planning Meeting	22 days	Wed 11/1/23	Thu 11/30/23	
4	➔	Onsite meeting	2 days	Tue 12/5/23	Wed 12/6/23	
5	➔	Future State Model Definition & Design	44 days	Tue 12/5/23	Fri 2/2/24	
6	➔	Patient Access	30 days	Tue 12/5/23	Mon 1/15/24	
9	➔	Patient Financial Services	42 days	Tue 12/5/23	Wed 1/31/24	
16	➔	Reporting/Data Analytics	30 days	Tue 12/5/23	Mon 1/15/24	
18	➔	Policies and Procedures	38 days	Wed 11/1/23	Fri 3/15/24	
19	➔	Patient Access	87 days	Wed 11/1/23	Thu 2/29/24	
23	➔	Patient Financial Services	87 days	Wed 11/1/23	Thu 2/29/24	
28	➔	Training	32 days	Thu 2/1/24	Fri 3/15/24	
34	➔	Denials Management/Prevention Committee	36 days	Fri 2/16/24	Sun 6/30/24	
35	➔	Parking lot items	129 days	Tue 12/5/23	Fri 5/31/24	



Expectations for the Next Reporting Period

The following major activities are scheduled to occur during the next reporting period.

Key Activity	Start Date
Kick-off Provider Clinical Documentation & Coding Education	02-12-24
Review phone tree flow chart	12-13-23
Finalization of pre-registration and registration process	12-5-23
Review action code report	12-13-23
Review of policies and procedures regarding newly established workflows	01-08-24
Review of KPI reports/dashboard	01-08-24



MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...January Building and Grounds Committee Meeting
Date: 19 January, 2024

Oncology Suite Project...all materials are now on site. Work has begun on Phase I (the new mixing room) and this is projected to be completed by mid-February. Phase II, involving the balance of the renovations, is expected to be completed by the end of June.

Medical Imaging, Core and X-Ray...Preliminary engineering and design work continues. This project will be bid out in the future...no projected timeline available at this time.

Laboratory Expansion Project...the 95% drawings are complete. Pre-construction meetings are being held. It is anticipated that Groathouse Construction will provide a GMP by about the first of March.

Master Plan/Grants for Foundation and MOB Entrance...the Master Planning firm will be onsite the week of January 22nd to tour and meet with staff. Staff will update the Board on this project from time to time. The last Master Plan was completed in 2013.

For further information, please look at the Committee minutes in the Board packet.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
January 16, 2024

The Building and Grounds Committee met in regular session via Zoom on January 16, 2024,
at 2:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Mr. Craig Rood – *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. James Horan, *Director of Facilities*
 Mr. Gerry Johnston, *Maintenance Supervisor/ Project Manager*

Mr. Kelsey called the meeting to order and asked for a mission moment to be shared.

Mr. Kelsey asked for a motion to approve the agenda. Mr. Horan made a motion to approve the agenda. Mr. Rood seconded; motion passed.

Mr. Kelsey asked for a motion to approve the minutes from the November 28, 2023 meeting. Ms. Richardson made a motion to approve the minutes. Mr. Horan seconded; motion passed. Mr. Kelsey asked for a motion to approve the minutes from the December 19, 2023 meeting. Mr. Rood made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

Maintenance Metrics

Mr. Johnston said the metrics are on course. His only concern is the average days overdue, and he continues to look into that number, but he feels we are right where we need to be. Mr. Kelsey asked about staffing. Mr. Johnston said they had two new hires starting this week, so they are back to fully staffed. Once they are trained, they will be able to move staff to their correct positions and be back to normal.

Old Business – Project Review

Oncology Suite renovation

Mr. Johnston said the project kicked off over a week ago. They received 12 RFI's from the contractor and are working through those with the architect. Mr. Kelsey asked if all of the major materials were delivered. Mr. Johnston said yes, which is what caused the delay in starting. The timeline for phase 1, which is the new mixing room, is to be complete mid-February and then the Department of Pharmacy will need to survey. Once approved, phase 2, which entails renovating the existing mixing room and the rest of the renovations, will begin. The total project is expected to be complete by July 1.

Medical Imaging Core and X-ray

Mr. Johnston said we are working with the Siemens engineers for the electrical contractors for the ER x-ray room. The downtime for the ER room is expected to be 6 weeks. Once this project gets closer to completion, we will focus on the other two x-ray rooms.

SLIB Laboratory Expansion project

Mr. Johnston said the 95% drawings have been complete and Groathouse has started to work on pricing with subcontractors. We will begin having pre-construction meetings with architects, contractors, and engineer. Mr. Johnston is working on setting up a meeting with the architects and lab staff to review the drawings. Mr. Kelsey asked if we would have a GMP by the February Board meeting. Ms. Love will reach out to Mr. Wheatley and Groathouse about timelines.

Master Plan/Grant for Foundation & MOB entrance

Mr. Kelsey reported the Master Plan agreement was approved at the last meeting. Ms. Richardson said PACT, the master plan consultant will be onsite next week for two days touring all departments of the hospital and meeting with staff. She said there is an executive wrap-up scheduled at the end of the visit. She invited the Board to attend if they want but will be sure to keep them updated as we work through the process. Mr. Kelsey asked if the master plan will include the vacated Foundation Lab area. Ms. Richardson said the grant for that area is for plumbing and structure issues. The eventual use for that space will be included in the Master Plan. The last Master Plan we had done was in 2013. Mr. Kelsey said once the Master Plan is complete, we will look at the Building & Grounds priority project list and update as needed.

U of U suite renovation

Ms. Love said this project has been tabled.

New Business

No new business was discussed.

Other

The next meeting is scheduled for Tuesday, February 20, 2024; 2:30P – 3:30P

Mr. Kelsey adjourned the meeting at 2:56 pm.

Submitted by Tami Love



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
January 22, 2024**

Present via Zoom: Suzan Campbell, *In House Counsel*, Irene Richardson, *CEO*, Kandi Pendleton, *Trustee-Chair*, Barbara Sowada, *Trustee*, April Prado, *Foundation & Compliance*.

Minutes

Call to Order

The meeting was called to order at 9:04am by Barbara Sowada.

Agenda

The January 22, 2024, agenda was approved as written, Irene made the motion and Suzan seconded it.

Meeting Minutes

Two sets of meeting minutes were presented. The meeting minutes from September 24, 2023 were brought forward from the last Board Compliance meeting. They were approved as written, Irene made the motion and Suzan seconded it. The meeting minutes from November 27, 2023, were also presented and approved as written. Irene made the motion and Suzan seconded it.

New Business

- a. Compliance email sent to all hospital staff. Suzan presented the recent email that she sent to all hospital staff. She stated that she just wanted the committee to see what is being given to staff for education about compliance issues. This email contained information about filing a report with Red Flag Reporting. Barbara asked if Suzan had received any response from her email. Suzan stated that she had not and stressed the importance of keeping this info out in front of the employees.

Old Business

- a. Credentialing Audit-Suzan reported that this is the audit that April had completed and was presented to them previously. She asked if there were any questions and Kandi replied that it looks great. April briefly explained that the new MD-Staff program worked well and that it was easy to use. April also assured the committee that we are 100% compliant with the process of credentialing. Barbara added that this audit is one that needs to be done every 3 years. April stated that this audit will be added to the list of audits to be done every 2-3 years.
- b. Discussion questions from the Board & Compliance oversight video. Suzan reminded the Board that these questions are from the video they watched last year.
 1. Does our Compliance Officer report directly to the Compliance Board? Suzan answered Yes, she does and if there were any issues that needed to be addressed, she would also report to the Hospital Board.
 2. Does the Compliance Officer have sufficient prominence and influence within MHSC? Suzan stated that she believes that staff knows she is the compliance officer, and that staff knows what to do if they have a compliance issue. Kandi asked Suzan if she feels that she is taken seriously? Suzan replied most definitely. She continued that she felt that if there were any issues, the hospital would be on top of it and would get whatever it was taken care of.
 3. How does MHSC encourage communication between compliance staff and the rest of the organization? Suzan reported that she sends out a quarterly email to all staff with

compliance information. She added that we also have information on how to report compliance issues within the hospital. Suzan continued that she also sends out anything new from OIG, The Joint Commission, CMS etc., that would be helpful for staff.

4. Are compliance goals periodically adjusted for payment reforms and new quality standards? Suzan reported that we will have a new audit coming out involving this subject. She continued that the Quality and Finance departments review and audit these areas as well. The departments coordinate and make sure that our resources are not wasted reviewing and auditing areas that are already being done.
5. How does the Board encourage managers to incorporate compliance considerations into day-to-day decision making? The Board doesn't do anything on a day-to-day basis per say, but compliance is always working on HIPAA everyday and that is part of this committee.
6. Does the Board hold key employees accountable for the following compliance standards and processes? Suzan answered that the Board is doing this from a compliance perspective.
7. How do you know whether MHSC's compliance program is effective? Suzan stated that we review the compliance program regularly as a committee and she looks at it all the time. She continued that the new OIG Compliance Guide was reviewed and if there were changes needed, she would facilitate that. Barbara asked if there were any changes and Suzan stated that there were changes to the OIG Compliance Guide, but we are already doing the recommended changes. Irene added that audits are done in-house and with Joint Commission visits; none of these have had any findings so that shows our programs effectiveness. Barbara added that the hospital also participates in RAC audits, which they do great on. She continued that this is another testament of the program's effectiveness. Barbara stated that staff are compliant to the rules and regulations.

