

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

June 1, 2020

7:00 p.m.

Dial: 800.875.8299

Meeting ID: 888 888 8888

Password: 888888

AGENDA

- I. Call to Order Taylor Jones
  - A. Roll Call
  - B. [Pledge of Allegiance](#)
  - C. Our Mission and Vision Richard Mathey
  - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Taylor Jones
- III. [Minutes](#) *(For Action)* Taylor Jones
- IV. Community Communication Taylor Jones
- V. Old Business Taylor Jones
  - A. COVID-19 Preparation and Recovery
    - 1. Incident Command Team Update Kim White, *Incident Commander*
  - B. [Financial Hardship Policy](#) *(For Action)* Marty Kelsey
  - C. [Plan for Providing Patient Care Services](#) Kristy Nielson, *Chief Nursing Officer*  
And Scopes of Care *(For Action)*
  - D. Charter
    - 1. [Executive Oversight & Compensation](#) *(For Action)* Richard Mathey
  - E. Outstanding – Not Ready for Board Consideration (Placed on the agenda as a reminder of uncompleted business)
    - 1. Credentialing Criteria *(presented following approval of new medical staff bylaws)*
- VI. New Business Taylor Jones
  - A. [Performance Improvement and Patient Safety Plan](#) *(For Review)* Kara Jackson, *Director of Quality, Accreditation, Patient Safety*
  - B. [Termination and Appeal Procedure](#) *(For Review)* Marty Kelsey
  - C. [FY21 Operating and Capital Budget](#) *(For Action)* Marty Kelsey
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
  - A. [Quality Committee](#) Barbara Sowada
  - B. Human Resources Committee Ed Tardoni
  - C. Finance & Audit Committee Marty Kelsey
    - 1. [Capital Expenditure Requests](#) *(For Action)*

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
REGULAR MEETING OF THE BOARD OF TRUSTEES  
June 1, 2020  
6:00 p.m.  
Dial: 800.875.8888  
Meeting ID: 888 888 8888  
Password: 888888

AGENDA

2. Bad Debt *(For Action)*  
[May Committee Meeting Information](#)
- D. [Building & Grounds Committee](#) Ed Tardoni
- E. Foundation Board Taylor Jones
- F. [Compliance Committee](#) Barbara Sowada
- G. Governance Committee Barbara Sowada
- H. Executive Oversight and Compensation Committee Richard Mathey
- I. Joint Conference Committee Richard Mathey
- IX. Contract Review Suzan Campbell, *In-House Counsel*  
A. Contract Approved by CEO since Last Board Meeting *(For your Information)*
  1. [Ovid Technologies](#)
- X. Medical Staff Report Dr. Lawrence Lauridsen, *President*  
A. [Supervising Physician Agreement](#) *(For your information from Credentials Committee)*
- XI. Good of the Order Taylor Jones
- XII. Executive Session Taylor Jones
- XIII. Action Following Executive Session Taylor Jones  
A. Approval of Privileges
- XIV. Adjourn Taylor Jones



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

**May 6, 2020**

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on May 6, 2020, at 2:00 PM with Mr. Taylor Jones, President, presiding.

**CALL TO ORDER**

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

Officially present: Ms. Irene Richardson, Chief Executive Officer; Dr. Lawrence Lauridsen, Medical Staff President; and Mr. Jeff Smith, Sweetwater County Board of County Commissioners Liaison.

**Pledge of Allegiance**

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

**Our Mission and Vision**

Mr. Tardoni read aloud the mission and vision statements.

**Mission Moment**

Ms. Richardson said she had three mission moments to share. First, she gave a huge shout out to our community for being so strong, supportive and connected to the Hospital. She said the community has been so good to us and we are very grateful for their outpouring of kindness and compassion. Second, Ms. Richardson recognized the staff. She said we are so fortunate to have our staff. They are respectful, supportive, compassionate, caring, and kind. She said she is proud and humbled to be part of this compassionate, caring team. Third, Ms. Richardson said we are grateful for our Board of Trustees for their support, direction, and confidence. She said we also appreciate our great Board of County Commissioners. Mr. Jones said this has not been an easy time for anybody and it is important to hear positive things. He thanked Ms. Richardson for her comments and everyone for all they are doing.

**APPROVAL OF AGENDA**

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



## **APPROVAL OF MINUTES**

The motion to approve the minutes of the April 1, 2020, regular meeting as presented was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve the minutes of the April 23, 2020, special meeting as presented was made by Mr. Kelsey; second by Mr. Tardoni. Mr. Mathey abstained and the motion carried.

## **COMMUNITY COMMUNICATION**

Ms. Leslie Taylor, Clinic Director, said she is proud to work at the Hospital. She said she is grateful to work with such amazing people.

## **OLD BUSINESS**

### **COVID-19 Preparation and Recovery - Incident Command Team Update**

Mr. Jones said there is a lot of information out there and people are doing a good job but it is important to get that from our Incident Command. Ms. Kim White, Incident Command, reported staff has continued to do very well. We moved the swabbing station to the front of the Hospital. A rapid test is now available and testing is going well. We are working closely with public health. Ms. White said a press release was issued earlier in the day that we have our second patient diagnosed with Covid admitted to the Hospital. Everything has been going very smoothly with the process. We are testing all adult inpatients. We will begin testing obstetrics patients. We are testing surgical patients. We schedule selective and elective surgery as personal protective equipment (PPE) supplies allow. Staff is required to have Covid PPE on for all emergency surgeries. We have the antibody test available; however, it has not been FDA-approved so we are not promoting that right now. Ms. White said we want to start offering again following FDA-approval. We are still working on our PPE supplies. We had 23 orders in and 19 have been canceled by our vendor. We continue searching for PPE. Thankfully, we have received some donations from the community. We are also using some N95 masks that the Centers for Disease Control and Prevention (CDC) allows us to sterilize. Ms. White said we appreciate the staff for doing everything they are asked to do. We have had a great response from the community showing their support. Donated masks are given to patients and guests as well as non-clinical staff. Mr. Tardoni said he has used the outpatient lab several times and it worked so well. He said it is in such a convenient location now. Ms. White said we have received a lot of positive feedback and requests to keep the lab in that temporary location. Mr. Jones thanked Ms. White, the staff, and everyone in our community.

## **NEW BUSINESS**

### **Financial Hardship Policy**

Mr. Kelsey said this is the second time the Finance and Audit Committee has looked at the policy. He thinks the policy is a good one and encapsulates what staff is trying to do to help patients. Ms. Tami Love, Chief Financial Officer, said another category was added for when a person has a balance of \$10,000 or larger and there is a minimum payment of \$500. She said there is no hurry to approve the policy at this meeting. The self-pay rate is a new program offering. She said three different programs were combined into one policy. Dr. Sowada said research shows most Americans don't have an extra \$400 in their checkbook and asked if that was considered when

creating the new category requiring a minimum payment of \$500. She said she knows the Hospital has to be paid but is it realistic. Ms. Love said there is flexibility in the policy to work with individuals. Mr. Kelsey said he thinks we should bring a request for approval to the June meeting.

### **Plan for Providing Patient Care Services and Scopes of Care**

Dr. Sowada said it is a Joint Commission requirement to have this information written out in this type of format. Mr. Tardoni said it is a good document to have so it shows what we are really doing.

### **Executive Oversight and Compensation Committee Charter**

Mr. Kelsey said he thinks it looks good. He said he is pushing hard to staff to get a consultant review of compensation. He thinks there should be a tie-in between staff and chief officers and coordination with the Human Resources Department.

## **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson thanked Ms. White for her presentation. She said Incident Command does a great job. They are meeting three days a week and working daily on Covid-19 plans. We are working on our sustainable plan for the future. Ms. Richardson commended them for their work. We have limited our visitors to try to protect the staff and the community. We still want to stress social distancing and face coverings when in public to slow the spread and get things opened up. As of May 5, we had 12 positive cases. We have performed 718 tests with 23 pending cases and 2 inpatients. We want our community to know we are here for them. Our number one goal is to take care of our community. We will have a strategic plan update with the Board and community pending social distancing guidelines. Person-Centered Care Workshops are on hold until at least mid-May. We have a Zoom Patient and Family Advisory Council meeting scheduled in May. The Person-Centered Care Steering Committee met remotely and came up with some exciting ideas to support staff. We are looking at ways to uplift staff and want to make sure our staff knows we appreciate them. We started the walk-in clinic and are trying to give as many contact points as we can. The staff and physicians have been working hard to make it happen to help patients. \$100B in federal funds were included in the CARES Act. We received \$1.2M and we don't have to pay that back. On April 22 it was announced the government would release another \$50B. We received \$466,000 on April 24. Another \$10B for rural hospitals was announced. We received \$4.88M on May 6. Ms. Richardson said this will help us immensely in meeting our bond covenant goals and our bottom line. It came at a great time and we are really thankful. President Trump signed a bill for \$500B for hospitals and nationwide testing programs. We applied for and received a \$7.4M advance in accelerated Medicare payments and will have to pay that back. We are watching for opportunities to apply for everything we are entitled to. Ms. Love and Ms. Richardson had a Standard and Poor's call and told them we should have additional financial information. We forwarded updated financial information to them and have a follow up phone call on May 8. Ms. Richardson said Standard & Poor's should take our information to committee next week. On May 5 the Sweetwater Board of County Commissioners voted to suspend the Six Penny Initiative. They will revisit at a future date. There is a possibility of a special election in May 2021 or fall 2021. Ms. Richardson said we support their decision and appreciate their help. We will resume elective surgeries again. Outpatient starts the week of May 11 and inpatient the week of May 18. The State of Wyoming was given \$1.2B of Covid-19 relief funds. We are starting to brainstorm possible uses

of these funds. Ms. Richardson said she has been communicating with legislators for ideas to submit. We continue to be prepared for a visit from The Joint Commission. We have been having budget meetings. We will review the FY21 budget with the Finance and Audit Committee May 19. The 3D mammo unit is on-site. Ms. Richardson again thanked the Foundation for their support and generosity. A virtual town hall meeting is scheduled May 7 at 3:00 PM and will be recorded. Recently, Ms. Richardson asked staff to forward questions to her and she plans to address them in the meeting. Hospital Week is next week and we decided to postpone events. The week is important and we want to make it a special week. Ms. Richardson thanked the hospital staff, leaders, and physicians for uniting to keep everyone safe. She said we have a great team here. Mr. Jones thanked Ms. Richardson for her report.

## **COMMITTEE REPORTS**

Mr. Jones said if anyone has anything they need to say, please do, otherwise report by exception instead of report by status. He said he didn't want to skip over or say things were not important. The information is in the packet for everyone to see.

### **Quality Committee**

Dr. Sowada said she had nothing additional to report at this time.

### **Human Resources Committee**

Mr. Tardoni said he had nothing additional to report at this time.

### **Finance and Audit Committee**

***Capital Expenditure Requests:*** The motion to approve capital expenditure request FY20-55 for a hot water heat exchanger for \$27,110.98 as presented was made by Mr. Kelsey; second by Dr. Sowada. Mr. Kelsey said the request is not budgeted but is a code requirement. Motion carried.

***Bad Debt:*** The motion to approve the net potential bad debt of \$1,159,293.21 as presented was made by Mr. Kelsey; second by Mr. Mathey. Motion carried.

### **Building & Grounds Committee**

Mr. Tardoni said he had nothing additional to report at this time.

### **Foundation Board**

Mr. Jones said there was a cruise in town that raised over \$15,000 for the Hospital plus additional donations were raised by the Foundation online. He said it is an outpouring of support and humbling to see everyone come out and show such a tremendous amount of support. Mr. Jones said we cannot thank the community enough.

### **Compliance Committee**

Dr. Sowada said she had nothing additional to report at this time.

### **Governance Committee**

Dr. Sowada said she had nothing additional to report at this time.

### **Executive Oversight and Compensation Committee**

Mr. Mathey said the charter is in the packet and we will discuss that in Executive Session.

### **Joint Conference Committee**

Mr. Mathey said the Medical Executive Committee has completed its review of the bylaws. The Committee will meet later in May to continue work.

## **MEDICAL STAFF REPORT**

Dr. Lauridsen reported the General Medical Staff met April 20. The Medical Executive Committee met April 28 and selected two outstanding high school students to receive scholarships. The Medical Staff matches funds with the Hospital. Ms. Deb Sutton, Public Relations and Marketing Director, said the Hospital staff also offers a scholarship. She will issue a press release next week.

## **GOOD OF THE ORDER**

Mr. Jones said the Hospital is an outstanding organization taking care of people. The current situation changes daily and things continue to be well planned. He said it is pretty impressive to say the least.

Dr. Sowada said in addition to hospital staff, she commends public health and the private physician offices. With hospital leadership, she thinks everyone has really pulled together.

## **EXECUTIVE SESSION**

Mr. Jones said he wanted to avoid any perception of not complying with open meeting law as we use a different method to meet. He said the Board would take a ten-minute break and then planned to return to public session in approximately 45 minutes. Due to some issues logging in to the call initially, Dr. Sowada asked everyone not participating in executive session to leave the call rather than have the Board dial in to a separate number. Mr. Jones asked anyone interested in being contacted via phone or text when the Board returned to public session to let us know and we would notify them. No one requested to be notified. The motion to go into Executive Session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

## **RECONVENE INTO REGULAR SESSION**

At 4:23 PM, the motion to come out of executive session and into open session was made by Dr. Sowada; second by Mr. Mathey. Motion carried.

## **ACTION FOLLOWING EXECUTIVE SESSION**

### **Approval of Privileges**

The motion to grant privileges or extend privileges to healthcare professionals as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Mr. Tardoni abstained and the motion carried.

#### **Credentials Committee Recommendations from April 14, 2019**

1. Initial Appointment to Locum Tenens Staff (1 year)
  - Dr. David Kantorowitz, Radiation Oncology
2. Reappointment to Active Staff (2 years)
  - Dr. William Sarette, Pediatrics
  - Dr. David Liu, Otolaryngology
3. Reappointment to Consulting Staff (2 years)
  - Dr. Vivek Reddy, Tele Stroke (U of U)
  - Dr. Jerry Walker, Cardiovascular Disease (U of U)
  - Dr. John Ryan, Cardiovascular Disease (U of U)
  - Dr. Erin Clark, Maternal/Fetal Medicine (U of U)
4. Reappointment to Locum Tenens Staff (1 years)
  - Dr. Jad Wakim, Hematology/Oncology
5. Additional Privileges
  - Dr. Jonathan Schwartz, Endotracheal Tube Placement
  - Dr. William Marcus Brann, Cardiology Procedures

The motion to approve renewal of two doctor contracts as discussed in executive session and authorize the CEO to execute the contracts was made by Mr. Mathey; second by Mr. Kelsey. Mr. Tardoni abstained and the motion carried.

The motion to authorize the CEO to execute a one-year extension of the Emergency Department contract with the University of Utah as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Mr. Tardoni abstained and motion carried.

The motion to approve the Board and CEO interview form as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Mr. Tardoni abstained and motion carried.

## ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:27 PM.

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Mr. Taylor Jones, President

Attest:

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Mr. Ed Tardoni, Secretary

DRAFT

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

**May 21, 2020**

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on May 21, 2020, at 9:00 AM with Mr. Taylor Jones, President, presiding.

**CALL TO ORDER**

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

Excused: Mr. Ed Tardoni

Officially present: Ms. Irene Richardson, Chief Executive Officer

**AGENDA**

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

**BUDGET WORKSHOP**

Mr. Jones thanked everyone for their hard work on preparing for this finance workshop meeting. Ms. Richardson said the budget process is a long, detailed, very involved process. She thanked Ms. Tami Love - Chief Financial Officer, Ms. Jan Layne – Controller, and their staff for their work. She said this is not like any year because we have had the impact from Covid-19. Everything changed the last week in March. Ms. Richardson said we tried to be very conservative with this budget and adjust expenses if revenue does change. We were able to find out what other hospitals are doing around the state. We decided to do two different options for the Board to review. One is at pre-Covid projections with revenue and expenses thinking that by July things would get back to normal. Every year, we adjust our rates to keep up with inflation. The rate increase of 5% aggregate is consistent with prior years. Due to some of the adjustments we have had to make with expenses, neither option includes a recommendation for employee wage adjustment. The second budget is a 10% decrease in gross revenue due to the Covid impact. We are currently seeing revenue down approximately 20%. Our recommendation is the second budget option because we feel volume will be a gradual increase and we need to be cautious and conservative. Ms. Richardson asked the Board if they wanted to review both options or if just the recommendation. The Board agreed they wanted to review the recommended budget. Ms. Richardson reviewed the proposed budget in detail. Dr. Sowada asked if we have the number of Sweetwater County residents who have lost insurance. Ms. Richardson said we don't have an exact number but we have accounted for that in the budget. Mr. Kelsey said the red in revenue is a pretty sobering trend line. He said he doesn't have any answers but it scares him. Ms. Richardson agreed. Mr. Ron Cheese, Patient Financial Services Director, said he expects the hospital's self-pay population will grow. Ms. Richardson said Ms. Love submitted our budget request to the County as required. The County asked us to submit our request to them with a 10% decrease and we did that. We talked with our auditors and discovered we can carry some of the \$6.4M received from the CARES Act over to next fiscal year.

We are planning to carry over about \$1.8M. The Board discussed the plan and accounting practices. Ms. Richardson ensured them we will be sure we account the funds properly. Ms. Love said we are reconciling to lost revenue due to Covid and that is similar to deferred payments from Medicare. Ms. Richardson said she thinks we've done an excellent job keeping our staff intact throughout the Covid process. We propose no new FTE's or filling any vacant positions. She said we will look at our volume and adjust our staff accordingly to offset this decrease in revenue. Ms. Richardson said she thinks everyone has done an excellent job with decreasing agency staffing. Supplies are a variable expense based on volume. We are doing the best we can with shortages in the nation. We are ordering as much personal protective equipment (PPE) as we can to be prepared. We have experienced drug cost increases and blood expense increases due to a national shortage. Mr. Kelsey asked for the strategy for PPE for the long term. Ms. Richardson said the reason we stopped elective surgeries was due to a request from the Centers for Disease Control and Prevention (CDC) in an effort to have adequate PPE for a surge of Covid-related patients. We are ensuring we have the reserves in place so we can have non-FEMA (Federal Emergency Management Agency) PPE. Our plan is to always have enough on hand for procedures. We do have a plan and it is to be prepared to have enough non-FEMA PPE to do cases. We will of course follow all national directives. Ms. Richardson said we recommend we move forward with a new electronic health record (EHR). Our current Quadramed system is end-of-life, not functional, and is not going to be supported. The EHR falls in our priorities. Ms. Love said we are still looking at two different systems. The capital costs will be between \$4-6M. We will see a savings over time from what we are spending with our current system in about 10 years of about \$3.2M. For the first five years, both companies we are looking at are offering to finance for us. Mr. Kelsey asked for more detailed information. Ms. Love highlighted some differences between the two companies we are considering. Ms. Richardson said we have excluded all off-site travel in the recommended budget. After discussion by the Board, Ms. Richardson said we will add \$2M in the budget for capital. She said the goal is to not violate bond covenants. We have adjusted expenses to make sure we don't violate anything. Ms. Richardson said we will have to have some reductions with a 10% decrease in revenue. She said it comes down to managing this. Mr. Jones said our marketing has to be over the top. He said if people don't come through the door, it doesn't matter what budget we have. Dr. Sowada suggested some real effort to pull certain populations back in to the hospital. She mentioned Dr. Pedri and the Cancer Center. Ms. Richardson said in the Standard and Poor's call we were told to additionally focus on new services in addition to enhancing current services. Mr. Kelsey asked if we are spending our savings. Ms. Richardson said we will have to go into our reserves. Mr. Kelsey said we have a sobering situation and it makes him nervous going forward on how we will handle this without some changes to our expenditures. Mr. Kelsey said he likes this very conservative approach and thinks we need a plan on how to deal with expenses. Ms. Richardson said we were doing quite well through February and then this happened. We are doing our best to keep doors open and staff here to take care of patients. Mr. Jones said it is ironic how a healthcare crisis can bury a hospital financially. There was a discussion of employee health insurance expenses. Mr. Kelsey said the more the Board knows, the more we can make intelligent, informed decisions. Ms. Richardson said she would hate to disadvantage the staff with an increase at the same time as a wage freeze. She said she will talk with Ms. Amber Jones, Human Resources Director, regarding an evaluation study. Mr. Jones mentioned things the staff have been doing to help the hospital through this including taking extra PTO time. He said he has seen a lot of dedication and loyalty. Dr. Sowada said she thinks we are entering a new world with healthcare. She feels the goals Ms. Richardson set out a few months ago were good. She said it will take awhile for this to shake out. By protecting the bond covenants and the staff, we are protecting the



Hospital. Dr. Sowada said in the recent Quality Committee meeting, the staff said they were pleasantly surprised at how well they have been able to solve some difficult issues. Mr. Jones thanked everyone for their hard work. Ms. Love said the budget proposal will be presented to the Finance and Audit Committee May 27 and then to the full Board for approval at their June 3 meeting.

### **ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 11:03 AM.

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Mr. Taylor Jones, President

Attest:

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Mr. Ed Tardoni, Secretary

*Submitted by Marianne Sanders*



Approved: N/A  
Review Due: N/A  
Document Area: Patient Financial Services  
Reg. Standards:

## Financial Hardship Policy

### STATEMENT OF PURPOSE

The purpose of this Financial Hardship policy and procedure is to address the dual interests of providing access to medical care at Memorial Hospital of Sweetwater County and its ancillary departments for those with limited ability to pay for such services. Memorial Hospital of Sweetwater County has put three (3) separate programs into place to identify and assist patients with limited ability to pay for such services.

### TEXT

#### I. Self-Pay Rate

- A. Memorial Hospital of Sweetwater County will offer a 50% discount off gross or billed charges to all uninsured patients regardless of income that have received emergency and/or other medically necessary care at our institution.
- B. An uninsured patient is defined as a patient without benefit of a third-party insurance (corporation, company, health plan or trust, automobile medical pay benefit, Workers' Compensation, health insurance, government or entitlement program, etc.).
- C. This offer will be made to self-pay patients that have demonstrated an inability to pay for all or a portion of such services after receiving a "Final Statement".

#### II. Medical Assistance

- A. Memorial Hospital of Sweetwater County offers a Medical Assistance program for emergency and/or other medically necessary care at our institution to uninsured and under-insured patients based upon a variety of qualifications that must be met and demonstrated including income, household size, and savings and investment amounts.
- B. The program is designed to assist patients whereby their gross family income falls below 300% of the Federal Poverty Level amounts and their investment levels fall below a certain criterion.

#### III. Payment Arrangement

- A. We understand that the recent shift from higher insurance payments for health care services to lower insurance payments and coverage sometimes creates a financial hardship for our patients as the patient's financial responsibility for services increases. Memorial Hospital of Sweetwater County offers our patients the opportunity to ease the financial hardship that medical expenses sometimes create by offering our patients the opportunity to set up formal payment arrangements in an effort to retire their debt with us.



B. The guideline for formal payment arrangement is below:

Account Balance		Payment Arrangement
\$0.01	\$150.00	Paid in full within 60 days of service
\$151.00	\$1,000.00	Minimum of \$100.00 per month
\$1,001.00	\$1,500.00	Minimum of \$150.00 per month
\$1,501.00	\$2,500.00	Minimum of \$200.00 per month
\$2,501.00	\$4,000.00	Minimum of \$250.00 per month
\$4,001.00	\$10,000.00	Minimum of \$300.00 per month
\$10,001.00	or larger	Minimum of \$500.00 per month

#### IV. Non-Discrimination

- A. Memorial Hospital of Sweetwater County does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, national origin, religion, sex, sexual orientation, gender identity/expression, genetic information, protected veteran status, or on the basis of disability or age in admission to, participation in, or receipt of services and benefits under any of its programs or activities.

## REFERENCES

### Attachments

No Attachments

15/184



Approved: N/A  
 Review Due: 1 year after approval  
 Document Area: Administration  
 Reg. Standards: TJC LD 01.03.01 EP 3, TJC LD.04.03.01, TJC LD.04.03.07, TJC PC.01.01.01, EP 7

## Plan for Providing Patient Care Services and Scopes of Care

### STATEMENT OF PURPOSE:

Memorial Hospital of Sweetwater County (MHSC) provides care to patients in a variety of settings and service lines. As a community-based hospital affiliated with the University of Utah, our focus is that of patient and family-centered care. The health of citizens of Sweetwater County is our legacy.

Patient care services provided at MHSC are based on its mission and vision, as well as on the needs of the community it serves.

- **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.

Accreditations:

- The Joint Commission
- American Academy of Sleep Medicine
- American College of Radiology

The plan for providing patient care takes into consideration:

1. The areas of the organization in which care is provided to patients and its defined scope of service
2. The mechanisms used in each area to identify patient care needs
3. The needs of the population(s) served and how decisions are guided by care provided directly or through referral, consultation, contractual arrangements or other agreements
4. The process used for assessing and acting on staffing variances
5. The plan for improving the quality and safety of patient care in each area.

The organization's plan is approved by the Board of Trustees and the leadership team of the organization.

Planning and ongoing evaluation for patient care services is part of the organization's strategic plan as determined by the Board of Trustees and the Chief Executive Officer. Specific strategies have action plans and time frames that define how patient care services will be implemented, maintained or provided. Planning processes for such strategies take into consideration community needs, internal and external valid data resources, the ability to provide a service, internal and external customer and community surveys, medical staff and other provider input, networking with community/state/national agencies, market research, healthcare research, and professional organizations that guide evidence-based practice.

Data monitored for ongoing strategic decision-making includes, but is not limited to:

1. Quality improvement data and outcome measure results
2. Patient safety events, including root cause analyses (RCA)
3. Staffing variances and cause and effect relationships to evaluate the impact on patient care
4. Customer satisfaction scores to monitor for trends related to the impact of staffing
5. Recruitment and retention data of human resources
6. Acuity of patients and the correlation to events or dissatisfaction
7. Effect of fiscal and budgetary parameters on ability to provide patient care
8. Ability to recruit staff and develop them to the necessary standard established

9. Impact of new technology including electronic medical records (EMR), information systems and the effectiveness of such systems.

## PLAN FOR PATIENT SERVICES

- I. MHSC is licensed as a 99-bed acute care, non-profit community hospital with a multi-specialty physician/provider clinic. Founded in July of 1890, the MHSC continues to extend services to persons as far as north as Big Piney, Wyoming, as far west as Utah, as far east as Rawlins, Wyoming, as far south as Utah and Colorado border areas, and any person in need who passes through Sweetwater County. Patient and family-centered care is promoted through therapeutic relationships, compassionate care and the use of evidence-based practice. Essential services provided by MHSC include, but are not limited to:
- Anesthesia services
  - Cardiac and pulmonary rehabilitation
  - Cardiopulmonary care
    - Cardiac stress testing
    - Sleep lab
  - CaRe management
    - Care transition
    - Case Management
    - Chronic care management
    - Clinical documentation improvement
  - Chronic hemodialysis and peritoneal dialysis
  - Diagnostic imaging
    - Cat Scan
    - Mammography
    - MRI
    - Nuclear medicine
    - Ultrasound
  - Dietary and nutritional service
  - Emergency and trauma care
  - Endoscopy
  - Infection prevention and control services
  - Medical records/information technology
  - Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
  - Oncology, including outpatient chemotherapy administration and radiation oncology Ppathology/histopathology, clinical laboratory and transfusion services
  - Pharmaceutical
  - Physical rehabilitation, occupational and speech therapy
  - Provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, Occupational medicine, pulmonology, nephrology, urology and ear/nose and throat
  - Quality improvement
  - Social work
  - Telemedicine-stroke and burn
  - Volunteers.
- II. Services not available at the MHSC include acute cardiology and cardiac surgery, acute intensive burn care, neurosurgery or neurology, transplantation of major organs, pediatric cancer services, and infectious disease as an advanced specialty. The organization does not have skilled long-term care or inpatient rehabilitation beds.

III. MHSC is affiliated with the following organizations:

- University of Utah
- Huntsman Cancer Center
- Shriner's Hospital for Children
- Wyoming Hospital Association
- University of Utah Health & Huntsman Cancer Institute
- Western Wyoming Community College
- University of Wyoming
- Other academic institutions - MHSC partners with a number of other colleges and universities throughout the region whenever possible to educate and train students in a variety of healthcare disciplines.
- WWAMI Regional Medical Education Program

IV. Patient services provided by contracted organizations include:

- Emergency medicine
- Pharmacy services
- Radiologist services
- Sterilizer support and maintenance

V. Contractual arrangements for extension of care include:

- Reference laboratories
- Hospice and end of life care
- Home health agencies
- Organ and tissue donation

VI. Data related to services in calendar year 2018:

<b>Campus Size</b>	<b>Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres</b>
<b>Licensed Beds</b>	<b>99</b>
<b>Staffed Beds</b>	<b>58</b>
<b>Employees</b>	<b>498</b>
<b>Full-time employee equivalent (FTE)</b>	<b>448.2</b>
<b>FTEs/Occupied Bed</b>	<b>6.68</b>
<b>Average patient length of stay (LOS)</b>	<b>2.8</b>
<b>Average Daily Inpatient Census</b>	<b>12.35</b>
<b>Inpatient Discharges</b>	<b>2048</b>
<b>Births</b>	<b>436</b>
<b>Non-ED Outpatient Visits</b>	<b>78,054</b>
<b>ED Visits</b>	<b>16,076</b>
<b>ED Visits Admitted</b>	<b>1,686</b>
<b>Inpatient Surgeries</b>	<b>329</b>
<b>Outpatient Surgeries</b>	<b>1,580</b>
<b>Medical Office Building Clinic Visits</b>	<b>53,477</b>

VII. Located on the I-80 corridor, MHSC provides trauma care as an essential service and is an Area Trauma Center as designated by the State of Wyoming.

VIII. As an important part of clinical care the hospital serves as a clinical practice site for schools of nursing (Western Wyoming

Community College and University of Wyoming being the majority), and schools of medicine (Wyoming, Montana, Alaska and Idaho educational program).

- IX. Care provided to the patient are determined by the types and availability of services offered within the organization. If the service cannot be provided, patients can be transferred via fixed wing air ambulance and helicopter service or ground transportation. Consultation via telephone with Wyoming, Utah, Colorado and other major medical centers takes place as needed. During times in which weather does not permit safe transportation patients will be stabilized to the best of the organization's ability to provide emergency care. MHSC does not use a process in which emergency medical services (EMS) are requested and used to divert patients to other health care facilities. Rather, patients are brought to the hospital where solutions for care are investigated. MHSC has an emergency plan for patient surge that is activated when immediate problem solving is not successful.
- X. Patients with the same diagnosis and health care needs can be expected to receive the same standard and level of care throughout the organization. Each patient care area has a scope of service describing the focus of care, capacity of the area, staffing for the area, triage of patients from the area and competencies of staff. Outcomes are measured and monitored through quality improvement processes.
- XI. The medical staff of the organization is a key partner in the success of patient care outcomes. The role of the medical staff is defined in the organizational Medical Staff Bylaws. As partners in care the medical staff is to be actively engaged in the patient care and quality work of the organization. The structure through which this is accomplished is defined in the Bylaws. The medical staff is actively involved in the process of policy development and approval, service improvement through customer relations scores, quality improvement processes, governance through committees and representation, communication through daily mechanisms, information management through electronic medical records (EMR), and oversight of care through peer review and utilization management.

## INFRASTRUCTURE

### I. PROFESSIONAL PATIENT CARE STAFF

- Professional practice at MHSC is defined in accordance with state licensure laws, applicable Federal and State regulations, standards as established by MHSC and the use of evidence based practice.
- Professional staff qualifications are listed per specific Job Description.
- Professional staff members who provide patient care receive an annual performance review based on specific job descriptions and job standards. Each staff member must demonstrate beginning and ongoing competency and education. Self-directed lifelong learning is an expectation. Attainment of advanced and terminal degrees and national certifications in one's area of expertise is desired and encouraged.

### II. PATIENT CARE STANDARDS

- Each patient care area is responsible for establishing patient care standards that are evidence-based and congruent with current standard of practice and care.
- Evidence-based resources are available 24 hours per day through electronic means.

### III. PATIENT CARE OUTCOMES

- Patient outcomes are described in the mission and vision of the organization and throughout a variety of patient care standards. Patient and family centered care is the care delivery model that is essential to the success of patient outcomes.
- Further patient care outcomes are defined in the Quality Assurance Performance Improvement (QAPI) and Safety Plan, and in the Utilization Review plan.

### IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

- Refer to the Quality Assurance Performance Improvement (QAPI) and Safety Plan.

### V. ORGANIZATIONAL STRUCTURE

- The organization structure is defined in the organizational chart. Responsibility incurred in each position within the organizational chart is defined with job descriptions.

### VI. SERVICE AVAILABILITY

- Each patient area defines service availability specific to the the patient care area, which is found under each scope of service outlined in this document. Medical Staff Bylaws define medical care coverage and rules.

### VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY



- MHSC plans for patient care needs and services through an annual budgeting process, program development planning, capital equipment needs and monthly review of financial resources to meet patient needs. If there are urgent census fluctuations demanding more resources, the areas have plans to respond to those needs. External resources may be considered to achieve safe staffing levels that take into account the current number of staff, staff qualifications, experience, and education.
- Census trends are evaluated annually. Numbers of staff on-boarded and staff turnover are reviewed. MHSC data trends are compared against industry trends, reimbursement changes, factors that could affect patient volumes, lengths of stay trends, patient day utilization including average number of admits and discharges daily, acuity of patients and service demands of patients as well as other important factors affecting the delivery of patient care. Each director plans for changes and includes anticipated changes in the budget planning process. The annual budget is finalized through the Board Finance and Audit Committee and is approved by the Board of Trustees.

## **VIII. STAFF EDUCATION**

- MHSC maintains specific policies and standards on orientation, competency and annual education. Each clinical area is responsible for outlining education needs and how the education needs will be met. Education needs are re-evaluated annually and then periodically as needed. The Wright Competency Model is used, which is also the competency model preferred by The Joint Commission.
- MHSC maintains resources available to all staff on a variety of educational topics through on-line resources such as Lippincott, NetLearning, UpToDate, and Ovid. Education is also available through the University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, Neonatal Resuscitation Program (NPR), and similar offerings. The Education Department, a collaboration between Nursing and Human Resources, is MHSC's contact for educational resources.
- Course certifications through the American Heart Association include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) are required for specific departments and employees. Additionally, Trauma Nurse Core Course (TNCC) is required for all Emergency Department nurses.

## **IX. PATIENT RIGHTS AND RESPONSIBILITIES**

- See all documents and policies on Patient Rights and Responsibilities.

## **X. FAIR BILLING PRACTICE**

- MHSC will invoice patients or third parties only for services actually rendered to patients. Patient Financial Services will provide assistance to patients who seek to understand billing costs relative to their care. Any questions or objections to patient bills or insurance coverage related to care delivered will be reviewed and addressed through the patient complaint process.

## **XI. CONTRACTED SERVICES**

- For information regarding MHSC contract management, see the Contracts Management Policy. A full list of contracted services can be obtained from General Legal Counsel.

# **GOVERNANCE**

## **I. BOARD OF TRUSTEES**

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings open to the public occur the first Wednesday of every month from 2:00 - 5:00 PM. Board members serve on several other committees that meet at various times, dates and hours of the day.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing safe, quality care, overseeing the organization's financial well-being, staying educated in health care industry news and best practices, and being a representative of the organization in the community.
- The BOT is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is Senior Leadership's responsibility.
- The Board of Trustees consists of five (5) members who are citizens of Sweetwater County and appointed by the Sweetwater County Commissioners.
- A County Commission liaison attends monthly Board of Trustee meetings and other meetings attended by Board of Trustee members whenever possible.



- **CONTRACTED SERVICES**

- Legal services

- **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Hospital Association (AHA)
- Wyoming Hospital Association (WHA)

## **II. SENIOR LEADERSHIP**

- The role of Senior Leadership is to provide overall leadership and management of the hospital, including the development of strategies related to the delivery of patient care. The plan for the provision of patient care is enacted through the planning, evaluating, directing, coordinating and implementing the services of the organization to meet or exceed the needs of the patient.
- Senior Leadership consists of the Chief Executive Officer, Chief Financial Officer, Chief Clinical Officer, and Chief Nursing Officer, and Chief Medical Officer.
- One (1) Executive Administrative Assistant to the Chief Executive Officer and one (1) Administrative Assistant for the Chief Financial Officer, Chief Clinical Officer and Chief Nursing Officer work to ensure that functions within the executive offices are carried out and flow smoothly.
- Administration office hours are from 8:00 AM - 5:00 PM Monday - Friday, with the exception of holidays. However, a member of Senior Leadership serves as Administrator On-Call on a rotating basis to ensure at least one senior leader is available by telephone, in person or email 24 hours a day, 7 days per week, 365 days per year.
- Senior Leadership is accountable for the quality of care, safety and satisfaction of all patients and staff served at the MHSC. Members of Senior Leadership interact with patients and citizens of Sweetwater Country through direct and indirect communication. Members of Senior Leadership with a clinical background may assist in direct patient care during times of crisis or extreme clinical staff shortages.
- The MHSC contracts with numerous services in order to provide health care services to all persons needing care at the MHSC. The Board of Trustees, Chief Executive Officer and General Legal Counsel are responsible for reviewing, updating and maintaining all contracts, memorandum of understanding and other agreements with contracted services.
- **AFFILIATIONS OR SOURCES OF REFERENCE**
  - American Hospital Association (AHA)
  - Wyoming Hospital Association (WHA)
  - American Nurses Association (ANA)
  - American Organization of Nurse Leaders (AONL)

## **III. LEADERSHIP TEAM**

- Each clinical and non-clinical area has a director or manager who is responsible for departmental functional activities, operations, quality and patient experience and patient safety initiatives, and for managing the resources of the department to meet the needs of the patient.

# **SCOPES OF SERVICE**

**Scopes of Service will be specific to area within the organization and will include:**

1. **Definition of Service:** Definition of service and how it supports patient care needs
2. **Hours / Days of the Week of Service**
3. **Types of Services:** Types of services provided and if the service directly serves patients the types and/or ages of patient served. This may also include the types of services or patients not served.
4. **Contracted Services**
5. **Staffing:** Staff, Staffing Patterns or Staffing Types and Numbers
6. **Affiliations or Sources of Reference**

## SCOPE OF SERVICE: ADMITTING

### DEFINITION OF SERVICE

- The Admitting Department is comprised of Admitting, Emergency Department Admitting, Medical Imaging Admitting, and the Communications departments. Admitting is a non-clinical department that performs the initial greeting, registration and admitting of all patients to our facility.
- Excellent customer service is provided by accurately registering each patient into the system and opening an accurate medical record. Additionally required are consents for treatment and an Assignment of Benefits along with consents to submit billing to the patient's insurance carrier or entitlement program from each patient. Each patient's insurance card and driver's license is scanned into the patient's medical record. Customer service is provided in an attempt to take care of the patient's basic needs and answer any questions that patients might have about their visit prior to assisting patients with directions of where they need to go for their hospital services.

### HOURS / DAYS OF THE WEEK OF SERVICE

- The main Admitting Department is staffed Monday through Friday from 7:00 a.m. until 4:00 p.m., except holidays.
- The Medical Imaging Admitting area is staffed Monday through Friday from 6:30 a.m. until 5:00 p.m., except holidays.
- However, all services are also able to be admitted in the Emergency Department admitting area 24 hours per day 7 days per week.
- The Communications department is staffed from 6:30 a.m. until 9:00 p.m. Monday through Friday and from 8:00 a.m. until 9:00 p.m. on weekends and holidays.

### TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility. The Admitting Department also provides registration of all patients into our facility in addition to answering any questions that those patients and visitors might have.

### CONTRACTED SERVICES

- Emdeon, Recondo Technologies, and REV360 are companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification.

### STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 6:30 a.m. - 5:00 p.m., along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Registration Supervisor, Admissions Specialists, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

### AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

## SCOPE OF SERVICE: ANESTHESIA

### DEFINITION OF SERVICE:

- Chief of Surgery with collaboration of Anesthesiology is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by physicians.
- Types of anesthesia services provided are:
  - General
  - Inhalational
  - Major conduction block, caudal, epidural, spinal
  - Local with or without intravenous analgesia and monitored anesthesia care
  - Pain control
  - Airway management
  - Intravenous regional blocks
  - Major vascular access placement
- Approved anesthesia locations are:
  - OR-all types (5 suites and endoscopy)
  - OB-all types (1 Suite and labor and delivery)
  - ED-topical, Bier Block, intravenous sedation

- Radiology-local and moderate sedation.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Anesthesia is provided Monday through Friday during regularly scheduled Surgical Services Department hours.
- Emergency Anesthesia is provided as needed per patient population 24 hour 7 days a week, including holidays and weekends throughout the facility.

#### **TYPES OF SERVICES**

- General anesthesia, Monitored Anesthesia Care (MAC), regional, spinal, epidural, and local.
- Ages served are both adult and pediatrics. Neonates are served post-delivery and during emergencies only.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- Based upon the needs of the patient population at least one anesthesiologist will maintain at least a 1:1 ratio during invasive procedures.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Board of Anesthesiologists; American Society of Anesthesiologists

## **SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION**

#### **DEFINITION OF SERVICE**

- Cardiac and Pulmonary Rehabilitation department is located on the ground level of the Medical Office Building. The department includes a patient exercise area, education area and waiting area.
- The primary purpose of Cardiac and Pulmonary Rehabilitation is to decrease mortality and recurrent morbidity after cardiac and pulmonary events through patient-centered care and education. The goal is to decrease symptoms, improve quality of life, increase exercise tolerance, decrease utilization of extended medical services, and increase independence for activities of daily living.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

Monday through Friday, 8:00 a.m. - 4:30 p.m., except holidays.

#### **TYPES OF SERVICES**

- Phase II: Cardiac Rehabilitation/Secondary Prevention and Pulmonary Rehabilitation provide adult outpatient and family centered interdisciplinary care including but not limited to assessment, exercise prescription, monitored and supervised progressive exercise program and interdisciplinary education. Outcomes are managed and reported to meet the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) requirements.
- Phase III: Unmonitored exercise sessions that are paid for directly by the participant after completing Phase II. These are provided on a monthly basis. Continuing education and support are provided by the staff.
- Objectives of the service are to ensure proper care and support of patients suffering from Cardiovascular and Pulmonary Disease, ensure the educational development of the patients and their family, so as to promote an understanding of Cardiovascular and Pulmonary disease and related risk factors, provide a complete Phase II Cardiac and Pulmonary Rehabilitation Program, and permit the staff to carry out its works under favorable conditions.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- The department is assigned a Medical Director and Department Director with the following responsibilities:
  1. The Medical Director will direct the medical administrative activities of the Cardiac/Pulmonary Rehabilitation Service and will provide medical consultation.
  2. The Department Director will oversee operational activities of the Cardiac/Pulmonary Rehabilitation Service and provide direction to staff.
- The staffing for the department is determined but not limited by the following:
  1. Patient volume.

2. Staff competencies.
  3. Operational budget.
  4. Scheduling staff to meet core and nonproductive needs.
- Staff may consist of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) certified RN, Exercise Specialist, Physical Therapist and other certified staff members.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, 5<sup>th</sup> ed. (2013). American association of Cardiovascular and Pulmonary Rehabilitation

## **SCOPE OF SERVICE: CARDIOPULMONARY**

#### **DEFINITION OF SERVICE:**

- MHSC operates a fully functional Cardiopulmonary Services Department. The combining of Respiratory Care, Cardiovascular, and Sleep Lab allow for an interdisciplinary approach to the provision of patient care. Patient care is provided to inpatients and outpatients. Cardiopulmonary services provides optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. Cardiopulmonary Services staff provides quality, conscientious, cost effective, and competent care with respect for life and dignity at every stage of the human experience.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Services will be provided twenty-four (24) hours a day 7 days per week.

#### **TYPES OF SERVICES**

- The patient population served by Cardiopulmonary Services consists of newborn, pediatric, adolescent, adult and geriatric patients requiring cardiac and respiratory care, services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems.
- Patient care services provided by the department, through an order of a physician or under formal hospital protocols or guidelines.
- **Services of the Cardiopulmonary Department will include, but are not limited to:**
  - Cardiac:
    1. Stress testing – Cardiolite, Lexiscan/Cardiolite, Dobutamine/Cardiolite, Dobutamine Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
    2. Holter Monitor recording and scanning
    3. Electrocardiograms (ECG)
    4. Event monitors (30 Days)
    5. Cardioversion
  - Respiratory
    1. All forms of mechanical ventilation (excluding that provided by anesthesiologist during surgical procedures) including:
      - a. Conventional ventilation in all forms and modes
      - b. Assist physicians with endotracheal intubations and extubations performed outside the surgical suite
      - c. Reposition and stabilize endotracheal tubes
      - d. Tracheostomy care, including changing tracheostomy tubes, and assist with decannulation procedures
      - e. Non-invasive ventilation including Bipap and CPAP
    2. All forms of airway clearance techniques including:
      - a. Positive Expiratory Pressure (PEP) therapy
      - b. Chest Physiotherapy (CPT)
      - c. Autogenic Drainage
      - d. Assisted Cough
      - e. Therapy Vest
    3. Medications are administered by respiratory therapists via the following routes:
      - a. Small and large volume nebulizers

- b. Metered dose inhalers (MDI)
- c. Small particle aerosol generators (SPAG)
- d. Direct instillation via endotracheal tubes or tracheostomy routinely or during emergency resuscitation procedures under direct supervision of a physician
- 4. Qualified and trained respiratory therapists can perform:
  - a. Nasotracheal, nasopharyngeal and oral suctioning, as well as suctioning of all forms of artificial airways
  - b. Placement of nasopharyngeal and oral airways
  - c. Assist with respiratory emergencies and performing CPR as a member of the code team.
  - d. Set-up, monitor and change all oxygen and aerosol therapy equipment and supplies for inpatients
  - e. Manually ventilate patients when required
  - f. Accompany patients requiring assisted ventilation during hospital transports.
  - g. Assessments of respiratory status of patients with recommendations to physicians for the care plan.
  - h. Administration of medical gases, including medical air, medical oxygen, helium/oxygen mixtures, nitrogen, carbon dioxide, and nitric oxide.
  - i. Directed cough with various devices
- 5. Diagnostic Services
  - a. Complete assessment of respiratory status
  - b. Measurement of pulmonary mechanics
  - c. Capnography & end-tidal monitoring
  - d. Pulse oximetry
  - e. Arterial/capillary blood gas drawing
  - f. Point of care (POC) blood gas analysis
  - g. Exercise testing for evaluation of hypoxemia and/or hypoxia
  - h. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
  - i. Assist physicians with bronchoscopy procedures
- 6. Sleep Lab
  - a. Polysomnography. Reports contract to off-site pulmonologist.
  - b. PAP titration studies
  - c. Oxygen titration studies
  - d. Home sleep apnea testing (HSAT)
- 7. Support Services
  - a. Training of nurses and physicians in applied respiratory care
  - b. Monitoring, updating, stocking, and maintaining records on code carts
  - c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
  - d. Stocking of respiratory supplies and equipment
  - e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment
- 8. Education
  - a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and Independence University. MHSC has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

#### **CONTRACTED SERVICES**

- University of Utah - Read Holter Monitor Studies and occasionally ECGs
- Lifetouch & iRhythm - Holter/Event Monitors

- Siemens - EPOC Blood Gas Analyzer
- Sleep Specialist - sleep study reports

#### **STAFFING**

- There is at least one (1) licensed therapist on shift at all times to assist patients and physicians with procedures, treatments, ventilator care and any other emergencies requiring his/her assistance. Availability of therapists on various shifts meet the needs of our patients. There shall be at least one credentialed staff member in-house 24 hours per day 7 days per week. Daily patient volume is assessed and staffing adjustments are made as necessary.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Clinical Practice Guidelines of the American Association for Respiratory Care (AARC)
- American Thoracic Society (ATS) and European Respiratory Society (ERS)
- American Academy of Sleep Medicine (AASM)
- American Association of Respiratory Care (AARC) & National Board of Respiratory Care (NBRC)

## **SCOPE OF SERVICE: CARE TRANSITION**

#### **DEFINITION OF SERVICE**

- Transitions of care, also known as care transition, occurs when a patient is transferred to a different setting or level of care. Care transitions can occur when the patient moves to a different unit within the hospital, when a patient moves to a rehabilitation or skilled nursing facility, or when a patient is discharged back home. Among older patients or those with complex conditions, research shows that care transitions that are not managed well can be associated with adverse events, poorer outcomes, and higher overall costs. Lack of well managed care transitions can also lead to an increase in potentially preventable hospital readmissions. The most important factor in successful care transition is communication during the hand-off process.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Basic hours of operation are Monday through Friday, with typical hours of 8:30 a.m. - 5:00 p.m. There is no coverage on holidays. Coverage is provided on evenings and weekends depending on the needs of patients when discharged at various times of day.

#### **TYPES OF SERVICES**

- All ages throughout the life span are served through Care Transition, with the majority of those served are 65 years of age and older.
- The Care Transition nurse is a member of the Case Management Department. The Care Transition nurse visits patients in the hospital setting and then through home visits and to provider appointments as needed to provide the following:
  - Teach disease specific information:
    - Medication management
    - Use of equipment
    - Disease process
- Provide patients with specialized, written material, information and self-management skills
- Prepare patient and caregivers to identify and respond quickly to worsening symptoms
- Assist patient and caregivers to create/update personal health record
- Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life
- Teach patients about how to communicate with healthcare providers
- Coach patient and/or caregivers regarding the importance of follow up with their primary care providers
- Target patients transitioning from hospital to home who are at high risk for poor outcomes
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals
- Identify and address patient priority risk factors and symptoms
- Promote consensus on the plan of care between patients and members of the care team
- Prevent breakdowns in care from hospital to home by having same clinician involved across these sites, inasmuch as possible
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.

#### **CONTRACTED SERVICE**

- None

#### **STAFFING**

- 1 FTE Care Transition Registered Nurse.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Case Management Association (ACMA)
- American Nurses Association (ANA)
- National Transitions of Care Coalition (NTCC)
- University of Wyoming Rural Health ECHO Care Transition
- Care Coordination and Transition Management (CCTM)

## **SCOPE OF SERVICE: CASE MANAGEMENT**

#### **DEFINITION OF SERVICE**

- Patients at MHSC benefit from individualized Case Management Services for inpatients or outpatients as needed, including ED patients. Case Managers bridge the clinical and financial aspects of health care. Discharge planning, utilization management, and coordination of care are key focus areas of this department.
- The Case Manager works with the patient, family, and the clinical team to set priorities for coordination of care, planning for anticipated needs at discharge, and insurance authorization. Specific services may include but are not limited to:
  - Level of care determination in conjunction with the attending physician
  - Insurance precertification and continued stay approvals
  - Acute rehabilitation, extended care and long term acute care and assisted living facility placement
  - Home Health Care, Hospice, outpatient therapy and durable medical equipment arrangements
  - Providing social support and resources for patients who have complex social needs to provide resources related to prescription vouchers, travel assistance, etc.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Case Management providers full time service Monday - Friday with hours typically that of 8:00 a.m. - 5:00 p.m., though the Case Managers work variable hours to meet the needs of patients and families. There is no holiday coverage.

