

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

January 8, 2025

2:00 p.m.

Hospital Classrooms 1, 2

AGENDA

- I Call to Order Barbara Sowada
 - A Roll Call
 - B Pledge of Allegiance
 - C [Mission and Vision](#) Craig Rood
 - D Mission Statement Irene Richardson, Chief Executive Officer
- II Agenda (For Action) Barbara Sowada
- III Minutes (For Action) Barbara Sowada
 - A [December 4, 2024 Regular Meeting](#)
 - B [December 2, 2024 Special Meeting](#)
- IV Community Communication Barbara Sowada
- V Old Business Barbara Sowada
 - A Medical Staff Bylaws (For Action) Ferry Downs, Medical Staff Director
 - B [Health Equity Plan](#) (For Action) Stephanie Linar, Director of Quality
- VI New Business (Review and Questions/Comments) Barbara Sowada
 - A [Employee Health Plan](#) (For Review) Ann Marie Clevenger, Chief Nursing Officer
- VII Senior Leader Reports
 - A [Chief Clinical Officer](#) Mari Wickenden
 - B [Chief Experience Officer](#) Cindy Nelson
 - C [Chief Financial Officer](#) Lami Love
 - D [Chief Nursing Officer](#) Ann Marie Clevenger
- VIII Chief Executive Officer Report Irene Richardson
- IX President of the Medical Staff Report Dr. Alicia Gray, Medical Staff Services President
- X Committee Reports
 - A Executive Oversight and Compensation Committee Barbara Sowada
 - B Joint Conference Committee Barbara Sowada
 - C [Building Rounds Committee](#) Craig Rood
 - D Compliance Committee Lindi Pendleton
 - E Governance Committee Arty Eley
 - F [Quality Committee](#) Barbara Sowada
 - G [Human Resources Committee](#) Lindi Pendleton
 - H Finance & Audit Committee Arty Eley
 - 1 [Capital Expenditure Requests](#)
 - 2 [Information Services Report](#) Ferry Compson, Director of Information Services

*Mission: Compassionate Care For Every Life We Touch
Vision: To be our community's trusted healthcare leader.*

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

January 8, 2025

2:00 p.m.

Hospital Classrooms 1, 2

AGENDA

1. Add Debt *(For Action)*

4. Finance & Audit Committee Meeting Information

I. Foundation Board

II. Contracts

A. Consent Agenda *(For Information, No Action Needed)*

1. Rural

II. Good of the Order

III. Executive Session § 14-405a

I. Action following Executive Session

Adourn

Craig Rood

Susan Campbell, *In-House Counsel*

Barbara Sowada

Barbara Sowada

Barbara Sowada

Barbara Sowada

*Mission: Compassionate Care For Every Life We Touch
Vision: To be our community's trusted healthcare leader.*



Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

Compassionate care for every life we touch.

OUR VISION

To be our community's trusted healthcare leader.

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Community, Services & Growth

Employee Experience

Financial Stewardship

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

December 4, 2024

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session via Zoom on December 4, 2024, at 2:00 p.m. with Mr. Barbara Sowada, President, presiding.

CALL TO ORDER

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

Mr. Sowada requested a roll call and announced there was a quorum. The following Trustees were present: Judge James Ames, Mr. Marty Elsey, and Mr. Barbara Sowada. Excused: Ms. Andi Pendleton and Mr. Craig Rood.

Officially present during the meeting: Ms. Rene Richardson, Chief Executive Officer; Mr. Brianne Crofts, Medical Staff President; Mr. Geoff Phillips, Legal; and Mr. Taylor Jones, Sweetwater Board of County Commissioners.

Pledge of Allegiance

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

Mission and Vision

Judge Ames read aloud the mission and vision statements.

Mission Moment

Ms. Richardson said we received positive feedback from new contract staff participating in new employee orientation. They said they had never worked anywhere that made them feel so welcomed and valued. Ms. Richardson thanked everyone for the work they do during orientation to reinforce our culture.

AGENDA

The motion to approve the agenda with the change to review the changes to the Medical Staff bylaws rather than approve under Old Business as requested by Mr. Elsey was made by Judge Ames second by Mr. Elsey. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the November 6, 2024, regular meeting with a typographical correction as noted by Mr. Sowada was made by Judge Ames second by Mr. Elsey. Motion carried.

COMMUNITY COMMUNICATION

Commissioner Jones said he received an e-mail from Commissioner Island Richards regarding an impact funding award made to the Hospital as part of a recent industrial siting hearing. He said everyone involved did a great job. Mr. Sowada thanked Commissioner Jones for everything they are doing for our community and for the Hospital.

OLD BUSINESS

Medical Staff Bylaws

Mr. Elsey said he would like additional time to review the information. Mr. Phillips said he will review. Mr. Sowada said the Board is looking at a few designated sections. Judge James said we need to look at how it all melds together. She said she appreciates the highlighted changes and things we need to review all in context. Judge James gave an overview of the Joint Conference Committee process. She said the Bylaws review was a learning journey and quite a task. She said the information was well-done and presented. Judge James said the delineation between APPs and APPs was very important. She said it is important to adhere to the value of respecting individuals. The Bylaws are a living document and have to be reviewed and modified accordingly. Mr. Sowada said one other item of concern was term limits for officers. She said the Medical Executive Committee (MEC) chose not to put term limits in. Mr. Sowada said limits are the recommendation of medical staff governance and Board governance experts. Ms. Perry Downs, Medical Staff Services Director, said the MEC was fine putting limits in but the General Medical Staff voted on it and made the decision to not include the term limits. Mr. Crofts said she agrees this is a living document. She said there is already some discussion of additional changes. She said the group had a long discussion of term limits and looked to compare with other Wyoming hospitals. She said we are a group you have to make very specific requirements to be a part of and positions have to be voted in every year. Dr. Crofts said most physicians don't go into medicine to do the political part of it. She said there are methods to remove someone not doing a good job there was 50% approval on term limits but the requirement is a two-thirds vote. Mr. Crofts said when we first revamped the Bylaws in 2018, no one felt strongly one way or the other. We must make sure our model for mentorship is really mentoring. All agree that training is not the same. Mr. Crofts said we want to make sure people are supported to do a great job for our patients. Mr. Sowada asked Mr. Crofts to elaborate more on the mentorship training and she reviewed. She said APPs have the training but not the residency piece. The Medical Staff feels they still want to foster that learning piece. Mr. Crofts said mentorship specific to work in the practice is defined in the privileges form, not in the Bylaws. She said it is based on your years of services. She said we always work to ensure we are practicing safe care. Mr. Crofts said privileges are a work in progress, too. Mr. Sowada said the Bylaws will be brought back in January for approval of the specific changes, not the full document.

Patient Safety Plan

The motion to approve the Patient Safety Plan as presented was made by Judge James second by Mr. Elsey. Motion carried.

Professional Practice Review Plan

Mr. Sowada said this is a second read but it was a long document and took some time to review. She asked for more information on stewardship information that was removed. Ms. Stephanie Mlinar, Director of Quality, said when read by the Medical Staff at Peer Review, they did not consider it utilization review and did not interpret that way so they asked for the language to be removed. Mr. Crofts said if it's a measure, we need meaningful data. She reviewed systemwide OPPE and said it is not that the Medical Staff doesn't think utilization is important, it's just not for OPPE. Dr. Sowada said she understands data must be meaningful and impactful. The motion to approve the Professional Practice Review Plan as presented was made by Judge James second by Mr. Elsey. Motion carried.

Credentials Committee Privilege Forms

FPPE Policy and Attachments: The motion to approve the Focused Professional Practice Policy (FPPE) form as presented was made by Judge James second by Mr.elsey. Motion carried.

NEW BUSINESS

Health Equity Plan

Ms. Mlinar provided an overview and said we revamped the charter to have a lot smaller workgroup with a focus on specific patient data. She said this showed up on our October Care Compare report for the first time. Mr. Sowada said this is a CMS and a Joint Commission initiative. She thanked Ms. Mlinar for slimming the group down and tailoring it to fit in Sweetwater County.

SENIOR LEADER REPORTS

Mr. Sowada thanked the Senior Leaders for submitting written reports and asked if anyone had any questions. She said the reports are meaningful and provide information that the Trustees don't always hear otherwise. She said the information is really helpful and definitely appreciated. Mr.elsey said he really appreciates the written reports and thanked the Senior Leaders for going to that effort to make this happen. He noted the Information Services Director has done a nice job for the Hospital. He is not a Senior Leader but Mr.elsey would like a brief oral presentation to the Board at an upcoming meeting. Mr.elsey said he would like the Board to hear from him because his group has a lot going on and is doing a good job.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson reported the Joint Commission (JOC) was here November 12. We had a successful survey with minimal findings. She thanked everyone who helped in this process and met with the surveyors as well as everyone providing support. Ms. Richardson said we are looking forward to moving forward with our Critical Access designation. Ms. Mlinar was recognized for making an extra proactive effort to contact JOC to mitigate a finding. Ms. Richardson said we continue to work on the Strategic Plan. We are hearing a lot of great things in the leadership training. We presented at the Pulse of Southwest Wyoming meeting. Ms. Richardson thanked Ms. Pendleton, Mr. Rood, and Commissioner Jones for being there. She said we gave an update on upcoming legislation. We asked the group to keep workplace violence on their minds because this is a very important issue and legislation did not pass last year. There is a provider enrollment bill this year. The group talked about the ODESerts in Wyoming and what the state's role may be in the process. Ms. Richardson said we brought in Clifton Larson Allen to help us with our revenue cycle improvement work. Their work comes to a close at the end of December and we will move forward to keep momentum going. A Board Special Meeting is planned January 28 to review the Master Plan. We will discuss prioritization and funding. Ms. Richardson thanked everyone for helping us offer a wonderful Veterans Day lunch event. We had an ODESerts onsite visit scheduled but the person was not able to come onsite as planned. We are having to cover with ODESerts and doing the best we can. There are 2,200 openings in ODESerts right now so we are competing with everyone for providers. Ms. Richardson invited everyone to join us for our Community Christmas Event December 6 and walk with us in the Rock Springs Lighted Parade December 7. The employee holiday meals are scheduled December 12. Ms. Richardson thanked staff for everything they have done all year. She said we are all working on so many things and everyone is doing a great job. She wished everyone a Merry Christmas.

PRESIDENT OF THE MEDICAL STAFF REPORT

Mr. Crofts said the Medical Staff met before Thanksgiving. She said everyone appreciated the meal provided by Ms. Richardson. Mr. Crofts thanked Ms. Downs and her team for putting everything together and for all they do. She said new officers and department chairs have been elected. Mr. Alicia Gray is the incoming Medical Staff President. Mr. Crofts said she has appreciated all the support and encouragement she has received in her role. She said she is excited for her colleagues to take on their new roles. Mr. Crofts thanked the OR staff for all the help they have provided to her with her cases. She wished everyone a Merry Christmas and Happy New Year. Mr. Sowada thanked Mr. Crofts for all she has done for the Medical Staff and the Hospital. She wishes her a lot of success in her next steps and new roles. Ms. Mlinar thanked her for being instrumental in helping us look at the right things and spend time on the right things.

COMMITTEE REPORTS

Buildings & Ground Committee

Mr. Kelsey said he couldn't attend the last meeting. He shared a concern that the oncology suite project seems to be dragging out forever. Ms. Love, Chief Financial Officer, said there has been an issue with getting subcontractors back in there. She said it sounded like we are pretty close to finishing. Mr. Kelsey said there is also a concern with parking and wants to ensure this is being addressed in the Master Plan.

Governance Committee

Mr. Kelsey said the group can't do much until they get the policy about policies with Mr. Phillips' approval and then they can bring that to the Board for review.

Finance & Audit Committee

Bad Debt: The motion to approve the net bad debt and recoveries as presented of \$2,066,929.38 was made by Mr. Kelsey, second by Judge James. Motion carried.

Mr. Kelsey said expenses seem to be under control and we saw a slight gain. He said we decided we need a continuing effort on the part of staff to provide detailed information to keep things on track. We are seeing some progress. We would like to see a high-level summary report. Mr. Kelsey said we all know this is a very important thing and we need to make absolutely sure we have the right people on the bus – competent and trained - to make sure it happens.

All other committee information is in the meeting packet.

CONTRACTS

Consent Agenda

Mr. Sowada asked Ms. Richardson to provide a brief overview of each of the contracts she signed. Ms. Love was invited to review.

GOOD OF ORDER

The January meeting date was moved from January 1 to January 8 due to the holiday.

Ms. Richardson said she promoted Ms. Rishi Cheese to Practice Manager at the Specialty Clinics and Ms. Misty Coled to Practice Manager at the Family Medicine and Oral Clinics. She said both have been added to the Leadership Team and are doing a great job.

Ms. Richardson thanked Mr. Crofts for her service as Medical Staff President. She said she has done an excellent job and is appreciated.

Mr.elsey gave a shout out to the IT Department, particularly Mr. Perry Thompson, Director, and Mr. Aram Jewell for their work to get a new iPad working for him.

Mr. Sowada wished everyone a merry Christmas, Happy New Year, and any holidays they are celebrating. She encouraged everyone to stay healthy and well, and have safe travels.

EXECUTIVE SESSION

The motion to go into executive session at 3:27 p.m. to discuss legal, personnel, and items considered confidential by law was made by Mr.elsey second by Judge James. Motion carried.

RECONVENE INTO REGULAR SESSION

The motion to leave the executive session and return to the regular session at 4:51 p.m. was made by Judge James second by Mr.elsey. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Pursuant to the notice provided in the agenda, the Board of Trustees held discussions and action was taken.

The motion to grant clinical privileges and appointments to the medical staff as discussed in executive session was made by Judge James second by Mr.elsey. Motion carried.

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from November 12, 2024

- Initial Appointment to Associate Staff (1 year)
 - Mr. Marqaimat, Hospitalist
 - Mr. Anupam Arora, Hospitalist
 - Mr. Sheila Algan, Orthopedic Surgery
- Initial Appointment to Consulting Staff (1 year)
 - Mr. Alison Rann, Cardiovascular Disease (1 of 1)
 - Mr. Henry Onyeaka, Tele-Psychiatry (1/1ER)
- Reappointment to Active Staff (2 year)
 - Mr. Rasheel Chowdhary, Pulmonary Medicine
 - Mr. Lawrence Lauridsen, Family and Occupational Medicine

4. Reappointment to Consulting Staff (2 year)
- Mr. Christian Panir, Tele-Radiology (TRC)
 - Dr. Jennifer Marsi, Tele-Stroke (TOS)
 - Dr. Lee Chung, Tele-Stroke (TOS)

ADJOURNMENT

Where being no further business to discuss, the meeting was adjourned at 4:53 p.m.

Dr. Marjara Sowada, President

Attest:

Judge Lena James, Secretary

DRAFT

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

December 23, 2024

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting on December 23, 2024, at 11:00 a.m. with Mr. Karara Sowada, President, presiding.

CALL TO ORDER

Mr. Sowada called the meeting to order at 11:00 a.m.. She said the purpose of the meeting was to discuss personnel and legal issues. She said the Board would take action following executive session. The following Trustees were present: Judge Lena James, Ms. Mandi Pendleton, Mr. Craig Rood, and Mr. Karara Sowada. Mr. Martyelsey was excused.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer Mr. Geoff Phillips, Legal Counsel.

EXECUTIVE SESSION

The motion to go into executive session at 11:03 a.m. was made by Ms. Pendleton second by Judge James. Motion carried.

The motion to leave executive session and return to regular session at 12:51 p.m. was made by Ms. Pendleton second by Judge James. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

The motion to approve the contract as discussed in executive session was made by Judge James second by Mr. Rood. Motion carried.

ADJOURNMENT

The meeting adjourned at 1:01 p.m.

Mr. Karara Sowada, President

Attest:

Judge Lena James, Secretary



Board Meeting Date:1/8/2025

Topic for Old & New Business Items:
Policy – Health Equity Plan & Charter

Policy or Other Document:

- Revision
- New

Brief Senior Leadership Comments:

Health Equity is a regulatory requirement. The Health Equity Plan and Charter were revised to be scaled to our organization. The Charter has a significantly smaller core group with ad hoc members as needed. Add language about health equity reports to the Board of Trustees.