Summary Report

- a. Audit Topics for 2024- Suzan reported that herself, Irene, and April met earlier to discuss what audits would be the most beneficial to MHSC. They decided on four and they are as follows.
 1. Falls- This is with patient safety, and we want to know why patients are falling, where they are falling and if there are any contributing factors to the falls. The committee discussed that the Quality department may have an intern that is currently working on this exact topic. April stated that she will work with Kara to see what is currently being done.
 2. Vendor Process- This will review the segregation of duties within the vendor process. We will be reviewing the whole process from vendor set-up to vendor payment. We will be assured that there are no "fake" vendors and that the proper employees have the proper access to job-related duties. Kandi added that the county just did training on this subject and that it was very helpful. Irene brought it up that we should probably look at the payroll process as well with this. April stated that she could investigate both, as they would probably have a similar process. Kandi added that 95% of our money goes to these two things-we need make sure we are doing it correctly.
 3. Device Disinfection- Suzan stated that we have had issues in the past and just want to make sure we are still doing it correctly. Irene added that we did have some findings with this issue and corrective action plans were made. She stated that it will be helpful to have a fresh set of eyes looking at the process. She continued that staff do this all day every day so having April review this will be good. Suzan continued that we will be reviewing that the process and procedure are being followed.

4. IT Enhanced Security- Suzan reported that Irene has received concerns from providers and RN's that the sign in process in effecting patient care. Staff are concerned that the process is too timely and other entities that need access cannot get it. They question if we are overdoing the security. Suzan and Irene both stated that this may just be the new normal with cybersecurity and there may be nothing we can do about it. Suzan stated that April will be asking doctors about the process as well as observing the steps it takes to get the patient information.
- b. HIPAA. The HIPAA report was presented for review. Suzan explained that we will be using a new program, Synergi, to report HIPAA violations. We will still be receiving reports from P2Sentinel, and they will be added to Synergi for investigation. Synergi will replace our old system, Healthicty. There was committee discussion about "unauthorized release of information" and April stated that this is a broad description given to a HIPAA violation that may or may not reach the patient. The specific ones on the list involved Medical Records being in the wrong chart.
- c. Exclusionary Report -Suzan briefly explained that this report is essentially used to look for fraud with our providers. It is run every month and we have never had a provider on the list.

Additional Discussion

There was no additional discussion.

Next Meeting

The next meeting is scheduled for April 22, 2024 @ 9:00am. The meeting schedule for the rest of the year will be July 22, 2024, and October 28th, 2024.

Adjournment

The meeting adjourned at 9:50am

Respectfully Submitted,

April Prado, Recording Secretary

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: **CARDINAL HEALTH PHARMACY AGREEMENT**
2. Purpose of contract, including scope and description: **The current MSA for pharmacy services with Cardinal Health will terminate 1/31/2024. This is a new MSA for all pharmacy services. New contract was compared to 2014 contract and its amendments and there are no substantial changes in terms. Several sections of the new contract were updated with current better language and such items as Quality Indicators and Regulatory Requirements were added. Drug fees increased, which is expected because of drug price increases over the past ten years. The monthly management fee decreased.**
3. Effective Date: **2/1/2024**
4. Expiration Date: **Five years or January 31, 2029. Is this auto-renew? Yes unless terminated it will renew for 2 successive 2 year periods.**
5. Termination provisions: **Termination for default and new language for Termination without cause**
6. Monetary cost of the contract: **Monthly Management Fee decreased from \$10,000.00 month to \$9,000.00 month. The new agreement requires an increase in deposit by \$525,000.00 to a total of \$725,000.00. This shall be paid in 6 monthly installments of \$87,500.00 during the initial 6 months of the agreement or less the value of the inventory purchased. The management fee includes all services listed in Article I: Duties.**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Laws of the Wyoming**

8. Immunity Clause: **Yes**

8. Any confidentiality provisions? **Yes 5.01**

9. Indemnification clause present? **Yes 5.08**

10. Is this contract appropriate for other bids? **No**

11. Is County Attorney review required? **No**

This Pharmacy Agreement ("Agreement") is entered into by and between Cardinal Health Pharmacy Services, LLC, located at 13651 Dublin Ct., Stafford, Texas 77477 ("Cardinal Health") and Memorial Hospital of Sweetwater County, located at 1200 College Drive, Rock Springs, Wyoming 82901 ("Customer"). Cardinal Health and Customer are each a "Party" and, collectively, the "Parties."

This Agreement shall supersede and replace the Pharmacy Agreement between Memorial Hospital of Sweetwater County and Cardinal Health Pharmacy Services, LLC, dated July 1, 2014, which shall terminate as of 11:59 p.m. on the day preceding the Effective Date of this Agreement. The Parties agree that to their knowledge the other Party has fully performed its obligations under such previous agreement.

ARTICLE I DUTIES

1.01. Cardinal Health Duties Cardinal Health shall be the exclusive provider of Pharmacy services for Customer's Pharmacy operations. With Customer's cooperation, Cardinal Health shall provide patient care-oriented Pharmacy services that meet or exceed the accreditation standards for pharmaceutical services of The Joint Commission ("TJC") or other accrediting agency as may be applicable, as well as Medicare and Medicaid conditions of participation and applicable law.

a. **Pharmacy Personnel** Cardinal Health shall provide one (1) onsite full-time equivalent Director of Pharmacy ("DOP") and all Pharmacy staff to manage and operate the Pharmacy.

i. During the term of this Agreement, should a Cardinal Health employee or agent who is providing services to Customer under the terms of this Agreement terminate their employment with Cardinal Health in order to be hired by Customer as an employee or consultant, Customer agrees to pay Cardinal Health twenty percent (20%) of the employee's or agent's base salary in effect at the time. This shall not apply to those employees or agents Cardinal Health terminates for cause.

b. **Staff Training and Development** Cardinal Health shall provide Pharmacy education materials for Pharmacy personnel, and upon request, for Customer's physician and nurse employees on current and emerging Pharmacy issues as requested by Customer. Such materials may include: i) routine updates regarding drug therapies; ii) new product evaluation; iii) review of specific therapeutic categories; iv) strategies for controlling drug costs; and v) material and information to address patient safety concerns including medication error prevention strategies, adverse drug events and other important drug therapy related topics.

c. **Pharmacy & Therapeutics Committee** Cardinal Health's DOP, or designee, shall participate on Customer's committee that performs Pharmacy and Therapeutic review functions.

d. **Regulatory Compliance** Cardinal Health shall perform an annual Pharmacy performance assessment to evaluate Pharmacy operations, and compliance with state, federal and applicable regulatory agencies.

e. **Accreditation Preparedness** Cardinal Health shall conduct compliance assessments to evaluate Pharmacy preparedness for inspections by TJC or another accrediting agency as may be applicable.

f. **Patient Safety** Cardinal Health shall support Customer's compliance with National Patient Safety ("NPS") goals as published annually by TJC.

g. **Clinical Services** Cardinal Health shall provide clinical strategies customized to meet the needs of Customer, as agreed upon with Cardinal Health, utilizing its proprietary tools, dashboards and publications.

h. **Reports** Cardinal Health shall provide reports, at least annually, measuring operational, financial and clinical progress towards goals in its customary form. In addition, Cardinal Health shall provide reports in a manner sufficient to meet the Elements of Performance (“EOP”) for contracted services as required by TJC and other applicable agencies.

i. **Pharmacy Inventory Management** Cardinal Health shall maintain ownership of and responsibility for all of Customer’s Pharmacy inventory. Cardinal Health shall conduct a lien search on Customer’s Pharmacy Inventory. After it is determined that Customer owns free and clear title to the Pharmacy inventory, Cardinal Health shall purchase all useable Pharmacy inventory from Customer. In accordance with industry standards, Cardinal Health’s inventory management responsibilities include Drug procurement, monthly inspections for out-of-date drugs and short-date drugs processed for return credit when available, management of breakage, shrinkage and loss, maximization of inventory turns and minimization of stock outs in accordance with industry standards. A perpetual inventory shall not be maintained, except as required for controlled substances by applicable law. Pharmacy unit valuation guidelines are set forth in Exhibit A.

j. **Accounts Payable** Cardinal Health shall purchase all Drugs and perform the accounts payable function associated with Drugs purchased in the Pharmacy, utilizing Cardinal Health 110, LLC and Cardinal Health 112, LLC (together, “Cardinal Health Distribution”) and Cardinal Health Pharmaceutical Contracting (“GPO”) including agreements such GPO may have with drug manufacturers and wholesalers. Cardinal Health shall retain all manufacturer rebates.

k. **Pharmacy Charge Description Master** Cardinal Health shall maintain Customer’s pharmacy charge description master including NDCs, billing quantities, drug description and hospital drug codes, contingent upon Customer providing Cardinal Health information and access. Customer shall retain responsibility for (i) patient pricing and (ii) interface from the pharmacy system to Customer’s accounts receivable financial system.

l. **Drug Cost Opportunity Analytics “DCOA” Level 3 (Standard)** Cardinal Health shall provide Customer access to its web-based system that monitors drug spend, benchmarks performance and automatically identifies opportunities for cost savings, including an Antibiotic Analytics tool to track and identify trends in antibiotic use and susceptibility. DCOA solution, as well as the related terms and conditions, are further detailed in Exhibit B, attached hereto and incorporated by reference herein.

m. **Regulatory Requirements.** Cardinal Health shall ensure the care, treatment and services being provided and the maintenance and operation of the service shall be rendered in compliance with all applicable statutes, regulations, rules and directives of federal, state and other governmental and regulatory bodies, including third-party payors having jurisdiction over Customer. Cardinal Health practices shall be in compliance with the applicable standards of the Joint Commission, CMS and other applicable regulatory bodies and all currently accepted and approved methods and practices of the professional specialty of pharmacy-related services.

n. **Quality Indicators.** The Parties have developed the following Quality Indicators which shall be monitored and reported on in a manner sufficient to meet the standards for the accreditation organization which accredits the hospital.

