

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

February 3, 2021

2:00 p.m.

Dial: 301-715-8592

Meeting ID: 883 9287 4123

Password: 867837

AGENDA

- I. Call to Order Taylor Jones
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Our 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. COVID-19 Preparation and Recovery
 - 1. Incident Command Team Update Kim White, *Director of Emergency Services*
 - B. Employee Policy *(from the Human Resources Committee)* Ed Tardoni
 - 1. Termination and Appeals
 - 2. Introductory Period
 - C. Rules of Practice Governing Hearings Richard Mathey
 - D. [Medical Staff Rules and Regulations](#) Dr. Jacques Denker, *Medical Staff President*
 - E. [Medical Staff Bylaws](#)
- VII. New Business (Review and Questions/Comments) Taylor Jones
 - A. [Proposed Changes to Existing Bylaws](#) Dr. Jacques Denker
Kerry Downs, *Director of Medical Staff Services*
 - B. [Proposed Changes to New Bylaws](#)
 - C. Employee Policies *(from the Human Resources Committee)* Ed Tardoni
 - 1. [Political Activity](#)
 - 2. [Communication Systems](#)
 - 3. [Equal Employment Opportunity](#)
- VIII. Chief Executive Officer Report Irene Richardson
- IX. Committee Reports
 - A. [Quality Committee](#) Marty Kelsey
 - B. [Human Resources Committee](#) Ed Tardoni
 - C. [Finance & Audit Committee](#) Richard Mathey
 - 1. Bad Debt *(For Action)*
[January Committee Meeting Information](#)

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- | | |
|---|---|
| D. Building & Grounds Committee | Marty Kelsey |
| E. Foundation Board | Taylor Jones |
| F. Compliance Committee | Ed Tardoni |
| G. Governance Committee | Barbara Sowada |
| H. Executive Oversight and Compensation Committee | Taylor Jones |
| I. Joint Conference Committee | Richard Mathey |
| X. Contract Review | Suzan Campbell, <i>In-House Counsel</i> |
| A. Contracts Approved by CEO since Last Board Meeting (<i>For Your Information</i>) | |
| 1. iProtean | |
| XI. Medical Staff Report | Dr. Jacques Denker |
| 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 |
| A. Notice of Claim | |
| 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**

January 6, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on January 6, 2021 at 2:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

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

Officially present: Ms. Irene Richardson, Chief Executive Officer, Mr. Jacques Benzer, Medical Staff President, Mr. Geoff Phillips, Legal Counsel and Mr. Jeff Smith, Sweetwater County Board of County Commissioners Liaison.

Pledge of Allegiance

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

Our Mission and Vision

Mr. Mathey recited the mission and vision statements.

Mission Moment

Ms. Richardson reported “Fight Song” is now played overhead in the Hospital when a patient diagnosed with Covid-19 is discharged from the Hospital. The Incident Command Team sent out this note: The ICU nurses have asked that when a patient with Covid-19 is discharged home that this song be played as they are leaving. So when staff hear this song we have helped someone overcome this terrible virus. To all of the staff directly taking care of these patients when this song plays please know that you are appreciated for all of the work that you have done to help these patients “fight” their illness. We are thankful and proud of you!

Ms. Ann Clevenger, Chief Nursing Officer, said Ms. Patty O’Lexey, Care Transition Nurse/Education, shared a sweet story with her about staff leading a game of Bingo on the Med/Surg floor for patients who could not have visitors.

APPROVAL OF AGENDA

Mr. Jones asked if there were any changes to the agenda. Following discussion the motion to leave the agenda as presented was made by Mr. Tardoni, second by Mr. Mathey. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the December 2, 2020 regular meeting as presented was made by Mr. Sowada second by Mr. Tardoni. Mr. Mathey abstained and the motion carried.

COMMUNITY COMMUNICATION

There were no comments.

LEGAL

Ms. Richardson reported she received Mr. Jim Phillips, Legal Counsel's, resignation. She recommends moving forward with Mr. Geoff Phillips from Evanston coming and requested the board take action to approve the recommendation. Mr. Phillips said his role is to provide advice to the board on any legal matters. If there is conflict on any issue his role is to hopefully resolve the conflict. In the end of the day the board will make all decisions. The board discussed the process. Mr. Mathey said his preference would be for an RP to go out and the board to have more input. He thinks it should be established how this will be handled in the future. He said these are trying and unusual times. Keeping continuity in the board attorney is desirable but we should not defer to the CEO to determine the board attorney. Mr. Jones said Mr. Phillips has been so involved that this will help provide a smooth transition. The motion to approve appointment of Mr. Geoff Phillips as Legal Counsel was made by Mr. Tardoni second by Mr. Elsey. Motion carried.

OLD BUSINESS

COVID-19 Preparation and Recovery - Incident Command Team Update

Ms. Jim Hite Incident Commander reported we continue to be busy with testing and patients. We had 10 patients with Covid-19 on Christmas Eve. We have followed our plans and it is going well. 1,002 tests have been completed as of January 1. We are administering vaccines to our staff and healthcare workers in the community. The next level will be Tier 1 for over age 60 ambulatory and at higher risk. Public Health determined each provider would select 20 patients at higher risk. The vaccine is up to 90% effective after the second dose. Mr. Jones thanked Ms. Hite and asked her to please thank the staff.

Termination and Appeals Policy

A motion to approve the policy for purpose of discussion was made by Mr. Tardoni. The motion died due to a lack of a second.

Rules of Practice Governing Hearings

Mr. Mathey said these are procedural rules. He does not have any strong feelings about them separate of the termination and appeals policy. He said this could be viewed as part of or not. He said these are procedures related to zoning Statutes to be followed when there is a contested case.

Guidelines for Negotiating Non-Physician Provider Agreements

Mr. Sowada said both of the policies give the CEO the opportunity to negotiate agreements and contracts. She said this meets the CEO needs and physician recruitment needs. The motion to approve the non-physician provider agreement negotiating guidelines with the change in section 2 Benefits “F” to read “up to the max limit” was made by Mr. Sowada second by Mr. Mathey. Motion carried.

Guidelines for Negotiating Physician Contracts

The motion to approve the physician contracts negotiating guidelines with the change in section 2 Benefits “F” to read “up to the max limit” was made by Mr. Sowada second by Mr. Mathey. Motion carried.

Patient Safety Plan

The motion to approve the plan presented by Ms. Tara Jackson Director of Quality Accreditation and Patient Safety was made by Mr.elsey second by Mr. Sowada. Mr. Tardoni abstained and the motion carried.

NEW BUSINESS

Mr. Jones said at any time anyone can bring up anything at any time so the agenda language is a reminder anyone can always speak up.

Joint Meeting with the Foundation Board

Mr. Jones said it has been a long time since the two boards have met and suggested Thursday February 20 we will proceed with plans to conduct a joint meeting on that date.

Medical Staff Rules and Regulations, Bylaws

Mr. Jensen reported a lot of hard work was done over the past few years to update and improve the documents. They were approved by the General Medical Staff on December 1. Mr. Sowada asked if she could ask questions at the February meeting and said she needs more time to review. Mr.elsey thanked everyone for their efforts. He asked for more information on corrective action in article 1 regarding hearings and terminations. Ms. Richardson said we will check and report back next month. Mr.elsey requested our new board attorney take a good look at the documents and give his opinion before the board approves them to make sure we are on solid ground. Mr. Jones thanked Mr. Jensen.

Introductory Period

Mr. Tardoni said the regular process is to review at this time and vote next month. He said there is additional information in his HR Committee Chair Report.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson said new directors Ms. Carrie Canestorp-Health Information Management and Mr. Abram Jewell-Information Technology Director and Mr. Jonathan Peattie-Pharmacy Director are doing really great work and we are excited they have joined the team. She thanked Mr. Lawrence Lauridsen for his service as President of the Medical Staff and welcomed Mr. Penner. Ms. Richardson said we are conducting a search for a new Emergency Department Director. Ms. Melissa Anderson is the Director of Med/Surg and ICU. We are excited to work with Public Health to administer the vaccines. We are reverting to the line guidance for CARES Act funding. Ms. Richardson said this is beneficial to the Hospital to use money in the way it was originally intended. We continue to move forward with person-centered care initiatives with workshops and preparing for communicating with empathy sessions. We continue to prepare for The Joint Commission to visit and strive to always be survey ready. Ms. Richardson thanked the staff leaders and physicians for their hard work through Covid. She said we work with amazing people and we are very grateful. She said she wants to let our community know they are in good hands at MHSC. Ms. Richardson commended the staff for the great work they are doing. Mr. Tardoni noted Mr. Kristy Nielson retired and stepped up to help. Mr. Mathey congratulated Mr. Penner to his election as President of the Medical Staff.

COMMITTEE REPORTS

Quality Committee

Mr. Elsey referenced his Chair Report and the minutes in the packet. Mr. Mathey said Quality remains a daunting proposition. He thinks the Committee is working fine and Ms. Macdon is doing a good job. He said it just requires a lot of attention.

Human Resources Committee

Mr. Tardoni said the information is in the packet. He reported the Wyoming Hospital Association has helped us with finding and funding some pandemic-related positions.

Finance and Audit Committee

Mr. Mathey said the Hospital staff did a great job with submitting invoices for all of the SLI grant money.

Capital Expenditure Requests: The motion to approve capital expenditure request FY21- for E Healthcare as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried. The motion to approve capital expenditure request FY21- for the renovation of office space as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried. The motion to approve the amendment to the office lease as presented was made by Mr. Tardoni second by Mr. Elsey. Motion carried. Mr. Elsey asked if the lease had expired and Ms. Richardson said yes we are on a month-to-month now and will need to bring a new one to the board. The motion to approve capital expenditure request FY21- to replace the food service line in the cafeteria as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried.

SLIB Capital Expenditure Requests: The motion to ratify FY21-02 as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried. The motion to ratify FY21-06 as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried. The motion to ratify FY21-01 as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried. The motion to ratify FY21-00 as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried. The motion to ratify FY21-02 as presented was made by Mr. Tardoni second by Mr. Mathey. Motion carried.

Bad Debt: The motion to approve the net potential bad debt of \$12,000,000 as presented by Ms. Tami Love Chief Financial Officer was made by Mr. Tardoni second by Mr. Mathey. Motion carried. Mr. Mathey said the number is problematic increasing and concerning. He said we need to continue to keep an eye on it. Over \$600,000 is for the Emergency Room.

Building & Grounds Committee

Mr. Elsey said the Chair Report and minutes are in the packet.

Compliance Committee

Mr. Tardoni reported the Committee did not meet.

Governance Committee

Mr. Sowada reported the Committee did not meet.

Executive Oversight and Compensation Committee

Mr. Jones said the Board would handle in executive session.

Joint Conference Committee

Mr. Mathey said his responsibility with them is up. He said he doesn't believe they have met.

CONTRACT REVIEW

The motion to authorize the CEO to execute the vitalant contract as presented was made by Mr. Mathey second by Mr. Tardoni. Motion carried.

MEDICAL STAFF REPORT

Mr. Penner said the General Medical Staff overall morale is very high. He said everybody is still focusing on their specialties as well as Covid. The National Board was here and we really appreciated working with them. We have been working on committee assignments and setting up some general physician education. Mr. Penner said the vaccine showing up was a big deal for us. The next General Medical Staff meeting is January 20. We are working on improving some committee balancing. Mr. Jones thanked Mr. Penner.

GOOD OF THE ORDER

Mr. Jones extended a special thanks to everybody at the Hospital for living this life day in and day out. He said it is heartfelt by all of the Board.

EXECUTIVE SESSION

Mr. Jones said there would be an executive session. He said the Board would take a ten-minute break and reconvene in executive session at 1:02 PM. He said the Board would utilize a different room line and then return to the original one. He said the executive session would last at least 1.5 hours. The motion to go into executive session was made by Mr. Halsey second by Mr. Sowada. Motion carried.

RECONVENE INTO REGULAR SESSION

At 6:00 PM the Board came out of executive session and the motion to go back into regular session was made by Mr. Sowada second by Mr. Tardoni. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to grant hospital privileges to the healthcare professionals discussed in executive session was made by Mr. Mathey second by Mr. Sowada. Motion carried.

Credentials Committee Recommendations from December 11, 2020

1. Initial Appointment to Active Staff (2 year)
 - Mr. Jonathan Schwartz Hospitalist
2. Initial Appointment to Consulting Staff (1 years)
 - Mr. Joanna Rudia Tele ICU (U of U)
- ☐ Initial Appointment to Locum Tenens Staff (1 year)
 - Mr. Lars Conway Pathology
- ☐ Reappointment to Active Staff (2 years)
 - Mr. Augusto Amias General Surgery
 - Mr. Curt Hunter Family Medicine
- ☐ Reappointment to Consulting Staff (2 years)
 - Mr. Lucy Ana Pitt Tele Stroke (U of U)
 - Mr. Muhammad Chauhan Tele Stroke (U of U)
 - Mr. Nathan Hue Maternal/Fetal Medicine (U of U)
 - Mr. John Odenhamer Tele Radiology (RC)
 - Mr. Jonathan Lee Tele Radiology (RC)
6. Reappointment to Locum Tenens Staff (1 year)
 - Mr. Wagner Peronese O/UYN
- ☐ Additional Privileges
 - Mr. Mansour Haddad Cardiovascular Disease (Casper Cardiology)

The motion to authorize the CEO to sign physician contracts discussed in executive session was made by Mr. Mathey second by Mr. Sowada. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone. There being no further business to discuss the meeting adjourned at 6:09 PM.

Mr. Taylor Jones President

Attest:

Mr. Marty Selby Secretary



Please see the attached proposed changes to the Medical Staff Rules and Regulations.

Changes have been made to Section 6 – Medical Records.

- On page 22, item E – the following was added: “within 14 days of their clinic visit.”
- Section S will be removed.

The changes have been printed in red. These changes were approved at the General Medical Staff meeting, on December 1, 2020. They now need to go to the Board of Trustees for final approval.

performed, provisional anatomic diagnoses shall be recorded in the medical record within three days, and the complete protocol shall be made part of the record within thirty (30) days unless exceptions for special studies are established by the medical staff.

Section VI. MEDICAL RECORDS

A. Practitioner Responsibilities

1. The attending Physician shall be responsible for the preparation of a complete and legible medical record for each patient. This record shall, at a minimum, include a complete admission H&P, all special reports such as consultations and pathology findings, clinical laboratory results, interpretations of studies performed by Medical Imaging, operative reports, progress notes, autopsy report (when performed), and a discharge summary.
2. Completion of medical records by locum tenens Physicians will be according to policies and procedures developed by the Medical Records Committee and approved by the Medical Executive Committee.
3. All Physician Assistant and Nurse Midwife inpatient medical record entries shall be countersigned by the appropriate Practitioner's authorized, supervising Physician within 48 hours.

B. History and Physical Examination

A complete admission history and physical examination shall be performed and recorded within twenty-four (24) hours of admission. This report should include identifying data, chief complaint, history of present illness, significant past medical and surgical history, relevant family history, social history, a review of all systems of the body, physical examination, significant laboratory results, provisional diagnosis and treatment plan. If a complete history has been recorded and a physical examination performed within one week prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a member of the medical staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded.

C. Readmissions

When a patient is readmitted within thirty (30) days, a brief interval history and physical may be recorded in lieu of a full exam, provided a copy of the most recent Hospitalization H&P and discharge summary are placed in the current chart.

D. Surgery

An adequate history and physical shall be recorded within the chart of each patient within 24 hours prior to surgery unless any delay for recording the history and physical would be detrimental to the patient.

E. Outpatients

Each outpatient admission will have a note/report adequately describing the medical circumstances surrounding that visit **within 14 days of their clinic visit.**

F. Twenty Three and One Half Hour Outpatient Stays

1. Surgical procedures involving anesthesia, done in the OR Suite, require a complete H&P, operative report and a dictated or written discharge note.
2. Medical outpatient admissions require an H&P (to include chief complaint, pertinent history, and pertinent physical findings), and a dictated or written discharge note. A full H&P will be required if the patient is admitted.
3. Obstetrical outpatient admissions require a prenatal H&P, results, order for discharge and nursing discharge instructions.
4. Chemo or other cycle patients require an initial H&P with the plan of therapy, which will be valid for one year. An interval note will be required if there is any change in condition or if treatment is stopped and started again.
5. Observation patients will be treated in accordance with the Observation/Surgical Outpatient Admissions Policy.
6. In all cases in this section F, if the patient becomes an inpatient, all requirements for inpatient charting must be observed.

G. Progress Notes

Pertinent progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Progress notes shall be written at least daily on critically ill patients, and those where there is difficulty in diagnosis or management of the clinical problem. All other patients will have progress notes recorded at least every other Hospital day.

H. Operative Reports

A written operative note, for both inpatients and outpatients, will be entered in the chart immediately following surgery. That note will include pre and post-operative diagnosis, the operation performed, surgeons involved, anesthesia type and other information pertinent to the immediate postop care of the patient. In addition, a comprehensive operative report shall be dictated or written at the conclusion of the procedure which includes findings found at surgery, details of surgical technique, specimen(s) removed, pre and post-operative diagnosis, surgeon(s) and assistant(s) and type of anesthetic used. Dentists shall record the number of teeth and/or fragments removed on the operative report. Reports shall be promptly signed by the surgeon and made a part of the patient's current medical record.

I. Consents

All procedures listed below require written consent from the patient or parent/guardian/next of kin, in the case of a minor, and adequate documentation of the procedure or transfer recorded in the chart or dictated within twenty-four (24) hours except for transfers to another acute care facility (see 3., a. below). In those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained, these circumstances should be fully explained on the patient's medical record.

1. General Anesthesia

All procedures with general anesthesia, regional anesthesia or Bier Block.

2. Other

Other procedures not using general anesthesia, including, but not limited to:

Amniocentesis

Arteriography

Arthrography

Aspiration of hematomas or other body fluid collections (cysts, purulent Accumulations, etc.)

Biopsies of all types (liver, lung, skin, etc.)

Bone marrow aspiration/biopsy

Bronchography

Chest tube insertion

Circumcision

Closed reduction of fractures

Debridement, major burns and wounds

Dilation and curettage

Elective DC cardioversion

Endoscopic procedures (esophagogastroduodenoscopy,

Sigmoidoscopy, colonoscopy, bronchoscopy, cystoscopy, etc.)

Excision, removal or destruction of skin or subcutaneous tissues

Hysterosalpingography

Invasive vascular line placements (central venous lines, Swan-Ganz, catheters, arterial Lines, external jugular lines, pacemakers, etc.)
Kirshner wire insertion
Myelography
Paracentesis
Placement of posterior nasal packs
Removal of external fixation devices
Spinal taps
Steinman pin insertion
Suction curettage
Thoracentesis
Umbilical artery catheterization
Vasectomy
Venous cutdown
Moderate sedation/analgesia

3. Special Consents

Special consents are required for the following:

Transfusion of blood or blood products

Autopsy

Therapeutic abortion

All experimental treatments and medications

Sterilization procedures

Rubella vaccine

Transfer to another acute care facility

- a. Whenever a patient is transferred to another acute care facility, the attending Physician must explain the benefits versus risks of the transfer with the patient and/or parent/guardian/next of kin, in the case of a minor, and sign a certification that he/she has discussed the benefits versus risks of a transfer. In the event the Physician is unavailable at the time of transfer, the certification may be signed by the case manager or house supervisor in consultation with the attending Physician. If the certification is signed by anyone other than the Physician, the Physician must countersign the certification within twenty-four (24) hours of the transfer.

J. Consultations

Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report of the consultation. Except in an emergency, so verified on the record, when operative procedures are involved the consultation note shall be recorded prior to operation. (See VII, B. of these Rules & Regulations).

K. Obstetrical Records

The current obstetrical record shall include a complete prenatal record. This may be a legible copy of the attending Physician's office record transferred to the Hospital before admission. In such instances, an interval admission note must be recorded that includes pertinent additions to the history and any subsequent changes in physical findings.

L. Authentication

All clinical entries in the patient's medical record shall be accurately dated and authenticated. Authenticated means to prove authorship, for example, by written signature or identifiable initials.

M. Symbols and Abbreviations

Symbols and abbreviations may be used only in accordance with the Abbreviation Usage Policy.

N. Discharge Summary

A discharge clinical summary shall be recorded within seven (7) days of the date of discharge on all medical records of patients Hospitalized. The discharge summary shall accurately reflect the patient's reason for admission, clinical course, all operations and procedures performed, findings of various investigations, response to treatment, condition at discharge, recommended activity and diet, medications on discharge, follow-up instructions and final diagnoses.

O. Release of Medical Records

The written consent of the patient or guardian is required for release of medical information.

P. Removal of Medical Records

Records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the Hospital and shall not otherwise be taken away without the permission of the Executive Director. All records shall be available for the use of all involved Practitioners.

Q. Access to Medical Records

Free access to all medical records of all patients shall be afforded to members of the medical staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. All such projects shall be approved by the Medical Executive Committee before records can be studied. Former members of the medical staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital.

R. Filing of Medical Records

A medical record shall not be permanently filed until it is completed by the responsible Practitioner or is ordered filed by the Medical Record Committee.

S. ~~Completion of Medical Records~~

~~All records shall be completed within thirty (30) days following the discharge of the patient.~~

T. Incomplete Medical Records

1. Emergency Admissions

In cases where a member of the medical staff has had his/her privileges suspended by virtue of incomplete medical records, in accordance with ARTICLE XII, Section C. 4. of the Bylaws, and has a patient who requires admission to the Hospital, the following will be applied:

- a. The attending Physician must contact the Hospital admitting office and declare the admission to be an emergency. Such declarations may be made verbally over the phone to the Hospital admitting personnel, if necessary, but must be set forth in writing on the patient's chart on admission. This initial progress note will also contain sufficient medical information to justify and support the declared emergency.
- b. The Hospital admitting office, when in receipt of a declared and written emergency, will expedite such admissions without delay. They will then report the following information to the Executive Director's office:
 - (1) Name of admitting Physician;
 - (2) Patient's name, Hospital and room number;
 - (3) Date and time Physician declared the emergency admission;
 - (4) Date and time admitted;
 - (5) Service to which patient was admitted; and
 - (6) Admitting diagnosis;
- c. Administration will forward information pertaining to each emergency admission to the President of the Medical Staff and to the chairman of the department appropriate by the medical nature of the admission.

MEMORIAL HOSPITAL OF
SEETER COUNTY
MEDICAL STAFF SYLLABUS

Recommended by MEC:

Approval by Organized Medical Staff:

Approval by Board of Trustees:

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1. **ADVERSE ACTION** means any of a number of measures – e.g. reprimands, sanctions, censure or other negative action taken against a doctor or medical professional.
2. **APPLICANT** means any Practitioner applying for appointment to the Medical Staff or requesting any privileges to perform medical services at the Hospital, including without limitation, any existing Appointee to the Medical Staff requesting additional privileges or appointment to any department or committee.
- **APPOINTEE** means a Practitioner duly appointed to and serving as a member of the Medical Staff.
- **BYLAWS** mean these bylaws and each of its exhibits, attachments, or other items incorporated herein by reference, as each may be amended from time to time.
- **CHIEF EXECUTIVE OFFICER** means the individual appointed by the governing board to act on its behalf in the overall administrative management of the Hospital.
6. **CHIEF OF STAFF** means the Chief of the Medical Staff, who shall also serve as the Chair of the Medical Executive Committee.
- **CLINICAL PRIVILEGES or PRIVILEGES** means the permission granted to Practitioners to provide patient care and includes access to those available Hospital resources (including equipment, facilities, and Hospital personnel) which are necessary to effectively exercise those privileges.
- **EX-OFFICIO** means serves as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, without voting rights.
9. **GOVERNING BODY or GOVERNING BOARD** means the board of Trustees of Memorial Hospital of Sweetwater County.
10. **HOSPITAL** means the Hospital's main acute care hospital building, and does not include stand-alone clinics that are included under the Hospital's acute-care hospital license but are filled (or could be filled as) provider-based outpatient hospital departments.
11. **HOSPITAL OWNED CLINIC** means a clinic owned by the Hospital and included under the Hospital's acute-care hospital license, and that is or may be filled as a provider-based outpatient department, but which is outside the Hospital's main hospital building.
12. **INVESTIGATION COMMITTEE** means a committee appointed to investigate a request for corrective action regarding a Practitioner pursuant to Article □□II hereunder.

- 1 **MEDICAL EXECUTIVE COMMITTEE** or **EXECUTIVE COMMITTEE** or **MEC** means the Executive Committee of the Medical Staff as constituted pursuant to these Bylaws.
- 1 **MEDICAL STAFF** or **STAFF** means the formal organization of all Licensed Practitioners who attend patients in the Hospital. Members include Physicians and Non-Physician Providers.
- 1 **NON-PHYSICIAN PROVIDER** or **NPP** means a health care professional other than a licensed Physician who provides a medical level of care and is qualified by education, training, licensure and facility privileging to perform a professional service within his/her scope of practice. Such NPP's may include, Chiropractors, Clinical Psychologists, Dentists, Genetic Counselors, Mental Health Professionals, Nurse Practitioners, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Optometrists, Physician Assistants, Podiatrists, Surgical Assistants and such other individual practitioners as shall be designated by the Medical Executive Committee with approval of the Board of Trustees. Members of this staff category are not eligible participants in the governance of the Medical Staff and are unable to vote. Refer to table on page 16.
16. **PHYSICIAN** means an individual with an M.D. or D.O. degree who is fully licensed and authorized to practice medicine in the State of Wyoming.
- 1 **POLICIES** mean those policies and procedures for the operation and management of the Hospital enacted by the Medical Staff, the Medical Executive Committee or the governing Board pursuant to these Bylaws.
- 1 **PRACTITIONER** refers to all categories of the Physician Medical Staff as well as Non-Physician Providers.
19. **PRECEPTS** are PA students, APRN students, medical students and/or interns training in medicine or a health-related field who are attending clinical rotations at the Hospital. Preceptees are not Members of the Medical Staff and are not granted clinical privileges.
20. **PROFESSIONAL REVIEW ACTIVITY** means any activity of the Hospital with respect to a Practitioner (i) to determine whether an Applicant or Appointee may have clinical privileges at the Hospital or membership on the Medical Staff, (ii) to determine the scope of conditions of such privileges or membership or (iii) to change or modify such privileges or membership.
21. **RULES AND REGULATIONS** mean those Rules and Regulations regarding Medical Staff Appointees, committees and other operational matters at the Hospital enacted by the Medical Staff, the Medical Executive Committee or the governing Board pursuant to these Bylaws.
22. **TELEMEDICINE** means the provision of clinical services to patients by Practitioners from a distance via electronic communication.
- 2 **VACANCY** means that period when an appointed or elected position is unoccupied the time of which is recognized by the Chief of Staff.

Article II.

PREAMBLE

- HEREAS □ Memorial Hospital of Sweetwater County is a county memorial hospital organized under the laws of the State of Wyoming and
- HEREAS □ its purpose is to serve as a Wyoming-licensed acute care hospital participating in Medicare and Medicaid and to provide high-quality patient care and education and
- HEREAS □ it is recognized that one of the goals of the Medical Staff is to achieve high-quality patient care in the Hospital that the Medical Staff accepts and discharges this responsibility subject to the ultimate authority of the Hospital Board of Trustees and that the cooperative efforts of the Medical Staff the Chief Executive Officer and the Board of Trustees are necessary to fulfill the Hospital's obligation to its patients and
- HEREAS □ only the Medical Staff shall amend these Medical Staff Bylaws Rules and Regulations through the process outlined in these Medical Staff Bylaws and these Medical Staff Bylaws will only become effective upon the adoption of the Board of Trustees.
- THEREFORE □ the M.B./B.O. Physicians practicing in this Hospital hereby organize themselves into a Medical Staff in conformity with these Bylaws.

Article III. **NAME**

The name of this organization shall be the “Medical Staff of the Memorial Hospital of Sweetwater County,” and it shall be referred to throughout these Medical Staff Bylaws as the “Medical Staff”.

Section 1. Purposes.

The purpose of the Medical Staff is:

- A. To ensure that all patients admitted to or treated in any of the facilities, departments or services of this Hospital shall receive the best possible care.
- B. To be the formal organizational structure through which:
 - 1. The benefits of Medical Staff membership may be obtained by individual Practitioners, and
 - 2. The obligations of Medical Staff membership may be fulfilled.
- C. To serve as the primary means for communication and recommendations to the Board of Trustees for evaluation of the professional performance and ethical conduct of its members granted clinical privileges (each a "Practitioner"), and to strive toward the continual improvement of the quality and efficiency of patient care delivered in this Hospital consistent with the state of the healing arts and resources locally available.
- D. To provide a means through which the Medical Staff may participate in the Hospital's policy-making and planning process.
- E. To provide a means whereby affiliation with higher educational programs in undergraduate and graduate affiliated health and continuing medical education programs may be of mutual advantage to the Medical Staff and patient care.

Section 2. Responsibilities.

The Medical Staff's responsibilities include:

- A. Supervising the quality and efficiency of patient care provided by all individuals granted clinical privileges and others providing patient care in the Hospital.
- B. Reviewing and evaluating the quality of patient care through a valid and reliable audit procedure as outlined in Quality and peer review processes.
- C. On-going monitoring of patient care practices through defined mechanisms and Medical Staff organizational components.
- D. Credentials evaluation including mechanisms for appointment and reappointment and the matching of clinical privileges to be exercised or of specific services to be performed with the verified credentials and currently demonstrated competence of the applicant.

- E. Coordination of continuing education programs fashioned at least in part on the needs demonstrated through the quality review, evaluation and monitoring programs.
- Utilization review to allocate inpatient medical health services based upon specific determinations of individual patient medical needs.
 - Recommending to the Board of Trustees action with respect to appointment, reappointments, Medical Staff category and department or service assignments, clinical privileges and specified services for Medical Staff members to the extent applicable to each.
- H. Recommending to the Board of Trustees programs for the establishment, maintenance, continuous improvement and enforcement of professional standards in the delivery of health care within the Hospital.
- I. Being accountable to the Board of Trustees for the quality and efficiency of patient care through regular reports and recommendations concerning the implementation, operation and results of the quality review, evaluation and monitoring activities.
 - Initiating and pursuing corrective action as outlined in Article III with respect to any Medical Staff members when warranted.
 - Developing, administering and recommending amendments to and seeing compliance with these Medical Staff Bylaws (the “Bylaws”), Rules and Regulations (the “Rules”) and policies.
- L. Assisting in identifying community health needs and in setting appropriate institutional goals and implementing programs to meet these goals.
- M. Exercising the authority granted by these bylaws as necessary to adequately fulfill the foregoing responsibilities.
- N. Providing leadership in the Hospital for activities related to patient safety.
- O. Providing oversight and assistance to the Hospital’s Board of Trustees in the process of analyzing and improving patient satisfaction in the Hospital.

Section □ Quality Improvement and Peer Review.

All members of the Medical Staff will participate in appropriate quality improvement activities including but not limited to the peer review process as appropriate to the care of patients they are attending at the Hospital.

Section 1. Structure of the Medical Staff.

- A. The Medical Staff is a self-governing entity accountable to the governing body that operates under a set of bylaws, Rules and Regulations and policies developed and adopted by the voting members of the organized Medical Staff and approved by the governing body. The organized medical staff is comprised of doctors of medicine and osteopathy and in accordance with the Medical Staff bylaws may include other Practitioners. Members are assigned to Departments depending on each member's medical specialty. The Medical Staff is led by its officers and its Medical Executive Committee.
- B. No individual shall be considered a member of the Medical Staff or entitled to exercise the duties, privileges and rights of a Medical Staff member unless and until such individual has been appointed to the Medical Staff by the Hospital's Board of Trustees, pursuant to the process described in these bylaws. No individual shall be appointed to the Medical Staff unless he or she meets the requirements of a category of the Medical Staff described in these bylaws. Likewise, no individual shall exercise any clinical privileges at the Hospital until he or she has been granted clinical privileges by the Hospital's Board of Trustees, except as may otherwise be described with respect to disaster or temporary privileges.

Article V.

CATEGORIES OF THE MEDICAL STAFF

The Physician Staff shall be divided into Active, Associate, Consulting, Courtesy and Locum Tenens Staff categories as further defined below and in the Rules, Regulations and Policies.

Section 1. The Active Physician Staff.

- A. The Active Physician Staff shall consist of Physicians who have been granted clinical privileges by the governing board and who regularly admit, admit via a hospitalist or care for patients at the Hospital as defined in the Rules, Regulations and/or the Policies so as to provide continuous care to their patients and who assume all the functions and responsibilities of membership on the Active Physician Staff including where appropriate providing emergency service care and consultation assignments.
- B. Members of the Active Physician staff shall be appointed to a specific department, shall be eligible to vote, to hold office, to serve on Medical Staff committees and it is recommended that they attend meetings of the Medical Staff, such as Physician's departmental meeting and any committee meetings on which Physician serves.

Section 2. The Associate Physician Staff.

- A. The Associate Physician Staff shall consist of Physicians who following their initial appointment are being considered for advancement to the Active Physician Staff. The duration of Associate Medical Staff status shall be for one (1) year from such Applicant's initial appointment to the Medical Staff. During this time the Associate Medical Staff member's performance will be monitored to determine the eligibility of such Associate Medical Staff member for appointment to the Active Physician Staff. Monitoring of the Associate Staff member shall be accomplished through Focused Professional Practice Evaluation (FPPE) as provided for in these Medical Staff Bylaws, Rules and Regulations and Policies.
- B. If the Associate Staff Member does not complete FPPE within the required time period he/she shall not be eligible to apply for renewal of clinical privileges and his/her grant of clinical privileges shall expire at the end of the initial grant period. This expiration of clinical privileges will not entitle the Associate Staff member to a fair hearing as their failure to complete FPPE will be interpreted as not meeting threshold criteria.
- C. Appointments to the Associate Medical Staff may not exceed one (1) full year (with an additional extension for up to 12 months for good reason as recommended by Credentials Committee and approved by the Medical Executive Committee at which time failure to remove such provisional status shall be deemed a termination of his/her Medical Staff appointment.) An Associate Medical Staff member whose membership is terminated after this one (1) year extension shall have all the same rights accorded to an Active Physician Staff Member who has failed to be reappointed as outlined in the Bylaws.
- D. Members of the Associate Staff shall be appointed to a specific department shall be eligible to vote and serve on all Medical Staff committees and it is recommended that they attend all meetings of the Medical Staff such Physician's department meetings, and any committee on which such Physician serves. The Associate Staff members shall be ineligible to hold office in this Medical Staff organization. They shall assume all other duties and responsibilities of a Medical Staff member.

Section 3. The Consulting Physician Staff.

- A. The Consulting Physician Staff shall consist of Physicians of recognized professional ability, experience and maturity who occasionally come to the Hospital on a pre-defined schedule. These Physicians act as consultants upon request of any credentialed Active or Associate Physician member of the Medical Staff.
- B. The Consulting Physician Staff must possess expertise or training materially valuable to the Hospital as is determined by the MEC and approved by the governing board not available from Active or Associate Staff members. Consulting Physician staff members may admit patients under special circumstances not to exceed 12 admits per year. Non-admitting Physicians (radiologists, pathologists, emergency physicians, etc.) working at the Hospital as a Consultant may not engage in more than 40 hours of work per year.

- C. Consulting Physician Staff members shall not be permitted to vote or hold office. Consulting Staff members may attend meetings of the Medical Staff and departments of which he/she is a member and any staff or Hospital educational programs.
- . Consultation shall not be limited to members of this Medical Staff category.
- E. Each member of the Consulting Physician Staff expressly authorizes the Hospital to monitor and evaluate such member's professional performance in such manners as authorized pursuant to the Rules and Regulations and the Policies regardless of whether such member comes to or sees patients at the Hospital's facilities.
- . Consulting physicians will provide documentation for the hospital's EMR. This documentation will be entered directly scanned in or dictated.

Section □ Courtesy Staff.

Members of the courtesy staff do not hold clinical privileges. However, they may perform consultations and provide advice to the member of the attending staff who has responsibility for the care of such patients. Members of the Courtesy staff may not admit patients, perform procedures, or write orders on inpatients, but they may document in the medical record. They shall not be eligible to vote or to hold office. They may attend staff and departmental meetings and any staff or Hospital education meetings.

Section □ Locum Tenens Staff.

This category is for Physicians who provide temporary service to the Hospital. Locum Tenens Privileges may be granted only for a specific period not to exceed twelve (12) months per appointment and shall automatically expire at the end of the specified period without recourse by the Practitioner under the Medical Staff bylaws. Locum Tenens Appointees shall not be eligible to vote or to hold office in the Medical Staff organization. They may, however, attend staff and departmental meetings and any staff or Hospital educational meetings.

Section 6. The Non-Physician Provider Staff.

Non-Physician Providers (NPP's) are Practitioners other than Physicians who desire to provide professional services in the Hospital. NPP's must be licensed or certified by their respective licensing or certifying agencies in the State of Wyoming and must be approved by the governing board.

Members of the Non-Physician Provider Staff may not vote or hold office but are welcome to attend Medical Staff meetings or Hospital education programs. NPP's may serve on Medical Staff committees.

- A. Dependent Practitioners. Certain Non-Physician Provider Staff members are considered dependent upon the supervision or mentorship of an Active Medical Staff Physician. These shall include certified registered nurse anesthetists, licensed nurse practitioners, certified nurse midwives, registered nurse first assists (RNFA's), and physician assistants. A dependent practitioner must ensure that he/she has a supervisory relationship acceptable to the Medical Executive Committee and the board in place at all times. If at any time the Non-Physician Provider no longer has an Active Physician

Medical Staff member supervisor or mentor, the Dependent NPP's grant of clinical privileges shall automatically terminate. The NPP may reapply for clinical privileges if otherwise eligible upon establishing a new supervisor/mentor relationship.

1. If the Dependent Non-Physician Provider is exercising his/her clinical privileges in the Hospital the supervising Active Physician or the Physician covering for the supervising Medical Staff member must:
 - a. be physically present on Hospital premises or readily physically available when the Non-Physician Provider is providing services to his or her patient
 - b. with respect to inpatient observation status patients or ambulatory surgical patients in the Hospital assess the patient daily and review and co-sign all orders entered by the supervised Non-Physician Provider within 2 hours
 - c. with respect to inpatient observation status patients or ambulatory surgical patients in the Hospital give the order to discharge the patient and write or dictate the discharge summary or review and co-sign the supervised Non-Physician Provider's discharge summary; and
 - d. Participate in quality assurance responsibilities.
2. A Nurse Practitioner exercising his/her clinical privileges in a Hospital-owned clinic shall do so under the "mentorship" of an Active Physician. "Mentorship" shall mean that the Nurse Practitioner exercises his/her clinical privileges in close collaboration with the Active Physician Medical Staff member but the Active Physician Medical Staff member need not be on-site while the Nurse Practitioner is providing services. Nurse Practitioners being mentored by Active Physician Medical Staff members shall regularly and frequently check in with the Active Medical Staff member regarding his/her treatment of patients and outcomes.

- g. Independent Practitioners. The Department Chair or his /her designee shall supervise non-Physician Providers who are not considered dependent practitioners. Dentists, podiatrists and optometrists may provide care to patients admitted by a Physician member of the Active Staff who shall be responsible for the medical aspects of the patient's care throughout the hospital stay and shall complete the relevant components of the History and Physical.

1. All patients of dentists, optometrists and podiatrists shall receive the same basic medical appraisal as patients admitted for other surgical services. A Physician member of the Active Medical Staff shall be responsible for admission, evaluation, history and physical and for the care of any medical problem that may be present at the time of admission or that may be discovered during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.
 - a. Dentists, optometrists and podiatrists are responsible for that part of the patient's history and physical which relates to their specialty. They may admit patients to outpatient surgery only. Admission to inpatient service or observation must be done in collaboration with a Physician member of the Active staff who shall be responsible for the medical aspects of the patient's care throughout the Hospital stay.

- Podiatrists will be allowed to perform surgery including and not to extend beyond the midfoot.

C. Courtesy Non-Physician Providers. Courtesy NPP's shall consist of a special category of providers who because of training and experience are recognized as authorities within their specialties. These providers may provide an unlimited number of consultation reports/recommendations during a calendar year. These NPP's shall not manage direct patient care shall not admit patients to the Hospital and shall not transfer patients from the Hospital. This category of NPP Courtesy Staff may include but is not limited to Chiropractors Psychologists Mental Health Professionals and Genetic Counselors.

Category	Supervising Physician Required	Admitting Privileges	Can Discharge
Certified Nurse Midwife	Yes	Can Admit	No - Supervising Physician must sign discharge summary
Chiropractor	No	No – Courtesy Staff	No
CRNA	Yes	No	No - Supervising Physician must sign discharge summary
Dentist	No	Can admit to Outpatient Surgery, only, with H&P completed by a Physician with Active Staff Privileges	Yes, may discharge from Outpatient Surgery, only
Genetic Counselor	No	No – Courtesy Staff	No
Mental Health Professional	No	No – Courtesy Staff	No
Nurse Practitioner	Yes	Can Admit	No - Supervising Physician must sign discharge summary
Optometrist	No	Can admit to Outpatient Surgery, only, with H&P completed by a Physician with Active Staff Privileges	Yes, may discharge from Outpatient Surgery, only
Physician Assistant	Yes	Can Admit	No - Supervising Physician must sign discharge summary
Podiatrist	No	Can admit to Outpatient Surgery, only, with H&P completed by a Physician with Active Staff Privileges	Yes, may discharge from Outpatient Surgery, only
Psychologist	No	No – Courtesy Staff	No
RN First Assist	Yes	No	No - Supervising Physician must sign discharge summary

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff is a privilege that shall be extended only to professionally competent and ethical Practitioners who continuously meet and abide by the qualifications, threshold criteria, standards, requirements, and responsibilities set forth in the bylaws, Rules, and associated policies of the Medical Staff and the Hospital.

Section 2. Physician Qualifications of Membership and Clinical Privileges.

- A. No Practitioner shall be entitled to Medical Staff membership and to the exercise of particular clinical privileges in the Hospital merely by virtue of the fact that he or she is duly licensed to practice medicine or any other profession in this or in any other state or because he or she is certified by a clinical board or because he or she in the past has had Medical Staff membership and clinical privileges in the Hospital or any other healthcare facility.
- B. Successful Applicants for Medical Staff membership and/or clinical privileges will be required to document their background, experience, training, demonstrated current competence, adherence to the ethics of their profession, their good reputation, character, medical, professional and personal judgment, and ability to work well with others, with sufficient adequacy to assure the Medical Staff and the Board of Trustees that any patient treated by them in the Hospital will receive care of a professional level and that the applicant's behavior and conduct will promote and support the Hospital's efforts to create and advance a culture of safety, and not interfere with the Hospital's efficient operation. (The application process is detailed in Articles III - VII) Specifically, only Physicians possessing the following minimum qualifications shall be eligible for Medical Staff appointment, reappointment and/or clinical privileges and shall provide the following documentation:
 1. Successful graduation from an Accreditation Council for Graduate Medical Education (ACGME)-accredited school of medicine or osteopathy or equivalent
 2. Current unrestricted licensing license to practice medicine
 3. A record that is free from current Medicare/Medicaid sanctions and is not on the Office of Inspector General (OIG) List of Excluded Individuals/Entities
 4. A record that is free of felony convictions or pleas of "guilty" or "no contest" or its equivalent, and a record that is free of misdemeanors involving the practice of medicine, and a record that is free of a conviction of moral turpitude in any jurisdiction within the last five (5) years, and a record that is free of felonies involving violence or sexual abuse for his or her lifetime
 5. Successful completion of an allopathic or osteopathic residency program approved by the ACGME or the American Osteopathic Association (AOA).
 6. Effective English written and verbal communication skills

- E. If a physician does not meet threshold criteria for their specialty their medical staff membership and/or clinical privileges will be revoked. As this revocation is based solely on the failure of the physician to meet threshold criteria this will not be reported to the NP and the physician will not be entitled to a fair hearing.
- Physician's eligibility for board certification (board eligible period) expires on a date determined by their individual certifying board. On appointment applications physicians will be required to indicate the date that their board certification or board eligibility (if not certified) expires. The Medical Staff Office will track these expiration dates.
- When a Physician's board eligibility lapses and certification has not been achieved the physician must immediately notify the Medical Staff Office. If their certifying board allows them to re-establish board eligibility the candidate must complete all requirements set by their board and must provide documentation of such proving that they once again are board eligible or board certified.

Article VII.

NON-PHYSICIAN PROVIDER QUALIFICATIONS

Section 1. Qualifications.

- A. A Non-Physician Provider must fulfill the following basic requirements in addition to criteria established by the Medical Executive Committee for approval of health care professionals within a specialized area to be eligible for consideration for clinical privileges or for the authority to operate within a designated scope of practice:
 - 1. Provide adequate documentation of the following:
 - a. Current active licensure or certification to practice his or her profession in the State of Wyoming
 - The individual's background, experience, education and training
 - c. Current competence to practice his/her profession and any clinical privileges applied for
 - d. Good ethical and professional judgment and
 - e. Demonstrated physical ability to perform all requested clinical privileges and other relevant information that the individual's physical and mental health status is sound including providing a statement of current physical and mental health as determined following examination by a physician acceptable to the Medical Executive Committee
 - 2. Demonstrate a satisfactory professional liability history including providing information in final judgments or settlements involving the individual
 - Proof of current adequate professional liability coverage as determined by the governing board.
 - Effective English written and verbal communication skills

- Information concerning previously successful or currently pending challenges to any licensure or registration (state or district □ EA) or the voluntary relinquishment of licensure or authority to practice □
- 6. Information concerning voluntary or involuntary termination of medical staff or similar membership □ and concerning voluntary or involuntary limitation □ reduction □ or loss of clinical privileges □ at all other medical facilities at which the individual has practiced □ and
- A record that is free of felony convictions or pleas of “guilty” or “no contest” or its equivalent □ and a record that is free of misdemeanors involving the practice of medicine □ and a record that is free of a conviction of moral turpitude in any jurisdiction within the last five (5) years □ and a record that is free of felonies involving violence or sexual abuse for his or her lifetime □
- . Nothing in these □ laws is intended to establish a less-strict supervisory requirement for a Non-Physician Provider’s practice than required □ by applicable law. A Non-Physician Provider who is required □ by law □ or otherwise in the Medical Staff □ laws □ Rules or Policies □ to have a supervisory relationship with a Physician may not exercise any clinical privileges in the Hospital or otherwise without a current Active Medical Staff Supervisory Physician.

Section 2. Non-Physician Provider Responsibilities.

