

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
REGULAR MEETING OF THE BOARD OF TRUSTEES
May 3, 2023
2:00 p.m.
Classrooms 1, 2 & 3**

AGENDA

- I ☐ Call to Order Barbara Sowada
- A ☐ Roll Call
- ☐ Pledge of Allegiance
- ☐ Mission and Vision Taylor Jones
- D ☐ Mission Statement Irene Richardson, *Chief Executive Officer*
- II ☐ Agenda (For Action) Barbara Sowada
- III ☐ Minutes (For Action) Barbara Sowada
- I ☐ Community Communication Barbara Sowada
- ☐ Old Business Barbara Sowada
- A ☐ Employee Policies (*Remains under review/development, no request for action*)
 - 1 ☐ Workplace Violence Prevention Policy
 - 2 ☐ Workplace Violence Prevention Program
 - ☐ Board Meeting Guidelines (For Action) Barbara Sowada
 - ☐ Employee Policies – Drug And Alcohol Free Workplace Kandi Pendleton
 - And Testing Policy and Substance Abuse Checklist (For Action)
 - D ☐ Sentinel Event Policy (For Action) Kara Jackson, *Director of Quality, Accreditation, Patient Safety & Risk*
- ☐ New Business (Review and Questions/Comments) Barbara Sowada
- A ☐ Board Policy – Board Evaluation (For Review) Barbara Sowada
- ☐ Incolony Suite Project Bid (For Ratification) Irene Richardson
- ☐ Credentials Committee (For Action) Merry Downs, *Director of Medical Staff Services*
 - 1 ☐ Proctors for Robot, Inboardin Pacet
 - 2 ☐ General Surgery Privilege Form
- II ☐ Chief Executive Officer Report Irene Richardson
- III ☐ Committee Reports
- A ☐ Quality Committee Taylor Jones
- ☐ Human Resources Committee Kandi Pendleton
- ☐ Finance & Audit Committee Ed Tardoni
 - 1 ☐ Capital Expenditure Requests (For Action)
 - 2 ☐ Bad Debt (For Action)
 - 3 ☐ IS Report
 - 4 ☐ Finance & Audit Committee Meeting Information
- D ☐ Building Rounds Committee Kathy Elsey
- ☐ Foundation Board Taylor Jones
- F ☐ Compliance Committee Kandi Pendleton
- ☐ Governance Committee Barbara Sowada
- ☐ Executive Oversight and Compensation Committee Barbara Sowada
- I ☐ Joint Conference Committee Barbara Sowada

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REGULAR MEETING OF THE BOARD OF TRUSTEES

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AGENDA

I ☐☐ ☐ontract Review

Irene Ric ☐ardson

A ☐ ☐onsent A ☐enda *(For Action)*

1 ☐ [☐☐☐R Telepsychiatry Agreement](#)

☐☐ ☐oard ☐ducation *(Cancelled for May)*

☐I ☐ ☐edical Staff Report

Dr ☐☐rienne ☐rofts, *Medical Staff President*

☐II ☐ ☐ood of t ☐e ☐rder

☐arbara Sowada

☐III ☐ ☐xecutive Session ☐ ☐ \$ ☐☐1 ☐4405 ☐a ☐i ☐☐☐

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☐I ☐☐ Action Followin ☐ ☐☐xecutive Session

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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**

April 5, 2023

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session via Zoom on April 5, 2023 at 2:00 p.m. with Mr. Barbara Sowada, President, presiding.

CALL TO ORDER

Mr. Sowada thanked Mr. Jones for being willing to fill in for her in conducting the meeting. When it was changed to a Zoom meeting, she said she would be able to conduct. Mr. Sowada welcomed everyone and called the meeting to order.

Mr. Sowada requested a roll call and announced there was a quorum. The following Trustees were present: Mr. Taylor Jones, Mr. Martyelsey, Ms. Andi Pendleton, Mr. Barbara Sowada, and Mr. Ed Cardoni.

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

Pledge of Allegiance

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

Our Mission and Vision

Mr. Eelsey read aloud the mission and vision statements.

Mission Moment

Ms. Richardson reviewed the recent report of an incident at Rock Springs High School which she said thankfully ended up being a false report. She said our hearts go out to students, teachers, staff, and responders. Ms. Richardson said there was an amazing response from MHSC staff with everyone immediately springing into action to take care of our community. She said we have a truly amazing staff and she is grateful for their expertise, knowledge, skill, and compassion. Mr. Eelsey shared his experience of being at the high school the day of the incident. Ms. Pendleton shared nice comments she read about the Hospital on a social media site. Mr. Crofts said she was very grateful for the response. She said she is sure we all felt chaos and fear without showing it. She said we do stand together as a community and hospital to take care of people. Mr. Crofts said we never want to have something like that happen, but we are ready when needed. Mr. Sowada said it truly was a community response and thanked the Hospital.

AGENDA

The motion to amend the agenda to replace Mr. Jones' name with Dr. Sowada's to conduct due to the meeting being changed to online was made by Mr. Jones second by Ms. Pendleton. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the March 1, 2023 regular meeting as presented was made by Ms. Pendleton second by Mr. Elsey. Motion carried.

COMMUNITY COMMUNICATION

Commissioner Slaughter said he participated in an orientation provided by Ms. Kami Love, Chief Financial Officer and Ms. Richardson the prior week. He said they spent several hours reviewing the Hospital. He gave kudos to the kitchen staff for the fantastic meal prepared for lunch. Commissioner Slaughter said he appreciates learning about the operation of the Hospital.

OLD BUSINESS

Employee Policies

Placeholder during continued review.

Board Meeting Guidelines

Mr. Sowada said the Governance Committee tabled the item for further review.

Quality Committee Charter

The motion to approve the Quality Committee Charter as presented was made by Mr. Jones second by Ms. Pendleton. Motion carried.

NEW BUSINESS

Resolution for Reissuance

Ms. Richardson reviewed the resolution request to convert the Hospital bonds from taxable to tax-exempt. She introduced Mr. Richard Thompson from Hathaway and Sun. Mr. Thompson explained the process and reasoning behind the change. He said following the board's approval of the resolution, we will request approval from the County Commissioners. Ms. Richardson introduced Mr. Nate Eckloff from Piper Sandler. Mr. Eckloff thanked the Hospital for the opportunity to represent and serve the Hospital. He thanked Mr. Thompson for his work and said he is looking forward to coming to a low interest rate conclusion. Ms. Richardson said she recommends the board approve the resolution. The motion to approve the resolution for reissuance of the bonds as presented was made by Mr. Elsey second by Mr. Jones. Motion carried. Mr. Sowada thanked Mr. Thompson and Mr. Eckloff.

Employee Policies – Drug and Alcohol Free Workplace and Testing Policy with Substance Abuse Checklist

Ms. Susan Campbell, In House Counsel, reviewed the draft. She said we ran into a few issues with the previous policy so we created an update to make it clear. Mr.elsey said he thought the policy was well done and appreciated seeing the markup version. He requested a change in some wording and Ms. Campbell said she would submit an update.

Sentinel Event Policy

Ms. Tara Jackson, Director of Quality, Accreditation, Patient Safety and Risk, reviewed the policy changes including wording to clarify and for consistency. She said the policy has been reviewed and approved by the Medical Executive Committee and Quality Committee. Mr.elsey said he thinks the policy was well done. He requested some formatting changes. Ms. Jackson said she will submit an update.

Credentials Committee Privilege Forms

Ms. Perry Downs, Director of Medical Staff Services, said we are revising privilege forms. She said the forms presented have been approved by the Medical Executive Committee. The motion to approve the Hospitalist and Pediatric forms as presented was made by Mr. Jones, second by Mr. Cardoni. Motion carried.

Siemens Executive Agreement

Ms. Richardson reviewed the agreement and orientation memo in the packet. She reviewed the process resulting in her signature and requested ratification. Ms. Pendleton asked about a deadline on pricing. Ms. Richardson said there really was no deadline on time, just a commitment to the pricing. The motion to ratify the approval of the agreement as presented was made by Mr. Jones, second by Mr. Cardoni. Motion carried.

June Board Meeting Date Change

Mr. Sowada asked to move the date from Wednesday, June 7 to Tuesday, June 6 to assist Ms. Richardson in participating at the American Hospital Association (AHA) regional meeting scheduled at the same time. The Board agreed to the change.

Board Recruitment

Mr. Sowada announced Mr. Cardoni is coming to the end of his term. She said the County Commissioners have reviewed a letter from him saying he does not plan to request reappointment. Mr. Sowada said Mr. Cardoni will be greatly missed. She said we hope to recruit someone early to help with the transition. She encourages interested candidates to go to the County website to submit an application. Commissioner Slaughter said he found the appointment cannot be done until June. He said there could be an issue with receiving a recommendation for a temporary person to shadow for a period of time and then officially appointing if the Commissioners put someone in an interim

spot and then they don't officially appoint. He said he doesn't foresee that happening but it could create an issue. Mr. Cardoni suggested inviting any applicants to shadow for one month. Commissioner Slaughter said he would forward applicant information to the Board for review. Ms. Pendleton mentioned the idea of using the Foundation Board as a feeder to the Board of Trustees.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson provided an update on the strategic plan areas of patient experience, quality and safety, community and growth, workplace experience, and financial stewardship. She welcomed Ms. Julianne Correster to the Pediatrics Clinic. She held a nursing recruitment dinner and continue hosting physician recruitment visits. We had a great Doctors' Day event. Ms. Richardson said she and Ms. Love continue working with the State on the Critical Access Hospital status process. She participated in an iProtean "huddle" the prior week. She attended the CHS regional meeting in Scottsdale and the next one is in Boise in June. Ms. Susan Sherty from the CHS invited Ms. Richardson to participate in a webinar. Ms. Richardson offered to forward the link to Trustees if interested in observing. She will attend the CHS annual meeting in Washington D.C. later in April. Ms. Richardson thanked staff for coming in during the recent terrible weather to care for our patients. She said the Board of County Commissioners graciously gave us \$3M for matching funds for the lab expansion project in July and the Commissioners continue to support that decision. Ms. Richardson said we have requested the amount in one lump sum and explained the reasoning. We are bringing a budget resolution to the Commissioners. Ms. Richardson invited the Trustees to attend if available. Commissioner Slaughter said the prior Board of County Commissioners agreed to set aside the funds. He said Commissioner West is concerned of the public image of just issuing the full amount without a full paper trail. The resolution is to amend the budget for \$3M. There will be discussion around how we disperse those funds. Commissioner Slaughter said we must choose the most fiscally responsible and prudent decision.

COMMITTEE REPORTS

Quality Committee

Mr. Sowada said she chaired the meeting for Mr. Jones. She said the Hospital is good at recognizing the contributions from everyone. Mr. Sowada recognized Mr. Melinda Poyer, Chief Medical Officer, for bringing a physician and their contributions to quality to the Committee's attention every month.

Human Resources Committee

Ms. Pendleton said there is good news about staffing and travelers in the committee meeting packet.

Finance and Audit Committee

Capital Expenditure Request: Mr. Cardoni said there was one request to present. He said the Building and Grounds Committee sent the request to the Finance and Audit Committee. The motion to approve \$23,430 for \$252,551 for a budgeted lightning protection system was made by Mr. Cardoni second by Mr.elsey. Motion carried.

Bad Debt: The motion to approve the net potential bad debt of \$446,671.51 as presented was made by Mr. Tardoni second by Mr. Elsey. Motion carried. Mr. Tardoni noted the reduction in days in Accounts Receivable. He said progress is being made.

I.S. Report: Mr. Tardoni said “hats off” to them for achieving one of their goals.

Building and Grounds

Mr. Elsey said the information is in the meeting packet. He brought forward the multi-year plan and said it will help us prioritize. Mr. Elsey said he thinks the plan is well done and will be a useful tool for us moving forward.

Foundation

Mr. Jones referenced the report in the packet provided by Ms. Tiffany Marshall Executive Director of the Foundation and noted the donor wall has been delivered. He said we have been working on this a long time and we are excited to host an unveiling for the public to see it. Mr. Jones said he would like to see another joint meeting of the two boards again in the future. He said it is just good to get together periodically.

Compliance Committee

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

Governance Committee

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

Executive Oversight and Compensation Committee

Mr. Sowada said the Committee did not meet.

Joint Conference Committee

Mr. Sowada said the Committee has not met and there is nothing to report.

CONTRACT REVIEW

Mr. Juan Rodriguez, Analysis Director reviewed the Resenius agreement signed by Ms. Richardson. Mr. Sowada thanked Mr. Rodriguez and his staff for all they do.

EDUCATION

Mr. Sowada said there were no assignments made for review and discussion this month.

MEDICAL STAFF REPORT

Mr. Crofts expressed appreciation from the Medical Staff for the wonderful Doctors' Day Dinner. She thanked staff for their efforts Monday and said it is important to be aware of the great people working here. Mr. Crofts said the Medical Executive Committee is working on ways to improve access to specialties not currently available. She said the next General Medical Staff meeting will be held via Zoom on "May the 4th" with a prize awarded for the best back drop on the screen.

GOOD OF THE ORDER

Mr. Jones said he thinks it is appropriate the Board of Trustees gives a good thank you to the Foundation Board of Directors. They have been working hard to donate money, obtain grant money, raise money. He said the Foundation Board is a strong, intelligent group committed to the good of the Hospital. Mr. Jones expressed appreciation for the guidance of Mr. Joe Oliver for pushing them to donate larger items. Mr. Jones feels it is appropriate to meet together one or two times a year. Mr. Sowada said we will work on that and we will make it happen.

EXECUTIVE SESSION

The motion to go into executive session was made by Mr. Jones, second by Mr. Cardoni. Motion carried.

RECONVENE INTO REGULAR SESSION

At 5:02 p.m. the motion to leave executive session and return to regular session was made by Mr. Jones, second by Mr.elsey. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

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

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

1. Initial Appointment to Non-Physician Provider Staff 1 year
 - Julianne Correster, Nurse Practitioner, Pediatrics
2. Reappointment to Active Staff 2 years
 - Mr. Jacques, Senior, Orthopedic Surgery
 - Mr. Rytton, Long, Occupational & Family Medicine
 - Mr. David Mansie, Family Medicine
3. Reappointment to Consulting Staff 2 years
 - Mr. William Thor, Cardiovascular Disease III of III
 - Mr. Ran, Remert, Tele Radiology, Grad
 - Mr. Jason Mitchell, Tele Radiology, Grad

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

ADJOURNMENT

There being no further business to discuss the meeting adjourned at 5:03 p.m.

Mr. Markara Sowada President

Test:

Ms. Andi Pendleton Secretary



Approved N/A
Review Due N/A

Document **Board of**
Area **Trustees**

BOT - Memorial Hospital of Sweetwater County Meeting Guidelines



Board of Trustees

STATEMENT OF PURPOSE:

These Guidelines are intended to provide a framework for the preparation, notification, and operation of meetings of the Memorial Hospital of Sweetwater County (Hospital) Board of Trustees (Board) concerning topics not otherwise addressed in the Wyoming Statutes, the By-Laws of the Board, or in the Board Governance Committee Charter. These Guidelines are prepared by the Governance Committee of the Board and are approved by the Board. They may be amended at any time by the Board.

TEXT:

I. Agenda Preparation

- A. The Board President, the Chief Executive Officer (CEO), and the Executive Assistant to the CEO meet at least a week before each regular monthly meeting of the Board to prepare the agenda for the meeting.
- B. Typically, a less formal meeting is required for the preparation of an agenda for special meetings of the Board.

II. Public Access to the Meeting Packet

- A. The meeting packet associated with regular monthly meetings of the Board should be published on the Hospital's website at least two days before the date of the meeting.

- B. When possible, the meeting packet for special meetings of the Board should also be published on the Hospital's website in advance of the meeting. It is noted that a meeting packet may not be prepared for every special meeting.

III. Orientation Memo Associated with New and Old Business Agenda Items

- A. Prefacing each agenda item under the Old and New Business section of the meeting agenda, staff should prepare a brief "Orientation Memo" designed to orient Board members concerning the agenda item.
- B. To ensure consistency, the Executive Assistant to the CEO should develop a template that would be used each time so that the memo format is standardized for every meeting and for each agenda item.
- C. The following content for the Memo must include:
 - 1. Date of the Board Meeting
 - 2. Topic
 - 3. If a policy or other document...is it a revision or a new policy/document?
 - 4. Brief Senior Leadership comments (if any)
 - 5. Board Committee action (if applicable)
 - 6. Is the agenda item for review only or for Board action?
 - 7. Legal Counsel Review...In-House Counsel or Board Counsel
 - 8. Senior Leadership Recommendation

IV. Review and Approval of Hospital Policies & Program Documents

- A. As a general practice, new policies & program documents being recommended for Board approval and existing policies & program documents being recommended for material or substantive revision should be presented for "review only" the first time they are brought before the Board for consideration.
- B. This practice helps ensure that Board members have sufficient time to review the proposals prior to voting and provides time for questions which may be posed by Board members and/or others to be addressed by staff.
- C. As a general practice, minor, non-substantive revisions to existing policies or program documents may be voted upon at the first meeting they are brought before the Board.
- D. As a general practice, new or revised Medical Staff forms, etc. approved by the Medical Executive Committee (MEC) may be voted upon the first time they are brought before the Board.

V. Board Committee Reports

- A. Board Committee reports to the Board may be presented by the Committee Chair either in writing or verbally at the discretion of the Committee Chair.

VI. Executive Session

- A. Invitations to attend Executive Sessions of the Board are extended by the Board

President.

- B. The CEO should always be in attendance unless excused for a period of time by the Board President when his/her regular performance evaluation is being conducted or for other reasons associated with his/her performance or compensation.
- C. The Executive Assistant to the CEO is typically in attendance to document the discussion. If absent, an Acting Executive Assistant may be present to document the discussion or, alternatively, a taped recording may be substituted.

Board of Trustees Approval:

Approval Signatures

Step Description

Approver

Date

History

DRAFT

Approved 05/2019
Review Due 05/2022Document **Employee**
Area **Policies**

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

STATEMENT OF PURPOSE

The objective of this policy is to provide a workplace and environment that is free from the effects of substance abuse. Memorial Hospital of Sweetwater County (the "Hospital") recognizes that alcohol and drug abuse adversely affects an employee's job performance and the kind of work he/she can perform and may affect opportunities for continued employment. The Hospital does not intend to intrude upon the private lives of its employees. The Hospital is concerned, however, about the use of alcohol and/or drugs if it interferes with an employee's job performance, adversely affects the job performance of other employees, endangers the employee or other employees or is detrimental to the Hospital's best interests and the interests of its patients and the general public. Therefore, no employee shall have a detectable presence of alcohol or any controlled substance (as defined by W. S. 35-7-1001 et seq.) in his/her body at Hospital facilities or whenever performing duties for the Hospital.

SCOPE

MHSC is a drug and alcohol free workplace. As such, MHSC prohibits the use of non-prescribed drugs or alcohol during work hours. If an employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be subject to drug or alcohol testing as outlined in this policy.

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

It is the Hospital's policy to follow all applicable laws and regulations regarding drug and alcohol testing and the other matters addressed here. This written policy is intended to summarize how those laws and regulations apply to the Hospital and its employees. The applicable laws and regulations establish the precise obligations of the Hospital, as they evolve from time to time, and the Hospital reserves the right to change this policy at any time.

DEFINITIONS

- I. **"Work-Related Alcohol and Other Drug Abuse"** is defined as the use of mood-altering drugs, including all forms of alcohol, narcotics, depressants, stimulants, hallucinogens, marijuana, or the use of prescription drugs when resulting behavior or appearance adversely affects work performance or the operation of any the Hospital vehicle or equipment at any time, or any personal, rental or other vehicle while on Hospital business.
- II. **"Adversely Affect Work Performance"** and **"Under the Influence"** shall be determined to be present if the employee is perceptively impaired, has impaired alertness, coordination, reactions, responses, or efforts; if the employee's condition threatens the safety of him/herself or others. It includes operation of any the Hospital vehicle or equipment at any time, or use of any personal, rental or other vehicle while on Hospital business.
- III. **"Controlled Substances"** means those substances whose distribution is controlled by regulation or statute, including but not limited to narcotics, depressants, stimulants, hallucinogens, and cannabis.
- IV. **"Mood-Altering" or "Alter"** means changed behavior which may limit an employee's ability to safely and efficiently perform job duties or poses a threat to the safety of the employee or others.

NON-DISCRIMINATION

ADA Compliance

Consistent with its [MHSC's](#) general policy against discrimination, the Hospital recognizes that disabled individuals should be protected from discriminatory treatment. Under the Americans with Disabilities Act, a disabled person is someone who has a medical or psychological condition that materially impairs a major life activity. However, [also](#) in accordance with the Americans with Disabilities Act, disability does not include any condition resulting from alcohol or other drug abuse which prevents a person from performing essential functions of the job or which creates a direct threat to property or the safety of individuals.

PROHIBITIONS

- I. No employee shall report to or perform Hospital work under the influence of alcohol, marijuana, controlled substances or other drugs, which affect his/her alertness, coordination, reaction, response, judgment, decision-making or safety. The identified thresholds are: Amphetamine-1000 (NG/ML), Barbiturates-300 (NG/ML), Benzodiazepines-300 (NG/ML), Cocaine Metabolites-300 (NG/ML), Marijuana Metabolites-50 (NG/ML), Methadone-300 (NG/ML), Opiates-300 (NG/ML), Oxycodones-100 (NG/ML), Phencyclidine-25 (NG/ML), Propoxyphene-300 (NG/ML), Methamphetamine-300 (NG/ML), Alcohol-50 (MG/DL), or other illicit drugs or controlled substances including those controlled substances as defined by the

~~Wyoming Controlled Substances Act, Wyo. Stat. § 35-7-1001 et seq., at threshold levels established by the National Institute on Drug Abuse (NIDA).~~

- ~~II. No employee shall operate, use, or drive any equipment, machinery, or vehicle of the Hospital, or operate, use or drive a personal, rental or other vehicle on Hospital business, while under the influence of alcohol, marijuana, controlled substances or other mood-altering drugs. The identified thresholds are: Amphetamine-1000 (NG/ML), Barbiturates-300 (NG/ML), Benzodiazepines-300 (NG/ML), Cocaine Metabolites-300 (NG/ML), Marijuana Metabolites-50 (NG/ML), Methadone-300 (NG/ML), Opiates-300 (NG/ML), Oxycodones-100 (NG/ML), Phencyclidine-25 (NG/ML), Propoxyphene-300 (NG/ML), Methamphetamine-300, Alcohol-50 (MG/DL), or other illicit drugs or controlled substances including those controlled substances as defined by the Wyoming Controlled Substances Act, Wyo. Stat. § 35-7-1001 et seq., at threshold levels established by the National Institute on Drug Abuse (NIDA). Such employee is under an affirmative duty to notify his/her administrator/supervisor immediately that he/she is not in an appropriate mental or physical condition to operate, use, or drive the equipment, whether or not belonging to the Hospital.~~
- ~~III. No employee shall unlawfully manufacture, distribute, dispense, possess, transfer, or use alcohol or a controlled substance in the workplace or wherever performing duties for the Hospital.~~
- ~~IV. Engaging in off-duty sale, purchase, transfer, use or possession of illegal drugs or controlled substances may have a negative effect on an employee's ability to perform his/her work for the Hospital. In such circumstances, the employee is subject to discipline, up to and including discharge. In the event that the employee is convicted of a violation of a criminal drug statute, the employee must notify the Hospital no later than five days after such conviction.~~
- ~~V. The Hospital may notify the appropriate law enforcement agency when it believes that an employee may have illegal drugs in his/her possession or is involved in other illegal conduct at Hospital facilities or whenever performing duties for the Hospital.~~
- ~~VI. Employees are prohibited from consuming alcoholic beverages during lunch periods, dinner periods, or breaks when returning immediately thereafter to perform work on behalf of the Hospital. It is each employee's responsibility to act in a professional and responsible manner. Alcohol consumption at a Hospital-hosted event or sponsored activities should be limited and carefully controlled.~~
- ~~VII. Nothing in these regulations is intended to preclude an employee from reporting his/her administrator/supervisor to the Director of Human Resources because of suspected use of alcohol and/or drugs. No employee may be disciplined or receive adverse treatment as a result of having made such a report in good faith.~~
- ~~VIII. If an employee is prescribed medication by a doctor, either over-the-counter or prescription medication, and taking that medication presents a direct threat to the health or safety of the employee or other individuals, the employee must report this fact to his or her supervisor. The employee may discuss this issue with the Education/Infection Control/Employee Health Coordinator before commencing work. Any medical issues discussed will be kept confidential. The Hospital retains the right to change an employee's job assignment or take other action that is necessary in the Hospital's discretion which the employee is undergoing such treatment.~~
- ~~IX. If an employee has a substance-abuse problem with drugs and/or alcohol and wishes to~~

~~undertake rehabilitation, the employee may make a request to the Human Resources Director to participate in a rehabilitation program. The Hospital may grant the employee unpaid leave of absence for this purpose, where the employee seeks help before the problem adversely affects the employee's work performance or results in a violation of this policy.~~

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

Employees who wish to undertake rehabilitation for drug or alcohol abuse may make a request to the Human Resources Director to participate in a rehabilitation program (see MHSC's EAP). The Hospital may grant the employee an unpaid leave of absence for this purpose if the employee seeks help before the drug or alcohol abuse adversely affects the employee's work performance or before the employee tests positive under this or any other applicable testing policy. An "introductory period" employee is not eligible for unpaid leave to attend a rehabilitation program.

ALCOHOL AND DRUG TESTING POLICY

- ~~I. In order to carry out the Hospital's commitment to an alcohol and drug-free workplace, the Hospital reserves the right to require employees to submit to testing in accordance with applicable law.~~
- ~~II. Who may be Subject to Testing?~~
 - ~~A. Volunteer Testing. The Hospital shall permit any employee to undergo testing on a voluntary basis under this policy. No employee who voluntarily consents to testing prior to any observed or suspected violation of this policy shall be discharged as a result of a positive drug or alcohol test so long as the employee agrees to participate in an approved rehabilitation program.~~
 - ~~B. Random Testing. The Hospital may require employees in safety-sensitive positions to undergo testing on a random selection basis.~~
 - ~~C. Reasonable Suspicion Testing. The Hospital may require an employee to be tested when the Hospital reasonably suspects that the employee is impaired while on Hospital property and/or performing Hospital duties, if the employee has sustained personal injury, caused another individual to sustain personal injury, or caused property damage in a work-related accident, or has violated the Hospital's policy on a drug-free workplace~~
 - ~~1. In order for "reasonable suspicion" to exist, there must be a basis for forming a belief that testing is justified based on specific contemporaneous, articulable, observations concerning the appearance, behavior, speech or body odors of the employee. The indications of impairment are outlined in ATTACHMENT A, *Determining a Reasonable Suspicion of Impairment*. Administrators/supervisors shall participate in a training program to identify the effects and consequences of drug/alcohol abuse on personal health, safety, and work environment and the manifestations and behavioral causes that may indicate drug/alcohol use or abuse.~~
 - ~~2. Administrators/supervisors must submit their recommendations for~~

reasonable suspicion drug/alcohol testing to the Human Resources Director for approval. A written record shall be prepared and maintained setting forth the behavior and observations for the reasonable suspicion leading to the testing. Such records shall be made and signed by an administrator/supervisor who made the observations within 24 hours of the observed behavior.

3. Only the Human Resources Director may authorize reasonable suspicion drug/alcohol testing. The Human Resources Director shall notify the employee of the recommendation for testing and shall allow the employee to appear and offer such evidence as the employee desires prior to the Human Resources Director acting upon any recommendation for testing.

- D. Treatment Program Testing. The Hospital may require an employee to be tested when the employee is participating in an alcohol or chemical dependency treatment or rehabilitation program. The employee may be required to undergo testing without advance notice during the evaluation or treatment period and for up to two years following the completion of a treatment program.

III. Conducting the Testing.

- A. **Consent.** All persons to be tested will be required to complete and sign a consent form. Substance abuse testing will not be performed unless a signed consent is in the possession of the Hospital. Each form must also be witnessed. Employees who are using prescribed drugs must declare such prescribed drug use prior to any drug test. Excluded from these regulations are prescribed drugs only when used in the manner, combination, and quantity intended by the prescribing physician.
- B. **Refusal to Participate.** An employee has the right to refuse testing. However, a refusal of testing will be treated as a failure to comply with the Hospital policy and may result in disciplinary action up to and including termination of employment.
- C. **The Laboratory.** The laboratory selected to perform testing must be certified by the National Institute on Drug Abuse (NIDA), the College of American Pathologists (CAP), or similar certifying agency. Laboratory facilities shall comply with applicable provisions of any state licenser's requirement. The laboratory shall maintain and make available for at least two years, documentation of all aspects of the testing process. The tests conducted shall be an alcohol breath test and a urine sample that shall be analyzed for marijuana (THC metabolite), cocaine, amphetamines, opiates (including heroin), and phencyclidine (PCP) among others. The Hospital will designate a collection site that shall have all necessary personnel, materials, equipment, facilities, and supervision to provide for the collection, security, temporary storage, and shipping or transportation of urine specimens to a certified drug-testing laboratory. An independent medical or certified testing facility shall collect the samples and conduct all tests. A tamper-proof sealing system will be used for specimen bottles and shipping containers including use of one or more preprinted labels and seals. The collection site personnel will arrange to ship the collected specimen to the drug-testing laboratory in accordance with custody and control procedures. If the employee refuses to cooperate with the collection process (e.g., refusal to provide a complete specimen, complete paperwork, initial specimen), the collection site

person shall inform the Director of Human Resources and shall document the noncooperation on the custody and control form. The collection site will provide the results of the drug/alcohol testing to the Hospital and the employee. Any positive initial test will be confirmed by a gas chromatography/mass spectrometry (GC/MS) test.

D. Test Results.

1. ~~Negative Tests [passed tests]. Negative test results on an initial test will be provided in writing to the Hospital within a reasonable period. An applicant or employee will receive written notification of the test result within five working days after the Hospital is notified of such result~~
2. ~~Positive Tests [failed tests]. A confirmatory test will be performed on all samples that result in a positive test result on an initial test. Positive test results will be provided in writing to the Hospital within a reasonable period after a confirmatory test. An applicant or employee will receive written notification of a confirmatory test result within five working days after the Hospital is notified of such result. In the case of a positive test result on a confirmatory test, the tested individual may, within three working days after notice of the test result, explain the result or request a confirmatory retest of the original sample at the individual's own expense. If a confirmatory retest is requested, the individual must notify the Hospital in writing, within five working days after notice of the confirmatory test result, of his or her intention to obtain a retest~~
3. ~~Right to Test Result. An employee has the right to request and receive from the Hospital a copy of the test result report on any drug or alcohol test.~~

~~IV. Costs. All costs related to alcohol and drug testing will be paid by the Hospital, with the exception of confirmatory retests, which must be paid for by the employee requesting the retest.~~

~~V. Disciplinary Action in Response to a Positive Test Result.~~

- ~~A. Interim Disciplinary Action: The Hospital reserves the right to reassign an employee with a positive test to another position at the same rate of pay or to temporarily suspend the employee (and prohibit further use of any Hospital vehicles or equipment) pending the outcome of the confirmatory test (and, if requested, the confirmatory retest) if the Hospital believes that it is reasonably necessary to do so to protect the health and safety of the employee, co-workers, patients, or the public.~~
- ~~B. First Failed Test: The Hospital may discipline an employee up to and including termination of employment if the employee tests positive on a confirmatory test. Any employee, not terminated, who has a positive confirmatory test will be required to participate in a drug or alcohol treatment program. The Hospital may require the employee to submit to testing as described above for treatment programs. Failure to seek and receive assistance or failure to abide by the terms and conditions or prescribed treatment will be grounds for termination. Participation in the Employee Assistance Program shall be taken into account in considering appropriate disciplinary action.~~

~~The Hospital may terminate an employee for whom a positive confirmatory test is the first such result where (1) the employee is given an opportunity to participate in, at the employee's expense or pursuant to coverage under an employee's benefit plan, a drug or alcohol counseling or rehabilitation program; and (2) the employee has either refused to participate in a drug or alcohol counseling or rehabilitation program or has failed to successfully complete it. The type of counseling or rehabilitation program in which an employee participates will be determined by the Hospital after consultation with a certified chemical use counselor or physician trained in the diagnosis and treatment of chemical dependency.~~

- ~~G. Second Failed Test: The Hospital may discipline an employee, including termination of employment, if an employee tests positive on a confirmatory test and has previously had a positive confirmatory test result. This action may be taken without first referring the employee to a chemical dependency counseling or rehabilitation program.~~

~~VI. Due Process~~

~~Any disputes by the employee of the Hospital regarding the enforcement of these regulations shall be resolved in accordance with the grievance procedure set forth in appropriate Hospital Policies.~~

~~If an employee is required to undergo drug/alcohol testing under any provisions of these regulations, and the test shows the employee is not in violation, the outcome of the test shall be communicated to any person or entity requested by the employee.~~

~~Nothing herein shall be construed as delaying the referral of an employee for testing in accordance with these regulations set forth above.~~

~~VII. Privacy of Test Results.~~

- ~~A. The Human Resources Director shall ensure that all records related to the Administration and results of the drug/alcohol testing program for its employees remain private and confidential, except such results may be used in any disciplinary proceeding arising out of the enforcement of this policy. Test results and other information acquired as a result of the testing program will not be disclosed by the Hospital or the testing laboratory to non-administrative employees or to third party individuals, government agencies, or private organizations without written consent of the employee being tested, or court or similar order. In the event that the Hospital receives an order of a court or a subpoena seeking information disclosed or obtained pursuant to the Hospital's drug and alcohol policy, unless prohibited by law, or an order of the court issuing the subpoena, the Hospital shall promptly notify the employee. The Hospital shall include in its response to any such order or request a written notice indicating that this policy requires that the information be treated as confidential. The test results and other records related to this policy shall be maintained confidentially in a file separated from the employee's personnel file. Any employee who inappropriately divulges information about another employee's drug-testing or other related information shall be subject to disciplinary actions. All information collected concerning an employee or disclosed by an employee pursuant to the Hospital's drug and alcohol testing/Employee Assistance Program and accompanying regulations is obtained exclusively for purposes of employment.~~
- ~~B. Evidence of a positive test result on a confirmatory test, however, may be used in any~~

~~proceeding pursuant to a collective bargaining agreement, an administrative hearing, or a judicial proceeding, provided the information is relevant to the hearing or proceeding. Such evidence may also be disclosed to any federal agency or other unit of the United States government as required under federal law, regulation, or order. Evidence of a positive test result on a confirmatory test may also be disclosed to a substance abuse treatment facility or the employee support team for the purpose of evaluation or treatment.~~

- ~~G. The Hospital will provide an employee with access to information in the employee's file relating to positive test result reports and other information acquired in the testing process as well as conclusions drawn from or actions taken based upon such information.~~

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

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

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

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

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

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

treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor at the facility.

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

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

APPROVED: MHSC Board of Trustees 3/6/2019

Attachments

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

Approval Signatures

Step Description	Approver	Date
Board of Trustees	Kristy Nielson: Chief Nursing Officer	05/2019
	Irene Richardson: CEO	05/2019
HR Committee	Amber Fisk: HR Director	04/2019
	Amber Fisk: HR Director	04/2019
	Suzan Campbell: In House Legal Counsel	03/2019

SUBSTANCE ABUSE POLICY ATTACHMENT A

Determining a Reasonable Suspicion of Impairment

The indicators listed below are "warning signs" of drug and/or alcohol abuse and may be observed by supervisors:

Moods:

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness (e.g., outbursts of crying)
- Mood changes after lunch or break

Actions:

- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone
- Argumentative
- Has exaggerated sense of self-importance
- Displays violent behavior
- Avoids talking with supervisor regarding work issues

Absenteeism:

- Acceleration of absenteeism and tardiness, especially Mondays, Friday, before and after holidays
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flus, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearance from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

Accidents:

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

Work Patterns:

- Inconsistent in quality of work
- High and low periods of productivity
- Poor judgment, more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines
- Increased difficulty in handling complex situations

Relationship to Others on the Job:

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer requests
- Complaints of problems at home such as separation, divorce and child discipline problems

Patterns of any of the above conduct or combinations of conduct may occur but must be accompanied by the below indicators of impairment in order to establish "reasonable cause."