- i. ADE reporting and corrective action plans via Customer’s Performance Improvement Committee
- ii. Opioid Audits
- iii. Anticoagulation monitoring
- iv. Pharmacy will maintain a current medical staff approved formulary
- v. Pharmacists and pharmacy technicians who compound sterile and hazardous preparations will have competency documented for USP 797 and USP 800
- vi. A medication-related policy and procedure manual will be reviewed annually

o. **Pharmacy Operations** This Agreement is based on the Pharmacy needs of Customer upon the execution date hereof. The Pharmacy hours shall be Mondays through Fridays from 6:30 a.m. to 8:30 p.m., Saturdays and Sundays from 7:00 a.m. to 5:00 p.m. and holidays from 7:00 a.m. to 3:00 p.m. Any changes in the Pharmacy hours of operation, number of full-time equivalent employees required, drug wholesaler or GPO may be considered a change of service, which may require renegotiation of this Agreement. Therefore, any such change must be mutually agreed to in writing between the Parties. Customer shall have access to Drugs for emergency requirements outside the Pharmacy hours of operation pursuant to Customer's policies and procedures and applicable law.

p. **Excluded Services** If Customer requests Cardinal Health to provide additional services which require additional resources prior to execution of a further written agreement, Cardinal Health may charge Customer its usual and customary fee for such additional service.

1.02. Customer Duties The Parties agree that Cardinal Health's success is predicated upon Customer's cooperation, facilitation, and timely implementation of recommended or agreed upon initiatives. As such, Customer agrees to perform the following:

a. **Licensure and Permits** Customer shall obtain all necessary local, state and federal licenses and permits required for the operation of the Pharmacy and shall have the primary responsibility for record keeping and security of controlled substances maintained within its premises, including the Pharmacy.

b. **Grant of Authority** Customer shall allow Cardinal Health to act in its name, to the extent permitted by law, and to the extent necessary to enable Cardinal Health to perform under this Agreement, under permits issued in Customer's name by the applicable state Board of Pharmacy, Drug Enforcement Administration, and other governmental health care regulatory agencies that affect the operation of pharmacies. Customer shall issue a Power of Attorney to Cardinal Health for the sole purposes of ordering and purchasing controlled substances on its behalf.

c. **Cooperation** Customer shall actively support and require Customer's employees, agents and staff to (a) cooperate with Cardinal Health's management of the Pharmacy as required by this Agreement; and (b) use and support cost containment and quality measurement tools reasonably requested by Cardinal Health. If Customer or its employees, agents or staff fail to cooperate or use and support such tools, then Cardinal Health's fees may be renegotiated. Examples of cost containment and quality measurement tools may include: i) changes in formulary to obtain more favorable pricing for therapeutically equivalent Drugs; or ii) therapeutic initiatives (e.g., regarding antibiotics, anesthetic agents and IV to PO conversions). Examples of active support by Customer may include: i) attendance at the committee that performs Pharmacy and Therapeutics functions; and ii) support for Pharmacy programs at other Customer meetings.

d. **Plant, Property, Supplies and Equipment**

i. Customer shall retain responsibility for Pharmacy physical plant and compliance with applicable federal and state laws, regulations and guidelines related thereto, including environmental safety training required by applicable law. Customer is responsible for implementing and maintaining information technology systems necessary for continued Pharmacy operations including any personnel required for such implementation and maintenance. Customer shall provide fixed and movable Pharmacy equipment, including maintenance required for the efficient operation of the Pharmacy.

ii. Customer shall provide "Other Items" as necessary and customary for the successful operation of the Pharmacy, including but not limited to reasonable office equipment, supplies, dues and subscriptions, publications, and non-Drug pharmaceutical supplies used in preparation, packaging or storing of Drugs.

e. **Information Technology** Customer shall provide the Cardinal Health DOP with the use of a computer that meets the hardware and software requirements of wholesaler and other vendors.

f. **Credit and Financial Information** Customer shall provide Cardinal Health with any commercially reasonable credit information as may be reasonably requested from time to time. Customer shall provide Cardinal Health with (i) copies of its most recently prepared financial statements (unless Customer's financial statements are publicly available), (ii) company-prepared interim financial statements, (iii) tax returns and/or (iv) such other financial information as Cardinal Health may reasonably request.

g. **Drug Access, Policies and Procedures** Customer shall provide adequate policies, procedures and training for its employees, agents and staff to access Drugs outside the Pharmacy hours of operation, as allowed by law.

h. **Required Data.** Customer shall timely provide to Cardinal Health in mutually agreed upon electronic format, the data elements set forth in Exhibit C. Customer covenants that the data elements are to the best of its knowledge true and correct, are consistent with credits and charges coming from automated dispensing systems, and are being provided to Cardinal Health for the purpose of advising Cardinal Health the number of Units of each Drug dispensed, the amount of Pharmacy revenue and the number of Inpatient Days.

i. **Revenue and Expense Matrix.** Customer covenants that the information provided in the attached Exhibit D to the best of its knowledge is an accurate, representative yet not exhaustive list of items indicating which department in Customer's facility has the responsibility for purchasing such items and which department in Customer's facility should receive the revenue and expense for such items.

j. **340B Eligibility** Customer covenants that it is not eligible to participate nor currently participating in the Federal 340B Drug Discount Program ("340B Program"). At such time as applicable, the Customer shall notify Cardinal Health of its intention to participate in the 340B Program. The Parties shall then execute an amendment to this Agreement outlining the Parties' duties in support of the 340B Program.

ARTICLE II LICENSURE AND REGULATORY REQUIREMENTS

2.01. Services provided shall comply with all applicable laws, ordinances, regulations and standards of all applicable accrediting bodies, as well as those written policies of Customer made available to Cardinal Health.

2.02. All pharmacists who dispense Drugs shall be duly licensed as pharmacists as required under the laws of the state in which Customer is located. In addition, all Customer's employees, agents and staff who provide patient services shall be certified and/or licensed and in good standing as required by the laws of the state in which Customer is located. Each Party shall immediately notify the other should this status change.

2.03. Neither Party is excluded nor disqualified in any manner from participation in any federally-funded health care program. Each Party shall immediately notify the other should this status change.

2.04. All Drugs provided by Cardinal Health to Customer shall only be used for Customer's "own use" purposes in accordance with the U.S. Supreme Court's decision in the case of Abbott Laboratories, et al. v. Portland Retail Druggist Association, Inc. et al, 425 US 1 (1976).

2.05. Each Party covenants that it is in good standing under the laws of the state in which it is organized and has the power and authority to enter into this Agreement. Each Party shall immediately notify the other should this status change.

ARTICLE III COMPENSATION AND FINANCIAL ARRANGEMENTS

3.01. Cardinal Health shall invoice Customer and Customer shall pay Cardinal Health for services rendered each month, as set forth below.

a. Drug Fee

i. For each Unit of Drugs dispensed (equal to the billing quantity as described in the Pharmacy charge description master) to Customer's patients, the fee shall be equal to the greater of a) Invoice Cost plus five percent (5%) rounded to the nearest one cent (\$0.01) for each Unit of Drug, or b) a Minimum Fee as follows:

	MINIMUM FEE
ORALS	
Non-controlled Solids	\$1.75
Controlled Solids	\$2.75
Liquids	\$1.90
INJECTABLES	
Non-controlled Substances	\$1.90
Controlled Substances	\$2.90
IV SOLUTIONS	
IV Solutions (all except for 1000 ml)	\$1.90
IV Solutions (1000 ml)	\$1.78
IRRIGATING SOLUTIONS	
Irrigation Solutions (all)	\$1.78
SETS & EQUIPMENT	
Sets & Equipment	\$1.78
Venipuncture Devices and Catheters	\$1.78
MISCELLANEOUS	
Respiratory Therapy	\$2.15
Suppositories	\$2.15
Topicals	\$2.75

Customer shall return any Drugs not used by the patient for whom they are provided to the Pharmacy. If such returned Drugs are patient identified and appropriate for use by another patient, credit for such Drugs shall be given to Customer. No credit shall be given on returned multi-dose oral liquids, multi-dose injections, opened multi-dose containers, or any medication not appropriate for use on another patient.

ii. Each month's Drug Fee as calculated above shall be compared to a Pre-Agreed Cost Target ("PACT") of One Hundred Fourteen Dollars and Seven Cents (\$117.07) per Adjusted Patient Day. If the monthly Drug Fee per Adjusted Patient Day is greater than the PACT, Cardinal Health agrees to credit Customer an amount equal to fifty percent (50%) of the difference multiplied by Adjusted Patient Day provided such excess cost is not incurred as a result of any act or omission of Customer inconsistent with the terms hereof or as a result of Force Majeure. If the monthly Drug Fee per Adjusted Patient Day is less than the PACT, Customer agrees to pay Cardinal Health an amount equal to fifty percent (50%) of the difference multiplied by Adjusted Patient Day. Such credit or debit shall appear as a line item on Cardinal Health's monthly invoice to Customer. In no event, however, shall such credit result in the Drug Fee being less than Cardinal Health's actual cost of Drugs dispensed for such monthly period.