- A. The ongoing responsibilities of each Non-Physician Provider include:
 - 1. Providing patients with the quality of care that meets the professional standards of the Hospital Medical Staff and of the Hospital □
 - 2. Abiding □ by these □ laws □ Rules □ and Policies □ and all Hospital policies and procedures that relate in any way to professional practice in the Hospital □
 - Adhering to the standards of professional ethics applicable to the Non-Physician Provider’s profession □
 - □ or □ ing cooperatively with others so as not to affect patient care adversely or to interfere with the orderly operation of the Hospital □
 - □ eeping confidential □ as required □ by law □ these □ laws □ Rules □ Policies and Hospital policy □ all protected health information (PHI) □
 - 6. If given access to the Hospital’s electronic medical record system, abiding by Hospital policies related to maintaining the privacy and security of protected health information □
 - Preparing and completing in a timely and accurate manner □ and as defined □ by policy □ medical records for all the patients to whom the Non-Physician Provider provides care in the Hospital □
 - □ or □ ing cooperatively with members of the Medical Staff □ nurses □ Hospital administration and others to facilitate effective patient care □
 - 9. Making appropriate arrangements for coverage for Hospital patients □ including ensuring that coverage is provided only □ by another person □ ualified to care for the patient □

10. Immediately notifying the Chief Executive Officer or Chief of Staff of notice of an investigation that could lead to proposed or actual involuntary exclusion for any health care program funded in whole or part by the federal government including Medicare or Medicaid or of actual exclusion from such programs and
 11. Abiding by all applicable state and federal laws and regulations.
- . Failure to continuously meet the qualifications threshold criteria and/or basic responsibilities established for Non-Physician Providers shall result in the applicant not being considered eligible for Non-Physician Provider status clinical privileges or to operate within a designated scope of practice or in relinquishment denial revocation or limitation of Non-Physician Provider status clinical privileges or scope of practice.
- C. Procedure for Granting Non-Physician Provider Privileges within a Designated Scope of Practice:
1. In each category Non-Physician Providers may be granted clinical privileges in a designated scope of practice by the Board of Trustees after submission of an application and recommendation by the Credentials Committee the relevant Medical Staff Department Chairs and the Medical Executive Committee. The Medical Executive Committee shall designate specific privileges or appropriate scope of practice.
 2. Each Non-Physician Provider must apply and qualify for clinical privileges by submitting an application on the approved form providing all necessary information and agreeing to be bound by the applicable bylaws Rules and Regulations and Policies.
 - A Non-Physician Provider's scope of practice cannot exceed their supervising Physician's scope of practice.
- . All Non-Physician Providers will participate in quality improvement activities including but not limited to the peer review process as appropriate to the care of patients they are attending at the Hospital.

Section □ Establishing new categories of Non-Physician Providers.

Any individual wishing a health care profession to be recognized within the bounds of the Non-Physician Provider category as defined shall request said recognition in writing providing evidence that:

- A. Establishes a need for the service in the Hospital and
- . Substantiates that the service is consistent with the professions to be recognized in the Non-Physician Providers category.
- C. Such requests shall be submitted and considered as follows:

1. First to the appropriate Clinical Department - the Clinical Department will forward its recommendation to the Credentials Committee.
2. Credentials Committee shall review the recommendations and proceed with further investigation and submit a recommendation to the Medical Executive Committee.
 - The Medical Executive Committee shall review the recommendations and proceed with further investigation if necessary and formulate a recommendation.
 - The recommendation of the Medical Executive Committee and all pertinent information shall be forwarded to the Board through the Chief Executive Officer of the Hospital for final consideration.
 - The review and deliberation process in considering a new profession may be lengthy and cannot be put under defined time restraints. However, a good faith effort to process a request for recognition in as timely a manner as possible shall be made. This statement is made to recognize that each body presented with the question should thoroughly review and investigate so it may make an informed recommendation.
6. The Medical Executive Committee may not accept individual applications for privileges from Practitioners whose professions have not officially been approved by the Board of Trustees.

Article VIII.

CONDITIONS OF MEMBERSHIP

Section 1. Principles of Medical Ethics.

Acceptance of Medical Staff membership and clinical privileges shall constitute the Practitioner's certification that he or she has reviewed the Medical Staff's Code of Conduct, attached to these bylaws as Article and his or her agreement that he or she will in the future strictly abide by the Code of Conduct at all times.

Section 2. Nondiscrimination.

- A. No applicant shall be denied Medical Staff membership and clinical privileges on any basis protected by federal, state, or local law including but not limited to sex, race, color, creed, religion, marital status or national origin or on the basis of sexual preference or orientation or gender identity.
- . The Medical Staff application and clinical privileging process shall to the extent legally applicable comply with the Americans with Disabilities Act (ADA) and to the extent applicable the Federal Rehabilitation Act and any other applicable federal or state law.
 1. No applicant for Medical Staff membership and clinical privileges who has disclosed a disability shall be discriminated against on the basis of such disability and

2. If an applicant provides information indicating that he or she needs accommodation to exercise Medical Staff rights or to fulfill duties or obligations or to exercise clinical privileges the Medical Staff shall make a careful individualized determination in each case to determine if the applicant's disability poses a significant risk to the health or safety of himself or herself or others that cannot be eliminated by providing a reasonable accommodation.

Section 4 Condition and Duration of Appointment/Reappointment.

- A. Every application for Medical Staff membership and clinical privileges shall be signed by the applicant. Each applicant shall specifically acknowledge his or her obligation as required in these bylaws Medical Staff Rules and Regulations and Hospital policies (as amended from time to time):
 1. To abide by the Medical Staff bylaws Rules and Regulations and Hospital policies at all times to accept Medical Staff committee assignments and to participate in staffing the teaching and service areas and
 2. To accept call coverage (depending on specialty) and consultation assignments and to provide continuous care and supervision of his or her patients.
- B. Appointments (initial or reappointment) to the Medical Staff and grants renewals extensions and modifications of clinical privileges shall be approved by the Board of Trustees for a period not to exceed two (2) years and may be for less at the discretion of the Board of Trustees upon recommendation by the Medical Executive Committee. Medical Staff members may only exercise those clinical privileges specifically granted by the Board of Trustees after consideration and recommendation by the Medical Executive Committee in accordance with these bylaws.

Section 5 Modification of Membership Status or Privileges.

- A. A Medical Staff member may request a modification of Medical Staff category department assignment or modification or additional clinical privileges in connection with either reappointment or renewal of clinical privileges or at any other time by submitting a written request to the Medical Staff Office. Such a request must be on the prescribed form must contain all pertinent information supportive of the request and will be processed as reappointment or renewal of clinical privileges.
- B. All requests for modified or additional clinical privileges must be accompanied by information demonstrating education training and current clinical competence in the specific privileges requested.

Section 5. Voluntary Resignation or Limitation of Medical Staff/Non-Physician Provider Clinical Privileges.

- A. A Medical Staff member who wishes to resign, restrict or limit his or her Medical Staff appointment or clinical privileges must provide written notice to the appropriate Department Chair or Chief of Staff at least thirty (30) days prior to resignation. The resignation shall specify a proposed effective date. A copy of this notice shall be included in the individual's credentials file.
- B. A Medical Staff member who resigns his or her Medical Staff appointment and clinical privileges shall fully and accurately complete all portions of all medical records for which he or she is responsible prior to the effective date of resignation. Failure to do so shall result in automatic suspension of Medical Staff membership and clinical privileges as applicable as of the proposed effective date of the resignation until the records are complete or for 180 days, whichever comes first. If the records are not completed within 180 days, the resignation shall become effective and an entry in the individual's credentials file shall be made acknowledging the resignation and stating that the individual resigned with "X" number of medical records incomplete. The individual's resignation may be considered a resignation of Medical Staff membership and clinical privileges while suspended, which may be reported to the National Practitioner Data Bank and/or Wyoming Board of Medicine.

Section 6. Leave of Absence.

A Medical Staff member may apply for a voluntary leave of absence by submitting a written request to the Chief of Staff for transmittal to the appropriate Department Chair and the Chief Executive Officer. The request must state the approximate time period of the leave, which may not exceed one (1) year, except for military service. During the period of the leave, the individual's duties, obligations, rights and privileges and clinical privileges, prerogatives and responsibilities related to such clinical privileges are suspended. The Medical Staff will not enforce any obligation that the individual maintains medical malpractice coverage during the leave of absence, but enforcement will resume immediately upon termination of the individual's leave, and the individual must ensure that he or she complies with any such obligation prior to termination of the leave. An individual on leave may request one (1) extension of his/her leave of absence of up to one (1) year. The request must be in writing and received by the Chief of Staff at least forty-five (45) days before the current leave of absence expires and state good cause for the extension. The same process as the original leave may grant the extension.

Section 7. Termination of Leave.

- A. The Medical Staff member on leave must at least sixty (60) days prior to termination of a leave or at an earlier time request reinstatement by sending written notice to the Medical Staff Office for the Medical Executive Committee's consideration. The individual must submit a written summary of relevant activities during the leave if the Medical Executive Committee or Board of Trustees, in the discretion of either of them, so requests. Granting or denying a request for reinstatement is within the sole

discretion of the Board of Trustees, and shall not be considered an “adverse action,” or give rise to the right to a hearing under these Medical Staff Bylaws. The Medical Executive Committee shall make a recommendation to the Board of Trustees concerning reinstatement which may include where appropriate:

1. Evaluation by a healthcare professional approved by MEC (which may include a professional assistance program). The individual shall authorize the disclosure of the results of the evaluation by that professional to the Medical Executive Committee in conjunction with the request for termination of the leave
 2. Focused professional practice evaluation (FPPE) and/or
Other measures that the Medical Executive Committee believes in its sole discretion are reasonably necessary to ensure the member is capable of fulfilling his/her duties and obligations of Medical Staff membership and exercising any clinical privileges granted if leave is terminated.
- D. Failure to request reinstatement in accordance with this Section shall be deemed a waiver of all rights in relation thereto. Granting or denying a request for reinstatement is within the sole discretion of the Board of Trustees and shall not be considered an “adverse action”, or give rise to the right to a hearing, under these Bylaws.
- C. In deciding whether to grant or deny a request for reinstatement the Board of Trustees and/or the Medical Executive Committee shall consider all requirements of applicable law which may include the Federal Americans with Disabilities Act (the “ADA”) and any similar state or local law or regulation. However nothing in section D is intended to make the ADA or any other law applicable to Medical Staff members where it otherwise would not be.

Section E Exclusive Contracting.

- A. The Hospital may enter into or renew one or more exclusive contracts for medical services as an administrative tool to improve the Hospital’s functioning. The Hospital shall request and the Medical Executive Committee shall provide within a reasonable period of time following such request a recommendation on the advisability of each exclusive contract before the Hospital enters into the contract. The basis for the Medical Executive Committee’s recommendation shall be reasonable, and not arbitrary, capricious or discriminatory or imposed to preserve or aid any practitioner’s competitive position. Examples of such cases may include but not be limited to facilitation of department administration continuity and/or reliability of coverage enhancement of relationships between departments simplification of scheduling and enhancement of efficiency. The Medical Executive Committee’s recommendation shall be advisory but not binding on the Hospital.
- D. Practitioners may apply for and may be granted clinical privileges for which an exclusive contract has been approved but Physicians or Non-Physician Providers holding clinical privileges for which an exclusive contract has been granted shall not

exercise such privileges for the exclusive contract's duration, unless permitted to do so by the exclusive contract holder and the Board of Trustees.

Section 9. No Hearing or Appeal.

The Hospital's entry into an exclusive contract, depriving any individual of the ability to use clinical privileges granted, shall not be considered "corrective action" under these Bylaws, nor a "professional review action" under the Federal Health Care Quality Improvement Act. No individual prohibited from using clinical privileges because an exclusive contract has been granted covering such clinical privileges shall be entitled to hearing and appeal rights under these Bylaws.

Article IX. **PRECEPTES**

Section 1. Preceptees.

- A. Preceptees are interns, medical students, Physician Assistant (PA) students, or Advance Practice Registered Nurse (APRN) students training in medicine or another health-related field, attending clinical rotations at the Hospital, and working and studying under the supervision of a preceptor who is a Medical Staff member as part of and in conjunction with an ongoing training program approved by the appropriate Department Chair and that may be described in a written agreement between the Hospital and the Preceptee's training program. Preceptees are not members of the Medical Staff or Non-Physician Provider staff, and will not be granted clinical privileges, but may provide such patient care services as are approved by the Medical Staff in each instance. Preceptees are not entitled to any of the hearing and appeal rights set out in these Bylaws under any circumstances.
- B. The role of a Preceptee in the Hospital shall be described in a written agreement between the Hospital and the Preceptee's training program, which may set out additional obligations, duties, requirements, and responsibilities of the Preceptee not inconsistent with this Section.
- C. When appropriate, the Preceptee will function under the direct and/or close supervision of an Active or Consulting Physician member of the Medical Staff or a group of Active or Consulting members of the Medical Staff.

Article X. **RESIDENTS**

A licensed resident may perform only such services as are appropriate for his or her level of training as defined by his or her academic program and approved by the Medical Staff in each instance.

See the Medical Staff Policy: Residents in Training for further details.

Section 1. General.

Membership on the Medical Staff of the Hospital is a privilege extended only to Practitioners who continuously meet the qualifications, standards, and requirements set forth in these Bylaws, the Rules and Regulations, and the Policies. All appointments, reappointments, and privileges are recommended by the Medical Staff and are granted by the Governing Board. Appointments to the Medical Staff are made without regard to gender, gender identity, sexual orientation, race, creed, age, national origin, religion, or disability, provided that the individual is competent to render care consistent with the professional level of quality and competence established by these Bylaws and the Rules and Regulations and the policies of the Hospital.

Section 2. Appointments.

- A. Medical Staff: All healthcare professionals authorized to practice in Hospitals by the applicable law in Wyoming, who are licensed to practice in the state of Wyoming and who desire to provide professional services in the Hospital, are eligible to apply for appointment to the Medical Staff of the Hospital.
- B. Non-Physician Providers: All Non-Physician Providers as defined by these Bylaws are eligible to apply for appointment to the Non-Physician Provider Staff of the Hospital.
- C. Terms of Appointment: Unless otherwise specified, all initial appointments to the Medical Staff and Non-Physician Provider Staff will be for a one (1) year period. Subsequent reappointments shall be for no longer than two (2) years including Locum Tenens subsequent reappointments, which shall be for a one (1) year period.

Section 3. Application for Appointment.

Each application for appointment to the Physician Medical Staff shall be signed by the Applicant, and shall be submitted on a form prescribed by the Governing Board after consultation with the Medical Executive Committee.

- A. The application shall require detailed information concerning the Applicant's professional qualifications including:
 - 1. All schools attended and date of degree
 - 2. All postdoctoral training programs with dates of successful completion
 - 3. All special training programs with dates of successful completion
 - 4. All state licenses, licensure dates, and history of adverse actions, if any
 - 5. All staff membership and privileges at other institutions, dates of privileging, and history of adverse or corrective actions, if any
 - 6. A statement specifying any circumstances and judgments and/or settlements of any previous or pending malpractice actions involving the Practitioner
 - 7. The names of three medical or healthcare professionals who have personal knowledge of the Applicant's current clinical abilities, ethical character, and ability to work cooperatively with others and who will provide specific written

comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation of professional practice over a reasonable period of time and preferably have a current affiliation with an acute care institution. The references may not be relatives or have any recently initiated or impending professional partnership/financial associations with Applicant

- ☐ A statement that the Practitioner has received or been given access to and read the bylaws, Rules and Regulations of the Medical Staff and that he/she agrees to be bound by the terms thereof if he/she is granted membership and clinical privileges and to be bound by the terms thereof without regard to whether or not he/she is granted membership and privileges in all matters relating to consideration of his/her application
- 9. Information as to whether any of the following has ever been or are in the process of being denied, revoked, suspended, reduced, not renewed or voluntarily relinquished:
 - a. Staff membership status or privileges at any other Hospital or healthcare institution
 - ☐ Membership/fellowship in local, state or national professional organizations
 - c. Specialty board certification
 - d. License to practice any profession in any jurisdiction
 - e. Drug enforcement agency or other controlled substances registration
- 10. A statement of experience during the most recent ten (10) years including a consent to the release of information by his/her present and past malpractice coverage carrier(s)
- 11. A statement whereby the Practitioner agrees that when an adverse ruling is made with respect to his/her staff membership, staff status and privileges, he/she will resort to the administrative remedies afforded by the Medical Staff bylaws, Rules, Regulations before resorting to formal legal action
- 12. Evidence of current adequate professional liability coverage as determined by the governing board
- 13. A statement regarding physical/mental health status including alcohol abuse and/or drug dependency as permitted by applicable law
- 14. Satisfactory completion of such continuing education requirements as may be imposed by law, this Hospital or applicable accreditation agencies and as required by the Wyoming Board of Medicine to maintain licensure. Beginning their fourth year after completion of residency or fellowship, Physicians who are not board certified must complete and provide documentation of CME. Physicians who have a lifetime certification and do not participate in Maintenance of Certification must also provide CME documentation. Documentation must be provided for 20 hours of CME per year or at least sixty (60) hours of CME within the previous three (3) years
- 15. A statement as to whether the Applicant has ever withdrawn his/her application for appointment, reappointment or clinical privileges or resigned from a Medical Staff before the final decision of the governing board of such entity
- 16. Information as to whether the Applicant has ever been named as a defendant and/or convicted in a criminal action and details about any such instances
- 17. Information on the citizenship or visa status of the Applicant and

1. Information regarding whether the Applicant has ever been sanctioned by or excluded or suspended from participation in Medicare/Medicaid or any other government reimbursement programs.

Section 4 Responsibility of the Applicant.

The Practitioner shall have the burden of producing adequate information for a proper evaluation of his/her competence/character/ethics/health status and other qualifications and for resolving any doubts about such qualifications.

- A. By applying for appointment to the Medical Staff each Practitioner thereby signifies:
 1. His/her willingness to appear for interviews in regard to his/her application
 2. His/her authorization for the Hospital to consult with members of Medical Staffs of other Hospitals with which the Practitioner has been associated and with others who may have information bearing on his/her competence/character/health status and ethical qualifications including otherwise privileged or confidential information provided by third parties bearing on his or her credentials and agreement that any information so provided shall not be required to be disclosed to him or her
 3. His/her consent to the Hospital's inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests as well as his/her moral and ethical qualifications for Medical Staff membership
 4. His/her acknowledgment that the Credentials Committee may request any additional information it determines is needed to evaluate the applicant's qualifications. Failure to submit such information shall be treated as an incomplete application. Failure to submit a completed application shall constitute cause for denial of appointment. Denial of appointment because of failure to submit a complete application does not give the applicant the right to a fair hearing
 5. His/her release from any liability of all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the Practitioner and his/her credentials
 6. His/her release from any liability all individuals and organizations who provide information to the Hospital concerning the Practitioner's competence/ethics/character/health status and other qualifications for Medical Staff appointment and clinical privileges including otherwise privileged or confidential information
 7. His/her authorization to third parties to release information including otherwise privileged or confidential information as well as reports/records/statements/recommendations and other documents in their possession bearing on his/her credentials to the Hospital and consents to the inspection and procurement by the Hospital of such information/records and other documents
 8. His/her authorization to release information about such individual to other healthcare entities and their agents who solicit such information for the purpose of evaluating the individual's professional qualifications pursuant to the individual's request for appointment/reappointment or clinical privileges
 9. His/her authorization to maintain information concerning the Applicant's age, training/board certification/licensure and other confidential information in a centralized Physician database for the purpose of making aggregate Physician information available for use by the Hospital

10. His/her authorization to release confidential information including peer review and/or quality assurance information obtained from or about the Applicant or Medical Staff Appointee to peer review committees of the Hospital for purposes of reducing morbidity and mortality and for the improvement of patient care
11. His/her consent to the reporting by the Hospital of information to the National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1996 which the Hospital believes in good faith is required by law to be reported
12. His/her acknowledgment that any material misstatements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the staff regardless of when the misstatement or omission is discovered. By signing the application the applicant signifies he or she is responsible for the content of the application even if it was filled out by someone else and
13. His/her agreement that the foregoing provisions are in addition to any agreements, understandings, covenants, waivers, authorizations or releases provided by law or contained in any application or request forms.

Section 5. Discrimination.

No considerations of gender, gender identity, sexual orientation, race, creed, religion and/or national origin may be used in the granting or denying of Medical Staff membership or clinical privileges.

Section 6. Responsibilities of the Medical Staff Services Office.

- A. The completed application shall be submitted to the Hospital's Medical Staff Office. The Medical Staff Office shall be responsible to review the application for veracity. The credentialing process requires that the Hospital verifies in writing and from the primary source whenever feasible the items listed below. Initiation of the verification process of at least the following items will begin within a reasonable time after receipt of a completed application:
 1. Degrees conferred when and the institution
 2. Completion of training programs specialty date of completion
 3. The granting of state licenses dates and history of adverse action
 4. the granting of staff membership and privileges at other institutions and adverse actions
 5. Specialty board certifications
 6. Querying the National Practitioner Data Bank
 7. At least three references from Physicians who can provide adequate references pertaining to the Practitioner's professional competence and ethical character and
 8. Satisfactory completion of such continuing education requirements as may be imposed by law this Hospital or applicable accreditation agencies and as required by the Wyoming Board of Medicine to maintain licensure. Beginning their fourth year after completion of residency or fellowship Physicians who are not board certified must complete and provide documentation of CME. Physicians who have a lifetime certification and do not participate in

Maintenance of Certification must also provide CME documentation. Documentation must be provided for 20 hours of CME per year or at least sixty (60) hours of CME within the previous three (3) years.

9. Upon completion of the verifications, the Medical Staff Office will forward the application to the appropriate Departmental Chair.

Section 8. Responsibilities of Department Chair.

All completed applications are presented to the Department Chair for review and recommendation. The Department Chair reviews the application to ensure that it fulfills the standards for medical staff membership and/or hospital privileges. After review of the application, the Department chair forwards to the Credentials Committee one of the following:

- A. A recommendation to approve the applicant's request for membership and/or privileges
- B. A recommendation to approve membership but modify the requested privileges or
- C. A recommendation to deny the applicant's request for membership and privileges.

Section 9. Responsibilities of Credentials Committee.

The Credentials Committee reviews the application to ensure that it fulfills the established standards for medical staff membership and/or hospital privileges. Credentials Committee also reviews the recommendations of the Department Chair. After review of the application, Credentials Committee forwards to MEC one of the following:

- A. A recommendation to approve the applicant's request for membership and/or privileges
- B. A recommendation to approve membership but modify the requested privileges or
- C. A recommendation to deny the applicant's request for membership and privileges.

Section 9. Responsibilities of Medical Executive Committee (MEC).

- A. After considering the recommendation of the Credentials Committee, the MEC shall recommend action upon each application and/or request for privileges. If a recommendation is favorable to the applicant, the recommendation for membership and/or privileges shall be forwarded to the Board for final action.
- B. If an adverse recommendation is made, either with respect to appointment or the scope of privileges, the reason for such recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the MEC, all of which shall be forwarded to the CEO or a designee.

The CEO or a designee shall promptly provide the applicant Notice of the proposed adverse recommendation and of the applicant's right to a hearing, if any, in accordance with the applicable Fair Hearing procedure(s) as contained in these Bylaws.

- C. If the applicant waives the right to a hearing or does not have such right pursuant to Article XVII, the CEO shall forward the MEC's recommendation with supporting documentation to the Board for final action. If the applicant exercises the right to a hearing, the MEC may reconsider its adverse recommendation after receiving the Hearing Panel report and recommendation. The MEC shall forward its final recommendation to the Board for final action.

Section 10. Responsibilities of the Governing Board.

- A. The Board has final responsibility for approval or disapproval of all applications for membership, continued membership, and/or clinical privileges. Notice of the Board's decision shall be sent to the applicant. In the event the Board considers modification of an action of the MEC that did not entitle the applicant to a hearing, and such Board modification would entitle the applicant to a hearing, the applicant shall be notified by the CEO, and no final action thereon shall be taken by the Board until the individual has exercised or waived the right to a hearing and appeal all as provided herein under Article III.
- B. The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law.

Article XII.

PHYSICIAN REAPPOINTMENT

Each application for reappointment to the Medical Staff shall be signed by the Applicant and shall be submitted on a form prescribed by the Governing Board after consultation with the Medical Executive Committee.

Section 1. Responsibilities of the Medical Staff Office.

The reappointment process shall begin at least ninety (90) days prior to the termination of current appointment and privileges. Requests for additional privileges or for change in a staff category shall be made to the Medical Staff Office at this time with accompanying documentation of further training and/or clinical experience. The Medical Staff Office shall gather all pertinent information relating to the staff member's professional competence and clinical judgment in the treatment of patients (as determined by ongoing peer review and quality assurance activities, Ongoing Professional Practice Evaluations (OPPE) and peer references), his/her mental and physical condition, ethics, conduct, compliance with Hospital and Medical Staff Bylaws, Rules and Regulations, cooperation with Hospital personnel, and shall check all new information for veracity.

The Applicant shall report the circumstances and outcome of any malpractice judgment(s) delivered against him/her during the previous appointment period as well as the circumstances of any pending malpractice action against him/her. The Medical Staff Office shall deliver that information to the appropriate Departmental Chair or his/her designated representative for review within ten (10) working days.

Section 2. Reappointment Process.

Thereafter the procedure provided for in Article II Section A of these Bylaws relating to the initial appointment should be followed.

- A. Except as otherwise determined by the Medical Executive Committee or Board of Trustees a Medical Staff member applying for appointment or reappointment and clinical privileges who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment and clinical privileges while under investigation or to avoid an investigation is not eligible to reapply to the Medical Staff for a period of five (5) years from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal. Any such re-application is processed in accordance with the procedures then in effect. As part of the reapplication the practitioner must submit such additional information as the Medical Staff and/or Board of Trustees requires demonstrating that the basis of the earlier adverse action no longer exists. If such information is not provided the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.
- B. The Chief Executive Officer or his or her designee shall, on the Medical Staff's behalf, ensure that the Hospital satisfies its obligations under the Health Care Quality Improvement Act of 1986 (HCQIA) and its successor statutes and Wyoming law with respect to reporting any adverse actions imposed by the Board of Trustees against any Practitioner as the result of any professional review activity.

Article XIII.

NON-PHYSICIAN PROVIDER APPOINTMENT

Section 1. Non-Physician Provider Appointment.

Each application for appointment to the Non-Physician Provider staff shall be signed by the Applicant. Dependent NPP's (as defined in Article V, section 6) shall include a statement by a Mentoring or Supervising Physician who is currently an Active member of the MHSC Medical Staff. Mentoring Physicians are required for those Dependent NPPs that work solely in the hospital clinic. Supervising Physicians are required for Dependent NPPs that work in the hospital and clinic. Statement of Supervising Physician or Mentoring Physician shall be submitted on a form prescribed by the Governing Board after consultation with the Medical Executive Committee.

- A. The application shall require detailed information concerning the Applicant's professional qualifications including:
1. All schools and date of degree/registration/ certification
 2. All special training programs with dates of successful completion
 - ☐ All state licenses their licensure dates and history of adverse actions if any
 - ☐ All staff membership and privileges at other institutions dates of privileging and history of adverse or corrective actions if any
 - ☐ A statement specifying any circumstances and judgments and/or settlements of any previous malpractice actions as well as the circumstances of any pending malpractice actions involving the Non-Physician Provider
 6. The names of at least three persons who have had extensive recent experience in observing and working with the Non-Physician Provider and who can provide adequate references pertaining to the Non-Physician Provider's professional competence and ethical character health status and ability to work cooperatively with others and who will provide specific written comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation of professional practice over a reasonable period of time and preferably have a current affiliation with an acute care institution and at least one must be from a Physician and one from a colleague in the Applicant's specialty. The references may not be relatives or have any recently initiated or impending professional partnership/financial associations with Applicant
 - ☐ A statement that the Non-Physician Provider has received or been given access to and read the bylaws Rules and Regulations of the Medical Staff and that he/she agrees to be bound by the terms thereof if he/she is granted membership and clinical privileges and to be bound by the terms thereof without regard to whether or not he/ she is granted membership and privileges in all matters relating to consideration of his/ her application
 - ☐ Information as to whether any of the following has ever been or are in the process of being denied revoked suspended reduced not renewed or voluntarily relinquished:
 - a. Staff membership status or privileges at any other Hospital or healthcare institution
 - ☐ Membership/fellowship in local state or national professional organizations and
 - c. License to practice any profession in any jurisdiction.
 9. A statement of experience during the most recent ten (10) years including a consent to the release of information by his/her present and past malpractice coverage carrier(s)
 10. A statement whereby the Non-Physician Provider agrees that when an adverse ruling is made with respect to his/her staff membership staff status and privileges he/she will resort to the administrative remedies afforded by the Medical Staff bylaws Rules and Regulations.
 11. Evidence of current adequate professional liability coverage as determined by the governing board and
 12. A statement regarding physical/mental health status including alcohol abuse and/or drug dependency as permitted by law
 13. Satisfactory completion of such continuing education requirements as may be imposed by law this Hospital or applicable accreditation agencies.

- 1 ☐ A statement as to whether the Non-Physician Provider has ever withdrawn his/her application for appointment ☐ reappointment ☐ or clinical privileges ☐ or resigned from a medical staff ☐ before the final decision of the ☐ governing ☐ board of such entity.
- 1 ☐ Information as to whether the Non-Physician Provider has ever ☐ been named as a defendant and/or convicted in a criminal action and details about any such instances ☐
16. Information on the citizenship or visa status of the Non-Physician Provider ☐
- 1 ☐ Information regarding whether the Non-Physician Provider has ever ☐ been sanctioned ☐ by ☐ or ☐ excluded or suspended from participation in Medicare ☐ Medicaid or any other governmental reimbursement programs.

Section 2. Responsibilities of Non-Physician Provider.

The Practitioner shall have the ☐ burden of producing adequate information for a proper evaluation of his/her competence ☐ character ☐ ethics ☐ health status and other ☐ qualifications ☐ and for resolving any doubts about such ☐ qualifications.

A. Appearance ☐ Authority ☐ and Consent

☐ By applying for appointment to the Non-Physician Provider staff ☐ each Non-Physician Provider thereby signifies:

1. His/her willingness to appear for interviews in regard to his/her application ☐
2. His/her authority for the Hospital to consult with members of Medical Staffs of other Hospitals with which the Practitioner has ☐ been associated and with others who may have information bearing on his/her competence ☐ character ☐ health status and ethical ☐ qualifications ☐ including otherwise privileged or confidential information ☐ provided ☐ by third parties ☐ bearing on his or her credentials ☐ and agreement that any information so provided shall not ☐ be required to ☐ be disclosed to him or her ☐
- ☐ His/her consent to the Hospital's inspection of all records and documents that may ☐ be material to an evaluation of his/her professional ☐ qualifications and competence to carry out the clinical privileges he/she requests as well as his/her moral and ethical ☐ qualifications for Medical Staff membership ☐
- ☐ His/her acknowledgment that the Credentials Committee may request any additional information it determines is needed to evaluate the Applicant's ☐ qualifications. Failure to submit such information shall ☐ be treated as an incomplete application. Failure to submit a completed application shall constitute cause for denial of appointment. Denial of appointment because of failure to submit a complete application does not give an applicant the right to a fair hearing ☐
- ☐ His/her release from any liability of all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the Practitioner and his/her credentials ☐
6. His/her release from any liability all individuals and organizations who provide information to the Hospital concerning the Practitioner's competence ☐ ethics ☐ character ☐ health status and other ☐ qualifications for Medical Staff appointment and clinical privileges including otherwise privileged or confidential information ☐

- ☐ His/her authorization to third parties to release information including otherwise privileged or confidential information as well as reports records statements recommendations and other documents in their possession bearing on his/her credentials to the Hospital and consents to the inspection and procurement by the Hospital of such information records and other documents
- ☐ His/her authorization to release information about such individual to other healthcare entities and their agents who solicit such information for the purpose of evaluating the individual's professional qualifications pursuant to the individual's request for appointment reappointment or clinical privileges
- 9. His/her authorization to maintain information concerning the Applicant's age, training board certification licensure and other confidential information in a centralized data base for the purpose of making aggregate Practitioner information available for use by the Hospital
- 10. His/her authorization to release confidential information including peer review and/or quality assurance information obtained from or about the Applicant or Medical Staff Appointee to peer review committees of the Hospital for purposes of reducing morbidity and mortality and for the improvement of patient care
- 11. His/her consent to the reporting by the Hospital of information to the National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1986 which the Hospital believes in good faith is required by law to be reported
- 12. His/her acknowledgment that any material misstatements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the staff regardless of when the misstatement or omission is discovered. By signing the application the Applicant signifies he or she is responsible for the content of the application even if it was filled out by someone else and
- 13. His/her agreement that the foregoing provisions are in addition to any agreements understandings covenants waivers authorizations or releases provided by law or contained in any application or request forms.

Section 4 Discrimination.

No considerations of gender gender identity sexual orientation race creed religion and/or national origin may be used in the granting or denying of staff membership or clinical privileges.

Section 5 Responsibilities of the Medical Staff Office.

The completed application shall be submitted to the Hospital's Medical Staff Office who shall be responsible to review the application for veracity. Initiation of the verification process of at least the following items will begin within a reasonable time after receipt of a completed application:

- A. Degree/certification/registration conferred when and the institution
- ☐ Completion of training programs specialty date of completion
- C. The granting of state licenses if applicable dates and history of adverse actions

- . Querying the National Practitioner Data Bank and
- E. At least three references from Practitioners who can provide adequate references pertaining to the Non-Physician Provider's competence and ethical character.
- On completion of the verification the Medical Staff Office will forward the application to the appropriate Departmental Chair.

Section □ Responsibilities of Departmental Chair.

All completed Non-Physician Provider applications are presented to the Department Chair for review and recommendation. The Department Chair reviews the application to ensure that it fulfills the standards for medical staff membership and/or hospital privileges. After review of the application the Department chair forwards to the Credentials Committee one of the following:

- A. A recommendation to approve the applicant's request for membership and/or privileges □
- . A recommendation to approve membership but modify the requested privileges □ or
- C. A recommendation to deny the applicant's request for membership and privileges.

Section 6. Responsibilities of the Credentials Committee.

The Credentials Committee reviews the Non-Physician Provider's application to ensure that it fulfills the established standards for medical staff membership and/or hospital privileges. Credentials Committee also reviews the recommendations of the Department Chair. After review of the application the Credentials Committee forwards to MEC one of the following:

- A. A recommendation to approve the Non-Physician Provider applicant's request for membership and/or privileges □
- . A recommendation to approve membership but modify the requested privileges □ or
- C. A recommendation to deny the applicant's request for membership and privileges.

Section □ Responsibilities of Medical Executive Committee (MEC)

- A. After considering the recommendation of the Credentials Committee the MEC shall recommend action upon each Non-Physician Provider application and/or request for privileges. If a recommendation is favorable to the applicant the recommendation for membership and/or privileges shall be forwarded to the Board for final action.

- . If an adverse recommendation is made either with respect to appointment or the scope of privileges the reason for such recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the MEC all of which shall be forwarded to the CEO or a designee.

Section 8. Non-Physician Provider Adverse Privileging Decisions.

Nothing contained in the Medical Staff bylaws shall be interpreted to entitle a Non-Physician Provider (NPP) to the procedural rights for physicians as set forth in Article III of these bylaws. However, a Non-Physician Provider who receives an adverse privileging decision may challenge such action by filing a written grievance with MEC or the Chair of the Department to which the Non-Physician Provider has been assigned within fifteen (15) days of the action. Within thirty (30) days of receipt of the grievance MEC shall conduct an investigation. The NPP will have the opportunity for an interview with MEC concerning the grievance at which time the NPP may present relevant information. Such interview shall not constitute a “hearing” as established by the Medical Staff bylaws and shall not be conducted according to the procedural rules applicable to such hearings. MEC shall make a decision regarding the issue and make a recommendation to the Governing Board. The Governing Board will take final action.

Section 9. Responsibilities of the Governing Board.

- A. The Board has final responsibility for approval or disapproval of all Non-Physician Provider applications for membership continued membership and/or clinical privileges. Notice of the Board’s decision shall be sent to the applicant.
- . The decision to grant deny revise or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities as defined by the hospital and applicable law.

Article XIV.

NON-PHYSICIAN PROVIDER REAPPOINTMENT

Each application for reappointment to the Non-Physician Provider staff shall be signed by the Applicant and include a statement by a sponsoring Physician who is currently on the MHSC Medical Staff. The application shall be submitted on a form prescribed by the Governing Board after consultation with the Medical Executive Committee.

Section 1. Responsibilities of the Medical Staff Office.

The reappointment process shall begin ninety (90) days prior to the termination of current appointment and privileges. Requests for additional privileges shall be made to the Medical Staff Office at this time with accompanying documentation of further training and/or clinical experience. The Medical Staff Office shall gather all pertinent information relating to the Non-Physician Provider’s competence and clinical judgment in the treatment of patients (as determined by ongoing

peer review and quality assurance activities Ongoing Professional Practice Evaluations (OPPE) and peer references) his/her mental and physical condition ethics conduct compliance with Hospital and Medical Staff bylaws Rules and Regulations cooperation with Hospital personnel and shall check all new information for veracity. The Non-Physician Provider shall report the circumstances and outcome of any malpractice judgment(s) delivered against him/her during the previous appointment period as well as any malpractice actions pending against him/her. The Medical Staff Office shall deliver that information to the appropriate departmental Chair or his/her designated representative for review.

Section 2. Reappointment Process.

Thereafter the procedure provided for in Article III Section 1A of these bylaws relating to the initial appointment should be followed.

- A. Except as otherwise determined by the Medical Executive Committee or Board of Trustees a Medical Staff member or Non-Physician Provider applying for appointment or reappointment and clinical privileges who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment and clinical privileges while under investigation or to avoid an investigation is not eligible to reapply to the Medical Staff for a period of five (5) years from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal. Any such re-application is processed in accordance with the procedures then in effect. As part of the reapplication the practitioner must submit such additional information as the Medical Staff and/or Board of Trustees requires demonstrating that the basis of the earlier adverse action no longer exists. If such information is not provided the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.
- B. The Chief Executive Officer or his or her designee shall, on the Medical Staff's behalf, ensure that the Hospital satisfies its obligations under the Health Care Quality Improvement Act of 1986 (HCQIA) and its successor statutes and complying law with respect to reporting any adverse actions imposed by the Board of Trustees against any Practitioner as the result of any professional review activity.

Article XV. REQUESTS FOR CLINICAL PRIVILEGES

Section 1. Threshold Criteria.

- A. All requests for clinical privileges will be judged on the basis of established threshold requirements consisting of criteria specifying the minimum amount of education training experience and evidence of competency required.
- B. Recommended threshold requirements will be generated by the Credentials Committee in consultation with the appropriate department Chair. Recommended threshold requirements will then be submitted to the Medical Executive Committee for

comments as well as to the governing board. Following the review of the Credentials Committee recommendations as well as comments of the Medical Executive Committee the governing board will then take action to establish final threshold requirements.

- C. All Applicants will be provided with the currently approved description of threshold requirements for particular clinical privileges requested.
- D. Any request for clinical privileges for which there are no existing approved threshold requirements will be tabled for a period not to exceed ninety (90) calendar days. During this time the Credentials Committee shall generate and submit recommended requirements to the MEC and governing board. Processing of the request will resume when the requirements are approved by the governing board.

Section 2. Requesting Clinical Privileges.

- A. All Practitioners shall be entitled to exercise only those clinical privileges specifically granted to him or her by the board of Trustees.
- B. Every initial application for appointment must contain a request for the specific clinical privileges desired by the applicant if any. Any request for new modified or expanded clinical privileges shall be made by an application processed in the manner described in these bylaws (and in Medical Staff Rule or policy to the extent not inconsistent with these bylaws). The Department Chair Credentials Committee and Medical Executive Committee in evaluating such clinical privilege requests shall evaluate the applicant's ability to provide patient care, treatment, and services within the scope of the clinical privilege(s) requested.
 - 1. Each applicant for clinical privileges shall submit and follow a satisfactory plan of care coverage for his/her Hospital inpatients and for Hospital services utilized as further described by Medical Staff Rule or Policy and included in the credentialing information provided to each applicant.
 - 2. The Medical Executive Committee's evaluation of each application for clinical privileges shall be based upon the applicant's licensure education and training experience and demonstrated competence (including data from professional practice review by an organization that currently privileges the applicant if applicable) peer and/or faculty references and recommendations demonstrated physical ability to perform the requested privilege and other relevant information including appraisal by the department in which such clinical privileges are sought. All such information shall be verified with the primary source except for telemedicine practitioners covered by a written credentialing agreement between the Hospital and the telemedicine practitioner's Distant Site, as set out in these Bylaws. The applicant shall have the burden of establishing his or her qualifications and competency to exercise the clinical privileges he or she requests.

- C. The Medical Executive Committee must delineate in each clinical privilege recommendation to the Board the clinical privileges it recommends granting for every Medical Staff member or Practitioner privileged through the Medical Staff privileging process.
- D. Before granting or renewing a clinical privilege the Department Chair, Credentials Committee and Medical Executive Committee shall review and each shall base its recommendation on relevant information gathered through the credentialing process which shall include:
1. Challenges to any licensure or registration
 2. Voluntary and involuntary relinquishment of any license or registration
 3. Voluntary and involuntary termination of any Medical Staff membership
 4. Voluntary and involuntary limitation, reduction or loss of clinical privileges
 5. Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in settlement or final judgment against the applicant
 6. Documentation as to the applicant's health status;
 7. Relevant practitioner-specific clinical data compared to aggregate clinical data when available
 8. Evidence of demonstrated competence as established by the Hospital's quality improvement processes and program (for a practitioner that has previously practiced at the Hospital)
 10. Evidence of practitioner's adherence to Hospital policies and procedures (for a practitioner that has previously practiced at the Hospital)
 11. Results of the credentialing and re-credentialing process
 12. Participation in continuing education
 13. The current availability (or availability within a specified time frame) in the Hospital of the resources necessary to support the exercise of the privilege
 14. Morbidity and mortality data applicable to the practitioner's practice, when available and
 15. Any publicly available information that may bear on any of the foregoing including but not limited to public records, publicly available reviews, public social media posts and similar information and
 16. Such supplementary or additional matters as the Medical Executive Committee deems relevant.
- E. Upon application for renewal of clinical privileges when insufficient applicant-specific data are available the Medical Staff shall do one of the following in order to assess the applicant's medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism:
1. Obtain and evaluate peer recommendations for the practitioner. A "peer" for purposes of these Bylaws means a practitioner in the same professional discipline as the applicant, with personal knowledge of the applicant's ability to practice or
 2. Obtain clinical practice data from an institution where the practitioner is active at and/or holds current unrestricted privileges.

- In order to obtain additional privileges, an applicant must make written application on the prescribed form, which must state the type of additional clinical privileges requested and recent special training and experience. Such application shall be processed in the same manner, and the same criteria shall be considered, as for an initial application for clinical privileges.

- . In the event a request for a privilege is submitted for a new technology, a procedure new to the Hospital, an existing procedure used in a significantly different manner, or involving a cross-specialty privilege for which no criteria have been established, the request shall be made to the Credentials Committee through the Medical Staff Office. The request may be tabled by the Credentials Committee for a reasonable period of time, usually not to exceed sixty (60) calendar days. During this time the Credentials Committee, with input from the relevant Medical Staff Department(s), will review the community, patient, and Hospital need for the services to be provided through the exercise of the privilege. After consultation with the Hospital's management, the Credentials Committee will make a recommendation to the Medical Executive Committee with respect to whether the privilege should be approved. The Credentials Committee's review and consultation shall include:
 1. Review of the efficacy and clinical viability of the requested privilege and confirm that this privilege is approved for use in the setting-specific area of the Hospital by appropriate regulatory agencies (e.g., FDA, OSHA, etc.).
 2. Meeting with Hospital management to ensure that the new privilege is consistent with the Hospital's mission, values, strategic, operating, capital, information, and staffing plans, and
 - Working with the Hospital's administration to ensure that any/all exclusive contract issues, if applicable, are resolved in such a way to allow the new or cross-specialty privileges in question to be provided without violating the existing contract, if reasonably possible.

- H. Upon recommendation from the Credentials Committee and appropriate Medical Staff Department, the Medical Executive Committee will review the necessary criteria and recommend these to the Board. Once effective criteria have been established, the original request will be processed as described herein:
 1. For the development of criteria, the Medical Staff Office will compile information relevant to the privileges requested which may include, but need not be limited to, position and opinion papers from specialty organizations, white papers from the Credentialing Resource Center and others as available, position and opinion statements from interested individuals or groups, and documentation from other Hospitals in the region as appropriate.
 2. Criteria to be established for the privilege in question may be delineated in a Medical Staff policy and may include education, training, board certification status or other certification (if applicable), experience, and evidence of current competence. Hospital-related issues such as exclusive contracts, equipment, clinical support staff, and management will be referred to the appropriate Hospital administrator and/or Department Chair, and

- If the new clinical privileges requested overlap two (2) or more specialty disciplines, an ad hoc committee may be appointed by the Credentials Committee Chair to recommend criteria for the clinical privilege in question. This committee will consist of at least one (1) but not more than two (2) members from each involved discipline. The Chair of the ad hoc committee will be a member of the Credentials Committee who has no direct or indirect pecuniary interest in the outcome of the decision.

Section □ Focused Professional Practice Evaluation (FPPE).

- A. Each individual granted clinical privileges at the Hospital shall undergo a period of focused professional practice evaluation (FPPE) for such privileges immediately after such clinical privileges are granted. Existing Providers requesting new privileges shall also undergo a period of FPPE.
- FPPE shall also be conducted by the Professional Practice Evaluation Committee (PPEC) or Medical Executive Committee or its authorized designee upon the occurrence of any “triggering event”. A triggering event shall include, but is not limited to, an event or trend in a Medical Staff member’s professional practice that reasonably causes the Professional Practice Evaluation Committee (PPEC) or Medical Executive Committee to question the individual’s ability to exercise one or more clinical privileges granted or Medical Staff duties, rights and/or obligations in a manner that is consistent with the provision of safe, high-quality patient care in the Hospital.
- C. The FPPE process shall be described in a Medical Staff Rule or policy. The purpose of the FPPE shall be to evaluate the Medical Staff member’s proficiency in the exercise of clinical privileges granted. The FPPE shall follow the frequency and format as described in the Rule or policy and shall apply to all initial grants of clinical privileges, as the result of data evaluated during Ongoing Professional Practice Evaluation (OPPE) when performance issues occur and when an existing Practitioner requests a new privilege.

Section □ Ongoing Professional Practice Evaluation (OPPE).

The Medical Staff shall, on an ongoing basis, determine whether each individual granted clinical privileges is currently competent to exercise those clinical privileges and whether such clinical privileges should be continued for the remaining period of the grant, restricted or terminated. Such determination shall be based upon the direct observation of care provided, review of the records of patients treated in the Hospital or other hospitals and review of the records of the Medical Staff which document the evaluation of the individual’s participation in the delivery of medical care. All Medical Staff members, including Non-Physician Providers granted clinical privileges to provide a medical level of care, shall be obligated to provide sufficient data regarding the exercise of those clinical privileges, on an ongoing basis, to demonstrate the Practitioner’s current competence to exercise those privileges. Such ongoing professional practice evaluation (OPPE) shall be performed as described in the relevant Medical Staff Rule or policy.

Section 5. Call Coverage.