OBSERVING AND DOCUMENTING CURRENT INDICATORS

Please check all indicators listed below that are currently present:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Constricted pupils | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dilated pupils | <input type="checkbox"/> Odor of alcohol |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Nasal secretion |
| <input type="checkbox"/> Red or watering eyes | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Involuntary eye movements | <input type="checkbox"/> Loss of Muscular Coordination |
| <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Excessively active | <input type="checkbox"/> Inability to verbalize |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Flushed skin | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Twitching | <input type="checkbox"/> Bizarre behavior |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> Needle marks |
| <input type="checkbox"/> Possession of paraphernalia (such as syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb, or aerosol can) | |
| <input type="checkbox"/> Possession of substance that appears to possibly be a drug or alcohol | |
| <input type="checkbox"/> Other | |

DETERMINING REASONABLE CAUSE

If you are able to document one or more of the indicators above, ask yourself these questions to establish reasonable cause:

- Y N
- ☐ ☐ Has some form of impairment been shown in the employee's appearance, actions or work performance?
- ☐ ☐ Does this impairment result from the possible use of drugs or alcohol?
- ☐ ☐ Are the facts reliable? Did you witness the situation personally, or are you sure that the witness(es) are reliable and have provided firsthand information?
- ☐ ☐ Are the facts capable of documentation?
- ☐ ☐ Is the impairment current, today, now?

Do NOT proceed with reasonable cause testing unless all the above questions are answered with a YES.

TAKING ACTION

___ Reasonable cause established
___ Reasonable cause NOT established

Prepared by

Date

Administrator's/Supervisor's Signature

Date



Approved N/A
Review Due N/A

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

Sentinel Event Policy

STATEMENT OF PURPOSE

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

Definitions

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

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

A. An appropriate action plan includes:

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

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

Reporting of Suspected Sentinel Events

I. Identification of a Sentinel Event

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

II. Notification/Communication of Sentinel Events

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

III. External Reporting of Sentinel Events

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

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

IV. Formation of a Sentinel Event Response Team

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

V. Conducting a Root Cause Analysis

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

VI. Internal Reporting

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

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

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

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

Confidential and Protected

I. Protection from Discovery

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

II. Record Keeping

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

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

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

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

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

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

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

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

Replaces: Sentinel Events, SPP 121

References

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

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

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

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

Reviewed and Approved:

Medical Executive Committee: February 28th, 2023

Quality Committee of the Board: March 15th, 2023

Board of Trustees:

Attachments

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

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

Approval Signatures

Step Description	Approver	Date
	Irene Richardson: CEO	04/2021
	Ann Clevenger: CNO	03/2021
	Kari Quickenden: Chief Clinical Officer	03/2021
	Kara Jackson: Director Quality	03/2021
	Noreen Hove: Infection Prevention Director	03/2021
	Suzan Campbell: General Legal Counsel	03/2021

Sentinel Event Policy-Draft-Changes for May 2023



Approved N/A
Review Due N/A

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

Sentinel Event Policy

STATEMENT OF PURPOSE

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

TEXT

Definitions

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

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

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

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

the organization.

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

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

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

Internal Reporting of Suspected Sentinel Events

Definitions

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

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

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

Reporting of Suspected Sentinel Events

I. Identification of a Sentinel Event

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

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

II. Notification/Communication of Sentinel Events

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

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

III. External Reporting of Sentinel Events

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

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

IV. Formation of a Sentinel Event Response Team

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

~~Protection from Discovery~~

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

~~Immediate Remediation~~

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

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

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

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

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

VI. Internal Reporting

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

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

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

External Reporting of Sentinel Events

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

Confidentiality

Confidential and Protected

I. Protection from Discovery

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

II. Record Keeping

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

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

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

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

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

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

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

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

Replaces: Sentinel Events, SPP 121

References

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

Reviewed and Approved:

~~MEC-09/22/2020~~

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

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

The Joint Commission. (2022, January). *Sentinel Event Policy*. CAMH_00_TOC ([jointcommission.org](https://www.jointcommission.org))

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

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

Reviewed and Approved:

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

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

[Board of Trustees:](#)

Attachments

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

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

Approval Signatures

Step Description

Approver

Date

Irene Richardson: CEO

04/2021

Ann Clevenger: CNO

03/2021

Kari Quickenden: Chief Clinical
Officer

03/2021

Kara Jackson: Director Quality

03/2021

Noreen Hove: Infection
Prevention Director

03/2021

Suzan Campbell: General Legal
Counsel

03/2021



Approved N/A
Review Due N/A

Document **Board of**
Area **Trustees**

BOT - CEO Evaluation Policy



Board of Trustees

STATEMENT OF PURPOSE:

The purpose of the Chief Executive Officer (CEO) Performance Evaluation Policy is to provide a documented process for the Board to follow for evaluating the CEO's performance, providing him/her with feedback, and determining his/her compensation.

We do not have an incentive/ bonus structure for the CEO. Should the last phrase be eliminated?

TEXT:

I. CEO Evaluation

- A. It is the duty of the Board of Trustees (Board) to annually evaluate the performance of the Chief Executive Officer (CEO).
- B. The purpose of the CEO evaluation is to provide timely, clear, and focused feedback to the CEO about how well s/he is
 - 1. Performing in the key performance areas identified as most critical by the Board of Trustees in achieving the Hospital's strategic objectives;
 - 2. Managing the hospital in a manner consistent with its mission, vision, and values; and
 - 3. Conducting business in compliance with commonly accepted business practices and professional ethics.

II. Procedure:

- A. The CEO shall be evaluated annually, at the last meeting of Hospital's fiscal year. The evaluation shall be based on criteria annually established by the Board¹ and the CEO.
- B. The criteria used to evaluate the CEO shall be based on a variety of factors that support the hospital's mission, vision, values, and strategic goals.
- C. Performance may be evaluated using the American Hospital Association's (AHA) *CEO Assessment* form that has been customized to fit the Hospital's needs, or using a monthly interview process where the chairs of the Board's Committees provide feedback, as well as soliciting the CEO's perspective.
- D. Regardless of method used, the CEO shall be evaluated using criteria established by the Board and agreed to by the CEO.
- E. Procedure for using the American Hospital Association's *CEO Assessment* form.
1. March; the chair of the Executive Oversight & Compensation (EO&C) committee shall contact the AHA to have form customized to fit Hospital's needs and have customized form sent to all Board members.
 2. April; Board members shall return completed forms to AHA, who will compile responses into a summary report that reveals an overall performance rating in each area and a summary of comments made by Board members and the CEO.
 3. May; the EO&C Committee shall review the results with the CEO and shall also review the CEO's proposed goals for the coming year, ensuring mutually agreement and commitment.
 4. June; the Board chair shall compile, for Board approval, a final report of the CEO's performance evaluation and goals for the upcoming fiscal year.
- F. Procedure for using the monthly interview process.
1. Each month, Committee chairs, as well as Committee members, may provide feedback regarding the CEO's performance as it relates to that committee's work regarding the Hospital's mission, vision, and goals, as well as soliciting the CEO's perspective.
 2. June; the Board chair shall compile, for Board approval, a final report of the CEO's performance evaluation and goals for the upcoming fiscal year.

Footnote:

¹Criteria is recommended by the Board's Executive Compensation & Oversight Committee and approved by the Board

Board of Trustees Approval:

Approval Signatures

Step Description	Approver	Date
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History

DRAFT

ORIENTATION MEMO

Board Meeting Date: May 1, 2023

Topic for New Business Items:

Notice of Award to A. Pleasant Construction for Oncology Suite Project

Policy or Other Document:

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

Brief Senior Leadership Comments:

The Oncology Suite project is absolutely necessary and also has a time constraint for completion. In an effort to expedite the process, Irene Richardson exercised her emergency authorization and began the process for collecting bids. We received one bid and Irene Richardson authorized the award of the bid to the sole provider. Irene Richardson received the Notice of Award on Friday, April 28th.

Board Committee Action:

Irene Richardson is requesting the Board of Trustees ratify the acceptance of the bid and Notice of Award to A. Pleasant Construction at the May 1, 2023 regular MHSC Board of Trustees meeting.

Policy or Other Document:

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

Legal Counsel Review:

<u> </u>	In House	Comments: N/A
<u> </u>	Board	Comments: N/A

Senior Leadership Recommendation: Irene Richardson, CEO, recommends approval of the Notice of Award to A. Pleasant Construction for the Oncology Suite construction project.



NOTICE OF AWARD

DATED: April 28, 2023

TO: A. Pleasant Construction
ADDRESS: P.O. Box 939
1 Pleasant Way
Green River, WY 82935

PROJECT NO: 2159

PROJECT NAME: Memorial Hospital of Sweetwater County
Oncology Suite Renovation
Rock Springs, WY

CONTRACT FOR: General Construction

You are hereby notified that your Bid, dated April 13, 2023, for the above Contract has been considered. You are the apparent successful bidder and the Owner has awarded a contract to you for the Project indicated above.


The Contract Price of your contract is Nine Hundred Ninety-Eight Thousand Three Hundred Dollars (\$998,300.00).

Please provide the following as soon as possible:

1. Deliver to the Architect three executed copies of the Owner/Contractor Agreement, after they are provided to you.
2. Deliver to the Architect two executed copies of the Performance Bond and the Labor and Material Payment Bond.
3. Deliver to the Architect two executed copies of the required Certificate of Insurance. Please make sure that Memorial Hospital of Sweetwater County is named as "Additional Insured" on the Certificate.

Please provide the above items as soon as possible so that the agreement can be executed by the Owner.

Sincerely,



William W. Wheatley, AIA
Vice President

cc: Irene Richardson



Proctor Onboarding Checklist

IN THIS PACKET

Please review and complete the following:

- ☐ Application to Serve as Proctor
- ☐ Confidentiality & HIPAA Compliance Agreement
- ☐ Medical Staff Code of Conduct
- ☐ Visiting Proctor Policy
- ☐ MHSC Code Quick Reference
- ☐ Employee Health Requirements
- ☐ Health Inventory
- ☐ OSHA Respirator Evaluation

ADDITIONAL DOCUMENTS NEEDED FOR THIS PACKET

Submit the following with your completed packet:

- ☐ CV
- ☐ Copy of Driver's License or Photo ID
- ☐ Immunization Records
- ☐ Documentation of Current Fit Test for N-95 Mask
- ☐ Copy of Professional Liability Coverage
- ☐ Copy of Privileges at Current Hospital and Letter Granting Privileges

OTHER DOCUMENTS

Submit the following after you have finished proctoring:

- ☐ Proctoring Evaluation Form

Please provide completed packets to the Medical Staff Office:

kdowns@sweetwatermemorial.com or Fax 307-352-8502

Questions – contact Kerry Downs at 307-352-8334

If you choose to complete these documents on a computer, you acknowledge that you are signing electronically by typing your name in the signature fields. You agree that your electronic signature is the legal equivalent of your manual signature.

Medical Staff Services 1200 College Drive-Rock Springs, WY - 82901 Phone: 307-352-8334 Fax: 307-352-8502

APPLICATION TO SERVE AS PROCTOR AT MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NAME: _____ SPECIALITY: _____

TODAY'S DATE: _____ DATE ARRIVING IN ROCK SPRINGS: _____

I am applying to Memorial Hospital of Sweetwater County for temporary privileges to Serve as Proctor:

FROM: _____ TO: _____ Number of Procedures: _____

Please describe your proctor responsibilities, including type of training to be provided, procedures to be proctored, etc:

Name(s) of physicians/practitioners to be trained or proctored:

IDENTIFYING INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Title: _____

Other names used (if any): _____

Birthdate: _____ Social Security #: _____

NPI #: _____ ECFMG Number (if applicable): _____

OFFICE ADDRESS:

Street Address _____ P.O. Box _____ City _____ State _____ Zip Code _____

Office Phone _____ Office Fax _____ Cell Phone _____

HOME ADDRESS:

Street Address _____ P.O. Box _____ City _____ State _____ Zip Code _____

EMERGENCY CONTACT:

Last Name _____ First Name _____ Relationship _____ Phone _____

RELEASE:

By my signature, below, I give full permission for MHSC to query the National Practitioner Data Bank, query the federal health care programs sanctions list, research and collect licenses, certificates, insurance related information, and medical malpractice claims information. All information submitted by me in this application is true and complete to my best knowledge and belief. A copy of this original statement constitutes my written authorization and request to release any and all documentation relevant to this application. Said copy shall have the same force and effect as the signed original.

Printed Name: _____

Signature _____

Date _____



CONFIDENTIALITY AND HIPAA COMPLIANCE AGREEMENT

EMPLOYEE/STUDENT/VOLUNTEER

It is the intention of Memorial Hospital of Sweetwater County (MHSC) to ensure the confidentiality and integrity of patient information. Employees/students/volunteers are expected to follow all MHSC confidentiality and HIPAA policies, guidelines and standards.

In performing my duties at MHSC, I acknowledge that I will directly or indirectly gain access to "Protected Health Information" ("PHI") as that term is defined under the federal Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated under ("HIPAA"). I further acknowledges that PHI is protected from disclosure by me under HIPAA and applicable state and federal laws and other pertinent statutes and regulations. Violation of the HIPAA polices and/or this Agreement could lead to disciplinary action up to and including termination and both civil and criminal liability.

Therefore as an employee/student/volunteer of MHSC I agree that:

- I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any PHI or information that is or could be considered confidential which I gain through contact with materials or documents that are made available to me or that I learn about through my contact with patients or other employees of MHSC.
- I will not review employee or patient PHI for any purpose other than medical treatment or payment and only then with a legitimate need to know basis.
- Under no circumstances shall I remove copies or documents which contain PHI from MHSC premises.
- I will report any breach of confidential information or PHI that I become aware of to my supervisor or the HR Department. MHSC will not take disciplinary action against an employee/student or volunteer who makes an internal report of a breach of information or who cooperates in the investigation of a breach or who makes a disclosure to a federal or state oversight agency if the employee acted in good faith on the belief that the Hospital has engaged in conduct that is unlawful.

The obligations outlined in this Agreement shall remain in effect even after my employment by MHSC has ended.

I have read and understand the attached "Confidentiality and HIPAA policy" and I acknowledge that I understand my duties and responsibilities under this Agreement.

_____ Employee/student/volunteer Signature	_____ Date	_____ Witness Signature	_____ Date
-----------------------------------------------	---------------	----------------------------	---------------

ARTICLE XVII MEDICAL STAFF CODE OF CONDUCT

PURPOSE

Memorial Hospital of Sweetwater County's (MHSC) vision is to improve the health of its patients and the wellbeing 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:

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

In furtherance of this purpose, acts of retribution 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.

STANDARDS OF CONDUCT AND PROFESSIONALISM

I. 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:

- 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.
- 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.).
- 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.
- Willingly participate in, cooperate with and contribute to briefings, debriefings and investigations of adverse events.
- Uphold the policies of MHSC and the Medical Staff.
- Utilize all MHSC facilities, equipment, and property responsibly and appropriately.
- Be fit for duty during work time, including on-call responsibilities.

II. 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:

- 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).
- Verbal tirades, with or without obscene / abusive language.
- Use of profanity or other offensive language directed at an individual.
- Degrading 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.
- 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.
- 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.).
- 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.
- Mental / Physical Impairment (e.g., alcohol / drug use, mental impairment that prevents successful completion of job duties, etc.).
- Disruption of Hospital performance review functions (e.g., peer review, committee meetings, event reporting, privileging determinations).
- Intentional and overt Disruption of Hospital meetings.

VIOLATIONS OF THE CODE OF CONDUCT

All members of the Medical Staff are expected to adhere to this Code of Conduct, to 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:

1. The President of the Medical 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.
2. Should the staff member continue to engage in Disruptive Behavior, the staff member will 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.

3. 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 XII of the Memorial Hospital of Sweetwater County Medical Staff Bylaws.

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.

**MEDICAL STAFF CODE OF CONDUCT
AGREEMENT FORM**

The Memorial Hospital of Sweetwater County (MHSC) Medical Staff has adopted a Code of Conduct, a copy of which is attached. The purpose of the policy is to identify unacceptable behavior and the consequences for participating in unacceptable behavior. I understand that my refusal or failure to comply with the Code of Conduct may result in the immediate and indefinite suspension of my privileges at MHSC.

I understand that by failing to sign this Agreement Form indicating my acceptance and agreement to abide by the Code of Conduct, I am choosing to immediately relinquish my clinical privileges at MHSC.

I understand my obligations under the MHSC Medical Staff Code of Conduct and hereby agree to abide by the same during my appointment to the MHSC Medical Staff.

Practitioner Signature

Date



Approved N/A

Review Due N/A

Document Area	Medical Staff
Reg.	TJC MS
Standards	06.01.13, TJC MS 08.01.01

Visiting Proctors Policy

STATEMENT OF PURPOSE

Physicians who are not members of Memorial Hospital of Sweetwater County's (MHSC) Medical Staff may be called in to proctor, teach, supervise, or mentor members of the Medical Staff, relative to a new procedure or technique, new equipment or instrument, or other training needs, or as required/recommended by the Medical Executive Committee (MEC), or Professional Practice Evaluation Committee (PPEC). This policy describes the process for credentialing a visiting proctor.

DEFINITIONS

Proctoring is the informed direct observation and evaluation of the diagnostic and therapeutic or surgical skills of a practitioner to determine whether he or she is qualified to receive unrestricted privileges for specific procedures. Proctoring is not intended to serve as a substitute for training. Proctoring may include verbal or hands-on instruction. Proctoring includes review of hospital records and may also include review of office records to assess the quality and effectiveness of care as necessary to assess the individual's competence. It may also include examination of the patient. Observing and proctoring are methods which may be used to complete a focused professional practice evaluation (FPPE) as defined by The Joint Commission.

TEXT

A proctor with established skills for specific procedures may be brought in from outside the organization. Temporary clinical privileges may be granted to a proctor from another organization for the purpose of supervising a member of MHSC's Medical Staff relevant to a new procedure or technique, new equipment or instrument, other training needs, or as required/recommended by MEC or PPEC. This proctor must provide all required documents to verify training and competency, as well as malpractice insurance which will cover his/her proctoring role at MHSC. The physician proposing to bring in the proctor is responsible to ensure that all required paperwork is submitted to the Medical Staff Office, at least two weeks before the proctoring is scheduled to take place.

Proctors referred to above are exempt from the Medical Staff standard application requirements for temporary privileges. However, they must be vetted and approved by the hospital and Medical Staff through the process as described below.

1. The visiting proctor must submit the following application materials:

- Completed application to serve as a proctor at Memorial Hospital of Sweetwater County
- Curriculum Vitae
- Copy of Driver's License or Photo ID
- Copy of medical/professional license or certification active in the state in which they practice
- Proof of professional liability insurance coverage in the amounts of at least \$1 million per occurrence/\$3 million aggregate
- Copy of letter granting privileges from the hospital where he or she currently holds privileges
- Copy of current privilege list
- Evidence of completion of health requirements, including Covid vaccination and seasonal Influenza vaccination, as well as other required immunizations
- Completed Visitor's Health Inventory
- Completed OSHA Respirator Evaluation and documentation of a current fit-test for an N-95 mask
- Signed Confidentiality & HIPAA Compliance Agreement
- Signed Medical Staff Code of Conduct
- Medical Staff Services will query the NPDB, FSMB, and run an AMA/AOA profile (if applicable)
- Medical Staff Services will query the federal health care programs sanctions list. If the physician has been excluded from participation from any federal health care program(s), he/she will not be allowed to proctor any member of the Medical Staff.

2. On receipt of the completed application and materials listed above, the Chief of Staff (or his/her designee) and the Department Chair (or his/her designee) and the Chief Executive Officer (or his/her designee) may grant temporary privileges to the applicant who appears to have the education, training, and qualifications consistent with his/her proctoring responsibilities.

3. Temporary privileges will be granted for a specific period of time or number of procedures which will be noted in the approval letter and documented in the provider's credentialing file. Upon approval of temporary privileges, the visiting proctor will be subject to the general conditions outlined under the Medical Staff Bylaws, Rules & Regulations, and/or hospital policy.

4. The proctor will complete and submit a proctor evaluation form, for each case, to the Medical Staff Services Office. The evaluation forms will be forwarded to Credentials Committee for their evaluation and approval of the applicant's requested privileges. These forms will be kept in the applicant's credentials file.

REFERENCES

None

APPROVALS

Credentials Committee:

MEC:

Approval Signatures

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

DRAFT



Security Department

The purpose of the Security Department is to minimize the risk of personal injury or property loss due to criminal activity or workplace violence. In addition, their goal is to respond effectively to any event that poses an immediate danger to the health and safety of patients, staff, contract workers, volunteers, and visitors.

The MHSC Security Department conducts security rounds 24 hours a day, 7 days per week, and is available for any safety or security needs. You may contact Security at 307-352-8467. Please see "*Security Management Plan*" in Policy-Stat for more details.

Emergency Response Plans- Codes

Each emergency response plan has procedures to direct the immediate and long-term response to the emergency. General guidance is given below. During an emergency, please dial the appropriate number listed on the table for the corresponding code. Off-site locations must dial 911 in times of emergency. Please note there may be a 5-7 second delay for the 911 call to connect to dispatch. Please see "*Emergency Operations Plan*" in Policy-Stat for details.

Incident	Overhead Announcement	Emergency #
Hostage Incident	Hostage Situation	700- all staff may announce overhead
Use of a Weapon	Active Shooter	700- all staff may announce overhead
Disturbance or Altercation	Physical Altercation	300
External Incident/Mass Casualty	Mass Casualty	300
Radiation/Biological/Chemical Incident	HERT	300
Bomb Threat	Bomb Threat	300
Fire	CODE RED	300
Infant/Pediatric Abduction	CODE PINK	300
Cardiac/Respiratory Arrest	CODE BLUE	300
Deterioration in Patient Health	Rapid Response	300
Tornado Warning	Tornado Warning	300
Tornado Watch	Tornado Watch	300



EMPLOYEE HEALTH REQUIREMENTS

The following must be received 1 week prior to start date

RUBELLA/RUBEOLA

- ☐ Documentation of 2 MMR immunizations **OR**
- ☐ Documentation of positive titers for BOTH rubella and rubeola **OR**
- ☐ Signed documentation from personal physician stating reason unable to take MMR immunization

HEPATITIS B

- ☐ Documentation of completion of 1 series of Hepatitis B immunizations **OR**
- ☐ Documentation of positive Hepatitis B titer showing immunity

TB SKIN TEST (TST)

- ☐ Documentation of negative TB skin test within the last 12 months **OR**
- ☐ Negative QuantiFERON-TB Gold **OR**
- ☐ Converter's Assessment (available through Employee Health) completed for those who have had a positive TB test **AS WELL AS**
- ☐ Copy of negative CXR if converter.

VARICELLA

- ☐ Documentation of 2 varicella immunizations **OR**
- ☐ Documentation of positive varicella titer

Tdap

- ☐ Documentation of Tdap immunization with 5-10 years (Tetanus, Diphtheria, and Acellular Pertussis)

COVID-19

- ☐ Documentation of completion of any primary series of COVID-19 vaccination (Janssen, Pfizer or Moderna)

INFLUENZA (required if hired between: Sept 1 – March 31)

- ☐ Documentation of Influenza immunization

Please make an appointment by calling Employee Health at 307-352-8501.





HEALTH INVENTORY FOR STUDENTS, SHADOWERS, AND
NON EMPLOYED/NON CONTRACTED PERSONNEL

Name (printed) _____

Birth Date _____

Date of first day in hospital

Department

Student ____ Shadower ____ Other (please list) _____

Expected length of relationship and/or last day _____

Home address _____ City _____

State _____ Zip Code _____

Best phone number for you (with area code) _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Phone number _____

Do you have any current infections/contagious diseases? If yes, please list:



**Memorial
Hospital**

OF SWEETWATER COUNTY

**OSHA Respirator Medical Evaluation Questionnaire (Mandatory)
1910.134 Appendix C**

TO THE EMPLOYEE:

Can you read? (Circle one) Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory)

*The following information must be provided by every employee who has been selected to use any type of respirator.
(Please print.)*

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your employer: _____
Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews the questionnaire
(include the area code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this
questionnaire (circle one)? Yes No
11. Check the type of respirator you will use (you can check more than one category):
 - a. ☒ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
 - b. _____ Other type (for example, half- or full-face piece type, powered-air purifying,
supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one)? Yes No Yes, what type(s): _____

Part A, Section 2. (Mandatory)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. (Please circle "yes" or "no.")

- | | | |
|-------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? | Yes | No |
| 2. Have you ever had any of the following conditions? | | |
| a. Seizures (fits) | Yes | No |
| b. Diabetes (sugar disease) | Yes | No |
| c. Allergic reactions that interfere with your breathing | Yes | No |
| d. Claustrophobia (fear of closed-in places) | Yes | No |
| e. Trouble smelling odors | Yes | No |
| 3. Have you ever had any of the following pulmonary or lung problems? | | |
| a. Asbestosis | Yes | No |
| b. Asthma | Yes | No |
| c. Chronic bronchitis | Yes | No |
| d. Emphysema | Yes | No |
| e. Pneumonia | Yes | No |
| f. Tuberculosis | Yes | No |
| g. Silicosis | Yes | No |
| h. Pneumothorax (collapsed lung) | Yes | No |
| i. Lung cancer | Yes | No |
| j. Broken ribs | Yes | No |
| k. Any chest injuries or surgeries | Yes | No |
| l. Any other lung problem that you've been told about | Yes | No |
| 4. Do you currently have any of the following symptoms of pulmonary or lung illness? | | |
| a. Shortness of breath | Yes | No |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline | Yes | No |
| c. Shortness of breath when walking with other people at an ordinary pace on level ground | Yes | No |
| d. Have to stop for breath when walking at your own pace on level ground | Yes | No |
| e. Shortness of breath when washing or dressing yourself | Yes | No |
| f. Shortness of breath that interferes with your job | Yes | No |
| g. Coughing that produces phlegm (thick sputum) | Yes | No |
| h. Coughing that wakes you early in the morning | Yes | No |
| i. Coughing that occurs mostly when you are lying down | Yes | No |
| j. Coughing up blood in the last month | Yes | No |
| k. Wheezing | Yes | No |
| l. Wheezing that interferes with your job | Yes | No |
| m. Chest pain when you breathe deeply | Yes | No |
| n. Any other symptoms that you think may be related to lung problems | Yes | No |
| 5. Have you ever had any of the following cardiovascular or heart problems? | | |
| a. Heart attack | Yes | No |
| b. Stroke | Yes | No |
| c. Angina | Yes | No |
| d. Heart failure | Yes | No |
| e. Swelling in your legs or feet (not caused by walking) | Yes | No |
| f. Heart arrhythmia (heart beating irregularly) | Yes | No |
| g. High blood pressure | Yes | No |
| h. Any other heart problem that you've been told about | Yes | No |

- Please explain your "Yes" responses to any of the above questions. Do your "Yes" responses represent current or past concerns? How do the symptoms or medical conditions affect your daily activity? Have the symptoms or medical conditions seemed to make using a respirator more difficult in the past (if yes, please explain)?

[illegible]

Date Reviewed



Memorial Hospital of Sweetwater County
Confidential Robotic Procedure Proctoring Evaluation

Provider Being Proctored: _____ Date of Procedure: _____

Procedure Performed: _____

Medical Record #: _____ Admission Date: _____

EVALUATION OF PATIENT CARE: Please check appropriate box

	EXCELLENT	STANDARD	UNACCEPTABLE	UNABLE TO EVALUATE
Pre-procedure evaluation/ Clinical judgment				
Diagnostic judgement				
Procedure technique				
Quality of medical record documentation				

Procedure time was: _____ Reasonable _____ Excessive
Use of technology was: _____ Appropriate _____ Inappropriate
Blood loss was: _____ NA _____ Reasonable _____ Excessive
Show proficiency at tissue manipulation/dissection? _____ NA _____ Yes _____ No
Show proficiency at suturing? _____ NA _____ Yes _____ No
Was there unnecessary risk to patient? _____ Yes _____ No
Were there any complications? _____ Yes _____ No
In your opinion, does this provider need further proctoring? _____ Yes _____ No

If yes, please explain below: _____

Proctor or Preceptor's Name (please print): _____ Date: _____

Proctor or Preceptor's Signature: _____

Please submit completed Proctor Form to:

Memorial Hospital of Sweetwater County Medical Staff Services
PO Box 1359
1200 College Drive
Rock Springs, WY 82901
Ph: (307) 352-8334
Fax: (307) 352-8502

THIS DOCUMENT IS PEER REVIEW INFORMATION, AND IS THUS CONFIDENTIAL AND PRIVILEGED INFORMATION UNDER WYOMING LAW, AS IT CONTAINS OR IS PART OF THE REPORTS, FINDINGS, PROCEEDINGS AND DATA OF A MEDICAL STAFF COMMITTEE, AND/OR IS CONFIDENTIAL QUALITY MANAGEMENT INFORMATION, AS IT RELATES TO THE EVALUATION OR IMPROVEMENT OF THE QUALITY OF HEALTHCARE SERVICES IN THE HOSPITAL. DUPLICATION OR UNAUTHORIZED DISTRIBUTION IS STRICTLY PROHIBITED.

Name: _____

Page 1

**Delineation of Privileges
GENERAL SURGERY PRIVILEGES**

☐ Initial appointment ☐ Reappointment ☐ Modification of Privileges

<p>Applicant Check the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.</p>	
<p><input type="checkbox"/> To be eligible to request privileges in General Surgery, a practitioner must meet the following minimum threshold criteria:</p>	
LICENSURE / PROFESSIONAL LIABILITY INSURANCE	<p>M or DO Licensed to practice medicine in the State of Wyoming Current Wyoming designated DEA Registration and current Wyoming Controlled Substance Registration Professional liability insurance in the amounts of at least: Per Claim: \$1,000,000.00 Aggregate: \$3,000,000.00</p>
EDUCATION / TRAINING	<p>Completion of an approved residency in General Surgery by the Accreditation Council for Graduate Medical Education (ACME) or American Osteopathic Association (AOA)</p>
CERTIFICATION	<p>Certification by the applicable Surgery Board for any clinical privileges for which applicant has applied or be eligible for certification by such board. Once physician is board certified, Maintenance of Board Certification is required.</p>
CLINICAL EXPERIENCE (INITIAL)	<p>Applicant must demonstrate performance of at least 100 general procedures reflective of the scope of privileges requested during the past 12 months or successful completion of an ACME or AOA accredited resident or clinical fellowship within the past 12 months. Applicants for initial appointment may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence and other qualifications and for resolving any doubts.</p>
CLINICAL EXPERIENCE (REAPPOINTMENT)	<p>To be eligible to renew core privileges in General Surgery, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 100 general surgery procedures with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>
FPPE	<p>FPPE criteria will be assigned by the Department Chair during the approval process.</p>
OTHER REQUIREMENTS	<ul style="list-style-type: none"> Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Name: _____

Page 2

Requested	PED POP O SE	Board Approval
	PATIENT POPULATION	
<input type="checkbox"/>	Newborns/infants birth to 1 year	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric age 2 to 21 years	<input type="checkbox"/>
<input type="checkbox"/>	Adult 18 years or older	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric 65 and older	<input type="checkbox"/>
	SETTING	
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>

GENERAL SURGERY CORE PRIVILEGES - This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/ privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/ procedures/privileges requiring similar skill sets and techniques.

NOTE: Applicant must be currently privileged to perform the following procedure using non-robotic techniques. This applies to every procedure for which the applicant is requesting robotic privileges, both for initial appointment and renewal of privileges. Please indicate which type of privileges you are requesting:

☐Open ☐Laparoscopic ☐Robotic ☐All

Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	Admit/evaluate/diagnose and provide pre/intra and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions/diseases/disorders and injuries of the alimentary tract/skin/soft tissues and breast/endocrine system/head and neck/surgical oncology/trauma and nonoperative trauma and the vascular system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess/stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.	<input type="checkbox"/>
<input type="checkbox"/>	Consulting privileges for General Surgery – evaluate/diagnose/document	<input type="checkbox"/>
<input type="checkbox"/>	Abdominal wall surgery including management of all forms of hernias	<input type="checkbox"/>
<input type="checkbox"/>	Transdominoperineal resection	<input type="checkbox"/>
<input type="checkbox"/>	Adrenalectomy	<input type="checkbox"/>
<input type="checkbox"/>	Colectomy	<input type="checkbox"/>
<input type="checkbox"/>	Common duct exploration/stone extraction	<input type="checkbox"/>
<input type="checkbox"/>	Hernia repairs	<input type="checkbox"/>
<input type="checkbox"/>	Lysis of adhesions	<input type="checkbox"/>
<input type="checkbox"/>	Small bowel surgery	<input type="checkbox"/>
<input type="checkbox"/>	Stomach surgery	<input type="checkbox"/>
<input type="checkbox"/>	Anatomic exposure for spine surgery	<input type="checkbox"/>
<input type="checkbox"/>	Arterial or venous access procedures including catheters/dialysis catheters and ports	<input type="checkbox"/>
<input type="checkbox"/>	Amputations above and below the knee/toe/transmetatarsal/digits	<input type="checkbox"/>
<input type="checkbox"/>	Appendectomy – Open <input type="checkbox"/> Laparoscopic	<input type="checkbox"/>
<input type="checkbox"/>	Bone Marrow Biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Bowel obstruction surgery	<input type="checkbox"/>
<input type="checkbox"/>	Breast lesion excision or Biopsy including core/vacuum assisted/incisional or excisional	<input type="checkbox"/>
<input type="checkbox"/>	Bronchoscopy for diagnosis or treatment	<input type="checkbox"/>
<input type="checkbox"/>	Circumcision	<input type="checkbox"/>
<input type="checkbox"/>	Colon surgery for benign or malignant disease	<input type="checkbox"/>
<input type="checkbox"/>	Cerclage of wounds	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic and therapeutic colonoscopy	<input type="checkbox"/>

Name: _____

Page 3

<input type="checkbox"/>	Diagnostic and therapeutic ECG	<input type="checkbox"/>
<input type="checkbox"/>	Emergency or intraoperative arteriography	<input type="checkbox"/>
<input type="checkbox"/>	Emergency or intraoperative venography	<input type="checkbox"/>
<input type="checkbox"/>	Emergency or intraoperative pyelography	<input type="checkbox"/>
<input type="checkbox"/>	Emergency thoractomy	<input type="checkbox"/>
<input type="checkbox"/>	Enterostomy (feeding or decompression)	<input type="checkbox"/>
<input type="checkbox"/>	Esophageal resection and reconstruction	<input type="checkbox"/>
<input type="checkbox"/>	Excision of malignant and benign skin lesions	<input type="checkbox"/>
<input type="checkbox"/>	Lasciotomy	<input type="checkbox"/>
<input type="checkbox"/>	First Assist Only (must meet initial education/training criteria listed above)	<input type="checkbox"/>
<input type="checkbox"/>	gall bladder, biliary tract, bile duct, hepatic duct, including biliary tract reconstruction surgeries	<input type="checkbox"/>
<input type="checkbox"/>	Ganglion cyst excision (palm or wrist) (flexor or sheath)	<input type="checkbox"/>
<input type="checkbox"/>	Gastric operations for cancer (radical, partial, or total gastrectomy)	<input type="checkbox"/>
<input type="checkbox"/>	Gastroduodenal surgery	<input type="checkbox"/>
<input type="checkbox"/>	Gastrostomy (feeding or decompression)	<input type="checkbox"/>
<input type="checkbox"/>	Genitourinary procedures incidental to malignancy or trauma	<input type="checkbox"/>
<input type="checkbox"/>	Gynecological procedures incidental to abdominal exploration	<input type="checkbox"/>
<input type="checkbox"/>	Gynecomastia surgery	<input type="checkbox"/>
<input type="checkbox"/>	Hospice and palliative medicine	<input type="checkbox"/>
<input type="checkbox"/>	Incision and drainage of abscesses and cysts, including abdominal, pelvic, ischiorectal, perirectal abscesses	<input type="checkbox"/>
<input type="checkbox"/>	Insertion and management of pulmonary artery catheters	<input type="checkbox"/>
<input type="checkbox"/>	Laceration repair	<input type="checkbox"/>
<input type="checkbox"/>	Laparoscopic fundoplication (antireflux surgery)	<input type="checkbox"/>
<input type="checkbox"/>	Laparoscopy (diagnostic or therapeutic)	<input type="checkbox"/>
<input type="checkbox"/>	Laparotomy for diagnostic or for management of intra-abdominal sepsis or trauma	<input type="checkbox"/>
<input type="checkbox"/>	Liver biopsy, liver resection	<input type="checkbox"/>
<input type="checkbox"/>	Lung resection (wedge resection), lung biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Lymph node biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Lymph node dissections, including radical regional	<input type="checkbox"/>
<input type="checkbox"/>	Management of burns	<input type="checkbox"/>
<input type="checkbox"/>	Management of trauma	<input type="checkbox"/>
<input type="checkbox"/>	Mastectomy	<input type="checkbox"/>
<input type="checkbox"/>	Orchiectomy in association with hernia repair	<input type="checkbox"/>
<input type="checkbox"/>	Pancreatectomy (total or partial)	<input type="checkbox"/>
<input type="checkbox"/>	Panniculectomy	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Parathyroid surgery	<input type="checkbox"/>
<input type="checkbox"/>	Perianal/perirectal surgery for fistula, fissure, hemorrhoids, including staples hemorrhoidectomy, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Performance of history and physical exam	<input type="checkbox"/>
<input type="checkbox"/>	Pilonidal cyst excision/marsupialization	<input type="checkbox"/>
<input type="checkbox"/>	Placement of indwelling intra-abdominal catheter	<input type="checkbox"/>
<input type="checkbox"/>	Placement of indwelling intra-thoracic catheter	<input type="checkbox"/>
<input type="checkbox"/>	Pleurodesis (chemical or mechanical)	<input type="checkbox"/>
<input type="checkbox"/>	Pyloromyotomy	<input type="checkbox"/>
<input type="checkbox"/>	Repair of perforated viscus (gastric, small intestine, large intestine)	<input type="checkbox"/>