iii. The Parties agree that changes in the historical statistics listed in the attached Exhibit E are indicators of service changes that may affect the PACT. Therefore, when the monthly statistics for Customer fall outside the Acceptable Variation Ranges listed in Exhibit E for three (3) consecutive months, the Parties shall negotiate a commensurate change to the PACT within sixty (60) days of such change in service being identified. The new PACT shall be effective upon execution by the Parties of an amendment to this Agreement setting forth the new PACT. If agreement cannot be reached within sixty (60) days of such change in service, then the risk share component of the Drug Fee shall no longer apply.

iv. Circumstances may arise from time to time that require Cardinal Health to invoice Customer in a manner different than as set forth above. Cardinal Health shall make reasonable efforts to notify Customer of such billing changes. Examples include, but are not limited to, compound Drugs and non-formulary Drugs.

v. In the event Customer upgrades or changes its pharmacy computer system, hospital computer system, or billing/accounts receivables system during the term of this Agreement and such change impacts the Pharmacy's ability to capture accurate Drug utilization, the Parties agree that Cardinal Health shall invoice an estimated Drug Fee until such time as the accuracy of Drug utilization can be verified. If utilization cost of sales cannot be tied to purchases within two percent (2%), the Parties agree to change the billing structure until such time that accurate utilization can be provided.

b. The following are not included in the Drug Fee or PACT calculation above:

i. **Department Charge** Any Unit purchased by Pharmacy for which another department receives the revenue and/or expense is a Department Charge ("Department Charge"). Department Charges shall be invoiced to Customer at Invoice Cost plus two percent (2%).

ii. **Lost Charges** Any patient chargeable Drug provided to Customer for which Customer did not generate a patient charge is a Lost Charge ("Lost Charges"). Lost Charges shall be invoiced to Customer at Invoice Cost plus two percent (2%).

iii. **Exception Drugs** The list provided below, and any Drug provided to Customer that is new on the market or used for the first time by Customer after September 1, 2023, and has an Invoice Cost greater than Fifty Dollars (\$50.00) per Administered Dose at the time first dispensed to a Customer's patient is an Exception Drug ("Exception Drug"). Exception Drugs shall be invoiced to Customer at Invoice Cost plus one and one-half percent (1.5%). Notwithstanding the foregoing, biosimilar and generic Drugs that are considered true replacement Drugs for a given indication and are interchangeable with a Drug already included in the PACT ("Included Drug") shall not be considered an Exception Drug if such biosimilar or generic Drug has a cost per dose that is equal in cost or less than the Included Drug.

PEMBROLIZUMAB	ECULIZUMAB
DARATUMUMAB-HYALURONIDASE-FIHJ	EFGARTIGIMOD ALFA-FCAB
MEPOLIZUMAB	ENFORTUMAB VEDOTIN-EJFV
ATEZOLIZUMAB	EPTINEZUMAB-JJMR
RAVULIZUMAB-CWVZ	GOLIMUMAB
LANREOTIDE ACETATE	IPILIMUMAB
OCRELIZUMAB	ISATUZIMAB-IRFC
TENECTEPLASE	LUBINECTEDIN
DENOSUMAB	OBINUTUZUMAB
INFLIXIMAB	OCTREOTIDE ACETATE
VEDOLIZUMAB	OMALIZUMAB

RITUXIMAB	PEGFILGRASTIM
NIVOLUMAB	PEGFILGRASTIM-BMEZ
DURVALUMAB	PEMETREXED DISODIUM
PEGFILGRASTIM-JMDB	PERTUZUMAB
CARFILZOMIB	POLATUZUMAB VEDOTIN-PIIQ
FAM-TRASTUZUMAB DERUXTECN-NXKI	RAMUCIRUMAB
CERTOLIZUMAB PEGOL	RASBURICASE
BEVACIZUMAB	PANITUMUMAB
ABATACEPT	REMDESIVIR
INFLIXIMAB-DYYB	RITUXIMAB-ABBS
LEUPROLIDE ACETATE	RITUXIMAB-ARRX
ALTEPLACE	RITUXIMAB-PVVR
ADO-TRASTUZUMAB EMTANSINE	ROMOSUZUMAB-AQQG
BENRALIZUMAB	TEPROTUMUMAB-TRBW
BEVACIZUMAB-AWWB	TOCILIZUMAB
BEVACIZUMAB-BVZR	TRABECTEDIN
C1 ESTERASE INHIBITOR, RECOMBINANT	TRASTUZUMAB
CABAZITAXEL	ANTIHEMOPHILIC FACTORS (VARIOUS)
CARMUSTINE	ANTI-VENOMS (VARIOUS)
CETUXIMAB	GLIADEL WAFERS
DANTROLENE	INTRAVENOUS IMMUNE GLOBULIN (VARIOUS)
DARATUMUMAB	

c. **Monthly Management Fee** A monthly fee in the amount of Nine Thousand Dollars (\$9,000.00) ("Management Fee").

d. **Salary, Wages and Benefits** Cardinal Health's actual cost of all salaries, wages, and benefits including productive and non-productive time and deferred compensation (retention bonuses) for Cardinal Health employees working in the Pharmacy. Salaries shall be adjusted annually reflective of merit increases and as necessary reflective of market conditions.

e. **Recruiting Expense** Recruiting expenses, including signing bonuses, as incurred for costs associated with recruiting personnel for Customer's pharmacy.

f. **Moving Expense** Moving expenses associated with the placement of pharmacy personnel as incurred.

g. **Interim Coverage** On occasion, Cardinal Health may need to provide temporary coverage for the DOP position as may be needed when the DOP is unavailable for reasons that include, but are not limited to, extended leave or prior to the hiring of a permanent DOP ("Interim Coverage"). If Interim Coverage is provided by Cardinal Health employees, Customer shall pay the then current daily rate established by Cardinal Health for Interim Coverage and the actual travel costs and expenses of Interim Coverage personnel. If Interim Coverage is provided by a third party, Customer shall pay Cardinal Health the third-party fees and expenses as incurred.

h. **Other Items** Should Customer be unable to supply an item as defined in Section 1.02 (d), then Cardinal Health shall purchase and pass through the item at Invoice Cost.

i. **Taxes** Customer shall pay all sales, use, excise, gross receipts, or other federal, state, or local taxes (other than taxes based solely on the net income of Cardinal Health) in connection with or arising out of the transactions contemplated by this Agreement and shall reimburse Cardinal Health for any and all costs associated with any Cardinal Health payment on Customer's behalf, including, without limitation, any interest, penalties, audit costs or attorney's fees. If Customer is exempt from sales, use, excise, gross receipts, or other federal, state, or local taxes, Customer shall provide documentation of such exemption to Cardinal Health. Cardinal Health retains the sole discretion to determine whether the documentation provided is sufficient to establish Customer's exempt status. Customer shall immediately notify Cardinal Health, in writing, of any change in its tax status. If Customer's exempt status is challenged by any jurisdiction, Customer shall be solely responsible for resolving any such dispute and shall immediately notify Cardinal Health of the dispute. Customer shall hold Cardinal Health harmless and reimburse any expenses that Cardinal Health may incur as a result of any such challenge.

j. **Annual Index** The PACT, Management Fee and Minimum Fee shall be indexed on the first (1st) day of March 2025 and annually thereafter using the annual percentage change in the December index for the Hospital and Related Services category of the Consumer Price Index for all Urban Consumers (CPI-U) as released by the U.S. Department of Labor's Bureau of Labor Statistics ("CPI"). The annual index shall not exceed three and one-half percent (3.5%) or fall below zero percent (0%).

3.02. Payment Terms

a. On or about the tenth (10th) day of each month following the month in which services were rendered to Customer (the "Service Month"), Cardinal Health shall deliver to Customer an invoice for services provided under this Agreement. Customer agrees to pay each invoice no later than the twenty-fifth (25th) day of the month following the Service Month ("Due Date"). Cardinal Health retains the right to adjust Customer's payment terms based on payment performance, changes in financial condition or other credit consideration it deems relevant. Customer will pay a service charge calculated at the rate of one and one-half percent (1.5%) per month (or the maximum rate allowed by law, if such rate is less than 1.5% per month) on any amount not paid by Customer to Cardinal Health by the Due Date beginning on the first day of delinquency until such amount is paid in full, along with reasonable attorney fees associated with any such delinquency. Failure or delay by Cardinal Health to bill Customer for any such service charge will not waive Cardinal Health's right to receive the same. In addition to any other right or remedy available to Cardinal Health under this Agreement or applicable law, in the event Customer fails to pay any invoice by the Due Date, Cardinal Health, in its sole discretion and upon written notice to Customer, shall not be obligated to purchase or provide Drugs to or on behalf of Customer.