- A. Practitioners granted a sufficient level of clinical privileges shall provide a reasonable amount of coverage for the Hospital's Emergency Department, and other Departments as necessary to ensure that the Hospital meets its coverage obligations under federal and state law including but not limited to the Emergency Medical Treatment and Active Labor Act (EMTALA). The Medical Executive Committee will determine what call coverage is reasonable and may by Rule or Policy prescribe further processes, requirements, and obligations under this Section. The Medical Executive Committee may by policy permit exceptions to the obligation to provide call coverage based on the Practitioner's years of service to the Hospital, or for other reasons, so long as any such exception does not negatively impact the Hospital's ability to meet its obligation under EMTALA or similar state law to provide coverage for its Emergency Department on an on-call basis.
- B. If the Hospital administration determines that call coverage for any particular specialty is best provided by contracting with one or more Practitioners or Non-Physician Providers to provide coverage, this obligation shall be suspended for such individuals for the duration of the contract and for all other Practitioners and/or Non-Physician Providers of the same specialty to the extent coverage is provided by contracted individuals.

Section 6. Temporary Privileges.

Temporary Privileges constitute temporary permissions to attend patients at the Hospital. Temporary Privileges are distinguished from the privileges of the Hospital in that they are not based upon a complete review of credentials and are granted or revoked by the Chief of Staff, Chief Executive Officer, and Department Chair. Temporary Privileges are granted to fulfill an important patient care or treatment or service need. Temporary Privileges may be revoked or withdrawn at any time with or without cause. Temporary Privileges may be granted only for a specific period of time and shall automatically expire at the end of the specified period without recourse by the Practitioner under the Medical Staff bylaws. Temporary Privileges are granted only under the following circumstances and subject to the following conditions.

- A. Circumstances for Granting Temporary Privileges.
Upon the recommendation of the Chair of the Department where the privilege will be exercised and the Chief of Staff, the Chief Executive Officer may grant Temporary Privileges in the following circumstances:
1. After receipt of an application for Medical Staff appointment, an appropriately licensed Applicant may be granted Temporary Privileges for an initial period of sixty (60) days with subsequent renewal not to exceed 120 days in a 60-day period. In exercising such privileges, the Applicant shall act under the supervision of the Chair of the Department to which he or she is assigned or is appointed.

2. When an applicant for new clinical privileges with a complete application that raises no concerns is awaiting review and approval by the Credentials Committee.

Application, Review and Term of Temporary Privileges.

1. As part of each application for Temporary Privileges the applicant shall acknowledge in writing that he or she has received and read copies of the Medical Staff's Bylaws, Rules and Regulations and that he or she agrees to be bound by the terms thereof in all matters concerning his or her Temporary Privileges.
 2. Temporary Clinical Privileges shall only be granted after the Medical Staff Office has verified the applicant's appropriate Wyoming licensure, relevant training and experience, malpractice coverage, NP or Query and current competence and ability to exercise such Temporary Privileges. In addition, Temporary Privileges shall be granted to applicants for new clinical privileges only if the applicant has submitted a complete application, there are no current or previously successful challenges to the applicant's licensure or registration, or involuntary termination of Medical Staff membership or involuntary limitation, reduction, denial or loss of clinical privileges at another organization.
- Temporary Privileges shall be granted for no more than 120 consecutive days when granted while an application for new clinical privileges is pending. In all cases, Temporary Privileges shall automatically expire without notice to the Practitioner or Non-Physician Provider no later than 120 consecutive days from the date of granting.

Section 4 Emergency Privileges for Care of a Specific Patient.

In the case of an emergency, any Medical Staff member to the degree permitted by his or her license and regardless of Medical Staff status or lack of it shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the Hospital necessary to continue to treat the patient. In the event the individual treating the patient does not request such clinical privileges as would be necessary to continue treating the patient after the emergency has passed or if such clinical privileges are applied for and denied, the patient shall be assigned to an appropriate Medical Staff member or Practitioner as soon as reasonably possible. For the purpose of this section, an emergency is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

Section 5 Disaster Privileges during a Declared Disaster.

- A. "Disaster privileges" may be granted to Physicians who are not members of the Medical Staff or Non-Physician Providers who have not been appointed as Non-Physician Providers during any "disaster", which is any officially declared emergency, whether it is local, state or national, when the Emergency Management Plan has been

activated and the Hospital is unable to handle the immediate patient needs. The decision to grant disaster privileges to a Practitioner is at the sole discretion of the Chief of Staff or his or her authorized designee and will be made on a case-by-case basis determined by the needs of the patient population and Hospital at the time of the disaster.

- B. During such disaster disaster privileges may be granted by the Chief of Staff or his or her designee to any licensed Physician (to include emeritus and volunteer licensees) or Non-Physician Provider (a “disaster Practitioner”) upon presentation of the identification outlined in the appropriate Medical Staff policy (which shall require at least a valid government-issued photo ID and another form of identification described in the policy). The Chief of Staff will assign the disaster Practitioner to provide services in a clinical area of the Hospital. The professional performance of each disaster Practitioner will be overseen by a Medical Staff member in the same specialty or department. As soon as possible once the immediate situation is under control the Medical Staff Office will initiate primary source verification of the Practitioner’s credentials including verification of current licensure relevant training and experience and current competence. The primary source credentials verification process shall be completed for Practitioners exercising disaster privileges within seventy-two (72) hours from the time the disaster privileges were granted. If this is not possible due to extraordinary circumstances the process will be done as soon as possible and the circumstances credentialing efforts and the disaster Practitioner’s demonstrated ability to continue to provide adequate care treatment and services will be appropriately documented. The Hospital will decide within 72 hours whether to continue the disaster privileges initially assigned based on its oversight of the Practitioner’s performance. Primary source verification is not required if the disaster Practitioner has not provided care treatment or services using the disaster privileges.
- C. Refer to the Memorial Hospital of Sweetwater County Disaster Privileges policy for specific details of this process.

Section 9. Telemedicine Privileges.

Practitioners who are responsible for the patient’s care, treatment, and services via a telemedicine line shall be credentialed and privileged to do so by the Hospital in accordance with the laws accreditation requirements and applicable law. If the Hospital has a pressing clinical need and the Practitioner can supply that service through a telemedicine line the Practitioner may be evaluated for Temporary Privileges in accordance with the procedures set forth in Section 6. Practitioners providing telemedicine services to Hospital patients shall be credentialed and privileged to do so through one of the following mechanisms:

- A. The Practitioner shall be credentialed and privileged by the Hospital in accordance with the applicable procedure set forth in these laws.
- B. The Practitioner shall be credentialed and privileged by the Hospital in accordance with the applicable procedure set forth in these laws with the exception that the

credentialing information and/or privileging decision from the distant site may be relied upon by the Medical Staff and the governing board in making its recommendations/decision provided that the Hospital has entered into a written agreement with the distant site and all of the following requirements are met:

1. The clinical services offered via a telemedicine line are consistent with commonly accepted quality standards.
 2. The Medical Staff recommends which clinical services are appropriately delivered by Practitioners through a telemedicine line
- ☐ The distant site is a Medicare-certified Hospital or a facility that qualifies as a “distant site telemedicine entity.” A “distant site telemedicine entity” is defined as an entity that (i) provides telemedicine services and (ii) is not a Medicare-certified Hospital and (ii) provides contracted services in a manner that enables Hospitals using its services to meet all applicable conditions of participation particularly those requirements related to the credentialing and privileging of Practitioners providing telemedicine services to the patients of the Hospital
 - ☐ When the distant site is a Medicare-certified Hospital the written agreement shall specify that it is the responsibility of the distant site Hospital to meet the credentialing requirements of 2 C.F.R. 2.12 (a)(1) through (a)(9) as that provision may be amended from time to time with regard to the distant site Hospital Practitioners providing telemedicine services and
 - ☐ When the distant site is a “distant site telemedicine entity” the written agreement shall specify that the distant site telemedicine entity is a contractor of services to the Hospital and as such furnishes the contracted services in a manner that permits the Hospital to comply with all applicable conditions of participation for the contracted services including but not limited to 2 C.F.R. 2.12 (a)(1) through (a)(9) with regard to the distant site telemedicine entity Practitioners providing telemedicine services. The written agreement shall further specify that the distant site telemedicine entity’s medical staff credentialing and privileging process and standards will at minimum meet the standards at 2 C.F.R. 2.12 (a)(1) through (a)(9) as that provision may be amended from time to time.
- C. The individual distant site Practitioner is privileged at the distant site for those services to be provided to Hospital patients via telemedicine line and the Hospital is provided with a current list of his/her privileges at the distant site.
- ☐ The individual distant site Practitioner holds an appropriate license issued by the State of Wyoming by the appropriate licensing entity.
- E. The Hospital maintains documentation of its internal review of the performance of each distant site Practitioner and sends the distant site such performance information for use in the distant site’s periodic appraisal of the distant site Practitioner. At a minimum this information must include:

1. All adverse events that result from the telemedicine services provided by the distant site Practitioner to Hospital patients and
2. All complaints the Hospital receives about the distant site Practitioner.

Article XVI. **SUSPENSIONS & RESTRICTIONS**

Section 1. Immediate Suspension or Restriction to Protect a Patient.

- A. Criteria for Initiation. Whenever the conduct of a Practitioner requires that immediate action be taken to protect the life of any patient or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, employee or other person present in the Hospital either the Chief of Staff, the appropriate Department Chair, the Chief Executive Officer or his or her designated representative shall have the authority to immediately act to restrict, suspend or otherwise limit the Medical Staff membership status, Non-Physician Provider status or all or any portion of the clinical privileges of the affected practitioner. Prior to imposing such suspension, the person(s) imposing the suspension shall form a good faith, reasonable belief that such suspension is reasonably necessary for one of the purposes described above. As soon as possible after forming such belief, the person(s) imposing the suspension shall record the factual bases for such belief. The suspension shall become effective immediately upon imposition and the Chief Executive Officer shall promptly give notice by certified mail, return receipt requested of the suspension to the affected Practitioner and shall make all reasonable efforts to provide immediate notice in person of such immediate suspension to the Practitioner. In the event of any such suspension, the affected Practitioner's patients then in the Hospital whose treatment by such Practitioner is terminated by the immediate suspension shall be assigned to another Medical Staff member by the Department Chair. The wishes of the patient shall be considered where feasible in choosing the substitute.
- B. Medical Executive Committee Action. As soon as possible after such action and within fourteen (14) days after such immediate action has been imposed, a meeting of the Medical Executive Committee shall be convened to review and consider the action taken. The Medical Executive Committee may modify, continue or terminate the terms of the action.
- C. Procedural Rights. Unless the Medical Executive Committee's action terminates the action and to cease all further corrective action, the affected Practitioner shall be entitled to the procedural rights as provided in the hearing and appeal process once the restriction or suspension lasts more than fourteen (14) days.
- D. Impaired Practitioner. The Medical Staff identifies and manages matters related to the health of Medical Staff members in the interest of protecting patients from harm that may result in the event a Practitioner becomes impaired due to physical, psychiatric or emotional illness or condition including but not limited to alcohol

and/or substance abuse (“Impaired” or “Impairment”) that interferes with the ability of the Practitioner to engage safely in professional activities. In addition, the Medical Staff manages these matters to assist the rehabilitation of and to aid Medical Staff members in retaining or regaining optimal professional functioning. The reporting procedure, investigation and discipline if necessary of Medical Staff members will be done as appropriate and as outlined in Medical Staff Rule and/or policy.

Section 2. Automatic Suspension.

Under any of the circumstances described below, a Medical Staff member’s status, and clinical privileges relevant to the circumstances shall be suspended, restricted or revoked as appropriate under the circumstances by the Chief of Staff. Such action shall be deemed imposed effective immediately upon the occurrence of any the circumstances and shall be communicated to the Practitioner in writing as soon as possible after such imposition. No Practitioner shall be entitled to any of the hearing or appeal rights described in these bylaws as such suspension, restriction or revocation shall not be considered “corrective action”, but a failure to meet the basic requirements of Medical Staff membership and clinical privileges as applicable.

A. License.

1. Revocation. Whenever a Medical Staff member’s license, certificate or other legal credentials authorizing him or her to practice in Wyoming are revoked, his or her Medical Staff membership and clinical privileges or specified services shall be immediately and automatically revoked.
2. Restriction. Whenever a Medical Staff member’s license, certification or other legal credentials to practice his or her profession are limited or restricted by the applicable licensing or certifying authority, those Medical Staff rights and clinical privileges which he or she has been granted that are within the scope of said limitation or restriction shall be immediately and automatically suspended.
- Suspension. Whenever a Medical Staff member’s license, certification, or other legal credentials to practice his or her profession are suspended, his or her Medical Staff membership and clinical privileges shall be automatically suspended effective upon and for at least the term of suspension.
- Probation. Whenever a Medical Staff member is placed on probation by the applicable licensing or certifying authority, his or her voting and office holding prerogatives shall be automatically suspended effective upon and for at least the term of the probation.

□. Controlled Substance Number.

1. Revocation, expiration or lapse. Whenever a Medical Staff member’s Drug Enforcement Agency (DEA) or other controlled substance number or registration is revoked, expires or lapses, with or without his or her knowledge, he or she shall immediately and automatically be divested at least of his or her right to prescribe medications covered by the number.

2. Suspension. Whenever a Medical Staff member's DEA or other controlled substance number or registration is suspended he or she shall be divested at least of his or her right to prescribe medications covered by the number effective upon and for at least the term of the suspension.
- C. Failure to Maintain Liability Coverage. Failure to maintain the minimum professional liability coverage as required by the bylaws, the Rules and Regulations, and/or the Policies shall result in immediate suspension of Medical Staff membership and clinical privileges. Upon the Practitioner's provision of proof of adequate coverage to the Chief of Staff, his/her clinical privileges shall be reinstated.
 - D. Medical Records. For failure to complete medical records in a timely fashion pursuant to the Medical Staff Rules and/or policies, the Medical Staff member's clinical privileges shall be automatically suspended and his or her voting and office holding prerogatives shall be automatically suspended and shall, after written warning of the delinquency as outlined in the Medical Staff Rules or policies, remain suspended until all outstanding medical records are completed. If the Medical Staff member fails to complete medical records in a timely fashion on a frequent basis, the Medical Executive Committee may recommend to the Board of Trustees that the individual's Medical Staff membership and clinical privileges be suspended for a specified period or revoked in whole or in part.
 - E. Medicare/Medicaid or other Federal Programs. Any Medical Staff member listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals/Entities will be considered to have automatically relinquished his or her Medical Staff membership and clinical privileges that had been granted. Whenever a Medical Staff member is sanctioned but not excluded by Medicare/Medicaid/TRICARE or other federal programs, the Medical Executive Committee shall consider imposing a similar restriction on the individual's Medical Staff status and clinical privileges as of the date such sanction becomes effective.
 - F. Felony/Misdemeanor Conviction. A Medical Staff member who has been convicted of or pled guilty or no contest to a felony or to a misdemeanor involving the practice of his or her profession or a charge of moral turpitude in any jurisdiction shall be automatically deemed to have relinquished his or her Medical Staff membership and clinical privileges. Such relinquishment shall become effective immediately upon such conviction or plea regardless of whether an appeal is filed. Such relinquishment shall remain in effect until the matter is resolved by subsequent action of the Board of Trustees or through corrective action if necessary.
 - G. Failure to maintain demonstrated physical ability to perform granted clinical privileges. If the Chief of Staff, based on reliable information, has reasonable doubt about a Medical Staff member's continued physical or mental ability to exercise any right or privilege or Medical Staff membership or exercise any clinical privilege, such individual may be considered an "impaired practitioner". In that case, the Medical Staff Rule or policy relating to impaired practitioners shall be followed, which may

include (but not be limited to) immediate suspension, restriction or condition of such right or privilege of Medical Staff membership and clinical privilege as outlined therein.

Article XVII. **Corrective Action**

Section 1. Corrective Action.

- A. Criteria for Initiation. Corrective action may be initiated whenever a Medical Staff member (to the extent otherwise described in these Bylaws) (the “affected Practitioner”) is suspected of any of the following:
1. The use of any false, fraudulent or forged statements or documents or any material misstatements or omissions from the appointment application, re-appointment application or any fraudulent or deceitful practice in connection with the process of obtaining an appointment or clinical privileges;
 2. Any physical or mental disability or deterioration which renders the practice of medicine or surgery dangerous.
 - The performance of any dishonest, unethical or unprofessional conduct likely to deceive, defraud or harm the Medical Staff, the Hospital or the public;
 - The habitual use of drug or intoxicant to such a degree as to render one unsafe or unfit to practice medicine or surgery;
 - The aiding or abetting in the practice of medicine without a license or the provision of services in the Hospital by a person not granted appropriate clinical privileges by the Board of Trustees.
 6. The manifest incapacity to practice medicine due to any cause.
 - Lack of current competence to exercise one or more clinical privileges previously granted and currently held by the practitioner;
 - Practicing below the applicable standard of care for his or her profession;
 9. Unprofessional or dishonorable conduct which includes but not limited to:
 - a. Any conduct or practice contrary to recognized standards of ethics of the medical profession, conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might impair a physician's ability to safely and skillfully practice medicine;
 - Willful and consistent utilization of medical services or treatment which is inappropriate or unnecessary;
 - c. Gross negligence, gross malpractice or repeated malpractice;
 - d. Failure to abide by the Medical Staff Bylaws, Rules or policies.
 10. Disruptive behavior is defined and explained in the Medical Staff Code of Conduct (attached in appendix).
- . Human Resources. In determining whether to proceed further with corrective action, MEC may make an inquiry to the Human Resources Department for additional information the HR Department may have in relation to the potential corrective action. Such an inquiry is not an investigation as defined in Section 1 below. After making an

initial probable cause determination. MEC may either act on the request or direct in writing upon notice to the provider a formal investigation.

- C. Requests and Notices. After deliberation, the Medical Executive Committee may either act on the request or direct an investigation concerning the grounds for the corrective action requested.

Section 2. Investigation.

- A. The Medical Executive Committee may conduct such investigation itself or may assign the task to an officer, an appropriate clinical committee, or an ad hoc committee of the Medical Staff. Prior to the Medical Executive Committee's making of a recommendation to the Board of Trustees, the affected Practitioner shall be advised of the request for corrective action. The affected Practitioner may, in the discretion of the Medical Executive Committee, or any person or committee delegated to conduct the investigation, be afforded an opportunity for an interview with the investigating body at which that person may present such information as he or she deems appropriate. The investigation process shall not be deemed a hearing and shall not give rise to any procedural rights. Note: Investigations are not reported to the NP. However, withdrawal of a renewal application for licensure or certification, or failure to renew, while the state licensure or certification authority is investigating the applicant is reportable.
- B. If the investigation is accomplished by a person or committee other than the Medical Executive Committee, that person or committee shall forward a written report to the Medical Executive Committee. The Medical Executive Committee shall provide a copy of the report to the affected practitioner and may, in its discretion, invite him or her to comment prior to acting on the report. The Medical Executive Committee may at any time terminate the investigation with action as provided below.

Section 3. Medical Executive Committee Action.

As soon as is practicable after the conclusion of the investigation process, if any, but in any event within twenty-one (21) days after receipt of the request for corrective action unless deferred as described below, the Medical Executive Committee shall take action upon such requests. The CEO will be notified of any action in conjunction with corrective action. Such action may include, without limitation, a report to the Board of Trustees:

- A. Recommending rejection of the request for corrective action
- B. Recommending a warning, a letter of admonition, or a letter of reprimand
- C. Recommending terms of probation or individual requirements of consultation, or

- . Recommending reduction□suspension□or revocation of Medical Staff membership or clinical privileges□in whole or in part□or
- E. Recommending an education or evaluation program□such as the Center for Personalized Education for Physicians (CPEP)□or Acumen.

Section □ Procedural Rights.

Any recommendation □y the Medical Executive Committee pursuant to Section □C (if the pro□ation or re□uirement of consultation constitutes a restriction or limitation on the affected Practitioner’s Medical Staff membership and clinical privileges) or □ a□ove shall □e accompanied □y all supporting documentation and entitle the Practitioner to the procedural rights as provided in the hearing and appeal process descri□ed in Article □□III.

Section □ □oard Actions.

- A. Board of Trustees’ action to adopt a Medical Executive Committee recommendation without su□stantive modification shall conclude the matter. The Chief Executive Officer shall give notice of final decision to the Physician □y certified mail□return receipt re□uested.
- . If the □oard’s proposed action will modify su□stantially the Medical Executive Committee’s recommendation adverse to the affected Physician□or if the □oard’s proposed action is otherwise adverse to the affected Physician□the Chief Executive Officer shall promptly so notify the affected Physician □y certified mail□return receipt re□uested□that he or she shall □e entitled to the procedural rights as provided in the Fair Hearing Process (Article □□III.)
- C. If the recommendation is favora□le to the affected Physician□the □oard may act upon it immediately without holding a fair hearing. If the recommended action is adverse□and the □oard determines that it is complete□and not contrary to the □ylaws or any provision of law□the Chief Executive Officer shall promptly so inform the affected Physician □y certified mail□return receipt re□uested□and the affected Physician shall □e entitled to the procedural rights provided in the Fair Hearing Process outlined in Article □□III.

Article XVIII.

FAIR HEARING PROCESS

Section 1. Initiation of Hearing.

- A. Any Physician eligi□le for Medical Staff appointment and eligi□le to □e granted clinical privileges shall □e entitled to re□uest a hearing whenever an adverse recommendation □ased on the affected Practitioner’s clinical competence or professional conduct has □een made □y the Medical Executive Committee or the □oard

of Trustees. Hearings will occur only when requested for the following actions related to the Practitioner's clinical competence or professional conduct and when those actions last more than fourteen (14) days:

1. Denial of Medical Staff appointment or reappointment
2. Revocation of Medical Staff appointment
3. Denial or restriction of requested clinical privileges
4. Involuntary reduction or revocation of clinical privileges
5. Application of a consultation requirement before the affected Practitioner can exercise clinical privileges or an increase in the stringency of a similar pre-existing consultation requirement when such requirement is imposed for more than fourteen (14) calendar days or
6. Summary suspension of Medical Staff appointment or clinical privileges but only if such suspension is for more than fourteen (14) calendar days and is not caused by the Practitioner's failure to complete medical records or any other reason unrelated to clinical competence or professional conduct.

7. A recommendation or action listed in subsection A above shall be deemed adverse only when it has been:

1. Recommended by the Medical Executive Committee
2. Taken by the Board contrary to a favorable recommendation by the Medical Executive Committee under circumstances where no right to hearing existed or
3. Taken by the Board on its initiative without the benefit of a prior recommendation by the Medical Executive Committee.

C. The following actions are examples but not an exhaustive list of actions which all members of and applicants to the Medical Staff agree will not give rise to a hearing under this Article:

1. Issuance of a letter of guidance, warning or reprimand
2. The imposition of a requirement for proctoring (i.e. observation of the individual's performance by a peer in order to provide information to a Medical Staff committee) with no restriction on clinical privileges
3. Failure to process a request for a clinical privilege when the applicant does not meet the eligibility criteria to hold that privilege
4. Conducting an investigation into any matter or the appointment of an ad hoc investigation committee
5. The requirement to appear for a special meeting under the provisions of these bylaws
6. Automatic relinquishment or voluntary resignation of appointment or clinical privileges
7. The imposition of an immediate suspension to protect a patient or automatic suspension that does not exceed fourteen (14) calendar days or that has not been imposed by reason of the affected Practitioner's professional conduct or competence
8. Denial of a request for leave of absence or for an extension of leave
9. The determination that an application is incomplete or untimely

10. Determination that an application will not be processed due to misstatement or omission
11. Termination or limitation of temporary privileges unless for reasons of competence or professional conduct
12. The determination that an applicant for Medical Staff membership does not meet the requisite qualifications/criteria for such membership
13. Ineligibility to request Medical Staff membership and clinical privileges or continue privileges because a relevant specialty is closed under a Medical Staff development plan or covered under an exclusive provider agreement
14. The imposition of supervision pending completion of an investigation to determine whether corrective action is warranted
15. Termination of any contract with or employment by the Hospital
16. Proctoring, monitoring, and any other performance monitoring requirements imposed in order to fulfill any accrediting body standards on focused professional practice evaluation
17. Any recommendation voluntarily accepted by the affected Practitioner
18. Expiration of Medical Staff membership because of failure to submit an application for reappointment within the allowable time period
19. Change in assigned Medical Staff category
20. Refusal of the Credentials Committee or Medical Executive Committee to consider a request for appointment, reappointment, or clinical privileges within five (5) years of a final adverse decision regarding such request
21. Removal, reduction or limitations of emergency department call obligations
22. Any requirement to complete an educational assessment
23. Retrospective chart review
24. Any requirement to complete a health and/or psychiatric/psychological assessment required under these bylaws or by Medical Staff Rules and Regulations or policies
25. Grant of conditional appointment or appointment, or grant of clinical privileges, for a limited duration, or
26. Appointment or reappointment for the duration of less than twenty-four (24) months.

Section 10 Hearings.

A. Adverse Medical Executive Committee Recommendations.

1. Whenever the Medical Executive Committee makes an adverse recommendation to the Board of Trustees, the Chief of Staff shall give immediate notice of said recommendation to the affected Physician, by certified mail, return receipt requested, and by personal delivery to the Physician in the Hospital, if possible. The Chief of Staff shall also provide the affected Physician, upon request, with copies of all supporting documentation that is not privileged or confidential under applicable law. The affected

Physician shall be advised of his or her rights to a full administrative hearing before the Board of Trustees in accordance with the Hearing and Appeal Process.

2. If the affected Physician fails to request a hearing within thirty (30) days of notification of the adverse recommendation, the right to a hearing shall be deemed waived and the Board may, in its discretion, adopt the recommendation as to its final action in the matter.
- If the affected Physician requests a hearing, he or she shall be afforded one within a reasonable time before the Board of Trustees in accordance with these Bylaws.
- In the event of immediate suspension pursuant to these Bylaws, the affected Physician shall be afforded a hearing within fourteen (14) days, unless an extension is requested or agreed to by the practitioner in writing.

Section □ Hearing and Appeal Process.

- A. Substantial Compliance/Exclusive Process. This Section describes the exclusive process by which an affected Physician may exercise his or her right to a fair hearing on and appeal of the Medical Executive Committee's adverse recommendation. Technical/non-prejudicial or insubstantial deviations from the procedures set forth in these Bylaws shall not be grounds for invalidating the action taken. The Medical Staff may add to and implement this process by Rule or policy to the extent not inconsistent with these Bylaws.
- . Waiver of Hearing. An affected Physician's failure to request a hearing to which he or she is entitled within 30 days shall be deemed a waiver of the right to such a hearing and to any appellate review. When a hearing right is waived, the Medical Executive Committee's adverse recommendation to the Board will be considered final, and the Board will take final action on the recommendation.
- C. Notices. Each notice given in connection with this process shall be in writing and shall be deemed received on the date personally delivered or three (3) days after it is sent by U.S. mail. Each such notice (or a copy) shall be given to each of the parties. The Chief Executive Officer shall cooperate and assist in giving all notices on the Board's behalf, and the Medical Staff Secretary/Treasurer or designee shall send notices on behalf of the hearing panel or the Medical Executive Committee.
- . Notice of Recommendation. When a summary suspension lasts more than fourteen (14) calendar days or when a recommendation is made which according to these Bylaws entitles an affected Physician to request a hearing prior to a final decision of the Board, the Chief Executive Officer shall give the affected Physician written notice, either in person or by e-mail stating:
 1. A statement of the recommendation made and the general reasons for it (Statement of Reasons) □

2. Notice that the individual shall have thirty (30) days following receipt of the notice to request a hearing on the recommendation
 - Notice that the recommendation if finally adopted by the Board may result in a report to the state licensing authority (or other applicable state agencies) and the National Practitioner Data Bank and
 - A copy of the hearing procedures and rights set out in these Bylaws.
- E. Request for Hearing. The affected Physician will have thirty (30) days after receipt of the notice to request a hearing. The request shall be made in writing to the Chief Executive Officer or designee. If the affected Physician does not request a hearing within the time and in the manner required by this Section he or she shall be deemed to have waived the right to such hearing and to have accepted the recommendation made.
- Notice of Hearing and Statement of Reasons. If requested the Chief Executive Officer shall schedule the hearing and shall give written notice to the affected Physician including the following:
1. The time, date and location of the hearing. The hearing shall be held as soon as practicable but no sooner than 30 days and no later than 60 days after the notice of the hearing unless an alternate hearing date has been specifically agreed to in writing by the parties.
 2. A proposed list of witnesses (as known at that time but which may be modified up to 10 days before the hearing) who will give testimony or evidence in support of the Medical Executive Committee's recommendation (or the Board's) at the hearing, along with a summary of the proposed witnesses' expected testimony. The witness list of either party may in the discretion of the hearing officer be supplemented or amended at any time during the course of the hearing if notice of the change is given to the other party.
- The hearing officer may limit the number of witnesses.
- The names of the hearing panel members and hearing officer if known.
- A statement of the specific reasons for the recommendation as well as the list of patient records and/or information supporting the recommendation. This statement and the list of supporting patient record numbers and other information may be amended or added to at any time even during the hearing provided that the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing and that the individual and the individual's counsel have sufficient time to study this additional information and rebut it.
- Hearing Panel. When a hearing is requested a panel of three (3) individuals shall be appointed by the Chief of Staff and approved by the Governing Board. The panel members shall not be in direct economic competition with the Applicant or Appointee involved.
- H. Hearing Officer
1. The Chief Executive Officer in consultation with the Chief of Staff shall appoint an attorney at law (which shall not be regular legal counsel to the

Hospital) or other individuals with relevant experience as hearing officer. The hearing officer will not act as a prosecutor or an advocate for either side at the hearing. The hearing officer may participate in the hearing panel's private deliberations as a legal advisor to it but is not a member of the hearing panel and shall not vote on its recommendation.

2. The hearing officer shall:
 - a. Ensure that the affected Physician and Medical Executive Committee have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross-examination applicable to both sides
 - b. Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, or abusive or that causes undue delay
 - c. Maintain decorum throughout the hearing
 - d. Determine the order of procedure throughout the hearing
 - e. Have the authority and discretion in accordance with this process to make rulings on all procedural questions and the admissibility of evidence and
 - f. Ensure that all information reasonably relevant to the affected Physician's appointment or clinical privileges is considered by the hearing panel in formulating its recommendations.

I. Relevant Evidence at Hearing.

1. The hearing officer shall allow the parties to present witnesses to testify to relevant evidence only. "Relevant evidence" means evidence having any tendency to make the existence of any fact that is of consequence to the determination of the action more probable or less probable than it would be without the evidence. The hearing officer shall have complete discretion to determine what evidence is relevant. In general, the Medical Staff records of other Medical Staff members or Physicians will not be considered relevant or admissible.
2. In accordance with the upcoming Administrative Procedure Act, the parties shall have the right to conduct discovery into relevant evidence to the extent described herein. In general, the affected Physician requesting the hearing shall be entitled to the following at his or her expense subject to a stipulation signed by both parties, the affected Physician's counsel and any experts that such documents shall be maintained as confidential consistent with all applicable state and federal peer review and privacy statutes and shall not be disclosed or used for any purpose outside of the hearing:
 - a. Copies of, or reasonable access to, all patient medical records referred to in the Statement of Reasons
 - b. Reports of experts relied upon by the Medical Executive Committee
 - c. Copies of redacted relevant committee minutes and
 - d. Copies of any other documents relied upon by the Medical Executive Committee or the Board except documents covered by the attorney-client privilege or other applicable privileges.

- No initial disclosures. The hearing officer shall order that the parties are not required to make further initial disclosures as set out in Wyo. R. Civ. P. 26(a)(1). The hearing officer shall hold a discovery conference with the parties as soon as practicable after the hearing date is set. At the conference the hearing officer shall enter an order limiting the parties' use of the discovery methods described in Wyo. R. Civ. P. 26 and 26 through 26 as follows:
 1. Each party shall be limited to three (3) depositions of one (1) hour each if oral and ten (10) questions if written whether by subpoena or notice of deposition
 2. Each party shall be limited to ten (10) interrogatories including all discrete subparts which shall be answered within five business days of being served
 - Each party shall be limited to five (5) requests for production including all discrete subparts which shall be answered within ten (10) days of being served
 - Each party shall be limited to five (5) requests for admission which shall be answered within five (5) business days of being served
 - The hearing officer's order limiting discovery in this manner shall be based on the understanding that the burden or expense of discovery in excess of these limits outweighs its likely benefit taking into account the needs of the nature of the hearing and appeals process the rights at stake and the requirements of due process, the parties' resources, and the importance of the issues at stake in the hearing and appeals process and the importance of discovery in resolving the issues. The hearing officer shall rule on any dispute regarding discoverability and may impose any safeguards including denial or limitation of discovery to protect the peer review process and ensure a reasonable and fair hearing.
 6. The hearing officer shall set a date before the hearing for each party to provide the other party with all proposed exhibits. All objections to documents or witnesses to the extent then reasonably known shall be submitted in writing before the hearing. The hearing officer shall not entertain subsequent objections except for good cause.

Section 2 Conduct of Hearing.

- A. Order of presentation. The Board or the Medical Executive Committee depending on whose recommendation prompted the hearing initially shall first present evidence in support of its recommendation. Thereafter the affected Physician shall present evidence. At the hearing both sides shall have the following rights subject to reasonable limits determined by the hearing officer:
 1. To call and examine witnesses to the extent available
 2. To introduce exhibits
 - To cross-examine any witness on any relevant matter and to rebut any evidence
 - To be represented by legal counsel or another person of the Physician's choice who may be present at the hearing. The attorney's role will be determined at the pre-hearing conference and will be either to advise the Physician and

participate in resolving procedural matters or to argue the case for the Physician. Both sides shall notify the other of the name of his or her counsel at least ten (10) calendar days prior to the date of the hearing and

□ To submit a written statement at the close of the hearing.

□. The Requirement to Testify if Called. Affected Physicians who do not testify in his or her own behalf may be called and examined as if under cross-examination. The hearing panel may question the witnesses call additional witnesses or request additional documentary evidence.

C. The Burden of Proof. The Medical Executive Committee or Board of Trustees shall present evidence to support the Statement of Reasons. The hearing panel shall recommend in favor of the Medical Executive Committee (or the Board) unless it finds that the affected Physician has proved by a preponderance of the evidence that the Medical Executive Committee's or Board's recommendation was arbitrary, capricious or unfounded or unsupported by substantial evidence. It is the affected Physician's burden to demonstrate that he or she satisfies on a continuing basis all criteria for the initial appointment reappointment and clinical privileges and that he or she fully complies with all Medical Staff and Hospital bylaws Rules and Regulations and policies.

□. Hearing Panel Recommendation. Within twenty (20) calendar days after the final adjournment of the hearing the hearing panel will deliberate in confidence (except for the hearing officer) and shall render a recommendation accompanied by a report signed by all the panel members which shall contain a concise statement of the reasons for the recommendation. The hearing panel shall deliver its report and recommendation to the Chief Executive Officer who shall forward it along with all supporting documentation to the Board for further action. The Chief Executive Officer shall also send a copy of the report and recommendation to the affected Physician and to the Medical Executive Committee for information and comment.

Section 6. Appeals to the Board.

A. Time for Appeal. Either the affected Physician or the Medical Executive Committee may appeal the recommendation within 10 calendar days after notice of the hearing panel's recommendation. The request for appellate review shall be delivered to the Chief Executive Officer shall be in writing and include a brief statement of the reasons for the appeal and the specific facts or circumstances that justify a further review. If appellate review is not requested within 10 days both parties shall be deemed to have accepted the recommendation, and the hearing panel's report and recommendation shall be forwarded to the Board for final action.

□. Grounds for Appeal. The grounds for the appeal shall be limited to the following:

1. There was substantial failure to comply with these bylaws so as to deny a fair hearing

2. The hearing panel recommendation was arbitrary, capricious, or contrary to law, or
 - The hearing panel recommendation was not supported by substantial evidence based upon the hearing record.
- C. Time, Place, and Notice. Whenever an appeal is requested as set forth above, the Board President shall schedule and arrange for an appellate review as soon as arrangements can be reasonably made, taking into account the schedules of all individuals involved. The affected Physician shall be given notice of the time, place, and date of the appellate review. The Board President may extend the time for appellate review for good cause.
- . Nature of Appellate Review. The Board President shall appoint a review panel composed of at least three (3) Board members to consider the information upon which the hearing panel's recommendation was made. Review panel members may not be direct competitors of the Physician and should not have participated in any formal investigation leading to the recommendation under consideration. The review panel may, but is not required to, accept additional oral or written evidence subject to the same cross-examination and admissibility provisions adopted at the hearing panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence and that any opportunity to admit it at the hearing was denied. Each party shall have the right to present a written statement in support of its position on appeal. At its sole discretion, the review panel may allow each party or its representative to appear personally and make a 10-minute oral argument. The review panel shall recommend final action to the Board. The Board may affirm, modify, reverse the recommendation of the review panel, at its discretion, refer the matter for further review and recommendation, or make its own decision based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges.
- E. Final Board Decision. Not more than sixty (60) days after receiving the review panel's recommendation, the Board shall render a final decision in writing, including specific reasons for its action, and shall deliver copies to the Physician and to the Chair of the Credentials Committee and Medical Executive Committee. The Board's final decision following the appeal shall be effective immediately. If the Board ultimately decides to deny Medical Staff appointment or reappointment or clinical privileges to an applicant, or to revoke or terminate the Medical Staff appointment and clinical privileges of a current appointee, that individual may not apply within five (5) years for Medical Staff appointment and clinical privileges at the Hospital unless the Board of Trustees provides otherwise.
- . Right to One Appeal Only. No affected Physician shall be entitled to more than one hearing or appellate review on any single matter that may be the subject of an appeal.

Section 1. Non-Physician Provider Grievance Process.

- A. When a Non-Physician Provider's clinical competence or professional conduct is called in to question and results in an adverse recommendation the NPP may challenge the corrective action by filing a written grievance within fifteen (15) days of the adverse recommendation or action with MEC or the Chair of the Department to which the Non-Physician Provider has been assigned. Within thirty (30) days of receipt of the grievance MEC shall initiate an investigation and afford the Practitioner an opportunity for an interview. MEC may but need not appoint a committee to conduct the interview. The interview shall not constitute a hearing as described in these Bylaws and shall not be conducted according to the procedural rules applicable with respect to such hearings. Before the interview the Practitioner shall be informed of the general nature of the circumstances giving rise to the action. The affected Practitioner may present relevant information at the interview. If the recommendation of MEC is to terminate the individual's practice prerogatives, the adverse recommendation shall be forwarded to the Governing Board for final action without the right to a hearing or appeal.
- B. Neither the issuance of a warning a letter of admonition or a letter of reprimand nor the denial termination or reduction of privileges nor any other action shall give rise to any right to a hearing or appellate review for Non-Physician Providers.

Article XIX. **OFFICERS**

Section 1. Officers of the Medical Staff.

The Officers of the Medical Staff shall be:

- A. Chief of Staff
- B. Vice Chief of Staff
- C. Secretary/Treasurer

Section 2. Qualifications of Officers.

Officers must be members of the Active Medical Staff at the time of election and must remain members in good standing of the Active Medical Staff during the term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

Section 3. Election of Officers.

- A. At the November Medical Staff Meeting nominations shall be made for the office of Chief of Staff by all Active Medical Staff members present at the meeting.

- . The three nominees receiving the highest number of ballots shall be considered candidates for the position of Chief of Staff.
- C. The Chief of Staff shall be elected by secret ballot from the aforementioned candidates by a majority vote of the Active Medical Staff members present. If no majority is reached on the first ballot, members present shall vote on the two (2) nominees who received the highest number of votes. The nominee receiving the majority of votes cast shall be the Chief of Staff for the next year.
- . Following the election of Chief of Staff, nominations from the floor for the office of Vice Chief of Staff and Secretary will be taken and elected by a majority of votes cast by secret ballot of the Active Medical Staff members present. Medical Staff Services will send out an email asking if the member is willing to serve as Chief of Staff if the individual elected is not present.

Section □ Term of Office.

All officers shall serve a one (1) year term or until a successor is elected. Each term of office shall begin on January 1st following the election and expire on December 31 of that year.

Section □ Recall and Removal.

- A. Officers must remain members of the Active Medical Staff in good standing at all times during their term of office. Resignation from the Medical Staff, failure to maintain Active status, loss of license, or loss of privileges shall immediately create a vacancy in the office involved.
- . Removal of an officer during his/her term of office may be initiated by a two-thirds (2/3) majority vote of the Medical Staff present at any regular or special general medical staff meeting at which a quorum is present, but no such removal shall be effective unless and until it has been ratified by the governing board. Cause for such removal may be for reasons unrelated to professional capabilities or the exercise of clinical privileges and may include failing to perform the duties of the position or exhibiting conduct detrimental to the interests of the Hospital. Without further action pursuant to these bylaws, removal from office does not affect the Medical Staff appointment or clinical privileges of the Physician or Licensed Independent Practitioner so removed.

Section 6. Vacancies of Office.

If there is a vacancy in the office of the Chief of Staff, the Vice Chief of Staff shall serve throughout the remaining term. If there is a vacancy in the office of the Vice Chief of Staff, the Secretary/Treasurer shall serve throughout the remaining term. If there is a vacancy in the office of the Secretary/Treasurer, at the discretion of the Chief of Staff, a special election will be held at a

special meeting of the Medical Staff called and held in accordance with these Bylaws. At such special meeting nominations for Secretary/Treasurer shall be taken from the floor and the officer shall be elected by a majority of votes cast by secret ballot of the active members present.

Section 4. Duties of Officers.

- A. Chief of Staff: The Chief of Staff shall serve as the Chief Administrative Officer of the Medical Staff to:
1. Act in coordination and cooperation with the Chief Executive Officer on all matters of mutual concern within the Hospital
 2. Call, preside at and be responsible for the agenda of all general meetings of the Medical Staff
 3. Serve as Chair of the Medical Executive Committee
 4. Serve as an ex-officio member of all other Medical Staff committees without vote
 5. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations and policies or implementation of sanctions where these are indicated and for the Medical Staff's compliance with the procedural safeguards in all instances where corrective action has been requested against a practitioner
 6. Appoint committee members to all standing, special and multi-disciplinary Medical Staff committees
 7. Present the views, policies, needs and grievances of the Medical Staff to the Board of Trustees and to the Chief Executive Officer
 8. Receive and interpret the policies of the Board of Trustees to the Medical Staff and report to the Board of Trustees on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide quality medical care
 9. Be responsible for the educational activities of the Medical Staff
 10. Be spokesman for the Medical Staff in its external professional and public relations.
- B. Vice Chief of Staff: In the absence of the Chief of Staff, he or she shall assume all the duties and have the authority of Chief of Staff. He or she shall be a member of the Medical Executive Committee. He or she shall automatically succeed the Chief of Staff when the latter fails to serve for any reason.
- C. Secretary/Treasurer: The Secretary/Treasurer or designee shall keep accurate and complete minutes in the Medical Staff Office of all Medical Staff meetings, call Medical Staff meetings on the order of the Chief of Staff, attend to all correspondence, be a signatory on the Medical Staff bank account and perform such other duties as ordinarily pertain to his or her office. A copy of the minutes of each general Medical Staff meeting shall be furnished to the Chief Executive Officer for his or her information and files.

Section 1. Organization of Clinical Departments.

Each department shall be organized as a separate part of the Medical Staff and shall have a Chair who shall be responsible for the overall supervision of the clinical work within the department. The Medical Staff shall be organized into the following departments:

- A. Surgery Department. The Surgery department shall include practitioners of anesthesia, cardiovascular surgery, emergency medicine, general surgery, gynecology, maternal/fetal medicine, obstetrics, neurosurgery, ophthalmology, oral surgery, orthopedics, otolaryngology, pathology, plastic surgery, podiatry, thoracic surgery, vascular surgery, urology, and other surgical specialties.
- B. Medicine Department. The Medicine department shall include behavioral health, cardiology, dermatology, family medicine, genetics, gastroenterology, hematology/oncology, hospitalists, internal medicine, nephrology, neurology, occupational medicine, pediatrics, psychiatry, radiation oncology, radiology, and other medical specialties.

Section 2. Qualifications, Selection and Tenure of Department Chair.

- A. Each Chair shall be a member of the Active Medical Staff and shall be qualified by training, experience, and the demonstrated ability for the position. The Chair of each department shall be board certified.
- B. Each Chair shall be elected by a majority vote of the Active Medical Staff members of the department prior to the commencement of the calendar year and shall serve a twelve (12) month term.
- C. Removal of Chair during his or her term of office may be initiated by the duly elected Chief of Staff, but no such removal shall be effective unless and until it has been approved by a majority of the members of the Medical Executive Committee.

Section 3. Functions.

Each Chair in coordination with the Hospital Administration shall:

- A. be accountable for all professional, administrative and clinically related activities within the service;
- B. give guidance on the overall medical policies of the Hospital and make specific recommendations and suggestions regarding his or her own department in order to assure the quality of patient care;

- C. Maintain continuing surveillance of the professional performance of all Practitioners with clinical privileges in the Department and conduct peer review activities and report regularly thereon to the Medical Executive Committee
- . Be responsible within the Department for the implementation of actions taken by the Medical Executive committee
- E. Formulate and transmit to the Medical Executive Committee the Department's recommendations concerning the Medical Staff classification, reappointment, and delineation of clinical privileges for all Practitioners in the Department, including Non-Physician Providers
- . Participate in every phase of administration of the Department through cooperation with Nursing Service and Hospital Administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders, and techniques
- . Assess and recommend to the relevant Hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department or the Hospital
- H. Oversee the coordination and integration of interdepartmental and intradepartmental services, and integration of the Department into the primary functions of the Hospital
- I. Oversee the continuous assessment and improvement of the quality of care, treatment, and services and the maintenance of quality control programs, as appropriate
- . Oversee the orientation and continuing education of all persons in the Department, and determination of the qualifications and competence of Department personnel who are not licensed independent practitioners but who provide patient care, treatment, and services
- . Assist in preparing recommendations for space and other resources needed and budgetary planning pertaining to the Department as may be required by the Medical Executive Committee, the Chief Executive Officer, or the Board of Trustees
- L. Assist with the preparation and maintenance of a continuous roster of on-call members of the Department as necessary to maintain coverage of the inpatient, outpatient, and emergency room areas for educational and service needs of the Hospital
- M. Oversee the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services
- N. Make recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services.

Section 1. Responsibilities of Clinical Departments.

- A. Criteria for Clinical Privileges. Each Department shall assist in establishing its own criteria consistent with the policies of the Medical Staff and the Board of Trustees and Credentials Committee for granting clinical privileges relevant to the Department.
- B. Medical Care Evaluation. Each Department shall establish a mechanism for conducting a retrospective review of completed records of discharged patients and other pertinent Departmental sources of medical information relating to patient care for the purpose of selecting cases for presentation at a monthly or quarterly meeting that will contribute to the continuing education of each Department member and to the process of developing criteria to assure optimal patient care. Such review and evaluation shall include but not be limited to surgical case review including tissue and non-tissue cases.
1. The Medical Staff is responsible for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served. A quality indicator report will be reviewed at each Department meeting. Clinical case review may also be presented at Departmental meetings to contribute to the continuing education of each Department member and to assure optimal patient care.
 2. Medical Staff quality review will be ongoing to provide an evaluation of performance to ensure the effective and efficient assessments of the work of the Department member. Peer review is an important component of quality improvement. All quality improvement activities are protected under Wyoming law and the federal Health Care Quality Improvement Act of 1996. Refer to the Medical Staff Peer Review Policy for further definition of this process.
- C. Meetings. Each Department shall use its best efforts to meet quarterly but no less than three (3) times per year. Topics discussed at Department meetings may include reviewing and analyzing on a peer-group basis the clinical work of the Department.
- D. Reports to the Medical Executive Committee. Reports shall be submitted monthly at the meetings of the Medical Executive Committee.