Name: _____

Page 4

<input type="checkbox"/>	Rib fracture repair/plating	<input type="checkbox"/>
<input type="checkbox"/>	Rigid endoscopy of the esophagus or rectum	<input type="checkbox"/>
<input type="checkbox"/>	Scalene node biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Sentinel lymph node biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Skin grafts (partial thickness/simple)	<input type="checkbox"/>
<input type="checkbox"/>	Skin operations involving undermining or advancement flaps (complex)	<input type="checkbox"/>
<input type="checkbox"/>	Small bowel surgery for benign or malignant disease	<input type="checkbox"/>
<input type="checkbox"/>	Soft tissue tumors management or excision	<input type="checkbox"/>
<input type="checkbox"/>	Splenectomy (trauma/staging/therapeutic)	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Thoracoscopic/abdominal exploration	<input type="checkbox"/>
<input type="checkbox"/>	Thoracoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Thoracostomy tube	<input type="checkbox"/>
<input type="checkbox"/>	Hyroglossal duct cyst excision	<input type="checkbox"/>
<input type="checkbox"/>	Thyroid surgery/thyroidectomy with or without associated lymph node neck dissection	<input type="checkbox"/>
<input type="checkbox"/>	Tracheostomy/Cricothyroidotomy	<input type="checkbox"/>
<input type="checkbox"/>	Ultrasound use for image guidance surgery and trauma	<input type="checkbox"/>
<input type="checkbox"/>	Urethrotomy	<input type="checkbox"/>
<input type="checkbox"/>	Vasectomy/sterilization procedures	<input type="checkbox"/>
VASCULAR SURGERY		
<input type="checkbox"/>	Arteriovenous fistula or graft formation (new) maintenance for dialysis	<input type="checkbox"/>
<input type="checkbox"/>	Embolectomy and thrombectomy for vascular occlusion	<input type="checkbox"/>
<input type="checkbox"/>	Inferior Vena Cava Filter Placement (new) Removal	<input type="checkbox"/>
<input type="checkbox"/>	Peritoneovenous drainage procedures for relief of ascites/venous shunts for portal hypertension	<input type="checkbox"/>
<input type="checkbox"/>	Sclerotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Vein ligation/excision and stripping	<input type="checkbox"/>
<input type="checkbox"/>	Vessel repair for trauma	<input type="checkbox"/>
	Administration of Sedation and Analgesia <i>Must be requested separately. Contact Medical Staff Services for privilege form.</i>	

Name: _____

Page 5

SPECIAL NON-CORE PRIVILEGES		
<p>If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training required previous experience and maintenance of clinical competence. To be eligible to apply for the special non-core privileges listed below, the applicant must demonstrate successful completion of an approved recognized course when such exists or acceptable supervised training in residency, fellowship or other acceptable experience and provide documentation of competence in performing the requested procedure consistent with criteria set forth in medical staff policies governing the exercise of specific privileges.</p>		
Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	<p>Endovenous Ablation Therapy</p> <p>Initial Privileges: Successful completion of an ACGME or AOA accredited residency or fellowship program and hands-on CME course that included supervised training in the diagnosis and treatment of varicose veins, training in interpreting ultrasound examinations of the legs and the performance/interpretation of 20 EVAR procedures. Applicant must demonstrate training and experience with the specific energy source to be used. [] [] []</p> <p>Required current experience: Demonstrated current competence and evidence of the performance of at least 10 EVAR procedures in the past 12 months or completion of training in the past 12 months.</p> <p>Renewal of privileges: Applicant must be able to show maintenance of competence with evidence of the performance and/or interpretation of at least 10 EVAR procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>	<input type="checkbox"/>
<input type="checkbox"/>	<p>Robotic Surgery</p> <p>Initial Privileges: Successful completion of an ACGME or AOA accredited surgical residency or fellowship program with documented robotics training. [] [] []</p> <ul style="list-style-type: none"> Applicant trained resident or fellow must provide a reference letter from the residency/fellowship director overseeing the da Vinci Surgery training stating that the applicant has performed the minimum number of robotic cases required. Letter must also include an attestation of the current clinical competence of the applicant with respect to robotic surgery. The applicant must also submit a case log demonstrating a minimum of 10 cases. The case log provided must show the applicant as surgeon for the da Vinci cases. <p>In the absence of formal training in a Residency or Fellowship: Surgeons requesting robotic privileges must complete a certified course in Robotic Assisted Surgery, complete simulator training and</p> <ul style="list-style-type: none"> Observe a minimum of two (2) procedures with a credentialed robotic surgeon in the same specialty and provide documentation of observations. Complete the intuitive training course to include console training and animal lab training and submit a copy of the course certificate or a letter from the course director. Submit documentation of a minimum of five (5) robotic cases proctored by a surgeon approved by intuitive. Proctor must have performed a minimum of thirty (30) robotic assisted procedures in the same specialty as the requesting provider. <p>Surgeons with prior robotic experience and current robotic privileges at another facility must submit documentation of a minimum of five (5) robotic cases within the last twelve (12) months at a similarly accredited facility.</p> <p>Renewal of Privileges: Applicant must be able to show maintenance of competence with evidence of the performance of at least 6 robotic assisted procedures in the past 24 months based on results of OPPE and outcomes.</p> <ul style="list-style-type: none"> Applicant must submit documentation of at least twelve (12) robotic assisted laparoscopic procedures in the past 24 months either at MHSC or another facility. Low volume specialty procedures which are performed less than five (5) times in 12 months, will be reviewed by the Department Chair on a case by case basis and recommendations made to the Credentials Committee prior to approval. All robotic assisted cases are subject to peer review. <p>NOTE: Applicant must be currently privileged to perform the procedure using non-robotic techniques. The applies to every procedure for which the applicant is requesting robotic privileges, both for initial appointment and renewal of privileges.</p>	<input type="checkbox"/>

Name: _____

Page 6

ACKNOWLEDGEMENT OF APPLICANT

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

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT CHAIR REVIEW

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

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

Department Chair's Printed Name _____

Department Chair's Signature: _____ Date: _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee approval

Date: _____

Medical Executive Committee Approval

Date: _____

Board of Trustees approval

Date: _____

Privileges Effective from: _____ to: _____

Date Form Approved by Specialty: _____ 04/17/2023
 Date Form Approved by Department Chair: _____ 04/18/2023
 Date Approved by Credentials Committee: _____ 04/17/2023
 Date Approved by MEC: _____ 04/18/2023
 Date Approved by Board of Trustees: _____

References

1. www.aap.org American Academy of Pediatrics www.aap.org 2017: 1-14.
2. www.hhs.gov H Style Guide: www.hhs.gov National Institutes of Health www.hhs.gov September 9, 2022: 1-2.

April 2023 Quality Chair Report

Topics discussed are below but not limited to:

- ED-2B, trending down and currently at 69.41.
- Sepsis Bundle Compliance trending flat overall with an increase in February to 50%.
- Falls continue to trend under the upper control limit and dropped to 7 in February.
- Star rating shows some improvement with more green in certain areas as time goes on. Patient experience is a focus and may have some low hanging fruit.

F&A COMMITTEE CHAIR REPORT TO THE BOARD

April 2023 meeting

Chair – Ed Tardoni

The Finance and Audit Committee met in Zoom format this month. All voting members except for the CEO were present. The CEO was traveling and unable to connect. Commissioner Slaughter (hospital liaison) attended.

F&A DATA FOR THE MONTH

The usual financial information was reviewed. It was noted that we have had only two positive monthly bottom lines since January 2022. Discussion of the challenges, mostly external economic influences, ensued. The various possible opportunities for progress were discussed. Board attention is directed to the financial goal graphs. It was noted that the projections were made on a straight-line basis but performance would not be straight line. Progress on the next fiscal year budget was discussed. It was noted that MHSC has submitted a request for the same level of County Maintenance Funding as last fiscal year.

CAPITAL EXPENDITURES

The Committee, by unanimous vote, sends two capital expenditure to the Board for consideration with do pass recommendations.

FY 23-39 MS UCS BLADE SERVERS in the amount of \$78,464.22 Budgeted Item

Submitted by J. T. Thomson of IT

Two proposals were obtained and this is the lowest cost.

Has all appropriate staff signatures

These are replacements for existing computer servers that have been in use two years beyond their end of service life and end of support life. Technology has advanced to the point that four old servers may be replaced by two of these new units while still maintaining reliability demands. Mr. Thomson explained how that worked.

FY 23-48 SIEMANS CLOS ALPHA VA 30 C-ARM in the amount of \$184,189 Budgeted Item

Submitted by Tracie Soller of Medical Imaging

Has all appropriate staff signatures

Purchase is single source made under a previously Board approved favorable purchasing agreement.

These are an item of imaging equipment used in surgery and the ER. The existing units reached end of product life in 2014 and end of service life in 2022.

NEXT MEETING

F&A Committee will meet at 1400 hours, Wednesday, May 31, 2023 in Zoom format.

Capital Request Summary

Capital Request #

FY23-39

Name of Capital Request:

M5 UCS Blade Server (2)

Requestor/Department:

TJ Thompson/Information Technology

Sole Source Purchase: Yes or **No**

Reason:

☐

This Quote/Bid/Proposal contains discount pricing which parties agree not to disclose other than is required by law or court order.

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	CompuNet	Meridian, ID	\$78,464.22
2.	ConvergeOne	Minneapolis, MN	\$95,449.82
3.			

Recommendation:

CompuNet - \$78,464.22



# Assigned: FY 23 - 39	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Information Services	Submitted by: Terry (TJ) Thompson
Date: 03/15/2023	
Provide a detailed description of the capital expenditure requested: Two additional M5 UCS blade as to replace the 4X M3 UCS blade servers that are at end of life an unable to upgrade.	
Preferred Vendor: CompuNet	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ 78,464.22
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 78,464.22	
Does the requested item: Additional system added to our Cisco SmartNet	
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain: this server will replace the 4X M3 UCS blade servers.
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)
Annualized impact on operations (if applicable):	
Increases/Decreases	Budgeted Item:
Projected Annual Procedures (NEW not existing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Review and Approvals	
Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO
4-21-23 4-21-23	

OTHER CONSIDERATIONS

Our existing compute infrastructure consists of 4X M5 UCS blades and 4X M3 UCS blades host servers. The M3 blades servers have been end of life and end of support for the past two years. With the onset of Cerner EMS our compute infrastructure has been reduced by 30 VM, where we now only need to have two additional M5 UCS blade to replace the 4X M3 UCS blade server, as to ensure the compute infrastructure has the N+1 compute resource, should we suffer a hardware failure with one of the M5 blade servers. There is an existing vulnerability that we can not resolve as the M3 UCS blades are no longer software upgradeable.

Submitted by: Signature

Date



Jason Salisbury
(208) 286-3019
jsalisbury@compunet.biz
Quote #: JS205656

Cisco - M5 Blades

Quote Information:

Quote #: JS205656

Version: 1

Quote Date: 03/23/2023

Expiration Date: 04/14/2023

Prepared for:

Memorial Hospital of
Sweetwater County

Terry (TJ) Thompson
(307) 362-3711

tthompson@sweetwatermemoria
l.com

Bill To:

Memorial Hospital of
Sweetwater County

Tina Frulla
1200 College Drive
Rock Springs, WY 82901

tfrullo@sweetwatermemorial.co
m

Ship To:

Memorial Hospital of
Sweetwater County

Terry (TJ) Thompson
1200 College Drive

Rock Springs, WY 82901

UCS B200 w 12 Mo. Support

Manufacturer Part Number	Product Description	Quantity	Price	Ext. Price
UCSB-B200-M5-U	UCS B200 M5 Blade w/o CPU, mem, HDD, mezz (UPG)	2	\$1,655.24	\$3,310.48
CON-SNTP-BB200M5U	SNTC 24X7X4 UCS B200 M5 Blade w/o CPU, mem, HDD, mezz (UPG) (12 Month)	2	\$484.00	\$968.00
UCS-MR-X32G2RW	32GB RDIMM DRx4 3200 (8Gb)	48	\$1,303.78	\$62,581.44
UCSB-MLOM-40G-04	Cisco UCS VIC 1440 modular LOM for Blade Servers	2	\$645.39	\$1,290.78
UCS-M2-240GB	240GB SATA M.2	4	\$312.58	\$1,250.32
UCS-M2-HWRAID	Cisco Boot optimized M.2 Raid controller	2	\$137.48	\$274.96
UCSX-TPM2-002	Trusted Platform Module 2.0 for UCS servers	2	\$34.60	\$69.20
N20-FW018	UCS 5108 Blade Chassis FW Package 4.2	2	\$0.00	\$0.00
UCS-SID-INFR-CFS	Converged-FlashStack	2	\$0.00	\$0.00
UCS-SID-WKL-OW	Other Workload	2	\$0.00	\$0.00
UCSB-LSTOR-BK	FlexStorage blanking panels w/o controller, w/o drive bays	4	\$0.00	\$0.00
UCSB-HS-M5-R	CPU Heat Sink for UCS B-Series M5 CPU socket (Rear)	2	\$0.00	\$0.00
UCSB-HS-M5-F	CPU Heat Sink for UCS B-Series M5 CPU socket (Front)	2	\$0.00	\$0.00



Jason Salisbury
(208) 286-3019
jsalisbury@compunet.biz
Quote #: JS205656

UCS B200 w 12 Mo. Support

Manufacturer Part Number	Product Description	Quantity	Price	Ext. Price
UCS-CPU-I5218	Intel 5218 2.3GHz/125W 16C/22MB DCP DDR4 2666MHz	4	\$2,179.76	\$8,719.04
			Subtotal:	\$78,464.22

Free Intersight (3 YR Term)

Manufacturer Part Number	Product Description	Quantity	Price	Ext. Price
Requested Start Date : 31-May-2023 Requested For : 36.00 Months From 31-May-2023 to 30-May-2026 Automatically Renews For : No Auto Renewal Billing Frequency : Prepaid Term				
DC-MGT-SAAS	Cisco Intersight SaaS	1	\$0.00	\$0.00
SVS-DCM-SUPT-BAS	Basic Support for DCM	1	\$0.00	\$0.00
DC-MGT-IMCS-1S	IMC Supervisor - Advanced - 1 Server License	6	\$0.00	\$0.00
DC-MGT-SAAS-AD-C	Cisco Intersight SaaS - Advantage (new)	5	\$0.00	\$0.00
DC-MGT-UCSC-1S	UCS Central Per Server - 1 Server License	6	\$0.00	\$0.00
DC-MGT-UCSD-1S	UCS Director - 1 Server License (includes Network, Storage)	1	\$0.00	\$0.00
DC-MGT-SAAS-PR-C	Cisco Intersight SaaS - Premier	1	\$0.00	\$0.00
			Subtotal:	\$0.00

Shipping

Manufacturer Part Number	Product Description	Quantity	Price	Ext. Price
Shipping	Shipping Ground Shipping To Be Determined, Billed As Actual	1	\$0.00	\$0.00



Jason Salisbury
(208) 286-3019
jsalisbury@compunet.biz
Quote #: JS205656

Quote Summary

Description	Amount
UCS B200 w 12 Mo. Support	\$78,464.22
Free Intersight (3 YR Term)	\$0.00
Total:	\$78,464.22

Quotes are valid for 30 days unless otherwise noted Taxes will be calculated and applied at time of invoicing. Shipping, handling and other fees may apply. We reserve the right to cancel any order arising from pricing or other errors. If Customer is purchasing a subscription-based product, Customer agrees to pay all charges for the complete term of the subscription. By signing below or issuing a Purchase Order, Customer agrees to CompuNet's standard terms and conditions, which can be reviewed [here](#), provided, that if Customer and CompuNet are parties to a currently effective Master Product Purchase and Services Agreement (MSA), the terms and conditions of such MSA shall control and shall supersede these standard terms and conditions. Your electronic signature, per the Electronic Signature Act, is considered equivalent to your signed and faxed signature, and allows you to accept and place your order. This Quote becomes binding and noncancelable upon Customer's return to CompuNet of acceptance. A copy of this acceptance and the attached proposal document will be sent to your email address to complete your order acceptance. You are NOT required to electronically sign your order, you may fax or email your signed proposal to your Account Executive.

Memorial Hospital of Sweetwater County

Signature: _____
Name: _____
Title: _____
Date: _____
PO Number: _____

Capital Request Summary

Capital Request #

FY23-48

Name of Capital Request:

Siemens Cios Alpha VA30 C-Arm

Requestor/Department:

Tracie Soller/Medical Imaging

Sole Source Purchase: Yes or No

Reason: chosen as part of Siemens Executive Pricing Agreement signed in March 2023



This Quote/Bid/Proposal contains discount pricing which parties agree not to disclose other than is required by law or court order.

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	Siemens Medical Solutions	Malvern, PA	\$184,189.00
2.			
3.			

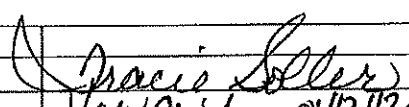
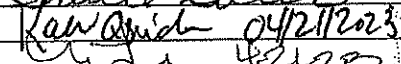
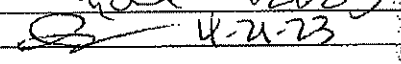
Recommendation:

Siemens Medical Solutions - \$184,189.00

Memorial Hospital

OF SWEETWATER COUNTY

		# Assigned: FY <u>23-48</u>
Capital Request		
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.		
***** Note: Before ordering equipment requiring sterilization, check with Surgical Services/Central Sterile to ensure we have the proper sterilizing equipment.		
Department: Medical Imaging	Submitted by: Tracie Soller	Date: 4/5/2023
Provide a detailed description of the capital expenditure requested: Siemens Cios Alpha VA30 mobile C-Arm with Digital Cine Mode option.		
Preferred Vendor:		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$ 0
2. Equipment		\$ 184,189.00
3. Installation		\$ 0
4. Shipping		\$ 0
5. Accessories		\$ 0
6. Training		\$ 0
7. Travel costs		\$ 0
8. Other e.g. interfaces		\$ 0
Total Costs (add 1-8)		\$ 184,189.00
Does the requested item:		
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Fit into existing space?	Explain: Click or tap here to enter text.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Attach to a new service?	Explain: Click or tap here to enter text.	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Require physical plan modifications?	Electrical	\$ Amount
If yes, list to the right:	HVAC	\$ Amount
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety	\$ Amount
	Plumbing	\$ Amount
	Infrastructure (I/S cabling, software, etc.)	\$ Amount
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		
Projected Annual Procedures (NEW not existing)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Revenue per procedure	\$ Amount	# of bids obtained? 1 <input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: We recently signed an Executive summary agreement with Siemens. The C-arm is one of the pieces of equipment we agreed to purchase through them.
Projected gross revenue	\$ Amount	
Projected net revenue	\$ Amount	
Projected Additional FTE's		
Salaries	\$ Amount	
Benefits	\$ Amount	
Maintenance	\$ Amount	
Supplies	\$ Amount	
Total Annual Expenses		\$ Total
Net Income/(loss) from new service		\$ Amount

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	  04/21/2023  4-21-23
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

The Phillips BV Pulsera C-arm reached product end of life 12/31/2014 and has also reached end of service life as of 12/31/2022. After this date the service contract will be terminated. This is the oldest of the two c-arms. Many times both of our c-arms are in use in the OR, we cannot function with only one. The BV Pulsera has a vascular imaging package, the Cios Alpha VA30 has the capability of being upgraded with a vascular software package when we are able to grow the vascular program again.

This piece of equipment is used for Imaging in surgery for Orthopedic, general surgery, and Urology. The Digital Cine Mode option is necessary for the Operative cholangiograms.

Tracie Soller
Submitted by: Signature

4/6/2023
Date

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Lori Van Hout - +1 (720) 378-3685
lori.vanhout@siemens-healthineers.com

Customer Number: 0000007986

Date: 03/24/2023

MEMORIAL HOSPITAL OF SWEETWATER
1200 COLLEGE DR
ROCK SPRINGS, WY 82901

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

Table of Contents	Page
Cios Alpha VA30 (Quote Nr. CPQ-534193 Rev. 0)	3
OPTIONS for Cios Alpha VA30 (Quote Nr. CPQ-534193 Rev. 0).....	6
General Terms and Conditions	8
Software License Schedule.....	15
Trade-In Equipment Requirements	18

Contract Total: 179,879 USD
(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 03/31/2023

Estimated Delivery Date: December 2023

Delivery dates and other contractual obligations of Seller may change due to the effects of the Covid-19 epidemic or other epidemic, including delays and disruptions in the supply chain, manufacturing, or execution as well orders by authorities and prioritization of (new and existing) orders of customers which are essential for the public healthcare. The magnitude of such changes cannot be predicted and might be substantial because it depends on the development of the Covid-19 epidemic or other epidemic.

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.

This proposal includes the trade-in of equipment referenced in Trade Sheet Project #2022-4246.

This offer is only valid if firm, non-contingent orders for the following quotes are simultaneously placed with Siemens:

CPQ-534193 Cios Alpha VA30
CPQ-802520 Symbla Pro.specta X3
CPQ-310801 Luminos Agile Max
CPQ-769096 Ysio X.Pree
CPQ-802561 Ysio X.Pree
CPQ-789629 MAGNETOM Sola Fit Upgrade

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc., Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to: larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355



SIEMENS REPRESENTATIVE
Lori Van Hout - +1 (720) 378-3685
lori.vanhout@siemens-healthineers.com

Accepted and Agreed to by:

Siemens Medical Solutions USA Inc.

MEMORIAL HOSPITAL OF SWEETWATER

By (sign): _____

By (sign): _____

Name: Lori Van Hout

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

*By signing below, signor certifies that no modifications or additions have been made to the Quotation.
Any such modifications or additions will be void.*

By (Sign): _____

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Lori Van Hout - +1 (720) 378-3685
lori.vanhout@siemens-healthineers.com

Quote Nr: CPQ-534193 Rev. 0

Terms of Payment: 00% Down, 100% Delivery, 00% Installation
Free On Board: Shipping Point

Purchasing Agreement: VIZIENT SUPPLY LLC

VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-534193

Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT C-ARM - XR0532 is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

Cios Alpha VA30

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14455706	Alpha VA30 System Cios Alpha is a high-end C-arm system with a dynamic flat detector for fluoroscopy and acquisition of single images and is equipped with a high-power generator of choice with 12 kW (nominal peak power output of 15 kW) or 25 kW. The compact, mobile system is designed for use in cardiovascular surgery, gastroenterology, urology, emergency surgery, orthopedics and general surgery. Disclaimer: The products/features (here mentioned) are not commercially available in all countries. Due to regulatory reasons their future availability cannot be guaranteed. Please contact your local Siemens organization for further details
1	14455123	Mobi.workstation w.Flex pl. column Mobile workstation including monitor column with motorized height adjustment and 240°vertically rotatable monitors (-30°to +210°) for flexible positioning of the TFT displays with integrated cable routing and fold-up function for transport and park position.
1	14455150	DICOM Send/Storage Commitment (StC) Digital, unidirectional image transfer of single images or complete folders to a network in DICOM format. Feedback from the image archive (Storage Commitment).
1	14455153	DICOM Worklist / MPPS Import of patient/examination data from an external RIS/HIS patient management system with DICOM MWL (Modality Worklist) as well as feedback on the examination status with DICOM MPPS (Modality Performed Procedure Step).
1	14455716	Cios Open Apps for extra software OpenApps on Cios Alpha and Cios Spin is the fast and open access to a world of innovation. OpenApps provides access to an ever-growing variety of clinically approved apps ("digital offering") from Siemens Healthineers and our partners – directly on your Cios mobile C-arms via the Digital Marketplace. OpenApps requires a connection to Smart Remote Services (SRS) only. SRS is subject to separate

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Lori Van Hout - +1 (720) 378-3685
lori.vanhout@siemens-healthineers.com

Qty	Part No.	Item Description
		terms and conditions. NOTE: OpenApps does not require or include a service contract for the mobile C-arm.
1	14455707	Flat detector 20x20 High-resolution, dynamic flat panel detector based on complementary metal-oxide-semiconductor (CMOS) technology for excellent image quality having a size of 20 cm x 20 cm, with a matrix of 1360 x 1360 pixels.
1	14455709	Laser Light 20*20 w. 6 buttons on detect The laser light localizer is integrated in the cover of the flat detector and provides easier, quicker and dose-saving positioning of the patient. The laser light especially supports needle positioning during complex needle procedures. A laser button is integrated into the electromagnetic brake keypad at the front of the detector for easy operation from the sterile field.
1	14455109	Single tank w. 12 kW High-voltage generator with 12 kW (IEC) and rotating anode. Additional weights for the counterbalance adjustment.
1	14455127	2x19 Premium High Bright TFT monitor Two 19" color TFT displays with high luminance for live and reference image display. With a resistant protective glass.
1	14455162	Printer installation kit Installation kit for connecting Sony UP D 89x, UP 97x, and 99x printers.
1	14455137	Multi-function foot switch Ergonomic multifunctional foot switch for radiation release, control of radiation functions, and storing.
1	14455157	USA / Canada WLAN client WLAN Client module with Ethernet connection for wireless transmission of DICOM image data, e.g. to a PACS (Picture Archiving and Communication System).
1	14455192	Skin Spacer Single-tank spacer
1	14455138	2D measurement function Measurement of angles and distances.
1	14455117	Standard basic chassis C-arm chassis
1	14455191	Metal clamp C One metal clamp for attaching the sterile cover to the C-arm and additional scratch protection clips in a package with 20 pieces of clips to protect the C-arm surface from scratches caused by the metal clamp.
1	14455994	Starter drape set -Metal clamp sol. Set of sterile cover for detector, single tank and the inside of the C-arm ("C"). Package contains 20 pcs. of detector, single tank and "C" covers.
1	SU_INITIAL_24	Initial Onsite Training 24 hrs Up to (24) hours of on-site clinical education training, scheduled consecutively during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist. Uptime Clinical Education phone support is provided during the warranty period for specified posted hours. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
1	SU_TRADE_IN_ALLOW	Trade In of Philips BV Pulsera 140, SN 140, Project 2022-4246, deinstall/expire 04/2023 (\$2,275)

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS
Healthineers

SIEMENS REPRESENTATIVE
Lori Van Hout - +1 (720) 378-3685
lori.vanhout@siemens-healthineers.com

Qty	Part No.	Item Description
-----	----------	------------------

System Total	179,879 USD
--------------	-------------

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OPTIONS on Quote Nr : CPQ-534193 Rev. 0

OPTIONS for Cios Alpha VA30

All items listed below are **OPTIONS** and will be included on this system **ONLY** if initialed: (See Detailed Technical Specifications at end of Proposal.)

Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	14455128	DVI video splitter 2x Connection for an external live monitor (monitor A) and an external reference monitor (monitor B) via DVI connection (SXGA standard 1280 x 1024 at 60 Hz support only).	+ 1,622 USD	_____
1	14455723	Digital Cine Mode Pulsed digital fluoroscopy with a high pulse rate at 30 fps for up to 15 seconds. Technical specifications: Cios Alpha and Cios Spin with 12 kW: - Up to 119 mA tube current - Up to 1.000 W Cios Alpha and Cios Spin with 25 kW: - Up to 250 mA tube current - Up to 1.000 W - Up to 4.200 W (it requires ESU option) Technical specifications for Cios Flow: - Up to 23,7 mA tube current - Up to 1.000 W	+ 4,310 USD	_____ <i>ts</i>
1	14455110	Active cooling The active cooling system is integrated in the single tank and C-arm. It increases heat dissipation and therewith ensures longer system availability during extensive procedures, e.g. complex fluoro applications.	+ 4,302 USD	_____
1	14455136	Standard foot switch Standard foot switch for radiation release and storing.	+ 0 USD	_____
1	14455140	Vascular Software Subtraction angiography with vascular display as a subtraction series or roadmap, including - Pixelshift - Remask - Landmark - Dual channel function - contrast medium: Iodine or CO ₂ .	+ 7,538 USD	_____
1	14455119	Basic chassis mot. with pos. mem. C-arm base unit with motorization of orbital and angular movement. The attached control module for motorized movements includes position storage keys for storage of 2 orbital and angular positions with corresponding collimator values.	+ 9,137 USD	_____



March 27, 2023

MEMORIAL HOSPITAL OF SWEETWATER
1200 COLLEGE DR,
ROCK SPRINGS, WV, 25901

Re: Executive Agreement

Dear Customer,

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

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

Equipment quotations

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

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

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

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

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

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

Siemens Medical Solutions USA, Inc.

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

Memorial Hospital of Sweetwater

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

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

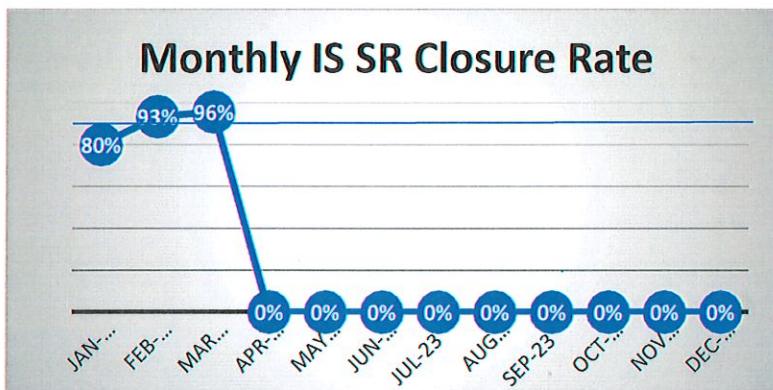
IS Report March 2023

By Terry (TJ) Thompson, IS director

MHSC IS service environment:

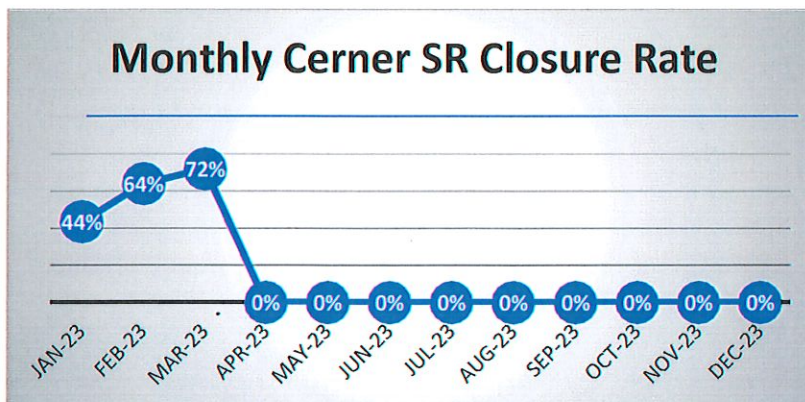
- 1158 computer users accounts
- 100 portable device, Cell Phones and iPads
- 790 Desktop systems, Laptops and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 UPS

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



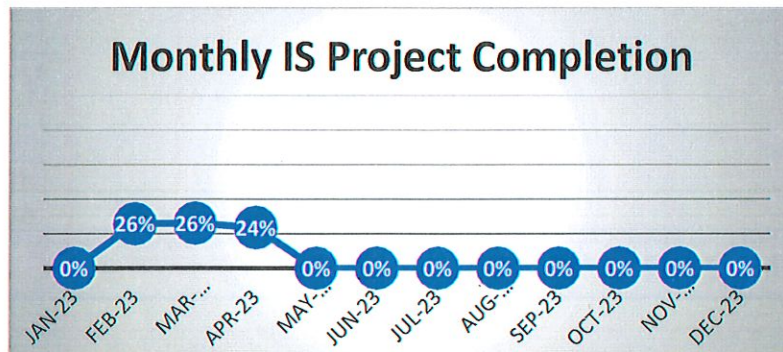
We met our goal of closing 90% of the open service request last month!

Cerner Service Request closure rates at a 90% baseline:



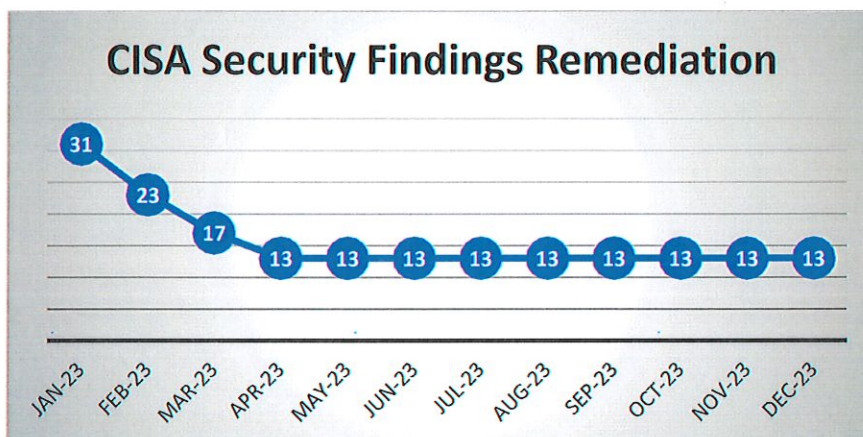
Cerner is improving but has not made their 90% closure rate.

MHSC Project Completion, at a 90% closure rate:



We are working to standardize the size of the projects to quantify the project workloads.

Remediation of CISA Cyber Security findings:



We have remediated 18 of the 31 CISA Cyber Security findings. A 50% improvement upon MHSC internal cyber security posture.

Below is the latest CISA Cyber Hygiene Report Card, which is performed weekly. Scanning MHSC 44 external public IP addresses for vulnerabilities. Of the 44 public IP addresses we have 8 hosts offering 14 different external services. Where 4 of the host are vulnerable with 8 different vulnerabilities, 5 medium and 3 low.

1. We have remediated the original 3 Critical vulnerabilities.
2. We have remediated the original 5 High vulnerabilities.
3. We have removed 1 vulnerable legacy host, decreased 6 external services, removing 14 vulnerabilities. A 20% decrease in vulnerable hosts.
4. Pending delivery of the Internet Edge solution we will remove another host removing 5 more vulnerabilities.

2023-04-02

CYBER HYGIENE

REPORT CARD

Memorial Hospital of Sweetwater County



0

Hosts with unsupported software



0

Potentially Risky Open Services



20%

Decrease in Vulnerable Hosts



CISA
CYBER INFRASTRUCTURE

HIGH LEVEL FINDINGS

LATEST SCANS

March 17, 2023 — April 2, 2023

Host Scans on All Addresses

March 28, 2023 — April 2, 2023

Vulnerability Scans on All Hosts

ADDRESSES OWNED

44

No Change

HOSTS

8

No Change

VULNERABLE HOSTS

4

Decrease of 1
50% of hosts vulnerable

ADDRESSES SCANNED

44

No Change
100% of addresses scanned

SERVICES

14

Decrease of 6

VULNERABILITIES

8

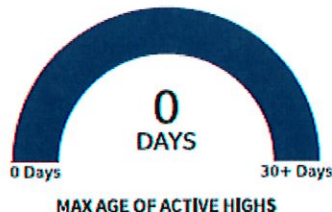
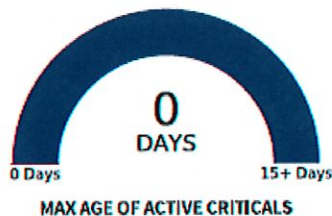
Decrease of 14

VULNERABILITIES

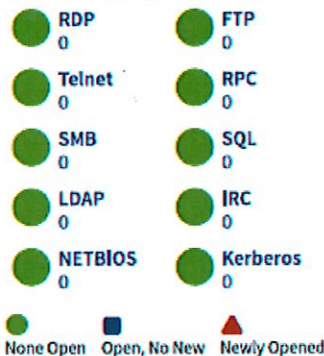
SEVERITY BY PROMINENCE



VULNERABILITY RESPONSE TIME



POTENTIALLY RISKY OPEN SERVICES



Service counts are best guesses and may not be 100% accurate. Details can be found in "potentially-risky-services.csv" in Appendix G.