b. Customer shall have an advanced payment (the "Deposit") with Cardinal Health in the amount of Seven Hundred Twenty-Five Thousand Dollars (\$725,000.00). Customer currently has a Deposit with Cardinal Health in the amount of Two Hundred Thousand Dollars (\$200,000.00), which shall be applied to this Agreement. The remaining Five Hundred Twenty-Five Thousand Dollars (\$525,000.00) shall be invoiced to Customer in six (6) monthly installments of Eighty-Seven Thousand Five Hundred Dollars (\$87,500.00) during the initial six (6) months of this Agreement. Cardinal Health shall have a security interest in the Deposit to secure payment of Customer's obligations to Cardinal Health, now existing or hereafter arising, under this Agreement. Notwithstanding Customer's payment of the Deposit, Customer shall remain obligated to make all payments in accordance with this Section 3.02 of this Agreement. In the event of a Customer payment default under this Agreement, Cardinal Health reserves the right to offset such payment default amount against the Deposit. If any portion of the Deposit is applied to a past due balance, Customer shall be notified and shall replenish any such amounts within ten (10) days of notification. Upon the expiration or termination of this Agreement, Cardinal Health shall refund the applicable portion of the Deposit to Customer, provided Customer has paid in full all amounts owed to Cardinal Health under this Agreement. For purposes of this Section 3.02(b), Cardinal Health and its subsidiaries, affiliate and related parties shall be deemed to be a single creditor.

c. Beginning in the seventh (7th) month of this Agreement, and every three (3) months thereafter, Cardinal Health may adjust the Deposit amount based upon the average amount of the total

actual invoice amounts from the previous six (6) months. Any Deposit deficit or excess shall be added to, or appear as a credit on, the next monthly invoice to Customer from Cardinal Health.

d. Customer shall make all payments to Cardinal Health under this Agreement by wire transfer of funds (FEDWIRE) to the appropriate Cardinal Health bank account provided below:

Wells Fargo
401 South Tryon Street
Charlotte, North Carolina 28288
ABA number: 1210 0024 8
Account name: Cardinal Health, Inc.
Account number: 2000002932064
Ref: Cardinal Health Pharmacy Services, LLC

e. No deduction may be taken by Customer and Customer agrees to pay each invoice, in full, by the Due Date. In the event Customer disputes a portion of an invoice, Customer shall provide Cardinal Health the following information within seven (7) days of invoice date: (1) invoice number, (2) amount disputed, and (3) specific details as to the nature of the dispute. The Parties shall use best efforts to resolve any disputes within thirty (30) calendar days from the date Customer provides Cardinal Health with information regarding the invoice dispute as set forth in this section (e). Any credit due to Customer or additional charges resulting from the dispute resolution shall appear as a line item on Customer's next monthly invoice. Each Party shall appoint a representative to review invoice detail monthly and meet as needed to reconcile.

ARTICLE IV TERM AND TERMINATION

4.01. Term of Agreement The term of this Agreement shall be for a period of five (5) years beginning March 1, 2024 ("Effective Date") and ending on February 28, 2029 (the "Initial Term"), unless subject to earlier termination as set forth below. This Agreement shall be renewed for up to two (2) successive two (2) year periods upon the same terms and conditions contained herein unless either Party notifies the other in writing no later than ninety (90) days prior to the Termination Date of its intent not to renew.

4.02. Default Either party may affect an early termination of this Agreement upon the occurrence of a material breach by the other party. The non-breaching party must give written notice to the breaching party of the nature and occurrence of such breach. If the breach is not cured by the expiration of sixty (60) days from the date of such notice, or if the breaching party has not made reasonable efforts to effect the cure if the breach cannot reasonably be cured within such sixty (60) day period, then the non-breaching party may, in addition to any and all other rights or remedies it may have, provide written notice to the breaching party that this Agreement will be terminated immediately following the expiration of such sixty (60) day period. Notwithstanding Section 3.02(b), in the event of a payment default or based upon credit considerations deemed relevant to Cardinal Health, Cardinal Health may terminate this Agreement upon ten (10) days' prior written notice.

4.03. Termination Without Cause After the initial sixty (60) months of this Agreement, either Party, subject to the terms and conditions provided herein, may give the other Party notice to terminate this Agreement, without cause, effective ninety (90) days after said termination notice is given.

4.04. Termination

a. Effect of Termination

i. Termination shall not affect any liability or obligation of either Party accrued prior to termination.

ii. If Cardinal Health terminates this Agreement prior to the end of the Initial Term due to Customer's uncured breach, then liquidated damages, not penalty, shall be in an amount equal to one-half (1/2) of the current Management Fee for each month remaining in the Initial Term of this Agreement.

iii. Upon termination of this Agreement, the Deposit specified in Section 3.02 (b) shall be applied to any outstanding balance owed Cardinal Health. The balance of the Deposit, if any, shall be returned to Customer after any disputed invoices or portions thereof are resolved and paid. If this Agreement is terminated by Customer due to bankruptcy, the Deposit shall be applied to any outstanding balance owed Cardinal Health.

b. Customer's Duties Upon Notice of Termination

i. If applicable, initiate the processes of State Board of Pharmacy notification and re-licensure, including, but not limited to federal and state licenses, as applicable under the laws of the state in which Customer is located. If for any reason any license remains in Cardinal Health's name after termination of this Agreement, Customer shall pay a monthly fee of fifteen thousand dollars (\$15,000) for each month until all licenses have been established in Customer's name and shall indemnify, defend and hold Cardinal Health harmless from any/all claims in tort, contract, regulatory, or otherwise. This Section 4.03 (b)(i) shall survive termination of this Agreement.

ii. Should a Cardinal Health employee or agent continue to work at or provide services to Customer following termination of this Agreement, Customer shall pay Cardinal Health twenty percent (20%) of the employee's or agent's annual base salary in effect at the time. This shall not apply to any Cardinal Health employee who was previously employed by Customer.

iii. Upon termination of this Agreement, all Customer specific manuals, policies and procedures owned by Cardinal Health and utilized in the Pharmacy, and patient records necessary to operate the Pharmacy shall remain in the Pharmacy sufficient to meet the EOP for continuity of patient care as required by TJC. Customer agrees to provide Cardinal Health access to or copies of such documents reasonably requested by Cardinal Health to the extent necessary to handle claims brought after termination, subject to execution of appropriate confidentiality agreement.

c. Upon termination of this Agreement, a physical inventory count of all Pharmacy controlled substances shall be performed according to the applicable federal and state laws and regulations and such records necessary to effect transfer of responsibility for controlled substances to Customer shall be completed.

ARTICLE V GENERAL PROVISIONS

5.01. Confidentiality Cardinal Health's pricing, business plans, processes and strategies all constitute "Confidential Information" of Cardinal Health. The Parties shall not disclose or use any Confidential Information for any purpose other than as set forth herein. The Parties shall protect the Confidential Information in the same manner that they protect the confidentiality of their own proprietary and confidential information of like kind, but in no event shall they exercise less than reasonable care in protecting such Confidential Information. If either Party is compelled by law to disclose any Confidential Information, it shall provide the other Party with prior notice of such compelled disclosure and reasonable assistance to contest the disclosure. If either Party discloses or uses (or threatens to disclose or use) any Confidential Information of the other Party in breach of this Section, the aggrieved Party shall have the right, in addition to any other remedies available to it, to seek injunctive relief to enjoin such acts, it being specifically acknowledged by the Parties that any other available remedies are inadequate. This Section 5.01 shall survive the termination or expiration of the Agreement for a period of three (3) years. Notwithstanding the foregoing, any obligations of confidentiality and non-use governing Protected Health Information (as defined by HIPAA) that are included in a Business Associate Agreement in effect between the parties shall continue in effect in accordance with the terms of such Agreement and as required by applicable law.

The obligations created by this Section herein shall not apply to particular Confidential Information if the Party in receipt of the Confidential Information ("Recipient") can reasonably demonstrate such Confidential Information:

- a. is in the public domain at the time of the disclosure of Confidential Information by disclosing Party to Recipient;
- b. becomes publicly available subsequent to disclosure of Confidential Information by disclosing Party without Recipient's breach of any obligations owed the disclosing Party;
- c. became known by Recipient at any time from a source other than the disclosing Party and other than by breach of an obligation of confidentiality owed to the disclosing Party;
- d. was otherwise known by Recipient prior to disclosure of Confidential Information by disclosing Party to Recipient; or
- e. was independently developed by Recipient without reference to, exposure to, use of, or disclosure of any Confidential Information.

5.02. Insurance Each Party shall for its own employees, obtain and maintain in full force and effect during the term of this Agreement or any extension thereof, Commercial General Liability insurance with a per occurrence limit of not less than \$1,000,000, Professional Liability insurance with a limit of not less than \$2,000,000 and Workers' Compensation and Employer's Liability insurance with statutory limits for Workers' Compensation and Employer's Liability insurance limits of not less than \$1,000,000. In addition, the Parties shall ensure that all agents and staff providing services at Customer maintain applicable insurance coverage as stated herein. The Parties may self-insure any or a portion of the above-required insurance. In the event that any of the required policies of insurance are written on a claims-made basis, then such policies shall be maintained during the entire term of this Agreement and for a period of not less than three (3) years following the termination or expiration of this Agreement. During the term of this Agreement or any extension thereof Customer shall at all times carry fire insurance including flood and earthquake, upon the Pharmacy inventory in Customer's care, custody and control, covering its full replacement value, and, promptly upon request of Cardinal Health, shall furnish Cardinal Health with copies of the insurance policies and certificates or memoranda of insurance evidencing such coverage. The policy or policies of insurance shall not be altered or modified to exclude the Pharmacy inventory from coverage or cancelled without giving Cardinal Health thirty (30) days written notice. If Customer fails to provide any such insurance, certificate or memoranda, or to pay any premiums on such insurance, Cardinal Health may provide such insurance and pay the premiums thereon, and any amount so paid by Cardinal Health shall be an additional obligation of Customer.