Board Committee Action:

Second read for the Health Equity Plan & Charter

Policy or Other Document:

- For Review Only
- For Board Action

Legal Counsel Review:

- In House Comments:Click or tap here to enter text.
- Board Comments:Click or tap here to enter text.

Senior Leadership Recommendation:



Approved N/A
Review Due N/A

Document Area Reg. Standards Quality & Risk Management TJC NPSG 16.01.01

Health Equity Plan

STATEMENT OF PURPOSE

Consistent with MHSC's mission, vision, and values this plan establishes the parameters of the Hospital's efforts to promote health care equity by addressing disparities in health care. This plan addresses guidelines for identifying, analyzing, addressing, and monitoring disparities in health care among the patient populations served by the Hospital; to minimize inequities; and to increase quality and safety in an equitable fashion for all patients.

Definitions

- I. Health care disparities – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health, health quality or health outcomes that are experienced by ~~socially disadvantaged~~ underserved populations.
- II. Health equity – A state in which every person can achieve their full health potential, and in which no person is prevented from achieving this potential because of socially-determined circumstances.
- III. Health-related social needs (HRSNs) – Health-harming conditions often identified as root causes of disparities in health outcomes.

Responsibilities and Reporting Structure

Leadership is responsible for the following:

- I. Establishing Health Equity as an organizational priority
- II. Establishing the processes by which the Hospital addresses health care disparities
- III. Naming a health care equity leader(s) to lead the Hospital's health care equity initiatives
- IV. Maintaining and implementing this plan and its associated policies and procedures

The Health Equity ~~Team~~ Committee's executive sponsor is ~~chaired by~~ the Chief Clinical Officer ~~and~~ The

chairs are the Director of Quality and a Quality Analyst. Please see attached Health Equity Charter for membership and further details.

~~The health care equity team does the following:~~

- ~~I. Plans, organizes, and leads all activities related to the Hospital's health care equity initiatives, including but not limited to the following:
 - ~~A. Assessing patients' health-related social needs (HRSNs)~~
 - ~~B. Identifying health care disparities in its patient population~~
 - ~~C. Responding to identified health care disparities through written action plans~~~~
- ~~II. Monitors performance related to health care equity action plans and responding when goal(s) are not met or sustained~~
- ~~III. Identifies internal and external stakeholders to serve as resources and partners in the health care equity program and its activities, including but not limited to the following:
 - ~~A. Hospital leaders, managers, and staff members~~
 - ~~B. Relevant community organizations~~
 - ~~C. Relevant government agencies~~~~
- ~~IV. Communicates with internal and external partners and stakeholders about the health care equity program and its activities and progress in reducing identified health care disparities, as appropriate.~~

The Health Equity Committee is responsible for adhering to the attached Health Equity Charter.

Objectives

- I. Plans, organizes, leads and evaluates all activities related to the Hospital's health care equity initiatives related to patient care, including but not limited to the following:
 - A. Collecting information about patients' HRSNs
 - B. Collecting information and assessing patients with information about internal and external resources and support services that address their' health-related social needs (HRSNs)
 - 1. Providing patients with information about internal and external resources and support services that address their HRSNs
 - C. Identifying a health care disparity or disparities in the Hospital's its patient population
 - D. Developing and responding to at least one identified health care disparity through a written action plan
- II. Monitors performance related to the health care equity action plan and responds when goal(s) are not met or sustained
- III. Identifies internal and external stakeholders to serve as resources and partners in the health

care equity program and its activities, including but not limited to the following:

- A. Hospital leaders, managers, and staff members
 - B. Relevant community organizations
 - C. Relevant government agencies
- IV. Communicates with internal and external partners and stakeholders about the health care equity program and its activities and progress in reducing identified health care disparities, as appropriate
- V. ~~To describe~~Describes processes and expectations for orientation and education, performance monitoring, and annual evaluation of this plan and its related policies and procedures.
- VI. Provides annual report to the Board Quality Committee and Board of Trustees

Processes

I. ~~Collecting Patient HRSNs Information~~

- A. ~~To identify health care disparities with the goal of reducing or eliminating those disparities, the Hospital must identify who its patients are, what HRSNs they have, and what obstacles they face in accessing care. This is accomplished by collecting information about their HRSNs. This process is ongoing, as relevant factors change frequently in response to social, economic, environmental, organizational, and individual changes. The goal is to connect patients with existing services and inform the Hospital's health care equity initiatives.~~
- B. ~~The health care equity team performs the following activities:~~
 - 1. ~~Determines the HRSNs for which patient information will be collected. These might include but are not limited to the following:~~
 - a. ~~Access to transportation~~
 - b. ~~Difficulty paying for prescriptions or medical bills~~
 - c. ~~Education and literacy~~
 - d. ~~Food insecurity~~
 - e. ~~Housing insecurity~~
 - f. ~~Access to child care~~
 - 2. ~~Determines whether the HRSNs will be collected for all the Hospital's patients or for a representative sample of the Hospital's patients.~~
 - 3. ~~Creates standardized forms (paper, electronic, or a combination of the two) for collecting identified HRSNs information.~~
 - 4. ~~Establish and standardize training and competencies for collection of HRSNs information for staff who participate in patient admission and/or assessment~~
 - 5. ~~Seeks input and feedback on quality of HRSNs information collection processes from staff members, patients, community partners, and other stakeholders.~~

6. ~~Considers this input and feedback when evaluating the relevance and effectiveness of HRSNs information collection processes.~~

II. ~~Connecting Patients~~ Collection of Patient HRSNs information to identify health care disparities with Services and Support the goal of reducing or eliminating those disparities.

- A. The hospital has identified collection of HRSNs for inpatients 18 years of age and older at a minimum
- B. The health care team will coordinate with interdisciplinary team members to address identified HRSNs found through using the PRAPARE survey. The HRSNs might include but are not limited to the following:
 1. Access to transportation
 2. Difficulty paying for prescriptions or medical bills
 3. Education and literacy
 4. Food insecurity
 5. Housing insecurity
 6. Access to child care
- C. The goal is to connect patients with existing services and inform the Hospital provides patients with information about relevant services and support programs that are available to address their identified HRSNs's health care equity initiatives.
 1. Identifies existing internal programs and services that are available to help address patients' HRSNs
 2. Identifies existing partnerships with community-based organizations, programs, and government agencies that are available to help address identified HRSNs
 3. Maintains a list of identified programs and services, including current contact information and other relevant details, as applicable (MHSC Resource Book)
 4. Reviews the list periodically and updates it when necessary to reflect changes and ensure its accuracy
 5. ~~The health care equity team performs the following activities:~~
 - a. ~~Identifies existing internal programs and services that are available to help address patients' HRSNs.~~
 - b. ~~Identifies existing partnerships with community-based organizations, programs, and government agencies that are available to help address identified HRSNs.~~
 - c. ~~Maintains a list of identified programs and services, including current contact information and other relevant details, as applicable (MHSC Resource Book)~~
 - d. ~~Reviews the list periodically and updates it when necessary to reflect changes and ensure its accuracy.~~

e. Ensures that all relevant staff members have access to the list and are educated and trained on connecting patients with available services or programs, when necessary, based on their assessed HRSNs.

i. ~~The MHSC Resource Book is located on PolicyStat.~~

Ensures that all relevant staff members have access to the list and are educated and trained on connecting patients with available services or programs, when necessary, based on their assessed HRSNs

a. The MHSC Resource Book is located on PolicyStat

III. Identifying and Addressing Disparities

- A. Collected patient demographic data should be used in conjunction with the organization's quality and safety data to identify health care disparities among the various populations the Hospital serves. ~~To identify health care disparities and understand which processes and outcomes vary in the populations served, the Hospital should compare the quality and safety metrics for various demographic groups. The Hospital may focus on areas with known disparities, as identified in evidence-based literature, or it may select measures that affect all its patients. Once disparities are identified, the Hospital should determine which ones to address and create not less than one written action plan to do so.~~
- B. ~~The health care equity team performs the following activities:~~
1. ~~Determines the demographic characteristics to be used during analysis of HRSNs information. These characteristics may include but are not limited to the following:~~
 - a. ~~Age~~
 - b. ~~Race and ethnicity~~
 - c. ~~Preferred language~~
- C. ~~Compares quality and safety data, including health outcomes when appropriate, for various demographic categories~~
- D. ~~Identifies disparities in quality, safety, and/or health outcomes among the identified demographic groups~~
- E. ~~Determines which disparities to address with a written action plan(s)~~
- F. ~~Develops not less than one written action plan that describes how the Hospital will address at least one identified disparity.~~
- G. ~~Performs evaluation activities related to the action plan(s), as described in the action plan(s). These include but are not limited to the following:~~ Performance Monitoring
 1. ~~Collecting and analyzing relevant data~~
 2. ~~Evaluating the effectiveness of the action(s) in reducing the identified disparity~~
 3. ~~Determining whether additional or different action(s) are necessary to address the identified disparity~~

4. ~~Revising the action plan(s) as necessary~~
 - a. ~~Reports on outcomes of action plan(s) to relevant stakeholders, including but not limited to the following:~~
 - i. ~~Hospital leadership~~
 - ii. ~~Hospital representatives for safety, performance improvement, community relations, and other groups~~
5. ~~Reports at least annually on the Hospital's progress to reduce health care disparities to key stakeholders, including but not limited to the following:~~
 - a. ~~Leadership~~
 - b. ~~Licensed practitioners~~
 - c. ~~Staff members~~
6. The health care equity committee oversees development of appropriate performance monitors for the Hospital's health care equity initiatives.
 - a. Compares quality and safety data, including health outcomes when appropriate, for various demographic categories
 - b. Identifies disparities in quality, safety, and/or health outcomes among the identified demographic groups
 - c. Determines which disparities to address with a written action plan(s)
 - d. Develops at least one written action plan that describes how the Hospital will address at least one identified disparity
 - e. Performs evaluation of the activities related to the action plan.
 - f. Reports on outcomes of action plan(s) to relevant stakeholders, including but not limited to the following:
 - i. Hospital leadership
 - ii. Hospital representatives for safety, performance improvement, community relations, and other groups
 - g. Reports at least annually on the Hospital's progress to reduce health care disparities to key stakeholders, including but not limited to the following:
 - i. Leadership
 - ii. Licensed practitioners
 - iii. Staff members
 - iv. Board Quality Committee and Board of Trustees

IV. ~~Orientation and~~ Education, Competencies:

- A. The Health Equity ~~team~~ Committee is tasked with developing new staff member orientation and job specific training, along with annual education relative to cultural sensitivity and health equity. The information provided will vary depending on the

individual's job duties and responsibilities.

- B. Establish and standardize training and competencies for collection of HRSNs information for staff who participate in patient admission and/or assessment

V. **Performance Monitoring**

- A. ~~The health care equity team oversees development of appropriate performance monitors for the Hospital's health care equity initiatives. The committee collects and documents data for the identified performance monitors and reports to leadership and, as appropriate, leaders of identified community partners and stakeholders.~~

VI. Annual Evaluation

- A. The health care equity leader(s) evaluates the Hospital's health care equity initiatives and this plan, including efficacy, continued relevance, and potential areas for improvement. This evaluation process occurs at the following times:
 1. At least annually
 2. When there are changes to the Hospital, its services, or its policies and procedures that could impact equitable provision of care
 3. When there are changes to the community or patient population that could impact equitable provision of care
- B. The results of this evaluation are reported to Hospital leadership, Board of Trustees, and other relevant stakeholders, as applicable

REFERENCES

~~The Joint Commission. (2023, Jan). *Plan for improving health care equity*. PolicySource hospital and critical access hospital. [PolicySource: P&Ps for Compliance with Joint Commission Requirements | Joint Commission Resources \(jcrinc.com\)](#)~~

The Joint Commission. (2024, Aug). *NPSG 16.01.01. Improving health care equity for the critical access hospital's patients is a quality and safety priority*. Retrieved from: [E-dition - Standards & EPs](#). Retrieved November 4, 2024

CMS.gov. (2023, August). *Health Equity*. Retrieved from: [Health Equity | CMS](#). 10.30.2024

Reviewed and Approved:

Health Equity Team: July 30, 2024

Medical Executive Committee: June 27th, 2023

Quality Committee of the Board: July 19th, 2023

Board of Trustees: September 6th, 2023

Attachments

[Healthcare Equity Charter.docx](#)

Approval Signatures

Step Description

Approver

Date

D R A

Health Equity Committee Charter

PURPOSE

The Health Equity Committee is an interdisciplinary team charged with identifying healthcare disparities and recommending actions to improve them. The Committee reviews patient data to assess whether the delivery of care is equitable across demographic strata, such as race, gender, sexual orientation, and gender identity. The Committee may collaborate with other committees, work groups, the medical staff, and various hospital and clinic departments. The Committee will report its activities and findings to the Patient Safety Committee and the Quality Committee of the Board at regular intervals.

MEMBERSHIP

Membership will be reviewed annually and may change from time to time according to the needs of the Committee.

Internal members as of November 2024 are:

Senior Leader Sponsor: Chief Clinical Officer

Chair(s) as of November 2024: Director of Quality and Quality Analyst

Core Members include:

- Director, Quality or Quality Analyst
- Informatics Representative (s)
- Director, Care Management
- Director, Patient Access or Patient Access Lead
- Social Worker
- Patient Access Representative (s)
- Front-line staff Representative (s)

Ad Hoc Members Include:

- Chief Executive Officer
- Chief Financial Officer
- Chief Nursing Officer
- Chief Medical Officer
- Director, Education

- Director, Acute Care Services or Clinical Coordinator
- Director, Clinics or Clinical Coordinator
- Clinical Dietician
- Director, Cancer Center or Clinical Coordinator
- Director, Dialysis or Clinical Coordinator
- Director, Health Information Management
- Financial Navigation Representative(s)
- Community Outreach Representative
- Infection Prevention
- Patient Safety Committee Chair

MEETINGS

The Committee shall meet a minimum of monthly or at such times and frequency as deemed necessary and appropriate by the Chair(s). Attendance and Minutes will be recorded for the meetings. The Committee may invite additional individuals from time to time to attend and participate as needed to review, discuss, and address agenda items.

RESPONSIBILITIES

To fulfill its responsibilities and duties, the Committee will:

1. Review current processes for gathering and documenting patient demographic data.
2. Review and use quality metrics to stratify care rendered across demographic data to identify opportunities for providing more equitable care. Review may include the six domains of quality
 - i. Safety
 - ii. Effectiveness
 - iii. Patient-Centeredness
 - iv. Timeliness
 - v. Efficiency
 - vi. Equity
3. Develop a plan to address health equity opportunities identified by the Committee and engage staff to implement that plan.
4. Monitor for success and/or needed modifications.
5. Follow 2024-2027 Strategic Plan Initiative to promote the highest quality outcomes and safest care for all people.
6. Provide an annual summary report to the Board Quality Committee and the Board of Trustees.

ORIENTATION MEMO

Board Meeting Date: 1/8/2025

Topic for Old & New Business Items: Policy Stat Document:
Employee Health Plan

Policy or Other Document:

Revision
 New

Brief Senior Leadership Comments: The Employee Health Plan is due for review. It was reviewed and edited for updates. Requirements for the plan include The Joint Commission Standards IC 04.01.01 and 04.01.03. The standards state that the hospital must maintain a hospital-wide infection prevention and control program for the surveillance, prevention, and control of healthcare-associated infections. In addition, OSHA Standards include, OSHA 1910.10, a plan in place for occupational exposure to blood and potentially infectious material. Recommendations came from the Centers for Disease Control and Prevention (CDC).

Board Committee Action:

Policy or Other Document:

For Review Only
 For Board Action

Legal Counsel Review:

In House Comments:
 Board Comments:

Senior Leadership Recommendation: Approve the Employee Health Plan for "First Reading" and pending any comments suggestions, bring forward to the Board of Trustees in February for approval.

