

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
REGULAR MEETING OF THE BOARD OF TRUSTEES
April 5, 2023
2:00 p.m.
Zoom Meeting ID: 863 6593 5123 & Passcode: 585926**

AGENDA

- I. Call to Order Taylor Jones
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Mission and Vision](#) Marty Kelsey
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Taylor Jones
- III. [Minutes](#) *(For Action)* Taylor Jones
- IV. Community Communication Taylor Jones
- V. Old Business Taylor Jones
 - A. Employee Policies *(Remains under review/development, no request for action)*
 - 1. Workplace Violence Prevention Policy
 - 2. Workplace Violence Prevention Program
 - B. Board Meeting Guidelines & Agenda Notation *(Remains under review; no request for action)*
 - C. [Quality Committee Charter](#) *(For Action)* Taylor Jones
- VI. New Business *(Review and Questions/Comments)* Taylor Jones
 - A. [Resolution for Reissuance](#) *(For Action)* Irene Richardson
 - B. [Employee Policies – Drug And Alcohol Free Workplace](#) [Suzan Campbell, In House Counsel](#)
[And Testing Policy With Substance Abuse Checklist](#) *(For Review)*
 - C. [Sentinel Event Policy](#) *(For Review)* Kara Jackson, *Director of Quality Accreditation, Patient Safety & Risk*
 - D. Credentials Committee Privilege Form *(For Action)* Kerry Downs,
Director of Medical Staff Services
 - 1. [Hospitalist](#)
 - 2. [Pediatrics](#)
 - E. [Siemens Executive Agreement](#) *(For Ratification)* Irene Richardson
 - F. June Board Meeting Date Change *(For Action)* Barbara Sowada
 - G. Board Recruitment Barbara Sowada
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
 - A. [Quality Committee](#) Taylor Jones
 - B. Human Resources Committee Kandi Pendleton
 - C. [Finance & Audit Committee](#) Ed Tardoni
 - 1. [Capital Expenditure Request](#) *(For Action)*
 - 2. Bad Debt *(For Action)*
 - 3. [I.S. Report](#)
 - 4. [Finance & Audit Committee Meeting Information](#)

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- | | | |
|-------|---|--|
| D. | <u>Building & Grounds Committee</u> | Marty Kelsey |
| | 1. <u>Annual Plan</u> <i>(For Your Information)</i> | |
| E. | <u>Foundation Board</u> | Taylor Jones |
| F. | <u>Compliance Committee</u> | Kandi Pendleton |
| G. | <u>Governance Committee</u> | Barbara Sowada |
| H. | Executive Oversight and Compensation Committee | Barbara Sowada |
| I. | Joint Conference Committee | Barbara Sowada |
| IX. | Contract Review | Suzan Campbell |
| | A. Contracts Approved by CEO since Last Board Meeting <i>(For Your Information)</i> | |
| | 1. <u>Fresenius</u> | |
| X. | Board Education <i>(Cancelled for April)</i> | |
| XI. | Medical Staff Report | Dr. Brianne Crofts, <i>Medical Staff President</i> |
| XII. | Good of the Order | Taylor Jones |
| XIII. | Executive Session (W.S. §16-4-405(a)(ix)) | Taylor Jones |
| XIV. | Action Following Executive Session | Taylor Jones |
| XV. | Adjourn | Taylor Jones |



Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

*Compassionate care for
every life we touch.*

OUR VISION

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

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Workplace Experience

Growth, Opportunity & Community

Financial Stewardship

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

March 1, 2023

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session via Zoom on March 1, 2023, 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: Mr. Taylor Jones, Mr. Marty Kelsey, Ms. Kandi Pendleton, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Dr. Brianne Crofts, Medical Staff President; Mr. Geoff Phillips, Legal Counsel; and Mr. Robb Slaughter, County Commissioner Liaison.

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

Dr. Sowada said Mr. Fred Von Ahrens saw her in town and was very complimentary of the recent Red Tie Gala and Hospital. He asked her to say hello to everyone and thank everyone for all they are doing. Mr. Tardoni said he recently used the Walk In Clinic and had an excellent experience. Ms. Pendleton shared several positive experience stories involving someone she works with and the Walk In Clinic, a family member and Same Day Surgery, and a visit to the Emergency Room.

AGENDA

The motion to approve the agenda as amended to add an update on the emergency spending authority for the CEO by Mr. Phillips under “Old Business” was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the February 1, 2023, regular meeting as presented was made by Mr. Jones; second by Mr. Tardoni. Motion carried. The motion to approve the minutes

of the February 9, 2023, special meeting as presented was made by Mr. Jones; second by Mr. Tardoni. Ms. Pendleton abstained, and the motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

Employee Policies

Placeholder during continued review.

Patient Safety Plan

The motion to approve the Patient Safety Plan as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

Emergency Spending Authority

Dr. Sowada asked Mr. Phillips if he had a chance to look into authorization for the CEO in emergency situations. Ms. Richardson said at the beginning of Covid, the Board gave her emergency spending authority and she never used it. It would require the ratification of the Board at the meeting following use. It is separate from the spending authority matrix. The Board agreed to keep current plans in place.

NEW BUSINESS

Board Meeting Guidelines and Annotation Checklist

Mr. Kelsey said the proposed guidelines were designed to improve communication and enhance structure to our meetings. He said it is intended to document and reenforce some of the practices currently in place. Mr. Kelsey said the biggest addition would be to improve communication. He said the checklist memo is short, concise, easy to read, and not a burden on staff to prepare. It is a tool to improve how we do business. Ms. Richardson said if approved in April, we would implement for the May meeting. The Board discussed the proposal including any concerns. Ms. Richardson said she appreciates the interaction of the Board. Dr. Sowada said the memo helps her with timesaving access to information.

Quality Committee Charter

Dr. Sowada noted the highlighted changes.

Resolution

Ms. Richardson reviewed the Critical Access Hospital (CAH) designation and background of how we arrived at the current discussion. She said our auditors recommend we move to CAH status.

We have reviewed with Leadership and the Medical Staff. Ms. Richardson said we think this will help our hospital move into the future. She said the proposed resolution will allow us to start pursuing the status change. The motion to approve Resolution 2023-1 as presented was made by Mr. Jones; second by Mr. Tardoni. Motion carried.

Credentials Committee Privilege Form

Ms. Kerry Downs, Director of Medical Staff Services, said we are revising privilege forms. The form presented has been approved by the specialties, department chairs, and Credentials Committee, and Medical Executive Committee. The motion to approve the form as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson said she wanted to take a few minutes to reflect on the past three years. She feels the Hospital got our community through Covid with the help of others in our community. She gave a huge shout out to our hospital. She said our community couldn't ask for better staff to take care of them. Ms. Richardson provided an update on the strategic plan areas of patient experience, quality and safety, community and growth, workplace experience, and financial stewardship. She thanked the Board for their approval to pursue CAH status. Ms. Richardson thanked the amazing staff for all they do every day. Dr. Sowada congratulated Ms. Richardson and thanked her for showcasing MHSC so well by presenting at the recent American Hospital Association Rural Healthcare Conference in San Antonio.

COMMITTEE REPORTS

Quality Committee

Mr. Tardoni said the information is in the meeting packet.

Human Resources Committee

Ms. Pendleton said the information is in the meeting packet.

Finance and Audit Committee

Mr. Tardoni said the meeting was moved to a different time. He presented three capital expenditure requests. The motion to approve FY23-28 for \$653,167 for oncology suite renovations was made by Mr. Tardoni; second by Mr. Jones. The request is budgeted, and Mr. Tardoni said the CFO advised the expenses are County Maintenance Fund eligible. Motion carried. The motion to approve FY23-29 for \$2,539,455.80 for a five-year lease of the DaVinci robot was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said the lease requires \$185,000 per year for a service contract. Motion carried. The motion to approve FY23-30 for \$84,872.48 for a non-budgeted sonic irrigator was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

Bad Debt: The motion to approve the net potential bad debt of \$1,029,135.57 as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

Building and Grounds

Mr. Kelsey said the information is in the meeting packet.

Foundation

Ms. Tiffany Marshall, Foundation Executive Director, said the February Board of Directors meeting was canceled. She said the goal for the Red Tie Gala was \$175,000 and we raised over \$200,000. She said we were excited to see the support from our community. Ms. Marshall expressed appreciation of the love and support our community showed to us. She said the Board of Directors continues working on rolling out their strategic plan.

Governance Committee

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

Executive Oversight and Compensation Committee & Joint Conference Committee

Dr. Sowada said there is nothing to report.

EDUCATION

Dr. Sowada led the discussion on review of the iProtean Social Determinants of Health video. She said Covid brought to light the area of social determinants of health, and it has become a subject of concern. Mr. Jones said we can always improve but it seems like most of the videos we watch share examples for many things we already do like housing partners, transportation services, and it makes him feel good about our hospital. Dr. Sowada said she was amazed at the technology available to review and pull data. Ms. Pendleton said she was watching for things we can improve and mentioned telehealth. She said it would be nice if we could expand the Walk In Clinic hours. Ms. Kara Jackson, Director of Quality Accreditation, Patient Safety & Risk, said the discussion is great timing because our Health Equity Team is meeting. The Team reviewed CMS updates and discussed why social determinants of health are so important. Ms. Robin Jenkins, Director of Care Management, said we have an assessment tool in Cerner. She provided a review of our resources and said we will continue to increase our participation in the Sweetwater Care Coalition. Dr. Sowada thanked Ms. Jackson and Ms. Jenkins for the information they provided.

MEDICAL STAFF REPORT

Dr. Crofts said it is amazing how many people stop at this hospital along their travels. She said we take care of other communities as well as our own. Dr. Crofts said the General Medical Staff and Medical Executive Committee met. She said she thinks the DaVinci will help us in physician recruitment.

GOOD OF THE ORDER

Dr. Sowada said prior to Covid, the Board had a Quality Committee Workshop at least once a year and a Finance and Audit Committee Workshop at least once a year. Mr. Jones said his concern is

how much time is devoted/involved in a workshop for the Board and wonders if that is the best use of time. Mr. Tardoni said he thinks committees, if used properly, allow at least two Trustees to specialize in an area. Because of rotating duties, Trustees learn about all of the committees. Ms. Pendleton said we can always schedule workshops as needed. The Trustees agreed a workshop to have a workshop is not desirable and agreed an annual budget workshop is of key importance. They agreed iPro videos for education will continue.

Commissioner Slaughter thanked the Board. He said he attended the Finance and Audit Committee meeting, has spoken with Ms. Richardson, received information from Ms. Tami Love, Chief Financial Officer, and taken several notes at this meeting. He asked if there is anything the Board wants him to take to the full Board of County Commissioners. Dr. Sowada thanked Commissioner Slaughter for attending our meetings and for his support.

EXECUTIVE SESSION

The motion to go into executive session was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

RECONVENE INTO REGULAR SESSION

At 5:31 p.m., the motion to leave executive session and return to regular session was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to approve the list of clinical privileges and granting appointments to the Medical Staff as reviewed in executive session was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from February 7, 2023

1. Initial Appointment to Associate Staff (1 year)
 - Dr. Susan Feeney, Radiation Oncology
2. Reappointment to Active Staff (2 years)
 - Dr. David Duckwitz, Podiatric Surgery
 - Dr. Wagner Veronese, OB/GYN
3. Reappointment to Consulting Staff (2 years)
 - Dr. Gregg Sydow, Tele Radiology (Vrad)
 - Dr. Ronald Sonken, Tele Radiology (Vrad)
 - Dr. David Tague, Tele Radiology (Vrad)
4. Reappointment to Non-Physician Provider Staff (2 years)
 - Emily James, Nurse Practitioner

The motion to approve the provider contracts presented by the CEO and authorize the CEO to sign the contracts as discussed in executive session was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:32 p.m.

Dr. Barbara Sowada, President

Attest:

Ms. Kandi Pendleton, Secretary



Board Quality Committee Charter

STATEMENT OF PURPOSE:

The purpose of the Quality Committee (Committee) is to assist the Board of Trustees (Board) in its fiduciary and oversight duties regarding the delivery of safe, quality, patient-centered care with the expectation of continuous improvement as set forth below.

TEXT

I. **Definition of Quality:** Quality at Memorial Hospital of Sweetwater County (Hospital) is a patient-centered commitment to excellence, consistently using best practices for process improvement to achieve the best outcomes for our patients.

A. The Institute of Medicine (IOM) defines health care quality as “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

The IOM defines the six (6) dimensions of quality as:

1. **SAFE**, does not harm
2. **TIMELY**, delivered without unnecessary delays
3. **EFFECTIVE**, based on the best scientific knowledge currently available
4. **EFFICIENT**, does not waste resources
5. **EQUITABLE**, based health needs not personal characteristics
6. **PATIENT-CENTERED**, respectful and customized according to patients needs and values

II. **Authority:**

A. The committee has no expressed or implied power or authority.

III. **Responsibilities:**

- A. In fulfilling its charge, the Committee is responsible for the following activities and functions.
1. Monitors the monthly quality, safety, and patient experience reports of the Hospital against national benchmarks and other standards.
 2. Monitors priority-focus data as identified by the Performance Improvement and Patient Safety (PIPS) Committee.
 3. Monitors the summary quality, safety, and patient experience reports provided pursuant to provisions of clinical service contracts.
 4. Monitors the summary quality, safety, patient experience reports of the Hospital's medical directors and department chairs.
 5. Reviews all Serious Safety Events, as defined by the Hospital, the National Quality Forum, Wyoming Department of Health, and The Joint Commission, and subsequent improvement plans made in connection therewith.
 6. Monitors the effectiveness of project and committee leaders' improvement plans with regard to negative variances and serious errors.
 7. Reviews the Hospital's annual PIPS Plan, Patient Safety Plan, and Environment of Care Plans, and recommends the Plans to the Board for its approval.
 8. Advocates that quality and cost are appropriately inter-related and that the Hospital's culture and resources are sufficient to support efforts to improve quality, safety, and patient-centered care.
 9. Recommends organizational strategy regarding the delivery of safe, patient-centered, quality care as aligned with the Hospital's strategic plan.
 10. Works with Senior Leadership to help assure that major new programs, service additions, or enhancements have met specific quality-related performance criteria, including, but not limited to, volume, staffing and accreditation requirements.
 11. Recommends Board level policies regarding the delivery of safe, patient-centered, quality care, as needed.
 12. Recommends education programs to the Board.

IV. Composition:

- A. The composition of the Committee shall be as follows: two (2) Board members, one of whom to serve as Chair, Chief Executive Officer, Chief Medical Officer, Chief Financial Officer, Chief Nursing Officer, Chief Clinical Officer, Clinic Director, Quality Director, and not more than two physicians as appointed by the Board President. Each of these members shall have voting privileges.
1. The Chair may invite any director, officer, staff member, expert or other advisor who is not a member of the Committee to attend, but these individuals have no voting privileges.
 2. **Meetings should be attended by** the staff of the Quality Department and

the Infection Prevention, Risk and Compliance Director. These individuals shall not have voting privileges.

V. Meeting Schedule:

- A. The committee shall meet monthly and as needed.

VI. Reports:

- A. The Committee will regularly receive and review the following reports.
 - 1. The monthly quality, safety, and patient experience reports of the Hospital
 - 2. Centers for Medicare and Medicaid quarterly and annual reports
 - 3. Serious Safety Events, as they occur
 - 4. Root Cause Analysis (RCA) and Failure Mode and Effects Analysis (FMEA) reports
 - 5. Environment of Care Plan Evaluation, semi annually
 - 6. Progress on performance improvements and/or safety goals as aligned with identified priority areas in the PIPS Plan and/or other priorities identified by the PIPS Committee in action plan format
 - 7. The annual PIPS Plan
 - 8. The results of the biennial Culture of Safety survey
 - 9. Accreditation reports when received
 - 10. Infection Prevention Program Annual Evaluation
 - 11. Performance Improvement and Patient Safety (PIPS) Plan Annual Evaluation and Performance Improvement (PI) and Patient Safety Report
 - 12. Summary of clinical contract reviews annually
 - 13. Audits of credentialing process at least every two (2) years
 - 14. Audits of peer review, ongoing professional practice evaluations (OPPE), focused professional practice evaluations (FPPE) monitoring, annually

VII. Confidentiality:

- A. WY Stat 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Subsection A.
- B. WY Stat 35-2-910 (d)
- C. All quality and patient safety data shall be considered the property of the Hospital.
- D. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with Hospital Policy and State and Federal Regulations governing the confidentiality of quality and patient safety work.
- E. Only aggregated data will be reported to the Committee, with two exceptions. These exceptions are Serious Safety Events and events that triggered Root Cause Analysis and/or Failure Mode Effects Analysis. De-identification of protected health information will be used for these reports.

Approved: The Board Quality Committee 2/15/2023

Board Charter: The Quality Committee

Category: Board Committees & Committee Charters

Title: Quality Committee

Original Adoption: 7/4/2018

Revision: 7/25/2018; 1/29/2020; 4/1/2020

Approval Signatures

Step Description

Approver

Date

DRAFT



Approved N/A
Review Due N/A

Document General -
Area Housewide

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 6. Monitors the effectiveness of project and committee leaders' improvement plans with regard to negative variances and serious errors.
 7. Reviews the Hospital's annual PIPS Plan (~~-, Patient Safety Plan~~), and Environment of Care Plans, and recommends the ~~PlanPlans~~ to the Board for its approval.
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 9. Recommends organizational strategy regarding the delivery of safe, patient-centered, quality care as aligned with the Hospital's strategic plan.
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- ~~The Chair may invite any director, officer, staff member, expert or other advisor who is not a member of the Committee to attend, but these individuals have no voting privileges.~~
- ~~Meetings should be attended by the staff of the Quality Department and the Infection Prevention, Risk and Compliance Director. These individuals shall not have~~

~~voting privileges.~~

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 3. Serious Safety Events, as they occur
 4. Root Cause Analysis (RCA) and Failure Mode and Effects Analysis (FMEA) reports
 5. Environment of Care ~~reports~~ Plan Evaluation, biannually and semi annually
 6. Progress on performance improvements and/or safety goals as aligned with identified priority areas in the PIPS Plan and/or other priorities identified by the PIPS Committee in action plan format
 7. The annual PIPS Plan
 8. The results of the biennial Culture of Safety survey
 9. Accreditation reports when received
 10. Infection Prevention Program Annual Evaluation
 11. Performance Improvement and Patient Safety (PIPS) Plan Annual Evaluation and Performance Improvement (PI) and Patient Safety Report
 12. Summary of clinical contract reviews annually
 13. Audits of credentialing process at least every two (2) years
 14. Audits of peer review, ongoing professional practice evaluations (OPPE), focused professional practice evaluations (FPPE) monitoring, annually
~~Audits of clinical contract quality and safety review, annually~~
~~Audits of medical directors' quality review initiatives annually~~

VII. Confidentiality:

~~WY Stat 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Subsection A. "Each licensee (hospital, healthcare facility and health services) shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division.~~

Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the functions of a quality management program participates in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care provider or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intentional act or omission in the provision of care."

Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with Hospital Policy and State and Federal Regulations governing the confidentiality of quality and patient safety work. All quality and patient safety data shall be considered the property of the Hospital.

Only aggregated data will be reported to the Committee, with two exceptions. These exceptions are Serious Safety Events and events that triggered Root Cause Analysis and/or Failure Mode Effects Analysis. De-identification of protected health information will be used for these reports.

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~~WY Stat 35-2-910 (d)~~

Approved: The Board ~~Compliance~~Quality Committee 4/1/20202/15/2023

Board Charter: The ~~Compliance~~Quality Committee

Category: Board Committees & Committee Charters

Title: ~~Compliance~~Quality Committee

Original Adoption: 7/4/2018

Revision: 7/25/2018; 1/29/2020; 4/1/2020

Approval Signatures

Step Description	Approver	Date
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DRAFT

RESOLUTION

OF

**THE BOARD OF TRUSTEES OF MEMORIAL HOSPITAL
OF SWEETWATER COUNTY, WYOMING**

Authorizing the Reissuance of Its
Taxable Hospital Revenue Bonds (Convertible to Tax-Exempt), Series 2021, Dated as of
December 17, 2021, in the Original Principal Amount of \$26,835,000

Resolution Adopted by the Hospital Board on April 5, 2023,
for the Reissuance to be Effective as of June 5, 2023

STATE OF WYOMING)
) ss:
COUNTY OF SWEETWATER)

The Board of Trustees of Memorial Hospital of Sweetwater County, Wyoming met at a regularly scheduled meeting, pursuant to due notice and call, at the Memorial Hospital of Sweetwater County in Rock Springs, Wyoming on Wednesday, the 5th day of April, 2023 at the hour of 2:00 p.m.

The following trustees of said Board constituting a quorum were present:

President:	Barbara Sowada
Vice President:	Taylor Jones
Secretary:	Kandi Pendleton
Treasurer:	Edward Tardoni
Trustee:	Marty Kelsey

Absent:

Also present:	Irene Richardson, Chief Executive Officer
	Tami Love, Chief Financial Officer

The following Resolution was introduced and read by title, copies thereof having previously been made available to the members of the Board of Trustees of Memorial Hospital of Sweetwater County:

RESOLUTION

A RESOLUTION AUTHORIZING THE REISSUANCE OF THE OUTSTANDING SWEETWATER COUNTY, WYOMING TAXABLE HOSPITAL REVENUE REFUNDING BONDS, SERIES 2021 TO CONVERT THE BONDS TO TAX-EXEMPT; APPROVING THE EXECUTION OF DOCUMENTS RELATED THERETO; AND OTHER DETAILS RELATED THERETO.

WHEREAS, a county is authorized pursuant to Wyo. Stat. §§ 18-8-201 and 35-2-432 and under the procedures set forth in Wyo. Stat. §§ 35-2-424 through 35-2-436 (collectively the “Act”), to issue revenue bonds for the purpose of acquiring, erecting, constructing, reconstructing, improving, remodeling, furnishing or equipping hospitals or related facilities or refunding any securities issued pursuant to any act and payable from any pledged revenues of a county memorial hospital when requested by the board of trustees of a county memorial hospital; and

WHEREAS, Sweetwater County, Wyoming (the “County”) owns and the Board of Trustees of Memorial Hospital of Sweetwater County (the “Hospital Board”) operates as a public municipal hospital, commonly known as the “Sweetwater County Memorial Hospital” (the “Hospital”) to serve the public health needs of the County; and

WHEREAS, at the request of the Hospital Board, the County issued its Sweetwater County, Wyoming Taxable Hospital Revenue Refunding Bonds (Convertible to Tax-Exempt), Series 2021 (Memorial Hospital Project) in the original principal amount of \$26,835,000 (herein the “Series 2021 Bonds”) pursuant to an Indenture of Trust dated as of June 1, 2013 (the “Master Indenture”), as supplemented by that certain First Supplement to Indenture of Trust dated as of June 20, 2013 (the “First Supplement”), and as further supplemented by a Second Supplement to Indenture of Trust dated as of December 17, 2021 (the “Second Supplement”, and collectively with the Master Indenture and First Supplement, (the “2021 Indenture”) for the purpose of refunding the County’s then outstanding Series 2013A Bonds; and

WHEREAS, all of the Series 2021 Bonds were sold and delivered to Key Government Finance, Inc. (the “Bondholder”); and

WHEREAS, the Hospital Board has determined and hereby determines that it is necessary and desirable for the County to reissue the Series 2021 Bonds for federal tax law purposes due to a modification of the Series 2021 Bonds to convert the Series 2021 from taxable bonds to tax-exempt bonds and to change the interest rate from the Taxable Rate to the Tax-Exempt Rate as defined in the Second Supplement, in accordance with the terms of the Second Supplement; and

WHEREAS, the Hospital Board desires to authorize the reissuance of the Series 2021 Bonds by the County, to be effective as of June 5, 2023, and to request and approve the participation by the County in such other transactions as are contemplated thereby, all in accordance with provisions of this resolution (the “Resolution”); and

WHEREAS, in order to provide for the reissuance, authentication and delivery of the reissued outstanding Series 2021 Bonds to the Bondholder, to establish and declare the terms and conditions upon which the reissued Series 2021 Bonds are to be executed and delivered, to establish the terms and conditions of satisfying the Hospital Board's obligations under the reissued Series 2021 Bonds and to secure the payment of the principal thereof and interest thereon, the Hospital Board has authorized the execution and delivery of this Authorizing Resolution.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE MEMORIAL HOSPITAL OF SWEETWATER COUNTY, WYOMING AS FOLLOWS:

Section 1. **Approval of Prior Action.** All action heretofore taken (not inconsistent with the provisions of this Resolution) by the Hospital Board and the officers and members of the Hospital Board in connection with the reissuance of the Series 2021 Bonds and the accomplishment of the transactions herein authorized are hereby ratified, approved, and confirmed.

Section 2. **Reissuance of the Series 2021 Bonds.** The Hospital Board is hereby authorized to reissue the outstanding Series 2021 Bonds in an aggregate principal amount not to exceed \$26,835,000, for the purposes described in the recitals above. The reissuance of the Series 2021 Bonds shall be effective as of June 5, 2023, or as soon thereafter as possible. The appropriate officials of the Hospital Board are authorized to execute such documents as may be necessary to complete the reissuance of the Series 2021 Bonds. The Hospital Board has requested and hereby does request that the County authorize and participate in the transaction contemplated by this Resolution.

Section 3. **Amendments to Documents by the Hospital Board.** The appropriate officials of the Hospital Board are authorized to make any alterations, changes or additions to the documents related to the reissuance of the Series 2021 Bonds from any forms presented to the Hospital Board herein which may be necessary to correct errors or omissions therein, to remove ambiguities therefrom, to conform the same to other provisions of said instruments, to the provisions of this resolution, any resolution adopted by the Hospital Board, or the provisions of the laws of the State of Wyoming or the United States of America.

Section 4. **Other Actions by the Hospital Board.** The officers of the Hospital Board shall take all action in conformity with the statutes of the State of Wyoming necessary or reasonably required to effectuate the reissuance of the Series 2021 Bonds and shall take all action necessary or desirable to carry out, give effect to, and consummate the transactions contemplated by this Resolution, including without limitation, the execution and delivery of any closing documents or certificates to be delivered in connection with the reissuance and delivery of the Series 2021 Bonds, including but not limited to a Tax Certificate and an IRS Form 8038-G. The President or Vice President of the Hospital Board is hereby authorized and directed to execute and deliver all documents necessary for the closing of the reissuance of the Series 2021 Bonds and the Secretary of the Board is hereby authorized and directed to attest all documents necessary for the closing of the reissuance of the Series 2021 Bonds.

Section 5. **Series 2021 Bonds are Incontestable after Delivery.** It is also certified, recited and warranted that each of the Series 2021 Bonds were issued under the authority of the Act, and pursuant to Wyoming Statute § 35-2-425, this recital shall conclusively impart full compliance with all of the provisions of the Act, and that all of the Series 2021 Bonds reissued hereunder are incontestable for any cause whatsoever after their delivery for value.

Section 6. **No Repealer.** After the Series 2021 Bonds are reissued, this Authorizing Resolution shall be and remain irrevocable until the Series 2021 Bonds and the interest thereon shall have been fully paid, canceled and discharged.

Section 7. **Severability.** If any part or provision of this Authorizing Resolution should ever be judicially determined to be invalid or unenforceable, such determination shall not affect the remaining parts and provisions hereof, the intention being that each part or provision of this Authorizing Resolution is severable.

Section 8. **Conflicts of Authority.** All acts, resolutions and ordinances, or parts thereof, inconsistent herewith and with the documents hereby approved, are hereby repealed to the extent only of such inconsistency. This repealer shall not be construed as reviving any act, resolution or ordinance, or part thereof.

Section 9. **Immediate Effect.** This Authorizing Resolution shall take effect immediately upon its passage.

Section 10. **Recording.** This Authorizing Resolution, after its passage and approval, shall be recorded by the Secretary of the Board in a book kept for that purpose.

ADOPTED AND APPROVED this 5th day of April, 2023.

BOARD OF TRUSTEES OF THE
MEMORIAL HOSPITAL OF
SWEETWATER COUNTY, WYOMING

By: _____
Barbara Sowada, President

(S E A L)

Attested:

By: _____
Kandi Pendleton, Secretary

The motion to adopt the foregoing resolution was made by Trustee _____ and seconded by Trustee _____, put to a vote, and carried, the members of said members of the Board of Trustees of Memorial Hospital of Sweetwater County, Wyoming voting as follows:

Those voting Aye:

Those voting Nay:

Those Absent:

Thereupon President Sowada declared the motion carried and the resolution adopted, and the Secretary was directed to enter the foregoing proceedings and resolution upon the minutes of the Board.

After consideration of other unrelated matters, the meeting was adjourned.

(S E A L)

Barbara Sowada, President

Kandi Pendleton, Secretary

STATE OF WYOMING)
) ss:
COUNTY OF SWEETWATER)

I, Kandi Pendleton, the duly chosen, qualified, and acting Secretary of the Board of Trustees of the Memorial Hospital of Sweetwater County, Wyoming (the "Hospital"), do hereby certify:

1. The foregoing pages numbered 1 through 5, inclusive, are true, perfect and complete copies of the record of the proceedings of the Board of Trustees of the Hospital (the "Board"), had and taken at a regular meeting thereof held at the regular meeting place of the Board at the Hospital, in Rock Springs, Wyoming, in Sweetwater County, on Wednesday, the 5th day of April, 2023 at the hour of 2:00 p.m., as recorded in the records of the Board kept in my office.

2. The proceedings of the Board were duly had and taken as therein shown, the meeting therein shown was duly held, due notice and call was given each member, and the persons therein named as present at the meeting were present as shown by the minutes.

3. Notice of the meeting has been given as required by statutes of the State of Wyoming relating to meetings of governmental agencies (Sections 16-4-401 through 16-4-407).

WITNESS my name and the seal of the Hospital, this 5th day of April, 2023.

(S E A L)

Kandi Pendleton, Secretary



Approved N/A
Review Due N/A

Document **Employee**
Area **Policies**

EMPLOYEE POLICIES - DRUG AND ALCOHOL FREE WORKPLACE AND TESTING POLICY with Substance Abuse Checklist

STATEMENT OF PURPOSE

POLICY

~~MHSC is a drug and alcohol free workplace. As such, MHSC prohibits the use of non-prescribed drugs or alcohol during work hours. If an employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be subject to drug or alcohol testing as outlined in this policy.~~ **Memorial Hospital of Sweetwater County (MHSC or Hospital) is an alcohol and substance free workplace. As such, MHSC prohibits being under the influence of illegal or non-prescribed controlled substances and/or alcohol during work hours.**

~~This policy applies to all employees including employed physicians, part-time employees and traveling and/or contract employees. The policy is applicable in all MHSC facilities and wherever MHSC employees are performing duties for the Hospital. It is also applicable while operating any hospital vehicle or equipment at any time, or any personal, rental or other vehicle while on Hospital business. This policy will be under the purview of the Human Resources Department.~~ **This policy applies to all employees including employed providers, part-time employees and traveling and/or contract employees. The policy is applicable in all MHSC facilities and wherever MHSC employees are performing duties for the Hospital. It is also applicable while operating any Hospital vehicle or equipment at any time, or any personal, rental or other vehicle while on Hospital business.**

ADA Compliance

~~Consistent with MHSC's general policy against discrimination, the Hospital recognizes that disabled individuals should be protected from discriminatory treatment. Under the Americans with Disabilities Act, a disabled person is someone who has a medical or psychological condition that materially impairs a major life activity. However, also in accordance with the Americans with Disabilities Act, disability does~~

~~not include any condition resulting from alcohol or other drug abuse which prevents a person from performing essential functions of the job or which creates a direct threat to property or the safety of individuals.~~

Shared Responsibility

- : A safe and productive workplace free of inappropriate alcohol or drug use is achieved through cooperation and shared responsibility.
- : It is the responsibility of each employee to:
 - I. Adhere to this policy.
 - II. Notify his or her supervisor at the Hospital of any arrest or conviction involving drugs or alcohol prior to his or her next scheduled shift.
 - III. Cooperate fully with any investigation related to alleged violations of this policy.
 - IV. Investigate, report, and/or intervene in the event of reasonable suspicion of violations of this policy.
 - V. Safeguard Controlled Substances from unauthorized access.
- : It is the responsibility of Hospital to:
 - I. Inform employees of this policy.
 - II. Make the policy easily accessible to employees.
 - III. Periodically conduct substance abuse awareness training for supervisors.
 - IV. Promote employee awareness of the Hospital's assistance programs, including the Employee Assistance and Rehabilitation Assistance Programs.
 - V. Investigate reports of reasonable suspicion of violations of this policy.
 - VI. Take action with respect to violations of this policy. Such action could include counseling with respect to professional help, referral to the Employee Assistance Program, disciplinary action or termination.
 - VII. If required by accreditation, certification, licensure, or legal requirements or if management believes it to be appropriate, timely notify the appropriate authorities of any such action.
 - VIII. Maintain all documents pertaining to reports and investigations filed or conducted pursuant to this policy.

Prohibited Behavior

- : The following activities are strictly prohibited and may lead to discipline, up to and including immediate discharge:
 - I. The sale, manufacture, distribution, purchase, use or possession of alcohol, alcoholic beverages, illegal substances, non-prescribed controlled substances, or drug paraphernalia by an employee or student on Facility premises or during his or her working hours.
 - II. Reporting to work, or being at work, while under the influence of or while impaired by alcohol, alcoholic beverages, illegal substances, prescribed or non-prescribed

controlled substances.

- III. Reporting to work, or being at work, with the smell of alcohol on one's breath or person, or a measurable quantity of non-prescribed Controlled Substances in one's blood or urine.
 - IV. A conviction for sale or possession with intent to distribute any drugs, including prescription drugs.
 - V. Theft or diversion of Hospital medications.
 - VI. Refusal for any reason to submit or consent to a drug/alcohol screen requested by any management personnel at MHSC.
 - VII. Participation in any act that would create or allow false documentation of security and/or safety practices.
 - VIII. Tampering with or otherwise altering drug testing samples or security equipment or systems.
- : Prescription medications are not prohibited under this policy when taken as prescribed under the direction and monitoring of a physician.