#### **TYPES OF SERVICES**

- Case findings are determined through use of census reports and the MIDAS work list each business day. Each patient's record will be accessed and patients interviewed by a Case Manager to assess discharge needs to ensure a safe discharge. Communication with medical staff, nursing staff and interdisciplinary staff to develop plans of care and promote patient centered care amongst the team is the foundation of Case Management.
- Referrals for all Discharge Planning and Case Management services are accepted from physicians, hospital personnel, patients, families, outside agencies and other health care professionals as appropriate. The Case Managers work closely with interdisciplinary teams to develop a holistic plan of care for the patient.
- Case Managers work with patients who are experiencing complex social needs related to diagnosis, support, adjustment and resources. Refer to the Case Management Activities Policy. Case Managers are not qualified to assist in treatment modalities including crisis intervention, situational counseling, or psychosocial assessments for patients who have complex psychosocial needs. Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, Psychiatrist, or attending physician, and it is determined these patients need a higher level of care, Case Managers can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need. In the absence of social workers, Case Managers assist in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office. Case Managers notify all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

#### **CONTRACTED SERVICES**

- Interqual for determination of patient criteria of admittance

#### **STAFFING**

- Case Manager Registered Nurses: 3 full time, 1 PRN and 2 cross-trained on as needed basis.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Case Management Association (ACMA)
- American Nurses Association (ANA)



# SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

## DEFINITION OF SERVICE

- Clinical Documentation Improvement services translates a patient's clinical status into coded data. Coded data is then translated into quality reporting, physician report cards, reimbursement, public health data, and disease tracking and trending. A Clinical Documentation Improvement (CDI) Specialist is a registered nurse who manages, assesses, and reviews a patient's medical records to ensure that all the information documented reflects the patient's severity of illness, clinical treatment, and the accuracy of documentation.

## HOURS / DAYS OF THE WEEK OF SERVICE

- Hours are typically 8:00 a.m. - 5:00 p.m., Monday - Friday but are flexible to match inpatient hospital census. CDI specialists review charts remotely on weekends and holidays.

## TYPES OF SERVICES

- CDI specialists perform concurrent reviews of medical records, validate diagnosis codes, identify missing diagnosis, and query physicians and other health care providers for more specifics so documentation accurately reflects the patient's severity of illness.

## CONTRACTED SERVICES

- None

## STAFFING

- One (1) CDI nurse reviews inpatient charts on a full-time basis as part of the Health Information Management Services Department. Outpatient chart review by CDI nurses is new to the health care industry thus an evolving function within the CDI role.

## AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- Association of Clinical Documentation Improvement Specialists (ACDIS)

# SCOPE OF SERVICE: CLINICAL INFORMATICS

## DEFINITION OF SERVICE

- Clinical Informatics is a specialty that integrates nursing and clinical science, computer science and information science to manage and communicate data, information, and knowledge about information systems. The Clinical informatics specialist is focused on safety and quality outcomes as driven by information systems. Clinical informatics specialists are responsible for conceptually using systems to gather data and provide a system of evidence based care, evaluating use of resources and accessibility for measuring and documenting patient outcomes. Clinical informatics addresses systems for its ability to access data, measure responses, facilitate patient care and enhance patient workflow.
- The MHSC Informatics Department is here to help everyone use the electronic medical record in a way that makes workflow and processes more efficient and effective. By working together, in teams, and using evidence-based electronic medical record (EMR) practices, we impact patient outcomes in a meaningful and favorable way.

## HOURS/DAYS OF THE WEEK OF SERVICE:

- The typical hours of service are from 7:00 a.m. - 5:00 p.m., Monday - Friday, excluding holidays. The department is flexible with hours and occasionally works night, weekends and holidays.
- The department also provides 24/7/365 phone support.

## TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system. This includes, but is not limited to, QCPR and T-system software.
- Abstract accurate data for use in determining patient outcomes.
- Education relating to using the EMR.

## STAFFING

- The Clinical Informatics department is staffed by Clinical Informatics Specialists.

## CONTRACTED SERVICES



- Quadramed
- T-Systems

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Health Information Management Association (AHIMA)
- American Nursing Informatics Association (ANIA)
- American Nurses Association (ANA)

## **SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)**

#### **DEFINITION OF SERVICE**

- The CCM service is extensive, including structured recording of patient health information, maintaining a comprehensive electronic care plan, managing transitions of care and other care management services, and coordinating and sharing patient health information timely within and outside the practice.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. After hour phone calls are to be sent to the house supervisor on shift.

#### **TYPES OF SERVICES**

- All ages throughout the life span are served through Care Transition, with the majority of those served are 65 years of age and older.
- The care coordination nurse visits patients in the hospital setting and then through home visits and to provider appointments as well as follow up phone calls and electronic health record patient portal messages as needed to provide the following:
  - Teach disease specific information:
    1. Medication management
    2. Use of equipment
    3. Disease process
    4. Provide patients with specialized, written material, information and self-management skills
    5. Prepare patient and caregivers to identify and respond quickly to worsening symptoms.
  - Assist patient and caregivers to create/update personal health record.
  - Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life.
    1. Teach patients about how to communicate with healthcare providers.
    2. Coach patient and/or caregivers regarding the importance of follow up with their primary care providers.
  - Target patients transitioning from hospital to home who are at high risk for poor outcomes.
  - Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care.
  - Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals.
  - Identify and address patient priority risk factors and symptoms.
  - Promote consensus on the plan of care between patients and members of the care team.
  - Prevent breakdowns in care from hospital to home by having the same clinician involved across these sites, inasmuch as possible.
  - Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- 1 registered nurse and 1 medical assistant

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- None

## **SCOPE OF SERVICE: DIALYSIS**

#### **DEFINITION OF SERVICE**

- The MHSC Dialysis Unit provides chronic hemodialysis and peritoneal dialysis care to patients in an outpatient setting. The eight (8) chair unit is located on the third floor of the Medical Office Building adjacent to the hospital.
- Chronic hemodialysis is offered to patients in Sweetwater County and the surrounding area who are experiencing end-stage renal disease (ESRD). The age range of the population served is 16 years of age and above. Acute dialysis is not offered at MHSC at this time. Patients in need of acute dialysis are transferred to a facility with acute dialysis care services.
- The primary goal of the chronic hemodialysis and peritoneal dialysis are to adjust and/or restore the health, and functional status of patients with ESRD or kidney disease to improve quality of life to the greatest extent possible. In an effort to meet the needs of these patients, their families and significant others, a holistic and multidisciplinary approach is used, involving social, medical, economic, spiritual, nutritional, educational and psychological aspects of care.
- In addition to hemodialysis, peritoneal dialysis is a treatment modality of choice offered at the MHSC Dialysis Unit when appropriate. Patients are educated to, and assisted with the further exploration and possible change to this modality by dialysis staff of MHSC.
- Arrangements for those interested in kidney transplant are made with the kidney transplant programs of the University of Colorado Medical center in Denver, Colorado, the University of Utah in Salt Lake City Utah, or Intermountain Health Hospitals in Salt Lake City Utah.
- An additional goal of staff in the MHSC Dialysis Unit is to provide education for the care of patients receiving hemodialysis or peritoneal dialysis or who are experiencing chronic renal disease to other health care professionals within the MHSC and any other interested community individuals, groups, or educational institutions. Care for patients requiring chronic hemodialysis or peritoneal dialysis augments the medical and nursing care provided by at the MHSC.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The MHSC Dialysis Unit hours of operation for hemodialysis are 5:30 a.m. - 6:00 p.m., Monday through Saturday. Holiday coverage is provided according to the patients' needs. Three shifts of patients are treated each day, starting the first shift of patient's at 6:00 a.m. and sending the last patient's home around 5:00 or 6:00 pm.
- Hours for peritoneal dialysis are typically Monday through Friday, 8:00 a.m. – 5:00 p.m. Peritoneal dialysis nursing staff carry an on-call phone 24/7 to field calls from patients on peritoneal dialysis who have questions or concerns.
- Operational hours for the unit may change in accordance to patient census and staffing changes. All patients will be informed in writing of any change in operational hours and/or days. Any changes in patient schedules will result in the patients being informed verbally and in writing no less than 24 hours prior to the patient's time of treatment. Every effort is made to schedule treatment time that is convenient to the patient.

#### **TYPES OF SERVICES**

- The patient population is under the care of a nephrologist, who also serves as the medical director of the unit. The chronic patients that are receiving treatment are patients of the nephrologist. Other patients who may be traveling through or are moving into the area may have their charts reviewed and then be accepted for treatment by the nephrologist.
- Peritoneal dialysis is offered to patients who meet the Centers for Medicare & Medicaid Services (CMS) criteria for peritoneal dialysis. The MHSC Peritoneal Dialysis program achieved full certification by the Wyoming Department of Health in December 2019.

#### **CONTRACTED SERVICES**

- B-Braun-annual contract for maintenance on the dialysis machines, water purification system and supplies.
- Fresenius USA for dialysate and dialyzers.

#### **STAFFING**

- During the hours of operation the hemodialysis unit is covered by two staff members, either a combination of registered nurse and one patient care technician or two registered nurses. One nurse covers the peritoneal dialysis service with two additional staff members cross-trained to allow additional nursing care coverage to patients on peritoneal dialysis. The unit nursing director oversees the day to day operations and care of patients. Each dialysis patient is visited monthly by a registered dietitian and receives a monthly visit from a social worker. Once a quarter the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide service to them.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- End Stage Renal Disease Network #15: <http://www.esrdnet15.org/>
- <http://www.fistularfirst.org/Home.aspx>
- Dialysis Facility Reports
- <http://www.dialysisreports.org/>
- American Nephrology Nurses Association

# SCOPE OF SERVICE: EDUCATION DEPARTMENT

## DEFINITION OF SERVICE:

- The Education Department is an interdisciplinary collaboration between the Nursing Services Department and Human Resources Department.
- The Human Resources Department collaborates with the Education department staff to conduct hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded and individualized orientation for newly hired nurses. Services include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and assisting in the development of competencies throughout the organization, conducting preceptor training and evaluating the effectiveness of educational activities.
- A nursing professional facilitates and oversees all nursing education in the organization and reports to the Chief Nursing Officer.
- Human Resources staff share education duties and work with all other departments in the organization to meet the learning needs of employees in non-nursing departments.
- The Education department staff and the staff in Human Resources facilitates lifelong learning and professional development activities with the goal of personal and professional growth, competency, and proficiency for all employees at MHSC. Professionals facilitating nursing education use knowledge and skills in educational theory, and application thereof, career development, leadership, curriculum, and program management to assist employees in providing safe, evidence-based and exceptional patient care.
- Learning needs of employees in all departments guide meaningful continuing education opportunities necessary, and pertinent to position description.
- Continuing education opportunities include mandatory education needed to meet the requirements of regulatory agencies.
- The nurse educator and Human Resources staff disseminates information and educational/learning opportunities to employees who may not otherwise know such opportunities exist, thus expanding growth in knowledge, critical thinking and looking at issues from multiple perspectives.

## HOURS / DAYS OF THE WEEK OF SERVICE

- The Human Resource staff facilitating non-nursing education have standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as needed basis.
- The nurse educator facilitating nursing education has flexible hours that include weekends, but are typically 8:00 a.m. - 4:30 p.m., Monday through Friday. Hours of availability of the nurse educator are flexible dependent on the learning needs of Nursing Services employees who work in an organization that functions twenty-four hours a day, seven days a week.

## TYPE OF SERVICE PROVIDED

- Education staff conducts hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded and individualized orientation for newly hired nurses. Services provided by the staff facilitating education include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and assisting in the development of competencies throughout the organization, writing and assisting in the writing of grants, conducting preceptor training, and evaluating the effectiveness of educational activities. The nurse educator provides career and academic counseling and guidance to those seeking careers in the nursing profession.
- The MHSC philosophy fosters professional development and self-directed learning and believes that those with the most appropriate expertise are those best to conduct department-specific orientation and training on the use of the electronic medical record. The nurse educator and others in the organization with the appropriate experience serve as a resource whenever needed. The nurse educator routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning. Currently, continuing education units courses are not offered through MHSC but are offered through the Lippincott Learning system, the NetLearning system and a plethora of easily accessible outside resources.

## CONTRACTED SERVICES

- Lippincott
- OVID
- Up To Date
- NetLearning through HealthCareSource
- American Association of Critical Care Nurses (AACN)

## STAFFING

- The Education Department consists of a nurse educator who reports to the Chief Nursing Officer, and as well as the Human

Resource staff who share education responsibilities and report to the Director of Human Resources. .

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- The nurse educator and Chief Nursing Office have developed relationships with educators at the University of Utah, Primary Children's Hospital in Salt Lake City, Utah, University of Wyoming, and Western Wyoming Community College. These affiliations have led to opportunities to be involved in certain educational activities provided by these organizations.
  - American Association of Nurses in Professional Development (ANPD)
  - American Nurses Association (ANA)
  - Revolutionizing Nursing Education in Wyoming (ReNEW)

## **SCOPE OF SERVICE: EMERGENCY DEPARTMENT**

#### **DEFINITION OF SERVICE**

- The Emergency Department (ED) is a full service, ambulance receiving department that provides emergency services including but not limited to the following:
  - Assessment and prioritizing with triage for all the emergency situations: abdominal, cardiovascular, dental, ENT, environmental, genitourinary, gynecological, neurological, obstetrical, ocular, orthopedic, psychiatric, respiratory, substance abuse, surface trauma, toxicological, and other trauma
  - Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed
  - Sexual Assault Nurse Examiner (SANE) program
  - The health status of patients range from minor illness or injury to acute and/or critically ill or injured.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The ED is open 24 hours per day, 365 days per year, and 7 days a week.

#### **TYPES OF SERVICES**

- Emergency services without acute hemodialysis, interventional cardiology, and interventional radiology.
- Access to tele-stroke services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.

#### **CONTRACTED SERVICES**

- University of Utah Emergency Department Physicians

#### **STAFFING**

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.
- Registered nurses (RN) staff the unit by census and acuity trends and work 12 hours shifts that are staggered throughout the day to meet volume demands. Shifts are typically 7:00 a.m.- 7:00 p.m., 10:00 a.m. - 10:00 p.m., and 7:00 p.m. - 7:00 a.m.
- Additional support staff include nursing unit secretaries, ED technicians, EMTs, and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the department including, but not limited to; hospitalist care, pediatrics, orthopedics, general surgery, urology, and obstetrics.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- University of Utah
- Air Med Flight Services
- Emergency Nurses Association (ENA)
- American Nurses Association (ANA)

## **SCOPE OF SERVICE: ENVIRONMENTAL SERVICES**

#### **DEFINITION OF SERVICE**

- The Environmental Services Department is responsible for the hygienic and aesthetic cleanliness of the hospital's internal physical environment. The Department's objectives are to ensure that the services provided by the department are effective in maintaining

a hygienic and aesthetically pleasing environment for patient care, also to identify problems in, and opportunities to improve the quality and cost-effectiveness of these services.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Environmental Services Department offers services daily, 7 days per week, including holidays.
- The hours of operation are as follows:
  - Housekeeping Services 6:00 a.m. - 11:00 p.m.
  - Laundry Services 5:00 a.m. - 2:00 p.m.
  - Laundry and linen deliveries to patient care areas after 2:00pm will be handled by the Housekeeping personnel.

#### **TYPES OF SERVICES**

- In carrying out its mission, the Environmental Services Department performs the following functions:
- Routinely cleans patient care and non-patient care areas of the internal hospital environment in accordance with schedules appropriate to each area.
  - Cleans inpatient occupied rooms during a patient stay if over a 24 hour period
  - Cleans inpatient rooms after patients have been discharged, and prepares them for the admission of new patients
  - Provides an adequate supply of clean laundry and linens, that are free from infectious contaminants to the hospital and the external outpatient clinic
  - Routinely cleans outpatient and clinic areas of the external hospital environment, including leased spaces, in accordance with schedules appropriate to each area.
- The Environmental Services Department offers support and assistance to clinical staff in the event of emergent situations.
- As well as its routine services, the Environmental Services Department will respond to urgent requests for cleaning services on the hospital campus needed for reasons of health, safety, or patient care.

#### **CONTRACTED SERVICES**

- Fibertech Window Cleaning
- Martin Ray Laundry Equipment Services

#### **STAFFING**

- Urgent, non-urgent and routine services are provided between the hours of 6:00 a.m. and 11:00 p.m., 7 days a week.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Society for Healthcare Engineering (ASHE)
- Centers for Disease Control and Prevention (CDC)
- American Operating Room Nurses (AORN)
- Healthcare Infection Control Practices Advisory Committee (HICPAC)

## **SCOPE OF SERVICE: FACILITY SUPPORT SERVICES**

#### **DEFINITION OF SERVICE:**

- Facility Support Services (FSS) is responsible for maintaining the physical health and condition of the hospital, the Medical Office Building, physical plant buildings (including the power house, emergency diesel generator building, and other associated out buildings on campus) plus several off-site facilities. In addition, the Bio-Medical Department is part of FSS and its personnel report to the FSS Director.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- FSS personnel are available 24 hours a day.
- FSS working hours are typically Monday-Friday from 6:30 a.m. - 9:00 p.m. Saturday, Sunday and holiday hours vary. Typically on weekends and holidays the on-call staff member will work 10 hours during the day and evening. FSS personnel are assigned on-call for after-hours emergencies or when the shop is not otherwise staffed.

#### **TYPES OF SERVICES**

- FSS provides preventative maintenance, responds to trouble calls or maintenance requests, operates and maintains the boiler plants, HVAC equipment, and emergency generators.
- FSS is responsible for proper handling and disposal of medical waste generated by patient care functions.
- FSS maintains or manages contracts for the maintenance of life safety equipment and systems. FSS provides project management support for remodels and special projects as assigned. Through the Bio-Medical department, FSS manages service contracts and coordinates or affects the repairs to biomedical equipment.

- FSS subcontracts certain technical repairs and inspections. These include boiler overhauls, emergency generator repairs and load testing, fire alarm and monitoring system inspection and repairs, central plant water chemistry support, pest control, medical gas system certification and asbestos abatement.

#### **CONTRACTED SERVICES**

- Original Equipment Manufacturer (OEM) or other professional services are contracted on the basis of bids, time and material contracts or annual/multiyear contract basis to perform repair, services and maintenance on select systems and components. This is especially true where certifications or advanced training beyond what is typical of in house personnel or where special tools and equipment are required and the cost of this equipment or training is not cost effective as an in-house service.

#### **STAFFING**

- Typically a FSS staff-member is on site for approximately 14.5 hours on week days and 10 hours on weekends. When FSS personnel are not on site, a designated member of FSS Department is on call and available, thereby assuring FSS coverage 24/7. The PBX operator and House Supervisors are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to PBX operators and House Supervisors. The PBX operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.

#### **AFFILIATIONS OR SOURCES OF REFERENCE:**

- FSS personnel have affiliations, licensing, certification or memberships with the following organizations:
  - National Fire Protection Association (NFPA)
  - American Society of Healthcare Engineers (ASHE)
  - Wyoming Department of Fire Prevention and Electrical Safety
  - Wyoming Department of Environmental Quality (Wyoming DEQ)
  - Wyoming Society of Healthcare Engineers (WSHE)
  - American Medical Association (AMA)

## **SCOPE OF SERVICE: FISCAL SERVICES**

#### **DEFINITION OF SERVICE**

- Fiscal Services is a non-clinical department that provides the following services: Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger, and Financial and Statistical reporting. Fiscal Services personnel are non-clinical and do not provide direct patient care. Fiscal Services work in a collaborative effort to provide all other hospital departments with financial and reporting assistance.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Fiscal Services personnel are available 7:00 am - 4:30 pm, Monday through Friday, except holidays.

#### **TYPES OF SERVICES**

- Services provided include Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger and Financial and Statistical reporting.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- Staff includes the Controller, Staff Accountant, Accounting Clerk, Payroll Clerk and Accounts Payable Clerk.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- HFMA

## **SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT**

#### **DEFINITION OF SERVICE**



- The Health Information Management Department is responsible for patient information management as applied to health and health care. It is the practice of acquiring, analyzing and protecting digital and traditional medical information vital to providing quality patient care.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Health Information Management Department is staffed as follows:
  - **Medical Records Department Access:**
    - Monday through Friday, 6:30 a.m. - 4:30 p.m.
    - Saturday and Sunday – Closed
    - Holidays Recognized by Hospital – Closed
  - **General Medical Transcription**
    - Monday through Thursday – 5:00 a.m. - 11:00 p.m., and Friday from 5:00 a.m. - 10:00 p.m.
    - All weekends and holidays covered for minimal hours per day, depending on dictation back log. H&Ps and any dictations dictated are done within required turnaround time frames.
    - On-call for any after-hours transfer summaries that need done STAT, unless other arrangements are made in advance.
  - **Health Information Management Director**
    - Monday through Friday, 7:00 a.m. - 3:30 p.m.
    - Saturday and Sunday, or after hours, available by cell phone

#### **TYPES OF SERVICES**

- All patients – Information faxed to continuing care facilities per request
- Previous patients – We copy charts per patient requests as they walk in or call
- Birth certificate completion and submission to State of Wyoming
- Completing Acknowledgment of Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that physicians have completed necessary documentation in each patient's chart
- Notifying physician of deficient or delinquent information in patient records
- Delivering paper charts to the appropriate patient care areas when requested by clinical staff
- Locating and accessing microfilm records for patient care
- Identifying and pulling old records from shelf to be microfilmed
- Verifying that appropriate orders are documented before coding chart
- Verifying appropriate ICD-9 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting physicians from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care
- Transcribing all pathology/cytology reports, general medical transcription and sleep studies
- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Repairing folders and maintaining personal health information
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records
- Two notaries are located in our office. We will notarize any legal documents for the convenience of patients and staff members
- Working with case managers to improve physician documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Setting up accounts for the Patient Access Module (PAM)
- Locating Advanced Directives for patient, when not present in most recent record.

#### **CONTRACTED SERVICES**

- United Auditing Services (external chart review and back-up coding)
- Arrendale and Associates (contracted to transcribe backlogs and for dictation and transcription software)

- Care Consultants Better Solutions (release of information for legal charts)

#### **STAFFING**

- 1 – Health Information Management Director
- 1 - HIM Supervisor
- 2 - Inpatient coders
- 3 - Outpatient coders
- 2.5 - General medical transcriptionists (1 FT, 3 PT)
- 3.5 - Health Information Management Technicians (3 FT, 1 PT)

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Association for Healthcare Documentation Integrity (AHDI)
- American Health Information Management Association (AHIMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)

## **SCOPE OF SERVICE: HUMAN RESOURCES**

#### **DEFINITION OF SERVICE**

- Recruits, hires, and orients new employees, with exception of providers.
- Manages employee benefits, including compensation, health insurance and workers' compensation.
- Conducts hospital orientation, in collaboration with Nursing Services, through the Education department for all new hires, with the exception of licensed independent practitioners.
- Works closely with departments and staff to identify and mentor existing staff into advanced training, experiences and leadership opportunities, both formal and informal, in an effort to create depth of experience and aptitude within our workforce.
- Facilitates lifelong learning and professional development activities with the goal of personal and professional growth, competency and proficiency for all employees at MHSC, including clinical and non-clinical departments.
- Staff in the Human Resources Department provide career and academic counseling and guidance.
- Maintains relationships between employees and leadership by promoting communication and fairness within the organization/
- Interprets and enforces employment and labor laws and regulations.
- Together, through recruitment and retention efforts that focus on the development of a workforce that is competent in knowledge, skill, aptitude and attitude, MHSC continues to be progressive and proactive in taking on the challenges of an ever changing health care world.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Human Resource staff is available 7:30 a.m. - 4:30 p.m., Monday through Friday, except holidays.

#### **TYPES OF SERVICES**

- Services provided include recruitment, orientation, benefits administration, management and maintenance of employee information, leadership training, compensation analysis and management, policy deployment and interpretation, performance management support and assistance, and employee assistance.

#### **CONTRACTED SERVICES**

- Focus One Staffing Services for contract personnel
- CompHealth for the recruitment of therapist positions
- ComPsych for the provision of Employee Assistance Program
- Alliance Benefit Group for Retirement Benefits
- Arthur J. Gallagher for the Administration of Health/Dental/Vision/Disability and Life insurances

#### **STAFFING**

- The Human Resource Department is staffed by a Director of Human Resources, a Human Resource Specialist in Benefits, a Human Resource Generalist, and a Human Resource Assistant.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- ASHHRA – American Society for HealthCare Human Resource Administration
- Employers Council - Compensation, Employment Law
- SHRM - Society for Human Resource Management
- HRCI - Human Resources Certification Institute



- HDRA - High Desert Human Resources (SHRM Regional Affiliate)
- WHA - Wyoming Hospital Association

## SCOPE OF SERVICE: INFECTION PREVENTION & EMPLOYEE HEALTH

### DEFINITION OF THE SERVICE

- The Infection Prevention (IP) & Employee Health (EH) Department is responsible for monitoring the hospital, employees, and patients for any infectious processes or potential infectious process. This department also collects and reports information regarding infectious processes to regulatory agencies as required. The IP & EH department are also involved with new construction/remodels to assure all infection control processes and regulatory requirements are followed. Family Practice physicians and providers who offer occupational health services works in conjunction with Infection Prevention to regulate and provide education regarding immunizations for preventable communicable diseases, blood borne pathogen prevention, and follow-up when applicable or noted by CMS, local and state public health, TJC and OSHA.

### HOURS / DAYS OF THE WEEK OF SERVICE

- The Infection Prevention & Employee Health Department operates from 8:00 a.m. - 4:30 p.m., Monday through Friday, no holidays.

### TYPES OF SERVICES

- IP&EH provides monitoring and investigation of any infectious diseases, whether occurring in patients or employees; assures that hospital policies regarding infections are correctly followed; evaluates for compliance with immunizations; and instructs all new employees, students, licensed independent practitioners, volunteers and contracted personnel on infection prevention techniques.
- IP&EH is also responsible for reducing the risk for the transmission of infections in the health care environment for patients, personnel and visitors.
- Other functions include serving as the institution's liaison to regulatory agencies and health departments regarding incidence reporting and other communications concerning communicable diseases and conditions as needed. Hospital acquired infection performance improvement, and emergency management and disaster preparedness are also included in the scope of service.
- IP&EH ensures that a sanitary environment is present to avoid sources and transmission of infections and communicable diseases. The entire campus, departments and all services are included. Construction activities are carefully monitored to ensure a safe and sanitary environment by the IC department.
- This department does not provide on-site Infectious Disease Physician or services of an Infectious Disease physician, except for phone consultation through the affiliation of the University of Utah.

### CONTRACTED SERVICES

- An infectious disease MD can be contacted by telephone for consults.
- In addition the Wyoming State Department of Health is available to consult.

### STAFFING

- Two RNs staff this department who are licensed in the State of Wyoming.
- A qualified physician licensed in the State of Wyoming acts as the Medical Director.

### AFFILIATIONS OR SOURCES OF REFERENCE

- Centers for Disease Control and Prevention (CDC)
- The Joint Commission (TJC)
- Chinese Medical Association (CMA)
- Association of Professionals in Infection Control and Epidemiology (APIC)
- Association of Occupational Health Professionals in Health Care (AOHP)
- Healthcare Infection Control Practices Advisory Council (HICPAC)
- Occupational Safety and Health Administration (OSHA)
- National Institute fo Occupational Safety and Health (NIOSH)
- American Association of Operating Room Nurses (AORN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Society of Healthcare Engineering (ASHE)
- Department of Health (DOH)
- American National Standards Institute (ANSI)
- American Institute of Architects (AIA)

- Facilities Guideline Institute
- Wyoming Department of Health (WDOH)
- Sweetwater County Public Health

## SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

### DEFINITION OF SERVICES

- Information Technology Services (IT) provides MHSC with all its computer, printer, network security, and application needs. IT provides each department in the hospital with computer hardware and software support, networking and security support as well as applications support..
- ITs role in the hospital is to provide the entire organization with the necessary hardware and software in order for them to care for the patients. Those items include:
  - Hospital desktop computers and laptops
  - Bar code scanners
  - Printers
  - Label Printers
  - Core networks including wired and wireless
  - Internet connectivity
  - Application support

### HOURS / DAYS OF THE WEEK OF SERVICE

- The IT Department is staffed Monday-Friday excluding holidays. The department does provide 24/7/365 phone support.
- The typical hours of service are from 7:00 am - 5:00 pm.
- The department is flexible with hours and occasionally works night, weekends and holidays.

### TYPES OF SERVICES

- The IT department provides hardware and software supports to all hospital employees and related services of the organization.
- The IT department does not provide IS support to personal equipment of employees or patients.
- Contact for the department is through the Help Desk at ext. 8425 or by email at [helpdesk@sweetwatermemorial.com](mailto:helpdesk@sweetwatermemorial.com)

### CONTRACTED SERVICES

- None

### STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The IT department consists of the following job titles:
  - IT Director
  - Senior Systems Administrator
  - Systems Administrator
  - Senior Network Administrator
  - Help Desk Analysts

### AFFILIATION OR SOURCES OF REFERENCE

- Health Information Management Systems Society (HIMSS)
- College of Healthcare Information Management Executives (CHIME)
- Utah Health Information Network (UHIN)
- Utah Health Information Exchange (CHIE)

## SCOPE OF SERVICE: INTENSIVE CARE UNIT - Level I & II

### DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to ensure normal bodily functions.

Intensive Care Unit Level II / Step-down Unit - is an intermediary step between ICU and a Med/Surg floor. These patients still need a high level of skilled nursing care and surveillance but are more stable.

### HOURS / DAYS OF THE WEEK OF SERVICE

- Seven days a week, 24 hours per day, 365 days a year. The unit is only closed when no patients are present. Staff remains

available per on call standards to open the unit should patient care needs arise requiring ICU trained nursing staff.

#### **TYPES OF SERVICES**

- ICU Level I
  - Has a maximum capacity of 4 critical beds located in private rooms. The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO<sub>2</sub>, respiratory rate, and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has 3 oxygen outlets, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.
- ICU Level II / Step-down Unit
  - Has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship. The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO<sub>2</sub>, and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- Both units are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

#### **CONTRACTED SERVICES**

- University of Utah Tele-ICU

#### **STAFFING**

- The staff on this unit includes a Unit Director, Clinical Coordinator, Registered Nurses and Certified Nursing Assistants.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitians, laboratory, respiratory therapy, case managers, physicians, and behavioral health counselors.
- Each 12 hour shift is staffed with two RNs as a baseline with shifts starting at 6:00 a.m or 6:00 p.m. respectfully. Depending on the census and acuity there may be a CNA from 6:00 a.m - 6:00 p.m.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Association of Critical Care Nurses (AACN)
- American Nurses Association (ANA)
- American Heart Association (AHA)

## **SCOPE OF SERVICE: LABORATORY & PATHOLOGY**

#### **DEFINITION OF SERVICE**

- The Clinical Laboratory provides inpatient and outpatient laboratory services that include clinical laboratory, transfusion/blood bank, and histopathology.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday-Friday 7:00 a.m. - 7:00 p.m. and Saturday-Sunday 9:00 a.m. - 2:00 p.m.

#### **TYPES OF SERVICES**

- The Laboratory provides service to all ages of clients. Services provided includes, but are not limited to:
  - Clinical Laboratory
    - General chemistry
    - Special chemistry
    - Therapeutic drug testing
    - Microbiology
      - Complete bacteriology
      - Parasitology

- Acid fast smears
- Urinalysis
- Hematology
- Coagulation
- Immunology
- Drug screens
- Serology
- Transfusion/blood bank services
  - Prenatal screening
  - Cord blood workup
  - ABO, Rh
  - Antibody screens
  - Antibody identification
  - Compatibility testing
  - Blood products
    - Packed RBC units
    - Fresh frozen plasma
    - Platelets-by special order
- Histopathology
  - Non-gynecology cytology
  - Complete histology
    - Special stains
  - Frozen sections
  - Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

#### **CONTRACTED SERVICES**

- Vitalant – provides blood and blood products
- ARUP Laboratories

#### **STAFFING**

- The Laboratory is staffed with a Medical Director/Pathologist who oversees the Laboratory's CLIA license and all laboratory testing. The Medical Director may perform the roles of the Technical Consultant and Technical supervisor, but may delegate, in writing, to qualified personnel duties to the Technical Supervisor, Technical Consultant, and/or General Supervisor.
- Director, Coordinator, Medical Technologists/Medical Laboratory Scientists, Medical Laboratory Technicians and Lab Assistants/ Phlebotomists

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- ASCP – American Society of Clinical Pathologists
- AABB - American Association of Blood Banks
- FDA - Food and Drug Administration
- The Joint Commission
- Unipath
- Mayo Laboratories
- Colorado Public Health
- Wyoming Public Health
- Integrated Oncology
- Oncotype Dx
- Labcorp
- Prometheus
- Quest Diagnostics
- Vitalant

## **SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS**

#### **DEFINITION OF SERVICE**

- Performs duties pertaining to the marketing and promotion of a positive public image for MHSC, it's medical staff, employees, programs, and services. Assist with community plans and directs activities. Directs overall marketing functions for the organization.

Designs and maintains the hospitals website and its social media persona.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Monday through Friday, except holidays.

#### **TYPES OF SERVICES**

- Responsible for creating, implementing and measuring the success of a comprehensive marketing, communications and public relations program that includes communications and public relations activities and materials including publication, media relations, and so forth.
- Is responsible for the development of an annual budget for the department, maintaining the website, and other assigned duties.
- Responsible for drafting written and graphic marketing material for both internal and external clients. May involve editing and designing physical layout of marketing materials.
- Responsible for planning and implementing all publicity, advertising, marketing, and promotion activities and material that represents the organization to the press and public; develops and manages budgets; plans and implements public relations policies; oversees press releases, and may act as chief spokesperson to the media.
- Designs, implements and maintains websites (hospital external, hospital internal and clinic).
- Develops and implements social media and monitors activity.

#### **CONTRACTED SERVICES**

- Advertising contracts, annual and short-term, including radio, digital, outdoor, television and other services that fall under the category of marketing the hospital.

#### **STAFFING**

- Staff consists of the Marketing & Public Relations Manager.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- None

### **SCOPE OF SERVICE: MATERIALS MANAGEMENT**

#### **DEFINITION OF SERVICES:**

- Materials Management is a non-clinical department comprised of two divisions: Purchasing and Central Supply. The department procures and distributes all medical and non-medical product needed by the entire hospital, with the exception of pharmaceuticals.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Purchasing Office is available Monday through Friday 7:00 a.m. - 3:30 p.m., no holidays.
- The Central Supply department is available Monday through Friday 6:30 a.m. - 5:00 p.m., no holidays.

#### **TYPES OF SERVICES**

- The Purchasing office is responsible for all the buying functions for the procurement of all supplies and equipment for the hospital. This service is located in the basement of the hospital. Shipping and receiving is also part of this division and located in the basement next to the loading dock. The function of this area is to ship and receive all supplies and shipments to and from the hospital.
- The Central Supply division of Materials Management is responsible for the distribution and replenishment of medical supplies throughout the entire hospital. This department is located in the basement of the hospital next to the loading dock..
- Both divisions work in a collaborative manner to ensure all necessary supplies are available in a timely manner to all departments of the hospital.

#### **CONTRACTED SERVICES**

- Intalere

#### **STAFFING**

- The staff includes a Director, 3 Buyers, Receiving Clerk, and Central Supply Aides.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Association for Health Care Resources and Materials Management

# SCOPE OF SERVICE: MEDICAL IMAGING

## DEFINITION OF SERVICE:

- The Medical Imaging Department includes the following modalities; general radiology, DEXA, mammography, CT scanning, diagnostic ultrasound, magnetic resonance imaging (MRI), nuclear medicine and radiographic procedures, which constitute the majority of the daily procedural load. PET scanning is offered through a contractual service.
- Services related or concomitant to imaging include quality assurance monitoring and evaluation, quality control - including protecting patients and staff from harmful radiation, image interpretation, dictation, transcription, record filing/management, patient billing, marketing, equipment purchasing and continuing education.
- Fluoroscopic procedures for in-patients requested after hours will be performed on an emergent basis only, after direct physician consultation with the radiologist on-call.
- Patients of all ages, race, sex and financial status are served. Range of treatment comprises diagnostic procedures, invasive/ intraoperative and noninvasive techniques and radiation, with or without the use of contrast media.

## HOURS / DAYS OF THE WEEK OF SERVICE

- The normal operating hours for:
  - Diagnostic Radiology section of the Medical Imaging Department are 24 hours per day, seven days a week.
  - Out-patient Ultrasound are Monday through Friday. There will be an Ultrasound technologist available for ultrasound emergencies seven days a week.
  - MRI scanner are Monday-Friday. There is no evening, night or weekend coverage available.
  - Out-patient CT are Monday - Friday. There is a CT Technologist available for CT emergencies seven days a week.
  - PET/CT services are available every other Friday.
- After routine hours of the Imaging Services Department, a technologist is on duty to cover all Imaging Services Department general radiology procedures. The technologist is to be contacted by the hospital Nursing Supervisor/Charge Nurse on duty for any and all emergencies, external and internal disasters, etc. The technologist is directly responsible to the Director of Medical Imaging at all times.

## TYPES OF SERVICES

- Diagnostic radiology (X-ray):
  - The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
  - There is a registered and licensed radiologic technologist on duty at all times.
  - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
  - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call..
- Ultrasound:
  - The normal operating hours for Ultrasound are 7:00 am-6:00 pm, Monday through Friday.
  - Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
  - There will be an Ultrasound technologist on call for Ultrasound emergencies from 6:00 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
  - The normal operating hours for Nuclear Medicine are 7:00 am - 3:30 pm, Monday through Friday. There is no evening, night or weekend coverage available.
  - Due to the specialized nature of Nuclear Medicine these procedures will be performed after normal operating hours for emergencies, and only after direct physician consultation with the radiologist on-call.
- CT:
  1. The normal operating hours for outpatient CT are 7:30 am – 4:00 pm.
  2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
  - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 4:00 p.m. There is no evening, night or weekend coverage available.
  - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be

approved by a radiologist.

- PET Scanning
  - PET Services are provided through a mobile service.
  - The normal operating hours for the PET scanner are every Friday beginning at 8:00 a.m.
  - Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
- Radiologist Consultation
  - A radiologist is available in the hospital 8:00 a.m. - 5:00 p.m., Monday through Friday.
  - Imaging studies are read daily.
  - In the event there is a "critical" finding the radiologist will call the report to the requesting physician.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

#### CONTRACTED SERVICES

- PET/CT services are provided through Mile High Mobile PET, LLC. Mile High Mobile PET provides the PET/CT scanning services unit, personnel to operate the unit, and the radioisotope ("FDG") required to perform each PET scan. The scanning unit is made available to MHSC every other Friday.
- Advanced Medical Imaging-professional medical services in the specialty of radiology

#### STAFFING

- Diagnostic Radiology is staffed 24 hours per day with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming. The techs are scheduled on staggered shifts to allow for more coverage during peak hours.
- Mammography is staffed with two technologists Monday through Friday. No after-hours coverage is provided. Technologists are registered by the American Registry of Radiologic Technologists and certified by the State of Wyoming.
- Ultrasound is staffed with 3 to 4 technologists from 6:30 a.m. - 6:00 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures. Ultrasound technologists must be registered in Ultrasound by the ARDMS or ARRT.
- Nuclear Medicine is staffed with two technologists Monday through Friday. There is no weekend or after-hours coverage. Technologists are registered by the American Registry of Radiologic Technologists, and/or the Nuclear Medicine Technology Certification Board and must be certified by the State of Wyoming.
- CT is staffed 24 hours per day. Technologists are registered by the American Registry of Radiologic Technologists and must be certified by the State of Wyoming.
- MRI is generally staffed 6:30 a.m. - 5:00 p.m. by one technologist Monday through Friday. There is no weekend or after hours coverage scheduled. Technologists are registered by the American Registry of Radiologic Technologists.

#### AFFILIATIONS OR SOURCES OF REFERENCE

- The Mammography program is accredited through the American College of Radiology.
- The Ultrasound program is accredited through the American College of Radiology.
- The CT program is accredited through the American College of Radiology.

## SCOPE OF SERVICE: MEDICAL ONCOLOGY

#### DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis and treatment of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other medical specialists. Care is provided by a multidisciplinary team of a dietitian, social worker, care coordinator, and financial navigator.

#### HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Oncology and Hematology Department is open Monday through Thursday, 8:00 a.m. - 5:00 p.m., Friday 8:00 a.m. to 2:30 p.m., except on holidays.

#### TYPES OF SERVICES

- In the Medical Oncology and Hematology Clinic medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, started on a treatment plan, admitted to the hospital, or



referred to another physician.

- In the Medical Oncology and Hematology infusion area patients can be provided chemotherapy and biotherapy treatments, adjunct treatment, hematology disorder related treatments, transfusions of blood and blood related products, education, and services offered in conjunction with The American Cancer Society.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- The clinic area is staffed by a medical assistant, a receptionist, a clinical coordinator, a nurse practitioner and a medical oncologist/hematologist physician who is also the Medical Director.
- The chemotherapy infusion area has 2 RNs working daily.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Cancer Society (ACS)
- Oncology Nurses Society (ONS)
- Affiliate of Huntsman Cancer Institute-University of Utah

## **SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT**

#### **DEFINITION OF SERVICE**

- The Medical/Surgical Unit is a 35 bed unit with private and semi-private rooms. This unit provides care for patients requiring observational and inpatient care for medical or surgical needs.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians and counseling.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Medical/Surgical Units is open 24 hours a day, 7 days a week, 365 days a year.

#### **TYPES OF SERVICES PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED**

- Patients cared for range from pediatric to geriatric age groups with medical, social, psychiatric and surgical diagnoses. Surgical procedures involve general and specialty procedures including but not limited to, orthopedic, ENT, gynecologic, urologic and cosmetic. The Medical Surgical Unit also provides after hours and weekend coverage for outpatient infusions as necessary outside of normal operating hours for Same Day Surgery.
- Monday through Friday, excluding holidays, an interdisciplinary team provides care which can include physical therapy, speech therapy, occupational therapy, dietician, and case managers. Every day of the year, the interdisciplinary team includes the aforementioned services and also includes physicians, respiratory therapy, counseling services contracted through Southwest Counseling Services, laboratory, and radiology.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- The staff on the unit includes a Unit director, one Clinical Coordinator, Registered Nurses, Certified Nursing Assistants, and Nursing Unit Secretaries.
- The typical staffing standard is 1 RN to 5 patients. Each shift is staffed by a charge nurse or Clinical Coordinator, RNs and 1-2 CNAs. Staffing adjustments are made according to census and acuity. Typical shifts are 7:00 a.m. - 7:00 p.m. and 7:00 p.m. to 7:00 a.m. CNA 12 hour shifts start at 6:00 a.m, and 6:00 p.m.
- Student nurses rotate through this unit for clinical practicum training. Students in other disciplines also participate in multidisciplinary training with appropriate preceptors in their specialty in this unit.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Academy of Medical Surgical Nurses (AMSN), <http://www.amsn.org>
- American Nurses Association (ANA)

## **SCOPE OF SERVICE: MEDICAL STAFF SERVICES**

#### **DEFINITION OF SERVICE**



- The MHSC Medical Staff Services Office (MSSO) is responsible for coordination and oversight of the Medical Staff Services Department. The MSSO develops, manages, performs, and directly supports governance, and credentialing and privileging activities related to Medical Staff, Nurse Practitioners and Physician Assistants at Memorial Hospital.
- Provides overall support to Medical Staff leaders; serves as a liaison between Medical Staff and the Senior Leadership Team, and communicates information from medical staff through the Medical Executive Committee and the Governing Board.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 5:00 p.m., with the exception of holidays.

#### **TYPES OF SERVICES PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED**

- Supports the MHSC organized medical staff leadership and committees by providing expert consultation and assists in ensuring leaders and members adhere to the MHSC Medical Staff Bylaws, Rules and Regulations, and all pertinent policies.
- Ensure current compliance with all state, federal, health plan, and non-federal national regulations and requirements.
- Ensures that all medical staff and allied health professional (AHP) members are properly vetted according to the requirements of the Medical Staff Bylaws, The Joint Commission, State of Wyoming, Centers for Medicare and Medicaid Services (CMS), and other regulatory requirements by providing primary-source and accurate verification services.
- Facilitates and supports the Ongoing Professional Practice Evaluation (OPPE), and Focused Professional Practice Evaluation (FPPE) programs of the medical staff, AHP staff and mental health providers. Works with the Quality & Accreditation Department to ensure medical staff quality assurance and improvement.
- Maintains and/or supervises the maintenance of required medical staff documentation and credentialing database.
- Coordinates and manages the Medical Staff Department, committees, subcommittees, and general staff meetings. Ensures all department and committee recommendations and correspondence are channeled from one committee/department to another.
- Arranges for and schedules locum tenens physicians to provide adequate call coverage, arranges housing.
- Oversees completion of provider billing paperwork for Medicare, Medicaid, Blue Cross, and other entities.
- Oversees hospital owned apartment complex and townhouses, coordinates scheduling, maintenance, and cleaning schedules.
- Compiles and distributes monthly emergency on-call schedule.
- Oversees, schedules, and conducts physician orientation.
- Assists the CEO with physician contracts.
- Assists the CEO and Human Resources with J1/H1B waiver requirements.

#### **CONTRACTED SERVICES**

- There are no contracted services directly related to the services of the Medical Staff Services Office. Locum physicians/providers are contracted on an as needed basis through various companies.

#### **STAFFING**

- Staff includes the director of Medical Staff Services, the credentialing clerk and a provider enrollment clerk.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Affiliation with the Wyoming Association of Medical Staff Services, and the National Association of Medical Staff Services

## **SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT**

#### **DEFINITION OF SERVICE**

- The Nutrition Service staff is dedicated to serving the patients, staff, and community well-balanced nutritious meals.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- In room dining for patients is available from 7:00 a.m. - 7:00 p.m., Monday through Sunday, 365 days a year. The Cafeteria hours are Monday through Sunday: Breakfast 8:00 a.m. - 10:30a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:30 p.m.

#### **TYPES OF SERVICES**

- Both inpatients and outpatients are given a room service menu and have the opportunity to select their menu according to their diet prescription.
- The hospital cafeteria is open to all employees and visitors. Employees receive a 35% discount on all meal items.
- The Executive Chef, and kitchen staff, prepares a wide range of dishes each week. The cafeteria also offers an all-you-care to eat salad bar, daily, to satisfy almost any demand.
- Visitors are welcome to order room service while visiting patients, and are also welcome to utilize the cafeteria for meal service.
- The Nutrition Services Department also caters the meetings of MHSC as well as community events on, and off, property.
- MHSC offers two full time Registered Dietitians for inpatient and outpatient services based on the needs of the patient.

- The dietitians are responsible for the nutritional care of all Dialysis unit and Cancer Center patients.
- Dietitians assess inpatient and outpatient nutritional needs, develop and implement nutrition care plans and advise people on what to eat in order to achieve specific health related goals.
- Dietitians are part of the community Diabetic Education program.

#### **CONTRACTED SERVICES**

- Hobart Services – Dishwasher
- DFM – Register System
- Western Wyoming Beverage
- Coca Cola Bottling

#### **STAFFING**

- Executive Chef
- 2 full time Dietitians, Monday through Friday
- Dietary support staff

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- NCM – Nutrition Care Manual
- American Diabetes Association (ADA)
- Academy of Nutrition and Dietetics
- National Association of Nutrition Professionals (NANP)
- Community Nursing - Diabetes Self-Management Education

## **SCOPE OF SERVICE: OBSTETRICAL SERVICES**

#### **DEFINITION OF SERVICE**

- The Obstetrical Department (OB) provides a securely locked badge-access only unit. The unit is comprised of 3 labor & delivery room (LDR) suites, 5 private postpartum rooms, a Level II A Nursery that accommodates nine well-newborn beds, a special care nursery that accommodates two sick-newborn beds, a procedural/isolation room for newborns, 1 surgical suite, and a two bay Post-Anesthesia Care Unit (PACU).
- The OB Department provides outpatient, observational, and inpatient services to pregnant patients, postpartum patients, and newborns up to twenty-eight days of age. The OB staff coordinates care with the Surgical Services Department to meet the needs of patients who require Cesarean section delivery or postpartum tubal ligations.
- The unit uses a multidisciplinary approach of care that includes services of case management, dietitians, laboratory, respiratory therapy, radiology, and physicians

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Unit is open 24 hours a day, 7 days a week, 365 days a year.

#### **TYPES OF SERVICES**

- Populations served include adolescent and adults who are of childbearing age and neonates 0 to 28 days of age.
- **Obstetrical Observational/Antepartum Services:**
  - Obstetrical Triage Services
  - Non-Stress Test
  - External Fetal Monitoring
  - Oxytocin Challenge Test
  - External Version
  - Premature Labor Management
    - Subcutaneous, Oral, and IV tocolytics
    - Betamethasone injections (Intramuscular)
    - Fetal Fibronectin Testing
  - Ultrasound evaluation
  - IV Therapy, Hydration
  - ROM (rupture of membranes) Plus Testing
  - Hyperemesis Gravidarum
  - Pyelonephritis
  - Preeclampsia
- **Intrapartum**

- Low-Risk Pregnancies
- Stabilization/Transport of High-Risk Pregnancies
- Labor and Delivery Care
  - > 35 Weeks Gestation
- External/Internal Fetal Monitoring
- Cesarean Section Delivery
- Gestational Diabetes
- Preeclampsia, Eclampsia, HELLP Syndrome
- Spontaneous rupture of membranes (SROM) and artificial rupture of membranes (AROM)
- IV Therapy, Hydration
- Fetal Demise
- Induction and Augmentation of labor
- Amnioinfusion
- Epidural Services
- Intrauterine Growth Restriction
- **Postpartum**
  - Couplet Care
  - Postpartum Care
    - Up to 6 weeks postpartum
  - Post-op cesarean section care
  - Postpartum tubal ligation
  - Preeclampsia, Eclampsia, HELLP
  - Post-op Gynecology
- **Nursery**
  - Couplet Care
  - Newborn Care
    - > 35 Weeks Gestation
  - Safe Haven Nursery
  - Level II A Nursery and Special Care Nursery
    - Stabilization/Transportation of the High-Risk Newborn
      1. High-Flow Oxygenation
      2. Sepsis
      3. Respiratory Distress Syndrome (RDS)
      4. Continuous Positive Airway Pressure (CPAP)
      5. Ventilation Support
      6. Surfactant administration
    - IV Therapy
    - Glucose Management
    - Transient Tachypnea of the Newborn (TTN)
    - Oxygen Support
    - Preemie Feeder and Grower
    - Phototherapy
    - Large for gestational age (LGA), small for gestational age (SGA) newborns
    - Circumcisions up to 12 weeks of age
    - Newborn Hearing Screen
    - Newborn Genetic Screening
    - Back transport to Level I/Special Care Nursery
  - Breastfeeding Support (Certified Lactation Counselors)

#### **CONTRACTED SERVICES**

- Marshall Industries (Infant Security System)
- OBIX (Fetal Monitoring System)

#### **STAFFING**

- The Director of OB has 24/7 responsibility for the day to day operations of the unit with assistance of the Clinical Coordinator. Staffing is comprised of Registered Nurses, Certified Nursing Assistances, and Unit Secretaries.

- Staffing for the OB Department follows AWHONN Perinatal Nursing Staffing Guidelines ensuring safe patient care for antepartum, intrapartum, postpartum and newborn patients. At a minimum, 2 RNs are staffed at all times.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Neonatal Resuscitation Program (NRP) Certification
- American Women's Health, Obstetrics and Neonatal Nursing (AWHONN)
- American Nurses Association (ANA)
- American Association of Pediatrics Neonatal S.T.A.B.L.E program

## **SCOPE OF SERVICE: OUTPATIENT SERVICES**

#### **DEFINITION OF SERVICE**

- Outpatient Services provides for the patients who require infusions of medications, treatments, transfusions, or wound care that doesn't require a hospital stay.
- Outpatient Services operates out of the Medical/Surgical department with one designated patient room, and accesses additional patient rooms as needed.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Typically Monday through Friday excluding holidays, 8:00 a.m. - 5:00 p.m., but alternate arrangements can be made for after hours and weekends.