Ann & Patty



Approved N/A
Review Due 1 year after approval

Document Area Employee Health
Reg. Standards CDC, OSHA 29 CFR 1910.1030, TJC 04.01.03 + 1 more

CAH - Employee Health Plan (inc. forms #800263, 802926, 802769, 802973)

INTRODUCTION

The primary goal of the Employee Health Plan is to provide a high level of health, wellness and safety among hospital employees. Memorial Hospital of Sweetwater County strives to provide a safe working environment by ensuring that all employees are trained in the proper use of machinery, safety precautions and personal protective equipment. Employees will be screened to ensure they meet the minimum employee health standards to perform patient care activities and meet the recommendations of the CDC for vaccination of health care providers. The policy applies to all employees, contract employees, students, shadowers, medical staff, and volunteers (hereafter referred to as the "employee").

ADMINISTRATION AND MANAGEMENT OF THE PLAN

I. RESPONSIBILITIES

- A. The employee health department receives regular input from the Infection Control Committee and the Environment of Care Committee. Pertinent policies and procedures must be approved by the appropriate committee before being incorporated or appended to the plan.
- B. Each individual department Director is responsible for implementing and enforcing the Employee Health Plan within his/her department.

II. AUTHORITY

- A. The final authority on employee health issues is the Chief Executive Officer
 - 1. Except in cases of communicable disease outbreak control, when emergency measures are instituted by Employee Health with approval of

the Infection Control Physician or designee, and/or the chair of the Infection Control Committee, with knowledge of the Chief Executive Officer

III. RECORD KEEPING

- A. The employee health records are maintained in the Employee Health Department and are considered confidential records.
- B. The following persons may access the Employee Health Record:
 - 1. Employee health nurse or infection control/employee health director
 - 2. Anyone who has WRITTEN consent from the employee
 - 3. The employee with WRITTEN consent
 - 4. OSHA or other regulatory personnel on site
- C. The format and content of the employee health record are standardized.
 - 1. Employee Health Inventory (Form # 800263 - attached) or the Employee Health Inventory for Students/Shadower/Observer (Form # 802926 - attached)
 - 2. Immunizations and titers
 - 3. Fit test record and OSHA Respirator Medical Evaluation Questionnaire
 - 4. TST, IGRA or Converter's Assessment/CXR record (if applicable)
 - 5. Influenza immunizations
 - 6. Color Vision for clinical staff upon hire- Education Department
 - 7. All other work related documents
- D. Health records of hospital auxiliaries are maintained by the employee health nurse, persons who have access to employee health records also have access to the volunteer health records.
- E. Records will be maintained for 30 years following termination. After 30 years these records will be destroyed.

IV. CONFIDENTIALITY

- A. All employee health information is held in strict confidence by all persons treating or testing the employee, or having access to the employee health record.
- B. To reduce the possibility of intentional or inadvertent leaks of confidential information, employee identification numbers may be used on all employee health documents and correspondence, unless the document or correspondence is being directed out of the hospital to an equally confidential source.
- C. Employee health information may be released only after the employee has signed a Consent to Release of Medical Information.

V. FINANCIAL MANAGEMENT AND RESPONSIBILITY

- A. All projected expenses incurred by the Employee Health Plan are budgeted by the Infection PreventionEmployee Health Department.

- B. Expenses incurred by treatment plans, with the exception of worker's compensation claims, delineated by the employee health requirements, are paid for from the Employee Health budget ~~of the Infection Prevention Department~~.
- C. New hires, current employees, and volunteer staff costs will be covered by Memorial Hospital of Sweetwater County with the exception of pre-existing conditions (for example TB infection prior to hire)
- D. Non-employed staff, students, and shadowers will be financially responsible for meeting the requirements of the plan prior to arrival, please see policy #941517

EMPLOYEE HEALTH REQUIREMENTS

I. Employment

- A. Health Inventory: Employees are required to complete a Health Inventory Form upon employment (Form #802672 or #802926).
- B. TB
 - 1. Tuberculin skin test (TST), Annual PPD Converter's Assessment (Form # 802691), plus chest x-ray or IGRA test results if history of past positive reaction are required. TST will be done on all employees at hire, and after a suspected or confirmed exposure to Tuberculosis (TB). ~~All non-employed staff will be required to submit annual test results.~~
 - a. Employees who have not had a documented TST in the last 12 months, will have a 2 step TST done 1 to 3 weeks after the first, with the first being completed prior to patient contact.
 - b. Employees who have history of a positive TST will be reassessed annually using the converter form. Frequency of CXR will be determined by an experienced primary care provider, however, annually or at a regularly scheduled time is not recommended by the CDC.
 - i. Education will be provided by the Employee Health Nurse regarding what signs and symptoms the employee should watch for regarding conversion.
 - ii. If a new employee has had a previous positive TST, the employee will need to provide a copy of the last chest x-ray or have a two view (PA/Lateral) performed.
 - iii. A chest x-ray and evaluation by an experienced provider will be ordered if symptoms develop (persistent cough, weight loss, anorexia, fever) in an employee with a history of TB or if recently exposed to TB.
 - c. The employee health physician will be notified of all positive TST reactions.
 - d. The Wyoming Department of Health will be notified of all TB conversions.

- e. The hospital is not responsible for any reimbursement for medical care of an employee who is TST positive at time of hire.

C. Mumps, Rubella, Rubeola, and Varicella

1. Required immunity to Rubella, Rubeola, Mumps and Varicella will be documented.
 - a. Laboratory evidence of serologic immunity or 2 MMR and 2 Varicella vaccines.
 - b. If not immune, employee will be given MMR or Varicella vaccination according to manufacturer guidelines at no cost to the employee.
 - c. In the event of an outbreak, those without documented immunity or documentation of vaccines will be excluded from high-risk areas.

D. Hepatitis B

1. Required immunity to Hepatitis B virus will be documented.
 - a. Immunity will be determined by the presence of a ~~3~~ **dose completed** Hepatitis B vaccination series AND positive serologic immunity.
 - b. If not immune, employee will be given Hepatitis B vaccination according to manufacturer guidelines at no cost to the employee.
 - c. If the employee has received the maximum number of hepatitis B **vaccine vaccines** and fails to show immunity the employee will be documented as a "nonresponder" and will be counseled on the increased risk in the event of an exposure.

E. Tetanus, Diphtheria and Pertussis

1. A TDAP ~~or TD~~ will be given to all new employees who are not up to date or who have not been immunized for pertussis, especially in areas in contact with children or neonates.
 - a. All employees will be offered the appropriate booster every 10 years.

F. Respiratory Protection

1. All employees will be evaluated by Employee Health for their need to wear a tight fitting respirator. If deemed necessary for their job duties, they will complete the OSHA respirator medical evaluation questionnaire (Form #802187) and if medically able, will be fit tested. .
 - a. Employees failing fit testing or unable to be tested will be excluded from patient care areas where Airborne Precautions are required.

G. All employees will receive a Employee Health Requirements checklist (Form #

802672 - attached) prior to hire to aid them in compiling the necessary requirements.

II. Exemptions

- A. It is mandatory for employees to receive all of the above vaccines for the safety of their patients and for their own personal safety. If the employee has a stated medical contraindication to vaccination they will be evaluated by the employee health physician and may be granted exemption.
 1. Medical exemption may include the following:
 - a. Immune deficiency, suppressed immune responses that occur with leukemia, lymphoma, therapy with corticosteroids, antimetabolites, or radiation.
 - b. Pregnancy
 - c. Allergy
- B. Employees will have 30 days from notification of a delinquency to comply with the Employee Health Plan.
- C. Employees will not be permitted to work past the 30 day notification and employees will be required to use PTO for time off during this time. If the employee has not complied with this requirement within two (2) weeks of the final notification the employee will be terminated unless there are approved conditions or situations that prevent the employee from completing the requirement. All exceptions to terminations must be approved by the Chief Executive Officer.

For all vaccine administrations, the most up to date vaccine information statement (VIS) will be offered to the employee at time of administration to meet federal guidelines.

AN EMPLOYEE MAY ATTEND ORIENTATION/EDUCATION WHILE AWAITING RESULTS OF BLOOD TESTING IF NOT IMMEDIATELY AVAILABLE UPON HIRE. AN EMPLOYEE WILL NOT BE PERMITTED TO HAVE PATIENT CONTACT UNTIL RESULTS HAVE BEEN VERIFIED BY EMPLOYEE HEALTH.

I. Annual Requirements

- A. An Annual TB Facility Assessment will be conducted by the Employee Health Nurse and Infection Preventionist which will determine the current TB risk, and the need for annual testing.
- B. All Employees are required to take part in the Annual Influenza Vaccine Clinic, Policy #1103869.
- C. All employees whose job duties require the use of a tight fitting respirator will be fit tested annually.

II. Student/Shadowers and Contract Health Requirements

- A. Refer to Student/Contract Employees/Medical Staff Health Requirements Policy #941517
- B. Costs for volunteers (MHSC Auxiliary members) will be paid by the hospital and follow the same standards as hospital employees

EMPLOYEE ILLNESS OR INJURY

1. Employees who become ill before they begin work will notify their supervisor before the designated starting time according to personnel policy. Supervisors will then notify Employee Health.
2. Employees who report to work ill, or who become ill at work, will notify their supervisor immediately. At the supervisor's discretion, the employee may be sent to the Employee Health Department. The Employee Health Nurse will determine the need to send the employee home, to the ER for examination by an emergency room physician, or to a private physician.
3. Employees off work because of illness or injury for longer than two days, or who are returning to work from a medical leave of absence, may be asked to present a work release signed by their their private physician to their supervisor. Employees restricted from work because of a significant communicable disease will have their work releases evaluated by the Employee Health Nurse or Infection Control, before they may return to work. Work releases are to be sent to Infection Control/Employee Health. In turn, Employee Health will forward a copy to Human Resources, if not already given to HR.
4. Any employee with a work-related injury who seeks medical treatment must present a work release or restriction document to their Department Supervisor before returning to work. The Department Supervisor will then forward the document to Employee Health or Human Resources.
5. Employees injured on the job – however minor the injury may appear – are encouraged to complete an Employee Packet (which includes Wyoming Report of Injury Form) and notify their supervisor who will complete a Supervisors Investigation of an Employee Incident report (Refer to Employee Packet) in its entirety, and report to the Employee Health Department, or Emergency Department if after hours for evaluation. Employees who do not report injuries within 72 hours of occurrence may be ineligible for hospital funded treatment for complications of the injury. Notification within 24 hours is preferred.

EXPOSURE TO COMMUNICABLE DISEASE

- I. An incident report will be completed for any employee potentially exposed to a communicable disease in the MHSC occurrence reporting system. The employee supervisor will complete the gray packet (Supervisor Investigation of Employee Accident Form and sign the Worker's Compensation forms). The Infection Preventionist will conduct case contact investigations as needed and delineated in Infection Control ~~Nurse will conduct case contact investigations as needed and delineated in Infection Control~~ Policy.
 - A. Once the determination, through case contact investigation, of **true** exposure of an employee or employees to a communicable disease is made, work restrictions will be instituted according to the CDC guidelines. Work restrictions may be initiated by a department director with consideration of the Infection Control/Employee Health Director, but are enforced by the Infection Control Committee.
- II. Memorial Hospital of Sweetwater County follows current CDC guidelines for exposures to communicable diseases, including time off work, and job restrictions due to disease.
- III. [See Reporting Communicable Diseases](#)

EXPOSURE TO HAZARDOUS SUBSTANCES

- I. All employees identified as having routine exposure to hazardous substances, such as chemotherapy medications, will have a medical screening, TST and/or basic laboratory testing performed annually as indicated by the Employee Health Physician.
- II. Females who are pregnant or ~~breast-feeding~~breastfeeding and/or any person actively trying to conceive a child will ~~be reassigned to duties~~acknowledge that ~~do not involve~~they are aware of ~~the risks involved with~~ the handling of hazardous medications. These individuals will wear the appropriate PPE for handling hazardous drugs. The Hazardous Drug Risk Acknowledgment form will be signed at the time of hire. Staff member may ask to be reassigned. MHSC will do all that we can to reassign staff.
- III. Link to [Chemical and Drug Handlers Health Surveillance History](#)

Approval:

~~Infection Control Committee - Nov. 7, 2018; HR Committee - February 18, 2019~~

Reviewed and Approved:

Infection Control Committee: 11/14/2024

MEC: 12/2/2024

HR Committee:

REFERENCES:

Medical Surveillance for Healthcare Workers Exposed to Hazardous Drugs *Department of Health and Human Services* <https://www.cdc.gov/niosh/docs/wp-solutions/2013-103/pdfs/2013-103.pdf>

Healthcare Workers Handling Hazardous Drugs Should Be Monitored in Surveillance Program *Oncology Nursing Society* <https://www.ons.org/practice-resources/clinical-practice/healthcare-workers-handling-hazardous-drugs-should-be-monitored><https://www.ons.org/practice-resources/clinical-practice/healthcare-workers-handling-hazardous-drugs-should-be-monitored>

Attachments

[800263P Employee Health Inventory 03.24R.pdf](#)

[802769 - Employee Health Requirements 1.24.pdf](#)

[802926 - EMPLOYEE HEALTH INVENTORY FOR STUDENTS-SHADOWER-OBSERVER & VOUNTEER 03.24R.pdf](#)

[802973 - Employee Health Provider Orders 10.24.pdf](#)

Approval Signatures

Step Description	Approver	Date
Medical Director	Ann Clevenger: CNO	Pending
	Cielette Karn: Laboratory & IP Medical Director, T&B Chair	11/2024
	Patty O'Lexey: Education Director	11/2024
	Nicole Burke: Employee Health Supervisor	10/2024

Reg. Standards

CDC, OSHA 29 CFR 1910.1030, TJC 04.01.03, TJC IC 04.01.01

COPY

MHSC Board of Trustees: January 2025

Chief Clinical Officer (CCO) Report

Report prepared and submitted by: Kari Quickenden, Pharm.D., MHSA

1. Our nuclear medicine equipment has been down since 12/18/2024 due to a safety recall by the manufacturer in which the detector could injure a patient. We were contacted by the manufacturer directly on 12/18/2024 and instructed to scan no further patients until a service engineer could evaluate the equipment. It is important to note there were no injuries at MHSC due to this safety alert.
2. Our fluoroscopy room has been out of service since 12/23/2024. The equipment is at the end of its life and has experienced an electrical issue, which would require a significant amount of money to repair. MHSC received new fluoroscopy equipment in November 2024 and placed it in storage. The purchase was part of our master agreement to upgrade some medical imaging equipment. We are awaiting updates from the contractor on the projected construction start date for medical imaging. We can perform some procedures typically done in the fluoroscopy room with a C-arm. However, some procedures are unavailable until the remodel and installation of the new equipment are complete.
3. The College Hill laboratory location received their waived Cepheid analyzer. The analyzer will enable staff to perform waived testing, such as the multiple respiratory panel that includes influenza A, influenza B, RSV, and COVID at the College Hill location. The test is performed on one sample and one test cartridge and is cheaper and more sensitive than the testing currently performed. The testing currently performed requires a separate swab for influenza, RSV, and COVID, resulting in swabbing the patient three times. Patients only need to be swabbed once when the new analyzer is live. The planned go-live is in March.
4. As part of our strategic plan and endeavor to strive for zero preventable harm, MHSC is preparing to join a Patient Safety Organization (PSO). We are in the process of evaluating a proposal from Press Ganey. Participating in a PSO will assist us in meeting the new CMS Patient Safety Structural Measures, which we must attest to in 2025. The Agency for Healthcare Research and Quality (AHRQ) established PSOs under the Patient Safety and Quality Improvement Act. PSOs provide the following benefits:
 - a. Learn and share with industry peers in a legally protected, confidential forum
 - b. Help identify threats to quality, safety, and reliability
 - c. Protect confidential safety events and cause analysis data
 - d. Recommend methods to reduce harm
 - e. Encourage and advance a culture of speaking up for safetyAdditionally, joining a PSO will assist us with improving the methodology for categorizing and tracking/trending our occurrence report data (another strategic plan initiative) as we will submit our occurrence reports to the PSO.
5. MHSC is slightly altering the main morning huddle. As part of the CMS Patient Safety Structural Measures and as we continue working towards Planetree certification, MHSC will implement tiered and escalating safety huddles at least five days a week with one day being a weekend, that includes key clinical and non-clinical units and leaders beginning 01/06/2025. MSCH will utilize the MESSS (methods, equipment, supplies, staffing, and safety) Huddle tracking form from Planetree to actively identify safety concerns and follow up accordingly.
6. Kari Quickenden, Ann Clevenger, and Stephanie Mlinar will begin formal EAM S-EPPS training in January. The training consists of eight sessions and goes through mid-March. Attendance of the training will enable quality leadership and clinical senior leadership to assist with training and reinforcement of EAM S-EPPS skills. We plan to incorporate EAM S-EPPS training into the initial onboarding of all MSCH staff once we have redundancy in trainers.
7. MHSC administered the combined culture of safety and employee engagement survey in the fall of 2024. It was our second year administering the culture of safety survey with the vendor (Press Ganey), so we have comparative data. We have reviewed very high-level data and will form action plans based on the results.