Section 2. Assignment to Departments.

The Chief of Staff shall make Departmental assignments for all Medical Staff members with clinical privileges.

Article XXI. COMMITTEES

Section 1. Composition.

Medical Staff committees established to perform one or more of the staff functions required by these Bylaws, Rules and Regulations and Policies shall consist of Appointees to the Active and Associate Physician Staff categories and may include where appropriate Non-Physician Providers and

representatives from Hospital management, nursing, medical records, pharmacy, or social services, and such other departments as are appropriate to the function(s) to be discharged. Service of Medical Staff Members on committees is encouraged and expected.

Section 2. Appointment and Term.

Except as otherwise provided, the Chief of Staff, in consultation with the Chief Executive Officer, shall appoint members of each committee yearly. The Chief Executive Officer and the Chief of Staff or their respective designee(s) shall be members ex officio without a vote of all committees. There is no limit to the number of one-year terms committee members may serve.

Section 3. Chairs.

All committee Chairs, unless otherwise provided for in these Bylaws, will be appointed by the Chief of Staff. Initial appointments of the committee Chair, unless otherwise provided for in these Bylaws, shall be for a period of one (1) year, after which a Chair may be reappointed for unlimited one (1) year terms.

Section 4. Removals and Vacancies.

All appointed members and Chair may be removed and vacancies filled at the discretion of the Chief of Staff unless otherwise provided for in these Bylaws.

Section 5. Medical Executive Committee.

A. Composition.

1. The Medical Executive Committee shall be composed of the officers of the Medical Staff, the Chair of each clinical department and the Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff.
2. The Chief of Staff shall be Chair of the MEC.
- The Chief Medical Officer shall be an ex officio member of the Medical Executive Committee, but without a vote.
- The Chief Executive Officer shall be an ex officio member of the Medical Executive Committee, but without a vote, and may be present at all meetings of the Medical Executive Committee.
- General legal counsel will be present at MEC meetings as an advisor.

B. Duties. The duties of the Medical Executive Committee shall be:

1. To represent and to act on behalf of the Medical Staff in all matters, without the requirement of subsequent approval by the staff, subject only to any limitations imposed by these Bylaws, Rules and Regulations, and Policies. This duty shall include the power to create Rules, Regulations, and Policies in the manner described in these Bylaws, reasonably necessary for the Medical Staff

to perform those duties and obligations required by state and federal law. The areas in which such duties may arise include but may not be limited to autopsies, drugs, biologicals, and blood transfusions, medical records, pharmaceutical services, laboratory services, food and dietetic services, infection control, anesthesia, emergency services, rehabilitation services, and respiratory care services.

2. To coordinate the activities and general policies of the various departments
 - To receive and to act upon the committee and departmental reports as specified in these bylaws and to make recommendations concerning them to the Medical Staff, Chief Executive Officer, and the governing board
 - To implement policies of the Hospital that affect the Medical Staff, and those policies of the Medical Staff not otherwise the responsibility of the departments
 - To provide liaison among the Medical Staff, the Chief Executive Officer, and the governing board
6. To keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the Hospital
 - To enforce Hospital and Medical Staff rules in the best interest of patient care and of the Hospital with regard to all persons who hold an appointment to the Medical Staff
 - To resolve situations involving questions of the clinical competency, patient care and treatment, case management, or inappropriate behavior of any Medical Staff Appointee
9. To be responsible to the governing board for the implementation of the Hospital's quality assessment plan as it affects the Medical Staff
10. To review the bylaws, Policies, Rules and Regulations and associated documents of the Medical Staff at least once a year and to recommend such changes as may be necessary or desirable
11. To act for the organized Medical Staff between meetings of the organized Medical Staff
12. To review clinical pertinence, accuracy and timely completion of medical records
 - 1□ To review the appropriateness of admissions and stays at the Hospital
 - 1□ To review processes related to medication use
 - 1□ To make recommendations to the Chief of Staff and Chief Executive Officer on matters of medico-administrative nature
16. To make recommendations on Hospital management matters to the Medical Staff, the governing board, the Chief of Staff, and the Chief Executive Officer
 - 1□ To fulfill the Medical Staff's accountability to the Governing Board for the medical care rendered to patients in the Hospital
 - 1□ To make recommendations directly to the governing board on the organized medical staff's structure.
19. To review the recommendations of the Credentials Committee concerning all applications and to make written report to the governing board on the recommendations from the Credentials Committee regarding an appointment, assignments to services, and delineation of clinical privileges

20. To review periodically all information of Medical Staff Appointees and other Practitioners with clinical privileges—including—but not limited to Peer Review Information and Credentialing data—and as a result of such reviews make recommendations for reappointments and renewal or changes to clinical privileges
 21. Request evaluations of practitioners privileged through the medical staff process in instances where there is doubt about an applicant's ability to perform the privileges requested.
 22. Recommends to the governing board the process used to review credentials and delineate privileges.
 23. With input from the Radiation Safety Committee (including any member with a conflict of interest) to specify and approve the nuclear medicine director's specifications for the qualifications, training, functions, and responsibilities of nuclear medicine staff
 24. To take all reasonable steps to ensure professional ethical conduct and competent clinical performance on the part of all Appointees of the Medical Staff—including the initiation of and/or participation in staff corrective or review measures when warranted—and
 25. To report at each general Medical Staff meeting.
- C. Meetings. The Medical Executive Committee shall meet at least ten (10) times per year—ideally monthly. The Secretary/Treasurer—or designee—will be responsible for maintaining reports of all meetings—which shall include the minutes of the various committees and departments of the staff. Copies of all Medical Executive Committee minutes and reports shall be transmitted to the Chief Executive Officer and the departmental Chair routinely as prepared.
- D. Reports and Recommendations. Recommendations of the Medical Executive Committee shall be transmitted to the governing board with a copy to the Chief Executive Officer. The Chair of the Medical Executive Committee shall be available to meet with the board or its applicable committee on all recommendations of the Medical Executive Committee. Each departmental Chair at his /her departmental meetings will review the minutes of all Medical Executive Committee meetings.

Section 6. Credentials Committee

- A. Composition. The Credentials Committee shall consist of the three (3) most recent Past Chiefs of Staff of the Medical Staff who are still Appointees to the Active Staff category. The Chair shall be the member who has the most recent consecutive years of service on the committee. If the functions of the committee are threatened by the inability or unwillingness of any of the Past Chiefs of Staff to serve—as determined by the Medical Executive Committee—the Chief of Staff shall appoint members from the pool of prior Medical Staff officers or prior department chairs to the committee to fulfill those terms.

- . Duties. The duties of the Credentials Committee shall be to:
 1. Review the credentials of all Applicants for Medical Staff appointments and clinical privileges to make investigations of and interview such Applicants as may be necessary and to submit a written report of its findings and recommendations
 2. Review the credentials of all Applicants who request to practice at the Hospital as Non-Physician Providers to make investigations of and interview such Applicants as may be necessary and to submit a report of its findings and recommendations
 - Annually review and recommend amendments to the policies on appointments, reappointments and clinical privileges as outlined in these Bylaws, Rules and Regulations and
 - Generate threshold requirements and other criteria for granting of clinical privileges in consultation with the appropriate Departmental Chair

- C. Meetings. The Credentials Committee shall meet at least ten (10) times per year ideally monthly unless there is no business to be transacted and shall maintain a permanent record of its proceedings and actions.

- . Reports and Recommendations. The Credentials Committee shall report its recommendations to the Medical Executive Committee and the Chief Executive Officer. The Chief of Staff will report recommendations to the Governing Board. The Chair of the Credentials Committee shall be available to meet with the Governing Board or its applicable committee on all recommendations that the Credentials Committee may make.

- E. Recusal. Whenever an Applicant's or Medical Staff Appointee's practice is in direct economic competition with the practice of a member of the Credentials Committee such member of the Credentials Committee who is in direct economic competition with the Applicant or Medical Staff Appointee shall abstain from voting during proceedings involving the Applicant or Medical Staff Appointee. Such abstention shall be recorded in the minutes of the meeting.

Section □ Ethics Committee.

- A. Composition. The committee shall consist of two (2) members of the Medical Staff, CEO, nursing representative, chaplaincy representative, In-House Legal Counsel and a community representative as designated by the Chief of Staff.

- . Responsibilities. The purpose of the Ethics Committee is to provide advice, consultation, guidance and education about ethical issues of care within the Hospital environment not related to business or corporate compliance issues. See policy concerning Ethics Committee.

Section 8. Joint Conference Committee.

- A. Composition. The committee shall consist of two (2) members of the Board one (1) of whom shall be the Board President two (2) members of the medical staff one (1) of whom shall be the Chair of the Medical Executive Committee and the CEO. All members will have voting privileges. The chair of this committee will alternate annually between the Board Chair and the Medical Executive Committee Chair.
- B. Responsibilities. The purpose of the Joint Conference Committee is to serve as an official means of liaison among the Board of Trustees (Board) the Medical Staff and the Chief Executive Officer (CEO) with the intent of promoting open communications and strengthening relationships. Its primary function shall be to serve as a forum for discussion of matters effecting the medical staff and medical care; the community's health care needs; and plans for growth and/or changes in service(s).
1. Serves as a forum for education and discussion of issues of mutual concern related to patient care medical policies staffing and resources and the relationship between the Board the CEO and members of the medical staff.
 2. Serves as a forum for education and discussion on all matters related to the quality of care patient safety customer service organizational culture hospital economics health care policy and other items of mutual interest.
- Addresses troublesome issues before they burgeon into conflicts.
 - Makes recommendations to the Board and the Medical Executive Committee respectively.
 - Keeps a record of its meetings and reports to the Board and the Medical Executive Committee respectively.
- C. Meetings. The Joint Conference Committee shall meet as needed.

Section 9. Professional Practice Evaluation Committee.

The Medical Staff shall have a Professional Practice Evaluation Committee (PPEC) which shall develop and administer the Medical Staff's professional practice evaluation (PPE) program. The PPE program shall include focused professional practice evaluation (FPPE) ongoing professional practice evaluation (OPPE) programs and other peer review activities. Further details associated with the PPEC and the PPE Program shall be described in Medical Staff Rule and/or Policy approved in accordance with the bylaws.

Section 10. Radiation Safety Committee.

The Medical Staff shall have a Radiation Safety Committee to which the Medical Staff delegates those duties and obligations required by Medicare's Acute Care Hospital Conditions of Participation and accrediting body standards to be performed by the Medical Staff. Such duties shall include but are not limited to determining the necessary qualifications of practitioners that may be authorized to order radiologic services use equipment and order procedures which tests require a radiologist's specialized knowledge to perform, and provide input to the MEC on specifying and

approving the nuclear medicine director's specifications for the qualifications, training, functions and responsibilities of nuclear medicine staff (so long as such input excludes any member of the Radiation Safety Committee with a conflict of interest). The Radiation Safety Committee's composition and other duties and responsibilities shall be described in the Medical Staff Rule or Policy.

Section 11. Utilization Management Committee.

The Medical Staff shall have a Utilization Management Committee to assist the Hospital in meeting its obligations under Medicare's Condition of Participation for Hospitals, 42 U.S.C. §482.30, as amended and the Wyoming Department of Health Acute Care Hospital licensing regulations. The Committee shall be part of the Hospital's quality management function, and function as a professional standards review organization of our Medical Staff. The Committee's work, reports, findings, proceedings and data shall thus be confidential and privileged to the full extent of federal and state law. The Medical Staff Rule or policy shall further describe the Committee and its composition.

Section 12. Special Committees.

Special committees may be appointed by the Chief of Staff as the need arises to carry out a specified task. At such time when such special committee has concluded its assigned duty that is upon acceptance of its final report to the Medical Executive Committee, such committee shall be terminated.

Section 13. Removal.

- A. Committee members who are Appointees must remain members of the Medical Staff in good standing at all times. Resignation from the Medical Staff, failure to maintain such Medical Staff status, loss of license or privileges shall immediately create a vacancy in the committee.
- B. Officers and Chair shall be subject to automatic removal from a committee upon their resignation or removal from office in accordance with Article I, Section 1 and Article II, Section 2C. All other committee members who are Appointees of the Medical Staff may be removed upon the determination of the Medical Executive Committee, with or without cause. Cause for such removal may be for reasons unrelated to professional capabilities or the exercise of clinical privileges and may include failing to perform the duties of the position or exhibiting conduct detrimental to the interests of the Hospital. Without further action pursuant to these bylaws, removal from office does not affect the Medical Staff appointment or clinical privileges of an Appointee so removed.

Section 1. Regular Medical Staff Meetings.

Regular Medical Staff meetings shall be held at least quarterly. The agenda of each meeting shall include reports of the review and evaluation of the work done in the various clinical departments and the performance of the required Medical Staff functions. All regular meetings shall be held at such time as the Chief of Staff shall designate in the call and notice of the meeting.

Section 2. Special Meetings of the Medical Staff.

- A. The Medical Executive Committee or not less than one-third (1/3^d) of the members of the Active Medical Staff may at any time file a written request with the Chief of Staff for such special meeting and its purpose. Within seven days of the filing of such requests a special meeting of the Medical Staff shall be scheduled.
- B. The Medical Executive Committee shall designate the time and place of any such special meetings.
- C. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff as well as its purpose shall be delivered via e-mail to each member of the Active Medical Staff not less than five (5) days or more than twenty-one (21) days before the date of such meeting. The attendance of a member of the Active Medical Staff at said special meeting shall constitute a waiver of a notice of such meeting. No business shall be transacted at any special meeting except that stated in the motion calling for the meeting.

Section 3. Quorum.

The Active Medical Staff present at any regular or special meeting shall constitute a quorum for the purpose of amendment of this Bylaws, Rules and Regulations and for all other actions. "Present" for these purposes may mean participating by means of a conference call or video conference. Once established a quorum shall be considered present for the remainder of a meeting notwithstanding that members may subsequently leave the meeting.

Section 4. Means of Participation.

Any member of the medical staff or any committee, subcommittee or department may participate in a meeting held pursuant to these Medical Staff bylaws (including the Rules and Regulations, Policies and those of all departments and committees) by any reasonable means enabling all persons participating to communicate with each other simultaneously. The Medical Staff committee or department shall accommodate all reasonably available means of participation including but not limited to a conference call or videoconference. Likewise, the Chief of Staff or chair of any committee (other than a committee participating in any part of any hearing or corrective action process) may permit members to vote by email or similar means provided that the

issue on which the vote is requested is specifically framed and adequate time for information to be presented and discussed is provided, whether in person or by email. A “meeting” for these purposes shall include all medical staff meetings, committee and subcommittee meetings, and department meetings other than ones held pursuant to a hearing process or corrective action process.

Section 1. Minutes.

Minutes of each regular meeting and special meeting of the Medical Staff shall be prepared and shall include a record of the attendance of members and the results of the votes taken on each matter. The minutes shall be promptly submitted to those who attended for approval or read for approval at the next meeting. The Secretary/Treasurer of the Medical Executive Committee or his or her designee (which may be the Medical Staff Office or similar staff person) shall be responsible for preparing such minutes and maintaining a permanent file of the minutes of each meeting in the Medical Staff Office.

Article XXIII. COMMITTEE AND DEPARTMENT MEETINGS

Section 1. Regular Meeting.

Committees may by resolution provide the time for holding regular meetings without notice other than such resolution. Departments shall hold regular meetings, departments shall use their best efforts to meet quarterly but shall meet no less than three (3) times per year to review and evaluate the clinical work of practitioners with privileges in the department. At the regular department meetings, emphasis must be placed on morbidity and mortality analysis with the detailed consideration of selected deaths, unimproved Hospital patients, infections, complications, errors in diagnosis, results of treatment, and analytical reports relative to patient care within the Hospital. The primary responsibility of the regular department meeting is to improve the quality of patient care. The secondary responsibility of the regular department meeting is to address administrative matters.

Section 2. Special Meetings.

A special meeting of any committee or department may be called by or at the request of the Committee Chair or by one-third (1/3rd) of the group's then number but not less than two (2) members.

Section 3. Quorum.

The Active Medical Staff present at any committee or department meeting shall constitute a quorum. “Present” for these purposes may mean participating by means of a conference call or video conference. Once established, a quorum shall be considered present for the remainder of a meeting notwithstanding that members may subsequently leave the meeting.

Section 5. Manner of Action.

The Medical Staff or a subdivision (such as a department or Committee) may act only in one of the following ways to bind the Medical Staff or Subdivision.

- A. By a majority vote of those members eligible to vote present at a duly called meeting.
- B. Any action may be taken without a meeting if by unanimous consent.

Section 6. Minutes.

Minutes of each regular meeting and special meeting of a committee or department shall be prepared and shall include a record of the attendance of members and the results of the votes taken on each matter. The minutes shall be promptly submitted to those who attended for approval or read for approval at the next meeting. Each committee and department shall maintain a permanent file of the minutes of each meeting in the Medical Staff Office.

Section 6. Attendance Requirements.

- A. Notification of Meeting. Each member of the Medical Staff will receive email notification of all meetings of each department and/or committee of which he or she may be a member. There are no specific attendance requirements for department or committee or quarterly Medical Staff meetings.
- B. A Practitioner whose patient's clinical course is scheduled for discussion at a regular peer review meeting shall be so notified and shall be expected to attend such meeting. If such practitioner is not otherwise required to attend the regular departmental meeting the Chief of Staff shall through the Chief Executive Officer or designee give the practitioner advance written notice of the time and place of the meeting at which his or her attendance is expected.
- C. Failure by a Practitioner to attend any mandatory meeting to which he or she has been given notice unless excused by the Medical Executive Committee upon showing of good cause will result in the automatic suspension of all or such portion of the Practitioner's clinical privileges as the Medical Executive Committee may direct. Such suspension shall remain in effect until this matter is resolved through the appropriate mechanisms as contained in these bylaws. However, if the affected Practitioner makes a timely request for postponement because his or her absence will be unavoidable the presentation may be postponed by the department Chair or Medical Executive Committee. Otherwise the pertinent clinical information shall be presented and discussed as scheduled.

Section 7. Parliamentary Procedure.

Except where it may conflict with procedures stated within these bylaws all meetings of the Medical Staff its departments sections and committees shall be governed in its procedures by Robert's Rules of Order as reviewed.

Article XXIV.

IMMUNITY FROM LIABILITY

Section 1. For Action Taken.

No person shall be liable in any manner to any Medical Staff member or other person granted clinical privileges pursuant to these bylaws for action taken or requested under these bylaws if:

- A. Such action is taken in a reasonable belief that the action was in furtherance of quality health care after a reasonable effort to obtain the facts of the matter and
- B. If the Physician involved is given adequate notice and afforded fair hearing procedures with respect to corrective action taken under these bylaws and
- C. In the reasonable belief that the action was warranted by such facts after undertaking such reasonable efforts and following such procedures.

Section 2. For Providing Information.

No representative of the Hospital or Medical Staff and no third party shall be liable to a Practitioner for damages or other relief by reason of providing information including otherwise privileged or confidential information to a representative of this Hospital or Medical Staff or to any other health care facility or organization of health professionals concerning the Practitioner who is or has been an applicant to or member of the Medical Staff or who did or does exercise his or her clinical privileges at this Hospital provided that such representative or third party acts in good faith and without malice and provided further that such information was related to the performance of the duties and functions of the subject Practitioner and is reported in a factual manner.

Section 3. Waiver of Claims.

Application for or the exercise of the rights, privileges and duties of Medical Staff membership or the application for and/or exercise of clinical privileges at the Hospital shall constitute a waiver of any claims any Practitioner may have against any representative of the Hospital or Medical Staff in accordance with this Article.

Section 4. Scope of Release and Waiver.

- A. The immunity, waiver and release described in this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care institution's activities related to:
 - 1. Applications for appointment, reappointment of Medical Staff membership and clinical privileges
 - 2. Periodic reappraisals for reappointment of Medical Staff membership and clinical privileges
 - 3. Corrective action including summary suspension
 - 4. Hearings and appellate reviews

- Quality of care evaluations□
 - 6. Utilization reviews□and
 - Other Hospital service committee activities related to the □uality of patient care and inter-professional conduct.
- . The acts□communications□reports□recommendations□and disclosures referred to in this Article may relate to a Practitioner’s professional qualifications, clinical competency□character□mental or emotional stability□physical condition□ethics□or other matter that might directly or indirectly have an effect on patient care.
- C. The consents□authorizations□releases□rights□privileges□and immunities provided □y this Article□for the protection of this Hospital’s Medical Staff□other appropriate Hospital officials□personnel□and third parties in connection with applications for initial appointment shall □e fully applica□le to the activities and procedures covered □y this Article.

Section □ Confidentiality of Information.

- A. □eneral.
 - 1. Per □ Y Statute □□1□101 through □□1□10□□ all reports□ findings□ proceedings□and data relating to the evaluation or improvement of the □uality of care rendered in the Hospital are confidential and privileged and are not su□ect to discovery or introduction into evidence in any civil action.
 - 2. No person in attendance at any committee meeting or other proceeding pursuant to the activities descri□ed in this Article shall □e permitted or re□uired to testify in any civil action as to any evidence or other matters produced or presented during the meeting or proceeding or as to any findings□ recommendations□evaluations□opinions□or other actions ta□en at such a meeting or proceeding.
- . □reach of Confidentiality. In as much as effective peer review and consideration of the □ualifications of Medical Staff mem□ers and applicants to perform specific procedures must □e □ased on free and candid discussions□any □reach of confidentiality of the discussions or deli□erations of committees□e□cept in con□unction with other Hospital□professional society□or licensing authority□is outside appropriate standards of conduct for the Medical Staff and will □e deemed disruptive to the operations of the Hospital. If it is determined that such a □reach has occurred□the Medical E□ecutive Committee may underta□e such corrective action as it deems appropriate and as authori□ed □y these □ylaws.

Section 1. Management of Conflict Between the Medical Staff and the Medical Executive Committee.

The Medical Staff has the following internal process which is implemented to manage conflict between the Medical Staff and the Medical Executive Committee on issues including but not limited to proposals to adopt a Rule, Regulation or policy or an amendment thereto. Nothing in the foregoing is intended to prevent Medical Staff members from communicating with the Board of Trustees on a Rule, Regulation or policy adopted by the Medical Staff or the Medical Executive Committee. The Board of Trustees determines the method of communication.

Section 2. Conflict Management Process.

- A. In the event that a majority of the voting members of the Medical Staff each sign a petition or otherwise evidence disagreement with any action taken by the Medical Executive Committee including but not limited to any proposed bylaw or Rule or Regulation or Medical Staff policy these members can require that the conflict management process under this Article be followed:
 1. Initial Meeting to Resolve Conflict.
 - a. The petition should clearly state the basis of the disagreement and may include any other information by way of additional explanation to Medical Staff members. The petitioner must acknowledge that they have read the petition and all attachments if any in order for their signature to be considered valid.
 - b. Within thirty (30) days of the Medical Executive Committee's receipt of the petition a meeting between representatives of both the Medical Executive Committee and the petitioners shall be scheduled at a time to be determined by the Chief of Staff.
 - c. The parties shall act in good faith and shall take reasonable steps to resolve the conflict in question.
 - d. If the Medical Executive Committee and the petitioners are able to resolve the conflict the resolution shall be submitted to the voting members of Medical Staff. If the voting members approve the proposed resolution the proposal will be forwarded to the Board for its review and consideration.
 2. Unresolved Conflicts.
 - a. Should the parties fail to reach a resolution or if the voting members do not approve any proposed solution agreed by the petitioners and Medical Executive Committee the petition and all accompanying materials will be forwarded to the Joint Conference Committee for its review and consideration.
 - b. The Joint Conference Committee may decide to approve or to forward to the full Board for further action. The decision of the Board shall be final and shall not serve as a basis for conflict management under the Board's guidelines.

Article XXVI.

HISTORY and PHYSICAL REQUIREMENTS

Section 1. General.

For all patients admitted to the Hospital or patients placed in observation or in an outpatient status for surgical procedures the medical history and physical examination shall be completed and documented by a Physician in accordance with state law and Hospital policy.

- A. An admission history and physical examination (“H&P”) shall be written or dictated within 2 hours of admission. The report shall include all findings resulting from an assessment of the pertinent systems of the body essential to the admitting diagnosis. At the conclusion of the H&P the author shall state an impression or admitting diagnosis and plan for treatment and/or justification for the procedures. The admitting physician or his or her designee will be responsible for completing the H&P. If the physician delegates completion of the H&P to a nurse practitioner or physician assistant the physician must review, date and co-sign the H&P to verify its content.
- B. An H&P completed within 30 days prior to patient admission may be used in the Hospital’s medical record provided these reports were written or dictated by a member of the Medical Staff and updated within 2 hours after admission but before surgery or any procedure requiring anesthesia services is performed. Updates to the patient’s condition since this assessment are to be written or dictated at the time of admission provided any changes in the patient’s condition are documented in the patient’s medical record within 24 hours after admission. This update must be attached to the patient’s medical record. If the patient is admitted for surgery the H&P and the update if applicable must be done prior to surgery.
- C. A procedure shall be postponed when the history and physical examination or update are not written or dictated before surgery or any procedure requiring anesthesia services unless the situation is an emergency or the attending physician states in writing on the patient’s medical record that such delay would be detrimental to the patient. Each situation in which a “detrimental delay” is claimed shall be considered a triggering event for focused professional practice evaluation (PPPE) purposes and shall be reviewed as such by the Professional Practice Evaluation Committee at its next regular meeting.

Article XXVII.

BYLAWS

Section 1. Adoption of bylaws.

- A. These bylaws together with all associated Rules and Regulations shall be adopted at any regular or special meeting of the Active Medical Staff shall replace any previous bylaws Rules and Regulations and shall become effective when approved by the Board of Trustees of the Hospital.

- . The organized Medical Staff of the Hospital adopts and amends Medical Staff Bylaws. Adoption or amendment of Medical Staff Bylaws cannot be delegated. After adoption or amendment by the organized Medical Staff, the proposed Bylaws are submitted to the Board of Trustees for action. Bylaws become effective only upon the Board of Trustees approval.

Section 2. Amendments to Bylaws.

- A. The Bylaws may not be unilaterally amended by the Medical Staff, Medical Staff officers, Medical Executive Committee, or the Hospital Board of Trustees, or in a manner that is inconsistent with the Board's Bylaws, or other governing documents.
- . Proposed amendments to these Bylaws may be submitted in writing by the Board of Trustees or by a member of the Medical Staff at any regular or special meeting of the Medical Staff or at a regular meeting of the Medical Executive Committee. Regardless of the type of meeting in which the amendment was proposed, no approval action may be taken. Such proposal shall be referred to the Bylaws Committee who shall report on it at the next regular meeting of the Medical Executive Committee and the Medical Executive Committee shall report on it at the next regular meeting of the Medical Staff or at a special meeting called for that purpose. The proposed amendments shall be submitted to the Medical Staff within at least twenty (20) calendar days prior to the Medical Staff Meeting at which it is to be voted upon. To be adopted, an amendment shall require a two-thirds (2/3) vote of the active and associate Physician staff physically present.
- C. The recommendations, if approved, will be forwarded to the Board of Trustees for review and consideration at its next regularly scheduled meeting unless a special meeting is called. Amendments so made shall be effective when approved by the Board of Trustees. In the event that the Board does not approve any of the amendments recommended by the Medical Staff, the Medical Staff has the option of requesting that the conflict management process set forth by the Board be pursued.

Section 3. Overriding Rule of Construction.

The Board of Trustees and members of the Medical Staff agree that collaboration and communication among them are vital to the success of the Hospital and its mission. Consequently, these Bylaws shall be construed in all instances consistent with the ability of a member of the Medical Staff to provide input and advice to the Board of Trustees in any aspect of the operation of the Hospital (subject to the confidentiality obligations contained herein), with the Medical Staff's accountability to the Board for the quality of medical care provided to patients in this Hospital, and with the ultimate responsibility of the Board of Trustees for the quality of medical care provided to patients, including ultimate decision-making authority (after receiving the Medical Staff's recommendations) on Medical Staff membership and clinical privileges within the Hospital.

Article XXVIII.

RULES, REGULATIONS, AND POLICIES

Section 1. Adoption and Amendment to Rules and Regulations.

Such Rules and Regulations shall be part of these bylaws except that they may be amended or repealed by majority vote at any regular Medical Staff meeting and without previous notice or at any special Medical Staff meeting as outlined in these bylaws. Such changes shall become effective when approved by the Board of Trustees. If the voting members of the Medical Staff propose to adopt a rule or regulation or an amendment thereto they first communicate the proposal to the Medical Executive Committee. If the Medical Executive Committee proposes to adopt a Rule or Regulation or an amendment thereto it first communicates the proposal to the Medical Staff.

Section 2. Adoption and Amendment to Policies.

- A. The Medical Executive Committee representing the Medical Staff with delegated authority shall adopt such policies as may be necessary to implement more specifically the general principles found within these bylaws, Rules and Regulations. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Practitioner in the Hospital. Any policy affecting Medical Staff responsibilities may be adopted, amended, changed, or deleted by the action of the Medical Executive Committee acting for the Medical Staff. The Medical Executive Committee through the Chief of Staff shall be included in the Memorial Hospital of Sweetwater County policy review process for all Medical Staff Policies.
- B. If the voting members of the Active Medical Staff propose to adopt a policy or an amendment thereto they first communicate the proposal to the Medical Executive Committee when the Medical Executive Committee adopts a policy or an amendment thereto it communicates this to the Medical Staff.

Article XXIX.

AMENDMENTS

Section 1. Direct Adoption and/or Amendments by the Medical Executive Committee.

The Medical Executive Committee shall have the power to adopt such amendments to the bylaws, Rules and Regulations, and/or Policies as are, in the Medical Executive Committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within 60 days of their receipt of notice of adoption by the Medical Executive Committee.

Section 2. Urgent Amendment of Rules and Regulations and Policies (Excludes bylaws).

- A. In the event that the Hospital receives a written notice, demand or other similar communication from a governmental agency, accreditation body or similar entity or if the Hospital is put on notice that it needs to amend a Rule or Regulation in order to

comply with any law or regulation, the Medical Executive Committee shall be delegated with the authority to provisionally adopt and the Board of Trustees may provisionally approve an amendment to a Rule or Regulation, as may be required to comply with the law, regulation or accreditation standard without any prior approval of the Medical Staff. In such cases, the Medical Executive Committee will immediately notify the entire Medical Staff. Copies of any notice or materials requiring the urgent amendment, if not otherwise confidential, will be submitted along with the written notice. The Medical Staff has the opportunity for retrospective review of and comments on the provisional amendment. If there is no conflict between the Medical Staff and the Medical Executive Committee concerning an amendment that has been provisionally adopted by the Board of Trustees, the provisional amendment will remain in effect. If there is conflict over the provisional amendment, the process for resolving the conflict between the Medical Staff and the Medical Executive Committee is implemented. If necessary, a revised amendment will be submitted to the Board for its review and consideration.

- . In the event that the Hospital receives a written notice, demand or other similar communication from a governmental agency or accreditation body, or similar entity or if the Hospital is put on notice that it needs to amend a policy of the Medical Staff in order to comply with any law, regulation or standard the Medical Executive Committee will meet to amend the policy in accordance with the procedures outlined herein.

Section □ Conflict Management Process Initiated.

In the event that the Board does not approve any of the amendments recommended by the organized Medical Staff and/or Medical Executive Committee, the Medical Staff has the option of referring the matter to the Joint Conference Committee for resolution.

Article XXX. Appendix - MEDICAL STAFF CODE OF CONDUCT

Section 1. Purpose.

Memorial Hospital of Sweetwater County's (MHSC) vision is to improve the health of its patients and the well-being of the community by building relationships, exceeding expectations, and enhancing human lives. This vision may be achieved by setting high standards for safety and quality of patient care. The MHSC Medical Staff recognizes that safety and quality of patient care depend on teamwork, communication, and collaboration. The Medical Staff further recognizes that certain behaviors tend to undermine the culture of patient safety and quality that MHSC is committed to, specifically intimidating and disruptive behaviors by members of the health care team that could potentially contribute to medical errors, poor patient satisfaction, preventable adverse outcomes, and increased costs.

This Code of Conduct is intended to:

- A. Define personal and professional standards of conduct and acceptable behavior for all staff while engaged in business or service with MHSC
- B. Prohibit intimidating and disruptive behaviors that can foster medical errors, contribute to poor patient care, prevent adverse outcomes and increase costs and
- C. Encourage and promote teamwork, communication and a collaborative work environment.

In furtherance of this purpose, acts of retaliation or consequence to any Medical Staff member or employee who carries out the standards of or reports violations of this Code of Conduct will not be tolerated. Making knowingly frivolous, false or malicious allegations of violations of the Code of Conduct, however, has the potential to undermine trust and morale in the workplace. Disciplinary action under the relevant MHSC policy, bylaws or Code of Conduct may be taken against anyone found to have made allegations of violations that are knowingly frivolous, false or malicious.

Section 2. Standards of Conduct and Professionalism.

- A. Appropriate behavior. All Medical Staff are expected and required to engage in Appropriate behaviors that foster collegial and collaborative relationships, support a health care and workplace environment that improves patient quality care, fosters a safety culture and be professional, courteous and respectful to all individuals. Appropriate behavior is a condition of membership, credentialing and privileging of the Medical Staff. Below is a list of Appropriate behaviors, however, this list is not intended to be all-inclusive:
 - 1. Treat all persons, including patients, families, visitors, employees, trainees, students, volunteers, trustees and healthcare professionals with respect, courtesy, caring, dignity and a sense of fairness.
 - 2. Communicate openly, respectfully and directly with team members, referring providers, patients and families in order to promote mutual trust and understanding and optimize health services.
 - Encourage, support and respect the right and responsibility of all individuals to assert themselves to enhance patient safety and the quality of care.
 - Resolve conflicts in a respectful, non-threatening, constructive and private manner. (Wait until emotions have cooled).
 - Demonstrate sensitivity and acceptance of diverse backgrounds (e.g., gender, race, age, disability, nationality, sexual orientation, religion, etc.).
 - 6. Adhere to high ethical standards in patient care, teaching and conducting research.
 - Respect the privacy and confidentiality of all individuals.

- Promptly report adverse events and potential safety hazards and encourage colleagues to do the same.
 - 9. □ Willingly participate in □ cooperate with and contribute to □riefings □ de □riefings and investigations of adverse events.
 - 10. Uphold the policies of MHSC and the Medical Staff.
 - 11. Utilize all MHSC facilities □ equipment □ and property responsibly and appropriately.
 - 12. □ be fit for duty during work time □ including on-call responsibilities.
- . Disruptive Behavior. Medical Staff are expected not to engage in disruptive behavior. Disruptive behavior is unacceptable and will not be tolerated. Disruptive behavior is a style of interaction with Physicians □ Hospital personnel □ patients □ family members □ or others that interferes with patient care □ causes distress among other staff □ and affects the overall morale and the work environment. Disruptive behavior can be either verbal or physical (e.g. □ personally directed verbal outbursts □ profanity □ condescending attitude □ refusal to participate in assigned patient care activities □ physical threats □ blaming / name calling □ or throwing objects □ etc.) and is accompanied by strong emotion. **It includes actions that are detrimental to the quality of patient care, disruptive to departmental or facility operations, or in violation of established standards, policies, Bylaws, federal or state law, or local ordinances.** Examples of disruptive behavior include □ but are not limited to:
- 1. Threatening or abusive language directed at patients □ visitors □ nurses □ Physicians □ Hospital personnel □ leadership □ or trustees (e.g. □ belittling □ berating □ and/or non-constructive criticism that intimidates □ undermines confidence □ or implies incompetence without justification).
 - 2. Verbal tirades □ with or without outburst □ abusive language.
 - Use of profanity or other offensive language directed at an individual.
 - Degradation or demeaning comments regarding patients □ families □ nurses □ Physicians □ Hospital personnel □ the quality of care provided by the Hospital □ or MHSC leadership or trustees.
 - Inappropriate use of cell phones □ computers □ music players □ or other electronic devices in a manner that could be detrimental to patient care.
 - 6. Inappropriate physical contact or actions that are threatening or intimidating to another individual □ with or without injury (e.g. □ throwing equipment or supplies at or near others).
 - Making or posting derogatory or abusive signs □ posters □ cartoons □ or drawings.
 - Disorderly conduct disrupting the performance of assigned functions or department operations.
 - 9. Discrimination based on any status protected by law or MHSC policy (e.g. □ race □ color □ national origin □ sex □ age □ religion □ disability □ status as a protected veteran □ sexual orientation □ gender identity/gender expression □ etc.).
 - 10. Harassment of any type including sexual harassment □ which is defined as verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it.

11. Mental/Physical Impairment (e.g. alcohol / drug use, mental impairment that prevents successful completion of duties, etc.).
12. Disruption of Hospital performance review functions (e.g. peer review, committee meetings, event reporting, privileging determinations).
13. Intentional and overt disruption of Hospital meetings.

Section 4 Violations of the Code of Conduct.

All members of the Medical Staff are expected to adhere to this Code of Conduct and hold others to the same standards and appropriately address concerns. Disruptive, intimidating, inappropriate or unacceptable behaviors shall be reported to the appropriate departmental, administrative or human resources representative pursuant to MHSC policies and Medical Staff bylaws. All reports of disruptive behavior will be addressed.

In evaluating disruptive behavior, consideration will be given to whether the behavior was a "Disruptive Episode" or the behavior of a truly "Disruptive Practitioner". Disruptive Episodes are evidenced by infrequent occurrences and behavior out of character for the Practitioner. Typically the Practitioner recognizes and takes responsibility for his or her unacceptable behavior. A Practitioner who is found to engage in a Disruptive Episode and has not displayed disruptive behavior previously should not be treated in the same manner as a Physician who is known to have frequent or multiple Disruptive Episodes. Disruptive Episodes will be addressed by the President of the Medical Staff who will discuss the incident with the staff member in a non-threatening manner. The discussion will be followed up and documented with a letter summarizing the conversation. MEC will be responsible for determining if formal corrective action will be pursued for a disruptive episode.

A Disruptive Practitioner is a more serious matter and is evidenced after the inception of this document by frequent occurrences and behavior that is typical for the Practitioner based on repeat documentation of summary letters and as determined by MEC. There will be "zero tolerance" for Disruptive Practitioners who direct disruptive, intimidating, inappropriate or unacceptable behavior at any specific individual associated with MHSC (i.e. patients, family members, Physicians, nurses, staff, volunteers, managers, executives, trustees or anyone else).

Any report of disruptive behavior will be sufficient grounds for immediate action by the President of the Medical Staff, the Medical Executive Committee or the Chief Executive Officer as specified in the Medical Staff bylaws or other applicable policies. A progressive process of rehabilitation/discipline is recommended for most situations. However, it is not required if it is believed that more immediate action is needed based upon the severity of a particular incident. In addressing concerns or reports of violation, the corrective actions outlined in MHSC policies and Medical Staff bylaws will be followed. Generally, the following process is suggested but not required:

- A. The Chief of Staff will discuss the incident with the staff member in a non-threatening manner. The discussion will be followed up and documented with a letter summarizing the conversation. MEC will be responsible for determining if formal corrective action will be pursued for a disruptive episode.

- . Should the staff member continue to engage in disruptive behavior the staff member would be required to meet with the Medical Executive Committee and to sign an agreement specifically defining the disruptive behavior and outlining the ramifications of future disruptive behavior. The discussion will be followed up and documented with a letter summarizing the conversation and agreement.
- C. Should disruptive behavior continue any member of the Medical Staff the Chief Executive Officer of the Hospital or any member of the governing board may make a request for corrective action to the Medical Executive Committee to intervene with possible action which may include without limitation further investigation limitation suspension or termination of privileges according to the provisions of Article □□II of the Memorial Hospital of Sweetwater County Medical Staff bylaws.

Section □. Agreement.

Every member of the MHSC Medical Staff must sign and abide by this Code of Conduct. Refusal or failure to comply with the Code of Conduct may result in the immediate and indefinite suspension of privileges at MHSC as per the Medical Staff bylaws.

To: The Hospital Board of Trustees

From: Medical Executive Committee

Date: January 26, 2021

Subject: Proposed Changes to the Existing Medical Staff Bylaws

Please see the attached proposed changes to the existing Medical Staff Bylaws. Changes have been made to Article IX, Section E – Medical Executive Committee:

- On page 46, item 1, Composition - This language was added: The Immediate Past President, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.

Changes have also been made to Article IX, Section F – Credentials Committees:

- On page 48, item 1, Composition - This language has been added: “and who aren’t serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials Committee at the same time.”

The changes have been noted in colored ink. These changes were suggested by the General Medical Staff at their meeting on January 20, 2021. The same changes were approved for the new Bylaws. However, since it may be a few months before the new Bylaws are approved by the Board of Trustees, the Medical Staff voted to make these changes to the existing Bylaws, as well.

/kd

Section E. MEDICAL EXECUTIVE COMMITTEE (MEC)

1. Composition:

- a. — The Medical Executive Committee shall be composed of the officers of the Medical Staff ~~and;~~ the Chair of each clinical department, ~~and the Immediate Past President of the Medical Staff if he or she continues to be a member of the Active Medical Staff.~~
- b. — The President of the Medical Staff shall be Chair of the MEC.
- c. The Immediate Past President, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.
- d. The Chief Medical Officer shall be an ex officio member of the Medical Executive Committee, but without a vote.
- d.e. — The Chief Executive Officer shall be an ex officio member of the Medical Executive Committee, but without a vote, and shall be present at all meetings of the Medical Executive Committee. Members of the Governing Board and the Chief Nursing Officer may attend meetings of the Medical Executive Committee and participate in its discussions but without a vote.

2. Duties:

The duties of the Medical Executive Committee shall be:

- a. To represent and to act on behalf of the Medical Staff in all matters, without the requirement of subsequent approval by the staff, subject only to any limitations imposed by these Bylaws, Rules, Regulations, and Policies;
- b. To coordinate the activities and general policies of the various departments;
- c. To receive and to act upon the committee and departmental reports as specified in these Bylaws, and to make recommendations concerning them to the Medical Staff, Chief Executive Officer, and the Governing Board;
- d. To implement policies of the Hospital that affect the Medical Staff, and those policies of the Medical Staff not otherwise the responsibility of the departments;
- e. To provide liaison among the Medical Staff, the Chief Executive Officer, and the Governing Board;
- f. To keep the Medical Staff abreast of applicable accreditation and regulatory

recommendations for reappointments and renewal or changes to clinical privileges;

- t. To take all reasonable steps to ensure professional ethical conduct and competent clinical performance on the part of all Appointees of the Medical Staff, including the initiation of and/or participation in staff corrective or review measures when warranted; and
- u. To report at each general Medical Staff meeting.

3. Meetings:

The Medical Executive Committee shall meet at least ten (10) times per year, ideally monthly. The Secretary will be responsible for maintaining reports of all meetings, which shall include the minutes of the various committees and departments of the staff. Copies of all Medical Executive Committee minutes and reports shall be transmitted to the Chief Executive Officer and the Departmental Chair routinely as prepared.

4. Reports and Recommendations:

Recommendations of the Medical Executive Committee shall be transmitted to the Governing Board with a copy to the Chief Executive Officer. The Chair of the Medical Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations of the Medical Executive Committee. The minutes of all Medical Executive Committee meetings will be reviewed by each Department Chair at his/her departmental meetings.

Section F. CREDENTIALS COMMITTEE

1. Composition:

The Credentials Committee shall consist of the three (3) most recent Past Presidents of the Medical Staff who are still Appointees to the Active Staff category, and who aren't serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials Committee at the same time. The Chair shall be the member who has the most recent consecutive years of service on the committee. If the functions of the committee are threatened by the inability or unwillingness of any of the Past Presidents to serve, as determined by the Medical Executive Committee, the President of the Medical Staff shall appoint members to the committee to fulfill those terms.

To: The Hospital Board of Trustees

From: Medical Executive Committee

Date: January 26, 2021

Subject: Proposed Changes to the New Medical Staff Bylaws

Please see the attached proposed changes to the new Medical Staff Bylaws. These are the Bylaws that were approved by the medical staff at the General Medical Staff meeting of December 1, 2020. These are the Bylaws that are waiting approval by the Board of Trustees.

Changes have been made to Article XXI – Committees, Section 5 – Medical Executive Committee:

- On page 68, item A, Composition - This language was added: The Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.

Changes have also been made to Article XXI – Committees, Section 6 – Credentials Committee:

- On pages 70 and 71, this language has been added: “and who aren’t serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials Committee at the same time.”

The changes have been noted in colored ink. These changes were suggested by the Medical Executive Committee on December 22, 2020. These changes were proposed after the Bylaws (as a whole) were approved by the General Medical Staff. These changes were approved by the Medical Staff at their meeting on January 20, 2021.

/kd

representatives from Hospital management, nursing, medical records, pharmacy, or social services, and such other departments as are appropriate to the function(s) to be discharged. Service of Medical Staff Members on committees is encouraged and expected.

Section 2. Appointment and Term.

Except as otherwise provided, the Chief of Staff, in consultation with the Chief Executive Officer, shall appoint members of each committee yearly. The Chief Executive Officer and the Chief of Staff or their respective designee(s) shall be members, ex-officio, without a vote, of all committees. There is no limit to the number of one-year terms committee members may serve.

Section 3. Chairs.

All committee Chairs, unless otherwise provided for in these Bylaws, will be appointed by the Chief of Staff. Initial appointments of the committee Chair, unless otherwise provided for in these Bylaws, shall be for a period of one (1) year, after which a Chair may be reappointed for unlimited one (1) year terms.

Section 4. Removals and Vacancies.

All appointed members and Chair may be removed and vacancies filled at the discretion of the Chief of Staff unless otherwise provided for in these Bylaws.

Section 5. Medical Executive Committee.

A. Composition.

1. The Medical Executive Committee shall be composed of the officers of the Medical Staff, the Chair of each clinical department, ~~and the Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff.~~
2. The Chief of Staff shall be Chair of the MEC.
3. and the Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.
43. The Chief Medical Officer shall be an ex officio member of the Medical Executive Committee, but without a vote.
54. The Chief Executive Officer shall be an ex officio member of the Medical Executive Committee, but without a vote, and may be present at all meetings of the Medical Executive Committee.
65. General legal counsel will be present at MEC meetings as an advisor.