Duty to report

- : An employee must notify his or her supervisor whenever he or she is taking a prescribed or over the counter drug that the employee has been advised will or based upon the drug profile is likely to, impair job performance (e.g. drowsiness or diminished ability to focus)
- : An employee must notify his or her supervisor if the employee has reasonable concerns that another employee has violated this policy.

As MHSC is a drug and alcohol free workplace, the Hospital may notify the appropriate law enforcement agency when it believes that an employee may have illegal drugs in his/her possession or is involved in other illegal conduct involving drugs at MHSC facilities.

Drug and Alcohol Testing

- : To ensure the accuracy and fairness of our testing program, all collection and testing will be conducted pursuant to guidelines established Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines which may include a confirmatory test; the opportunity for a split sample and; review by an Medical Records Officer (MRO), including the opportunity for employees or students who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.
- : All drug-testing information will be maintained in separate confidential records.
- : Employees will be required to participate, at a minimum, in testing as follows:
 - I. post offer, pre-employment;
 - II. upon reasonable suspicion;
 - III. after a reportable accident; and
 - IV. after an on-the-job injury to any person (e.g., another employee, a patient, the person to be tested) when it is possible that the acts or omissions of the employee to be

tested may have caused or been partially responsible for the injury.

- : Substances tested for at hire must at a minimum include amphetamines, barbiturates, benzodiazepines, opiates, marijuana, codeine, and cocaine. Reasonable suspicion and reportable accident testing should include amphetamines, barbiturates, benzodiazepines, carisoprodol, opiates, fentanyl analogues, methadone, meperidine, marijuana, and cocaine.
- : Testing for the presence of alcohol will be conducted by analysis of breath, saliva, blood or other accepted testing methodology. For the purpose of the Policy, an employee is presumed to be under the influence of alcohol if a blood test or other scientifically acceptable testing procedure shows a blood alcohol level of .01 or more. A test result which shows a blood alcohol limit of .01 or more will result in corrective action up to and including termination.
- : Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, saliva, or other accepted testing methodology. A positive test result for non-prescribed or illegal drugs will result in corrective action up to and including termination.
- : The MRO will review all non-negative reports. Any non-negative drug test result due to a physician-approved medication will be reported as a negative result. If it appears that the person tested is impaired by the use of medications for which the employee or student has a valid prescription, the report should note that fact. Medications that could affect an applicant's ability to perform his or her job may result in restrictions or recommendation for accommodation with respect to those tasks.

Violations of Policy

An employee's refusal to be tested, refusal to cooperate with the investigation of violations of this policy or in some other manner violates this policy will result in disciplinary action up to and including termination.

Pre-Employment Tests

With respect to a person who has been offered employment, if the person refuses to take the pre-employment drug tests described above, or tests positive for any non-prescribed Controlled Substances or Illegal Substances, the offer of employment will be withdrawn.

Definitions

Controlled Substances: any drug or chemical substance whose possession and use are regulated under the Controlled Substances Act.

Illegal Substances: any drug the possession or sale of which violates federal law (in the U.S.) or the country, state or local law of the jurisdiction in which the Facility is located.

Impairment: Practitioner impairment occurs when a substance-related disorder interferes with his or her ability to engage in professional activities competently and safely.

Medical Review Officer (MRO): A licensed physician not employed by MHSC who oversees the medical aspects of this policy. The MRO could be affiliated with the reference lab contracted with by the Facility. The MRO should have appropriate medical training to interpret and evaluate an individual's positive test results, medical history and any other relevant medical information.

Reportable Accident: Any employee involved in an on-the-job accident which involves injury requiring medical treatment or evaluation to the employee, or another person, property damage, or lost time from the job will be required to be tested for drugs and alcohol. An exception may be made provided it is immediately apparent to management that the employee or student is not at fault.

PROCEDURES

- : If an employee suspects another employee of being under the influence of drugs or alcohol the suspecting employee should immediately contact his/her supervisor and/or Human Resources to report his/her suspicions.
- : If the HR Director is unavailable, the employee will contact the Administrator On Call (AOC) or a member of Senior Leadership. Please DO NOT contact the House Supervisor. If, after an initial investigation by the Supervisor or HR, there appears to be reasonable suspicion, the Hospital shall take whatever action necessary to protect patients, and employees, including, if the circumstances indicate that it is appropriate, immediately removing the employee from his or her work area and escorting him/her to a designated testing location, and may request Security to conduct a search of the work area if circumstances warrant. The employee will be asked to sign a [consent form](#) prior to testing.
- : Any employee whose blood alcohol content exceeds the maximum set forth in this policy, or tests positive for non-prescribed Controlled Substances or illegal substances, will be immediately placed on administrative leave/suspension. The Hospital shall then seek legal review by the Legal Department.
- : During a suspension for violation of this policy, the employee shall not be allowed access to the Hospital with the exception for medical treatment.
- : The Hospital will provide employees who test positive for substances and/or alcohol in their system with contact information for substance abuse resources including the Hospital's Employee Assistance Program (EAP).

Voluntary Self-Reporting

~~Employees~~ An employee or student who ~~wish to undertake~~ voluntarily self-reports substance abuse may make a request to the Human Resource's Director to participate in a rehabilitation ~~for drug or alcohol abuse may make a request to the Human Resources Director to participate in a rehabilitation~~ program (see MHSC's EAP). The Hospital may grant the employee an unpaid leave of absence for this purpose ~~if~~. ~~If the leave of absence is granted, the Hospital may require, as a condition of continued employment, that the employee seeks help before the drug or alcohol abuse adversely affects the abide by the terms set forth by the Hospital. An Introductory Period employee's work performance or before the employee tests positive under this or any other applicable testing policy. An "introductory period" employee is not eligible for unpaid leave to attend a rehabilitation program.~~

ALCOHOL AND DRUG TESTING POLICY

~~All current and prospective employees are subject to this drug testing policy. Prospective employee's will be asked to submit to a test once a conditional offer of employment has been extended and accepted. An offer of employment by MHSC is conditioned on the prospective employee testing negative for illegal substances. MHSC's policy is intended to comply with all state and federal laws governing drug testing~~

~~and is designed to safeguard employee privacy rights to the fullest extent of the law.~~

~~If there is reasonable cause to suspect that an employee is working while under the influence of drugs or alcohol, the employee will be suspended with pay until the results of a drug and alcohol test are made available to the HR Department by the testing laboratory. Whenever an employee is operating machinery at the Hospital or driving a Hospital vehicle and is involved in an accident the employee will be suspended with pay until the results of a drug and alcohol test are made available to the HR Department by the testing laboratory. Where drug or alcohol testing is part of a routine physical there will be no adverse employment action or suspension taken until the test results are returned and reviewed by the HR department.~~

~~Before being asked to submit to a drug test, the employee will receive written notice of the request or requirements. The employee must also sign a testing authorization and acknowledgement form confirming that he or she is aware of this policy and the employee's rights. Any drug testing required or requested by MHSC will be conducted by a laboratory licensed by the state. All expenses related to the test will be incurred by the hospital.~~

~~If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result to HR. In addition, the employee may have the same sample retested at a laboratory of the employee's choice as a confirmatory test.~~

~~The Hospital may discipline an employee up to and including termination of employment if the employee tests positive on the first test (if the positive test is not requested by the employee to be sent for a confirmatory test) or upon a positive confirmatory test. An employee who has a positive confirmatory test, but is not terminated, will be required to participate in and complete a drug or alcohol treatment program. Refer to the Employee Assistance Plan (EAP).~~

~~All testing results will remain confidential and will be maintained in a separate employee file. Employee must sign a consent form prior to the release of results to a third party. Test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor at the facility.~~

- ~~I. In order to carry out the Hospital's commitment to be an alcohol and drug-free workplace, the Hospital reserves the right to conduct:~~
 - ~~A. **Reasonable Cause Drug and Alcohol Testing** Any employee who is reasonably suspected of using alcohol or illegal drugs or of abusing controlled substances in the workplace or of performing official duties while under the influence of alcohol, illegal drugs, or abused controlled substances will be required to undergo an alcohol and/or drug test. "Reasonable cause" exists when an employee exhibits patterns of behavior that suggest impairment from drug or alcohol use. (See Attachment A)~~
 - ~~B. **Post-Accident Testing** Whenever an employee is operating machinery at the Hospital or driving a Hospital vehicle and is involved in an accident he/she will be required to submit to a drug test. Test will be performed as soon as possible after the accident.~~

~~**Refusal to Participate.** An employee has the right to refuse testing. However, a refusal of testing will be treated as a failure to comply with the Hospital policy and will result in disciplinary action up to and including termination of employment.~~

APPROVED: MHSC Board of Trustees 3/6/2019

Confidentiality

All information received by the Hospital through compliance with this policy is confidential. Access to this information is limited to those who have a legitimate need to know within the Hospital or in some situations, law enforcement agencies.

Communication and Training

Communicating this policy is critical to the Hospital's success. To ensure all employees are aware of their role in supporting this policy, the Hospital shall prepare a plan for ensuring:

- : The policy will be reviewed in orientation sessions for all employees and students.
- : The policy will be reviewed annually by all employees.
- : Leadership/designee will discuss the policy and organizational procedure during orientation of staff managers.

Attachments

[SUBSTANCE ABUSE POLICY - Attachment A.pdf](#)

Approval Signatures

Step Description

Approver

Date

Approved N/A
Review Due N/A

Document **General -**
Area **Housewide**
Reg. **TJC**
Standards **LD.03.09.01,**
TJC
MM.05.01.01,
TJC
RI.01.02.01,
EP 21



Sentinel Event Policy

STATEMENT OF PURPOSE

Memorial Hospital of Sweetwater County's vision is to be the community's trusted health care provider. In line with our mission, vision and values we are committed to providing safe, high-quality care. To that end we must work to reduce the occurrence of serious safety events and Sentinel Events in our facility. When a Sentinel Event occurs, it is our responsibility to carry out an expeditious and thorough investigation to reduce or eradicate future harm to patients, staff, and facility.

Definitions

- I. **Sentinel Event** - A patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm). Please refer to attached document, 2022 The Joint Commission (TJC) Sentinel Event Policy.
- II. **Occurrence Report** - An occurrence is broadly defined as any happening (occurrence) that is not consistent with routine operation of the facility. Included in this definition are accidents (with or without injury) involving patients, visitors, and employees. Also included are violations of established procedures, disturbances, or other unfavorable situations that may damage the facility's public reputation or image. Occurrences include good catches.
- III. **Root Cause Analysis (RCA)** - A comprehensive systemic evaluation of an occurrence in an attempt to identify underlying causes or effects of a serious safety event. An RCA can also be described as an interdisciplinary team analysis to definitively determine the conditions that caused an event, with the understanding that if the undesirable condition were eliminated, changed, or controlled, the event could have been prevented.
- IV. **Action plan** - The product of a Root Cause Analysis that identifies the tactics and strategies

that an organization plans to implement to reduce the risk of similar events occurring in the future.

A. An appropriate action plan includes:

1. Identification of changes that can be implemented to reduce risk, or formulates a rationale for not undertaking such changes.
2. The plan should address responsibility for implementation, oversight, pilot testing if appropriate, time lines and methods for measuring and monitoring the effectiveness of the recommended actions.

V. **Never Event** - According to the National Quality Forum (NQF), "never events" are "non reimbursable errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a health care facility." Please see list of Never Events from the [National Quality Forum List of Serious Reportable Events](#) for further information.

Internal Reporting of Suspected Sentinel Events

I. Identification of a Sentinel Event

- A. When a safety event, or occurrence takes place, the first course of action is to stabilize and/or monitor the patient or environment.
- B. Following the stabilization, an individual with direct knowledge of the occurrence will complete an Occurrence Report. Additionally, any potential Sentinel Event is to be reported immediately to the Quality/Risk Department and/or Administrator On Call (AOC).
- C. If necessary, immediate remediation to life threatening processes or risks will occur.
- D. Per the [Disclosure of Adverse Medical Event policy](#), the Quality/Risk Department, in conjunction with the attending physician, and legal counsel will determine if disclosure of the event to patient and family is appropriate.
- E. Upon notification, Quality/Risk Department will direct an initial investigation into the occurrence. Upon completion of initial investigation, Quality/Risk Department will present findings to determine if the occurrence is a Sentinel Event. If the event is determined not to be sentinel in nature, it will be addressed in accordance with the established Occurrence Report procedure.

II. Notification/Communication of Sentinel Events

- A. Upon determination that a Sentinel Event has occurred, the Quality/Risk Department will notify key representatives of the Hospital's leadership team.
- B. The Chief Executive Officer (CEO) will be responsible for notifying the Board President of the Sentinel Event.

III. External Reporting of Sentinel Events

- A. Our Hospital may report sentinel events to The Joint Commission for review.
- B. The CEO or their designee will be responsible for correspondence with outside

agencies inquiring about sentinel, or other serious safety events. The decision to report a potential Sentinel Event to The Joint Commission for review will be made with prior knowledge of the CEO.

IV. Formation of a Sentinel Event Response Team

- A. An ad hoc team will be formed to respond to each Sentinel Event. However, each team will always include:
 - 1. Appropriate representatives of administration and quality/risk
 - 2. Those individuals directly involved in the event
- B. The purpose of the team will be to conduct a root cause analysis and determine corrective actions to undertake in response to finding and/or identified opportunities for improvement.

V. Conducting a Root Cause Analysis

- A. The team is to undertake a thorough and credible Root Cause Analysis (RCA) of the Sentinel Event.
- B. Facilitation must be done by 3 or more trained staff members in the following positions:
 - 1. Main facilitator(s)
 - 2. Staff member(s) to maintain the visual media
 - 3. Note taker(s)
- C. The RCA will review the systems involved in the adverse event, not solely the staff or providers involved.
- D. All information discussed within the RCA is to be kept confidential within MHSC.
- E. Developing and Implementing an Action Plan
 - 1. Once the RCA has been completed, the team is to develop and implement a corrective action plan that will address both direct and root causes as well as – when appropriate – special and common cause variation. Special cause is a factor that intermittently and unpredictably induces variation over and above what is inherent in the system. It often appears as an extreme point (such as a point beyond the control limits on a control chart) or some specific, identifiable pattern in data. Common cause is a factor that results from variation inherent in the process or system. The risk of a common cause can be reduced by redesigning the process or system.
 - 2. The action items are given due dates and responsible parties for completion.
- F. The notes/information from the RCA is documented in the attached Appendix A: "RCA and 2.0 Action Plan Worksheet" form.

VI. Internal Reporting

- A. A summary, void of patient or practitioner identifiable information, of the Sentinel Event, the root cause(s) identified, and the corrective actions taken will be reported

to the Patient Safety Committee, Quality Committee of the Board, Medical Executive Committee and to the Board of Trustees. The corrective action plan will also be communicated to other appropriate parties within the organization.

VII. Billing/Coding (as applicable to Never Events)

- A. Administration will work with the Director of Health Information Management to determine accurate and appropriate coding. Administration will work with the Director of Patient Financial Services to determine appropriate waiving of cost on a case by case scenario with the thresholds being incremental costs associated with the Event to the entire bill for that episode of care

Confidential and Protected

I. Protection from Discovery

- A. All activities undertaken by the team should be done under the auspices of the quality management functions and medical staff quality assurance / peer review process. Other legal protections are to be implemented as determined by legal counsel.

II. Record Keeping

- A. A record of the investigation into the Sentinel Event, the subsequent RCA, and any performance improvement activities undertaken is to be maintained and should be constructed in such a way as to be afforded statutory protection from discovery.

III. WY Stat 35-2-910. Quality management function for health care facilities; confidentiality; immunity; whistle blowing; peer review.

IV. All quality and patient safety data, materials, and information are private and confidential, shall be considered the property of Memorial Hospital of Sweetwater County, and as such is protected by state and federal health care quality statutes.

V. Confidentiality shall be maintained based on full respect of the patient's right to privacy and in keeping with hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work.

VI. Information, data results, reports and minutes generated by all quality management activities will be handled in a manner ensuring strict confidentiality

VII. Confidential information may include but is not limited to: Medical Staff committee minutes, organizational quality improvement committee minutes, electronic data gathering and reporting, and incident/occurrence reporting W.S 35-17-105

VIII. Quality improvement activities will occur in ways that preserve confidentiality of information consistent with policy and established law

IX. The Joint Commission is an independent contractor. Any event reported to The Joint Commission is performed under the auspice of the Quality Committee.

Replaces: Sentinel Events, SPP 121

References

I. United Regional. LRG Healthcare. (August, 2020). *Sentinel Event Policy & Procedure*. Unpublished internal document.

The Joint Commission. (2022, January). *Sentinel Event Policy*. [CAMH_00_TOC \(jointcommission.org\)](#)

The University of Toledo Medical Center. (2021). *Sentinel Events Never Events and Adverse Events Policy*. Unpublished internal document

National Quality Forum. (2022, October). *List of SREs*. [NQF: List of SREs \(qualityforum.org\)](#)

Reviewed and Approved:

Medical Executive Committee: February 28th, 2023

Quality Committee of the Board: March 15th, 2023

Board of Trustees:

Attachments

[2022 TJC Sentinel Event Policy.pdf](#)

[Appendix A: RCA 2.0 and Action Plan Worksheet \(non-fillable\)](#)

Approval Signatures

Step Description

Approver

Date

Irene Richardson: CEO

04/2021

Ann Clevenger: CNO

03/2021

Kari Quickenden: Chief Clinical Officer

03/2021

Kara Jackson: Director Quality

03/2021

Noreen Hove: Infection Prevention Director

03/2021

Suzan Campbell: General Legal Counsel

03/2021



Approved N/A
Review Due N/A

Document General -
Area Housewide
Reg. TJC
Standards LD.03.09.01,
TJC
MM.05.01.01,
TJC
RI.01.02.01,
EP 21

Sentinel Event Policy

STATEMENT OF PURPOSE

Memorial Hospital of Sweetwater County's vision is the goal of the Memorial Hospital of Sweetwater County to provide the to be the community's trusted health care provider. In line with our mission, vision and values we are committed to providing safe, high-quality care. To that end we must work to reduce the occurrence of serious safety events and Sentinel Events in our community deserves and expects from our institution. We must constantly work to reduce the occurrence of serious safety events and Sentinel Events in our facility. When a Sentinel Event occurs, it is our responsibility to carry out an expeditious and thorough investigation to reduce or eradicate future harm to patients, staff, and facility.

TEXT

Definitions

- I. **Sentinel Event** – An unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Such events are called "sentinel" because they signal the need for immediate investigation and response.
 - A. Furthermore, a Sentinel Event can also be described as a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:
 1. Death
 2. Permanent Harm
 3. Severe Temporary Harm
 - a. Critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a

higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition.

B. An event is also considered sentinel if it is one of the following:

1. Suicide of any patient receiving care, treatment, or services in a staffed around the clock care setting or within 72 hours of discharge, including from the organization's emergency department (ED)
2. Unanticipated death of a full-term infant
3. Discharge of an infant to the wrong family
4. Abduction of any patient receiving care, treatment, or services
5. Any elopement (that is, unauthorized departure) of a patient from a staffed around the clock care setting (including the ED) leading to the death, permanent harm, or severe temporary harm of the patient
6. Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death
7. Sexual abuse/assault
 - a. of any patient while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.*
 - b. of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to patients.*
 - c. *Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual's sex organ(s) by another individual.
 - d. One or more of the following must be present to determine that it is a sentinel event:
 - i. Any staff-witnessed sexual contact as described above.
 - ii. Admission by the perpetrator that sexual contact, as described above, occurred on the premises.
 - iii. Sufficient clinical evidence obtained by the health care organization to support allegations of nonconsensual sexual contact.
8. Physical assault of any patient (leading to death, permanent harm, or severe temporary harm) while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of

the organization.

9. Physical assault (leading to death, permanent harm, or severe temporary harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to patients.
10. Homicide of any patient while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.
11. Homicide of any patient while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.
12. Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient
13. Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
14. Fall event
 - a. Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury; or a patient with coagulopathy who receives blood products as a result of the fall; death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall).
15. Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
16. Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
17. Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the hospital. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present
18. Any intrapartum (related to the birth process) maternal death
19. For further in-depth definitions, please review attached document "The Joint Commission Sentinel Event Policy".

II. **Invasive Procedure**-procedure in which skin or mucous membranes and/or connective tissue are incised or punctured, an instrument is introduced through a natural body orifice, or insertion of foreign material into the body for diagnostic or treatment-related purposes. Examples of invasive procedures include central line and chest tube insertions, biopsies and excisions, and all percutaneous procedures (e.g., cardiac, electrophysiology, interventional radiology).

- III. **Occurrence Report** – The on-line form submitted by staff to the Risk/Compliance Department as described in the Occurrence Reporting procedure
- IV. **Root Cause Analysis (RCA)** – A comprehensive systemic evaluation of an occurrence in an attempt to identify underlying causes or effects of a serious safety event. An RCA can also be described as an interdisciplinary team analysis to definitively determine the conditions that caused an event, with the understanding that if the undesirable condition were eliminated, changed, or controlled, the event could have been prevented.
- V. **Action plan** – The product of a Root Cause Analysis that identifies the strategies that an organization plans to implement to reduce the risk of similar events occurring in the future.
 - A. An appropriate action plan includes:
 - 1. Identification of changes that can be implemented to reduce risk, or formulates a rationale for not undertaking such changes.
 - 2. The plan should address responsibility for implementation, oversight, pilot testing if appropriate, time lines and methods for measuring the effectiveness of the recommended actions.
 - 3. Action plans will include the adequacy of staffing, including nursing staffing, in its analysis of possible causes

Internal Reporting of Suspected Sentinel Events

Definitions

- I. **Sentinel Event** - A patient safety event (not primarily related to the natural course of a patient's illness or underlying condition) that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm). Please refer to attached document, 2022 The Joint Commission (TJC) Sentinel Event Policy.
- II. **Occurrence Report** - An occurrence is broadly defined as any happening (occurrence) that is not consistent with routine operation of the facility. Included in this definition are accidents (with or without injury) involving patients, visitors, and employees. Also included are violations of established procedures, disturbances, or other unfavorable situations that may damage the facility's public reputation or image. Occurrences include good catches.
- III. **Root Cause Analysis (RCA)** - A comprehensive systemic evaluation of an occurrence in an attempt to identify underlying causes or effects of a serious safety event. An RCA can also be described as an interdisciplinary team analysis to definitively determine the conditions that caused an event, with the understanding that if the undesirable condition were eliminated, changed, or controlled, the event could have been prevented.
- IV. **Action plan** - The product of a Root Cause Analysis that identifies the tactics and strategies that an organization plans to implement to reduce the risk of similar events occurring in the future.
 - A. An appropriate action plan includes:
 - 1. Identification of changes that can be implemented to reduce risk, or formulates a rationale for not undertaking such changes.
 - 2. The plan should address responsibility for implementation, oversight, pilot

testing if appropriate, time lines and methods for measuring and monitoring the effectiveness of the recommended actions.

- V. **Never Event** - According to the National Quality Forum (NQF), "never events" are "non reimbursable errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a health care facility." Please see list of Never Events from the [National Quality Forum List of Serious Reportable Events](#) for further information.

Internal Reporting of Suspected Sentinel Events

I. Identification of a Sentinel Event

- A. When a safety event, or occurrence takes place, the first course of action is to stabilize and/or monitor the patient or environment.
- B. Following the stabilization, an individual with direct knowledge of the occurrence will complete an Occurrence Report. Additionally, any potential Sentinel Event is to be reported immediately to the Quality/Risk Department and/~~Compliance Department~~ and/or Administrator On Call (AOC). ~~An individual must also be designated to complete an Occurrence Report.~~
- C. If necessary, immediate remediation to life threatening processes or risks will occur.
- D. Per the Disclosure of Adverse Medical Event policy, the Quality/Risk Department, in conjunction with the attending physician, and legal counsel will determine if disclosure of the event to patient and family is appropriate.
- E. Upon notification, ~~this individual~~ Quality/Risk Department will ~~undertake or~~ direct an initial investigation into the occurrence. Upon completion of initial investigation, Quality/Risk Department will present findings to determine if the occurrence is indeed a Sentinel Event as defined by this policy. If the event is determined not to be sentinel in nature, it will be addressed in accordance with the established Occurrence Report procedure.

~~If the event is determined to be sentinel in nature, then the Hospital shall respond as noted in this policy.~~

II. Notification/Communication of Sentinel Events

- A. Upon determination that a Sentinel Event has occurred, the Quality/Risk/~~Compliance Department and/or available Administrator On Call~~ will notify key representatives of the Hospital's leadership team.
- B. The ~~Risk/Compliance Department or the AOC will also be responsible for notifying the~~ Chief Executive Officer (CEO) and will be responsible for notifying the Board President of the sentinel event Sentinel Event.

~~Per the Event Disclosure policy, the Risk/Compliance Department, in conjunction with the attending physician, and legal counsel will determine the proper time and method disclosure of the event to the patient and the family.~~

III. External Reporting of Sentinel Events

- A. Our Hospital may report sentinel events to The Joint Commission for review.

- B. The CEO or their designee will be responsible for correspondence with outside agencies inquiring about sentinel, or other serious safety events. The decision to report a potential Sentinel Event to The Joint Commission for review will be made with prior knowledge of the CEO.

IV. Formation of a Sentinel Event Response Team

- A. ~~A~~An ad hoc team ~~is to~~will be formed to respond to ~~a~~each Sentinel Event. ~~The~~However, each team ~~should~~will always include, ~~but not necessarily be limited to, the following:~~
1. Appropriate representatives of administration, ~~medical staff, legal, and quality/risk, quality, and public relations.~~
 2. Those individuals directly involved in the event
- B. The purpose of the team will be to ~~coordinate an investigation into the incident,~~ conduct a root cause analysis, and determine corrective actions to undertake in response to finding and/or identified opportunities for improvement.

~~Protection from Discovery~~

- ~~A. All activities undertaken by the team should be done under the auspices of the quality management functions and medical staff quality assurance / peer review process. Other legal protections are to be implemented as determined by legal counsel.~~

~~Immediate Remediation~~

- ~~A. The team will undertake those actions necessary to remediate any immediate threat or likelihood of the Sentinel Event recurring.~~

V. ~~Investigation of Event/~~Conducting a Root Cause Analysis

- A. The team is to undertake a thorough and credible Root Cause Analysis (RCA) of the Sentinel Event. ~~The RCA should be completed within 45 days of the organization becoming aware of the event.~~
1. ~~A Root Cause Analysis may also be organized at the request of a leader in any department as a method to delineate cause in an occurrence of lesser significance.~~
- B. Facilitation must be done by 3 or more trained staff members in the following positions:
1. Main facilitator(s)
 2. Staff member(s) to maintain the visual media
 3. Note taker(s)
- C. The RCA ~~must follow~~will review the systems involved in the adverse event, not solely the staff or providers involved.
- D. All information discussed within the RCA is to be kept confidential within MHSC.
- E. Developing and Implementing an Action Plan

1. Once the RCA has been completed, the team is to develop and implement a corrective action plan that will address both direct and root causes as well as – when appropriate – special and common cause variation. Special cause is a factor that intermittently and unpredictably induces variation over and above what is inherent in the system. It often appears as an extreme point (such as a point beyond the control limits on a control chart) or some specific, identifiable pattern in data. Common cause is a factor that results from variation inherent in the process or system. The risk of a common cause can be reduced by redesigning the process or system.
2. The action items are given due dates and responsible parties for completion.

F. The notes/information from the RCA is documented in the ~~the~~ attached Appendix A: "RCA and 2.0 Action Plan Worksheet" form.

VI. Internal Reporting

- A. A summary, void of patient or practitioner identifiable information, of the Sentinel Event, the root cause(s) identified, and the corrective actions taken will be reported to the Patient Safety Committee, Quality Committee of the Board, Medical Executive Committee and to the Board of Trustees. The corrective action plan will also be communicated to other appropriate parties within the organization.

VII. Billing/Coding (as applicable to Never Events)

- A. Administration will work with the Director of Health Information Management to determine accurate and appropriate coding. Administration will work with the Director of Patient Financial Services to determine appropriate waiving of cost on a case by case scenario with the thresholds being incremental costs associated with the Event to the entire bill for that episode of care

External Reporting of Sentinel Events

- I. ~~Our Hospital may report sentinel events to The Joint Commission for review.~~
- II. ~~The CEO or their designee will be responsible for correspondence with outside agencies inquiring about sentinel, or other serious safety events. The decision to report a potential Sentinel Event to The Joint Commission for review will be made with prior knowledge of the CEO.~~
- III. ~~A report that complies with The Joint Commission requirements will be compiled following the RCA that will be available for external reporting. This report must include:~~
 - A. ~~Comprehensive Systemic Analysis of the event~~
 - B. ~~Action plans and time-line for completion~~
- IV. ~~Risk/Compliance will prepare report described above and will collaborate with Quality/Accreditation regarding submission of report to The Joint Commission within 45 business days of becoming aware of event.~~
 - A. ~~Should The Joint Commission become aware of a Sentinel Event by reporting from a third party, the official report with follow-up information is required within 45 business days of becoming aware of the event~~

Confidentiality

Confidential and Protected

I. Protection from Discovery

- A. All activities undertaken by the team should be done under the auspices of the quality management functions and medical staff quality assurance / peer review process. Other legal protections are to be implemented as determined by legal counsel.

II. Record Keeping

- A. A record of the investigation into the Sentinel Event, the subsequent RCA, and any performance improvement activities undertaken is to be maintained and should be constructed in such a way as to be afforded statutory protection from discovery.

III. WY Stat 35-2-910. Quality management function for health care facilities; confidentiality; immunity; whistle blowing; peer review.

IV. All quality and patient safety data, materials, and information are private and confidential, shall be considered the property of Memorial Hospital of Sweetwater County, and as such is protected by state and federal health care quality statutes.

V. Confidentiality shall be maintained based on full respect of the patient's right to privacy and in keeping with hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work.

VI. Information, data results, reports and minutes generated by all quality management activities will be handled in a manner ensuring strict confidentiality

VII. Confidential information may include but is not limited to: Medical Staff committee minutes, organizational quality improvement committee minutes, electronic data gathering and reporting, and incident/occurrence reporting W.S 35-17-105

VIII. Quality improvement activities will occur in ways that preserve confidentiality of information consistent with policy and established law

IX. The Joint Commission is an independent contractor. Any event reported to The Joint Commission is performed under the auspice of the Quality Committee.

Replaces: Sentinel Events, SPP 121

References

I. United Regional. (LRG Healthcare. (August, 2020). *Sentinel Event Policy & Procedure*. Unpublished internal document, ~~United Regional~~.

Reviewed and Approved:

~~MEC-09/22/2020~~

~~Quality Committee of the Board 10/21/2020~~

~~Board of Trustees 12/2/2020~~

The Joint Commission. (2022, January). *Sentinel Event Policy*. CAMH_00_TOC (jointcommission.org)

[The University of Toledo Medical Center. \(2021\). *Sentinel Events Never Events and Adverse Events Policy*. Unpublished internal document](#)

[National Quality Forum. \(2022, October\). *List of SREs*. NQF: \[List of SREs \\(qualityforum.org\\)\]\(https://www.qualityforum.org\)](#)

Reviewed and Approved:

[Medical Executive Committee: February 28th, 2023](#)

[Quality Committee of the Board: March 15th, 2023](#)

[Board of Trustees:](#)

Attachments

[2022 TJC Sentinel Event Policy.pdf](#)

[Appendix A: RCA 2.0 and Action Plan Worksheet \(non-fillable\)](#)

Approval Signatures

Step Description

Approver

Date

Irene Richardson: CEO

04/2021

Ann Clevenger: CNO

03/2021

Kari Quickenden: Chief Clinical
Officer

03/2021

Kara Jackson: Director Quality

03/2021

Noreen Hove: Infection
Prevention Director

03/2021

Suzan Campbell: General Legal
Counsel

03/2021

Name: _____

Page 1

Delineation of Privileges
HOSPITALIST MEDICINE PRIVILEGES

☐ Initial appointment

 ☐ Reappointment

 ☐ Modification of Privileges

Applicant

Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

To be eligible to request privileges in Hospitalist Medicine, a practitioner must meet the following minimum threshold criteria:

LICENSURE / PROFESSIONAL LIABILITY INSURANCE	MD or DO Licensed to practice medicine in the State of Wyoming Current Wyoming designated DEA Registration and current Wyoming Controlled Substance Registration Professional liability insurance in the amounts of at least: Per Claim: \$1,000,000.00 Aggregate: \$3,000,000.00
EDUCATION / TRAINING	Completion of an approved residency in Internal Medicine by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA).
CERTIFICATION	Certification by the applicable Internal Medicine board for any clinical privileges for which applicant has applied, or be eligible for certification by such board. Once physician is board certified, Maintenance of Board Certification is required.
CLINICAL EXPERIENCE (INITIAL)	Applicants for initial appointment must be able to demonstrate provision of care to at least 30 inpatients, reflective of scope of privileges requested, in the last 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. Applicants for initial appointment may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
CLINICAL EXPERIENCE (REAPPOINTMENT)	To be eligible to renew core privileges in Hospitalist Medicine, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
FPPE	FPPE criteria will be assigned by the Department Chair during the approval process.
OTHER REQUIREMENTS	<ul style="list-style-type: none"> Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Name: _____

Page 2

Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	Admit, evaluate, diagnose, treat, and provide consultation to patients 18 years of age and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.	<input type="checkbox"/>
<input type="checkbox"/>	Abdominal paracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Allergy skin testing	<input type="checkbox"/>
<input type="checkbox"/>	Arterial cannula placement	<input type="checkbox"/>
<input type="checkbox"/>	Arterial puncture for blood gases	<input type="checkbox"/>
<input type="checkbox"/>	Bone marrow aspiration and/or biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Breast cyst aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Burns, superficial and partial thickness	<input type="checkbox"/>
<input type="checkbox"/>	Clinical pharmacology	<input type="checkbox"/>
<input type="checkbox"/>	Cryosurgical removal of skin lesions	<input type="checkbox"/>
<input type="checkbox"/>	Elective DC cardioversion	<input type="checkbox"/>
<input type="checkbox"/>	Electrocardiogram interpretation	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal tube placement	<input type="checkbox"/>
<input type="checkbox"/>	Environmental and occupational hazards	<input type="checkbox"/>
<input type="checkbox"/>	Hematology	<input type="checkbox"/>
<input type="checkbox"/>	Holter monitor interpretation	<input type="checkbox"/>
<input type="checkbox"/>	I & D abscess	<input type="checkbox"/>
<input type="checkbox"/>	Indirect laryngoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>
<input type="checkbox"/>	Insertion and management of central venous catheters, and arterial lines	<input type="checkbox"/>
<input type="checkbox"/>	Interpretation of peripheral blood smear	<input type="checkbox"/>
<input type="checkbox"/>	Joint aspiration and injection	<input type="checkbox"/>
<input type="checkbox"/>	Laceration repair and closure	<input type="checkbox"/>
<input type="checkbox"/>	Local anesthetic techniques	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
<input type="checkbox"/>	Mechanical ventilator management	<input type="checkbox"/>
<input type="checkbox"/>	Microscopic examination of urine	<input type="checkbox"/>
<input type="checkbox"/>	Neurologic disorders	<input type="checkbox"/>
<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
<input type="checkbox"/>	Pelvic examination with Papanicolaou smear	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous liver biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Perform simple skin biopsy or excision	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical exam	<input type="checkbox"/>
<input type="checkbox"/>	Placement of anterior and posterior nasal hemostatic packing	<input type="checkbox"/>
<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>
<input type="checkbox"/>	Removal of non-penetrating corneal foreign body, nasal foreign body	<input type="checkbox"/>

Name: _____

Page 3

<input type="checkbox"/>	Skin biopsy, punch	<input type="checkbox"/>
<input type="checkbox"/>	Soft tissue lesions of the head and neck	<input type="checkbox"/>
<input type="checkbox"/>	Spirometry interpretation	<input type="checkbox"/>
<input type="checkbox"/>	Suprapubic bladder aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Twenty-four (24) hour blood pressure monitoring interpretation	<input type="checkbox"/>
<input type="checkbox"/>	Venous cutdown	<input type="checkbox"/>
<input type="checkbox"/>	Wet mount of vaginal discharge	<input type="checkbox"/>
	Administration of Sedation and Analgesia <i>Must be requested separately. Contact Medical Staff Services for privilege form.</i>	

Name: _____

Page 4

SPECIAL NON-CORE PRIVILEGES

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence. To be eligible to apply for the special non-core privileges listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing the requested procedure consistent with criteria set forth in medical staff policies governing the exercise of specific privileges.

Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	<p>Exercise Testing - Treadmill</p> <p>Initial Privileges: Successful completion of an ACGME OR AOA accredited residency training program in internal medicine that included a minimum of four weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures.</p> <p>AND</p> <p>Required Current Experience: Applicants must be able to demonstrate current competence and evidence of the performance of at least 25 exercise tests in the past 12 months.</p> <p>Renewal of Privilege: Applicant must be able to demonstrate current competence and evidence of the performance of at least 50 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>	<input type="checkbox"/>
<input type="checkbox"/>	<p>Stress Test Interpretation</p> <p>Initial Privileges: Successful completion of an ACGME OR AOA accredited residency training program in internal medicine that included a minimum of four weeks or the equivalent of training in the interpretation of stress tests and evidence that the training included participation in at least 25 stress tests. OR Proof of post-graduate training including didactic courses, workshops, personal tutorials, or any training under the supervision of a qualified physician. Documentation of the supervision and interpretation of at least 25 stress tests will be required.</p> <p>AND</p> <p>Required Current Experience: Applicants must be able to demonstrate current competence and evidence of the interpretation of at least 25 stress tests in the past 12 months.</p> <p>Renewal of Privilege: Applicant must be able to demonstrate current competence and evidence of the interpretation of at least 50 stress tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>	<input type="checkbox"/>



Name: _____

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ACKNOWLEDGEMENT OF APPLICANT

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT CHAIR REVIEW

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendations:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all privileges as requested |
| <input type="checkbox"/> | Recommend privileges with conditions/modifications (describe): |
| <input type="checkbox"/> | Do not recommend the following requested privileges (rationale for recommendation): |
| <input type="checkbox"/> | I assign _____ to complete the initial FPPE evaluations on this Practitioner. |

Department Chair's Printed Name _____

Department Chair's Signature: _____ Date: _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee approval

Date: _____

Medical Executive Committee Approval

Date: _____

Board of Trustees approval

Date: _____

Privileges Effective From: _____ To: _____

Date Form Approved by Specialty: _____ 02/15/2023

Date Form Approved by Department Chair: _____ 03/06/2023

Date Approved by Credentials Committee: _____ 03/07/2023

Date Approved by MEC: _____

Date Approved by Board of Trustees: _____

Name: _____

Page 1

**Delineation of Privileges
PEDIATRIC PRIVILEGES**

☐ Initial appointment

 ☐ Reappointment

 ☐ Modification of Privileges

Applicant

Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

To be eligible to request privileges in Pediatrics, a practitioner must meet the following minimum threshold criteria:

LICENSURE / PROFESSIONAL LIABILITY INSURANCE	MD or DO Licensed to practice medicine in the State of Wyoming Current Wyoming designated DEA Registration and current Wyoming Controlled Substance Registration Professional liability insurance in the amounts of at least: Per Claim: \$1,000,000.00 Aggregate: \$3,000,000.00.
EDUCATION / TRAINING	Completion of an approved residency in Pediatrics by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA).
CERTIFICATION	Certification by the applicable Pediatric specialty board for any clinical privileges for which applicant has applied, or be eligible for certification by such board. Once physician is board certified, Maintenance of Board Certification is required.
CLINICAL EXPERIENCE (INITIAL)	Applicants for initial appointment must be able to demonstrate the provision of inpatient care for at least 12 patients during the last 12 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research, and hold PALS and NRP certification. STABLE certification is encouraged. Applicants for initial appointment may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications, and for resolving any doubts.
CLINICAL EXPERIENCE (REAPPOINTMENT)	To be eligible to renew core privileges in pediatrics, the applicant must meet the following Maintenance of Privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
FPPE	FPPE criteria will be assigned by the Department Chair during the approval process.
OTHER REQUIREMENTS	<ul style="list-style-type: none"> Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Name: _____

Page 2

PEDIATRICS CORE PRIVILEGES - This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/ privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.		
Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	Admit, evaluate, diagnose, treat and provide consultation to patients from birth to young adulthood (birth to 18 years of age) with acute and chronic disease including major complicated illnesses, disorders of the cardiovascular system, respiratory system, disorders of the kidney and urinary tract, gastrointestinal system, disorders of the immune system, connective tissue, and joints, endocrinology and metabolism, neurologic disorders, psychiatric disorders, hematologic disorders, and infectious diseases. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Physicians may provide care to patients in the intensive care setting, as determined by admitting practitioner, and in conformance with unit policies. However, seriously ill pediatric patients needing services usually provided in a pediatric intensive care unit should be transferred to a tertiary care facility. Example: Diabetic Keto-Acidosis or Respiratory Failure.	<input type="checkbox"/>
<input type="checkbox"/>	Consultation includes: conduct history and assessment for the purpose of making recommendations related to care and treatment	<input type="checkbox"/>
<input type="checkbox"/>	Arterial puncture	<input type="checkbox"/>
<input type="checkbox"/>	Blood transfusion	<input type="checkbox"/>
<input type="checkbox"/>	Burns, superficial	<input type="checkbox"/>
<input type="checkbox"/>	Central venous access	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic workup of allergic disorders without skin tests	<input type="checkbox"/>
<input type="checkbox"/>	Digital block anesthesia	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Pericardiocentesis	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal intubation	<input type="checkbox"/>
<input type="checkbox"/>	External jugular venipuncture	<input type="checkbox"/>
<input type="checkbox"/>	Incision and drainage of abscesses	<input type="checkbox"/>
<input type="checkbox"/>	Intra-osseous access	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
<input type="checkbox"/>	Minor laceration repair	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Performance of history and physical exam	<input type="checkbox"/>
<input type="checkbox"/>	Phlebotomy	<input type="checkbox"/>
<input type="checkbox"/>	Placement of anterior nasal hemostatic packing	<input type="checkbox"/>
<input type="checkbox"/>	Platelet transfusion	<input type="checkbox"/>
<input type="checkbox"/>	Provide care to newborns, including initial assessment/nursery care/discharge examination, care of stable neonate in the Special Care Nursery.	<input type="checkbox"/>
<input type="checkbox"/>	Remove non-penetrating foreign body from the eye, nose, or ear	<input type="checkbox"/>
<input type="checkbox"/>	Simple suture	<input type="checkbox"/>
<input type="checkbox"/>	Subdural tap	<input type="checkbox"/>
<input type="checkbox"/>	Suprapubic bladder aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Thoracotomy/chest tube placement	<input type="checkbox"/>
<input type="checkbox"/>	Tracheal aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Umbilical artery catheterization	<input type="checkbox"/>
<input type="checkbox"/>	Umbilical vein catheterization	<input type="checkbox"/>
<input type="checkbox"/>	Urinary bladder catheterization	<input type="checkbox"/>
<input type="checkbox"/>	Ventilator management	<input type="checkbox"/>
<input type="checkbox"/>	Ventricular peritoneal shunt tap	<input type="checkbox"/>

Name: _____

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SPECIAL NON-CORE PRIVILEGES

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence. To be eligible to apply for the special non-core privileges listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing the requested procedure consistent with criteria set forth in medical staff policies governing the exercise of specific privileges.

Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	<p>Circumcision</p> <p><i>Initial Privileges:</i> Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 10 proctored procedures during training.</p> <p><i>Required Current Experience:</i> Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. If applicant hasn't completed 5 procedures during the past 12 months, they will need to complete 5 precepted procedures with physician preceptor approval before completing this procedure on their own.</p> <p><i>Renewal of Privileges:</i> Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.</p>	<input type="checkbox"/>

Name: _____

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ACKNOWLEDGEMENT OF APPLICANT

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT CHAIR REVIEW

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendations:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all privileges as requested |
| <input type="checkbox"/> | Recommend privileges with conditions/modifications (describe): |
| <input type="checkbox"/> | Do not recommend the following requested privileges (rationale for recommendation): |
| <input type="checkbox"/> | I assign _____ to complete the initial FPPE evaluations on this Practitioner. |

Department Chair's Printed Name: _____

Department Chair's Signature: _____ Date: _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee approval

Date: _____

Medical Executive Committee approval

Date: _____

Board of Trustees approval

Date: _____

Privileges Effective From: _____ To: _____

Date Form Approved by Specialty: _____ 02/24/2023

Date Form Approved by Department Chair: _____ 03/06/2023

Date Approved by Credentials Committee: _____ 03/07/2023

Date Approved by MEC: _____

Date Approved by Board of Trustees: _____

ORIENTATION MEMO

Board Meeting Date: April 5, 2023

Topic for Old & New Business Items:

Seimens Executive Agreement

Policy or Other Document:

<u> </u>	Revision
<u> X </u>	New

Brief Senior Leadership Comments:

Irene Richardson reviewed this with Barbara Sowada, BOT President, and Geoff Phillips, BOT Legal Counsel. Discounted pricing was available if document signed by March 31st, 2023, which was prior to BOT meeting. Signing of the document does not commit the hospital to purchasing the equipment until we are ready to issue a purchase order through the regular capital expenditure purchasing process. Following discussion with Barbara and Geoff, Irene signed the agreement and it requires ratification by the full BOT.

Board Committee Action:

Policy or Other Document:

<u> </u>	For Review Only
<u> X </u>	For Board Action

Legal Counsel Review:

<u> </u>	In House	Comments:
<u> X </u>	Board	Comments: Recommendation for Irene to sign and request ratification by BOT

Senior Leadership Recommendation: Approve

March 27, 2023

MEMORIAL HOSPITAL OF SWEETWATER

1200 COLLEGE DR,
ROCK SPRINGS, WY, 82901

Re: Executive Agreement

Dear Customer,

At your request and for your convenience, Siemens Healthineers has prepared this executive agreement (the “**Executive Agreement**”), to be executed by March 30, 2023 (the “**Effective Date**”) in order to bind the parties to multiple equipment quotations and/or service proposals (each, as listed below with the accurate revision number, a “**Quotation**”, and collectively the “**Quotations**”).

1. **Binding Quotations.** By executing this Agreement, Customer hereby represents that (i) it has received and reviewed each individual Quotation and the terms and conditions therein; (ii) accepts and agrees to be bound by each individual Quotation and the terms and conditions contained therein; (iii) each Quotation has been accepted without modification or addition, except where expressly agreed to by the parties; and (iv) agrees to forego executing each individual Quotation and to execute this Agreement as a substitution for signature for each individual Quotation.

Equipment quotations

Equipment Quotation # (w/ Revision #)	Description	Location	Equipment Quotation Amount
CPQ-534193-0	Cios Alpha	Sweetwater Main	179,879
CPQ-789629-2	Sola Fit	Sweetwater Main	732,717
CPQ-802520-0	Pro Specta	Sweetwater Main	880,000
CPQ-310801-4	Luminos Agile	Sweetwater Main	522,820
CPQ-802561-0	Ysio X Pree	Sweetwater Main	316,373
CPQ-769096-1	Ysio X Pree	Sweetwater ER	289,711
			Total: \$2,921,500

Service Quotations in proposals P-CPQ-766578-0-4, P-CPQ-810963-1-2, P-CPQ-802535-0-3, P-CPQ-811536-0-4, P-CPQ-811547-0-3, and P-CPQ-811561-0-4

Equipment Quotation #	Description	Service Quotation # - Rev #	Coverage Level	Contract Term	Annual Contract Price
CPQ-534193-0	Cios Alpha	CPQ-766578-0	Advance Plan Plus	Warranty +5years	\$21,286
CPQ-789629-2	Sola Fit	CPQ-810963-1	Advance Plan Plus	Warranty +5years	\$119,958
CPQ-802520-0	Pro Specta	CPQ-802535-0	Advance Plan Plus	Warranty +5years	\$100,746
CPQ-310801-4	Luminos Agile	CPQ-811536-0	Advance Plan Plus	Warranty +5years	\$47,671
CPQ-802561-0	Ysio X Pree	CPQ-811547-0	Advance Plan Plus	Warranty +5years	\$38,507
CPQ-769096-1	Ysio X Pree	CPQ-811561-0	Advance Plan Plus	Warranty +5years	\$38,507

- a. Inquiries regarding the quotations listed above should include reference to the specific Quotation Number and be directed to Lori Van Hout via email lori.vanhout@siemens-healthineers.com or phone 1(720) 378-3685.
- b. The pricing set forth in the above tables are specific to the applicable Quotation and Revision for the equipment or items described therein ("Equipment Configuration"). Purchaser may modify the Equipment Configuration of any individual Quotation until issuance of the Notice to Manufacture Letter, as applicable, and the Quotation Contract Total will change accordingly. The Purchaser agrees to pay any difference resulting from the configuration changes, provided that the same discount is applied to the discountable items on the updated Quotation as was applied to the original Quotation. Purchaser's right to modify the Equipment Configuration under this provision includes conversion of individual Quotations to different models or modalities to address Purchaser's changing circumstances, provided the parties negotiate a commercially reasonable price change, if any, for the different product prior to the conversion. Nothing in this section (a) shall reduce the Purchase Commitment made by Purchaser under this Agreement.
- c. Siemens will not invoice Customer, and Customer is under no obligation to issue any payment related to the purchase of a system, until a PO has been issued, a letter to manufacture has been signed by both parties, and delivery of the system(s) has occurred. This is in accordance with the payment terms documented within each Quotation.

To show their agreement to these terms and intending to be legally bound by this Executive Agreement and the individual Quotations referenced herein, the parties hereby execute this Executive Agreement as of the Effective Date.

Each person signing below certifies that he or she is authorized to bind their respective party to this Executive Agreement.

Siemens Medical Solutions USA, Inc.

By: Lori Van Hout
Name: Lori Van Hout
Title: Account Executive
Date: 3/27/2023

Memorial Hospital of Sweetwater

By: [Signature]
Name: Trane Richardson
Title: CEO
Date: 3-28-2023

By: _____
Name: _____
Title: _____
Date: _____

To: Board of Trustees

From: Barbara J Sowada, substitution for Taylor Jones, Chair of Quality Committee

Re: Chair's report

Date: March 15, 2023

Highlights from Quality Committee are as follows:

- ✓ High level results from Hospital's Culture of Safety survey were presented and discussed. The every-two year survey is required by TJC. Sixty-seven percent of staff completed the survey; several areas were identified as opportunities for improvement; timeline and goals presented to Committee.
- ✓ Revised Sentinel Event policy was presented. No substantive changes made. Committee's recommendation to Board is to pass the revised policy as written.
- ✓ Medical Staff Update: Each month Dr. Poyer recognizes a physician for his/her contribution to patient safety and/or quality. This month Dr. Poyer chose to recognize Dr. Jamias for taking the lead in improving the process for inserting feeding tubes. Dr. Poyer also briefly discussed University of Utah's plan to make best use of its limited staff by treating and returning to MHSC the patients that the Hospital could safely care for. Although there are many questions yet to be answered, because the plan is in its preliminary stages there are more questions than answers.
- ✓ Sepsis continues to have multiple opportunities for improvement.

For details please see the minutes and the committee packet.

F&A COMMITTEE CHAIR REPORT TO THE BOARD

March 2023 meeting

Chair – Ed Tardoni

The Finance and Audit Committee met in Zoom format this month. All voting members were present. Commissioner Slaughter (hospital liaison) attended.

F&A DATA FOR THE MONTH

The usual financial information was reviewed. A discussion concerning progress in reduction of days AR occurred. Mr. Cheese shared a tracker spreadsheet that is being used to measure progress. Barbara Sowada inquired as to the value of the days in AR. Mr. Cheese responded that the peak value was \$12,000,000 and the amount has been worked down to \$7,000,000. The goal is to stabilize at \$3,000,000. Days in AR is a dynamic value with several inputs. There will always be some level of AR. What we are seeing is a reduction in the backlog resulting from the Cerner conversion.

CAPITAL EXPENDITURES

The Committee, by unanimous vote, sends one capital expenditure to the Board for consideration with a do pass recommendation.

FY 23-43 Lightning Protection System in the amount of \$252,551 Budgeted Item

Submitted by Jim Horan

Has all appropriate staff signatures

County Maintenance fund qualified.

Other Business

Commissioner Slaughter inquired about a typo in the bond refinancing proposal. The CFO said she would correct the error. Discussion of temporary staff levels occurred. Patient Navigation continues with improvements and several examples were discussed. Information Services has met one of their goals and were asked to add to their written comments in the F&A packet.

March Meeting

The F&A Committee will meet by zoom at 1400 hours, Wednesday, April 26^h, 2023



		# Assigned: FY 23 - 43
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.		
Department: Facilities Support Services	Submitted by: Jim Horan	Date: 3/23/2023
Provide a detailed description of the capital expenditure requested: Lightning Protection system		
Preferred Vendor: Wyolelectric Inc.		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$ 252,551.00
2. Equipment		\$
3. Installation		\$
4. Shipping		\$
5. Accessories		\$
6. Training		\$
7. Travel costs		\$
8. Other e.g. interfaces		\$
Total Costs (add 1-8)		\$ 252,551.00
Does the requested item:		
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Fit into existing space?	Explain:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Attach to a new service?	Explain:	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Require physical plan modifications?	Electrical	\$ Included in cost listed above
If yes, list to the right:	HVAC	\$
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety	\$ Included in cost listed above
	Plumbing	\$
	Infrastructure (I/S cabling, software, etc.)	\$ Included in cost listed above
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	\$	# of bids obtained? 1 <input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: Only one Wyoming Electrical Licensed Contractor, who is also a UL listed "Lightning Protection System" installer, came forward when soliciting bids for this project.
Projected gross revenue	\$	
Projected net revenue	\$	
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3-24-23
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

Our lightning strike in 2021 caused damage to our electrical distribution system. Several "Automatic Transfer Swithces" (ATS) were damaged, necessitating substantial and emergency measures to remedy. This meant there was limited automatic transfer of essential electrical circuits from normal power to emergency back-up generator power when needed. This rare lightning-caused damage highlighted the need for a comprehensive "lightning protection system" installed on our buildings, here at the top of College Hill.

This system has been professionally designed by a recognized engineering firm that specializes in this type of system. That firm will be onsite to provide an initial on-site overview of the project, plus a final inspection and certification of the completed project.

All costs are included in the total amount listed above, including the City of Rock Springs electrical permit.

This will be submitted to County for reimbursement from our maintenance funds.

Submitted by: Signature

Date

WYOLECTRIC, INC.



Rock Springs WY (Corporate Office)
1145 Elk Street Suite C
PO Box 2302
Rock Springs WY 82902
Phone: 307-382-8181
Fax: 307-382-8186



To: Sweetwater County Memorial Hospital
Attn: Jim Horan
From: Wyolectric, Inc.
Date: 2-23-23

Lightning Protection System for Sweetwater County Memorial Hospital

Overview:

The purpose of this proposal is to provide Sweetwater County Memorial Hospital with a general scope and cost for providing the installation of a lightning protection system for the entire Sweetwater Memorial Hospital Complex. The proposal will be based on a set of customer provided drawings, material lists and the RFQ-050622-installation of LPS, Rock Springs WY summary page from Lighting Eliminators & Consultants, Inc. The buildings that are included in the proposal are as follows: BLDG C – Generator House, BLDG B – Shop, Hospital MOB, Hospital Med. Surgery, Main Hospital, Emergency Dept, and BLDG A - Boiler House.

Scope:

The Scope of this project is to provide material, labor, electrical permitting, and commissioning costs for the installation of an Engineered Provided Lightning Protection System for the Sweetwater County Memorial Hospital Complex. This proposal will cover the cost of planning, staging materials, lift equipment, permitting, and the installation of all required materials for this project. The cost will also cover the availability of Lighting Eliminators & Consultants, Inc. to provide an initial on sight overview of the project and a final inspection and certification of the completed installation.

Estimate:

This proposal shall include all labor, equipment, taxes, electrical permitting, and needed materials for completing this project. Wyolectric, Inc. proposes to complete this project for a total cost of **\$252,551.00 (Two Hundred Fifty-Two Thousand Five Hundred Fifty-One Dollars Even)**

City of Rock Springs Electrical Permit Cost: \$4,161.00

- This cost is included in the final price

Acceptance of Proposal:

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified above. Any changes or additions, that fall outside the customer provided drawings, material lists and RFQ-050622 – installation of LPS, Rock Springs WY summary page, to the proposal as described above shall be completed on a time and material basis. Any changes or additions must be approved by a signed change order before any work is done. Due to the increased shortage, availability and cost of equipment and materials at this time, this proposal will be valid for 30 days.

Thank you for the opportunity to bid this project to you and I hope that we will be working together soon!

Accepted by: _____ (Sign Name) _____ (Print Name)

Date: _____ Email Address: _____

Thanks Again,

Gary Cukale
Vice President
Wyolectric Inc.

IS Report for February 2023

By Terry (TJ) Thompson, IS director

MHSC IS service environment:

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

Area	Opened	Closed	Pending	Backlog	Rate	Goal	Comments
IS Tickets	790	612	48	49	93%	90%	Great work, Service desk has achieved its goal of 90%
Cerner	107	64	7	36	64%	90%	Improving but not there yet
Projects	297	14	206	77	15%	40%	As we catch up on ticket more work can be focused on project
Security	150	9	133	8	53%	95%	Continuing to close our CISA findings

Cybersecurity Results:

- Have remediated 14 of the 26 CISA vulnerability findings, all critical findings remediated
- Blocked the CVE-2023-23397 is a zero touch, elevation of privilege vulnerability in MS Outlook via NTLM
 - Blocked the outbound payload at the perimeter firewall
 - Patched 500 of the 800 systems
 - Forcing all users to upgrade to non-vulnerable version of outlook M365

Projects:

1. Cerner
 - a. Of all the stakeholder only one got the Cerner Plus survey, as to report to Cerner leadership.
2. Legacy system archiving and shutdown, tech dev @55 %
 - a. TSystem have been archived and conducting validation testing
 - b. QuadraMed legal hold, has forced us to keep QuadraMed in original static state
1. System backup remediation, business continuity, @100%
 - a. Received, installed, and configured new offsite storage system "Synology"
 - b. Moved half of the Rubrik AWS backup to the Synology C2 solution
2. AD and server system audit and remediation, security @95%
 - a. Added two new AD server IT-DC-1 and IT-DC-2
 - b. Removing legacy AD server DC1 and DC2

3. Endpoint encryption (bitlocker) implementation, security @98%
 - a. All mobile device encrypted or identified to be replaced
 - b. Encrypting all workstations

Corrective actions and points of consideration:

1. Continued weekly meetings MHSC IS, Informatics, Finance and Cerner SSO to improve upon Cerner Service Request mean time to resolve.

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

Wednesday~ March 29, 2023 2:00 p.m. Teleconference

Voting Members:

Ed Tardoni, Chair
Marty Kelsey, Trustee
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese Terry Thompson
Angel Bennett Kari Quickenden
Ann Clevenger

Guests:

Leslie Taylor Barbara Sowada James Horan

- | | | |
|-------|--|------------|
| I. | Call Meeting to Order | Ed Tardoni |
| II. | Approve Agenda | Ed Tardoni |
| III. | <u>Approve February 28, 2023 Meeting Minutes</u> | Ed Tardoni |
| IV. | <u>Capital Requests FY 23</u> | |
| V. | Financial Report | |
| | A. Monthly Financial Statements & Statistical Data | |
| | 1. <u>Narrative</u> | Tami Love |
| | 2. <u>Financial Information</u> | |
| | 3. <u>Financial Goals</u> | Tami Love |
| | 4. <u>Self-Pay Report</u> | Ron Cheese |
| | 5. <u>Preliminary Bad Debt</u> | Ron Cheese |
| VI. | Old Business | |
| | A. Critical Access Update | Tami Love |
| VII. | New Business | |
| | A. Financial Forum Discussion | Ed Tardoni |
| VIII. | Next Meeting | Tami Love |
| IX. | Adjournment | Ed Tardoni |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO FEBRUARY 2023 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for February is a loss of \$1,139,774, compared to a loss of \$10,593 in the budget. This yields a -13.89% operating margin for the month compared to -.12% in the budget. The year-to-date loss is \$3,490,731 compared to a loss of \$639,583 in the budget. The year-to-date operating margin is -4.79%, compared to -.89% in the budget.

The total net loss for February is \$1,195,196, compared to a gain of \$5,131 in the budget. This represents a total profit margin of -14.57% compared to the budget of .06%. Year-to-date, the total net loss is \$3,712,877, compared to a total net loss of \$528,038 in the budget. This represents a YTD profit margin of -5.09% compared to -.74% in the budget.

REVENUE. Revenue decreased in February, coming in at \$17,173,931, under budget by \$711,514. Inpatient revenue is under budget by \$241,958 and outpatient revenue is under budget by \$469,556. Year to date, revenue remains over budget by \$5,360,683.

VOLUME. Inpatient discharges are under budget for February with patient days coming in right at budget. The average daily census (ADC) decreased to 14.2, but still slightly over budget, and average length of stay (LOS) dropped to 3.7, over budget. Emergency Room visits, Clinic and Surgeries are over budget and Births and Outpatient visits came in under budget.

Annual Debt Service Coverage came in at 2.22. Days of Cash on Hand decreased four days to 99.4 days. Daily cash expense increased to \$288,000 year to date. We have looked at cash projections for June 30 and will need an additional \$2 million over normal collections to meet our goal of 130 days.

REDUCTION OF REVENUE. Deductions from revenue remained high in February, at 53.1%. While total AR decreased by \$1.2 million, we did see an increase in Self Pay accounts receivable of over \$600k which impacts the reduction of revenue percentage. We historically see higher Self Pay AR in the first quarter of the year as patients need to meet new deductibles. We are working on getting self-pay accounts set up on payment plans to make the collection process more stable. Deductions of Revenue are 52.1% year-to-date, compared to the budget of 51.5%. Total collections for the month came in lower in February at \$8,093,709.

Net days in AR decreased to 60.7 days with continued decrease in total AR. We are on track to meet our goal of 51 days by the end of the fiscal year.

EXPENSES. Total expenses decreased in February, coming in at \$9,343,282, but still over budget by \$467,972. The following line items were over budget in February:

Salary and Wage – February was over budget. The second half of annual bonuses were paid out this month. We continue to have double coverage for nursing as the new hires are oriented. We have also seen increased overtime to keep the departments staffed appropriately.

Contract Labor – This expense continues to decrease from the prior year, down by 65% from a high in May 2022. Staffing shortages continue in some clinical areas with contract labor staff currently being used in Med/Surg, ICU, Surgery, Emergency Room, Laboratory, Respiratory, and Behavioral Health. Year-to-date contract FTEs dropped to 19.3 in February and were at 17.3 FTEs for the last pay period of the month.

Purchased Services – Consulting fees, Collection agency fees and Department Management fees came in over budget in February.

Supplies - Supply costs continue to be impacted by inflation and supply chain issues. Oxygen, cs, implants, medical/surgical supplies, drugs, food, maintenance supplies and marketing supplies all came in over budget in February.

Utilities – Electricity and Fuel expense came in over budget. We continue to see an increase in fuel rates as well as dekatherm usage with the colder winter.

Other Operating Expenses – Licenses and Pharmacy Floor expenses came in over budget in February.

Depreciation & Amortization – This expense is over budget with the reclass of operating leases to assets with the new GASB 87 rule.

PROVIDER CLINIC. Revenue for the Clinics came in at \$2,025,043, under budget by \$78,722. The bottom line for the Clinics in February is a loss of \$594,448 compared to a loss of \$458,844 in the budget. The year-to-date loss is \$3,289,590, compared to a budgeted loss of \$3,791,621. Clinic volumes were lower in February, but still over budget at 5,619 visits. Total Clinic expenses for the month are \$1,706,485, over budget by \$36,164. Salary & Wage, Supplies and Pharmacy Floor expenses are over budget for February.

OUTLOOK FOR MARCH. The shorter month of February impacted both revenue and collections. We are estimating higher amounts in March. Gross patient revenue for March is projecting higher again, at \$20.4 million. Inpatient volumes have remained high during the month including Births projecting over budget in March. LOS has decreased to 3.2, slightly under the budget of 3.3. The average daily census is currently at 16.6. While Surgeries are projecting under budget, Clinic visits, Emergency room visits, and most Outpatient departments are projecting higher than budget.

Collections are projecting to \$9 million. Deductions of revenue are expected to remain higher with the high revenue month. Expenses should remain lower in March, but still be over budget with the increased cost of supplies and contract labor. The bottom line for March is estimated to be near breakeven or a slight gain.

We continue to watch all spending as we near the end of the fiscal year. We continue to see the impact of contract labor and increased cost of supplies due to inflation.

FY2024 Budget. We have started to work on capital and operation budgets for fiscal year 2024. Department budgets are due March 27 with budget meetings scheduled for the week of April 4. Once we have preliminary numbers, we will schedule a Budget Workshop in May with the Board to review. The County maintenance fund and Title 25 budgets are due to the County April 21.

Critical Access. With the resolution from the Board, we are starting the process of applying for Critical Access designation through the State Board of Health and CMS. We have had several meeting with State representatives, our auditors and our cost report preparer. We are putting together a committee to work through the process, the application and any policy changes that will be needed. We are estimating the timeline at 6 months.

Financial Goals. We have chosen two financial metrics to focus on for the current fiscal year: Days Cash on Hand and Days in Accounts Receivable. In addition to these main goals, we have set goals for some corresponding financial metrics that are impacting the revenue cycle:

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

The graphs with goals and actuals are included in the monthly financial packet each month.