Respectfully submitted,

Kari Quickenden

**MHSC Board of Trustees: January 2025
Chief Experience Officer (CXO) Report**

I am so grateful for the opportunity to lead in this new role and continue working with everyone at MHSC to improve the human experience. As I begin the journey in this new role, I will align the monthly report to strategic plan initiatives updates.

Rene is going to update the organization chart. I have been making preliminary plans to shadow in the departments I will lead. Rene has invited the Senior Leaders to conduct a SWOT analysis and I am scheduling to begin that process in January.

1. Patient Experience Pillar

- A. Continue to utilize our person-centered care culture to improve the patient experience and improve the satisfaction for our patients.

Person-Centered Care Committee: The Committee completed the review of the final submission for our application for Excellence in Person-Centered Care and the application was finalized and submitted at the end of December. We anticipate an onsite lived experience survey in early 2025. The Committee continues to check in on staff with different questions each month to look for ways to improve the employee experience. We will continue the process in 2025 and plan to utilize the Gallup Organization “Best Places to Work” questions:

*How satisfied are you with your company as a place to work?
I know what is expected of me at work.
I have the materials and equipment I need to do my work right.
At work, I have the opportunity to do what I do best every day.
In the last seven days, I have received recognition or praise for doing good work.
My supervisor, or someone at work, seems to care about me as a person.
There is someone at work who encourages my development.
At work, my opinions seem to count.
The mission or purpose of my company makes me feel my job is important.
My associates and fellow employees are committed to doing quality work.
I have a best friend at work.
In the last six months, someone at work has talked to me about my progress.
This last year, I have had opportunities at work to learn and grow.*

Patient & Family Advisory Council Partners: The PFAC did not meet in December. We are enlisting their involvement in our lactation room design. We will present at Young at Heart for their Lunch and Learn Program on Tuesday, January 28. The next meeting is set for Monday, January 27, and we have asked the group to identify a department that they feel passion for to identify partners to help us develop “signature moments” for our patients throughout the Hospital.

Person-Centered Care & Communicating With Empathy Workshops: 1,063 people (staff, volunteers, trustees, community members) have completed the Experiential Workshop since we started providing them in 2019. 91% of current staff on the payroll have completed the workshop. 847 people have completed the Communicating With Empathy Workshop since we started providing them in 2021. 87% of current staff on the payroll have completed the workshop. We incorporated both workshops into new employee orientation once each month effective November 2022 and plan to offer twice each month during both orientation sessions beginning in January 2025. We are looking at some innovative ideas for annual person-centered care refresher opportunities in 2025.

- 1) Objective: Provide compassionate care to every life we touch for every patient, every time, aligning with the mission, vision and values of MHSC.
 - a) Measurement: “Degree to which all staff showed compassion” Improve HCAHPS score by 3 percentage points per year.
- 2) Objective: Improve patient experience and patient satisfaction scores.

- a) Measurement: Improve HCAHPS scores by 3 percentage points per year in the following measures:
 - Hospital Environment
 - Discharge Information
 - Care Transitions

I am scheduled to begin reporting on our patient experience data in regular meetings in 2025.

- Build the capacity of our Directors through a formal training program.

PEAK Consulting kicked off the leadership training series in September 2024. There are three group “cohorts” for the team. Everyone had one large session together, then one in-person session in their groups. Everyone will have completed four online sessions before completion. The Senior Leaders completed their online training December 3. The other groups will complete the series the first full week in January. Feedback has been good and we look forward to seeing the benefit of the training moving forward. .

- C. Dedicate one Senior Leadership meeting per month to the implementation and management of the 3-year strategic plan and working more strategically to communicate, coach, and lead the organization to achieve our overall goal.

Senior Leader weekly meetings have been moved to Thursdays. The group designated the final Thursday of each month to focus on the strategic plan.

2. Employee Experience Pillar

- A. Improve employee retention and employee satisfaction for a happier, healthier staff.
 - 1) Objective: Leave our culture throughout HR and management practices to recruit, reward, and retain staff committed to carrying out our mission.
 - a) Measurement: Reduce staff turnover by 10% per year, using the current turnover rate.
 - Measurement: Improve our employee engagement scores by 3% per year.

Press Ganey administered the 2024 employee engagement survey. The survey is closed and results were shared with Senior Leaders on January 2. A communication plan will be developed as well as an action plan. Turnover numbers were reviewed at the December regular meeting.

- Hire a consultant to help us evaluate and review salaries at a minimum of every three years.

Gallagher completed the study. Information was reviewed with the Human Resources Committee. A copy of the presentation is available on the portal in the December Human Resources Committee packet.

- C. Directors will attend a comprehensive program to further develop relationships across departments and support each other.

PEAK Consulting information shown above in IB.

- Develop plan for success sharing Bonus for employees if goals are reached..

Bonus success sharing was awarded to staff in 2024. Employees regularly express appreciation for the gift. We will continue to evaluate future opportunities.

In relation to the Board Governance Experience, the Self-Assessment Survey was completed December 16. ARC prepared a report to share with the Governance Committee on January 20. Results can be presented to the Board of Trustees at the February 5 meeting. Two additional questions developed by the Board were also distributed for response. Results will be shared with the Governance Committee on January 20.

Our trustees are registered to participate in the American Hospital Association Rural Healthcare Conference February 23-26 in San Antonio.

Respectfully submitted,
Cindy Nelson

MHSC Board of Trustees: January 2025

Chief Financial Officer (CFO) Report

Report prepared and submitted by: Tami Love

Financial summary - Revenue was down slightly in November, coming in at \$23.8 million and over budget by \$1 million. Expenses came in at \$11.3 million, \$219,000 over budget. Our bottom line for November is a gain of \$4,937. Year-to-date, gross revenue remains over budget by \$4.8 million and expenses remain under budget by \$1.2 million. November inpatient volumes were lower than expected for the month with outpatient visits remaining high across most ancillary services. Revenue is projected to be \$23.8 million in December, under budget, and expenses should be close to budget, resulting in another break even or slight loss for the month.

Critical Access. The Joint Commission sent their recommendation to the State Wyoming Department of Health on December 9 and the State then sent their recommendation to CMS on December 12. Due to our provisional Critical Access license being effective 10/1/2024 we are holding most Medicare billing until we receive the new CMS billing number. As of December 30, we are holding over \$21 million in Medicare billing. Historically, Medicare monthly payments average \$2.5 million per month which is impacting both cash collections and Days Cash on Hand.

CLA Revenue Cycle Advisory Support. CLA will be exiting the Revenue Cycle Support project at the end of December. We have made many improvements to processes, workflows and staffing efforts as well as creating and/or updating written procedures for many areas of the revenue cycle. Even with the negative impact of the CAH delay, we can see the positive results of the project as we move toward the Strategic Plan Finance pillar goals. There will be an Executive report out meeting with CLA and our Executive team and the final report will be in the January Finance & Audit committee packet.

Price Transparency. In January 2021, CMS implemented the Price Transparency Rule requiring Hospitals and other healthcare providers to share pricing information with consumers. Since then, CMS has added additional requirements for better access to the information, consistency of the format of the information and additional insurance rates. Last year, we outsourced the file creation and estimator tool to a vendor as the requirements became too technical. We have been working with them on the new requirement for pharmacy pricing effective January 2025. The information file can be found on our website along with the required estimator tool.

Budget FY2026. The Capital budget process will begin in January when all department leaders start looking at equipment and other capital needs for their areas. We will look out several years so we can use the information as we look at the Master Plan. Operation budget planning will start late February or early March as Department directors start inputting numbers into the budget software. Budget hearings will take place in the Spring when we meet with all individually and go through the operating budget line by line.

MHSC Board of Trustees: 1/2025

Chief Nursing Officer (CNO) Report

Report prepared and submitted by: Ann Marie Clevenger DNP, RN, NEA-BC

Thank you for your support of the leadership education, aligning with the strategic plan, to provide education on successful team management. As the sessions near a close, the education has been informative, applicable, and appreciated by nursing and cardiopulmonary leadership. It also feeds into the development of the team of leaders that will enhance growth in the future. We appreciate the value placed on leadership education.

- This month I would like to highlight the Emergency Department. The department is led by Tiffany Cranter, Nurse Director and Dr. Julie Addison from the University of Utah. The Emergency Department Physicians are contracted through the University of Utah. The Emergency Department also has two clinical coordinators, Carol MacFie and Johanna Sanders, a Trauma Coordinator, Mindy Aguirre, and a total of 56 staff members that include nurses, CAs, Techs, Patient Safety Monitors, and Nursing Unit Secretaries. The Emergency Department encompasses emergencies, trauma, Behavioral health, and Sexual Assault Nurse Examiner (SANE) 24/7 care. Through our affiliation with the University of Utah, we are able to provide Telemedicine Services such as Tele-Stroke, Tele-Turn, and Tele-ICU. The care team treats patients of all ages in the 22-bed department that includes seven fast track rooms, two obstetrics rooms, two behavioral health safe rooms, two trauma bays, one decontamination room, and seven other additional rooms for high acuity care. Through recruitment and retention efforts, the department has reduced travel staff by 60% in the last nine months. Efforts include the house wide Nursing Education Mini Orientation (NEMO) Program and Preceptor Program from Patty O'Lexey, Director of Education, a department specific New Grad Residency Program based off the Emergency Nurses Association recommendations, and secured a permanent nurse director, Tiffany Cranter, who is a well-respected leader within the department and hospital. The volume of patients in the Emergency Department has increased over the last several years ranging from approximately 11,000 in 2022, to 17,000 in 2024. With the noted increase, we have increased our staffing to accommodate patient care and safety. With the growth and development of permanent leadership in the Emergency Department, we are looking forward to continued improvements to meet the needs of our community.
- Patty O'Lexey, Director of Education, aligning with the strategic plan, has worked with Holly Blau, Patient Educator, to provide the community the Diabetic Education Program, previously led by nurses at community nursing, to meet that population's and our community's needs.
- House Supervisors are now available 24/7 to help coordinate the flow and care of patients throughout the facility.
- The College Drive Clinic and Misty Cozad, Practice Manager, continue to have an increased census in the Family Medicine Clinic and the Outpatient Clinic, while expanding our Occupational Medicine Contracts and providing services for Ramsutter twice a week. The clinics consist of 12 providers, eight nurses, ten medical assistants, two scribes, and seven patient access specialists. Occupational Medicine services over 30 companies and staffs from Bridger Power Plant two days per week. For expansion, we are currently looking into providing services in Carson to improve access to healthcare in their community.

Ann

Building and Grounds Committee Meeting
December 17, 2024

The Building and Grounds Committee met in regular session via Zoom on December 17, 2024, at 2:30 PM with Mr. Marty Elsey presiding.

Attendance: Mr. Craig Rood, *Trustee, Chairman*
Mr. Marty Elsey, *Trustee*
Ms. Kami Love, *CFO*
Mr. Perry Johnston, *Director of Facilities*
Mr. Steven Sorock, *Facilities Supervisor*
Mr. Bill Wheatley, *PlanOne Architects*
Mr. Taylor Jones, *County Commissioner*

Mr. Elsey called the meeting to order once a quorum was established

Ms. Love shared a mission moment.

Mr. Elsey asked for a motion to approve the agenda. Ms. Love made a motion to approve the agenda. Mr. Johnston seconded the motion passed.

The meeting minutes of the November 19, 2024, meeting were tabled for approval.

Maintenance Metrics

Mr. Johnston reviewed the November metrics report. He said the number of work orders completed was down this month. There was an increase in work orders due to the Joint Commission being onsite and preparing for the survey. Hospital staff was asked to “look up”, noticing stained ceiling tiles, penetration points and gaps in tiles. Mr. Elsey said averaging 30 work orders a day is impressive.

Old Business – Project Review

Oncology Suite renovation

Mr. Wheatley said Mr. Johnston and himself have sent several emails to the General Contract, A Pleasant Construction (APC), regarding the delay in this project. APC did respond with process completed to date, manpower reports but has failed to supply a schedule for the completion of the project. There has been a supervisor onsite, but the work is still going at a snail's pace. Mr. Wheatley said the next step is to look at the mechanism of the contract and put together a notice for schedule and potential damages, requiring a formal response. Mr. Elsey asked why this hadn't been done prior. Mr. Wheatley said there was a lot of discussion about the legitimate delays due to waiting for State and Department of Pharmacy approvals, test and balance issues, which have all been documented. Those known issues will be separated out when calculating liquidated damages. He said he is unsure why they are reluctant to provide a schedule of Phase progress. It was agreed Plan One will formulate an official notice of contract and liquidated damages. Mr. Elsey asked for a copy of the letter he shared with the board committee

members and he expects action. He said APC has been less than professional and sees this as an act of defiance from the contractor

Medical Imaging Core and X-ray

Mr. Heatley reported all approvals have been received. Broathouse is putting together the final schedule which will parallel with the lab project. They will be coordinating trades to be onsite for these two projects, plus the MOE Entrance in the spring.

Laboratory Expansion project - S

Mr. Heatley said they have been pouring the foundations in the ground for the last week. They will start going vertical soon. There has been a lot of administrative work being done in the background including changes to add an elevator closet on the second floor which will be an added cost. Mr. Johnston added they will finish pouring this week and then most of the crew would be out for the holidays. They will start seeing steel going up in January. Ms. Love said she has requested the third reimbursement from S for pay applications paid to Broathouse, for about \$800.

MOE Entrance – S

Mr. Heatley said Broathouse is working on the coordinated schedule with the other two projects. They expect to start this project in April or May since most of the work will be outside.

Master Plan

Mr. Halsey said the board workshop is scheduled for January 28, 2025. Ms. Love said the meeting will be via Zoom where PAC Studios will present the Master Plan. They will then do a presentation on our updated prioritized capital list and how those projects fit into the Master Plan options. Mr. Halsey asked if the information from PAC and our prioritized capital list can be sent out prior to the meeting.

Unfunded Projects

Foundation Area Renovation – Mr. Johnston said this project is still unfunded until we know what the future plans are for the area. This will also give us time to get the foundation and legal staff moved into their new space on the second floor of the new laboratory renovation. Ms. Love said the Master Plan shows several options for the foundation area. Mr. Halsey asked about plumbing issues in that area. Ms. Love said the grant we received for this project was specifically for addressing the plumbing and sewer issues.

New Business

No new business was brought forward.

Other

Mr. Rood apologized for joining late and thanked Mr. Elsey for running the meeting. The next meeting is scheduled for Tuesday, January 21, 2025 at 2:30pm.

Mr. Elsey adjourned the meeting at 3:00 pm.