B. Duties. The duties of the Medical Executive Committee shall be:

1. To represent and to act on behalf of the Medical Staff in all matters, without

19. To review the recommendations of the Credentials Committee concerning all applications and to make written report to the Governing Board on the recommendations from the Credentials Committee regarding an appointment, assignments to services, and delineation of clinical privileges;
 20. To review periodically all information of Medical Staff Appointees and other Practitioners with clinical privileges, including, but not limited to Peer Review Information and Credentialing Data, and, as a result of such reviews, make recommendations for reappointments and renewal or changes to clinical privileges;
 21. Requests evaluations of practitioners privileged through the medical staff process in instances where there is doubt about an applicant's ability to perform the privileges requested.
 22. Recommends to the Governing Board, the process used to review credentials and delineate privileges.
 23. With input from the Radiation Safety Committee (excluding any member with a conflict of interest), to specify and approve the nuclear medicine director's specifications for the qualifications, training, functions, and responsibilities of nuclear medicine staff;
 24. To take all reasonable steps to ensure professional ethical conduct and competent clinical performance on the part of all Appointees of the Medical Staff, including the initiation of and/or participation in staff corrective or review measures when warranted; and
 25. To report at each general Medical Staff meeting.
- C. Meetings. The Medical Executive Committee shall meet at least ten (10) times per year, ideally monthly. The Secretary/Treasurer, or designee, will be responsible for maintaining reports of all meetings, which shall include the minutes of the various committees and departments of the staff. Copies of all Medical Executive Committee minutes and reports shall be transmitted to the Chief Executive Officer and the Departmental Chair routinely as prepared.
- D. Reports and Recommendations. Recommendations of the Medical Executive Committee shall be transmitted to the Governing Board with a copy to the Chief Executive Officer. The Chair of the Medical Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations of the Medical Executive Committee. Each Departmental Chair at his /her departmental meetings will review the minutes of all Medical Executive Committee meetings.

Section 6. Credentials Committee

- A. A.—Composition. The Credentials Committee shall consist of the three (3) most recent Past Chiefs of Staff of the Medical Staff who are still Appointees to the Active Staff category, and who aren't serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials

Committee at the same time. The Chair shall be the member who has the most recent consecutive years of service on the committee. If the functions of the committee are threatened by the inability or unwillingness of any of the Past Chiefs of Staff to serve, as determined by the Medical Executive Committee, the Chief of Staff shall appoint members from the pool of prior Medical Staff officers or prior Department chairs to the committee to fulfill those terms.

- B. Duties. The duties of the Credentials Committee shall be to:
1. Review the credentials of all Applicants for Medical Staff appointments, reappointments, and clinical privileges; to make investigations of, and interview, such Applicants as may be necessary; and to submit a written report of its findings and recommendations;
 2. Review the credentials of all Applicants who request to practice at the Hospital as Non-Physician Providers; to make investigations of, and interview, such Applicants as may be necessary; and to submit a report of its findings and recommendations;
 3. Annually review and recommend amendments to the policies on appointments, reappointments and clinical privileges as outlined in these Bylaws, Rules and Regulations; and
 4. Generate threshold requirements and other criteria for granting of clinical privileges in consultation with the appropriate Departmental Chair
- C. Meetings. The Credentials Committee shall meet at least ten (10) times per year, ideally monthly, unless there is no business to be transacted, and shall maintain a permanent record of its proceedings and actions.
- D. Reports and Recommendations. The Credentials Committee shall report its recommendations to the Medical Executive Committee and the Chief Executive Officer. The Chief of Staff will report recommendations to the Governing Board. The Chair of the Credentials Committee shall be available to meet with the Governing Board or its applicable committee on all recommendations that the Credentials Committee may make.
- E. Recusal. Whenever an Applicant's or Medical Staff Appointee's practice is in direct economic competition with the practice of a member of the Credentials Committee, such member of the Credentials Committee who is in direct economic competition with the Applicant or Medical Staff Appointee shall abstain from voting during proceedings involving the Applicant or Medical Staff Appointee. Such abstention shall be recorded in the minutes of the meeting.



Approved:

N/A

Review Due:

N/A

Document Area:

Administration

Reg. Standards:

EMPLOYEE POLICIES-POLITICAL ACTIVITY

STATEMENT OF PURPOSE

To provide guidelines for Memorial Hospital of Sweetwater County (MHSC) employees as to political activity either for others or self.

Policy

Every MHSC employee has the right to and is encouraged to register and vote. However, as MHSC receives federal and state funds there are certain limits on employees political rights. Those limits include but are not limited to:

A Hospital employee may not engage in, nor may Supervisors or Directors allow employees to engage in campaign activities of any sort, including solicitation of political contributions while on any of the Hospital's campuses.

Employees are not permitted to use Hospital property, such as copiers, printers, fax machines, computers or telephones for political activities.

An employee may not campaign or participate in political activities while wearing Hospital apparel. This includes wearing of political buttons or signs when at work and/or on duty, and placing signs on any of the Hospital campuses. However, this does not exclude an employee's right to display a bumper sticker on an employee's personal vehicle. In short, all political activity is to be kept separate and apart from the job and away from the workplace.

Running for public office

MHSC employees are encouraged to engage in the political process i.e. running for local (community college board, county commissioners etc) state or federal office. However, MHSC cannot appear to support/promote its employee over another candidate. To avoid any appearance of impropriety or unfair advantage, MHSC will require any employee who runs for office at any level of government or board position (that requires an election process) to take PTO to campaign and/or serve in the position. Once all available PTO is used up any time taken from the employees job at MHSC to run a campaign or hold office will be unpaid.

Employees may not campaign in the Hospital and may not use Hospital equipment, communications systems, supplies or any other materials from MHSC for campaign/election purposes. This prohibition includes social media and email campaigns. These campaigns may not be conducted from MHSC computers or communication devices. Any employee who runs for office must disclose that they are not endorsed by MHSC

and that no MHSC equipment or supplies was used for their campaign.

REFERENCES

Attachments

No Attachments

DRAFT



Approved:

N/A

Review Due:

N/A

Document Area:

Administration

Reg. Standards:

EMPLOYEE POLICIES- COMMUNICATION SYSTEMS

EMPLOYEE POLICIES-COMMUNICATION SYSTEMS

PURPOSE

To inform MHSC employees of MHSC communication systems and of the expectations and responsibility of using Hospital communication systems. Employee violations of this policy may result in corrective action up to termination depending on the severity of the violation.

POLICY

MHSC employees should have no expectation of a right to privacy on Hospital computers, Hospital issued phones, Hospital voice mail systems or any other Hospital communication system.

Computers

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

All computer files, documents, and software created or stored on the Hospital's computer systems are subject to review and inspection at any time. This includes web-based email employees may access through Hospital systems, whether password protected or not. Employees should not assume that information accessed, shared, copied, emailed through a Hospital computer is confidential, including e-mail either sent or received.

As computers in the Hospital allows access to ePHI all computers will be controlled with a unique username and password. Computer equipment should not be removed from the Hospital premises without written approval from the employee's department head.

Personal Use of the Internet

Hospital employees will need to access information through the internet/intranet in order to do their job. However, **the use of the internet/intranet is only for business purposes during the time employees are working.** Personal use of the Hospital's internet system should be done before or after work or during breaks or lunch period. Regardless, MHSC prohibits the display, transmittal, or downloading of material that is in violation of Hospital guidelines or otherwise is offensive, pornographic, obscene, profane, discriminatory, harassing, insulting, derogatory, or otherwise unlawful at any time.

Software and Copyright

MHSC fully supports copyright laws. Employees may not copy or use any software, images, music, or other intellectual property (such as books or videos) unless the employee has the legal right to do so. Employees must comply with all licenses regulating the use of any software and may not disseminate or copy any such software without authorization. Employees may not use unauthorized copies of software on personal computers housed in hospital facilities.

Unauthorized Use

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

E-mail

E-mail is only to be used for business purposes during the time employee is working. While personal e-mail is permitted, it is to be kept to a minimum. Personal e-mail should be brief and sent or received as seldom as possible. MHSC prohibits the display, transmittal, or downloading of material that is offensive, pornographic, obscene, profane, discriminatory, harassing, insulting, derogatory, or otherwise unlawful at any time. No one may solicit, promote, or advertise any outside organization, product, or service through the use of e-mail or anywhere else on hospital premises during working times. Working time does not include breaks or meal periods. Management may monitor e-mail from time to time.

Employees must be aware at all times of phishing and cyber-security breaches. Do not reply to emails or click links requesting user names and passwords. Only click on links or open emails from people you know and that have a valid email address.

Employees are prohibited from unauthorized use of encryption keys or the passwords of other employees to gain access to another employee's e-mail messages.

Voice Mail

The Hospital voice mail system is intended for transmitting business-related information. Although the Hospital does not monitor voice messages as a routine matter, the Hospital reserves the right to access and disclose all messages sent over the voice mail system for any purpose. Employees must use judgment and discretion in their personal use of voice mail and must keep such use to a minimum.

Telephones Cell Phones Mobile Devices

Employee work hours are valuable and should be used for business/patient care. Excessive **personal** cell use can significantly disrupt business operations. Employees should use their break or lunch period for cell phone use for personal calls, texting and social media.

Confidential information should not be discussed on a cell phone or via any mobile device. Phones and mobile devices with cameras should not be used in a way that violates other Hospital policies such as Confidentiality policies/HIPAA policies/EEO/Sexual Harassment policies and other relevant policies. Employees' use of a cell phone or mobile device to access Hospital communication systems is restricted/prohibited without prior authorization. Such access, once authorized, may subject the employee's personal device to discovery requests or Hospital corrective action. Employees authorized to access Hospital systems and information using a personal device must immediately inform the Hospital if the device is lost or stolen.

For safety reasons, employees will not use cell phones and mobile devices to make calls or text while driving personal vehicles or Hospital vehicles/equipment. Employees should park whenever they need to use a cell phone. Generally, stopping on the shoulder of the road is not acceptable. Texting while driving is illegal and could subject the employee to tickets and fines from law enforcement.

Separation from MSC

Upon separation of employment, all Hospital issued communication tools (cell phones, laptops, etc) must be returned to Hospital's IT or HR Department. Failure to return Hospital owned/issued equipment will result in withholding of employees final paycheck until the equipment is returned.

This policy will replace current Computer Usage Employee Policy and Limited Use of Hospital Info Systems, Sanctions and HIPAA security, Computer Usage IT policies will be archived as relevant sections from those policies have been incorporated into this policy. Draft policy was reviewed and approved by IT Director

Attachments

No Attachments

DRAFT



Approved:

N/A

Review Due:

N/A

Document Area:

Administration

Reg. Standards:

EMPLOYEE POLICIES-EQUAL EMPLOYMENT OPPORTUNITY (EEO)

Purpose

Memorial Hospital of Sweetwater County (MHSC) is an equal opportunity employer. In accordance with state and federal anti-discrimination laws, it is the purpose of this policy to honor and effectuate these principles and mandates. MHSC prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law. MHSC conforms to the spirit as well as to the letter of all applicable laws and regulations.

Policy

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between Memorial Hospital of Sweetwater County and its employees, including:

- Recruitment (including job postings/advertisements and employment application).
- Employment.
- Promotion.
- Transfer.
- Training.
- Working conditions.
- Wages and salary administration.
- Employee benefits and application of policies.

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with MHSC.

Directors, managers and supervisors are responsible for implementing equal employment practices within each department. The HR department is responsible for overall compliance and will maintain personnel records in compliance with applicable laws and regulations.

Reporting

If an employee of MHSC believes that he/she or another employee is being discriminated against due to the employee being a member of a protected class employees have an obligation to report such concerns to the HR Department.

- MHSC expects employees to make timely complaints to enable the Hospital to investigate and correct any behavior that may be in violation of this policy.
- Employees also have the right to file their complaint with either the Equal Employment Opportunity Commission or the Wyoming Fair Practices office. The procedure to file a claim with these agencies is found on the EEOC website and the Wyoming Fair Employment office website.

Procedures

MHSC administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement "*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.*"
- Posting all job openings.
- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO agency proceeding.
- Requires employees to report to a member of Administration, an HR representative or legal counsel any apparent discrimination or harassment. The report should be made within 48 hours of the incident.
- Promptly notifies In House counsel of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

Attachments

No Attachments

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Quality Committee...Chair's Report...January, 2021
Date: January 26, 2021

The Dialysis Director, Ms. Halstead, reported the Dialysis Department received a very high rating...the Department has a 5 Star rating. She went over the various metrics that comprise the scoring. With current hours and staffing, the Department could accommodate 4 more patients.

Kara Jackson, Quality Director, reviewed with the Committee various aspects of PIPS. A goal is to have all Hospital departments involved in the reporting process...in a few months this goal should be realized.

The Committee discussed the need for more direct reporting to the Board from the medical staff regarding Quality matters. Currently, MHSC is not meeting the requirement. A discussion took place as to how best to have this occur. I believe that this reporting should be done directly to the entire Board...not just to the Quality Committee. Dr. Quickenden and Dr. Karn agreed that the suggested process should be discussed first with the MEC and then with the Joint Conference Committee. Staff believes a recommendation could come to the Quality Committee in February.

Dr. Karn presented an update from the Medical Staff. Of course, COVID-19 was the focus. Dr. Karn reported that the county is doing a good job of distributing the vaccine. One concern is a shortage of syringes. Overall, things are going quite well at MHSC and at the County level with addressing COVID-19 issues.

A discussion took place regarding medication errors...the Hospital's highest reportable event. Dr. Quickenden stated that staff is working diligently to address this issue.

A discussion took place regarding *The Joint Commission* survey. Thousands are past due because of COVID-19. MHSC may be eligible for a virtual survey. Continuing discussion is taking place regarding this matter.

More details on these subjects can be found in the draft Quality Committee minutes.

Present: **Voting Members:** Kara Jackson (Quality Director), Marty Kelsey (Quality Board Chair), Dr. Banu Symington, Tami Love (CFO), Irene Richardson (CEO), Dr. Melinda Poyer (CMO), Dr. Cielette Karn, Ann Marie Clevenger (CNO),

Non-voting Members: Cindy Nelson, Korey Worden, Dr. Barbara Sowada (Board Member), Richard Mathey (Board Member,) Karali Plonsky, Taylor Jones (Board Member)

Guests: Nicole Halstead, Valerie Boggs

Absent/Excused: **Voting Members:** Leslie Taylor (Clinic Director),

Non-voting Members: Kalpana Pokhrel, Noreen Hove

Chair: Mr. Marty Kelsey

Approval of Agenda & Minutes

Mr. Kelsey presented the Agenda for approval, Dr. Poyer motioned to approve, Mr. Mathey seconded. Motion was approved. Mr. Kelsey then presented the December 16, 2020 Minutes for approval. Mr. Mathey motioned to approve, Dr. Quickenden seconded the motion. Motion was approved.

Mission Moment

Dr. Quickenden shared an email with leadership regarding a call she received after the 1st round of COVID vaccinations for the 70+ at risk population. A community member called Dr. Quickenden after receiving her vaccination stating how flawlessly the process went, from signage and direction in the parking lot, through the hospital, receiving the vaccination and monitoring. She stated she tried to let everyone know how appreciative she was throughout the process.

Old Business

No old business was brought forth for discussion.

New Business

Ms. Halstead, Dialysis Director gave an overview of the Dialysis ESRD QIP score, giving explanations for the different measures they record and evaluate. See attached ESRD QIP Scores. Ms. Halstead stated she was very proud of her staff and the excellent work they do. Ms. Jackson reiterated that sentiment, noting that the CMS measures Dialysis follow are equivalent to the Measures the Hospital also follows. Ms. Jackson also noted our Dialysis Department has a 5-Star rating. Mr. Kelsey questioned the capacity to serve, and whether we could accommodate more and what toll that would take. Ms. Halstead noted with current hours and staff they could expand to accommodate 4 more patrons before staff and hours would need to

be increased. Ms. Halstead further noted the concern with COVID and its possible effects on the kidneys could change the future of Dialysis.

Ms. Jackson reviewed the PIPS Reporting, noting that they are continuing to expand committees to report and phasing departments in in stages. We are a few months from having all departments phased in. Ms. Jackson also noted several facility wide reports have been added, which are reported monthly to PIPS and quarterly to Quality. Dr. Quickenden stated conversations with Mr. Kelsey, Mr. Mathey and Dr. Sowada have discussed creating another calendar that is separate for the Board of all items that need to report into the Board and the time frames. Dr. Sowada complimented the team on the completeness and organization of the team.

Dr. Quickenden reported on the Medical Staff Leader Direct Consultation with the Board project and how it tied into Mella's (consultant) report. Mella also provided a sample template for a policy. Mr. Kelsey stated he would like to see a provider that would report "regularly" to the Quality Board from the point of view of Quality measures and how they affect the providers. Mr. Mathey noted it is a fairly straight forward requirement, that it does not appear we are meeting at this time. The benefit of compliance is direct quality reporting. Dr. Poyer noted Chief of Staff position can be an "inside facility" surgeon, or an "outside facility" clinic provider so point of view could be different. Dr. Poyer suggested bringing in a different provider each time for reports, Dr. Karn seconded that notion. Mr. Kelsey stated he would leave the particulars of reporting to the provider leadership. Dr. Sowada suggested accessing the Joint Conference committee which is a mix of Board members, Senior Leadership, Providers and supporting staff to determine what would be effective for a facility this size. Dr. Quickenden and Dr. Karn agreed this decision should be first taken to MEC, then to Joint Conference Committee. Mr. Kelsey requested adding this to next month's agenda for possible feedback. Lastly, Mr. Kelsey asked if the PIPS Committee knew what their next direction was in regards to Mella's recommendation report. Dr. Quickenden noted that all of Tier 1 is actively being worked on, with Tier 2 being the next steps. Dr. Quickenden listed out the prioritized next steps – emails to leaders as a heads up for upcoming discussions; an annual HR report and elements to include; list of medical directors, their qualifications and responsibilities and lining that up with their contracts. Ms. Jackson further noted they are working on a presentation to better explain and define PIPS and their goals in data collection and analysis, with a plan to standardize the report.

Medical Staff Update

Dr. Karn gave the Medical Staff Update. Dr. Karn complimented the robust and varied specialties we have in our medical staff and have that are very involved they are in our processes. Currently Sweetwater County is excelling in distribution of COVID vaccination, in coordination with the hospital and Public Health and in conjunction with Castle Rock Medical Center, Dr. Stachon, Kim Lionberger, the Incident Command under Kim White, the Police and of course our staff – Noreen Hove, Des Padilla, and Kristy Nielson. The next step for distribution will be through the County Events Complex coordinated by Public Health on Tuesdays and Wednesdays weekly, so no vaccine is left sitting. They believe they can deliver up to 2500 doses per week. Currently the hospital staff vaccination is at 35%, but we continue to have staff come forward requesting to be vaccinated, so in response we will coordinate a campaign specifically for our staff. We have had one snag in vaccinating, and that is in procuring supplies of needles. Pharmacy is working to keep those supplies adequate.

We have learned that the Curative test is not as sensitive of test as the state test so we will be going back to offering the state test in the swabbing line. This cannot be signed up on line or scheduled like the curative, which will again cause bottlenecking in the swabbing line and require more staff. We will continue to provide the best test available to us, because that is what our community deserves. Ms. Plonsky questioned if this would affect the test we use for staff. Dr. Karn noted the staff testing is using the Vault sputum test, which she suspects has a similar sensitivity as the Curative. We will continue to use the Vault, curative or state testing for staff. Dr. Symington noted in talking to other colleagues around the country are having issues with vaccination role out and complimented Memorial Hospital in their role out.

Information Items for Review/Discussion

Mr. Kelsey presented Informational Items for pull out and discussion. Mr. Kelsey questioned Risk/Safety reporting and the statement that "medication errors continue to be the highest reportable event". Dr. Quickenden noted that this is a process they are looking at closely and are developing measures to evaluate, as well as looking at opportunities to improve. Dr. Quickenden noted the Safe Medication Practice Committee has been reassembled and is actively looking at processes to improve medication administration. Ms. Clevenger noted in past not all medication errors were being documented on our occurrence system, but that she has been working with departments to more accurately capture that information and build trust in reporting.

Dr. Quickenden updated the committee on The Joint Commission (TJC) Survey. Dr. Quickenden stated we are still waiting to hear from TJC and if we are eligible for a virtual survey. CMS has expanded eligibility criteria, and we have been notified that we could get a chance for a survey about our willingness to have a virtual survey. Currently TJC has 4,000 surveys that are pass due for 2020 and are working on another 4,000 due in 2021. We continue to work actively on Joint Commission readiness and things related to that.

Meeting Adjourned

The meeting adjourned at 9:22 am.

Next Meeting

February 17, 2021 at 08:15 am via ZOOM.

Respectfully Submitted,

Robin Fife, Recording Secretary

Quality, Risk, Safety, & Accreditation Summary

Quality Committee of the Board – January 2021

Three Performance Improvement and Patient Safety (PIPS) Priorities FY 2021

1. HCAHPS/Patient Experience
2. High Level Disinfection
3. Culture of Safety Survey Results and Action Plans

1) Star Rating

- a. There are seven categories within the Star Rating and they are as follows: mortality, readmission, safety of care, efficient use of medical imaging, timeliness of care, patient experience and effectiveness of care. Each of these seven categories contain several data metrics. CMS recently approved the combination of a few of the categories. Moving forward we will see five total categories for the Star Rating. Data within the following categories continues to trend in right direction: readmissions and safety of care.
- b. Mortality rate has increased in November. All cases are currently under review and will continue to monitor this data.
- c. Efficient Use of Medical Imaging: OP-10 Abdomen CT with and without Contrast – Project Team is working on improvements, will continue to monitor.
- d. Within the Timeliness of Care category, Ed-2b: ED Median Admit Decision Time to ED Departure Time has seen a decrease over recent months but is starting to increase. Will continue to monitor.
- e. Within the Effectiveness of Care category, we continue to see fluctuations with the data for Core Sep1 – Early Management Bundle, Severe Sepsis/Septic Shock. Scorecards identifying opportunities for improvement continue to be sent to physicians and nurses involved in each case. Leadership of Sepsis Work Group is to be determined, and we will provide an update when this has been clarified. Improvement work continues for Core OP-23 – Head CT/MRI Results for Stroke Pts within 45 minutes of Arrival and Core OP-2 Fibrinolytic Therapy Received within 30 minutes.
- f. Patient Experience-HCAHPS: The “Inpatient HCAHPS” is the survey data that affects our Star Rating and Value Based Purchasing reimbursement program. This survey includes OB, ICU, and Med-Surg. Please see the “Introduction to Press Ganey-Condensed Version” document for further information.

2) Risk/Safety

- a. Risk - Falls for December include one that happened on 01/04/2021. Midas included this because the patient was in hospital since December. No other trending was noted. Medication errors continue to be the highest reportable events. The goal for 2021 should be that the Unit directors engage the investigation and implement risk mediation as needed for med errors.
- b. Safety – The Patient Safety Committee will be launched at the end of January. Development of charter, agenda, dashboard/data and scheduling recurring meetings is underway. The Patient Safety Plan has been approved by PIPS Committee, MEC, Quality Committee of the Board, and the Board of Trustees. This plan will provide guidance to

the committee. The Culture of Safety Survey was administered in June, and results have been analyzed. Results were presented to Leadership, Town Halls, Quality Committee of the Board, MEC, and Board of Trustees. We continue to schedule meetings to share individual department data. Improvement work, goals, etc. will be addressed by the Patient Safety Committee.

- c. High Level Disinfection – Three indicators were developed to monitor high level disinfection. These include high level disinfection log book reviews, visual observation of high level disinfection process, and ensuring annual staff competencies for high level disinfection are complete and found within their HR file.
- 3) PI Standards
- a. Our PI Standards within the dashboard include data metrics defined by Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), as well as priorities identified by MHSC on the Performance Improvement and Patient Safety (PIPS) plan.
- 4) Accreditation
- a. We remain in our Joint Commission triennial survey window and a survey will occur soon, however this is also dependent upon the COVID 19 situation in Sweetwater County. We may receive either an onsite or offsite survey. CSR Committee continues to meet weekly in order to prepare. There are some standards that need work to come into compliance and this work is underway. “Joint Points” continue to be shared with the hospital and clinics.

HR CHAIR REPORT TO THE BOARD FOR JANUARY 2021

Ed Tardoni

The Human Resources Committee met in a Zoom format this month.

HR DATA FOR THE MONTH

The usual HR reports are included in the Board packet. The turnover and rehire rates continue to be much better than national averages. The data for December also reflects the entire 2020 calendar year. As such the data serves as a quality measure of the MHSC employee relations program

POLICY ACTIVITY

POLITICAL ACTIVITY POLICY (resubmitted to the Board with a do pass recommendation)

This policy was submitted previously and the Board voted to refer it back to the HR Committee for consideration of employees becoming candidates for office. Provision for employees wishing to become „candidates for office have been included in this resubmission.

COMMUNICATION SYSTEMS POLICY (sent to the Board with a do pass recommendation)

This policy is new only in the sense it combines several older policies. Hospital Staff drafted the policy and the policy had been reviewed and approved by the IT Director. It recognizes the multifaceted nature of today's communication systems. The policies it replaces will be archived. A list of the replaced policies may be found at the end of the document.

EEO POLICY (for information only no Board action required)

Suzan Campbell maintains the list of policies coming up for review. This is one of those. Only minor grammatical changes were made to the policy. A copy is provided for information only and no Board action is required.

WORK PLACE VIOLENCE POLICY (progress update)

This policy states that a Work Place Violence Plan will be in place. The Policy was put on hold until such a plan was developed. An internal hospital staff Ad Hoc committee was appointed to develop the plan. The Ad Hoc committee met on 01/07/2021. Their comments regarding draft and outlines are due 01/15/2021

NEXT MEETING

The HR Committee meets the third Monday of the month. That would be February 15th, 2021 at 3:00 P.M most likely by Zoom

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting – Minutes Draft
Monday – January 18, 2021
Zoom

Trustee Members Attending by Zoom: Barbara Sowada & Ed Tardoni

Members Present by Zoom: **Amber Fisk, Irene Richardson, Suzan Campbell**

Guests by Zoom: **Amy Lucy, Ruthann Wolfe, Cindy Nelson, Kari Quickenden, Tami Love, Ann Clevenger**

Ed called the meeting to order. The motion to approve the agenda as modified to discuss HR issues that were part of the quality consultant report was made by Barbara, second by Irene. Motion carried.

OLD BUSINESS

I. MINUTES APPROVED:

The motion to approve the December 14, 2020, meeting minutes as presented was made by Barbara, second by Irene. Motion carried. Ed noted Shawn did an excellent job on the minutes.

II. TURNOVER REPORT:

Amber reviewed the report. She said our turnover is at 13% which is incredible. The national average is about 23% with Covid and normally about 26%. The top positions for turnover are registered nurses and environmental services technicians. Amber clarified the corrective action information and said 6% of 67 were on a written warning. 50% of the 67 were discharged. 12% of staff who left had a final written warning. 88% in that category were discharged. The report reflects the rehire rate because we have a lot of that. Amber said she separates the clinic numbers. Clinic corrective actions show 36% of 11 had a final written warning and 100% were discharged. Ed noted some employees leave and some correct themselves.

III. OPEN POSITIONS:

Amy reviewed the updated job postings. She said some of the positions have been filled after the report was placed in the meeting packet. We are removing the collections clerk opening until the Cerner EMR project is complete. A student position is new. She said most of the others are all replacements. Amber confirmed the PCT (Position Control Team) is still active and reviews all job openings. Barbara noted the Ultrasound Tech positions have been on the list for a long time. She asked if the Hospital has a program to help people advance. Kari said we have something in place with a staff member pursuing the education now.

IV. QUALITY CONSULTANT REPORT & HR:

Barbara referenced the quality consultant report. She said some recommendations jumped out at her. One is to consider an annual HR report to the Board and the suggested information that was listed to include. Barbara said she is wondering if there has been any talk of including that other information in an annual report to the Board. Kari said Amber and Kari discussed the information briefly after the consultant's visit. The Quality Department prioritized the items in the report and Kari said she thinks the HR report is in Tier 2. It was discussed in the PIPS meeting the prior week and plans were made to reach out to department directors to handle items on the list. Barbara said that sounds good. She said it showcases the HR Department. Ed suggested just rolling it into the monthly report and then the information would always be available. There

was discussion of what works best for staff. Kari said she will send the information from PIPS to Amber to review and discuss for the best timing and they will report back to the Committee. Ed said this is under review by hospital staff.

V. **EMPLOYEE POLICIES:**

a. **Workplace Violence Prevention Plan/Policy** – Suzan reported the group has been meeting and continue working on a draft.

b. **Communication Systems Policy** – Suzan said she is always looking at employee policies to see if changes are needed. She gave a list last year and some were placed on the back burner. She thinks we can address some now. One is the communication systems policy. Ed said the content is very good. Suzan said she is going to draft a separate statement that goes out through Human Resources for vendors, students, and guests regarding confidentiality if utilizing our Internet. She said the IT Director liked the policy. Suzan said she feels it is ready for approval. The motion to approve forwarding the policy with a do-pass recommendation to the Board as discussed was made by Barbara; second by Irene. Motion carried. Ed said he wants the policy only in the “new business” section of the meeting packet and not in the HR Committee section of the packet.

c. **Political Activity Policy** – Suzan reported a subcommittee met to discuss if an employee runs for public office. There was discussion of reporting if running and if there is a conflict of interest. Suzan said we do not want to dissuade people from running for office. Irene said the group spent quite a bit of time working on it and we have to make sure we prioritize the Hospital. She said she thinks we have captured everything in this version. The motion to approve sending the policy back to the Board and include in the narrative the policy has been amended to meet the recommendations of the Board with a do-pass recommendation was made by Barbara; second by Irene. Motion carried. Ed said he wants the policy only in the “new business” section of the meeting packet and not in the HR Committee section of the packet.

d. **EEO Policy** – Suzan said there are two versions in the committee meeting packet. The first is the current policy in place. She said there is nothing wrong with it, however she updated the information after review of Supreme Court updates and in looking at what other companies are doing. She doesn’t think the policy we have in place makes it clear. Suzan is suggesting an alternative of what we can have in place if we want to update the policy. Suzan asked if we can replace the policy since it is an internal policy or does it need to go to the Board. She asked if can move forward as an “FYI.” The information would be in the committee minutes and the chair report to the Board in the committee section.

NEW BUSINESS

VI. **“HOW TO BUILD A BETTER HANDBOOK” ARTICLE FROM SHRM:**

Suzan and Amber are aware of what we should have in place. They included the article as an “FYI.” Suzan said all of our policies are on line and we do not have a hard copy handbook any longer.

VII. **GLOBAL HR UPDATE:**

The committee discussed the benefits of hiring a consultant to review training, policies, etc. Ed and Barbara said they support staff. Ed said the consultant would need to offer something significant to a very

successful current program. Irene said she feels we have HR where it should be and just want to make sure our bases are covered. Barbara cautioned to look for deliverables.

VIII. **COMMITTEE MEMBER REPORTS:**

Irene said we always talked about becoming an employer of choice and that was something related to the Strategic Plan. Amber has been researching to see how we can apply for that designation. Amber said Modern Healthcare has a program and referenced the criteria. She said our application submission is due mid to late February and they issue the awards in late summer or early fall. She said it would be a good recruitment tool and help with positive PR. Amber said the criteria is on the Modern Healthcare website. Amber and Irene will keep the committee updated.

IX. **COMMITTEE MEMBER REPORTS:**

The next meeting is scheduled on Presidents' Day – Monday, February 15th at 3:00 PM

Ed complimented the group on their work with the policies and said he appreciates the hard work. The meeting adjourned at 4:12 PM.

Human Resources Committee Meeting
Monday, January 18th, 2020
3:00 PM – Zoom meeting
AGENDA

Old Business

- I. Approval of minutes
- II. Turnover Report - Amber
- III. Open Positions –Amy
- IV. Other updates – Committee members
 - a. **Employee Policies - Suzan:**
 - i. Workplace Violence Prevention Plan/Policy update:
Ad Hoc committee met on 01/07/2021. Comments from members due on 01/15/2021 regarding draft and outlines.
 - ii. **Communication Systems Policy:**
 - 1. Suzan sent to committee for comments on 01/07/2021
 - iii. **Political Activity Policy:**
 - 1. Draft sent by Suzan to committee on 01/12/2021
 - iv. **EEO Policy:**
 - 1. Draft sent by Suzan to committee on 01/12/2021
 - v. **Employee Policies: Introductory Period:** – update

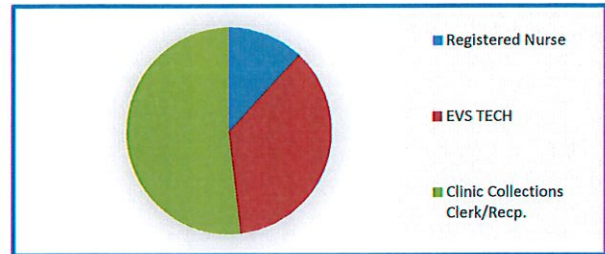
New Business

- V. "How to Build a Better Employee Handbook" article from SHRM - Suzan
- VI. Global HR Update – Amber/Irene
- VII. Committee member reports, other discussion(s) – as needed
- VIII. Determination of Next Meeting Date (Auto-Scheduled for 02/25/2021)

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
2020 Overall Turnover Data (As of 12/31/2020)

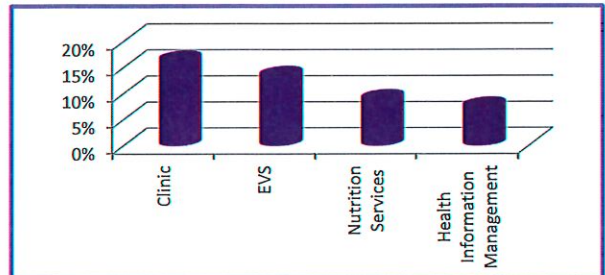
Top Position(s) / Turnover

	2020	%
Registered Nurse	11	9%
EVS TECH	7	28%
Clinic Collections Clerk/Recp.	6	40%



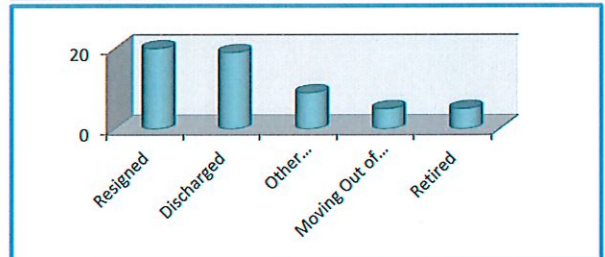
Top Department(s) / Turnover

	2020	%
Clinic	11	16%
EVS	9	13%
Nutrition Services	6	9%
Health Information Management	5	7%



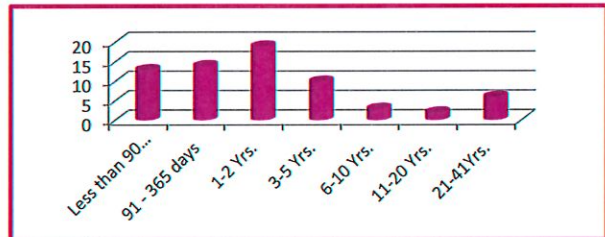
Top Reasons / Turnover

	2020	%
Resigned	20	30%
Discharged	19	28%
Other Employment	9	13%
Moving Out of Area/Relocation	5	7%
Retired	5	7%



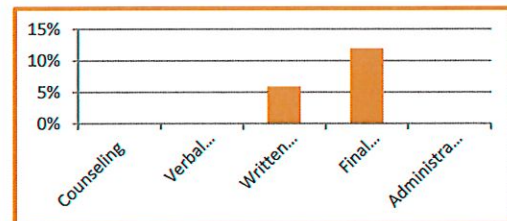
Length of Service

	2020	%
Less than 90 days	13	19%
91 - 365 days	14	21%
1-2 Yrs.	19	28%
3-5 Yrs.	10	15%
6-10 Yrs.	3	4%
11-20 Yrs.	2	3%
21-41 Yrs.	6	9%
Total	67	



Corrective Action

		% Discharged
Counseling		
Verbal Warning		
Written Warning	6%	50%
Final Written Warning	12%	88%
Administrative Leave		



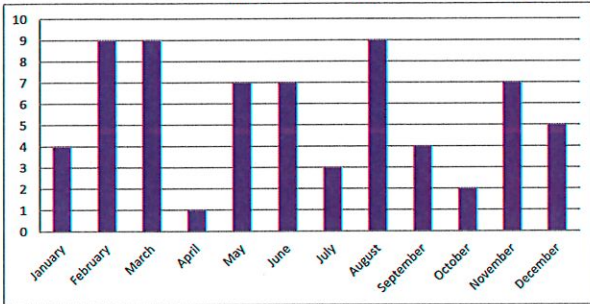
Total
Employees

536

536

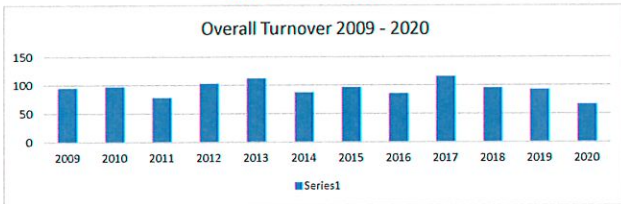
2020 Separations - Hospital Wide

	Separations	New Employees	
January	4	4	536
February	9	6	530
March	9	8	529
April	1	4	532
May	7	1	526
June	7	3	522
July	3	8	527
August	9	8	526
September	4	8	530
October	2	10	538
November	7	15	546
December	5	15	556
Total	67	90	13%



	Separations
Involuntary	19
Voluntary	48
Total	67

	Classifications
RN	8
Classified	59
Total	67



Overall Turnover

2009	96
2010	98
2011	79
2012	104
2013	113
2014	88
2015	97
2016	86
2017	116
2018	96
2019	93
2020	67

Rolling 12

	Separations	%
Jan 19 - Jan 20	109	20%
Feb 19 - Feb 20	107	20%
March 19 - March 20	107	20%
April 19 - April 20	103	19%
May 19 - May 20	105	20%
June 19 - June 20	105	20%
July 19 - July 20	94	18%
Aug 19 - Aug 20	92	17%
Sept 19 - Sept 20	93	18%
Oct 19 - Oct 20	94	17%
Nov 19 - Nov 20	92	17%
Dec 19 - Dec 20	90	16%

Rehire Rate

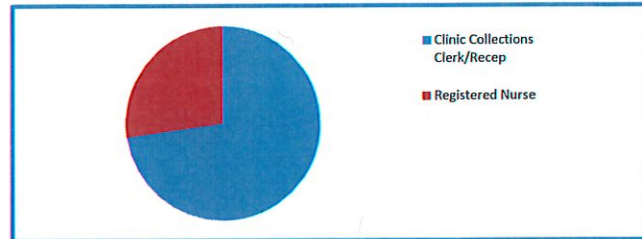
	Rehires	%
July 19 - July 20	14	15%
Aug 19 - Aug 20	17	18%
Sept 19 - Sept 20	16	17%
Oct 19 - Oct 20	13	15%
Nov 19 - Nov 20	15	15%
Dec 19 - Dec 20	15	16%

MEMORIAL HOSPITAL OF SWEETWATER COUNTY - CLINIC DATA

2020 **Clinic** Turnover Data (as of 12/31/2020)

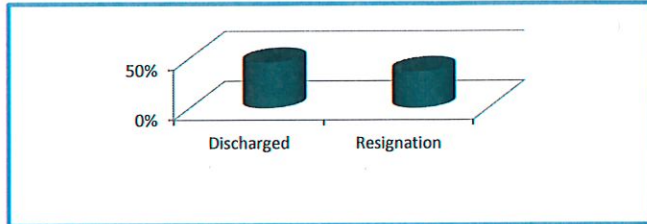
Top Position(s) / Turnover
Clinic Collections Clerk/Recep
Registered Nurse

2020	%
6	40%
3	15%



Top Reason(s) / Turnover
Discharged
Resignation

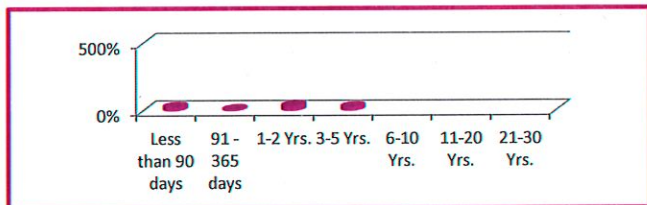
2020	%
5	45%
4	36%



Length of Service

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

2020	%
3	27%
1	9%
4	36%
3	27%



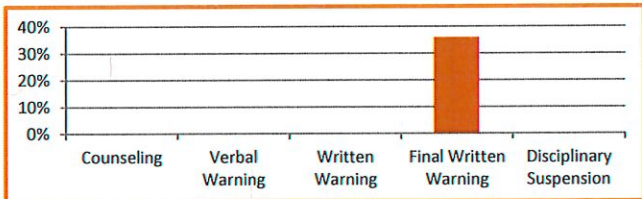
Total

11

Corrective Action

Counseling
Verbal Warning
Written Warning
Final Written Warning
Disciplinary Suspension

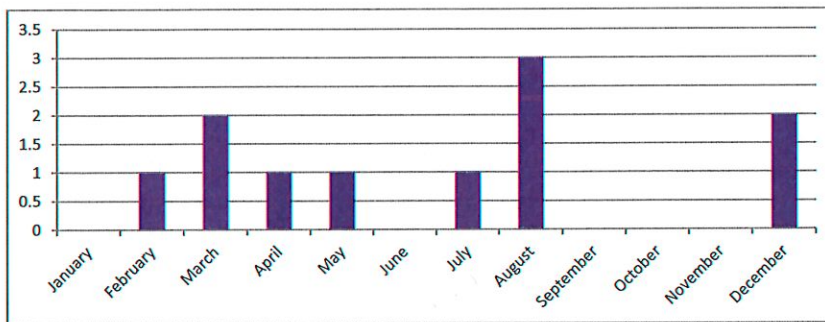
36%	100%
-----	------



2020 Separations - Clinic

	Separations	New Employees	Total Employees
January	0	0	110
February	1	1	110
March	2	2	110
April	1	0	109
May	1	0	108
June	0	0	108
July	1	1	108
August	3	3	108
September	0	1	109
October	0	4	113
November	0	2	115
December	2	3	116
Total	11	17	

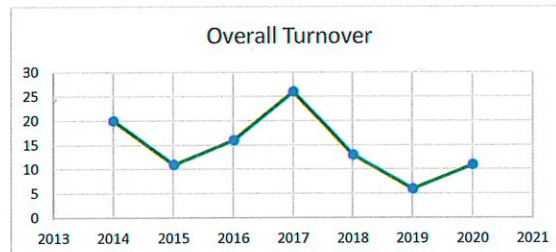
110



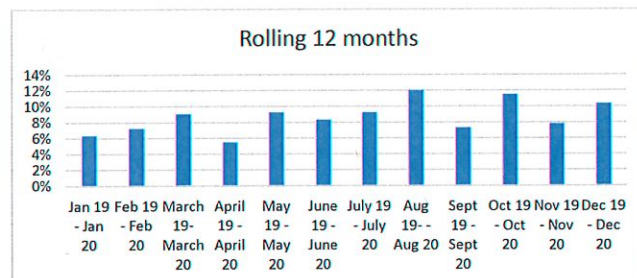
<u>Separations</u>	
Involuntary	5
Voluntary	6
Total	11

<u>Classifications</u>	
RN	1
Classified	10
Total	11

	<u>Overall Turnover</u>	
2014	20	26%
2015	11	18%
2016	16	14%
2017	26	23%
2018	13	12%
2019	6	5%
2020	11	10%



Rolling 12 Months		
Jan 19 - Jan 20	7	6%
Feb 19 - Feb 20	8	7%
March 19- March 20	10	9%
April 19 - April 20	6	6%
May 19 - May 20	10	9%
June 19 - June 20	9	8%
July 19 - July 20	10	9%
Aug 19 - Aug 20	13	12%
Sept 19 - Sept 20	8	7%
Oct 19 - Oct 20	13	12%
Nov 19 - Nov 20	9	8%
Dec 19 - Dec 20	12	10%



Job Postings by Department

January 15, 2021

Clinical

CARDIOPULMONARY

1. Reg. Resp. Therapist, Regular Full Time, Variable

CLINIC

1. Nurse Practitioner, Regular Full Time, Variable, 40 Hrs. P/P

CT SCANNER

1. CT Tech, Regular Full Time, Rotating

ECHOCARDIOGRAPHY

1. Ultrasound Tech., Regular Full Time, Days, M-F, 40 Hrs. P/P

LABORATORY

1. Med. Tech, Regular Full Time, Variable, variable, 40 Hrs. P/P
2. Med. LabTech, Regular Full Time, Variable, variable, 40 Hrs. P/P
3. Med. LabTech, Regular Full Time, Variable, variable, 40 Hrs. P/P
4. Med. Tech, Regular Full Time, Variable, variable, 40 Hrs. P/P
5. Med. Tech, Regular Full Time, Variable, variable, 40 hours per week Hrs. P/P
6. Lab Asst / Phlebotomist I, Regular Full Time, Variable, variable

MEDICAL IMAGING

1. Student Radiographer - Medical Imaging, PRN, Variable
2. Rad. Tech. I (ARRT), Regular Full Time, Variable

PHYS, OCC & SPEECH THERAPY

1. Physical Therapist, Regular Full Time, Days, 8:30-5pm, 40 Hrs. P/P

ULTRASOUND

1. Ultrasound Tech., Regular Full Time, Variable

Non-Clinical

ADMITTING

1. Admitting Specialist I, Regular Full Time, Rotating

NURSING ADMINISTRATION

1. House Supervisor, Regular Full Time, Nights

NUTRITION SERVICES

1. Dietary Aide, Regular Full Time, Variable, 40 Hrs. P/P

PATIENT FINANCIAL SERVICES

1. Collections Clerk, Regular Full Time, Days, M-F 8-4:30, 40 Hrs. P/P

SECURITY

1. Security Officer, PRN, Variable

Nursing

CARE MANAGEMENT

1. Care Transition RN, Regular Full Time, Days

CLINIC

1. Registered Nurse - Walk-In Clinic, Regular Full Time, Variable, Variable hours including evenings and weekends, 40 Hrs. P/P

Filters All Active Facility; All Active Department; All Active ; Group By:Department

Execution Time Execution Time: 0 Mins, 15 Secs,288 MilSecs

Date current as of 01/15/2021 3:00PM EST

Job Postings by Department

January 15, 2021

2. Registered Nurse - Clinic, Regular Full Time, Variable, 40 Hrs. P/P

EMERGENCY DEPARTMENT

1. Director of Emergency Services, Regular Full Time, Variable

MED/SURG

1. Clinical Coordinator -Med/Surg & ICU, Regular Full Time, Days, 40 Hrs. P/P

Filters All Active Facility; All Active Department; All Active ; Group By:Department

Execution Time Execution Time: 0 Mins, 15 Secs,288 MilSecs

Date current as of 01/15/2021 3:00PM EST

Cindy Nelson

From: Richard Mathey
Sent: Friday, January 29, 2021 11:19 AM
To: Cindy Nelson
Subject: Chair's Report-January Finance & Audit Committee Meeting

Cindy-For Inclusion in the February Board packet -A regular monthly meeting of the Finance & Audit Committee was held on January 27. Generally, the meeting followed the agenda. No new capital spending requests were made, nor were there any requests for ratification of expenditures made with SLIB grant money or CARES Act money.