#### **TYPES OF SERVICES**

- Services for a diverse patient population includes:
  - blood disorders
  - intravenous antibiotics
  - medication injections
  - central line care
  - hydration therapy
  - antibiotic therapy
  - therapeutic phlebotomy
  - blood transfusions
  - wound care

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- 1 registered nurse with support from hospital-wide nursing staff

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- None

## **SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES**

#### **DEFINITION OF THE SERVICE**

- Patient Financial Services (PFS) is a non-clinical department that performs the following services: preparation and submission of claims to insurance carriers, entitlement programs, and patient guarantors.
- PFS ensures the accuracy of patient charges, including answering any questions that patients might have in reference to services and the associated charges. PFS works to ensure the accuracy of insurance carrier payable benefits and coverage. We work to expedite payment from all payers in addition to working with patients to retire their debt with us and ensure an accurate accounting of patient accounts.
- PFS works closely with indigent patients who are unable to pay their debt for services rendered.
- PFS attempts to qualify indigent patients for our Medical Assistance program and sets up payment arrangements.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The PFS department is open from 8:00 a.m. - 4:30 p.m., Monday through Friday, except holidays, and by appointment.

#### **TYPES OF SERVICES**

- Services provided include charge master preparation, charge capture, claim preparation, claim submission, claim follow-up and appeal, account collection, statement and letter preparation, payment plan assistance, Medical Assistance education and application, and patient accounting.

#### **CONTRACTED SERVICES**

- Contracted services include electronic transactions through EMDEON and Recondo, statement and letter preparation and mailing through Key Bank, out-of-state Medicaid collections through Express Medicaid Billing Service, and patient collections through Rocky Mountain Service Bureau.

#### **STAFFING**

- Staff includes director of Patient Financial Services, Patient Accounts Representative, Cashier/Collection Clerk, Cash Poster/Collection Clerk, Collection Specialist, Collection Clerk Pre-Admit Registrar, Patient Navigator and Financial Representative and Collection Clerks.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- Healthcare Finance Management Association (HFMA)

## **SCOPE OF SERVICE: PHARMACY SERVICES**

#### **DEFINITION OF SERVICE**

- The Pharmacy Department is responsible for providing safe and effective medication therapy.
- The scope of pharmacy services is provided in accordance with laws, rules, regulations, and recognized standards and practice guidelines.
- The Pharmacy Department is responsible for systems that control the procurement and distribution of medications, ensuring that patients receive right medication, in right dose, at right time.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- On-site pharmacy services are provided 06:30 a.m. - 8:30 p.m. Monday through Friday, 7:00 a.m. - 5:00 p.m. weekends and 7:00 a.m. - 3:00 p.m. on holidays.
- After hours, a pharmacist is available on call and remote order entry is provided.

#### **TYPES OF SERVICES**

- Pharmaceutical care is provided to patients through monitoring of patient medication therapy, provision of drug information to professional staff, and patient medication education. Specific services include:
  1. Oversight of medication management including establishing policies and practices concerning planning, selection, storage, ordering, dispensing, administering, monitoring, and evaluating to promote safe use
  2. Identifying high-alert drugs (including insulin, anticoagulants, concentrated electrolytes, neuromuscular blockers and others designated by the organization)
  3. Identifying hazardous drugs and implementing policies for safe handling of these agents
  4. Procurement of medications from suppliers approved by the hospital's purchasing organization
  5. Review of medication orders
  6. Evaluation of potential drug interactions
  7. Packaging, labeling, and dispensing all medications, chemicals, and other pharmaceutical preparations to patient care areas consistent with current recommended practices
  8. Provision of a unit-dose drug distribution system
  9. Compounding sterile preparations to meet federal and state requirements
  10. Inspection of all areas where medications are stored, dispensed, or administered
  11. Assessment of patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy
  12. Assessment of drug therapy for renal impaired patients
  13. Ensure rational and appropriate antibiotic therapy based on culture sensitivity results
  14. Participation in patient medication education through counseling selected inpatients and appropriate medication use prior to discharge and participation in selected outpatient education

15. Monitors, reports, and assesses adverse drug events
  16. Monitors medication usage and identifying opportunities for improvement in cooperation with the Pharmacy and Therapeutics Committee
  17. Participation in in-service education programs for professional and nonprofessional staff of the hospital
- Medication therapy is reviewed by a pharmacist at the time of order entry for inpatients. Medication therapy management includes monitoring and intervention protocols designed to promote positive patient outcomes. Monitoring includes but is not limited to:
    1. Therapeutic dose monitoring of aminoglycosides and vancomycin
    2. IV to PO Conversions
    3. Adverse drug reaction monitoring
    4. Creatinine clearance estimation/renal dosing
    5. Antibiotic streamlining
    6. TPN electrolyte monitoring
    7. Medication use evaluation
  - Medication therapies targeted for specific monitoring include those that are high volume, potentially problem prone, and/or possess a narrow therapeutic index.
  - The Department of Pharmacy is committed to supporting the hospital's mission and goals. This includes but is not limited to: budgetary and financial responsibility, active participation in multi-disciplinary task forces and committees, and participation in education programs.
  - Important functions are identified by hospital leaders as those that have the greatest impact on patient care. Those processes which are high-volume, high risk, or problem prone are the aspects of care given the highest priority for monitoring and evaluation.
  - The Pharmacy, in collaboration with other departments, addresses the following important functions and processes:
    1. Infection prevention and control
    2. Management of information
    3. Management of human resources
    4. Management of environment of care
    5. Improving organization performance education
    6. Patient rights and organizational Ethics
  - The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:
    1. Developing medication-related policies and procedures
    2. Developing policies for therapeutic interchange
    3. Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility
    4. Defining and reviewing significant adverse drug events (medication errors, adverse drug events, incompatibilities)
    5. Participating in activities relating to the review and evaluation of medication usage
    6. Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials
    7. Communicating decisions to the medical, pharmacy, and patient care area staff
  - The Department of Pharmacy provides drug information and education to patient care providers via newsletters, in-service education programs, IV administration guidelines, flow rate charts, and patient medication specific information.
  - Pharmacy provides education and information to the medical staff via presentations at medical committees, newsletters, the clinical pharmacy intervention program, the antibiogram, and patient/medication specific information as requested.
  - The Pharmacy participates in the organization-wide Performance Improvement and Patient Safety (PIPS) Program.

#### **CONTRACTED SERVICES**

- Pharmacy management is provided by Cardinal Health Pharmacy Solutions. After hours remote order management is provided by Cardinal Health Rx e-source. Automated distribution cabinets and service is provided by BD Carefusion.

#### **STAFFING**

- Pharmacy staff includes: Director of Pharmacy, staff Pharmacists, certified pharmacy technicians, and technicians in training

## AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

# SCOPE OF SERVICE: PROVIDER PRACTICES

## DEFINITION OF SERVICE

- A clinic or office setting is intended as the primary means of establishing a physician/patient relationship. Care provided in a clinic is the first line of defense with diagnosis and treatment of sickness, injury, pain or abnormality. Promotion of wellness and the prevention of illness is a primary focus. Chronic conditions are monitored and managed.
- The Medical and Specialty Clinics are multi-specialty physicians' offices. The practice areas include providers in Family Practice, Pediatrics, Internal Medicine, Pulmonary, Nephrology, Obstetrics/Gynecology, Orthopedics, Urology, General Surgery, ENT, and Occupational Medicine.

## HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment.
- Office hours are from 8:00 a.m. - 6:00 p.m., Monday-Thursday and 8:00 a.m. - 4:30 p.m. on Fridays, depending on clinic. The offices are closed on holidays.
- Appointments can be made for acute conditions within 24 hours, in most cases.
- New patients are accepted regardless of type of insurance and self-pay is accepted. Patients can be referred or self-referred.

## TYPES OF SERVICES

- The clinic provides comprehensive medical services, including but not limited to, medication management, injections, immunizations, well child checks, primary care, disease process management and education, employment and DOT physicals, audiology services, allergy testing, flu shot clinics, minor invasive office procedures, preventive health maintenance assessments and services, ordering of diagnostic tests, and ordering of preventative health services and patient education to patients throughout the lifespan. Services are provided to people of all ages, from newborn to geriatrics.
- Medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, be admitted to the hospital, or referred to another physician.
- Primary care providers provide services to the communities of Wamsutter and Farson. Primary care and occupational medicine services are provided at the Jim Bridger Power Plant, Solvay and Tata in Sweetwater County.
- Procedural sedation is not performed in the clinic.
- These services are provided in keeping with the philosophy, mission, vision, values of MHSC; the philosophy of the Department of Nursing Service; and in compliance with the standards of nursing practice, and all pertinent MHSC hospital policies and procedures.

## CONTRACTED SERVICES

- None

## STAFFING

- The medical staff is supported by senior leadership, registered nurses, licensed professional nurses, certified nursing assistants, medical assistants, reception and billing staff.

## AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Each physician and physician assistant in the Sweetwater Medical Clinic uses the evidence-based standards and guidelines of their specialty.
- Wyoming State Board of Nursing regulates the collaborative relationship between nurses and medical assistants.
- Wyoming Board of Medicine regulates the relationship between physicians and physicians' assistants and physicians and medical assistants.

# SCOPE OF SERVICE: QUALITY & ACCREDITATION DEPARTMENT

## DEFINITION OF SERVICE

- The Quality & Accreditation Department at MHSC (MHSC) provides direction, coordination, and facilitation of processes and activities that promote continuous improvement impacting patient outcomes and effective delivery of care services in acute care and outpatient settings. The scope of services provided assure the integration of services along the health care continuum. We are



dedicated to support and assist in providing a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Monday through Friday- 8:00 a.m. to 5:00 p.m., except holidays.

#### **TYPES OF SERVICES**

- The patients that are served for any service at MHSC are part of the services the Quality & Accreditation Department represents. These patients can be grouped either by diagnosis, national regulatory requirements, or by quality improvement activities the organization wishes to pursue.
- The Quality & Accreditation Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality & Accreditation Department monitors and works to improve system issues that arise in providing health care services to patients in a culture that is non-punitive and proactive. Services provided impact all patients, visitors, advocates, and employees, organizational wide through a multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital and population based and community settings.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all appropriate departments/services and disciplines of the facility in an effort to improve organizational performance. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality & Accreditation Department maintains Joint Commission accreditation through continuous improvement in patient care, by implementing evidenced based practices and by meeting regulatory standards to provide safe, high quality care.
- MHSC Leadership supports continuous performance improvement through:
  - Professional development
  - Efforts towards quality and safety annual goals
  - Encouraging and engaging all employees in quality improvement initiatives
  - Referral of opportunities for improvement

#### **CONTRACTED SERVICES**

- Clinical quality data requiring vendor submission

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- National Quality Forum (NQF)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Improvement and Innovation Network/Health Research and Educational Trust (HIIN/HRET)
- The Joint Commission (TJC)
- Centers for Disease Control and Prevention (CDC)
- National Association for Healthcare Quality (NAHQ)
- University of Utah Health Care- Value Affiliate Network (UUHC)
- American Nurses Association (ANA)
- American Society for Quality (ASQ)
- Mountain Pacific Quality Health - Quality Improvement Organization (MPQH)

## **SCOPE OF SERVICE: RADIATION ONCOLOGY**

#### **DEFINITION OF SERVICE**

- Radiation therapy uses targeted energy to kill cancer cells, shrink tumors, and provide relief of certain cancer-related symptoms. Our highly trained staff is experienced in delivering prescribed radiation doses to tumors with precision. By focusing the radiation directly on the tumor, and limiting the amount of radiation to non-cancerous cells, the risk of common side effects associated with radiation treatments is minimized. Depending on specific cancer and needs, radiation may also be combined with other treatments, such as chemotherapy. As patients receive radiation treatments, any side-effects experienced are treated to keep patients and their family as comfortable as possible.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- The Radiation Oncology Department is open Monday through Friday, 8:00 a.m. - 4:30 p.m., except on holidays.



- Treatments will be given outside of normal office hours **only** in an emergency situation.

#### **TYPES OF SERVICES**

- External beam radiation therapy serves mostly adult patients, or those not requiring intubation or anesthesia for treatment. We prefer to refer pediatric patients to a pediatric hospital.
- Radiation therapy uses high energy x-rays to damage the tumor cells, thereby preventing them from dividing, growing and spreading. During radiation therapy, normal cells are damaged as well. However, normal cells are able to repair this damage better. In order to give normal cells time to heal and to reduce side effects, treatments are typically given in small daily doses, five days a week, Monday through Friday, for a period of time prescribed by the radiation oncologist. During external radiation a beam of radiation is directed at the treatment site from outside the body. This is typically done using a machine called a linear accelerator.
- At this time, we do not deliver radiation to persons requiring intubation or anesthesia for treatment. We don't provide Brachytherapy (high dose rate (HDR) or low dose rate (LDR), intraoperative radiotherapy (IORT), Gamma knife or Cyber knife treatments.

#### **CONTRACTED SERVICES**

- Physics support is provided by Mountain States Medical Physics

#### **STAFFING**

- Radiation Oncology is fully staffed from 8:00 a.m. - 4:30 p.m., Monday through Friday. Staff to Patient ratio: A minimum of two (2) radiation therapists per day on the treatment machine, as recommended by the American Society of Radiologic Technologists (ASRT).
- The clinic area is staffed with a receptionist, a nurse, two radiation therapists, a dosimetrist/director, a physicist, a clinical trials facilitator, a nurse practitioner and a radiation oncologist.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- The Cancer Center is affiliated with the University of Utah and The Huntsman Cancer Center.
- American Society for Radiation Oncology (ASTRO)
- Oncology Nurses Society (ONS)
- American Nurses Association (ANA)

## **SCOPE OF SERVICE: REHABILITATION DEPARTMENT**

#### **DEFINITION OF SERVICE**

This clinical department provides physical, occupational, and speech therapy to inpatients and outpatients. to hasten the rehabilitation of disabled, injured, frail or diseased patients.

- Cooperate with physicians by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- Promotes an environment that strives for optimum care to the patient through:
  - Knowledgeable, pleasant, cheerful, concerned and progressive personnel,
  - Updated and safe equipment,
  - And a neat department.
- Schedule treatments at a time most convenient to the patient and to the therapist
- Maintains the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- Provision of in-service and/or continuing education to share and increase therapists' knowledge and expertise as health care providers.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment our services enabling positive change.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

The department is staffed from 8:00 a.m. - 5:00 p.m., Monday through Friday, except for holidays or as altered secondary to patient's needs. Weekend coverage and after hours staffing is provided by a licensed therapist as arranged by the patient, physician, and director.

- Licensed Physical Therapists provide outpatient and inpatient services from 8:00 a.m. - 5:00 p.m., Monday through Friday.
- Licensed Speech Therapist provide services 9:00 a.m. - 2:30 p.m., Monday through Thursday.
- Licensed Occupational Therapist provided on PRN basis.

- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

## **TYPES OF SERVICES**

- Physical therapy, speech therapy, and occupational therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
  - Treatment occurs in the hospital facilities, and/or in the patient's home
  - Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities, and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties
- **Physical Therapy Services**
  - Provision of modalities and treatments such as hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin, Phonophoresis · with 1% hydrocortisone cream, Iontophoresis - with Dexamethasone and/or Lidocaine, and Hydrotherapy
  - Provision of physical assessment, therapeutic exercise, proprioceptive neuromuscular facilitation, gait training - with appropriate assistive devices, functional development training, balance and coordination, therapeutic massage, joint and soft tissue mobilization
  - Fit for custom made support stocking, prefabricated braces, and orthotics
  - Rehabilitative application and use of therapeutic equipment
  - Provision wound care
- **Speech Therapy Service**
  - Assessment, diagnostic, treatment, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency
  - Services for people who cannot produce speech sounds or cannot produce them clearly
    - Speech rhythm and fluency problems
    - Voice disorders
    - Problems understanding and producing language
    - Communication skills improvement
    - Cognitive communication impairments, such as attention, memory, and problem-solving disorders
  - Assessment and treatment patient with swallowing difficulties
  - Development of individualized plan of care, tailored to each patient's needs
    - Educate patients on how to make sounds, improve their voices, or increase their oral or written language skills to communicate more effectively
    - Education of individuals on how to strengthen muscles or use compensatory strategies to swallow without choking or inhaling food or liquid
    - Speech-language pathologists help patients develop, or recover, reliable communication and swallowing skills so patients can fulfill their educational, vocational, and social roles
  - Counseling of individuals and their families concerning communication disorders and how to cope with the stress and misunderstanding that often accompany them
    - Work with family members to recognize and change behavior patterns that impede communication and treatment.
    - Show them communication-enhancing techniques to use at home

## **Occupational Therapy Services (Not available at this time)**

- *Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin*
- *Provision of functional, cognitive and visual perceptual assessment and treatment, therapeutic exercise, proprioceptive neuromuscular facilitation, activities of daily living with appropriate adaptive devices, functional development training, gross and fine motor function, therapeutic massage, joint and soft tissue mobilization*
- *Fit for custom made or prefabricated upper extremity braces, splints and orthotics*

## **CONTRACTED SERVICES**

- None

## **STAFFING**

- Personnel for the Rehabilitation department includes 2 full-time and 1 part-time licensed physical therapists, one acting as the director of the department, and a full time secretary.

- Part-time speech therapist.
- Occupational therapist services (not available at this time).

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Physical Therapy Association (APTA)
- American Speech-Language-Hearing Association (ASHA)
- American Occupational Therapy Association (AOTA)

## **SCOPE OF SERVICE: RISK MANAGEMENT & COMPLIANCE**

#### **DEFINITION OF SERVICE**

- The Risk Management & Compliance Department provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care. The department works with both clinical and non-clinical departments within the facility. The department also works with any and all regulatory bodies that govern the operation of health facilities and business function. Staff in the Risk Management & Compliance Department are responsible for:
  - Compliance and Regulatory Oversight
  - Risk Management Program Oversight
  - Patient, Staff and Environmental Safety
  - Guest Relations
  - Occurrence Reporting

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Monday through Friday during normal business hours, excluding holidays

#### **TYPES OF SERVICES**

- **Compliance**
  - This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available, and prepare the facility for regulatory surveys of any kind. This is done through compliance monitoring, and proactive survey preparation within the various departments.
- **Risk Management**
  - Risk Management services are under the direction and support of Senior Leadership, medical staff, administrative and other health care providers throughout the organization. The designated officer is notified immediately of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed within a 24-hour time frame of the occurrence.
  - Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers. Resolution and appeal processes of patient complaints are accessed through the Director of Risk Management & Compliance.
- **Patient, Staff and Environmental Safety**
  - Patient and environmental safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility QAPI and Safety Plan. All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.
- **Guest Relations**
  - Guest relation services provide for patient advocacy, complaint management, and crisis intervention and ethics consultation in a non-judgmental, non-defensive, harassment free manner. Consumers are provided with access to health care information and resources in a safe environment of care. Services include a centralized system for addressing patient and guest concerns, complaints and grievances, the provision of information related to MHSC policies, procedures and services as well as a compassionate advocate within the health care system and community. The Guest Relations Specialist facilitates the resolution of complaints and grievances per CMS/Joint commission requirements, and hospital policy.

#### **CONTRACTED SERVICES**

- MIDAS
- MSDS Online
- Soleran-eMeditrack
- The Joint Commission (TJC)
- Advanced Medical Reviews

## STAFFING

- Oversight by Infection Prevention, Risk & Compliance Director
- Compliance auditor

## AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- National Fire Protection Association (NFPA)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- National Database of Nursing Quality Indicators (NDNQI)
- Wyoming Department of Health (WDOH)
- United States Department of Health and Human Services (DHHS)

# SCOPE OF SERVICE: SECURITY DEPARTMENT

## DEFINITION OF SERVICE

- General conduct and responsibilities include taking the appropriate action to:
  - **Protect life and property**
    - To provide services which contribute to the preservation of life, the protection of property, and safety of the hospital.
  - **Preserve the Peace. Prevent crime. Detect criminal activity**
    - To prevent crime through aggressive patrol which limits the opportunity for a crime to occur. We have a continuing education program through the International Association of Hospital Safety and Security. All Officers are required to complete self-directed training pertaining to security training on multiple levels. The officers provide staff education to reduce the likelihood of them becoming victims.
  - **Detect violation of the law.**
    - The Security Department remains vigilant regarding all laws under its jurisdiction. This is done in the following manner:
      1. Location and reporting of all safety violations
      2. Maintaining awareness of equipment theft
      3. Insuring all vehicles are parked in proper areas
      4. Ensuring proper identification is present on persons and vehicles at all times
  - **Compliance to ethical standards**
    - To ensure the integrity and adherence to professional standards of the department by receiving and investigating all complaints against departmental personnel of alleged misconduct or misuse of force.

## HOURS / DAYS OF THE WEEK OF SERVICE

- The Security Department of MHSC provides service to all employees, patients and families on a 24 hour / 7 days a week schedule.

## TYPES OF SERVICES

- Security provides many services. These services include but are not limited to:
  - Providing a safe secure environment for all persons coming and going from our campus.
  - Security officers patrol the entire campus including our exterior buildings and clinic on a routine basis
  - Assists when needed with Title 25 Patients
  - Coordinates and assists with monitoring of behavioral health patients
  - Traffic control of entire facility
  - Managing of the security access system
  - Managing of the key system
  - Assist ambulance services, flight crews, county coroner's office, and local law enforcement agencies
  - Monitor the CCTV system
  - Controlling and restraining combative patients
  - Removal of the deceased
  - Repair and service locks
  - Customer service as needed
  - Responds to all emergencies including and not limited to Critical Response, trauma level one and two

## STAFFING

- The director of security is responsible for any and all actions of the department. The security supervisor assists the director and accepts departmental responsibility in the absence of the director. Additional staff include security officers and one emergency management deputy.
- Behavioral health staff consists of 1 coordinator, and nine on-call monitors that assist with behavioral health issues, and report to the Director of Security.

## AFFILIATIONS OR SOURCES OF REFERENCE

- International Association of Hospital Safety and Security (IAHSS)
- Managing of Aggressive Behaviors training (MOAB)

# SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

## DEFINITION OF SERVICE

- The Surgical Services Department of MHSC provides services for surgical care including diagnostic, operative, and treatment for procedures and immediate care for post-operative cases on a 24-hour basis, including weekends and holidays. The Surgical Services Departments consist of Same Day Surgery (SDS) for both pre and post-operative care, Pre-Anesthesia Testing (PAT), the Operating Suites (OR), Post Anesthesia Care Unit (PACU) and Central Sterile Processing (CST).
- Surgical Services consist of but are not limited to: urology, OB/GYN, general, plastic, orthopedics, ENT, pediatric dentistry, podiatry, endoscopy and anesthesia.
- Surgical Services is located on the hospital's main level with easy access to Medical Imaging and the Emergency Department. It contains 12 Same Day Surgery rooms, 4-bed recovery room, 4 operating rooms, an endoscopy room, and minor procedure room. An Obstetric operating suite is located in the Obstetrics Department. All operating rooms have an anesthesia machine with pulse oximetry, CO2 monitoring, and a module to monitor EKG, arterial blood pressure, and central venous pressure. Air, oxygen, nitrous oxide, and vacuum are piped in.

## HOURS / DAYS OF THE WEEK OF SERVICE

- The Surgical Services Department is covered twenty four hours a day, seven days a week including holidays. Elective scheduled cases are done Monday through Friday with normal business hours of 5:00 am to 6:00pm.
- Routine sterile processing hours are from 6:00 a.m. to 6:30 p.m., Monday through Friday, with weekend and holiday coverage from 6:00 a.m. to 10:00 a.m., and on call availability 10:00 a.m. to 10:00 p.m.

## TYPES OF SERVICES

- The patient population served by the Surgical Services Department consists of the newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.
- The Surgical Services Department provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the surgeons in meeting the emergency, preventative and restorative health needs of the patients. The Surgical Services staff provides safe, high quality, and cost effective care with respect for life and dignity.
- Procedures performed in the Surgical Services Department include general, ENT, pediatric dental, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.
- PICC line placement is also performed in the Surgical Services Department.
- Procedures not performed are thoracic, organ transplant, neurology, spine, and ophthalmology.
- The patient's physical, psychological and social needs are assessed initially upon admission. Intra-operatively and postoperatively, the patient is continually reassessed; modifications to that plan of care are based on reassessment of the patient. In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU. Disposition of the patient from the PACU is based on the complexity of the patient's care needs. This decision is made collaboratively between the anesthesiologist and surgeon, with information related from clinical data provide by the PACU staff. Upon discharge from PACU phase 1, the patient is under the direct supervision of the surgeon who maintains responsibility for the needs of the patient until the patient has been appropriately discharged home or care is transferred to the hospitalist for inpatients.

## CONTRACTED SERVICES

- Wyoming Urological for Extracorporeal Shock Wave Lithotripsy (ESWL) for urological procedures

## STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The basic staffing plan for each operating suite is at least one Registered Nurse, a scrub nurse/ tech. Additional circulator and/or

scrub tech will be added to the case based on the patient's complexity and/or complexity of the instrumentation and care needs required of the specific procedure. There is a nursing unit secretary.

- The PACU is staffed with at least 2 RN, with at least 1 of those RNs being PACU trained to care for the patient. Additional supplemental RN staff is provided based on the patient's acuity and assessment of the patient's needs.
- Ambulatory Care Unit for both pre/post procedure is staffed on a 1:3 patient ratio and a nursing unit secretary that can assist as a certified nursing assistant.
- Central Sterile has three sterile processing technicians who work staggered shifts to accommodate instrumentation needs.
- Biomedical Engineering and volunteer services are used as needed.
- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow medical staff bylaws, rules and regulations

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Association of Operating Room Nurses (AORN)
- American Society of Perianesthesia Services (ASPA)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)
- American Nurses Association (ANA)
- The AORN (Association of Operating Room Nurses), ASPAN, AAMI (Association for Advancement of Medical Instrumentation), CDC (Center for Disease Control and Prevention), and public health department standards are references used in the formulation and review of policies, procedures and standards of practice in the Surgical Services Department, as well as collaborative input from the knowledge and expertise of the surgical staff. To assist in meeting patient core needs, support is readily available from most equipment and instrument manufacturers.

## **SCOPE OF SERVICE: VOLUNTEER/AUXILIARY SERVICES**

#### **DEFINITION OF SERVICE**

- Volunteer/Auxiliary Services provide volunteers who assist in daily activities throughout the facility providing focused assistance to departments as needed.
- Volunteers may assist in patient care and no-patient care areas.
- Volunteers also may assist in large hospital foundation events, such as the health fair and the Red Tie Gala event.

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- Volunteer office is open Monday through Friday excluding holidays. Mail route and Comfort Cart are staffed with 1-2 volunteers daily. Gift shop is staffed with volunteers Monday through Friday working variable hours between 8:00 a.m. and 5 p.m.

#### **TYPES OF SERVICES**

- Mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- Director
- Volunteers
- Chaplains are provided on an on call basis

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- None

**Approved: Board of Trustees 9/12/18**

### **Attachments**

No Attachments

## Approval Signatures

Approver	Date
Robin Fife: Clinical Administrative Assistant	pending
Suzan Campbell: General Legal Counsel	02/2020
Suzan Campbell: In House Legal Counsel	01/2020

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# Board Charter: The Executive Oversight and Compensation Committee

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**Category:** Board Committee & Committee Charters

**Title:** Executive Oversight and Compensation Committee

**Original adoption:** June 14, 2010

**Revision:** 2017, June 3, 2020

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## **Purpose:**

The purpose of the committee is to assist the Board of Trustees (Board) in discharging its fiduciary and oversight duties in respect to conducting oversight, evaluation, and compensation review, in accordance with Board's Oversight and Compensation Policy, for the Chief Executive Officer (CEO) and in respect to establishing the compensation range of other Chief Officers.

## **Authority:**

The Committee has no expressed or implied power or authority.

## **Responsibilities:**

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

- Provides direction and oversight for the CEO evaluation process.
- In conjunction with the full Board, meets monthly with the CEO to review progress toward meeting performance expectations and responses to unanticipated conditions.
  - The secretary of the Committee shall document and maintain records of these proceeding.
  - Annually, the records will be summarized for Board approval, which then becomes the annual CEO evaluation.
- Recommends policies and processes to the Board for the regular and orderly review of the performance, compensation, and development of the CEO. The process shall include provisions for input from the full Board.

- Develops, for Board approval, the job description for the CEO, including responsibilities, as well as education and experience recommendations.
- Monitors the contractual relations between the hospital and the CEO so that the charitable, tax-exempt mission of the hospital is not jeopardized and the contractual provisions are in compliance with all Federal and State regulations.
- Periodically reviews CEO compensation for reasonableness and competitiveness and, if appropriate, recommends to the Board, changes in salary, benefits, and other forms of compensation for the hospital's chief officers.
- Directs the CEO to prepare and annually update a CEO and other chief officers succession and management development plan, which shall be reviewed with the Committee and shall be reported to and approved by the Board.

## **Composition**

The Committee shall consist of two (2) members of the Board, one of whom is the President of the Board, who shall serve as chair. The other shall be the secretary of this committee. The Chief Executive Officer attends committee meetings by invitation.

## **Meeting Schedule**

The Committee shall meet quarterly, or as needed.

## **Reports**

The Committee will receive and review the following reports.

- Data from independent sources on executive compensation for comparable positions in comparable organization, when appropriate.
- Management succession plan.
- The annual summary of the monthly performance review proceedings with the CEO, which summary shall be presented to the Board for approval before discussing the report with the CEO.



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TJC LD.01.03.01, TJC  
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TJC LD.02.02.01, TJC  
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LD.03.10.01, TJC PI.01.01.01,  
TJC PI.02.01.01, TJC  
PI.03.01.01



## Performance Improvement and Patient Safety (PIPS) Plan

### Mission

Compassionate care for every life we touch

### Vision

To be our community's trusted healthcare leader

### Values

Be Kind, Be Accountable, Be Respectful, Embrace Excellence, Work Collaboratively

## Introduction

Memorial Hospital of Sweetwater County (MHSC) is committed to providing compassionate, high-quality care with a strong culture of safety for the best patient outcomes. Our objective is to support a culture of safety for our patients and workers. This culture allows us to consistently identify opportunities to improve performance and increase safety while maintaining a commitment to responsible stewardship of resources as aligned with MHSC's mission, vision, values, and strategic objectives.

MHSC defines quality as a person-centered commitment to excellence, consistently using best practice for performance improvement to achieve the best outcomes for our patients and community.

MHSC uses the following terminology interchangeably: quality improvement and performance improvement.

## Purpose

The Performance Improvement and Patient Safety (PIPS) plan encompasses a multidisciplinary and integrated approach, and is designed to include Leadership, Medical Staff, employees, and the Board of Trustees to collaboratively identify, plan, implement and sustain improvement. The previously identified parties assess processes, initiate peer review activities, and take appropriate actions that will improve the processes and/or systems, in an effort to improve outcomes within the organization and community. The PIPS plan is approved annually by the Board of Trustees. Functions of the PIPS plan include expressing the foundational concepts that form the basis for MHSC's performance improvement and patient safety efforts. In addition, the PIPS Plan outlines the structure and processes that MHSC has developed as a framework for participation in performance improvement across the organization.

## Scope

The PIPS Plan is organization wide and applies to all departments, care, treatment, and services settings (including those services furnished under contract or arrangement). This includes: Hospital Inpatient and Outpatient services, and Sweetwater Memorial Clinics. Hospital services and compliance with contractual and regulatory standards are monitored to ensure the delivery of quality service to satisfy all specified requirements. (Appendix 1 – FY 2021 PIPS Committee Reporting Calendar)

## Objectives

The ultimate objective of the PIPS plan is to allow for a systematic, coordinated, and continuous approach for improving performance. (Appendix 4 – PIPS Documentation Tool)

Goals include the following:

- I. Continually design, assess, measure, analyze, document, improve, and sustain performance in all patient care and supportive areas
- II. Promote patient safety through effective management of identified risks and prevention of adverse events
- III. Utilize internal/external benchmarks and performance standards to measure and improve patient care processes
- IV. Improve the health and quality of life of our community

## Organization and Accountability

The PIPS Plan shall involve the coordinated efforts of the Governing Board, Senior Leadership Team, Medical Staff, Department Directors, Supervisors, Clinical Coordinators, and front line staff of the various MHSC departments and committees. Engagement in quality improvement activities is an expectation of MHSC. Activities are prioritized by the PIPS Committee and Medical Staff, with input from the Quality Committee of the Board.

### ***Governing Body***

- I. The responsibilities of the Governing Body as they relate to the PIPS Plan include:
  - A. Ensure quality and safety are at the core of the organization's vision
  - B. Ensure quality and safety values are embedded in guiding the organization's strategic plan

- C. Review and recommend for Board of Trustee approval
- D. Assess the effectiveness of the PIPS Plan
- E. Assure education of the members of the Board of Trustees on the methods of quality management and performance improvement
- F. Receive reports of indicators and performance of processes as outlined in this plan
- G. Delegate authority for data analysis, evaluation, action determination, implementation, and outcome evaluation to the individuals, departments, and committees as listed in this plan
- H. Receive regular reports regarding all departments with direct and indirect patient care services and ensure these are monitored, problems are identified and prioritized, and appropriate action is implemented

### ***Senior Leadership Team***

- I. The Senior Leadership Team is comprised of the Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Clinical Office (CCO), and Chief Financial Officer (CFO).
- II. Oversight of a PIPS plan capable of continuous improvement is a task accomplished in an environment fostered by Senior Leadership support. The Senior Leadership Team's commitment includes taking accountability for the effectiveness of the PIPS Plan and ensuring the integration of the PIPS Plan requirements into organizational processes. In addition, the commitment includes recognizing the importance of meeting patient needs and the various requirements of statutes and regulations that surround and permeate the organization.
- III. The responsibilities of the Senior Leadership Team as they relate to the PIPS Plan include:
  - A. Support the implementation, execution, and oversight of this quality framework
  - B. Set the scope, priorities, guidelines and parameters for the PIPS Plan
  - C. Align the PIPS Plan with strategic priorities
  - D. Prioritize the necessary resources to implement the PIPS Plan
  - E. Ensure the PIPS Plan is cohesive and feasible
  - F. Communicate the PIPS Plan to workers and the community
  - G. Ensure accreditation standards are adhered to
  - H. Motivate and support staff to achieve PIPS objectives
  - I. Monitor the effectiveness of the PIPS Plan and the achievement of results

### ***Quality Department***

- I. The responsibilities of the Quality Department as they relate to the PIPS Plan include:
  - A. Serve as a resource for performance improvement, patient safety, patient experience, and regulatory information
  - B. Educate MHSC staff about the performance improvement process, patient safety, and patient experience
  - C. Support staff, including Medical Staff, Leadership, and project leaders in the development and implementation of performance improvement activities, including team building and data analysis
  - D. Assist with and assure data gathering efforts are valid, reliable, and comprehensive

- E. Attend designated Medical Staff committee meetings and facilitate performance improvement processes
- F. Provide quality data for assessment of Medical Staff members
- G. Promote consistency in performance improvement activities

#### ***Medical Staff***

- I. The Medical Staff provides expertise on meeting appropriate clinical goals, objectives, and initiatives for patient care. The responsibilities of the Medical Staff as they relate to the PIPS plan include:
  - A. Provide clinical input for targets related to clinical outcomes
  - B. Carry out tasks to meet the objectives of the PIPS plan
  - C. Reviews reports to ensure measures are reaching agreed upon targets
  - D. Act upon identified areas for improvement
  - E. Provide effective mechanisms to measure, assess, and improve the quality and appropriateness of patient care, and the clinical performance of all individuals with delineated clinical privileges, accomplished through Ongoing Professional Practice Evaluations (OPPE), Focused Professional Practice Evaluations (FPPE), and Peer Review Process (refer to Professional Practice Review Process – Medical Staff Peer Review)

#### ***Leadership Team***

- I. The Leadership Team is comprised of department directors, supervisors, and clinical coordinators. The responsibilities of the Leadership Team as they relate to the PIPS Plan include:
  - A. Utilize performance improvement processes to support MHSC's mission, vision, and values
  - B. Foster a climate of continuous improvement through measurement, data analysis, and identification of changes needed to improve and ensure sustainment
  - C. Monitor processes known to jeopardize the safety of patients
  - D. Implement and maintain processes to ensure compliance with applicable requirement(s) or standard(s)
  - E. Ensure services provided are consistent with MHSC's values and goal of consistently providing person-centered care
  - F. Present performance improvement project updates to PIPS committee as requested

#### ***Project Teams, Department Employees and Volunteers***

- I. The responsibilities of the Project Teams, Department Employees, and Volunteers as they relate to the PIPS Plan include:
  - A. Performance improvement project teams may be formed according to employee identification of improvements and prioritization
  - B. Every employee is encouraged to engage in improvement within their scope of responsibility and there is no need to formally declare or recognize this ongoing activity that adds to the vibrancy of our organization and quality of care
  - C. Identify and utilize approaches for improving processes and outcomes to continuously improve the quality and safety of patient care

- D. Document improvement initiatives, progress, and reports to PIPS Committee as requested or scheduled

#### ***PIPS Committee Functions***

- I. The PIPS Committee oversees the establishment and implementation of the PIPS Plan. The core PIPS Committee shall be comprised of Senior Leadership, Clinic Director, Acute Care Services Director, Infection Prevention/Risk/Compliance Director, Surgical Services Director, Quality Department, Medical Imaging Director, Women's Health Director, Medical Staff Representative, Medical Staff PIPS-Quality Liaison, and Patient Safety Representative. Other representatives may attend based on identified priorities.
  - A. Provide an organization wide program to systematically measure, assess, and improve the performance to achieve optimal patient outcomes in a collaborative, multidisciplinary, cross-departmental approach
  - B. Identify, develop, and enhance activities to promote patient safety and encourage a reduction in preventable harm by analyzing variations in data and implementing improvement projects or action plans
  - C. Provide a mechanism to foster collaborative efforts for performance improvement, feedback, and learning throughout the organization while assigning responsibilities and authority for these processes
  - D. Implement all Centers for Medicare and Medicaid Services (CMS) and other regulatory bodies' quality management and performance improvement standards and maintain accreditation and required certifications
  - E. Oversee compliance with accreditation standards and support resolution of noncompliance through action plans in coordination with Continual Survey Readiness Committee
  - F. Prioritize improvement projects to address processes based on the following:
    - 1. Focus on high-risk, high volume, or problem prone areas
    - 2. Consider the incidence, prevalence, and severity of problem in those areas
    - 3. Affect health outcomes, patient safety, and quality of care
    - 4. Additional factors include: resource allocation and accreditation/regulatory requirements
    - 5. Utilizes a prioritization scoring tool. This will assist in determining the distinct number of improvement projects annually (Appendix 3 – Prioritization Matrix Assessment Tool)
  - G. Ensure performance improvement projects incorporate the needs and expectations of patients and families
  - H. Monitor the status of identified and prioritized performance improvement projects and action plans to assure improvement or problem resolution on a sustained basis
  - I. Ensure appropriate allocation of resources to achieve successful performance improvement projects and sustained improvements
  - J. Identify annual data elements collected on an ongoing basis to prioritize focus areas for performance improvement
  - K. Review and approve the PIPS Plan each year prior to submitting to Quality Committee of the Board
  - L. Oversee annual evaluation of performance improvement project goals



- M. Oversee annual evaluation of PIPS Plan objectives, scope, and effectiveness, and evaluate progress towards strategic plan goals related to quality, safety and patient experience
- N. Communicate information concerning quality, patient safety, and patient experience to departments when opportunities to improve exist
- O. Report appropriate information regarding quality, patient safety, patient experience, and accreditation to Senior Leadership, Medical Executive Committee (MEC), Quality Committee of the Board, and the Board of Trustees to provide leaders with the information they need in fulfilling their responsibilities concerning the quality and safety of patient care
- P. Provide reports to the Quality Committee of the Board

### **Risk/Compliance**

- I. Risk Management is undertaken by the Risk and Compliance Director, along with Compliance Committee, in order to identify evaluate and reduce risk or loss to patients, employees, visitors, and the hospital. The PIPS Committee may assist with quality improvement opportunities identified for risk reduction and performance improvement.

### **Safety**

- I. MHSC is committed to encouraging, promoting, and supporting a culture of safety throughout the organization. The purpose of the organizational Patient Safety Program is to improve patient safety and reduce risk to patients through an environment that encourages:
  - A. Recognition and acknowledgment of risks to patients of medical/health care errors
  - B. Initiation of actions to reduce these risks
  - C. Internal reporting of what has been found and the actions taken
  - D. Focus on processes and systems
  - E. Minimization of individual blame or retribution for involvement in a medical/health care error
  - F. Organizational learning about medical/health care error
  - G. Support for the sharing of knowledge to effect behavioral changes in itself and other health care organizations
  - H. Appropriate communication and transparency to our patients and families

## **Methodology**

MHSC is committed to continuous improvement of processes and outcomes. To accomplish this, the organization has adopted Lean as its improvement methodology. Lean is a patient centered performance improvement methodology and is meant to improve processes while keeping the patient at the forefront. Lean is based on two pillars including continuous improvement and respect for people. The ultimate goal is to liberate the people who do the work to make improvements.

- I. Performance improvement project teams will collect, analyze, document, and report improvements using Lean principles and methodologies (Appendix 4 – PIPS Documentation Tool)

## **Data**

MHSC continually seeks to identify changes that will lead to improved quality and improved patient safety. Annually and coinciding with the fiscal year, each department/discipline shall develop indicators for

performance improvement. Whenever possible, data collection is a shared activity involving staff. The collected data may be organized and analyzed with the assistance of the Quality Department, if necessary.

- I. Frequency of data collection and reporting is determined on a case-by case basis with consideration to improvement priorities, sample size necessary for adequate review, and resources consideration
- II. Aggregated data are analyzed to draw conclusions about opportunities for improvement and actions to improve the quality of processes. When available, external benchmarks or comparative databases will be included. Measurement tools are utilized to measure and understand data (e.g., run charts, flow charts and control charts).
- III. Scope of Data Collection
  - A. At a minimum, the organization will collect data required by CMS Conditions of Participation and The Joint Commission including measures from:
    1. Inpatient Quality Reporting
    2. Outpatient Quality Reporting
    3. Value Based Purchasing
    4. Hospital Readmission Reduction Program
    5. Hospital Acquired Condition Reduction Program
    6. Quality Payment Program – Merit Based Incentive Payment
    7. HCAHPS
    8. CMS Star Rating Program
  - B. Data sources and mechanisms of identifying opportunities for improvement include, but are not limited to:
    1. Accreditation reports
    2. Regulatory rounds and tracers
    3. Culture of Safety survey
    4. Occurrence reports identifying patient safety concerns and trends
    5. Staff reporting safety or process concerns to their leaders
    6. RCA (Root Cause Analysis)
    7. FMEA (Failure Mode Effects Analysis)
    8. Patient complaints/grievances
    9. Selected outcome indicators (mortality, readmissions, etc.)
    10. Peer review
    11. Transfers to other facilities
    12. Changing external or internal conditions
    13. Internal audits identifying improvements opportunities
    14. Leaders identifying improvement opportunities
    15. Audit of clinical contracts
  - C. Performance measures for processes that are known to jeopardize the safety of patients or

associated with sentinel events will be monitored. At a minimum, performance measures related to the following processes are monitored and will be further evaluated if undesirable patterns occur:

1. Operative or other procedures that place patient at risk of disability or death
  2. All significant discrepancies between preoperative and postoperative diagnoses
  3. Blood and blood components use
  4. Restraint use
  5. Outcomes related to resuscitation
  6. Appropriateness of pain management
  7. Near miss events
  8. Rapid response to change or deterioration in a patient condition
  9. Care or services to high-risk populations (patient falls)
  10. National Patient Safety Goals
  11. Infection prevention and control
  12. CMS preventable conditions (Hospital-Acquired Conditions)
  13. Healthcare-associated infections
  14. Organ procurement effectiveness (conversion rates)
  15. AHRQ Patient Safety Indicators (PSI)
  16. ORYX core measure data
- D. Benchmarks and/or thresholds that trigger intensive assessment and evaluation are established. An in-depth analysis is conducted for the following when the levels of performance, patterns or trends vary substantially from those expected:
1. Confirmed transfusion reactions
  2. Staffing related events
  3. MRI incidents/injuries
  4. Significant adverse drug reactions
  5. Significant medication errors
  6. Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia
  7. Complications of care

#### IV. Organization Dashboard

- A. Data presented on the organization dashboard is updated to reflect strategic priorities. Measures on the dashboard have targets, which guide an appropriate response or recognition of success
- B. Goals and benchmarks are developed in conjunction with stakeholders with attention to past performance and national performance data
  1. Goal: indicates target for improvement
  2. Benchmark: any value below benchmark indicates consideration for action plan or the need for a PI project team (based on prioritization)

## Communication

- I. To sustain improvements, performance improvement is communicated through the following resources:
  - A. Quality Committee of the Board
  - B. PIPS Committee
  - C. Leadership meetings
  - D. Medical Staff meetings
  - E. Staff meetings
  - F. Department white boards, electronic communication, and communication books may be utilized to display results of monitoring and internal performance improvement activities

## Confidentiality

- I. WY Stat 35-2-910. Quality management function for health care facilities; confidentiality; immunity; whistle blowing; peer.
  - A. Subsection A. "Each licensee [hospital, healthcare facility and health services] shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division. Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the function of a quality management program participate in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care providers or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intention act or omission in the provision of care."
- II. 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.
- III. 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.
- IV. Information, data results, reports and minutes generated by all quality management activities will be handled in a manner ensuring strict confidentiality
- V. 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
- VI. Quality improvement activities will occur in ways that preserve confidentiality of information consistent with policy and established law

## References

LRG Healthcare. (August, 2019). *Quality Management Plan*. Unpublished internal document, LRGHealthcare.

Ransom Memorial Health. (March, 2019). *Quality Improvement Plan*. Unpublished internal document, Ransom Memorial Health.

Whitney Matson. (N.A). *Quality Management System Plan*. Unpublished internal document, St. John's Health. Quality Assurance & Performance Improvement (QAPI). (n.d.). Retrieved from <https://hsag.com/qapi>

Wyoming Laws. (2015). Title 35, Public Health and Safety. Wyoming Statute W.S. §35-2-910 (1977). Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Retrieved from Thomson Reuters WestlawNext.

**Approval:**

Performance Improvement and Patient Safety Committee – May 15, 2020

Quality Committee of the Board – May 20, 2020

Medical Executive Committee – May 26, 2020

Board of Trustees –

**Attachments**

No Attachments

DRAFT



## FY 2021 MHSC Quality Committee of Board Reporting Schedule

Monthly Meeting: Second (2nd) Tuesday of the Month, 1:00 p.m. - 2:30 p.m., Classrooms 1-3

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>STANDING COMMITTEE REPORTS</b>												
Pain Task Force												
Person Centered Care												
Antimicrobial Stewardship												
Continual Survey Readiness												
Patient Safety (to include: HER Ops, Code Blue, SMPT, EOC, restraint/seclusion, suicide screening,												
Readmissions												
CHNA												
<b>MEDICAL STAFF COMMITTEE REPORTS</b>												
Infection Control												
Tissue and Blood												
Trauma												
Radiation Safety												
Utilization Management												
<b>WORK GROUP REPORTS</b>												
Sepsis												
ED Patient Flow												
<b>DEPARTMENT REPORTS - Quarterly</b>												
Women's Health												
Medical Surgical												
ICU												
ED												
Surgical Services												
Medical Imaging												
Clinic												
Radiation Oncology/Medical Oncology												
Outpatient Infusion												
Rehab Services												
Cardiopulmonary												
<b>FACILITY WIDE REPORTS</b>												
Donor Connect												
Patient Experience/HCAHPS Dashboards												
MHSC Organization Dashboard												
Hospital Compare Preview Reports												

Quality Reporting Program Results (HRRP, HACRP, VBP, QPP - Annually)												
Culture of Safety Survey Results												
Audit of Peer Review and OPPE/FPPE												
Audit of Credentialing Process												
Audit of Clinical Contract Quality Review												
Accreditation Reports												
FMEA, RCA, Serious Safety Events												
PLAN APPROVAL (Annual)												
PIPS Plan												



## Measure Development Tool

### Step 1 - Measure Development Tool

<b>Department/Unit:</b>	
<b>An opportunity exists for the quality monitoring of:</b> (name of your indicator)	
<b>It is important to monitor this because it is a:</b> (select all that apply)	<input type="checkbox"/> In-Process/Quality Assurance Measure <input type="checkbox"/> Performance Improvement Measure <input type="checkbox"/> Regulatory Measure of Success <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Strategic Plan - Goals & Objectives <input type="checkbox"/> High Risk <input type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume
<b>The Performance Indicator will be monitored beginning:</b> (MM/DD/YY)	
<b>The data sources will be:</b>	<input type="checkbox"/> Audit <input type="checkbox"/> Chart Review <input type="checkbox"/> Database <input type="checkbox"/> Observation <input type="checkbox"/> Patient Questioned <input type="checkbox"/> Staff Demo <input type="checkbox"/> Other (indicate below)
<b>The frequency the data will be collected will be:</b>	Monthly and reported quarterly to the Performance Improvement Committee
<b>The data will be collected by:</b>	
<b>The sample size will be:</b>	
<b>The numerator will be:</b>	
<b>The denominator will be:</b>	
<b>The Goal for Performance will be (choose one item in each row):</b>	
<i>Less than, equal to, or greater than</i>	
<i>Target (benchmark) Goal</i>	
<i>Stretch Goal</i>	
<i>Number, Percentage, or Percentile</i>	
<b>The Source of comparative/benchmark data is:</b>	
<b>Submitted by:</b>	
<b>Date:</b>	

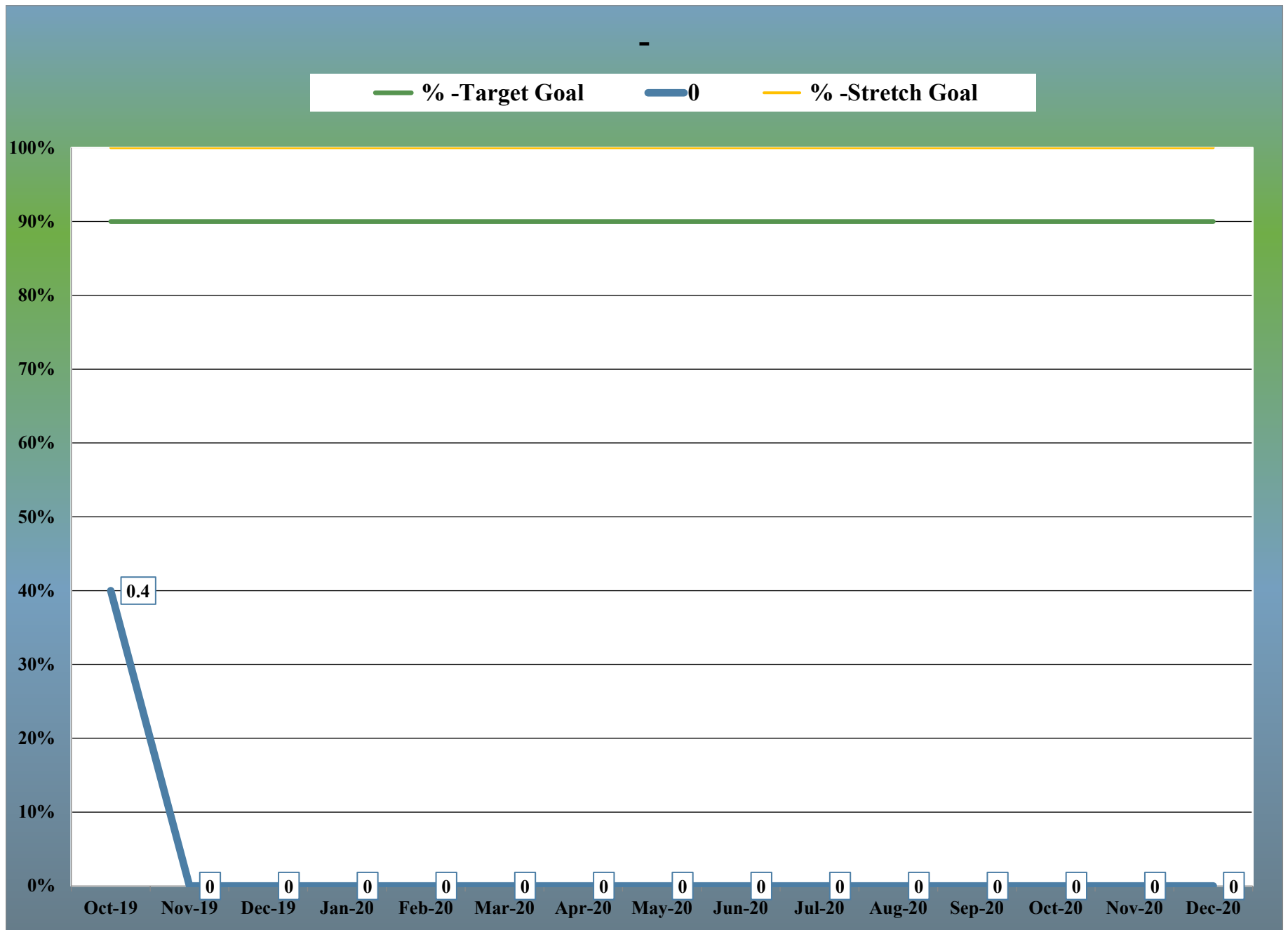
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% -Target Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
% -Stretch Goal	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Short Note to be included on the graph (optional)									

Number of Periods

13

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	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20			
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% -Stretch Goal	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
Short Note to be included on the graph (optional)									

Number of Periods



Performance Improvement Development Tool		
<b>Department:</b>	<i>Which department is responsible, can be interdisciplinary</i>	
<b>Report Submitted by:</b>	<i>Team lead/person responsible for this project</i>	
<b>Problem Statement:</b>	<i>What led you to discover the problem</i>	We have high rates of CAUTIs
<b>Stakeholders/Scope</b>	<i>Consider patient population and departments impacted</i>	
<b>Current State:</b>	<i>Please provide a description of the current process</i>	
<b>Problem Analysis:</b>	<i>5 Why's, ask why until you reach an actionable statement</i>	We lack a nurse-driven protocol, it's not addressed in MDR, need further education
<b>Target Condition:</b>	<i>In your perfect world, what would this process look like?</i>	We would limit the use of catheters via clinical decision support tools, we would have a nurse-driven protocol for removal, more education on potential effects of catheter use
<b>Counter Measures:</b>	<i>List measures that can be taken to counter your actionable items found in the problem analysis</i> <b>Continue to next tab to further detail plans for counter measure</b>	Develop nurse-driven protocol, provide more education, incorporate into MDR

Counter Measure Implementation							
	Counter Measure	Detailed Steps	Who is Responsible	Start/End Dates of test	Determination of Success	Evaluation	Sustainment
	What will be done	Explain what will be done, resources needed (skills training, staff education, support services, technology, etc.)	Who will do it?	Length of time to trial improvement/intervention	<p>Identify how it will be determined that the plan of action is not producing desired results and pursuit should be abandoned or plan modified:</p> <p>1. stakeholder harm/dissatisfaction is identified</p> <p>2. Performance measures do not approach goal/benchmark after __ months/quarters (indicator # of quarters)</p>	<p>Evaluate Counter Measure Action Plan:</p> <p>1. Successful</p> <p>2. Needs action/adjustment</p> <p>3. Not sustainable</p> <p>4. To Be Determined</p>	If successful, how will you measure/monitor for sustainment?
1							

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Department: \_\_\_\_\_

Scope: \_\_\_\_\_ Regulatory Requirement **OR** Serious safety events (circle either when applicable)

Description of Concerns/ Ideas for improvement:

Please fill out the following Prioritization Matrix Tool to assess the level of priority.