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

Unaudited Financial Statements

for

Eight months ended February 28, 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

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ROCK SPRINGS, WY	
Eight months ended February 28, 2023	

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

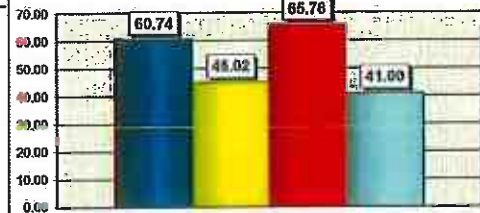
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Eight months ended February 28, 2023

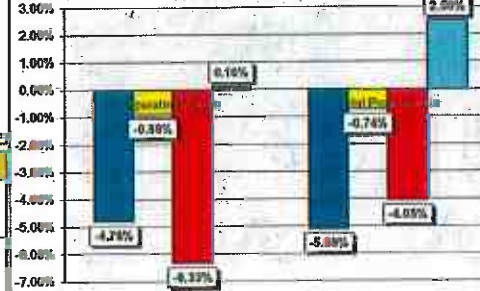
BALANCE SHEET

	YTD 2/28/2023	Prior FYE 6/30/2022
ASSETS		
Current Assets	\$37,126,889	\$34,112,369
Assets Whose Use is Limited	19,562,056	22,099,344
Property, Plant & Equipment (Net)	78,091,608	83,515,473
Other Assets	963,402	1,028,699
Total Unrestricted Assets	135,743,955	140,755,885
Restricted Assets	448,087	434,089
Total Assets	\$136,192,042	\$141,189,974
LIABILITIES AND NET ASSETS		
Current Liabilities	\$14,948,898	\$12,188,541
Long-Term Debt	25,592,500	26,491,667
Other Long-Term Liabilities	12,014,075	15,174,318
Total Liabilities	52,555,473	53,854,526
Net Assets	83,636,569	87,335,448
Total Liabilities and Net Assets	\$136,192,042	\$141,189,974

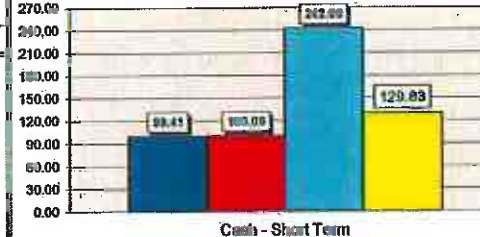
NET DAYS IN ACCOUNTS RECEIVABLE



HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	02/28/23 ACTUAL	02/28/23 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	398	392	3,341	3,620
Average Acute Length of Stay	3.7	3.4	3.6	3.7
Total Emergency Room Visits	1,271	1,027	10,364	10,173
Outpatient Visits	7,687	8,228	60,401	76,705
Total Surgeries	148	119	1,235	1,036
Total Worked FTE's	465.68	465.19	449.32	465.19
Total Paid FTE's	498.15	511.59	498.35	511.59
Net Revenue Change from Prior Yr	0.87%	9.00%	4.62%	2.62%
EBIDA - 12 Month Rolling Average			3.89%	7.53%
Current Ratio			2.48	
Days Expense in Accounts Payable			44.28	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY		
Budget		02/28/23
Prior Fiscal Year End		06/30/22
CLA \$50-\$100M Net Revenue		6/30/2020









FINANCIAL STRENGTH INDEX - (1.99)		
Excellent - Greater than 3.0	Good - 3.0 to 2.0	
Fair - 2.0 to 1.0	Poor - Less than 1.0	

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Eight months ended February 28, 2023

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  - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 2/28/2023	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin		-4.79%	0.24%	-6.33%	0.10%
Total Profit Margin		-5.09%	0.31%	-4.05%	2.50%
Liquidity:					
Days Cash, All Sources **		99.41	129.83	100.09	242.00
Net Days in Accounts Receivable		60.74	45.02	65.78	41.00
Capital Structure:					
Average Age of Plant (Annualized)		10.87	11.32	14.13	12.00
Long Term Debt to Capitalization		23.96%	19.87%	24.14%	27.00%
Debt Service Coverage Ratio **		2.22	2.42	1.14	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed		7.45	8.43	8.34	NA
Salary Expense per Paid FTE		\$103,284	\$86,892	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		56.46%	56.43%	58.36%	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

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ROCK SPRINGS, WY

Eight months ended February 28, 2023

	Current Month 2/28/2023	Prior Month 1/31/2023	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
Current Assets					
Cash and Cash Equivalents	\$10,317,562	\$11,261,679	(\$944,117)	-8.38%	\$7,173,928
Gross Patient Accounts Receivable	36,418,086	37,615,933	(1,197,847)	-3.18%	41,948,878
Less: Bad Debt and Allowance Reserves	(18,147,551)	(19,017,928)	870,377	4.58%	(29,879,694)
Net Patient Accounts Receivable	18,270,535	18,598,005	(327,470)	-1.76%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	2,850,896	2,540,280	310,616	12.23%	2,832,976
Inventories	4,108,246	4,110,085	(1,838)	-0.04%	4,054,218
Prepaid Expenses	1,579,649	1,749,479	(169,830)	-9.71%	1,982,063
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	37,126,889	38,259,529	(1,132,640)	-2.96%	34,112,369
Assets Whose Use is Limited					
Cash	75,345	74,893	452	0.60%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	1,162,513	969,014	193,500	19.97%	637,426
Trustee Held Funds - SPT	222	212	10	4.72%	28,281
Board Designated Funds	4,288,436	4,276,566	11,870	0.28%	6,924,862
Other Limited Use Assets	14,035,540	14,035,539	0	0.00%	14,546,537
Total Limited Use Assets	19,562,056	19,356,224	205,832	1.06%	22,099,344
Property, Plant, and Equipment					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,892,418	49,613,983	78,436	0.16%	49,597,599
Equipment	131,552,954	131,453,732	99,222	0.08%	131,022,049
Construction In Progress	1,566,227	1,332,515	233,711	17.54%	731,897
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	187,053,893	186,642,525	411,369	0.22%	185,593,839
Less: Accumulated Depreciation	(108,962,285)	(108,104,538)	(857,747)	-0.79%	(102,078,366)
Net Property, Plant, and Equipment	78,091,608	78,537,987	(446,379)	-0.57%	83,515,473
Other Assets					
Unamortized Loan Costs	963,402	971,564	(8,162)	-0.84%	1,028,699
Other	0	0	0	0.00%	0
Total Other Assets	963,402	971,564	(8,162)	-0.84%	1,028,699
TOTAL UNRESTRICTED ASSETS	135,743,955	137,125,304	(1,381,349)	-1.01%	140,755,885
Restricted Assets	448,087	446,587	1,500	0.34%	434,089
TOTAL ASSETS	\$136,192,042	\$137,571,891	(\$1,379,848)	-1.00%	\$141,189,974

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2023

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 2/28/2023	Prior Month 1/31/2023	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$7,213,054	\$7,465,305	\$252,251	3.38%	\$5,404,568
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,353,163	2,366,035	12,872	0.54%	1,787,856
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,824,832	2,697,362	(127,471)	-4.73%	2,804,901
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 (Bonds/Mortgages)	1,413,345	1,442,445	29,099	2.02%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	1,144,504	953,753	(190,751)	-20.00%	628,321
Total Current Liabilities	14,948,898	14,924,900	(23,998)	-0.16%	12,188,541
Long Term Debt					
Bonds/Mortgages Payable	27,005,845	27,156,195	150,349	0.55%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,413,345	1,442,445	29,099	2.02%	1,562,895
Total Long Term Debt (Net of Current)	25,592,500	25,713,750	121,250	0.47%	26,491,667
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	1,255,088
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	12,014,075	12,102,975	88,900	0.73%	13,919,250
Total Other Long Term Liabilities	12,014,075	12,102,975	88,900	0.73%	15,174,318
TOTAL LIABILITIES	52,555,473	52,741,625	186,152	0.35%	53,854,526
Net Assets:					
Unrestricted Fund Balance	84,946,113	84,946,113	0	0.00%	87,636,023
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	444,215	442,714	(1,500)	-0.34%	430,216
Net Revenue/(Expenses)	(3,712,877)	(2,517,681)	N/A	N/A	(2,589,919)
TOTAL NET ASSETS	83,636,569	84,830,266	1,193,696	1.41%	87,335,448
TOTAL LIABILITIES AND NET ASSETS	\$136,192,042	\$137,571,891	\$1,379,848	1.00%	\$141,189,974

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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Eight months ended February 28, 2023

	CURRENT MONTH				Prior Year 02/28/22
	Actual 02/28/23	Budget 02/28/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,485,435	\$3,727,393	(\$241,958)	-6.49%	\$3,576,754
Outpatient Revenue	11,663,453	12,054,287	(390,834)	-3.24%	11,321,452
Clinic Revenue	2,025,043	2,103,765	(78,722)	-3.74%	1,734,823
Specialty Clinic Revenue	0	0	0	0.00%	170,366
Total Gross Patient Revenue	17,173,931	17,885,445	(711,514)	-3.98%	16,803,394
Deductions From Revenue					
Discounts and Allowances	(8,000,116)	(7,815,744)	(184,371)	-2.36%	(7,628,886)
Bad Debt Expense (Governmental Providers Only)	(1,009,659)	(1,161,710)	152,151	13.10%	(1,205,992)
Medical Assistance	(105,022)	(214,470)	109,448	51.03%	6,688
Total Deductions From Revenue	(9,114,895)	(9,191,924)	77,228	0.84%	(8,827,400)
Net Patient Revenue	8,059,235	8,693,521	(634,286)	-7.30%	7,975,994
Other Operating Revenue	144,273	171,197	(26,924)	-15.73%	156,988
Total Operating Revenue	8,203,508	8,864,718	(661,210)	-7.46%	8,132,982
Operating Expenses					
Salaries and Wages	3,804,999	3,700,636	(104,363)	-2.82%	3,546,337
Fringe Benefits	1,083,678	1,172,507	88,829	7.58%	1,455,793
Contract Labor	412,714	211,708	(201,006)	-94.94%	632,212
Physicians Fees	301,283	341,824	40,541	11.86%	377,123
Purchased Services	518,213	479,087	(39,126)	-8.17%	519,599
Supply Expense	1,519,156	1,315,816	(203,340)	-15.45%	1,282,845
Utilities	129,351	94,483	(34,869)	-36.90%	91,746
Repairs and Maintenance	401,388	504,473	103,085	20.43%	627,377
Insurance Expense	64,245	63,975	(270)	-0.42%	49,545
All Other Operating Expenses	230,705	216,903	(13,802)	-6.36%	204,287
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	16,048	19,857	3,810	19.18%	59,614
Depreciation and Amortization	861,503	754,041	(107,462)	-14.25%	581,401
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,343,282	8,875,310	(467,972)	-5.27%	9,427,862
Net Operating Surplus/(Loss)	(1,139,774)	(10,593)	(1,129,182)	10660.12%	(1,294,899)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	19,900	9,681	10,219	105.56%	7,177
Tax Subsidies (Except for GO Bond Subsidies)	10	0	10	0.00%	28
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(82,309)	(79,410)	2,899	-3.65%	(36,879)
Other Non-Operating Revenue/(Expenses)	6,976	85,453	(78,476)	-91.84%	14,483
Total Non Operating Revenue/(Expense)	(55,422)	15,724	(71,146)	-452.47%	(15,180)
Total Net Surplus/(Loss)	(\$1,195,196)	\$5,131	(\$1,200,328)	-23391.68%	(\$1,310,089)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(\$1,195,196)	\$5,131	(\$1,200,328)	-23391.68%	(\$1,310,089)
Operating Margin	-13.83%	-0.12%			-15.92%
Total Profit Margin	-14.57%	0.06%			-16.11%
EBIDA	-3.39%	8.39%			-8.77%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2023

	YEAR-TO-DATE				Prior Year 02/28/22
	Actual 02/28/23	Budget 02/28/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$30,697,221	\$30,070,555	\$626,665	2.08%	\$33,251,698
Outpatient Revenue	100,677,221	97,856,527	2,820,694	2.88%	91,748,572
Clinic Revenue	17,918,700	16,005,376	1,913,324	11.95%	12,926,293
Specialty Clinic Revenue	0	0	0	0.00%	2,110,352
Total Gross Patient Revenue	149,293,141	143,932,459	5,360,683	3.72%	140,036,915
Deductions From Revenue					
Discounts and Allowances	(66,967,488)	(63,054,925)	(5,912,563)	-9.38%	(62,662,369)
Bad Debt Expense (Governmental Providers Only)	(7,669,473)	(9,378,827)	1,813,355	19.34%	(8,306,760)
Medical Assistance	(1,244,245)	(1,730,553)	486,308	28.10%	(804,848)
Total Deductions From Revenue	(77,772,205)	(74,159,395)	(3,612,808)	-4.87%	(71,473,971)
Net Patient Revenue	71,520,936	69,773,154	1,747,783	2.50%	68,562,944
Other Operating Revenue	1,360,992	1,712,663	(351,671)	-20.53%	1,100,815
Total Operating Revenue	72,881,929	71,485,817	1,396,112	1.96%	69,663,759
Operating Expenses					
Salaries and Wages	30,484,123	29,994,011	(490,112)	-1.63%	29,532,817
Fringe Benefits	8,856,263	8,374,296	(481,966)	-5.76%	8,721,587
Contract Labor	3,783,257	2,644,667	(1,138,590)	-43.05%	3,443,008
Physicians Fees	2,255,589	2,710,494	454,925	16.78%	2,862,725
Purchased Services	4,332,421	4,200,080	(132,342)	-3.15%	3,625,450
Supply Expense	12,737,731	10,823,316	(1,914,415)	-17.69%	11,451,547
Utilities	908,676	755,321	(153,355)	-20.30%	748,213
Repairs and Maintenance	3,519,658	4,167,042	647,384	15.54%	4,669,521
Insurance Expense	510,209	504,044	(6,165)	-1.22%	434,450
All Other Operating Expenses	1,694,608	1,784,699	(109,999)	-6.16%	1,653,543
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	202,471	145,910	(56,561)	-38.76%	440,574
Depreciation and Amortization	6,887,674	6,021,520	(866,154)	-14.38%	4,571,281
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	76,372,660	72,126,400	(4,247,260)	-5.89%	72,054,716
Net Operating Surplus/(Loss)	(3,490,731)	(639,583)	(2,851,148)	445.76%	(2,390,957)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	153,728	86,048	67,680	78.65%	84,969
Tax Subsidies (Except for GO Bond Subsidies)	11,955	0	11,955	0.00%	1,481
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(711,512)	(694,125)	(57,387)	8.77%	(618,861)
Other Non-Operating Revenue/(Expense)	323,684	679,623	(355,939)	-52.37%	2,970,114
Total Non Operating Revenue/(Expense)	(222,146)	111,545	(333,691)	-299.15%	2,237,703
Total Net Surplus/(Loss)	(\$3,712,877)	(\$528,038)	(\$3,184,839)	603.15%	(\$153,254)
Change in Unrealized Gains/(Losses) on Investments	0	(79,600)	79,600	-100.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(\$3,712,877)	(\$607,638)	(\$3,105,239)	511.03%	(\$153,254)
Operating Margin	-4.79%	-0.89%			-3.43%
Total Profit Margin	-5.09%	-0.74%			-0.22%
EBIDA	4.68%	7.53%			3.13%

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

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	Actual 2/28/2023	Actual 1/31/2023	Actual 12/31/2022	Actual 11/30/2022	Actual 10/31/2022	Actual 9/30/2022
Gross Patient Revenue						
Inpatient Revenue	\$3,485,435	\$3,973,549	\$4,483,089	\$3,676,885	\$4,277,989	\$3,246,572
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$11,863,453	\$13,732,106	\$12,846,086	\$12,675,454	\$12,884,251	\$12,945,141
Clinic Revenue	\$2,025,043	\$2,443,375	\$2,582,451	\$2,202,309	\$2,345,959	\$2,182,806
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$17,173,931	\$20,149,031	\$19,893,615	\$18,558,628	\$19,508,199	\$18,354,519
Deductions From Revenue						
Discounts and Allowances	\$6,000,115	\$6,969,064	\$9,136,379	\$8,369,016	\$8,626,111	\$9,331,432
Bad Debt Expense (Governmental Providers On Charity Care)	\$1,809,559	\$1,546,278	\$945,317	\$1,619,973	\$1,501,395	(\$126,524)
	\$195,022	(\$4,178)	\$417,112	\$43,384	\$169,546	\$275,778
Total Deductions From Revenue	8,114,685	10,531,162	10,498,808	10,043,376	10,299,152	9,480,685
Net Patient Revenue	\$8,059,235	\$9,617,869	\$9,394,807	\$8,513,453	\$9,209,047	\$8,874,134
Other Operating Revenue	144,273	139,146	165,133	132,734	169,063	115,582
Total Operating Revenue	8,203,508	9,757,014	9,579,941	8,646,187	9,378,110	8,989,726
Operating Expenses						
Salaries and Wages	\$3,804,999	\$3,895,131	\$3,889,680	\$3,857,390	\$3,946,792	\$3,761,912
Fringe Benefits	\$1,983,678	\$1,136,657	\$1,119,832	\$1,051,468	\$1,153,332	\$1,032,168
Contract Labor	\$412,714	\$383,999	\$364,710	\$334,759	\$494,775	\$602,847
Physicians Fees	\$301,283	\$255,802	\$269,836	\$279,170	\$240,218	\$271,035
Purchased Services	\$618,213	\$512,049	\$592,959	\$507,018	\$645,296	\$493,717
Supply Expense	\$1,519,156	\$1,614,378	\$1,732,797	\$1,422,645	\$1,519,557	\$1,726,154
Utilities	\$129,351	\$139,663	\$129,834	\$105,146	\$97,874	\$105,291
Repairs and Maintenance	\$401,388	\$412,868	\$432,626	\$466,178	\$197,810	\$513,564
Insurance Expense	\$64,245	\$64,081	\$64,081	\$64,081	\$64,283	\$63,786
All Other Operating Expenses	\$230,705	\$213,795	\$255,979	\$267,854	\$299,653	\$144,896
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$115,048	\$29,246	\$25,980	\$29,267	\$24,848	\$26,413
Depreciation and Amortization	\$851,503	\$854,529	\$860,247	\$865,302	\$1,069,478	\$787,026
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$8,343,282	\$9,717,199	\$9,768,771	\$9,339,266	\$9,763,924	\$9,530,884
Net Operating Surplus/(Loss)	(\$1,139,774)	\$39,815	(\$189,830)	(\$684,982)	(\$375,815)	(\$541,179)
Non-Operating Revenue:						
Contributions						
Investment Income	19,900	26,271	22,676	17,273	18,049	17,463
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	10	41	7	33	41	14
Interest Expense (Governmental Providers Only)	(\$2,309)	(\$3,189)	(\$1,608)	(\$4,789)	(\$99,452)	(\$32,208)
Other Non-Operating Revenue/(Expenses)	6,976	26,472	9,397	69,574	14,349	108,044
Total Non Operating Revenue/(Expenses)	(\$65,422)	(\$26,397)	(\$65,429)	\$1,284	(\$78,112)	\$43,318
Total Net Surplus/(Loss)	(\$1,195,196)	\$11,418	(\$245,259)	(\$682,327)	(\$457,927)	(\$497,861)
Change in Unrealized Gains/(Losses) on Investm	0	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$1,195,196)	\$11,418	(\$245,259)	(\$682,327)	(\$457,927)	(\$497,861)
Operating Margin	-13.80%	0.41%	-1.97%	-7.91%	-4.01%	-6.02%
Total Profit Margin	-14.57%	0.12%	-2.59%	-7.98%	-4.82%	-5.64%
EBEIDA	-3.39%	0.17%	7.01%	3.29%	7.40%	2.73%

Actual 9/30/2022	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022
\$4,134,624	\$3,436,817	\$3,777,323	\$4,281,353	\$3,329,718	\$3,977,177
\$12,931,983	\$10,986,767	\$11,116,377	\$11,073,942	\$11,026,842	\$11,545,845
\$2,359,988	\$1,789,568	\$1,679,271	\$1,564,143	\$1,511,798	\$1,701,127
\$0	\$0	\$282,105	\$142,780	\$278,446	\$433,489
\$19,423,565	\$16,233,153	\$16,849,077	\$17,032,197	\$16,144,564	\$17,657,630
\$9,741,452	\$6,760,917	\$6,188,634	\$7,635,089	\$6,674,512	\$8,147,341
(\$31,920)	\$1,088,397	\$708,218	\$765,155	\$1,128,374	\$813,526
\$158,493	\$78,980	\$657,759	\$40,187	\$216,239	\$311,522
9,868,024	7,935,303	7,552,609	8,440,432	8,019,124	9,272,389
\$9,555,541	\$8,286,850	\$9,286,468	\$9,591,766	\$9,125,441	\$8,385,250
154,077	328,975	101,853	139,670	198,584	456,170
9,709,618	8,617,825	9,398,391	9,725,436	9,324,024	8,841,419
\$3,647,165	\$3,678,065	\$3,742,411	\$3,734,120	\$3,824,834	\$3,738,770
\$1,215,916	\$1,081,211	\$1,084,815	\$871,272	\$1,080,848	\$1,083,504
\$527,615	\$631,838	\$888,081	\$1,085,022	\$1,073,901	\$818,922
\$309,886	\$328,337	\$327,771	\$331,692	\$331,304	\$443,520
\$585,772	\$497,397	\$541,244	\$445,141	\$449,586	\$420,057
\$1,716,201	\$1,285,843	\$1,181,337	\$1,157,703	\$1,271,268	\$1,581,159
\$101,790	\$89,735	\$82,423	\$105,411	\$105,561	\$118,195
\$548,633	\$546,902	(\$457,054)	\$653,592	\$639,594	\$558,633
\$83,788	\$81,854	\$81,854	\$58,448	\$52,289	\$53,274
\$234,961	\$248,765	\$242,792	\$232,000	\$228,221	\$198,212
\$25,204	\$25,453	(\$277,111)	\$61,782	\$72,847	\$82,298
\$750,061	\$739,528	\$1,234,081	\$737,864	\$602,022	\$624,984
\$9,705,384	\$9,222,928	\$8,678,823	\$9,884,848	\$9,742,343	\$9,717,527
\$4,235	(\$805,103)	\$721,878	(\$856,504)	(\$1,418,319)	(\$838,107)
13,598	16,518	116,125	17,153	11,223	11,674
11,745	9	18	255	0	26
(78,746)	(99,235)	(552,978)	(79,408)	(79,408)	(61,590)
17,514	72,348	10,600	19,933	301,837	159,183
(\$35,900)	(\$11,368)	(\$424,236)	(\$42,087)	\$233,352	\$85,293
(\$31,666)	(\$616,470)	\$207,442	(\$880,571)	(\$1,184,987)	(\$759,913)
0	0	(587,380)			
(\$31,666)	(\$616,470)	(\$289,938)	(\$880,571)	(\$1,184,987)	(\$759,913)
0.04%	-7.02%	7.80%	-9.84%	-17.54%	-9.41%
-0.33%	-7.15%	3.16%	-10.32%	-14.24%	-3.45%
7.77%	1.66%	20.51%	-1.38%	-8.81%	-2.35%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2023

	CASH FLOW	
	Current Month 2/28/2023	Current Year-To-Date 2/28/2023
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$1,195,196)	(\$3,712,877)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	861,503	6,887,674
(Increase)/Decrease in Net Patient Accounts Receivable	327,470	(201,351)
(Increase)/Decrease in Other Receivables	(310,616)	(17,921)
(Increase)/Decrease in Inventories	1,838	(54,028)
(Increase)/Decrease in Pre-Paid Expenses	169,830	402,414
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(252,251)	1,808,486
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	114,598	585,238
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	190,751	516,183
Net Cash Provided by Operating Activities:	(92,074)	6,213,817
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(415,124)	(1,463,809)
(Increase)/Decrease in Limited Use Cash and Investments	(205,380)	2,650,395
(Increase)/Decrease in Other Limited Use Assets	(452)	(113,107)
(Increase)/Decrease in Other Assets	8,162	65,297
Net Cash Used by Investing Activities	(612,794)	1,138,776
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(150,349)	(1,048,717)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(88,900)	(3,160,243)
Net Cash Used for Financing Activities	(239,250)	(4,208,960)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(0)	(0)
Net Increase/(Decrease) in Cash	(944,117)	3,143,634
Cash, Beginning of Period	11,261,679	7,173,928
Cash, End of Period	\$10,317,562	\$10,317,562

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY Eight months ended February 28, 2023

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Current Month				Year-To-Date				
Actual 02/28/23	Budget 02/28/23	Positive/ (Negative) Variance	Prior Year 02/28/22	STATISTICS	Actual 02/28/23	Budget 02/28/23	Positive/ (Negative) Variance	Prior Year 02/28/22
Discharges								
108	116	(8)	116	Acute	937	970	(33)	970
108	116	(8)	116	Total Adult Discharges	937	970	(33)	970
23	38	(15)	38	Newborn	258	267	(9)	267
131	154	(23)	154	Total Discharges	1,195	1,237	(42)	1,237
Patient Days:								
398	392	6	392	Acute	3,341	3,620	(279)	3,620
398	392	6	392	Total Adult Patient Days	3,341	3,620	(279)	3,620
45	65	(20)	65	Newborn	440	424	16	424
443	457	(14)	457	Total Patient Days	3,781	4,044	(263)	4,044
Average Length of Stay (ALOS)								
3.7	3.4	0.3	3.4	Acute	3.6	3.7	(0.2)	3.7
3.7	3.4	0.3	3.4	Total Adult ALOS	3.6	3.7	(0.2)	3.7
2.0	1.7	0.2	1.7	Newborn ALOS	1.7	1.6	0.1	1.6
Average Daily Census (ADC)								
14.2	14.0	0.2	14.0	Acute	13.7	14.9	(1.1)	14.9
14.2	14.0	0.2	14.0	Total Adult ADC	13.7	14.9	(1.1)	14.9
1.6	2.3	(0.7)	2.3	Newborn	1.8	1.7	0.1	1.7
Emergency Room Statistics								
118	118	0	118	ER Visits - Admitted	942	1,004	(62)	1,004
1,153	909	244	909	ER Visits - Discharged	9,422	9,169	253	9,169
1,271	1,027	244	1,027	Total ER Visits	10,364	10,173	191	10,173
9.28%	11.49%		11.49%	% of ER Visits Admitted	9.09%	9.87%		9.87%
109.26%	101.72%		101.72%	ER Admissions as a % of Total	100.53%	103.51%		103.51%
Outpatient Statistics:								
7,687	8,228	(541)	8,228	Total Outpatients Visits	60,401	76,705	(16,304)	75,492
0	164	(164)	164	Observation Bed Days	0	1,083	(1,083)	1,083
5,032	4,874	158	4,874	Clinic Visits - Primary Care	41,968	40,444	1,524	40,444
587	450	137	450	Clinic Visits - Specialty Clinics	4,224	3,773	451	3,773
56	20	36	20	IP Surgeries	362	177	185	177
92	99	(7)	99	OP Surgeries	873	859	14	859
Productivity Statistics:								
465.68	465.19	0.49	488.45	FTE's - Worked	449.32	465.19	(15.87)	460.67
498.15	511.59	(13.44)	519.07	FTE's - Paid	498.35	511.59	(13.24)	505.43
1.5700	1.6767	(0.11)	1.6767	Case Mix Index - Medicare	1.4113	0.0000	1.41	1.6910
1.2900	0.7700	0.52	0.7700	Case Mix Index - All payers	1.2063	0.0000	1.21	0.8935

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

02/28/23

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	57.28	76.31
Net Days in Accounts Receivable	60.74	65.76
Number of Gross Days in Unbilled Revenue	14.85	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	29.61%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.61%	1.20%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.83%	1.20%
Bad Debts as a % of Gross Patient Revenue - Current Month	5.88%	6.50%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	5.06%	6.51%
Collections as a Percentage of Net Revenue - Current Month	100.43%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	97.20%	100% or >
Percentage of Blue Cross Receivable > 90 Days	7.29%	< 10%
Percentage of Insurance Receivable > 90 Days	29.89%	< 15%
Percentage of Medicaid Receivable > 90 Days	19.63%	< 20%
Percentage of Medicare Receivable > 60 Days	5.59%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Eight months ended February 28, 2023

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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	(711,514)	-3.98%	5,360,683	3.72%
Gross patient revenue is under budget for the month and over budget year to date. Patient statistics under budget include births and Outpatient visits. Average Daily Census is 14.2 in February which is over budget by 0.2				
Deductions from Revenue	77,228	0.84%	(3,612,900)	-4.87%
Deductions from revenue are under budget for February and under budget year to date. They are currently booked at 53.1% for February and 52.1% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.				
Bad Debt Expense	152,151	13.10%	1,813,355	19.34%
Bad debt expense is booked at 5.9% for February and 5.1% year to date.				
Charity Care	109,448	51.03%	486,308	28.10%
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	(26,924)	-15.73%	(351,671)	-20.53%
Other Operating Revenue is under budget for the month and is under budget year to date.				
Salaries and Wages	(184,363)	-2.82%	(490,112)	-1.53%
Salary and Wages are over budget in February and are over budget year to date. Paid FTEs are under budget by 13.44 FTEs for the month and under 13.24 FTEs year to date.				
Fringe Benefits	88,829	7.58%	(481,956)	-5.76%
Fringe benefits are over budget in February and over budget year to date.				
Contract Labor	(201,005)	-94.94%	(1,138,590)	-43.05%
Contract labor is over budget for February and over budget year to date. Med/surg, ICU, OR, ER, Respiratory and Security are over budget.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Eight months ended February 28, 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	40,541	11.86%	454,925	16.78%
Physician fees under budget in February and under budget year to date. Rad Onc, Locums and Locum Ped's are over budget in February.				
Purchased Services	(39,126)	-8.17%	(132,342)	-3.15%
Purchased services are over budget for February and over budget year to date. Expenses over budget are Consulting fee's, Sponsorships, Collection Fee's and Dept Mgmt Service				
Supply Expense	(203,348)	-16.46%	(1,914,415)	-17.60%
Supplies are over budget for February and over budget year to date. Line items over budget include implants, chargeables, oxygen, drugs, maint. supplies, promotional supplies and food.				
Repairs & Maintenance	103,085	20.43%	647,384	15.54%
Repairs and Maintenance are under budget for February and under budget year to date.				
All Other Operating Expenses	(13,802)	-6.36%	(109,909)	-6.16%
This expense is over budget in February and over budget year to date. Other expenses over budget are Licenses and Pharmacy floor direct.				
Leases and Rentals	3,810	19.18%	(56,561)	-38.76%
This expense is under budget for February and is over budget year to date				
Depreciation and Amortization	(107,462)	-14.25%	(866,154)	-14.38%
Depreciation is over budget for February and is over budget year to date				
BALANCE SHEET				
Cash and Cash Equivalents	(\$944,117)	-8.38%		
Cash decreased in February. Cash collections for February were \$8.1 million. Days Cash on Hand decreased to 99 days.				
Gross Patient Accounts Receivable	(\$1,197,847)	-3.18%		
This receivable decreased in February due lower revenue.				