-MHSC's IT Director, Abram Jewell, reported to the committee on the CLA testing of MHSC's vulnerability to cyber attacks. The report was presented in terms understandable by people not well versed in IT, which was appreciated. The report included measures taken, measures being taken now, and measures that are being contemplated to increase the security and efficiency of MHSC's IT systems.

-An informative discussion of pricing of MHSC services took place during the Financial Forum section of the meeting. The discussion included MHSC agreements with health insurance companies; Medicare payment for services; Medicaid payment for services; private pay; comparison shopping by health care consumers; and fulfillment of recently enacted requirements regarding posting of prices for services.

-The meeting concluded with tentatively setting a budget workshop, together with a joint meeting of the F&A Committee and the full Board, on February 24, 2021, at 2:00 pm. This scheduling matter will be presented to the Board at its February 3 meeting.

Richard Mathey, Chair

Sent from my iPad

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

Wednesday~ January 27, 2021

2:00 p.m.

Teleconference

Voting Members:

Richard Mathey, Chairman
Ed Tardoni
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese
Angel Bennett
Ann Clevenger
Abram Jewell

Kari Quickenden
Dr. Larry Lauridsen
Dr. Augusto Jamias

Guests:

Jeff Smith, Commission

Leslie Taylor

- I. Call Meeting to Order Richard Mathey
- II. [Approve December 30, 2020 Meeting Minutes](#) Richard Mathey
- III. [Capital Requests FY 21](#)
- IV. Financial Report
 - A. Monthly Financial Statements & Statistical Data
 - 1. [Narratives](#) Tami Love
 - 2. [Financial Information](#) Tami Love
 - B. Other Business
 - 1. [Preliminary Bad Debt](#) Ron Cheese
- V. Old Business
 - A. SLIB grants update Tami Love
- VI. New Business
 - A. CLA Penetration Testing Abram Jewell
 - B. Financial Forum Discussion Richard Mathey
- VII. Adjournment Richard Mathey

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

NARRATIVE TO DECEMBER 2020 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for December was a loss of \$1,048,915, compared to a loss of \$868,917 in the budget. This yields a -13% operating margin for the month compared to -12.9% in the budget. The YTD net operating loss is \$1,820,916, compared to a loss of \$3,088,396 in the budget. This represents a YTD operating margin of -4% compared with -7.3% in the budget.

The total net gain for December is \$2,786,739, compared to a loss of \$877,721 in the budget. The YTD total net gain is \$3,280,346, compared to a loss of \$3,133,272 in the budget. This represents a YTD profit margin of 7.2% compared to -7.4% in the budget.

REVENUE. Revenue for the month was \$15,958,475, over budget by \$1,904,177. Inpatient revenue was over budget by \$1,278,055, hospital outpatient revenue was over budget by \$314,647 and the employed Provider Clinic was over budget by \$311,476. We saw a 13.5% increase in hospital gross revenue compared to budget and a 6.8% increase over the prior year. We have not seen the lower volumes we budgeted for the COVID-19 pandemic.

Annual Debt Service Coverage came in at 5.72. Days of Cash on Hand are 203 in December, down fifteen days from last month. Daily cash expense is \$238,000 year to date, increased from the prior month due to higher expenses in December.

REDUCTION OF REVENUE. Deductions from revenue came back down in December but we continue to see an increase in bad debt and our self-pay payer mix. Deductions from revenue for December are 50.7%. Year to date reduction of revenue is 52.9%, which continues to be over budget. Total collections for the month came in at \$7,892,432, higher than expected at 52% compared to our goal of 48%.

Net days in AR are down two days at 39 days. We continue to exceed the goals for AR greater than 90 days for all Payers. We continue to see an increase in Self-Pay as a percentage of gross revenue and as a percentage of total accounts receivable.

EXPENSES. Total expenses in December were \$9,097,696, over budget by \$1,499,241. Expenses are over budget by \$1,556,154 year-to-date. The following line items were over budget:

Salary and Wage – COVID-19 related bonuses were cut in December. Paid hours are also over budget in December due to the higher volumes and the continued need for COVID related positions such as additional ICU nurses, extra Hospitalist coverage, door monitors and laboratory staff.

Contract Labor – There are currently contract labor positions in Behavioral Health, Labor & Delivery, Surgery, Ultrasound, Physical Therapy and Emergency Management. Emergency Management staff include door monitors and additional nursing and respiratory positions needed for COVID-19.

Physician Fees – Locum tenens fees are over budget for Pulmonology and Urology. We also have expense for COVID related locums for hospitalist coverage.

Supplies – Lab supplies, patient chargeables, implants and other medical supplies are all over budget in December.

PROVIDER CLINIC. Revenue for the Clinic in December is \$1,696,166, over budget by \$311,476. Net patient revenue for the Clinic for December is \$954,482, over budget by \$204,413. The bottom line for the Clinic in December was a loss of \$612,474 compared to a loss of \$666,094 in the budget. Deductions from revenue for the Clinic were booked at 43.7% for December. Volume at the Clinics are 4,895 visits in December.

Total expenses for the month were \$1,634,705, over budget by \$150,755. The majority of the expenses consist of Salaries and Benefits; at 81.9% of total expenses year-to-date. Salary and wage, Physician fees. Purchased services and Other expenses were over budget for December.

OUTLOOK FOR JANUARY. Gross patient revenue is projecting a little lower in January at \$15.1 million. Compared to last January, ER visits are down by 26%, Births are down by 30%, Surgeries are down 12%, Medical Imaging is down 22%, Sleep Lab is down 24% and outpatient Respiratory is down by 54%. Admits are down by 16% but Patient Days are up 26% due to longer length of stay. Lab visits are up minimally by 3%.

Collections for January are projecting similar to the prior month at \$7.3 million, close to 49%. The Clinic and Hospital have hired new billing staff in the hospital and clinic offices to fill vacant positions.

Projections for January payer mix show an increase in Medicare, Government and Work comp with all other payers seeing decreases. We expect deductions of revenue to increase slightly and come in around 52% – 53% due to the increases in bad debt and self-pay. This estimates the loss for January to be around \$400k - \$500k.

CARES Act – As of mid-January, we have received \$2.7 million of our approved grants through the State Land and Investment Board (SLIB). We met the December 15 deadline for submitting the remainder of the grant requests and have also sent in the additional information needed on the two construction projects. We are still waiting on reimbursement on the grant balances of \$2.275 million.

We reconciled CARES Act funds for calendar year 2020. This is the same period we are required to report on once the HHS portal opens. The reporting timeline has been delayed by HHS but the portal has been created for entities to register. We have been able

to reconcile \$9.2 million for CY2020 of the total \$11.6 million. The reconciled funds include \$4 million in expenses and \$5.2 million in lost revenue. We are confident we will be able to reconcile the full amount by June 30.

Through December, we have had additional operating expenses related to COVID-19 of \$2,037,597 hit our bottom line. While we do use these expenses to reconcile our CARES Act funds, they are included in our total expenses. The offset of these expenses is accounted for under non-operating revenue. Year to date through December, we have posted \$5,299,384 to Non-Operating Revenue. This amount includes funds received from SLIB and the reconciled funds from our CARES Act monies for both operating and capital expenses and lost revenue.



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

Unaudited Financial Statements

for

Five months ended November 30, 2020

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	
Five months ended November 30, 2020	

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

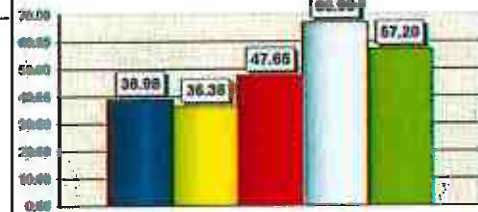
PAGE 2

Five months ended November 30, 2020

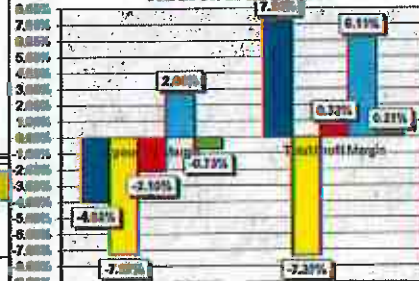
BALANCE SHEET

	YTD 12/31/2020	Prior FYE 6/30/2020
ASSETS		
Current Assets	\$26,366,356	\$29,710,616
Assets Whose Use is Limited	41,947,877	41,885,879
Property, Plant & Equipment (Net)	66,516,196	62,795,433
Other Assets	217,208	222,356
Total Unrestricted Assets	135,047,637	134,615,283
Restricted Assets	352,679	354,288
Total Assets	\$135,400,316	\$134,969,571
LIABILITIES AND NET ASSETS		
Current Liabilities	\$8,630,870	\$8,393,554
Long-Term Debt	27,776,438	27,800,488
Other Long-Term Liabilities	10,120,908	13,181,959
Total Liabilities	46,528,216	49,376,010
Net Assets	88,872,298	85,593,560
Total Liabilities and Net Assets	\$135,400,316	\$134,969,571

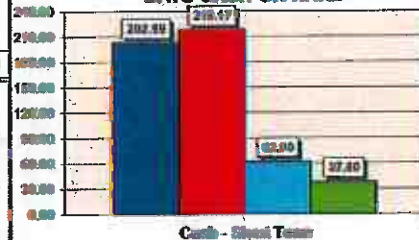
NET DAYS IN ACCOUNTS RECEIVABLE



HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	12/31/20 ACTUAL	12/31/20 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	433	269	2,132	1,805
Average Acute Length of Stay	3.5	2.4	3.1	2.7
Total Emergency Room Visits	1,010	1,111	6,661	7,200
Outpatient Visits	10,250	6,918	55,879	41,950
Total Surgeries	100	152	941	870
Total Worked FTE's	447.56	437.01	433.78	437.01
Total Paid FTE's	496.47	479.80	476.59	479.80
Net Revenue Change from Prior Yr	-0.36%	-16.69%	0.47%	-5.79%
EBITDA - 12 Month Rolling Average			4.05%	0.34%
Current Ratio			3.05	
Days Expense in Accounts Payable			30.15	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	12/31/20
Prior Fiscal Year End	06/30/20
TRYING	All Hospitals
< \$500 Net Rev.	Rural

FINANCIAL STRENGTH INDEX -	3.44
Excellent - Greater than 3.0	Good - 2.0 to 3.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 4

ROCK SPRINGS, WY

Five months ended November 30, 2020

	Current Month 12/31/2020	Prior Month 11/30/2020	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2020
Current Assets					
Cash and Cash Equivalents	\$10,114,618	\$12,099,660	(\$1,985,063)	-16.41%	\$12,052,717
Gross Patient Accounts Receivable	23,650,324	23,924,282	(273,958)	-1.15%	22,601,743
Less: Bad Debt and Allowance Reserves	(14,290,319)	(14,473,010)	182,691	1.26%	(12,704,325)
Net Patient Accounts Receivable	9,360,005	9,451,272	(91,267)	-0.97%	9,897,418
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,517,576	1,388,520	129,056	9.29%	2,416,525
Inventories	3,347,155	3,323,818	23,337	0.70%	3,206,539
Prepaid Expenses	2,027,004	2,181,784	(154,781)	-7.09%	2,135,417
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	26,366,356	28,445,074	(2,078,718)	-7.31%	29,710,616
Assets Whose Use is Limited					
Cash	33,871	39,520	(5,649)	-14.29%	23,688
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	3,016,164	2,904,527	111,637	3.84%	3,030,616
Trustee Held Funds - SPT	28,923	18,563	10,360	55.81%	14,345
Board Designated Funds	18,606,335	18,601,981	4,355	0.02%	23,843,068
Other Limited Use Assets	20,262,583	20,261,345	1,238	0.01%	14,974,161
Total Limited Use Assets	41,947,877	41,825,936	121,941	0.29%	41,865,879
Property, Plant, and Equipment					
Land and Land Improvements	3,555,220	3,537,737	17,483	0.49%	3,527,687
Building and Building Improvements	38,815,872	38,810,872	5,000	0.01%	38,771,352
Equipment	113,736,959	113,230,854	506,105	0.45%	110,464,497
Construction in Progress	6,691,530	4,576,338	2,115,192	46.22%	2,957,576
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	162,799,581	160,155,801	2,643,780	1.65%	155,721,114
Less: Accumulated Depreciation	(96,283,385)	(95,700,662)	(582,723)	-0.61%	(92,924,681)
Net Property, Plant, and Equipment	66,516,196	64,455,139	2,061,057	3.20%	62,796,433
Other Assets					
Unamortized Loan Costs	217,209	217,209	0	0.00%	222,356
Other	0	0	0	0.00%	0
Total Other Assets	217,209	217,209	0	0.00%	222,356
TOTAL UNRESTRICTED ASSETS	135,047,637	134,943,357	104,280	0.08%	134,615,283
Restricted Assets	352,679	352,679	0	0.00%	354,288
TOTAL ASSETS	\$135,400,316	\$135,296,035	\$104,280	0.08%	\$134,969,571

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Five months ended November 30, 2020

PAGE 5

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2020
	Current Month 12/31/2020	Prior Month 11/30/2020	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$3,645,584	\$4,010,899	\$365,305	9.11%	\$3,776,951
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,536,366	1,318,513	(217,852)	-16.52%	1,377,654
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,693,445	2,689,797	(3,649)	-0.14%	2,483,630
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)	308,044	308,044	0	0.00%	308,044
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	447,231	335,617	(111,614)	-33.26%	447,275
Total Current Liabilities	8,630,670	8,662,861	32,191	0.37%	8,393,554
Long Term Debt					
Bonds/Mortgages Payable	28,084,482	28,084,482	0	0.00%	28,108,542
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	308,044	308,044	0	0.00%	308,044
Total Long Term Debt (Net of Current)	27,776,438	27,776,438	0	0.00%	27,800,498
Other Long Term Liabilities					
Deferred Revenue	9,806,090	12,436,587	2,628,497	21.14%	12,716,487
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	312,619	334,591	21,772	6.51%	405,472
Total Other Long Term Liabilities	10,120,909	12,771,178	2,650,269	20.75%	13,181,959
TOTAL LIABILITIES	46,528,018	49,210,477	2,682,459	5.45%	49,376,010
Net Assets:					
Unrestricted Fund Balance	83,284,026	83,284,026	0	0.00%	76,289,323
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,859,119
Restricted Fund Balance	348,806	348,806	(0)	0.00%	350,415
Net Revenue/(Expenses)	3,280,346	493,907	N/A	N/A	4,984,793
TOTAL NET ASSETS	88,872,298	86,085,559	(2,786,739)	-3.24%	85,593,660
TOTAL LIABILITIES AND NET ASSETS	\$135,400,316	\$135,296,035	(\$104,280)	-0.06%	\$134,969,571

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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Five months ended November 30, 2020

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

		Year to Date 12/31/2020	Budget 6/30/2020	BBB+ Credit Rating	BBB- Credit Rating	Peer Fiscal Year End 6/30/2020	WYOMING All Hospitals (See Note 1)	National Small <\$400M Net Rev. (See Note 2)
Profitability:								
Operating Margin	**	-4.02%	1.00%	0.10%	0.30%	-2.10%	2.04%	-0.73%
Total Profit Margin	*	7.24%	0.76%	0.80%	1.00%	0.73%	8.11%	0.21%
Liquidity:								
Days Cash, All Sources **	*	202.98	129.76	91.30	129.00	218.17	62.60	37.60
Net Days to Accounts Receivable	*	38.98	50.02	52.40	51.60	47.55	66.90	57.20
Capital Structure:								
Average Age of Plant (months)	**	14.85	12.58	15.10	11.20	14.33	9.66	12.40
Long Term Debt to Capitalization	**	24.29%	25.75%	48.20%	41.00%	26.04%	16.80%	10.00%
Debt Service Coverage Ratio **	*	5.72	3.97	1.80	2.30	3.42	N/A	2.84
Productivity and Efficiency:								
FTEs per Adjusted Occupied Bed	*	8.83	8.43			8.36	8.88	4.83
Salary Expense per FTE		\$31,680	\$36,002			\$37,400	\$32,436	\$48,800
Salary and Benefits as a % of Total Operating Exp		58.65%	60.43%			59.88%	43.80%	42.48%

Note 1 - 2017 logistic report (2016 median data), for all hospitals within the state regardless of size.

Note 2 - 2017 logistic report (2016 median data), for all U.S. hospitals that match this type and size.

*Based Current ratio is 75 Days Cash on Hand and 1.2x Debt Service Coverage

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Five months ended November 30, 2020

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	CURRENT MONTH				Prior Year 12/31/19
	Actual 12/31/20	Budget 12/31/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,807,334	\$2,529,280	\$1,278,055	50.53%	\$2,700,104
Outpatient Revenue	10,454,974	10,140,327	314,647	3.10%	10,812,548
Clinic Revenue	1,374,626	1,142,203	232,422	20.35%	1,143,776
Specialty Clinic Revenue	321,541	242,488	79,053	32.60%	269,431
Total Gross Patient Revenue	15,958,475	14,054,298	1,904,177	13.55%	14,934,858
Deductions From Revenue					
Discounts and Allowances	(8,637,283)	(6,156,213)	(481,080)	-7.81%	(5,867,948)
Bad Debt Expense (Governmental Providers Only)	(1,274,182)	(908,450)	(365,732)	-40.26%	(857,280)
Medical Assistance	(184,529)	(448,170)	263,641	58.83%	(453,298)
Total Deductions From Revenue	(9,096,004)	(7,512,833)	(583,172)	-7.70%	(7,178,526)
Net Patient Revenue	7,862,470	6,541,465	1,321,006	20.19%	7,756,331
Other Operating Revenue	186,310	188,073	(1,762)	-0.94%	321,846
Total Operating Revenue	8,048,781	6,729,537	1,319,243	19.60%	8,078,178
Operating Expenses					
Salaries and Wages	4,555,329	3,276,184	(1,279,145)	-30.04%	3,353,001
Fringe Benefits	1,020,036	998,189	(20,868)	-2.09%	935,213
Contract Labor	104,084	21,186	(82,899)	-391.30%	52,546
Physicians Fees	282,198	242,464	(39,735)	-16.30%	377,667
Purchased Services	384,462	416,877	52,415	12.57%	389,987
Supply Expense	1,284,207	1,214,846	(69,361)	-5.71%	1,288,762
Utilities	108,284	100,305	(7,959)	-7.93%	98,722
Repairs and Maintenance	444,559	458,372	11,803	2.60%	427,780
Insurance Expense	42,449	43,785	1,336	3.05%	52,662
All Other Operating Expenses	228,097	191,595	(36,502)	-19.05%	231,240
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	81,286	62,345	(18,911)	-30.33%	72,943
Depreciation and Amortization	582,723	573,307	(9,416)	-1.64%	559,157
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,087,658	7,598,454	(1,489,241)	-16.75%	7,858,588
Net Operating Surplus/(Loss)	(1,048,915)	(868,917)	(179,998)	20.72%	227,616
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	13,946	23,687	(9,720)	-41.07%	17,625
Tax Subsidies (Except for GO Bond Subsidies)	10,380	0	10,380	0.00%	1,148
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(117,285)	(108,725)	8,541	-7.80%	(108,725)
Other Non-Operating Revenue/(Expenses)	3,928,613	76,264	3,852,359	5052.03%	155,327
Total Non Operating Revenue/(Expense)	3,835,654	(8,804)	3,844,458	-43866.73%	66,575
Total Net Surplus/(Loss)	\$2,788,739	(\$877,721)	\$3,666,460	-417.50%	\$284,193
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	\$2,788,739	(\$877,721)	\$3,666,460	-417.50%	\$284,193
Operating Margin	-13.03%	-12.91%			2.82%
Total Profit Margin	34.82%	-13.04%			3.64%
EBIDA	-5.89%	-4.39%			9.75%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ended November 30, 2020

	YEAR-TO-DATE				Prior Year 12/31/19
	Actual 12/31/20	Budget 12/31/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$19,674,406	\$16,008,305	\$3,576,101	22.21%	\$17,216,816
Outpatient Revenue	64,888,135	58,985,404	5,122,781	8.69%	62,928,737
Clinic Revenue	8,217,427	6,539,650	1,677,777	25.66%	7,194,131
Specialty Clinic Revenue	1,814,452	1,672,648	141,804	8.48%	1,458,408
Total Gross Patient Revenue	93,794,469	83,276,007	10,518,463	12.63%	88,798,191
Deductions From Revenue					
Discounts and Allowances	(42,297,862)	(36,424,736)	(5,873,226)	-16.12%	(37,884,893)
Bad Debt Expense (Governmental Providers Only)	(5,311,711)	(5,875,822)	(435,889)	-7.42%	(5,688,804)
Medical Assistance	(1,011,372)	(1,589,222)	557,851	35.55%	(1,589,991)
Total Deductions From Revenue	(48,621,045)	(43,890,780)	(5,751,265)	-13.11%	(45,053,688)
Net Patient Revenue	44,173,425	39,405,227	4,767,198	12.10%	43,742,494
Other Operating Revenue	1,158,516	3,180,383	(1,943,565)	-62.69%	1,376,594
Total Operating Revenue	45,332,242	42,586,609	2,823,633	6.64%	45,119,087
Operating Expenses					
Salaries and Wages	21,667,977	19,423,848	(2,264,429)	-11.68%	19,414,545
Fringe Benefits	5,365,971	6,149,512	783,541	12.74%	5,476,812
Contract Labor	335,700	147,114	(188,675)	-128.25%	633,144
Physicians Fees	1,982,436	1,473,285	(109,151)	-7.41%	2,142,166
Purchased Services	2,390,921	2,578,769	185,848	7.21%	2,441,061
Supply Expense	7,444,304	7,218,988	(227,305)	-3.15%	7,127,218
Utilities	575,094	604,570	29,475	4.85%	585,273
Repairs and Maintenance	2,884,215	2,770,477	(33,738)	-1.22%	2,585,283
Insurance Expense	228,959	261,436	32,467	12.42%	325,004
All Other Operating Expenses	993,842	1,182,707	188,865	13.78%	1,141,214
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	360,226	373,472	13,245	3.55%	485,458
Depreciation and Amortization	3,381,415	3,445,118	63,702	1.85%	3,380,488
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	47,161,169	45,895,005	(1,566,164)	-3.41%	45,707,865
Net Operating Surplus/(Loss)	(1,828,916)	(3,688,396)	1,267,478	-41.64%	(588,576)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	120,864	142,000	(21,136)	-14.89%	151,116
Tax Subsidies (Except for GO Bond Subsidies)	14,578	0	14,578	0.00%	13,421
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(662,675)	(614,714)	(47,962)	7.80%	(614,713)
Other Non-Operating Revenue/(Expense)	5,620,496	427,837	5,200,659	1215.57%	507,873
Total Non-Operating Revenue/(Expense)	5,101,263	(44,876)	5,145,139	-11487.34%	57,687
Total Net Surplus/(Loss)	\$3,280,346	(\$3,133,272)	\$6,413,618	-204.69%	(\$530,882)
Change in Unrestricted Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$3,280,346	(\$3,133,272)	\$6,413,618	-204.69%	(\$530,882)
Operating Margin	-4.02%	-7.27%			-1.30%
Total Profit Margin	7.24%	-7.37%			-1.18%
EBIDA	3.47%	0.84%			6.22%

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

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	Actual 12/31/2020	Actual 12/31/2020	Actual 12/31/2020	Actual 12/31/2020	Actual 12/31/2020	Actual 7/31/2020
Gross Patient Revenue						
Inpatient Revenue	\$3,607,334	\$3,541,194	\$3,015,928	\$3,695,621	\$2,958,348	\$1,258,810
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$10,454,974	\$9,740,339	\$10,834,942	\$10,137,542	\$11,339,456	\$11,809,532
Clinic Revenue	\$1,374,626	\$1,444,083	\$1,435,042	\$1,264,797	\$1,333,384	\$1,385,588
Specialty Clinic Revenue	\$321,541	\$326,942	\$234,817	\$351,223	\$185,452	\$414,478
Total Gross Patient Revenue	\$15,658,475	\$15,052,558	\$15,520,727	\$15,448,182	\$15,782,640	\$14,868,408
Deductions From Revenue						
Discounts and Allowances	\$6,637,293	\$7,026,788	\$6,210,334	\$7,325,910	\$7,238,901	\$7,857,728
Bad Debt Expense (Governmental Providers Only)	\$1,274,162	\$1,254,957	\$1,223,853	\$938,320	\$1,042,887	\$883,282
Charity Care	\$184,929	\$193,828	\$117,487	\$186,311	\$26,185	\$84,822
Total Deductions From Revenue	\$8,096,384	\$8,475,573	7,551,674	8,449,541	8,307,973	8,825,832
Net Patient Revenue	\$7,562,091	\$6,576,985	\$7,969,053	\$7,000,641	\$7,474,667	\$6,042,576
Other Operating Revenue	188,310	152,830	170,853	210,213	207,505	216,205
Total Operating Revenue	\$7,750,401	\$6,729,815	8,139,906	7,210,854	7,682,172	6,258,781
Operating Expenses						
Salaries and Wages	\$4,555,329	\$3,537,187	\$3,588,184	\$3,476,745	\$3,333,428	\$3,283,126
Fringe Benefits	\$1,620,058	\$823,626	\$814,880	\$843,750	\$888,467	\$884,212
Contract Labor	\$184,884	\$35,423	\$20,017	\$67,570	\$43,538	\$56,156
Physicians Fees	\$262,789	\$291,773	\$387,891	\$246,894	\$283,217	\$281,282
Purchased Services	\$384,482	\$382,652	\$385,321	\$434,884	\$385,888	\$448,235
Supply Expense	\$1,284,287	\$1,087,338	\$1,785,557	\$1,318,278	\$1,316,846	\$1,242,881
Utilities	\$188,284	\$189,520	\$78,481	\$82,628	\$81,448	\$183,748
Repairs and Maintenance	\$444,588	\$488,385	\$584,480	\$488,785	\$385,830	\$388,885
Insurance Expense	\$42,449	\$42,449	\$44,678	\$41,335	\$41,784	\$88,263
All Other Operating Expenses	\$228,687	\$184,888	\$113,212	\$211,975	\$145,885	\$148,883
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$81,256	\$43,678	\$48,816	\$88,842	\$82,114	\$83,328
Depreciation and Amortization	\$812,723	\$573,895	\$857,511	\$857,542	\$853,883	\$858,880
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$9,887,656	\$7,884,415	\$7,773,819	\$7,821,788	\$7,412,435	\$7,484,888
(Net Operating Surplus/Loss)	\$(1,137,255)	\$(1,154,600)	\$366,087	\$(610,934)	\$269,737	\$(1,226,107)
Non-Operating Revenue:						
Contributions						
Investment Income	13,946	24,587	20,019	20,406	21,840	16,385
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	18,388	0	178	3,102	374	584
Interest Expense (Governmental Providers Only)	(117,265)	(107,808)	(107,810)	(114,157)	(107,816)	(107,818)
Other Non-Operating Revenue/Expense	3,925,613	48,939	\$42,621	\$81,888	\$81,819	\$5,888
Total Non-Operating Revenue/Expense	\$3,810,681	\$(36,292)	\$55,007	\$21,423	\$21,423	\$(54,883)
Total Net Surplus/Loss	\$2,718,136	\$(1,180,892)	\$421,094	\$(589,511)	\$291,160	\$(1,280,991)
Change in Unrestricted Capital (Losses) on Investments						
Increase/Decrease in Unrestricted Net Assets	\$2,718,136	\$(1,180,892)	\$421,094	\$(589,511)	\$291,160	\$(1,280,991)
Operating Margin	-13.83%	-13.83%	8.83%	-8.78%	3.83%	10.83%
Total Profit Margin	34.83%	-13.83%	11.78%	-13.83%	8.83%	8.83%
EBDA	-5.78%	-4.83%	7.83%	-8.83%	10.83%	16.83%

Actual 6/30/2020	Actual 5/31/2020	Actual 4/30/2020	Actual 3/31/2020	Actual 2/28/2020	Actual 1/31/2020	Actual 12/31/2019
\$2,928,872	\$2,883,837	\$2,784,518	\$2,777,538	\$2,722,882	\$3,543,813	\$2,708,104
\$9,853,890	\$8,485,713	\$8,104,008	\$10,338,977	\$10,746,795	\$10,775,879	\$10,812,548
\$1,291,506	\$1,148,816	\$1,146,886	\$884,291	\$1,161,210	\$1,453,917	\$1,143,776
\$281,911	\$314,858	\$288,932	\$244,888	\$282,885	\$247,493	\$289,431
\$14,369,879	\$12,781,224	\$12,336,886	\$14,243,521	\$14,883,861	\$16,052,891	\$14,994,859
\$5,980,828	\$5,188,138	\$1,583,000	\$8,081,888	\$8,019,813	\$7,045,871	\$5,887,948
\$1,981,348	\$1,258,971	\$1,158,758	\$813,848	\$837,819	\$746,888	\$857,288
\$194,788	\$59,881	\$87,488	\$284,883	\$182,758	(\$48,587)	\$453,288
7,288,878	6,487,381	6,811,278	7,188,885	7,838,881	7,784,382	7,178,583
\$7,884,283	\$8,283,823	\$5,523,578	\$7,183,848	\$7,253,871	\$8,288,718	\$7,788,331
(\$1,618,588)	1,048,148	2,076,282	231,837	125,888	274,722	321,848
5,477,815	7,338,871	7,883,888	7,414,883	7,378,889	8,583,481	8,818,378
\$3,185,885	\$3,315,414	\$3,148,885	\$3,411,812	\$3,348,188	\$3,218,137	\$3,353,881
\$854,214	\$888,842	\$828,885	\$933,258	\$885,138	\$1,012,357	\$885,213
\$18,878	\$26,138	\$48,878	\$48,883	\$41,291	\$75,137	\$82,348
\$334,873	\$318,372	\$338,258	\$388,453	\$411,317	\$287,448	\$377,887
\$883,888	\$385,844	\$381,426	\$485,887	\$322,523	\$488,882	\$388,887
\$1,138,383	\$1,888,878	\$1,888,818	\$1,321,818	\$1,178,817	\$1,171,458	\$1,288,752
\$88,281	\$182,274	\$88,337	\$84,883	\$87,382	\$81,322	\$88,722
\$428,885	\$482,834	\$444,788	\$448,244	\$428,883	\$581,388	\$427,788
\$44,527	\$43,428	\$47,458	\$84,884	\$88,738	\$88,143	\$82,852
\$211,887	\$81,828	\$148,188	\$288,358	\$141,853	\$77,388	\$231,288
\$48,383	\$48,188	\$84,284	\$85,888	\$67,888	\$78,381	\$72,343
\$888,458	\$848,831	\$148,188	\$852,321	\$854,818	\$888,141	\$888,487
\$7,388,871	\$7,327,888	\$7,388,788	\$7,881,317	\$7,528,333	\$7,882,888	\$7,888,888
(\$1,817,888)	\$88,888	\$288,888	(\$888,384)	(\$148,778)	\$881,382	\$327,888
35,221	175,888	18,815	21,481	21,876	18,881	17,825
(1,888)	881	888	(418)	373	249	1,148
(221,178)	(188,543)	(88,888)	(188,282)	(188,288)	(188,275)	(188,728)
2,884,222	18,884	1,422	81,228	158,344	28,888	158,527
\$2,487,388	\$88,821	(\$78,884)	\$7,883	\$78,583	(\$54,857)	\$88,878
\$488,381	\$178,888	\$381,478	(\$888,381)	(\$67,187)	\$887,328	\$384,883
\$488,381	\$178,888	\$381,478	(\$888,381)	(\$67,187)	\$887,328	\$384,883
-35.81%	1.27%	3.88%	-7.84%	-1.88%	11.45%	2.88%
8.88%	2.44%	2.88%	-7.84%	-8.81%	18.83%	3.84%
-21.84%	8.73%	18.82%	-8.18%	5.82%	17.83%	8.74%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ended November 30, 2020

Current Month				Year-To-Date				
Actual 12/31/20	Budget 12/31/20	Positive/ (Negative) Variance	Prior Year 12/31/19	STATISTICS	Actual 12/31/20	Budget 12/31/20	Positive/ (Negative) Variance	Prior Year 12/31/19
Discharges								
122	114	8	127	Acute	697	667	30	741
122	114	8	127	Total Adult Discharges	697	667	30	741
32	36	(4)	40	Newborn	203	210	(7)	233
164	150	4	167	Total Discharges	900	877	23	974
Patient Days:								
433	269	164	299	Acute	2,132	1,805	328	2,005
433	269	164	299	Total Adult Patient Days	2,132	1,805	328	2,005
46	61	(15)	68	Newborn	281	349	(68)	368
479	330	149	367	Total Patient Days	2,413	2,154	259	2,393
Average Length of Stay (ALOS)								
3.5	2.4	1.2	2.4	Acute	3.1	2.7	0.4	2.7
3.5	2.4	1.2	2.4	Total Adult ALOS	3.1	2.7	0.4	2.7
1.4	1.7	(0.3)	1.7	Newborn ALOS	1.4	1.7	(0.3)	1.7
Average Daily Census (ADC)								
14.0	8.7	5.3	9.6	Acute	11.6	9.8	1.8	10.9
14.0	8.7	5.3	9.6	Total Adult ADC	11.6	9.8	1.8	10.9
1.5	2.0	(0.5)	2.2	Newborn	1.5	1.9	(0.4)	2.1
Emergency Room Statistics								
134	110	24	122	ER Visits - Admitted	710	726	(16)	807
876	1,001	(125)	1,112	ER Visits - Discharged	5,951	6,482	(531)	7,202
1,010	1,111	(101)	1,234	Total ER Visits	6,661	7,208	(547)	8,009
13.27%	9.89%		9.89%	% of ER Visits Admitted	10.66%	10.05%		10.05%
109.84%	96.05%		96.05%	ER Admissions as a % of Total	101.87%	108.91%		108.91%
Outpatient Statistics:								
10,259	6,916	3,341	7,687	Total Outpatients Visits	55,873	41,953	13,920	46,620
110	103	7	114	Observation Bed Days	586	651	(65)	723
4,366	4,928	(562)	3,949	Clinic Visits - Primary Care	24,531	30,263	(5,732)	24,456
507	501	6	571	Clinic Visits - Specialty Clinics	3,262	3,436	(174)	3,045
30	16	12	20	IP Surgeries	143	136	7	151
150	134	16	149	OP Surgeries	798	742	56	824
Productivity Statistics:								
447.56	437.01	10.55	432.07	FTE's - Worked	433.78	437.01	(3.23)	428.44
496.47	479.80	16.67	480.33	FTE's - Paid	478.59	479.80	(3.21)	472.43
1.7627	1.1283	0.63	1.2537	Case Mix Index - Medicare	1.5423	7.2302	(5.69)	1.3369
1.4055	1.1283	0.28	0.9757	Case Mix Index - All payers	1.2037	7.2302	(6.03)	0.8853

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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12/31/20

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	46.78	52.11
Net Days in Accounts Receivable	38.98	47.65
Number of Gross Days in Unbilled Revenue	2.02	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	32.94%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	1.16%	3.19%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.08%	1.88%
Bad Debts as a % of Gross Patient Revenue - Current Month	7.98%	6.46%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.73%	7.06%
Collections as a Percentage of Net Revenue - Current Month	100.38%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	100.10%	100% or >
Percentage of Blue Cross Receivable > 90 Days	2.41%	< 10%
Percentage of Insurance Receivable > 90 Days	13.58%	< 15%
Percentage of Medicaid Receivable > 90 Days	10.12%	< 20%
Percentage of Medicare Receivable > 60 Days	4.33%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 13

ROCK SPRINGS, WYOMING

Five months ended November 30, 2020

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	1,904,177	13.55%	10,518,463	12.63%

Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include Clinic visits and ER visits
Average Daily Census is 14.0 in December which is over budget by 5.3

Deductions from Revenue	(583,172)	-7.76%	(5,751,265)	-13.11%
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Deductions from revenue are over budget for December and over budget year to date. They are currently booked at 50.1% for December and 53.0% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	(365,732)	-40.26%	(435,869)	-7.42%
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Bad debt expense is booked at 8.0% for December and 6.7% year to date.

Charity Care	263,641	58.83%	557,851	35.55%
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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	(1,762)	-0.94%	(1,943,565)	-62.69%
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Other Operating Revenue is under budget for the month and is under budget year to date. This is due to the CARES funds budgeted here, but now has to be reported in non-operating.

Salaries and Wages	(1,279,145)	-36.04%	(2,264,429)	-11.66%
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Salary and Wages are over budget and remain over budget year to date.

Paid FTEs are over budget by 16.67 FTEs for the month and under 3.21FTEs year to date.

Fringe Benefits	(20,868)	-2.08%	783,541	12.74%
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Fringe benefits are over budget in December and remain under budget year to date.

Contract Labor	(82,899)	-381.30%	(188,675)	-128.25%
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Contract labor is over budget for December and over budget year to date. Behavioral Health, Ultrasound, OR, Physical therapy and Emergency Mgmt are over budget.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Five months ended November 30, 2020

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Monthly Variances in excess of \$40,000 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	(39,735)	-16.39%	(109,151)	-7.41%
Physician fees are overbudget in December and over budget year to date. Locums clinic, Hospitalists and Emergency Mgmt are over budget in December.				
Purchased Services	52,415	12.57%	185,848	7.21%
Purchased services are under budget for December and under budget year to date. Expenses over budget are advertising and dept management service				
Supply Expense	(69,361)	-5.71%	(227,305)	-3.15%
Supplies are over budget for December and over budget year to date. Line items over budget include Medi-surg chargables, Lab supplies, implants, other med supplies and minor equipment				
Repairs & Maintenance	11,893	2.59%	(33,738)	-1.22%
Repairs and Maintenance are under budget for December and over budget year to date.				
All Other Operating Expenses	(36,502)	-19.05%	168,865	13.76%
This expense is over budget in December and under budget year to date. Other expenses over budget are Licenses, freight, physician recruitment and pharmacy floor direct.				
Leases and Rentals	(18,911)	-30.33%	13,245	3.55%
This expense is over budget for December and is under budget year to date.				
Depreciation and Amortization	(9,416)	-1.64%	63,782	1.05%
Depreciation is over budget for December and is under budget year to date.				
BALANCE SHEET				
Cash and Cash Equivalents	(\$1,985,063)	-16.41%		
Cash decreased in December. Cash collections for December were \$7.9 million. Days Cash on Hand increased to 202 days. Bonus' were paid this month.				
Gross Patient Accounts Receivable	(\$273,958)	-1.15%		
Other Receivables increased in December due to county and occ med invoices				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Five months ended November 30, 2020

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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 Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	102,691	1.25%		
Bad Debt and Allowances decreased.				
Other Receivables	129,056	9.29%		
Other Receivables increased in December				
Prepaid Expenses	(154,781)	-7.09%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	121,941	0.29%		
These assets increased due to the debt service payment				
Plant Property and Equipment	2,061,057	3.20%		
The increase in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	385,305	9.11%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(217,862)	-16.52%		
This liability increased in December. The payroll accrued for December was 11 days.				
Accrued Benefits	(3,649)	-0.14%		
This liability increased in December with the normal accrual and usage of PTO.				
Other Current Liabilities	(111,614)	-33.26%		
This liability increased due to the payment on the bonds				
Other Long Term Liabilities	2,650,269	20.75%		
This liability decreased due the movement of CARES funds				
Total Net Assets	(2,786,739)	-3.24%		
The net loss from operations for December is \$1,048,915				



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Six months ended December 31, 2020

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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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Six months ended December 31, 2020

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Six months ended December 31, 2020

PAGE 2

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 12/31/2020	Year to Date 12/31/2020	Prior Fiscal Year End 06/30/20	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-59.92%	-53.51%	-68.15%	-36.58%
Total Profit Margin	-59.92%	-53.51%	-68.15%	-36.58%
Contractual Allowance %	43.73%	45.25%	46.02%	
Liquidity:				
Net Days in Accounts Receivable	32.33	32.58	50.83	39.58
Gross Days in Accounts Receivable	44.69	44.26	54.32	72.82
Productivity and Efficiency:				
Patient Visits Per Day	141.55	133.32	132.42	
Total Net Revenue per FTE	N/A	\$150,315	\$141,843	
Salary Expense per Paid FTE	N/A	\$165,134	\$162,294	
Salary and Benefits as a % of Net Revenue	127.69%	125.75%	134.65%	91.26%
Employee Benefits %	14.79%	14.47%	17.69%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2020

PAGE 3

	CURRENT MONTH				Prior Year 12/31/19
	Actual 12/31/20	Budget 12/31/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,374,636	1,142,203	232,422	20.35%	1,143,777
Specialty Clinic Revenue	321,541	242,488	79,053	32.60%	289,430
Total Gross Patient Revenue	1,696,166	1,384,691	311,476	22.49%	1,413,207
Deductions From Revenue					
Discounts and Allowances	(741,684)	(634,622)	(107,062)	-16.87%	(637,085)
Total Deductions From Revenue	(741,684)	(634,622)	(107,062)	-16.87%	(637,085)
Net Patient Revenue	954,482	750,069	204,413	27.25%	776,122
Other Operating Revenue	67,749	67,787	(38)	-0.06%	64,390
Total Operating Revenue	1,022,231	817,856	204,375	24.99%	840,511
Operating Expenses					
Salaries and Wages	1,137,133	1,033,937	(103,165)	-9.06%	1,032,409
Fringe Benefits	166,192	204,731	36,539	17.65%	161,582
Contract Labor	0	0	0	0.00%	0
Physicians Fees	140,601	86,067	(54,534)	-33.36%	147,283
Purchased Services	12,233	10,328	(1,905)	-18.45%	6,428
Supply Expense	12,388	14,700	2,312	15.73%	12,817
Utilities	594	1,747	1,154	66.03%	1,713
Repairs and Maintenance	19,895	23,235	3,339	14.37%	25,840
Insurance Expense	13,611	19,280	5,668	29.40%	17,812
All Other Operating Expenses	199,020	69,955	(40,065)	-59.10%	65,993
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	2,398	3,188	790	24.77%	4,857
Depreciation and Amortization	18,641	17,754	(888)	-5.00%	21,754
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,634,765	1,483,961	(150,755)	-10.15%	1,500,455
Net Operating Surplus/(Loss)	(612,474)	(666,094)	53,621	-8.05%	(659,933)
Total Net Surplus/(Loss)	(612,474)	(666,094)	53,621	-8.05%	(659,933)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(612,474)	(666,094)	53,621	-8.05%	(659,933)
Operating Margin	-59.92%	-81.44%			-78.51%
Total Profit Margin	-59.92%	-81.44%			-78.51%
EBIDA	-59.99%	-79.27%			-75.93%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Six months ended December 31, 2020

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	YEAR-TO-DATE				Prior Year 12/31/19
	Actual 12/31/20	Budget 12/31/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	8,217,427	6,539,650	1,677,777	25.65%	7,194,132
Specialty Clinic Revenue	1,814,452	1,672,845	141,604	8.45%	1,455,497
Total Gross Patient Revenue	10,031,879	8,212,495	1,819,381	22.16%	8,652,629
Deductions From Revenue					
Discounts and Allowances	(4,539,225)	(3,755,475)	(783,751)	-20.87%	(3,966,473)
Total Deductions From Revenue	(4,539,225)	(3,755,475)	(783,751)	-20.87%	(3,966,473)
Net Patient Revenue	5,492,653	4,456,822	1,035,831	23.24%	4,686,156
Other Operating Revenue	436,011	406,725	29,287	7.20%	411,042
Total Operating Revenue	5,928,664	4,863,547	1,065,117	21.90%	5,097,998
Operating Expenses					
Salaries and Wages	6,513,136	5,934,089	(579,069)	-8.89%	5,819,737
Fringe Benefits	942,132	1,302,299	360,157	27.66%	945,231
Contract Labor	0	0	0	0.00%	0
Physicians Fees	928,715	516,400	(412,315)	-21.75%	532,812
Purchased Services	74,309	61,986	(12,323)	-20.06%	57,419
Supply Expense	61,930	109,619	27,689	25.26%	125,983
Utilities	6,602	10,483	3,881	37.02%	6,524
Repairs and Maintenance	124,222	139,413	15,191	10.95%	129,304
Insurance Expense	77,556	114,404	36,848	32.21%	113,515
All Other Operating Expenses	523,221	473,692	(49,529)	-10.45%	490,323
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	18,479	18,591	113	0.61%	26,781
Depreciation and Amortization	110,889	107,400	(3,489)	-3.25%	131,476
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,101,281	8,848,326	(252,955)	-2.86%	8,378,116
Net Operating Surplus/(Loss)	(3,172,617)	(3,984,779)	812,162	-20.38%	(3,281,118)
Total Net Surplus/(Loss)	(3,172,617)	(3,984,779)	812,162	-20.38%	(3,281,118)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increased/(Decreased) in Unrestricted Net Assets	(3,172,617)	(3,984,779)	812,162	-20.38%	(3,281,118)
Operating Margin	-53.51%	-81.93%			-64.36%
Total Profit Margin	-53.51%	-81.93%			-64.36%
EBIDA	-51.84%	-78.72%			-61.78%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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	Actual 12/31/2020	Actual 11/30/2020	Actual 10/31/2020	Actual 9/30/2020	Actual 8/31/2020
Gross Patient Revenue					
Clinic Revenue	\$1,374,626	\$1,444,093	\$1,435,042	\$1,264,797	\$1,333,361
Specialty Clinic Revenue	\$321,541	\$328,942	\$234,617	\$351,223	\$165,452
Total Gross Patient Revenue	\$1,696,166	\$1,771,035	\$1,669,659	\$1,616,020	\$1,498,813
Deductions From Revenue					
Discounts and Allowances	\$741,884	\$787,893	\$785,733	\$741,674	\$703,186
Total Deductions From Revenue	741,884	787,893	785,733	741,674	703,186
Net Patient Revenue	\$954,282	\$983,142	\$884,126	\$874,346	\$795,627
Other Operating Revenue	\$67,749	\$70,839	\$74,395	\$75,030	\$75,344
Total Operating Revenue	1,022,231	1,053,982	958,521	949,376	870,971
Operating Expenses					
Salaries and Wages	\$1,137,133	\$1,211,751	\$1,086,459	\$1,086,987	\$984,249
Fringe Benefits	\$168,192	\$149,894	\$184,048	\$149,004	\$144,807
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$140,801	\$122,258	\$145,489	\$79,510	\$64,063
Purchased Services	\$12,233	\$12,756	\$14,882	\$15,680	\$8,196
Supply Expense	\$12,386	\$12,806	\$13,359	\$15,225	\$9,216
Utilities	\$594	\$2,122	\$972	\$847	\$979
Repairs and Maintenance	\$19,895	\$20,740	\$18,512	\$18,458	\$25,877
Insurance Expense	\$13,611	\$13,611	\$13,294	\$13,294	\$11,873
All Other Operating Expenses	\$169,020	\$82,354	\$103,990	\$88,010	\$62,041
Bad Debt Expense (Non-Governmental Providers)					
Losses and Rentals	\$2,398	\$3,871	\$3,239	\$2,177	\$3,652
Depreciation and Amortization	\$18,641	\$18,641	\$18,214	\$18,290	\$18,615
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,634,705	\$1,650,804	\$1,582,457	\$1,487,181	\$1,333,589
Net Operating Surplus/(Loss)	(\$612,474)	(\$596,823)	(\$603,935)	(\$537,805)	(\$462,618)
Total Net Surplus/(Loss)	(\$612,474)	(\$596,823)	(\$603,935)	(\$537,805)	(\$462,618)
Change in Unrealized Gains/(Losses) on Investm	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$612,474)	(\$596,823)	(\$603,935)	(\$537,805)	(\$462,618)
Operating Margin	-59.92%	-56.63%	-61.72%	-56.65%	-53.12%
Total Profit Margin	-59.92%	-56.63%	-61.72%	-56.65%	-53.12%
EBIDA	-58.09%	-54.86%	-58.86%	-54.72%	-50.86%