Questions to Generate PN (Prioritization Number)		Score	Rating Scale
People/Service	Likelihood of occurrence or reoccurrence?		0=None or N/A 1= Not Likely 2=Likely 3=Very Likely
	Likelihood of detection by employees, staff, and/or organization?		0=None or N/A 1= Not Likely 2=Likely 3=Very Likely
	Amount of effort required to correct/address identified concern?		0=None or N/A 1=Minimal effort 2=Moderate effort 3=Significant effort
Quality/Safety	What is the severity, potential of harm, or level of harm that may reach patients, employees, and/or facility if left untreated?		0=None or N/A 1=Minor injury/harm/potential 2=Moderate injury/harm/potential 3=Serious injury/harm/potential
	Pervasiveness of the issue/concern throughout the organization		0=None or N/A 1=limited (isolated to one unit/department) 2=patterned (isolated to one service line/multiple units/or multiple units in as isolated area 3=Widespread (exists on multiple units and services)
	What is the significance to the affected party (patients, employees, and/or the facility)?		0=None or N/A 1=Insignificant 2=Significant 3=Critical importance
Finance/Growth	What is the anticipated dollar cost, to correct/address the issue?		0=None or N/A 1=Minor cost (<\$10000) 2=Moderate cost 3=Significant cost (>\$150000)
	What is the anticipated dollar cost to the facility if left untreated?		0=None or N/A 1=Minor cost (<\$10000) 2=Moderate cost 3=Significant cost (>\$150000)
	Amount of resources (equipment, hardware, software, infrastructure, etc.) required to correct/address identified concern?		0=None or N/A 1=Minimal/no resources 2=Moderate amount of resources 3= Substantial amount of resources



**PN Score:**

Estimated Effort to Implement: (circle either one)      Low      Med      High

Approximate completion Date:

Estimated time to complete (months):

(For PIPS committee use only)

---

PIPS Committee Decision Notes:

Formed Project Team and Initiated Improvement Project:

Revisit\_\_\_\_\_ (explain reason why)

#### Scoring Guide

If score is greater than 21, form project team

If score is between 8-21, committee discussion and evaluate resource allocation

If score is less than 8, table until resources are available

## Policy Stat #:

### Termination and Appeal

#### General:

This Termination and Appeal policy and procedure applies to all employees of Memorial Hospital excepting employed physicians and other providers. Only the Hospital's Chief Executive Officer (CEO) has the authority to terminate the employment of a Hospital employee and must provide a written directive to the Human Resources Office prior to any termination proceeding.

This Termination and Appeal policy and procedure does not apply to reduction-in-force (layoffs) due to a lack of funds, lack of work or other reasons.

From the time an employee is notified that he/she is being terminated, until all internal appeal avenues have been exhausted, the employee is entitled to continuing regular pay. At the discretion of the Hospital, the employee may be suspended with pay during this period of time, or may continue working. Should an employee resign, however, pay will cease at that time.

Employees may not utilize the Hospital's Conflict Resolution policy to address termination decisions.

#### Definitions:

##### At-Will Employee

An employee who works for the Hospital and is in the "Introductory Period", per Hospital policy. It is understood that no consideration has been furnished to the Hospital for the employment of the employee other than the employee's services. Any employee has the right to terminate his/her employment with the Hospital and the Hospital has the same right.

##### PRN Employee

An employee who works for the Hospital only on an "as needed" basis.

##### Part Time Employee

An employee who occupies a position where the incumbent is scheduled to normally work less than thirty (30) hours in a work week.

##### Full Time Employee

An employee who occupies a position where the incumbent is scheduled to normally work thirty (30) hours a week or more.

#### Termination:

The involuntary termination of an employee by the Hospital's CEO.

### Termination of “At-Will” Part Time & PRN Employees

Notice of termination shall be provided by the Director of Human Resources, or designee, upon a written directive from the CEO, by registered or certified mail to the last known address of such employee. Proof of such written notice, together with the proof of mailing, shall be kept and retained in the records of the Hospital. Although one or more steps in the Hospital’s Corrective Action Policy may be applied, the Hospital will not necessarily give the employee formal reasons for the termination.

Should the employee believe that the termination decision was based on the exercise of his or her constitutional rights, and/or that he or she has a reasonable expectation of continued employment, and/or that the action to terminate his or her employment would stigmatize him or her, the employee may appeal the decision to the CEO in writing within ten (10) calendar days of notification of termination. The CEO will review the written appeal and may (or may not) determine to interview the employee and/or discuss the matter with supervisory or other personnel. The CEO shall inform the employee of his or her decision in writing. The CEO’s decision in this matter is final.

### Termination of Non “At-Will” Part Time & PRN Employees

Notice of termination shall be provided by the Director of Human Resources, or designee, upon a written directive from the CEO, by registered or certified mail to the last known address of such employee. Proof of such written notice, together with the proof of mailing, shall be kept and retained in the records of the Hospital. The employee shall be provided reasons for the termination by the Hospital.

Should the employee decide to appeal the termination decision, the employee may appeal the decision to the CEO in writing within ten (10) calendar days of notification of termination. The CEO will review the written appeal and may (or may not) determine to interview the employee and/or discuss the matter with supervisory or other personnel. The CEO shall inform the employee of his or her decision in writing. The CEO’s decision in this matter is final.

### Termination of “At-Will” Full Time Employees

The Director of Human Resources, or designee, having first received a written directive from the CEO, shall terminate the employment of a full time employee who is in the “Introductory Period” upon notification in writing of such decision by registered or certified mail to the last known address of such employee. Proof of such written notice together with the proof of mailing, shall be kept and retained in the records of the Hospital. Reasons for the termination decision shall not be given, other than outlined below.

Should the employee believe that the decision to terminate his or her employment was based on the exercise of his or her constitutional rights, and/or that he or she has a reasonable expectation of continued employment and/or that the action to terminate his or her employment would stigmatize him or her, the following procedure will take place:

1. The employee may request a hearing before an Administrative Hearing Officer by requesting same in writing within ten (10) calendar days of receipt of the termination notice. The request shall be made to the CEO.
2. The CEO shall immediately notify the Board of Trustees' attorney of the request and shall forward the written request for a hearing to him or her. The Board of Trustees' attorney shall then arrange for an Administrative Hearing Officer to conduct a pre-hearing conference as soon as practical.
3. At the request of the Administrative Hearing Officer, the CEO shall submit to the Administrative Hearing Officer his or her reasons for termination. At the same time, the Administrative Hearing Officer shall request the employee to submit to the Administrative Hearing Officer substantial evidence that the termination decision was based upon an exercise of his or her constitutional rights and/or that he or she has a reasonable expectation of continued employment, and/or how the action of termination would stigmatize him or her.
4. After reviewing the reasons for the termination and any evidence submitted by the employee, the Administrative Hearing Officer shall determine that:
  - a. Sufficient evidence has been presented by the employee to warrant a formal hearing by the Administrative Hearing Officer. In such case, a hearing will be scheduled and, at the conclusion of the hearing, the Administrative Hearing Officer will submit a written copy of his or her findings, conclusions, and recommendations to the Board of Trustees for a final decision.

OR

- b. Insufficient evidence has been presented by the employee to warrant a formal hearing by the Administrative Hearing Officer. In such a case, the Administrative Hearing Officer will inform both the CEO and the employee of his or her findings. The CEO shall discuss these findings with the Board of Trustees' attorney and will subsequently make a recommendation to the Board of Trustees for a final decision.
5. If the Administrative Hearing Officer determines that a formal hearing shall be held, he or she will immediately provide the employee the CEO's reasons for termination and will immediately provide the CEO with any evidence submitted by the employee.

OR

If the Administrative Hearing Officer determines that a formal hearing is not warranted, upon request, he or she will provide the employee the CEO's reasons for termination.

6. Every reasonable effort shall be made by the Hospital to ensure that these due process proceedings are conducted in a timely manner. The Administrative Hearing Officer shall make a determination as to whether or not a formal hearing is warranted within thirty

(30) calendar days from receipt of notice by the Board of Trustees' attorney. Should the Administrative Hearing Officer determine that a formal hearing be conducted, he or she shall notify the Board of Trustees' attorney of same. The Board of Trustees' attorney shall then arrange for a pre-hearing conference as soon as practical. The formal hearing shall be held within thirty (30) calendar days following the pre-hearing conference. The Hospital shall pay for all administrative costs associated with the hearing including fees charged by the Hearing Officer and transcription services. The parties shall pay their own legal fees, if any. The Hospital's Rules of Practice Governing Hearings shall be followed. Should the Administrative Hearing Officer determine that a formal hearing is not warranted, a recommendation regarding the disposition of the case shall be made to the Board of Trustees within thirty (30) calendar days of the Administrative Hearing Officer's determination.

### Termination of Non "At-Will" Full Time Employees

The Director of Human Resources, or designee, having first received a written directive from the CEO, shall terminate the employment of a full time employee who is not in the "Introductory Period", upon notification in writing of such decision by registered or certified mail to the last known address of such employee. Proof of such written notice together with the proof of mailing, shall be kept and retained in the records of the Hospital.

Prior to making the decision to terminate a full time employee in this category, and prior to notifying the employee of the decision, the CEO shall conduct an informal Pre-Determination Opportunity Meeting. The CEO shall notify the employee of the meeting by any appropriate means, giving the employee at least a week's notice. The employee may waive his or her right to participate in the meeting. At the meeting, the Hospital's Director of Human Resources, or designee, shall be in attendance. The employee's supervisor shall also be in attendance, unless the employee plans to attend the meeting and objects to same. The employee is allowed to have a limited number of other individuals attend this meeting and to speak in support of the employee.

At the Pre-Determination Opportunity Meeting, the CEO shall inform the employee that he or she is considering terminating the employee's employment at the Hospital. The CEO's reasons for considering the possible termination shall be shared with the employee. The employee shall be informed that this is an opportunity for the employee to share with the CEO information regarding his or her employment that the CEO can take into consideration prior to making a decision whether or not to terminate the employee.

Subsequent to the Pre-Determination Opportunity Meeting, the CEO shall make a decision. Should the CEO make the decision to terminate the employee, the employee shall be notified as set forth above. If the employee decides to appeal the termination decision, the following procedure will take place.

1. The employee may request a formal hearing before an Administrative Hearing Officer by requesting same in writing within ten (10) calendar days of receipt of the termination notice provided by the Hospital's Human Resources Office. The request shall be made to the CEO.
2. The CEO shall immediately notify the Board of Trustees' attorney of the request and shall forward the written request for a hearing to him or her. The Board of Trustees' attorney shall then arrange for an Administrative Hearing Officer to conduct a pre-hearing conference as soon as practical.
3. Every reasonable effort shall be made by the Hospital to ensure that these due process proceedings are conducted in a timely manner. The hearing shall be held within thirty (30) calendar days following the pre-hearing conference.
4. The Hospital shall pay all administrative costs associated with the hearing including fees charged by the Hearing Officer and transcription services. The parties shall pay their own legal fees, if any.
5. The Hospital's Rules of Practice Governing Hearings shall be followed.



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

**Operating Budget and Capital Budget**

**for the Fiscal Year Ending**

**June 30, 2021**

**RECOMMENDATION:**

**10% DECREASE IN GROSS REVENUE - COVID  
RATE INCREASE 5%  
NO WAGE ADJUSTMENTS**

Prepared and Submitted for Board Approval by:

**TAMI LOVE**

**CFO**



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**Budget for the Year Ending 06/30/21**

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**Budget Assumptions**

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****ROCK SPRINGS, WY****Budget for the Year Ending 06/30/21****1) PATIENT DAYS:**

BUDGETED AT FY 2020 PROJECTION LESS 10% : 4,272

FY 2019 PATIENT DAYS: 5,293

FY 2018 PATIENT DAYS: 5,097

FY 2017 PATIENT DAYS: 7,029

**2) DISCHARGES:**

BUDGETED AT FY 2020 PROJECTION LESS 10% : 1,742

FY 2019 DISCHARGES: 2,028

FY 2018 DISCHARGES: 2,086

FY 2017 DISCHARGES: 2,484

**3) EMERGENCY DEPARTMENT VISITS:**

BUDGETED AT FY 2020 PROJECTION LESS 10% : 14,278

FY 2019 ACTUAL VISITS: 16,246

FY 2018 ACTUAL VISITS: 16,361

FY 2017 ACTUAL VISITS: 18,583

**4) SURGICAL PROCEDURES:**

BUDGETED AT FY 2020 PROJECTION LESS 10% : 1,700

FY 2019 ACTUAL PROCEDURES: 1,935

FY 2018 ACTUAL PROCEDURES: 2,081

FY 2017 ACTUAL PROCEDURES: 2,188

**5) OUTPATIENT VISITS:**

BUDGETED AT FY 2020 PROJECTION LESS 10% : 83,792

FY 2019 ACTUAL VISITS: 88,909

FY 2018 ACTUAL VISITS: 76,942

FY 2017 ACTUAL VISITS: 82,487

**6) CLINIC VISITS**

BUDGETED AT FY 2020 PROJECTION PLUS ADJUSTED FOR FULL YEAR OF NEW PROVIDERS, LESS 10%: 52,030

FY 2019 ACTUAL VISITS: 54,487

FY 2018 ACTUAL VISITS: 53,543

FY 2017 ACTUAL VISITS: 59,329

**7) GROSS REVENUE:**

6 MONTHS @ 20% DECREASE

6 MONTHS @ PRE-COVID PROJECTIONS

1.3% INCREASE FOR NEW SERVICES AND ADJUSTED FOR FULL YEAR OF PRIOR YEAR NEW PROVIDERS

ORTHOPEDICS - DR. PEDRI

PEDIATRICS - DR. RYAN AND TAMMY WALKER, NP

NEUROLOGY - DR. PRACHI PAWAR

AESTHETICS

WALK-IN CLINIC - POSTPONED

**RATE INCREASE:**

5% AGGREGATE RATE INCREASE

2% ROOM RATE INCREASE

FY20 RATE INCREASE: 5%

FY19 RATE INCREASE: 2%

FY18 RATE INCREASE: 5%

FY17 RATE INCREASE: 5%

FY16 RATE INCREASE: 4%

FY15 RATE INCREASE: 5%

**8) PAYER MIX - INPATIENT AND OUTPATIENT:**

SELF PAY 8.6% - Increased .3% from prior year

MEDICARE 37.8% - Decreased 2.4% from prior year

MEDICAID 8.2% - Decreased 1% from prior year

BLUE CROSS 24.9% - Increased 2.2% from prior year

PRIVATE INSURANCE 18.8% - Decreased 1.6% from prior year

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**Budget Assumptions**

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY  
Budget for the Year Ending 06/30/21**

**9) CONTRACTUAL ALLOWANCES:**

MEDICAL ASSISTANCE BUDGETED AT 1.5%

BAD DEBT BUDGETED AT 6.7%

**TOTAL DEDUCTIONS OF REVENUE ARE BUDGETED AT 8.2%**

*Budget additional .05% increase in Bad Debt and Medical Assistance for expected increase in Self-Pay due to COVID19 pandemic*

REDUCTION OF REVENUE BUDGET FY20: 48.7%

REDUCTION OF REVENUE ACTUAL FY20: 50.8%

REDUCTION OF REVENUE FY19: 48.3%

REDUCTION OF REVENUE FY18: 48.6%

REDUCTION OF REVENUE FY17: 48.6%

REDUCTION OF REVENUE FY16: 43.1%

REDUCTION OF REVENUE FY15: 42.4%

**1% INCREASE IN REDUCTION OF REVENUE = \$1,693,000**

COUNTY BUDGET REQUEST: TITLE 25 SUBSIDY \$273,480

**10) OTHER OPERATING REVENUE:**

COUNTY BUDGET REQUEST: TOTAL MAINTENANCE FUND \$1,448,216

CARES ACT FUNDS CARRIED OVER FROM FY2020 - \$1,900,000

**ADDITIONAL CARES ACT FUNDS POSSIBLE BUT NOT BUDGETED**

OCCUPATION MEDICINE CONTRACTS

FOUNDATION UNRESTRICTED FUNDS

CAFETERIA SALES

COLLECTION AGENCY INTEREST

**11) SALARY AND WAGE**

**BUDGET INCLUDES NO WAGE ADJUSTMENT FOR EMPLOYEES**

CURRENT FTEs: 479.7 YEAR-TO-DATE THROUGH APRIL

**FY 2021 BUDGETED FTEs: 475.4**

**NO NEW FTEs OR VACANT POSITIONS BUDGETED**

**NEW PHYSICIANS/PROVIDERS:**

HOSPITALIST - DR. RAO

NEUROLOGIST - DR. PRACHI PANWAR

RADIATION ONCOLOGIST - DR. JOSHUA BOOKS

UROLOGIST

**12) FRINGE BENEFITS**

**NO NEW BENEFITS FOR NEW OR VACANT POSITIONS**

**13) CONTRACT LABOR:**

**TOTAL \$242,971 - DECREASE FROM FY2020 BY ~ \$688,000**

BEHAVIOR HEALTH, ICU, SURGERY, EMERGENCY ROOM AND LABOR & DELIVERY

**DECREASE IN CONTRACT LABOR WITH DECREASE IN FTEs**

**14) OTHER PHYSICIAN FEES:**

**TOTAL \$2,881,576 - DECREASE FROM FY2020 BY ~ \$1,250,000**

DECREASE IN HOSPITALIST WITH NEW HIRE

DECREASE IN UROLOGY WITH NEW HIRE

DECREASE IN OBSTETRICS WITH NEW HIRE

DECREASE IN RADIATION ONCOLOGY WITH NEW HIRE

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY  
Budget for the Year Ending 06/30/21**

**15) OTHER PURCHASED SERVICES:**

CONSULTING FEES: HUNTSMAN CANCER CENTER CONSULTING: \$125,000

LEGAL FEES: \$124,000

OTHER PURCHASED SERVICES: INCREASES IN THE FOLLOWING FOR FY2021:

LABORATORY SERVICES

CANCER CENTER GENETIC TESTING

PHYSICIST FEES

**16) SUPPLIES:**

MED/SURG SUPPLIES: ADDITIONAL EXPENSE FOR PPE STOCK UP ~ \$60,000

DRUGS: INCREASE DUE TO NEW NEUROLOGY SERVICES

BLOOD: 10% INCREASE IN BLOOD PRODUCTS AND BLOOD SERVICES DUE TO SHORTAGES

OXYGEN: BULK TANK MONTHLY RENTAL FEE INCREASING ~ \$5,000  
ANNUAL INCREASE IN CYLINDERS AND NEW INTELLI-OX CYLINDERS

INCLUDES INFLATIONARY INCREASES PER INTALERE GPO CONTRACT

~2% ENVIRONMENTAL SERVICES (CLEANING SUPPLIES, LINEN, SOAP)

~3% FOOD

~1.5% LABORATORY SUPPLIES

~1% MEDICAL SUPPLIES

~1% OFFICE SUPPLIES

~5% PHARMACY DRUGS

~1% MAINTENANCE SUPPLIES

OVERALL DECREASE IN SUPPLIES DUE TO LOWER VOLUMES

**17) CONTRACT MAINTENANCE & REPAIRS**

AVERAGE 3% ANNUAL INCREASE ON EXISTING EMR SUPPORT CONTRACTS

6 MONTHS OF NEW EMR HOSTING CONTRACT - \$168,000

MICROSOFT LICENSING INCREASED \$120,000 - TRUE UP EVERY 3 YEARS FOR COMPUTER INVENTORY

NEW SUPPORT CONTRACTS ON NEW EQUIPMENT (CT, PORTABLE X-RAYS, MUSE, LAB) - \$136,000

**18) OTHER OPERATING EXPENSES:**

LICENSE AND TAXES: HUNTSMAN CANCER CENTER: \$50,000

EDUCATION &amp; TRAVEL: EMPLOYEE TUITION REIMBURSEMENT: \$19,000

NO OFFSITE TRAVEL BUDGETED

PHYSICIAN RECRUITMENT:

PULMONOLOGY

UROLOGY

OBSTETRICS

INCLUDES: MOVING EXPENSES

LIVING EXPENSES 8 MONTHS EACH

RECRUITMENT PLACEMENT FEES

STUDENT LOANS

CONTINUING EDUCATION

SIGN ON BONUS

**19) LEASES & RENTALS:**

TERMINATION HILLTOP LEASED OFFICE SPACE - STILL HAVE ONE SUITE

END OF RAD ONC CT OPERATING LEASE

**20) CAPITAL BUDGET:**

FY 2021 CAPITAL BUDGET RECOMMENDATION: \$2,000,000 EMERGENCY, REGULATORY AND REVENUE GENERATING EQUIPMENT ONLY

FY 2021 TOTAL CAPITAL BUDGET REQUESTS: \$ 19,176,029

INCLUDES MAINTENANCE PROJECTS &amp; EQUIPMENT: \$15,737,108 including SPT projects - Surgery and Medical Imaging remodels



**Budget Assumptions**

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****ROCK SPRINGS, WY****Budget for the Year Ending 06/30/21****21) OPERATING MARGIN:**

FY 2021 BUDGET: **-5.30%**  
FY 2020 PROJECTION: **22%**  
FY2019 ACTUAL: **.05%**  
FY 2018 ACTUAL: **-10%**  
BB+ BENCHMARK: **-10%**  
BBB- BENCHMARK: **30%**

**22) TOTAL MARGIN:**

FY 2021 BUDGET: **-5.41%**  
FY 2020 PROJECTION: **.20%**  
FY2019 ACTUAL: **1.23%**  
FY 2018 ACTUAL: **2.75%**  
BB+ BENCHMARK: **2.00%**  
BBB- BENCHMARK: **1.00%**

**23) DAYS CASH ON HAND:**

FY 2021 BUDGET: **114**  
CURRENT DAYS OF CASH ON HAND: **173**  
FY 2020 PROJECTION: **179.6**  
FY 2019 ACTUAL: **137**  
BB+ BENCHMARK: **108.6**  
BBB- BENCHMARK: **129**

**24) ACCOUNTS RECEIVABLE:**

DAYS IN A/R BUDGETED AT: **36**  
FY 2020 PROJECTION: **41**  
FY 2019 ACTUAL: **56.66**  
FY 2018 ACTUAL: **50.46**  
FY 2017 ACTUAL: **51.46**  
BB+ BENCHMARK: **52.40**  
BBB- BENCHMARK: **51.80**

**25) AVERAGE AGE OF PLANT:**

FY 2021 BUDGET: **13.96**  
FY 2020 PROJECTION: **13.29**  
FY2019 ACTUAL: **12.39**  
FY2018 ACTUAL: **9.2**  
BB+ BENCHMARK: **10.50**  
BBB- BENCHMARK: **11.50**

**26) DEBT SERVICE COVERAGE:**

FY2021 BUDGET: **1.35**  
CURRENT DEBT SERVICE COVERAGE: **6.10**  
FY2020 PROJECTION: **2.64**  
FY2019 ACTUAL: **3.31**  
BB+ BENCHMARK: **2.5**  
BBB- BENCHMARK: **2.3**

**27) ELECTRONIC MEDICAL RECORD IN FY2021**

AT RISK OF LOSING SUPPORT OF CURRENT SYSTEM IN NEAR FUTURE  
CURRENT SYSTEM WILL NOT MEET CMS PROMOTING INTEROPERABILITY (P) PROGRAM WHICH WILL RESULT IN PENALTIES

RECOMMENDATION: BOARD APPROVAL OF NEW EMR 1ST QUARTER FY2021  
START IMPLEMENTATION IN JANUARY 2021 WITH ESTIMATED GO LIVE OF FEBRUARY 2022

OPERATING COSTS INCLUDED IN FY2021 BUDGET - \$105,000 FOR 6 MONTHS OF CLOUD HOSTING DURING IMPLEMENTATION  
YEAR 1-5 CAPITAL AND OPERATING - \$9.2 MILLION  
YEAR 6-10 OPERATING - \$5.9 MILLION

CURRENT SYSTEMS ANNUAL OPERATING SUPPORT EXPENSE - \$1.8 MILLION

10 YEAR PROJECTION ~ \$3.2 MILLION SAVINGS  
ANNUAL SUPPORT CONTRACT FOR ONE SYSTEM VS. MULTIPLE SYSTEMS

**28) EXPENSE REDUCTIONS WITH 10% GROSS REVENUE DECREASE**

**\*\*OPERATING LOSS AT \$9,418,239 WITH 10% DECREASE OF GROSS REVENUE AND REDUCTION OF REVENUE AT 52%**

**SALARY & WAGE AND BENEFITS**  
**CONTRACT LABOR**  
**DECREASE IN SUPPLIES DUE TO LOWER VOLUMES**  
**TRAVEL & EDUCATION**

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# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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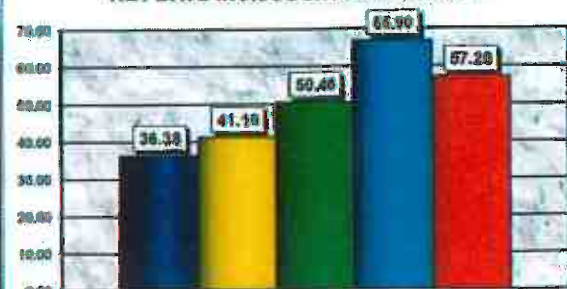
## EXECUTIVE FINANCIAL SUMMARY

Budget for the Year Ending 06/30/21

### BALANCE SHEET

	Budget 6/30/2021	Projected 6/30/2020
<b>ASSETS</b>		
Current Assets	\$24,200,000	\$27,300,000
Assets Whose Use is Limited	19,740,000	33,440,000
Property, Plant and Equipment (Net)	57,928,813	62,217,000
Other Assets	210,000	222,000
<b>Total Unrestricted Assets</b>	<b>102,078,813</b>	<b>123,179,000</b>
Restricted Assets	500,000	346,000
<b>Total Assets</b>	<b>\$102,578,813</b>	<b>\$123,525,000</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$5,608,044	\$6,217,306
Long-Term Debt	27,833,956	27,802,694
Other Long-Term Liabilities	650,000	7,906,021
<b>Total Liabilities</b>	<b>34,092,000</b>	<b>41,926,021</b>
Net Assets	68,486,813	81,598,979
<b>Total Liabilities and Net Assets</b>	<b>\$102,578,813</b>	<b>\$123,525,000</b>

### NET DAYS IN ACCOUNTS RECEIVABLE



### HOSPITAL MARGINS



### STATEMENT OF REVENUE AND EXPENSES - YTD

	Budget 6/30/2021	Projected 6/30/2020
<b>Revenue:</b>		
Gross Patient Revenues	\$169,313,880	\$169,421,120
Deductions From Revenue	(86,043,114)	(86,065,929)
Net Patient Revenues	81,270,566	83,355,191
Other Operating Revenue	4,322,185	7,772,123
<b>Total Operating Revenues</b>	<b>85,592,751</b>	<b>91,127,314</b>
<b>Expenses:</b>		
Salaries, Benefits & Contract Labor	50,594,160	51,038,604
Purchased Services & Physician Fees	7,800,952	8,988,807
Supply Expenses	14,368,806	14,293,691
Other Operating Expenses	10,521,457	9,866,202
Bad Debt Expense	0	0
Depreciation & Interest Expense	6,843,802	6,714,989
<b>Total Expenses</b>	<b>90,129,177</b>	<b>90,922,293</b>
<b>NET OPERATING SURPLUS</b>	<b>(4,536,426)</b>	<b>205,021</b>
Non-Operating Revenue/(Expenses)	(90,574)	(21,418)
<b>TOTAL NET SURPLUS</b>	<b>(\$4,627,000)</b>	<b>\$183,603</b>

### DAYS CASH ON HAND



### SALARY AND BENEFIT EXPENSE AS A PERCENTAGE OF NET REVENUE



### KEY STATISTICS AND RATIOS - YTD

	Budget 6/30/2021	Projected 6/30/2020
Total Acute Patient Days	3,614	4,016
Average Acute Length of Stay	2.7	2.7
Total Emergency Room Visits	14,279	15,865
Outpatient Visits	83,793	93,103
Total Surgeries	1,700	1,889
Net Revenue Change from Prior Year	-6.07%	5.02%
EBIDA	2.70%	7.61%
Days Expense in Accounts Payable	24.31	
<b>FINANCIAL STRENGTH INDEX - 2.24</b>		
Total Worked FTE's	428.57	424.97
Total Paid FTE's	470.96	466.90
Total Contract Labor	4.40	6.70

Budget for Fiscal Year End	6/30/2021
Projected	6/30/2020
Prior Fiscal Year End	6/30/2019
WYOMING	All Hospitals
National Hospital Benchmark	Rural

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

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Statement of Revenue and Expense

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/21

	Budget 06/30/21	Projected 06/30/20	Budget 06/30/20	Actual 06/30/19	Actual 06/30/18
Gross Patient Revenue					
Inpatient Revenue	\$32,898,925	\$33,619,418	\$38,336,580	\$35,773,430	\$34,175,110
Outpatient Revenue	118,474,735	119,053,118	118,622,645	112,470,048	107,307,650
Clinic Revenue	14,667,987	13,852,882	15,297,812	14,651,051	13,972,715
Specialty Clinic - Ortho Revenue	3,274,033	2,895,702	2,834,882	2,022,011	2,293,768
Total Gross Patient Revenue	169,313,680	169,421,120	174,891,919	164,916,540	157,749,263
Deductions From Revenue					
Discounts and Allowances	(74,159,392)	(73,020,503)	(72,055,471)	(67,828,387)	(62,156,442)
Bad Debt Expense (Governmental Providers Only)	(11,344,017)	(10,673,531)	(11,367,975)	(11,253,830)	(9,004,156)
Medical Assistance	(2,539,705)	(2,371,896)	(1,748,919)	(2,234,140)	(2,218,712)
Total Deductions From Revenue	(88,043,114)	(86,065,929)	(85,172,365)	(81,316,357)	(73,379,310)
Net Patient Revenue	81,270,566	83,355,191	89,719,554	83,600,183	84,369,953
Other Operating Revenue	4,322,185	7,772,123	2,452,588	3,173,482	2,739,634
Total Operating Revenue	85,592,751	91,127,314	92,172,162	86,773,665	87,109,587
Operating Expenses					
Salaries and Wages	38,828,548	39,041,214	39,969,594	37,637,273	37,359,892
Fringe Benefits	11,522,643	11,070,780	10,062,864	9,547,767	9,875,453
Contract Labor	242,971	926,610	1,018,172	1,021,278	1,432,609
Physicians Fees	2,861,570	4,131,670	3,792,061	4,011,304	3,084,279
Purchased Services	4,919,382	4,857,137	4,790,329	4,426,070	5,154,203
Supply Expense	14,368,806	14,293,691	14,118,822	13,044,020	12,811,145
Utilities	1,155,599	1,125,865	1,128,947	1,094,313	1,119,148
Repairs and Maintenance	5,715,605	5,252,369	5,065,614	4,787,481	4,421,777
Insurance Expense	524,525	635,905	625,718	750,288	738,768
All Other Operating Expenses	2,375,410	2,037,233	2,425,381	2,183,827	2,297,931
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0
Leases and Rentals	750,318	834,770	840,676	1,020,803	837,070
Depreciation and Amortization	6,843,802	6,714,989	6,674,374	7,208,668	8,064,970
Interest Expense (Non-Governmental Providers)	0	0	0	0	0
Total Operating Expenses	90,129,177	90,922,293	90,518,662	86,733,112	87,197,246
Net Operating Surplus/(Loss)	(4,536,426)	205,021	1,653,600	40,553	(87,659)
Non-Operating Revenue:					
Investment Income	284,000	268,204	160,000	283,052	162,873
Tax Subsidies (Except for GO Bond Subsidies)	0	14,593	0	193,149	3,614,005
Interest Expense (Governmental Providers Only)	(1,222,796)	(1,104,588)	(1,365,882)	(1,285,361)	(1,501,858)
Other Non-Operating Revenue/(Expenses)	848,222	800,373	1,180,048	1,826,766	209,434
Total Non Operating Revenue/(Expense)	(90,574)	(21,418)	(45,834)	1,027,606	2,484,463
Total Net Surplus/(Loss)	(\$4,627,000)	\$183,603	\$1,607,766	\$1,068,159	\$2,396,794
Operating Margin	-5.30%	0.22%	1.79%	0.05%	-0.10%
Total Profit Margin	-5.41%	0.20%	1.74%	1.23%	2.75%
EBIDA	2.70%	7.81%	9.04%	8.56%	12.78%
Cash Flow Margin	2.59%	7.57%	8.98%	9.52%	11.53%

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**Balance Sheet - Assets**

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**

**ROCK SPRINGS, WY**

**Budget for the Year Ending 06/30/21**

	<b>ASSETS</b>			
	<b>Budget 6/30/2021</b>	<b>Projected 6/30/2020</b>	<b>Actual 6/30/2019</b>	<b>Actual 6/30/2018</b>
<b>Current Assets</b>				
Cash and Cash Equivalents	9,200,000	\$11,000,000	\$10,487,324	\$14,404,853
Gross Patient Accounts Receivable	18,000,000	20,650,000	24,217,308	21,199,848
Less: Bad Debt and Allowance Reserves	(9,900,000)	(11,250,000)	(11,984,053)	(9,770,080)
Net Patient Accounts Receivable	8,100,000	9,400,000	12,233,255	11,429,568
Interest Receivable	0	0	0	0
Other Receivables	1,800,000	1,800,000	1,919,165	1,957,332
Inventories	3,000,000	3,000,000	2,917,250	2,829,223
Prepaid Expenses	2,100,000	2,100,000	2,284,926	2,365,112
Due From Third Party Payers	0	0	0	0
Due From Affiliates/Related Organizations	0	0	0	0
Other Current Assets	0	0	0	0
<b>Total Current Assets</b>	<b>24,200,000</b>	<b>27,300,000</b>	<b>29,841,920</b>	<b>32,985,887</b>
<b>Assets Whose Use is Limited</b>				
Cash	40,000	40,000	19,800	12,573
Investments	0	0	0	0
Bond Reserve/Debt Retirement Fund	0	0	0	0
Trustee Held Funds - Project	3,000,000	3,000,000	3,059,212	3,034,341
Trustee Held Funds - SPT	0	0	168	3,452,951
Board Designated Funds	1,800,000	15,800,000	4,752,127	1,300,000
Other Limited Use Assets	14,900,000	14,600,000	14,635,235	8,303,935
<b>Total Limited Use Assets</b>	<b>19,740,000</b>	<b>33,440,000</b>	<b>22,466,542</b>	<b>16,103,800</b>
<b>Property, Plant, and Equipment</b>				
Land and Land Improvements	3,300,000	3,226,000	2,957,873	2,926,057
Building and Building Improvements	41,500,000	41,500,000	38,215,213	38,041,246
Equipment	115,000,000	113,000,000	110,985,975	108,303,077
Construction in Progress	500,000	200,000	762,258	1,010,882
Capitalized Interest	0	0	0	0
Gross Property, Plant, and Equipment	160,300,000	157,926,000	152,921,119	150,283,261
Less: Accumulated Depreciation	(102,371,187)	(95,709,000)	(89,195,017)	(82,058,661)
<b>Net Property, Plant, and Equipment</b>	<b>57,928,813</b>	<b>62,217,000</b>	<b>63,726,102</b>	<b>68,224,600</b>
<b>Other Assets</b>				
Unamortized Loan Costs	210,000	222,000	234,709	247,062
Assets Held for Future Use	0	0	0	0
Investments in Subsidiary/Affiliated Org.	0	0	0	0
Other	0	0	0	0
<b>Total Other Assets</b>	<b>210,000</b>	<b>222,000</b>	<b>234,709</b>	<b>247,062</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>102,078,813</b>	<b>123,179,000</b>	<b>116,269,273</b>	<b>117,561,349</b>
<b>Restricted Assets</b>	<b>500,000</b>	<b>346,000</b>	<b>256,963</b>	<b>426,203</b>
<b>TOTAL ASSETS</b>	<b>\$102,578,813</b>	<b>\$123,525,000</b>	<b>\$116,526,236</b>	<b>\$117,987,552</b>

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Balance Sheet - Liabilities and Net Assets

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/21

LIABILITIES AND FUND BALANCE

	Budget 6/30/2021	Projected 6/30/2020	Actual 6/30/2019	Actual 6/30/2018
<b>Current Liabilities</b>				
Accounts Payable	\$3,000,000	\$2,500,000	\$3,176,158	\$4,934,986
Notes and Loans Payable	0	0	0	0
Accrued Payroll	900,000	900,000	1,481,176	910,902
Accrued Payroll Taxes	0	0	0	0
Accrued Benefits	1,500,000	2,500,000	2,114,225	1,702,057
Accrued Pension Expense (Current Portion)	0	0	0	0
Other Accrued Expenses	0	0	0	0
Patient Refunds Payable	0	0	0	0
Property Tax Payable	0	0	0	0
Due to Third Party Payers	0	0	0	0
Advances From Third Party Payers	0	0	0	0
Current Portion of LTD (Bonds/Mortgages)	0	0	0	1,810,631
Current Portion of LTD (Leases)	208,044	297,306	323,414	0
Other Current Liabilities	0	20,000	397,008	432,632
<b>Total Current Liabilities</b>	<b>5,608,044</b>	<b>6,217,306</b>	<b>7,491,981</b>	<b>9,791,188</b>
<b>Long Term Debt</b>				
Bonds/Mortgages Payable	28,042,000	28,100,000	28,181,654	29,726,614
Leases Payable	0	0	0	0
Less: Current Portion Of Long Term Debt	(208,044)	(297,306)	(323,414)	(1,810,631)
<b>Total Long Term Debt (Net of Current)</b>	<b>27,833,956</b>	<b>27,802,694</b>	<b>27,858,240</b>	<b>27,915,983</b>
<b>Other Long Term Liabilities</b>				
Deferred Revenue	0	7,436,021	0	0
Accrued Pension Expense (Net of Current)	0	0	0	0
Other	650,000	470,000	747,408	1,070,720
<b>Total Other Long Term Liabilities</b>	<b>650,000</b>	<b>7,906,021</b>	<b>747,408</b>	<b>1,070,720</b>
<b>TOTAL LIABILITIES</b>	<b>34,092,000</b>	<b>41,926,021</b>	<b>36,097,629</b>	<b>38,777,891</b>
<b>Net Assets:</b>				
Unrestricted Fund Balance	70,554,694	79,036,257	77,035,008	74,388,532
Temporarily Restricted Fund Balance	1,959,119	1,959,119	1,959,119	1,959,119
Restricted Fund Balance	600,000	420,000	366,321	465,216
Net Revenue/(Expenses)	(4,627,000)	183,803	1,088,159	2,398,794
<b>TOTAL NET ASSETS</b>	<b>68,486,813</b>	<b>81,598,979</b>	<b>80,428,607</b>	<b>79,209,661</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$102,578,813</b>	<b>\$123,525,000</b>	<b>\$116,526,236</b>	<b>\$117,987,552</b>

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# Budgeted Key Patient Statistics

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## MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY Budget for the Year Ending 06/30/21

STATISTICS	Budget 06/30/21	Projected 06/30/20	Budget 06/30/20	Actual 06/30/19	Actual 06/30/18
<b>Discharges</b>					
Acute	1,340	1,489	1,603	1,593	1,605
Total Adult Discharges	1,340	1,489	1,603	1,593	1,605
Newborn	402	447	448	45	481
Total Discharges	1,742	1,936	2,051	1,638	2,086
<b>Patient Days:</b>					
Acute	3,614	4,016	4,708	4,597	4,234
Total Adult Patient Days	3,614	4,016	4,708	4,597	4,234
Newborn	658	731	719	696	833
Total Patient Days	4,272	4,747	5,426	5,293	5,067
<b>Average Length of Stay (ALOS)</b>					
Acute	2.7	2.7	2.9	2.9	2.6
Total Adult ALOS	2.7	2.7	2.9	2.9	2.6
Newborn ALOS	1.6	1.6	1.6	15.5	1.7
<b>Average Daily Census (ADC)</b>					
Acute	9.9	11.0	12.9	12.6	11.6
Total Adult ADC	9.9	11.0	12.9	12.6	11.6
Newborn	1.8	2.0	2.0	1.9	2.3
<b>Emergency Room Statistics</b>					
ER Visits - Admitted	1,431	1,590	1,731	1,729	1,669
ER Visits - Discharged	12,848	14,275	14,543	14,517	14,692
ER - Urgent Care Visits	0	0	0	0	0
Total ER Visits	14,279	15,865	16,273	16,246	16,361
% of ER Visits Admitted	10.02%	10.02%	10.63%	10.64%	10.20%
ER Admissions as a % of Total	107.43%	107.43%	108.11%	108.81%	103.92%
<b>Productivity Statistics:</b>					
FTE's - Worked	428.57	424.97	438.83	407.87	398.44
FTE's - Paid	470.96	466.90	482.23	450.22	442.62
Contract Labor	4.40	6.70	6.20	6.14	8.58
Case Mix Index - Medicare	1.3921	1.3921	1.3523	1.2527	1.2976
Case Mix Index - All payers	0.8129	0.8129	0.7756	0.7597	0.8767
<b>Outpatient Statistics:</b>					
Total Outpatients Visits	83,793	93,103	85,408	86,909	76,842
Observation Bed Days	1,256	1,396	1,436	1,466	1,313
Clinic Visits - Primary Care	44,661	49,623	51,271	49,633	48,590
Clinic Visits - Specialty Clinics	5,548	6,164	5,914	4,864	4,953
IP Surgeries	274	304	309	292	351
OP Surgeries	1,427	1,585	1,637	1,643	1,730

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# Budgeted Key Patient Statistics

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## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### ROCK SPRINGS, WY

#### Budget for the Year Ending 06/30/21

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STATISTICS	Budget 06/30/21	Projected 06/30/20	Budget 06/30/20	Actual 06/30/19	Actual 06/30/18
<b>Ancillary Statistics:</b>					
Laboratory:					
Inpatient	82,265	91,405	86,871	85,233	90,489
Outpatient	370,554	411,727	401,636	405,668	393,374
Radiology					
Inpatient	1,764	1,960	1,833	2,146	2,047
Outpatient	27,861	30,957	28,345	28,839	28,458
Rehab Services (PT, OT, Speech)					
Inpatient	1,206	1,340	1,401	1,438	1,178
Outpatient	4,748	5,276	6,131	5,917	6,012
Cardiac Rehab					
Inpatient	0	0	0	0	0
Outpatient	3,174	3,527	3,338	3,377	4,115
Respiratory Therapy					
Inpatient	11,009	12,232	16,256	16,026	15,673
Outpatient	4,313	4,792	4,752	4,685	5,829
Cardiology					
Inpatient	609	677	663	613	578
Outpatient	4,636	5,151	5,481	5,562	5,642



# Statement of Cash Flows

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## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### ROCK SPRINGS, WY

#### Budget for the Year Ending 06/30/21

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	CASH FLOW	
	Budget 6/30/2021	Projected 6/30/2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	(\$4,536,426)	\$205,021
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	6,662,187	6,513,983
(Increase)/Decrease in Net Patient Accounts Receivable	1,300,000	2,833,255
(Increase)/Decrease in Other Receivables	0	119,165
(Increase)/Decrease in Inventories	0	(82,750)
(Increase)/Decrease in Pre-Paid Expenses	0	184,926
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	500,000	(676,158)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(1,000,000)	(195,401)
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	(20,000)	(377,008)
<b>Net Cash Provided by Operating Activities:</b>	<b>2,905,761</b>	<b>8,525,033</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	(2,374,000)	(5,004,881)
(Increase)/Decrease in Limited Use Cash and Investments	13,700,000	(10,973,458)
(Increase)/Decrease in Other Limited Use Assets	0	0
(Increase)/Decrease in Other Assets	(142,000)	(76,328)
<b>Net Cash Used by Investing Activities</b>	<b>11,184,000</b>	<b>(16,054,667)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	31,262	(55,546)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(7,256,021)	7,158,613
<b>Net Cash Used for Financing Activities</b>	<b>(7,224,759)</b>	<b>7,103,067</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>(8,575,740)</b>	<b>965,351</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>(1,710,738)</b>	<b>538,784</b>
Cash, Beginning of Period	11,026,108	10,487,324
<b>Cash, End of Period</b>	<b>\$9,315,370</b>	<b>\$11,026,108</b>

## Full Time Equivalent Employees (FTE's)

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## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## ROCK SPRINGS, WY

Budget for the Year Ending 06/30/21

	Budget 6/30/2021	Projected 6/30/2020	Budget 6/30/2020	Actual 6/30/2019	Actual 6/30/2018
600 Medical/Surgical Nursing/OP Svcs	29.5	26.3	27.8	23.6	23.4
605 Behavioral Health	6.5	7.0	9.1	6.5	5.7
610 OB/Delivery/Nursery/LDRP	17.7	18.5	19.3	16.7	17.6
620 Intensive Care Unit	9.6	11.1	11.9	10.9	12.6
630 Surgical Services	19.8	20.7	20.8	19.6	20.6
633 Recovery Room	1.6	2.7	2.1	3.3	2.8
640 Dialysis	10.1	9.6	9.0	8.0	4.8
650 Emergency Department	20.6	24.4	22.4	24.6	24.5
660 Oncology Services	10.7	12.0	12.0	11.3	10.9
700 Laboratory	35.5	34.7	37.1	33.1	32.5
710 Radiology Diagnostic	9.1	8.2	8.2	8.8	9.2
711 Mammography	2.4	1.1	1.6	1.2	1.1
712 Ultrasound/Echo	4.3	3.0	4.5	3.7	3.3
713 Nuclear Medicine/PET	1.7	2.1	2.0	1.8	1.8
714 CT Scan	4.3	5.5	4.9	4.6	4.7
715 MRI	1.2	1.2	1.3	1.2	1.3
720 Respiratory Therapy	7.1	6.9	6.6	6.2	5.5
722 EKG and Sleep Lab	3.0	2.4	4.2	4.2	4.3
723 Cardiac Rehab	2.3	2.3	2.5	2.3	2.3
730 Physical Therapy	3.5	3.5	3.7	3.5	3.5
782 Quality/Compliance/Inf Cntrl	7.8	9.7	10.0	8.7	8.0
781 Social Worker	1.0	1.0	1.0	1.0	1.0
786 Nursing Informatics	4.0	2.9	3.0	3.0	3.0
790 Health Information Management	12.5	13.1	13.7	12.9	12.6
791 Case Management/Care Transition	4.6	4.2	4.3	5.1	4.3
800 Plant Operations/BioMed	15.5	13.0	12.7	12.5	11.7
801 Housekeeping	23.5	24.4	26.0	23.8	23.3
802 Laundry and Linen	5.5	6.3	6.5	6.4	6.3
810 Security/Emer. Mgmt	8.1	8.1	7.2	8.2	7.8
850 Materials Management	9.0	8.0	8.0	8.0	8.0
870 Dietary, Dieticians	17.5	19.0	18.9	19.0	18.1
901 Marketing	1.0	1.0	1.0	1.0	1.0
900 Administration	6.5	6.4	8.0	6.0	5.8
905 Nursing Administration	4.2	4.1	4.3	4.1	5.2
910 Information Systems	5.0	5.0	7.0	7.8	7.3
920 Human Resources	4.0	4.8	4.8	4.5	4.5
930 General Accounting	5.0	4.6	5.0	4.8	4.6
940 Patient Accounting	15.0	13.6	14.0	13.5	14.3
941 Admitting and Outpatient Registration	13.2	15.3	13.3	15.4	14.6
942 Communications	3.0	2.6	3.0	2.9	2.8
943 Central Scheduling	5.0	4.2	4.0	3.8	3.9
950 Orthopedic Clinic (no physician)	5.0	3.4	3.2	3.7	4.7
974 Primary Care Clinic (no physician)	44.4	45.0	52.3	38.0	36.5
All Other (Educ, MedStf, Volunteer, Found, Phys Rec)	7.8	6.9	7.0	6.6	7.2
Sub-Total	431.5	429.9	447.2	415.9	408.8
Physicians/PAs/Nurse Practitioners	39.5	33.3	35.0	34.4	33.8
<b>TOTALS</b>	<b>471.0</b>	<b>463.2</b>	<b>482.2</b>	<b>450.3</b>	<b>442.6</b>
Contract Labor	1.0	0.7	0.5	0.7	2.8
Emergency Room	0.0	0.0	0.0	0.0	0.0
Med/Surg	0.5	0.3	0.0	0.8	0.5
OB/Delivery/Nursery/LDRP	1.0	1.6	1.0	0.1	0.5
Special Care Unit (ICU)	1.0	1.1	1.0	2.1	2.8
Surgical Services	0.0	2.0	1.0	1.2	1.0
Ultrasound	0.0	0.0	0.1	0.1	0.0
Laboratory	0.9	0.2	1.0	1.1	0.4
Behavioral Health	0.0	0.5	1.0	0.0	0.0
Infection Control	0.0	1.5	0.0	0.2	0.1
EKG and Sleep Lab	0.0	0.0	0.0	0.0	0.1
Oncology Services	0.0	0.0	0.0	0.0	0.4
Dialysis	0.0	0.0	0.1	0.0	0.0
Maintenance	0.0	0.0	0.5	0.0	0.0
IT	0.0	0.0	0.0	0.0	0.0
Physical Therapy	0.0	0.0	0.0	0.0	0.0
Sub-Total	4.4	8.0	6.2	6.1	8.6
<b>Total Employed FTEs and Contract Labor</b>	<b>475.4</b>	<b>471.2</b>	<b>488.4</b>	<b>456.4</b>	<b>451.2</b>

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## Key Financial Ratios

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## ROCK SPRINGS, WY

## Budget for the Year Ending 06/30/21

  - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Budget 6/30/2021	Projected 6/30/2020	Actual 06/30/19	BB+ Credit Rating Current	BBB- Credit Rating Median	WYOMING All Hospitals (See Note 1)	National Rural <\$90M Net Rev (See Note 2)
<b>Profitability:</b>								
Operating Margin		-5.30%	0.22%	0.05%	0.10%	0.30%	2.64%	-0.73%
Total Profit Margin		-5.41%	0.20%	1.23%	0.80%	1.00%	6.11%	0.21%
Inpatient Gross Revenue Percentage		21.27%	21.61%	23.81%			36.90%	28.70%
Outpatient Gross Revenue Percentage		78.73%	78.39%	76.19%			64.10%	71.70%
<b>Liquidity:</b>								
Days Cash, All Sources		113.68	179.62	137.21	91.30	**129	62.00	37.80
Net Days in Accounts Receivable		36.38	41.16	50.46	52.40	51.80	66.90	57.20
<b>Capital Structure:</b>								
Average Age of Plant (Annualized)		13.98	13.28	11.38	15.10	11.20	9.50	12.40
Long Term Debt to Capitalization		28.90%	25.41%	25.73%	48.20%	41.60%	16.80%	10.00%
Debt Service Coverage Ratio		1.35	2.84	3.31	1.80	**2.3	N/A	2.64
<b>Productivity and Efficiency:</b>								
<b>Including Providers</b>								
Paid FTE's per Adjusted Occupied Bed		9.33	8.50	7.86			6.60	4.63
Salary Expense per Paid FTE		\$82,961	\$85,903	\$85,866			\$62,436	\$48,150
<b>Excluding Providers</b>								
Paid FTE's per Adjusted Occupied Bed		8.55	7.90	7.26			6.60	4.63
Salary Expense per Paid FTE		\$66,560	\$59,567	\$53,214			\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Expense		56.14%	56.13%	54.67%			43.60%	42.40%
Total Net Revenue per FTE		\$181,741	\$195,175	\$192,738			\$132,369	\$109,053
Employee Benefits %		29.68%	28.36%	25.37%			22.98%	29.27%
Supply Expense Per Adj. Discharge - CMI Adj.		\$2,083	\$1,905	\$1,776			\$1,270	\$713
Inventory Ratio		28.53	30.38	29.75			52.24	49.04
<b>Other Ratios:</b>								
Gross Days in Accounts Receivable		38.80	44.49	50.05				
Net Revenue per Adjusted Discharge		\$ 12,410	\$ 12,144	\$11,816				
Operating Expenses per Adj. Discharge		\$ 13,067	\$ 12,117	\$11,810				

\*\*Bond Covenant ratio is 75 Days Cash on Hand and 1.25 Debt Service Coverage

Note 1 - 2017 Ingenix report (2015 data), for all hospitals within the state regardless of size.