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

Wednesday~ April 26, 2023 2:00 p.m. Teleconference

Voting Members:

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

Non-Voting Members:

Ron Cheese	Terry Thompson
Angel Bennett	Kari Quickenden
Ann Clevenger	

Guests:

Leslie Taylor
Jonathan Beattie

Barbara Sowada

Tracie Soller

- | | | |
|-------|---------------------------------------------------------------|------------|
| I. | Call Meeting to Order | Ed Tardoni |
| II. | Approve Agenda | Ed Tardoni |
| III. | <u>Approve March 29, 2023 Meeting Minutes</u> | Ed Tardoni |
| IV. | <u>Capital Requests FY 23</u> | |
| V. | Financial Report | |
| A. | Monthly Financial Statements & Statistical Data | |
| | 1. <u>Narrative</u> | Tami Love |
| | 2. <u>Financial Information</u> | |
| | 3. <u>Financial Goals</u> | Tami Love |
| | 4. <u>Self-Pay Report</u> | Ron Cheese |
| | 5. <u>Preliminary Bad Debt</u> | Ron Cheese |
| VI. | Old Business | |
| A. | Critical Access Update | Tami Love |
| VII. | New Business | |
| A. | Financial Forum Discussion | Ed Tardoni |
| VIII. | Next Meeting – May 31, 2023 | Tami Love |
| IX. | Adjournment | Ed Tardoni |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO MARCH 2023 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for March is a loss of \$546,968, compared to a gain of \$537,415 in the budget. This yields a -5.76% operating margin for the month compared to 5.69% in the budget. The year-to-date loss is \$4,037,700 compared to a loss of \$102,168 in the budget. The year-to-date operating margin is -4.90%, compared to -.13% in the budget.

Year-to-date, the total net loss is \$4,026,914, compared to a total net loss of \$67,237 in the budget. This represents a YTD profit margin of -4.89% compared to -.08% in the budget.

REVENUE. Revenue increased significantly in March, coming in at \$21,413,654, over budget by \$2,769,161. Year to date, revenue remains over budget by \$8,129,843.

VOLUME. Inpatient discharges and patient days for March came in over budget. The average daily census (ADC) increased to 14.9, over budget, and average length of stay (LOS) dropped to 3.5, but still over budget. Emergency Room visits and Clinic visits are over budget and Births, Surgeries and Outpatient visits came in under budget.

Annual Debt Service Coverage came in at 2.31. Days of Cash on Hand decreased eight days to 90.3 days. Daily cash expense increased to \$290,000 year to date. We have looked at cash projections for June 30 and will need an additional \$2 million over normal collections to meet our goal of 130 days.

REDUCTION OF REVENUE. Deductions from revenue remained high in March, at 56.9%. Total AR increased by \$2.1 million with the high revenue month. Medicare AR increased by \$1.5 million, Medicaid AR increased by \$790,000 and Self-Pay increased by \$344,000. Blue Cross and Commercial payers decreased by about \$700,000. With the increase in the poorer payers and decrease in the better payers, reductions of revenue increased by \$2.1 million. We continue to set up self-pay accounts on payment plans to make the collection process more stable. Deductions of Revenue are 52.7% year-to-date, compared to the budget of 51.5%. Total collections for the month came in higher in March at \$9,075,080.

Net days in AR remained at 60.7 days. We are on track to meet our goal of 51 days by the end of the fiscal year.

EXPENSES. Total expenses increased in March to \$10,050,710, over budget by \$1,140,311. Year-to-date, expenses are over budget by \$5,387,571. The following line items were over budget in March:

Salary and Wage – March was over budget. We continue to have double coverage for nursing as the new hires are oriented. We have also seen increased overtime to keep the departments staffed appropriately.

Contract Labor – This expense is over budget in March and year to date but is down by 50% from a high in May 2022. Staffing shortages continue in some clinical areas with contract labor staff currently being used in Med/Surg, ICU, Labor & Delivery, Surgery, Emergency Room, Laboratory, Respiratory, and Behavioral Health. Year-to-date contract FTEs remained at 19.4 and increased to 20.1 FTEs for the last pay period of the month.

Purchased Services – Department Management fees, behavioral health transports, physicist fees, EEG services, hood inspections, offsite cleaning services and IT cabling were included in budget variances in March.

Supplies - Supply costs continue to be impacted by inflation and supply chain issues. Lab supplies, blood, instruments, implants, medical/surgical supplies, drugs, food, contrast, minor equipment, maintenance supplies and uniforms all came in over budget in March. Corresponding increases in patient revenue were realized in Surgery, Pharmacy and Blood Bank.

Utilities – Electricity and Fuel expense came in over budget. We continue to see an increase in fuel rates as well as dekatherm usage with the colder winter. Natural gas expenses are 65% over budget year to date.

Other Operating Expenses – Computer software, Foundation expenses and Pharmacy Floor expenses came in over budget in March.

Depreciation & Amortization – This expense is over budget with the reclass of operating leases to assets with the new GASB 87 rule and is expected to remain over budget through the end of the fiscal year.

PROVIDER CLINIC. Revenue for the Clinics came in at \$2,519,030, over budget by \$371,123 and over budget year to date by \$2,284,446. The bottom line for the Clinics in March is a loss of \$268,124 compared to a loss of \$512,354 in the budget. The year-to-date loss is \$3,557,714, compared to a budgeted loss of \$4,303,975. Clinic volumes were higher in March, at 6,301 visits. Total Clinic expenses for the month are \$1,722,529, over budget by \$12,715. Salary & Wage, Benefits, Education & Travel and Pharmacy Floor expenses are over budget for March.

OUTLOOK FOR APRIL. Gross patient revenue for April is projecting lower than March, but over budget at \$19.3 million. Inpatient volumes have slowed during the month. LOS has decreased to 2.7, right at budget. The average daily census is currently at 12.1. Births, Surgeries and most Outpatient departments are projecting right at budget with Clinic and Emergency room visits projecting higher than budget.

Collections are projecting to \$9.6 million as we start to collect from March's high revenue. Deductions of revenue are expected to remain higher with the high revenue month. Expenses should decrease in April, but still be over budget with the increased cost of supplies and contract labor. With lower revenues and high expenses, a loss of \$500,000 in April is estimated.

FY2024 Budget. We are working on the operation budgets for fiscal year 2024. We have scheduled a Budget Workshop on May 11 with the Board to review. The County maintenance fund and Title 25 budgets were due to the County April 21, and we requested the same amount as the current budget year.

Critical Access. We have had several meetings with State representatives, our auditors and our cost report preparer. Our internal team has met weekly to work through questions in each area including finance, clinical, quality and providers. We have also reached out to other Critical Access hospitals across the State to set up meetings to ask specific process questions. We are working with Cerner on changes needed for CAH billing. We are estimating the timeline at 6 months.

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

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

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



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

Unaudited Financial Statements

for

Nine months ended March 31, 2023

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Nine months ended March 31, 2023**

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

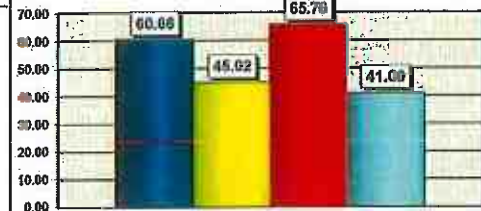
PAGE 2

Nine months ended March 31, 2023

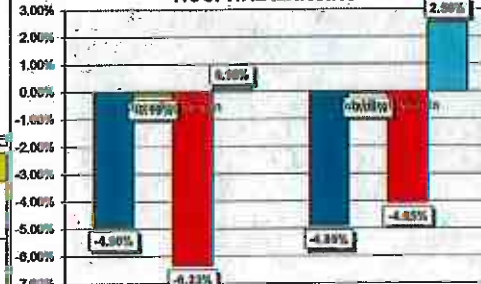
BALANCE SHEET

	YTD 3/31/2023	Prior FYE 6/30/2022
ASSETS		
Current Assets	\$34,891,025	\$34,112,369
Assets Whose Use is Limited	19,350,719	22,099,344
Property, Plant & Equipment (Net)	77,335,895	83,515,473
Other Assets	955,239	1,028,699
Total Unrestricted Assets	132,532,880	140,755,885
Restricted Assets	467,624	434,089
Total Assets	\$133,000,504	\$141,189,974
LIABILITIES AND NET ASSETS		
Current Liabilities	\$12,417,390	\$12,188,541
Long-Term Debt	25,472,904	26,491,667
Other Long-Term Liabilities	11,768,140	15,174,318
Total Liabilities	49,658,434	53,854,526
Net Assets	83,342,070	87,335,448
Total Liabilities and Net Assets	\$133,000,504	\$141,189,974

NET DAYS IN ACCOUNTS RECEIVABLE



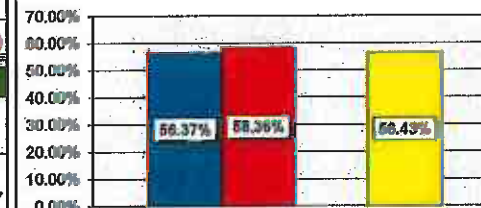
HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	03/31/23 ACTUAL	03/31/23 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	463	430	3,804	4,050
Average Acute Length of Stay	3.5	3.3	3.6	3.7
Total Emergency Room Visits	1,285	1,186	11,649	11,359
Outpatient Visits	8,335	8,493	68,736	85,198
Total Surgeries	150	155	1,418	1,191
Total Worked FTE's	459.42	465.19	450.31	465.19
Total Paid FTE's	505.59	511.59	498.13	511.59
Net Revenue Change from Prior Yr	7.01%	6.38%	4.89%	3.04%
EBIDA - 12 Month Rolling Average			4.33%	8.23%
Current Ratio			2.81	
Days Expense in Accounts Payable			36.94	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Budget	03/31/23
Prior Fiscal Year End	06/30/22
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX - (1.45)

Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Nine months ended March 31, 2023

PAGE 3

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 3/31/2023	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	-4.90%	0.24%	-8.33%	0.10%
Total Profit Margin	↑	-4.89%	0.31%	-4.05%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	90.30	129.83	100.09	242.00
Net Days in Accounts Receivable	↓	60.66	45.02	65.76	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	10.91	11.32	14.13	12.00
Long Term Debt to Capitalization	↓	23.94%	19.87%	24.14%	27.00%
Debt Service Coverage Ratio **	↑	2.31	2.42	1.14	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	7.35	8.43	8.34	NA
Salary Expense per Paid FTE		\$103,348	\$86,892	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		56.37%	56.43%	58.36%	NA

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

PAGE 4

	Current Month 3/31/2023	Prior Month 2/28/2023	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
Current Assets					
Cash and Cash Equivalents	\$7,783,000	\$10,317,562	(\$2,534,562)	-24.57%	\$7,173,928
Gross Patient Accounts Receivable	38,547,094	36,418,086	2,129,008	5.85%	41,948,878
Less: Bad Debt and Allowance Reserves	(20,416,483)	(18,147,551)	(2,268,932)	-12.50%	(23,879,694)
Net Patient Accounts Receivable	18,130,611	18,270,535	(139,924)	-0.77%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	3,407,793	2,850,896	556,897	19.53%	2,832,976
Inventories	4,101,504	4,108,246	(6,743)	-0.16%	4,054,218
Prepaid Expenses	1,468,117	1,579,649	(111,532)	-7.06%	1,982,063
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	34,891,025	37,126,889	(2,235,864)	-6.02%	34,112,369
Assets Whose Use is Limited					
Cash	77,229	75,345	1,884	2.50%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	935,922	1,162,513	(226,591)	-19.49%	637,426
Trustee Held Funds - SPT	255	222	33	14.61%	28,281
Board Designated Funds	4,301,774	4,288,436	13,338	0.31%	6,924,862
Other Limited Use Assets	14,035,540	14,035,540	1	0.00%	14,546,537
Total Limited Use Assets	19,350,719	19,562,056	(211,337)	-1.08%	22,099,344
Property, Plant, and Equipment					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,692,418	49,692,418	0	0.00%	49,597,599
Equipment	131,633,884	131,552,954	80,930	0.06%	131,022,049
Construction In Progress	1,574,225	1,566,227	7,998	0.51%	731,897
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	187,142,821	187,053,893	88,927	0.05%	185,593,839
Less: Accumulated Depreciation	(109,806,926)	(108,962,285)	(844,640)	-0.78%	(102,078,365)
Net Property, Plant, and Equipment	77,335,895	78,091,608	(755,713)	-0.97%	83,515,473
Other Assets					
Unamortized Loan Costs	955,239	963,402	(8,162)	-0.85%	1,028,699
Other	0	0	0	0.00%	0
Total Other Assets	955,239	963,402	(8,162)	-0.85%	1,028,699
TOTAL UNRESTRICTED ASSETS	132,532,880	135,743,955	(3,211,075)	-2.37%	140,755,885
Restricted Assets	467,624	448,087	19,537	4.36%	434,089
TOTAL ASSETS	\$133,000,504	\$136,192,042	(\$3,191,538)	-2.34%	\$141,189,974

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 3/31/2023	Prior Month 2/28/2023	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$6,132,421	\$7,213,054	\$1,080,633	14.98%	\$5,404,568
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,165,273	2,353,163	1,187,889	50.48%	1,787,856
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,817,325	2,824,832	7,507	0.27%	2,804,901
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	1,387,668	1,413,345	25,678	1.82%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	914,702	1,144,504	229,802	20.08%	628,321
Total Current Liabilities	12,417,390	14,948,898	2,531,509	16.93%	12,188,541
Long Term Debt					
Bonds/Mortgages Payable	26,860,572	27,005,845	145,274	0.54%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,387,668	1,413,345	25,678	1.82%	1,562,895
Total Long Term Debt (Net of Current)	25,472,904	25,592,500	119,596	0.47%	26,491,667
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	1,255,068
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	11,768,140	12,014,075	245,934	2.05%	13,919,250
Total Other Long Term Liabilities	11,768,140	12,014,075	245,934	2.05%	15,174,318
TOTAL LIABILITIES	49,658,434	52,555,473	2,897,039	5.51%	53,854,526
Net Assets:					
Unrestricted Fund Balance	84,946,113	84,946,113	0	0.00%	87,636,023
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	463,752	444,215	(19,537)	-4.40%	430,216
Net Revenue/(Expenses)	(4,028,914)	(3,712,877)	N/A	N/A	(2,689,910)
TOTAL NET ASSETS	83,342,070	83,636,569	294,499	0.35%	87,335,448
TOTAL LIABILITIES AND NET ASSETS	\$133,000,504	\$136,192,042	\$3,191,538	2.34%	\$141,189,974

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Nine months ended March 31, 2023

	CURRENT MONTH				Prior Year 03/31/22
	Actual 03/31/23	Budget 03/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$4,216,653	\$4,026,591	\$190,062	4.72%	\$3,977,177
Outpatient Revenue	14,677,971	12,469,995	2,207,976	17.71%	11,545,845
Clinic Revenue	2,519,030	2,147,907	371,123	17.28%	1,701,127
Specialty Clinic Revenue	0	0	0	0.00%	433,489
Total Gross Patient Revenue	21,413,654	18,644,494	2,769,161	14.85%	17,657,638
Deductions From Revenue					
Discounts and Allowances	(10,285,189)	(9,128,176)	(2,157,013)	-26.54%	(8,147,341)
Bad Debt Expense (Governmental Providers Only)	(1,398,895)	(1,221,862)	(187,033)	-11.22%	(813,526)
Medical Assistance	(548,287)	(325,575)	(322,722)	-143.07%	(611,522)
Total Deductions From Revenue	(12,182,381)	(9,575,612)	(2,616,768)	-27.33%	(9,272,389)
Net Patient Revenue	9,221,274	9,068,881	152,392	1.68%	8,385,250
Other Operating Revenue	282,468	378,933	(96,465)	-25.46%	496,170
Total Operating Revenue	9,503,742	9,447,814	55,928	0.59%	8,881,419
Operating Expenses					
Salaries and Wages	3,908,184	3,739,311	(168,872)	-4.52%	3,736,770
Fringe Benefits	1,134,909	1,159,948	24,949	2.15%	1,083,304
Contract Labor	547,722	151,708	(396,014)	-261.04%	818,922
Physicians Fees	263,670	317,824	54,154	17.04%	443,520
Purchased Services	550,837	535,148	(15,689)	-2.93%	420,057
Supply Expense	1,937,759	1,340,110	(597,649)	-44.60%	1,581,159
Utilities	132,036	89,134	(42,902)	-48.13%	116,195
Repairs and Maintenance	389,765	504,392	114,627	22.73%	558,833
Insurance Expense	64,245	63,975	(270)	-0.42%	53,274
All Other Operating Expenses	263,420	251,925	(11,495)	-4.56%	198,212
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	13,433	18,042	4,609	25.54%	82,298
Depreciation and Amortization	844,640	738,881	(105,759)	-14.31%	624,984
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	10,050,710	8,910,399	(1,140,311)	-12.80%	9,717,527
Net Operating Surplus/(Loss)	(546,968)	537,415	(1,084,383)	-201.76%	(836,107)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	38,410	10,756	27,654	257.10%	11,674
Tax Subsidies (Except for GO Bond Subsidies)	33	0	33	0.00%	26
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(89,788)	(90,033)	(245)	0.27%	(81,598)
Other Non-Operating Revenue/(Expenses)	284,277	2,663	281,614	10575.75%	154,700
Total Non-Operating Revenue/(Expense)	232,932	(76,614)	309,546	-404.03%	84,810
Total Net Surplus/(Loss)	(314,037)	460,801	(774,837)	-168.15%	(751,298)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(314,037)	460,801	(774,837)	-168.15%	(751,298)
Operating Margin	-5.76%	5.69%			-9.41%
Total Profit Margin	-3.30%	4.88%			-8.46%
EBIDA	3.13%	13.51%			-2.38%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

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	YEAR-TO-DATE				Prior Year
	Actual 03/31/23	Budget 03/31/23	Positive (Negative) Variance	Percentage Variance	03/31/22
Gross Patient Revenue					
Inpatient Revenue	\$34,913,873	\$34,097,146	\$816,727	2.40%	\$37,228,875
Outpatient Revenue	115,355,193	110,326,523	5,028,670	4.56%	103,294,418
Clinic Revenue	20,437,730	18,153,283	2,284,446	12.58%	14,627,420
Specialty Clinic Revenue	0	0	0	0.00%	2,543,841
Total Gross Patient Revenue	170,706,796	162,576,952	8,129,843	5.00%	157,694,554
Deductions From Revenue					
Discounts and Allowances	(79,252,676)	(71,183,100)	(8,069,576)	-11.34%	(70,509,704)
Bad Debt Expense (Governmental Providers Only)	(8,919,368)	(10,595,680)	1,676,322	15.82%	(9,120,886)
Medical Assistance	(1,792,541)	(1,956,127)	163,586	8.36%	(1,716,379)
Total Deductions From Revenue	(89,964,585)	(83,734,917)	(6,229,668)	-7.44%	(80,748,380)
Net Patient Revenue	80,742,210	78,842,035	1,900,175	2.41%	76,946,194
Other Operating Revenue	1,643,460	2,091,596	(448,135)	-21.43%	1,596,985
Total Operating Revenue	82,385,670	80,933,631	1,452,040	1.79%	78,543,179
Operating Expenses					
Salaries and Wages	34,392,307	33,733,322	(658,984)	-1.95%	33,269,587
Fringe Benefits	9,991,262	9,534,244	(457,017)	-4.79%	9,804,891
Contract Labor	4,330,979	2,796,375	(1,534,604)	-54.88%	4,261,929
Physicians Fees	2,519,239	3,028,318	509,079	16.81%	3,306,245
Purchased Services	4,883,258	4,735,228	(148,030)	-3.13%	4,045,507
Supply Expense	14,675,490	12,163,426	(2,512,064)	-20.65%	13,032,706
Utilities	1,040,713	844,455	(196,258)	-23.24%	864,408
Repairs and Maintenance	3,909,423	4,671,434	762,011	16.31%	5,128,354
Insurance Expense	574,454	568,019	(6,435)	-1.13%	487,724
All Other Operating Expenses	2,158,028	2,036,624	(121,404)	-5.96%	1,851,755
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	215,904	163,952	(51,952)	-31.69%	522,871
Depreciation and Amortization	7,732,315	6,760,401	(971,913)	-14.38%	5,196,265
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	86,423,370	81,035,799	(5,387,571)	-6.65%	81,772,243
Net Operating Surplus/(Loss)	(4,037,700)	(102,168)	(3,935,532)	3852.02%	(3,227,064)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	192,138	96,804	95,334	98.48%	96,643
Tax Subsidies (Except for GO Bond Subsidies)	11,987	0	11,987	0.00%	1,507
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(801,300)	(744,158)	(57,142)	7.68%	(900,451)
Other Non-Operating Revenue/(Expense)	607,961	682,285	(74,324)	-10.89%	3,124,813
Total Non Operating Revenue/(Expense)	10,786	34,931	(24,145)	-69.12%	2,322,513
Total Net Surplus/(Loss)	(\$4,026,914)	(\$67,237)	(\$3,959,677)	5889.12%	(\$904,551)
Change in Unrealized Gains/(Losses) on Investments	0	(79,600)	79,600	-100.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(\$4,026,914)	(\$146,837)	(\$3,880,077)	2642.44%	(\$904,551)
Operating Margin	-4.90%	-0.13%			-4.11%
Total Profit Margin	-4.89%	-0.05%			-1.15%
EBIDA	4.50%	8.23%			2.51%

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

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	Actual 3/31/2023	Actual 2/28/2023	Actual 1/31/2023	Actual 12/31/2022	Actual 11/30/2022	Actual 10/31/2022
Gross Patient Revenue						
Inpatient Revenue	\$4,210,663	\$3,485,435	\$3,073,540	\$4,493,089	\$3,878,865	\$4,277,589
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$14,877,971	\$11,863,453	\$13,732,108	\$12,840,090	\$12,675,454	\$12,884,251
Clinic Revenue	\$2,519,030	\$2,025,043	\$2,443,375	\$2,582,451	\$2,202,309	\$2,345,959
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$21,413,654	\$17,173,931	\$20,149,031	\$19,893,615	\$18,556,628	\$19,508,199
Deductions From Revenue						
Discounts and Allowances	\$10,285,189	\$8,000,115	\$8,889,084	\$9,136,379	\$8,380,618	\$9,626,111
Bad Debt Expense (Governmental Providers On Charity Care)	\$1,358,695	\$1,000,559	\$1,549,276	\$945,317	\$1,610,973	\$1,801,395
	\$540,297	\$108,022	(\$4,178)	\$417,112	\$43,384	\$188,846
Total Deductions From Revenue	12,182,381	9,114,695	10,531,162	10,498,808	10,043,376	10,299,152
Net Patient Revenue	\$9,221,274	\$8,059,235	\$9,617,869	\$9,394,807	\$8,513,453	\$9,209,047
Other Operating Revenue	282,468	144,273	139,148	165,153	132,734	189,863
Total Operating Revenue	9,503,742	8,203,508	9,757,014	9,579,941	8,646,187	9,378,110
Operating Expenses						
Salaries and Wages	\$3,908,184	\$3,804,999	\$3,898,131	\$3,889,686	\$3,857,380	\$3,948,792
Fringe Benefits	\$1,134,999	\$1,083,678	\$1,138,687	\$1,119,832	\$1,051,468	\$1,153,332
Contract Labor	\$547,722	\$412,714	\$383,989	\$394,710	\$334,799	\$494,775
Physicians Fees	\$263,670	\$361,283	\$255,802	\$269,836	\$279,170	\$240,218
Purchased Services	\$650,837	\$518,213	\$512,049	\$582,959	\$507,018	\$645,296
Supply Expense	\$1,937,769	\$1,819,156	\$1,814,378	\$1,732,797	\$1,422,845	\$1,519,557
Utilities	\$132,036	\$129,351	\$138,683	\$128,834	\$105,148	\$97,874
Repairs and Maintenance	\$389,785	\$461,388	\$412,868	\$432,826	\$466,179	\$197,810
Insurance Expense	\$64,245	\$64,245	\$64,081	\$64,081	\$64,081	\$64,283
All Other Operating Expenses	\$283,426	\$230,705	\$219,795	\$255,879	\$287,854	\$289,863
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$73,433	\$16,048	\$29,248	\$25,990	\$29,257	\$24,846
Depreciation and Amortization	\$844,840	\$861,593	\$854,529	\$880,247	\$885,302	\$1,088,478
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$10,060,710	\$9,343,282	\$9,717,189	\$9,768,771	\$9,330,298	\$9,753,924
Net Operating Surplus/(Loss)	(\$556,968)	(\$1,139,774)	\$30,815	(\$188,830)	(\$684,082)	(\$375,815)
Non-Operating Revenue:						
Contributions						
Investment Income	38,416	19,900	28,271	22,575	17,273	19,049
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	33	10	41	7	88	41
Interest Expense (Governmental Providers Only)	(\$9,788)	(\$2,309)	(\$3,180)	(\$1,608)	(\$4,780)	(\$65,452)
Other Non-Operating Revenue/(Expenses)	284,277	(\$979)	26,472	8,397	68,574	14,249
Total Non-Operating Revenue/(Expense)	\$232,932	(\$65,422)	(\$28,397)	(\$69,829)	\$1,254	(\$75,112)
Total Net Surplus/(Loss)	(\$314,037)	(\$1,195,196)	\$11,418	(\$248,359)	(\$682,827)	(\$451,927)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$314,037)	(\$1,195,196)	\$11,418	(\$248,359)	(\$682,827)	(\$451,927)
Operating Margin	-5.76%	-13.85%	0.41%	-1.97%	-7.91%	-4.91%
Total Profit Margin	-3.30%	-14.57%	0.12%	-2.59%	-7.90%	-4.82%
EBIDA	3.13%	-3.39%	9.17%	7.01%	3.25%	7.40%

Actual 6/30/2022	Actual 6/31/2022	Actual 7/31/2022	Actual 6/30/2022	Actual 6/31/2022	Actual 4/30/2022
\$3,246,872	\$4,134,624	\$3,436,817	\$3,777,323	\$4,251,363	\$3,320,718
\$12,845,141	\$12,931,993	\$10,996,767	\$11,110,377	\$11,073,942	\$11,024,642
\$2,162,808	\$2,386,008	\$1,799,508	\$1,879,271	\$1,584,143	\$1,511,759
\$0	\$0	\$0	\$282,105	\$142,780	\$278,446
\$18,354,819	\$19,423,665	\$16,233,153	\$16,849,077	\$17,032,187	\$16,144,564
\$9,351,432	\$9,741,452	\$6,780,917	\$6,188,634	\$7,635,088	\$6,674,512
(\$126,524)	(\$31,820)	\$1,098,397	\$708,216	\$785,155	\$1,128,374
\$275,776	\$158,493	\$78,990	\$657,759	\$40,187	\$216,239
9,400,695	9,668,024	7,938,303	7,552,609	8,440,432	8,019,124
\$8,874,134	\$9,555,541	\$8,206,850	\$9,206,468	\$9,591,766	\$8,125,441
115,692	154,077	320,575	101,633	133,670	158,584
8,989,726	9,709,918	8,217,825	9,308,301	9,725,436	8,324,624
\$3,761,912	\$3,647,165	\$3,678,065	\$3,742,411	\$3,734,120	\$3,824,834
\$1,032,168	\$1,215,916	\$1,061,211	\$1,094,815	\$971,272	\$1,090,848
\$602,847	\$527,615	\$631,838	\$886,081	\$1,085,022	\$1,073,901
\$271,035	\$308,888	\$328,337	\$327,771	\$331,692	\$331,304
\$493,717	\$668,772	\$497,397	\$641,244	\$445,141	\$448,586
\$1,728,154	\$1,715,201	\$1,285,843	\$1,181,337	\$1,157,703	\$1,271,366
\$106,291	\$101,780	\$99,735	\$96,423	\$105,411	\$105,551
\$513,654	\$548,033	\$546,902	(\$457,054)	\$653,592	\$639,584
\$63,788	\$63,788	\$61,884	\$61,884	\$58,440	\$52,289
\$144,856	\$234,981	\$246,785	\$242,782	\$232,000	\$228,221
\$28,413	\$25,204	\$25,456	(\$277,111)	\$61,762	\$72,847
\$767,028	\$750,081	\$739,526	\$1,234,081	\$737,864	\$602,022
\$9,590,994	\$9,705,384	\$8,222,928	\$9,876,623	\$9,584,040	\$9,742,343
(\$541,478)	\$4,235	(\$905,103)	\$721,878	(\$653,804)	(\$1,418,319)
17,483	13,586	15,510	118,125	17,163	11,223
14	11,748	9	18	255	0
(82,203)	(78,746)	(99,235)	(552,978)	(79,408)	(79,409)
108,044	17,518	72,348	10,409	19,933	301,537
\$43,318	(\$35,800)	(\$11,365)	(\$424,236)	(\$42,867)	\$233,352
(\$497,850)	(\$31,665)	(\$516,470)	\$297,442	(\$900,671)	(\$1,184,967)
0	0	0	(587,380)		
(\$497,850)	(\$31,665)	(\$516,470)	(\$289,938)	(\$900,671)	(\$1,184,967)
-8.02%	0.04%	-7.02%	7.88%	-9.84%	-17.04%
-5.54%	-0.33%	-7.18%	3.16%	-10.32%	-14.24%
2.73%	7.77%	1.55%	20.81%	-1.38%	-9.91%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

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	CASH FLOW	
	Current Month 3/31/2023	Current Year-To-Date 3/31/2023
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$314,037)	(\$4,026,914)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	844,640	7,732,315
(Increase)/Decrease in Net Patient Accounts Receivable	139,924	(61,427)
(Increase)/Decrease in Other Receivables	(556,897)	(574,817)
(Increase)/Decrease in Inventories	6,743	(47,286)
(Increase)/Decrease in Pre-Paid Expenses	111,532	513,946
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(1,089,633)	727,854
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(1,195,396)	(610,159)
Increase/(Decrease) in Accrued Expenses	0	0
Increase/(Decrease) in Patient Refunds Payable	0	0
Increase/(Decrease) in Third Party Advances/Liabilities	0	0
Increase/(Decrease) in Other Current Liabilities	(229,802)	286,381
Net Cash Provided by Operating Activities:	(2,273,925)	3,939,892
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(88,927)	(1,552,736)
(Increase)/Decrease in Limited Use Cash and Investments	213,221	2,863,616
(Increase)/Decrease in Other Limited Use Assets	(1,884)	(114,991)
(Increase)/Decrease in Other Assets	8,162	73,459
Net Cash Used by Investing Activities	130,572	1,269,348
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(145,274)	(1,198,990)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(245,934)	(3,406,178)
Net Cash Used for Financing Activities	(391,208)	(4,605,168)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
Net Increase/(Decrease) in Cash	(2,534,562)	609,072
Cash, Beginning of Period	10,317,562	7,173,928
Cash, End of Period	\$7,783,000	\$7,783,000

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Nine months ended March 31, 2023

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Current Month				STATISTICS	Year-To-Date			
Actual 03/31/23	Budget 03/31/23	Positive/ (Negative) Variance	Prior Year 03/31/22		Actual 03/31/23	Budget 03/31/23	Positive/ (Negative) Variance	Prior Year 03/31/22
Discharges								
134	130	4	130	Acute	1,071	1,100	(29)	1,100
134	130	4	130	Total Adult Discharges	1,071	1,100	(29)	1,100
37	38	(1)	38	Newborn	295	305	(10)	305
171	168	3	168	Total Discharges	1,366	1,405	(39)	1,405
Patient Days:								
463	430	33	430	Acute	3,804	4,050	(246)	4,050
463	430	33	430	Total Adult Patient Days	3,804	4,050	(246)	4,050
64	67	(3)	67	Newborn	504	491	13	491
527	497	30	497	Total Patient Days	4,308	4,541	(233)	4,541
Average Length of Stay (ALOS)								
3.5	3.3	0.1	3.3	Acute	3.6	3.7	(0.1)	3.7
3.5	3.3	0.1	3.3	Total Adult ALOS	3.6	3.7	(0.1)	3.7
1.7	1.8	(0.0)	1.8	Newborn ALOS	1.7	1.6	0.1	1.6
Average Daily Census (ADC)								
14.9	13.9	1.1	13.9	Acute	13.9	14.8	(0.9)	14.8
14.9	13.9	1.1	13.9	Total Adult ADC	13.9	14.8	(0.9)	14.8
2.1	2.2	(0.1)	2.2	Newborn	1.8	1.8	0.0	1.8
Emergency Room Statistics								
134	135	(1)	135	ER Visits - Admitted	1,076	1,139	(63)	1,139
1,151	1,051	100	1,051	ER Visits - Discharged	10,573	10,220	353	10,220
1,285	1,186	99	1,186	Total ER Visits	11,649	11,359	290	11,359
10.43%	11.38%		11.38%	% of ER Visits Admitted	9.24%	10.03%		10.03%
100.00%	103.85%		103.85%	ER Admissions as a % of Total	100.47%	103.55%		103.55%
Outpatient Statistics:								
8,335	8,493	(158)	8,493	Total Outpatients Visits	68,736	85,198	(16,462)	83,985
0	168	(168)	168	Observation Bed Days	0	1,251	(1,251)	1,251
5,701	5,386	315	5,386	Clinic Visits - Primary Care	47,669	45,830	1,839	45,830
600	581	19	581	Clinic Visits - Specialty Clinics	4,824	4,354	470	4,354
49	31	18	31	IP Surgeries	444	208	236	208
101	124	(23)	124	OP Surgeries	974	983	(9)	983
Productivity Statistics:								
459.42	465.19	(5.77)	461.32	FTE's - Worked	450.31	465.19	(14.88)	460.73
505.59	511.59	(6.00)	529.94	FTE's - Paid	499.13	511.59	(12.46)	507.88
1.3800	1.4896	(0.11)	1.4896	Case Mix Index - Medicare	1.4078	1.4896	(0.08)	1.6686
1.2400	0.6731	0.57	0.6731	Case Mix Index - All payers	1.2100	0.6731	0.54	0.8690

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

03/31/23

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	59.06	76.31
Net Days in Accounts Receivable	60.66	65.76
Number of Gross Days in Unbilled Revenue	16.71	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	28.66%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	2.56%	1.21%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.05%	1.20%
Bad Debts as a % of Gross Patient Revenue - Current Month	6.35%	6.55%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	5.22%	6.52%
Collections as a Percentage of Net Revenue - Current Month	98.41%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	97.33%	100% or >
Percentage of Blue Cross Receivable > 90 Days	4.54%	< 10%
Percentage of Insurance Receivable > 90 Days	28.45%	< 15%
Percentage of Medicaid Receivable > 90 Days	12.95%	< 20%
Percentage of Medicare Receivable > 60 Days	4.55%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Nine months ended March 31, 2023

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	2,769,161	14.85%	8,129,843	5.00%

Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include births and Outpatient visits.

Average Daily Census is 14.9 in March which is over budget by 1.1

Deductions from Revenue	(2,818,768)	-27.33%	(8,229,668)	-7.44%
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Deductions from revenue are under budget for March and under budget year to date.

They are currently booked at 56.9% for March and 52.7% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	(137,033)	-11.22%	1,676,322	15.82%
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Bad debt expense is booked at 6.3% for March and 5.2% year to date.

Charity Care	(322,722)	-143.07%	163,586	8.36%
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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	(96,455)	-25.46%	(448,135)	-21.43%
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Other Operating Revenue is under budget for the month and is under budget year to date.

Salaries and Wages	(188,872)	-4.52%	(658,984)	-1.95%
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Salary and Wages are over budget in March and are over budget year to date.

Paid FTEs are under budget by 6.0 FTEs for the month and under 12.46 FTEs year to date.

Fringe Benefits	24,949	2.15%	(457,017)	-4.76%
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Fringe benefits are under budget in March and over budget year to date.

Contract Labor	(398,014)	-261.04%	(1,534,894)	-54.88%
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Contract labor is over budget for March and over budget year to date. Med/surg, ICU, L & D, OR, ER, Respiratory and Security are over budget.

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 14****ROCK SPRINGS, WYOMING****Nine months ended March 31, 2023**

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Physician Fees	54,154	17.04%	509,079	16.81%

Physician fees under budget in March and under budget year to date.

Locums and Locum Ped's are over budget in March.

Purchased Services	(15,688)	-2.93%	(148,030)	-3.13%
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Purchased services are over budget for March and over budget year to date.

Expenses over budget are Other purchased services, Sponsorships, Collection Fee's and Dept Mgmt Service

Supply Expense	(597,649)	-44.60%	(2,512,064)	-20.65%
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Supplies are over budget for March and over budget year to date. Line items over budget include implants, chargeables, food, drugs and maint. supplies.

Repairs & Maintenance	114,627	22.73%	762,011	16.31%
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Repairs and Maintenance are under budget for March and under budget year to date.

All Other Operating Expenses	(11,495)	-4.56%	(121,404)	-5.96%
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This expense is over budget in March and over budget year to date. Other expenses over budget are Software, foundation other expenses and Pharmacy floor direct.

Leases and Rentals	4,609	25.54%	(51,952)	-31.69%
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This expense is under budget for March and is over budget year to date

Depreciation and Amortization	(105,759)	-14.31%	(971,913)	-14.36%
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Depreciation is over budget for March and is over budget year to date

BALANCE SHEET

Cash and Cash Equivalents	(\$2,534,562)	-24.57%
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Cash decreased in March. Cash collections for March were \$9.1 million. Days Cash on Hand decreased to 90 days.