Actual 7/31/2020	Actual 8/31/2020	Actual 9/30/2020	Actual 10/31/2020	Actual 11/30/2020	Actual 12/31/2020	Actual 1/31/2021	Actual 2/28/2021
\$1,385,508	\$1,291,506	\$1,116,816	\$1,146,806	\$984,201	\$1,161,210	\$1,485,917	\$1,143,777
\$414,478	\$281,911	\$314,858	\$288,932	\$244,808	\$262,866	\$247,493	\$269,430
\$1,779,986	\$1,573,417	\$1,431,674	\$1,435,737	\$1,229,007	\$1,424,074	\$1,733,410	\$1,413,207
\$799,056	\$736,720	\$837,481	\$713,510	\$566,003	\$875,312	\$757,358	\$837,085
799,056	736,720	837,481	713,510	566,003	875,312	757,358	837,085
\$980,930	\$836,697	\$794,213	\$722,227	\$672,404	\$748,762	\$976,052	\$776,122
\$72,053	\$77,628	\$88,375	\$32,189	\$43,725	\$84,550	\$88,061	\$84,389
1,053,583	914,326	860,688	784,416	716,129	813,312	1,044,113	840,521
\$1,006,558	\$983,977	\$979,724	\$866,494	\$1,031,014	\$1,032,181	\$838,454	\$1,032,409
\$166,187	\$170,996	\$162,005	\$171,434	\$216,704	\$188,168	\$208,849	\$161,562
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$76,774	\$125,801	\$119,793	\$141,169	\$160,415	\$208,558	\$118,254	\$147,283
\$10,752	\$9,088	\$10,144	\$8,138	\$13,433	\$11,304	\$12,082	\$8,426
\$10,937	\$10,722	\$10,730	\$7,125	\$25,468	\$14,826	\$19,220	\$12,817
\$1,288	\$1,881	\$1,804	\$1,803	\$1,818	\$1,891	\$1,704	\$1,713
\$20,741	\$24,187	\$26,489	\$23,772	\$23,881	\$22,274	\$20,942	\$25,840
\$11,873	\$11,873	\$17,874	\$17,874	\$17,874	\$17,874	\$17,812	\$17,812
\$77,807	\$45,948	\$53,551	\$47,258	\$96,350	\$69,861	\$75,204	\$65,983
\$3,141	\$3,083	\$2,405	\$2,476	\$4,976	\$4,642	\$6,383	\$4,857
\$18,488	\$18,487	\$18,488	\$21,166	\$21,438	\$21,436	\$21,436	\$21,754
\$1,412,545	\$1,406,833	\$1,403,007	\$1,320,709	\$1,813,388	\$1,581,882	\$1,440,322	\$1,500,455
(\$368,963)	(\$491,708)	(\$542,419)	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)	(\$659,933)
0	0	0	0	0	0	0	0
(\$368,963)	(\$491,708)	(\$542,419)	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)	(\$659,933)
-34.67%	-31.78%	-33.03%	-76.12%	-125.20%	-94.51%	-37.85%	-78.51%
-34.67%	-31.78%	-33.03%	-76.12%	-125.20%	-94.51%	-37.85%	-78.51%
-32.32%	-31.76%	-33.88%	-73.32%	-122.30%	-91.88%	-38.89%	-75.93%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 ROCK SPRINGS, WY
 Six months ended December 31, 2020

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Current Month				STATISTICS	Year-To-Date			
Actual 12/31/20	Budget 12/31/20	Positive/ (Negative) Variance	Prior Year 12/31/19		Actual 12/31/20	Budget 12/31/20	Positive/ (Negative) Variance	Prior Year 12/31/19
				Outpatient Statistics:				
4,388	4,928	(540)	3,949	Clinic Visits - Primary Care	24,531	30,263	(5,732)	24,456
507	501	6	571	Clinic Visits - Specialty Clinics	3,262	3,436	(174)	3,045
				Productivity Statistics:				
78.25	70.76	7.49	73.26	FTE's - Worked	71.44	70.76	0.68	67.55
86.19	77.76	8.43	77.28	FTE's - Paid	73.24	77.76	0.48	74.84

**Memorial Hospital of Sweetwater County
Legal Fees By Fiscal Year**

FY 2021

BARRY J. WALKER	\$3,857.30
CROWLEY FLECK ATTORNEYS	\$930.00
GORDON REES SCULLY MANSUKHANI, LLP	\$10,103.00
PHILLIPS LAW, LLC	\$32,758.90
SETTLEMENTS	\$30,000.00
Total FYTD 2020	\$77,649.20

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR NOVEMBER 20**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	720	8,074,391.80
CAPITAL EQUIPMENT (PLANT FUND)	13	832,723.36
CONSTRUCTION IN PROGRESS (BUILDING FUND)	7	2,250,974.40
PAYROLL DECEMBER 06, 2020	N/A	1,599,654.36
PAYROLL DECEMBER 17, 2020	N/A	1,036,060.04
PAYROLL DECEMBER 20, 2020	N/A	1,536,324.32
TOTAL CASH OUTFLOW		<u>\$11,158,089.56</u>
CASH COLLECTIONS		7,892,431.91
INCREASE/DECREASE IN CASH		-\$3,265,657.65

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2021**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001067	7/9/2020	CLARK'S QUALITY ROOFING, INC.	132,270.67	CENTRAL PLANT UPGRADE		
001068	7/17/2020	ROOFTOP ANCHOR, INC.	36,035.69	CENTRAL PLANT UPGRADE		
W/T	7/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
JULY TOTALS					272,654.54	272,654.54

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001069	8/14/2020	BH INC.	234,938.42	CENTRAL PLANT UPGRADE		
W/T	8/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
AUGUST TOTALS					339,286.60	611,941.14

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001070	9/2/2020	TRANE U.S. INC.	482,854.00	HVAC UPGRADE		
001072	9/11/2020	PLAN ONE/ARCHITECTS	560.00	HVAC UPGRADE		
W/T	9/14/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
SEPTEMBER TOTALS					595,027.90	1,206,969.04

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001073	10/2/2020	B H INC.	240,495.98	CENTRAL PLANT UPGRADE		
001074	10/2/2020	ST+B ENGINEERING (SPACEK TI	203,848.10	HVAC UPGRADE		
001075	10/7/2020	CITY OF ROCK SPRINGS	13,806.00	HVAC UPGRADE		
001076	10/12/2020	PLAN ONE/ARCHITECTS	17,430.00	MOB ENTRY RECONFIGURATION		
W/T	10/19/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
OCTOBER TOTALS					587,193.98	1,794,163.02

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001077	11/12/2020	B H INC.	58,977.75	LAB EXPANSION		
W/T	11/17/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
NOVEMBER TOTALS					170,591.65	1,964,754.67

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001078	12/2/2020	ST+B ENGINEERING (SPACEK TI	63,750.45	HVAC UPGRADE		
001079	12/2/2020	ST+B ENGINEERING (SPACEK TI	7,906.88	HVAC UPGRADE		
001080	12/2/2020	GROATHOUSE CONSTRUCTION,	141,553.00	HVAC UPGRADE		
001081	12/3/2020	B H INC.	115,884.92	CENTRAL PLANT UPGRADE		
001082	12/10/2020	PLAN ONE/ARCHITECTS	30,406.25	HVAC UPGRADE		
001083	12/14/2020	GROATHOUSE CONSTRUCTION,	1,779,859.00	HVAC UPGRADE		
W/T	12/31/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
DECEMBER TOTALS					2,250,974.40	4,215,729.07

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2021**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002340	7/9/2020	CONVERGEONE, INC.	4,343.78	INJECTOR CABLES FOR WIRELESS SYSTEM		
002341	7/17/2020	CDW GOVERNMENT LLC	12,000.00	DELL WORKSTATIONS AND MONITORS		
002342	7/17/2020	FOLSOM ASSOCIATES (HA FOLSOM & A	13,040.57	CONDENSATE PUMPS		
002343	7/17/2020	MIZUHO ORTHOPEDIC SYSTEMS, INC	51,063.00	OSI RADIOLOGENT OR TABLE		
002344	7/23/2020	CONMED LINVATEC	39,382.76	CONMED POWER SYSTEM		
002345	7/23/2020	OLYMPUS AMERICA INC	23,822.12	LONG CYSTOSCOPY RESECTION TRAY		
JULY TOTALS					144,252.23	144,252.23

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	8/6/2020	MOPEC INC	6,568.97	BODY TRAYS-MORGUE		
002347	8/6/2020	MAGNUM MOBILE SPECIALTY VEHICL	91,770.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002348	8/14/2020	CONVERGEONE, INC.	8,194.80	CISCO VOIP PHONE LICENSES (30)		
002348	8/14/2020	CONVERGEONE, INC.	19,029.00	REPLACE WIRELESS NETWORK		
002349	8/14/2020	NANOSONICS, INC	10,625.00	TROPHON FOR UROLOGY		
002350	8/14/2020	P3 CONSULTING LLC	15,000.00	DYNAMICS GP UPGRADE		
002351	8/18/2020	CONMED LINVATEC	7,810.80	CONMED POWER SYSTEM		
002352	8/18/2020	INNOVATION WIRELESS	685.00	SYNCHRONIZED CLOCKS		
002353	8/27/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE		
AUGUST TOTALS					169,900.75	314,152.98

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	9/11/2020	MOPEC INC	8,400.00	WORKSTATIONS AND MONITORS (20)		
002347	9/11/2020	MAGNUM MOBILE SPECIALTY VEHICL	10,980.00	BEDSIDE GLUCOSE MONITORS		
002348	9/17/2020	CONVERGEONE, INC.	430.86	LONG CYSTOSCOPY RESECTION TRAY		
002348	9/25/2020	CONVERGEONE, INC.	61,337.50	MOBILE LAB, CLINIC SWABBING STATION - 26 FOOT - SLIM		

SEPTEMBER TOTALS					81,148.36	395,301.34
CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002358	10/12/2020	INNOVATION WIRELESS	896.30	SYNCHRONIZED CLOCKS		
002359	10/14/2020	CUMMINS ROCKY MOUNTAIN, LLC	20,260.68	GENERATOR INTERFACE TOUCH MONITOR		
002360	10/14/2020	STRYKER ENDOSCOPY	43,303.76	CO2 CONDITIONING INSUFFLATOR KIT (3)		
002361	10/22/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE - WALK-IN		
002362	10/22/2020	VARIAN MEDICAL SYSTEMS, INC	30,867.00	STEREOTACTIC CONE SYSTEM		
002367	10/28/2020	CARDINAL HEALTH/V.MUELLER	78,000.00	CHEMISTRY ANALYZER - WALK-IN		
002368	10/28/2020	CARDINAL HEALTH/V.MUELLER	366,000.00	VITROS XT 7600 ANALYZER (2)		
002369	10/28/2020	SKYTRON	73,377.69	SKYTRON MODEL 2280 DISINFECTION ROBOT (2)		
002370	10/28/2020	SKYTRON	103,328.64	SKYTRON MODEL 3200 DISINFECTION ROBOT		
OCTOBER TOTALS					726,251.25	1,121,552.59

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002371	11/2/2020	SYNTHES LTD	11,598.50	LCP MINI PRAG SYSTEM		
002372	11/5/2020	CEPHEID	183,530.98	CEPHEID GENEXPERT MOLECULAR TESTING PLATFORM		
002373	11/5/2020	CERNER CORPORATION	99,193.32	CERNER		
002375	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICL	170,430.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002376	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICL	114,762.50	MOBILE LAB, CLINIC, SWABBING STATION - 26 FT		
002377	11/12/2020	CACHE VALLEY ELECTRIC CO.	17,938.25	BOILER HOUSE FIBER OPTIC		
002378	11/12/2020	CERNER CORPORATION	104,421.95	CERNER		
002379	11/12/2020	CHAVEZ CONCRETE	10,050.00	CONCRETE - ED ENTRANCE AND 3000 COLLEGE		
002380	11/12/2020	KRONOS INCORPORATED	6,030.00	KRONOS UPGRADE		
002381	11/18/2020	BIOFIRE DIAGNOSTICS, LLC	45,000.00	BIOFIRE TORCH SYSTEM MODULE (2)		
002382	11/18/2020	CERNER CORPORATION	104,421.95	CERNER		
002383	11/18/2020	FISHER HEALTHCARE	7,519.87	URINE CHEMISTRY ANALYZER - WALK-IN		
002384	11/25/2020	DELL COMPUTER CORPORATION	25,000.00	LAPTOPS (25)		
002385	11/25/2020	LUMENIS, INC.	200,900.01	LUMINES MOSES PULSED HOLMIUM LASER		
002386	11/25/2020	NATUS MEDICAL INC	36,686.00	EMG 951		
NOVEMBER TOTALS					2,259,035.92	

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002391	12/1/2020	SYSMEX AMERICA INC.	79,883.31	SYSMEX UN 2000 ANALYZER - WALK-IN		
002392	12/1/2020	SYSMEX AMERICA INC.	12,291.00	SYSMEX UN 2000 WAGON		
002393	12/2/2020	CARDINAL HEALTH/V.MUELLER	48,451.00	BD PHOENIX M50 SYSTEM INSTRUMENT		
002394	12/2/2020	CARDINAL HEALTH/V.MUELLER	244,250.00	BD BRUKER MALDI SIRIUS		
002395	12/9/2020	PHILIPS HEALTHCARE	15,892.22	PHILIPS V60 PLUS VENTILATOR		
002396	12/10/2020	SKYTRON	73,378.78	DISINFECTANT ROBOT		
002397	12/10/2020	CERNER CORPORATION	106,234.00	CERNER		
002398	12/10/2020	QUALITY BUILDERS, INC.	5,000.00	REPLACEMENT GROUNDS BUILDING		
002399	12/14/2020	MCKESSON MEDICAL-SURGICAL	77,367.00	HEMATOLOGY ANALYZER SYSMEX XN 1000 - WALK-IN		
002400	12/14/2020	QUALITY BUILDERS, INC.	17,483.00	REPLACE CONCRETE		
002401	12/17/2020	FISHER HEALTHCARE	219.70	THERMOFISHER REFRIGERATOR		
002402	12/17/2020	NATUS MEDICAL INC	47,851.40	NATUS EEG MACHINE		
002403	12/23/2020	CERNER CORPORATION	104,421.95	CERNER		
DECEMBER TOTALS					832,723.36	3,091,759.28

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/20

Amount	Description
40,105.49	Advertising Total
7,890.40	Billing Services Total
2,580.35	Blood Total
10,400.00	Building Lease Total
4,142.18	Cellular Telephone Total
69,453.01	Collection Agency Total
69,231.11	Computer Equipment Total
2,190.93	Consulting Fees Total
398,529.38	Contract Maintenance Total
50,508.92	Contract Personnel Total
1,142.66	Courier Services Total
1,704.79	Credit Card Payment Total
21,217.36	Dental Insurance Total
13,416.60	Dialysis Supplies Total
885.00	Education & Travel Total
148.00	Education Material Total
3,738.00	Employee Recruitment Total
49,818.70	Equipment Lease Total
21,408.66	Food Total
45.43	Freight Total
645.47	Fuel Total
2,292.87	Garbage Collection Total
636,015.53	Group Health Total
65.00	Guest Relation Total
324,929.70	Hospital Supplies Total
24,400.48	Implant Supplies Total
27,895.71	Insurance Premiums Total
70,620.29	Insurance Refund Total
57,648.00	Laboratory Services Total
136,372.18	Laboratory Supplies Total
1,154.65	Laundry Supplies Total
17,347.40	Legal Fees Total
599.00	License/Fees Total
200.00	Licenses & Taxes Total
2,534.08	Life Insurance Total
479.76	Linen Total
24,179.53	Maintenance & Repair Total
33,283.01	Maintenance Supplies Total
1,069.50	Marketing & Promotional Supplies Total
4,870.64	Med Surg Supplies Total
9,904.00	Membership Fee Total
2,616.40	MHSC Foundation Total
207.15	Minor Equipment Total
237.00	Monthly Pest Control Total
10,147.16	Non Medical Supplies Total
11,320.10	Office Supplies Total
24,501.00	Other Employee Benefits Total

12/31/20

[illegible]

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/20

Check Number	Date	Vendor Check Name	Amount	Description
175388	12/3/2020	BIG THICKET BROADCASTING	3,189.00	Advertising
175432	12/3/2020	KEMMERER GAZETTE	193.00	Advertising
175619	12/10/2020	ROCKET MINER	914.19	Advertising
175478	12/3/2020	SUBLETTE EXAMINER	259.25	Advertising
175872	12/23/2020	SUBLETTE EXAMINER	454.25	Advertising
175873	12/23/2020	SWEETWATER NOW, LLC	3,700.00	Advertising
175483	12/3/2020	THE RADIO NETWORK	3,166.65	Advertising
175636	12/10/2020	THE RADIO NETWORK	3,166.65	Advertising
175666	12/17/2020	BIGHORN DESIGN STUDIO, LLC	114.00	Advertising
175610	12/10/2020	PILOT BUTTE BROADCASTING	650.00	Advertising
175853	12/23/2020	PINEDALE ROUNDUP	150.00	Advertising
175641	12/10/2020	UPSLOPE MEDIA LLC	20,000.00	Advertising
175489	12/3/2020	UW - STUDENT MEDIA	75.00	Advertising
EFT000000006355	12/3/2020	LAMAR ADVERTISING	400.00	Advertising
EFT000000006371	12/10/2020	GREEN RIVER STAR	1,093.50	Advertising
EFT000000006375	12/10/2020	LAMAR ADVERTISING	1,200.00	Advertising
EFT000000006383	12/10/2020	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000006400	12/17/2020	LAMAR ADVERTISING	700.00	Advertising
EFT000000006419	12/23/2020	LAMAR ADVERTISING	400.00	Advertising
175412	12/3/2020	EXPRESS MEDICAID BILLING SERV	4,594.91	Billing Services
175639	12/10/2020	TRUE COMMENCE, INC	3,295.49	Billing Services
175645	12/10/2020	VITALANT	653.04	Blood
175804	12/23/2020	VITALANT	1,927.31	Blood
175799	12/23/2020	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
175826	12/23/2020	HILLTOP PROPERTIES, LLC	6,900.00	Building Lease
175644	12/10/2020	VERIZON WIRELESS, LLC	4,142.18	Cellular Telephone
175793	12/23/2020	COLLECTION PROFESSIONALS, INC	619.92	Collection Agency
175493	12/3/2020	WAKEFIELD & ASSOCIATES, INC	38,744.09	Collection Agency
175885	12/23/2020	WAKEFIELD & ASSOCIATES, INC	20,089.00	Collection Agency
175396	12/3/2020	CDW GOVERNMENT LLC	438.20	Computer Equipment
175556	12/10/2020	CDW GOVERNMENT LLC	13,073.80	Computer Equipment
175674	12/17/2020	CDW GOVERNMENT LLC	7.57	Computer Equipment
175791	12/23/2020	CDW GOVERNMENT LLC	31.46	Computer Equipment
175684	12/17/2020	DELL COMPUTER CORPORATION	55,680.00	Computer Equipment
175495	12/3/2020	WOODARD & CURRAN INC.	2,150.93	Consulting Fees
175398	12/3/2020	CHANGE HEALTHCARE SOLUTIONS, LLC	4,029.44	Contract Maintenance
175575	12/10/2020	GE HEALTHCARE	23,125.58	Contract Maintenance
175589	12/10/2020	MCKESSON HEALTH SOLUTIONS	767.20	Contract Maintenance
175834	12/23/2020	MCKESSON HEALTH SOLUTIONS	493.24	Contract Maintenance
175713	12/17/2020	MEDNET	122,300.15	Contract Maintenance
175603	12/10/2020	NUANCE COMMUNICATIONS, INC	208.33	Contract Maintenance
175843	12/23/2020	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
175539	12/10/2020	PHILIPS HEALTHCARE	5,187.48	Contract Maintenance
175609	12/10/2020	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
175727	12/17/2020	PHILIPS HEALTHCARE	1,133.00	Contract Maintenance
175851	12/23/2020	PHILIPS HEALTHCARE	4,297.00	Contract Maintenance
175612	12/10/2020	PROVIDER ADVANTAGE NW INC	1,140.00	Contract Maintenance
175858	12/23/2020	REMI CORPORATION	2,822.65	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/20

175625	12/10/2020	SIEMENS MEDICAL SOLUTIONS USA	19,711.42	Contract Maintenance
175740	12/17/2020	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
175863	12/23/2020	SIEMENS MEDICAL SOLUTIONS USA	8,902.75	Contract Maintenance
175471	12/3/2020	SOUTHWESTERN BIOMEDICAL ELECT.	960.00	Contract Maintenance
175743	12/17/2020	SOUTHWESTERN BIOMEDICAL ELECT.	1,860.00	Contract Maintenance
175865	12/23/2020	SOUTHWESTERN BIOMEDICAL ELECT.	3,675.00	Contract Maintenance
175877	12/23/2020	TRACTMANAGER INC	1,004.85	Contract Maintenance
175891	12/23/2020	T-SYSTEM, INC	18,398.68	Contract Maintenance
175646	12/10/2020	WASATCH CONTROLS	3,139.10	Contract Maintenance
175655	12/17/2020	ABILITY NETWORK INC	808.13	Contract Maintenance
175563	12/10/2020	CONVERGEONE, INC.	7,160.84	Contract Maintenance
175681	12/17/2020	CONVERGEONE, INC.	10,442.00	Contract Maintenance
175557	12/10/2020	CSG, LLC	3,499.02	Contract Maintenance
175803	12/23/2020	DIGICERT, INC.	4,407.00	Contract Maintenance
175814	12/23/2020	FIRST FINANCIAL HOLDINGS, LLC	7,248.00	Contract Maintenance
175579	12/10/2020	HEALTHCARESOURCE HR, INC.	66,846.06	Contract Maintenance
175698	12/17/2020	HEALTHCARESOURCE HR, INC.	1,024.00	Contract Maintenance
175582	12/10/2020	CONTRACTS	401.00	Contract Maintenance
175585	12/10/2020	ISI WATER CHEMISTRIES	2,315.00	Contract Maintenance
175702	12/17/2020	ISI WATER CHEMISTRIES	620.01	Contract Maintenance
175452	12/3/2020	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance
175720	12/17/2020	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance
175464	12/3/2020	RSNB BANK	45.00	Contract Maintenance
175468	12/3/2020	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
175753	12/17/2020	UNITED AUDIT SYSTEMS, INC.	1,086.25	Contract Maintenance
175648	12/10/2020	WAYSTAR HEALTH	4,462.50	Contract Maintenance
175651	12/10/2020	WYODATA SECURITY INC.	2,215.00	Contract Maintenance
175759	12/17/2020	WYODATA SECURITY INC.	1,515.00	Contract Maintenance
EFT000000006364	12/10/2020	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT000000006427	12/23/2020	SYSMEX AMERICA INC.	23,774.00	Contract Maintenance
W/T	12/18/2020	ORHTO PHREESIA FEES	10.00	Contract Maintenance
W/T	12/7/2020	OPTIMIS	200.00	Contract Maintenance
W/T	12/17/2020	CARE CLOUD	349.00	Contract Maintenance
W/T	12/8/2020	ZENITH	350.35	Contract Maintenance
W/T	12/21/2020	TRIZETTO FEES	5,319.30	Contract Maintenance
W/T	12/17/2020	CLINIC PHREESIA FEES	5,709.60	Contract Maintenance
W/T	12/6/2020	SIEMENS EDI	9,017.12	Contract Maintenance
175408	12/3/2020	ELWOOD STAFFING SERVICES, INC	5,296.13	Contract Personnel
175687	12/17/2020	ELWOOD STAFFING SERVICES, INC	3,087.09	Contract Personnel
175805	12/23/2020	ELWOOD STAFFING SERVICES, INC	2,546.57	Contract Personnel
175574	12/10/2020	FOCUSONE SOLUTIONS LLC	3,080.00	Contract Personnel
175693	12/17/2020	FOCUSONE SOLUTIONS LLC	6,025.00	Contract Personnel
175816	12/23/2020	FOCUSONE SOLUTIONS LLC	11,059.63	Contract Personnel
175427	12/3/2020	JIM LANE	3,443.00	Contract Personnel
175467	12/3/2020	SARAH ROTH	660.00	Contract Personnel
175739	12/17/2020	SARAH ROTH	180.00	Contract Personnel
175862	12/23/2020	SARAH ROTH	330.00	Contract Personnel
175864	12/23/2020	SOLIAANT HEALTH	14,701.50	Contract Personnel
175484	12/3/2020	TOD BENNETT	100.00	Contract Personnel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/20

175677	12/17/2020	CITY CAB	128.00	Courier Services
175633	12/10/2020	SUSAN K CROFUTT	294.66	Courier Services
175847	12/23/2020	PACKAGERUNNER LOGISTICS LLC	720.00	Courier Services
W/T	12/1/2020	UMB BANK PAYMENT	427.87	Credit Card Payment
W/T	12/29/2021	UMB BANK PAYMENT	1,276.92	Credit Card Payment
175685	12/17/2020	DELTA DENTAL	21,217.36	Dental Insurance
175420	12/3/2020	HENRY SCHEIN INC	693.54	Dialysis Supplies
175825	12/23/2020	HENRY SCHEIN INC	231.54	Dialysis Supplies
175416	12/3/2020	FRESENIUS USA MARKETING, INC.	756.00	Dialysis Supplies
175817	12/23/2020	FRESENIUS USA MARKETING, INC.	11,081.82	Dialysis Supplies
EFT000000006354	12/3/2020	HENRY SCHEIN INC	138.91	Dialysis Supplies
EFT000000006373	12/10/2020	HENRY SCHEIN INC	156.05	Dialysis Supplies
EFT000000006418	12/23/2020	HENRY SCHEIN INC	358.74	Dialysis Supplies
175402	12/3/2020	COPE2THRIVE, LLC	442.50	Education & Travel
175795	12/23/2020	COPE2THRIVE, LLC	442.50	Education & Travel
EFT000000006378	12/10/2020	MY EDUCATIONAL RESOURCES	148.00	Education Material
175583	12/10/2020	INSIGHT INVESTIGATIONS, INC	2,190.00	Employee Recruitment
EFT000000006406	12/17/2020	SST TESTING +, INC.	1,540.00	Employee Recruitment
175673	12/17/2020	CAREFUSION SOLUTIONS, LLC	21,293.00	Equipment Lease
175796	12/23/2020	COPIER & SUPPLY COMPANY	9,390.10	Equipment Lease
175576	12/10/2020	GE HEALTHCARE FINANCIAL SERVICES	10,692.03	Equipment Lease
175611	12/10/2020	FITNEY BOWES GLOBAL FINANCIAL SERVICES, LLC	1,149.48	Equipment Lease
175469	12/3/2020	SHADOW MOUNTAIN WATER CO, WY	33.75	Equipment Lease
175623	12/10/2020	SHADOW MOUNTAIN WATER CO, WY	754.90	Equipment Lease
175642	12/10/2020	US BANK EQUIPMENT FINANCE	1,215.75	Equipment Lease
175754	12/17/2020	US BANK EQUIPMENT FINANCE	1,390.12	Equipment Lease
175880	12/23/2020	US BANK EQUIPMENT FINANCE	731.89	Equipment Lease
175760	12/17/2020	WYOMING RENTS, LLC	426.57	Equipment Lease
EFT000000006408	12/17/2020	TIMEPAYMENT CORP	2,733.11	Equipment Lease
175413	12/3/2020	F B MCFADDEN WHOLESAL	1,395.10	Food
175571	12/10/2020	F B MCFADDEN WHOLESAL	1,854.30	Food
175691	12/17/2020	F B MCFADDEN WHOLESAL	3,149.50	Food
175812	12/23/2020	F B MCFADDEN WHOLESAL	838.75	Food
175690	12/17/2020	FARMER BROS CO	179.90	Food
175832	12/23/2020	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	341.10	Food
175601	12/10/2020	NICHOLAS & CO INC	3,233.59	Food
175721	12/17/2020	NICHOLAS & CO INC	2,932.57	Food
175480	12/3/2020	SYSICO INTERMOUNTAIN FOOD	1,544.72	Food
175634	12/10/2020	SYSICO INTERMOUNTAIN FOOD	2,695.39	Food
175649	12/10/2020	WESTERN WYOMING BEVERAGES INC	644.40	Food
175757	12/17/2020	WESTERN WYOMING BEVERAGES INC	1,255.85	Food
175406	12/3/2020	DFA DAIRY BRANDS CORP., LLC	159.51	Food
175567	12/10/2020	DFA DAIRY BRANDS CORP., LLC	138.33	Food
175683	12/17/2020	DFA DAIRY BRANDS CORP., LLC	171.45	Food
175800	12/23/2020	DFA DAIRY BRANDS CORP., LLC	200.30	Food
EFT000000006368	12/10/2020	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	431.50	Food
EFT000000006395	12/17/2020	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	252.00	Food
175414	12/3/2020	FED EX	45.43	Freight
175617	12/10/2020	RED HORSE OIL COMPANIES INC	645.47	Fuel

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EFT000000006410	12/17/2020	WWS - ROCK SPRINGS	2,292.87	Garbage Collection
W/T	12/23/2020	FURTHER ADMIN FEES	188.50	Group Health
W/T	12/4/2020	FURTHER FLEX 12/2/20	282.64	Group Health
W/T	12/11/2020	FURTHER FLEX 12/9/20	877.85	Group Health
W/T	12/28/2020	FURTHER FLEX 12/28/20	1,261.88	Group Health
W/T	12/18/2020	FURTHER FLEX 12/16/20	1,804.96	Group Health
W/T	12/28/2020	BLUE CROSS BLUE SHIELD 12/18/20	100,853.61	Group Health
W/T	12/3/2020	BLUE CROSS BLUE SHIELD 11/27/20	129,277.20	Group Health
W/T	12/11/2020	BLUE CROSS BLUE SHIELD 12/4/20	173,251.26	Group Health
W/T	12/18/2020	BLUE CROSS BLUE SHIELD 12/11/20	228,217.63	Group Health
175680	12/17/2020	CODY MOTEL INC.	65.00	Guest Relation
175372	12/3/2020	ABBOTT LABORATORIES	1,474.21	Hospital Supplies
175466	12/3/2020	ABBOTT NUTRITION	144.52	Hospital Supplies
175620	12/10/2020	ABBOTT NUTRITION	170.25	Hospital Supplies
175861	12/23/2020	ABBOTT NUTRITION	55.69	Hospital Supplies
175541	12/10/2020	AESCLAP INC	369.72	Hospital Supplies
175656	12/17/2020	AESCLAP INC	1,175.12	Hospital Supplies
175768	12/23/2020	AESCLAP INC	739.44	Hospital Supplies
175769	12/23/2020	ALLEN MEDICAL SYSTEMS INC	445.92	Hospital Supplies
175772	12/23/2020	AMAZON.COM CREDIT PLAN	2,710.26	Hospital Supplies
175378	12/3/2020	APPLIED MEDICAL	1,212.00	Hospital Supplies
175546	12/10/2020	APPLIED MEDICAL	1,092.00	Hospital Supplies
175660	12/17/2020	APPLIED MEDICAL	96.00	Hospital Supplies
175774	12/23/2020	APPLIED MEDICAL	420.00	Hospital Supplies
175775	12/23/2020	ARGON MEDICAL	284.00	Hospital Supplies
175776	12/23/2020	ARTHREX INC.	1,114.00	Hospital Supplies
175385	12/3/2020	B BRAUN MEDICAL INC.	1,009.24	Hospital Supplies
175664	12/17/2020	B BRAUN MEDICAL INC.	1,116.64	Hospital Supplies
175780	12/23/2020	BAXTER BIO SCIENCE	1,443.80	Hospital Supplies
175663	12/17/2020	BAXTER HEALTHCARE CORP/IV	1,682.52	Hospital Supplies
175778	12/23/2020	BAXTER HEALTHCARE CORP/IV	1,681.68	Hospital Supplies
175779	12/23/2020	BAXTER HEALTHCARE CORPORATION	4,847.61	Hospital Supplies
175549	12/10/2020	BAYER HEALTHCARE LLC	3,034.68	Hospital Supplies
175551	12/10/2020	BIG MEDICAL LLC	745.00	Hospital Supplies
175667	12/17/2020	BIOMET SPORTS MEDICINE	2,060.00	Hospital Supplies
175391	12/3/2020	BOSTON SCIENTIFIC CORP	8,299.90	Hospital Supplies
175784	12/23/2020	BOSTON SCIENTIFIC CORP	6,824.80	Hospital Supplies
175404	12/3/2020	C R BARD INC	767.90	Hospital Supplies
175394	12/3/2020	CARDINAL HEALTH/V. MUELLER	55,151.88	Hospital Supplies
175555	12/10/2020	CARDINAL HEALTH/V. MUELLER	12,969.49	Hospital Supplies
175671	12/17/2020	CARDINAL HEALTH/V. MUELLER	15,075.83	Hospital Supplies
175788	12/23/2020	CARDINAL HEALTH/V. MUELLER	13,824.12	Hospital Supplies
175789	12/23/2020	CAREFUSION 2200 INC	2,570.04	Hospital Supplies
175561	12/10/2020	COASTAL LIFE SYSTEMS, INC.	194.49	Hospital Supplies
175794	12/23/2020	CONE INSTRUMENTS	485.95	Hospital Supplies
175564	12/10/2020	COOK MEDICAL INC.	335.76	Hospital Supplies
175565	12/10/2020	COOK MEDICAL INCORPORATED	1,220.76	Hospital Supplies
175686	12/17/2020	DIAGNOSTICA STAGO INC	1,998.76	Hospital Supplies
175802	12/23/2020	DIAGNOSTICA STAGO INC	2,353.50	Hospital Supplies

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175407	12/3/2020	DJO SURGICAL	244.00	Hospital Supplies
175811	12/23/2020	EXPAND-A-BAND, LLC	66.00	Hospital Supplies
175818	12/23/2020	GEM MEDICAL SUPPLIES, LLC	258.22	Hospital Supplies
175694	12/17/2020	GENERAL HOSPITAL SUPPLY CORPORATION	222.00	Hospital Supplies
175819	12/23/2020	GENERAL HOSPITAL SUPPLY CORPORATION	222.00	Hospital Supplies
175578	12/10/2020	GYNEX CORP	115.40	Hospital Supplies
175696	12/17/2020	GYNEX CORP	115.40	Hospital Supplies
175419	12/3/2020	HEALTHCARE LOGISTICS INC	91.94	Hospital Supplies
175697	12/17/2020	HEALTHCARE LOGISTICS INC	143.35	Hospital Supplies
175824	12/23/2020	HEALTHCARE LOGISTICS INC	518.93	Hospital Supplies
175421	12/3/2020	HOLOGIC, INC.	16,772.00	Hospital Supplies
175827	12/23/2020	HOLOGIC, INC.	126.00	Hospital Supplies
175701	12/17/2020	HULL ANESTHESIA INC	180.00	Hospital Supplies
175430	12/3/2020	KCI USA	243.80	Hospital Supplies
175703	12/17/2020	KCI USA	1,499.15	Hospital Supplies
175829	12/23/2020	KCI USA	351.25	Hospital Supplies
175479	12/3/2020	LEICA BIOSYSTEMS RICHMOND	109.86	Hospital Supplies
175598	12/10/2020	M V A P MEDICAL SUPPLIES, INC.	84.50	Hospital Supplies
175842	12/23/2020	M V A P MEDICAL SUPPLIES, INC.	77.50	Hospital Supplies
175590	12/10/2020	MCKESSON MEDICAL-SURGICAL	1,004.65	Hospital Supplies
175710	12/17/2020	MCKESSON MEDICAL-SURGICAL	193.31	Hospital Supplies
175442	12/3/2020	MEDI-DOSE INCORPORATED	32.83	Hospital Supplies
175594	12/10/2020	MES	83.30	Hospital Supplies
175839	12/23/2020	MES	83.30	Hospital Supplies
175841	12/23/2020	MINDRAY DS USA, INC.	140.40	Hospital Supplies
175718	12/17/2020	NATUS MEDICAL INC	4,007.75	Hospital Supplies
175719	12/17/2020	NEWCOMER SUPPLY	98.00	Hospital Supplies
175453	12/3/2020	OLYMPUS AMERICA INC	104.42	Hospital Supplies
175604	12/10/2020	OLYMPUS AMERICA INC	106.52	Hospital Supplies
175722	12/17/2020	OLYMPUS AMERICA INC	4,256.06	Hospital Supplies
175844	12/23/2020	OLYMPUS AMERICA INC	8,395.64	Hospital Supplies
175456	12/3/2020	OWENS & MINOR 90005430	18,763.25	Hospital Supplies
175605	12/10/2020	OWENS & MINOR 90005430	35.00	Hospital Supplies
175724	12/17/2020	OWENS & MINOR 90005430	28,319.93	Hospital Supplies
175846	12/23/2020	OWENS & MINOR 90005430	25,216.39	Hospital Supplies
175849	12/23/2020	PATTERSON DENTAL - 408	1,781.54	Hospital Supplies
175608	12/10/2020	PERFORMANCE HEALTH SUPPLY INC	304.17	Hospital Supplies
175726	12/17/2020	PERFORMANCE HEALTH SUPPLY INC	1,204.89	Hospital Supplies
175850	12/23/2020	PERFORMANCE HEALTH SUPPLY INC	126.12	Hospital Supplies
175458	12/3/2020	PREFERRED MEDICAL PRODUCTS	46.00	Hospital Supplies
175855	12/23/2020	PREFERRED MEDICAL PRODUCTS	93.60	Hospital Supplies
175732	12/17/2020	RADIOMETER AMERICA INC	71.88	Hospital Supplies
175859	12/23/2020	RESMED CORP	170.00	Hospital Supplies
175618	12/10/2020	RESPIRONICS	280.00	Hospital Supplies
175733	12/17/2020	RESPIRONICS	51.56	Hospital Supplies
175860	12/23/2020	RESPIRONICS	498.00	Hospital Supplies
175628	12/10/2020	SMITHS MEDICAL ASD INC	195.35	Hospital Supplies
175475	12/3/2020	STERIS CORPORATION	703.05	Hospital Supplies
175631	12/10/2020	STERIS CORPORATION	3,032.36	Hospital Supplies

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175746	12/17/2020	STERIS CORPORATION	3,714.70	Hospital Supplies
175869	12/23/2020	STERIS CORPORATION	589.20	Hospital Supplies
175750	12/17/2020	TRAIL RIDGE PRODUCTS INC	401.22	Hospital Supplies
175486	12/3/2020	TRI-ANIM HEALTH SERVICES INC	3,106.41	Hospital Supplies
175638	12/10/2020	TRI-ANIM HEALTH SERVICES INC	1,230.42	Hospital Supplies
175751	12/17/2020	TRI-ANIM HEALTH SERVICES INC	2,094.81	Hospital Supplies
175878	12/23/2020	TRI-ANIM HEALTH SERVICES INC	3,440.25	Hospital Supplies
175490	12/3/2020	UTAH MEDICAL PRODUCTS INC	72.42	Hospital Supplies
175755	12/17/2020	UTAH MEDICAL PRODUCTS INC	236.64	Hospital Supplies
175882	12/23/2020	UTAH MEDICAL PRODUCTS INC	567.12	Hospital Supplies
175883	12/23/2020	VAPOTHERM INC.	1,064.00	Hospital Supplies
175491	12/3/2020	VERATHON INC.	687.00	Hospital Supplies
175643	12/10/2020	VERATHON INC.	720.00	Hospital Supplies
175494	12/3/2020	WAXIE SANITARY SUPPLY	4,911.27	Hospital Supplies
175647	12/10/2020	WAXIE SANITARY SUPPLY	3,050.19	Hospital Supplies
175756	12/17/2020	WAXIE SANITARY SUPPLY	218.08	Hospital Supplies
175885	12/23/2020	WAXIE SANITARY SUPPLY	74.50	Hospital Supplies
175569	12/10/2020	EDGE PHARMACEUTICALS, LLC	311.44	Hospital Supplies
175711	12/17/2020	MEDELA LLC	903.00	Hospital Supplies
EFT00000006350	12/3/2020	BREG INC	170.10	Hospital Supplies
EFT00000006353	12/3/2020	HARDY DIAGNOSTICS	1,655.87	Hospital Supplies
EFT00000006359	12/3/2020	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	282.18	Hospital Supplies
EFT00000006360	12/3/2020	STRYKER INSTRUMENTS	1,569.50	Hospital Supplies
EFT00000006366	12/10/2020	BREG INC	197.36	Hospital Supplies
EFT00000006367	12/10/2020	BSN MEDICAL INC	221.04	Hospital Supplies
EFT00000006372	12/10/2020	HARDY DIAGNOSTICS	860.35	Hospital Supplies
EFT00000006385	12/10/2020	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	1,136.00	Hospital Supplies
EFT00000006386	12/10/2020	STRYKER INSTRUMENTS	2,068.68	Hospital Supplies
EFT00000006387	12/10/2020	ZOLL MEDICAL CORPORATION	3,179.37	Hospital Supplies
EFT00000006390	12/17/2020	BEEKLEY CORPORATION	345.00	Hospital Supplies
EFT00000006391	12/17/2020	BIONIX RADIATION THERAPY	420.94	Hospital Supplies
EFT00000006393	12/17/2020	BREG INC	292.13	Hospital Supplies
EFT00000006394	12/17/2020	BSN MEDICAL INC	64.03	Hospital Supplies
EFT00000006399	12/17/2020	HARDY DIAGNOSTICS	985.01	Hospital Supplies
EFT00000006407	12/17/2020	STRYKER INSTRUMENTS	1,135.60	Hospital Supplies
EFT00000006411	12/17/2020	ZOLL MEDICAL CORPORATION	1,115.20	Hospital Supplies
EFT00000006415	12/23/2020	BREG INC	354.28	Hospital Supplies
EFT00000006417	12/23/2020	HARDY DIAGNOSTICS	349.17	Hospital Supplies
EFT00000006425	12/23/2020	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	8,475.15	Hospital Supplies
EFT00000006426	12/23/2020	STRYKER INSTRUMENTS	812.66	Hospital Supplies
175389	12/3/2020	BIOVENTUS LLC	607.48	Implant Supplies
175485	12/3/2020	TREACE MEDICAL CONCEPTS, INC.	10,585.00	Implant Supplies
EFT00000006420	12/23/2020	LIFENET HEALTH	13,208.00	Implant Supplies
175640	12/10/2020	PROVIDENT LIFE & ACCIDENT	27,895.71	Insurance Premiums
175894	12/23/2020	INSURANCE REFUND	605.33	Insurance Refund
175921	12/23/2020	INSURANCE REFUND	111.64	Insurance Refund
175922	12/23/2020	INSURANCE REFUND	906.42	Insurance Refund
175918	12/23/2020	INSURANCE REFUND	17.10	Insurance Refund
175892	12/23/2020	INSURANCE REFUND	5,399.00	Insurance Refund

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175902	12/23/2020	INSURANCE REFUND	1,913.31	Insurance Refund
175907	12/23/2020	INSURANCE REFUND	4,718.68	Insurance Refund
175908	12/23/2020	INSURANCE REFUND	4,770.12	Insurance Refund
175938	12/23/2020	INSURANCE REFUND	10,325.51	Insurance Refund
175941	12/23/2020	INSURANCE REFUND	105.45	Insurance Refund
175961	12/23/2020	INSURANCE REFUND	19,795.02	Insurance Refund
175974	12/23/2020	INSURANCE REFUND	5,645.32	Insurance Refund
175928	12/23/2020	INSURANCE REFUND	40.09	Insurance Refund
175904	12/23/2020	INSURANCE REFUND	128.01	Insurance Refund
175909	12/23/2020	INSURANCE REFUND	2,089.65	Insurance Refund
175910	12/23/2020	INSURANCE REFUND	1,462.06	Insurance Refund
175971	12/23/2020	INSURANCE REFUND	56.79	Insurance Refund
175934	12/23/2020	INSURANCE REFUND	518.70	Insurance Refund
175906	12/23/2020	INSURANCE REFUND	58.95	Insurance Refund
175957	12/23/2020	INSURANCE REFUND	123.46	Insurance Refund
175958	12/23/2020	INSURANCE REFUND	123.46	Insurance Refund
175954	12/23/2020	INSURANCE REFUND	1,055.93	Insurance Refund
175955	12/23/2020	INSURANCE REFUND	3,053.22	Insurance Refund
175968	12/23/2020	INSURANCE REFUND	3,081.42	Insurance Refund
175940	12/23/2020	INSURANCE REFUND	546.83	Insurance Refund
175983	12/23/2020	INSURANCE REFUND	327.75	Insurance Refund
175925	12/23/2020	INSURANCE REFUND	103.53	Insurance Refund
175943	12/23/2020	INSURANCE REFUND	454.04	Insurance Refund
175969	12/23/2020	INSURANCE REFUND	83.79	Insurance Refund
175984	12/23/2020	INSURANCE REFUND	2,079.63	Insurance Refund
175595	12/16/2020	METABOLIC NEWBORN SCREENING	2,919.60	Laboratory Services
175715	12/17/2020	METABOLIC NEWBORN SCREENING	1,400.00	Laboratory Services
175374	12/3/2020	ALLERMETRIX INC	659.00	Laboratory Services
EFT000000006414	12/23/2020	ARUP LABORATORIES, INC.	52,669.40	Laboratory Services
175377	12/3/2020	ANAEROBE SYSTEMS	37.05	Laboratory Supplies
175386	12/3/2020	BECKMAN COULTER, INC	1,925.05	Laboratory Supplies
175550	12/10/2020	BECKMAN COULTER, INC	3,610.26	Laboratory Supplies
175781	12/23/2020	BECKMAN COULTER, INC	53.35	Laboratory Supplies
175392	12/3/2020	CANCER DIAGNOSTICS, INC	90.75	Laboratory Supplies
175786	12/23/2020	CANCER DIAGNOSTICS, INC	90.75	Laboratory Supplies
175393	12/3/2020	CARDINAL HEALTH	47,711.85	Laboratory Supplies
175670	12/17/2020	CARDINAL HEALTH	9,062.33	Laboratory Supplies
175787	12/23/2020	CARDINAL HEALTH	6,520.82	Laboratory Supplies
175397	12/3/2020	CEPHEID	4,262.79	Laboratory Supplies
175558	12/10/2020	CEPHEID	2,720.04	Laboratory Supplies
175675	12/17/2020	CEPHEID	4,760.00	Laboratory Supplies
175792	12/23/2020	CEPHEID	7,185.04	Laboratory Supplies
175415	12/3/2020	FISHER HEALTHCARE	3,756.21	Laboratory Supplies
175573	12/10/2020	FISHER HEALTHCARE	117.08	Laboratory Supplies
175692	12/17/2020	FISHER HEALTHCARE	2,327.54	Laboratory Supplies
175815	12/23/2020	FISHER HEALTHCARE	7,621.33	Laboratory Supplies
175444	12/3/2020	MEDIVATORS REPROCESSING SYSTEM	27.00	Laboratory Supplies
175425	12/3/2020	PLATINUM CODE	181.16	Laboratory Supplies
175584	12/10/2020	PLATINUM CODE	167.96	Laboratory Supplies