21 of 28 hospitals in Wyoming are Critical Access

Note 2 - 2017 Ingenix report (2015 data), for all U. S. hospitals that match this type and size.

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## Capital Expenditure Requests

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY.

Budget For The Year Ending 6/30/2021

Department	Requested Item	Priority	Quantity	Number of Units	Unit Cost	6/30/2021	6/30/2022	6/30/2023
						Capital Budget	Capital Budget	Capital Budget
BLOOD BANK	BLOOD BANK SYSTEM	YES	1	1	\$113,500	\$113,500		
BLOOD BANK	W/ SERVO-PUMP	YES	1	1	\$5,320	\$5,320		
BLOOD BANK	HELMER SCIENTIFIC PLATEWASH INCUBATOR AND ASPECTOR	YES	1	1	\$8,260	\$8,260		
BLOOD BANK	-80 DEGREE FREEZER	YES	1	1	\$4,126	\$4,126		
BLOOD BANK	ELECTRONIC BLOOD BANK SYSTEM	YES	1	1	\$128,870		\$128,870	
CARDIAC AND PULMONARY REHAB	TELE-MED MONITORING SYSTEM	YES	1	1	\$14,768	\$14,768		
CARDIAC AND PULMONARY REHAB	BULBOP	YES	1	1	\$5,000	\$5,000		\$5,000
CARDIAC AND PULMONARY REHAB	RECURRENT STATIONARY AIR (10000)	YES	1	1	\$2,195	\$2,195		\$2,195
CARDIAC AND PULMONARY REHAB	SCOTT WALK RECURRENT ELIPICAL (10000)	YES	1	1	\$6,215	\$6,215		\$6,215
CARDIAC AND PULMONARY REHAB	SCOTT UPPER BODY EXERCISER (10000)	YES	1	1	\$5,360	\$5,360		\$5,360
CARDIAC AND PULMONARY REHAB	TREADMILL	YES	1	1	\$7,182	\$7,182		\$7,182
CARDIOPULMONARY	CARDIO DAY MONITOR MONITOR SYSTEM	NO	1	1	\$55,710	\$55,710		
CARDIOPULMONARY	MAC VU 200-ENT MONITOR	NO	1	1	\$20,520	\$20,520		
CARDIOPULMONARY	SHUTTLE 1000 INTRODUCTION	NO	1	1	\$57,054	\$57,054		
CARDIOPULMONARY	HAZARD WASH MACHINE OR HAZARD RECYCLE	NO	1	1	\$47,244	\$47,244		
CARDIOPULMONARY	THAN VENDOR FOR CARDIO DAY AND EDUC	NO	1	1	\$27,454		\$27,454	
CENTRAL SCHEDULING	DESKS	NO	1	1	\$15,591	\$15,591		
CLINIC	HFT MONITOR-OB	NO	1	1	\$6,500	\$6,500		
CLINIC	EMERGES	YES	1	1	\$24,442	\$24,442		
CLINIC	TREADMILL, OCEAN	NO	1	1	\$18,900	\$18,900		
CLINIC	SIDE - WALK IN AND FF	NO	1	1	\$10,000	\$10,000		
CLINIC	END - WALK IN CLINIC	NO	1	1	\$15,000	\$15,000		
CLINIC	PEDI-TOYS	NO	1	1	\$7,800	\$7,800		
DIALYSIS	DIALYSIS SPECIFIC TANK	YES	1	1	\$20,000		\$20,000	
DIETARY	WALL HEAT HOT FOOD TABLE	NO	1	1	\$5,000	\$5,000		
DIETARY	CONVECTION BILT DISPENSER	YES	1	1	\$51,482	\$51,482		
DIETARY	LARGE SALAD BAR	NO	1	1	\$11,000	\$11,000		
DIETARY	REFRIGERATED FOOD WASHING MACHINE	NO	1	1	\$5,511	\$5,511		
DIETARY	CATERING VAN-REFRIGERATED	NO	1	1	\$52,000	\$52,000		
EMERGENCY ROOM	VITALS CHITS AND MACHINES	NO	25	25	\$451	\$4,770		
FACILITIES	REPLACE 16 HOLLOWING ON HERO	NO	1	1	\$7,121,861	\$7,121,861		
FACILITIES	REPLACE 16 HOLLOWING MED IMAGING HERO	NO	1	1	\$4,870,854	\$4,870,854		
FACILITIES	NEW ROOF FOR COLLAGE BLD.	NO	1	1	\$58,000	\$58,000		
FACILITIES	TUNNEL ASSIGNMENT	NO	1	1	\$10,000	\$10,000		
FACILITIES	UNDERGROUND STORAGE TANKS	NO	1	1	\$400,000	\$400,000		
FACILITIES	ENGINEERING FOR GENERATOR BUILDING FINE SUPPRESSION	NO	1	1	\$12,000	\$12,000		
FACILITIES	NEW FLOW TRUCK	NO	1	1	\$62,000	\$62,000		
FACILITIES	RESOLVE AIR PRETREATMENT FOR LAS/ITS	NO	1	1	\$115,000	\$115,000		
FACILITIES	ENGINEERING FOR AMBULANCE BAY DRAINS	NO	1	1	\$17,000	\$17,000		
FACILITIES	SNOW REMOVAL MACHINE	NO	1	1	\$14,000	\$14,000		
FACILITIES	ENGINEERING FOR WINDOW WALLS	NO	1	1	\$18,000	\$18,000		
FACILITIES	ENGINEERING FOR EMERGENCY DIESEL GENERATORS	NO	1	1	\$158,000	\$158,000		
FACILITIES	8-LEVEL FLOORING	NO	1	1	\$300,000	\$300,000		
FACILITIES	CONCRETE SYSTEM FOR AUTOCLEANED MAX WASTE	NO	1	1	\$300,000	\$300,000		
FACILITIES	NEW TABLES FOR CLASSROOMS	NO	1	1	\$12,300	\$12,300		
FACILITIES	KITCHEN DISH ROOM	NO	1	1	\$150,000	\$150,000		
FACILITIES	1000 COLLAGE DRIVE ASPHALT PATCHING	YES	1	1	\$82,256	\$82,256		
FACILITIES	1500 COLLAGE DRIVE ASPHALT PATCHING	YES	1	1	\$155,467	\$155,467		
FACILITIES	REPLACE 16 HOLLOWING LAUNDRY UPGRADE	NO	1	1	\$1,000,000		\$1,000,000	
FACILITIES	PARKING LOT REVISION	NO	1	1	\$244,000		\$244,000	

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Department	Requested Item	Priority	Quote	Number of Units	Unit Cost	4/30/2023	6/30/2023	6/30/2025
						Capital Budget	Capital Budget	Capital Budget
FISCAL SERVICES	ROOMS TIME CLOCKS	YES	5	5	\$2,272	\$11,360		
NSM	CDI SOFTWARE	YES	1	1	\$127,000		\$127,000	
HISTOLOGY	NISCOORE MICRO	YES	1	1	\$15,603	\$15,603		
HISTOLOGY	LEICA MULTISTAINER AND COVERSLIPPER	YES	1	1	\$166,740	\$166,740		
HISTOLOGY	WAXING STATION	YES	1	1	\$16,000	\$16,000		
HISTOLOGY	NISCOORE ANCADA IHC	YES	1	1				\$16,400
HISTOLOGY	NISCOORE SPECTRA CY + NISCOORE SPECTRA ST WORKSTATION	YES	1	1				\$17,500
HISTOLOGY	LEICA ASP900 S AUTOMATED VACUUM TISSUE PROCESOR	YES	1	1				\$67,300
HISTOLOGY	LEICA CM 1000 UV CRYOSTAT	YES	1	1				\$10,200
IT	UPDATE SIP TRUNKS AND VOIP ROUTERS	YES	1	1	\$40,402	\$40,402		
IT	AUDIO/VISUAL HARDWARE FOR HOIP CLASSROOMS	NO	1	1	\$150,000	\$150,000		
IT	REPLACE ALL NETWORK CLOSET SWITCHES	NO	1	1	\$200,000	\$200,000		
IT	EMAIL ARCHIVE HARDWARE SOLUTION	NO	1	1	\$100,000	\$100,000		
IT	LAPTOPS	NO	60	60	\$1,600	\$96,000		
IT	DESKTOP WORKSTATIONS WITH MONITORS	NO	100	100	\$1,600	\$160,000		
IT	ELECTRONIC HEALTH RECORD	YES	1	1	\$4,202,400		\$4,202,400	
IT	ARCHIVE SOLUTION FOR LEGACY SYSTEM	NO	1	1	\$200,000		\$200,000	
LAB	ROTOR	YES	2	2	\$22,500	\$45,000		
LAB	SYSTEMS UP-5000	YES	1	1	\$13,716	\$13,716		
LAB	SYSTEMS UP-2000	YES	1	1	\$99,600	\$99,600		
LAB	BD PHOSPHOR SYSTEM	YES	1	1	\$67,901	\$67,901		
LAB	BRUNER MALDI TOF	YES	1	1	\$260,500	\$260,500		
LAB	CEPHID GENEPERT MODULES	YES	2	2	\$11,405	\$22,810		
LAB	GENEPERT	YES	1	1	\$101,736	\$101,736		
LAB	2 DOOR CHEMISTRY REFRIGERATORS	YES	2	2	\$10,931	\$21,862		
LAB	CHEMISTRY FREEZER -20	YES	1	1	\$6,044	\$6,044		
LAB-COLLEGE HILL	-20 FREEZER	YES	1	1	\$6,125		\$6,125	
LAB-COLLEGE HILL	ORION XT	YES	1	1	\$66,600		\$66,600	
LAB-COLLEGE HILL	VICCOLO XPRESS	YES	1	1	\$12,700		\$12,700	
LAB-COLLEGE HILL	STARD COMPACT MAX	YES	1	1	\$66,676		\$66,676	
LAB-COLLEGE HILL	SIEMENS CHEMISTRY ANALYZER	YES	1	1	\$158,000		\$158,000	
LAB-COLLEGE HILL	SIEMENS CLINITEK ADVANUS SEMI-AUTOMATED URINE ANALYZER	YES	1	1	\$17,604		\$17,604	
LAB-COLLEGE HILL	ORION 5000 CHEMISTRY ANALYZER	YES	1	1	\$289,900		\$289,900	
LAB-COLLEGE HILL	SYSTEMS-100	YES	1	1	\$64,075		\$64,075	
LAB-COLLEGE HILL	MICRO-CALORIMETER	YES	1	1			\$10,714	
LAB-COLLEGE HILL	BD APPIA VPL	YES	1	1			\$24,120	
LAB-COLLEGE HILL	MICROSCOPE	YES	1	1			\$6,388	
LAB-COLLEGE HILL	REFRIGERATOR	YES	1	1			\$4,003	
LAB-COLLEGE HILL	FLUORESCENT MICROSCOPE	YES	1	1			\$17,400	
LAB-COLLEGE HILL	VITROS XT 7600	YES	2	2			\$100,000	
LAB-COLLEGE HILL	SYSTEMS 1000	YES	1	1			\$432,618	
LAB-COLLEGE HILL	MICRO INCUBATOR	YES	1	1			\$9,650	
LAB-COLLEGE HILL	BD BACTEC	YES	1	1			\$15,700	
LAB-COLLEGE HILL	SYSTEM ALPRA-ROLLER	YES	1	1			\$0,000	
LAB-COLLEGE HILL	THERMO-FORM BIOLOGICAL SAFETY HOOD	YES	1	1			\$14,710	
LAB-COLLEGE HILL	ABI, M100 GAS ANALYZER	YES	1	1			\$16,541	

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Department	Requested Item	Priority	Quote	Number of Units	Unit Cost	6/30/2021	6/30/2022	6/30/2023
						Capital Budget	Capital Budget	Capital Budget
MEDICAL FLOOR	PUMPS	NO		4	\$3,000	\$12,000		
MEDICAL FLOOR	ALARIS MODULES	NO		10	\$1,400	\$14,000		
MEDICAL IMAGING MRI	ENDOSCOPIC MINI COIL	YES		1	\$20,000	\$20,000		
MEDICAL IMAGING MRI	MIRAGE CATHETER	YES		1	\$44,997	\$44,997		
MEDICAL IMAGING NUCLEAR MED	1" LEAD LINED CABINET FOR RADIUM-226 GENERATOR	YES		1	\$27,405	\$27,405		
MEDICAL IMAGING ULTRASOUND	GENERAL/VASCULAR ULTRASOUND EQUIP ULTRASOUND A	YES		1	\$181,000	\$181,000		
MEDICAL IMAGING ULTRASOUND	GENERAL/VASCULAR ULTRASOUND EQUIP ULTRASOUND B	YES		1	\$206,200	\$206,200		
MEDICAL IMAGING	CSI SIMPLIFLEX 300 UC DR	YES		1	\$5,440	\$5,440		
MEDICAL IMAGING	LUMINOUS AGILE MAX	YES		1	\$580,400	\$580,400		
MEDICAL IMAGING	YSIO MAX - DIGITAL X-RAY SYSTEM	YES		1	\$389,000	\$389,000		
MEDICAL IMAGING	NOLOREC HORIZON-W DVA SCANNER	YES		1	\$57,135	\$57,135		
MEDICAL IMAGING	UPGRADE TO THE OS SYSTEM FOR PACS	YES		1	\$175,440	\$175,440		
MEDICAL IMAGING	INTERVENTIONAL RADIOLOGY SUITE	YES		1	\$1,275,000		\$1,275,000	
NURSING ADMIN	CARDIAC MONITORING SYSTEM	NO		1	\$1,127,413		\$1,127,413	
OS	CONVERT L&D BATHROOM W/WHIPPOOL TUBS TO SHOWERS	NO		1	\$142,000	\$142,000		
OUTPATIENT SERVICES	ALARIS PUMPS	NO		3	\$0,000	\$0,000		
PHARMACY	TEMP CONTROLLED CABINET	NO		1	\$0,000	\$0,000		
PATIENT FINANCIAL SERVICES	CHANGE HEALTHCARE	NO		1	\$50,422	\$50,422		
PHYSICAL THERAPY	TRACTION TABLE	YES		1	\$0,000	\$0,000		
PHYSICAL THERAPY	RECLINANT BIKE (\$500)	YES		2	\$0,105	\$0,210	\$0,105	
PHYSICAL THERAPY	TREADMILL	YES		1	\$5,000	\$5,000	\$5,000	
PHYSICAL THERAPY	MUSCLE (1000)	YES		1	\$5,000	\$5,000	\$5,000	
PHYSICAL THERAPY	SOFT UPPER BODY EXERCISER (10476)	YES		1	\$5,100	\$5,100		\$5,100
PHYSICAL THERAPY	VECTRA GENESIS 4 CHANNEL ELECTRICAL STIMULATION & ULTRASOUND	YES		1	\$5,000	\$5,000		\$5,000
QUALITY	DATA ANALYTIC SOLUTION - REPLACE MEDS	YES		1	\$100,000	\$	100,000	
<del>Surgey</del>	COMMED POWER SYSTEM	YES		1	\$47,194	\$47,194		
<del>Surgey</del>	RADIOLOGENT IMAGING SURGICAL TABLE	YES		1	\$40,210	\$40,210		
<del>Surgey</del>	LUMENIS MOSES PULSED YAG LASER	YES		1	\$210,000	\$210,000		
<del>Surgey</del>	BUFFALO FILTER SMOKE EVACUATORS	NO		1	\$15,700	\$15,700		
<del>Surgey</del>	REIT NAVIGATION SYSTEM	NO		1	\$140,750	\$140,750		
<del>Surgey</del>	LONG CYSTO SCOPE SET - UROLOGY	NO		1	\$20,000	\$20,000		
<del>Surgey</del>	OLYMPUS CYSTO SET	NO		1	\$85,000	\$85,000		
<del>Surgey</del>	MINI C-ARM X-RAY MACHINE	NO		1	\$62,000	\$62,000		
<del>Surgey</del>	DRYING CABINETS FOR ENDOSCOPES	NO		5	\$2,700	\$13,500		
<del>Surgey</del>	UROLOGY TOWER	NO		1	\$81,000	\$81,000		
<del>Surgey</del>	LITHOTRIPTER	NO		1	\$47,000	\$47,000		
<del>Surgey</del>	NEPTUNE	NO		1	\$14,700	\$14,700		
<del>Surgey - CENTRAL, STERILE</del>	V-PRO MAX STERILIZER	NO		1	\$140,000	\$140,000		
<del>Surgey</del>	OS OVERHEAD LIGHTS	NO		1	\$80,000		\$80,000	
<del>Surgey</del>	MONITOR ROOM FOR ENDOSCOPY ROOM	NO		1	\$80,000		\$80,000	
						\$10,170,000	\$10,400,000	\$1,100,000

Present: Kara Jackson, Dr. Barbara Sowada, Dr. Kristy Nielson, Leslie Taylor, Tami Love, Kari Quickenden, Irene Richardson, Marty Kelsey, Dr. Banu Symington, Corey Worden, Karali Plonsky, Noreen Hove, Gabrielle Seilbach, Dr. Cielette Karn, Dr. Melinda Poyer

Absent/Excused:

Chair: Dr. Barbara Sowada

### **Mission Moment**

We took a minute out, using a visual, took a deep breath, then broke into groups and discussed "What was the hardest part of getting thru the past 9 weeks?", "As you rest and take stock, what are you most grateful for? And "What have you learned that will help going forward?". It was a nice overture to start our meeting.

### **Approval of Agenda & Minutes**

Dr. Sowada presented the Agenda for approval, Dr. Quickenden motioned to approve, Ms. Richardson seconded the motion. With no discussion the Agenda was unanimously approved. Dr. Sowada then presented the Minutes from March 18, 2020 for approval. Dr. Nielson motioned to approve and Ms. Jackson seconded the motion. There was no further discussion, and the Minutes were unanimously approved.

### **Old Business**

Ms. Jackson and Dr. Quickenden have provided us updates on the multiple old business topics. Dr. Sowada had a couple questions on the Occurrence Events – Why are the near misses and never events not pulled out? Shouldn't the CEO and Board Chair be notified? Ms. Jackson and Ms. Plonsky stated they were reviewing the policy and that it does address who should be notified, which would be to notify both should a sentinel event or a suspected sentinel event occur.

### **New Business**

Ms. Jackson spoke about the Culture of Safety Survey. Ms. Plonsky is working on the questions that will be in Survey Monkey, and that they anticipate sending out the survey on June 1, 2020, closing June 30<sup>th</sup>. Results will be shared with Performance Improvement and Patient Safety (PIPS) Committee in August. We will need to keep in mind the current culture of safety that COVID-19 has brought about, when we analyze our results. Perhaps the results will be interesting to see if the safety features we have put in place were well received.

Dr. Sowada noted how comprehensive and well thought out the Performance Improvement & Patient Safety Plan (PIPS) plan is. Ms. Jackson stated the old plan felt a little vague and her team worked to outline the plan more directly. The Quality plan should be followed organization wide, and we are working to outline the reporting structure up to the Board Committee. Ms. Quickenden stated she felt some departments may not even realize they have quality indicators, but that with this plan it will help to include everyone so they will know both their responsibility and accountability to these indicators.

Dr. Sowada requested a motion to approve the PIPS plan for presentation and approval by the Board Committee. Ms. Hove motioned to approve, Mr. Kelsey seconded the motion. The PIPS plan will be brought to the Board for final approval.

### **Medical Staff Update**

Dr. Karn noted these past 2 months have been interesting, exhilarating and exhausting. Providers have met as often as daily working into a few days a week with all the COVID-19 issues. Plans and schedules have been worked on continually. Dr. Poyer noted that the provider meetings were well attended and kept safety at the forefront. Because they were well attended we were able to quickly put plans in motion to keep our staff, facility and community safe. Dr. Poyer further thanked all for working tirelessly to make all this happen. Ms. Richardson seconded that sentiment, noting we have been fortunate and proactive with the time afforded to put these plans in place.

### **Consent Agenda**

Dr. Sowada presented and requested any items be pulled out for discussion from the Consent Agenda. Dr. Sowada requested pulling out HCHAPS for discussion. She noted some areas seemed to be hit by COVID, while we saw gains in ED statistics. Ms. Plosky highlighted the first quarter data as it was more true to statistics. The second quarter is still very low in numbers and not fully reflective of our current state.

Dr. Sowada questioned whether PlaneTree had been reinstated. Ms. Richardson confirmed it had restarted last week with social distancing precautions in place. Dr. Poyer noted that she had participated in a PlaneTree meeting and wanted to commend Ms. Cindy Nelson and Ms. Patty O'Lexey for being such wonderful and upbeat persons. They are people who even on their worst days and better than some strive to be on good days!

Dr. Karn questioned whether we would actually meet next month or if we should plan for another virtual meeting next month. The consensus was yes, at least for one more month we should virtual conference, but it would be nice if we could add some more cameras and less black squares. All agreed to work on possible options to bring "faces" to our virtual meeting.

### **Meeting Adjourned**

The meeting adjourned at 09:15 am

### **Next Meeting**

ZOOM conference on June 17, 2020 at 08:15 am

Respectfully Submitted,

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Robin Fife, Recording Secretary

Quality Committee  
Consent Agenda Quality Summary  
May 2020

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

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

1) Star Rating

- a. There are seven categories within the Star Rating and they are as follows: mortality, readmission, safety of care, efficient use of medical imaging, timeliness of care, patient experience (see next bullet) and effectiveness of care. Each of these seven categories contain several data metrics. Data within the following categories continues to trend in right direction: mortality, safety of care, and readmission. Opportunities for improvement exist within the efficient use of medical imaging category. OP – 8: MRI Lumbar Spine for Low Back Pain measure is a claims based measure and we receive data annually (late March/early April). We are not able to replicate OP-8 (as we have in OP-10), due to the complexity of the measure. This annual data will be summarized and presented at June meeting. New Appropriate Use criteria from CMS will help improve this outcome. For OP-10, please refer to “Summary of Old Business” document.
- b. Within the Timeliness of Care category, **Ed-2b: ED Median Admit Decision Time to ED Departure Time** is trending in the right direction and the goal has been met. A new goal has been created by this work team, and includes continuing to decrease the data from average of 120 minutes to 100 minutes. The team realizes their data has trended up for the last few months, and has been affected by COVID 19 and will continue to work diligently to improve the process and continue to decrease this time. Within the Effectiveness of Care category, we are seeing fluctuations with the data for **Core Sep1 – Early Management Bundle, Severe Sepsis/Septic Shock**. For an update on the work related to sepsis, please see “Summary of Old Business” document. We continue to monitor data for Core Op - 29 Colonoscopy-follow up for average risk patients to ensure sustainment of improvement. Core OP-23 – Head CT/MRI Results for Stroke Pts within 45 minutes of Arrival data has decreased over the past few months. A team has evaluated this data and is working with ED physicians, Radiologists, ED Department and Medical Imaging Department to review current process, identify any barriers, and work on improvements. Feb data is actually 100%, no 0%.
- c. **Patient Experience-HCAHPS:** The “Overall Inpatient HCAHPS Dashboard” is the survey data that affects our Star Rating and Value Based Purchasing reimbursement program. This survey includes OB, ICU, and Med-Surg.
  - i. Data for Overall Quality of Care by Department
    1. ED

- a. Goal 42.2%
    - b. Q1 2020 – 47.7%
      - i. This is the highest this score has ever been. Note: this comment has been made over the past several months in this report, and ED continues to exceed their previous month results and push further in their improvements.
  - 2. ICU
    - a. Goal 59%
    - b. Q1 2020\* – 66.7%
  - 3. Med/Surg
    - a. Goal 60.6%
    - b. Q1 2020\* - 48.6%
  - 4. OB
    - a. Goal 71.9%
    - b. Q1 2020\* – 88%
      - i. This is the highest score seen in the last several years.
  - 5. Surgery:
    - a. Goal 73.1%
    - b. Q1 2020 – 65.4%
    - ii. \*data not yet complete
- 2) Risk/Safety
  - a. Occurrence reports
    - i. February-33
    - ii. March- 22
    - iii. April-27
    - iv. Numbers were lower numbers because Midas was down for 2 weeks and we had stopped elective surgeries and census was down. No trends were noted.
  - b. Grievance outcome report is included in the risk dashboard. The grievances reviewed were from different departments in March and April. The grievance committee has not met regularly since restrictions were placed by COVID 19. This will resume with the restrictions being lifted. There were not any trends identified in the two previous months
- 3) PI Standards
  - a. Our PI Standards within the dashboard include data metrics defined by Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), as well as priorities identified by MHSC on the Quality Assessment Performance Improvement (QAPI) plan. Please see additional information below.
    - i. Postoperative Hemorrhage/Hematoma and PSI 09 – Perioperative Hemorrhage or Hematoma are both representative one patient (same patient). Chart being reviewed by Director of OR and sent through peer review process.
- 4) Accreditation
  - a. We are currently in our Joint Commission triennial survey window. We have rebranded and restructured our readiness committee and had our first meeting on February 25<sup>th</sup>. Unfortunately, this has been our only meeting, due to COVID 19. Our next meeting is May 19<sup>th</sup>. Chapter assignments have been made and work is underway to determine our gaps in compliance with standards and our plan for addressing these.



# Memorial Hospital

OF SWEETWATER COUNTY

<b># Assigned: FY 20</b>		<b>- 54</b>
<b>Capital Request</b>		
<b>Instructions:</b> YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. <b>Note:</b> 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.		
<b>Department:</b> Nursing	<b>Submitted by:</b> Tami Love	<b>Date:</b> 04/10/20
<b>Provide a detailed description of the capital expenditure requested:</b> LUCAS 3, v3.1 Chest compression system (4). Reimbursed by Helmsley Charitable Trust through the MHSC Foundation		
<b>Preferred Vendor:</b> Stryker		
<b>Total estimated cost of project</b> (Check all required components and list related expense)		
1. Renovation	\$	
2. Equipment	\$	48540.80
3. Installation	\$	
4. Shipping	\$	
5. Accessories	\$	
6. Training	\$	
7. Travel costs	\$	
8. Other e.g. interfaces	\$	
<b>Total Costs (add 1-8)</b>		<b>\$ 48540.80</b>
<b>Does the requested item:</b>		
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Fit into existing space?	Explain:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Attach to a new service?	Explain:	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Require physical plan modifications?	Electrical	\$
If yes, list to the right:	HVAC	\$
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety	\$
	Plumbing	\$
	Infrastructure (I/S cabling, software, etc.)	\$
<b>Annualized impact on operations (if applicable):</b>		<b>Budgeted Item:</b>
<b>Increases/Decreases</b>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Projected Annual Procedures (NEW not existing)		
Revenue per procedure	\$	# of bids obtained? <u>1</u>
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: Stryker is Helmsley partner on this project
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
	\$	
<b>Total Annual Expenses</b>	\$	
<b>Net Income/(loss) from new service</b>	\$	
<b>Review and Approvals</b>		
<b>Submitted by:</b>	<b>Verified enough Capital to purchase</b>	
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	

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OTHER CONSIDERATIONS

MHSC Foundation has been awarded a grant from the Helmsley Charitable trust to purchase 4 LUCAS Chest Compression systems. They will be for ED, ICU, Med/Surg and a backup.

110/184

Submitted by: Signature

Date





## Quick Quote 4/7/2020 2:43 PM

Quote Number: 10175998  
Version: 1  
Prepared For: MEMORIAL HOSP OF SWEETWATER COUNTY  
Attn:

Remit to: P.O. Box 93308  
Chicago, IL 60673-3308  
Rep: Christopher Wilder  
Email: christopher.wilder@stryker.com  
Phone Number: (516) 749-4624

GPO: Helmsley Charitable Trust - Lucas Project  
Quote Date: 04/10/2020  
Expiration Date: 07/09/2020

Delivery Address		End User - Shipping - Billing		Bill To Account	
Name:	MEMORIAL HOSP OF SWEETWATER COUNTY	Name:	MEMORIAL HOSP OF SWEETWATER COUNTY	Name:	MEMORIAL HOSP OF SWEETWATER CO
Account #:	1098427	Account #:	1098427	Account #:	1081597
Address:	1200 COLLEGE DR	Address:	1200 COLLEGE DR	Address:	PO BOX 1359
	ROCK SPRINGS		ROCK SPRINGS		ROCK SPRINGS
	Wyoming 82901-5868		Wyoming 82901-5868		Wyoming 82902-1359

### Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	4	\$11,333.00	\$45,332.00
2.0	11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	4	\$528.50	\$2,114.00
3.0	11576-000071	LUCAS External Power Supply	4	\$273.70	\$1,094.80
Equipment Total:					\$48,540.80

### Price Totals:

Grand Total: \$48,540.80

Prices: In effect for 60 days.

Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.



**Quick Quote 4/7/2020 2:43 PM**

Quote Number: 10175998  
Version: 1  
Prepared For: MEMORIAL HOSP OF SWEETWATER COUNTY  
Attn:

Remit to: P.O. Box 93308  
Chicago, IL 60673-3308  
Rep: Christopher Wilder  
Email: christopher.wilder@stryker.com  
Phone Number: (516) 749-4624

GPO: Helmsley Charitable Trust - Lucas Project  
Quote Date: 04/10/2020  
Expiration Date: 07/09/2020

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AUTHORIZED CUSTOMER SIGNATURE

PENDING APPROVAL

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**Deal Consummation:** This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

**Confidentiality Notice:** Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

**Terms:** Net 30 days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-Stryker.

In the event of any conflict between Stryker Medical's Standard Terms and Conditions and any other terms and conditions, as may be included in any purchase order or purchase contract, Stryker's terms and conditions shall govern.

**Cancellation and Return Policy:** In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.



## Tami Love

---

**From:** Tiffany Marshall  
**Sent:** Thursday, April 09, 2020 10:53 AM  
**To:** Tami Love; Irene Richardson; Angel Bennett; Jessica Van Valkenburg; Melissa Anderson  
**Cc:** Charles Van Over  
**Subject:** Fwd: COVID Cardiac Preparedness Project Grant Approval  
**Attachments:** Sample LUCAS quote\_accessories\_QUOTE\_10175986\_2020-04-07.pdf; ATT00001.htm

Wahoo!! Our request for 4 machines (ED, ICU, Med/Surg, and a backup or for the clinic, wherever that 4th is most preferred) was approved!!

Tami/Angel, can you help me get a PAR form completed to get these ordered? The total amount we'll be receiving is just over \$55K. It looks like each machine is around \$11k (First item on the attached). The total for machines should be \$45,332 (if I can add AND I'm reading it correctly on my phone) but I'm sure we'll have shipping costs and whatever else. Can you let me know when the PO is cut, what the final total is?

Jessica and Melissa- Take a look at the accessories sheet attached to see if you feel you need anything additional. It looks like the machines will come with everything you need, but if you see anything you think would help your teams, let me know!

Jessica has been my main source of information since her office was across the hall from our room during our ICU stay when this project came about, so I'd like to get these to her/Melissa once received so they can distribute where needed.

Let me know if you guys have questions and I'll try to answer them. :)

Thanks so much for your help!

Sent from my iPhone

Begin forwarded message:

**From:** Scott Johnson <sjohnson@helmsleytrust.org>  
**Date:** April 9, 2020 at 9:02:26 AM MDT  
**To:** Tiffany Marshall <tmarshall@sweetwatermemorial.com>, Tami Love <tlove@sweetwatermemorial.com>  
**Cc:** "Bills, Christine" <chris.bills@stryker.com>, "Schmitz, Joseph" <joseph.m.schmitz@stryker.com>  
**Subject:** FW: COVID Cardiac Preparedness Project Grant Approval

Tiffany and Tami,

## Capital Request Summary

Capital Request #

FY20-54

Name of Capital Request:

LUCAS 3 Chest Compression System (4)

Requestor/Department:

ED, ICU, Med/Surg and backup

Sole Source Purchase: Yes or No

Reason: Helmsley Charitable Trust donation to MHSC Foundation which will reimburse Hospital for purchase.

☐ 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.	Stryker	Chicago, IL	\$48,540.80
2.			
3.			

Recommendation:

Stryker - \$48,540.80



# Assigned: FY 20 - 58

## 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:** Surgical Services

**Submitted by:** Alisha Mackle

**Date:** 5/18/2020

**Provide a detailed description of the capital expenditure requested:**

Conmed Power System

**Preferred Vendor:** Conmed Linvatec

**Total estimated cost of project** (Check all required components and list related expense)

1. Renovation	\$
2. Equipment	\$ 47,193.56
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
<b>Total Costs (add 1-8)</b>	<b>\$ 47,193.56</b>

**Does the requested item:**

Require annual contract renewal? ☐ YES ☒ NO

Fit into existing space?

Explain:

☒ YES ☐ NO

Attach to a new service?

Explain:

Needing extra power sets to accommodate the increased orthopedic patient load

Require physical plan modifications?

If yes, list to the right:

☐ YES ☒ NO

Electrical

HVAC

Safety

Plumbing

Infrastructure (I/S cabling, software, etc.)

\$  
\$  
\$  
\$  
\$  
\$

**Annualized impact on operations (if applicable):**

**Increases/Decreases**

Projected Annual Procedures (NEW not existing)

**Budgeted Item:**

☐ YES ☒ NO

Revenue per procedure

\$

Projected gross revenue

\$

Projected net revenue

\$

Projected Additional FTE's

# of bids obtained? 1

Salaries

\$

Benefits

\$

Maintenance

\$

Supplies

\$

☒ Copies and/or Summary attached.  
**If no other bids obtained, reason:**  
We currently have Conmed Linvatec Power equipment

**Total Annual Expenses**

\$

**Net Income/(loss) from new service**

\$

## Review and Approvals

Submitted by: Alisha Mackle

Verified enough Capital to purchase

Department Leader

☒ YES ☐ NO

Executive Leader

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

*Alisha Mackle 5/24/2020*  
*Phyllis Nelson 5-26-2020*  
*C. Gubme 5-20-2020*  
*[Signature] 5-20-2020*

OTHER CONSIDERATIONS


We need additional power sets for Orthopedic procedures. We currently only have 2 and with the increase in patients we have had delays in procedures waiting to re-sterilize a power set.

We have had to ask the Podiatrists to bring in their own power drive so that we had enough and didn't have a 2.5 hour delay between patients.

The Orthopedic surgeons are repairing hip fractures last at night because they know that they won't have a power set the next day due to the scheduled surgeries.

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Submitted by: Signature

  
Date





Arthroscopy | Endoscopy | Imaging  
Hall Surgical Products  
Shutt Medical Instruments

11311 Concept Blvd.,  
Largo, FL 33773-4908  
727-399-6464 | 800-237-0169  
Fax: 727-399-5256

Memorial Hospital Of Sweetwater  
1200 College Dr  
Rock Springs, WY 82901-5868  
11625.24066

### Proposal - 066D5C02

Prepared By: Mike Dibble

(801) 979-7891

MikeDibble@conmed.com

Product	Description	List Price	Unit Price	QTY	Ext Price
ConMed Products					
PRO7200B	HALL 50 2-TRIGGER MODULAR HANDPIECE	\$12,457.00	\$7,759.34	2	\$15,518.68
PRO7300B	HALL50 OSCILLATING SAW BATTERY HPC	\$10,849.00	\$5,531.80	2	\$11,063.60
PRO6228	POWERPRO SMALL 2-TRIGGER WIRE DRIVER	\$2,351.00	\$1,400.70	2	\$2,801.40
PRO6240	1.8-4MM PIN DRIVER	\$2,418.00	\$1,466.25	2	\$2,932.50
PRO2041	1/4 INCH 6.5MM POWERPRO 1/4 INCH CHUCK ATTACHMENT	\$1,534.00	\$1,006.95	2	\$2,013.90
PRO2138	POWERPRO SMALL AO ATTACHMENT	\$1,705.00	\$1,050.70	2	\$2,101.40
PRO2080	POWERPRO DHS REAMING ATTACHMENT	\$2,342.00	\$1,443.05	2	\$2,886.10
PRO2043	POWERPRO SAGITTAL SAW ATTACHMENT	\$3,761.00	\$2,439.15	2	\$4,878.30
TR34R	HALL 3/4-SIZE RIGID CONTAINER	\$1,277.00	\$800.00	2	\$1,600.00
PRO7000T	HALL 50 3/4-SIZE INNER TRAY, FULL SET	\$1,110.00	\$630.00	2	\$1,260.00
L3000LG	HALL LARGE LITHIUM BATTERY	\$2,367.00	\$1,098.00	5	\$5,490.00
L3000SM	HALL SMALL LITHIUM BATTERY	\$2,367.00	\$1,098.00	5	\$5,490.00
PRO2040	POWERPRO AO REAMER ATTACHMENT	\$2,348.00	\$1,520.40	2	\$3,040.80
PRO2030	5/32 INCH 4.0MM POWERPRO 5/32 INCH CHUCK ATTACHMENT	\$1,255.00	\$744.45	2	\$1,488.90
PRO2047	POWERPRO ZIMMER/HUDSON REAMER ATTACHMENT	\$2,351.00	\$1,520.40	2	\$3,040.80
PRO2039	POWERPRO MINI AO ATTACHMENT	\$1,725.00	\$1,042.59	2	\$2,085.18
ConMed Products Total:					\$67,691.56
Financial Adjustments					
Credit	Volume Promotion Large Bone Capital	\$0.00	(\$20,498.00)	1	(\$20,498.00)
Financial Adjustments Total:					(\$20,498.00)
Retail Value:					\$118,636.00
Proposal Total:					\$47,193.56

This Proposal is valid until: 7/31/2020





Arthroscopy | Endoscopy | Imaging  
Hall Surgical Products  
Shutt Medical Instruments

11311 Concept Blvd.,  
Largo, FL 33773-4908  
727-399-6464 | 800-237-0169  
Fax: 727-399-5256

---

*In order to ensure proper pricing please make sure your purchase order references the proposal number found on the top of this page. To place your order please call Linvatec Customer Service at 800-237-0169 or Fax your order to 727-319-5700.*

*Tax and freight not included.*

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## Capital Request Summary

Capital Request #

FY20-58

Name of Capital Request:

CONMED POWER SYSTEM

Requestor/Department:

ALISHA MACKIE/SURGICAL SERVICES

Sole Source Purchase: Yes or No

Reason: current equipment is Conmed Linvatec

☐

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.	CONMED LINVATEC	LARGO, FL	\$47,193.56
2.			
3.			

Recommendation:

CONMED LINVATEC - \$47,193.56

# Assigned: FY 20 - 59

## 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:** Surgical Services

**Submitted by:** Allisha Mackie

**Date:** 5/18/2020

**Provide a detailed description of the capital expenditure requested:**

OSI Radiolucent Operating Room Table

**Preferred Vendor:** Mizuho OSI

**Total estimated cost of project** (Check all required components and list related expense)

1. Renovation	\$
2. Equipment	\$ 45,749.00
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$ 2,464.00 (service contract)
<b>Total Costs (add 1-8)</b>	<b>\$ 48,213.00</b>

**Does the requested item:**

Require annual contract renewal? ☒ YES ☐ NO

Fit into existing space?

☒ YES ☐ NO

Explain:

Attach to a new service?

☒ YES ☐ NO

Explain:

Orthopedic Trauma

Require physical plan modifications?

If yes, list to the right:

☐ YES ☒ NO

Electrical

HVAC

Safety

Plumbing

Infrastructure (I/S cabling, software, etc.)

\$  
\$  
\$  
\$  
\$  
\$

**Annualized impact on operations (if applicable):**

**Increases/Decreases**

Projected Annual Procedures (NEW not existing)

**Budgeted Item:**

☒ YES ☐ NO

Revenue per procedure

\$

Projected gross revenue

\$

Projected net revenue

\$

Projected Additional FTE's

# of bids obtained? 1

Salaries

\$

Benefits

\$

Maintenance

\$

Supplies

\$

☐ Copies and/or Summary attached.

**If no other bids obtained, reason:**

Only company that makes this surgical table

**Total Annual Expenses**

\$

**Net Income/(loss) from new service**

\$

## Review and Approvals

Submitted by:

Verified enough Capital to purchase

Department Leader

☒ YES ☐ NO

Executive Leader

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

*Ulster Mue 5/21/2020*  
*Prusty Nelson 5-20-2020*  
*Signature 5-20-2020*



## OTHER CONSIDERATIONS

I would like to submit the following proposal to purchase a new operating room table for your review and consideration.

### Description:

The above table is a flat top operating room table that is radiolucent and allows for near 360 degree access for intra-operative fluoroscopic imaging of the entire body. This is compared to a standard operating room table that allows AP and Lateral imaging below the knee only. With specific regards to orthopedic procedures, it allows complete imaging of the entire lower extremities, pelvis, abdomen, spine, chest wall, and scapula.

It is a modular table meaning the base model can be used for the vast majority of orthopedic trauma cases, and in the future additional attachments can be purchased to accommodate for the majority of spine and neurosurgery procedures.

Current Need: This equipment would allow our hospital to perform surgical fixation of fractures throughout the body that we are currently unable to accommodate simply because we do not have the ability to obtain the necessary intra-operative x-rays.

We are currently unable to perform any pelvic or acetabular procedures due to the inability to obtain necessary intra-operative imaging.

Specifically, there is a sub set of geriatric patients who sustain low energy pelvis and sacral injuries that recent literature has shown improved outcomes with regards to shorter hospital stays, decreased pain, less reliance on assistive devices, and improved mortality rates with surgical fixation (1). These are typically patients who would not otherwise require transfer to another facility for further treatment. The procedures are minimally invasive, percutaneous surgery. Currently, these patients are either treated without surgery or require a referral to the University of Utah where these procedures are routinely performed.

In conjunction with the radiology department, using ICD 10 diagnosis codes for pelvic and acetabular fractures presenting to our facility in 2018 and 2019, we identified 129 patients. With regards to the geriatric population above, one of the most common pelvic injuries seen is fractures of the pubic rami. Of the 129 patients, 59 patients had a diagnosis of pubic rami fractures. Historically, there is a 60% incidence of sacral fractures in these same patients and these are the injuries that may benefit from percutaneous intervention. From a patient care standpoint, that is nearly 20 patients per year who possibly could have benefited from a procedure that decreased pain, shortened hospital stays, or prevented a transfer to another facility.

From a financial standpoint, closed reduction and percutaneous pinning of the sacrum (CPT 27216) is assigned 15 work Relative Value Units (wRVU) compared to 1.5 wRVUs if treated without surgery. For reference, a total hip arthroplasty is assigned 20 wRVU's and takes 3-4 hours to complete while typical sacral pinning can be performed in less than an hour.

Besides this broad group of patients, there are other specific examples of cases that were transferred in part because of our inability to obtain appropriate images or patient positioning to treat.

Additional Information: It is compatible with our current C-arms and also with other advanced technologies such as O-arm imaging.

It is a modular system such that additional tops can be purchased at a later date to accommodate other surgical specialties and procedures such as most spinal procedures if the need should arise.

It can be used as a standard operating room table for nearly all procedures if needed.

### Conclusion:


I encourage you to consider setting aside money to purchase this table. It would allow our hospital to improve patient care and outcomes by providing the ability to perform procedures we are currently unable to accommodate. This would improve patient satisfaction and decrease transfers to other facilities. With regards to the cost, based on data from last year, fixation of low energy geriatric pelvic fractures alone will likely generate enough revenue to offset the purchase price within the first year.

Thank you for your consideration.

Sincerely,

Tony Pedri, MD

1. Walker, J. B., Mitchell, S. M., Karr, S. D., Lowe, J. A., & Jones, C. B. (2018). Percutaneous Transiliac-Transsacral Screw Fixation of Sacral Fragility Fractures Improves Pain, Ambulation, and Rate of Disposition to Home. *Journal of Orthopaedic Trauma*, 32(9), 452-456. doi:10.1097/bot.0000000000001243



Submitted by: Signature



Date

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## Mizuho OSI

30031 Ahern Avenue  
Union City, CA 94587-1234 USA  
Phone: (800) 777-4674

Quote #: Q-55544-1  
Date: 2/19/2020  
Expires On: 6/30/2020

### Proposal Prepared For:

Alisha Mackie  
MEMORIAL HOSPITAL OF SWEETWATER CO  
1200 COLLEGE DR  
ROCK SPRINGS, Wyoming 82901-5868  
United States  
(307) 352-8377  
amackie@sweetwatermemorial.com

### Prepared by:

Brian Conner  
+1 8018217145  
bconner@mizuhosi.com

Estimated Ship Date: 9/30/2020

Freight Term: PREPAID & ADD

FOB: ORIGIN

Terms: Net 30 days

Product				
Qty	Product No	Product Name	Unit Price	Extended Price
1	5803	ADVANCED CONTROL I-BASE, DC	\$28,840.00	\$28,840.00
1	5927	MTS Radiolucent Imaging Top  This table top includes the following standard components: Imaging Top Assembly, H-Frame (2), T-Pin (4), Tempur-Pedic Medical 2" (5 cm) Table Pad, Safety Strap (2), Imaging Top Cover	\$15,965.00	\$15,965.00
Product TOTAL:				\$44,805.00

Accessories				
Qty	Product No	Product Name	Unit Price	Extended Price
2	6977-959	SIDE-RAIL ADAPTER 6IN	\$472.00	\$944.00
Accessories TOTAL:				\$944.00

Service					
Qty	Product No	Product Name	Subscription(in Months)	Unit Price	Extended Price
1	FSC-5803	FULL SERVICE CONTRACT - 5803 BASE ONLY	12	\$2,464.00	\$2,464.00
Service TOTAL:					\$2,464.00

Quote Total: \$48,213.00

### Quotation Notes:

Each Product Quotation solution will reference a specific Buying Group/Contract Number representing an agreement containing discounts, fees and specific terms and conditions which will apply to that single quoted solution. If no Buying Group/Contract Number is shown, Mizuho OSI Terms and Conditions will apply to that single quoted solution. For Quotations including Service Agreements, Mizuho OSI terms and conditions will apply for articles and instances not specifically covered by the Buying Group terms and conditions.



## Capital Request Summary

Capital Request #

FY20-59

Name of Capital Request:

OSI Radiolucent Operating Room Table

Requestor/Department:

ALISHA MACKIE & DR. TONY PEDRI/SURGICAL SERVICES

Sole Source Purchase: Yes or No

Reason: This is the only company that makes this preferred surgical table.

☐

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.	MIZUHO OSI	UNION CITY, CA	\$45,749.00 capital <u>\$2,464.00 svc contract</u> \$48,213.00 total
2.			
3.			

Recommendation:

MIZUHO OSI - \$48,213.00

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

**Wednesday~ May 27, 2020**

**4:00 p.m.**

**Teleconference**

**Voting Members:**

Marty Kelsey, Chairman  
Richard Mathey  
Irene Richardson  
Tami Love  
Jan Layne

**Non-Voting Members:**

Ron Cheese                      Kristy Nielson  
Angel Bennett                Kari Quickenden  
Rich Tyler                     Dr. Larry Lauridsen  
Dr. Augusto Jamias

**Guests:**

Jeff Smith, Commission                      Jim Horan                      Leslie Taylor  
Alisha Mackie                                  Dr. Tony Pedri

- I. Call Meeting to Order Marty Kelsey
- II. [Approve April 17 & April 29, 2020 Meeting Minutes](#) Marty Kelsey
- III. [Capital Requests FY 20](#) Marty Kelsey
- IV. Financial Report
  - A. Monthly Financial Statements & Statistical Data
    - 1. [Narratives](#) Tami Love
    - 2. [Financial Information](#) Tami Love
  - B. Other Business
    - 1. [Preliminary Bad Debt](#) Ron Cheese
- V. Old Business
  - A.
- VI. New Business
  - A. [FY2021 Budget](#) Tami Love
  - B. Financial Forum Discussion Marty Kelsey
- VIII. Adjournment Marty Kelsey



## **Finance & Audit Special Meeting Minutes**

**Friday, April 17, 2020**

Present via Zoom: Members - Marty Kelsey, Irene Richardson, Tami Love and Jan Layne

Guests: Suzan Campbell and James Graham – Applied Risk Solutions

Absent: Richard Mathey

Mr. Kelsey called the meeting to order.