Gross Patient Accounts Receivable	\$2,129,008	5.85%
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This receivable increased in March due higher revenue.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Nine months ended March 31, 2023

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	(2,268,932)	-12.58%		
Bad Debt and Allowances increased.				
Other Receivables	556,897	19.53%		
Other Receivables increased in March due to county and occ med invoices and QRA.				
Prepaid Expenses	(111,532)	-7.06%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	(211,337)	-1.08%		
These assets decreased due the payment on debt service fund				
Plant Property and Equipment	(755,713)	-0.97%		
The decrease in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	1,080,633	14.98%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	1,187,889	50.48%		
This liability decreased in March. The payroll accrual for March was 5 days.				
Accrued Benefits	7,507	0.27%		
This liability increased in March with the normal accrual and usage of PTO.				
Other Current Liabilities	229,802	20.08%		
This liability increased for March due to the payment on the bonds				
Other Long Term Liabilities	245,934	2.05%		
This liability decreased due the payments on the leases				
Total Net Assets	294,499	0.35%		

The net loss from operations for March is \$546,968



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Nine months ended March 31, 2023

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Nine months ended March 31, 2023

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

	Month to Date 3/31/2023	Year to Date 3/31/2023	Prior Fiscal Year End 06/30/22	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-18.44%	-30.48%	-6.33%	-36.58%
Total Profit Margin	-18.44%	-30.48%	-4.05%	-36.58%
Contractual Allowance %	43.89%	44.60%	44.30%	
Liquidity:				
Net Days in Accounts Receivable	35.20	37.64	65.76	39.58
Gross Days in Accounts Receivable	37.11	38.84	76.31	72.82
Productivity and Efficiency:				
Patient Visits Per Day	183.90	173.97	155.29	
Total Net Revenue per FTE	N/A	\$198,055	\$204,705	
Salary Expense per Paid FTE	N/A	\$185,522	\$102,150	
Salary and Benefits as a % of Net Revenue	102.18%	110.61%	58.36%	91.26%
Employee Benefits %	21.67%	18.08%	28.35%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

PAGE 3

	CURRENT MONTH				Prior Year 03/31/22
	Actual 03/31/23	Budget 03/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,519,030	2,147,907	371,123	17.28%	1,701,127
Specialty Clinic Revenue	0	0	0	0.00%	433,489
Total Gross Patient Revenue	2,519,030	2,147,907	371,123	17.28%	2,134,616
Deductions From Revenue					
Discounts and Allowances	(1,105,620)	(1,003,362)	(102,258)	-10.19%	(1,125,782)
Total Deductions From Revenue	(1,105,620)	(1,003,362)	(102,258)	-10.19%	(1,125,782)
Net Patient Revenue	1,413,410	1,144,545	268,864	23.49%	1,008,834
Other Operating Revenue	40,995	52,915	(11,920)	-22.53%	61,196
Total Operating Revenue	1,454,405	1,197,461	256,944	21.46%	1,070,029
Operating Expenses					
Salaries and Wages	1,221,400	1,152,960	(68,440)	-5.94%	1,182,615
Fringe Benefits	264,654	253,912	(10,742)	-4.23%	245,542
Contract Labor	0	0	0	0.00%	0
Physicians Fees	62,578	123,857	61,278	49.48%	98,915
Purchased Services	7,333	7,086	(246)	-3.48%	15,775
Supply Expense	18,138	17,823	(315)	-1.77%	13,148
Utilities	1,876	2,500	624	24.94%	1,872
Repairs and Maintenance	3,056	9,192	6,136	66.75%	14,155
Insurance Expense	16,284	18,002	1,717	9.54%	15,114
All Other Operating Expenses	115,468	114,083	(1,375)	-1.21%	94,038
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,310	3,561	251	7.04%	2,404
Depreciation and Amortization	8,433	6,830	(1,602)	-23.46%	9,622
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,722,529	1,709,814	(12,715)	-0.74%	1,693,201
Net Operating Surplus/(Loss)	(268,124)	(512,354)	244,229	-47.67%	(623,172)
Total Net Surplus/(Loss)	(268,124)	(512,354)	244,229	-47.67%	(623,172)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(268,124)	(512,354)	244,229	-47.67%	(623,172)
Operating Margin	-18.44%	-42.79%			-58.24%
Total Profit Margin	-18.44%	-42.79%			-58.24%
EBIDA	-17.86%	-42.22%			-57.34%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

PAGE 4

	YEAR-TO-DATE				
	Actual 03/31/23	Budget 03/31/23	Positive (Negative) Variance	Percentage Variance	Prior Year 03/31/22
Gross Patient Revenue					
Clinic Revenue	20,437,730	18,153,283	2,284,446	12.58%	14,627,420
Specialty Clinic Revenue	0	0	0	0.00%	2,543,841
Total Gross Patient Revenue	20,437,730	18,153,283	2,284,446	12.58%	17,171,261
Deductions From Revenue					
Discounts and Allowances	(9,114,715)	(8,162,058)	(952,657)	-11.67%	(7,925,084)
Total Deductions From Revenue	(9,114,715)	(8,162,058)	(952,657)	-11.67%	(7,925,084)
Net Patient Revenue	11,323,014	9,991,226	1,331,789	13.33%	9,346,177
Other Operating Revenue	348,096	475,891	(127,795)	-26.85%	487,055
Total Operating Revenue	11,671,110	10,467,116	1,203,994	11.50%	9,833,233
Operating Expenses					
Salaries and Wages	10,932,560	10,115,916	(816,644)	-8.07%	10,340,574
Fringe Benefits	1,977,017	1,946,206	(30,811)	-1.58%	1,766,381
Contract Labor	0	0	0	0.00%	0
Physicians Fees	569,638	1,059,110	489,472	46.22%	576,200
Purchased Services	78,142	65,438	(12,704)	-19.41%	124,708
Supply Expense	179,368	195,176	15,808	8.10%	151,992
Utilities	11,888	22,463	10,575	47.08%	11,210
Repairs and Maintenance	95,387	141,200	45,814	32.45%	146,805
Insurance Expense	148,625	154,257	5,633	3.65%	136,262
All Other Operating Expenses	1,133,936	977,909	(156,027)	-15.98%	1,014,615
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	28,988	31,827	2,838	8.92%	31,268
Depreciation and Amortization	73,275	61,588	(11,686)	-18.97%	92,741
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	15,228,826	14,771,091	(457,734)	-3.10%	14,392,757
Net Operating Surplus/(Loss)	(3,557,714)	(4,303,975)	746,260	-17.34%	(4,559,524)
Total Net Surplus/(Loss)	(3,557,714)	(4,303,975)	746,260	-17.34%	(4,559,524)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(3,557,714)	(4,303,975)	746,260	-17.34%	(4,559,524)
Operating Margin	-30.48%	-41.12%			-46.37%
Total Profit Margin	-30.48%	-41.12%			-46.37%
EBIDA	-29.85%	-40.53%			-45.43%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2023

PAGE 4

YEAR-TO-DATE

	Actual 03/31/23	Budget 03/31/23	Positive (Negative) Variance	Percentage Variance	Prior Year 03/31/22
Gross Patient Revenue					
Clinic Revenue	20,437,730	18,153,283	2,284,446	12.58%	14,627,420
Specialty Clinic Revenue	0	0	0	0.00%	2,543,841
Total Gross Patient Revenue	20,437,730	18,153,283	2,284,446	12.58%	17,171,261
Deductions From Revenue					
Discounts and Allowances	(9,114,715)	(8,162,058)	(952,657)	-11.67%	(7,825,084)
Total Deductions From Revenue	(9,114,715)	(8,162,058)	(952,657)	-11.67%	(7,825,084)
Net Patient Revenue	11,323,014	9,991,226	1,331,789	13.33%	9,346,177
Other Operating Revenue	348,096	475,891	(127,795)	-26.85%	487,055
Total Operating Revenue	11,671,110	10,467,116	1,203,994	11.50%	9,833,233
Operating Expenses					
Salaries and Wages	10,932,560	10,115,916	(816,644)	-8.07%	10,340,574
Fringe Benefits	1,977,017	1,946,206	(30,811)	-1.58%	1,766,381
Contract Labor	0	0	0	0.00%	0
Physicians Fees	569,638	1,059,110	489,472	46.22%	576,200
Purchased Services	78,142	65,438	(12,704)	-19.41%	124,708
Supply Expense	179,368	195,176	15,808	8.10%	151,992
Utilities	11,888	22,463	10,575	47.08%	11,210
Repairs and Maintenance	95,387	141,200	45,814	32.45%	146,805
Insurance Expense	148,625	154,257	5,633	3.65%	136,262
All Other Operating Expenses	1,133,936	977,909	(156,027)	-15.96%	1,014,615
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	28,988	31,827	2,838	8.92%	31,268
Depreciation and Amortization	73,275	61,588	(11,686)	-18.97%	92,741
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	15,228,826	14,771,091	(457,734)	-3.10%	14,392,767
Net Operating Surplus/(Loss)	(3,557,714)	(4,303,975)	746,260	-17.34%	(4,559,524)
Total Net Surplus/(Loss)	(3,557,714)	(4,303,975)	\$746,260	-17.34%	(\$4,559,524)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(3,557,714)	(4,303,975)	\$746,260	-17.34%	(\$4,559,524)
Operating Margin	-30.48%	-41.12%			-46.37%
Total Profit Margin	-30.48%	-41.12%			-46.37%
EBIDA	-29.86%	-40.53%			-45.43%

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

	Actual 3/31/2023	Actual 2/28/2023	Actual 1/31/2023	Actual 12/31/2022	Actual 11/30/2022
Gross Patient Revenue					
Clinic Revenue	\$2,519,030	\$2,025,043	\$2,443,375	\$2,582,451	\$2,202,509
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,519,030	\$2,025,043	\$2,443,375	\$2,582,451	\$2,202,509
Deductions From Revenue					
Discounts and Allowances	(\$1,105,620)	(\$948,497)	(\$1,098,382)	(\$1,134,881)	(\$985,048)
Total Deductions From Revenue	(\$1,105,620)	(\$948,497)	(\$1,098,382)	(\$1,134,881)	(\$985,048)
Net Patient Revenue	\$1,413,410	\$1,076,545	\$1,346,993	\$1,447,770	\$1,217,461
Other Operating Revenue	\$40,995	\$35,492	\$40,919	\$27,776	\$37,200
Total Operating Revenue	1,454,405	1,112,037	1,387,912	1,475,545	1,254,662
Operating Expenses					
Salaries and Wages	\$1,221,400	\$1,221,608	\$1,236,970	\$1,261,706	\$1,212,758
Fringe Benefits	\$264,854	\$248,570	\$287,208	\$197,665	\$184,592
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$62,578	\$52,152	\$67,806	\$45,281	\$70,437
Purchased Services	\$7,333	\$7,966	\$10,005	\$8,136	\$9,838
Supply Expense	\$18,138	\$19,188	\$19,705	\$13,287	\$23,429
Utilities	\$1,876	\$1,221	\$886	\$982	\$1,010
Repairs and Maintenance	\$3,056	\$5,842	\$4,118	\$6,266	\$22,234
Insurance Expense	\$16,284	\$16,237	\$16,238	\$16,625	\$16,625
All Other Operating Expenses	\$115,468	\$122,180	\$108,716	\$170,453	\$138,818
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$3,310	\$3,432	\$3,660	\$3,835	\$4,316
Depreciation and Amortization	\$8,433	\$8,091	\$8,091	\$8,110	\$8,110
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,722,529	\$1,706,485	\$1,743,302	\$1,732,546	\$1,692,162
Net Operating Surplus/(Loss)	(\$268,124)	(\$594,448)	(\$355,390)	(\$257,001)	(\$437,500)
Total Net Surplus/(Loss)	(\$268,124)	(\$594,448)	(\$355,390)	(\$257,001)	(\$437,500)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$268,124)	(\$594,448)	(\$355,390)	(\$257,001)	(\$437,500)
Operating Margin	-18.44%	-53.46%	-25.61%	-17.42%	-34.87%
Total Profit Margin	-18.44%	-53.46%	-25.61%	-17.42%	-34.87%
EBIDA	-17.86%	-52.73%	-25.02%	-16.87%	-34.22%

Actual 10/31/2022	Actual 9/30/2022	Actual 8/31/2022	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022
\$2,345,959	\$2,162,806	\$2,356,988	\$1,799,568	\$1,448,630	\$1,308,860	\$1,583,815	\$1,451,195
\$0	\$0	\$0	\$0	\$343,674	\$161,892	\$298,066	\$342,042
\$2,345,959	\$2,162,806	\$2,356,988	\$1,799,568	\$1,792,304	\$1,470,752	\$1,886,871	\$1,793,147
(\$1,111,979)	(\$927,582)	(\$1,027,367)	(\$777,549)	(\$814,085)	(\$701,576)	(\$669,032)	(\$628,370)
(\$1,111,979)	(\$927,582)	(\$1,027,367)	(\$777,549)	(\$814,085)	(\$701,576)	(\$669,032)	(\$628,370)
\$1,233,981	\$1,235,214	\$1,329,621	\$1,022,019	\$978,219	\$769,173	\$1,017,838	\$964,777
\$41,354	\$30,391	\$42,453	\$42,516	\$46,757	\$59,125	\$56,845	\$59,103
1,275,335	1,274,605	1,372,073	1,064,536	1,024,977	828,298	1,076,684	1,023,880
\$1,240,750	\$1,263,961	\$1,042,804	\$1,230,905	\$1,061,614	\$940,167	\$1,037,659	\$1,142,213
\$203,138	\$202,670	\$200,081	\$201,840	\$149,134	\$184,159	\$206,715	\$216,355
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$60,401	\$67,448	\$59,970	\$83,765	\$146,371	\$114,521	\$46,485	\$30,939
\$8,835	\$8,160	\$9,056	\$7,824	\$15,910	\$13,208	\$12,175	\$15,307
\$24,210	\$24,164	\$19,379	\$17,868	\$21,967	\$15,954	\$19,891	\$18,548
\$1,010	\$1,905	\$1,997	\$991	\$2,404	\$1,933	\$1,872	\$1,875
\$12,337	\$14,326	\$13,311	\$13,898	\$16,834	\$16,580	\$16,968	\$18,493
\$16,625	\$16,625	\$16,625	\$16,739	\$13,611	\$13,611	\$13,611	\$13,611
\$134,434	\$53,151	\$140,839	\$150,677	\$63,557	\$82,775	\$134,876	\$105,518
\$2,300	\$3,264	\$3,013	\$2,804	\$4,093	\$4,022	\$3,937	\$3,450
\$8,110	\$8,110	\$8,110	\$8,110	\$12,936	\$12,937	\$12,966	\$17,163
\$1,712,211	\$1,663,774	\$1,521,195	\$1,734,622	\$1,506,431	\$1,399,867	\$1,506,056	\$1,563,583
(\$436,876)	(\$389,169)	(\$149,122)	(\$670,088)	(\$483,454)	(\$571,566)	(\$429,373)	(\$559,703)
(\$436,876)	(\$389,169)	(\$149,122)	(\$670,088)	(\$483,454)	(\$571,566)	(\$429,373)	(\$559,703)
0	0	0	0	0	0	0	0
(\$436,876)	(\$389,169)	(\$149,122)	(\$670,088)	(\$483,454)	(\$571,566)	(\$429,373)	(\$559,703)
-34.26%	-30.53%	-10.87%	-47.17%	-69.01%	-39.88%	-54.66%	-82.36%
-34.26%	-30.53%	-10.87%	-47.17%	-69.01%	-39.88%	-54.66%	-82.36%
-33.62%	-29.90%	-10.20%	-45.91%	-67.44%	-38.67%	-52.99%	-80.31%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Nine months ended March 31, 2023

Current Month				STATISTICS	Year-To-Date			
Actual 03/31/23	Budget 03/31/23	Positive/ (Negative) Variance	Prior Year 03/31/22		Actual 03/31/23	Budget 03/31/23	Positive/ (Negative) Variance	Prior Year 03/31/22
				Outpatient Statistics:				
5,701	5,386	315	4,604	Clinic Visits - Primary Care	47,669	45,830	1,839	37,713
600	581	19	529	Clinic Visits - Specialty Clinics	4,824	4,354	470	4,625
				Productivity Statistics:				
70.11	68.57	1.54	67.57	FTE's - Worked	69.87	68.57	1.30	63.55
79.21	75.35	3.86	78.59	FTE's - Paid	78.50	75.35	3.15	70.77

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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	661	9,703,895.21
CAPITAL EQUIPMENT (PLANT FUND)	8	91,226.15
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	423,187.06
PAYROLL MARCH 02, 2021		1,666,600.05
PAYROLL MARCH 16, 2021		1,725,677.94
PAYROLL MARCH 30, 2021		1,739,013.21
TOTAL CASH OUTFLOW		<u>\$10,218,308.42</u>
CASH COLLECTIONS		8,916,883.80
INCREASE/DECREASE IN CASH		-\$1,301,424.62

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2023**

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

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002538	9/1/2022	OLYMPUS AMERICA INC	9,388.49	URETERSCOPE		
002539	9/9/2022	WASATCH CONTROLS (HARRIS A	71,250.00	BUILDING AUTOMATION		
002540	9/15/2022	WASATCH CONTROLS (HARRIS A	73,150.00	BUILDING AUTOMATION		
002541	9/22/2022	MITCHELL ACOUSTICS, INC	15,360.00	BUILDING AUTOMATION		
SEPTEMBER TOTALS					169,148.49	238,849.99

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

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002546	12/1/2022	GRAINGER	1,174.21	WATER LINE TIE IN		
002547	12/1/2022	ROCK SPRINGS WINNELSON CO	582.02	WATER LINE TIE IN		
002548	12/1/2022	SIMPLYGROUPE, LLC (SIMPLYNA	34,380.85	SYNOLOGY BACKUP SOLUTIONS		
002549	12/1/2022	HILL-ROM	8,860.50	VOLARA AIRWAY CLEARANCE DEVICE		
002550	12/2/2022	HAGLE COMPACTION	18,250.00	TRASH COMPACTOR		
002551	12/8/2022	ROCK SPRINGS WINNELSON CO	4,266.68	WATER LINE TIE IN		
002552	12/15/2022	CDW GOVERNMENT LLC	11,207.64	SCAN GUNS		
002553	12/22/2022	BELMONT MEDICAL TECHNOLOG	33,795.00	BELMONT RAPID INFUSERS (2)		
002554	12/22/2022	OLYMPUS AMERICA INC	10,976.38	UROLOGY CYSTOSCOPY EQUIPMENT		
002555	12/22/2022	ROCK SPRINGS WINNELSON CO	446.85	WATER LINE TIE IN		
002556	12/22/2022	WASATCH CONTROLS (HARRIS A	81,225.00	BUILDING AUTOMATION	205,165.14	530,954.50
DECEMBER TOTALS						

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002559	2/3/2023	NBTDAIS	750.00	INTERNET EDGE		
002560	2/9/2023	BELMONT MEDICAL TECHNOLOG	37,175.00	BELMONT RAPID INFUSERS		
002561	2/9/2023	OLYMPUS AMERICA INC	745.77	UROLOGY CYSTOSCOPY EQUIP		
002562	2/16/2023	CARBFUSION PYXIS	18,000.00	CERNER INTERFACE FOR PYXIS		
002563	2/16/2023	OLYMPUS AMERICA INC	3,014.62	UROLOGY CYSTOSCOPY EQUIP		
002564	2/16/2023	ROCK SPRINGS WINNELSON CO	36,710.83	HEAT EXCHANGER		
002565	2/16/2023	WASATCH CONTROLS (HARRIS A	43,160.00	COIL REPLACEMENT	139,536.22	820,773.67
FEBRUARY TOTALS						

CHECK	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002566	3/2/2023	OLYMPUS AMERICA INC	1,871.73	UROLOGY CYSTOSCOPY EQUIP		
002567	3/2/2023	STAXI CORPORATION	13,951.24	WHEELCHAIRS		
002568	3/2/2023	RADIOMETER AMERICA INC	18,233.50	FABL90 FLEX PLUS ANALYZER		
002569	3/9/2023	NETDAIS	1,800.00	INTERNET EDGE		
002570	3/15/2023	CERNER CORPORATION	1,600.00	CERNER MDR MONITORS(3)		
002571	3/23/2023	CERNER CORPORATION	25,640.63	CERNER MDR MONITORS(3)		
002571	3/23/2023	CERNER CORPORATION	5,850.00	CERNER INTERFACE FOR ANALYZER		
002572	3/30/2023	OLYMPUS AMERICA INC	22,279.05	UROLOGY CYSTOSCOPY EQUIP		
MARCH TOTALS					91,226.15	911,999.82

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001171	7/1/2022	WASATCH CONTROLS (HARRIS .	38,000.00	BUILDING AUTOMATION		
001172	7/1/2022	WESTERN ENGINEERS & GEOLO	704.07	BUILDING AUTOMATION		
001173	7/8/2022	CERNER CORPORATION	59,427.44	CERNER TRAVEL		
WF DEBT	7/19/2022	WF DEBT SERVICE	157,080.26	WF DEBT SERVICE		
JULY TOTALS					255,211.77	255,211.77

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

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

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001180	11/3/2022	WESTERN ENGINEERS & GEOLO	2,683.75	BUILDING AUTOMATION		
001181	11/3/2022	WYLIE CONSTRUCTION INC.	16,349.00	BULK OXYGEN		
001182	11/10/2022	PLAN ONE/ARCHITECTS	4,600.75	ONCOLOGY SUITE RENOVATION		
001183	11/10/2022	WASATCH CONTROLS (HARRIS .	23,750.00	BUILDING AUTOMATION		
001184	11/18/2022	WASATCH CONTROLS (HARRIS .	40,850.00	BUILDING AUTOMATION		
WF DEBT	11/17/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
NOVEMBER TOTALS					279,064.16	1,151,157.66

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001185	12/1/2022	WESTERN ENGINEERS & GEOLO	2,100.25	BUILDING AUTOMATION		
001186	12/8/2022	PLAN ONE/ARCHITECTS	4,600.75	ONCOLOGY SUITE RENOVATION		
WF DEBT	12/19/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
DECEMBER TOTALS					197,539.66	1,348,697.32

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001187	1/12/2023	PLAN ONE/ARCHITECTS	14,978.40	ONCOLOGY SUITE RENOVATION		
WF DEBT	1/18/2023	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
JANUARY TOTALS					205,729.06	1,554,426.38

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001189	3/9/2023	A PLEASANT CONSTRUCTION, INC	200,670.33	SULENTICH REMODEL		
001190	3/9/2023	PLAN ONE/ARCHITECTS	701.25	SULENTICH REMODEL		
001190	3/9/2023	PLAN ONE/ARCHITECTS	24,339.90	ONCOLOGY SUITE RENOVATION		
WF DEBT	3/16/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
MARCH TOTALS					423,187.06	2,174,062.40

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/2023

Amount	Description
37,433.20	Advertising Total
987.40	Billing Services Total
11,286.26	Blood Total
3,500.00	Building Lease Total
109,765.67	Café Management Total
3,670.50	Cellular Telephone Total
5,559.41	Collection Agency Total
5,045.83	Computer Equipment Total
557,244.00	Contract Maintenance Total
499,295.63	Contract Personnel Total
975.75	Courier Services Total
8,042.63	Credit Card Payment Total
25,541.20	Dental Insurance Total
9,527.95	Dialysis Supplies Total
15,468.21	Education & Travel Total
1,630.85	Employee Recruitment Total
142,780.62	Equipment Lease Total
60.01	Finance Charge Total
3,120.03	Food Total
7,962.17	Freight Total
1,133.60	Fuel Total
3,141.67	Garbage Collection Total
763,174.37	Group Health Total
304,551.00	Hospital Supplies Total
3,326.00	Implant Supplies Total
407.00	Instruments Total
61,844.84	Insurance Premiums Total
210.00	Insurance Refund Total
63,454.36	Laboratory Services Total
226,098.73	Laboratory Supplies Total
2,784.49	Laundry Supplies Total
99.00	Legal Fees Total
4,369.68	Life Insurance Total
1,108.56	Linen Total
6,200.00	Lithotripsy Service Total
59,666.57	Maintenance & Repair Total
15,246.54	Maintenance Supplies Total
8,873.00	Matching Funds Total
2,749.00	Membership Fee Total
3,300.34	MHSC Foundation Total
4,789.02	Minor Equipment Total
1,472.00	Monthly Pest Control Total
23,016.91	Non Medical Supplies Total
17,615.72	Office Supplies Total
14,769.24	Other Purchased Services Total
9,418.84	Oxygen Rental Total
578.99	Patient Refund Total

3/31/2023

[illegible]

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/2023

Check Number	Date	Vendor Check Name	Amount	Description
191440	3/9/2023	PILOT BUTTE BROADCASTING	650.00	Advertising
191450	3/9/2023	ROCKET MINER	194.34	Advertising
191333	3/2/2023	ROYAL FLUSH ADVERTISING	2,754.00	Advertising
191583	3/23/2023	BEST VERSION MEDIA LLC	387.20	Advertising
191586	3/23/2023	BRIDGER VALLEY PIONEER	250.00	Advertising
191637	3/23/2023	KEMMERER GAZETTE	230.00	Advertising
191659	3/23/2023	PINEDALE ROUNDUP	250.00	Advertising
191666	3/23/2023	ROCKET MINER	20.78	Advertising
191681	3/23/2023	SUMLETTE EXAMINER	250.00	Advertising
191684	3/23/2023	SWEETWATER NOW, LLC	3,530.00	Advertising
191680	3/23/2023	TRUE NORTH CUSTOM PUBLISHING	10,500.00	Advertising
191731	3/30/2023	BEST VERSION MEDIA LLC	387.20	Advertising
191732	3/30/2023	BIG THICKET BROADCASTING	150.00	Advertising
191802	3/30/2023	PILOT BUTTE BROADCASTING	650.00	Advertising
191809	3/30/2023	ROYAL FLUSH ADVERTISING	3,477.50	Advertising
191811	3/30/2023	SCORPION HEALTHCARE LLC	6,294.53	Advertising
191827	3/30/2023	THE RADIO NETWORK	3,365.65	Advertising
EFT000000000010	3/2/2023	LAMAR ADVERTISING	1,273.00	Advertising
EFT000000000014	3/2/2023	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000000039	3/15/2023	LAMAR ADVERTISING	424.00	Advertising
EFT000000000049	3/23/2023	GREEN RIVER STAR	42.00	Advertising
EFT000000000060	3/30/2023	GREEN RIVER STAR	800.00	Advertising
EFT000000000065	3/30/2023	LAMAR ADVERTISING	1,273.00	Advertising
191573	3/23/2023	ABILITY NETWORK INC	874.00	Billing Services
191683	3/23/2023	TRUE COMMERCE, INC	113.40	Billing Services
191565	3/15/2023	VITALANT	4,983.90	Flood
191840	3/30/2023	VITALANT	6,302.36	Flood
191603	3/23/2023	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
191692	3/23/2023	UNIDINE CORPORATION	83,841.75	Café Management
191833	3/30/2023	UNIDINE CORPORATION	25,923.92	Café Management
191471	3/9/2023	VERIZON WIRELESS, LLC	3,670.50	Cellular Telephone
191517	3/15/2023	EXPRESS RECOVERY SERVICES	5,289.16	Collection Agency
191749	3/30/2023	COLLECTION PROFESSIONALS, INC	270.25	Collection Agency
191285	3/2/2023	CDW GOVERNMENT LLC	1,460.50	Computer Equipment
191377	3/9/2023	CDW GOVERNMENT LLC	1,312.12	Computer Equipment
191592	3/23/2023	CDW GOVERNMENT LLC	1,121.71	Computer Equipment
191744	3/30/2023	CDW GOVERNMENT LLC	1,151.50	Computer Equipment
191277	3/2/2023	BISCOM	1,636.56	Contract Maintenance
191380	3/9/2023	CERNER CORPORATION	4,452.43	Contract Maintenance
191503	3/15/2023	CERNER CORPORATION	206,997.44	Contract Maintenance
191382	3/9/2023	CLOUDLI COMMUNICATIONS INC.	112.65	Contract Maintenance
191507	3/15/2023	CONVERGEONE, INC.	8,053.72	Contract Maintenance
191378	3/9/2023	CSG, LLC	1,281.83	Contract Maintenance
191401	3/9/2023	FRONT RANGE MOBILE IMAGING, INC.	4,738.00	Contract Maintenance
191428	3/9/2023	MERGE HEALTHCARE SOLUTIONS, INC	10,914.75	Contract Maintenance
191326	3/2/2023	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
191439	3/9/2023	PHILIPS HEALTHCARE	298.35	Contract Maintenance
191446	3/9/2023	RENAL SERVICES EXCHANGE, INC.	1,404.00	Contract Maintenance

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191453	3/9/2023	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
191454	3/9/2023	SIEMENS MEDICAL SOLUTIONS USA	3,028.35	Contract Maintenance
191553	3/15/2023	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
191474	3/9/2023	WYODATA SECURITY INC.	1,655.00	Contract Maintenance
191568	3/15/2023	WYODATA SECURITY INC.	1,515.00	Contract Maintenance
191594	3/23/2023	CERNER CORPORATION	4,513.44	Contract Maintenance
191599	3/23/2023	CONSUMER FUSION INC.	1,750.00	Contract Maintenance
191617	3/23/2023	GE HEALTHCARE	24,906.60	Contract Maintenance
191623	3/23/2023	HARMONY HEALTHCARE IT	10,166.03	Contract Maintenance
191630	3/23/2023	ISI WATER CHEMISTRIES	249.63	Contract Maintenance
191650	3/23/2023	NORTHWEST SOLUTIONS LLC	12,073.00	Contract Maintenance
191658	3/23/2023	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
191660	3/23/2023	QUADRAMED	17,750.00	Contract Maintenance
191671	3/23/2023	SIEMENS MEDICAL SOLUTIONS USA	3,587.62	Contract Maintenance
191693	3/23/2023	UNITED AUDIT SYSTEMS, INC.	1,457.50	Contract Maintenance
191704	3/23/2023	WYODATA SECURITY INC.	1,515.00	Contract Maintenance
191734	3/30/2023	BISCOM	1,542.45	Contract Maintenance
191766	3/30/2023	GE HEALTHCARE	431.12	Contract Maintenance
191777	3/30/2023	ISI WATER CHEMISTRIES	2,552.29	Contract Maintenance
191790	3/30/2023	MERGE HEALTHCARE SOLUTIONS, INC	360.00	Contract Maintenance
191835	3/30/2023	UNITED AUDIT SYSTEMS, INC.	1,372.50	Contract Maintenance
191839	3/30/2023	VARIAN MEDICAL SYSTEMS, INC	204,180.00	Contract Maintenance
EFT000000000020	3/9/2023	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
W/T	3/20/2023	CLINIC TRIZETTO FEE	5,064.66	Contract Maintenance
W/T	3/14/2023	ZENITH	420.42	Contract Maintenance
191393	3/9/2023	ELWOOD STAFFING SERVICES, INC	1,753.55	Contract Personnel
191515	3/15/2023	ELWOOD STAFFING SERVICES, INC	1,393.20	Contract Personnel
191394	3/9/2023	FAVORITE HEALTHCARE STAFFING, INC.	6,537.70	Contract Personnel
191518	3/15/2023	FAVORITE HEALTHCARE STAFFING, INC.	3,233.10	Contract Personnel
191304	3/2/2023	FOCUSONE SOLUTIONS LLC	77,951.01	Contract Personnel
191398	3/9/2023	FOCUSONE SOLUTIONS LLC	94,428.26	Contract Personnel
191522	3/15/2023	FOCUSONE SOLUTIONS LLC	96,645.51	Contract Personnel
191552	3/15/2023	SARAH ROTH	360.00	Contract Personnel
191337	3/2/2023	SOLANT HEALTH	4,037.50	Contract Personnel
191615	3/23/2023	FOCUSONE SOLUTIONS LLC	98,870.39	Contract Personnel
191668	3/23/2023	SARAH ROTH	780.00	Contract Personnel
191756	3/30/2023	ELWOOD STAFFING SERVICES, INC	8,904.48	Contract Personnel
191759	3/30/2023	FAVORITE HEALTHCARE STAFFING, INC.	6,420.70	Contract Personnel
191764	3/30/2023	FOCUSONE SOLUTIONS LLC	97,900.14	Contract Personnel
191653	3/23/2023	PACKAGERUPPER LOGISTICS LLC	348.43	Contract Services
191682	3/23/2023	SUSAN K CROFUTT	589.32	Contract Services
191746	3/30/2023	CITY CAB	38.00	Contract Services
W/T	3/28/2023	UMB BANK PAYMENT	8,042.63	Credit Card Payment
191753	3/30/2023	DELTA DENTAL	25,541.20	Dental Insurance
191400	3/9/2023	FRESENIUS USA MARKETING, INC.	9,345.43	Dialysis Supplies
191306	3/2/2023	HENRY SCHEIN INC	140.50	Dialysis Supplies
191527	3/15/2023	HENRY SCHEIN INC	627.70	Dialysis Supplies
191616	3/23/2023	FRESENIUS USA MARKETING, INC.	4,916.17	Dialysis Supplies
191765	3/30/2023	FRESENIUS USA MARKETING, INC.	96.25	Dialysis Supplies

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191773	3/30/2023	HENRY SCHEIN INC	140.50	Dialysis Supplies
EFT00000000009	3/2/2023	HENRY SCHEIN INC	149.26	Dialysis Supplies
EFT00000000052	3/23/2023	HENRY SCHEIN INC	112.14	Dialysis Supplies
191405	3/9/2023	HEALTHCARESOURCE HR, INC.	2,250.00	Education & Travel
191420	3/9/2023	KENDALL/HUNT PUBLISHING COMPANY	2,160.00	Education & Travel
191625	3/23/2023	HFMA	465.00	Education & Travel
191721	3/30/2023	ACADEMY OF NUTRITION AND DIETETICS	410.00	Education & Travel
191772	3/30/2023	HEALTHCARESOURCE HR, INC.	3,000.00	Education & Travel
191771	3/30/2023	HFMA	465.00	Education & Travel
191795	3/30/2023	NEUROMONITORING TECHNOLOGIES	6,718.21	Education & Travel
191408	3/9/2023	INSIGHT SCREENING LLC	825.85	Employee Recruitment
EFT00000000028	3/9/2023	SST TESTING +, INC.	805.00	Employee Recruitment
191283	3/2/2023	CAREFUSION SOLUTIONS, LLC	26,189.00	Equipment Lease
191386	3/9/2023	COPIER & SUPPLY COMPANY	195.00	Equipment Lease
191508	3/15/2023	COPIER & SUPPLY COMPANY	795.00	Equipment Lease
191524	3/15/2023	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
191334	3/2/2023	SHADOW MOUNTAIN WATER CO, WY	624.96	Equipment Lease
191352	3/2/2023	US BANK EQUIPMENT FINANCE	881.77	Equipment Lease
191467	3/9/2023	US BANK EQUIPMENT FINANCE	293.69	Equipment Lease
191564	3/15/2023	US BANK EQUIPMENT FINANCE	1,398.12	Equipment Lease
191600	3/23/2023	COPIER & SUPPLY COMPANY	9,067.76	Equipment Lease
191618	3/23/2023	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
191669	3/23/2023	SHADOW MOUNTAIN WATER CO, WY	59.94	Equipment Lease
191695	3/23/2023	US BANK EQUIPMENT FINANCE	335.66	Equipment Lease
191743	3/30/2023	CAREFUSION SOLUTIONS, LLC	26,485.00	Equipment Lease
191812	3/30/2023	SHADOW MOUNTAIN WATER CO, WY	1,566.07	Equipment Lease
191815	3/30/2023	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
191838	3/30/2023	US BANK EQUIPMENT FINANCE	881.77	Equipment Lease
191842	3/30/2023	WYOMING RENTS, LLC	940.00	Equipment Lease
191723	3/30/2023	ALSCO AMERICAN LINEN	60.01	Finance Charge
191298	3/2/2023	DOMINOS	148.73	Food
191611	3/23/2023	F B MCFADDEN WHOLESALE	1,193.30	Food
191760	3/30/2023	F B MCFADDEN WHOLESALE	1,778.00	Food
191396	3/9/2023	FED EX	121.92	Freight
191350	3/2/2023	TRIOSE, INC	2,044.28	Freight
191465	3/9/2023	TRIOSE, INC	1,415.95	Freight
191562	3/15/2023	TRIOSE, INC	1,059.92	Freight
191612	3/23/2023	FED EX	325.90	Freight
191688	3/23/2023	TRIOSE, INC	1,006.90	Freight
191761	3/30/2023	FED EX	494.02	Freight
191831	3/30/2023	TRIOSE, INC	1,493.28	Freight
191445	3/9/2023	RED HORSE OIL COMPANIES INC	1,133.60	Fuel
191683	3/23/2023	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
EFT00000000031	3/9/2023	WWS - ROCK SPRINGS	3,121.67	Garbage Collection
W/T	3/17/2023	BLUE CROSS BLUE SHIELD 3/10/23	179,364.69	Group Health
W/T	3/10/2023	BLUE CROSS BLUE SHIELD 3/3/23	176,472.96	Group Health
W/T	3/3/2023	BLUE CROSS BLUE SHIELD 2/24/23	168,128.24	Group Health
W/T	3/24/2023	BLUE CROSS BLUE SHIELD 3/17/23	166,455.97	Group Health
W/T	3/31/2023	BLUE CROSS BLUE SHIELD 3/24/23	47,223.70	Group Health