5.03. Discounts Any rebates and price reductions provided in this Agreement may constitute a "discount or other reduction in price," as defined under the Medicare/ Medicaid Anti-Kickback Statute, on products and services purchased from Cardinal Health. Customer shall comply with any and all requirements imposed on buyers, respectively, under 42 U.S.C. § 1320a-7b(b)(3)(A) and the "safe harbor" regulations regarding discounts or other reductions in price set forth in 42 C.F.R. § 1001.952(h). Customer may be obligated to accurately report, under state or federal programs which provide cost or charge based reimbursement, the net cost actually paid by Customer.

5.04. Access to Records For a period of four (4) years after Cardinal Health has performed the Agreement, Cardinal Health shall make available, upon written request of the Secretary of the Department of Health and Human Services ("Secretary"), or upon request of the Comptroller General of the United States ("Comptroller"), or any of their duly authorized representatives (collectively, the "Requesting Party"), the Agreement and any books, documents, and records necessary to certify the nature and extent of the costs paid by Customer to Cardinal Health pursuant to the Product Agreement ("Access"). If Cardinal

Health pays a subcontractor more than \$10,000 over a twelve (12) month period to perform the Agreement, then Cardinal Health shall obligate the subcontractor to permit Access to the Requesting Party.

5.05. Press Release or Public Announcements Neither Party will make any press release or other public disclosure regarding this Agreement or the transactions contemplated hereby without the other Party's express prior written consent, except as required under applicable law or by any governmental agency, in which case the Party required to make the press release or public disclosure shall use commercially reasonable efforts to obtain the approval of the other Party as to the form, nature and extent of the press release or public disclosure prior to issuing the press release or making the public disclosure.

5.06. Exclusion of Consequential Damages NEITHER PARTY SHALL BE LIABLE TO THE OTHER PARTY FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES, INCLUDING, WITHOUT LIMITATION, LOSS OF BUSINESS OR PROFITS. This Section shall not limit a Party's right to indemnification from the other Party pursuant to Section 5.08.

5.07. Data All data submitted by Customer to Cardinal Health pursuant to this Agreement ("Customer Data") remains the sole property of Customer. Customer grants to Cardinal Health a non-exclusive, perpetual, royalty-free license to use, copy, store, modify and display the Customer Data for any lawful purpose, including without limitation, providing the service, creating reports and statistical analyses about the service such as usage or authorized user traffic patterns, and making such data available in aggregate form to third parties, provided that such information does not include Customer's name or personally identifying information. If Customer Data contains Protected Health Information as defined by 45 C.F.R. §164.501, then Cardinal Health shall de-identify that Customer Data pursuant to 45 C.F.R. § 164.514 prior to using or disclosing that Customer Data.

5.08. Indemnification Each party (each an "Indemnitor") shall indemnify and defend the other and its corporate affiliates, and any director, officer or employee thereof (each an "Indemnitee") from and against any and all damages, liabilities, losses, costs and expenses (including, but not limited to, reasonable attorneys' fees) sustained or incurred by the other in connection with any third-party claim, suit, action, investigation or proceeding (each, an "Action") to the extent arising out of or resulting from (i) the other's breach of any representation or warranty contained in this Agreement or (ii) bodily injury, wrongful death, or tangible property damage to the extent caused by or arising from the other's negligence or willful misconduct in performance of its obligations under this Agreement.

Cardinal Health shall indemnify and defend Customer and its corporate affiliates, and any director, officer or employee thereof, against all liability (including reasonable attorney's fees) arising from any Action based on or arising out of (i) Cardinal Health's breach of the Business Associate Agreement, (ii) violation of HIPAA by fault of Cardinal Health with respect to Customer's Protected Health Information ("PHI"), or (iii) any claim alleging that Cardinal Health's software and/or services infringe any patent or copyright of any third party. Customer shall indemnify and defend Cardinal Health and its corporate affiliates, and any director, officer or employee thereof, against all liability (including reasonable attorney's fees) arising from any Action based on Cardinal Health's use of any data submitted by Customer to Cardinal Health for its software and/or services ("Customer Data"), including, without limitation, any claim that any Customer Data infringes any intellectual property right of any third party, is defamatory or slanderous, or that the collection of Customer Data violates the privacy rights of any third party. Notwithstanding the foregoing, neither party is obligated to indemnify or defend the other to the extent such Action arises out of or results from the other's negligence or willful misconduct.

All indemnification obligations in this Section are conditioned upon the Indemnitee: (i) promptly notifying the Indemnitor of any Action of which an Indemnitee becomes aware (including a copy of any related complaint, summons, notice or other instrument); provided, however, that failure to provide such notice within a reasonable period of time shall not relieve the Indemnitor of any of its obligations hereunder to indemnify except to the extent such defense or counterclaim is materially prejudiced, or additional fees or costs are incurred, by such failure to give timely notice; (ii) reasonably cooperating with the Indemnitor in the defense

of any such Action (at the Indemnitor's expense); and (iii) not compromising or settling any Action without prior written consent of the Indemnitor.

5.09. Force Majeure If a Party is reasonably prevented from performing an obligation of this Agreement because of fire, flood, wind, earthquake, explosion or other disaster, acts of military authorities, acts of civil authorities unrelated to any violation of law by the Party, war, riot, insurrection, act of terrorism or other cause beyond the Party's reasonable control (collectively, a "Force Majeure Event"), then that Party shall not be in breach of this Agreement during the period that the Party is prevented from performing the obligation because of the Force Majeure Event provided that the Party (i) promptly delivers notice to the other Party identifying the Force Majeure Event and (ii) exercises reasonable commercial efforts to resume performance as soon as is reasonably possible.

5.10. Assignment Neither Party may assign any rights or obligations under the Agreement without the other Party's prior written consent, which shall not be unreasonably withheld, provided that either Party may with notice assign all of such Party's rights and obligations under the Agreement without the other Party's consent: (i) to an affiliate; or (ii) incident to the transfer of all or substantially all of such Party's business assets.

5.11. Notices Any notice from one Party to the other Party shall be in writing and shall be deemed to be given: (i) upon delivery if by hand or by overnight courier; or (ii) three days after mailing, if by certified or registered mail to the receiving Party's Notice Address below. Either Party may change its Notice Address upon delivery of notice to the other Party.

Cardinal Health Pharmacy Services, LLC
Attn: VP, Managed Services
13651 Dublin Ct.
Stafford, Texas 77477

Memorial Hospital of Sweetwater County
Attn: Chief Executive Officer
1200 College Drive
Rock Springs, Wyoming 82901

5.12. Severability; Non-Waiver If a court or other body of competent jurisdiction declares any term of the Agreement invalid or unenforceable, then the remaining terms shall continue in full force and effect. No right created by the Agreement shall be deemed waived unless specifically and expressly waived in a writing signed by the Party possessing the right.

5.13. Governing Law The Agreement shall be governed by the laws of the state identified in Customer's Notice Address above, without regard to that state's conflicts of law provisions.

5.14. Prevailing Party If a Party prevails against the other Party regarding any claim arising from or related to the Agreement, then the non-prevailing Party shall reimburse the prevailing Party for costs, expenses, and attorneys' fees reasonably incurred by the prevailing Party regarding such claim.

5.15. Independent Contractor The Parties expressly acknowledge and agree that Cardinal Health is neither the employer nor joint employer of any of the individuals paid as employees of Customer and that Customer is neither the employer nor joint employer of any of the individuals paid as employees of Cardinal Health.

5.16. Entire Agreement; Amendment The Agreement constitutes the entire agreement and understanding of the Parties regarding the subject matter of the Agreement and supersedes all prior written and oral agreements, proposals, and understandings between the Parties regarding the subject matter of the Agreement. No changes to the Agreement shall be effective unless signed by each Party.

5.17. Business Associate Obligations If such does not already exist, the Parties agree to execute a separate business associate agreement as it relates to the provisions set forth herein to protect confidential patient information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Privacy and Security Rules, 45 C.F.R. parts 160, 162 and 164 and the Health Information Technology for Economic and Clinical Health Act, included in Division A, Title XIII, Subtitle D of The American Recovery and Reinvestment Act of 2009, Pub. L. No. 111-5, 123 Stat. 115 (February 17, 2009), and any regulations or agency guidance issued pursuant thereto ("HITECH").

5.18. Agreement Signatures This Agreement may be executed in one or more counterparts, each of which shall constitute an original, but all of which together shall constitute one instrument. Signatures to this Agreement may be delivered by facsimile, by electronic mail (e.g., a ".pdf" file) or by any other electronic means that is intended to preserve the original appearance of the document, and such delivery will have the same effect as the delivery of the paper document bearing the actual, handwritten signatures.