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 15****ROCK SPRINGS, WYOMING****Eight months ended February 28, 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 Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	870,377	4.58%		
Bad Debt and Allowances decreased.				
Other Receivables	310,616	12.23%		
Other Receivables increased in February due to county and occ med invoices and QRA.				
Prepaid Expenses	(169,830)	-9.71%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	205,832	1.06%		
These assets increased due debt service fund receivable				
Plant Property and Equipment	(446,379)	-0.57%		
The decrease in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	252,251	3.38%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	12,872	0.54%		
This liability decreased in February. The payroll accrual for February was 16 days.				
Accrued Benefits	(127,471)	-4.73%		
This liability increased in February with the normal accrual and usage of PTO.				
Other Current Liabilities	(190,751)	-20.00%		
This liability increased for February due to the accrual on the bonds				
Other Long Term Liabilities	88,900	0.73%		
This liability decreased due the payments on the leases				
Total Net Assets	1,193,696	1.41%		
The net loss from operations for February is \$1,139,774				



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Eight months ended February 28, 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

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Eight months ended February 28, 2023	

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Eight months ended February 28, 2023

PAGE 2**- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET**

	Month to Date 2/28/2023	Year to Date 2/28/2023	Prior Fiscal Year End 06/30/22	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-53.46%	-32.20%	-6.33%	-36.58%
Total Profit Margin	-53.46%	-32.20%	-4.05%	-36.58%
Contractual Allowance %	46.84%	44.70%	44.30%	
Liquidity:				
Net Days in Accounts Receivable	48.19	66.57	65.76	39.58
Gross Days in Accounts Receivable	48.79	69.61	76.31	72.82
Productivity and Efficiency:				
Patient Visits Per Day	179.71	172.71	155.29	
Total Net Revenue per FTE	N/A	\$195,666	\$204,705	
Salary Expense per Paid FTE	N/A	\$185,984	\$102,150	
Salary and Benefits as a % of Net Revenue	132.21%	111.81%	58.36%	91.26%
Employee Benefits %	20.35%	17.63%	28.35%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eight months ended February 28, 2023

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CURRENT MONTH

	Actual 02/28/23	Budget 02/28/23	Positive (Negative) Variance	Percentage Variance	Prior Year 02/28/22
Gross Patient Revenue					
Clinic Revenue	2,025,043	2,103,765	(78,722)	-3.74%	1,734,823
Specialty Clinic Revenue	0	0	0	0.00%	170,366
Total Gross Patient Revenue	2,025,043	2,103,765	(78,722)	-3.74%	1,905,189
Deductions From Revenue					
Discounts and Allowances	(948,497)	(944,841)	(3,657)	-0.39%	(823,617)
Total Deductions From Revenue	(948,497)	(944,841)	(3,657)	-0.39%	(823,617)
Net Patient Revenue	1,076,545	1,158,924	(82,379)	-7.11%	1,081,572
Other Operating Revenue	35,492	52,553	(17,061)	-32.46%	51,288
Total Operating Revenue	1,112,037	1,211,477	(99,440)	-8.21%	1,132,860
Operating Expenses					
Salaries and Wages	1,221,606	1,084,697	(136,908)	-12.62%	1,091,367
Fringe Benefits	248,570	295,813	47,243	15.97%	280,636
Contract Labor	0	0	0	0.00%	0
Physicians Fees	52,152	123,857	71,705	57.89%	87,003
Purchased Services	7,966	7,086	(879)	-12.41%	13,725
Supply Expense	19,188	14,585	(4,603)	-31.56%	11,127
Utilities	1,221	2,500	1,278	51.14%	982
Repairs and Maintenance	5,842	9,192	3,350	36.45%	15,198
Insurance Expense	16,237	18,002	1,764	9.80%	15,037
All Other Operating Expenses	122,180	104,119	(18,061)	-17.35%	136,187
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,432	3,641	209	5.73%	4,362
Depreciation and Amortization	8,091	6,830	(1,261)	-18.46%	9,622
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,706,485	1,670,321	(36,164)	-2.17%	1,665,247
Net Operating Surplus/(Loss)	(594,448)	(458,844)	(135,604)	29.55%	(532,387)
Total Net Surplus/(Loss)	(594,448)	(458,844)	(135,604)	29.55%	(532,387)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/Decrease in Unrestricted Net Assets	(594,448)	(458,844)	(135,604)	29.55%	(532,387)
Operating Margin	-53.46%	-37.87%			-46.99%
Total Profit Margin	-53.46%	-37.87%			-46.99%
EBIDA	-52.73%	-37.31%			-46.15%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2023

	YEAR-TO-DATE				Prior Year 02/28/22
	Actual 02/28/23	Budget 02/28/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	17,918,700	16,005,376	1,913,324	11.95%	12,926,293
Specialty Clinic Revenue	0	0	0	0.00%	2,110,352
Total Gross Patient Revenue	17,918,700	16,005,376	1,913,324	11.95%	15,036,645
Deductions From Revenue					
Discounts and Allowances	(8,009,095)	(7,158,696)	(850,399)	-11.88%	(6,699,302)
Total Deductions From Revenue	(8,009,095)	(7,158,696)	(850,399)	-11.88%	(6,699,302)
Net Patient Revenue	9,909,605	8,846,680	1,062,924	12.01%	8,337,344
Other Operating Revenue	307,101	422,975	(115,875)	-27.40%	425,860
Total Operating Revenue	10,216,705	9,269,656	947,050	10.22%	8,763,203
Operating Expenses					
Salaries and Wages	9,711,160	8,962,956	(748,204)	-8.35%	9,157,959
Fringe Benefits	1,712,364	1,692,294	(20,069)	-1.19%	1,520,839
Contract Labor	0	0	0	0.00%	0
Physicians Fees	507,060	935,253	428,193	45.78%	477,285
Purchased Services	70,810	58,351	(12,458)	-21.35%	108,933
Supply Expense	161,230	177,354	16,123	9.09%	138,845
Utilities	10,012	19,964	9,951	49.85%	9,337
Repairs and Maintenance	92,331	132,008	39,678	30.06%	132,650
Insurance Expense	132,340	136,256	3,916	2.87%	121,148
All Other Operating Expenses	1,018,468	863,816	(154,652)	-17.90%	920,577
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	25,678	28,266	2,588	9.15%	28,864
Depreciation and Amortization	64,842	54,758	(10,084)	-18.42%	83,120
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	13,506,296	13,061,277	(445,019)	-3.41%	12,699,556
Net Operating Surplus/(Loss)	(3,289,590)	(3,791,621)	502,031	-13.24%	(3,936,352)
Total Net Surplus/(Loss)	(3,289,590)	(3,791,621)	\$502,031	-13.24%	(3,936,352)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(3,289,590)	(3,791,621)	\$502,031	-13.24%	(3,936,352)
Operating Margin	-32.20%	-40.90%			-44.92%
Total Profit Margin	-32.20%	-40.90%			-44.92%
EBIDA	-31.56%	-40.31%			-43.97%

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

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	Actual 2/28/2023	Actual 1/31/2023	Actual 12/31/2022	Actual 11/30/2022	Actual 10/31/2022	Actual 9/30/2022
Gross Patient Revenue						
Clinic Revenue	\$2,025,043	\$2,443,375	\$2,582,451	\$2,202,509	\$2,345,959	\$2,162,808
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,025,043	\$2,443,375	\$2,582,451	\$2,202,509	\$2,345,959	\$2,162,808
Deductions From Revenue						
Discounts and Allowances	(\$948,497)	(\$1,098,362)	(\$1,134,681)	(\$985,049)	(\$1,111,979)	(\$927,592)
Total Deductions From Revenue	(\$948,497)	(\$1,098,362)	(\$1,134,681)	(\$985,049)	(\$1,111,979)	(\$927,592)
Net Patient Revenue	\$1,076,545	\$1,346,993	\$1,447,770	\$1,217,461	\$1,233,981	\$1,235,214
Other Operating Revenue	\$35,492	\$40,919	\$27,776	\$37,200	\$41,354	\$39,391
Total Operating Revenue	1,112,037	1,387,912	1,475,546	1,254,662	1,275,335	1,274,605
Operating Expenses						
Salaries and Wages	\$1,221,608	\$1,236,970	\$1,281,706	\$1,212,758	\$1,240,750	\$1,263,061
Fringe Benefits	\$248,570	\$267,208	\$197,885	\$184,582	\$203,138	\$202,670
Contract Labor	\$0	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$52,152	\$67,506	\$45,281	\$70,437	\$80,401	\$67,448
Purchased Services	\$7,960	\$10,005	\$9,136	\$9,838	\$8,835	\$8,160
Supply Expense	\$19,188	\$19,705	\$13,287	\$23,429	\$24,210	\$24,104
Utilities	\$1,221	\$986	\$982	\$1,010	\$1,010	\$1,905
Repairs and Maintenance	\$5,842	\$4,118	\$5,286	\$22,234	\$12,337	\$14,326
Insurance Expense	\$18,237	\$16,238	\$18,825	\$18,825	\$18,625	\$16,825
All Other Operating Expenses	\$122,180	\$188,716	\$170,453	\$138,618	\$134,434	\$53,151
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$3,432	\$3,680	\$3,035	\$4,310	\$2,380	\$3,264
Depreciation and Amortization	\$8,091	\$8,091	\$8,110	\$8,110	\$8,110	\$8,110
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$1,708,485	\$1,743,392	\$1,732,546	\$1,692,162	\$1,712,211	\$1,683,774
Net Operating Surplus/(Loss)	(\$594,448)	(\$355,390)	(\$257,001)	(\$437,500)	(\$436,876)	(\$389,169)
Total Net Surplus/(Loss)	(\$594,448)	(\$355,390)	(\$257,001)	(\$437,500)	(\$436,876)	(\$389,169)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$594,448)	(\$355,390)	(\$257,001)	(\$437,500)	(\$436,876)	(\$389,169)
Operating Margin	-53.46%	-25.61%	-17.42%	-34.87%	-34.26%	-30.53%
Total Profit Margin	-53.46%	-25.61%	-17.42%	-34.87%	-34.26%	-30.53%
EBIDA	-52.73%	-25.02%	-16.87%	-34.22%	-33.62%	-29.90%

Actual 6/31/2022	Actual 7/31/2022	Actual 8/30/2022	Actual 6/31/2022	Actual 4/30/2022	Actual 3/31/2022	Actual 2/28/2022
\$2,356,888	\$1,799,668	\$1,448,630	\$1,308,860	\$1,588,815	\$1,451,105	\$1,300,080
\$0	\$0	\$343,674	\$161,892	\$298,058	\$342,042	\$281,294
\$2,356,888	\$1,799,668	\$1,792,304	\$1,470,752	\$1,886,871	\$1,793,147	\$1,581,380
(\$1,027,367)	(\$777,549)	(\$814,085)	(\$787,578)	(\$886,032)	(\$828,370)	(\$758,645)
(\$1,027,367)	(\$777,549)	(\$814,085)	(\$787,578)	(\$886,032)	(\$828,370)	(\$758,645)
\$1,329,621	\$1,022,019	\$978,219	\$769,173	\$1,017,838	\$964,777	\$822,735
\$42,453	\$42,518	\$48,757	\$59,125	\$58,845	\$59,103	\$65,776
1,372,073	1,064,536	1,024,977	828,298	1,076,684	1,023,880	888,510
\$1,042,504	\$1,230,905	\$1,061,614	\$840,167	\$1,037,659	\$1,142,213	\$1,104,879
\$200,681	\$201,840	\$149,134	\$184,159	\$206,715	\$216,355	\$240,814
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$59,970	\$83,786	\$146,371	\$114,521	\$46,485	\$30,939	\$93,378
\$9,056	\$7,824	\$15,910	\$13,208	\$12,175	\$15,297	\$13,204
\$19,379	\$17,866	\$21,967	\$15,954	\$19,891	\$18,548	\$17,037
\$1,907	\$991	\$2,404	\$1,933	\$1,872	\$1,875	\$1,836
\$13,311	\$13,696	\$16,834	\$16,580	\$16,988	\$19,493	\$18,542
\$16,625	\$16,738	\$13,611	\$13,611	\$13,611	\$13,611	\$13,611
\$140,839	\$150,977	\$83,557	\$82,775	\$134,876	\$108,518	\$85,431
\$3,013	\$2,604	\$4,083	\$4,022	\$3,067	\$3,450	\$3,319
\$8,110	\$8,110	\$12,936	\$12,937	\$12,968	\$17,183	\$18,273
\$1,621,166	\$1,734,622	\$1,609,431	\$1,399,867	\$1,608,056	\$1,583,583	\$1,620,324
(\$149,422)	(\$670,086)	(\$483,454)	(\$571,568)	(\$429,373)	(\$559,703)	(\$731,814)
(\$149,422)	(\$670,086)	(\$483,454)	(\$571,568)	(\$429,373)	(\$559,703)	(\$731,814)
0	0	0	0	0	0	0
(\$149,422)	(\$670,086)	(\$483,454)	(\$571,568)	(\$429,373)	(\$559,703)	(\$731,814)
-10.87%	-47.17%	-69.01%	-39.88%	-54.66%	-82.36%	-72.28%
-10.87%	-47.17%	-69.01%	-39.88%	-54.66%	-82.36%	-72.28%
-10.26%	-45.91%	-67.44%	-38.87%	-52.99%	-80.31%	-70.37%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 ROCK SPRINGS, WY
 Eight months ended February 28, 2023

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Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior		Actual	Budget	Positive/ (Negative)	Prior
02/28/23	02/28/23	Variance	Year 02/28/22		02/28/23	02/28/23	Variance	Year 02/28/22
Outpatient Statistics:								
5,032	4,874	158	4,584	Clinic Visits - Primary Care	41,968	40,444	1,524	33,109
587	450	137	606	Clinic Visits - Specialty Clinics	4,224	3,773	451	4,096
Productivity Statistics:								
74.33	68.57	5.76	67.75	FTE's - Worked	69.84	68.57	1.27	63.13
79.19	75.35	3.84	72.39	FTE's - Paid	78.43	75.35	3.08	69.90

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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	589	8,451,887.06
CAPITAL EQUIPMENT (PLANT FUND)	7	139,556.22
CONSTRUCTION IN PROGRESS (BUILDING FUND)	2	196,448.96
PAYROLL FEBRUARY 02, 2023		1,688,090.44
PAYROLL FEBRUARY 16, 2023		1,666,600.05
TOTAL CASH OUTFLOW		<u>\$8,787,892.24</u>
CASH COLLECTIONS		8,093,708.97
INCREASE/DECREASE IN CASH		-\$694,183.27

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2023**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002534	7/15/2022	CERNER CORPORATION	24,262.00	CERNER ANESTHESIA CARTS		
JULY TOTALS					24,262.00	24,262.00

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002535	8/12/2022	EAGLE COMPACTION	18,250.00	TRASH COMPACTOR		
002536	8/12/2022	OLYMPUS AMERICA INC	10,755.50	URETERSCOPE		
002537	8/18/2022	ROBERT I MERRILL COMPANY	16,434.00	RATED DOOR FOR MED IMAGE & SURGERY		
AUGUST TOTALS					45,439.50	69,701.50

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002538	9/1/2022	OLYMPUS AMERICA INC	9,388.49	URETERSCOPE		
002539	9/9/2022	WASATCH CONTROLS (HARRIS A)	71,250.00	BUILDING AUTOMATION		
002540	9/15/2022	WASATCH CONTROLS (HARRIS A)	73,150.00	BUILDING AUTOMATION		
002541	9/22/2022	MITCHELL ACOUSTICS, INC	15,360.00	BUILDING AUTOMATION		

SEPTEMBER TOTALS					169,148.49	238,849.99
CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002542	10/6/2022	DATEX-CHMEDA, INC.	5,637.50	WIRELESS FETAL MONITOR		
002543	10/18/2022	FIRSTCHOICE FORD LINCOLN	59,910.87	FLOW TRUCK		
002544	10/20/2022	BIG SKY PLUMBING LLC	20,241.00	BULK OXYGEN		
OCTOBER TOTALS					85,789.37	324,639.36

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002545	11/22/2022	MD ANDERSON CANCER CENTER	1,150.00	SRS HEAD		
NOVEMBER TOTALS					1,150.00	325,789.36

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002546	12/1/2022	GRAINGER	1,174.21	WATER LINE TIE IN		
002547	12/1/2022	ROCK SPRINGS WINNELSON CO	582.02	WATER LINE TIE IN		
002548	12/1/2022	SIMPLYGROUP, LLC (SIMPLYNA	34,380.86	SYNOLOGY BACKUP SOLUTIONS		
002549	12/1/2022	HILL-ROM	8,860.50	VOLARA AIRWAY CLEARANCE DEVICE		
002550	12/2/2022	EAGLE COMPACTION	18,250.00	TRASH COMPACTOR		
002551	12/8/2022	ROCK SPRINGS WINNELSON CO	4,266.68	WATER LINE TIE IN		
002552	12/15/2022	CDW GOVERNMENT LLC	11,207.64	SCAN GUNS		
002553	12/22/2022	BELMONT MEDICAL TECHNOLOG	33,795.00	BELMONT RAPID INFUSERS (2)		
002554	12/22/2022	OLYMPUS AMERICA INC	10,976.38	UROLOGY CYSTOSCOPY EQUIPMENT		
002555	12/22/2022	ROCK SPRINGS WINNELSON CO	446.85	WATER LINE TIE IN		
002556	12/22/2022	WASATCH CONTROLS (HARRIS A)	81,225.00	BUILDING AUTOMATION		
DECEMBER TOTALS					205,165.14	530,954.50

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002546	1/12/2023	NETDAIS	4,950.00	INTERNET EDGE		
002547	1/12/2023	WASATCH CONTROLS (HARRIS A)	145,312.95	BUILDING AUTOMATION		
JANUARY TOTALS					150,262.95	681,217.45

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002559	2/3/2023	NETDAIS	750.00	INTERNET EDGE		
002560	2/9/2023	BELMONT MEDICAL TECHNOLOG	37,175.00	BELMONT RAPID INFUSERS		
002561	2/9/2023	OLYMPUS AMERICA INC	745.77	UROLOGY CYSTOSCOPY EQUIP		
002562	2/16/2023	CAREFUSION PYXIS	18,000.00	CERNER INTERFACE FOR PYXIS		
002563	2/16/2023	OLYMPUS AMERICA INC	3,014.62	UROLOGY CYSTOSCOPY EQUIP		
002564	2/16/2023	ROCK SPRINGS WINNELSON CO	36,710.83	HEAT EXCHANGER		
002565	2/16/2023	WASATCH CONTROLS (HARRIS A)	43,160.00	COIL REPLACEMENT		
FEBRUARY TOTALS					139,556.22	820,773.67

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2023**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001171	7/7/2022	WASATCH CONTROLS (HARRIS .	38,000.00	BUILDING AUTOMATION		
001172	7/7/2022	WESTERN ENGINEERS & GEOLO	704.07	BUILDING AUTOMATION		
001173	7/8/2022	CERNER CORPORATION	59,427.44	CERNER TRAVEL		
WF DEBT	7/19/2022	WF DEBT SERVICE	157,080.26	WF DEBT SERVICE		
JULY TOTALS					255,211.77	255,211.77

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CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001174	8/4/2022	WESTERN ENGINEERS & GEOLO	200.75	BUILDING AUTOMATION		
001175	8/4/2022	WYLIE CONSTRUCTION INC.	61,978.36	BULK OXYGEN		
001176	8/12/2022	PLAN ONE/ARCHITECTS	2,025.00	MOB ENTRY		
WF DEBT	8/16/2022	WF DEBT SERVICE	157,080.26	WF DEBT SERVICE		
AUGUST TOTALS					221,284.37	476,496.14

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001177	9/9/2022	WESTERN ENGINEERS & GEOLO	144.75	BUILDING AUTOMATION		
001178	9/22/2022	WYLIE CONSTRUCTION INC.	13,532.04	BULK OXYGEN		
WF DEBT	9/19/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
SEPTEMBER TOTALS					204,427.45	680,923.59

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001179	9/9/2022	WESTERN ENGINEERS & GEOLO	419.25	BUILDING AUTOMATION		
WF DEBT	10/18/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
OCTOBER TOTALS					191,169.91	872,093.50

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001180	11/3/2022	WESTERN ENGINEERS & GEOLO	2,683.75	BUILDING AUTOMATION		
001181	11/3/2022	WYLIE CONSTRUCTION INC.	16,349.00	BULK OXYGEN		
001182	11/10/2022	PLAN ONE/ARCHITECTS	4,680.75	ONCOLOGY SUITE RENOVATION		
001183	11/10/2022	WASATCH CONTROLS (HARRIS .	23,750.00	BUILDING AUTOMATION		
001184	11/18/2022	WASATCH CONTROLS (HARRIS .	40,850.00	BUILDING AUTOMATION		
WF DEBT	11/17/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
NOVEMBER TOTALS					279,064.16	1,151,157.66

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001185	12/1/2022	WESTERN ENGINEERS & GEOLO	2,108.25	BUILDING AUTOMATION		
001186	12/8/2022	PLAN ONE/ARCHITECTS	4,680.75	ONCOLOGY SUITE RENOVATION		
WF DEBT	12/19/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
DECEMBER TOTALS					197,539.66	1,348,697.32

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001187	1/12/2023	PLAN ONE/ARCHITECTS	14,978.40	ONCOLOGY SUITE RENOVATION		
WF DEBT	1/19/2023	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
JANUARY TOTALS					205,729.06	1,554,426.38

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001188	2/3/2023	PLAN ONE/ARCHITECTS	5,698.30	ONCOLOGY SUITE RENOVATION		
WF DEBT	2/17/2023	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
FEBRUARY TOTALS					196,448.96	1,750,875.34

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2023

Amount	Description
62,473.21	Advertising Total
1,000.68	Billing Services Total
10,886.08	Blood Total
16,452.80	Building Lease Total
102,158.68	Café Management Total
3,993.63	Cellular Telephone Total
106,545.09	Collection Agency Total
8,017.93	Computer Equipment Total
337,883.04	Contract Maintenance Total
371,722.57	Contract Personnel Total
998.69	Courier Services Total
20,080.32	Dental Insurance Total
550.00	Diabetes Education Program Total
13,726.39	Dialysis Supplies Total
5,240.29	Education & Travel Total
3,563.20	Employee Recruitment Total
13,957.44	Employee Vision Plan Total
155,826.94	Equipment Lease Total
12,822.54	Freight Total
925.28	Fuel Total
3,551.29	Garbage Collection Total
644,965.86	Group Health Total
407,789.70	Hospital Supplies Total
21,240.00	Implant Supplies Total
31,505.77	Insurance Premiums Total
66,187.19	Laboratory Services Total
298,112.33	Laboratory Supplies Total
312.60	Laundry Supplies Total
12,672.50	Legal Fees Total
5,600.00	License & Taxes Total
2,289.84	Life Insurance Total
3,405.96	Linen Total
15,541.42	Maintenance & Repair Total
20,683.40	Maintenance Supplies Total
1,500.00	Membership Total
2,431.52	MHSC Foundation Total
1,843.23	Minor Equipment Total
111.00	Monthly Pest Control Total
20,327.76	Non Medical Supplies Total
5,761.26	Office Supplies Total
2,134.89	Other Employee Benefits Total
5,794.47	Other Purchased Services Total
8,436.84	Oxygen Rental Total
1,577.88	Patient Refund Total
212.00	Payroll Deduction Total
3,820.80	Payroll Garnishment Total
3,400,000.00	Payroll Transfer Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2023

[illegible]

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2023

Check Number	Date	Vendor Check Name	Amount	Description
190761	2/3/2023	BRIDGER VALLEY PIONEER	270.00	Advertising
190801	2/3/2023	KEMMERER GAZETTE	230.00	Advertising
190831	2/3/2023	PILOT BUTTE BROADCASTING	650.00	Advertising
190832	2/3/2023	PINEDALE ROUNDUP	250.00	Advertising
190835	2/3/2023	ROYAL FLUSH ADVERTISING	637.50	Advertising
190837	2/3/2023	SCORPION HEALTHCARE LLC	2,849.00	Advertising
190848	2/3/2023	SUBLETTE EXAMINER	250.00	Advertising
EFT000000007948	2/3/2023	LAMAR ADVERTISING	1,236.00	Advertising
190967	2/9/2023	ROCKET MINER	635.83	Advertising
EFT000000007965	2/9/2023	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
191015	2/16/2023	BEST VERSION MEDIA LLC	387.20	Advertising
191088	2/16/2023	R.S. CHAMBER OF COMMERCE	615.00	Advertising
191083	2/16/2023	ROCKET MINER	45.07	Advertising
191087	2/16/2023	ROYAL FLUSH ADVERTISING	475.00	Advertising
191091	2/16/2023	SCORPION HEALTHCARE LLC	6,090.96	Advertising
191108	2/16/2023	THE RADIO NETWORK	3,865.65	Advertising
EFT000000007976	2/16/2023	LAMAR ADVERTISING	424.00	Advertising
191142	2/23/2023	BIG THICKET BROADCASTING	3,992.00	Advertising
191145	2/23/2023	BRIDGER VALLEY PIONEER	420.00	Advertising
191193	2/23/2023	KEMMERER GAZETTE	530.00	Advertising
191212	2/23/2023	PINEDALE ROUNDUP	251.50	Advertising
191236	2/23/2023	SUBLETTE EXAMINER	401.50	Advertising
191239	2/23/2023	SWEETWATER NOW, LLC	5,780.00	Advertising
191244	2/23/2023	TRUE NORTH CUSTOM PUBLISHING	30,957.00	Advertising
191246	2/23/2023	UINTA COUNTY HERALD	150.00	Advertising
EFT000000007994	2/23/2023	GREEN RIVER STAR	800.00	Advertising
191002	2/16/2023	ABILITY NETWORK INC	874.00	Billing Services
191113	2/16/2023	TRUE COMMENCE, INC	126.68	Billing Services
190990	2/9/2023	VITALANT	2,721.60	Blood
191255	2/23/2023	VITALANT	8,164.48	Blood
191126	2/16/2023	CASTLE ROCK HSP DIST	8,298.00	Building Lease
191160	2/23/2023	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
EFT000000007991	2/23/2023	CASTLE ROCK HSP DIST	4,654.80	Building Lease
191116	2/16/2023	UNIDINE CORPORATION	18,316.93	Café Management
191247	2/23/2023	UNIDINE CORPORATION	83,841.75	Café Management
190862	2/3/2023	VERIZON WIRELESS, LLC	3,993.63	Cellular Telephone
190865	2/3/2023	WAKEFIELD & ASSOCIATES, INC.	39,360.68	Collection Agency
191037	2/16/2023	EXPRESS RECOVERY SERVICES	11,227.82	Collection Agency
191119	2/16/2023	WAKEFIELD & ASSOCIATES, INC.	55,956.59	Collection Agency
190917	2/9/2023	COW GOVERNMENT LLC	1,730.94	Computer Equipment
191023	2/16/2023	COW GOVERNMENT LLC	61.26	Computer Equipment
191151	2/23/2023	COW GOVERNMENT LLC	6,225.73	Computer Equipment
191161	2/23/2023	DELL COMPUTER CORPORATION	2,731.70	Computer Equipment
190750	2/3/2023	ALCOR SCIENTIFIC INC	1,700.00	Contract Maintenance
190768	2/3/2023	CERNIER CORPORATION	4,308.75	Contract Maintenance
190769	2/3/2023	CLOUDLI COMMUNICATIONS INC.	69.28	Contract Maintenance
190791	2/3/2023	GREENSHADES SOFTWARE	1,950.80	Contract Maintenance
190793	2/3/2023	IFPROTEAN	58,500.00	Contract Maintenance

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190823	2/3/2023	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
190826	2/3/2023	OTIS ELEVATOR COMPANY	12,528.72	Contract Maintenance
190829	2/3/2023	PHILIPS HEALTHCARE	7,038.40	Contract Maintenance
190838	2/3/2023	SDFI-TELEMEDICINE LLC	1,250.00	Contract Maintenance
190839	2/3/2023	SIEMENS MEDICAL SOLUTIONS USA	3,028.35	Contract Maintenance
190856	2/3/2023	TRACTMANAGER INC	7,033.95	Contract Maintenance
190868	2/3/2023	WYODATA SECURITY INC.	1,935.00	Contract Maintenance
190992	2/9/2023	CERNER CORPORATION	470.00	Contract Maintenance
190918	2/9/2023	CSG, LLC	1,746.31	Contract Maintenance
190932	2/9/2023	FRONT RANGE MOBILE IMAGING, INC.	8,050.00	Contract Maintenance
190933	2/9/2023	GE HEALTHCARE	24,986.60	Contract Maintenance
190952	2/9/2023	MERGE HEALTHCARE SOLUTIONS, INC	2,288.70	Contract Maintenance
190960	2/9/2023	PHILIPS HEALTHCARE	2,866.00	Contract Maintenance
190970	2/9/2023	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
EFT000000007957	2/9/2023	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
191125	2/16/2023	CERNER CORPORATION	4,072.06	Contract Maintenance
191025	2/16/2023	CHANGE HEALTHCARE SOLUTIONS, LLC	231.88	Contract Maintenance
191045	2/16/2023	GE HEALTHCARE	130.41	Contract Maintenance
191052	2/16/2023	HENRY SCHEIN PRACTICE SOLUTIONS	934.05	Contract Maintenance
191055	2/16/2023	IMPRIVATA	17,321.82	Contract Maintenance
191092	2/16/2023	SECHRIST TECHNOLOGY GROUP	1,024.00	Contract Maintenance
191120	2/16/2023	WORLDWASH LLC	1,575.00	Contract Maintenance
191122	2/16/2023	WYODATA SECURITY INC.	1,235.00	Contract Maintenance
W/T	2/21/2023	ORTHO TRIZETTO FEE	237.00	Contract Maintenance
W/T	2/21/2023	CLINIC TRIZETTO FEE	5,864.66	Contract Maintenance
191131	2/23/2023	ADVANCED MEDICAL REVIEWS, INC	993.60	Contract Maintenance
191136	2/23/2023	APPLIED STATISTICS & MANAGEMENT, INC.	7,000.00	Contract Maintenance
191258	2/23/2023	CERNER CORPORATION	13,848.00	Contract Maintenance
191156	2/23/2023	CONSUMER FUSION INC.	1,750.00	Contract Maintenance
191168	2/23/2023	EPD IT SERVICES LLC	1,406.98	Contract Maintenance
191177	2/23/2023	GE HEALTHCARE	24,986.60	Contract Maintenance
191185	2/23/2023	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
191189	2/23/2023	ISI WATER CHEMISTRIES	2,552.29	Contract Maintenance
191210	2/23/2023	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
191225	2/23/2023	SIEMENS MEDICAL SOLUTIONS USA	3,587.62	Contract Maintenance
191252	2/23/2023	UTAH HEALTH INFORMATION NETWORK, INC	8,621.00	Contract Maintenance
EFT000000000001	2/23/2023	STATE FIRE DC SPECIALTIES	1,335.71	Contract Maintenance
W/T	2/23/2023	WC QTR 4	76,241.14	Contract Maintenance
190779	2/3/2023	ELWOOD STAFFING SERVICES, INC	2,159.96	Contract Personnel
190783	2/3/2023	FAVORITE HEALTHCARE STAFFING, INC.	3,157.70	Contract Personnel
190787	2/3/2023	FOCUSONE SOLUTIONS LLC	81,507.53	Contract Personnel
190836	2/3/2023	SARAH ROTH	240.00	Contract Personnel
190041	2/3/2023	SOLIAHT HEALTH	8,112.50	Contract Personnel
190930	2/9/2023	FOCUSONE SOLUTIONS LLC	61,668.88	Contract Personnel
191035	2/16/2023	ELWOOD STAFFING SERVICES, INC	4,003.92	Contract Personnel
191038	2/16/2023	FAVORITE HEALTHCARE STAFFING, INC.	6,496.10	Contract Personnel
191043	2/16/2023	FOCUSONE SOLUTIONS LLC	88,305.01	Contract Personnel
191073	2/16/2023	NURSE ASSIST INC	693.00	Contract Personnel
191090	2/16/2023	SARAH ROTH	180.00	Contract Personnel

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191095	2/16/2023	SOLIANT HEALTH	8,000.00	Contract Personnel
191166	2/23/2023	ELWOOD STAFFING SERVICES, INC	1,970.37	Contract Personnel
191170	2/23/2023	FAVORITE HEALTHCARE STAFFING, INC.	3,274.70	Contract Personnel
191175	2/23/2023	FOCUSONE SOLUTIONS LLC	101,772.90	Contract Personnel
191222	2/23/2023	SARAH ROTH	180.00	Contract Personnel
190049	2/3/2023	SUSAN K CROFUTT	589.32	Courier Services
191207	2/23/2023	PACKAGERUNNER LOGISTICS LLC	409.37	Courier Services
191031	2/16/2023	DELTA DENTAL	20,080.32	Dental Insurance
191106	2/16/2023	SWEETWATER COUNTY DISTRICT BOARD OF HEALTH	550.00	Diabetes Education Program
190789	2/3/2023	FRESENIUS USA MARKETING, INC.	4,336.51	Dialysis Supplies
190795	2/3/2023	HENRY SCHEIN INC	196.72	Dialysis Supplies
190931	2/9/2023	FRESENIUS USA MARKETING, INC.	4,515.58	Dialysis Supplies
190939	2/9/2023	HENRY SCHEIN INC	140.00	Dialysis Supplies
190989	2/9/2023	VISONEX, LLC	2,310.00	Dialysis Supplies
EFT000000007963	2/9/2023	HENRY SCHEIN INC	156.08	Dialysis Supplies
191051	2/16/2023	HENRY SCHEIN INC	156.02	Dialysis Supplies
191118	2/16/2023	VISONEX, LLC	500.00	Dialysis Supplies
191176	2/23/2023	FRESENIUS USA MARKETING, INC.	1,415.48	Dialysis Supplies
191050	2/16/2023	HEALTHCARESOURCE HR, INC.	4,549.00	Education & Travel
191121	2/16/2023	WORLDPOINT ECC, INC.	691.29	Education & Travel
190866	2/3/2023	WESTERN WY COLLEGE	1,080.00	Employee Recruitment
EFT000000007953	2/3/2023	SST TESTING +, INC.	825.00	Employee Recruitment
190941	2/9/2023	INSIGHT SCREENING LLC	1,593.20	Employee Recruitment
191006	2/16/2023	ALTITUDE ANALYSIS	65.00	Employee Recruitment
190063	2/3/2023	VISION SERVICE PLAN - WY	13,957.44	Employee Vision Plan
190765	2/3/2023	CAREFUSION SOLUTIONS, LLC	26,109.00	Equipment Lease
190935	2/9/2023	GE HEALTHCARE FINANCIAL SERVICES	12,559.15	Equipment Lease
190069	2/9/2023	SHADOW MOUNTAIN WATER CO, WY	535.24	Equipment Lease
190971	2/9/2023	SIEMENS FINANCIAL SERVICES, INC	18,941.64	Equipment Lease
190988	2/9/2023	US BANK EQUIPMENT FINANCE	293.69	Equipment Lease
191029	2/16/2023	COPIER & SUPPLY COMPANY	1,260.80	Equipment Lease
191046	2/16/2023	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
191093	2/16/2023	SHADOW MOUNTAIN WATER CO, WY	327.24	Equipment Lease
191094	2/16/2023	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
191110	2/16/2023	TIMEPAYMENT CORP	2,872.08	Equipment Lease
191148	2/23/2023	CAREFUSION SOLUTIONS, LLC	827.98	Equipment Lease
191158	2/23/2023	COPIER & SUPPLY COMPANY	9,964.20	Equipment Lease
191179	2/23/2023	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
191223	2/23/2023	SHADOW MOUNTAIN WATER CO, WY	800.80	Equipment Lease
191226	2/23/2023	SIEMENS FINANCIAL SERVICES, INC	6,490.19	Equipment Lease
191250	2/23/2023	US BANK EQUIPMENT FINANCE	1,697.97	Equipment Lease
190785	2/3/2023	FED EX	510.51	Freight
190058	2/3/2023	TRIOSE, INC	1,394.98	Freight
190986	2/9/2023	TRIOSE, INC	2,436.17	Freight
191040	2/16/2023	FED EX	398.12	Freight
191112	2/16/2023	TRIOSE, INC	864.50	Freight
191243	2/23/2023	TRIOSE, INC	2,842.04	Freight
191249	2/23/2023	UPS STORE	4,376.22	Freight
190964	2/9/2023	RED HORSE OIL COMPANIES INC	925.28	Fuel