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W/T	3/2/2023	FURTHER FLEX 3/1/23	7,443.95	Group Health
W/T	3/23/2023	FURTHER FLEX 3/22/23	7,252.19	Group Health
W/T	3/16/2023	FURTHER FLEX 3/15/23	4,992.73	Group Health
W/T	3/30/2023	FURTHER FLEX 3/29/23	3,018.62	Group Health
W/T	3/9/2023	FURTHER FLEX 3/8/23	2,545.07	Group Health
W/T	3/21/2023	FURTHER ADMIN FEE	276.25	Group Health
191332	3/2/2023	ABBOTT NUTRITION	79.90	Hospital Supplies
191452	3/9/2023	ABBOTT NUTRITION	79.90	Hospital Supplies
191551	3/15/2023	ABBOTT NUTRITION	315.25	Hospital Supplies
191364	3/9/2023	AESCLAP INC	928.09	Hospital Supplies
191490	3/15/2023	AESCLAP INC	154.72	Hospital Supplies
191272	3/2/2023	APPLIED MEDICAL	942.00	Hospital Supplies
191367	3/9/2023	APPLIED MEDICAL	12,498.00	Hospital Supplies
191493	3/15/2023	APPLIED MEDICAL	288.00	Hospital Supplies
191369	3/9/2023	ASPEN SURGICAL	280.70	Hospital Supplies
191274	3/2/2023	B BRAUN MEDICAL INC.	1,103.82	Hospital Supplies
191496	3/15/2023	B BRAUN MEDICAL INC.	1,239.37	Hospital Supplies
191371	3/9/2023	BARD PERIPHERAL VASCULAR INC	1,912.05	Hospital Supplies
191273	3/2/2023	BAYER HEALTHCARE LLC	2,261.07	Hospital Supplies
191495	3/15/2023	BAYER HEALTHCARE LLC	2,261.07	Hospital Supplies
191373	3/9/2023	BIG MEDICAL, LLC	1,900.00	Hospital Supplies
191278	3/2/2023	BOSTON SCIENTIFIC CORP	2,272.51	Hospital Supplies
191374	3/9/2023	BOSTON SCIENTIFIC CORP	7,133.04	Hospital Supplies
191499	3/15/2023	BOSTON SCIENTIFIC CORP	6,372.36	Hospital Supplies
191388	3/9/2023	C R BARD INC	381.98	Hospital Supplies
191281	3/2/2023	CARDINAL HEALTH/V. MUELLER	16,641.60	Hospital Supplies
191376	3/9/2023	CARDINAL HEALTH/V. MUELLER	27,718.39	Hospital Supplies
191502	3/15/2023	CARDINAL HEALTH/V. MUELLER	19,785.63	Hospital Supplies
191280	3/2/2023	CONE INSTRUMENTS	111.05	Hospital Supplies
191506	3/15/2023	COOK MEDICAL INCORPORATED	116.16	Hospital Supplies
191512	3/15/2023	DIAGNOSTICA STAGO INC	807.24	Hospital Supplies
191296	3/2/2023	DJ ORTHOPEDICS, LLC	74.56	Hospital Supplies
191392	3/9/2023	DJ ORTHOPEDICS, LLC	100.73	Hospital Supplies
191513	3/15/2023	DJ ORTHOPEDICS, LLC	171.72	Hospital Supplies
191297	3/2/2023	DOCTOR EASY MEDICAL PRODUCTS	82.50	Hospital Supplies
191514	3/15/2023	DOCTOR EASY MEDICAL PRODUCTS	49.50	Hospital Supplies
191301	3/2/2023	EXPAND-A-BAND, LLC	84.00	Hospital Supplies
191404	3/9/2023	HEALTHCARE LOGISTICS INC	68.16	Hospital Supplies
191526	3/15/2023	HEALTHCARE LOGISTICS INC	477.29	Hospital Supplies
191406	3/9/2023	HIOLOGIC, INC.	50.00	Hospital Supplies
191310	3/2/2023	J & J HEALTH CARE SYSTEMS INC	14,496.99	Hospital Supplies
191412	3/9/2023	J & J HEALTH CARE SYSTEMS INC	14,150.60	Hospital Supplies
191529	3/15/2023	J & J HEALTH CARE SYSTEMS INC	2,813.38	Hospital Supplies
191418	3/9/2023	KARL STORZ ENDOSCOPY-AMERICA	7,569.53	Hospital Supplies
191419	3/9/2023	KCI USA	667.21	Hospital Supplies
191460	3/9/2023	LEICA BIOSYSTEMS RICHMOND	668.31	Hospital Supplies
191540	3/15/2023	M V A P MEDICAL SUPPLIES, INC.	33.90	Hospital Supplies
191424	3/9/2023	MARKET LAB, INC	530.95	Hospital Supplies
191320	3/2/2023	MASIMO AMERICAS, INC.	2,968.00	Hospital Supplies

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191425	3/9/2023	MASIMO AMERICAS, INC.	1,109.13	Hospital Supplies
191533	3/15/2023	MASIMO AMERICAS, INC.	8,650.00	Hospital Supplies
191321	3/2/2023	MCKESSON MEDICAL-SURGICAL	687.10	Hospital Supplies
191426	3/9/2023	MCKESSON MEDICAL-SURGICAL	2,790.82	Hospital Supplies
191534	3/15/2023	MCKESSON MEDICAL-SURGICAL	2,020.15	Hospital Supplies
191536	3/15/2023	MEDTRONIC USA INC	316.00	Hospital Supplies
191437	3/9/2023	OWENS & MINOR 90005430	4,786.55	Hospital Supplies
191542	3/15/2023	OWENS & MINOR 90005430	444.53	Hospital Supplies
191438	3/9/2023	PERFORMANCE HEALTH SUPPLY INC	193.84	Hospital Supplies
191543	3/15/2023	PERFORMANCE HEALTH SUPPLY INC	202.52	Hospital Supplies
191548	3/15/2023	RADIOMETER AMERICA INC	1,339.15	Hospital Supplies
191455	3/9/2023	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	343.26	Hospital Supplies
191341	3/2/2023	STERIS CORPORATION	4,165.30	Hospital Supplies
191458	3/9/2023	STERIS CORPORATION	1,479.47	Hospital Supplies
191559	3/15/2023	STERIS CORPORATION	230.20	Hospital Supplies
191349	3/2/2023	TRI-ANIM HEALTH SERVICES INC	487.88	Hospital Supplies
191464	3/9/2023	TRI-ANIM HEALTH SERVICES INC	2,302.47	Hospital Supplies
191561	3/15/2023	TRI-ANIM HEALTH SERVICES INC	2,020.49	Hospital Supplies
191563	3/15/2023	UNETIXS INC	622.76	Hospital Supplies
191468	3/9/2023	UTAH MEDICAL PRODUCTS INC	315.59	Hospital Supplies
191353	3/2/2023	VAPOTHERM INC.	216.00	Hospital Supplies
191355	3/2/2023	WAXIE SANITARY SUPPLY	138.25	Hospital Supplies
191567	3/15/2023	WAXIE SANITARY SUPPLY	3,676.23	Hospital Supplies
191687	3/23/2023	ABBOTT NUTRITION	134.00	Hospital Supplies
191579	3/23/2023	APPLIED MEDICAL	192.00	Hospital Supplies
191580	3/23/2023	ARTHREX INC.	137.50	Hospital Supplies
191581	3/23/2023	BARD MEDICAL	473.40	Hospital Supplies
191582	3/23/2023	BAXTER HEALTHCARE CORP/IV	147.76	Hospital Supplies
191585	3/23/2023	BOSTON SCIENTIFIC CORP	4,889.96	Hospital Supplies
191590	3/23/2023	CARDINAL HEALTH/V. MUELLER	16,154.21	Hospital Supplies
191591	3/23/2023	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
191597	3/23/2023	CONE INSTRUMENTS	178.73	Hospital Supplies
191602	3/23/2023	CR BARD, INC	199.80	Hospital Supplies
191608	3/23/2023	DJ ORTHOPEDICS, LLC	7.70	Hospital Supplies
191621	3/23/2023	GYNEX CORP	257.40	Hospital Supplies
191624	3/23/2023	HEALTHCARE LOGISTICS INC	91.38	Hospital Supplies
191631	3/23/2023	J & J HEALTH CARE SYSTEMS INC	5,037.41	Hospital Supplies
191635	3/23/2023	KARL STORZ ENDOSCOPY-AMERICA	6,029.50	Hospital Supplies
191636	3/23/2023	KCI USA	3,814.42	Hospital Supplies
191641	3/23/2023	MASIMO AMERICAS, INC.	174.00	Hospital Supplies
191642	3/23/2023	MCKESSON MEDICAL-SURGICAL	74.16	Hospital Supplies
191643	3/23/2023	MEAD JOHNSON NUTRITION	91.00	Hospital Supplies
191651	3/23/2023	OLYMPUS AMERICA INC	2,349.54	Hospital Supplies
191652	3/23/2023	OWENS & MINOR 90005430	5,906.21	Hospital Supplies
191656	3/23/2023	PERFORMANCE HEALTH SUPPLY INC	45.10	Hospital Supplies
191654	3/23/2023	RESPIRONICS	568.00	Hospital Supplies
191672	3/23/2023	SMITHS MEDICAL ASD INC	873.75	Hospital Supplies
191685	3/23/2023	TELEFLEX LLC	1,390.00	Hospital Supplies
191687	3/23/2023	TRI-ANIM HEALTH SERVICES INC	624.18	Hospital Supplies

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191697	3/23/2023	VAPOTHERM INC.	643.65	Hospital Supplies
191699	3/23/2023	WAXIE SANITARY SUPPLY	1,305.21	Hospital Supplies
191808	3/30/2023	ABBOTT NUTRITION	27.10	Hospital Supplies
191722	3/30/2023	AESCULAP INC	8,416.68	Hospital Supplies
191726	3/30/2023	APPLIED MEDICAL	1,764.00	Hospital Supplies
191730	3/30/2023	B BRAUN MEDICAL INC.	1,339.50	Hospital Supplies
191729	3/30/2023	BAYER HEALTHCARE LLC	2,261.07	Hospital Supplies
191733	3/30/2023	BIONET SPORTS MEDICINE	2,000.00	Hospital Supplies
191736	3/30/2023	BOSTON SCIENTIFIC CORP	4,106.40	Hospital Supplies
191845	3/30/2023	BREG INC	349.59	Hospital Supplies
191741	3/30/2023	CARDINAL HEALTH/V. MUELLER	10,129.61	Hospital Supplies
191748	3/30/2023	COASTAL LIFE SYSTEMS, INC.	332.03	Hospital Supplies
191754	3/30/2023	DIAGNOSTICA STAGO INC	4,313.22	Hospital Supplies
191755	3/30/2023	DOCTOR EASY MEDICAL PRODUCTS	116.95	Hospital Supplies
191768	3/30/2023	GENERAL HOSPITAL SUPPLY CORPORATION	235.00	Hospital Supplies
191770	3/30/2023	GYNEC CORP	54.45	Hospital Supplies
191776	3/30/2023	HULL ANESTHESIA INC	180.00	Hospital Supplies
191778	3/30/2023	J & J HEALTH CARE SYSTEMS INC	3,764.13	Hospital Supplies
191781	3/30/2023	KARL STORZ ENDOSCOPY-AMERICA	475.76	Hospital Supplies
191823	3/30/2023	LEICA BIOSYSTEMS RICHMOND	699.23	Hospital Supplies
191793	3/30/2023	M V A P MEDICAL SUPPLIES, INC.	325.10	Hospital Supplies
191785	3/30/2023	MARKET LAB, INC	810.80	Hospital Supplies
191789	3/30/2023	MEDTRONIC, USA	2,569.64	Hospital Supplies
191794	3/30/2023	MATUS MEDICAL INC	266.00	Hospital Supplies
191800	3/30/2023	OWENS & MINOR 90005430	2,289.75	Hospital Supplies
191801	3/30/2023	PERFORMANCE HEALTH SUPPLY INC	59.73	Hospital Supplies
191819	3/30/2023	STENIS CORPORATION	2,021.93	Hospital Supplies
191829	3/30/2023	TRI-ANIM HEALTH SERVICES INC	844.96	Hospital Supplies
EFT00000000006	3/2/2023	BREG INC	411.86	Hospital Supplies
EFT00000000008	3/2/2023	HARDY DIAGNOSTICS	569.25	Hospital Supplies
EFT00000000011	3/2/2023	MARSHALL INDUSTRIES	367.50	Hospital Supplies
EFT00000000016	3/2/2023	STRYKER INSTRUMENTS	1,649.52	Hospital Supplies
EFT00000000021	3/8/2023	BREG INC	82.78	Hospital Supplies
EFT00000000022	3/8/2023	BSN MEDICAL INC	239.32	Hospital Supplies
EFT00000000024	3/8/2023	HARDY DIAGNOSTICS	928.54	Hospital Supplies
EFT00000000029	3/9/2023	STRYKER INSTRUMENTS	1,142.20	Hospital Supplies
EFT00000000034	3/15/2023	BREG INC	898.09	Hospital Supplies
EFT00000000036	3/15/2023	CLINICAL CHOICE	46.55	Hospital Supplies
EFT00000000038	3/15/2023	HARDY DIAGNOSTICS	730.62	Hospital Supplies
EFT00000000041	3/15/2023	STRYKER INSTRUMENTS	876.61	Hospital Supplies
EFT00000000042	3/15/2023	ZOLL MEDICAL CORPORATION	1,144.56	Hospital Supplies
EFT00000000046	3/23/2023	BREG INC	102.70	Hospital Supplies
EFT00000000051	3/23/2023	HARDY DIAGNOSTICS	311.56	Hospital Supplies
EFT00000000058	3/30/2023	BREG INC	250.05	Hospital Supplies
EFT00000000062	3/30/2023	HARDY DIAGNOSTICS	558.76	Hospital Supplies
191448	3/9/2023	MOCK SPRINGS I.V. CENTER	207.12	Hospital Supplies
191436	3/9/2023	OSSIO, INC.	3,326.00	Implant Supplies
EFT00000000035	3/15/2023	CIVCO MEDICAL INSTRUMENTS	407.00	Instruments
191351	3/2/2023	PROVIDENT LIFE & ACCIDENT	13,737.20	Insurance Premiums

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191466	3/9/2023	PROVIDENT LIFE & ACCIDENT	17,114.98	Insurance Premiums
191694	3/23/2023	PROVIDENT LIFE & ACCIDENT	165.48	Insurance Premiums
191837	3/30/2023	PROVIDENT LIFE & ACCIDENT	30,827.10	Insurance Premiums
191709	3/28/2023	INSURANCE REFUND	210.00	Insurance Refund
191574	3/23/2023	ALLERMETRIX INC	403.00	Laboratory Services
191646	3/23/2023	METABOLIC NEWBORN SCREENING	3,700.32	Laboratory Services
191822	3/30/2023	SUMMIT PATHOLOGY	3,164.13	Laboratory Services
EFT00000000045	3/23/2023	ARUP LABORATORIES, INC.	56,186.91	Laboratory Services
191276	3/2/2023	BIOMERIEUX, INC.	8,195.23	Laboratory Supplies
191280	3/2/2023	CARDINAL HEALTH	5,631.07	Laboratory Supplies
191375	3/9/2023	CARDINAL HEALTH	9,644.78	Laboratory Supplies
191501	3/15/2023	CARDINAL HEALTH	10,998.90	Laboratory Supplies
191379	3/9/2023	CEPHEID	13,670.00	Laboratory Supplies
191303	3/2/2023	FISHER HEALTHCARE	2,251.00	Laboratory Supplies
191397	3/9/2023	FISHER HEALTHCARE	10,696.10	Laboratory Supplies
191521	3/15/2023	FISHER HEALTHCARE	28,478.15	Laboratory Supplies
191537	3/15/2023	MERCEDES MEDICAL	37.93	Laboratory Supplies
191478	3/9/2023	PACE ANALYTICAL SERVICES, LLC	232.40	Laboratory Supplies
191558	3/15/2023	STATLAB MEDICAL PRODUCTS	43.80	Laboratory Supplies
191342	3/2/2023	STRECK LABORATORIES INC	317.83	Laboratory Supplies
191578	3/23/2023	ANAEROBE SYSTEMS	28.00	Laboratory Supplies
191584	3/23/2023	BIOMERIEUX, INC.	8,061.23	Laboratory Supplies
191588	3/23/2023	CANCER DIAGNOSTICS, INC	57.60	Laboratory Supplies
191589	3/23/2023	CARDINAL HEALTH	55,854.79	Laboratory Supplies
191593	3/23/2023	CEPHEID	3,535.00	Laboratory Supplies
191613	3/23/2023	FISHER HEALTHCARE	27,501.88	Laboratory Supplies
191629	3/23/2023	INTOUCH HEALTH	14,496.00	Laboratory Supplies
191678	3/23/2023	STRECK LABORATORIES INC	316.04	Laboratory Supplies
191691	3/23/2023	TYPENEX MEDICAL, LLC	36.07	Laboratory Supplies
191739	3/30/2023	CANCER DIAGNOSTICS, INC	57.60	Laboratory Supplies
191740	3/30/2023	CARDINAL HEALTH	3,629.98	Laboratory Supplies
191745	3/30/2023	CEPHEID	2,281.52	Laboratory Supplies
191762	3/30/2023	FISHER HEALTHCARE	1,709.25	Laboratory Supplies
191786	3/30/2023	MEDI BADGE INC.	257.86	Laboratory Supplies
191797	3/30/2023	NOVA BIOMEDICAL CORP.	90.00	Laboratory Supplies
EFT00000000005	3/2/2023	BIO-RAD LABORATORIES	3,041.60	Laboratory Supplies
EFT00000000013	3/2/2023	PDC HEALTHCARE	734.02	Laboratory Supplies
EFT00000000017	3/2/2023	SYSMEX AMERICA INC.	379.48	Laboratory Supplies
EFT00000000023	3/9/2023	GREER LABORATORIES, INC	262.25	Laboratory Supplies
EFT00000000027	3/9/2023	PDC HEALTHCARE	67.00	Laboratory Supplies
EFT00000000030	3/9/2023	SYSMEX AMERICA INC.	2,616.99	Laboratory Supplies
EFT00000000033	3/15/2023	BIO-RAD LABORATORIES	3,455.33	Laboratory Supplies
EFT00000000040	3/15/2023	ORTHO-CLINICAL DIAGNOSTICS INC	595.85	Laboratory Supplies
EFT00000000050	3/23/2023	GREER LABORATORIES, INC	477.99	Laboratory Supplies
EFT00000000057	3/30/2023	BIO-RAD LABORATORIES	4,906.65	Laboratory Supplies
EFT00000000061	3/30/2023	GREER LABORATORIES, INC	262.25	Laboratory Supplies
EFT00000000063	3/30/2023	PACE ANALYTICAL SERVICES, LLC	257.30	Laboratory Supplies
EFT00000000012	3/2/2023	MARTIN-RAY LAUNDRY SYSTEMS	300.09	Laundry Supplies
EFT00000000026	3/9/2023	MARTIN-RAY LAUNDRY SYSTEMS	1,151.75	Laundry Supplies

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EFT000000000053	3/23/2023	MARTIN-RAY LAUNDRY SYSTEMS	1,332.65	Laundry Supplies
191511	3/15/2023	CROWLEY FLECK ATTORNEYS	99.00	Legal Fees
191325	3/2/2023	NEW YORK LIFE INSURANCE COMPANY	2,219.84	Life Insurance
191796	3/30/2023	NEW YORK LIFE INSURANCE COMPANY	2,149.84	Life Insurance
191338	3/2/2023	STANDARD TEXTILE	818.16	Linen
191456	3/9/2023	STANDARD TEXTILE	207.84	Linen
191555	3/15/2023	STANDARD TEXTILE	82.56	Linen
191843	3/30/2023	WYOMING UROLOGICAL SERVICES, LP	6,200.00	Lithotripsy Service
191284	3/2/2023	CARRIER COMMERCIAL SERVICE	1,446.48	Maintenance & Repair
191434	3/9/2023	CHLIN SLAES INC.	4,402.08	Maintenance & Repair
191327	3/2/2023	PARTSSOURCE	675.14	Maintenance & Repair
191441	3/9/2023	PLAN ONE/ARCHITECTS	4,482.50	Maintenance & Repair
191346	3/2/2023	SWEETWATER PLUMBING & HEATING	201.00	Maintenance & Repair
191462	3/9/2023	SWEETWATER PLUMBING & HEATING	349.65	Maintenance & Repair
191470	3/9/2023	VAUGHNS PLUMBING & HEATING	800.00	Maintenance & Repair
191360	3/2/2023	WYOMING TRUCKS AND CARS INC	194.00	Maintenance & Repair
191570	3/15/2023	WYOMING TRUCKS AND CARS INC	70.80	Maintenance & Repair
191575	3/23/2023	ALL PRO TURBO LINING & STORAGE	150.00	Maintenance & Repair
191610	3/23/2023	FAIRBANKS SCALES	814.00	Maintenance & Repair
191572	3/20/2023	FLOTEC INC.	1,333.80	Maintenance & Repair
191673	3/23/2023	SOUTHWEST DOORS	537.50	Maintenance & Repair
191675	3/23/2023	STEALTH TECHNOLOGIES	5,765.92	Maintenance & Repair
191720	3/30/2023	A & B HOME IMPROVEMENTS	3,500.00	Maintenance & Repair
191727	3/30/2023	ASPEN CONSTRUCTION	9,400.00	Maintenance & Repair
191747	3/30/2023	CLARK'S QUALITY ROOFING, INC	807.00	Maintenance & Repair
191752	3/30/2023	DANIEL DORMAN PAINTING	16,800.00	Maintenance & Repair
191774	3/30/2023	HIGH SECURITY LOCK & ALARM	30.00	Maintenance & Repair
191844	3/30/2023	WYOMING TRUCKS AND CARS INC	75.00	Maintenance & Repair
EFT000000000047	3/23/2023	COLORADO DOORWAYS, INC	2,882.50	Maintenance & Repair
EFT000000000066	3/30/2023	SERVCO	4,950.00	Maintenance & Repair
191363	3/7/2023	ACE HARDWARE	26.97	Maintenance Supplies
191458	3/15/2023	BLOEDORN LUMBER	1,239.60	Maintenance Supplies
191288	3/2/2023	CODALE ELECTRIC SUPPLY, INC	361.40	Maintenance Supplies
191505	3/15/2023	CODALE ELECTRIC SUPPLY, INC	281.21	Maintenance Supplies
191403	3/9/2023	GRAINGER	311.02	Maintenance Supplies
191525	3/15/2023	GRAINGER	273.30	Maintenance Supplies
191307	3/2/2023	HOME DEPOT	747.79	Maintenance Supplies
191407	3/9/2023	HOME DEPOT	772.57	Maintenance Supplies
191528	3/15/2023	HOME DEPOT	454.57	Maintenance Supplies
191531	3/15/2023	JOHNSON CONTROLS INC	1,981.66	Maintenance Supplies
191539	3/15/2023	MOUNTAIN STATES SUPPLY CO.	1,981.20	Maintenance Supplies
191431	3/3/2023	NAPA AUTO PARTS	59.36	Maintenance Supplies
191331	3/2/2023	ROCK SPRINGS WINNELSON CO	381.79	Maintenance Supplies
191451	3/9/2023	ROCK SPRINGS WINNELSON CO	699.62	Maintenance Supplies
191627	3/23/2023	HOME DEPOT	636.71	Maintenance Supplies
191728	3/30/2023	BATTERY SYSTEMS	102.20	Maintenance Supplies
191769	3/30/2023	GRAINGER	95.90	Maintenance Supplies
191775	3/30/2023	HOME DEPOT	2,720.37	Maintenance Supplies
191806	3/30/2023	ROCK SPRINGS WINNELSON CO	1,353.20	Maintenance Supplies

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EFT000000000018	3/9/2023	ACE HARDWARE	221.97	Maintenance Supplies
EFT000000000043	3/23/2023	ACE HARDWARE	29.97	Maintenance Supplies
EFT000000000055	3/30/2023	ACE HARDWARE	442.96	Maintenance Supplies
EFT000000000067	3/30/2023	SHERWIN WILLIAMS CO	61.20	Maintenance Supplies
191792	3/30/2023	MHSC MEDICAL STAFF	8,873.00	Matching Funds
EFT000000000054	3/23/2023	MOUNTAIN STATES EMPLOYERS COUNCIL	450.00	Membership Fee
191473	3/9/2023	COMPUTERSHARE TRUST COMPANY	1,000.00	Membership Fee
191432	3/9/2023	NATIONAL BUSINESS INSTITUTE	1,299.00	Membership Fee
191485	3/14/2023	MHSC-FOUNDATION	1,286.82	MHSC Foundation
191716	3/28/2023	MHSC-FOUNDATION	1,309.32	MHSC Foundation
191791	3/30/2023	MHSC-FOUNDATION	704.20	MHSC Foundation
191443	3/3/2023	QUICK MEDICAL	978.52	Minor Equipment
191476	3/9/2023	Z & Z MEDICAL, INC.	412.00	Minor Equipment
191763	3/30/2023	FLEXMONT	3,049.00	Minor Equipment
EFT000000000064	3/30/2023	LABORIE MEDICAL TECHNOLOGIES CORP	349.50	Minor Equipment
191348	3/2/2023	TERMINIX OF WYOMING	761.00	Monthly Pest Control
191686	3/23/2023	TERMINIX OF WYOMING	711.00	Monthly Pest Control
191302	3/2/2023	F B MCFADDEN WHOLESALE	2,243.90	Non Medical Supplies
191395	3/9/2023	F B MCFADDEN WHOLESALE	1,476.30	Non Medical Supplies
191519	3/15/2023	F B MCFADDEN WHOLESALE	1,773.15	Non Medical Supplies
191402	3/9/2023	GLOBAL EQUIPMENT COMPANY	539.98	Non Medical Supplies
191530	3/15/2023	J.J. KELLER & ASSOCIATES, INC.	637.50	Non Medical Supplies
191322	3/2/2023	MEDLINE INDUSTRIES INC	2,561.25	Non Medical Supplies
191427	3/9/2023	MEDLINE INDUSTRIES INC	1,367.53	Non Medical Supplies
191535	3/15/2023	MEDLINE INDUSTRIES INC	6,480.38	Non Medical Supplies
191435	3/9/2023	ORIENTAL TRADING COMPANY	225.71	Non Medical Supplies
191571	3/15/2023	POSITIVE PROMOTIONS	122.97	Non Medical Supplies
191554	3/15/2023	SMILEMAKERS	1,533.50	Non Medical Supplies
191644	3/23/2023	MEDLINE INDUSTRIES INC	1,340.29	Non Medical Supplies
191779	3/30/2023	J.J. KELLER & ASSOCIATES, INC.	270.00	Non Medical Supplies
191788	3/30/2023	MEDLINE INDUSTRIES INC	2,160.81	Non Medical Supplies
191813	3/30/2023	SHANN ANESTHESIA INC	289.56	Non Medical Supplies
191300	3/2/2023	ENCOMPASS GROUP, LLC	2,295.96	Office Supplies
191361	3/2/2023	SMYTH PRINTING	382.25	Office Supplies
191556	3/15/2023	STANDARD REGISTER COMPANY	436.75	Office Supplies
191339	3/2/2023	STAPLES BUSINESS ADVANTAGE	423.95	Office Supplies
191457	3/9/2023	STAPLES BUSINESS ADVANTAGE	5,615.00	Office Supplies
191557	3/15/2023	STAPLES BUSINESS ADVANTAGE	2,552.73	Office Supplies
191674	3/23/2023	STAPLES BUSINESS ADVANTAGE	840.53	Office Supplies
191757	3/30/2023	ENCOMPASS GROUP, LLC	2,379.12	Office Supplies
191817	3/30/2023	STAPLES BUSINESS ADVANTAGE	487.43	Office Supplies
EFT000000000015	3/2/2023	SMYTH PRINTING	2,202.00	Office Supplies
W/T	3/13/2023	GREENSHADES	914.60	Other Purchased Services
W/T	3/7/2023	GREENSHADES	621.33	Other Purchased Services
W/T	3/7/2023	GREENSHADES	563.31	Other Purchased Services
191504	3/15/2023	CJ SIGNS	845.00	Other Purchased Services
191384	3/9/2023	COMPLUNET, INC.	8,800.00	Other Purchased Services
191399	3/9/2023	FOTOS BY JENNI	79.00	Other Purchased Services
191317	3/2/2023	QUICK RESPONSE TAXI	280.00	Other Purchased Services

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191422	3/9/2023	QUICK RESPONSE TAXI	53.00	Other Purchased Services
191532	3/15/2023	QUICK RESPONSE TAXI	126.00	Other Purchased Services
191846	3/30/2023	MOMENTS BY TAYLOR PHOTOGRAPHY	450.00	Other Purchased Services
191798	3/30/2023	ONE CAUSE, INC.	985.00	Other Purchased Services
191784	3/30/2023	QUICK RESPONSE TAXI	717.00	Other Purchased Services
191832	3/30/2023	TURN UP THE VOLUME DJ SERVICES	325.00	Other Purchased Services
EFT000000000004	3/2/2023	AIRGAS INTERMOUNTAIN INC	193.85	Oxygen Rental
EFT000000000019	3/5/2023	AIRGAS INTERMOUNTAIN INC	3,926.61	Oxygen Rental
EFT000000000032	3/15/2023	AIRGAS INTERMOUNTAIN INC	104.35	Oxygen Rental
EFT000000000044	3/23/2023	AIRGAS INTERMOUNTAIN INC	3,714.79	Oxygen Rental
EFT000000000056	3/30/2023	AIRGAS INTERMOUNTAIN INC	1,479.21	Oxygen Rental
191314	3/2/2023	PATIENT REFUND	95.98	Patient Refund
191707	3/2/2023	PATIENT REFUND	115.65	Patient Refund
191708	3/28/2023	PATIENT REFUND	357.35	Patient Refund
191488	3/14/2023	UNITED WAY OF SWEETWATER COUNTY	212.00	Payroll Deduction
191719	3/28/2023	UNITED WAY OF SWEETWATER COUNTY	212.00	Payroll Deduction
191834	3/30/2023	UNITED WAY OF SWEETWATER COUNTY	1,350.00	Payroll Deduction
191479	3/14/2023	CIRCUIT COURT 3RD JUDICIAL	284.49	Payroll Garnishment
191480	3/14/2023	CIRCUIT COURT 3RD JUDICIAL	311.61	Payroll Garnishment
191481	3/14/2023	CIRCUIT COURT 3RD JUDICIAL	213.76	Payroll Garnishment
191484	3/14/2023	DISTRICT COURT THIRD JUDICIAL DIST	875.00	Payroll Garnishment
191486	3/14/2023	STATE OF WYOMING DFS/CSES	1,767.09	Payroll Garnishment
191482	3/14/2023	SWEETWATER CIRCUIT COURT-RS	597.27	Payroll Garnishment
191483	3/14/2023	SWEETWATER CIRCUIT COURT-RS	183.70	Payroll Garnishment
191487	3/14/2023	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
191710	3/28/2023	CIRCUIT COURT 3RD JUDICIAL	139.39	Payroll Garnishment
191711	3/28/2023	CIRCUIT COURT 3RD JUDICIAL	312.75	Payroll Garnishment
191712	3/28/2023	CIRCUIT COURT 3RD JUDICIAL	237.31	Payroll Garnishment
191715	3/28/2023	DISTRICT COURT THIRD JUDICIAL DIST	868.59	Payroll Garnishment
191717	3/28/2023	STATE OF WYOMING DFS/CSES	1,767.09	Payroll Garnishment
191713	3/28/2023	SWEETWATER CIRCUIT COURT-RS	392.46	Payroll Garnishment
191714	3/28/2023	SWEETWATER CIRCUIT COURT-RS	152.34	Payroll Garnishment
191718	3/28/2023	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	3/14/2023	PAYROLL 6	1,700,000.00	Payroll Transfer
W/T	3/28/2023	PAYROLL 7	1,700,000.00	Payroll Transfer
191282	3/2/2023	CARDINAL HEALTH PHARMACY MGMT	1,050,785.56	Pharmacy Management
191742	3/30/2023	CARDINAL HEALTH PHARMACY MGMT	1,036,668.00	Pharmacy Management
191415	3/9/2023	JULIANNE FORRESTER	15,000.00	Physician Recruitment
191626	3/23/2023	HOLIDAY INN - ROCK SPRINGS	1,496.00	Physician Recruitment
191299	3/2/2023	DR. ELIZABETH RITTER	1,771.80	Physician Recruitment
191622	3/23/2023	DR. HACER KURAL	1,594.85	Physician Recruitment
191640	3/23/2023	MARK SANDERS	25,000.00	Physician Retention
191356	3/2/2023	WEATHERBY LOCUMS, INC	16,596.27	Physician Services
191472	3/9/2023	WEATHERBY LOCUMS, INC	57,328.15	Physician Services
191596	3/23/2023	COMPHEALTH, INC.	22,559.32	Physician Services
191700	3/23/2023	WEATHERBY LOCUMS, INC	10,897.46	Physician Services
191489	3/15/2023	ADVANCED MEDICAL IMAGING, LLC	19,248.00	Physician Services
191289	3/2/2023	COMPHEALTH, INC.	21,000.00	Physician Services
191383	3/9/2023	COMPHEALTH, INC.	15,000.00	Physician Services

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191319	3/2/2023	DR. MARK ULLMAN	924.75	Physician Services
191354	3/2/2023	DR. WAGNER VERONESE	5,166.62	Physician Services
191358	3/2/2023	DR. WILLIAM SARETTE	600.00	Physician Services
191312	3/2/2023	JOHN A. ILIYA, M.D.	2,300.00	Physician Services
191414	3/9/2023	JOHN A. ILIYA, M.D.	27,600.00	Physician Services
191423	3/9/2023	LOCUM TENENS.COM	19,193.20	Physician Services
191703	3/23/2023	DR. W. MARCUS BRANN	2,358.00	Physician Services
191639	3/23/2023	LOCUM TENENS.COM	3,429.74	Physician Services
191649	3/23/2023	MPLT HEALTHCARE, LLC	1,132.89	Physician Services
191828	3/30/2023	THE SLEEP SPECIALISTS	3,875.00	Physician Services
191836	3/30/2023	UNIVERSITY OF UTAH	10,400.25	Physician Services
191324	3/2/2023	MPLT HEALTHCARE, LLC	26,717.39	Physician Services
191619	3/23/2023	GREAT LAKES	1,666.67	Physician Student Loan
191620	3/23/2023	GREAT LAKES EDUCATION LOAN SERVICES	2,065.30	Physician Student Loan
191605	3/23/2023	MOHELA	1,666.67	Physician Student Loan
191606	3/23/2023	MOHELA	1,666.67	Physician Student Loan
191686	3/23/2023	US DEPARTMENT OF EDUCATION	5,833.34	Physician Student Loan
191545	3/15/2023	POSTMASTER	1,150.00	Postage
191663	3/23/2023	RESERVE ACCOUNT	5,000.00	Postage
191287	3/2/2023	CLEANIQUE PROFESSIONAL SERVICES	4,500.00	Professional Service
191316	3/2/2023	CLIFTON LARSON ALLEN LLP	62,730.31	Professional Service
191430	3/9/2023	MOUNTAIN STATES MEDICAL PHYSICS	11,771.90	Professional Service
191609	3/23/2023	CE BROKER	259.36	Professional Service
191698	3/23/2023	VERISYS INC.	26.00	Professional Service
191705	3/23/2023	WYOMING DEPARTMENT OF HEALTH	50.00	Professional Service
191787	3/30/2023	MEDICAL PHYSICS CONSULTANTS, INC	2,125.00	Professional Service
EFT0000000000068	3/30/2023	WESTERN STAR COMMUNICATIONS	663.00	Professional Service
191444	3/9/2023	RADIATION DETECTION COMPANY	600.32	Radiation Monitoring
191530	3/15/2023	MERRY X-RAY	1,263.80	Radiology Film
191645	3/23/2023	MERRY X-RAY	118.84	Radiology Film
191279	3/2/2023	BRACCO DIAGNOSTICS INC	831.50	Radiology Material
191500	3/15/2023	BRACCO DIAGNOSTICS INC	2,182.57	Radiology Material
191293	3/2/2023	CURIUM US LLC	1,206.76	Radiology Material
191389	3/9/2023	CURIUM US LLC	260.45	Radiology Material
191305	3/2/2023	GE HEALTHCARE INC	1,391.10	Radiology Material
191523	3/15/2023	GE HEALTHCARE INC	2,782.20	Radiology Material
191315	3/2/2023	LANTHEUS MEDICAL IMAGING, INC	150.60	Radiology Material
191421	3/9/2023	LANTHEUS MEDICAL IMAGING, INC	1,926.76	Radiology Material
191544	3/15/2023	PHARMALOGIC WY, LTD	1,994.77	Radiology Material
191657	3/23/2023	PHARMALOGIC WY, LTD	507.34	Radiology Material
191767	3/30/2023	GE HEALTHCARE INC	1,391.10	Radiology Material
191783	3/30/2023	LANTHEUS MEDICAL IMAGING, INC	2,890.14	Radiology Material
191294	3/2/2023	DR. DAVID DANSIE	729.98	Reimbursement - CME
191390	3/9/2023	DR. DAVID DANSIE	1,299.00	Reimbursement - CME
191335	3/2/2023	DR. SIGSBEE DUCK	3,962.33	Reimbursement - CME
191309	3/2/2023	ISRAEL STEWART, DO	925.00	Reimbursement - CME
191411	3/9/2023	ISRAEL STEWART, DO	898.00	Reimbursement - CME
191313	3/2/2023	JOSEPH J. OLIVER, M.D.	3,527.06	Reimbursement - CME
191318	3/2/2023	MARK SANDERS	898.00	Reimbursement - CME