Submitted by Tami Love

DRAFT

Quality Chair Report
December, 2024

- ✓ Reviewed Patient Pillar in Strategic plan. Stoplight report showed 1) only OB and ICU met end of year goals for “staff showed compassion,” a HCAHPS question and 2) care transition and cleanliness and quietness of hospital did not meet end of year goals.
- ✓ Excellent report by Megan Guess, nurse director of Obstetrics and Women’s Health, explaining why high altitude is the primary cause of fallouts regarding neonatal quality measure and that our numbers are similar to the Laramie and Cheyenne hospitals, who are also at high altitude. Also mentioned the department is investigating what can be done to help nearby communities that have dropped their maternity care.
- ✓ Sepsis bundle control chart was recalculated. Opportunities for improvement persist.
- ✓ With recent inclusion of non-board member to Quality Committee, members of the Committee were discussed. No action taken.

Executive Update – MHSC Quality Committee of the Board

PROVIDED BY Stephanie Mlinar, Kari Quickenden, Ann Clevenger, Tami Love, Irene Richardson, Cindy Nelson
 REPORTING DATE December 2024 Quality Committee Monthly Meeting

General Highlights

- Reviewed CAH Accreditation and next steps to get Medicare billing number

Patient Experience Pillar

FY 2025 Priorities and Goals:

- Care Transition/Care Coordination (HCAHPS)*: 57.4 percentage points by end of CY 2024, stretch goal 58% (re-evaluate goals in Jan '25) Baseline data: CY 2023 - 54.41%
- Discharge information (HCAHPS)*: 89.25 percentage points by end of CY 2024, stretch goal 90% (re-evaluate goals in Jan '25) Baseline data: CY 2023 – 86.25%

Additional Strategic Objectives:

- Degree to which all staff showed compassion (HCAHPS)*
 - Baseline data CY 2023

OB Baseline data 81.40% percentage points	MS/ICU Baseline data 70.59% percentage points
Surgery Baseline Data 91.03% percentage points	MOB Clinics Baseline Data 80.18% percentage pt.
College Drive Clinics Baseline Data 82.36% percentage points	ED Baseline Data 70.19% percentage points

 Radiation & Medical Oncology are not surveyed through Press Ganey
- Hospital Environment (HCAHPS)*
 - Cleanliness sub measurement: Baseline MHSC data (CY 2023): 74.54%
 - Quietness sub measurement: Baseline MHSC data (CY 2023): 64.02%

Strategic Initiatives:

- Formal leader training program
- Dedication of one Senior Leadership meeting per month for implementation and management of 3-year strategic plan

Accomplishments	Issues	Impact	Action Plan
Care Transition/Care Coordination: Q3 showed some improvement; YTD data remains close to baseline			
Discharge Information: Q3 showed some improvement; YTD just short of goal			
Compassion: CY YTD 2024 shows a small improvement in MOB & Surgery compared to baseline. OB remains the same	Rounding by leaders is typically positive, but survey results do not indicate that.	Rounding provides real time feedback from patients and families including in the moment solutions.	
Hospital Environment – Cleanliness: Adjustments in scheduling with dedicated staff for MS/ICU Day and evening shifts and added SDS/OB evening shift	Buy-in that cleanliness is everyone’s responsibility. The ironer has been down, and linens have been unable to be ironed.	Minimal movement in scores as of October. There are delays in getting completed surveys back based on survey methodology.	PFAC rounded and provided feedback.

Accomplishments	Issues	Impact	Action Plan
Hospital Environment – Quietness: Doors that could be adjusted for loudness have been fixed. Earplugs and eye masks are available for patient use. Quiet conversations at nurse’s stations are encouraged	Some doors cannot be adjusted for loudness based on life safety code and opening and closing requirements		Continue to monitor through Leader rounding on patients.
Formal leader training: The second of three sessions completed. One virtual session remains	None identified	Positively received by leadership team	
Dedication of one Senior Leader meeting per month for Strategic Plan	None identified		

Quality & Safety Pillar

FY 2025 Priorities and Strategic Objectives:

- C. Diff: No more than one reportable case from 4/1/2024 to 3/31/2025 (re-evaluate goals in April '25)
 - Baseline data: January 2024 – May 2024: 4 cases
- SEP-1 Bundle Compliance: 70% compliance by 6/30/2025, stretch goal 75% (re-evaluate in Jan '25)
 - Baseline data: MHSC current data: Calendar year January-May 2024: 72.58%
- OP23 -Stroke measure: 70% compliance by end of CY 2024, stretch goal 80% (re-evaluate in Jan '25)
 - Baseline data: MHSC rate (July 2024 Hospital Compare Report): 67%

Initiatives:

- Create process improvement position that will require Lean training and be responsible for leading improvement efforts
- Create patient and staff education
- 100% of clinical staff will complete TeamSTEPPS training by the end of three years
- In-house legal counsel will provide a “risk management minute” quarterly each year and provide a recording for all staff
- Develop method that will allow Synergi to categorize reports and create ability to track and trend data
- Utilize Health Equity Plan to promote the highest quality outcomes and safest care for all people

Accomplishments	Issues	Impact	Action Plan
C. Diff: BioFire testing is available with reflex testing. Meeting goal	None identified	Interdisciplinary review resulted in improved process.	Continued monitoring.
Sep-1 Bundle Compliance: Meeting goal			Continue weekly OFIs with timely feedback to team members.
OP 23 – Stroke Measure: Meeting and exceeding goal			Re-evaluate target and stretch goals in December.
Process Improvement position: Budget reviewed for this FTE	Budget for FY 25 does not have this FTE in place	Quality Department Director and team continue process improvement work	Will budget for FTE for FY 2026. Will develop job description and competencies.
Create Staff and Patient Education: Staff education – Prosper training held for evidence-based research regarding suicide prevention offered by community agency Patient education – educator hired, meeting goal	None identified		Staff: Reviewing and updating annual education courses Patient: Reviewing health literacy tools. Shadowing at U of U with unit Educator. Evaluating educational tools for patients to include in FY 2026.

Accomplishments	Issues	Impact	Action Plan
Initiative regarding TeamSTEPPS. Attendance Tracking is in place and the activities are open to clinical and non-clinical staff. Current clinical staff 75% completion	None identified	Improve inter-and intradepartmental communication	Three sessions for each of the three levels are available for staff to sign up each month. Monthly report sent to leadership with updates on compliance.
Risk management minutes are being presented at medical staff meetings.	None identified	Provide education for staff, including employed medical staff	Plan to upload risk management minutes to process improvement case in Synergi
Synergi report categorization with further development for HIPAA, grievance/complaint, and process improvements	None identified	Further case categorization increases tracking and trending capabilities	
Health Equity: AHA HETA assessment completed. Tailored MHSC's HE plans and charter to match resources and strategic goals.	None identified		

Community, Services and Growth Pillar

Strategic Objectives:

- Improve and establish outreach to community and outlying areas (Baseline data unavailable, goals are being set by each team)
 - Community education
 - Diabetes Education
 - Care for the caregiver
 - Mental health
- Improve from a Google 2-star Rating to a Google 3-star rating by the end of three years

Initiatives:

- Utilize master plan to identify areas where we can provide outreach to outlying areas
- Develop a strategic communication/marketing plan
- Increase number of community presentations

Accomplishments	Issues	Impact	Action Plan
Community Education goal is to add an additional 6 (six) presentations annually. <ul style="list-style-type: none"> • Quarterly Lunch & Learn at Young at Heart • Annual Rock Springs Chamber Luncheon • Annual Green River Chamber Luncheon • Annual Health Academy Presentation • Lunch & Learn for Western Wyoming Beverage 	Scheduling can sometimes be difficult. Some departments are not as comfortable with public speaking.	None identified at this time	Working with School District #1 to set up Lunch & Learns.
Radiation Oncology is working with in-house translators to provide Spanish documents in the education binder for new patients.	Documents from outside entities are not in Spanish	None identified at this time	

Accomplishments	Issues	Impact	Action Plan
Diabetes Education: Diabetic Self-Management Education (DSME) site change from Public Health to MHSC. There were five referrals in the first week upon the transition from Public Health to MHSC.	None identified at this time	RN patient educator performs the nurse visit, and the Director of Education is the DSME Quality Coordinator. Medical Nutrition Therapy (MNT) continues through MHSC Dieticians. Potential impact to increase appointments as the RN patient educator meets with patients while hospitalized.	MHSC Education Director and Pt Educator continues to improve processes in referrals, documentation, and the billing process. Next steps include awareness of the program with providers at MHSC and in our community.
Care for the Caregiver: Care for the Caregiver team members will attend/participate/present at 2 public events to meet the community members we serve, network with other service providers, and build relationships in our community in 2024. Goal exceeded for CY 2024 with 3 events attended.	None identified	None identified	2025: Care for the Caregiver team members will attend/ participate/ present at 4 public events MHSC will have an employee train and be the SWC 211 Ambassador. Caregivers need to know the services and providers available to them in our county and state. The employees of MHSC are the largest group of caregivers in our county and planning is in place for providing support.
Mental Health: starting January 8, 2025, QLER will be providing 8 hours of service a week to our patients, increasing access to MH services offered in our county.	New clinic leadership needs to meet with appropriate team members to develop plan for CY 2025	None identified	Meetings with interdisciplinary teams and leadership have been held and continue as a plan is developed for short term and long term ideas.
Improve Google Star Rating Meeting and exceeding the goal	None identified		
Utilize Master Plan: no update at this time, planning in progress			
Marketing plan is focusing on nutrition and sharing our successes, on target to meet goal	None identified		
Chronic Care Management is working toward increasing Medicare annual wellness visits. Goal is exceeded as of 12/4/2024.	None identified		

Employee Experience Pillar

Strategic Objectives:

- Reduce staff turnover by 10% per year, using the current turnover rate
 - Baseline/target: Target Goal of 9.9% (a 10% reduction) in the staff turnover rate from June 2024 to the end of the calendar year 2024, using the current turnover rate as of June 2024 (Using a baseline of 11%, $11 \times .10 = 1.1$; $11 - 1.1 = 9.9$)
- Improve our employee engagement scores by 3% per year

Initiatives:

- Hire a consultant to evaluate and review salaries at a minimum of every three years
- Comprehensive program for directors to develop relationships, etc.
- Develop plan for success sharing bonus for employees if goals are reached

Accomplishments	Issues	Impact	Action Plan
Reduce Staff turnover by 10% per year, using current turnover rate (Amber). Meetings have occurred and include discussion on the travel staff and recruit and retention measurements/initiatives in financial stewardship	None identified		The plan continues to be documented in the tracking system. Additional goal to remain under national staff turnover rate (YTD 22.7%) HR and Nursing have action plans in place to reduce turnover.
Employee Engagement Survey scheduled for this fall	The goal lists that it will improve by 3% per year. The last survey was 2022.	A new survey vendor is being used this year to combine the timing with the Culture of Safety Survey. Calculating a percentage increase may prove difficult because of two different companies.	October 7, 2024, began the survey window and will run for 3 weeks Historically, the Culture of Safety Survey is done every 2 years. We will be able to look at engagement scores in 2026 if we keep the current schedule and vendor.
Salaries were reviewed with adjustments made at the beginning of FY 2025			
Comprehensive program for Directors (also listed under patient experience pillar)			In progress
Success sharing bonus implemented at the end of June 2024			

Financial Stewardship Pillar

Strategic Objectives:

- Improve revenue cycle using CliftonLarsenAllen recommendations
 - Improve Days of Cash on Hand by 10% each year for three years
FY25 = 119, FY26 = 131, FY27 = 144
 - Reduce and maintain Days in A/R to 45 days by the end of 2024
CY 24 Jan-Jul Average 63 days
 - Maintain level of claims denials at state and national benchmarks (target goal <15% by end of FY 2025)
CY 24 Apr-June 24.7%
 - Reduce and maintain Days Not Final Billed (DNFB) at five days by the end of 2024
CY 24 Jan-Aug Average 10.1 days
- Build the MHSC County Maintenance Fund to \$2,000,000 by the end of three years
7/1/2024 \$500,000 rolled over
- Build and maintain the building fund to the amount of depreciation expense by the end of three years
6/30/2024 \$7,000,000
- Decrease the number of Nursing and Respiratory Therapy travel staff by 30%, per year for three years
Goal for CY 2024 is a combined RN/RT travel staff of 11.9 using a baseline CY 2023 of 17 total RN/RT travel staff
Additional goal contract staff expenditure total less in total for CY 2024 compared to CY2023

Initiatives:

- Work with the County Commissioners to set annual budget to achieve \$2,000,000 goal over three-year strategic plan and still allow for adequate funds in annual budget for routine maintenance

- Supplement the building fund from monthly, quarterly, or annual contributions from cash flow from operations to achieve the total amount of depreciation expense by the end of three-year strategic plan
- Nursing leadership will work with Human Resources to recruit and retain permanent staff and reduce travel staff by 30% per year

Accomplishments	Issues	Impact	Action Plan
Improve days of cash on hand	Conversion to Critical Access – need new Medicare billing #	Altering current amount of days of cash on hand	
Reduce and maintain Days in A/R	Conversion to Critical Access – need new Medicare billing #	Altering current amount of days in AR	
Maintain level of claims denials	None identified		
Reduce and maintain Days Not Final Billed: DNFB split into HIM and PFS cases	Conversion to Critical Access – need new Medicare billing #	Not as far along as others	Continue to get team together to work on process
Build the MHSC County Maintenance Fund: County Fund process still being discussed			
Build and maintain the building fund	Conversion to Critical Access billing held since Oct. 1		
Decrease the number of Nursing and Respiratory Therapy travel staff: RT staff have decreased. RN travel staff at baseline	RN travel staff being hired for MedSurg to increase inpatient census capability over the busier winter months		CNO and HR Director actively working on plan. A meeting was held with interdisciplinary teams discussing the relationship between recruitment and retention and travel staff. Discussed action items.
Alignment of individual departmental performance improvement projects (PIPS) has identified two additional areas for financial stewardship.	None identified		Surgical Services – working on endo room turnover times, nearing goal Patient Navigation – working on a self-pay project, meeting goal

Regulatory Readiness

- The Joint Commission was on-site for the Critical Access Survey in November
- The final accreditation letter was issued on December 6, 2024, and the State of Wyoming has received the required documentation and sent their recommendation to CMS.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting Minutes - Draft
Monday – December 16, 2024**

Zoom

Trustee Members Present by Zoom: Kandi Pendleton, Nena James
Voting Members Present by Zoom: Amber Fisk, Irene Richardson, Suzan Campbell
Non-Voting Members & Guests Present by Zoom: Tami Love, Ann Marie Clevenger, Kari Quickenden,
Amy Lucy, Shawn Bazzanella, Ruthann Wolfe, Eddie Boggs, Cindy Nelson

Kandi called the meeting to order and welcomed everyone. She said she appreciated having the salary and wage information included in the packet.

APPROVAL OF MINUTES

The motion to approve the October special meeting minutes was made by Nena, second by Suzan.
Motion carried.

ROUTINE REPORTS

Turnover

Amber reported turnover through the end of November at 18% with the national average at 21-22%.

Open Positions

Amy reported on open positions. Amber said we conduct exit surveys and/or send questionnaires.

Contract Staffing

Amy reviewed the contract staffing information. We review all open positions at PCT each week.
Ultrasound is hard to fill throughout the country.

Employee Injury & Illness Reporting

Amber reviewed the employee injury and illness information. There was discussion of education for improvement.

OLD BUSINESS

Employee Policies – Dress Code Policy

Amber and Suzan reviewed the draft policy. They said they took some information from the University of Utah policy. They included wording around acceptable and unacceptable. The Committee wants to review and revisit.

NEW BUSINESS

Employee Health Policy

Kari said there were minor changes made to the policy. Ann said the information has been reviewed by the nursing standards group, MEC, and Infection Prevention with no concerns. She said it is coming to

the HR Committee because it is a Plan. With approval, we can move it to the full Board in January for review. The motion to approve the Employee Health Policy as presented was made by Kandi; second by Nena. Motion carried.

Employee Policies – Access to personnel file

Suzan and Amber said they are reviewing the policies in need of review and updates. Suzan will make changes and send out for review. Kandi said we can meet more frequently if there is policy update work going on and approvals are needed.