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EFT000000007969	2/9/2023	WWS - ROCK SPRINGS	3,551.29	Garbage Collection
W/T	2/3/2023	FURTHER FLEX 2/1/23	11,411.77	Group Health
W/T	2/3/2023	BLUE CROSS BLUE SHIELD 1/27/23	181,449.47	Group Health
W/T	2/10/2023	FURTHER FLEX 2/8/23	2,656.66	Group Health
W/T	2/10/2023	BLUE CROSS BLUE SHIELD 2/3/23	150,663.69	Group Health
W/T	2/17/2023	FURTHER FLEX 2/15/23	4,726.86	Group Health
W/T	2/17/2023	BLUE CROSS BLUE SHIELD 2/10/23	133,163.27	Group Health
W/T	2/22/2023	FURTHER ADMIN FEE	279.50	Group Health
W/T	2/24/2023	FURTHER FLEX 2/22/23	3,079.71	Group Health
W/T	2/24/2023	BLUE CROSS BLUE SHIELD 2/17/23	157,534.93	Group Health
190753	2/3/2023	APPLIED MEDICAL	716.00	Hospital Supplies
190758	2/3/2023	B BRAUN MEDICAL INC.	1,472.20	Hospital Supplies
190757	2/3/2023	BAYER HEALTHCARE LLC	2,261.07	Hospital Supplies
190759	2/3/2023	BECTON DICKINSON	1,933.70	Hospital Supplies
190763	2/3/2023	CARDINAL HEALTH/V. MUELLER	41,558.83	Hospital Supplies
190772	2/3/2023	CONE INSTRUMENTS	267.81	Hospital Supplies
190773	2/3/2023	CONMED CORPORATION	133.90	Hospital Supplies
190775	2/3/2023	COOK MEDICAL INCORPORATED	1,894.20	Hospital Supplies
190777	2/3/2023	DIAGNOSTICA STAGO INC	292.75	Hospital Supplies
190778	2/3/2023	DI ORTHOPEDICS, LLC	439.53	Hospital Supplies
190794	2/3/2023	HEALTHCARE LOGISTICS INC	68.16	Hospital Supplies
190797	2/3/2023	J & J HEALTH CARE SYSTEMS INC	11,472.00	Hospital Supplies
190818	2/3/2023	M V A P MEDICAL SUPPLIES, INC.	122.00	Hospital Supplies
190805	2/3/2023	MASIMO AMERICAS, INC.	1,970.00	Hospital Supplies
190806	2/3/2023	MCKESSON MEDICAL-SURGICAL	54.70	Hospital Supplies
190807	2/3/2023	MEDI-DOSE INCORPORATED	126.15	Hospital Supplies
190809	2/3/2023	MEDTRONIC, USA	403.00	Hospital Supplies
190810	2/3/2023	MERCURY MEDICAL	94.52	Hospital Supplies
190812	2/3/2023	MES	51.50	Hospital Supplies
190819	2/3/2023	NATUS MEDICAL INC	96.00	Hospital Supplies
190824	2/3/2023	OLYMPUS AMERICA INC	253.21	Hospital Supplies
190827	2/3/2023	OWENS & MINOR 90005430	6,960.63	Hospital Supplies
190828	2/3/2023	PERFORMANCE HEALTH SUPPLY INC	161.00	Hospital Supplies
190845	2/3/2023	STERIS CORPORATION	248.17	Hospital Supplies
190852	2/3/2023	TELEFLEX LLC	231.00	Hospital Supplies
190855	2/3/2023	TIDI PRODUCTS, LC	571.20	Hospital Supplies
190857	2/3/2023	TRI-ANIM HEALTH SERVICES INC	1,194.01	Hospital Supplies
190861	2/3/2023	UTAH MEDICAL PRODUCTS INC	240.72	Hospital Supplies
EFT000000007945	2/3/2023	BREG INC	660.92	Hospital Supplies
EFT000000007947	2/3/2023	HARDY DIAGNOSTICS	744.18	Hospital Supplies
EFT000000007949	2/3/2023	MARSHALL INDUSTRIES	661.20	Hospital Supplies
EFT000000007950	2/3/2023	OVATION MEDICAL	587.20	Hospital Supplies
EFT000000007954	2/3/2023	STRYKER INSTRUMENTS	1,052.22	Hospital Supplies
190801	2/9/2023	AESCLAP INC	1,064.37	Hospital Supplies
190906	2/9/2023	APPLIED MEDICAL	288.00	Hospital Supplies
190907	2/9/2023	ARTHREX INC.	11,499.00	Hospital Supplies
190910	2/9/2023	BARD MEDICAL	117.48	Hospital Supplies
190911	2/9/2023	BECTON DICKINSON	1,873.02	Hospital Supplies
190913	2/9/2023	BOSTON SCIENTIFIC CORP	3,234.67	Hospital Supplies

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190916	2/9/2023	CARDINAL HEALTH/V. MUELLER	21,733.57	Hospital Supplies
190920	2/9/2023	COASTAL LIFE SYSTEMS, INC.	330.37	Hospital Supplies
190922	2/9/2023	CONE INSTRUMENTS	275.26	Hospital Supplies
190924	2/9/2023	DIAGNOSTIGA STAGO INC	3,051.60	Hospital Supplies
190926	2/9/2023	DJ ORTHOPEDICS, LLC	40.29	Hospital Supplies
190927	2/9/2023	DOCTOR EASY MEDICAL PRODUCTS	33.00	Hospital Supplies
190938	2/9/2023	GYNEX CORP	287.40	Hospital Supplies
190940	2/9/2023	HOLOGIC, INC.	4,633.00	Hospital Supplies
190943	2/9/2023	J & J HEALTH CARE SYSTEMS INC	10,243.28	Hospital Supplies
190979	2/9/2023	LEICA BIOSYSTEMS RICHMOND	152.40	Hospital Supplies
190956	2/9/2023	M V A P MEDICAL SUPPLIES, INC.	370.00	Hospital Supplies
190947	2/9/2023	MARKET LAB, INC	149.95	Hospital Supplies
190948	2/9/2023	MASIMO AMERICAS, INC.	680.00	Hospital Supplies
190949	2/9/2023	MCKESSON MEDICAL-SURGICAL	225.62	Hospital Supplies
190951	2/9/2023	MEDTRONIC, USA	395.00	Hospital Supplies
190953	2/9/2023	MICROTEK MEDICAL INC.	305.28	Hospital Supplies
190957	2/9/2023	OWENS & MINOR 90005430	45,724.13	Hospital Supplies
190965	2/9/2023	RESPIRONICS	307.50	Hospital Supplies
190983	2/9/2023	TELEFLEX LLC	1,390.00	Hospital Supplies
190984	2/9/2023	TIDI PRODUCTS, LC	571.20	Hospital Supplies
190985	2/9/2023	TRI-ANIM HEALTH SERVICES INC	1,427.73	Hospital Supplies
190991	2/9/2023	WAXIE SANITARY SUPPLY	5,534.87	Hospital Supplies
EFT000000007960	2/9/2023	BREG INC	486.50	Hospital Supplies
EFT000000007962	2/9/2023	HARDY DIAGNOSTICS	1,416.15	Hospital Supplies
EFT000000007967	2/9/2023	STRYKER INSTRUMENTS	469.47	Hospital Supplies
191008	2/16/2023	APPLIED MEDICAL	1,176.00	Hospital Supplies
191009	2/16/2023	ARTHREX INC.	2,440.50	Hospital Supplies
191014	2/16/2023	B BRAUN MEDICAL INC.	1,304.88	Hospital Supplies
191013	2/16/2023	BAYER HEALTHCARE LLC	9,018.57	Hospital Supplies
191017	2/16/2023	BOSTON SCIENTIFIC CORP	5,841.20	Hospital Supplies
191020	2/16/2023	CARDINAL HEALTH/V. MUELLER	16,505.27	Hospital Supplies
191026	2/16/2023	COASTAL LIFE SYSTEMS, INC.	219.98	Hospital Supplies
191028	2/16/2023	COOK MEDICAL INCORPORATED	1,010.00	Hospital Supplies
191032	2/16/2023	DIAGNOSTIGA STAGO INC	211.68	Hospital Supplies
191047	2/16/2023	GETINGE USA SALES, LLC	742.38	Hospital Supplies
191049	2/16/2023	HEALTHCARE LOGISTICS INC	117.02	Hospital Supplies
191053	2/16/2023	HILL-ROM	2,748.34	Hospital Supplies
191058	2/16/2023	KCI USA	508.72	Hospital Supplies
191104	2/16/2023	LEICA BIOSYSTEMS RICHMOND	270.85	Hospital Supplies
191069	2/16/2023	M V A P MEDICAL SUPPLIES, INC.	55.00	Hospital Supplies
191064	2/16/2023	MARKET LAB, INC	440.95	Hospital Supplies
191065	2/16/2023	MASIMO AMERICAS, INC.	870.00	Hospital Supplies
191066	2/16/2023	MCKESSON MEDICAL-SURGICAL	2,447.26	Hospital Supplies
191067	2/16/2023	MEDELA LLC	98.30	Hospital Supplies
191071	2/16/2023	NATUS MEDICAL INC	290.40	Hospital Supplies
191074	2/16/2023	OLYMPUS AMERICA INC	9,143.66	Hospital Supplies
191076	2/16/2023	OWENS & MINOR 90005430	30.95	Hospital Supplies
191079	2/16/2023	PERFORMANCE HEALTH SUPPLY INC	59.73	Hospital Supplies
191099	2/16/2023	STERIS CORPORATION	339.36	Hospital Supplies

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191107	2/16/2023	TELEFLEX LLC	1,339.75	Hospital Supplies
191111	2/16/2023	TRI-ANIM HEALTH SERVICES INC	2,018.91	Hospital Supplies
191117	2/16/2023	VAPOTHERM INC.	613.00	Hospital Supplies
EFT000000007972	2/16/2023	BREG INC	847.14	Hospital Supplies
EFT000000007975	2/16/2023	HARDY DIAGNOSTICS	993.14	Hospital Supplies
EFT000000007978	2/16/2023	OVATION MEDICAL	71.70	Hospital Supplies
EFT000000007982	2/16/2023	STRYKER INSTRUMENTS	1,142.20	Hospital Supplies
EFT000000007984	2/16/2023	ZOLL MEDICAL CORPORATION	1,113.84	Hospital Supplies
191219	2/23/2023	ABBOTT NUTRITION	92.37	Hospital Supplies
191135	2/23/2023	APPLIED MEDICAL	108.00	Hospital Supplies
191137	2/23/2023	ARTHREX INC.	17,725.50	Hospital Supplies
191139	2/23/2023	BARD PERIPHERAL VASCULAR INC	1,940.40	Hospital Supplies
191140	2/23/2023	BAXTER HEALTHCARE CORP/IV	59.67	Hospital Supplies
191141	2/23/2023	BAYER HEALTHCARE LLC	866.25	Hospital Supplies
191144	2/23/2023	BOSTON SCIENTIFIC CORP	8,251.44	Hospital Supplies
191147	2/23/2023	CARDINAL HEALTH/V. MUELLER	28,831.94	Hospital Supplies
191149	2/23/2023	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
191155	2/23/2023	CONMED CORPORATION	133.90	Hospital Supplies
191157	2/23/2023	COOK MEDICAL INCORPORATED	201.00	Hospital Supplies
191164	2/23/2023	DIAGNOSTICA STAGO INC	20,462.03	Hospital Supplies
191165	2/23/2023	DJ ORTHOPEDICS, LLC	549.10	Hospital Supplies
191173	2/23/2023	FISHER & PAYKEL HEALTHCARE, INC	284.03	Hospital Supplies
191180	2/23/2023	GENERAL HOSPITAL SUPPLY CORPORATION	235.00	Hospital Supplies
191186	2/23/2023	HIOLOGIC, INC.	20,296.00	Hospital Supplies
191187	2/23/2023	HULL ANESTHESIA INC	94.50	Hospital Supplies
191190	2/23/2023	J & J HEALTH CARE SYSTEMS INC	8,506.07	Hospital Supplies
191191	2/23/2023	KARL STORZ ENDOSCOPY-AMERICA	7,154.03	Hospital Supplies
191192	2/23/2023	KCI USA	1,997.21	Hospital Supplies
191199	2/23/2023	MCKESSON MEDICAL-SURGICAL	192.24	Hospital Supplies
191200	2/23/2023	MEDELA LLC	569.60	Hospital Supplies
191202	2/23/2023	MERCURY MEDICAL	196.58	Hospital Supplies
191205	2/23/2023	OLYMPUS AMERICA INC	5,519.74	Hospital Supplies
191206	2/23/2023	OWENS & MINOR 90005430	12,187.25	Hospital Supplies
191208	2/23/2023	PATTERSON DENTAL - 400	28.68	Hospital Supplies
191215	2/23/2023	RADIOMETER AMERICA INC	3,413.68	Hospital Supplies
191216	2/23/2023	RESPIRONICS	178.00	Hospital Supplies
191233	2/23/2023	STERIS CORPORATION	1,355.65	Hospital Supplies
191237	2/23/2023	SUREMARK CO	335.00	Hospital Supplies
191242	2/23/2023	TRI-ANIM HEALTH SERVICES INC	1,507.95	Hospital Supplies
191253	2/23/2023	UTAH MEDICAL PRODUCTS INC	81.60	Hospital Supplies
EFT000000007989	2/23/2023	BREG INC	349.99	Hospital Supplies
EFT000000007990	2/23/2023	BSN MEDICAL INC	231.07	Hospital Supplies
EFT000000007995	2/23/2023	HARDY DIAGNOSTICS	231.91	Hospital Supplies
EFT000000007996	2/23/2023	IN PRO CORPORATION	246.06	Hospital Supplies
EFT000000007997	2/23/2023	MARSHALL INDUSTRIES	530.55	Hospital Supplies
EFT000000008002	2/23/2023	STRYKER INSTRUMENTS	329.16	Hospital Supplies
190825	2/3/2023	OSSIO, INC.	4,942.00	Implant Supplies
EFT000000007958	2/9/2023	ARTHROSURFACE INCORPORATED	7,044.00	Implant Supplies
191075	2/16/2023	OSSIO, INC.	9,254.00	Implant Supplies

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190860	2/3/2023	PROVIDENT LIFE & ACCIDENT	13,717.90	Insurance Premiums
190987	2/9/2023	PROVIDENT LIFE & ACCIDENT	17,787.87	Insurance Premiums
EFT000000007943	2/3/2023	ARUP LABORATORIES, INC.	74.70	Laboratory Services
190903	2/9/2023	ALLERMETRIX INC	1,676.00	Laboratory Services
191004	2/16/2023	ALLERMETRIX INC	1,226.00	Laboratory Services
191198	2/23/2023	MAYO COLLABORATIVE SERVICES, INC.	191.44	Laboratory Services
191203	2/23/2023	METABOLIC NEWBORN SCREENING	4,317.28	Laboratory Services
EFT000000007987	2/23/2023	ARUP LABORATORIES, INC.	58,701.77	Laboratory Services
190755	2/3/2023	ASSOCIATES OF CAPE COD INC	21.00	Laboratory Supplies
190762	2/3/2023	CARDINAL HEALTH	6,081.56	Laboratory Supplies
190767	2/3/2023	CEPHEID	3,420.00	Laboratory Supplies
190786	2/3/2023	FISHER HEALTHCARE	484.60	Laboratory Supplies
EFT000000007944	2/3/2023	BIO-RAD LABORATORIES	2,745.86	Laboratory Supplies
EFT000000007951	2/3/2023	PDC HEALTHCARE	617.86	Laboratory Supplies
190905	2/9/2023	ANAEROBE SYSTEMS	42.65	Laboratory Supplies
190908	2/9/2023	ASSOCIATES OF CAPE COD INC	378.00	Laboratory Supplies
190912	2/9/2023	BIOMERIEUX, INC.	4,102.46	Laboratory Supplies
190915	2/9/2023	CARDINAL HEALTH	36,766.61	Laboratory Supplies
190929	2/9/2023	FISHER HEALTHCARE	52,848.01	Laboratory Supplies
190963	2/9/2023	R&D SYSTEMS INC	82.90	Laboratory Supplies
190976	2/9/2023	STRECK LABORATORIES INC	525.86	Laboratory Supplies
EFT000000007959	2/9/2023	BIO-RAD LABORATORIES	1,061.32	Laboratory Supplies
191129	2/16/2023	BIO-RAD LABORATORIES	5,285.72	Laboratory Supplies
191019	2/16/2023	CARDINAL HEALTH	25,682.53	Laboratory Supplies
191022	2/16/2023	CAREFIELD LLC	213.14	Laboratory Supplies
191034	2/16/2023	CEPHEID	2,842.00	Laboratory Supplies
191042	2/16/2023	FISHER HEALTHCARE	6,252.08	Laboratory Supplies
191063	2/16/2023	LIFELOC TECHNOLOGIES	175.90	Laboratory Supplies
191072	2/16/2023	NOVA BIOMEDICAL CORP.	418.32	Laboratory Supplies
191127	2/16/2023	PACE ANALYTICAL SERVICES, LLC	232.40	Laboratory Supplies
EFT000000007974	2/16/2023	GREER LABORATORIES, INC	3,419.56	Laboratory Supplies
EFT000000007980	2/16/2023	PDC HEALTHCARE	485.22	Laboratory Supplies
EFT000000007983	2/16/2023	SYSMEX AMERICA INC.	491.75	Laboratory Supplies
191143	2/23/2023	BIOMERIEUX, INC.	4,732.58	Laboratory Supplies
191146	2/23/2023	CARDINAL HEALTH	113,297.10	Laboratory Supplies
191152	2/23/2023	CEPHEID	8,699.38	Laboratory Supplies
191172	2/23/2023	FISHER HEALTHCARE	348.94	Laboratory Supplies
191231	2/23/2023	STATLAB MEDICAL PRODUCTS	1,149.36	Laboratory Supplies
191245	2/23/2023	TYPENEX MEDICAL, LLC	451.72	Laboratory Supplies
EFT000000007988	2/23/2023	BIO-RAD LABORATORIES	1,044.68	Laboratory Supplies
EFT000000007998	2/23/2023	ORTHO-CLINICAL DIAGNOSTICS INC	13,000.00	Laboratory Supplies
EFT000000007999	2/23/2023	PDC HEALTHCARE	711.26	Laboratory Supplies
EFT000000007977	2/16/2023	MARTIN-RAY LAUNDRY SYSTEMS	312.60	Laundry Supplies
190776	2/3/2023	CROWLEY FLECK ATTORNEYS	510.00	Legal Fees
191012	2/16/2023	BARRY J. WALKER	3,000.00	Legal Fees
191211	2/23/2023	PHILLIPS LAW, LLC	9,162.50	Legal Fees
190822	2/3/2023	NORTHWEST SOLUTIONS LLC	5,600.00	License & Taxes
190821	2/3/2023	NEW YORK LIFE INSURANCE COMPANY	2,289.84	Life Insurance
190842	2/3/2023	STANDARD TEXTILE	2,400.36	Linen

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190973	2/9/2023	STANDARD TEXTILE	797.76	Linen
191228	2/23/2023	STANDARD TEXTILE	207.84	Linen
190867	2/3/2023	WHISLER CHEVROLET	557.38	Maintenance & Repair
190961	2/9/2023	PLAN ONE/ARCHITECTS	720.00	Maintenance & Repair
191011	2/16/2023	AVANTE HEALTH SOLUTIONS	210.00	Maintenance & Repair
191078	2/16/2023	PARTSSOURCE	32.70	Maintenance & Repair
191098	2/16/2023	STEALTH TECHNOLOGIES	276.00	Maintenance & Repair
191103	2/16/2023	SUEZ WTS SERVICES USA, INC.	3,115.57	Maintenance & Repair
191105	2/16/2023	SWEETWATER PLUMBING & HEATING	30.30	Maintenance & Repair
191123	2/16/2023	WYOELECTRIC, INC	1,161.32	Maintenance & Repair
EFT000000007981	2/16/2023	SERVCO	4,995.35	Maintenance & Repair
191150	2/23/2023	CARRIER COMMERCIAL SERVICE	3,017.00	Maintenance & Repair
191174	2/23/2023	FLOTEC INC.	1,333.80	Maintenance & Repair
191232	2/23/2023	STEALTH TECHNOLOGIES	92.00	Maintenance & Repair
190770	2/3/2023	CODALE ELECTRIC SUPPLY, INC	872.40	Maintenance Supplies
190790	2/3/2023	GRAINGER	255.78	Maintenance Supplies
190796	2/3/2023	HOME DEPOT	71.14	Maintenance Supplies
EFT000000007941	2/3/2023	ACE HARDWARE	73.95	Maintenance Supplies
EFT000000007952	2/3/2023	ROBERT I MERRILL COMPANY	2,327.00	Maintenance Supplies
190921	2/9/2023	CODALE ELECTRIC SUPPLY, INC	175.03	Maintenance Supplies
190937	2/9/2023	GRAINGER	347.76	Maintenance Supplies
EFT000000007955	2/9/2023	ACE HARDWARE	46.95	Maintenance Supplies
EFT000000007966	2/9/2023	SHERWIN WILLIAMS CO	48.07	Maintenance Supplies
EFT000000007968	2/9/2023	ULINE, INC	248.10	Maintenance Supplies
191027	2/16/2023	COMPLIANCE PLUS INC.	3,669.35	Maintenance Supplies
191034	2/16/2023	EDWARDS LIFESCIENCES	616.50	Maintenance Supplies
191048	2/16/2023	GRAINGER	651.97	Maintenance Supplies
191054	2/16/2023	HOME DEPOT	600.44	Maintenance Supplies
191057	2/16/2023	JOHNSON CONTROLS INC	1,777.56	Maintenance Supplies
191084	2/16/2023	ROCK SPRINGS WINNIELSON CO	1,467.13	Maintenance Supplies
EFT000000007970	2/16/2023	ACE HARDWARE	16.99	Maintenance Supplies
191133	2/23/2023	ALPINE PURE SOFT WATER	970.20	Maintenance Supplies
191153	2/23/2023	CODALE ELECTRIC SUPPLY, INC	1,177.94	Maintenance Supplies
191181	2/23/2023	GRAINGER	2,626.74	Maintenance Supplies
191218	2/23/2023	ROCK SPRINGS WINNIELSON CO	2,593.38	Maintenance Supplies
EFT000000007985	2/23/2023	ACE HARDWARE	48.82	Maintenance Supplies
191128	2/16/2023	MOUNTAIN STATES EMPLOYERS COUNCIL	1,500.00	Membership
190813	2/3/2023	MHSC-FOUNDATION	1,207.20	MHSC Foundation
191001	2/14/2023	MHSC-FOUNDATION	1,224.32	MHSC Foundation
191124	2/16/2023	Z & Z MEDICAL, INC.	1,493.23	Minor Equipment
191154	2/23/2023	COLORID, LLC	350.00	Minor Equipment
190854	2/3/2023	TERMINIX OF WYOMING	111.00	Monthly Pest Control
190784	2/3/2023	F B MCFADDEN WHOLESALE	1,939.27	Non Medical Supplies
190803	2/3/2023	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	682.20	Non Medical Supplies
190808	2/3/2023	MEDLINE INDUSTRIES INC	5,331.16	Non Medical Supplies
190840	2/3/2023	SMILEMAKERS	148.47	Non Medical Supplies
190928	2/9/2023	F B MCFADDEN WHOLESALE	570.55	Non Medical Supplies
190950	2/9/2023	MEDLINE INDUSTRIES INC	4,261.22	Non Medical Supplies
191039	2/16/2023	F B MCFADDEN WHOLESALE	1,955.10	Non Medical Supplies

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191068	2/16/2023	MEDLINE INDUSTRIES INC	991.35	Non Medical Supplies
EFT000000007979	2/16/2023	POSITIVE PROMOTIONS	122.97	Non Medical Supplies
191171	2/23/2023	F B MCFADDEN WHOLESALE	795.90	Non Medical Supplies
191138	2/23/2023	A TOUCH OF CLASS	100.00	Non Medical Supplies
191201	2/23/2023	MEDLINE INDUSTRIES INC	2,971.70	Non Medical Supplies
191227	2/23/2023	SMILEMAKERS	457.87	Non Medical Supplies
190843	2/3/2023	STAPLES BUSINESS ADVANTAGE	144.31	Office Supplies
190974	2/9/2023	STAPLES BUSINESS ADVANTAGE	3,491.46	Office Supplies
191036	2/16/2023	ENCOMPASS GROUP, LLC	82.80	Office Supplies
191096	2/16/2023	STANDARD REGISTER COMPANY	448.44	Office Supplies
191097	2/16/2023	STAPLES BUSINESS ADVANTAGE	353.10	Office Supplies
191195	2/23/2023	LABELMATCH	256.48	Office Supplies
191229	2/23/2023	STANDARD REGISTER COMPANY	323.67	Office Supplies
191230	2/23/2023	STAPLES BUSINESS ADVANTAGE	318.00	Office Supplies
EFT000000000000	2/23/2023	SMYTH PRINTING	343.00	Office Supplies
190870	2/3/2023	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
191033	2/16/2023	DOMINOS	164.89	Other Employee Benefits
190788	2/3/2023	FOTOS BY JENNI	79.00	Other Purchased Services
190945	2/9/2023	QUICK RESPONSE TAXI	208.00	Other Purchased Services
W/T	2/13/2023	GREENSHADES SOFTWARE	640.53	Other Purchased Services
W/T	2/14/2023	GREENSHADES SOFTWARE	688.94	Other Purchased Services
191044	2/16/2023	FOTOS BY JENNI	79.00	Other Purchased Services
191061	2/16/2023	QUICK RESPONSE TAXI	249.00	Other Purchased Services
191089	2/16/2023	SANTA FE TRAIL RESTAURANT	188.00	Other Purchased Services
191114	2/16/2023	TURN UP THE VOLUME DJ SERVICES	300.00	Other Purchased Services
191196	2/23/2023	QUICK RESPONSE TAXI	155.00	Other Purchased Services
EFT000000007993	2/23/2023	DANIEL'S JEWELRY, INC	3,207.00	Other Purchased Services
EFT000000007942	2/3/2023	AIRGAS INTERMOUNTAIN INC	161.75	Oxygen Rental
EFT000000007956	2/9/2023	AIRGAS INTERMOUNTAIN INC	243.06	Oxygen Rental
EFT000000007971	2/16/2023	AIRGAS INTERMOUNTAIN INC	3,931.38	Oxygen Rental
EFT000000007986	2/23/2023	AIRGAS INTERMOUNTAIN INC	4,100.63	Oxygen Rental
190872	2/3/2023	PATIENT REFUND	29.56	Patient Refund
190873	2/3/2023	PATIENT REFUND	13.12	Patient Refund
190874	2/3/2023	PATIENT REFUND	20.00	Patient Refund
190875	2/3/2023	PATIENT REFUND	63.60	Patient Refund
190876	2/3/2023	PATIENT REFUND	4.45	Patient Refund
190877	2/3/2023	PATIENT REFUND	8.15	Patient Refund
190878	2/3/2023	PATIENT REFUND	66.40	Patient Refund
190879	2/3/2023	PATIENT REFUND	45.00	Patient Refund
190880	2/3/2023	PATIENT REFUND	45.00	Patient Refund
190881	2/3/2023	PATIENT REFUND	25.00	Patient Refund
190880	2/3/2023	PATIENT REFUND	25.24	Patient Refund
190883	2/3/2023	PATIENT REFUND	25.00	Patient Refund
190884	2/3/2023	PATIENT REFUND	39.00	Patient Refund
190885	2/3/2023	PATIENT REFUND	53.00	Patient Refund
190886	2/3/2023	PATIENT REFUND	95.00	Patient Refund
190887	2/3/2023	PATIENT REFUND	25.00	Patient Refund
190888	2/3/2023	PATIENT REFUND	30.00	Patient Refund
190889	2/3/2023	PATIENT REFUND	64.09	Patient Refund

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190890	2/3/2023	PATIENT REFUND	40.00	Patient Refund
190891	2/3/2023	PATIENT REFUND	129.12	Patient Refund
190892	2/3/2023	PATIENT REFUND	33.26	Patient Refund
190893	2/3/2023	PATIENT REFUND	90.00	Patient Refund
190894	2/3/2023	PATIENT REFUND	45.00	Patient Refund
190895	2/3/2023	PATIENT REFUND	40.00	Patient Refund
190896	2/3/2023	PATIENT REFUND	212.00	Patient Refund
190897	2/3/2023	PATIENT REFUND	11.12	Patient Refund
190898	2/3/2023	PATIENT REFUND	18.04	Patient Refund
190899	2/3/2023	PATIENT REFUND	267.00	Patient Refund
191259	2/23/2023	PATIENT REFUND	15.73	Patient Refund
191000	2/14/2023	UNITED WAY OF SWEETWATER COUNTY	212.00	Payroll Deduction
190994	2/14/2023	CIRCUIT COURT 3RD JUDICIAL	183.00	Payroll Garnishment
190995	2/14/2023	CIRCUIT COURT 3RD JUDICIAL	90.28	Payroll Garnishment
190996	2/14/2023	DISTRICT COURT THIRD JUDICIAL DIST	874.99	Payroll Garnishment
190997	2/14/2023	STATE OF WYOMING DFS/CSES	2,278.93	Payroll Garnishment
190998	2/14/2023	SWEETWATER CIRCUIT COURT-RS	221.60	Payroll Garnishment
190999	2/14/2023	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	2/14/2023	PAYROLL 3	1,700,000.00	Payroll Transfer
W/T	2/28/2023	PAYROLL 4	1,700,000.00	Payroll Transfer
190764	2/3/2023	CARDINAL HEALTH PHARMACY MGMT	1,259,963.82	Pharmacy Management
191021	2/16/2023	CARDINAL HEALTH PHARMACY MGMT	6,531.00	Pharmacy Management
191197	2/23/2023	MARIANNE SANDERS	965.37	Physician Recruitment
190914	2/9/2023	BRIAN BARTON, PA-C	8,333.33	Physician Retention
190993	2/14/2023	DRL LUCY RYAN	1,438.29	Physician Retention
190771	2/3/2023	COMPHEALTH, INC.	4,370.20	Physician Services
190799	2/3/2023	JOHN A. ILIYA, M.D.	16,100.00	Physician Services
190804	2/3/2023	LOCUM TENENS.COM	32,000.39	Physician Services
190816	2/3/2023	MPLT HEALTHCARE, LLC	738.38	Physician Services
190864	2/3/2023	DR. WAGNER VERONESE	797.17	Physician Services
191003	2/16/2023	ADVANCED MEDICAL IMAGING, LLC	22,404.00	Physician Services
191109	2/16/2023	THE SLEEP SPECIALISTS	4,975.00	Physician Services
191240	2/23/2023	THE SLEEP SPECIALISTS	6,175.00	Physician Services
191248	2/23/2023	UNIVERSITY OF UTAH (UHC OUTREACH)	116,661.74	Physician Services
191182	2/23/2023	GRANITE STATE MANAGEMENT & RESOURCES	666.67	Physician Student Loan
191183	2/23/2023	GREAT LAKES	1,666.67	Physician Student Loan
191184	2/23/2023	GREAT LAKES EDUCATION LOAN SERVICES	1,000.00	Physician Student Loan
191162	2/23/2023	MOHELA	1,666.67	Physician Student Loan
191163	2/23/2023	MOHELA	1,666.67	Physician Student Loan
191251	2/23/2023	US DEPARTMENT OF EDUCATION	5,833.34	Physician Student Loan
190859	2/3/2023	UMIA INSURANCE, INC	1,046.00	Professional Liability Insurance
190802	2/3/2023	CLIFTON LARSON ALLEN LLP	11,550.00	Professional Service
190820	2/3/2023	NETDAIS	7,000.00	Professional Service
190869	2/3/2023	WYOMING DEPARTMENT OF HEALTH	72.00	Professional Service
190919	2/9/2023	CLEANIQUE PROFESSIONAL SERVICES	4,800.00	Professional Service
190954	2/9/2023	MOUNTAIN STATES MEDICAL PHYSICS	11,771.90	Professional Service
191077	2/16/2023	P3 CONSULTING LLC	1,218.75	Professional Service
191169	2/23/2023	CE BROKER	274.12	Professional Service
191254	2/23/2023	VERISYS INC.	44.00	Professional Service

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191256	2/23/2023	WYOMING DEPARTMENT OF HEALTH	200.00	Professional Service
EFT000000000003	2/23/2023	WESTERN STAR COMMUNICATIONS	1,436.00	Professional Service
190833	2/3/2023	RADIATION DETECTION COMPANY	226.70	Radiation Monitoring
190811	2/3/2023	MERRY X-RAY	309.42	Radiology Film
190934	2/9/2023	GE HEALTHCARE INC	2,782.20	Radiology Material
EFT000000007964	2/9/2023	PHARMALICENCE, INC	2,658.04	Radiology Material
190959	2/9/2023	PHARMALOGIC WY, LTD	723.34	Radiology Material
191010	2/16/2023	BRACCO DIAGNOSTICS INC	1,046.75	Radiology Material
191060	2/16/2023	LANTHEUS MEDICAL IMAGING, INC	1,926.76	Radiology Material
191178	2/23/2023	GE HEALTHCARE INC	1,391.10	Radiology Material
191209	2/23/2023	PHARMALOGIC WY, LTD	4,265.01	Radiology Material
190756	2/3/2023	DR. BANU SYMINGTON	1,479.97	Reimbursement - CME
190760	2/3/2023	DR. BRIANNE CROFTS	1,908.00	Reimbursement - CME
190800	2/3/2023	DR. JOSHUA BINKS	832.61	Reimbursement - CME
190780	2/3/2023	EMILY JAMES	790.00	Reimbursement - CME
190844	2/3/2023	STARLA LEETE	1,784.60	Reimbursement - CME
190850	2/3/2023	TAMARA WALKER, FNP	5,000.00	Reimbursement - CME
190853	2/3/2023	TENNY HANSON	2,975.30	Reimbursement - CME
191220	2/23/2023	DR. SAMER KATTAN	335.00	Reimbursement - CME
190781	2/3/2023	EMILY LANCASTER	101.99	Reimbursement - Education & Travel
190752	2/3/2023	ANN CLEVENGER	675.00	Reimbursement - Education & Travel
190754	2/3/2023	ASHLEY BURTON	479.00	Reimbursement - Education & Travel
190792	2/3/2023	DR. GRZEGORZ PUCHALA	8,400.00	Reimbursement - Education & Travel
190798	2/3/2023	DR. JAMENE GLYN	1,691.49	Reimbursement - Education & Travel
190815	2/3/2023	MINDY BYRD	47.31	Reimbursement - Education & Travel
190830	2/3/2023	PHILIP FLAKE	266.76	Reimbursement - Education & Travel
190834	2/3/2023	ROBIN SNOWBERGER	21.89	Reimbursement - Education & Travel
190851	2/3/2023	TAMMIE HENDERSON	21.66	Reimbursement - Education & Travel
190958	2/9/2023	PATTY O'LEKEY	157.00	Reimbursement - Education & Travel
190981	2/9/2023	TAMI LOVE	313.23	Reimbursement - Education & Travel
190982	2/9/2023	TAMMIE HENDERSON	51.87	Reimbursement - Education & Travel
191062	2/16/2023	LEXI WESTWOOD	269.38	Reimbursement - Education & Travel
191134	2/23/2023	AMY LUCY	16.00	Reimbursement - Education & Travel
190766	2/3/2023	CAROL J. MACKIE	34.65	Reimbursement - Non Hospital Supplies
191007	2/16/2023	AMY JOHNSON	50.23	Reimbursement - Non Hospital Supplies
191221	2/23/2023	SARAH BAILEY	33.58	Reimbursement - Non Hospital Supplies
190946	2/9/2023	LESLIE TAYLOR	593.50	Reimbursement - Office Supplies
191241	2/23/2023	TIFFANY MARSHALL	255.48	Reimbursement - Red Tie Gala
190944	2/9/2023	JAKE OLSEN	150.00	Reimbursement - Uniforms
W/T	2/14/2023	ABG 2/2/23	209,660.57	Retirement
W/T	2/24/2023	ABG 2/16/23	211,214.71	Retirement
190975	2/9/2023	STATE OF WYO. DEPT. OF REVENUE	2.41	Sales Tax Payment
190814	2/3/2023	IMHSC MEDICAL STAFF	1,150.00	Scholarship
190968	2/9/2023	RSGSA	300.00	Sponsorship
190980	2/9/2023	SWEETWATER COUNTY CHILD DEVELOPMENTAL CENTER	500.00	Sponsorship
191085	2/16/2023	RSHS STUDENT COUNCIL	200.00	Sponsorship
191115	2/16/2023	UINTA COUNTY SCHOOL DISTRICT #6	350.00	Sponsorship
191204	2/23/2023	MULEY FANATIC FOUNDATION	2,500.00	Sponsorship
191238	2/23/2023	SWEETWATER EVENTS COMPLEX	8,900.00	Sponsorship