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175730	12/17/2020	R&D SYSTEMS INC	72.85	Laboratory Supplies
175487	12/3/2020	TYPENEX MEDICAL, LLC	260.25	Laboratory Supplies
175752	12/17/2020	TYPENEX MEDICAL, LLC	64.00	Laboratory Supplies
175552	12/10/2020	BIOFIRE DIAGNOSTICS, LLC	12,750.00	Laboratory Supplies
175783	12/23/2020	BIOFIRE DIAGNOSTICS, LLC	12,750.00	Laboratory Supplies
175602	12/10/2020	NOVA BIOMEDICAL CORP.	558.00	Laboratory Supplies
175745	12/17/2020	STATLAB MEDICAL PRODUCTS	52.33	Laboratory Supplies
175868	12/23/2020	STATLAB MEDICAL PRODUCTS	140.00	Laboratory Supplies
EFT00000006356	12/3/2020	ORTHO-CLINICAL DIAGNOSTICS INC	959.86	Laboratory Supplies
EFT00000006365	12/10/2020	BIO-RAD LABORATORIES	2,710.32	Laboratory Supplies
EFT00000006379	12/10/2020	ORTHO-CLINICAL DIAGNOSTICS INC	1,030.00	Laboratory Supplies
EFT00000006381	12/10/2020	PDC HEALTHCARE	136.33	Laboratory Supplies
EFT00000006392	12/17/2020	BIO-RAD LABORATORIES	1,449.92	Laboratory Supplies
EFT00000006402	12/17/2020	ORTHO-CLINICAL DIAGNOSTICS INC	505.21	Laboratory Supplies
EFT00000006403	12/17/2020	PDC HEALTHCARE	686.27	Laboratory Supplies
EFT00000006423	12/23/2020	PDC HEALTHCARE	18.48	Laboratory Supplies
EFT00000006376	12/10/2020	MARTIN-RAY LAUNDRY SYSTEMS	302.90	Laundry Supplies
EFT00000006401	12/17/2020	MARTIN-RAY LAUNDRY SYSTEMS	794.64	Laundry Supplies
EFT00000006421	12/23/2020	MARTIN-RAY LAUNDRY SYSTEMS	57.11	Laundry Supplies
175852	12/23/2020	PHILLIPS LAW, LLC	8,146.40	Legal Fees
175405	12/3/2020	CROWLEY FLECK ATTORNEYS	720.00	Legal Fees
175417	12/3/2020	GORDAN & REES	513.00	Legal Fees
175438	12/3/2020	LEXISNEXIS	7,968.00	Legal Fees
175678	12/17/2020	CITY OF ROCK SPRINGS	599.00	License/Fees
175758	12/17/2020	WY DEPT OF ENVIRONMENT, QUALITY	200.00	Licenses & Taxes
175600	12/10/2020	NEW YORK LIFE INSURANCE COMPANY	2,534.00	Life Insurance
175472	12/3/2020	STANDARD TEXTILE	181.44	Linen
175629	12/10/2020	STANDARD TEXTILE	162.24	Linen
175866	12/23/2020	STANDARD TEXTILE	136.08	Linen
175382	12/3/2020	BADGER DAYLIGHTING CORP	3,759.00	Maintenance & Repair
175395	12/3/2020	CARRIER COMMERCIAL SERVICE	2,310.00	Maintenance & Repair
175607	12/10/2020	PARTSSOURCE	260.36	Maintenance & Repair
175725	12/17/2020	PARTSSOURCE	1,552.09	Maintenance & Repair
175848	12/23/2020	PARTSSOURCE	220.42	Maintenance & Repair
175371	12/3/2020	A & B HOME IMPROVEMENTS	2,000.00	Maintenance & Repair
175300	12/3/2020	ASPEN CONSTRUCTION	260.00	Maintenance & Repair
175570	12/10/2020	EMEDCO	101.63	Maintenance & Repair
175600	12/17/2020	EMEDCO	79.75	Maintenance & Repair
175806	12/23/2020	EMEDCO	123.23	Maintenance & Repair
175808	12/23/2020	ENTRY SYSTEMS INC.	620.00	Maintenance & Repair
175455	12/3/2020	OVERHEAD DOOR CO.	1,017.60	Maintenance & Repair
175741	12/17/2020	SITEONE LANDSCAPE SUPPLY, LLC	922.90	Maintenance & Repair
175650	12/10/2020	WESTERN ENGINEERS & GEOLOGISTS, INC.	3,751.25	Maintenance & Repair
EFT00000006358	12/3/2020	SERVO	6,779.30	Maintenance & Repair
EFT00000006396	12/17/2020	COLORADO DOORWAYS, INC	342.00	Maintenance & Repair
175770	12/23/2020	ALLRED'S INC.	374.96	Maintenance Supplies
175544	12/10/2020	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
175384	12/3/2020	BARD ACCESS SYSTEMS	959.07	Maintenance Supplies
175662	12/17/2020	BARD ACCESS SYSTEMS	903.21	Maintenance Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
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175777	12/23/2020	BARD ACCESS SYSTEMS	927.03	Maintenance Supplies
175400	12/3/2020	CODALE ELECTRIC SUPPLY, INC	461.75	Maintenance Supplies
175679	12/17/2020	CODALE ELECTRIC SUPPLY, INC	135.35	Maintenance Supplies
175418	12/3/2020	GRAINGER	55.20	Maintenance Supplies
175577	12/10/2020	GRAINGER	1,081.25	Maintenance Supplies
175695	12/17/2020	GRAINGER	6,312.15	Maintenance Supplies
175821	12/23/2020	GRAINGER	5,127.21	Maintenance Supplies
175422	12/3/2020	HOME DEPOT	859.29	Maintenance Supplies
175581	12/10/2020	HOME DEPOT	501.00	Maintenance Supplies
175700	12/17/2020	HOME DEPOT	706.37	Maintenance Supplies
175599	12/10/2020	NAPA AUTO PARTS	56.06	Maintenance Supplies
175737	12/17/2020	ROCK SPRINGS WINLECTRIC CO	113.67	Maintenance Supplies
175462	12/3/2020	ROCKLER COMPANIES, INC	807.68	Maintenance Supplies
175735	12/17/2020	ROCKLER COMPANIES, INC	376.85	Maintenance Supplies
EFT000000006348	12/3/2020	ACE HARDWARE	138.93	Maintenance Supplies
EFT000000006362	12/10/2020	ACE HARDWARE	3.87	Maintenance Supplies
EFT000000006382	12/10/2020	ROCK SPRINGS WINNELSON CO	10,827.62	Maintenance Supplies
EFT000000006388	12/17/2020	ACE HARDWARE	47.24	Maintenance Supplies
EFT000000006404	12/17/2020	ROCK SPRINGS WINNELSON CO	406.82	Maintenance Supplies
EFT000000006405	12/17/2020	SHERWIN WILLIAMS CO	97.66	Maintenance Supplies
EFT000000006409	12/17/2020	ULINE, INC	217.50	Maintenance Supplies
EFT000000006412	12/23/2020	ACE HARDWARE	261.89	Maintenance Supplies
EFT000000006424	12/23/2020	ROCK SPRINGS WINNELSON CO	48.30	Maintenance Supplies
EFT000000006428	12/23/2020	ULINE, INC	411.50	Maintenance Supplies
EFT000000006429	12/23/2020	WHITE MOUNTAIN LUMBER	385.38	Maintenance Supplies
175637	12/10/2020	TIP TOP CLEANERS & EMBROIDERY	1,069.50	Marketing & Promotional Supplies
175773	12/23/2020	AMBU INCORPORATED	1,445.35	Med Surg Supplies
175661	12/17/2020	ARMSTRONG MEDICAL INDUSTRIES	2,302.00	Med Surg Supplies
175559	12/10/2020	CIVCO RADIOTHERAPY	530.00	Med Surg Supplies
175447	12/3/2020	MENT MEDICAL SYSTEMS, INC	593.29	Med Surg Supplies
EFT000000006377	12/10/2020	MOUNTAIN STATES EMPLOYERS COUNCIL	8,004.00	Membership Fee
175823	12/23/2020	GREEN RIVER CHAMBER OF COMMERCE	865.00	Membership Fee
175624	12/10/2020	SHSMD ANNUAL CONFERENCE	235.00	Membership Fee
175596	12/10/2020	MHSC-FOUNDATION	1,251.95	MHSC Foundation
175840	12/23/2020	MHSC-FOUNDATION	1,364.45	MHSC Foundation
175833	12/23/2020	MAXAIR (BIO-MEDICAL DEVICES INTERNATIONAL, INC.)	51.33	Minor Equipment
EFT000000006374	12/10/2020	LABORIE MEDICAL TECHNOLOGIES CORP	155.82	Minor Equipment
175482	12/3/2020	TERMINIX OF WYOMING	237.00	Monthly Pest Control
175381	12/3/2020	A TOUCH OF CLASS	80.40	Non Medical Supplies
175545	12/10/2020	AMERICAN ACADEMY OF PEDIATRICS	311.85	Non Medical Supplies
175445	12/3/2020	MEDLINE INDUSTRIES INC	451.13	Non Medical Supplies
175592	12/10/2020	MEDLINE INDUSTRIES INC	425.19	Non Medical Supplies
175712	12/17/2020	MEDLINE INDUSTRIES INC	2,738.34	Non Medical Supplies
175835	12/23/2020	MEDLINE INDUSTRIES INC	2,232.04	Non Medical Supplies
175454	12/3/2020	OPTUM360 LLC	3,106.75	Non Medical Supplies
175845	12/23/2020	OPTUM360 LLC	199.95	Non Medical Supplies
175723	12/17/2020	ORIENTAL TRADING COMPANY	356.66	Non Medical Supplies
175470	12/3/2020	SMILEMAKERS	206.90	Non Medical Supplies
175626	12/10/2020	SMILEMAKERS	37.95	Non Medical Supplies

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175807	12/23/2020	ENCOMPASS GROUP, LLC	3,391.20	Office Supplies
175449	12/3/2020	MEDICAL ARTS PRESS	242.37	Office Supplies
175473	12/3/2020	STAPLES BUSINESS ADVANTAGE	1,485.74	Office Supplies
175744	12/17/2020	STAPLES BUSINESS ADVANTAGE	4,630.39	Office Supplies
175867	12/23/2020	STAPLES BUSINESS ADVANTAGE	1,220.32	Office Supplies
175423	12/3/2020	INHEALTH SYSTEMS & SERVICES	260.13	Office Supplies
175433	12/3/2020	LABELMATCH	89.95	Office Supplies
175653	12/10/2020	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
175654	12/10/2020	R.S. CHAMBER OF COMMERCE	275.00	Other Employee Benefits
175800	12/23/2020	R.S. CHAMBER OF COMMERCE	20,000.00	Other Employee Benefits
175463	12/3/2020	ROCK SPRINGS KIWANIS	2,256.00	Other Employee Benefits
175387	12/3/2020	BECTON DICKINSON	506.00	Other Medical Surgical Supplies
175665	12/17/2020	BECTON DICKINSON	732.20	Other Medical Surgical Supplies
175782	12/23/2020	BECTON DICKINSON	1,579.40	Other Medical Surgical Supplies
175668	12/17/2020	BLUE ENDO	280.51	Other Medical Surgical Supplies
175409	12/3/2020	EMERSON HEALTHCARE, LLC	685.00	Other Medical Surgical Supplies
175410	12/3/2020	EQUASHIELD LLC	635.49	Other Medical Surgical Supplies
175689	12/17/2020	EQUASHIELD LLC	2,929.68	Other Medical Surgical Supplies
175809	12/23/2020	EQUASHIELD LLC	1,924.42	Other Medical Surgical Supplies
175446	12/3/2020	MERCURY MEDICAL	264.64	Other Medical Surgical Supplies
175837	12/23/2020	MERCURY MEDICAL	264.64	Other Medical Surgical Supplies
175717	12/17/2020	NANOSONICS, INC	891.75	Other Medical Surgical Supplies
175460	12/3/2020	RELIANCE WHOLESALE INC.	9,450.00	Other Medical Surgical Supplies
175481	12/3/2020	TELEFLEX LLC	269.10	Other Medical Surgical Supplies
175635	12/10/2020	TELEFLEX LLC	1,116.10	Other Medical Surgical Supplies
175749	12/17/2020	TELEFLEX LLC	2,197.00	Other Medical Surgical Supplies
175875	12/23/2020	TELEFLEX LLC	2,617.00	Other Medical Surgical Supplies
175375	12/3/2020	ALTA MEDICAL SPECIALTIES	181.47	Other Non Medical Supplies
175771	12/23/2020	ALTA MEDICAL SPECIALTIES	214.51	Other Non Medical Supplies
175379	12/3/2020	APPLIED STATISTICS & MANAGEMENT, INC.	14,900.00	Other Non Medical Supplies
175790	12/23/2020	CAREFUSION 211, INC.	807.84	Other Non Medical Supplies
175820	12/23/2020	GLOBAL FOCUS MARKETING AND DISTRIBUTION, LTD.	670.70	Other Non Medical Supplies
175709	12/17/2020	MARK THOMAS CO.	264.00	Other Non Medical Supplies
175399	12/3/2020	CJ SIGNS	546.00	Other Purchased Services
175560	12/10/2020	CJ SIGNS	215.50	Other Purchased Services
175836	12/23/2020	MED ONE EQUIPMENT SERVICES LLC	2,142.72	Other Purchased Services
175437	12/3/2020	QUICK RESPONSE TAXI	160.00	Other Purchased Services
175588	12/10/2020	QUICK RESPONSE TAXI	283.00	Other Purchased Services
175706	12/17/2020	QUICK RESPONSE TAXI	260.00	Other Purchased Services
175831	12/23/2020	QUICK RESPONSE TAXI	56.00	Other Purchased Services
175370	12/1/2020	STAR TRANSIT	150.00	Other Purchased Services
EFT00000006349	12/3/2020	AIRGAS INTERMOUNTAIN INC	229.70	Oxygen Rental
EFT00000006363	12/10/2020	AIRGAS INTERMOUNTAIN INC	898.32	Oxygen Rental
EFT00000006389	12/17/2020	AIRGAS INTERMOUNTAIN INC	251.35	Oxygen Rental
EFT00000006413	12/23/2020	AIRGAS INTERMOUNTAIN INC	4,436.53	Oxygen Rental
175893	12/23/2020	PATIENT REFUND	445.59	Patient Refund
175499	12/3/2020	PATIENT REFUND	40.00	Patient Refund
175500	12/3/2020	PATIENT REFUND	25.00	Patient Refund
175895	12/23/2020	PATIENT REFUND	31.27	Patient Refund

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175096	12/23/2020	PATIENT REFUND	64.60	Patient Refund
175501	12/3/2020	PATIENT REFUND	113.05	Patient Refund
175097	12/23/2020	PATIENT REFUND	48.58	Patient Refund
175504	12/3/2020	PATIENT REFUND	36.40	Patient Refund
175502	12/3/2020	PATIENT REFUND	50.00	Patient Refund
175503	12/3/2020	PATIENT REFUND	108.00	Patient Refund
175505	12/3/2020	PATIENT REFUND	25.00	Patient Refund
175098	12/23/2020	PATIENT REFUND	70.00	Patient Refund
175099	12/23/2020	PATIENT REFUND	305.90	Patient Refund
175900	12/23/2020	PATIENT REFUND	38.95	Patient Refund
175506	12/3/2020	PATIENT REFUND	82.20	Patient Refund
175901	12/23/2020	PATIENT REFUND	74.75	Patient Refund
175960	12/23/2020	PATIENT REFUND	50.00	Patient Refund
175903	12/23/2020	PATIENT REFUND	50.00	Patient Refund
175905	12/23/2020	PATIENT REFUND	720.28	Patient Refund
175911	12/23/2020	PATIENT REFUND	40.00	Patient Refund
175507	12/3/2020	PATIENT REFUND	40.05	Patient Refund
175912	12/23/2020	PATIENT REFUND	52.00	Patient Refund
175508	12/3/2020	PATIENT REFUND	100.09	Patient Refund
175913	12/23/2020	PATIENT REFUND	57.95	Patient Refund
175509	12/3/2020	PATIENT REFUND	50.00	Patient Refund
175914	12/23/2020	PATIENT REFUND	1,176.10	Patient Refund
175915	12/23/2020	PATIENT REFUND	113.00	Patient Refund
175916	12/23/2020	PATIENT REFUND	21.48	Patient Refund
175917	12/23/2020	PATIENT REFUND	143.40	Patient Refund
175919	12/23/2020	PATIENT REFUND	97.28	Patient Refund
175510	12/3/2020	PATIENT REFUND	22.10	Patient Refund
175920	12/23/2020	PATIENT REFUND	120.22	Patient Refund
175923	12/23/2020	PATIENT REFUND	98.17	Patient Refund
175924	12/23/2020	PATIENT REFUND	34.39	Patient Refund
175513	12/3/2020	PATIENT REFUND	10.00	Patient Refund
175512	12/3/2020	PATIENT REFUND	15.67	Patient Refund
175511	12/3/2020	PATIENT REFUND	30.00	Patient Refund
175514	12/3/2020	PATIENT REFUND	20.00	Patient Refund
175926	12/23/2020	PATIENT REFUND	39.04	Patient Refund
175927	12/23/2020	PATIENT REFUND	11.12	Patient Refund
175515	12/3/2020	PATIENT REFUND	136.80	Patient Refund
175516	12/3/2020	PATIENT REFUND	74.00	Patient Refund
175517	12/3/2020	PATIENT REFUND	180.00	Patient Refund
175518	12/3/2020	PATIENT REFUND	270.00	Patient Refund
175929	12/23/2020	PATIENT REFUND	205.00	Patient Refund
175761	12/17/2020	PATIENT REFUND	31.86	Patient Refund
175930	12/23/2020	PATIENT REFUND	818.98	Patient Refund
175519	12/3/2020	PATIENT REFUND	35.00	Patient Refund
175520	12/3/2020	PATIENT REFUND	30.00	Patient Refund
175931	12/23/2020	PATIENT REFUND	164.27	Patient Refund
175932	12/23/2020	PATIENT REFUND	55.42	Patient Refund
175521	12/3/2020	PATIENT REFUND	35.00	Patient Refund
175933	12/23/2020	PATIENT REFUND	166.25	Patient Refund

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175935	12/23/2020	PATIENT REFUND	50.00	Patient Refund
175936	12/23/2020	PATIENT REFUND	247.28	Patient Refund
175522	12/3/2020	PATIENT REFUND	90.00	Patient Refund
175937	12/23/2020	PATIENT REFUND	11.98	Patient Refund
175939	12/23/2020	PATIENT REFUND	18.88	Patient Refund
175942	12/23/2020	PATIENT REFUND	17.73	Patient Refund
175944	12/23/2020	PATIENT REFUND	143.46	Patient Refund
175945	12/23/2020	PATIENT REFUND	31.49	Patient Refund
175946	12/23/2020	PATIENT REFUND	25.00	Patient Refund
175947	12/23/2020	PATIENT REFUND	1,121.95	Patient Refund
175948	12/23/2020	PATIENT REFUND	77.52	Patient Refund
175951	12/23/2020	PATIENT REFUND	250.00	Patient Refund
175523	12/3/2020	PATIENT REFUND	50.00	Patient Refund
175952	12/23/2020	PATIENT REFUND	4,247.05	Patient Refund
175524	12/3/2020	PATIENT REFUND	40.00	Patient Refund
175953	12/23/2020	PATIENT REFUND	19.81	Patient Refund
175956	12/23/2020	PATIENT REFUND	68.00	Patient Refund
175959	12/23/2020	PATIENT REFUND	33.00	Patient Refund
175962	12/23/2020	PATIENT REFUND	36.46	Patient Refund
175526	12/3/2020	PATIENT REFUND	35.00	Patient Refund
175525	12/3/2020	PATIENT REFUND	35.00	Patient Refund
175963	12/23/2020	PATIENT REFUND	24.01	Patient Refund
175964	12/23/2020	PATIENT REFUND	47.84	Patient Refund
175965	12/23/2020	PATIENT REFUND	40.00	Patient Refund
175966	12/23/2020	PATIENT REFUND	100.00	Patient Refund
175967	12/23/2020	PATIENT REFUND	6.80	Patient Refund
175970	12/23/2020	PATIENT REFUND	180.00	Patient Refund
175527	12/3/2020	PATIENT REFUND	120.00	Patient Refund
175528	12/3/2020	PATIENT REFUND	40.00	Patient Refund
175529	12/3/2020	PATIENT REFUND	40.00	Patient Refund
175530	12/3/2020	PATIENT REFUND	180.00	Patient Refund
175972	12/23/2020	PATIENT REFUND	400.00	Patient Refund
175531	12/3/2020	PATIENT REFUND	9.60	Patient Refund
175973	12/23/2020	PATIENT REFUND	300.00	Patient Refund
175532	12/3/2020	PATIENT REFUND	134.98	Patient Refund
175949	12/23/2020	PATIENT REFUND	50.40	Patient Refund
175975	12/23/2020	PATIENT REFUND	142.69	Patient Refund
175976	12/23/2020	PATIENT REFUND	37.98	Patient Refund
175977	12/23/2020	PATIENT REFUND	53.88	Patient Refund
175978	12/23/2020	PATIENT REFUND	347.04	Patient Refund
175979	12/23/2020	PATIENT REFUND	179.44	Patient Refund
175980	12/23/2020	PATIENT REFUND	34.60	Patient Refund
175981	12/23/2020	PATIENT REFUND	18.39	Patient Refund
175950	12/23/2020	PATIENT REFUND	15.69	Patient Refund
175982	12/23/2020	PATIENT REFUND	60.00	Patient Refund
175538	12/8/2020	UNITED WAY OF SWEETWATER COUNTY	311.22	Payroll Deduction
175767	12/22/2020	UNITED WAY OF SWEETWATER COUNTY	311.22	Payroll Deduction
175534	12/8/2020	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment
175763	12/22/2020	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment

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175535	12/8/2020	STATE OF WYOMING DFS/CSES	2,369.69	Payroll Garnishment
175764	12/22/2020	STATE OF WYOMING DFS/CSES	2,451.83	Payroll Garnishment
175533	12/8/2020	DAVID G. PEAKE	3,484.62	Payroll Garnishment
175762	12/22/2020	DAVID G. PEAKE	3,484.62	Payroll Garnishment
175536	12/8/2020	SWEETWATER CIRCUIT COURT-RS	1,315.64	Payroll Garnishment
175765	12/22/2020	SWEETWATER CIRCUIT COURT-RS	1,330.10	Payroll Garnishment
175537	12/8/2020	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
175766	12/22/2020	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	12/14/2020	PAYROLL 26B	970,000.00	Payroll Transfer
W/T	12/8/2020	PAYROLL 25	1,500,000.00	Payroll Transfer
W/T	12/22/2020	PAYROLL 26A	1,500,000.00	Payroll Transfer
175672	12/17/2020	CARDINAL HEALTH PHARMACY MGMT	733,766.10	Pharmacy Management
175440	12/3/2020	DR. LUCY RYAN	25,000.00	Physician Retention
175426	12/3/2020	ISRAEL STEWART, DO	25,000.00	Physician Retention
175879	12/23/2020	UNIVERSITY OF UTAH (UHC OUTREACH)	99,198.46	Physician Services
175495	12/3/2020	WEATHERBY LOCUMS, INC	45,242.63	Physician Services
175540	12/10/2020	ADVANCED MEDICAL IMAGING, LLC	17,796.50	Physician Services
175439	12/3/2020	LOCUM TENENS.COM	72,115.22	Physician Services
175876	12/23/2020	THE SLEEP SPECIALISTS	8,475.00	Physician Services
175457	12/3/2020	DR. PREETPAL GREWAL	17,990.43	Physician Services
175428	12/3/2020	JOHN A. ILIYA, M.D.	25,900.00	Physician Services
175801	12/23/2020	DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
175813	12/23/2020	FEDLOAN SERVICING	20,625.00	Physician Student Loan
175822	12/23/2020	GREAT LAKES	1,666.67	Physician Student Loan
175881	12/23/2020	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
175828	12/23/2020	DR. JACQUES DENKER	6,488.33	Physician Student Loan
175854	12/23/2020	POSTMASTER	468.00	Postage
175810	12/23/2020	CE BROKER	276.66	Professional Service
175435	12/3/2020	CLIFTON LARSON ALLEN LLP	546.00	Professional Service
175591	12/10/2020	MEDICAL PHYSICS CONSULTANTS, INC	11,025.00	Professional Service
175597	12/10/2020	MILE HIGH MOBILE PET	8,920.00	Professional Service
175606	12/10/2020	P3 CONSULTING LLC	4,637.50	Professional Service
175492	12/3/2020	VERISYS INC.	46.00	Professional Service
175888	12/23/2020	WYOMING DEPARTMENT OF HEALTH	320.00	Professional Service
175580	12/10/2020	HENINGER ENTERPRISES, LLC	870.00	Professional Service
175699	12/17/2020	HENINGER ENTERPRISES, LLC	3,600.00	Professional Service
175451	12/3/2020	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service
175616	12/10/2020	RAVE WIRELESS, INC	4,622.40	Professional Service
EFT00000006361	12/3/2020	WESTERN STAR COMMUNICATIONS	761.90	Professional Service
175562	12/10/2020	COLLEGE OF AMERICAN PATHOLOGY	90.00	Proficiency Testing
175615	12/10/2020	RADIATION DETECTION COMPANY	220.00	Radiation Monitoring
175731	12/17/2020	RADIATION DETECTION COMPANY	502.75	Radiation Monitoring
175448	12/3/2020	MERRY X-RAY	115.97	Radiology Film
175593	12/10/2020	MERRY X-RAY	117.79	Radiology Film
175714	12/17/2020	MERRY X-RAY	280.40	Radiology Film
175838	12/23/2020	MERRY X-RAY	52.26	Radiology Film
175554	12/10/2020	BRACCO DIAGNOSTICS INC	795.11	Radiology Material
175669	12/17/2020	BRACCO DIAGNOSTICS INC	1,559.52	Radiology Material
175785	12/23/2020	BRACCO DIAGNOSTICS INC	977.65	Radiology Material

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175587	12/10/2020	LANTHEUS MEDICAL IMAGING, INC	6,926.66	Radiology Material
175705	12/17/2020	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
175830	12/23/2020	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
175798	12/23/2020	CURJUM US LLC	962.00	Radiology Material
EFT000000006352	12/3/2020	GE HEALTHCARE INC	969.69	Radiology Material
EFT000000006370	12/10/2020	GE HEALTHCARE INC	323.23	Radiology Material
EFT000000006380	12/10/2020	PHARMALUCENCE, INC	744.00	Radiology Material
EFT000000006390	12/17/2020	GE HEALTHCARE INC	1,033.19	Radiology Material
EFT000000006422	12/23/2020	PHARMALUCENCE, INC	2,503.00	Radiology Material
175383	12/3/2020	DR. BANU SYMINGTON	61.28	Reimbursement - CME
175436	12/3/2020	DR. LAWRENCE LAURIDSEN	3,045.00	Reimbursement - CME
175474	12/3/2020	STARLA LEETE	900.00	Reimbursement - CME
175659	12/17/2020	ANEDIA HAZELETT	72.29	Reimbursement - Education & Travel
175429	12/3/2020	JONEA FULLER	318.19	Reimbursement - Education & Travel
175431	12/3/2020	KELLY SUGIHARA	559.97	Reimbursement - Education & Travel
175704	12/17/2020	KELLY SUGIHARA	130.52	Reimbursement - Education & Travel
175459	12/3/2020	RAMONA K BEACH	45.90	Reimbursement - Education & Travel
175461	12/3/2020	ROB FAIR	285.60	Reimbursement - Education & Travel
175734	12/17/2020	ROB FAIR	372.30	Reimbursement - Education & Travel
175658	12/17/2020	AMBER SEVERSON	64.81	Reimbursement - Insurance Premiums
175568	12/10/2020	DELBERT CASEY	74.55	Reimbursement - Insurance Premiums
175621	12/10/2020	SARAH CORHN	185.16	Reimbursement - Insurance Premiums
175376	12/3/2020	AMY LUCY	66.00	Reimbursement - License
175676	12/17/2020	CINDY NELSON	75.00	Reimbursement - Non Hospital Supplies
175707	12/17/2020	MARIANNE SANDERS	28.97	Reimbursement - Non Hospital Supplies
175622	12/10/2020	SARAH WAGNER	27.28	Reimbursement - Non Hospital Supplies
175441	12/3/2020	MARIANNE SANDERS	1,180.00	Reimbursement - Physician Retention
175708	12/17/2020	MARK ST MARIE	112.44	Reimbursement - Uniforms
W/T	12/23/2020	ABG 12/24/20	133,233.95	Retirement
W/T	12/3/2020	ABG 11/26/20	145,644.26	Retirement
W/T	12/21/2020	ABG 12/21/20	145,991.84	Retirement
175630	12/10/2020	STATE OF WYO.DEPT.OF REVENUE	710.74	Sales Tax Payment
175449	12/3/2020	MHSC MEDICAL STAFF	100.00	Scholarship
175390	12/3/2020	BOOKCLIFF SALES INC	77.20	Scrub Sale deductions
175553	12/10/2020	BOOKCLIFF SALES INC	23.50	Scrub Sale deductions
175411	12/3/2020	EXPERIAN HEALTH, INC.	15,000.00	Software
EFT000000006357	12/3/2020	R.S. CHAMBER OF COMMERCE	250.00	Sponsorship
175465	12/3/2020	RSHS WRESTLING	500.00	Sponsorships
175488	12/3/2020	UCSD#6	200.00	Sponsorships
175450	12/3/2020	MOBILE INSTRUMENT SERVICE	2,388.46	Surgery Equipment
175716	12/17/2020	MOBILE INSTRUMENT SERVICE	440.74	Surgery Equipment
175373	12/3/2020	ALI MED INC	440.15	Surgery Supplies
175542	12/10/2020	ALI MED INC	4,815.00	Surgery Supplies
175657	12/17/2020	ALI MED INC	415.28	Surgery Supplies
175401	12/3/2020	COMMED UNIVATEC	270.04	Surgery Supplies
175403	12/3/2020	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,299.69	Surgery Supplies
175566	12/10/2020	COVIDIEN SALES LLC, DBA GIVEN IMAGING	546.94	Surgery Supplies
175682	12/17/2020	COVIDIEN SALES LLC, DBA GIVEN IMAGING	3,959.06	Surgery Supplies
175797	12/23/2020	COVIDIEN SALES LLC, DBA GIVEN IMAGING	23,338.74	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
12/31/20

175586	12/10/2020	KEY SURGICAL INC	40.00	Surgery Supplies
175627	12/10/2020	SMITH & NEPHEW ENDOSCOPY INC	433.00	Surgery Supplies
175742	12/17/2020	SMITH & NEPHEW ENDOSCOPY INC	3,522.60	Surgery Supplies
175477	12/3/2020	STRYKER ENDOSCOPY	1,468.00	Surgery Supplies
175632	12/10/2020	STRYKER ENDOSCOPY	1,575.36	Surgery Supplies
175747	12/17/2020	STRYKER ENDOSCOPY	642.00	Surgery Supplies
175871	12/23/2020	STRYKER ENDOSCOPY	238.77	Surgery Supplies
175748	12/17/2020	SYNTHES LTD	3,745.28	Surgery Supplies
175874	12/23/2020	SYNTHES LTD	3,177.68	Surgery Supplies
175498	12/3/2020	ZIMMER BIOMET	5,437.00	Surgery Supplies
175889	12/23/2020	ZIMMER BIOMET	8,220.75	Surgery Supplies
EFT00000006351	12/3/2020	COOPER SURGICAL	463.68	Surgery Supplies
EFT00000006369	12/10/2020	COOPER SURGICAL	1,954.85	Surgery Supplies
EFT00000006397	12/17/2020	COOPER SURGICAL	1,436.70	Surgery Supplies
EFT00000006416	12/23/2020	COOPER SURGICAL	1,423.84	Surgery Supplies
175856	12/23/2020	PRESS GANEY ASSOCIATES, INC	2,060.01	Survey Expenses
175424	12/3/2020	INSYNC	49.30	Translation Services
175434	12/3/2020	LANGUAGE LINE SERVICES	1,625.64	Translation Services
175487	12/3/2020	WYOMING WORK WAREHOUSE	143.98	Uniforms
175652	12/10/2020	WYOMING WORK WAREHOUSE	486.83	Uniforms
175547	12/10/2020	AT&T	275.69	Utilities
175548	12/10/2020	AT&T	111.93	Utilities
175614	12/10/2020	CENTURY LINK	5,425.91	Utilities
175729	12/17/2020	CENTURY LINK	312.40	Utilities
175857	12/23/2020	CENTURY LINK	4,637.66	Utilities
175804	12/23/2020	DISH NETWORK LLC	70.49	Utilities
175613	12/10/2020	DOMINION ENERGY WYOMING	51,703.31	Utilities
175728	12/17/2020	DOMINION ENERGY WYOMING	159.92	Utilities
175736	12/17/2020	ROCK SPRINGS MUNICIPAL UTILITY	12,533.89	Utilities
175738	12/17/2020	ROCKY MOUNTAIN POWER	40,884.82	Utilities
175887	12/23/2020	WHITE MOUNTAIN WATER & SEWER DISTRICT	57.50	Utilities
175543	12/10/2020	ALL WEST COMMUNICATIONS	4,162.13	Utilities
175476	12/3/2020	STERICYCLE, INC.	2,044.52	Waste Disposal
175870	12/23/2020	STERICYCLE, INC.	1,281.38	Waste Disposal
175572	12/10/2020	FIBERTECH	2,226.00	Window Cleaning
			8,074,391.80	

Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending December 31, 2020

Vouchers Submitted by MHSC at agreed discounted rate	
July 2020	\$0.00
August 2020	\$0.00
September 2020	\$120,210.45
October 2020	\$0.00
November 2020	\$7,705.78
December 2020	\$35,769.98
County Requested Total Vouchers Submitted	<u>\$163,686.21</u>
Total Vouchers Submitted FY 21	\$163,686.21
Less: Total Approved by County and Received by MHSC FY 21	\$163,686.21
Total Vouchers Pending Approval by County	<u><u>\$0.00</u></u>

FY21 Title 25 Fund Budget from Sweetwater County	\$262,548.00
Funds Received From Sweetwater County	<u>\$163,686.21</u>
FY20 Title 25 Fund Budget Remaining	\$98,861.79
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

FY21 Maintenance Fund Budget from Sweetwater County	\$2,150,456.00
County Maintenance FY21- July	\$71,821.34
County Maintenance FY21- August	\$14,923.47
County Maintenance FY21-September	\$93,540.23
County Maintenance FY21- October	\$21,472.98
County Maintenance FY21- November	\$57,573.61
County Maintenance FY21-December	\$59,200.74
	<u>\$318,532.37</u>
FY21 Maintenance Fund Budget Remaining	<u><u>\$1,831,923.63</u></u>

Finance and Audit Committee

Information Technology (IT) Report

January 2021

Abram Jewell

IT Director

- Continuation - Working with new vendor, Rubrik Polaris, integration for Office 365 cloud backup
- Microsoft Teams still on track for integration will start 1st Qtr. of 2021
 - We are creating training material for distribution before going live.
 - Within Microsoft Teams, a new team for Cerner has been fast tracked and placed in production for use with the leadership team.
- Windows 10 upgrade progress. We are at 80% conversion to Windows 10. Older workstations not able to upgrade to Windows 10.
 - Working on a proposal to replace the outdated workstations.
 - Model 990 – 2012 hardware or older
 - Proposal will include monitors to upgrade outdated models as well
- Older Windows Server 2008 are being updated to Windows Server 2016
 - Our File Share server has been upgraded and moved to Windows Server 2016
 - Old servers are being decommissioned
- Updating QES Servers
- SpaceLabs has been updated
- Terminal Server to be installed for Lab at College Hill – In Progress
- CrowdStrike Update – Security Software
 - Malwarebytes has been integrated for remediation
- Reintegration between Great Plains, Performance Manager, and NetLearning is near completion.
- 24 new laptops are on order for remote workers and Cerner training
- Obtaining quotes to upgrade our network switches
- Cerner recommends upgrading WiFi
 - Met with vendor to reengineer our WiFi network to meet Cerner's requirements.
- Cerner Subject Matter Experts have been identified within the IT department
- Clifton Larson Allen (CLA) External Penetration Test:
 - Action Plan has been put into motion
 - Details are limited due to security concerns
 - WSUS server nearing completion for network wide updates / patches

MEMO: January 27, 2021

TO: Finance Committee

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary January, 2021 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$ 1,385,000.00
Hospital Payment Plans	\$ 115,000.00
Medical Clinic Accounts	\$ 45,277.80
Ortho Clinic Accounts	\$ 00.00
Total Potential Bad Debt	\$ 1,545,277.80

Hospital Accounts Returned	\$ - 75,000.00
Net Bad Debt Turned	

\$1,470,277.80

Hospital Recoveries Collection Agency	\$ 188,986.63
Hospital Recoveries Payment Plans	\$ 75,000.00
Medical Clinic Recoveries	\$ 2,677.13
Ortho Clinic Recoveries	\$ 1,028.71
Total Bad Debt Recoveries	\$267,692.47

Net Bad Debt Less Recoveries

\$ 1,202,585.33

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...Buildings and Grounds...January, 2021
Date: January 26, 2021

Regarding the Central Plant expansion project, Jake said he will send out a Certificate of Substantial Completion and will start the 41 day advertisement period. Still work to be done; Jake indicated that the project should be completed in the next couple of months.

Regarding the SLIB/CARES Act projects...progress is occurring as can reasonably be expected. Jake believes Grothouse is doing a good job. The Hospital is considering doing the S1 Unit with CARES funding. The plan is to break it out from the Laboratory project.

Regarding the Medical Imaging project...Grothouse is preparing pricing.

Regarding the Laboratory project...as mentioned above, the S1 Unit is to be split out. The Laboratory project will be a CMAR project.

Regarding the Pharmacy Chemo Mixing Room project...staff and consultants are working in the planning stage.

Regarding the Pharmacy Compounding Room, work is progressing nicely. It was reported that this project should be completed by the end of January.

Regarding Dr. Sulentic's Office work...MHSC needs to get the rental contract signed by Dr. Sulentic before this work can begin.

Regarding the Bulk Oxygen issue, staff is working with Air Gas to address the issues that are on the table. There are significant issues with the concrete next to the tanks that need to be resolved.

Other projects on hold waiting for spring include replacement roofing for the Power House and the Waldner House wall issue.

The conversion of OB Bathtubs to Showers is still on hold. State approval will be needed prior to work being done.

MEMORIAL HOSPITAL OASIS EATER COUNTY
Building and Grounds Committee Meeting
January 19, 2021

The Building and Grounds Committee met in regular session via Zoom on January 19, 2021 at 1:00 PM with Mr. Marty Elsey presiding.

In Attendance: Mr. Marty Elsey *Trustee - Chair*
Mr. Barbara Sowada *Trustee*
Ms. Irene Richardson *CEO*
Ms. Tami Love *CFO*
Mr. Jim Horan *Facilities Director*
Mr. Jerry Johnston *Facilities Supervisor*
Mr. Dale Levins *ST&B Engineering*
Mr. Bill Heatley *PlanOne Architects*

Mr. Elsey called the meeting to order.

Mr. Sowada made a motion to approve the agenda. Ms. Richardson seconded. Motion passed.

Mr. Elsey asked for a motion to approve the minutes from the December 19, 2020 meeting. Mr. Sowada said she hadn't seen the minutes. Ms. Love said the minutes were in the Board portal. It was agreed we would put off the approval until everyone had a chance to review.

Maintenance Metrics

Mr. Horan said the numbers hold consistent from the beginning.

Old Business – Project Review

Central Plant Expansion

Mr. Levins said we have had some closure of the open items and feels comfortable to issue a certificate of substantial completion and will move forward with the 14-day advertisement posting in the Rock Miner. Functional testing of the plant is scheduled for next week. Currently, there is one item on the schedule of values which will need to be postponed until the summer for scheduling. We should see final completion in the next month or so. Mr. Elsey asked what percentage of the total contract we are withholding at this time. Mr. Levins said it is about 10% or about \$900,000. There may be some additional task items to complete as they complete the functional testing.

SLI/CARES Act Projects

HVAC & UVC – Mr. Levins and Mr. Heatley recently met with the Hospital team to discuss some additional options with the 1900S1 unit. We will need to discuss temporary air handlers as the project progresses. Everything proceeding as expected with the steel structure on the roof and the air handling equipment has been placed. He is really pleased with the roothouse and how the project is being managed and working under the conditions and infection control requirements.

Mr. Elsey asked about the financial end. Ms. Love said we did get everything sent in by the December 1st SLI deadline. The final completion letters were sent yesterday so we are waiting to see if they need anything else at this time. We are considering completing the S1 unit under our own CARES Act funds as it would be similar to the HAC project approved through SLI. We can break it out from the Lab project and it will comply with the CARES Act requirements. Mr. Levins and Mr. Heatley are working with the contractor to break that portion out of the total project.

Medical Imaging

Mr. Heatley reported the drawings have been submitted to the roathouse and they are in the pricing process right now. It has also been submitted to the State and he has talked to Pat Davis about keeping it in the queue as it is attached to a current CARES Act project.

Laboratory

Mr. Heatley said they will be splitting out the S1 unit from the original scope. He has received the revised pricing so it will be ready to put out for a CMAR contract. He will share with the Hospital team as soon as he has reviewed. This project is still in the State queue as expected as it is not a COI project so has been delayed for review. The next step is to get a CMAR package and solicit responses for that project as previously approved by the board.

Pharmacy Chemo Mixing Room

Mr. Horan reported Mr. Levins and Mr. Heatley toured the physical area with Jonathan Beattie the new Director of Pharmacy and Tasha Harris the Director of the Cancer Center. They looked at the issues and to see how they can take the current room out of service without adversely affecting workflow in the area. They are assessing the best area to establish a new room so they can continue to mix chemo throughout the project. This is in the planning stages and he is hopeful it will be resolved soon.

Pharmacy Compounding Room

Mr. Johnston said they are full steam ahead on this project as old walls and duct work have been taken down and new barrier walls are constructed. They are working with Mr. Levins on the size of HEPA filters needed for the new space. This project should be complete in 4-6 weeks.

Dr. Sulentic Office

Mr. Heatley is waiting on the written approval to proceed from the Hospital. Ms. Richardson said the board did approve the contract and she has sent it to Dr. Sulentic to sign. She will follow up with him on getting the contract signed.

Tanked Projects

Mr. Elsey asked if there were any items that needed to be discussed. Mr. Horan shared information on the Sulfoloxygen project as there are now issues with the concrete for the offloading of the equipment to fill the tank. We are in discussion with Air Mas on how to proceed. He said

all of the other projects are still on hold. Mr. Elsey said he remembered we had past discussion on the Air Gas contract. Mr. Horan said the contract for replacing the tank is being put into a monthly lease contract with Air Gas. We will need to move ahead and we will keep the committee updated.

Replacement Roofing for Power House – Mr. Horan said this is still on for the spring.
Foundation of Aldner House Hall – Mr. Horan said this project will be revisited in the spring also.
Outhouses to Showers – Mr. Horan said this is still on hold. The project is to replace the outhouses to showers for infection control issues. The State will need to be involved in this project.

New Business

Mr. Elsey asked if there were any other topics they want to discuss. There were no new items brought up for discussion.

The next meeting will be held February 16 at 7:00 p.m.

Mr. Sowada asked if the December minutes could be shared on the screen so we can approve today. While Ms. Love brought up the minutes to review Mr. Horan asked Mr. Levins and Mr. Heatley to stay on the call to discuss other matters. Mr. Elsey asked if there was any other business they would like to discuss after reading the minutes. He asked for a motion to approve the minutes. Mr. Sowada made the motion to approve the December 19 meeting minutes Mr. Horan seconded motion passed.

The meeting adjourned at 7:00 p.m.

Submitted by Tami Love

Memorial Hospital of Sweetwater County
Governance Committee Meeting
January 19, 2021
Zoom Meeting

Voting Members Present: Richard Mathey and Barbara Sowada

Non-voting Members Present: None

Call Meeting to Order

Richard Mathey called meeting to order at 2:00 pm.

Discussion

Agenda Board Bylaws Revision.

Minutes Are the *first* draft of revisions made to Chapter 1 through Chapter 3

New Business

1. First draft revisions made to Chapters 1 through 3. There continue to be questions regarding a few of the elements. Rather than dealing with these elements, it was decided to wait until all of the first draft is complete before bringing in other members of the Governance Committee and other content experts to answer such elements.
2. The goal is to have the revised Bylaws ready for first Board reading by April.
3. Reviewing the Bylaws, it was noted that due to covid-19
 - a. The annual CEO evaluation has not been recorded, which is a TJC requirement
 - b. The annual Board self-assessment survey has not yet been completed, which is a TJC requirement
 - i. Recommend that the Board complete this survey no later than April, 2021, and that The Governance Institute survey process be used.
4. Reviewing the Bylaws, it was noted that Ms. Grainger in her review of the Hospital's quality program recommended Board policies regarding a) clinical service contracts and b) medical staff leadership in consultation with the Board regarding the quality of medical care provided to patients. Policies will be drafted at a later meeting.

With no further business, the meeting was adjourned at 3:30 pm.

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: **iPROTEAN SUBSCRIPTION AGREEMENT**

2. Purpose of contract, including scope and description: **new subscription for online learning and training for board members. It is a virtual board education platform for hospital trustees and administrators. Please see the attached agreement for all the services that come with this subscription. Hospital will receive 10 licenses. Hospital will be a pilot participant through Wyo. Hospital Assoc. As a pilot program we will receive substantial discount.**

3. Effective Date: **January 15, 2021**

4. Expiration Date: **January 15, 2022**

5. Termination provisions: **not addressed in agreement** Is this auto-renew?
No

6. Monetary cost of the contract: **Net amount due (after discounts)**
\$8000.00 Budgeted? **No**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed**

8. Any confidentiality provisions? **Yes. We will respect the confidentiality of this agreement and will not share fee structure with 3rd parties.**

9. Indemnification clause present? **No**

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

11. Is County Attorney review required? No