NEXT MEETING

The next meeting is scheduled Monday, January 20 at 3:00 p.m. The Committee discussed Teams vs. Zoom. Everyone is willing to use whatever method is best. Amber will set up as Teams and conduct a test with Kandi and Nena at least a week before the next meeting.

The meeting adjourned at 3:54 p.m.

DRAFT

Capital Expenditure FY25 27 PACS VNA Migration Unity Report

Capital Request Summary

Capital Request #

FY25-27

Name of Capital Request:

PACS VNA, MIGRATION, UNITY REPORT

Requestor/Department:

TRACIE SOLLER/MEDICAL IMAGING

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	MERGE	HARTLAND, WI	\$506,298.00
2.	FUJIFILM	VALHALLA, NY	\$705,540.00
3.	OPTUM	EDEN PRAIRIE, MN	\$1,075,000.00

Recommendation:

MERGE - \$506,298.00 (CURRENT VENDOR)



Memorial Hospital

 OF SWEETWATER COUNTY

 # Assigned: FY 25-27

Capital Request

Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity.
Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.

Note: Before ordering equipment requiring sterilization, check with Surgical Services/Central Sterile to ensure we have the proper sterilizing equipment.

Department: Medical Imaging **Submitted by:** Tracie Soller **Date:** 10/10/2024

Provide a detailed description of the capital expenditure requested:
 PACS Merge VNA, PACS Migration services, Unity Report export, Soma Document scanning, Merge Universal Viewer – 3D add on

Preferred Vendor:

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

1. Renovation	\$ Amount
2. Equipment	\$ 497,706.10
3. Installation	\$ Amount
4. Shipping	\$ 791.90
5. Accessories	\$ Amount
6. Training	\$ Amount
7. Travel costs	\$ 7800.00
8. Other e.g. interfaces	\$ Amount
Total Costs (add 1-8)	\$ 506,298.00

Does the requested item:

Require annual contract renewal? YES NO

Fit into existing space? YES NO Explain: Click or tap here to enter text.

Attach to a new service? YES NO Explain: Click or tap here to enter text.

Require physical plan modifications?	Electrical	\$ Amount
If yes, list to the right:	HVAC	\$ Amount
<input type="checkbox"/> YES <input type="checkbox"/> NO	Safety	\$ Amount
	Plumbing	\$ Amount
	Infrastructure (I/S cabling, software, etc.)	\$ Amount

Annualized impact on operations (if applicable):

Increases/Decreases

Budgeted Item:

YES NO

Projected Annual Procedures (NEW not existing)

Revenue per procedure	\$ Amount
Projected gross revenue	\$ Amount
Projected net revenue	\$ Amount

of bids obtained? 3

Projected Additional FTE's	
Salaries	\$ Amount
Benefits	\$ Amount
Maintenance	\$ Amount
Supplies	\$ Amount

Copies and/or Summary attached.
If no other bids obtained, reason:
 Click or tap here to enter text.

Total Annual Expenses	\$ Total
Net Income/(loss) from new service	\$ Amount

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Chief Executive Officer</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 12-31-24
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 12-19-24
<i>Chief Clinical Officer</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 12-23-24
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

The PACS is a necessity in healthcare to view and manage medical imaging studies; reducing the time and effort required for image retrieval, viewing, and interpretation. The PACs system improves productivity and workflow of our radiology department and referring practitioners involved.

We have been with our PACs vendor for 14 years. Effective January 1, 2026 their product will no longer be supported and considered "End of Life". The software will no longer be able to handle updates, leaving our system vulnerable to potential security issues and unable to keep up with the accreditation standards.

A Vendor Neutral Archive (VNA) provides a centralized storage solution for medical images and associated data, regardless of the specific imaging devices or systems used to generate those images. It would be utilized in the Hospital and the Clinic and is beneficial for the Point of Care ultrasound imaging being performed in the ED and the OR.

Voice recognition is an important part of getting the results out to referring practitioners in a timely manner. This allows the radiologist the ability to have a transcribed and approved report within minutes of reading the exam.

****Note – this is the only quote we have been able to secure so far. It's from the same vendor we currently use for our PACS system. We looked at two other systems; this is the radiologist's choice.**

 Submitted by: Signature

10/10/2024
 Date

SALES ORDER

Memorial Hospital of Sweetwater County
1200 College Dr
Rock Springs, Wyoming 82901-5868, US

Quoted By: Daniel Luchterhand
Price Valid Until: 12/31/2024
Document Date: 10/2/2024
Document Number: Q-58997-3

1. PROJECT SUMMARY

Merge VNA	\$183,728.40
Merge PACS	\$225,568.80
Migration Services	\$21,000.00
Unity Report Export	\$6,000.00
Sorna Document Scanning	\$17,761.90
Merge Universal Viewer - 3D Add On	\$43,647.00
Travel and Living	\$7,800.00

Total	USD 505,508.10
Shipping and Handling	USD 791.90
Annual Support Services Fees for 1st Renewal Term	USD 41,658.19
Taxes	Taxes will be reflected on invoice

Note: Refer to Exhibit A for Product List.

First Productive Use or "FPU" means the date the Software is installed and first able to process live data in a production environment.

Payment is due upon Effective Date, and payable as follows:

- 40% due upon Effective Date.
- 35% due net 90 days from Effective Date.
- 25% due on the earlier of First Productive Use or 6 months from Effective Date.

Support: Billed annually in advance, due and payable first day of the Support Services Renewal Term.

If subscription solutions are included in this sales order, refer to section 2. Subscription Service for the applicable invoice schedule.

2. EXECUTION

This Sales Order is governed by the terms of the Merge Client Agreement, (which is available at https://www.merative.com/content/dam/merative/terms/base/Merge_Client_Agreement.pdf) its associated attachments(s), and the Transaction Documents referenced on exhibit B, which are incorporated herein by reference.

It is the mutual intent of both Parties that this Sales Order constitutes a project separate and independent from any other executed or contemplated order(s). The fees due Merge Healthcare Solutions Inc. for this Sales Order are separate from any other executed or contemplated order(s), and the payment terms hereof are not intended to be dependent upon or otherwise coincide with performance criteria of any other executed or pending order(s). There are no products or services in this Sales Order that are interrelated or interdependent in terms of design, technology or function or are essential to the functionality of a product in any other executed or contemplated order(s).

Merge Healthcare Solutions Inc., and Memorial Hospital of Sweetwater County have caused this Sales Order to be executed by its authorized representatives, effective as of the latter date below ("Effective Date").

Merge Healthcare Solutions Inc.:

Memorial Hospital of Sweetwater County

Signature: _____
Print Name: _____
Title: _____
Date: _____

Signature: _____
Print Name: _____
Title: _____
Date: _____

Unless otherwise set forth as a line item on this Sales Order, travel and living expenses relative to Services will be involved in accordance with applicable provisions of the Agreement governing this Sales Order, or in the absence of such provision, in accordance with Merge Healthcare Solutions Inc. travel policy.

Please submit executed proposal via email to MergeSO@merative.com

Customer Billing Address: Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, Wyoming 82901
Customer Shipping Address: Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901-5868

Customer: By signing above, you are acknowledging that the above-listed billing and shipping addresses are correct for this order. If any changes are necessary please indicate below:

Please indicate whether this address change should be made to the Customer account or for this order only.

If you have an existing Merge Support contract, adding new applications or upgrading software or equipment may change your ongoing Support pricing.

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MERGE HEALTHCARE CONFIDENTIAL INFORMATION. Disclosure of this document to any third party is forbidden without the express written permission of Merge Healthcare.

Exhibit A

Product List

ITEM #	QTY	PART #	DESCRIPTION #	NET PRICE
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Merge VNA				NET PRICE
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1	1	SD-ECM-00041	MERGE VNA, DEPARTMENTAL, BASE SOFTWARE INCLUDING ORACLE DATABASE EMBEDDED SOFTWARE LICENSE (ESL)- 37000 Annual Volume	
2	3	S3-ECM-00009	MERGE VNA, SUSE LINUX ENTERPRISE SERVER (SLES) LICENSE (Third Party Product)	
3		PS-ECM-00143	MERGE VNA, IMPLEMENTATION SERVICES - ACUTE See Exhibit C for details	
4		PS-ECM-00145	MERGE VNA, TRAINING SERVICES - ACUTE See Exhibit C for details	
5		PS-ECM-00147	MERGE VNA PROJECT MANAGEMENT AND CONSULTING SERVICES - ACUTE See Exhibit C for details	
Total Merge VNA				\$183,728.40

Merge PACS				NET PRICE
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6	8	SN-PAX-00001	MERGE PACS, ANNUAL VOLUME LICENSE (6K) Merge PACS core software license adjustment based on annual procedure volume.	
7	1	SD-PAX-12442	MERGE PACS INTEGRATED MODE ADVANCED SOFTWARE	
8		PS-PAX-00249	MERGE PACS, IMPLEMENTATION SERVICES - ACUTE See Exhibit C for package details.	
9		PS-PAX-00251	MERGE PACS, PROJECT MANAGEMENT AND CONSULTING SERVICES - ACUTE See Exhibit C for package details.	
10		PS-PAX-00253	MERGE PACS, TRAINING SERVICES - ACUTE See Exhibit C for package details.	
Total Merge PACS				\$225,568.80

Migration Services				NET PRICE
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11	1	PS-ECM-00133	MIGRATION SERVICES - DICOM STORE - 30 TB Standard DICOM Migration from one WHI system to another WHI system	
Total Migration Services				\$21,000.00

Unity Report Export				NET PRICE
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12	1	PS-UPAX-00016	MERGE UNITY, HL7 DATA MIGRATION	
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Memorial Hospital of Sweetwater County
Sales Order

Sales Order Number: Q-58997 - 3
Price Valid Until 12/31/2024

Total Unity Report Export \$6,000.00

Sorna Document Scanning **NET PRICE**

13	1	HW-PAX-00201	SORNA VERTEX 156l SYSTEM PACKAGE
14	5	S3-PAX-00099	SORNA VERTEX ADVANCED DICOMization, SOFTWARE LICENSE, PER DEVICE (Third Party Product)
15	1	P3-PAX-00002	SORNA REMOTE INSTALLATION AND TRAINING (Thrd Party Product) Maximum of 5 hours

Total Sorna Document Scanning \$17,761.90

Merge Universal Viewer - 3D Add On **NET PRICE**

16	2	SN-ICA-00124	ICONNECT ACCESS, DATA SOURCE CONNECTION TO MERGE - ICONNECT ENTERPRISE ARCHIVE
17	1	SN-ICA-00136	ICONNECT ACCESS, ADVANCED 3D + CTA CORONARIES INCLUDING CALCIUM SCORING AND VESSEL STRAIGHTENING
18	1	SN-ICA-00141	ICONNECT ACCESS, CONVERSION FROM UNITY ZDA LOYALTY CREDIT APPLIED
19	10	PS-ICA-00015	ICONNECT ACCESS, PROFESSIONAL SERVICE DAY - ACUTE
20	2	PS-ICA-00009	ICONNECT ACCESS, PROJECT MANAGEMENT AND WORKFLOW CONSULTING DAY - ACUTE
21	1	PS-ICA-00011	ICONNECT ACCESS, ONSITE AND REMOTE TRAINING DAY - ACUTE

Total Merge Universal Viewer - 3D Add On \$43,847.00

Travel and Living **NET PRICE**

22	1	PS-TL	Travel and Living Expenses
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Total Travel and Living \$7,800.00

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Exhibit B
Product Descriptions & 3rd Party Terms

The following License Information or Service Descriptions contain additional information about Merge products pursuant to the Sales Order:

https://www.merative.com/content/dam/merative/terms/offering/license/Merge_VNA_License_Information_Documents.pdf
https://www.merative.com/content/dam/merative/terms/offering/service/Merge_Migration_Services_Service_Description.pdf
https://www.merative.com/content/dam/merative/terms/offering/license/Merge_PACS_License_Information_Documents.pdf

The following 3rd Party Terms contain additional information about non-Merge products pursuant to the Sales Order:

<https://soma.com/sla>
https://www.suse.com/licensing/eula/download/sles/sles_12_SP5_en.pdf

Memorial Hospital of Sweetwater County
Sales Order

Sales Order Number: Q-58997 - 3
Price Valid Until 12/31/2024

Page 5 of 7

EXHIBIT C

Merge Vendor Neutral Archive Base Professional Service Package

Package includes implementation and Project Management for (1) Production System. Configuration to include 1 IPID, up to 3 DICOM ports, DICOM auto correction/exception manager, and up to 3 Study Type Tags. Please refer to associated Scope of Work or Solution Design Document for more information, including server specification requirements.

Additional Configuration Options:

- Test System
- 2 Active VNA Peers with Replication (RCM)
- Merge PACS Integration (Integrated Mode)
- Prefetcher (Default Set of Rules)
- DICOM SR Creation
- Integration with Merge Universal Viewer 2 Rendering Servers
- LDAP or Active Directory Integration: 1
- Inbound ADT: 1
- Inbound ORM: 1
- Inbound ORU: 1
- Outbound BSCN (Basic): 1
- DICOM Modality Worklist Provided by MVNA

VM Build and Storage Setup:

- Production Nodes: 1 - Includes Merge Monitoring
- Contingency Nodes: 1 - Includes Merge Monitoring
- Test (Single Node)
- Multi-Tier Storage Configuration per VNA: 1

Training:

- MVNA Basics Class (Number of Attendees): 1
- MUV and Mirth refresh to client hypervisor

Merge PACS Integrated Mode Advanced Package

The Merge PACS Advanced Package includes Merge PACS integrated software licenses and configuration for one (1) Production server, one (1) Contingency server, and a single test environment. Merge PACS to be integrated with one (1) Dictation System, one (1) EMR/RIS via HL7, one (1) Auto Registration system, one (1) Merge Dashboards system, and connection to the IConnect Enterprise Archive environment. Configuration to include one (1) IPID, a DICOM Modality Worklist, Failover Virtual IP consulting and testing, and training on Active Distribution Engine, as well as Project Management. Please refer to associated Scope of Work or Solution Design Document for more information, including server specification requirements.

Merge PACS Recommended Training Package

Recommended Training Package includes four (4) hours of remote sessions for kickoff, introduction to Merge PACS Administrator Core, and introduction to Merge PACS Clinical Applications; one (1) seat in the PACS Admin Training Course; one (1) seat in the PACS Clinical Applications Training Course; eight (8) hours remote workflow assessment and four (4) hours workflow write-up; expert assist with configuration, hanging protocols, and go-live readiness (two (2) x Twenty-four (24) hours on-site and eight (8) hours remote); twenty-four (24) hours on-site go-live support; and twenty-four (24) hours post go-live optimization assist.

Additional Merge PACS Options

- Radiologist On Site Training Day (Max 4 Rads Per Day) (Quantity 2)

Travel and Living

Workflow Discovery

- Onsite Engagement(s): 3 Day(s).
- Onsite Engagement(s): 1 Flight(s).

Pre Go-Live Training

- Onsite Engagement(s): 6 Day(s).
- Onsite Engagement(s): 2 Flight(s).

Go-Live Training

- Onsite Engagement(s): 3 Day(s).
- Onsite Engagement(s): 1 Flight(s).

Post Go-Live Training

- Onsite Engagement(s): 3 Day(s).
- Onsite Engagement(s): 1 Flight(s).

Memorial Hospital of Sweetwater County
Sales Order

Sales Order Number: Q-58997 - 3
Price Valid Until 12/31/2024

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Travel and Living days include car, hotel, and food costs.

Memorial Hospital of Sweetwater County
Sales Order

Sales Order Number: Q-58997 - 3
Price Valid Until 12/31/2024

Page 7 of 7

Capital Expenditure FY25 28 PACS Reports Voice Recognition

Capital Request Summary

Capital Request #

FY25-28

Name of Capital Request:

PACS REPORTS, VOICE RECOGNITION

Requestor/Department:

TRACIE SOLLER/MEDICAL IMAGING

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	MERGE	HARTLAND, WI	\$263,418.75 + \$126,400.00 5 yr subscription Total \$389,818.75
2.	NUANCE	BURLINGTON, MA	*\$557,637.25
3.			