James Graham from Applied Risk Solutions presented the new proposed insurance policy. Mr. Graham said they have been working hard with UMIA and USI to present a plan everyone involved would be happy with. Mr. Graham presented a detailed summary of the proposed plan including potential savings.

Mr. Kelsey said Mr. Graham's presentation was very helpful. Ms. Richardson said it was very educational and thanked Mr. Graham. Mr. Kelsey said that we needed to act on the insurance proposal right away and asked that a Special Board Meeting be scheduled. Ms. Richardson said that she would contact Mr. Taylor Jones to get that scheduled. Mr. Kelsey asked Mr. Graham if he would provide a one-page written summary for the Board Meeting. He would like it to include a comparison of what our current insurance policy provides compared to the proposed policy.

Ms. Richardson made a motion to forward the insurance proposal for selection of coverages to the Board; second by Ms. Love. Motion carried.

Mr. Kelsey adjourned the meeting at 9:30 am.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
Finance & Audit Committee Meeting  
April 29, 2020

Voting Members Present: Mr. Marty Kelsey, *Trustee – Chair*  
Mr. Richard Mathey, *Trustee*  
Ms. Irene Richardson, *CEO*  
Ms. Tami Love, *CFO*  
Ms. Jan Layne, *Controller*

Voting Members Absent:

Non-Voting Members Present: Mr. Ron Cheese, *Director of Patient Financial Services*  
Mr. Rich Tyler, *Director of Information Technology*  
Ms. Angel Bennett, *Director of Materials*  
Dr. Kristy Nielson, *CNO*  
Dr. Lawrence Lauridsen

Non-Voting Members Absent: Dr. Augusto Jamias  
Ms. Kari Quickenden, *CCO*

Guests: Mr. Taylor Jones, *Trustee*

**Call Meeting to Order**

Mr. Kelsey called the meeting to order via teleconference.

**Approve Meeting Minutes**

A motion to approve the meeting minutes of March 25, 2020 as presented was made by Mr. Mathey; second by Ms. Richardson. Motion carried.

**Capital Requests**

Capital request FY20-55 was included in the packet for a Domestic Hot Water Heat Exchanger. Mr. Kelsey noted that this item was not budgeted for, but the other considerations page explained why this is a necessary purchase at this time. Hot water is an essential service. The motion to approve the request to forward to the full Board was made by Mr. Mathey; second by Ms. Richardson. Motion carried.

Mr. Kelsey referred to the Capital Summary included in the packet that lists all capital that has been approved this year. He asked about the Lucas Chest Compression System that was added to the list this month for \$48,541. He was wondering why it was not approved at finance. Ms. Love explained that the Helmsley Foundation is paying for these machines. They approached the hospital about purchasing them for us and requested a PO right away to get the process started. Ms. Love explained that we would buy the machines and then the MHSC Foundation would reimburse the hospital and then the Foundation would receive reimbursement from the

Helmsley Foundation. Mr. Kelsey said that because the hospital is purchasing the equipment, they need to be approved by the Finance and Audit Committee. Ms. Love said she will add the capital request for the machines to the next meeting packet. Mr. Kelsey also asked if we had a donation policy in place. Ms. Love and Ms. Richardson said that they did not think that such a policy exists and there was discussion if it was needed.

## **Financial Report**

### Monthly Finance Statements & Statistical Data

Mr. Kelsey asked Ms. Love to summarize key points to the March financial statements. Ms. Love reported that we saw a decrease in volumes over the last 2 weeks of March due to the Covid pandemic. The revenue for March was down by 10%. Our expenses increased in March due to the preparation for the Covid pandemic. More supplies and labor were needed as we stood up our Incident Command center. She also explained that we can submit Covid overtime and Covid expenses to FEMA for reimbursement. Collections for March were \$7.8 million and our days of cash on hand increased to 139.

She said our revenues are down for April. We have also seen a decrease in salary and wage of \$300,000 from March. This is due to employees using PTO and utilizing low census in some departments. She said we are seeing a 25-30% decrease in our revenue due to this pandemic.

Ms. Richardson said that we received word this week that elective surgeries are allowed. The issue is the PPE. We cannot use FEMA supplies for elective surgeries and it is difficult to get supplies from other vendors. She also said that we are testing all inpatients and all surgery patients for Covid. Ms. Bennett said we are placed behind some of the bigger hospitals in receiving supplies. She does not know what we will receive until it lands on the dock. Mr. Jones suggested she speak with ALSCO. He knows they have masks, he is just not sure what kind.

## **Old Business**

Mr. Cheese provided an update on peritoneal dialysis payments. He said that we have finally received the majority of the payments. We only have \$50,000 out of the total \$360,000 remaining to collect.

Mr. Cheese presented the Financial Hardship Policy. He explained that there are 3 different programs. The first program is the Self-Pay Rate. This program offers a 50% discount to uninsured patients if they meet the criteria. The second program is the Medical Assistance Program. This program is designed to assist patients when their gross income falls below 300% of the federal poverty level. The third program is Payment Arrangements. This is very similar to the payment arrangement plan that has always been in place, it just adds more levels. The top level now requires a minimum payment of \$500 for balances over \$10,000. Mr. Cheese said that these plans are in place to help with the growing self-pay portion of accounts receivable.

Mr. Mathey said that this was much improved and easier to understand. Mr. Kelsey said the policy was ready for approval and asked for a motion. The motion to approve the request to forward to the full Board was made by Mr. Mathey; second by Ms. Love. Motion carried.

Mr. Kelsey asked if the self-pay plans discussed a couple of months ago need to be approved by the finance committee. Ms. Love did not think that they did. Mr. Kelsey asked for an update on the plans. Ms. Love explained that some of them have been put on hold due to Covid. We have hired another patient navigator, but she is not working in that position yet. Some of the other plans are included in the Financial Hardship Policy that was just presented. Mr. Cheese said that the Recondo upgrade for upfront collections will be started in 2-3 weeks. Mr. Cheese said he would keep the committee up-to-date with the success of the plans.

#### **Financial Forum Discussion**

Ms. Love said that the committee needs to decide on a date to hold a budget workshop meeting. She explained that the Finance Committee will need to approve the budget at the May meeting to be sent to the full Board for approval at their June meeting. She suggested sometime mid-May for the meeting. It was decided to hold the meeting May 19, 2020 at 1pm. Mr. Kelsey said that this is going to be a challenging budget year. It might be a year where the budget would need to be modified mid-year.

Ms. Richardson asked if the finance sub-committee still needed to meet on Friday. She said they did not have any new information to report. Mr. Kelsey said he was good with cancelling this Friday and meeting the following Friday.

With no further business, the meeting adjourned at 5:00 PM.

*Submitted by Jan Layne*

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

**NARRATIVE TO APRIL 2020 FINANCIAL STATEMENTS**

**THE BOTTOM LINE.** The bottom line from operations for April was a gain of \$280,060, compared to a gain of \$113,995 in the budget. This yields a 3.69% operating margin for the month compared to 1.49% in the budget. The YTD net operating loss is \$40,270, compared to a gain of \$1,341,466 in the budget. This represents a YTD operating margin of -0.05% compared with 1.75% in the budget.

The total net gain for the month is \$201,476, compared to a gain of \$110,175 in the budget. The YTD total net loss is \$28,629, compared to a gain of \$1,303,268 in the budget. This represents a YTD profit margin of -0.04% compared to 1.70% in the budget.

**REVENUE.** Revenue for the month was \$12,334,856, under budget by \$2,228,910. Inpatient revenue was under budget by \$402,195, outpatient revenue was under budget by \$1,758,181 and the employed Provider Clinic was under budget by \$68,534. During this full month of the COVID pandemic, we saw a 14% decrease in hospital gross revenue compared to budget and a 15% decrease compared to March.

CARES Act - We used \$1,672,031 of the CARES Act funds to balance lost revenue. This leaves \$4,673,870 in grant reserves.

Combined Days in AR were 43; 43 in the Hospital, down five days and 57 in the Clinic. Annual Debt Service Coverage came in at 3.10.

**REDUCTION OF REVENUE.** Deductions from revenue were booked at 55.2% for April. Accounts receivable decreased \$3.8 million from March due to the lower volumes and the high collection month. The decreases in AR came from Medicare, down \$1,400,000, Medicaid down \$130,000, Blue Cross and Commercial down \$600,000 and Self-Pay down \$800,000. Self-pay continues to be the largest portion of total accounts receivable as it moves through the aging and into bad debt. Total collections for the month remained high at \$7,746,352.

Days of Cash on Hand are 173 in April, up thirty-four days from last month due to receipt of \$1.6 million of CARES Act funds and \$7.4 million in accelerated Medicare payments. Daily cash expense is down slightly to \$231,000.



Payer	Avg prior 2 months	Collection %	Expected Collections	Actual	Act Variance	Act Coll %
BLUE CROSS	2,992,272.00	83%	2,483,585.76	2,132,166.00	(351,419.76)	71%
COMMERCIAL	2,047,082.00	83%	1,699,078.06	1,732,176.00	33,097.94	85%
GOVERNMENT	848,040.00	20%	169,608.00	413,251.00	243,643.00	49%
MEDICAID	950,616.00	19%	180,617.04	169,791.00	(10,826.04)	18%
MEDICARE - IP	1,054,392.41	56%	590,459.75	308,857.10	(281,602.65)	29%
MEDICARE - OP	4,114,172.59	22%	905,117.97	1,205,140.90	300,022.93	29%
SELF PAY	1,237,383.00	57%	705,308.31	892,146.00	186,837.69	72%
WORKERS COMP	89,771.00	40%	35,908.40	77,700.00	41,791.60	87%
TOTAL HOSPITAL	13,333,729.00	50.8%	6,769,683.29	6,931,228.00	161,544.71	52%

The table shows the April variance of expected to actual collections by payer for the Hospital only. The total collection variance is a positive \$161,545 due to the high collection month. Overall collections were 52% compared to our goal of 51%.

PAYER	Current	FY19	FY18	FY17
BLUE CROSS	25.7	45.74	29.85	34.17
COMMERCIAL	43.31	38.68	47.39	39.49
GOVERNMENT	98.88	111.55	133.98	190.83
MEDICAID	16.55	44.68	26.07	37.58
MEDICARE	22.66	32.77	31.63	26.98
SELF PAY	179.32	175.65	178.38	141.88
WORKERS COMP	36.32	74.14	67.94	65.46
TOTAL HOSPITAL	42.83	52.58	48.23	46.16

The goal for days in AR is 45 days by December and 43 days by June 2020. We saw another decrease in April with the high collection month and lower revenue.

**EXPENSES.** Total expenses for the month were \$7,319,780, under budget by \$231,574 and over budget \$665,795 year to date. The following line items were over budget:

**Fringe Benefits** – Group health, retirement, worker's compensation and disability are over budget in April. Group health is over budget \$828,186 year to date.

**Other Physician Fees** – Locum physician costs are over budget due to physician vacancies in OB/Gyn and Urology. We have seen some corresponding decrease in Salary & Wage.

**Repairs & Maintenance** – Maintenance & repairs are over budget by \$30,753 as deferred maintenance projects are completed. Year-to-date reimbursement from the County Maintenance fund is \$1,212,180 through April, with \$438,276 remaining for the fiscal year.

**OUTLOOK FOR MAY.** Gross patient revenue is projecting to be under budget at \$11.9 million. We have seen a decrease in gross charges of 14% compared to budget and comparable to April. We continue to see lower volumes in Inpatient stays, Lab, Medical Imaging, ER visits and Clinic visits but have seen an increase in Surgeries from April. Collections are projecting low at \$5.4 in May as collections are based on the lower volumes from March and April. We estimate we will use \$1.4 million in CARES Act for May, leaving \$3.2 million in grant reserves. This will calculate to a breakeven bottom line for May.

Payer	Avg prior 2 months	Collection %	Expected Collections	Actual	Act Variance	Act Coll %	Projected	Prj Variance	Prj Coll %
BLUE CROSS	2,778,558.00	83%	2,306,203.14	1,271,922.00	(1,034,281.14)	46%	1,971,479.10	(334,724.04)	71%
COMMERCIAL	1,831,471.50	83%	1,520,121.35	769,040.00	(751,081.35)	42%	1,192,012.00	(328,109.35)	65%
GOVERNMENT	813,983.00	20%	162,796.60	41,875.00	(120,921.60)	5%	64,906.25	(97,890.35)	8%
MEDICAID	772,976.50	19%	146,865.54	68,937.00	(77,928.54)	9%	106,852.35	(40,013.19)	14%
MEDICARE - IP	980,462.62	56%	549,059.07	112,917.02	(436,142.05)	12%	175,021.38	(374,037.69)	18%
MEDICARE - OP	3,825,702.38	22%	841,654.52	440,594.98	(401,059.54)	12%	682,922.22	(158,732.30)	18%
SELF PAY	1,121,667.00	57%	639,350.19	336,005.00	(303,345.19)	30%	520,807.75	(118,542.44)	46%
WORKERS COMP	103,767.00	40%	41,506.80	12,167.00	(29,339.80)	12%	18,858.85	(22,647.95)	18%
TOTAL HOSPITAL	12,228,588.00	50.8%	6,207,557.20	3,053,458.00	(3,154,099.20)	25%	4,732,859.90	(1,474,697.30)	39%

**Variances** - Collections are projecting to come in fairly low this month, at only 39% compared to the expected 51% rate. We are seeing some delays from insurance companies as their staff is working from home and have lost some efficiencies of processing claims.

**Reduction of revenue** – May payer mix is showing increases in Medicare and Medicaid and decreases across all other payers. This will result in reductions of revenue staying around 51% for May.

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

**To: Finance & Audit Committee**  
**From: Tami Love, CFO**

**May 19, 2020**

**PROVIDER CLINIC – APRIL 2020**

**CLINIC BOTTOM LINE.** The bottom line for the Provider Clinic for April was a loss of \$574,293 compared to a loss of \$597,180 in the budget. The YTD net operating loss is \$5,917,529, compared to a loss of \$5,756,859 in the budget.

**VOLUME.** Total visits were 4,209 for April.

**REVENUE.** Revenue for the Clinic for April was \$1,435,737, under budget by \$687,534. YTD revenue is \$14,474,857, under budget by \$509,920.

The Clinic providers also generate hospital enterprise revenue, including Lab, Imaging and Surgery. Gross enterprise revenue year to date is \$38,511,409. This equates to \$19,787,556 of net enterprise revenue with an impact to the bottom line of \$1,719,539. The gross enterprise revenue is 26% of the total Hospital revenue year to date.

Net patient revenue for the Clinic for April was \$722,227, under budget by \$111,256. YTD net patient revenue was \$7,805,601, under budget by \$485,046.

Deductions from revenue for the Clinic were booked at 49.7% for April and at 46.1% year to date, which is slightly over budget for the year.

In April, the YTD payer mix was as follows; Commercial Insurance and Blue Cross is 54.4% of revenue, Medicare and Medicaid is 38.6% of revenue and Self Pay is 6.5% of revenue. There has been a slight decrease in Blue Cross, Commercial and Medicaid and some increase in Medicare and Self-Pay compared to the prior year.

**EXPENSES.** Total expenses for the month were \$1,328,709, under budget \$174,999. The majority of the expenses consist of Salaries and Benefits; at 80% of total expenses year-to-date. The following categories were over budget for April:

**Other Physician Fees** – This expense is over budget \$115,115 for the month due to locums coverage for the Ob/Gyn, Urology and Pulmonology clinics.

**Purchased Services** – This expense is over budget by \$2,961 for the month.

**OVERALL ASSESSMENT.** Through April, the Provider Clinic revenue plus enterprise revenue makes up 36% of total hospital gross patient revenue.



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

**Unaudited Financial Statements**

**for**

**Ten months ended April 30, 2020**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**

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**ROCK SPRINGS, WY**

**Ten months ended April 30, 2020**

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# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## EXECUTIVE FINANCIAL SUMMARY

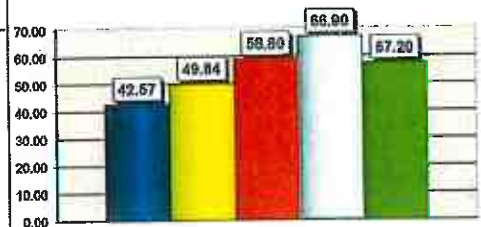
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Ten months ended April 30, 2020

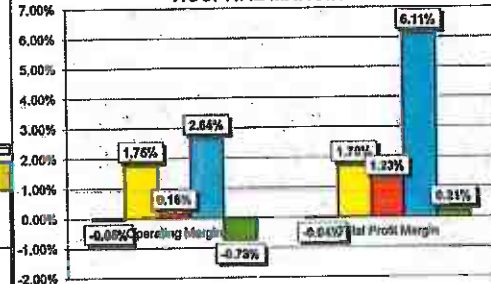
### BALANCE SHEET

	YTD 4/30/2020	Prior FYE 6/30/2019
<b>ASSETS</b>		
Current Assets	\$30,452,242	\$29,841,920
Assets Whose Use is Limited	29,339,153	22,466,542
Property, Plant & Equipment (Net)	62,917,535	63,726,102
Other Assets	224,415	234,709
<b>Total Unrestricted Assets</b>	<b>122,933,344</b>	<b>116,289,273</b>
Restricted Assets	290,516	256,963
<b>Total Assets</b>	<b>\$123,223,860</b>	<b>\$116,526,235</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$7,000,244	\$7,491,981
Long-Term Debt	27,810,122	27,858,240
Other Long-Term Liabilities	7,960,100	747,408
<b>Total Liabilities</b>	<b>42,770,466</b>	<b>36,097,629</b>
Net Assets	80,453,395	80,428,606
<b>Total Liabilities and Net Assets</b>	<b>\$123,223,860</b>	<b>\$116,526,235</b>

### NET DAYS IN ACCOUNTS RECEIVABLE



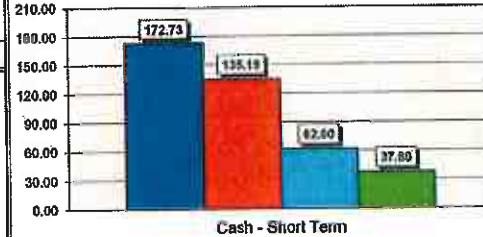
### HOSPITAL MARGINS



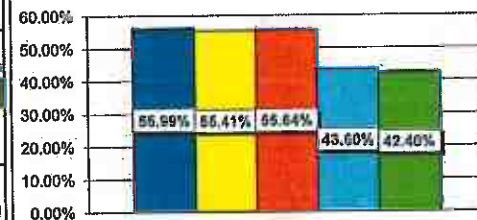
### STATEMENT OF REVENUE AND EXPENSES - YTD

	04/30/20 ACTUAL	04/30/20 BUDGET	YTD ACTUAL	YTD BUDGET
<b>Revenue:</b>				
Gross Patient Revenues	\$12,334,856	\$14,563,765	\$146,421,120	\$145,752,902
Deductions From Revenue	(6,811,278)	(7,091,542)	(74,428,743)	(70,982,024)
Net Patient Revenues	5,523,578	7,472,223	71,992,377	74,770,878
Other Operating Revenue	2,076,262	193,125	4,084,512	2,021,954
<b>Total Operating Revenues</b>	<b>7,599,840</b>	<b>7,665,348</b>	<b>76,076,890</b>	<b>76,792,832</b>
<b>Expenses:</b>				
Salaries, Benefits & Contract Labor	4,116,356	4,325,387	42,617,347	42,547,143
Purchased Serv. & Physician Fees	699,721	680,746	7,617,130	7,105,535
Supply Expenses	1,158,916	1,172,192	11,956,025	11,775,817
Other Operating Expenses	794,931	819,814	8,330,834	8,434,862
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	549,855	553,215	5,595,824	5,588,009
<b>Total Expenses</b>	<b>7,319,780</b>	<b>7,551,354</b>	<b>76,117,160</b>	<b>75,451,365</b>
<b>NET OPERATING SURPLUS</b>	<b>280,060</b>	<b>113,995</b>	<b>(40,270)</b>	<b>1,341,466</b>
Non-Operating Revenue/(Exp.)	(78,584)	(3,820)	11,641	(38,198)
<b>TOTAL NET SURPLUS</b>	<b>\$201,476</b>	<b>\$110,175</b>	<b>(\$28,629)</b>	<b>\$1,303,268</b>

### DAYS CASH ON HAND



### SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



### KEY STATISTICS AND RATIOS

	04/30/20 ACTUAL	04/30/20 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	312	375	3,324	3,923
Average Acute Length of Stay	3.3	3.0	2.8	2.9
Total Emergency Room Visits	748	1,326	12,647	13,531
Outpatient Visits	5,782	7,995	75,920	72,402
Total Surgeries	86	171	1,503	1,631
Total Worked FTE's	422.91	445.00	431.67	445.00
Total Paid FTE's	458.84	488.40	473.66	488.40
Net Revenue Change from Prior Yr	2.42%	3.30%	3.43%	4.41%
EBIDA - 12 Month Rolling Average			5.84%	9.02%
Current Ratio			4.35	
Days Expense in Accounts Payable			26.96	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	04/30/20
Prior Fiscal Year End	06/30/19
WYOMING	All Hospitals
< \$90M Net Rev.	Rural

<b>FINANCIAL STRENGTH INDEX -</b>	<b>1.19</b>
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

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## Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY  
Ten months ended April 30, 2020

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⬇ ⬆ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 4/30/2020	Budget 6/30/2020	BB+ Credit Rating	BBB- Credit Rating	Prior Fiscal Year End 06/30/19	WYOMING All Hospitals (See Note 1)	National Rural < \$50M Net Rev. (See Note 2)
<b>Profitability:</b>								
Operating Margin	⬆	-0.05%	1.90%	0.10%	0.30%	0.16%	2.64%	-0.73%
Total Profit Margin	⬆	-0.04%	0.76%	0.80%	1.00%	1.23%	6.11%	0.21%
<b>Liquidity:</b>								
Days Cash, All Sources **	⬆	172.73	129.76	91.30	129.00	135.19	62.00	37.80
Net Days in Accounts Receivable	⬇	42.57	50.02	52.40	51.80	58.80	66.90	57.20
<b>Capital Structure:</b>								
Average Age of Plant (Annualized)	⬇	14.32	12.58	15.10	11.20	12.38	9.50	12.40
Long Term Debt to Capitalization	⬇	26.26%	25.75%	48.20%	41.60%	26.29%	16.80%	10.00%
Debt Service Coverage Ratio **	⬆	3.10	3.97	1.80	2.30	3.76	N/A	2.64
<b>Productivity and Efficiency:</b>								
Paid FTE's per Adjusted Occupied Bed	⬇	8.82	8.43			7.86	6.60	4.63
Salary Expense per Paid FTE		\$84,334	\$86,892			\$84,711	\$92,436	\$48,150
Salary and Benefits as a % of Total Operating Exp		55.99%	56.43%			55.84%	43.60%	42.40%

Note 1 - 2017 Ingenix report (2015 median data), for all hospitals within the state regardless of size.

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

\*\*Bond Covenant ratio is 75 Days Cash on Hand and 1.25 Debt Service Coverage

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Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2020

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	Current Month 4/30/2020	Prior Month 3/31/2020	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2019
<b>Current Assets</b>					
Cash and Cash Equivalents	\$14,014,045	\$13,274,720	\$739,326	5.57%	\$10,487,324
Gross Patient Accounts Receivable	20,657,030	24,510,913	(3,853,883)	-15.72%	24,217,308
Less: Bad Debt and Allowance Reserves	(11,320,194)	(12,940,801)	1,620,607	12.52%	(11,984,053)
Net Patient Accounts Receivable	9,336,836	11,570,113	(2,233,276)	-19.30%	12,233,255
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,872,475	1,725,270	147,204	8.53%	1,919,165
Inventories	3,110,268	3,102,993	7,275	0.23%	2,917,250
Prepaid Expenses	2,118,617	2,330,704	(212,087)	-9.10%	2,284,926
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
<b>Total Current Assets</b>	<b>30,452,242</b>	<b>32,003,800</b>	<b>(1,551,558)</b>	<b>-4.85%</b>	<b>29,841,920</b>
<b>Assets Whose Use is Limited</b>					
Cash	40,477	38,236	2,241	5.86%	19,800
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	2,821,872	2,716,447	105,425	3.88%	3,059,212
Trustee Held Funds - SPT	14,762	13,794	968	7.01%	168
Board Designated Funds	11,826,806	4,821,007	7,005,799	145.32%	4,752,127
Other Limited Use Assets	14,635,235	14,635,235	0	0.00%	14,635,235
<b>Total Limited Use Assets</b>	<b>29,339,153</b>	<b>22,224,720</b>	<b>7,114,433</b>	<b>32.01%</b>	<b>22,486,542</b>
<b>Property, Plant, and Equipment</b>					
Land and Land Improvements	3,226,492	3,226,492	0	0.00%	2,957,673
Building and Building Improvements	38,379,317	38,379,317	0	0.00%	38,215,213
Equipment	112,615,405	112,434,416	180,990	0.16%	110,985,975
Construction In Progress	3,305,490	3,017,437	288,053	9.55%	762,258
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	157,526,704	157,057,662	469,042	0.30%	152,921,119
Less: Accumulated Depreciation	(94,609,169)	(94,059,314)	(549,855)	-0.58%	(89,195,017)
<b>Net Property, Plant, and Equipment</b>	<b>62,917,535</b>	<b>62,998,347</b>	<b>(80,813)</b>	<b>-0.13%</b>	<b>63,726,102</b>
<b>Other Assets</b>					
Unamortized Loan Costs	224,415	225,444	(1,029)	-0.46%	234,709
Other	0	0	0	0.00%	0
<b>Total Other Assets</b>	<b>224,415</b>	<b>225,444</b>	<b>(1,029)</b>	<b>-0.46%</b>	<b>234,709</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>122,933,344</b>	<b>117,452,312</b>	<b>5,481,032</b>	<b>4.67%</b>	<b>116,269,273</b>
<b>Restricted Assets</b>	<b>290,516</b>	<b>280,919</b>	<b>9,597</b>	<b>3.42%</b>	<b>256,963</b>
<b>TOTAL ASSETS</b>	<b>\$123,223,860</b>	<b>\$117,733,231</b>	<b>\$5,490,630</b>	<b>4.66%</b>	<b>\$116,526,235</b>

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**Balance Sheet - Liabilities and Net Assets**  
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**Ten months ended April 30, 2020**

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2019
	Current Month 4/30/2020	Prior Month 3/31/2020	Positive/ (Negative) Variance	Percentage Variance	
<b>Current Liabilities</b>					
Accounts Payable	\$3,336,333	\$4,342,620	\$1,006,287	23.17%	\$3,176,158
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	787,605	2,064,062	1,276,457	61.84%	1,481,176
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,454,025	2,399,835	(54,190)	-2.26%	2,114,225
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)	297,306	297,306	0	0.00%	323,414
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	124,975	20,626	(104,348)	-505.90%	397,008
<b>Total Current Liabilities</b>	<b>7,000,244</b>	<b>9,124,449</b>	<b>2,124,206</b>	<b>23.28%</b>	<b>7,491,981</b>
<b>Long Term Debt</b>					
Bonds/Mortgages Payable	28,107,428	28,112,239	4,812	0.02%	28,181,654
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	297,306	297,306	0	0.00%	323,414
<b>Total Long Term Debt (Net of Current)</b>	<b>27,810,122</b>	<b>27,814,933</b>	<b>4,812</b>	<b>0.02%</b>	<b>27,858,240</b>
<b>Other Long Term Liabilities</b>					
Deferred Revenue	7,436,021	0	(7,436,021)	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	524,079	551,526	27,447	4.98%	747,408
<b>Total Other Long Term Liabilities</b>	<b>7,960,100</b>	<b>551,526</b>	<b>(7,408,574)</b>	<b>-1343.29%</b>	<b>747,408</b>
<b>TOTAL LIABILITIES</b>	<b>42,770,465</b>	<b>37,490,909</b>	<b>(5,279,557)</b>	<b>-14.08%</b>	<b>36,097,629</b>
<b>Net Assets:</b>					
Unrestricted Fund Balance	78,123,030	78,123,030	0	0.00%	77,035,006
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	399,875	390,277	(9,597)	-2.46%	366,321
Net Revenue/(Expenses)	(28,626)	(230,105)	N/A	N/A	1,068,160
<b>TOTAL NET ASSETS</b>	<b>80,453,395</b>	<b>80,242,322</b>	<b>(211,073)</b>	<b>-0.26%</b>	<b>80,428,606</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$123,223,860</b>	<b>\$117,733,231</b>	<b>(\$5,490,630)</b>	<b>-4.66%</b>	<b>\$116,526,235</b>

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## Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2020

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	CURRENT MONTH				Prior Year 04/30/19
	Actual 04/30/20	Budget 04/30/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$2,794,519	\$3,196,714	(\$402,195)	-12.58%	\$2,956,480
Outpatient Revenue	8,104,800	9,862,780	(1,758,181)	-17.83%	9,778,210
Clinic Revenue	1,146,806	1,277,140	(130,334)	-10.21%	1,411,951
Specialty Clinic Revenue	288,932	227,131	61,800	27.21%	169,268
Total Gross Patient Revenue	12,334,856	14,563,765	(2,228,910)	-15.30%	14,315,908
Deductions From Revenue					
Discounts and Allowances	(5,565,060)	(5,998,845)	433,785	7.23%	(5,968,334)
Bad Debt Expense (Governmental Providers Only)	(1,158,758)	(947,004)	(211,755)	-22.36%	(1,112,048)
Medical Assistance	(87,459)	(145,693)	58,234	39.97%	(164,144)
Total Deductions From Revenue	(6,811,278)	(7,091,542)	280,264	3.95%	(7,234,527)
Net Patient Revenue	5,523,578	7,472,223	(1,948,645)	-26.08%	7,081,381
Other Operating Revenue	2,076,262	193,125	1,883,137	975.09%	339,098
Total Operating Revenue	7,599,840	7,665,348	(65,508)	-0.85%	7,420,479
Operating Expenses					
Salaries and Wages	3,149,585	3,349,032	199,447	5.96%	2,977,715
Fringe Benefits	920,695	907,182	(13,514)	-1.49%	933,863
Contract Labor	46,078	69,173	23,097	33.39%	98,792
Physicians Fees	338,295	280,835	(57,460)	-20.46%	350,665
Purchased Services	361,426	399,912	38,485	9.62%	413,790
Supply Expense	1,158,916	1,172,192	13,275	1.13%	1,078,865
Utilities	89,337	80,513	(8,824)	-10.96%	83,836
Repairs and Maintenance	444,766	416,954	(27,812)	-6.67%	428,617
Insurance Expense	47,455	52,336	4,881	9.33%	68,473
All Other Operating Expenses	149,169	208,072	58,903	28.31%	98,643
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	64,204	61,940	(2,265)	-3.66%	79,258
Depreciation and Amortization	549,855	553,215	3,360	0.61%	596,566
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	7,319,780	7,551,354	231,574	3.07%	7,209,082
Net Operating Surplus/(Loss)	280,060	113,995	166,065	145.68%	211,397
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	18,515	13,333	5,182	38.86%	10,344
Tax Subsidies (Except for GO Bond Subsidies)	968	0	968	0.00%	828
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(99,489)	(113,824)	(14,335)	12.59%	(99,953)
Other Non-Operating Revenue/(Expenses)	1,422	96,671	(95,249)	-98.53%	29,196
Total Non Operating Revenue/(Expense)	(78,584)	(3,820)	(74,765)	1957.28%	(69,584)
Total Net Surplus/(Loss)	\$201,476	\$110,175	\$91,301	82.87%	\$151,812
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$201,476	\$110,175	\$91,301	82.87%	\$151,812
Operating Margin	3.69%	1.49%			2.85%
Total Profit Margin	2.65%	1.44%			2.05%
EBIDA	10.93%	8.70%			10.90%

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## Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## ROCK SPRINGS, WY

Ten months ended April 30, 2020

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	YEAR-TO-DATE				Prior Year 04/30/19
	Actual 04/30/20	Budget 04/30/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$29,055,367	\$31,942,886	(\$2,887,519)	-9.04%	\$30,491,697
Outpatient Revenue	102,890,897	98,825,240	4,065,657	4.11%	93,610,902
Clinic Revenue	11,972,264	12,828,945	(856,681)	-6.68%	12,070,800
Specialty Clinic Revenue	2,502,592	2,155,831	346,761	16.08%	1,710,549
Total Gross Patient Revenue	146,421,120	145,752,902	668,218	0.46%	137,883,949
Deductions From Revenue					
Discounts and Allowances	(63,217,194)	(60,959,416)	(3,166,687)	-5.27%	(56,643,666)
Bad Debt Expense (Governmental Providers Only)	(9,125,925)	(9,474,060)	348,135	3.67%	(9,111,966)
Medical Assistance	(2,085,714)	(1,457,548)	(628,167)	-43.10%	(1,687,648)
Total Deductions From Revenue	(74,428,743)	(70,982,024)	(3,446,719)	-4.86%	(66,843,222)
Net Patient Revenue	71,992,377	74,770,878	(2,778,500)	-3.72%	71,040,726
Other Operating Revenue	4,084,512	2,021,954	2,062,558	102.01%	2,511,612
Total Operating Revenue	76,076,890	76,792,832	(715,942)	-0.93%	73,552,338
Operating Expenses					
Salaries and Wages	32,534,345	33,317,155	782,810	2.35%	31,434,969
Fringe Benefits	9,238,293	8,376,898	(861,395)	-10.28%	7,779,310
Contract Labor	844,710	853,090	8,380	0.98%	828,220
Physicians Fees	3,555,671	3,088,097	(467,574)	-15.14%	3,142,623
Purchased Services	4,061,459	4,017,438	(44,021)	-1.10%	3,652,163
Supply Expense	11,956,025	11,775,817	(180,208)	-1.53%	11,112,795
Utilities	947,606	938,221	(9,385)	-1.00%	911,816
Repairs and Maintenance	4,381,371	4,217,091	(164,280)	-3.90%	3,848,922
Insurance Expense	543,304	521,047	(22,257)	-4.27%	672,336
All Other Operating Expenses	1,717,991	2,032,306	314,315	15.47%	1,660,388
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	740,561	726,197	(14,365)	-1.98%	821,415
Depreciation and Amortization	5,595,824	5,588,009	(7,815)	-0.14%	6,051,441
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	76,117,160	75,451,365	(665,795)	-0.88%	71,916,398
Net Operating Surplus/(Loss)	(40,270)	1,341,466	(1,381,737)	-103.00%	1,635,940
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	231,278	133,330	97,948	73.46%	91,272
Tax Subsidies (Except for GO Bond Subsidies)	14,594	0	14,594	0.00%	192,707
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(1,019,978)	(1,138,235)	118,257	-10.39%	(1,075,673)
Other Non-Operating Revenue/(Expense)	785,747	966,707	(180,960)	-18.72%	1,499,703
Total Non Operating Revenue/(Expense)	11,641	(38,199)	49,840	-130.48%	708,009
Total Net Surplus/(Loss)	(\$28,629)	\$1,303,268	(\$1,331,897)	-102.20%	\$2,343,949
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(\$28,629)	\$1,303,268	(\$1,331,897)	-102.20%	\$2,343,949
Operating Margin	-0.05%	1.75%			2.22%
Total Profit Margin	-0.04%	1.70%			3.19%
EBIDA	7.32%	9.02%			10.69%

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

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	Actual 4/30/2020	Actual 3/31/2020	Actual 2/29/2020	Actual 1/31/2020	Actual 12/31/2019	Actual 11/30/2019
Gross Patient Revenue						
Inpatient Revenue	\$2,794,519	\$2,777,538	\$2,722,882	\$3,543,613	\$2,709,104	\$2,982,847
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$8,104,800	\$10,336,977	\$10,748,705	\$10,775,879	\$10,812,548	\$9,844,805
Clinic Revenue	\$1,146,806	\$984,201	\$1,161,210	\$1,485,817	\$1,143,776	\$1,063,719
Specialty Clinic Revenue	\$288,932	\$244,806	\$282,865	\$247,493	\$289,431	\$309,819
Total Gross Patient Revenue	\$12,334,856	\$14,343,521	\$14,893,661	\$16,052,901	\$14,934,858	\$14,300,990
Deductions From Revenue						
Discounts and Allowances	\$5,565,060	\$8,081,866	\$8,619,613	\$7,065,871	\$5,867,948	\$5,637,701
Bad Debt Expense (Governmental Providers Only)	\$1,158,759	\$813,846	\$837,619	\$746,898	\$857,280	\$724,765
Charity Care	\$87,459	\$264,093	\$182,758	(\$48,587)	\$483,298	\$492,120
Total Deductions From Revenue	6,811,278	7,159,805	7,639,991	7,764,182	7,178,526	6,854,586
Net Patient Revenue	\$5,523,578	\$7,183,916	\$7,253,671	\$8,288,719	\$7,756,331	\$7,446,403
Other Operating Revenue	2,076,282	231,037	125,899	274,722	321,846	168,314
Total Operating Revenue	7,599,860	7,414,953	7,379,569	8,563,441	8,078,178	7,614,717
Operating Expenses						
Salaries and Wages	\$3,149,585	\$3,411,912	\$3,348,166	\$3,210,137	\$3,353,001	\$3,302,746
Fringe Benefits	\$920,895	\$933,298	\$896,130	\$1,012,357	\$935,213	\$982,139
Contract Labor	\$46,076	\$49,063	\$41,291	\$75,137	\$52,546	\$115,454
Physicians Fees	\$336,295	\$366,453	\$411,317	\$297,440	\$377,567	\$277,808
Purchased Services	\$361,426	\$485,887	\$322,523	\$450,562	\$389,987	\$420,497
Supply Expense	\$1,158,918	\$1,321,818	\$1,176,617	\$1,171,458	\$1,299,752	\$992,804
Utilities	\$89,337	\$84,093	\$87,382	\$91,522	\$98,722	\$105,485
Repairs and Maintenance	\$444,766	\$446,244	\$420,693	\$504,386	\$427,780	\$434,367
Insurance Expense	\$47,455	\$54,964	\$59,739	\$56,143	\$52,652	\$52,682
All Other Operating Expenses	\$149,169	\$208,356	\$141,853	\$77,399	\$231,240	\$176,692
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$64,204	\$66,908	\$67,609	\$76,381	\$72,943	\$83,881
Depreciation and Amortization	\$549,655	\$552,321	\$554,019	\$559,141	\$559,157	\$564,202
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$7,319,780	\$7,981,317	\$7,526,339	\$7,682,059	\$7,850,560	\$7,508,767
Net Operating Surplus/(Loss)	\$280,080	(\$566,364)	(\$146,770)	\$981,382	\$227,618	\$105,950
Non-Operating Revenue:						
Contributions						
Investment Income	18,515	21,491	21,076	19,081	17,625	39,088
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	368	(416)	373	249	1,148	9,170
Interest Expense (Governmental Providers Only)	(99,489)	(105,292)	(100,209)	(109,275)	(108,725)	(99,888)
Other Non-Operating Revenue/(Expenses)	1,422	91,220	158,344	26,889	156,527	80,253
Total Non Operating Revenue/(Expense)	(\$78,684)	\$7,003	\$79,583	(\$54,957)	\$66,575	(\$1,377)
Total Net Surplus/(Loss)	\$201,476	(\$559,361)	(\$67,187)	\$927,325	\$294,193	\$104,583
Change in Unrealized Gains/(Losses) on Investments						
Increase/Decrease in Unrestricted Net Assets	\$201,476	(\$559,361)	(\$67,187)	\$927,325	\$294,193	\$104,583
Operating Margin	3.69%	-7.64%	-1.99%	11.46%	2.82%	1.39%
Total Profit Margin	2.65%	-7.54%	-0.91%	10.83%	3.64%	1.37%
EBIDA	10.92%	-0.19%	5.52%	17.99%	9.74%	8.80%

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Actual 10/31/2019	Actual 9/30/2019	Actual 8/31/2019	Actual 7/31/2019	Actual 6/30/2019	Actual 5/31/2019	Actual 4/30/2019
\$3,144,182	\$2,730,801	\$2,726,154	\$2,923,519	\$2,448,080	\$2,841,644	\$2,956,488
\$10,345,137	\$10,230,467	\$10,859,314	\$10,734,485	\$9,137,727	\$9,721,418	\$9,778,210
\$1,354,373	\$1,185,208	\$1,275,579	\$1,191,478	\$1,351,020	\$1,229,230	\$1,411,951
\$313,861	\$204,888	\$202,768	\$157,931	\$140,838	\$170,624	\$168,288
\$15,157,564	\$14,331,462	\$15,063,815	\$15,007,493	\$13,069,675	\$13,962,917	\$14,315,908
\$6,692,232	\$6,032,602	\$6,515,178	\$7,139,232	\$5,748,563	\$6,036,217	\$5,968,334
\$797,098	\$1,180,264	\$992,458	\$1,016,938	\$1,035,734	\$1,106,128	\$1,112,048
\$186,667	\$114,853	\$173,200	\$206,053	\$185,857	\$410,835	\$154,144
7,655,997	7,327,518	7,680,836	8,356,223	6,919,954	7,553,180	7,234,527
\$7,501,567	\$7,003,944	\$7,382,978	\$6,651,270	\$6,149,721	\$6,409,737	\$7,081,381
286,120	195,787	198,885	207,641	210,040	448,830	339,088
7,787,687	7,199,731	7,579,864	6,858,911	6,366,762	6,855,566	7,420,479
\$3,394,387	\$3,189,351	\$3,180,410	\$3,024,639	\$3,046,743	\$3,155,581	\$2,977,715
\$1,014,021	\$879,652	\$970,084	\$895,692	\$767,821	\$1,000,635	\$933,863
\$85,915	\$121,333	\$131,399	\$146,497	\$128,111	\$64,948	\$98,792
\$442,922	\$336,819	\$341,822	\$365,232	\$450,449	\$418,232	\$380,655
\$406,071	\$430,288	\$382,855	\$411,362	\$398,748	\$375,159	\$413,780
\$1,260,326	\$1,072,316	\$1,280,524	\$1,221,496	\$866,426	\$1,064,799	\$1,078,865
\$96,172	\$101,861	\$95,614	\$98,218	\$95,714	\$86,783	\$83,836
\$428,532	\$461,821	\$483,368	\$409,417	\$425,390	\$513,170	\$428,617
\$53,986	\$54,483	\$52,627	\$58,574	\$40,019	\$37,934	\$68,473
\$210,413	\$151,438	\$175,292	\$196,139	\$232,721	\$190,218	\$98,643
\$83,781	\$46,580	\$88,974	\$91,340	\$87,293	\$112,094	\$79,258
\$583,653	\$565,315	\$587,122	\$561,039	\$581,397	\$575,650	\$596,566
\$8,020,168	\$7,410,433	\$7,638,101	\$7,279,846	\$7,120,832	\$7,596,383	\$7,209,082
(\$232,481)	(\$219,703)	(\$59,239)	(\$420,735)	(\$755,071)	(\$739,816)	\$211,397
82,309	20,296	22,892	19,116	59,715	143,068	10,344
(2,103)	265	3,513	1,429	168	274	828
(99,514)	(107,630)	(99,323)	(99,633)	(109,246)	(100,442)	(99,953)
56,224	101,757	114,886	26,255	160,688	59,675	29,196
(\$13,093)	\$14,687	\$41,738	(\$50,834)	\$118,626	\$102,572	(\$59,564)
(\$245,574)	(\$196,018)	(\$16,499)	(\$471,569)	(\$638,545)	(\$837,244)	\$161,812
				41,259	174,489	
(\$245,574)	(\$196,018)	(\$16,499)	(\$471,569)	(\$597,286)	(\$662,755)	\$151,812
-2.99%	-2.93%	-0.77%	-6.13%	-11.86%	-10.79%	2.85%
-3.15%	-2.72%	-0.22%	-6.88%	-10.03%	-9.30%	2.05%
4.25%	4.93%	6.71%	2.05%	-2.73%	-2.39%	10.89%

## Statement of Cash Flows

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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## ROCK SPRINGS, WY

Ten months ended April 30, 2020

## CASH FLOW

	Current Month 4/30/2020	Current Year-To-Date 4/30/2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	\$201,476	(\$28,629)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	549,855	5,595,824
(Increase)/Decrease in Net Patient Accounts Receivable	2,233,276	2,896,419
(Increase)/Decrease in Other Receivables	(147,204)	46,690
(Increase)/Decrease in Inventories	(7,275)	(198,018)
(Increase)/Decrease in Pre-Paid Expenses	212,087	166,309
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(1,006,287)	160,175
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(1,222,267)	(353,771)
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	104,348	(272,034)
<b>Net Cash Provided by Operating Activities:</b>	<b>918,009</b>	<b>8,017,966</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	(469,042)	(4,787,257)
(Increase)/Decrease in Limited Use Cash and Investments	(7,112,192)	(6,851,933)
(Increase)/Decrease in Other Limited Use Assets	(2,241)	(20,678)
(Increase)/Decrease in Other Assets	1,029	10,294
<b>Net Cash Used by Investing Activities</b>	<b>(7,582,446)</b>	<b>(11,649,574)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	(4,812)	(74,227)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	7,408,574	7,212,693
<b>Net Cash Used for Financing Activities</b>	<b>7,403,762</b>	<b>7,138,466</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>(9)</b>	<b>19,864</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>739,326</b>	<b>3,526,722</b>
Cash, Beginning of Period	13,274,720	10,487,324
<b>Cash, End of Period</b>	<b>\$14,014,045</b>	<b>\$14,014,045</b>

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## Patient Statistics

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2020

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Current Month				STATISTICS	Year-To-Date			
Actual 04/30/20	Budget 04/30/20	Positive/ (Negative) Variance	Prior Year 04/30/19		Actual 04/30/20	Budget 04/30/20	Positive/ (Negative) Variance	Prior Year 04/30/19
Discharges								
95	126	(31)	126	Acute	1,202	1,336	(134)	1,336
95	126	(31)	126	Total Adult Discharges	1,202	1,336	(134)	1,336
35	42	(7)	42	Newborn	367	373	(6)	373
130	168	(38)	168	Total Discharges	1,569	1,709	(140)	1,709
Patient Days:								
312	375	(63)	375	Acute	3,324	3,923	(599)	3,923
312	375	(63)	375	Total Adult Patient Days	3,324	3,923	(599)	3,923
69	63	6	63	Newborn	617	599	18	599
381	438	(57)	438	Total Patient Days	3,941	4,522	(581)	4,522
Average Length of Stay (ALOS)								
3.3	3.0	0.3	3.0	Acute	2.8	2.9	(0.2)	2.9
3.3	3.0	0.3	3.0	Total Adult ALOS	2.8	2.9	(0.2)	2.9
2.0	1.5	0.5	1.5	Newborn ALOS	1.7	1.6	0.1	1.6
Average Daily Census (ADC)								
10.4	12.5	(2.1)	12.5	Acute	10.9	12.9	(2.0)	12.9
10.4	12.5	(2.1)	12.5	Total Adult ADC	10.9	12.9	(2.0)	12.9
2.3	2.1	0.2	2.1	Newborn	2.0	2.0	0.1	2.0
Emergency Room Statistics								
91	135	(44)	135	ER Visits - Admitted	1,284	1,433	(149)	1,433
657	1,191	(534)	1,191	ER Visits - Discharged	11,363	12,098	(735)	12,098
748	1,326	(578)	1,326	Total ER Visits	12,647	13,531	(884)	13,531
12.17%	10.18%		10.18%	% of ER Visits Admitted	10.15%	10.59%		10.59%
95.79%	107.14%		107.14%	ER Admissions as a % of Total	106.82%	107.26%		107.26%
Outpatient Statistics:								
5,782	7,995	(2,213)	7,995	Total Outpatients Visits	75,920	72,402	3,518	72,402
86	111	(25)	111	Observation Bed Days	1,133	1,197	(64)	1,197
559	548	11	4,524	Clinic Visits - Primary Care	34,417	36,299	(1,882)	41,520
3,647	4,414	(767)	434	Clinic Visits - Specialty Clinics	11,629	11,939	(310)	4,012
24	24	0	24	IP Surgeries	252	256	(4)	256
62	147	(85)	147	OP Surgeries	1,251	1,375	(124)	1,375
Productivity Statistics:								
422.91	445.00	(22.09)	425.63	FTE's - Worked	431.67	445.00	(13.33)	414.21
458.84	488.40	(29.56)	462.62	FTE's - Paid	473.66	488.40	(14.74)	454.93
1.7536	1.3928	0.36	1.3928	Case Mix Index - Medicare	1.3672	13.1103	(11.74)	1.3110
1.1620	0.6521	0.51	0.6521	Case Mix Index - All payers	0.9880	7.5850	(6.60)	0.7585

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# Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

04/30/20

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	45.22	53.30
Net Days in Accounts Receivable	42.57	58.80
Number of Gross Days in Unbilled Revenue	0.84	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	37.42%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.71%	1.00%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.42%	1.00%
Bad Debts as a % of Gross Patient Revenue - Current Month	9.39%	6.50%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.23%	6.50%
Collections as a Percentage of Net Revenue - Current Month	140.24%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	102.95%	100% or >
Percentage of Blue Cross Receivable > 90 Days	18.53%	< 10%
Percentage of Insurance Receivable > 90 Days	15.10%	< 15%
Percentage of Medicaid Receivable > 90 Days	22.05%	< 20%
Percentage of Medicare Receivable > 60 Days	14.34%	< 6%

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## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Ten months ended April 30, 2020

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Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.  
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	(2,228,918)	-15.30%	668,218	0.46%
Gross patient revenue is under budget for the month and over budget year to date. Patient statistics under budget include discharges, ER visits, surgeries and clinic visits Average Daily Census is 10.2 in April which is under budget by 4.0				
Deductions from Revenue	280,264	3.95%	(3,446,719)	-4.88%
Deductions from revenue are over budget for April and over budget year to date. They are currently booked at 55.2% for April and 50.8% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.				
Bad Debt Expense	(211,755)	-22.36%	348,135	3.67%
Bad debt expense is booked at 9.4% for April and 6.2% year to date.				
Charity Care	58,234	39.97%	(628,157)	-43.10%
Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.				
Other Operating Revenue	1,883,137	975.09%	2,062,558	102.01%
Other Operating Revenue is over budget for the month and is over budget year to date. This is due to the stimulus funds we received.				
Salaries and Wages	199,447	5.96%	782,810	2.35%
Salary and Wages are under budget and remain under budget year to date. Paid FTEs are under budget by 29.56 FTEs for the month and under 14.74 FTEs year to date.				
Fringe Benefits	(13,514)	-1.49%	(661,395)	-10.28%
Fringe benefits are over budget in April and remain over budget year to date. Group Health remains over budget YTD.				
Contract Labor	23,097	33.39%	8,380	0.98%
Contract labor is under budget for April and under budget year to date. L&D, ER, Behavioral Health and Respiratory are over budget for the month.				