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2023

190751	2/3/2023	ALI MED INC	130.74	Surgery Supplies
190774	2/3/2023	CONMED LINVATEC	261.70	Surgery Supplies
190782	2/3/2023	EQUASHIELD LLC	1,989.80	Surgery Supplies
190817	2/3/2023	MUSCULOSKELETAL TRANSPLANT FOUNDATION	1,715.00	Surgery Supplies
190846	2/3/2023	STRYKER ENDOSCOPY	728.99	Surgery Supplies
190847	2/3/2023	STRYKER ORTHOPAEDICS	675.00	Surgery Supplies
190871	2/3/2023	ZIMMER BIOMET	143.75	Surgery Supplies
EFT000000007946	2/3/2023	COOPER SURGICAL	331.13	Surgery Supplies
190902	2/9/2023	ALI MED INC	304.47	Surgery Supplies
190923	2/9/2023	CR BARD INC	218.00	Surgery Supplies
190925	2/9/2023	DIRECT SUPPLY	245.98	Surgery Supplies
190936	2/9/2023	GLOBAL FOCUS MARKETING AND DISTRIBUTION, LTD.	420.85	Surgery Supplies
190942	2/9/2023	INTERNATIONAL BIOMEDICAL	182.00	Surgery Supplies
190955	2/9/2023	MUSCULOSKELETAL TRANSPLANT FOUNDATION	1,330.00	Surgery Supplies
190972	2/9/2023	SMITH & NEPHEW ENDOSCOPY INC	3,039.86	Surgery Supplies
190977	2/9/2023	STRYKER ENDOSCOPY	1,299.90	Surgery Supplies
190978	2/9/2023	STRYKER ORTHOPAEDICS	20,676.84	Surgery Supplies
EFT000000007961	2/9/2023	COOPER SURGICAL	75.28	Surgery Supplies
191005	2/16/2023	ALTA MEDICAL SPECIALTIES	190.97	Surgery Supplies
191016	2/16/2023	BLUE ENDO	286.63	Surgery Supplies
191030	2/16/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	8,610.78	Surgery Supplies
191056	2/16/2023	INTERNATIONAL BIOMEDICAL	97.30	Surgery Supplies
191070	2/16/2023	HANSONICS, INC	695.00	Surgery Supplies
191082	2/16/2023	RHYTHM LINK INTERNATIONAL LLC	106.54	Surgery Supplies
191101	2/16/2023	STRYKER ENDOSCOPY	1,669.76	Surgery Supplies
191102	2/16/2023	STRYKER ORTHOPAEDICS	5,525.00	Surgery Supplies
EFT000000007973	2/16/2023	COOPER SURGICAL	606.12	Surgery Supplies
191132	2/23/2023	ALI MED INC	1,089.02	Surgery Supplies
191159	2/23/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	3,054.06	Surgery Supplies
191167	2/23/2023	EMERSON HEALTHCARE, LLC	685.00	Surgery Supplies
191188	2/23/2023	INTEGRA SURGICAL	101.81	Surgery Supplies
191194	2/23/2023	KEY SURGICAL INC	82.00	Surgery Supplies
191217	2/23/2023	RHYTHM LINK INTERNATIONAL LLC	44.87	Surgery Supplies
191224	2/23/2023	SHEATHING TECHNOLOGIES, INC.	95.15	Surgery Supplies
191235	2/23/2023	STRYKER ORTHOPAEDICS	17,770.68	Surgery Supplies
191257	2/23/2023	ZIMMER BIOMET	143.75	Surgery Supplies
EFT000000007992	2/23/2023	COOPER SURGICAL	1,377.06	Surgery Supplies
191213	2/23/2023	PRESS GANEY ASSOCIATES, INC	4,475.11	Survey Expenses
191059	2/16/2023	LANGUAGE LINE SERVICES	1,953.06	Translation Services
190904	2/9/2023	ALL WEST COMMUNICATIONS	5,964.20	Utilities
190909	2/9/2023	AT&T	171.50	Utilities
190962	2/9/2023	CENTURY LINK	4,502.13	Utilities
190966	2/9/2023	ROCK SPRINGS MUNICIPAL UTILITY	12,346.00	Utilities
191010	2/16/2023	AT&T	41.56	Utilities
191001	2/16/2023	CENTURY LINK	651.26	Utilities
191080	2/16/2023	DOMINION ENERGY WYOMING	53,234.00	Utilities
191086	2/16/2023	ROCKY MOUNTAIN POWER	40,402.67	Utilities
191214	2/23/2023	CENTURY LINK	22.67	Utilities
191100	2/16/2023	STERCYCLE, INC.	800.96	Waste Disposal

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2023

[illegible]

**Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending February 28, 2023**

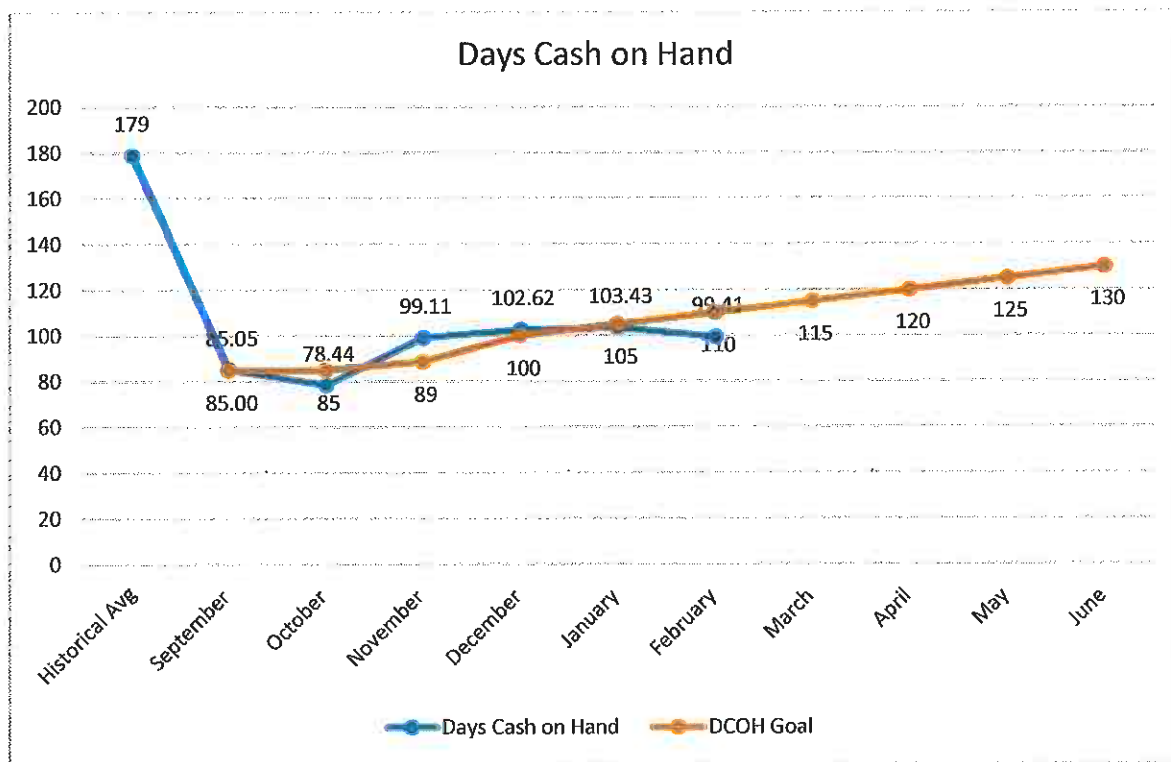
Vouchers Submitted by MHSC at agreed discounted rate		
July 2022		\$0.00
August 2022	\$168,183.03	
September 2022		\$0.00
October 2022	\$63,176.34	
November 2022		\$0.00
December 2022	\$53,248.26	
January 2023	\$23,945.08	
February 2023		\$0.00
March 2023		\$0.00
April 2023		\$0.00
May 2023		\$0.00
June 2023		\$0.00
County Requested Total Vouchers Submitted	\$308,552.71	
Total Vouchers Submitted FY 23		\$308,552.71
Less: Total Approved by County and Received by MHSC FY 23		\$284,607.63
Total Vouchers Pending Approval by County		\$23,945.08

FY23 Title 25 Fund Budget from Sweetwater County	\$471,488.00
Funds Received From Sweetwater County	\$284,607.63
FY23 Title 25 Fund Budget Remaining	\$186,880.37
Total Budgeted Vouchers Pending Submittal to County	\$0.00

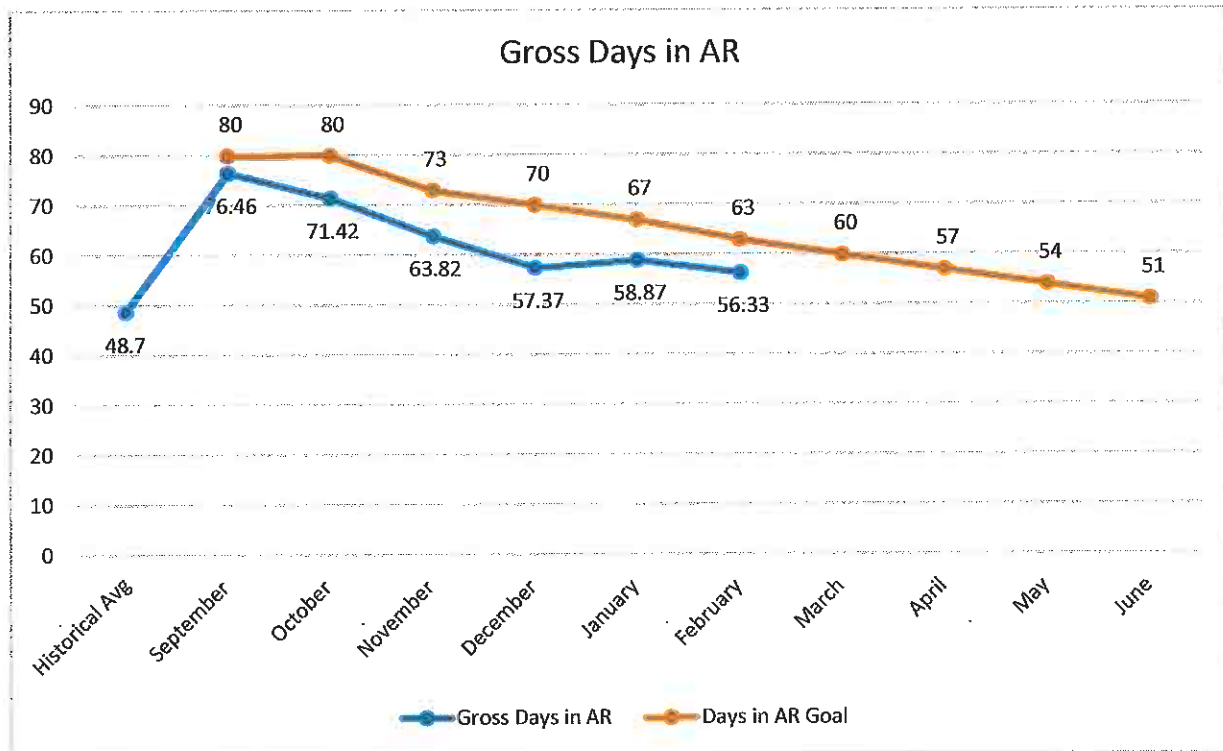
FY23 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY23 - July	\$258,289.40
County Maintenance FY23 - August	\$42,947.22
County Maintenance FY23 - September	\$114,358.00
County Maintenance FY23 - October	\$20,740.60
County Maintenance FY23 - November	\$47,844.61
County Maintenance FY23 - December	\$27,523.75
County Maintenance FY23 - January	\$41,393.31
County Maintenance FY23 - February	\$65,606.04
County Maintenance FY23 - March	\$0.00
County Maintenance FY23 - April	\$0.00
County Maintenance FY23 - May	\$0.00
County Maintenance FY23 - June	\$0.00
	\$618,702.93
FY23 Maintenance Fund Budget Remaining	\$829,512.07

Financial Goals – Fiscal Year 2023. We have chosen two financial metrics to focus on for the current fiscal year: Days Cash on Hand (DCOH) and Days in Accounts Receivable (AR). We have included the historical average of 18 months prior to Cerner implementation 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 a short-term goal of 100 days by December 31 and long-term goals of 115 days by March 31 and 130 days by June 30, the end of the fiscal year.
 - We saw a decrease in DCOH of 4 days in February. We did not meet the goal in February.

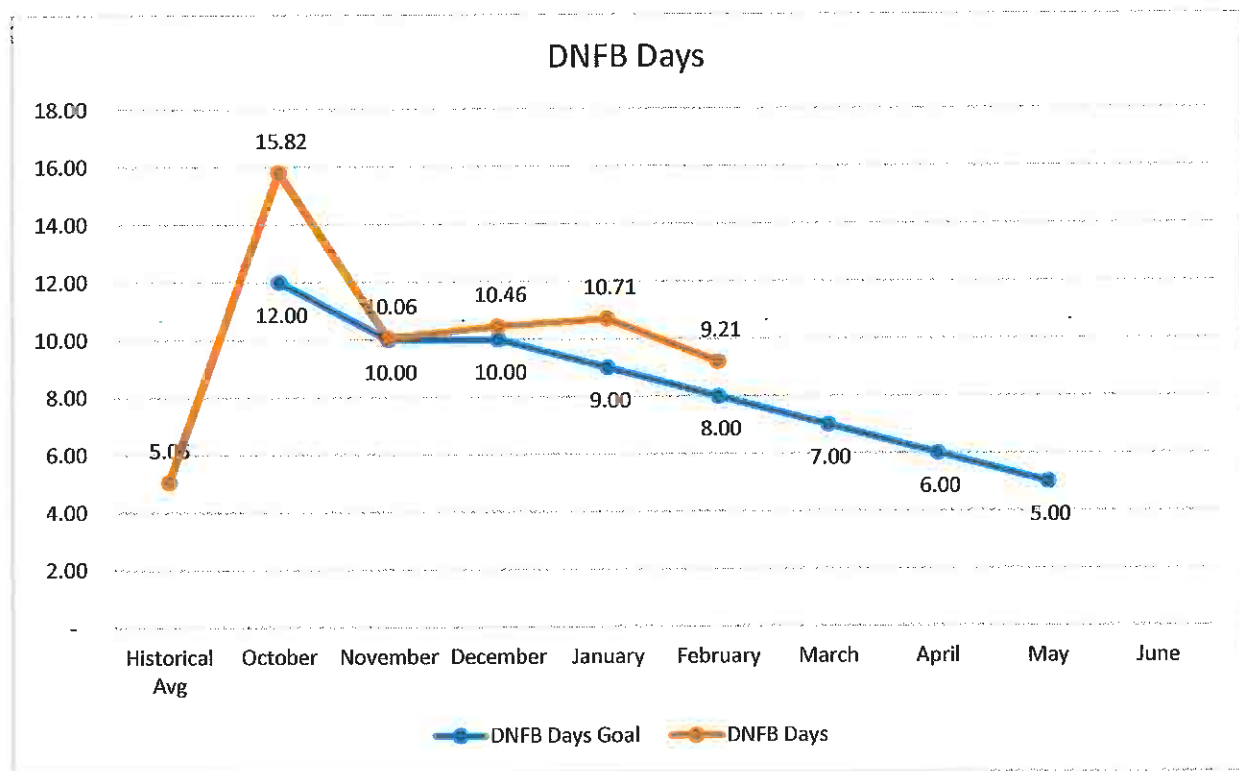


- Days in Accounts Receivable represents the number of days of patient charges tied up in unpaid patient accounts. We have set a short-term goal of 70 days by December 31, 60 days by March 31 and 51 days by year end.
 - We use a 3-month average calculation in the financial statements for this metric. Days in AR for February dropped to 56.33, exceeding our goal of 63 days. Gross accounts receivable decreased in February by \$1.2 million.

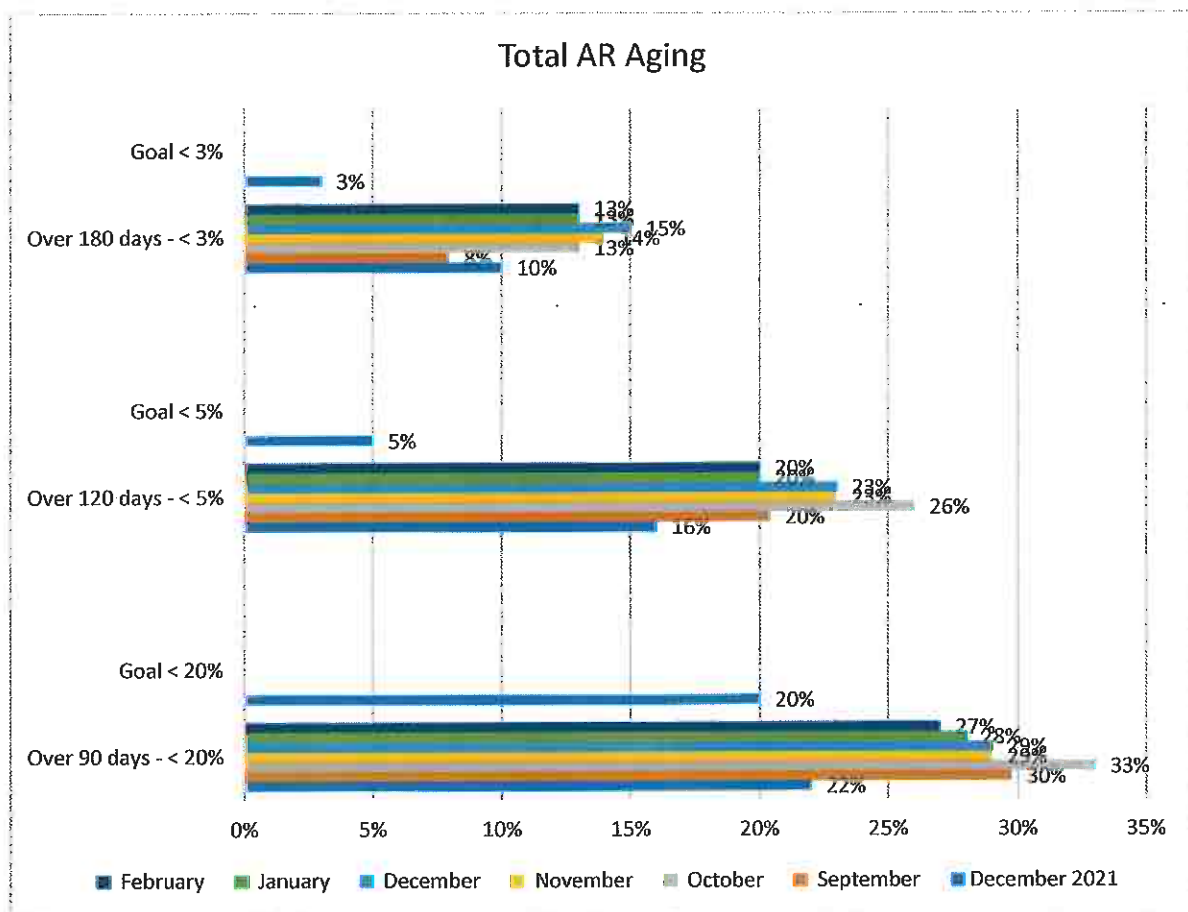


Revenue Cycle Goals – Fiscal Year 2023 - In addition to these main goals, we have set goals for some corresponding financial metrics that are impacting the revenue cycle:

- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts where the patient has been discharged but the account has not been sent for billing. Several categories of accounts fall under DNFB including billing holds, corrections required, credit balances, waiting for coding, ready to bill and the standard delay. The standard delay, or abeyance period, 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 year, equal to our 5-day abeyance period for billing accounts.
 - DNFB Days are at 9.21 for February. We did not meet the goal for February but continue to see the ratio decrease, just not as quickly as expected.

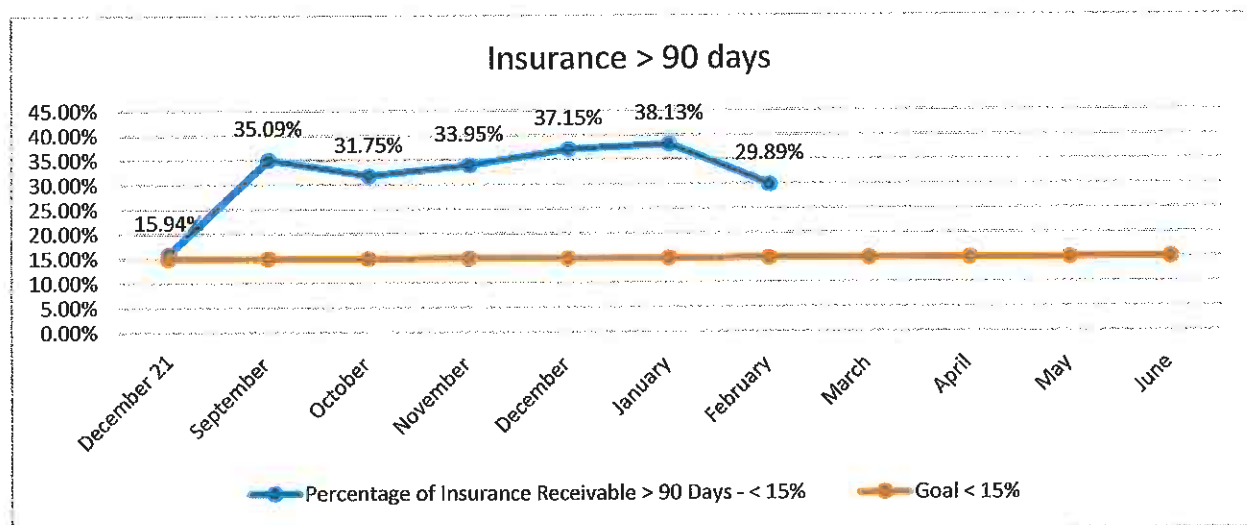
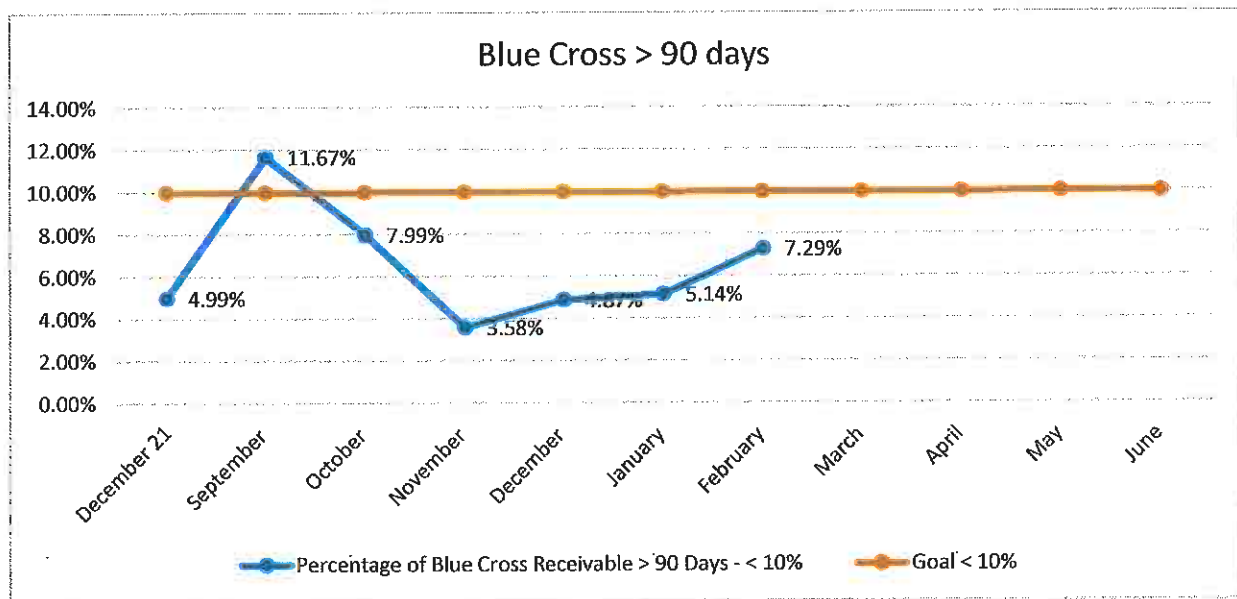


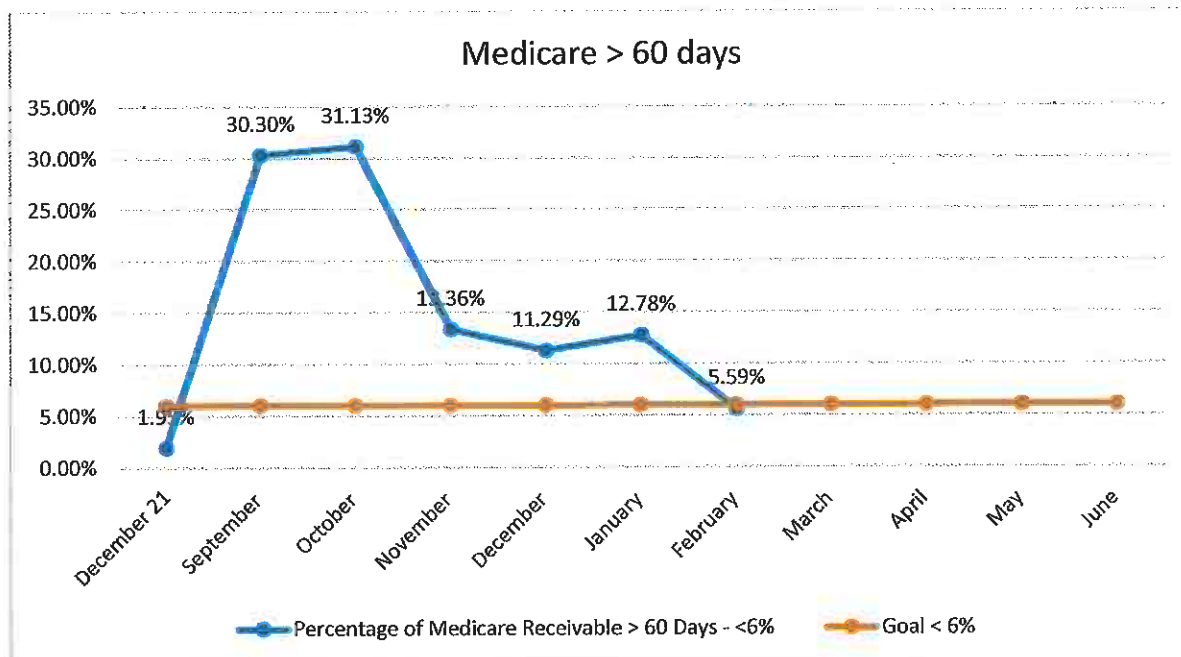
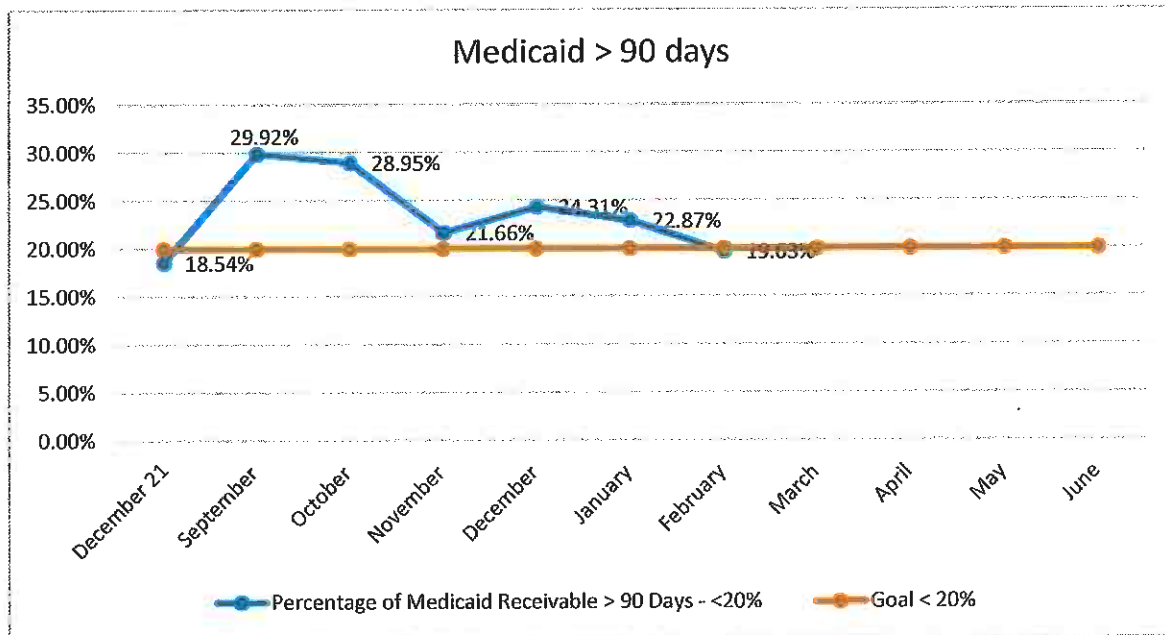
- Total Accounts Receivable aging — These goals were set based on national benchmarks received from CLA and are set as follows:
 - Days over 90 days set be < 20% of total AR
 - Days over 120 days set at < 5% of total AR
 - Days over 180 days set at < 3% of total AR
- We also show the metrics from December 31, 2021, as comparison data from pre-Cerner. Our total days in AR continue to decrease as we get more proficient with Cerner, however our legacy AR continues to age. In February, days over 120 and 180 remained the same. Days over 90 decreased slightly and is getting closer to the goal of 20%.
 - Days over 90 days decreased to 27% for February
 - Days over 120 days stayed at 20% for February
 - Days over 180 days stayed at 13% for February




- Days in AR by Payer – These metrics show more detail of where our aging AR is allocated. These goals have always been reported in the monthly financial statements, but we will be showing the trends through the end of the fiscal year. 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%





MEMO: March 29, 2023, 2023

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary March, 2023 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$	1,645,881.44
Hospital Accounts Affinity	\$	18,000.00
Hospital Payment Plans Affinity	\$	1,000.00
Medical Clinic Accounts EMD's	\$	135,118.56
Ortho Clinic Accounts EMD's	\$	00.00
Total Potential Bad Debt	\$	1,800,000.00

Accounts Returned	\$ -	40,039.25	
Net Bad Debt Turned			\$ 1,759,960.75

Recoveries Collection Agency Cerner	\$	-	31,558.62	
Recoveries Collection Agency Affinity	\$	-	88,441.38	
Recoveries Payment Plans Affinity	\$	-	20,000.00	
Medical Clinic Recoveries EMD's	\$	-	8,075.74	
Ortho Clinic Recoveries EMD's	\$	-	3,423.20	
Total Bad Debt Recoveries				\$ - 151,498.94

Net Bad Debt Less Recoveries				\$ 1,608,461.81
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<u>Cerner Accounts</u>	
Largest Account	\$ 27,613.88
Primary Self Pay	\$ 957,899.52
Commercial	\$ 226,874.83
Medicare	\$ 20,704.77
Medicaid	\$ 32,517.21

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...March Building and Grounds Committee Meeting
Date: March 30, 2023

Oncology Suite Renovation...Will Wheatley indicated that the State is concerned about our compliance with NFPA regulations regarding intervening space and exits. A relatively minor re-design is needed, but it won't require a change to the bidding schedule. If the re-design is not accomplished prior to a contractor's opportunity to bid it, it will be handled as a change order.

Dr. Sulentic Office...The state has approved the project.

Building Automation System...The system still needs to be drained during warmer weather and the system still needs to be balanced.

Bulk Oxygen/Landscaping Project...the contractor is planning to resume work on the project at the end of March...weather permitting.

Lightning Arrest System...A bid was submitted by WyoElectric for \$252,551. The Committee recommended that the project be forwarded to the Finance and Audit Committee with a do pass recommendation...then on to the Board of Trustees. Sound risk management suggests that this work be done to protect valuable MHSC equipment from severe damage in the event of a future lightning strike.

Medical Imaging Core and X-Ray...some very preliminary design work has been done together with discussions with staff.

Laboratory Renovation Project...Will Wheatley mentioned that the programming is complete. HVAC design work remains together with more work the total design. Bid documents should be completed by November; bids should be considered in January with a Spring 2024 construction start.

Grant for Work on the Foundation Area...staff discussions are taking place regarding how to best design this renovation.

Building and Grounds Plan...this document will be in the Board Packet for the April 5th Board meeting. It should be a useful tool to assist budget decision making.

As usual, for more detailed information, please refer to the B & G March meeting minutes.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
March 21, 2023

The Building and Grounds Committee met in regular session via Zoom on March 21, 2023,
at 3:00 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Mr. Ed Tardoni – *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. James Horan, *Director of Facilities*
 Mr. Will Wheatley, *PlanOne Architects*
 Mr. Robb Slaughter, *SC Commissioner*

Mr. Tardoni called the meeting to order.