Recommendation:

MERGE - \$263,418.75 (CURRENT VENDOR)

Memorial Hospital

OF SWEETWATER COUNTY

Assigned: FY 25 - 28

Capital Request

Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity.
Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.

Note: Before ordering equipment requiring sterilization, check with Surgical Services/Central Sterile to ensure we have the proper sterilizing equipment.

Department: Medical Imaging **Submitted by:** Tracie Soller **Date:** 10/10/2024

Provide a detailed description of the capital expenditure requested:
 PACS managerial reports, voice recognition reporting M-Modal, Laurel Bridge

Preferred Vendor:

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

1. Renovation	\$ Amount
2. Equipment	\$ 263,418.75
3. Installation	\$ Amount
4. Shipping	\$ Amount
5. Accessories	\$ Amount
6. Training	\$ Amount
7. Travel costs	\$ Amount
8. Other e.g. interfaces	\$ Amount
Total Costs (add 1-8)	\$ 263,418.75

Does the requested item:

Require annual contract renewal? YES NO

Fit into existing space? Explain: Click or tap here to enter text.
 YES NO

Attach to a new service? Explain: Click or tap here to enter text.
 YES NO

Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ Amount \$ Amount \$ Amount \$ Amount \$ Amount
--	--	---

Annualized impact on operations (if applicable):
Increases/Decreases

Budgeted Item:

Projected Annual Procedures (NEW not existing) YES NO

Revenue per procedure	\$ Amount
Projected gross revenue	\$ Amount
Projected net revenue	\$ Amount

of bids obtained? 2

Projected Additional FTE's	
Salaries	\$ Amount
Benefits	\$ Amount
Maintenance	\$ Amount
Supplies	\$ Amount

Copies and/or Summary attached.
If no other bids obtained, reason:
 Click or tap here to enter text.

Total Annual Expenses	\$ Total
Net Income/(loss) from new service	\$ Amount

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Chief Executive Officer</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 12-31-24
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 12-19-24
<i>Chief Clinical Officer</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 12-23-24
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

The PACS is a necessity in healthcare to view and manage medical imaging studies; reducing the time and effort required for image retrieval, viewing, and interpretation. The PACs system improves productivity and workflow of our radiology department and referring practitioners involved.

We have been with our PACs vendor for 14 years. Effective January 1, 2026 their product will no longer be supported and considered "End of Life". The software will no longer be able to handle updates, leaving our system vulnerable to potential security issues and unable to keep up with the accreditation standards.

A Vendor Neutral Archive (VNA) provides a centralized storage solution for medical images and associated data, regardless of the specific imaging devices or systems used to generate those images. It would be utilized in the Hospital and the Clinic and is beneficial for the Point of Care ultrasound imaging being performed in the ED and the OR.

Voice recognition is an important part of getting the results out to referring practitioners in a timely manner. This allows the radiologist the ability to have a transcribed and approved report within minutes of reading the exam.

****Note – this is the only quote we have been able to secure so far. It's from the same vendor we currently use for our PACS system. We looked at two other systems; this is the radiologist's choice.**

 Submitted by: Signature

10/10/2024
 Date

SALES ORDER

Memorial Hospital of Sweetwater County
1200 College Dr
Rock Springs, Wyoming 82901-5868, US

Quoted By: Daniel Luchterhand
Price Valid Until: 12/31/2024
Document Date: 10/4/2024
Document Number: Q-59303-5

1. PROJECT SUMMARY

MModal	\$219,268.75
Laurel Bridge	\$44,150.00

2. SUBSCRIPTION SERVICE

Subscription Solutions	
Subscription Term: 5 Year(s) commencing upon the First Productive Use.	
Subscription Fee: Payable in 5 Annual Installments each in the amount of USD 25,280.00	
Annual Subscription Fees: USD 25,280.00	

Total	USD 263,418.75
Shipping and Handling	USD 0.00
Annual Support Services Fees for 1st Renewal Term	USD 5,237.50
Taxes	Taxes will be reflected on invoice

The following Non-Merge Software is licensed on a subscription basis. 3M Support Services are included in the Subscription Fee for the duration of the Subscription Term. Accordingly, for Subscription based licenses, the provisions of the Agreement addressing Support Services fees, the Initial Support Term of a Support Renewal Term are inapplicable. For the avoidance of doubt, this provision applies only to the Non-Merge Software that is licensed on a subscription basis under this Sales Order, and other software may be subject to separate Support Services fees.

License Term
The initial term of the Non-Merge Software licensed on a subscription basis is 5 Year(s) beginning upon First Productive Use and renews upon mutual written agreement of the parties.

Note: Refer to Exhibit A for Product List.

First Productive Use or "FPU" means the date the Software is installed and first able to process live data in a production environment.

Payment is due upon Effective Date, and payable as follows:

- 40% due upon Effective Date.
- 35% due net 90 days from Effective Date.
- 25% due on the earlier of First Productive Use or 6 months from Effective Date.

Support: Billed annually in advance, due and payable first day of the Support Services Renewal Term.

If subscription solutions are included in this sales order, refer to section 2. Subscription Service for the applicable invoice schedule.

2. EXECUTION

This Sales Order is governed by the terms of the Merge Client Agreement, (which is available at https://www.merative.com/content/dam/merative/terms/base/Merge_Client_Agreement.pdf) Its associated attachments(s), and the Transaction Documents referenced on exhibit B, which are incorporated herein by reference.

It is the mutual intent of both Parties that this Sales Order constitutes a project separate and independent from any other executed or contemplated order(s). The fees due Merge Healthcare Solutions Inc. for this Sales Order are separate from any other executed or contemplated order(s), and the payment terms hereof are not intended to be dependent upon or otherwise coincide with performance criteria of any other executed or pending order(s). There are no products or services in this Sales Order that are interrelated or interdependent in terms of design, technology or function or are essential to the functionality of a product in any other executed or contemplated order(s).

Merge Healthcare Solutions Inc., and Memorial Hospital of Sweetwater County have caused this Sales Order to be executed by its authorized representatives, effective as of the latter date below ("Effective Date").

Merge Healthcare Solutions Inc.:

Memorial Hospital of Sweetwater County

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Unless otherwise set forth as a line item on this Sales Order, travel and living expenses relative to Services will be invoiced in accordance with applicable provisions of the Agreement governing this Sales Order, or in the absence of such provision, in accordance with Merge Healthcare Solutions Inc. travel policy.

Please submit executed proposal via email to MergeSO@merative.com

Customer Billing Address: Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, Wyoming 82901
Customer Shipping Address: Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901-5868

Customer: By signing above, you are acknowledging that the above-listed billing and shipping addresses are correct for this order. If any changes are necessary please indicate below:

Please indicate whether this address change should be made to the Customer account or for this order only.

If you have an existing Merge Support contract, adding new applications or upgrading software or equipment may change your ongoing Support pricing.

All trademarks are hereby acknowledged. © 2023 by Merge Healthcare Incorporated. All rights reserved.

MERGE HEALTHCARE CONFIDENTIAL INFORMATION. Disclosure of this document to any third party is forbidden without the express written permission of Merge Healthcare.

Exhibit A

Product List

ITEM #	QTY	PART #	DESCRIPTION #	NET PRICE
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MModal				NET PRICE
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1	369	P3-PAX-00052	3M FLUENCY FOR IMAGING PROFESSIONAL SERVICES: IMPLEMENTATION (Third Party Product)	
2	22	P3-PAX-00053	3M FLUENCY FOR IMAGING PROFESSIONAL SERVICES: TRAINING (Third Party Product)	
3	40000	SUB-PAX-00008	3M FLUENCY FOR IMAGING (FFI) SUBSCRIPTION SOLUTION (25,000-49,999 EXAMS)	
4	40000	SUB-PAX-00015	3M FLUENCY FOR IMAGING (FFI) SUBSCRIPTION - PEER REVIEW (25,000-49,999 EXAMS)	
5	40000	SUB-PAX-00029	3M FLUENCY FOR IMAGING (FFI) CLOUD INTEL ACCESS WITH SERVER HOSTING (25,000-49,999 EXAMS)	

Total MModal \$219,268.75

Laurel Bridge				NET PRICE
---------------	--	--	--	-----------

6	1	S3-UPAX-00066	LAUREL BRIDGE, COMPASS STORE AND FORWARD DICOM ROUTER (Third Party Product)	
7	1	S3-UPAX-00067	LAUREL BRIDGE, COMPASS DICOM SR INTEGRATION (Third Party Product)	
8	70	P3-UPAX-00001	LAUREL BRIDGE, PROFESSIONAL SERVICES HOUR (Third Party Product)	

Total Laurel Bridge \$44,150.00

www.merge.com

Merge Healthcare | 900 Walnut Ridge Dr | Hartland, WI | 53029 | 877.446.3743

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Exhibit B
Product Descriptions & 3rd Party Terms

The following License Information or Service Descriptions contain additional information about Merge products pursuant to the Sales Order:

Not Applicable

The following 3rd Party Terms contain additional information about non-Merge products pursuant to the Sales Order:

https://www.merative.com/content/dam/merative/terms/ancillary/third-party/3M_EULA.pdf

https://www.merative.com/content/dam/merative/terms/ancillary/third-party/Leurel_Bridge_EULA.pdf

Memorial Hospital of Sweetwater County
Sales Order

Sales Order Number: Q-59303 - 5
Price Valid Until 12/31/2024

Page 4 of 4

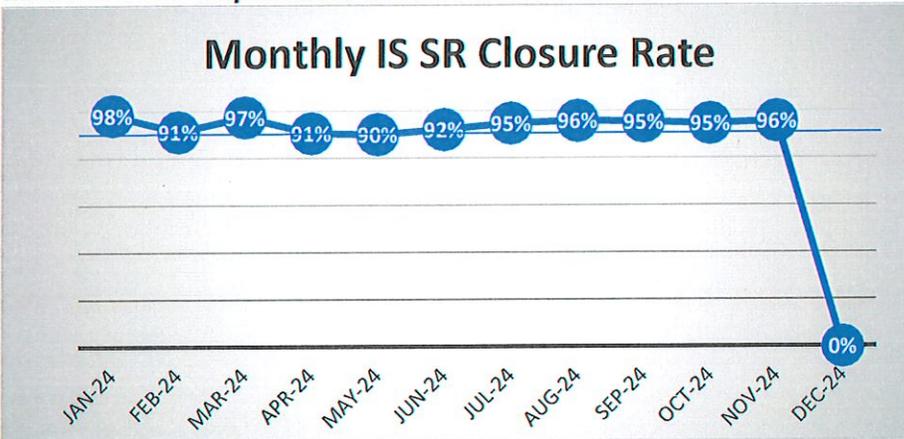
IS Report November 2024

By Terry (TJ) Thompson, IS Director

MHSC IS service environment:

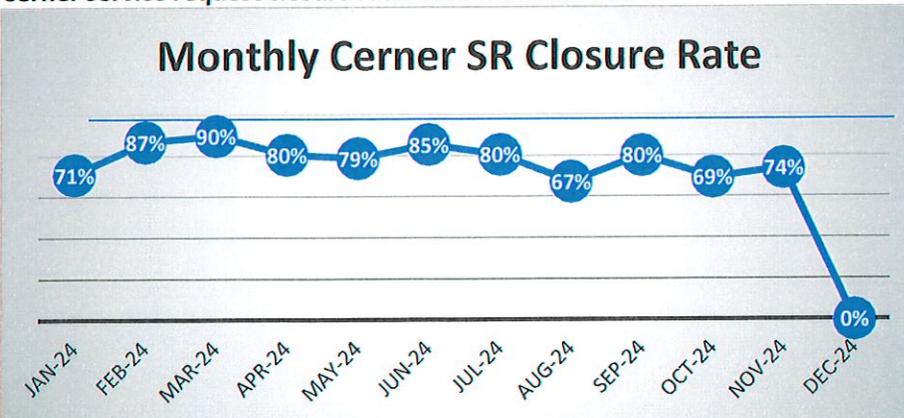
- 1158 computer user accounts
- 100 portable devices, Cell Phones, and iPads
- 790 Desktop systems, Laptops, and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 Uninterrupted Power Supplies

MHSC IS Service Request closure rates at a 95% baseline:



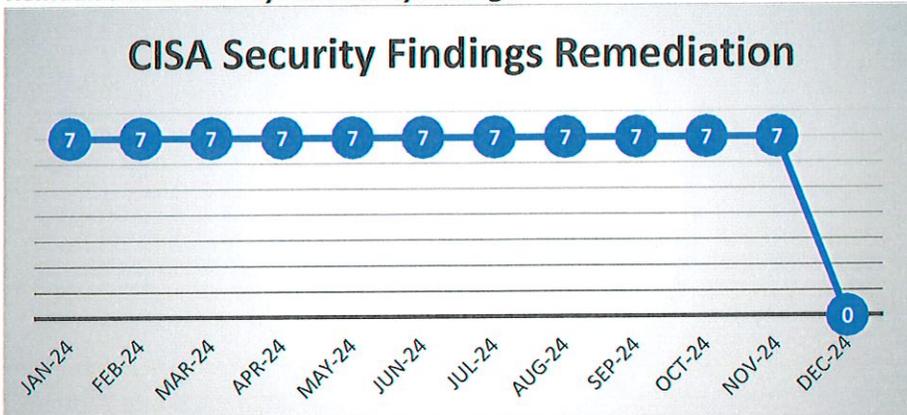
Service Desk 96% of our new 95% weekly meantime to restore baseline. Where the service desk closed 899 of the 1099 service tickets opened, 41 of which are still pending.

Cerner service request closure rates at a 90% baseline:



Cerner is at 74% of the weekly meantime to restore the 90% baseline. Cerner closed 59 of the 99 service requests of which 21 are pending.

Remediation of CISA Cyber Security findings:



The CISA Security Findings are down to 7, a reduction of 24 of the original 31 findings.

The remaining seven CISA security findings are known as heavy lift issues which require a restructuring of MHSC systems and network where we must make infrastructure changes without outages. We are slowly making these changes and will continue to monitor the remaining CISA issues this year with an ETA by the Q1 of 2025. With the new Intune configuration planned to be finished sometime in EOY 2024, we hope to have many of these security findings remediated.

Below is the latest CISA Cyber Hygiene Report Card, which is performed weekly. CISA is scanning MHSC 44 external public IP addresses for vulnerabilities. We have 44 scanned addresses, with 8 hosts and 14 services on these hosts. Where two hosts have 4 medium and 3 low vulnerabilities. We are migrating to our new public IP addressing range, which requires coordination with multiple parties. Once we have completed this process, we will be able to remove the last four vulnerabilities.



CYBER HYGIENE

REPORT CARD

Memorial Hospital of Sweetwater County



0
Hosts with unsupported software



0
Potentially Risky Open Services



0%
No Change in Vulnerable Hosts

HIGH LEVEL FINDINGS

LATEST SCANS

September 9, 2024 — November 24, 2024
Completed host scan on all assets

November 18, 2024 — November 24, 2024
Last vulnerability scan on all hosts

ASSETS OWNED

44
No Change

HOSTS

7
No Change

VULNERABLE HOSTS

3
No Change
43% of hosts vulnerable

ASSETS SCANNED

44
No Change
100% of assets scanned

SERVICES

14
No Change

VULNERABILITIES

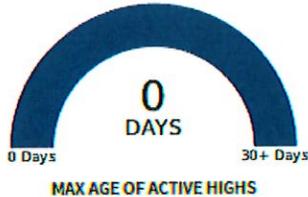
7
No Change

VULNERABILITIES

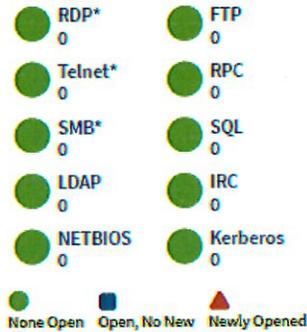
SEVERITY BY PROMINENCE



VULNERABILITY RESPONSE TIME



POTENTIALLY RISKY OPEN SERVICES



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

** Denotes the possibility of a network management interface.*

Department SWOT Analysis Meeting

Information Service
December 26, 2024

Introduction-

We are working on a new strategic plan and would like the input of the Leadership Team. Our goal is to work together to discuss our strengths, weaknesses, opportunities, and threats from the Leadership and staff perspective. As we discuss the strengths, weaknesses, opportunities, and threats, please keep in mind that the strengths and weaknesses are internal, and the opportunities and threats are external.