5.19. Definitions These Definitions shall, unless otherwise stated, govern construction and interpretation of this Agreement, its Exhibits and any amendments or extensions.

a. *Adjusted Patient Days (Admissions/Discharges).* Total Pharmacy revenue divided by inpatient Pharmacy revenue multiplied by the total number of Patient Days. This calculation shall exclude all revenue for Exception Drugs, which are set forth herein. Also, excluded from this definition are any Pharmacy revenue and Patient Days associated with patient types excluded from the Patient Day definition below.

b. *Administered Dose.* The smallest quantity of a Drug that is administered to a patient at one (1) time to achieve the desired therapeutic result for that administration. If a Drug is packaged in a multiple dose container and that container is not suitable for re-use by another patient, the entire container is considered one (1) administered dose.

c. *Dispensed.* A drug is dispensed when it is removed from Pharmacy for the purpose of administering to a patient or is prepared pursuant to a prescription for a patient and should be included in Customer's revenue and utilization report.

d. *Drug.* Any Unit purchased by Pharmacy for which Pharmacy also receives the revenue and expense.

e. *Invoice Cost.* Invoice Cost shall be the cost reflected on the most recent GPO inpatient wholesaler or manufacturer account invoice. When multiple generically-equivalent Drugs are purchased in a Service Month, Cardinal Health's Drug Fee shall be calculated based upon the Drug purchased with the greatest aggregate dollar volume in that Service Month. Compounded Drugs (Drugs consisting of two (2) or more NDCs) shall be priced at the sum total of all components and delivery systems and shall be included in the final Invoice Cost.

f. *Patient Day.* Any day, including, the day of admission, but not including the day of discharge, in which Customer provides service to a patient excluding newborns.

g. *Pharmacy.* Pharmacy includes the central pharmacy, any satellite pharmacies, floor stock (Q limit to on premises) and point of care automation.

h. *Pre-Agreed Cost Target.* The Pre-Agreed Cost Target ("PACT") is the basis for calculating the risk share component of the Drug Fee per Adjusted Patient Day and was established based upon Drugs dispensed by Customer in the Baseline period and Adjusted Patient Days for the time period July 2022 through June 2023.

i. *Service Month.* The month in which pharmacy services were provided.

j. *Termination Date.* The expiration of the Initial Term of this Agreement or any extension, or the date on which this Agreement expires pursuant to the exercise by either Party of its termination rights.

k. *Unit.* Billable quantity as described in Pharmacy charge description master.

5.20. Sunset The terms and conditions of this Agreement shall be null and void if not executed and returned to Cardinal Health on or before February 29, 2024.

5.21. Sovereign Immunity Memorial Hospital of Sweetwater County and the Board of Trustees of Memorial Hospital of Sweetwater County do not waive sovereign or governmental immunity by entering into this Pharmacy Agreement, and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. §1-39-104(a) and all other state and federal law.

Each person signing this Agreement represents that he/she intends to and has the authority to bind his/her Party to this Agreement.

Memorial Hospital of Sweetwater County

Cardinal Health Pharmacy Services, LLC

By: _____

By: _____

Print: _____

Print: _____

Title: _____

Title: _____

Date Signed: _____

Date Signed: _____

Last Modified on 2/3/2024

EXHIBIT A
INVENTORY OWNED BY CARDINAL HEALTH

a. Upon termination of this Agreement, or if the Agreement transitions to a non-utilization-based deal structure, Customer agrees to purchase from Cardinal Health all usable Pharmacy inventory committed to Customer. Usable Pharmacy inventory shall be defined as those items remaining in the Pharmacy inventory after the items set forth in Section (a) (ii) below are removed.

i. Customer's purchase price for this Pharmacy inventory shall be Invoice Cost established by a mutually agreed upon independent appraiser.

ii. Expired items, or those which expire within ninety (90) days of the Termination Date for intravenous solutions, sets, irrigation solutions, and all other pharmaceutical items shall be identified separately from the rest of the Pharmacy inventory to be purchased and excluded from the physical inventory count. Excluded intravenous solutions, sets, and irrigation solutions that are not past their expiration date shall remain with Customer for future use and those that are expired shall be wasted. All other pharmaceutical items similarly excluded shall be returned to the supplier or a third party returns company for any credit due to Cardinal Health.

iii. Customer agrees to pay Cardinal Health on the Termination Date of this Agreement an amount equal to the value of the Pharmacy inventory as of the most recent physical inventory count performed. If the value of the Pharmacy inventory, as determined by the most recent physical inventory count, was less than the value of the final Pharmacy inventory at the Termination Date, as determined by the appraiser, Customer shall pay that difference to Cardinal Health within thirty (30) days of receipt of the appraiser's report. If such payment is not received within thirty (30) days from that date, Customer shall pay a finance charge on any unpaid balance of one and one-half percent (1.5%) per month or the maximum rate allowed by law, whichever is less. If the value of the Pharmacy inventory, as determined by the most recent physical inventory count, was more than the value of the final Pharmacy inventory at the Termination Date, as determined by the appraiser, then Cardinal Health shall pay Customer the difference within thirty (30) days of receipt of the appraiser's report by crediting the final Cardinal Health invoice. Customer consents to Cardinal Health's filing of a financing statement and security agreement in favor of Cardinal Health in an amount equal to all sums due to Cardinal Health by Customer along with any other documents necessary to perfect this security interest.

iv. Cardinal Health shall remove the Pharmacy inventory on the Termination Date if Customer fails to pay Cardinal Health on or before the Termination Date an amount equal to the value of the Pharmacy inventory as of the most recent physical inventory count performed.

b. Independent appraiser fees for the final physical inventory count performed are estimated by the independent appraiser and shall be shared equally by the Parties and paid directly to the independent appraiser on the date of termination.

c. Upon termination of this Agreement, a physical inventory count of all Pharmacy Controlled Substances shall be performed according to the applicable federal and state laws and regulations and such records necessary to effect transfer of responsibility for Controlled Substances to Customer shall be completed.

d. Customer hereby grants to Cardinal Health a security interest in the following described personal property of Customer, wherever located and whether now owned or hereafter acquired: All Drugs and any other Products supplied by Cardinal Health of any kind whatsoever and wherever located, and whether now owned or hereafter acquired, and all Products and proceeds thereof and any additions to, substitutions for, and replacements of any of the foregoing (collectively, the Collateral"). Customer consents to the filing of financing statements in favor of Cardinal Health along with any other documents necessary to perfect Cardinal Health's security interest in the Collateral.

EXHIBIT B
DRUG COST OPPORTUNITY ANALYTICS (DCOA)

Cardinal Health shall provide Customer with the Pharmacy Solutions' Drug Cost Opportunity Analytics ("DCOA") for purchase data pursuant to the terms stated in this Agreement.

1) Customer Responsibilities.

- a) Provide complete and accurate data as required during the initial thirty (30) days of this Agreement and monthly thereafter as requested by Cardinal Health and provide a hospital employee to assist with data collection.
- b) Customer agrees that "Authorized Users" shall mean Customer's employees at the Customer site(s) set forth herein, who have a legitimate need to access the Software in connection with Customer's internal business operations. Customer shall (i) provide Authorized Users with computers and access to high speed internet at its own expense, (ii) be responsible for all activities that occur under Customer's user accounts; (iii) revoke access for Authorized Users no longer active employees of Customer; (iv) use commercially reasonable efforts to prevent unauthorized access to, or use of, the Software and notify Cardinal Health of any unauthorized use; and (v) comply with all applicable local, state, federal and international laws in using the Software.
- c) Customer agrees that Customer and its Authorized Users shall not (i) interfere, or attempt to interfere, with the Software in any way; (ii) engage in spamming, spoofing or any fraudulent, illegal or unauthorized use of the Software; (iii) introduce into or transmit through the Software any virus, worm, trap door, or any other type of limiting routine, instruction or design or fail to take reasonable steps to prevent the foregoing; (iv) remove, obscure or alter any copyright notice, trademarks or other proprietary rights notices affixed to or contained within the Software; or (v) engage in or allow any action involving the Software that is inconsistent with the terms and conditions of the Agreement or the user's guide.
- d) Customer will notify Cardinal Health in the event that an Authorized User is terminated within five (5) business days of termination so that the individual's rights may be removed.
- e) Customer hereby grants permission to Cardinal Health's affiliates Cardinal Health 110, LLC ("Cardinal Health Pharmaceutical Distribution"), and, if applicable, Cardinal Health 108, LLC ("Cardinal Health Specialty Pharmaceutical Distribution") to release Customer's purchase data on an ongoing basis through an 810 data feed and/or other similar mechanisms including, but not limited to, *Order Express and Advanced Reports*, to Cardinal Health for the purposes of satisfying the terms of this Agreement. Customer may withdraw this permission at any time upon written notice to Cardinal Health. Customer agrees to indemnify and hold Cardinal Health Pharmaceutical Distribution, and, if applicable, Cardinal Health Specialty Pharmaceutical Distribution, harmless from any and all liability that may arise out of or is related to the release of such purchase data to Cardinal Health.
- f) Customer shall provide direct purchase data to Cardinal Health via an Excel file which must include the NDC, product description, purchase quantity and either the acquisition or extended cost. Customer shall provide direct purchase data for the complete prior fiscal year and the current fiscal year to date in either monthly files or a combined file that includes purchase month and year.
 - i) If Customer is unable to provide direct purchase data in an excel file as described above, the Manual Upload of Direct Purchases Fee, as set forth in Paragraph 4 shall apply.
- g) Customer shall appoint a Customer administrative staff member, Director of Pharmacy or other pharmacy staff member to act as the Customer Liaison for the purpose of facilitating implementation at each facility.

EXHIBIT B (continued)
DRUG COST OPPORTUNITY ANALYTICS (DCOA)

2) Cardinal Health Responsibilities.