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191433	3/9/2023	NEAL ASPER, MD	4,039.00	Reimbursement - CME
191604	3/23/2023	DR. DAVID LIU	3,978.30	Reimbursement - CME
191632	3/23/2023	DR. JACOB JOHNSON	1,590.00	Reimbursement - CME
191677	3/23/2023	STEVEN CROFT, M.D.	4,900.00	Reimbursement - CME
191311	3/2/2023	DR. JANENE GLYN	1,411.04	Reimbursement - Education & Travel
191413	3/9/2023	DR. JANENE GLYN	330.00	Reimbursement - Education & Travel
191410	3/9/2023	IRENE RICHARDSON	213.18	Reimbursement - Education & Travel
191416	3/9/2023	KARA JACKSON	1,551.03	Reimbursement - Education & Travel
191417	3/9/2023	KARALI FLONSKY	265.32	Reimbursement - Education & Travel
191328	3/2/2023	PATTY O'LEKEY	697.32	Reimbursement - Education & Travel
191345	3/2/2023	SUSIE DOEDYNS	655.73	Reimbursement - Education & Travel
191469	3/9/2023	VALERIE BOGGS	1,456.27	Reimbursement - Education & Travel
191577	3/23/2023	AMBER FISK	816.36	Reimbursement - Education & Travel
191587	3/23/2023	DR. CAMERSON KESLER	711.36	Reimbursement - Education & Travel
191702	3/23/2023	DR. WILLIAM SARETTE	600.00	Reimbursement - Education & Travel
191633	3/23/2023	JADE STEFFEN	80.94	Reimbursement - Education & Travel
191634	3/23/2023	JENNY LARGENT	29.36	Reimbursement - Education & Travel
191654	3/23/2023	PATTY O'LEKEY	140.00	Reimbursement - Education & Travel
191665	3/23/2023	ROBIN SNOWBERGER	29.07	Reimbursement - Education & Travel
191725	3/30/2023	ANN CLEVENGER	18.12	Reimbursement - Education & Travel
191738	3/30/2023	DR. CAMERON KESLER	711.36	Reimbursement - Education & Travel
191818	3/30/2023	STEPHANIE DUPEPE	314.36	Reimbursement - Education & Travel
191824	3/30/2023	TAMI LOVE	262.20	Reimbursement - Education & Travel
191825	3/30/2023	TASHA HARRIS	2,770.90	Reimbursement - Education & Travel
191595	3/23/2023	CINDY NELSON	126.00	Reimbursement - Non Hospital Supplies
191760	3/30/2023	JOSEPHINA IBARRA	41.54	Reimbursement - Non Hospital Supplies
191782	3/30/2023	KERRY DOWNS	156.86	Reimbursement - Non Hospital Supplies
191640	3/23/2023	MONTE GARRETT	54.79	Reimbursement - Uniforms
191340	3/2/2023	STEPHANIE DUPEPE	236.11	Reimbursement - WCRS
W/T	3/20/2023	ABG 3/16/23	213,787.81	Retirement
W/T	3/10/2023	ABG 3/2/23	210,502.05	Retirement
191323	3/2/2023	MHSC MEDICAL STAFF	600.00	Scholarship
191429	3/9/2023	MHSC MEDICAL STAFF	150.00	Scholarship
191647	3/23/2023	MHSC MEDICAL STAFF	500.00	Scholarship
191329	3/2/2023	PMS SCREEN PRINTING	170.00	Sponsorship
191614	3/23/2023	FLAMING GORGE AREA CHAMBER OF COMMERCE	500.00	Sponsorship
191655	3/23/2023	PEOPLE FOR KIDS	100.00	Sponsorship
191724	3/30/2023	ALZHEIMER'S ASSOCIATION	800.00	Sponsorship
191735	3/30/2023	BITTER CREEK SPEECH AND DEBATE	300.00	Sponsorship
191737	3/30/2023	BOY SCOUT TROOP 4	1,080.00	Sponsorship
191799	3/30/2023	OVERLAND STAGE STAMPEDE	1,588.00	Sponsorship
191810	3/30/2023	R.S. CHAMBER OF COMMERCE	3,250.00	Sponsorship
191807	3/30/2023	ROCK SPRINGS RENEWAL FUND	2,000.00	Sponsorship
191841	3/30/2023	WASHINGTON SQUARE MCKENZIE HOME	600.00	Sponsorship
191270	3/2/2023	ALI MED INC	321.13	Surgery Supplies
191365	3/9/2023	ALI MED INC	981.19	Surgery Supplies
191491	3/15/2023	ALI MED INC	1,350.80	Surgery Supplies
191271	3/2/2023	ALTA MEDICAL SPECIALTIES	237.17	Surgery Supplies
191492	3/15/2023	ALTA MEDICAL SPECIALTIES	206.14	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/2023

191368	3/9/2023	ARMSTRONG MEDICAL INDUSTRIES	2,488.00	Surgery Supplies
191275	3/2/2023	BECTON DICKINSON	1,000.08	Surgery Supplies
191372	3/9/2023	BECTON DICKINSON	483.60	Surgery Supplies
191497	3/15/2023	BECTON DICKINSON	217.50	Surgery Supplies
191286	3/2/2023	CIVCO RADIOTHERAPY	997.50	Surgery Supplies
191381	3/9/2023	CIVCO RADIOTHERAPY	1,218.00	Surgery Supplies
191291	3/2/2023	CONMED LINVATEC	481.74	Surgery Supplies
191385	3/9/2023	CONMED LINVATEC	534.60	Surgery Supplies
191506	3/15/2023	CONMED LINVATEC	534.60	Surgery Supplies
191292	3/2/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	4,332.05	Surgery Supplies
191387	3/9/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	7,619.82	Surgery Supplies
191510	3/15/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,024.16	Surgery Supplies
191391	3/9/2023	DIRECT SUPPLY	1,229.90	Surgery Supplies
191516	3/15/2023	EQUASHIELD LLC	609.04	Surgery Supplies
191308	3/2/2023	INTEGRA SURGICAL	960.00	Surgery Supplies
191409	3/9/2023	INTERNATIONAL BIOMEDICAL	182.00	Surgery Supplies
191541	3/15/2023	NANOSONICS, INC	104.00	Surgery Supplies
191447	3/9/2023	RHYTHM LINK INTERNATIONAL LLC	70.58	Surgery Supplies
191549	3/15/2023	RHYTHM LINK INTERNATIONAL LLC	44.84	Surgery Supplies
191336	3/2/2023	SMITH & NEPHEW INC.	226.32	Surgery Supplies
191343	3/2/2023	STRYKER ENDOSCOPY	235.96	Surgery Supplies
191344	3/2/2023	STRYKER ORTHOPAEDICS	5,525.00	Surgery Supplies
191459	3/9/2023	STRYKER ORTHOPAEDICS	83,159.00	Surgery Supplies
191560	3/15/2023	STRYKER ORTHOPAEDICS	5,525.00	Surgery Supplies
191461	3/9/2023	SURGISHOP	1,400.00	Surgery Supplies
191347	3/2/2023	TELEFLEX LLC	146.00	Surgery Supplies
191463	3/9/2023	TELEFLEX LLC	425.00	Surgery Supplies
191566	3/15/2023	VYAIR MEDICAL	173.88	Surgery Supplies
191475	3/9/2023	XODUS MEDICAL, INC.	740.00	Surgery Supplies
191477	3/9/2023	ZIMMER BIOMET	950.00	Surgery Supplies
191576	3/23/2023	ALTA MEDICAL SPECIALTIES	473.22	Surgery Supplies
191588	3/23/2023	CONMED LINVATEC	36.75	Surgery Supplies
191601	3/23/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	559.48	Surgery Supplies
191628	3/23/2023	INTERNATIONAL BIOMEDICAL	182.00	Surgery Supplies
191670	3/23/2023	SHEATHING TECHNOLOGIES, INC.	95.15	Surgery Supplies
191679	3/23/2023	STRYKER ENDOSCOPY	1,171.16	Surgery Supplies
191680	3/23/2023	STRYKER ORTHOPAEDICS	6,535.00	Surgery Supplies
191750	3/30/2023	CONMED LINVATEC	125.80	Surgery Supplies
191751	3/30/2023	COVIDIEN SALES LLC, DBA GIVEN IMAGING	284.22	Surgery Supplies
191805	3/30/2023	RHYTHM LINK INTERNATIONAL LLC	728.75	Surgery Supplies
191814	3/30/2023	SHEATHING TECHNOLOGIES, INC.	95.15	Surgery Supplies
191816	3/30/2023	SMITH & NEPHEW ENDOSCOPY INC	455.85	Surgery Supplies
191820	3/30/2023	STRYKER ENDOSCOPY	1,597.52	Surgery Supplies
191821	3/30/2023	STRYKER ORTHOPAEDICS	6,560.00	Surgery Supplies
191826	3/30/2023	TELEFLEX LLC	1,478.00	Surgery Supplies
191830	3/30/2023	TRICOR SYSTEMS INC.	335.00	Surgery Supplies
EFT000000000007	3/2/2023	COOPER SURGICAL	2,650.94	Surgery Supplies
EFT000000000037	3/15/2023	COOPER SURGICAL	671.18	Surgery Supplies
EFT000000000048	3/23/2023	COOPER SURGICAL	4,894.93	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/2023

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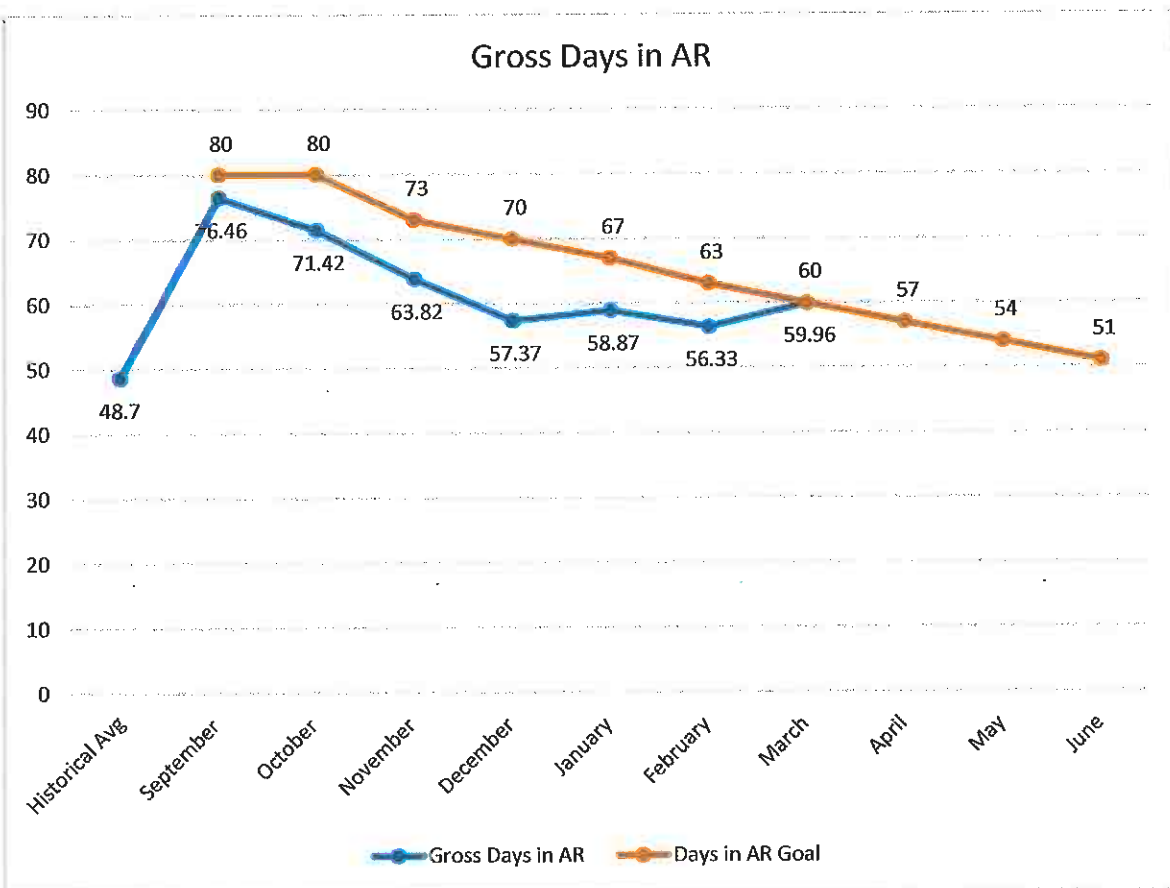
Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending March 31, 2023

Vouchers Submitted by MHSC at agreed discounted rate	
July 2022	\$0.00
August 2022	\$168,183.03
September 2022	\$0.00
October 2022	\$63,176.34
November 2022	\$0.00
December 2022	\$53,248.26
January 2023	\$23,945.08
February 2023	\$0.00
March 2023	\$39,823.24
April 2023	\$0.00
May 2023	\$0.00
June 2023	\$0.00
County Requested Total Vouchers Submitted	<u>\$348,375.95</u>
Total Vouchers Submitted FY 23	\$348,375.95
Less: Total Approved by County and Received by MHSC FY 23	\$284,607.63
Total Vouchers Pending Approval by County	<u>\$63,768.32</u>

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

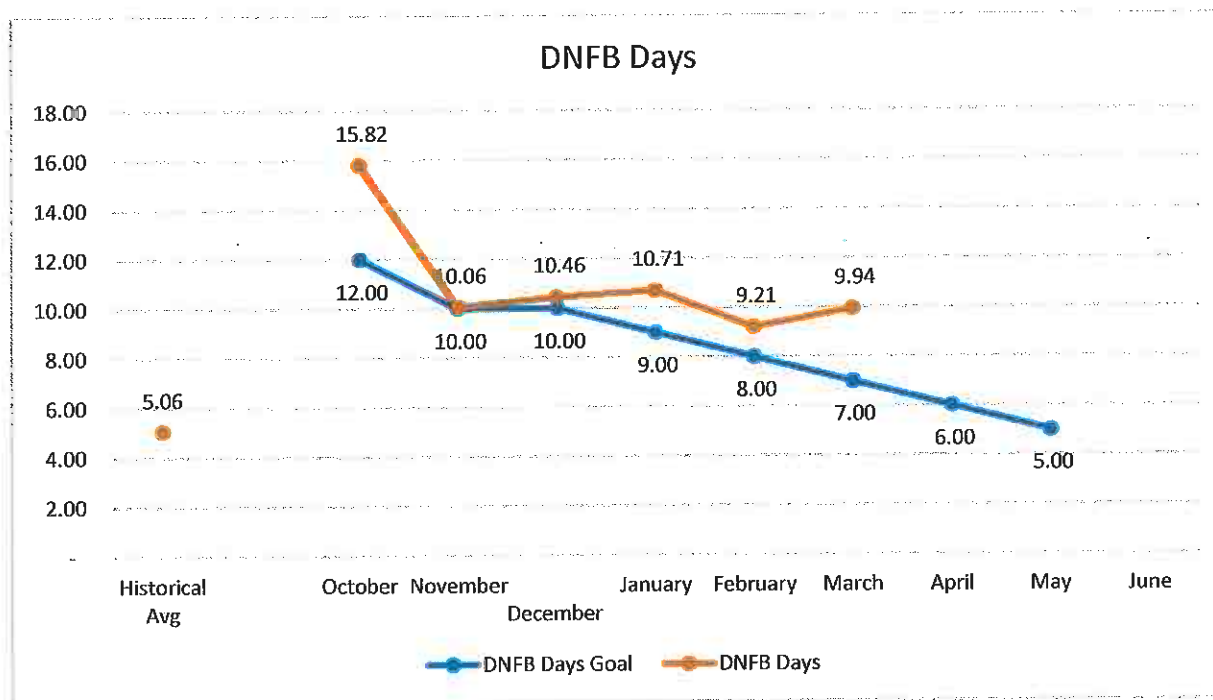
FY23 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY23 - July	\$258,289.40
County Maintenance FY23 - August	\$42,947.22
County Maintenance FY23 - September	\$114,358.00
County Maintenance FY23 - October	\$20,740.60
County Maintenance FY23 - November	\$47,844.61
County Maintenance FY23 - December	\$27,523.75
County Maintenance FY23 - January	\$41,393.31
County Maintenance FY23 - February	\$65,606.04
County Maintenance FY23 - March	\$266,680.40
County Maintenance FY23 - April	\$0.00
County Maintenance FY23 - May	\$0.00
County Maintenance FY23 - June	\$0.00
	<u>\$885,383.33</u>
FY23 Maintenance Fund Budget Remaining	<u>\$562,831.67</u>

- Days in Accounts Receivable represents the number of days of patient charges tied up in unpaid patient accounts. We have set a short-term goal of 70 days by December 31, 60 days by March 31 and 51 days by year end.
 - We use a 3-month average calculation in the financial statements for this metric. Days in AR for March increased to 59.96, coming in right at our goal of 60 days. Gross accounts receivable increased in March by \$2.1 million with gross revenue coming in \$4 million more than the previous month.

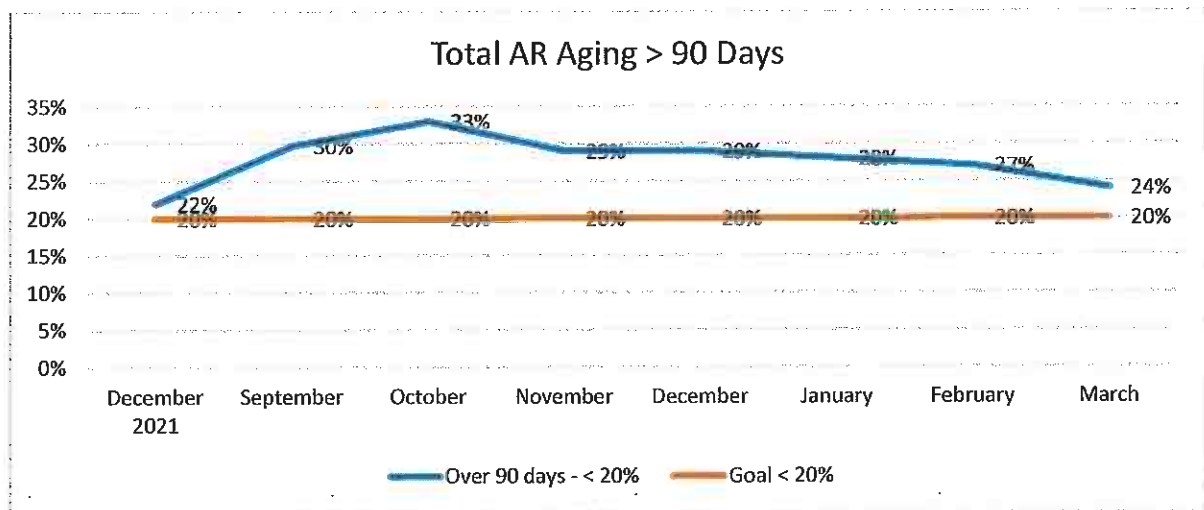


Revenue Cycle Goals – Fiscal Year 2023 - In addition to these main goals, we have set goals for some corresponding financial metrics that are impacting the revenue cycle:

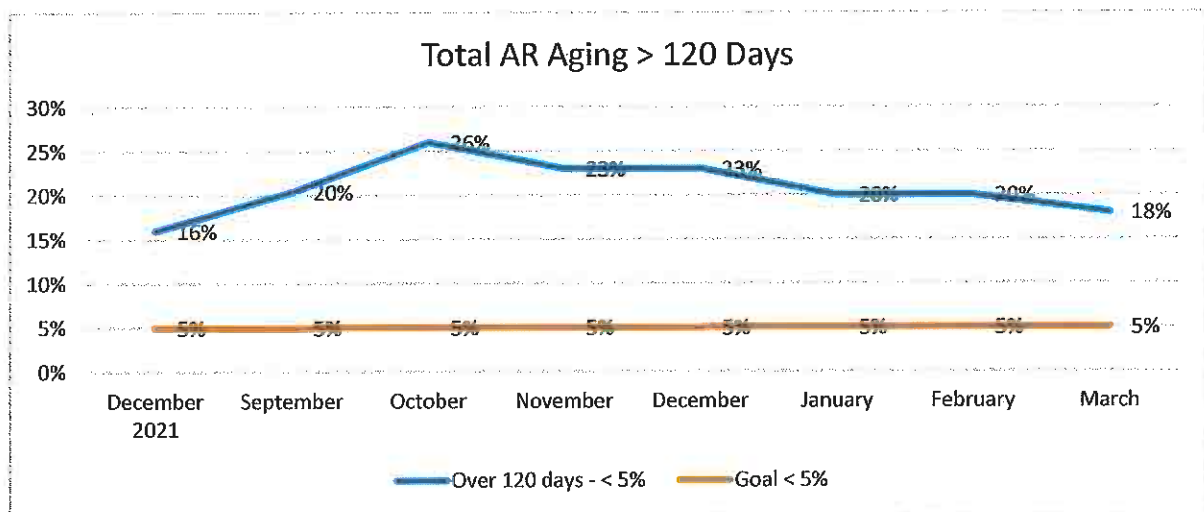
- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts where the patient has been discharged but the account has not been sent for billing. Several categories of accounts fall under DNFB including billing holds, corrections required, credit balances, waiting for coding, ready to bill and the standard delay. The standard delay, or abeyance period, are accounts held automatically for 5 days before being released for billing. This allows for all charges to be posted, charts documented and coding to be completed. We have set the goal for DNFB days at 5 days by the end of the year, equal to our 5-day abeyance period for billing accounts.
 - DNFB Days are at 9.9 for March. We did not meet the goal for March and continue to work through issues that delay billing and clean claims, including delayed documentation, payer billing edits, coding backlog and waiting on charges to be built.



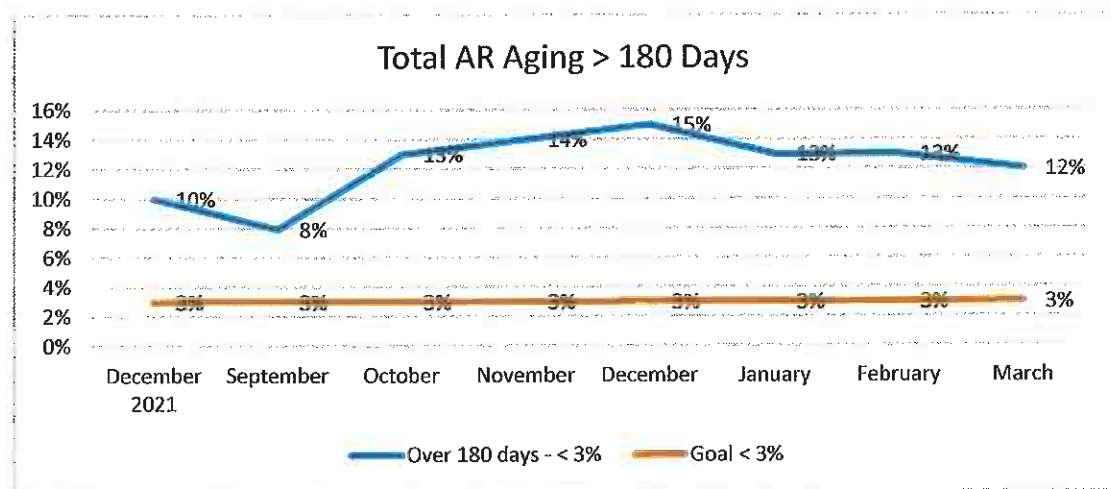
- Total Accounts Receivable aging – These goals were set based on national benchmarks received from CLA and are set as follows:
 - Days over 90 days set be < 20% of total AR
 - Days over 120 days set at < 5% of total AR
 - Days over 180 days set at < 3% of total AR
- Also shown is December 31, 2021, as comparison data from pre-Cerner. Days in AR increased in March with the additional gross revenue added to AR. As we are getting more proficient with Cerner, we have been able to refocus some time on our legacy AR. In March, days over 90, 120 and 180 all decreased.



- Days over 90 days decreased to 24% for March



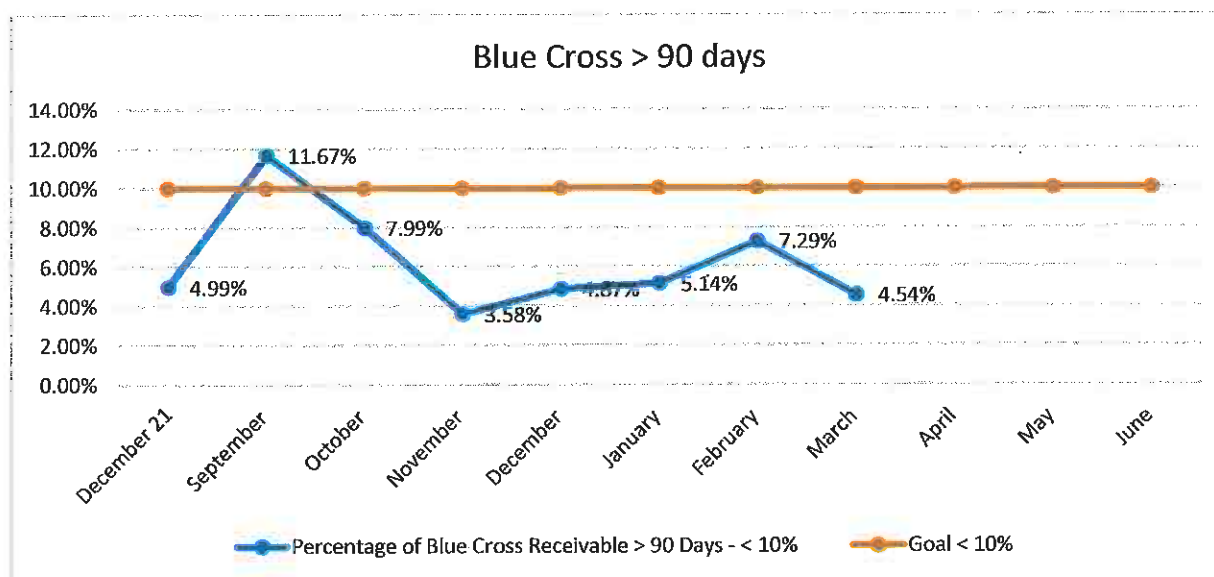
- Days over 120 days decreased to 18% for March

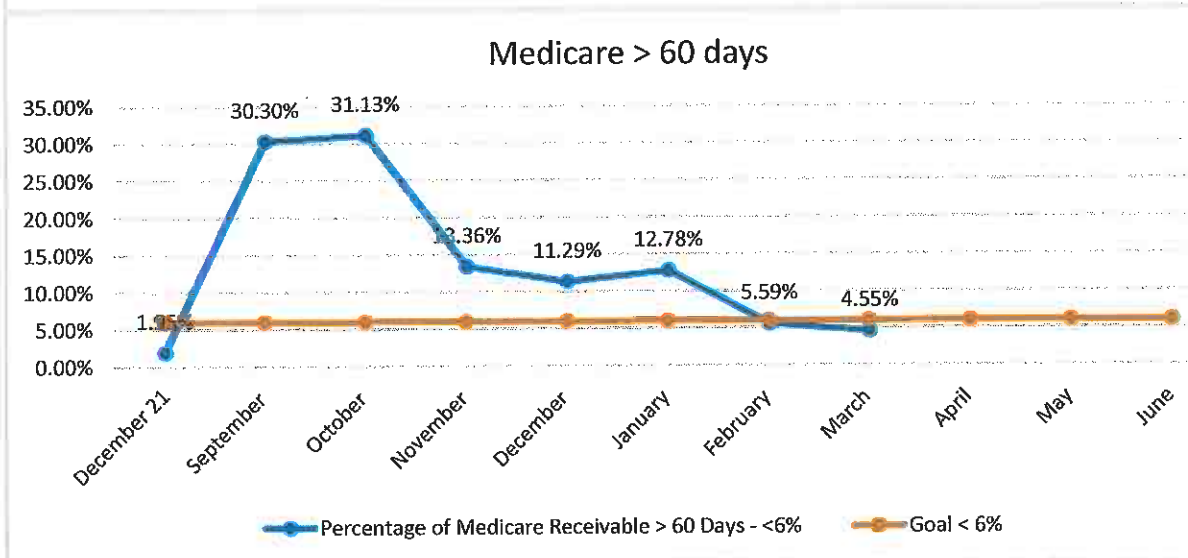
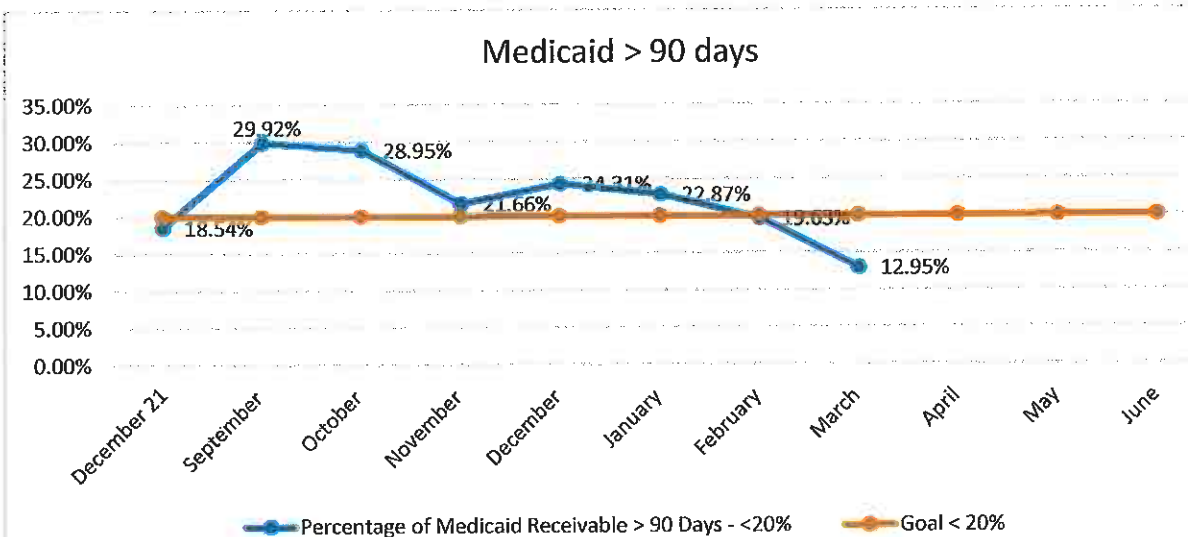
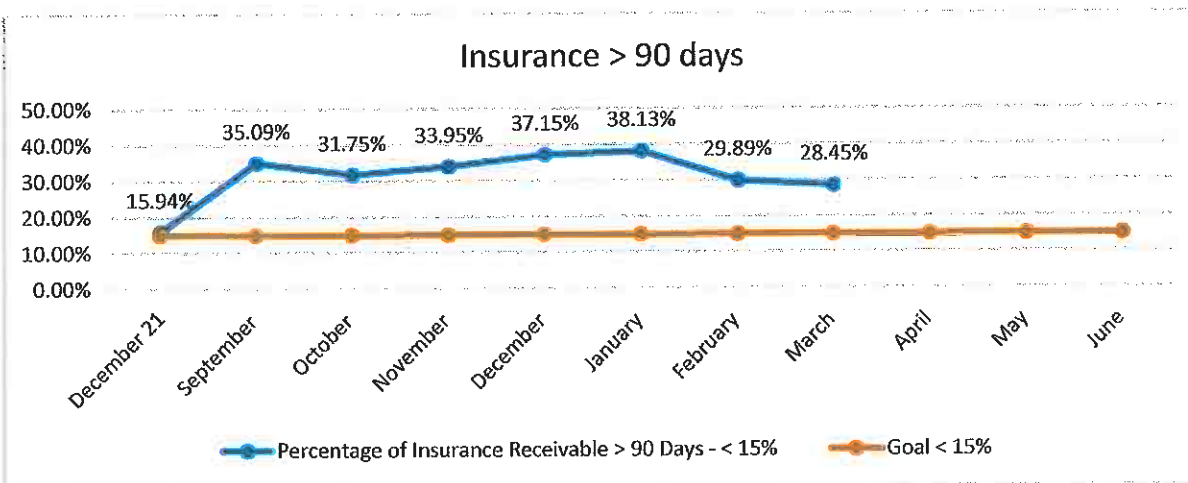


- Days over 180 days decreased to 12% for March

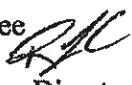
- Days in AR by Payer — These metrics show more detail of where our aging AR is allocated. These goals have always been reported in the monthly financial statements, but we will be showing the trends through the end of the fiscal year. We have met the aging goals for Blue Cross, Medicare and Medicaid and are seeing progress in Commercial payer aging. These goals are as follows:

- BCBS Days in AR > 90 days less than 10%
- Insurance Days in AR > 90 days less than 15%
- Medicaid Days in AR > 90 days less than 20%
- Medicare Days in AR > 60 days less than 6%





MEMO: April 26, 2023

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

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

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$	1,520,897.09	
Hospital Accounts Affinity	\$	186,578.93	
Hospital Payment Plans Affinity	\$	00.00	
Medical Clinic Accounts EMD's	\$	60,000.00	
Ortho Clinic Accounts EMD's	\$	00.00	
Total Potential Bad Debt	\$	1,767,476.02	
Accounts Returned	\$ -	298,623.16	
Net Bad Debt Turned			\$ 1,468,852.86
Recoveries Collection Agency Cerner	\$ -	34,502.27	
Recoveries Collection Agency Affinity	\$ -	201,597.77	
Recoveries Payment Plans Affinity	\$ -	6,050.39	
Medical Clinic Recoveries EMD's	\$ -	15,994.03	
Ortho Clinic Recoveries EMD's	\$ -	2,933.60	
Total Bad Debt Recoveries			\$- 261,078.06
Net Bad Debt Less Recoveries			\$ 1,207,774.80

<u>Cerner Accounts</u>	
Largest Account	\$ 16,664.78
Primary Self Pay	\$ 1,100,000.00
Commercial	\$ 251,828.00
Medicare	\$ 30,000.00
Medicaid	\$ 13,000.00

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...April Building and Grounds Committee Meeting
Date: April 20, 2023

Oncology Suite Project...the sole bid was submitted by A Pleasant Construction Company, Green River, WY in the amount of \$998,300. The architect's estimate for the project was \$653,167. A change order is needed to correct some ingress/egress issues, etc. Will Wheatley from Plan One estimates that the cost should be \$10,000 or less. Considerable discussion took place regarding the Hospital's options. After all the discussion, it was agreed that the best option was to accept the bid as submitted. Mr. Kelsey moved that the B & G Committee support the option to accept the bid submitted by A Pleasant Construction, support the execution of Change Order No. One in the estimated amount of \$10,000 or less, and to support the CEO's recommendation for her to execute her emergency authorization authority to sign the construction contract, and to duly inform all Board members of this action. Mr. Tardoni seconded the motion. The motion passed unanimously. This action will need to be ratified at the May 3rd meeting of the Board of Trustees.

Building Automation System...Harris Construction still needs to do some valve replacement work and to perform final balancing of the system.

Bulk Oxygen/Landscaping Project...Gerry Johnston reported that the contractor will be working to finish up this project when the weather cooperates. It is still too cold now.

Laboratory Renovation—SLIB Project...Will Wheatley reported that architectural work is progressing nicely. The project is scheduled to be bid out in late 2023. Will suggested that the Hospital seriously consider using the Construction Manager at Risk option for this project.

Medical Imaging Final Phase---X-Ray and Core Project...Will Wheatley reported that he is waiting to see what the equipment needs are in the area before he can begin in earnest to do some architectural design work.

Lightning Arrest System...the contract has been executed and it is projected that this project should be completed by June 30th.