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# Variance Analysis

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Ten months ended April 30, 2020

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Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.  
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month Amount	%	Year-to-Date Amount	%
Physician Fees	(57,460)	-20.46%	(467,574)	-15.14%
Physician fees are over budget in April and over budget year to date. ED, Radiation Oncology, Hospitalist and Locums Clinic are over budget in April.				
Purchased Services	38,485	9.62%	(44,021)	-1.10%
Purchased services are under budget for April and over budget year to date. Expenses over budget are legal fees and other purchased services				
Supply Expense	13,275	1.13%	(180,269)	-1.53%
Supplies are under budget for April and over budget year to date. Line items over budget include Oxygen, Lab supplies, Implants, Contrast and Outdated Supplies				
Repairs & Maintenance	(27,812)	-6.67%	(164,280)	-3.90%
Repairs and Maintenance are over budget for April and over budget year to date.				
All Other Operating Expenses	58,903	28.31%	314,315	15.47%
This expense is under budget in April and under budget year to date. Other expenses over budget are Freight, Other expenses and Physician Recruitment				
Leases and Rentals	(2,265)	-3.56%	(14,365)	-1.98%
This expense is over budget for April and is over budget year to date.				
Depreciation and Amortization	3,360	0.61%	(7,815)	-0.14%
Depreciation is underbudget for April and is over budget year to date.				
<b>BALANCE SHEET</b>				
Cash and Cash Equivalents	\$739,326	5.57%		
Cash increased in April. Cash collections for April were \$7.7 million. Days Cash on Hand increased to 173 days.				
Gross Patient Accounts Receivable	(\$3,853,883)	-15.72%		
This receivable decreased in April due to higher collections and lower revenue				

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**Variance Analysis****MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 15****ROCK SPRINGS, WYOMING****Ten months ended April 30, 2020**

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	1,620,607	12.52%		
Bad Debt and Allowances decreased.				
Other Receivables	147,204	8.53%		
Other Receivables increased in April due to county and occ med invoices				
Prepaid Expenses	(212,087)	-9.10%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	7,114,433	32.01%		
These assets decreased due to the advanced payment funds we received.				
Plant Property and Equipment	(80,813)	-0.43%		
The decrease in these assets is due to the decrease in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	1,006,287	23.17%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	1,276,457	61.84%		
This liability decreased in April. The payroll accrual for April was 4 days.				
Accrued Benefits	(54,190)	-2.26%		
This liability increased in April with the normal accrual and usage of PTO .				
Other Current Liabilities	(104,348)	-595.90%		
This liability increased due to the accrual on the bonds				
Other Long Term Liabilities	(7,408,574)	-1343.29%		
This liability increased due to the accelerated loan payment				
Total Net Assets	(211,073)	-0.26%		
The net loss from operations for April is \$280,060				



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

**PHYSICIAN CLINICS**

**Unaudited Financial Statements**

**for**

**Ten months ended April 30, 2020**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**

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**ROCK SPRINGS, WY**

**Ten months ended April 30, 2020**

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## Key Financial Ratios

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**Ten months ended April 30, 2020**

**PAGE 2**

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Month to Date 4/30/2020	Year to Date 4/30/2020	Prior Fiscal Year End 06/30/19	MGMA Hospital Owned Rural
<b>Profitability:</b>					
Operating Margin	↑	-76.12%	-70.23%	-54.76%	-36.58%
Total Profit Margin	↑	-76.12%	-70.23%	-54.76%	-36.58%
Contractual Allowance %	↓	49.70%	46.07%	44.34%	
<b>Liquidity:</b>					
Net Days in Accounts Receivable	↓	56.85	57.47	56.77	39.58
Gross Days in Accounts Receivable	↓	51.04	53.77	60.14	72.82
<b>Productivity and Efficiency:</b>					
Patient Visits Per Day	↓	121.67	133.99	135.96	
Total Net Revenue per FTE	↑	N/A	\$134,465	\$147,646	
Salary Expense per Paid FTE		N/A	\$154,922	\$163,884	
Salary and Benefits as a % of Net Revenue		140.23%	135.76%	128.22%	91.26%
Employee Benefits %		19.34%	17.84%	15.52%	6.10%

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# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2020

	CURRENT MONTH				Prior Year
	Actual 04/30/20	Budget 04/30/20	Positive (Negative) Variance	Percentage Variance	04/30/19
Gross Patient Revenue					
Clinic Revenue	1,146,806	1,277,140	(130,334)	-10.21%	1,411,951
Specialty Clinic Revenue	288,932	227,131	61,800	27.21%	169,268
Total Gross Patient Revenue	1,435,737	1,504,271	(68,534)	-4.56%	1,581,218
Deductions From Revenue					
Discounts and Allowances	(713,510)	(670,788)	(42,722)	-6.37%	(678,453)
Total Deductions From Revenue	(713,510)	(670,788)	(42,722)	-6.37%	(678,453)
Net Patient Revenue	722,227	833,484	(111,257)	-13.35%	902,765
Other Operating Revenue	32,189	73,043	(40,854)	-55.93%	64,816
Total Operating Revenue	754,416	906,527	(152,111)	-16.78%	967,581
Operating Expenses					
Salaries and Wages	886,494	1,090,085	203,591	18.68%	867,396
Fringe Benefits	171,434	191,921	20,487	10.67%	175,919
Contract Labor	0	0	0	0.00%	0
Physicians Fees	141,169	45,300	(95,869)	-211.63%	71,597
Purchased Services	8,138	5,177	(2,961)	-57.20%	5,281
Supply Expense	7,125	17,320	10,195	58.86%	23,682
Utilities	1,803	1,219	(584)	-47.89%	803
Repairs and Maintenance	23,772	32,033	8,261	25.79%	30,175
Insurance Expense	17,874	20,218	2,344	11.59%	16,109
All Other Operating Expenses	47,258	74,820	27,561	36.84%	89,265
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	2,476	3,334	858	25.73%	5,508
Depreciation and Amortization	21,166	22,281	1,115	5.00%	20,751
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,328,709	1,503,707	174,999	11.64%	1,306,487
Net Operating Surplus/(Loss)	(574,293)	(597,180)	22,888	-3.83%	(338,905)
Total Net Surplus/(Loss)	(574,293)	(597,180)	\$22,888	-3.83%	(\$338,905)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(574,293)	(597,180)	\$22,888	-3.83%	(\$338,905)
Operating Margin	-76.12%	-65.88%			-35.03%
Total Profit Margin	-76.12%	-65.88%			-35.03%
EBIDA	-73.32%	-63.42%			-32.88%

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# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2020

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	YEAR-TO-DATE				Prior Year 04/30/19
	Actual 04/30/20	Budget 04/30/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	11,972,265	12,828,945	(856,680)	-6.68%	12,070,801
Specialty Clinic Revenue	2,502,592	2,155,831	346,760	16.08%	1,710,549
Total Gross Patient Revenue	14,474,857	14,984,776	(509,920)	-3.40%	13,781,350
Deductions From Revenue					
Discounts and Allowances	(6,669,256)	(6,694,130)	24,874	0.37%	(6,075,748)
Total Deductions From Revenue	(6,669,256)	(6,694,130)	24,874	0.37%	(6,075,748)
Net Patient Revenue	7,805,601	8,290,647	(485,046)	-5.85%	7,705,602
Other Operating Revenue	620,367	715,480	(95,113)	-13.29%	662,721
Total Operating Revenue	8,425,968	9,006,127	(580,159)	-6.44%	8,368,322
Operating Expenses					
Salaries and Wages	9,707,880	10,619,154	911,274	8.58%	9,201,851
Fringe Benefits	1,731,415	1,688,140	(43,275)	-2.56%	1,391,846
Contract Labor	0	0	0	0.00%	0
Physicians Fees	1,159,207	593,000	(566,207)	-95.48%	430,414
Purchased Services	102,377	53,382	(48,995)	-91.78%	53,549
Supply Expense	192,631	182,821	(9,811)	-5.37%	161,373
Utilities	13,739	12,181	(1,558)	-12.79%	13,958
Repairs and Maintenance	220,173	320,307	100,134	31.26%	305,379
Insurance Expense	184,948	199,868	14,920	7.47%	160,988
All Other Operating Expenses	768,937	826,106	57,168	6.92%	773,762
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	45,239	33,190	(12,049)	-36.30%	53,919
Depreciation and Amortization	216,952	234,838	17,886	7.62%	233,330
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	14,343,497	14,762,986	419,490	2.84%	12,780,368
Net Operating Surplus/(Loss)	(5,917,529)	(5,756,859)	(160,669)	2.79%	(4,412,046)
Total Net Surplus/(Loss)	(5,917,529)	(5,756,859)	(160,669)	2.79%	(4,412,046)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(5,917,529)	(5,756,859)	(160,669)	2.79%	(4,412,046)
Operating Margin	-70.23%	-63.92%			-52.72%
Total Profit Margin	-70.23%	-63.92%			-52.72%
EBIDA	-67.65%	-61.31%			-49.93%

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

**PAGE 5**

	Actual 3/30/2020	Actual 3/30/2020	Actual 2/29/2020	Actual 1/31/2020	Actual 12/31/2019
Gross Patient Revenue					
Clinic Revenue	\$1,146,806	\$984,201	\$1,161,210	\$1,485,917	\$1,143,777
Specialty Clinic Revenue	\$288,932	\$244,806	\$262,865	\$247,493	\$269,430
Total Gross Patient Revenue	\$1,435,737	\$1,229,007	\$1,424,074	\$1,733,410	\$1,413,207
Deductions From Revenue					
Discounts and Allowances	\$713,510	\$556,603	\$675,312	\$757,358	\$637,085
Total Deductions From Revenue	713,510	556,603	675,312	757,358	637,085
Net Patient Revenue	\$722,227	\$672,404	\$748,762	\$976,052	\$776,122
Other Operating Revenue	\$32,169	\$43,725	\$64,550	\$68,061	\$64,399
Total Operating Revenue	754,416	716,129	813,312	1,044,113	840,521
Operating Expenses					
Salaries and Wages	\$886,494	\$1,031,014	\$1,032,181	\$938,454	\$1,032,409
Fringe Benefits	\$171,434	\$216,704	\$189,196	\$208,849	\$161,562
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$141,169	\$160,415	\$206,558	\$118,254	\$147,283
Purchased Services	\$8,138	\$13,433	\$11,304	\$12,082	\$8,426
Supply Expense	\$7,125	\$25,466	\$14,825	\$19,229	\$12,817
Utilities	\$1,803	\$1,016	\$1,891	\$1,704	\$1,713
Repairs and Maintenance	\$23,772	\$23,881	\$22,274	\$20,942	\$25,840
Insurance Expense	\$17,874	\$17,874	\$17,874	\$17,812	\$17,812
All Other Operating Expenses	\$47,258	\$96,350	\$59,801	\$75,204	\$65,983
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$2,476	\$4,976	\$4,642	\$6,363	\$4,857
Depreciation and Amortization	\$21,166	\$21,436	\$21,436	\$21,436	\$21,754
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,328,709	\$1,613,368	\$1,581,982	\$1,440,322	\$1,500,455
Net Operating Surplus/(Loss)	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)	(\$659,933)
Total Net Surplus/(Loss)	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)	(\$659,933)
Change in Unrealized Gains/(Losses) on Investr	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)	(\$659,933)
Operating Margin	-76.12%	-125.29%	-94.51%	-37.95%	-78.51%
Total Profit Margin	-76.12%	-125.29%	-94.51%	-37.95%	-78.51%
EBIDA	-73.32%	-122.30%	-91.88%	-35.89%	-75.93%

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Actual 11/30/2019	Actual 10/31/2019	Actual 9/30/2019	Actual 8/31/2019	Actual 7/31/2019	Actual 6/30/2019	Actual 5/31/2019	Actual 4/30/2019
\$1,063,719	\$1,354,373	\$1,165,206	\$1,275,579	\$1,191,478	\$1,321,234	\$1,259,017	\$1,411,951
\$309,619	\$313,861	\$204,888	\$202,768	\$157,931	\$170,624	\$140,838	\$169,288
\$1,373,338	\$1,668,235	\$1,370,094	\$1,478,347	\$1,349,408	\$1,491,858	\$1,399,854	\$1,581,218
\$657,305	\$768,291	\$658,181	\$637,953	\$607,658	\$663,221	\$653,333	\$678,453
657,305	768,291	658,181	637,953	607,658	663,221	653,333	678,453
\$716,033	\$899,944	\$711,913	\$840,394	\$741,750	\$828,637	\$746,522	\$902,765
\$58,298	\$79,575	\$67,413	\$68,365	\$73,791	\$74,280	\$65,005	\$64,816
774,331	979,519	779,326	908,759	815,541	902,917	811,526	967,581
\$976,184	\$963,743	\$986,089	\$911,293	\$950,020	\$1,034,223	\$955,533	\$867,396
\$165,925	\$179,354	\$142,365	\$163,131	\$132,895	\$155,564	\$189,439	\$175,919
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$72,557	\$177,148	\$46,927	\$53,872	\$35,025	\$31,732	\$79,281	\$71,597
\$10,850	\$10,397	\$10,324	\$9,505	\$8,118	\$19,046	\$11,013	\$5,281
\$20,632	\$22,796	\$27,662	\$13,686	\$28,401	\$26,804	\$13,053	\$23,682
\$877	\$910	\$1,672	\$514	\$838	\$1,112	\$813	\$803
\$17,344	\$22,517	\$20,680	\$21,820	\$21,182	\$24,224	\$24,064	\$30,175
\$17,368	\$20,493	\$19,281	\$19,281	\$19,281	\$16,109	\$16,109	\$16,109
\$88,337	\$101,086	\$70,188	\$84,732	\$79,997	\$64,052	\$110,309	\$89,265
\$4,899	\$4,079	\$4,804	\$5,815	\$2,526	\$3,317	\$5,139	\$5,508
\$21,755	\$21,983	\$21,983	\$21,983	\$22,019	\$22,017	\$20,750	\$20,751
\$1,396,328	\$1,524,507	\$1,351,974	\$1,305,631	\$1,300,222	\$1,398,199	\$1,425,503	\$1,306,487
(\$621,987)	(\$544,988)	(\$572,648)	(\$396,872)	(\$484,681)	(\$495,282)	(\$613,977)	(\$338,905)
0	0	0	0	0	0	0	0
(\$621,987)	(\$544,988)	(\$572,648)	(\$396,872)	(\$484,681)	(\$495,282)	(\$613,977)	(\$338,905)
-80.33%	-55.64%	-73.48%	-43.67%	-59.43%	-54.85%	-75.66%	-35.03%
-80.33%	-55.64%	-73.48%	-43.67%	-59.43%	-54.85%	-75.66%	-35.03%
-77.52%	-53.39%	-70.66%	-41.25%	-56.73%	-52.42%	-73.10%	-32.88%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY

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Ten months ended April 30, 2020

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year 04/30/19		Actual	Budget	Positive/ (Negative) Variance	Prior Year 04/30/19
04/30/20	04/30/20				04/30/20	04/30/20		
Outpatient Statistics:								
3,650	4,414	(764)	4,524	Clinic Visits - Primary Care	40,867	42,741	(1,874)	41,520
559	548	11	434	Clinic Visits - Specialty Clinics	5,182	4,713	469	4,012
Productivity Statistics:								
61.58	71.98	(10.40)	66.60	FTE's - Worked	68.50	71.98	(3.48)	61.88
65.02	79.10	(14.08)	71.09	FTE's - Paid	74.99	79.10	(4.11)	67.29



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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	657	7,220,348.68
CAPITAL EQUIPMENT (PLANT FUND)	8	122,580.32
CONSTRUCTION IN PROGRESS (BUILDING FUND)	3	676,830.69
PAYROLL APRIL 12, 2020	N/A	1,443,195.08
PAYROLL APRIL 26, 2020	N/A	1,371,192.92
TOTAL CASH OUTFLOW		<u>\$8,019,759.69</u>
CASH COLLECTIONS		\$7,746,351.54
INCREASE/DECREASE IN CASH		-\$273,408.15



**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS  
FISCAL YEAR 2020**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
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<b>JULY TOTALS</b>					0.00	0.00
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CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001030	8/1/2019	HIGH DESERT CONSTRUCTION, IN	62,433.00	RETAINING WALL		
001031	8/1/2019	WESTERN ENGINEERS & GEOLOGI	4,434.00	CENTRAL PLANT UPGRADE		
001032	8/8/2019	PLAN ONE/ARCHITECTS	1,750.00	DIALYSIS SUITE RENOVATION		
001033	8/13/2019	CITY OF ROCK SPRINGS	13,155.00	CENTRAL PLANT UPGRADE		
W/T	8/16/2019	WELLS FARGO	108,210.68	WF DEBT SERVICE		
<b>AUGUST TOTALS</b>					189,982.68	189,982.68

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001034	9/5/2019	HIGH DESERT CONSTRUCTION, IN	19,474.20	RETAINING WALL		
001035	9/26/2019	ST+B ENGINEERING (SPACEB TIM	121,387.99	CENTRAL PLANT UPGRADE		
001036	9/26/2019	WESTERN ENGINEERS & GEOLOGI	2,912.50	RETAINING WALL		
W/T	9/12/2019	WELLS FARGO	107,058.07	WF DEBT SERVICE		
<b>SEPTEMBER TOTALS</b>					250,832.76	440,815.44

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001037	10/3/2019	VAUGHNS PLUMBING & HEATING	5,085.00	CENTRAL PLANT UPGRADE		
001042	10/10/2019	CLARK'S QUALITY ROOFING, INC	51,889.00	ICU ROOF REPLACEMENT		
001043	10/10/2019	HIGH DESERT CONSTRUCTION, IN	26,810.73	RETAINING WALL		
001044	10/10/2019	PLAN ONE/ARCHITECTS	260.00	SULENTECH SUITE		
001045	10/30/2019	R & D SWEEPING & ASPHALT MAI	55,895.00	ASPHALT REPAIR AND SEAL		
W/T	10/11/2019	WELLS FARGO	107,058.07	WF DEBT SERVICE		
<b>OCTOBER TOTALS</b>					246,117.20	686,933.24

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001046	11/13/2019	ST+B ENGINEERING (SPACEB TIM	18,503.38	CENTRAL PLANT UPGRADE		
001047	11/20/2019	B H INC.	136,645.38	CENTRAL PLANT UPGRADE		
001048	11/20/2019	INSULATION INC.	813.65	PHARMACY PROJECT		
001049	11/27/2019	CLARK'S QUALITY ROOFING, INC	44,241.00	ICU ROOF PROJECT		
001050	11/27/2019	R & D SWEEPING & ASPHALT MAI	24,825.00	PARKING LOT PROJECT		
W/T	11/12/2019	WELLS FARGO	107,058.07	WF DEBT SERVICE		
<b>NOVEMBER TOTALS</b>					332,046.98	1,019,020.22

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001051	12/5/2019	HIGH DESERT CONSTRUCTION, IN	111,275.51	ED CONCRETE PROJECT		
001052	12/19/2019	B H INC.	169,717.70	CENTRAL PLANT UPGRADE		
001053	12/19/2019	WESTERN ENGINEERS & GEOLOGI	3,031.25	ED CONCRETE PROJECT		
001054	12/24/2019	WESTERN ENGINEERS & GEOLOGI	14,174.25	CENTRAL PLANT UPGRADE		
W/T	12/17/2019	WELLS FARGO	107,058.07	WF DEBT SERVICE		
<b>DECEMBER TOTALS</b>					405,256.78	1,424,277.00

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001055	1/15/2020	B H INC.	125,266.54	CENTRAL PLANT UPGRADE		
001056	1/15/2020	HIGH DESERT CONSTRUCTION, IN	18,352.37	ED CONCRETE PROJECT		
001057	1/23/2020	ROOFTOP ANCHOR, INC.	132,584.00	ROOF FALL PROTECTION		
W/T	1/15/2020	WELLS FARGO	107,058.07	WF DEBT SERVICE		
<b>JANUARY TOTALS</b>					383,260.98	1,807,537.98

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001058	2/6/2020	B H INC.	3,600.00	CENTRAL PLANT UPGRADE		
W/T	2/19/2020	WELLS FARGO	107,058.07	WF DEBT SERVICE		
<b>FEBRUARY TOTALS</b>					110,658.07	1,918,196.05

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001059	3/5/2020	B H INC.	108,999.26	CENTRAL PLANT UPGRADE		
001060	3/26/2020	B H INC.	635,397.17	CENTRAL PLANT UPGRADE		
W/T	3/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
<b>MARCH TOTALS</b>					848,744.61	2,766,940.66

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001061	4/8/2020	ST+B ENGINEERING (SPACEB TIM	47,279.43	CENTRAL PLANT UPGRADE		
001062	4/17/2020	B H INC.	525,203.00	CENTRAL PLANT UPGRADE		
W/T	4/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
<b>APRIL TOTALS</b>					676,830.69	3,443,771.35

**PLANT FUND CASH DISBURSEMENTS  
FISCAL YEAR 2020**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002254	7/11/2019	DIETARY FOOD MANAGEMENT	6,698.08	DFM TOUCH SCREEN REGISTER		
002255	7/11/2019	DIRECT SUPPLY	15,181.00	TILT SKILLET		
002256	7/11/2019	HOOD'S EQUIPMENT & SPRINKLER, LLC	8,394.00	REPLACEMENT MOWER		
002257	7/17/2019	CDW GOVERNMENT LLC	17,256.98	SECURITY CAMERA SYSTEM		
002258	7/17/2019	QUADRAMED CORPORATION	1,705.00	MUSE CARDIOLOGY IS		
<b>JULY TOTALS</b>					<b>49,235.06</b>	<b>49,235.06</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002259	8/1/2019	DATEX-OHMEIDA, INC.	22,779.97	PANDA WARMER FOR ED		
002260	8/1/2019	FISHER HEALTHCARE	2,384.42	ACCUSPIN CENTRIFUGE		
002261	8/1/2019	GE MEDICAL SYSTEMS INFO TECH	1,116.35	MUSE CARDIOLOGY		
002262	8/1/2019	SIEMENS MEDICAL SOLUTIONS USA	414,164.00	ACUSION ULTRASOUND SYSTEM		
002263	8/8/2019	CONVERGEONE, INC.	3,660.00	QUADRAMED QCPT HARDWARE		
002264	8/8/2019	DIETARY FOOD MANAGEMENT	623.00	DFM TOUCH SCREEN REGISTER		
002265	8/8/2019	FISHER HEALTHCARE	3,092.11	ACCUSPIN CENTRIFUGE		
002266	8/8/2019	WASATCH CONTROLS (HARRIS ACQUIE)	27,137.03	SECURITY CAMERA SYSTEM		
002267	8/14/2019	FISHER HEALTHCARE	11,588.64	BLOOD BANK FREEZER		
002268	8/21/2019	CONVERGEONE, INC.	100,005.71	RUBRIK BACKUP SOLUTION		
002269	8/21/2019	FISHER HEALTHCARE	13,974.39	BLOOD BANK REFRIGERATOR		
002270	8/21/2019	GE HEALTHCARE FINANCIAL SERVICES	225,000.00	GE OPTIMA CT850 RT-16 FMV LEASE BUYOUT		
002271	8/21/2019	PERFORMANCE HEALTH SUPPLY INC	11,219.92	TREADMILL WITH HANDRAILS		
002272	8/21/2019	SCORPION HEALTHCARE LLC	25,000.00	WEBSITE REDESIGN AND HOSE SERVICE-INTERNET		
002273	8/21/2019	HILL-ROM	9,100.00	VEST AIRWAY CLEARANCE SYSTEM		
<b>AUGUST TOTALS</b>					<b>870,845.54</b>	<b>920,080.60</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002274	9/5/2019	HOLOGIC, INC.	32,000.00	REFURBISHED THINPREP 2000 PROCESSOR		
002276	9/12/2019	STRYKER MEDICAL	20,766.46	ED BED/STRETCHERS		
002277	9/26/2019	SYNTHEX LTD	14,703.92	STRYKER NEPTUNE 3 WASTE MANAGEMENT SY		
<b>SEPTEMBER TOTALS</b>					<b>67,470.38</b>	<b>987,550.98</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002278	10/3/2019	CDW GOVERNMENT LLC	9,900.00	QCPR 6.3 UPGRADE WITH LINUX SERVER		
002279	10/3/2019	VAPOTHERM INC.	24,200.00	VAPOTHERM		
002280	10/10/2019	QUADRAMED CORPORATION	11,500.00	QCPR 6.3 UPGRADE WITH LINUX SERVER		
<b>OCTOBER TOTALS</b>					<b>45,600.00</b>	<b>1,033,150.98</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002281	11/13/2019	SYNTHEX LTD	19,029.46	TRAUMA IMPLANT SYSTEM		
002282	11/20/2019	CDW GOVERNMENT LLC	1,788.96	DELL PRECISION 5820 COMP TOWERS/MONITORS		
002283	11/20/2019	CONVERGEONE, INC.	14,737.50	CISCO CALL CENTER LICENSING FOR PFS		
002284	11/20/2019	WIELAND (SAUDER MANUFACTURING	8,110.25	PATIENT ROOM GUEST CHAIRS		
002285	11/20/2019	SYNTHEX LTD	301.00	TRAUMA IMPLANT SYSTEM		
002286	11/27/2019	MRS SYSTEMS, INC	24,900.00	ASPEN BREAST REPORTING SYSTEM		
<b>NOVEMBER TOTALS</b>					<b>68,867.17</b>	<b>1,102,018.15</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002287	12/5/2019	CDW GOVERNMENT LLC	5,300.00	DELL PRECISION 5820 COMP TOWERS/MONITORS		
002288	12/5/2019	QUADRAMED CORPORATION	10,000.00	QCPR INTERFACE FOR LAB INSTRUMENT		
002289	12/5/2019	WERNLI, INC.	20,533.00	FREEZER/COOLER INSTALLATION		
002290	12/12/2019	QUADRAMED CORPORATION	8,750.00	QCPR INTERFACE FOR LAB INSTRUMENT		
002291	12/19/2019	QUALITY BUILDERS, INC.	64,500.00	REPLACEMENT GROUNDS BUILDING		
002292	12/19/2019	WASATCH CONTROLS (HARRIS ACQUIE	15,238.19	ADDITIONAL SECURITY CAMERSA FOR SYS UPGRADE		
002292	12/19/2019	WASATCH CONTROLS (HARRIS ACQUIE	14,503.36	SECURITY CAMERA SYSTEM		
002293	12/24/2019	SYNTHES LTD	1,138.20	TRAUMA IMPLANT SYSTEM		
DECEMBER TOTALS					139,962.75	1,241,980.90

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002294	1/9/2020	CDW GOVERNMENT LLC	90,000.00	LAPTOPS		
002295	1/9/2020	COVIDIEN SALES LLC, DBA GIVEN IMA	4,000.00	BRAVO CALIBRATION FREE REFLUX SYS		
002296	1/9/2020	DIAGNOSTIGA STAGO INC	45,670.64	COAGULATION ANALYZER		
002297	1/9/2020	QUADRAMED CORPORATION	1,250.00	QCPR INTERFACE FOR LAB		
002298	1/9/2020	STAPLES	8,564.85	PATIENT ROOM GUEST CHAIRS		
002299	1/23/2020	CLAFILIN SERVICE COMPANY (CME)	6,572.84	VISION SCANNER - PEDIATRICS		
002300	1/23/2020	KRONOS INCORPORATED	855.00	KRONOS 8.1.3 UPGRADE		
JANUARY TOTALS					156,913.33	1,398,894.23

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002304	2/6/2020	APPLIED STATISTICS & MANAGEMENT	44,900.00	MD-STAFF CREDENTIALING SOFTWARE		
002305	2/6/2020	WASATCH CONTROLS (HARRIS ACQUIE	2,776.61	SECURITY ALARM SYSTEM		
002306	2/14/2020	KRONOS INCORPORATED	90.00	KRONOS 8.1.3 UPGRADE		
002307	2/14/2020	P3 CONSULTING LLC	6,800.00	DYNAMICS GP 2018R UPGRADE		
002308	2/19/2020	COVIDIEN SALES LLC, DBA GIVEN IMA	6,841.88	BRAVO CALIBRATION-FREE REFLUX TESTING SYSTEM		
FEBRUARY TOTALS					61,408.49	1,460,302.72

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002309	3/5/2020	KARL STORZ ENDOSCOPY-AMERICA	34,120.32	AIRWAY INTUBATION SYSTEM		
002310	3/5/2020	INNOVATION WIRELESS	9,508.80	SYNCHRONIZED CLOCK SYSTEM		
002311	3/11/2020	KARL STORZ ENDOSCOPY-AMERICA	2,065.78	AIRWAY INTUBATION SYSTEM		
002312	3/19/2020	KARL STORZ ENDOSCOPY-AMERICA	4,512.36	AIRWAY INTUBATION SYSTEM		
002313	3/19/2020	KRONOS INCORPORATED	360.00	KRONOS 8.1.3 UPGRADE		
002314	3/26/2020	CAREFUSION 211, INC.	491.99	VYNTUS ONE PFT W/BODY BOX		
002315	3/26/2020	KARL STORZ ENDOSCOPY-AMERICA	5,317.82	AIRWAY INTUBATION SYSTEM		
MARCH TOTALS					56,377.07	1,516,679.79

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002316	4/2/2020	CAREFUSION 211, INC.	57,140.00	VYNTUS ONE PFT W/BODY BOX		
002317	4/17/2020	INNOVATION WIRELESS	8,823.80	SYNCHRONIZED CLOCK SYSTEM		
002318	4/17/2020	P3 CONSULTING LLC	10,000.00	DYNAMICS GP 2018R UPGRADE		
002319	4/24/2020	KRONOS INCORPORATED	610.00	KRONOS 8.1.3 UPGRADE		
002320	4/24/2020	MEDICAL POSITIONING, INC	9,384.00	ECHO TABLE		
002321	4/24/2020	WASATCH CONTROLS (HARRIS ACQUIE	6,725.14	ADDITIONAL SECURITY CAMERAS		
002322	4/30/2020	CDW GOVERNMENT LLC	96.44	BOILER HOUSE FIBER OPTIC		
002323	4/30/2020	KARL STORZ ENDOSCOPY-AMERICA	29,860.94	VIDEO CHOLEODOCOSCOPE		
APRIL TOTALS					122,580.32	1,639,260.11

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
4/30/2020

Amount	Description
26,693.81	Advertising Total
159.76	Bank Fee's Total
4,818.43	Billing Services Total
9,970.81	Blood Total
10,250.00	Building Lease Total
3,703.24	Cellular Telephone Total
104,880.89	Collection Agency Total
2,056.35	Computer Equipment Total
2,764.42	Consulting Fees Total
545,486.72	Contract Maintenance Total
75,596.71	Contract Personnel Total
589.32	Courier Services Total
26,567.44	Dental Insurance Total
30,337.59	Dialysis Supplies Total
234.00	Education & Travel Total
536.00	Education Material Total
4,637.95	Employee Recruitment Total
84,591.19	Equipment Lease Total
68,686.51	Food Total
6,037.42	Freight Total
641.85	Fuel Total
2,379.67	Garbage Collection Total
470,989.46	Group Health Total
292,136.27	Hospital Supplies Total
22,450.15	Insurance Premiums Total
443.00	Insurance Refund Total
64,528.60	Laboratory Services Total
232,836.76	Laboratory Supplies Total
183.75	Laundry Supplies Total
12,216.84	Legal Fees Total
4,403.00	Liability Insurance Total
1,244.00	License & Taxes Total
180.00	License Renewal Total
3,172.14	Life Insurance Total
453.96	Linen Total
214,808.04	Locum Tenens Total
31,639.79	Maintenance & Repair Total
41,436.37	Maintenance Supplies Total
5,923.50	Marketing & Promotional Supplies Total
1,219.95	Medical Surgical Supplies Total
370.00	Memberships Total
2,451.16	MHSC Foundation Total
690.33	Minor Equipment Total
699.00	Monthly Pest Control Total
11,606.47	Non Medical Supplies Total
150.00	Notary Bonds Total
11,458.34	Office Supplies Total

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1,970.00	Other Employee Benefits Total
11,157.31	Other Medical Surgical Supplies Total
4,543.69	Other Purchased Services Total
8,902.33	Oxygen Rental Total
6,762.19	Payroll Garnishment Total
2,900,000.00	Payroll Transfer Total
930,079.11	Pharmacy Management Total
10,000.00	Physician Recruitment Total
202,832.73	Physician Services Total
43,942.55	Physician Student Loan Total
47,847.90	Professional Service Total
205.60	Radiation Monitoring Total
263.58	Radiology Film Total
30,752.69	Radiology Material Total
11,568.35	Reimbursement - CME Total
10,626.28	Reimbursement - Education & Travel Total
199.81	Reimbursement - Insurance Premiums Total
135.00	Reimbursement - Memberships Total
46.69	Reimbursement - Non Hospital Supplies Total
47.43	Reimbursement - Office Supplies Total
210.10	Reimbursement - Uniforms Total
336,542.57	Retirement Total
1,028.60	Sales Tax Payment Total
8,397.36	Scholarship Total
1,160.00	Sponsorship Total
1,659.38	Surgery Equipment Total
35,214.17	Surgery Supplies Total
714.76	Transcription Services Total
762.65	Translation Services Total
612.63	Uniforms Total
90,249.91	Utilities Total
1,161.21	Waste Disposal Total
3,513.00	Window Cleaning Total
77,928.14	Workman's Comp Total
7,220,348.68	Grand Total



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Check Number	Date	Vendor Check Name	Amount	Description
170470	4/8/2020	BIG THICKET BROADCASTING	3,193.75	Advertising
170576	4/8/2020	LAMAR ADVERTISING	700.00	Advertising
170425	4/2/2020	RUMOR ADVERTISING	4,039.65	Advertising
170420	4/2/2020	PILOT BUTTE BROADCASTING	800.00	Advertising
170550	4/8/2020	ROYAL FLUSH ADVERTISING	500.00	Advertising
170697	4/24/2020	BIG THICKET BROADCASTING	3,193.75	Advertising
170701	4/24/2020	BRIDGER VALLEY PIONEER	317.00	Advertising
170743	4/24/2020	KEMMERER GAZETTE	1,049.00	Advertising
170782	4/24/2020	SUBLETTE EXAMINER	537.00	Advertising
170783	4/24/2020	SWEETWATER NOW, LLC	2,900.00	Advertising
170787	4/24/2020	THE RADIO NETWORK	3,166.66	Advertising
170766	4/24/2020	PINEDALE ROUNDUP	317.00	Advertising
170876	4/30/2020	PILOT BUTTE BROADCASTING	300.00	Advertising
EFT000000005751	4/2/2020	LAMAR ADVERTISING	1,600.00	Advertising
EFT000000005770	4/8/2020	LAMAR ADVERTISING	700.00	Advertising
EFT000000005775	4/8/2020	ROCKET MINER	1,300.00	Advertising
EFT000000005777	4/8/2020	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000005794	4/17/2020	LAMAR ADVERTISING	400.00	Advertising
EFT000000005797	4/17/2020	ROCKET MINER	900.00	Advertising
EFT000000005808	4/24/2020	GREEN RIVER STAR	500.00	Advertising
170880	4/30/2020	RSNB BANK	159.76	Bank Fee's
170381	4/2/2020	EXPRESS MEDICAID BILLING SERV	568.43	Billing Services
170423	4/2/2020	RECONDO TECHNOLOGY, INC	4,250.00	Billing Services
170582	4/17/2020	VITALANT	9,970.81	Blood
170714	4/24/2020	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
170733	4/24/2020	HILLYTOP PROPERTIES, LLC	6,750.00	Building Lease
170453	4/2/2020	VERIZON WIRELESS, LLC	3,703.24	Cellular Telephone
170455	4/2/2020	WAKEFIELD & ASSOCIATES, INC.	52,923.63	Collection Agency
170899	4/30/2020	WAKEFIELD & ASSOCIATES, INC.	51,957.26	Collection Agency
170368	4/2/2020	CDW GOVERNMENT LLC	10.19	Computer Equipment
170475	4/8/2020	CDW GOVERNMENT LLC	250.67	Computer Equipment
170905	4/30/2020	CDW GOVERNMENT LLC	1,795.49	Computer Equipment
170458	4/2/2020	WOODARD & CURRAN INC.	2,764.42	Consulting Fees
170369	4/2/2020	CHANGE HEALTHCARE SOLUTIONS, LLC	4,043.94	Contract Maintenance
170373	4/2/2020	CLINICAL COMPUTER SYSTEM INC.	56,107.00	Contract Maintenance
170416	4/2/2020	NUANCE COMMUNICATIONS, INC	208.33	Contract Maintenance
170419	4/2/2020	PHILIPS HEALTHCARE	372.78	Contract Maintenance
170536	4/8/2020	PHILIPS HEALTHCARE	1,299.98	Contract Maintenance
170654	4/17/2020	PHILIPS HEALTHCARE	1,133.00	Contract Maintenance
170430	4/2/2020	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
170666	4/17/2020	SIEMENS MEDICAL SOLUTIONS USA	632.67	Contract Maintenance
170443	4/2/2020	TRACTMANAGER INC	1,004.85	Contract Maintenance
170572	4/8/2020	VOUGISTICS	324.00	Contract Maintenance
170352	4/2/2020	ABILITY NETWORK INC	769.65	Contract Maintenance
170588	4/17/2020	ABILITY NETWORK INC	769.65	Contract Maintenance
170483	4/8/2020	CONVERGEONE, INC.	3,076.50	Contract Maintenance
170395	4/2/2020	KONTRACTS	401.00	Contract Maintenance
170650	4/17/2020	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance
170540	4/8/2020	QUADRAMED	80,357.47	Contract Maintenance
170655	4/17/2020	QUADRAMED	245,825.17	Contract Maintenance
170427	4/2/2020	SCORPION HEALTHCARE LLC	2,798.00	Contract Maintenance
170447	4/2/2020	UNITED AUDIT SYSTEMS, INC.	990.00	Contract Maintenance
170678	4/17/2020	UNITED AUDIT SYSTEMS, INC.	990.00	Contract Maintenance

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170575	4/8/2020	WYODATA SECURITY INC.	1,770.00	Contract Maintenance
170684	4/17/2020	WYODATA SECURITY INC.	1,149.00	Contract Maintenance
170731	4/24/2020	HEALTHCARE SOLUTIONS OF NC	1,024.00	Contract Maintenance
170763	4/24/2020	OPTIMIS CORP	200.00	Contract Maintenance
170764	4/24/2020	PHILIPS HEALTHCARE	2,866.00	Contract Maintenance
170768	4/24/2020	PROVIDER ADVANTAGE NW INC	1,140.00	Contract Maintenance
170799	4/24/2020	SENCORP WHITE, INC	5,125.00	Contract Maintenance
170776	4/24/2020	SIEMENS MEDICAL SOLUTIONS USA	8,902.75	Contract Maintenance
170788	4/24/2020	TRACTMANAGER INC	1,004.85	Contract Maintenance
170687	4/24/2020	ABILITY NETWORK INC	769.65	Contract Maintenance
170735	4/24/2020	CONTRACTS	401.00	Contract Maintenance
170769	4/24/2020	QUADRAMED	9,249.48	Contract Maintenance
170774	4/24/2020	SCORPION HEALTHCARE LLC	2,991.59	Contract Maintenance
170800	4/24/2020	WYODATA SECURITY INC.	1,585.00	Contract Maintenance
170904	4/30/2020	GE HEALTHCARE	21,174.42	Contract Maintenance
170872	4/30/2020	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
170878	4/30/2020	REMI CORPORATION	2,739.79	Contract Maintenance
170884	4/30/2020	SOUTHWESTERN BIOMEDICAL ELECT.	1,275.00	Contract Maintenance
170847	4/30/2020	FIRST FINANCIAL HOLDINGS, LLC	7,248.00	Contract Maintenance
EFT000000005747	4/2/2020	GE HEALTHCARE	6,606.51	Contract Maintenance
EFT000000005757	4/2/2020	STATE FIRE DC SPECIALTIES	768.00	Contract Maintenance
EFT000000005765	4/8/2020	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT000000005774	4/8/2020	QUINTECH, INC.	2,708.52	Contract Maintenance
EFT000000005782	4/8/2020	T-SYSTEM, INC	9,516.01	Contract Maintenance
EFT000000005816	4/24/2020	T-SYSTEM, INC	8,249.33	Contract Maintenance
EFT000000005827	4/30/2020	GE HEALTHCARE	27,780.93	Contract Maintenance
EFT000000005836	4/30/2020	STATE FIRE DC SPECIALTIES	150.00	Contract Maintenance
W/T	4/8/2020	ZENITH	294.24	Contract Maintenance
W/T	4/21/2020	CARE CLOUD	349.00	Contract Maintenance
W/T	4/20/2020	GATEWAY EDI	5,466.00	Contract Maintenance
170378	4/2/2020	ELWOOD STAFFING SERVICES, INC	1,876.23	Contract Personnel
170491	4/8/2020	ELWOOD STAFFING SERVICES, INC	973.62	Contract Personnel
170624	4/17/2020	ELWOOD STAFFING SERVICES, INC	1,588.40	Contract Personnel
170386	4/2/2020	FOCUSONE SOLUTIONS LLC	17,047.88	Contract Personnel
170495	4/8/2020	FOCUSONE SOLUTIONS LLC	11,141.71	Contract Personnel
170628	4/17/2020	FOCUSONE SOLUTIONS LLC	14,144.04	Contract Personnel
170399	4/2/2020	JIM LANE	2,728.00	Contract Personnel
170426	4/2/2020	SARAH ROTH	300.00	Contract Personnel
170551	4/8/2020	SARAH ROTH	240.00	Contract Personnel
170664	4/17/2020	SARAH ROTH	300.00	Contract Personnel
170719	4/24/2020	ELWOOD STAFFING SERVICES, INC	1,158.00	Contract Personnel
170725	4/24/2020	FOCUSONE SOLUTIONS LLC	9,744.69	Contract Personnel
170773	4/24/2020	SARAH ROTH	885.00	Contract Personnel
170849	4/30/2020	FOCUSONE SOLUTIONS LLC	10,741.06	Contract Personnel
170859	4/30/2020	JIM LANE	2,728.00	Contract Personnel
170672	4/17/2020	SUSAN K CROFUTT	589.32	Courier Services
170621	4/17/2020	DELTA DENTAL	26,567.44	Dental Insurance
170631	4/17/2020	HACH COMPANY	58.79	Dialysis Supplies
170392	4/2/2020	HENRY SCHEIN INC	35.97	Dialysis Supplies
170500	4/8/2020	HENRY SCHEIN INC	629.95	Dialysis Supplies
170633	4/17/2020	HENRY SCHEIN INC	296.50	Dialysis Supplies
170388	4/2/2020	FRESENIUS USA MARKETING, INC.	12,714.01	Dialysis Supplies
170496	4/8/2020	FRESENIUS USA MARKETING, INC.	554.20	Dialysis Supplies
170732	4/24/2020	HENRY SCHEIN INC	47.92	Dialysis Supplies

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170726	4/24/2020	FRESENIUS USA MARKETING, INC.	7,371.15	Dialysis Supplies
170855	4/30/2020	HENRY SCHEIN INC	402.79	Dialysis Supplies
170850	4/30/2020	FRESENIUS USA MARKETING, INC.	8,226.31	Dialysis Supplies
170813	4/30/2020	ACADEMY OF NUTRITION AND DIETETICS	234.00	Education & Travel
170412	4/2/2020	MY EDUCATIONAL RESOURCES	38.00	Education Material
170586	4/14/2020	MY EDUCATIONAL RESOURCES	498.00	Education Material
170396	4/2/2020	INSIGHT INVESTIGATIONS, INC	606.00	Employee Recruitment
170505	4/8/2020	INSIGHT INVESTIGATIONS, INC	901.95	Employee Recruitment
170508	4/8/2020	JOANMARIE THACKRAH	2,500.00	Employee Recruitment
EFT00000005799	4/17/2020	SST TESTING +, INC.	630.00	Employee Recruitment
170485	4/8/2020	COPIER & SUPPLY COMPANY	9,194.77	Equipment Lease
170618	4/17/2020	COPIER & SUPPLY COMPANY	237.40	Equipment Lease
170629	4/17/2020	GE HEALTHCARE FINANCIAL SERVICES	13,081.09	Equipment Lease
170537	4/8/2020	PITNEY BOWES GLOBAL FINANCIAL SERVICES, LLC	1,149.48	Equipment Lease
170552	4/8/2020	SHADOW MOUNTAIN WATER CO ,WY	75.00	Equipment Lease
170665	4/17/2020	SHADOW MOUNTAIN WATER CO ,WY	100.00	Equipment Lease
170431	4/2/2020	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
170449	4/2/2020	US BANK EQUIPMENT FINANCE	801.22	Equipment Lease
170568	4/8/2020	US BANK EQUIPMENT FINANCE	251.28	Equipment Lease
170680	4/17/2020	US BANK EQUIPMENT FINANCE	1,975.35	Equipment Lease
170713	4/24/2020	COPIER & SUPPLY COMPANY	8,335.77	Equipment Lease
170775	4/24/2020	SHADOW MOUNTAIN WATER CO ,WY	275.00	Equipment Lease
170794	4/24/2020	US BANK EQUIPMENT FINANCE	819.47	Equipment Lease
170882	4/30/2020	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
EFT00000005759	4/2/2020	TIMEPAYMENT CORP	2,418.98	Equipment Lease
W/T	4/8/2020	SIEMENS EDI	9,017.12	Equipment Lease
170383	4/2/2020	F B MCFADDEN WHOLESAL	8,880.70	Food
170493	4/8/2020	F B MCFADDEN WHOLESAL	2,784.30	Food
170625	4/17/2020	F B MCFADDEN WHOLESAL	3,640.53	Food
170382	4/2/2020	FARMER BROS CO	1,418.80	Food
170642	4/17/2020	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	568.50	Food
170405	4/2/2020	MEADOW GOLD DAIRY	2,047.34	Food
170414	4/2/2020	NICHOLAS & CO INC	25,867.74	Food
170531	4/8/2020	NICHOLAS & CO INC	1,116.82	Food
170439	4/2/2020	SYSCO INTERMOUNTAIN FOOD	12,738.95	Food
170457	4/2/2020	WESTERN WYOMING BEVERAGES INC	5,014.87	Food
170683	4/17/2020	WESTERN WYOMING BEVERAGES INC	39.05	Food
170845	4/30/2020	F B MCFADDEN WHOLESAL	2,115.45	Food
170890	4/30/2020	SYSCO INTERMOUNTAIN FOOD	446.38	Food
EFT00000005746	4/2/2020	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	1,997.00	Food
EFT00000005790	4/17/2020	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	10.08	Food
170384	4/2/2020	FED EX	54.41	Freight
170626	4/17/2020	FED EX	46.47	Freight
170445	4/2/2020	TRIOSE, INC	5,774.54	Freight
170448	4/2/2020	UPS STORE	162.00	Freight
170544	4/8/2020	RED HORSE OIL COMPANIES INC	641.85	Fuel
170437	4/2/2020	SWEETWATER COUNTY SOLID WASTE	15.00	Garbage Collection
EFT00000005783	4/8/2020	WWS - ROCK SPRINGS	2,364.67	Garbage Collection
W/T	4/22/2020	FURTHER ADMIN FEE	195.00	Group Health
W/T	4/3/2020	FURTHER FLEX 4/1/20	759.51	Group Health
W/T	4/10/2020	FURTHER FLEX 4/8/20	1,761.63	Group Health
W/T	4/24/2020	FURTHER FLEX 4/22/20	1,863.48	Group Health
W/T	4/17/2020	FURTHER FLEX 4/8/20	5,385.33	Group Health
W/T	4/10/2020	BLUE CROSS BLUE SHIELD 4/3/20	80,566.57	Group Health

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W/T	4/24/2020	BLUE CROSS BLUE SHIELD 4/17/20	103,760.18	Group Health
W/T	4/3/2020	BLUE CROSS BLUE SHIELD 3/27/20	135,589.17	Group Health
W/T	4/17/2020	BLUE CROSS BLUE SHIELD 4/10/20	141,108.59	Group Health
170587	4/17/2020	ABBOTT LABORATORIES	203.04	Hospital Supplies
170549	4/8/2020	ABBOTT NUTRITION	69.98	Hospital Supplies
170593	4/17/2020	AMAZON.COM CREDIT PLAN	168.91	Hospital Supplies
170354	4/2/2020	APPLIED MEDICAL	948.00	Hospital Supplies
170465	4/8/2020	APPLIED MEDICAL	2,250.00	Hospital Supplies
170595	4/17/2020	APPLIED MEDICAL	444.00	Hospital Supplies
170355	4/2/2020	AQUACAST LINER	990.00	Hospital Supplies
170597	4/17/2020	ARTHREX INC.	480.00	Hospital Supplies
170358	4/2/2020	B BRAUN MEDICAL INC.	237.32	Hospital Supplies
170467	4/8/2020	B BRAUN MEDICAL INC.	1,296.00	Hospital Supplies
170602	4/17/2020	B BRAUN MEDICAL INC.	2,443.68	Hospital Supplies
170600	4/17/2020	BAND PERIPHERAL VASCULAR INC	1,044.00	Hospital Supplies
170357	4/2/2020	BAYER HEALTHCARE LLC	1,858.86	Hospital Supplies
170601	4/17/2020	BAYER HEALTHCARE LLC	1,858.86	Hospital Supplies
170605	4/17/2020	BG MEDICAL LLC	1,200.00	Hospital Supplies
170607	4/17/2020	BIOMET SPORTS MEDICINE	1,960.00	Hospital Supplies
170363	4/2/2020	BOSTON SCIENTIFIC CORP	2,525.71	Hospital Supplies
170471	4/8/2020	BOSTON SCIENTIFIC CORP	1,686.61	Hospital Supplies
170610	4/17/2020	BOSTON SCIENTIFIC CORP	1,822.86	Hospital Supplies
170366	4/2/2020	CARDINAL HEALTH/V. MUELLER	19,705.31	Hospital Supplies
170474	4/8/2020	CARDINAL HEALTH/V. MUELLER	15,245.65	Hospital Supplies
170367	4/2/2020	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
170374	4/2/2020	COOK MEDICAL INCORPORATED	894.00	Hospital Supplies
170484	4/8/2020	COOK MEDICAL INCORPORATED	879.00	Hospital Supplies
170617	4/17/2020	COOK MEDICAL INCORPORATED	921.00	Hospital Supplies
170376	4/2/2020	DIAGNOSTIGA STAGO INC	8,016.00	Hospital Supplies
170489	4/8/2020	DIAGNOSTIGA STAGO INC	690.39	Hospital Supplies
170622	4/17/2020	DIAGNOSTIGA STAGO INC	11,347.12	Hospital Supplies
170497	4/8/2020	GENERAL HOSPITAL SUPPLY CORPORATION	222.00	Hospital Supplies
170499	4/8/2020	GYNEX CORP	115.40	Hospital Supplies
170391	4/2/2020	HEALTHCARE LOGISTICS INC	132.21	Hospital Supplies
170632	4/17/2020	HEALTHCARE LOGISTICS INC	21.90	Hospital Supplies
170634	4/17/2020	HILL-ROM	4,327.86	Hospital Supplies
170502	4/8/2020	HOLOGIC, INC.	5,419.00	Hospital Supplies
170635	4/17/2020	HOLOGIC, INC.	126.00	Hospital Supplies
170504	4/8/2020	HULL ANESTHESIA INC	180.00	Hospital Supplies
170512	4/8/2020	KARL STORZ ENDOSCOPY-AMERICA	93.56	Hospital Supplies
170638	4/17/2020	KARL STORZ ENDOSCOPY-AMERICA	5,586.85	Hospital Supplies
170436	4/2/2020	LEICA BIOSYSTEMS RICHMOND	313.34	Hospital Supplies
170529	4/8/2020	M V A P MEDICAL SUPPLIES, INC.	100.00	Hospital Supplies
170517	4/8/2020	MARKET LAB, INC	518.00	Hospital Supplies
170643	4/17/2020	MARKET LAB, INC	3,094.43	Hospital Supplies
170404	4/2/2020	MCKESSON MEDICAL-SURGICAL	1,707.07	Hospital Supplies
170644	4/17/2020	MCKESSON MEDICAL-SURGICAL	930.60	Hospital Supplies
170522	4/8/2020	MEDTRONIC USA INC	385.00	Hospital Supplies
170521	4/8/2020	MEDTRONIC, USA	241.00	Hospital Supplies
170646	4/17/2020	MES	144.25	Hospital Supplies
170417	4/2/2020	OLYMPUS AMERICA INC	58.80	Hospital Supplies
170532	4/8/2020	OLYMPUS AMERICA INC	502.27	Hospital Supplies
170651	4/17/2020	OLYMPUS AMERICA INC	171.64	Hospital Supplies
170418	4/2/2020	OWENS & MINOR 90005430	27,940.67	Hospital Supplies