- a) Cardinal Health shall ensure that the Software is performing substantially in accordance with its documentation and provide support twelve (12) hours a day, Monday through Friday. Cardinal Health shall use commercially reasonable efforts to ensure that the Software is generally available twenty-four (24) hours a day, seven (7) days a week except for scheduled downtime and downtime caused by circumstances beyond Cardinal Health's reasonable control, including without limitation, natural disasters, acts of God or government, civil unrest, acts of terrorism, strikes or other labor shortages, computer, Software, telecommunications or internet failures not within Cardinal Health's reasonable control, and network or denial of service attacks occurring despite Cardinal Health's exercising reasonable care and diligence to avoid or mitigate such acts.

3) Software License.

- a) During the term of this Agreement, Customer shall have a limited, revocable, non-exclusive, non-transferable, non-sublicensable license to use the Software provided by Cardinal Health within Customer's offices located at the Customer Site(s) set forth herein or at other such locations approved in advance by Cardinal Health, on one or more computers for internal purposes only and solely for the Customer's internal business activities.
- b) Customer's Authorized Users shall (i) access and use the Software only as described in the user's guide and (ii) input, upload, access and maintain Customer's data and data files solely for Customer's internal use. Authorized Users shall be granted a valid User identification and password by Customer or Cardinal Health at Customer's request. Each identification and password can be used by no more than one Authorized User.
- c) Unless otherwise specified in the Agreement, Cardinal Health reserves all rights not expressly granted to Customer in the Agreement, and the Agreement will not be construed as granting any other rights, whether by implication, estoppel, or otherwise.

4) Manual Upload of Direct Purchases Fee. There will be a minimum fee of one hundred fifty dollars (\$150) for Cardinal Health to manually upload Customer's direct purchases data. This assumes the manual upload can be performed in four (4) hours or less. Should the upload require more than four (4) hours, there will be an additional charge for each additional hour of fifty dollars (\$50) an hour. This fee shall be charged as incurred and will appear as a line item on the next monthly invoice. **There will be no charge for uploading direct purchase data provided in an Excel file.**

5) Changes to Customer's Wholesale Purchase Accounts. In the event Customer chooses to change its wholesale purchase account during the term of the Agreement, Cardinal Health requires advance notice from Customer of at least thirty (30) days prior to when Customer plans to begin utilizing the new wholesale purchase account and additional set-up fees may be incurred.

EXHIBIT C
CUSTOMER DATA REQUIREMENTS

In order for Cardinal Health to provide accurate clinical and financial information to the Customer, the following files must be received from Customer in a delimited format. Tab delimiters are preferred but comma or tilde delimiters are acceptable if the Customer verifies the chosen delimiter does not occur in any of the required data elements. Only CMS MS v.25 is accepted. This data is described below, however, detailed specs will be provided upon execution.

Data files:

Test File: one (1) month of data for the four (4) files listed under Initial Setup.

Initial Setup:

1. One delimited file containing all Service Area IDs/Codes. File to be included with recurring monthly file transmission.
2. One delimited file containing all Physician IDs and names. File to be included with recurring monthly file transmission.
3. One delimited file containing patient demographic data for all patients receiving Drugs from the Pharmacy for a specific time period.
4. One delimited file containing all Drug utilization dispensed from the Pharmacy for a specific time period.

Recurring files: to be transmitted at least monthly containing one (1) month of data.

1. One delimited file containing patient demographic data for all patients receiving Drugs from the Pharmacy to be received no later than the fifth (5th) day of the month for data from the previous month.
2. One delimited file containing all Drug utilization dispensed from the Pharmacy to be received no later than the fifth (5th) day of the month for data from the previous month.

The patient demographic file shall contain the following data:

- Patient ID/Billing ID
- Facility ID (to be provided by Cardinal Health)
- Admit Date/Time
- Discharge Date/Time
- Attending Physician
- Admit CMS DRG (optional)
- Discharge CMS v.25 DRGs
- Patient Type
- Days (optional)
- Service Area

EXHIBIT C (continued)
CUSTOMER DATA REQUIREMENTS

If the Discharge CMS MS v.25 DRG is not included in a patient demographic file received, Drug utilization for such patients shall be allocated to DRG 999 Ungroupable until a Discharge CMS MS v.25 DRG is assigned.

The Drug utilization file shall include the following data broken down by Patient and Drug, but summarized per Patient, Drug, and Day:

- Patient ID/Billing ID
- Facility ID (to be provided by Cardinal Health)
- CDM/HDC
- Description
- NDC (if available)
- Quantity
- Total Revenue
- Dispense Date
- Attending Physician
- Prescribing Physician (if available)

EXHIBIT D
REVENUE AND EXPENSE MATRIX

The following is a representative yet not exhaustive list of items indicating which department in Customer has the responsibility for purchasing such items and which department in Customer should receive the revenue and expense for such items. Customer shall have the right to add items to this list under the same terms and conditions by giving written notice of such addition to Cardinal Health. Items in parenthesis below are included as examples only.

Item	Purchase	Expense	Revenue
Albumin	Pharmacy	Pharmacy	Pharmacy
Anesthesia Drugs (C-II's including NMBs - rocuronium bromide, propofol)	Pharmacy	Pharmacy	Pharmacy
Anesthesia gases (sevoflurane, isoflurane, halothane)	Materials	Surgery	Procedure Charge
Betadine (u/d douche) (scrubs, soln.)	Materials	Materials	Materials
Chondroitin/Hyaluronate sodium (Viscoat)	Surgery	Surgery	Procedure Charge
Dantrium	Pharmacy	Pharmacy	Pharmacy
Darbepoetin Alfa (Aranesp)	Pharmacy	Pharmacy	Pharmacy
Dietary (enterals, supplements, feeding sets)	Materials	Dietary	Dietary
Digoxin Immune Fab (Digibind, Digifab)	Pharmacy	Pharmacy	Pharmacy
Emergency Kits/Carts	Pharmacy	Pharmacy	Pharmacy
Epoetin Alfa (Epogen)	Pharmacy	Pharmacy	Pharmacy
Epoetin Alfa (Procrit)	Pharmacy	Pharmacy	Pharmacy
Fleet enema	Pharmacy	Pharmacy	Pharmacy
Hemophilia Factors	Pharmacy	Pharmacy	Pharmacy
Hemostatics (Avitene, Gelfoam, Gelatin Sponge)	Pharmacy	Pharmacy	Pharmacy
Hibiclens	Materials	Floor Stock	Procedure Charge
Hyaluronate Sodium (Amvisc, Healon)	Pharmacy	Pharmacy	Pharmacy
Irrigations - bags (normal saline/sterile water)	Materials	Pharmacy	Pharmacy
Irrigations - dialysis solutions (Dianeal)	Materials	Dialysis	Dialysis
IV Sets/Chemo Sets	Materials	Floor Stock	Procedure Charge
IV Solutions (plain - dextrose, lactated ringers)	Materials	Pharmacy	Pharmacy
IV Solutions (w/ additives - heparin IV 500ml, D5 % w/ KCl20)	Pharmacy	Pharmacy	Pharmacy
IVIG	Pharmacy	Pharmacy	Pharmacy
Lab materials (chem strips, chemstix, acetest)	Lab	Lab	Lab
Lexiscan	Pharmacy	Pharmacy	Pharmacy
Multiple Dose Inhalers (Advair, Proventil, Serevent)	Pharmacy	Pharmacy	Pharmacy
NaCl 30 MI flush vials	Materials	Floor Stock	Procedure Charge
Neosporin 15 or 30 gram tubes	Pharmacy	Pharmacy	Pharmacy
Peroxide	Materials	Floor Stock	Procedure Charge
Phlosohex	Materials	Floor Stock	Procedure Charge
Radiology (dyes - gentian violet, radiopaques - iopamidol, iohexol)	Materials	Radiology	Procedure Charge
Respiratory therapy (nebulizer drugs - fluticasone, albuterol)	Pharmacy	Pharmacy	Pharmacy
Rhophylac	Pharmacy	Pharmacy	Pharmacy
Sterile Water 30ml Flush vials	Materials	Pharmacy	Pharmacy

EXHIBIT D (continued)
REVENUE AND EXPENSE MATRIX

Sterile Water IRR	Materials	Pharmacy	Pharmacy
Thrombin	Materials	Surgery	Procedure Charge
Thrombolytics (Alteplase, Retevase)	Pharmacy	Pharmacy	Pharmacy
Transplant drugs (cyclosporine, azathioprine) Becaplermin (Regranex)	Pharmacy	Pharmacy	Pharmacy
Tisseel	Materials	Surgery	Procedure Charge
Vaccines	Pharmacy	Pharmacy	Pharmacy

EXHIBIT E
KEY HISTORICAL STATISTICS

The information in this exhibit is intended to provide the Parties a baseline of key historical statistics from which the PACT was calculated for the period July 2022 through June 2023.

Statistic	Actual Monthly Average	Acceptable Variation Range	
Total Acute Admissions or Discharges	138	+10%	-10%
Total Acute Patient Days	441	+10%	-10%
Inpatient Pharmacy Drug & IV Revenues	\$255,641.00	+10%	-10%
Outpatient Pharmacy Drug & IV Revenues	\$2,484,772.00	+10%	-10%
Case Mix Index (for all patients excluding newborns)	1.54	+10%	-10%