Foundation Lab Construction Grant...this project is being discussed by staff. Jim Horan talked about the need for upgraded mental health space at MHSC. The grant specifies that funds must be expended by the same deadline as for the Laboratory Project.

The next meeting date will be discussed by staff and reported back...probably May 15th or 16th.

Note: Tami was absent and Irene had to leave at the end of the Oncology Suite discussion to attend the County Commissioner's meeting.

MEMORANDUM FOR HOSPITAL OFFICIALS
Building and Grounds Committee Meeting
April 18, 2023

The Building and Grounds Committee met in regular session via Zoom on April 18, 2023 at 2:08 PM with Mr. Marty Elsey presiding.

Attendance: Mr. Marty Elsey *Trustee - Chair*
Mr. Ed Cardoni – *Trustee*
Ms. Rene Richardson *CEO*
Mr. James Horan *Director of Facilities*
Mr. Perry Johnston *Maintenance Supervisor/ Project Manager*
Mr. Bill Heatley *PlanOne Architects*

Mr. Elsey called the meeting to order.

Mr. Elsey asked for a motion to approve the agenda. Mr. Horan made a motion to approve the agenda. Ms. Richardson seconded motion passed.

Mr. Elsey asked for a motion to approve the minutes from the March 21, 2023 meeting. Ms. Richardson made a motion to approve the minutes. Mr. Cardoni seconded motion passed.

Old Business – Project Review

Oncology Suite renovation

Much discussion about the single bid received for this project. Mr. Heatley outlined the itemized cost and gave his explanation for the higher bid amount \$345,000 higher than architectural estimate. Contractor markup over subcontractors was one reason cited. Also the presence of “free” Federal money was also cited as a contributor to any inflated bid (money seen as “free” is often spent more profligately than one’s “own” money. Inflated bids for projects funded from this “free” money is quite customary and to be expected in a “supply and demand” market). There was discussion about reflecting the single bid and rebidding. But the problems associated with that outweigh any potential benefit and was reflected by the Committee. Mr. Cardoni asked if there might be any savings on the operational side of the project. Savings garnered by altering operations in order to enable the project to be less costly to perform. No such change could be identified. Ms. Richardson stated that this project must be completed to conform to State Pharmacy Board directives. And that MHSC would take ~1.5 days of “cash on hand” to compensate for increased cost of this project.

All things considered, the overall consensus was to accept the single bid from “A Pleasant Construction” along with the additional amount for the additional door needed for code compliance. Total project \$1M. The Committee also decided to grant Ms. Richardson the ability to exercise her authority to grant approval of this project and ask the full MHSC Board to ratify that choice at their next meeting. It is important that MHSC move ahead with this project as soon as possible in order to comply with State Pharmacy Board directives.

Mr. Elsey moved for:

- Approval of the “A Pleasant Construction” PC bid of \$998,300.00 plus the additional amount of not to exceed \$10 for the additional door.
- Granting Ms. Richardson the right to exercise her authority to grant approval to PC for the above listed bid.
- To notify all MHSC board members of this action by the Building and Grounds Committee.

Mr. Cardoni seconded this motion and it was unanimously passed by the Committee.

Building Automation System

Mr. Johnston reported that there are still 5 heating valves to be replaced when the weather moderates enabling the heating system to be drained. Once all work is completed balancing of the affected HVAC systems will be completed.

Full Oxygen

Mr. Johnston expects “Wylie Construction” to mobilize to commence work before the end of April weather permitting.

Lightning Arrest System

Mr. Horan reported that “Wyolelectric” was awarded the project and will be commencing it soon. They expect to have the entire project completed by the first of July 2023.

Medical Imaging Core and X-ray

Mr. Heatley now has the information from MHSC’s chosen vendor for x-ray equipment (Siemens). He will use this information and the vendor’s requirements to devise a remodeling plan for our consideration.

Laboratory Renovation

Mr. Heatley said a comprehensive plan for the lab will be offered to MHSC in May for us to consider. The idea is to advertise this project for bid in the autumn of 2023. With an expected start date of construction being the spring of 2024.

Capital Construction Grant for Foundation Lab

Mr. Horan noted that decisions for how best to use this space are still pending. That remodeling the space for behavioral health is part of that consideration and is a perceived need from the community.

Maintenance Metrics

Mr. Johnston noted the quantity of work orders submitted and completed for the month of March. He noted no fluctuation beyond normal for the month.

New Business

No new business was presented.

Other

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

The next meeting is scheduled for Tuesday May 16 2023.

Mr.elsey adjourned the meeting at 3:05 pm.

Submitted by James Horan

DRAFT

MHSC Board of Trustees Report

The State Lands and Investment Board met on April 7th to review grants submitted for the ARPA funding that were not approved in December 2022. After review and a lot of questions and discussion, SLIB approved the MOB renovation project with a 3-2 vote. The timeline for this project is the same as the Lab renovation/expansion in which all monies must be obligated by December 2024 and the project completed by December 2026. The total cost of this project is approximately \$2.2M.

The Foundation's donor wall has been installed and is currently on display. There was a donor reveal and reception on May 1st to present the wall to our donors and community.

Rushmore furniture donated a new mattress and box springs for one of the patient rooms in the Waldner House. Occupancy has started to slow down a little bit, which is expected in the summer months.

We are currently working on patient testimonials, in conjunction with Deb Sutton, MHSC Marketing Director. We hope to run a testimonial campaign in Q3.

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

Submitted by: Tiffany Marshall



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
April 24th, 2023**

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

Excused: Irene Richardson, *CEO*

Minutes

Call to Order

The meeting was called to order at 9:05am by Kandi Pendleton.

Agenda

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

Meeting Minutes

The meeting minutes from the March 27th, 2023 meeting were presented. Taylor made the motion to approve the minutes as written and Suzan seconded. Motion carried.

New Business

1. RM/Compliance Hot Topics Update- Suzan reported that this document is the top management risks for healthcare. She stated that the areas highlighted in blue are already being done at MHSC. She continued that IT has been working really hard to make sure that all areas of technology are covered. From the report, she said that the one area for a potential audit could be "Vendor Management". Taylor questioned what an audit in this area would look like. Suzan stated that she honestly doesn't know who it would even involve or what it would look like. Questions about who oversees vendors, how is a vendor decided on, what information can they see, and accountability were all brought up. Taylor cautioned on scrutinizing vendors saying that the smaller one-man companies won't have the same stuff as the bigger companies. Kandi warned that, due to recent happenings in town, we have a way to make sure that an employee doesn't have a business that we are paying out to exclusively. She also talked about a conflict of interest and Suzan stated that the hospital does require that. Kandi stated that it is hard in a small town to not call who we know when we need something and that we need to make sure we are being equal with vendors. Suzan said that she knows that we have safeguards in place but that this is something that we may want to look into.

2. HIPAA compliance during the registration process- Suzan stated that this is our new audit and then asked April to report on the timeline.

A. Timeline- April reported on the timeline, mostly just reviewing what has been previously been done and upcoming dates. Taylor stated that April should make a better plan for auditing the different areas. He suggested picking specific times and dates and being there to audit so that this doesn't fall by the wayside. April added that she would have a better idea of times and dates after meeting with Cyndi this week and that she would let the committee know the schedule.

B. Audit Questions- April also presented the audit questions and added that there would be two more questions related to ABN's being generated when needed. She also explained what ABN's are and why they will be included in this audit. She asked for the committees input on questions or concerns that might have. Kandi stated that she had two; 1- the Ortho office has no privacy when a patient is checking in. She said that maybe it is something as simple as pulling the patient in through the door to gather the information so that the whole waiting room can't hear it. And 2-Can the forms be signed annually? Suzan answered that we would research that and find out but as of now, they are signed at every visit. She added that this will be a good time for us to see if there are some processes that we can change to make it better for the patient experience. Taylor asked for clarification on an audit question

regarding staff signing for patients. April responded that we are not signing for patients and that the question needs to be rewritten. She stated that the patient must sign the electronic forms but staff does check boxes for them. She continued that we need to make sure that patients are aware of what they are signing and that staff is doing their best to make this happen. Taylor also questioned if writing what department is being observed is a good idea. He said that we don't want to make people feel like they are being singled out. Suzan added that April could just write observed an admitting person at this time, on this date. All of these questions/concerns will be taken into consideration for the audit. Taylor added that it is so critical to get out in the work place and observe your employees and patients and he is glad that we will be out doing this.

Standing Items-Reports

- a. HIPAA-The HIPAA report was presented and reviewed. Suzan stated that April and HR are working to get all the needed steps together. She reminded the committee that P2Sentinel comes from our Cerner system and always gives lots of possible breaches to April for review. Kandi asked why there was such a delay in the time something is reported and when it is sent to a Director for review-is it HR? Suzan reported that HR is definitely busy with everything else that happens in their department but that she talks to Amber regularly and asks her to get all of this moving and that Amber reports that she is. April offered that she feels like Amber is having these discussions with Directors but maybe isn't putting dates in when she is reporting in Healthicity. If you do not change the date, it will default to the day you add everything. Suzan and April will visit with Amber and see what they can figure out. Taylor asked for clarification on "corrective action has taken place and incident is closed". He further asked what that means and where that report goes. Suzan answered that it could be verbal coaching or a write up and that it is added to the employees HR file. April stated that it is also in the Healthicity program and that HR has 6 or 7 corrective actions to pick from when closing the incident.
- b. Exclusionary Report- The Exclusionary report was presented and Suzan reported that there was nothing on it for our physicians. She stated that we have not had a physician on the list but it is something that we are always watching.
- c. Gift Card OIG opinion- Suzan stated that this document is just an FYI for the committee. She continued that she gets lots of questions about giving and receiving gifts to and from patients. The Cancer Center just asked if they can give a gift card as a reward to patients for finishing and returning a test. The OIG (Office of Inspector General) states that it is okay to give a gift card to a patient.

Additional Discussion

The next meeting is scheduled for Memorial Day so Suzan proposes that it be moved to June 26th. Kandi said that she would be busy with Airstream but would try to get someone in her place. Suzan asked if June 23rd would work better for everyone and that was agreed upon.

Next Meeting

The next meeting will be on **June 23rd, 2023 @ 9:00am**

Adjournment

The meeting adjourned at 9:49am

Respectfully Submitted,

April Prado, Recording Secretary

Minutes
Governance Committee
April 17, 2023

Present: Irene Richardson, Marty Kelsey, and Barbara Sowada
Zoom meeting called to order at 2:00 pm
Agenda approved as written

Old Business

1. **Memorial Hospital Meeting Guidelines.** Guidelines discussed and approved as written. Action: to bring to May to BOT for second reading. and discussion. Draft attached. Marty
2. **Succession Plan.** Irene brought a Success/Talent Management Plan written in 2015 for review and discussion. Changes were drafted during meeting. Will review again at May Governance meeting with goal of having a final draft copy to bring to the June BOT meeting.

New Business

1. **Oncology mixing room project.** Although the subject is not germane to Governance Committee, update of projected costs and timeline regarding accepting bid was requested by Board President.
2. **Draft Criteria for Senior Leadership Compensation.** Discussed. Decided further discussion and action is the domain of Executive Oversight and Compensation (EOC) Committee. Barbara will bring this to EO&C Committee.
3. **CEO Evaluation and Contract.** Discussed. Decided further discussion and action is the domain of Executive Oversight and Compensation Committee. Barbara will bring this to EO&C Committee.

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: **QLER Telepsychiatry Agreement**

2. Purpose of contract, including scope and description: **Provide tele-psychiatric services for the ED, Med-Surg and in-patient 24/7. Also provide tele-psychiatric services for the clinic during scheduled hours. Assessment, evaluation and management of medications and treatment of mental health patients in the hospital and clinic through telehealth services. No on-site.**

3. Effective Date: **June 1, 2023**

4. Expiration Date: **One year after effective date.**

5. Termination provisions: **The parties agree that either party has the option to terminate this Agreement immediately if the other materially breaches any of the provisions in this Agreement. Is this auto-renew? Yes, unless terminated at least 60 days in advance of renewal date.**

6. Monetary cost of the contract: **there are two component costs in this agreement Hospital cost and Clinic cost 1) Hospital-annual cost of tele-psych services provided by Qler in Hospital is \$102,600.00. This is for 30 consults per month at \$285.00 per consult. Any consults over 30 per month will be billed at \$285.00 per consult. Annual cost will be billed monthly \$8550.00 x 12+ \$102,600.00 2) Clinic-annual cost for tele-psych services is \$59,280.00 for 4 consults per week @\$285.00 per consult 1140.00 per week x 52 weeks= \$59,280.00. Total annual cost of services is \$161,880.00 There is also a one-time Implementation fee of \$2,500 for up to 3 individual Assignment Locations. Budgeted yes**

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

8. Any confidentiality provisions? **Yes as to the terms of the agreement.**
Section 21

9. Indemnification clause present? **Yes Section 10**

10. Is this contract appropriate for other bids? **Clinic Director has reviewed numerous vendors for this service and QLER was determined to be the best choice.**

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



QLER Physician Medical Group P.A.
1900 Campus Commons Drive Suite 100
Reston, Virginia 20191
(703) 766-6555
www.qlersolutions.com

QLER Physician Medical Group Telepsychiatry Agreement

Presented to:

☐ Memorial ☐ Hospital of Sweetwater ☐ County

April 30, 2023

This is an Agreement ("Agreement") made as of **April 28, 2023**, by and between **Qler Physician Medical Group, P.A.**, a professional corporation formed in Wyoming, which has corporate offices at 1900 Campus Commons Drive Suite 100, Reston, Virginia 20191 (referred to as "QLER" in this Agreement) and **Memorial Hospital of Sweetwater County** which has offices at **1200 College Dr, Rock Springs, WY 82901** (referred to as "Client" in this Agreement).

1. **Statement of Work.** Client has requested that QLER supply its tele-psychiatry services to supplement Client's own medical staff. QLER agrees to provide psychiatric services within the Client's facilities as documented in the Exhibits to this agreement. In addition to providers staffed for the Client per this agreement, the services also include:
 - Training of all required Client personnel on forms, workflow, and technology usage required to utilize the tele-psychiatry platform
 - Monthly reporting showing details on consultations conducted by QLER
 - Assistance in configuring onsite technology (Tablets/Computers)
 - Scheduled video conferences (or calls) by QLER psychiatric leadership to foster strong relationships to Client's staff and build awareness of community resources available
2. **Tele-Psych Providers to Be Assigned to Client.** QLER will assign tele-psych providers to work virtually at Client's medical facilities. QLER will assign only tele-psych providers with proper state licensure and experience in treating patients with psychiatric conditions and warrants that assigned tele-psych providers will exert their best effort in the performance of the Services in accordance with prevailing local community standards of care and in a prompt, professional, and courteous manner. Under this agreement, QLER is not the Client's employee, legal partner, co-venturer, principal, agent, insurer, or representative. Due to the unique nature of the Qler staffing model, Qler assigned Providers shall be exempted from any annual dues, credentialing costs or other fees levied upon clinical staff at Client facilities.
3. **Direction and Supervision.** The Assigned Tele-psych providers are assigned to supplement Client's own medical staff. QLER and Client will work together to determine the best resource(s) to support the work of the Tele-psych providers assigned to Client.
4. **Insurance.** QLER will provide medical malpractice insurance (claims made) coverage to Assigned Tele-psych providers through its A-Rated insurance company in limits of \$1,000,000 per incident and \$3,000,000 in the aggregate or such higher limits as mandated by state law in the state of the Assignment. Additionally, QLER will carry a Cyber Liability policy with a \$3,000,000 annual aggregate limit of liability. Coverage hereunder is subject to the terms of the policy.
5. **Parties Responsibilities/Obligations.**
 - A. QLER's responsibilities are to assist Client in pre-assignment review of the Assigned Tele-psych providers, including, as directed by Client in writing, and with the Assigned Tele-psych provider's consent, the following:
 - Provide Curriculum Vitae;
 - Copies of professional credentialing information;
 - Disciplinary history; and
 - Such other matters as reasonably requested by Client, including but not limited to, supporting the initial Client hardware configuration to perform the services provided in this Agreement.

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- B. Client's responsibilities include the following:
- Promptly review a proposed Assigned Tele-Psych provider's qualifications and credentials and inform QLER if such proposed Assigned Tele-psych provider is acceptable to Client.
 - Credential QLER providers within Client facilities.
 - If applicable, credential QLER providers with Client's insurance payers and submit professional fee billing to insurance payers.
 - Provide adequate supervision of the Assigned Tele-psych provider.
 - Provide the necessary onsite facilities, staff, supplies and support for the Assigned Tele-psych provider to provide services.
 - Provided the necessary IT support to enable the services to operate within the Client facilities. This includes Client based Network support, EHR support and hardware support.
 - Client will make QLER aware of any IT system updates, downtime, or changes that can be reasonably predicted to have an impact on QLER's capability to deliver services.
 - Promptly notify QLER of any claim or incident that may give rise to a claim or disciplinary proceeding against or involving the Assigned Tele-psych provider.
 - Promptly notify QLER of any incomplete medical record documentation required to be completed by the Assigned Tele-psych provider.
 - Accurately input all pertinent patient details into QLER's Telehealth intake form when requesting a consultation with QLER's Tele-psych provider.

6. Disclaimer of Liability. QLER expressly disclaims liability for any claim, loss, or liability of any kind resulting from:

- A. Client's assigning Assigned Tele-psych providers to duties different from their original duties or Client making substantial changes to an Assigned Tele-psych provider's job duties or risks without QLER's prior written approval.
- B. Client's delay in, or inability to connect to Telehealth platform.
- C. The conduct of Client's officers, employees, and agents.
- D. Failure by Client to provide Assigned Tele-psych providers with information, IT support, training, and guidance necessary to deliver services within Client's facilities.
- E. A violation or breach by Client of any law, statute, or regulation.

7. Billing, Payment, and Record Keeping.

QLER will invoice Client for services performed in accordance with the Statement of Work Exhibit(s) included with this agreement. QLER utilizes its telehealth platform to capture all pertinent billing details (Date, Time, Duration of consult, Tele-psych provider Name, Originating Facility Name etc.) and maintains a record of the transaction data. QLER will deliver all invoices electronically to the Client's designated recipient, and Client is expected to review the invoice within Fifteen (15) business days of its submission to verify the transactions. If Client does not notify QLER of any discrepancies during the review period, QLER will deem the invoice to be accepted and Client agrees to remit payment for no later than Forty-Five (45) days from the invoice date.

The balance of any invoice unpaid after Forty-Five (45) days shall bear interest at the rate of one percent (1%) per month. In the event Client fails to pay any such invoice so that legal action is required, Client shall be liable for all costs of collection, including

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reasonable attorney fees. If payment is not received in accordance with the terms hereof, QLER reserves the right to suspend services until payments are made.

8. Term and Termination.

- A. Term and Termination of the Agreement. The Agreement is for a one-year period, from date of execution, and is automatically renewable unless written notice to the contrary is received by QLER at least 60 days in advance of the renewal date. Any Assignment, defined as an Exhibit, that has been separately executed under the Agreement, and is ongoing at the time of this Agreement's termination, shall continue under the terms of this Agreement for the duration of the Assignment; or until the Assignment is terminated in accordance with section 8(B) of this Agreement.

The parties agree that either party has the option to terminate this Agreement immediately if the other materially breaches any of the provisions in this Agreement.

- B. Termination of an Assignment. Either Party shall have the right to terminate an Assignment for convenience by providing the other with sixty (60) days written notice. During the sixty (60) day notice period, it is understood that the Parties will maintain the same level of service and commitment as provided prior to the delivery of such termination notice. Terminated Assignments may be subject to additional terms and conditions as outlined in the Assignment Exhibit.
- C. Removal of an Assigned Tele-psych provider. In the event Client has concerns over the quality of services rendered; or the performance of an Assigned Tele-psych provider, Client shall have the right to request the removal of an assigned Tele-psych provider, provided that, prior to execution of such request, Client notifies QLER in writing of such concerns and allows QLER a Fifteen (15) day Cure Period to remedy such concerns. If at the end of the Cure Period, QLER is unable to reasonably remedy Client's concerns, QLER will remove and replace the assigned Tele-psych provider.
- D. Obligations upon Termination. If either party terminates the Agreement; or an Assignment for convenience, Client will remain liable to pay any unpaid charges, and the provisions of Sections 6, 7, 8, 9, 10, 12, 16, 17 and 18 of this Agreement will remain in effect notwithstanding termination.

9. **Limitation of Liability.** Neither party shall be liable to the other, or to any other person, for any special, exemplary, indirect, punitive, incidental, reliance or consequential damages, including any damages resulting from lost business, loss of goodwill, lost revenues, failure to realize anticipated savings, lost profits, inability to access the platform or any data store in the platform.

Unless otherwise mutually agreed upon, each party's maximum aggregate liability to the other or to any other person for any loss arising out of or related to the agreement or the installation, implementation, customization, use, inability to use, operation or support of the services shall not exceed the total fees paid and/or payable by CLIENT to QLER in the twelve (12) month period immediately preceding the event(s) giving rise to such liability. To the maximum extent permitted by law, the provisions set forth in this section 6 shall apply regardless of the form or action or theory of liability and even if a party was advised of the possibility of damages and whether damages were reasonably foreseeable. The parties agree that these limitations are essential components of the agreement and form the basis for determining the fees charged for the services, and that neither party would enter into the agreement without these limitations on its liability. These limitations will apply even if any limited remedy specified in the agreement is found to fail of its essential purpose.

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10. **Indemnity.** Each Party agrees to indemnify and hold the other, its officers, directors, and employees harmless against all damages, liabilities, or costs, including reasonable attorneys' fees and defense costs, to the extent caused solely by the acts of the indemnifying Party and/or its employees, subcontractors, or anyone for whom the indemnifying Party is legally liable. It is expressly agreed between the parties that QLER shall not be obligated to indemnify Client, its Health Systems or its Users for claims that relate to the access or performance of the Telehealth platform.
11. **No Warranty.** Access to the Telehealth Platform and Data are provided "as is" and "as available" without warranty of any kind, including the implied warranties of merchantability, and fitness for a particular purpose. Client is solely responsible for any and all actions or omissions taken or made by Client or its authorized users in reliance on or in connection with access to the Platform or the data therein. QLER has no responsibility or obligation to replace any hardware, software or media damaged by access to, or accident, abuse or misuse of the Platform or the Data by Client. Except as set forth otherwise, in no event may QLER be liable for.
12. **Solicitation of Assigned Tele-psych providers and Candidate Ownership.**
As a result of QLER's substantial investment in maintaining QLER staff of tele-psych providers, and in consideration of the services rendered by QLER, it is agreed that for a period of two (2) years after the last day for which services are delivered by an Assigned Tele-psych provider, that Client will not directly, or indirectly through a third party, utilize or hire the Assigned Tele-psych provider, unless otherwise agreed to by QLER in writing. Should Client hire any of the Assigned Tele-psych providers directly as an employee or independent contractor, Client shall pay to QLER an amount equal to thirty percent (30%) of the annualized pay of such Assigned Tele-psych provider.
13. **Equal Opportunity.**
- A. It is QLER's policy not to discriminate with regard to race, color, religion, national origin, sex, marital or veteran status, age, or the presence of a nonjob-related handicap. QLER will follow this policy in providing Assigned Tele-psych providers to Client under this Agreement. Client agrees to comply with its legal obligations in this regard.
 - B. Client and QLER agree not to harass, discriminate against, or retaliate against any Assigned Tele-psych provider because of his or her race, national origin, age, sex, religion, disability, marital status, or other category protected by law; nor shall either party cause or request the other party to engage in such discrimination, harassment, or retaliation. In the event of any complaint of unlawful discrimination, harassment, or retaliation by any Assigned Tele-psych provider, Client and QLER agree to cooperate in the prompt investigation and resolution of such complaint.
14. **Status of Assigned Tele-psych Providers.** Client acknowledges and agrees that the Assigned Tele-psych providers are employees or independent contractors of QLER. QLER shall have no right to direct or control independent medical judgement of the Assigned Tele-psych providers. QLER reserves the right, upon notice to client and subject to the client credentialing process, to remove and replace Tele-psych providers from Assignments.
15. **Independent Contractor.** The Parties are independent contractors of each other, and neither Party shall hold itself out to be, nor shall either Party be deemed or construed to be, for any reason, an agent or employee of the other Party.
16. **Legal Compliance.** The Parties shall comply with, and QLER shall direct the Tele-Clinical Team to comply with, all applicable federal, state, and local statutory and regulatory requirements, including, without limitation, rules, regulations and guidelines of the American Medical Association and the Health Insurance Portability and Accountability Act of 1996. Because Client

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controls the facilities in which the Tele-Clinical Team works, Client is responsible for compliance with the Occupational Safety and Health Act and comparable state laws and regulations thereunder to the extent those laws apply to the Assigned Tele-psych providers.

17. **Waiver.** The failure of either party to enforce at any time, or from time to time, any provision of this Agreement shall not be construed as a waiver thereof.
18. **Amendment.** This Agreement may be amended only by a written agreement between the parties that expressly amends, terminates, or supersedes this Agreement.
19. **Validity of Terms.** If any term or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law of a federal, state, or local government having jurisdiction over this Agreement, the validity of the remaining portions or provisions of this Agreement shall not be affected thereby.
20. **Choice of Law & Venue.** This Agreement and any claims arising out of this Agreement (or any other claims arising out of the relationship between the parties) shall be construed and enforced in accordance with, and the rights of the parties shall be governed by, the laws of the State of Wyoming. This Agreement shall in all respects be interpreted, enforced and governed under the internal and domestic laws of the State of Wyoming. Any claims or legal actions by one party against the other shall be commenced and maintained in any state or federal court located in the State of Wyoming. Client hereby consents to the jurisdiction and venue of the courts of the State of Wyoming relative to any dispute arising hereunder.
21. **Confidentiality.** Client shall not disclose the terms of this Agreement or the financial arrangement between Client and QLER to any party, including the Assigned Tele-psych providers, except as compelled by legal process. Upon consent, either party may use the name or trademarks of the other party for marketing and promotional materials.
22. **Force Majeure.** QLER will not be held liable if it is prevented from carrying out its obligations hereunder due to causes beyond its reasonable control, including, but not limited to, network failures, power outages, any act of God, fire, natural disaster, accident, war, acts of war (declared or not), riots, civil commotion, strikes, terrorist acts, lockouts or any other labor disturbances, or act, omissions or delays in acting by any governmental authority.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement as of the day and year first above written.

QLER Physician Medical Group, P.A.

By: _____

Name: Gregory R. Renck, MD

Title: President

Memorial Hospital of Sweetwater County

By: _____

Name:

Title:

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EXHIBIT A
TELE-PSYCHIATRY CONFIRMATION OF ASSIGNMENT – ONDEMAND

Pursuant to the Agreement between **QLER Physician Medical Group, P.A.**, (“QLER”) and **Memorial Hospital of Sweetwater County** (“Client”) dated as of **April 28, 2023**, this Exhibit confirms Client’s desired Assignment of QLER providers to perform Tele-Psychiatric services during the dates, and at the locations and rates defined below. Any conflicts or inconsistencies between the terms of this Exhibit and the Agreement referenced above, the terms of this Exhibit shall prevail.

1. Assignment Specifics:

Start Date: **Day 1 of Go-Live**
Assignment Term: **TWO YEARS**

Start date is dependent upon facility readiness, including completion of the credentialing process. Upon the completion of the assignment term, unless terminated in accordance with section 8(b) of the Agreement, the Assignment will automatically renew for a successive 12-month term after initial 2-year term.

Assignment Location(s):

- **1200 College Dr, Rock Springs, WY 82901**

2. Program Implementation and Ongoing Support Services:

Included in the QLER model is a holistic program approach for program success that includes:

- Partner success team for implementation of proprietary “QLER Path” implementation work plan including clinical workflow, IT installation and other critical elements of program success as well as project management oversight to ensure a successful launch of the Tele-Psychiatry service within your designated facilities.
- Use of QLER partner’s telehealth platform including all video consultation, workflow routing, and reporting functionality
- Uptake team that manages the virtual queue including questions, follow ups, minor IT troubleshooting and other items to help hospital staff and QLER maintain efficiency and quality.
- A highly trained credentialing and licensing team that would work with your hospital’s credentialing team to credential the providers.
- IT support that focuses on telehealth platform and workflow compliance to streamline each of these components for a successful infrastructure.
- Quality team to ensure the highest quality service for patients and staff including chart review, OPPEs and other appropriate models.
- Reporting and KPI metrics each month for your facility coordinator /designed professional and/or system coordinator/telehealth director.

QLER charges a one-time Implementation fee of **\$2,500** for up to 3 individual Assignment Locations. Additional assignment locations are \$500 per location.

3. Tele-Psychiatry Scope of Work: Client has requested QLER supply on-demand, tele-psychiatry to supplement Client’s own medical staff. QLER will provide consultations as ordered by Client. This includes:

- QLER will credential a team of Psychiatrists and Advanced Practitioners at your facility. Provider team size will be determined based on hours of operations and expected consult volumes. QLER will continually monitor service levels and work with the client to adjust team size as appropriate.

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- Training of all required Client personnel on forms, workflow, and technology usage required to utilize the tele-psychiatry platform
- Scheduled video conferences (or calls) by QLER provider team to foster a strong relationship with Client's staff and build awareness of community resources available

4. **Clinical Protocols:** QLER will deliver the above scopes under following clinical protocols:

- QLER providers will be credentialed at the facility(s) and depending on documentation methodology, may be granted remote access to the facility's electronic medical record (EMR). Alternatively, QLER and Client may elect to utilize a secure fax system for the transmission of patient records pre and post consult.
- QLER providers will fully document each consult in the Client's EHR/EMR upon completion of patient consultation; or alternatively, QLER Tele-psych providers will send their consult documentation to Client via a secure fax system.
- QLER providers will make treatment, medication and/or follow-up recommendation to onsite ED or attending Physician
- When needed, QLER providers will be available by phone or the telemedicine platform to answer questions or provide guidance to the primary care team

5. **Clinical Setting:** QLER will provide OnDemand services within the Emergency Department, Med-Surg and Inpatient Floors*.

*On Demand services apply to inpatient floors unless QLER is specifically contracted and scheduled to provide daily rounding to a facility's inpatient unit.

6. **Schedule:** QLER's Tele-psych providers will be available to see patient consults via telehealth platform twenty-four (24) hours a day, seven (7) days a week

7. **Pricing:**

- Pricing annually is **\$102,600**. which includes all of the components of program implementation listed above as well as up to **30** consults per month. Each additional patient consult over **30** in a month, will be invoiced at **\$285** per consult.
- At the conclusion of each calendar month, QLER will send client a monthly invoice based on 1/12 (**\$8,550** of the annual contract plus any additional consults in excess of the **30** monthly consults that are included in the annual price.

8. **Additional Terms**

- QLER invoices 1 time per midnight per patient. For example, if QLER consults on a patient at 1PM and is then called upon at 7PM to provide additional consultation for that same patient, there will only be 1 charge for those consultations. Excessive follow up consultations for the same patient on the same day may incur an additional charge. If a follow up consultation for a patient occurs after midnight, then the follow up consultation would be invoiced separately because it occurred on a separate day.
- QLER's telehealth platform provides access to Interpreter Services. American Sign Language and other foreign language interpretation provided via video is \$2.25/min. Audio only interpretation is \$1.50/min. Interpreter charges are only incurred if the service is utilized.
- If Client terminates this Assignment in accordance with the Agreement, prior to the end of the then current annual term; client agrees to pay the balance of the remaining, unbilled months of the annual term.
- At the conclusion of the initial twelve-month period, scheduled efforts may be adjusted upon the mutual agreement of the parties.
- Following the initial one-year assignment term, annual pricing and Consult Rate is subject to a 3% annual increase.
- Any conflicts or inconsistencies between the terms of this Exhibit and the Agreement referenced above, the terms of this Exhibit shall prevail.

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The Client has read, understands, and agrees to the terms and conditions set forth in this Confirmation. Please sign below and email to QLER (email address: jkohlmeir@qlersolutions.com).

QLER Physician Medical Group, P.A.

Accepted by: Memorial Hospital of Sweetwater County

Signature: _____

Signature: _____

Print Name: Gregory R. Renck

Print name: _____

Title: _____

Title: _____

Date: _____

Date: _____

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EXHIBIT B
TELEPSYCHIATRY CONFIRMATION OF ASSIGNMENT – SCHEDULED CLINIC

Pursuant to the Agreement **QLER Physician Medical Group, P.A.** and **Memorial Hospital of Sweetwater County** dated as of **April 28, 2023**, this letter confirms Client's order for the assignment of QLER clinical team to perform Tele-Psychiatric services during the following dates and at the locations and rates defined below:

1. Assignment Specifics:

Start Date: **Day 1 of Go-Live**
Assignment Term: **TWO YEARS**

Start date is dependent upon facility readiness, including completion of the credentialing process. Upon the completion of the assignment term, unless terminated in accordance with section 8 of this agreement, the confirmation will automatically renew for a successive 12-month term after the initial 2-year assignment.

Assignment Location(s):

- **Medical Office Building – 1180 College Drive, Rock Springs, WY 82901**

2. Scope of Work: Client has requested QLER supply scheduled, tele-psychiatry to supplement Client's own medical staff. QLER will provide consultations in the clinic(s) as requested by Client. In addition to supplying the board-certified or board eligible psychiatrists or Nurse Practitioners with proper licensing, QLER will also provide:

- Training of all required Client personnel on forms, workflow, and technology usage required to utilize the tele-psychiatry platform
- Monthly reporting showing details on consultations conducted by QLER Tele-Psychiatrists
- Scheduled meetings (or calls) by QLER psychiatric team to foster strong relationships to Client's staff and build awareness of community resources available

3. Clinical Protocols: QLER will deliver the above scopes under following clinical protocols:

- QLER psychiatrists will be credentialed at the facility(s) and granted remote access to the facility's electronic medical record (EMR)
- QLER psychiatrists will fully document each consult in the EHR/EMR or documentation methodology of the clinic.
- QLER psychiatrists will make treatment, medication and/or follow-up recommendation to onsite primary care physician or facility's medical director
- When needed, QLER psychiatrists will be available by phone or telemedicine to answer questions or provide guidance to the primary care team

4. Schedule of Work: TelePsych service hours will coincide with Client's hours of:

- **Office hours are 8a – 6p MT; To Be Determined the actual schedule for the contracted hours**
- While a more detailed schedule may need to be worked out between the parties, it is generally understood that the schedule will be for **4 GUARANTEED HOURS/WEEK**. Physician hours per week allocated across the locations identified as "Assignment Locations".

5. Hourly Rate: **Standard, Clinic based Tele-psychiatry**

- a. **\$285 / per Scheduled Physician Hour**

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6. Scheduled Contracted Volume and Fees:

Volumes and fees are documented to ensure both parties have a mutual understanding of the financial value of the agreement. Additionally, these details inform QLER's staffing decisions to ensure it can meet the expected demands of the assignment.

METRIC	WEEKLY	ANNUALIZED
Contracted Clinic Hours	4	208
Contracted Fees based on Schedule	\$ 1,140	\$59,280

7. Additional Terms

- QLER will submit a monthly invoice based upon the greater of either the scheduled physician hours multiplied by the Hourly Rate or actual hours worked multiplied by the Hourly Rate
- Scheduled Physician hours will include, but are not limited to, patient consultations, clinical and administrative documentation, communication with client staff and patient family members as needed.
- Ad hoc hours required in excess of the scheduled physician hours will be invoiced at the Hourly Rate.
- QLER's telehealth platform provides access to Interpreter Services. American Sign Language and other foreign language interpretation provided via video is \$2.25/min. Audio only interpretation is \$1.50/min. Interpreter charges are only incurred if the service is utilized.
- Client is responsible for managing patient scheduling and ensuring patients are present during the agreed upon physician scheduled hours. QLER will attempt to accommodate late patients, however, there are no guarantees that late patients will be seen.
- Patient "No-shows", as well as cancelations with less than 48 hours' notice, will incur charges associated with the scheduled physician hours regardless of whether or not patients were seen.
- If Client terminates this Assignment in accordance with the Agreement, prior to the end of the then current annual term; client agrees to pay the balance of the remaining, unbilled months of the annual term.
- At the conclusion of the initial twelve-month period, scheduled efforts may be adjusted upon the mutual agreement of the parties.
- Following the initial one-year assignment term, Hourly Rate is subject to a 3% annual increase.
- Any conflicts or inconsistencies between the terms of this Exhibit and the Agreement referenced above, the terms of this Exhibit shall prevail.

The Client has read, understands, and agrees to the terms and conditions set forth in this Confirmation. Please sign below and email to QLER (email address: jkohlmeir@qlersolutions.com).

QLER Physician Medical Group, P.A.

Accepted by: **Memorial Hospital of Sweetwater County**

Signature: _____

Signature: _____

Print Name: Gregory R. Renck

Print name: _____

Title: _____

Title: _____

Date: _____

Date: _____

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