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170533	4/8/2020	OWENS & MINOR 90005430	1,561.48	Hospital Supplies
170652	4/17/2020	OWENS & MINOR 90005430	8,364.00	Hospital Supplies
170535	4/8/2020	PERFORMANCE HEALTH SUPPLY INC	61.73	Hospital Supplies
170653	4/17/2020	PERFORMANCE HEALTH SUPPLY INC	36.34	Hospital Supplies
170541	4/8/2020	QUESET MEDICAL	128.13	Hospital Supplies
170422	4/2/2020	RADIOMETER AMERICA INC	204.96	Hospital Supplies
170660	4/17/2020	RADIOMETER AMERICA INC	400.70	Hospital Supplies
170545	4/8/2020	RESMED CORP	170.00	Hospital Supplies
170424	4/2/2020	RESPIRONICS	570.00	Hospital Supplies
170429	4/2/2020	SHIPPET MEDICAL TECHNOLOGIES	246.00	Hospital Supplies
170558	4/8/2020	STERIS CORPORATION	3,126.97	Hospital Supplies
170670	4/17/2020	STERIS CORPORATION	186.32	Hospital Supplies
170444	4/2/2020	TRI-ANIM HEALTH SERVICES INC	489.12	Hospital Supplies
170567	4/8/2020	TRI-ANIM HEALTH SERVICES INC	5,656.28	Hospital Supplies
170677	4/17/2020	TRI-ANIM HEALTH SERVICES INC	767.54	Hospital Supplies
170452	4/2/2020	VAPOTHERM INC.	188.20	Hospital Supplies
170569	4/8/2020	VAPOTHERM INC.	1,596.00	Hospital Supplies
170681	4/17/2020	VAPOTHERM INC.	376.00	Hospital Supplies
170570	4/8/2020	VERATHON INC.	180.00	Hospital Supplies
170456	4/2/2020	WAXIE SANITARY SUPPLY	5,616.10	Hospital Supplies
170375	4/2/2020	CR BARD, INC	195.00	Hospital Supplies
170377	4/2/2020	EDGE PHARMACEUTICALS, LLC	269.68	Hospital Supplies
170490	4/8/2020	EDGE PHARMACEUTICALS, LLC	440.20	Hospital Supplies
170623	4/17/2020	EDGE PHARMACEUTICALS, LLC	1,904.68	Hospital Supplies
170589	4/24/2020	AESCUAP INC	89.04	Hospital Supplies
170691	4/24/2020	AMAZON.COM CREDIT PLAN	1,961.16	Hospital Supplies
170692	4/24/2020	ARTHREX INC.	264.00	Hospital Supplies
170694	4/24/2020	BAXTER HEALTHCARE CORP/IV	13,867.56	Hospital Supplies
170699	4/24/2020	BOSTON SCIENTIFIC CORP	1,765.22	Hospital Supplies
170703	4/24/2020	CARDINAL HEALTH/V. MUELLER	2,404.51	Hospital Supplies
170711	4/24/2020	CONE INSTRUMENTS	516.68	Hospital Supplies
170712	4/24/2020	COOK MEDICAL INCORPORATED	2,130.20	Hospital Supplies
170727	4/24/2020	GENERAL HOSPITAL SUPPLY CORPORATION	222.00	Hospital Supplies
170730	4/24/2020	HEALTHCARE LOGISTICS INC	305.87	Hospital Supplies
170742	4/24/2020	KCI USA	1,499.15	Hospital Supplies
170748	4/24/2020	MARKET LAB, INC	1,263.01	Hospital Supplies
170749	4/24/2020	MCKESSON MEDICAL-SURGICAL	1,503.26	Hospital Supplies
170754	4/24/2020	MES	113.75	Hospital Supplies
170762	4/24/2020	OLYMPUS AMERICA INC	688.94	Hospital Supplies
170767	4/24/2020	PREFERRED MEDICAL PRODUCTS	321.00	Hospital Supplies
170777	4/24/2020	SMITHS MEDICAL ASD INC	212.38	Hospital Supplies
170781	4/24/2020	STERIS CORPORATION	589.36	Hospital Supplies
170789	4/24/2020	TRI-ANIM HEALTH SERVICES INC	3,136.47	Hospital Supplies
170797	4/24/2020	WAXIE SANITARY SUPPLY	7,366.75	Hospital Supplies
170812	4/30/2020	ABBOTT LABORATORIES	2,381.56	Hospital Supplies
170881	4/30/2020	ABBOTT NUTRITION	19.70	Hospital Supplies
170814	4/30/2020	AESCUAP INC	362.71	Hospital Supplies
170819	4/30/2020	ARTHREX INC.	125.00	Hospital Supplies
170823	4/30/2020	B BRAUN MEDICAL INC.	724.48	Hospital Supplies
170821	4/30/2020	BAXTER HEALTHCARE CORP/IV	1,771.26	Hospital Supplies
170822	4/30/2020	BAYER HEALTHCARE LLC	1,858.86	Hospital Supplies
170826	4/30/2020	BIOMET SPORTS MEDICINE	1,960.00	Hospital Supplies
170827	4/30/2020	BOSTON SCIENTIFIC CORP	3,305.73	Hospital Supplies
170831	4/30/2020	CARDINAL HEALTH/V. MUELLER	14,182.32	Hospital Supplies



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170833	4/30/2020	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
170838	4/30/2020	COASTAL LIFE SYSTEMS, INC.	173.72	Hospital Supplies
170840	4/30/2020	COOK MEDICAL INCORPORATED	1,026.00	Hospital Supplies
170844	4/30/2020	EXPAND-A-BAND, LLC	79.75	Hospital Supplies
170854	4/30/2020	HEALTHCARE LOGISTICS INC	35.06	Hospital Supplies
170861	4/30/2020	KARL STORZ ENDOSCOPY-AMERICA	408.55	Hospital Supplies
170870	4/30/2020	M V A P MEDICAL SUPPLIES, INC.	546.05	Hospital Supplies
170865	4/30/2020	MICKESON MEDICAL-SURGICAL	702.77	Hospital Supplies
170867	4/30/2020	MEDI-DOSE INCORPORATED	69.93	Hospital Supplies
170873	4/30/2020	OLYMPUS AMERICA INC	2,615.74	Hospital Supplies
170874	4/30/2020	OWENS & MINOR 90005430	22,715.80	Hospital Supplies
170879	4/30/2020	RESPIRONICS	100.00	Hospital Supplies
170883	4/30/2020	SMITHS MEDICAL ASD INC	562.41	Hospital Supplies
170886	4/30/2020	STERIS CORPORATION	4,405.80	Hospital Supplies
170896	4/30/2020	TRI-ANIM HEALTH SERVICES INC	1,332.98	Hospital Supplies
170898	4/30/2020	UTAH MEDICAL PRODUCTS INC	72.42	Hospital Supplies
170900	4/30/2020	WAXIE SANITARY SUPPLY	606.16	Hospital Supplies
170866	4/30/2020	MEDELA LLC	778.65	Hospital Supplies
EFT000000005745	4/2/2020	BREG INC	346.59	Hospital Supplies
EFT000000005749	4/2/2020	HARDY DIAGNOSTICS	562.68	Hospital Supplies
EFT000000005758	4/2/2020	STRYKER INSTRUMENTS	1,150.78	Hospital Supplies
EFT000000005762	4/2/2020	ZOLL MEDICAL CORPORATION	30.75	Hospital Supplies
EFT000000005767	4/8/2020	BREG INC	48.09	Hospital Supplies
EFT000000005769	4/8/2020	HARDY DIAGNOSTICS	906.02	Hospital Supplies
EFT000000005779	4/8/2020	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	906.24	Hospital Supplies
EFT000000005781	4/8/2020	STRYKER INSTRUMENTS	5,003.47	Hospital Supplies
EFT000000005784	4/8/2020	ZOLL MEDICAL CORPORATION	1,115.20	Hospital Supplies
EFT000000005788	4/17/2020	BREG INC	430.86	Hospital Supplies
EFT000000005789	4/17/2020	BSN MEDICAL INC	107.19	Hospital Supplies
EFT000000005795	4/17/2020	PACIFIC MEDICAL LLC	295.00	Hospital Supplies
EFT000000005800	4/17/2020	STRYKER INSTRUMENTS	3,393.50	Hospital Supplies
EFT000000005805	4/24/2020	BREG INC	326.92	Hospital Supplies
EFT000000005806	4/24/2020	BSN MEDICAL INC	56.95	Hospital Supplies
EFT000000005809	4/24/2020	HARDY DIAGNOSTICS	230.85	Hospital Supplies
EFT000000005815	4/24/2020	STRYKER INSTRUMENTS	581.10	Hospital Supplies
EFT000000005822	4/30/2020	BEEKLEY CORPORATION	166.00	Hospital Supplies
EFT000000005825	4/30/2020	BREG INC	492.60	Hospital Supplies
EFT000000005829	4/30/2020	HARDY DIAGNOSTICS	763.42	Hospital Supplies
EFT000000005830	4/30/2020	MARSHALL INDUSTRIES	271.95	Hospital Supplies
EFT000000005837	4/30/2020	ZOLL MEDICAL CORPORATION	30.75	Hospital Supplies
170379	4/2/2020	ENCOMPASS GROUP, LLC	2,839.38	Hospital Supplies
170679	4/17/2020	PROVIDENT LIFE & ACCIDENT	9,789.07	Insurance Premiums
170793	4/24/2020	PROVIDENT LIFE & ACCIDENT	12,661.08	Insurance Premiums
170459	4/2/2020	INSURANCE REFUND	443.00	Insurance Refund
170518	4/8/2020	MAYO COLLABORATIVE SERVICES, INC.	1,640.80	Laboratory Services
170409	4/2/2020	METABOLIC NEWBORN SCREENING	2,050.00	Laboratory Services
170647	4/17/2020	METABOLIC NEWBORN SCREENING	2,948.00	Laboratory Services
170591	4/17/2020	ALLERMETRIX INC	8,370.00	Laboratory Services
170657	4/17/2020	QUEST DIAGNOSTICS	200.00	Laboratory Services
EFT000000005787	4/17/2020	ARUP LABORATORIES, INC.	500.00	Laboratory Services
EFT000000005803	4/24/2020	ARUP LABORATORIES, INC.	48,820.60	Laboratory Services
170359	4/2/2020	BECKMAN COULTER, INC	4,205.83	Laboratory Supplies
170468	4/8/2020	BECKMAN COULTER, INC	197.91	Laboratory Supplies
170603	4/17/2020	BECKMAN COULTER, INC	333.80	Laboratory Supplies

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170365	4/2/2020	CARDINAL HEALTH	1,413.49	Laboratory Supplies
170473	4/8/2020	CARDINAL HEALTH	8,346.73	Laboratory Supplies
170613	4/17/2020	CARDINAL HEALTH	839.57	Laboratory Supplies
170477	4/8/2020	CEPHEID	115.00	Laboratory Supplies
170614	4/17/2020	CEPHEID	115.00	Laboratory Supplies
170385	4/2/2020	FISHER HEALTHCARE	9,015.79	Laboratory Supplies
170494	4/8/2020	FISHER HEALTHCARE	16,473.48	Laboratory Supplies
170627	4/17/2020	FISHER HEALTHCARE	18,382.76	Laboratory Supplies
170519	4/8/2020	MEDIVATORS REPROCESSING SYSTEM	265.00	Laboratory Supplies
170524	4/8/2020	MESA LABORATORIES	386.00	Laboratory Supplies
170398	4/2/2020	PLATINUM CODE	196.96	Laboratory Supplies
170446	4/2/2020	TYPENEX MEDICAL, LLC	64.00	Laboratory Supplies
170360	4/2/2020	BECTON DICKINSON	2,068.00	Laboratory Supplies
170469	4/8/2020	BECTON DICKINSON	786.00	Laboratory Supplies
170604	4/17/2020	BECTON DICKINSON	855.00	Laboratory Supplies
170361	4/2/2020	BIOFIRE DIAGNOSTICS, LLC	12,150.00	Laboratory Supplies
170606	4/17/2020	BIOFIRE DIAGNOSTICS, LLC	37,650.00	Laboratory Supplies
170408	4/2/2020	MESA VIEW PHYSICAL THERAPY	4,097.08	Laboratory Supplies
170702	4/24/2020	CARDINAL HEALTH	35,912.03	Laboratory Supplies
170706	4/24/2020	CEPHEID	4,207.50	Laboratory Supplies
170724	4/24/2020	FISHER HEALTHCARE	536.43	Laboratory Supplies
170751	4/24/2020	MEDIVATORS REPROCESSING SYSTEM	204.00	Laboratory Supplies
170790	4/24/2020	TYPENEX MEDICAL, LLC	64.00	Laboratory Supplies
170695	4/24/2020	BECTON DICKINSON	1,294.80	Laboratory Supplies
170698	4/24/2020	BIOFIRE DIAGNOSTICS, LLC	16,200.00	Laboratory Supplies
170818	4/30/2020	ANAEROBE SYSTEMS	24.00	Laboratory Supplies
170824	4/30/2020	BECKMAN COULTER, INC	180.61	Laboratory Supplies
170829	4/30/2020	CANCER DIAGNOSTICS, INC	90.75	Laboratory Supplies
170830	4/30/2020	CARDINAL HEALTH	22,203.42	Laboratory Supplies
170848	4/30/2020	FISHER HEALTHCARE	26,464.20	Laboratory Supplies
170869	4/30/2020	MERCEDES MEDICAL	92.00	Laboratory Supplies
170858	4/30/2020	PLATINUM CODE	217.86	Laboratory Supplies
170897	4/30/2020	TYPENEX MEDICAL, LLC	199.50	Laboratory Supplies
170825	4/30/2020	BECTON DICKINSON	314.40	Laboratory Supplies
EFT00000005766	4/8/2020	BIO-RAD LABORATORIES	920.24	Laboratory Supplies
EFT00000005772	4/8/2020	ORTHO-CLINICAL DIAGNOSTICS INC	498.58	Laboratory Supplies
EFT00000005750	4/2/2020	PACE ANALYTICAL SERVICES, LLC	474.00	Laboratory Supplies
EFT00000005804	4/24/2020	BIO-RAD LABORATORIES	1,573.00	Laboratory Supplies
EFT00000005810	4/24/2020	ORTHO-CLINICAL DIAGNOSTICS INC	336.21	Laboratory Supplies
EFT00000005824	4/30/2020	BIO-RAD LABORATORIES	1,520.91	Laboratory Supplies
EFT00000005831	4/30/2020	ORTHO-CLINICAL DIAGNOSTICS INC	1,331.00	Laboratory Supplies
EFT00000005752	4/2/2020	MARTIN-RAY LAUNDRY SYSTEMS	183.75	Laundry Supplies
170487	4/8/2020	CROWLEY FLECK ATTORNEYS	1,888.50	Legal Fees
170765	4/24/2020	PHILLIPS LAW, LLC	79.34	Legal Fees
170856	4/30/2020	HOLLAND & HART, LLP	249.00	Legal Fees
W/T	4/23/2020	HUNTINGTON BANK	10,000.00	Legal Fees
170450	4/2/2020	USI INSURANCE SERVICES WYOMING	4,403.00	Liability Insurance
170676	4/17/2020	TREASURER, STATE OF WYOMING	100.00	License & Taxes
170895	4/30/2020	TREASURER, STATE OF WYOMING	100.00	License & Taxes
170574	4/8/2020	WY DEPT OF ENVIRONMENT QUALITY	1,044.00	License & Taxes
170708	4/24/2020	CLIA LABORATORY PROGRAM	180.00	License Renewal
170649	4/17/2020	NEW YORK LIFE INSURANCE COMPANY	3,172.14	Life Insurance
170434	4/2/2020	STANDARD TEXTILE	189.00	Linen
170667	4/17/2020	STANDARD TEXTILE	151.20	Linen
170778	4/24/2020	STANDARD TEXTILE	113.76	Linen

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170482	4/8/2020	COMPHEALTH, INC.	58,221.33	Locum Tenens
170573	4/8/2020	WEATHERBY LOCUMS, INC	46,473.83	Locum Tenens
170710	4/24/2020	COMPHEALTH, INC.	17,054.65	Locum Tenens
170798	4/24/2020	WEATHERBY LOCUMS, INC	23,280.98	Locum Tenens
170516	4/8/2020	LOCUM TENENS.COM	34,340.80	Locum Tenens
170747	4/24/2020	LOCUM TENENS.COM	35,436.45	Locum Tenens
170594	4/17/2020	AMERI WATER	169.00	Maintenance & Repair
170372	4/2/2020	CLARK'S QUALITY ROOFING, INC	1,263.00	Maintenance & Repair
170479	4/8/2020	CLARK'S QUALITY ROOFING, INC	620.00	Maintenance & Repair
170619	4/17/2020	CUMMINS ROCKY MOUNTAIN, LLC	3,549.00	Maintenance & Repair
170488	4/8/2020	DAVE'S APPLIANCE	161.25	Maintenance & Repair
170562	4/8/2020	SWEETWATER PLUMBING & HEATING	198.90	Maintenance & Repair
170451	4/2/2020	UTAH CONTROLS INC	1,142.50	Maintenance & Repair
170492	4/8/2020	ENTRY SYSTEMS INC.	47.50	Maintenance & Repair
170390	4/2/2020	HANS RUDOLPH, INC.	125.00	Maintenance & Repair
170637	4/17/2020	ISI WATER CHEMISTRIES	82.40	Maintenance & Repair
170538	4/8/2020	PLAN ONE/ARCHITECTS	360.00	Maintenance & Repair
170705	4/24/2020	CARRIER COMMERCIAL SERVICE	1,450.00	Maintenance & Repair
170720	4/24/2020	ENTRY SYSTEMS INC.	777.47	Maintenance & Repair
170737	4/24/2020	ISI WATER CHEMISTRIES	2,682.06	Maintenance & Repair
170637	4/30/2020	CLARK'S QUALITY ROOFING, INC	825.00	Maintenance & Repair
170860	4/30/2020	JIM'S UPHOLSTERY	270.00	Maintenance & Repair
170875	4/30/2020	PACIFIC WATER INC	7,261.70	Maintenance & Repair
170901	4/30/2020	WHISLER CHEVROLET	699.00	Maintenance & Repair
170852	4/30/2020	HANS RUDOLPH, INC.	125.00	Maintenance & Repair
EFT000000005753	4/2/2020	PARTSSOURCE	198.58	Maintenance & Repair
EFT000000005756	4/2/2020	SERVCO	2,042.64	Maintenance & Repair
EFT000000005773	4/8/2020	PARTSSOURCE	75.25	Maintenance & Repair
EFT000000005796	4/17/2020	PARTSSOURCE	1,290.82	Maintenance & Repair
EFT000000005811	4/24/2020	PARTSSOURCE	89.54	Maintenance & Repair
EFT000000005813	4/24/2020	SERVCO	4,657.61	Maintenance & Repair
EFT000000005818	4/24/2020	WHITE MOUNTAIN LUMBER	1,149.00	Maintenance & Repair
EFT000000005832	4/30/2020	PARTSSOURCE	327.57	Maintenance & Repair
170356	4/2/2020	BARD ACCESS SYSTEMS	426.42	Maintenance Supplies
170599	4/17/2020	BARD ACCESS SYSTEMS	2,216.52	Maintenance Supplies
170362	4/2/2020	BLOEDORN LUMBER	1,857.80	Maintenance Supplies
170608	4/17/2020	BLOEDORN LUMBER	4,200.40	Maintenance Supplies
170488	4/8/2020	CODALE ELECTRIC SUPPLY, INC	452.44	Maintenance Supplies
170389	4/2/2020	GRAINER	218.81	Maintenance Supplies
170498	4/8/2020	GRAINER	1,915.92	Maintenance Supplies
170630	4/17/2020	GRAINER	427.80	Maintenance Supplies
170394	4/2/2020	HOME DEPOT	1,103.46	Maintenance Supplies
170503	4/8/2020	HOME DEPOT	216.56	Maintenance Supplies
170636	4/17/2020	HOME DEPOT	152.54	Maintenance Supplies
170661	4/17/2020	ROCKLER COMPANIES, INC	324.89	Maintenance Supplies
170693	4/24/2020	BARD ACCESS SYSTEMS	1,858.14	Maintenance Supplies
170709	4/24/2020	CODALE ELECTRIC SUPPLY, INC	46.74	Maintenance Supplies
170728	4/24/2020	GRAINER	216.88	Maintenance Supplies
170734	4/24/2020	HOME DEPOT	632.01	Maintenance Supplies
170816	4/30/2020	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
170820	4/30/2020	BARD ACCESS SYSTEMS	861.03	Maintenance Supplies
170839	4/30/2020	CODALE ELECTRIC SUPPLY, INC	2,185.72	Maintenance Supplies
170851	4/30/2020	GRAINER	373.68	Maintenance Supplies
170857	4/30/2020	HOME DEPOT	339.49	Maintenance Supplies
EFT000000005755	4/2/2020	ROCK SPRINGS WINNELSON CO	1,879.54	Maintenance Supplies

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EFT00000005760	4/2/2020	ULINE, INC	41.50	Maintenance Supplies
EFT00000005763	4/6/2020	ACE HARDWARE	27.96	Maintenance Supplies
EFT00000005776	4/8/2020	ROCK SPRINGS WINNELSON CO	405.85	Maintenance Supplies
EFT00000005778	4/8/2020	SHERWIN WILLIAMS CO	358.07	Maintenance Supplies
EFT00000005785	4/17/2020	ACE HARDWARE	164.92	Maintenance Supplies
EFT00000005798	4/17/2020	ROCK SPRINGS WINNELSON CO	43.08	Maintenance Supplies
EFT00000005801	4/24/2020	ACE HARDWARE	198.56	Maintenance Supplies
EFT00000005812	4/24/2020	ROCK SPRINGS WINNELSON CO	10,368.55	Maintenance Supplies
EFT00000005814	4/24/2020	SHERWIN WILLIAMS CO	241.46	Maintenance Supplies
EFT00000005820	4/30/2020	ACE HARDWARE	39.91	Maintenance Supplies
EFT00000005823	4/30/2020	BENNETT'S	50.00	Maintenance Supplies
EFT00000005833	4/30/2020	ROBERT I MERRILL COMPANY	4,247.98	Maintenance Supplies
EFT00000005834	4/30/2020	ROCK SPRINGS WINNELSON CO	2,083.76	Maintenance Supplies
EFT00000005835	4/30/2020	SHERWIN WILLIAMS CO	575.78	Maintenance Supplies
170877	4/30/2020	PURPLE LIZARDS, LLC	5,923.50	Marketing & Promotional Supplies
170596	4/17/2020	ARMSTRONG MEDICAL INDUSTRIES	150.00	Medical Surgical Supplies
170393	4/2/2020	HERAEUS MEDICAL	1,069.95	Medical Surgical Supplies
170530	4/8/2020	NAMSS	370.00	Memberships
170410	4/2/2020	MHSC-FOUNDATION	1,069.86	MHSC Foundation
170581	4/14/2020	MHSC-FOUNDATION	1,059.86	MHSC Foundation
170648	4/17/2020	MHSC-FOUNDATION	321.44	MHSC Foundation
170615	4/17/2020	COLORID, LLC	145.00	Minor Equipment
170836	4/30/2020	CLAFLIN SERVICE COMPANY (CME)	504.87	Minor Equipment
EFT00000005793	4/17/2020	LABORIE MEDICAL TECHNOLOGIES CORP	40.46	Minor Equipment
170441	4/2/2020	TERMINIX OF WYOMING	237.00	Monthly Pest Control
170893	4/30/2020	TERMINIX OF WYOMING	462.00	Monthly Pest Control
170387	4/2/2020	FOLLETT CORPORATION	4,322.16	Non Medical Supplies
170501	4/8/2020	HITACHI HEALTHCARE AMERICAS CORPORATION	748.00	Non Medical Supplies
170407	4/2/2020	MEDLINE INDUSTRIES INC	2,989.91	Non Medical Supplies
170520	4/8/2020	MEDLINE INDUSTRIES INC	348.88	Non Medical Supplies
170645	4/17/2020	MEDLINE INDUSTRIES INC	462.79	Non Medical Supplies
170428	4/2/2020	SHARN ANESTHESIA INC	1,029.00	Non Medical Supplies
170752	4/24/2020	MEDLINE INDUSTRIES INC	138.62	Non Medical Supplies
170868	4/30/2020	MEDLINE INDUSTRIES INC	1,567.11	Non Medical Supplies
170785	4/24/2020	TEGELER & ASSOCIATES-RS	100.00	Notary Bond
170891	4/30/2020	TEGELER & ASSOCIATES-RS	50.00	Notary Bond
170556	4/8/2020	STANDARD REGISTER COMPANY	76.44	Office Supplies
170435	4/2/2020	STAPLES BUSINESS ADVANTAGE	3,945.37	Office Supplies
170557	4/8/2020	STAPLES BUSINESS ADVANTAGE	110.19	Office Supplies
170668	4/17/2020	STAPLES BUSINESS ADVANTAGE	765.43	Office Supplies
170639	4/17/2020	LABELMATCH	89.95	Office Supplies
170750	4/24/2020	MEDICAL ARTS PRESS	683.88	Office Supplies
170779	4/24/2020	STANDARD REGISTER COMPANY	275.04	Office Supplies
170780	4/24/2020	STAPLES BUSINESS ADVANTAGE	774.78	Office Supplies
170842	4/30/2020	ENCOMPASS GROUP, LLC	1,399.05	Office Supplies
170885	4/30/2020	STAPLES BUSINESS ADVANTAGE	3,059.96	Office Supplies
EFT00000005780	4/8/2020	SMYTH PRINTING	278.25	Office Supplies
170885	4/17/2020	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
170662	4/17/2020	ROCK SPRINGS I.V. CENTER	2,803.49	Other Medical Surgical Supplies
170592	4/17/2020	ALTA MEDICAL SPECIALTIES	181.56	Other Medical Surgical Supplies
170609	4/17/2020	BLUE ENDO	280.65	Other Medical Surgical Supplies
170413	4/2/2020	NANOSONICS, INC	125.00	Other Medical Surgical Supplies
170440	4/2/2020	TELEFLEX LLC	279.00	Other Medical Surgical Supplies
170565	4/8/2020	TELEFLEX LLC	2,753.04	Other Medical Surgical Supplies
170675	4/17/2020	TELEFLEX LLC	1,100.00	Other Medical Surgical Supplies



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170786	4/24/2020	TELEFLEX LLC	3,163.60	Other Medical Surgical Supplies
170817	4/30/2020	ALTA MEDICAL SPECIALTIES	216.50	Other Medical Surgical Supplies
170871	4/30/2020	NANOSONICS, INC.	125.00	Other Medical Surgical Supplies
170892	4/30/2020	TELEFLEX LLC	49.47	Other Medical Surgical Supplies
170371	4/2/2020	CJ SIGNS	345.00	Other Purchased Services
170461	4/3/2020	CJ SIGNS	200.00	Other Purchased Services
170577	4/9/2020	CJ SIGNS	235.00	Other Purchased Services
170400	4/2/2020	JOY'S FLOWERS & GIFTS	60.00	Other Purchased Services
170511	4/8/2020	JOY'S FLOWERS & GIFTS	56.50	Other Purchased Services
170403	4/2/2020	QUICK RESPONSE TAXI	120.00	Other Purchased Services
170515	4/8/2020	QUICK RESPONSE TAXI	156.25	Other Purchased Services
170641	4/17/2020	QUICK RESPONSE TAXI	60.00	Other Purchased Services
170433	4/2/2020	SPECIALTY INCENTIVES, INC.	2,720.94	Other Purchased Services
170003	4/24/2020	CJ SIGNS	235.00	Other Purchased Services
170746	4/24/2020	QUICK RESPONSE TAXI	30.00	Other Purchased Services
170035	4/30/2020	CJ SIGNS	270.00	Other Purchased Services
170064	4/30/2020	QUICK RESPONSE TAXI	55.00	Other Purchased Services
EFT000000005744	4/2/2020	AIRGAS INTERMOUNTAIN INC	357.94	Oxygen Rental
EFT000000005764	4/8/2020	AIRGAS INTERMOUNTAIN INC	731.99	Oxygen Rental
EFT000000005786	4/17/2020	AIRGAS INTERMOUNTAIN INC	83.31	Oxygen Rental
EFT000000005802	4/24/2020	AIRGAS INTERMOUNTAIN INC	7,616.34	Oxygen Rental
EFT000000005821	4/30/2020	AIRGAS INTERMOUNTAIN INC	112.75	Oxygen Rental
170585	4/14/2020	UNITED WAY OF SWEETWATER COUNTY	354.07	Payroll Deduction
170580	4/14/2020	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment
170582	4/14/2020	STATE OF WYOMING DFS/CSES	1,594.97	Payroll Garnishment
170578	4/14/2020	CIRCUIT COURT 3RD JUDICIAL-GR	256.48	Payroll Garnishment
170579	4/14/2020	DAVID G. PEAKE	3,484.62	Payroll Garnishment
170583	4/14/2020	SWEETWATER CIRCUIT COURT-R5	496.21	Payroll Garnishment
170584	4/14/2020	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	4/14/2020	PAYROLL 8	1,400,000.00	Payroll Transfer
W/T	4/28/2020	PAYROLL 9	1,500,000.00	Payroll Transfer
170704	4/24/2020	CARDINAL HEALTH PHARMACY MGMT	4,535.70	Pharmacy Management
170832	4/30/2020	CARDINAL HEALTH PHARMACY MGMT	925,543.41	Pharmacy Management
170612	4/17/2020	BRIAN BARTON, PA-C	10,000.00	Physician Recruitment
170589	4/17/2020	ADVANCED MEDICAL IMAGING, LLC	17,112.00	Physician Services
170442	4/2/2020	THE SLEEP SPECIALISTS	13,500.00	Physician Services
170509	4/8/2020	JOHN A. ILIYA, M.D.	16,650.00	Physician Services
170688	4/24/2020	ADVANCED MEDICAL IMAGING, LLC	1,440.00	Physician Services
170772	4/24/2020	ROCK SPRINGS MY PLACE, LLC	354.25	Physician Services
170791	4/24/2020	UNIVERSITY OF UTAH DIVISION OF CARDIOVASCULAR MEDICINE	131.80	Physician Services
170792	4/24/2020	UNIVERSITY OF UTAH HEALTH CARE	86,376.67	Physician Services
170739	4/24/2020	JHHR MEDICAL ASSOCIATES	35,232.24	Physician Services
170894	4/30/2020	THE SLEEP SPECIALISTS	12,775.00	Physician Services
170853	4/30/2020	HAYES LOCUMS, LLC	19,260.77	Physician Services
170715	4/24/2020	DEPARTMENT OF EDUCATION	3,861.44	Physician Student Loan
170716	4/24/2020	DISCOVER STUDENT LOANS	519.64	Physician Student Loan
170718	4/24/2020	DRB EDUCATION FINANCE	5,833.33	Physician Student Loan
170723	4/24/2020	FEDLOAN SERVICING	19,696.22	Physician Student Loan
170729	4/24/2020	GREAT LAKES	1,666.67	Physician Student Loan
170759	4/24/2020	NAVIENT	1,147.03	Physician Student Loan
170760	4/24/2020	NAVIENT	1,500.00	Physician Student Loan
170761	4/24/2020	NELNET LOAN SERVICES, INC.	719.89	Physician Student Loan
170795	4/24/2020	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
170738	4/24/2020	DR. JACQUES DENKER	6,498.33	Physician Student Loan
170528	4/8/2020	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
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170463	4/8/2020	ALLTIME TAXI & TRANSPORTATION SERVICE	40.00	Professional Service
170380	4/2/2020	CE BROKER	274.22	Professional Service
170406	4/2/2020	MEDICAL PHYSICS CONSULTANTS, INC	2,150.00	Professional Service
170527	4/8/2020	MILE HIGH MOBILE PET	15,180.00	Professional Service
170534	4/8/2020	P3 CONSULTING LLC	1,487.50	Professional Service
170571	4/8/2020	VERISYS INC.	32.00	Professional Service
170454	4/2/2020	VERTIV SERVICES, INC.	11,346.95	Professional Service
170722	4/24/2020	CE BROKER	518.45	Professional Service
170707	4/24/2020	CLEANIQUE PROFESSIONAL SERVICES	7,050.00	Professional Service
170796	4/24/2020	VERISYS INC.	72.00	Professional Service
170801	4/24/2020	WYOMING DEPARTMENT OF HEALTH	102.00	Professional Service
EFT00000005761	4/2/2020	WESTERN STAR COMMUNICATIONS	772.50	Professional Service
EFT00000005817	4/24/2020	WESTERN STAR COMMUNICATIONS	1,585.13	Professional Service
170659	4/17/2020	RADIATION DETECTION COMPANY	7.50	Radiation Monitoring
EFT00000005771	4/8/2020	LANDAUER INC	198.10	Radiation Monitoring
170753	4/24/2020	MERRY X-RAY	263.58	Radiology Film
170364	4/2/2020	BRACCO DIAGNOSTICS INC	1,280.73	Radiology Material
170472	4/8/2020	BRACCO DIAGNOSTICS INC	2,134.55	Radiology Material
170611	4/17/2020	BRACCO DIAGNOSTICS INC	492.52	Radiology Material
170514	4/8/2020	LANTHEUS MEDICAL IMAGING, INC	4,303.33	Radiology Material
170640	4/17/2020	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
170620	4/17/2020	CURIUM US LLC	1,276.16	Radiology Material
170674	4/17/2020	TECHNOLOGY IMAGING SERVICES	1,900.00	Radiology Material
170700	4/24/2020	BRACCO DIAGNOSTICS INC	492.52	Radiology Material
170745	4/24/2020	LANTHEUS MEDICAL IMAGING, INC	5,671.29	Radiology Material
170828	4/30/2020	BRACCO DIAGNOSTICS INC	1,097.77	Radiology Material
170663	4/30/2020	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
EFT00000005748	4/2/2020	GE HEALTHCARE INC	323.23	Radiology Material
EFT00000005754	4/2/2020	PHARMALUCENCE, INC	2,348.00	Radiology Material
EFT00000005768	4/8/2020	GE HEALTHCARE INC	1,138.51	Radiology Material
EFT00000005792	4/17/2020	GE HEALTHCARE INC	425.14	Radiology Material
EFT00000005807	4/24/2020	GE HEALTHCARE INC	425.14	Radiology Material
EFT00000005828	4/30/2020	GE HEALTHCARE INC	517.14	Radiology Material
170481	4/8/2020	DR. CODY CHRISTENSEN	5,000.00	Reimbursement - CME
170543	4/8/2020	DR. RAHUL PAWAR	1,109.00	Reimbursement - CME
170553	4/8/2020	DR. SIGSBEE DUCK	4,936.35	Reimbursement - CME
170506	4/8/2020	ISRAEL STEWART, DO	195.00	Reimbursement - CME
170523	4/8/2020	MELISSA JEWELL	82.00	Reimbursement - CME
170756	4/24/2020	DR MICHAEL BOWERS	82.00	Reimbursement - CME
170696	4/24/2020	DR. BENJAMIN JENSEN	82.00	Reimbursement - CME
170741	4/24/2020	JOSEPH J. OLIVER, M.D.	82.00	Reimbursement - CME
170507	4/8/2020	DR. JANIENE GLYN	916.91	Reimbursement - Education & Travel
170510	4/8/2020	DR. JONATHAN SCHWARTZ	3,227.80	Reimbursement - Education & Travel
170526	4/8/2020	DR. MICHAEL NEYMAN	2,402.53	Reimbursement - Education & Travel
170740	4/24/2020	DR. JONATHAN SCHWARTZ	1,442.81	Reimbursement - Education & Travel
170757	4/24/2020	DR. MICHAEL NEYMAN	563.20	Reimbursement - Education & Travel
170513	4/8/2020	KELLY SUGIHARA	257.01	Reimbursement - Education & Travel
170401	4/2/2020	KRISTIE CARSON	6.12	Reimbursement - Education & Travel
170546	4/8/2020	ROB FAIR	217.26	Reimbursement - Education & Travel
170547	4/8/2020	ROBIN SNOWBERGER	23.95	Reimbursement - Education & Travel
170564	4/8/2020	TASHA HARRIS	1,247.39	Reimbursement - Education & Travel
170686	4/24/2020	ROB FAIR	321.30	Reimbursement - Education & Travel
170478	4/8/2020	CHRISTINE BOATMAN	74.56	Reimbursement - Insurance Premiums
170566	4/8/2020	TIM PIVIC	125.25	Reimbursement - Insurance Premiums

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
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170043	4/30/2020	EVA WASSEEN	135.00	Reimbursement - Memberships
170560	4/8/2020	STEVEN O'BRIEN	46.69	Reimbursement - Non Hospital Supplies
170415	4/2/2020	NICOLE HALSTEAD	47.43	Reimbursement - Office Supplies
170841	4/30/2020	DAVID BELTRAN	210.10	Reimbursement - Uniforms
W/T	4/27/2020	ABG 4/16/20	167,277.92	Retirement
W/T	4/14/2020	ABG 4/2/20	169,264.65	Retirement
170669	4/17/2020	STATE OF WYO.DEPT.OF REVENUE	1,028.60	Sales Tax Payment
170525	4/8/2020	MHSC MEDICAL STAFF	50.00	Scholarship
170755	4/24/2020	MHSC MEDICAL STAFF	8,347.36	Scholarship
170539	4/8/2020	PMS SCREEN PRINTING	1,160.00	Sponsorship
170411	4/2/2020	MOBILE INSTRUMENT SERVICE	1,501.00	Surgery Equipment
170758	4/24/2020	MOBILE INSTRUMENT SERVICE	158.38	Surgery Equipment
170353	4/2/2020	ALI MED INC	241.29	Surgery Supplies
170462	4/8/2020	ALI MED INC	129.24	Surgery Supplies
170590	4/17/2020	ALI MED INC	388.04	Surgery Supplies
170616	4/17/2020	CONMED LINVATEC	840.00	Surgery Supplies
170486	4/8/2020	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,232.88	Surgery Supplies
170432	4/2/2020	SMITH & NEPHEW ENDOSCOPY INC	1,654.00	Surgery Supplies
170554	4/8/2020	SMITH & NEPHEW ENDOSCOPY INC	1,506.00	Surgery Supplies
170555	4/8/2020	SMITH & NEPHEW INC	823.06	Surgery Supplies
170561	4/8/2020	STRYKER ENDOSCOPY	1,555.88	Surgery Supplies
170671	4/17/2020	STRYKER ENDOSCOPY	1,759.60	Surgery Supplies
170438	4/2/2020	SYNTHES LTD	304.48	Surgery Supplies
170563	4/8/2020	SYNTHES LTD	249.92	Surgery Supplies
170673	4/17/2020	SYNTHES LTD	920.48	Surgery Supplies
170460	4/2/2020	ZIMMER BIOMET	9,846.02	Surgery Supplies
170690	4/24/2020	ALI MED INC	274.46	Surgery Supplies
170736	4/24/2020	INTEGRA SURGICAL	101.81	Surgery Supplies
170744	4/24/2020	KEY SURGICAL INC	118.00	Surgery Supplies
170784	4/24/2020	SYNTHES LTD	1,206.48	Surgery Supplies
170802	4/24/2020	ZIMMER BIOMET	5,437.00	Surgery Supplies
170815	4/30/2020	ALI MED INC	258.48	Surgery Supplies
170903	4/30/2020	COOPER SURGICAL	117.39	Surgery Supplies
170862	4/30/2020	KEY SURGICAL INC	47.00	Surgery Supplies
170867	4/30/2020	STRYKER ENDOSCOPY	232.54	Surgery Supplies
170889	4/30/2020	SYNTHES LTD	1,309.44	Surgery Supplies
EFT000000005791	4/17/2020	COOPER SURGICAL	64.20	Surgery Supplies
EFT000000005819	4/24/2020	ZIMMER	2,921.48	Surgery Supplies
EFT000000005826	4/30/2020	COOPER SURGICAL	675.00	Surgery Supplies
170476	4/8/2020	CSG, LLC	714.76	Transcription Services
170397	4/2/2020	INSYNC	18.70	Translation Services
170402	4/2/2020	LANGUAGE LINE SERVICES	743.95	Translation Services
170370	4/2/2020	CHOTA OUTFITTERS, LLC	582.01	Uniforms
170656	4/17/2020	QUARTERMASTER	30.62	Uniforms
170466	4/8/2020	AT&T	84.84	Utilities
170598	4/17/2020	AT&T	359.10	Utilities
170421	4/2/2020	CENTURY LINK	5,943.40	Utilities
170542	4/8/2020	CENTURY LINK	1,046.95	Utilities
170658	4/17/2020	CENTURY LINK	2,256.01	Utilities
170548	4/8/2020	ROCK SPRINGS MUNICIPAL UTILITY	9,890.59	Utilities
170663	4/17/2020	ROCKY MOUNTAIN POWER	85,162.64	Utilities
170464	4/8/2020	ALL WEST COMMUNICATIONS	4,162.13	Utilities
170771	4/24/2020	CENTURY LINK	6,566.77	Utilities
170717	4/24/2020	DISH NETWORK LLC	70.49	Utilities

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
4/30/2020

170770	4/24/2020	DOMINION ENERGY WYOMING	21,675.81	Utilities
170721	4/24/2020	ENVIRO CARE INC.	2,965.68	Utilities
170902	4/30/2020	WHITE MOUNTAIN WATER & SEWER DISTRICT	57.50	Utilities
170559	4/8/2020	STERICYCLE, INC.	1,161.21	Waste Disposal
170846	4/30/2020	FIBERTECH	3,513.00	Window Cleaning
W/T	4/21/2020	WYOMING DEPT OF WORKFORCE SERVICES	77,928.14	Workman's Comp
			7,220,348.68	

**Memorial Hospital of Sweetwater County  
County Voucher Summary  
as of month ending April 30, 2020**

<b>Vouchers Submitted by MHSC at agreed discounted rate</b>	
July 2019	\$0.00
August 2019	\$73,870.18
September 2019	\$0.00
October 2019	\$0.00
November 2019	\$65,432.31
December 2019	\$35,815.10
January 2020	\$0.00
February 2020	\$0.00
March 2020	\$73,717.48
County Requested Total Vouchers Submitted	<u>\$248,835.07</u>
Total Vouchers Submitted FY 2020	\$248,835.07
Less: Total Approved by County and Received by MHSC FY 2020	\$248,835.07
Total Vouchers Pending Approval by County	<u><u>\$0.00</u></u>

<b>FY20 Title 25 Fund Budget from Sweetwater County</b>	<b>\$262,548.00</b>
Funds Received From Sweetwater County	<u>\$248,835.07</u>
FY20 Title 25 Fund Budget Remaining	\$13,712.93
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

<b>FY20 Maintenance Fund Budget from Sweetwater County</b>	<b>\$1,650,456.00</b>
County Maintenance FY20 - July	\$56,993.96
County Maintenance FY20 - August	\$128,560.54
County Maintenance FY20 - September	\$124,930.27
County Maintenance FY20 - October	\$132,312.00
County Maintenance FY20 - November	\$84,246.15
County Maintenance FY20 - December	\$181,511.34
County Maintenance FY20 - January	\$44,532.05
County Maintenance FY20 - February	\$178,729.74
County Maintenance FY20 - March	\$95,866.03
County Maintenance FY20 - April	\$184,498.13
	<u>\$1,212,180.21</u>
FY20 Maintenance Fund Budget Remaining	<u><u>\$438,275.79</u></u>

MEMO: May 27, 2020  
TO: Finance Committee  
FROM: Ronald L. Cheese – Director Patient Financial Services  
SUBJECT: Preliminary May, 2020 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$ 1,345,000.00
Hospital Payment Plans	\$ 155,000.00
Medical Clinic Accounts	\$ 30,924.29
Ortho Clinic Accounts	\$ 0.00
Total Potential Bad Debt	\$ 1,530,924.29

Hospital Accounts Returned	\$ - 27,913.08	
Net Bad Debt Turned		\$1,503,011.21

Hospital Recoveries Collection Agency	\$ 159,558.00	
Hospital Recoveries Payment Plans	\$ 63,830.00	
Medical Clinic Recoveries	\$ 9,175.71	
Ortho Clinic Recoveries	\$ 4,325.10	
Total Bad Debt Recoveries		\$ 236,888.81

Net Bad Debt Less Recoveries		<u>\$ 1,266,122.40</u>
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## **BUILDING AND GROUNDS COMMITTEE CHAIR REPORT TO THE BOARD**

**May 2020**

**Ed Tardoni**

The B&G Committee held a Zoom meeting in May. Jake Blevins of ST&B provided a Central Plant update

### **Maintenance Metrics**

The metrics remain steady and demonstrate the facility is being maintained even with ongoing projects and Covid efforts.

### **B&G STORAGE LEANTO.**

No change reported. Pouring of the concrete apron is still being postponed to avoid conflict with Central Plant construction efforts.

### **CENTRAL PLANT**

This project continues to run behind schedule. The contract contains no completion date penalty. The project is not time sensitive (must be done by); but is quality and reliability sensitive (the equipment must be reliable and proven so)

The engineering firm on the project will visit the site Monday June 1<sup>st</sup>. I will seek an update from Jim Horan following that engineering visit.

### **PHARMACY AREA REWORK**

This Board approved project was put on hold because of Covid concerns. It was not thought prudent to have contractors in and out of that area during our isolation efforts. Now that restrictions have been somewhat relieved; the project will be picked up again. Construction will start June 8<sup>th</sup>. It is projected to be completed by the middle of July. MHSC Facilities is functioning as the general contractor on this effort. Gerry Johnston has been assigned to follow the project.

### **ROOF FALL PROTECTION**

This is a Board approved project. Materials were on site in December of last year. A decision was taken to hold off installation until spring 2020. This project has been completed. It consists of a stainless-steel cable that runs around the perimeter of the building. It allows anyone on the roof to use a lanyard and belt to tie off to the cable. This provided protection from a fall. The system will retard and arrest the fall of an individual from the roof. It is a substantial safety improvement to our facility.

### **ROOF REPAIR**

This is a Board approved project for repair of the roof over the ICU area of the hospital. That project was completed last year. High winds ripped up a portion of the roofing. This failure was traced to the manufacturer of the materials. The roofing contractor was part of litigation against the materials manufacturer. Following resolution of the suit; the contractor came back on site and replaced the entire roofing installation at no cost to MHSC.

## **COVID 19 FACILITIES FUNDS**

Irene briefed the committee concerning a pending 1.25 billion dollars in funding to support hospital revisions related to Covid 19. The distribution timing and amounts are not known at this time but are being tracked closely.

A group has been formed from the Covid Incident Command Team to generate a list of potential projects that make sense. It is intended to assign ST&B to estimate those that are selected from the Incident Command Team list.

Some estimating and scoping work has already been performed related to negative pressure rooms and the flow of air through the facility. This has been done with an eye to what is justified for Covid control versus what was proposed for the 6<sup>th</sup> cent effort.

## COMPLIANCE COMMITTEE CHAIR REPORT TO THE BOARD

May 2020

Barbara J Sowada

The Compliance Committee held a Zoom meeting May 27th.

### **Grievance Charter and Policy**

The Grievance Charter prompted a review of the organization and responsibilities of The Compliance Committee. Required by TJC, CMS and the OIG of HHS, the Compliance Committee is a Board oversight committee that meets their guidelines. The Board has delegated the actual compliance duties to the CEO, who has further delegated these duties to the hospital Compliance Working Committee, whose work is overseen by the Committee. The Committee chair reports compliance activity to the Board. The compliance officer reports to the CEO, not the Board. As a fail-safe mechanism, the Board president cannot be a member of the Committee, but remains a neutral person available to the compliance officer in case of issues with either the CEO or the chair of the Committee, or both.

CMS and TJC also require hospitals to have patient Grievance Committees. Like other hospitals, the work of the Grievance Committee has been delegated by the Board to the CEO, who further delegates the duties to a working committee. The work of this committee is overseen by the Compliance Committee. The charter and the policy of the Grievance Committee were reviewed. It was decided neither needed Board approval.

### **Definitions:**

*Complaint*, as defined by CMS, are patient issues that can be resolved promptly or within 24 hours and involve staff who are present (e.g., nursing, administration, patient advocates) at the time of the complaint.

*Grievance*, as defined by CMS, is a formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues related to the hospital's compliance with the CMS. These are tracked in the Healthicity, a healthcare compliance software program

*Incidents* are events, irregular occurrences, and variances, which must be identified and reported according to the particular health care facility's policies and procedures. The purpose of this reporting is to give the health care facility and the health care professionals the opportunity to address the issue and prevent the occurrence of future incidents, events, irregular occurrences, and variances. The data collected on these reports is analyzed, tracked and trended over time in a blame free environment that is consistent with the health care facility's culture of safety. These are tracked in the Midas software program.

### **Audit Reports**

Nothing of substance was reported.



## 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: **OVID TECHNOLOGIES, INC**
2. Purpose of contract, including scope and description: **Renewal of online medical library for physicians and clinical staff. Subscription includes NEJM and OVID clinical and Hospital essential collection and user licenses for access by providers.**
3. Effective Date: **August 31, 2020**
4. Expiration Date: **August 31, 2021**
5. Termination provisions: **If we don't pay for renewal subscription providers won't have licenses i.e. access to library** Is this auto-renew? **No**
6. Monetary cost of the contract: **\$16,984.00** Budgeted?
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **NA**
9. Indemnification clause present? **NA**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **No**

New Form

**Memorial Hospital of Sweetwater County  
Supervising Physician Agreement**

This form is to be completed by the supervising physician:

1. I am applying as a **Supervising Physician** for: \_\_\_\_\_  
(Name of Allied Health Practitioner)
2. Physician Name: \_\_\_\_\_  
(Last) (First) (MI) (Degree) WY License #
3. My medical specialty is: \_\_\_\_\_
4. My primary practice area is: \_\_\_\_\_
5. Define the practice setting (i.e. – Emergency room, walk-in clinic, women's health, family practice, surgery, etc.): \_\_\_\_\_  
\_\_\_\_\_
6. What is the patient population (i.e. – pediatrics, geriatrics, all ages, etc.): \_\_\_\_\_  
\_\_\_\_\_
7. Please discuss, if any, the call schedule the AHP will have at this practice: \_\_\_\_\_  
\_\_\_\_\_
8. How often will you be available to the AHP for personal contact? \_\_\_\_\_
9. When you are not available in person, by what means of communication will the AHP be able to reach you?  
\_\_\_\_\_

**STATEMENT OF SUPERVISING PHYSICIAN:**

I hereby verify that \_\_\_\_\_ will be under my direction at all  
(Name of AHP)  
times, and I agree to assume full responsibility for his/her actions in dealing with my patients who are hospitalized at Memorial Hospital of Sweetwater County (MHSC) or seen at any of the MHSC clinics. I also agree to notify the hospital when I am no longer supervising this person.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**THIS SECTION TO BE COMPLETED BY PHYSICIAN SPONSOR/EMPLOYER:**

Does your liability insurance carrier cover this applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what carrier: \_\_\_\_\_ Amount Covered: \_\_\_\_\_

**STATEMENT OF EMPLOYING PHYSICIAN (If applicable):**

I hereby verify that \_\_\_\_\_ is in my employment in the capacity  
(Name of AHP)  
of \_\_\_\_\_. He/She will be under my direction at all times, and I agree to assume full responsibility for his/her actions in dealing with my patients who are hospitalized in Memorial Hospital of Sweetwater County. I also agree to notify the hospital if this person should ever leave my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF SPONSORING PHYSICIAN (If applicable, i.e. if the applicant is not employed by a physician):**

\_\_\_\_\_ has applied for privileges as a member of the Allied Health  
(Name of AHP)

Professional Staff of Memorial Hospital of Sweetwater County.

1. Do you recommend appointment for the applicant to the AHP staff? \_\_\_\_\_

2. If the answer to the above question is "NO", please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you willing to sponsor the applicant? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_