Mr. Tardoni asked for a motion to approve the agenda. Ms. Richardson made a motion to approve the agenda. Ms. Love seconded; motion passed.

Mr. Kelsey asked for a motion to approve the minutes from the February 21, 2023 meeting. Mr. Tardoni made a motion to approve the minutes. Ms. Love seconded; motion passed.

Maintenance Metrics

No metrics were presented this month.

Old Business – Project Review

Oncology Suite renovation

Mr. Wheatley said they have run into some issues with the State review regarding NFPA regulations for intervening space and distance to an exit. He shared the current plans and an option for creating a new exit to meet the regulation. Pat Davis, from the State, will be in town this week and they hope to meet with him to show him the new redesign. Mr. Wheatley said this will impact the estimate as there will be added costs for a new door. Ms. Richardson and Mr. Kelsey asked how it will impact the timeline. Mr. Wheatley said we can continue on the schedule and if we have information from Mr. Davis this week, we can add to bid documents. If not, we can treat the redesign as a change order once the bid has been awarded. The committee agreed not to delay the bidding schedule.

Dr. Sulentic Office

Mr. Wheatley said the project was approved by the State about two weeks ago. Dr. Sulentic is working with the State on relicensing the space. This will be removed from the agenda as the project is considered complete.

Building Automation System

Mr. Horan said Mr. Gerry Johnston is out this week. He said they are waiting on warmer weather as they will have to drain the system to complete the project and balance the system.

Bulk Oxygen

Mr. Horan talked to Wylie, the contractor, this week and they plan on getting started at the end of this month. They were more concerned about exposing the water lines in the colder temperatures than the frozen ground.

Lightning Arrest System

The WyoElectric bid for the project was shared with the committee. The proposal came in at \$252,551. Mr. Kelsey asked for a recommendation from the committee. Ms. Love recommended moving forward with the project as we will be able to use the County maintenance funds to offset the majority of this project. Mr. Tardoni gave the history of the lightning strike event to Mr. Slaughter so he understood the need for this project. Mr. Tardoni recommended we move forward with the project after looking at the cost/risk analysis. Mr. Kelsey agreed and made a motion to move the project to the Finance Committee and full Board for approval. Ms. Richardson seconded; motion passed.

Medical Imaging Core and X-ray

Mr. Horan said there hasn't been too much movement on this project. Mr. Wheatley did walk through with imaging staff, facilities and management and has had additional conversations with staff regarding the scope. He has started some block diagramming. Imaging staff is looking at equipment at the same time so he will know the footprint of the equipment for conceptual space planning.

Laboratory Renovation

Mr. Wheatley said the programming is complete and he sent to Mr. Jake Blevins for a cursory review for heating and cooling needs. There will be an amendment for fees with some savings. The timeline will be completion of bid documents in October/November, bid award in January and breaking ground in Spring 2024 with a two-year build. Mr. Slaughter said he discussed the \$3 million county match funds with the other commissioners today regarding dispersing the funds by the end of the year. They agreed and will be working on a budget amendment to come before the Commission as soon as possible. He said we should have a check in the next couple of months. He said it is a pleasure to work with Ms. Richardson and Ms. Love and Ms. Richardson told him we appreciate his responsiveness.

Capital Construction Grant for Foundation Lab

Mr. Kelsey asked if there was any update on the space for the other grant. Ms. Richardson said we are still looking at options as we also need to consider the space is still occupied. It was confirmed that this grant is on the same timeline as the Laboratory grant and needs to be completed by December 2026.

Building and Grounds Annual Plan

Mr. Kelsey asked if there were any concerns on the update Building and Grounds annual plan. The document can be found on the Board portal. It was decided to add the plan to the Board agenda for the whole Board to review. Mr. Tardoni said it will be beneficial as we look at the capital budget for next fiscal year. He said it will not need to be approved but will be presented for information only. Ms. Love said Mr. Horan and herself will review one final time and send to Ms. Cindy Nelson to include in the April 5 Board packet. Mr. Kelsey thanked the staff for all the work put into this document.

New Business

No new business was presented.

Other

No other business was presented. Mr. Kelsey asked to keep the committee apprised of any changes with the Oncology Suite project.

The next meeting is scheduled for Tuesday, April 18, 2023.

Mr. Kelsey adjourned the meeting at 3:52 pm.

Submitted by Tami Love

**FY2024 PRIORITIZED CAPITAL LIST
800- FACILITIES SUPPORT SERVICES**

MHSC Facilities Risk Assessment Tool		
FACTOR	RANGE OF VALUES (weighted)	VALUE
1. Compliance (Life Safety)	0= low need; 5= highest need (X2)	
2. Probability of Failure	0= low risk; 5= failure is imminent	
3. Human Property or Business impact of failure	0= low risk; 5= catastrophic (X2)	
4. Timeliness	0= low need; 5= immediate need	
5. Political need	0= none; 5= urgent need (X3)	
TOTAL		

EXPLANATION OF TERMS:

- Factor #1--Compliance (Life Safety)**—Need based on accreditation or on threats to the life safety elements as defined by code. 0= low need; 5 = highest need, failure results in severe threat to life and/or loss of accreditation. Multiply assessment value by 2
- Factor #2--Probability of failure**—Need based on likelihood of failure. 0 = no risk; 5 = failure is imminent.
- Factor #3--Impact of failure**—Need based on the result of failure to business and people. 0 = no risk, inconvenience; 5 = catastrophic, failure results in substantial loss to people or business function. Multiply assessment value by 2.
- Factor #4--Timeliness**—Need based on the expediency of performing this project/work. 0= lowest need; 5= immediate need, postponing results in substantial loss or difficulty on one or more levels.
- Factor #5—Political Need**—Need communicated by Senior Leadership. 0= no political imperative; 5= vitally urgent. Multiply assessment value by 3.

Priority	Description	Justification	Benefit	Cost
1a	OR room renovation	<p><i>NOTE: With the AHU upgrade of FY20, air-handling systems are in-place to support this OR renovation.</i></p> <p>The OR area is in sore need of renovation. Tile walls and coved flooring are damaged: HVAC distribution is barely adequate with controls for temperature, humidity and room pressurization that are manually manipulated to achieve code compliance. Renovation will resolve these issues. Surgical scrub sinks will also be replaced and surrounding area upgraded. The cost listed is per room and will be done in phases/ room.</p>	<ul style="list-style-type: none">•Resolve IC problematic ceramic tile wall covering and floor coving.•BAS control of air temperature, humidity and pressurization.•Compliant air exchange rates•Complete facelift of OR suites (modernize, surfaces for efficient cleaning).•Better LED lighting•Improve scrub sink access• <p>♦Rating: 1... 5X2 = 10 2... 2 3... 4X2 = 8 4... 2 5... 2X3 = 6 Total = 28</p>	<p>♦OR 1 = \$1,004,335. ♦OR2 =\$993,436. ♦OR3 = \$1,139,552. ♦OR4 = 1,136,196.</p> <p>Probable cost, good faith estimate</p>
1b	OR sterilization	<p><i>NOTE: With the AHU upgrade of FY20, air-handling systems are in-place to support an OR sterilization upgrade which includes moving sterilization from the basement area to the first floor OR area. Corridor floors will also be replaced with this request.</i></p> <p>Our sterilization area is the original configuration and design, part of the original construction. The codes that describe how sterilizable equipment is handled and processed, along with the newer equipment for that processing, has been established for some time now. We conform to these codes by policy... by the procedures for staff to perform their work, rather than by the newer configuration of the newer equipment. TJC has approved our processes. But greatly prefers compliance to be achieved by the physical nature of the equipment and sterilization area than by human procedures.</p>	<ul style="list-style-type: none">•Preferred method for TJC compliance•Improved work flow, sterilization processes•Compliant air exchange rates•Upgrade entire area, dated from 1970's. <p>♦Rating: 1... 5X2 = 10 2... 2 3... 4X2 = 8 4... 2 5... 2X3 = 6 Total = 28</p>	<p>\$1,994,788.00...</p> <p>Probable cost, good faith estimate</p>
2a	Medical Imaging renovation	<p>Major overhaul of the remaining MI unit including:</p> <ul style="list-style-type: none">•New x-ray machines.•Upgrade the electrical system including branch circuits and lighting.•Wall removal and reconfiguration, lead shielding retrofit involved.•Entirely new ceilings installed.•New flooring.•New sprinkler layout.•New HVAC duct layout and controls. Any duct board to be removed and remediated.•Removal/ reconfiguration of piped gas.•Reconfiguration of nurse call system.•All new paint and upgrade bathrooms	<ul style="list-style-type: none">•Upgrade to systems, including energy efficient controls for unoccupied modes.•Along with the latest equipment, the room will be refreshed with appealing décor and will operate like a well-tuned machine•Reduce utility costs•Prevent failure of essential systems and spaces.•Compliant air exchange rates•Accurate comfort control•Greatly reduce maintenance costs <p>♦Rating: 1... 2X2 = 4 2... 2 3... 2X2 = 4 4... 3X2 = 6 5... 3X3 = 9 Total = 25</p>	<p>\$1,651,480.00...</p> <p>Probable cost, good faith estimate</p>

FY2024 PRIORITIZED CAPITAL LIST
800- FACILITIES SUPPORT SERVICES

2b	Lightning Arrest System	Our lightning strike in 2021 caused damage to our electrical distribution system. Several "Automatic Transfer Switches" (ATS) were damaged, necessitating substantial and emergency measures to remedy. This meant there was limited automatic transfer of essential electrical circuits from normal power to emergency back-up generator power when needed. This rare lightning-caused damage highlighted the need for a comprehensive "lightning arrest system" installed on our buildings, here at the top of College Hill.	<ul style="list-style-type: none"> •Eliminate, as much as possible, future damage due to lightning strikes •Increased reliability of our essential electrical system. ♦Rating: 1... 3X2 = 6 2... 1 3... 5X2 = 10 4... 2 5... 2X3 = 6 Total = 25	\$256,712.00 cost from contractor bid.
2c	Laundry Upgrade	<ul style="list-style-type: none"> • Lint issues to be resolved with a new lint collector with all new duct-work entering and exiting this collector. Also, re-duct room exhaust separating it from the dryer exhaust (present configuration is a code violation). • Installation of new dryer (purchased in 2012). • Purchase new washers and install. • Re-pipe steam distribution lines into dryers and ironer to remedy condensate issues. • Install new controls for ironer to eliminate need for staff to manually turn steam valves (very dangerous). • Provide proper exhausted air for staff. • Remove asbestos floor tiles and re-floor entire area. • Facelift the entire area (new paint, ceilings, etc. 	<ul style="list-style-type: none"> •Provide code compliant lint collection and separation •Resolve the practice of manipulating steam valves by staff •Enable installation of our new dryer •Resolve code issues regarding separation of clean linen •Provide adequate conditioned air for staff •Remove asbestos floor tiles •More efficient work space and work flow ♦Rating: 1... 4X2 = 8 2... 1 3... 5X2 = 10 4... 2 5... 1X3 = 3 Total = 25	\$1,115,000.00... Probable cost, good faith estimate.
2d	New roofing and fall protection for Central Plant	The last original roof. New roofing to resolve leaks. Fall protection to assure safety of workers who must maintain and work on roof mounted equipment.	<ul style="list-style-type: none"> •Eliminate leaks. •Preserve integrity of building •Safety of personnel ♦Rating: 1... 5X2 = 10 2... 3 3... 4X2 = 8 4... 2 5... 1X3 = 3 Total = 25	New roofing = \$56K Fall protection = \$41K TOTAL = \$97K... Probable cost, good faith estimate
3a	Convert L&D bathroom whirlpool tubs to showers	This has proven to be an infection issue. Cleaning the existing tubs to a level of safety is problematic... virtually impossible. Removal of these tubs and replacing with showers will improve the functionality of the rooms and eliminate a real issue. This renovation will involve falls, walls and ceilings. New tile for floors and walls. Even some electrical work will need to be done. The Department of Health mandated that this project is subject to their approval and review, hence the need for an architect's involvement.	<ul style="list-style-type: none"> •Infection prevention •Functionality •Compliance ♦Rating: 1... 2X2 = 4 2... 2 3... 3X2 = 6 4... 2 5... 2X3 = 6 Total = 20	\$168,010..... architectural estimate
3b	Remodel soiled utility room in C-section area to provide a bathroom for recovery room.	There is no bathroom facility in the Recovery room. This has caused hardship for the patients who need to go across the public corridor to use a staff bathroom.	<ul style="list-style-type: none"> •Functionality •Patient care ♦Rating: 1... 0 2... 5 3... 3X2 = 6 4... 3 5... 2X3 = 6 Total = 20	\$172,420... Architectural estimate

FY2024 PRIORITIZED CAPITAL LIST
800- FACILITIES SUPPORT SERVICES

4	MOB - Remove employee exterior stairs and replace with enclosed stairwell. Replace dangerous rock landscaping on parking islands with concrete.	<p>MOB first floor employee entrance has been a safety issue since inception. The prevailing westerly winds cause for continual blowing snow on steps causing a slip hazard. Those same winds make the entrance door difficult to open. The elevated walkway is not only a slip hazard, but the metal subsurface is rusting and deteriorating. The proposed solution is to remove the entire staircase along with the elevated walkway and replace with an enclosed stairwell. The grade level access to the stairwell also provides a ready access to the basement lever Cardiac Rehab area.</p> <p>Rock landscaping on parking islands create hazardous walking conditions for patients and staff. Removing rock and replacing with concrete eliminates this hazard.</p>	<ul style="list-style-type: none"> •Resolve safety risk •Eliminate snow hazard and snow removal issue •Create effective entrance for Cardiac Rehab. <p>◆Rating: 1... 4X2 = 8 2... 1 3... 3X2 = 6 4... 3 5... 0X3 = 0 Total = 18</p>	<p>\$900,000.00...</p> <p>Probable cost, good faith estimate</p>
5	New Underground Storage Tank (UST) for additional emergency supplies of diesel fuel	<ul style="list-style-type: none"> •TJC standards stipulate the ability to run essential functions, like our boilers and EDG, 96 hours independently. In the unlikely occurrence that we lost <u>both</u> RMP and Dominion, we would not have enough diesel fuel to meet this combined obligation. •The current system has a single point of failure, having only one single transfer point to pump fuel from the UST to EDGs or boilers. •Will also support the long range plan of having the whole hospital electrical load on the Emergency Branch, supplied by EDGs during RMP failure. 	<ul style="list-style-type: none"> •Added security to meet the unlikely hazard of multiple utility loss. •Eliminate single point of failure •Support long-range plan to have entire facility on Emergency Generator in case of RMP loss. <p>◆Rating: 1... 2X2 = 4 2... 1 3... 5X2 = 10 4... 1 5... 0 Total = 16</p>	<p>\$400,000.00...</p> <p>Probable cost, good faith estimate</p>
6	MOB front entrance	<p>The MOB lobby and front entrance has been somewhat problematic since the beginning. The vestibule is too narrow, causing exterior air to infiltrate easily into the space. The waiting room is crowded, preventing any real social distancing. The fireplace, though attractive, takes-up valuable space from the waiting area and the entrance area. This renovation will solve all these issues. Plus, it also revises the handicap and Dialysis parking in front of the MOB. Resolving the parking issues for those compromised patients.</p>	<ul style="list-style-type: none"> •Effective air-lock •Improved Social distancing •Ease of access for patients •Better patient flow •Resolve handicap parking issues. <p>◆Rating: 1... 1X2 = 2 2... 1 3... 2X2 = 4 4... 2 5... 2X3 = 6 Total = 15</p>	<p>\$2,132,948</p> <p>Probable cost, good faith estimate.</p>
7	Asphalt patching/ seal coat/ striping or replacement for Hospital Campus and/ or 3000 College Hill Clinic	<p>Asphalt maintenance is an ongoing and necessary part of access safety into our facilities. Without this continual maintenance, asphalt would rapidly deteriorate to a hazardous situation for pedestrians and traffic and also make very costly asphalt replacement necessary. In fact, due to the lack of such maintenance by the previous owner, the original asphalt portion at our 3000 College Hill parking area should be replaced.</p> <p>This capital request includes 3 options. Option 1 for the MHSC main campus, option 2 & 3 for our 3000 College Hill clinic:</p> <ul style="list-style-type: none"> •Option #1 = MHSC Main campus: Replace ~ 3000 SF of asphalt; Crack sealing all remaining asphalt; Seal coating the entire campus asphalt; Striping all areas. •Option #2 = 3000 College Drive: Seal coat; Striping •Options #3 = 3000 College Drive; Replace ~19800 SF of asphalt; Crack Seal all remaining asphalt; Seal coat; Striping all areas. 	<ul style="list-style-type: none"> •Maintains safe vehicular traffic and parking. •Maintains safe pedestrian walking pathways. •Extend the useful life or our existing asphalt, delaying costly replacement. <p>◆Rating: 1...1X2 = 2 2... 1 3... 2X2 = 4 4... 1 5... 2X3 = 6 Total = 14</p>	<p>Option #1 = \$143,800. Option #2 = \$26,500. Option #3 = \$121,500.</p> <p>Probable cost, good faith estimate</p>

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8	Ambulance Bay Drain relocation and re-painting floors.	Our ambulance bays do not have proper floor-drains to capture sand, oil and grease. Since 2012 when this issue came to light, we have mitigated it with signage informing ambulance personnel that our bays are not for cleaning purposes... not for hosing-off their vehicles. In order to assure continued compliance, we will need to relocate floor drains. We will also need to grind and paint entire floor as it is peeling and shredding. This proposal is to re-configure drains and grind/ re-paint floors.	<ul style="list-style-type: none"> •Eliminates the risk of hydrocarbons in waste water. •Eliminates the risk with the local sewer district •RE-coat floors ♦Rating: 1... 4X2 = 8 2... 3 3... 1 4... 1 5... 0 Total = 13	\$160,000.00... Probable cost, good faith estimate
9	Various internal projects	This is a place holder for non-clinical internal moves and physical enhancements. To be accomplished as deemed essential and appropriate for efficient operation.	<ul style="list-style-type: none"> •Office and non-clinical moves within the facility are a common occurrence in order to efficiently manage the complexities of health-care. The following is a general rating that applies to most such expenses. ♦Rating: 1... 0X2 = 0 2... 0 3... 2X2 = 4 4... 2 5... 2X3 = 6 Total = 12	Pending cost estimate
10a	Enclose "Window-wells"	The "window-wells" in the original hospital leak and are a catch-all for clutter. This will convert them to usable space	<ul style="list-style-type: none"> •Roofing over the window-wells with either a hard roof (converting the area into usable spaces) or skylights (converting the areas into atriums). Either way, the space becomes usable instead of a leaky catch-all. The 2-story well could be converted to storage space. ♦Rating: 1... 1X2 = 2 2... 1 3... 1X2 = 2 4... 1 5... 1X3 = 3 Total = 9	1,675,279.00... Probable cost, good faith estimate
10b	Emergency Diesel Generators	We know we have excess generator capacity. We need to have an engineering study to determine what additional non-emergency loads can be added to ensure "normal" operation of the hospital during a loss of power.	<ul style="list-style-type: none"> •To meet code, the generator can be connected to "normal" power loads so long as there is load stripping capability in the event that one of the generators is lost. ♦Rating: 1... 1X2 = 2 2... 1 3... 1X2 = 2 4... 1 5... 1X3 = 3 Total = 9	Pending cost estimate
11a	Connect S2 supply duct into new S-1	S-2 is the last of our original HVAC units (this supplies our kitchen and cafeteria). This unit has been increasingly problematic to control properly. The cost to fully upgrade the unit is more costly than connecting the downstream supply ductwork to our new S-1 HVAC unit. ROI ~2years.	<ul style="list-style-type: none"> •Resolve control issues with S-2 •Tie-in with S-1 and its new controls. •Increase efficiency ♦Rating: 1... 0X2 = 0 2... 2 3... 2X2 = 4 4... 2 5... 0 Total = 8	\$68,000.00... Probable cost, good faith estimate.

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11b	Exterior signs for 1200 College Drive Campus	Exterior signs on the 1200 College Drive campus are faded, misleading and have the old MHSC logo. Upgrade is desperately needed.	<ul style="list-style-type: none"> • Proper direction for patients and visitors. • Current logo ♦Rating: 1... 0X2 = 0 2... 0 3... 1X2 = 2 4... 0 5... 2X3 = 3 Total = 8	\$231,000.00... Probable cost, good faith estimate.
11c	Kitchen dish room	With the purchase of any new dishwasher, the dish room itself would need to be retrofitted to the new machine. This is an opportunity to correct some long-standing issues with that room: <ul style="list-style-type: none"> •The floor is sinking in places and would need to be hydraulically lifted or flooring removed, soil filled/compacted, and flooring replaced. •Underfloor piping issues would need to be addressed. •Re-design of SS sinks and sideboard tray-lines to accommodate the new machine and improve work-flow. •Remove unnecessary wall partition, patch wall/floor. •Repaint all surfaces. 	<ul style="list-style-type: none"> •Accommodate new dish machine. •Improved work flow. •Resolution of underfloor plumbing issues. ♦Rating: 1... 0X2 = 0 2... 1 3... 1X2 = 2 4... 2 5... 1X3 = 3 Total = 8	\$130,000.00... Probable cost, good faith estimate
11d	B-level flooring	Remove Asbestos flooring on basement level of hospital and install new VCT. Tile in this area is ~40 years old. Due to freight and materials handling performed on the b-level, this tile is occasionally damaged creating a risk of friable ACM.	<ul style="list-style-type: none"> •Restore b-level flooring to proper condition ♦Rating: 1... 2X2 = 4 2... 1 3... 1X2 = 2 4... 1 5... 0 Total = 8	\$100,000.00... Probable cost, good faith estimate.
11c	Parking lot revision	This revision will provide 20 new parking spaces near our front entrance. It will also redesign our entrance roadways to resolve confusion. Plans are available and project proposals have been received.	<ul style="list-style-type: none"> •New parking spaces. •Redesigned front entrance roadway to resolve confusion. ♦Rating: 1... 1X2 = 2 2... 1 3... 2X2 = 4 4... 1 5... 0 Total = 8	\$344,000.00... Probable cost, good faith estimate.
12	Minor remodel of HIM	The HIM area needs a minor facelift. This would involve painting walls, new ceilings and new light fixtures.	<ul style="list-style-type: none"> •New clean surfaces •New intact conforming ceilings. •Mood-enhanced lighting ♦Rating: 1... 0 2... 0 3... 1X2 = 3 4... 1 5... 1X3 = 3 Total = 7	\$25,000.00... Probable cost, good faith estimate

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MHSC Facilities Risk Assessment Tool

FACTOR	RANGE OF VALUES (weighted)	VALUE
1. Compliance (Life Safety)	0= low need; 5= highest need (X2)	
2. Probability of Failure	0= low risk; 5= failure is imminent	
3. Human Property or Business impact of failure	0= low risk; 5= catastrophic (X2)	
4. Timeliness	0= low need; 5= immediate need	
5. Political need	0= none; 5= urgent need (X3)	
TOTAL		

EXPLANATION OF TERMS:

- **Factor #1--Compliance (Life Safety)**—Need based on accreditation or on threats to the life safety elements as defined by code. 0= low need; 5 = highest need, failure results in severe threat to life and/or loss of accreditation. Multiply assessment value by 2
- **Factor #2--Probability of failure**—Need based on likelihood of failure. 0 = no risk; 5 = failure is imminent.
- **Factor #3--Impact of failure**—Need based on the result of failure to business and people. 0 = no risk, inconvenience; 5 = catastrophic, failure results in substantial loss to people or business function. Multiply assessment value by 2.
- **Factor #4--Timeliness**—Need based on the expediency of performing this project/work. 0= lowest need; 5= immediate need, postponing results in substantial loss or difficulty on one or more levels.
- **Factor #5--Political Need**—Need communicated by Senior Leadership. 0= no political imperative; 5= vitally urgent. Multiply assessment value by 3.

Priority	Description	Justification	Benefit	Cost
IN-PROCESS	Lab expansion	As the premier lab facility in SW County, it is vital that our lab functions efficiently and well. This expansion will allow the physically divided department to be operating in one location. It provides needed space and access for outpatient lab needs as well as space for necessary equipment. It also provides ease of access for patients.	<ul style="list-style-type: none"> • A united lab • Improved Social distancing • Ease of access for patients • Space for necessary equipment ♦Rating: 1... 3X2 = 6 2... 1 3... 1X2 = 2 4... 2 5... 5X3 = 15 Total = 26	\$8,726,476.00... Architectural estimate
IN-PROCESS	Dr. Sulentic	Renovate space to conform to WDH specifications.	December 2023 start date... Final WDH approval on March 7, 2023	\$209,605.00... Bid cost
IN-PROCESS	New bulk oxygen storage tank and resolution of issues with that storage site.	Bulk Oxygen tank and back-up reserve system needs to be replaced due to impending end-of-life. Concrete pad for tank and reserve is porous and creates a heightened risk for oxygen storage and delivery. Chain-link fence needs replacement with proper set-backs. Re-grading and re-paving of area around bulk oxygen storage for safe delivery and proper water drainage away from Bulk oxygen pad.	<ul style="list-style-type: none"> • Sufficient Oxygen and back-up capability • Safety for delivery staff and outsiders • Proper drainage away from site ♦Rating: 1... 3X2 = 6 2... 0 3... 5X2 = 10 4... 4 5... 0X3 = 0 Total = 20	\$296,729.00... Bid cost
PENDING	Oncology Suite renovation	Current room pressurization is problematic at best. Space issues also need resolution.	<ul style="list-style-type: none"> • Staff safety • Patient safety (proper exhaust of mixing fumes) • Private room for the sickest Medical Oncology patients. 	\$653,167... architectural estimate

FY2024 PENDING/ IN-PROCESS CAPITAL LIST
800- FACILITIES SUPPORT SERVICES

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MHSC Board of Trustees Report

The Foundation saw a slower month in March, as things have calmed down from the high paced Red Tie Gala season. The core focus in March has been working on reports and ensuring that granting entities have the correct and proper information they need as outlined by grant projects. The current grants include:

1. Physician Recruitment and Retention- \$220,000 total award
2. eHR Implementation Support- \$770,000 total award
3. HHS Capital Construction- \$496,990 total award

The State Lands and Investment Board has announced additional funding available through ARPA and will be re-evaluating grant applications that were not approved in their December meeting. The MOB remodel project should be part of their discussions so I will be ready to present and fight for that project. This meeting will be held **April 7th**.

- As a refresher, the MOB project includes removing the current fireplace to allow for an expanded waiting area, extending the entry vestibule to allow for a new, more efficient entrance and exit, and, as a domino effect, it also includes reconfiguring some of the parking areas.

The Foundation's Strategic Plan has been rolled out and we look forward to implementing various programs and prospective communications in the upcoming months. The goal is to provide education on the Foundation and hospital and encourage community support.

The Foundation's donor wall has been delivered and the Facilities team is currently working on the implementation needs to get the donor wall displayed. There will be a donor wall 'unveiling' reception on **April 17th at 5:30pm** in the main lobby of the hospital.

The Waldner House continues to stay full as patients travel to utilize services at MHSC and we are thrilled to have the honor of being part of their healthcare journey by providing their lodging.

In the upcoming months, the Foundation Board has created a Finance Committee to research future investment opportunities for Foundation funds and will be exploring options. We will also be discussing a future Capital Campaign to support either the Lab Expansion/Renovation or the daVinci robot.

Submitted by: Tiffany Marshall



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
March 27th, 2023**

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

Minutes

Call to Order

The meeting was called to order at 9:04 am by Kandi Pendleton.

Agenda

The March agenda was approved as written, Taylor made the motion and Irene seconded it. Motion carried.

Meeting Minutes

The meeting minutes from the January 23rd, 2023 meeting were presented. Suzan made the motion to approve the minutes as written and Irene seconded. Taylor abstained. Motion carried.

New Business

A - New Audits to begin after the Gala.

1. Coding and Documentation Update. Suzan reported that herself, Irene, Tami and April have met and have learned that other departments have had Coding and Documenting audits going on. Quality did an audit/assessment with UMIA (our outside insurance company) specific to documentation in the medical record. Suzan reported that we did not do very well on this but it has given us a good layout on how to fix and better things. She also spoke about the Clifton Larsen and Allen audit that looked at the same items that we were looking to audit. Suzan continued that April and herself can follow-up with Admin and then follow up with Compliance. She stated that she doesn't know what else we might want to audit and doesn't want to duplicate what has already been done. Kandi asked if the Quality audit was more recent than the Clifton, Larsen and Allen audit. April tried to find a date on her copy but could not. Suzan replied that she thought the Quality one had been done end of December or first part of January. Suzan suggested that April could write up an assessment of the two audits and bring that back to the committee like the Cybersecurity one. Irene stated that she liked that audit. Suzan confirmed that this is what will be done and brought back to this Board.
2. HIPAA Compliance During Registration Process. Suzan stated that we keep hearing comments from Admissions that the paperwork involving HIPAA has changed since the implementation of Cerner. No one seems to be real clear on what patients are getting or if they are asked if they would like to get a copy of the HIPAA paperwork. Suzan stated that people are misrepresenting themselves. Taylor added that it would be east to misrepresent someone because they only ask name and DOB. Suzan shared a story about this happening in the ER and information was released to a sister that should not have been able to get information. Kandi asked if the process for a check the box kind of thing and Suzan stated that it was. Suzan continued by saying that the proper admitting process may be happening but we are not certain and we need to make sure.

B – Healthcare Fraud and Abuse Laws PPT- Suzan reported that this document was added as an “FYI” to the committee. Suzan said that this is the kind of stuff that she is trying to bring back to this committee.

Standing Items-Reports

- a. HIPAA report-The HIPAA report was presented and reviewed. April reported that there is a new method of reporting to be included now. It is "Incident Report Action" and this is coming from our IT Department. She further reported that these are electronic release of PHI and are coming from emails that are being sent without being secured. MHSC policy is that #secure# be used in the subject line of any email containing PHI that is going out of our facility. She continued that these reports are being generated by our IT Director, Terry Thompson and are being used to educate staff on our current process. Suzan stated that Synergi is used for employee reporting and that P2Sentinel monitors the Cerner system. She also stated that we are working out the kinks are that possible HIPAA violations are being taken care of more quickly. Kandi agreed saying that this report is so much better than what she first saw. Taylor agreed as well. Suzan reported that she forgot to add that April, Amber, Terry and herself met last month to discuss hospital wide training on HIPAA and that we are currently in the process of getting this going.
- b. Exclusionary Report- The Exclusionary report was presents and Suzan reported that there was nothing on it for our physicians. She continued that this report is done weekly by the OIG (Office of Inspector General) and sent to her. She stated that we have not had a physician on the list but it is something that we are always watching.
- c. DOJ Update to personal devices- This information was included to let the committee know that we are watching the DOJ and any changes that might be taking place. Suzan said that she logs-in to this site at least weekly to look at the information. Kandi verified that if there was something that was needed, Suzan would let the committee know? Suzan stated that she would and that she shares them to department(s) that might need the information. IT is currently working on a policy for personal devices so this information was sent to the Director.
- d. DOJ Update Compliance Audit- This was included to give the committee additional information about compliance audit.

Additional Discussion

Kandi asked for any additional discussion and none was given.

Next Meeting

The next meeting will be on April 24th, 2023 @9:00am

Adjournment

The meeting adjourned at 9:27am

Respectfully Submitted,

April Prado, Recording Secretary

Governance Committee
Minutes
March 30, 2023

Zoom meeting was called to order by Barbara Sowada at 2:00 pm.
Participants: Marty Kelsey, Irene Richardson, and Barbara Sowada

Agenda was created during the meeting.
Minutes of February Meeting had previously been approved.

Old Business:

1. The drafts of the Board Meeting Guidelines and Agenda Notation were reviewed. They are in the Old Business section of the April BOT packet for action. Action: agreed to change Board's instruction from action to "Remain under review and no request for action."
2. The Hospital's "Chain of Command" policy was reviewed. No action taken.

New Business:

1. The "Succession/Talent Management Plan" was reviewed. The plan was last approved on January 1, 2017. Action: Irene will bring updated revision that better fits MHSC's current needs to the April Governance meeting. This will become a Board policy.

Meeting adjourned at 3:30.

Next meeting is April 17, 2023 at 2:00 pm by zoom.

Respectfully Submitted by,
Barbara J Sowada, Ph.D.

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: **Fresenius supply renewal contract for peritoneal dialysis (PD) and dialysis supplies.**
2. Purpose of contract, including scope and description: Currently have a contract with Fresenius for all of our dialysis and peritoneal dialysis equipment and supplies including the acid concentrate to run hemodialysis. **This Agreement is a renewal with updated terms to include peritoneal dialysis supplies as previous changes were done by amendment to the original agreement (2/24/2016). This supply agreement puts all dialysis supplies in one agreement with one effective date.**
3. Effective Date: **When countersigned and deemed accepted by FUSA.**
4. Expiration Date: **three (3) years from Effective date (March 2026).**
5. Rights of renewal and termination: **If we don't purchase up to our volume commitments Fresenius may terminate (this was also the agreement in the original supply agreement). Agreement may be terminated if either party fails to meet material obligations or otherwise breaches the agreement and the breach is not cured within 60 days of notice of the same.** Is this auto-renew? Yes for one year terms from effective date.
6. Monetary cost of the contract and is the cost included in the department budget? **See supply schedules pages 8-17**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Jurisdiction is in MASS. Nationwide company with form contract for to sell supplies in any state.**
8. Any confidentiality provisions? **Yes Section 6**

9. Indemnification clause present? No

10. Is this contract appropriate for other bids? **No This company is the only company we could find that will provide us with dialysis supplies.**

11. In-house Counsel Reviewed: **Yes**

12. Is County Attorney review required?