SWOT ANALYSIS



Department SWOT Analysis Meeting

STRENGTHS: what our hospital excels at, capabilities and resources that provide a competitive advantage, new or innovative services or specialties, factors that improve our hospital's community standing or meeting community needs.

1. Information Service Team, I consider this team to be our greatest asset, where their customer service, professionalism, teamwork, and the basic can-do attitude is exceptional. I consider it an honor and privilege to serve this team as their service leader.
2. MHSC executive leadership, Irene and Tami, have supported our vision where IT is an investment not an overhead cost department. None of our success would have been possible without their support and leadership.

WEAKNESSES: factors that place the hospital at a disadvantage, or prevent us from performing at the optimum level, factors that may impede our ability to do our jobs.

1. Staffing resources, we are beginning to fall behind, as our services improve so does the demand for these services, as we service 1200 computer users accounts and approximately 2000 systems, where in 2024 we resolved 10,100 service tickets. Also, with the increased cyberattacks within healthcare we are finding ourselves doing more to ensure we are keeping MHSC's computer environment secure, with audits, patching, and vulnerability studies.

OPPORTUNITIES: favorable external factors that could give us a competitive edge or could allow us to improve current workflow and processes.

1. Artificial intelligence (AI) within healthcare, AI provides increased benefits within medical diagnosis, medical documentation, and medical payment processes, as well as within cybersecurity. Where all this is done without an increase in staffing. Many have wondered if AI will replace existing staffing directly, but with the large timeframe of implementation and

learning there will be no direct impact on staff reduction, but the reduction will be in the form of attrition.

THREATS: factors that could negatively impact the hospital, stand in the way of our success, or potentially harm our hospital.

1. MHSC greatest threat within IT is a successful cyberattack that would directly impact services to our community. We are mitigating these threats, by 1) monthly real-time training with phishing campaigns, and lessons learned emails. 2) real-time detections system(s) MS Defender end point protection system, Darktrace network detection and response system, SonicWall perimeter Firewall system, Cisco Umbrella Internet firewall, MFA multifactor authentication. 3) incident preparation, where we are working on a business continuity, disaster recovery plan BCDR, and department downtime procedures.

2024 Successful Projects:

1. Microsoft Intune implementation, Ongoing – This technology solution will move MHSC domain into the cloud, allowing IT more control over end point devices, simplifying many of our internal processes. removing many of the CISA 2023 cybersecurity findings.
2. CrowdStrike remediation, Complete – After the CrowdStrike incident disabling most of MHSC computer systems we have moved away from this solution onto MS Defender end point protection system.
3. Windows 11 rollout, Ongoing – We are actively testing and rolling out Windows 11 within MHSC environments.
4. Bridger clinic direct Internet connectivity, Complete – We were able to provide the Bridger clinic with direct Internet connectivity enabling better clinical services for this clinic.
5. Data Center power redundancy, Complete – With the implementation of a secondary uninterrupted power supply (UPS) within the data center, and the distribution of power between these two separate UPS, the hospital was able to replace it main UPS without interruption of computer services.
6. Great Plains (GP) on remote desktop services (RDS), Complete – this technical solution provides us more system stability, ease of service, while improving upon system security.
7. SecureLink implementation, Complete – This secure third-party access system secures the access into MHSC systems, ensure the employment and records the access of third party support vendors.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
FINANCE & AUDIT COMMITTEE AGENDA

NO MEETING IN DECEMBER

I. Capital Requests FY 25

A. FY25-27

B. FY25-28

II. Meeting Minutes November 26, 2024

III. Financial Report

A. Monthly Financial Statements & Statistical Data

1. Narrative

Tami Love

2. Financial Information

3. Financial Goals

Ron Cheese

4. Self-Pay Report

Ron Cheese

5. Preliminary Bad Debt

Ron Cheese

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
November 26, 2024

Voting Members Present: Mr. Marty Kelsey, *Trustee – Chairman*
Ms. Craig Rood, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*
Ms. Jan Layne, *Controller*

Non-Voting Members Present: Mr. Ron Cheese, *Director of Patient Financial Services*
Dr. Kari Quickenden, *CCO*
Ms. Angel Bennett, *Director of Materials*

Non-Voting Members Absent: Dr. Ann Clevenger, *CNO*
Mr. Terry Thompson, *Director of IT*

Guests: Ms. Carrie Canestorp, *Director of HIM*
Ms. Cindy Nelson, *CXO*
Mr. Taylor Jones, *County Commissioner*

Call Meeting to Order

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

Mission Moment

Ms. Richardson shared a mission moment from a patient she met in a hallway who told her about the great experience he had here from start to end. He said everyone was nice, kind, fast, though, and he was grateful and wanted her to know about it.

Approve Agenda

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

Approve Meeting Minutes

A motion to approve the meeting minutes from October 30, 2024, was made by Ms. Love; second by Mr. Rood. Motion carried.

Financial Report

Ms. Love reviewed the narrative highlights. She said revenue jumped up and we had a gain compared to a loss in the budget. We had a total net gain compared to a loss in the budget. Our A/R remained steady from the previous month. Expenses came in a little higher but were still under budget. Ms. Love reported that provider clinic revenue also increased. Expenses were also higher and Clinic volumes increased by about 1,000 from October. Ms. Love reviewed the outlook for November. She said we have seen collections decrease largely due to limited Medicare payments related to holding our billing until we receive our new Medicare number.

Mr. Cheese said we are holding about \$14M currently. Dr. Quickenden said our plan is to submit our plan of correction by December 6. It typically takes 10-14 days for review by The Joint Commission (TJC). Ms. Love said our best guess for getting our new Medicare number is January. Mr. Rood offered to help with his contacts if we run into any issues moving forward. Mr. Kelsey said he heard TJC went well. Dr. Quickenden said there were no conditional findings. Ms. Love said we expect our QRA payment near the end of the month. Mr. Kelsey said he looked at financials for October 2023 and we had a small loss at that time, so our progress continues.

Financial Goals

Ms. Love reviewed the financial goals information in the meeting packet.

Self-Pay Report

Mr. Cheese reviewed the information. He said the Patient Navigators have been spending large amounts of time with Medicare patients this past month. Aetna is moving their Medicare Advantage coverage out of our area and patients have been able to make changes to their plans.

Preliminary Bad Debt

Mr. Cheese said the preliminary number is \$1,957,600.82.

Old Business

Critical Access

Ms. Love reported we met with our cost report expert and felt it was very beneficial as we learned a great deal about the Critical Access Hospital (CAH) cost report process. We will have to do a small cost report for the period of the year before CAH operations. Next year, it will be a 9-month report for CAH. Ms. Love said we also learned more about Medicare bad debts. We will run an interim cost report in January.

CLA Project – Financial goals

Ms. Love reviewed the latest update included in the meeting packet. She said the final meetings with CLA will be held virtually. This will include the meeting to present all policies and procedures to staff. Ms. Love said CLA will end their work at the end of December. The final report should be in the January Finance & Audit Committee meeting packet. Mr. Kelsey asked about monitoring efforts going forward. Ms. Love reviewed the monitoring reports that will be ongoing. We will focus on continually educating staff, so we stay on top of the efforts. Mr. Kelsey asked if we have adequate staffing. Mr. Cheese said he currently has open positions in scheduling, prior authorizations and billing but feels really good about where we are positioned from the CLA project. Mr. Rood expressed concern with the information on the dashboard. He said it reflects that overall, the project is in threat. He asked about the cost of the project and said he thinks the team needs to continue to track to find value in the money paid. Mr. Kelsey said he thinks the Board will want something that is not too complicated that shows progress because we are going to have to monitor it. Ms. Richardson asked the group to investigate the reason the

denials number has not decreased. Mr. Cheese said he thinks we will see huge gains in the next six months. Commissioner Jones shared his concerns with the CLA project and it feels like we are missing a piece of the puzzle.

New Business

Outsourcing Aging AR

Ms. Love reported we have selected BC Services to clean up our outstanding insurance and government A/R that is more than 120 days old. They will bring in two additional FTEs to help us and will work on backlogs. We expect three months from start to completion. Ms. Love said the agreement will be in the December Board meeting packet for review.

Self-Pay Financing Options

Ms. Love said we have selected PayZen for patient collection services of our self-pay patient population wanting longer payment plans. Ms. Love said the agreement will be in the December Board meeting packet for review.

Financial Forum Discussion

Mr. Kelsey said the Committee will not meet in December due to the timing of the holiday. Ms. Love said the Finance and Audit Committee packet will be added to the January 8, 2025, Board meeting packet. Any capital requests will be presented to the full Board at that meeting.

Next Meeting

The next meeting is Wednesday, January 29 at 2:00 PM.

Meeting adjourned at 2:54 PM.

Submitted by Cindy Nelson

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO NOVEMBER 2024 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for November is a gain of \$4,937, compared to a loss of \$222,793 in the budget. This yields a .04% operating margin for the month compared to -2.05% in the budget. The year-to-date operating gain is \$1,338,154 compared to a loss of \$1,627,205 in the budget. The year-to-date operating margin is 2.37%, compared to -2.98% in the budget.

Year-to-date, the total net gain is \$1,852,532, compared to a total net loss of \$722,989 in the budget. This represents a profit margin of 3.28% compared to -1.32% in the budget.

REVENUE. Revenue was down slightly in November coming in at \$23,861,624, over budget by \$1,005,734. Inpatient revenue is \$3,449,680 under budget by \$291,307 and outpatient revenue is \$20,411,944, over budget by \$1,297,041. Year-to-date, gross revenue remains over budget by \$4,816,513. The largest percentage variances for revenue to budget comparison came from the following hospital departments:

Behavioral Health – 38%	Cardiac Rehab (54%)
Physical Therapy – 37%	Nuc Med (34%)
MRI – 22%	OB/Nursery (18%)
Pet Scan – 91%	Dialysis (29%)

REDUCTION OF REVENUE. Deductions from revenue are estimated at 53%, right at budget for the month. The year-to-date reduction of revenue is 53.4%, slightly above budget. Total AR grew significantly, up \$6.8 million from the previous month. We are holding more than \$21 million in unbilled Medicare claims as we work through the CAH conversion.

<i>Medicare – increase \$6,262,000</i>	<i>Government – increase \$246,000</i>
<i>Medicaid – decrease \$731,000</i>	<i>Self-Pay – decrease \$787,000</i>
<i>Blue Cross – increase \$360,000</i>	<i>Worker’s Comp – increase \$145,000</i>
<i>Commercial – increase \$1,354,000</i>	

Total collections for the month came in significantly lower this month, at \$8.4 million, at 74.8% of net patient revenue, below the monthly goal. Year-to-date collections decreased to 91.4% of net patient revenue. The goal for collections as a percentage of net revenue is $\geq 100\%$.

NET OPERATING REVENUE. Total net operating revenue is \$11,309,494 in November and \$56,433,911 year-to-date. Other operating revenue in November includes county maintenance funds, occupational medicine revenue and cafeteria revenue.

RATIOS. Annual Debt Service Coverage came in at 4.55. Days of Cash on Hand increased nine days to 102 days for November. Daily cash expenses increased to \$333,000 year-to-date. Net days in AR decreased to 64.5 days.

VOLUME. Inpatient discharges were under budget for November with patient days coming in over budget. Births are under budget. The average daily census (ADC) increased to 13.2, over the budget for the month, and average length of stay (LOS) increased to 4, also over budget. Clinic visits and Outpatient visits came in under budget and ER Visits and Surgeries were over budget.

EXPENSES. Total expenses increased from the prior month and came in over budget, at \$11,304,556, over budget by \$219,393. Expenses remain under budget year to date by \$1,183,143. The following line items were over budget in November:

Salary & Wage – Wages were over budget by \$69,000 but remain under budget year-to-date by \$607,000.

Contract Labor - Contract labor for Medical Floor, Labor & Delivery, Surgical Services, and Radiology are over budget in November. There is unbudgeted contract labor cost in Laboratory, Physical Therapy and Infection Control as we are searching for permanent staff.

Physician Fees – Hospitalist locum fees were over budget for November with unexpected absences. Clinic locums over budget include Obstetrics, Pediatrics and Neurology.

Purchased Services – Advertising, legal fees and department management services are over budget in November.

Supplies – Patient chargeables, drugs, food, uniforms, outdated supplies and promotional supplies are all over budget in November.

Other Operating Expenses – Postage, freight, physician recruitment, pharmacy floor supplies and Foundation expenses are over budget in November.

PROVIDER CLINICS. Revenue for the Clinics was also down slightly in November, coming in at \$2,897,570, over budget by \$51,538 for the month and remaining over budget year-to-date by \$706,275. Clinic volumes decreased from October to 6,107 visits. Total Clinic expenses for November are slightly lower than the previous month, at \$2,113,197, over budget by \$51,214 for the month and under budget by \$137,805 year-to-date. Wages, fringe benefits, physician fees, contract maintenance and depreciation are over budget for November.

OUTLOOK FOR DECEMBER. Gross patient revenue for December is projected to \$23.8 million, coming in under the budget of \$25.6 million. Inpatient admissions and patient days are expected to be under budget as inpatient statistics have remained lower

than expected all month. LOS is currently lower at 2.6 days and the average daily census has decreased to 10.7. Clinic visits and some hospital ancillary departments are projecting over budget. Births, Respiratory, Laboratory, ER visits and Walk In visits are projecting to be under budget this month and down from the prior year. Surgeries are expected to be right at budget and consistent with the prior year.

Collections are projecting higher in December, to around \$10.4 million even with minimal Medicare reimbursement coming in. Medicare monthly payments average around \$2.5 million. We expect to keep deductions of revenue stable as we hold claims for Critical Access. As of December 30, we were holding \$21.1 million in Medicare claims. Expenses are expected to come in close to budget in December. The estimated bottom line for December should be close to break even for the month.

Critical Access. The Joint Commission sent their recommendation to the State Wyoming Department of Health on December 9 and the State then sent their recommendation to CMS on December 12. Due to our provisional Critical Access license being effective 10/1/2024 we are holding most Medicare billing until we receive the new CMS billing number. As of December 30, we are holding over \$21 million in Medicare billing. Historically, Medicare monthly payments average \$2.5 million per month which is impacting both cash collections and Days Cash on Hand.

Strategic Plan - Finance Pillar. The objectives of the finance pillar of the new Strategic Plan have been created around the ongoing Clifton Larsen Allen revenue cycle paired advisory support project. The final executive summary of the engagement is included in the packet. The Strategic Plan objectives are also tracked on the Financial Goal graphs included in the Finance packet and on spotlight reports which report through the Quality Committee.

For fiscal year 2025, we continue to focus on the following revenue cycle metrics:

- Days Cash on Hand
- DNFB Days – Discharged Not Final Billed Days
- Total Days in AR
- Denials
- Accounts Receivable aging – Total and By Payer
- Cash Collections



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

Unaudited Financial Statements

for

Five months ending November 30, 2024

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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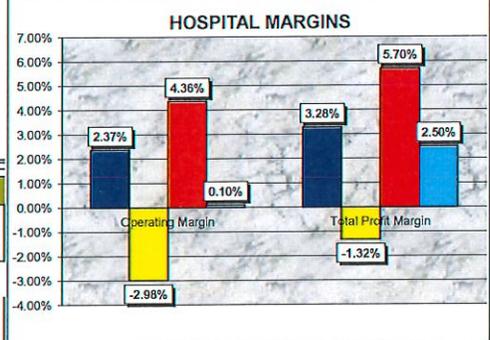
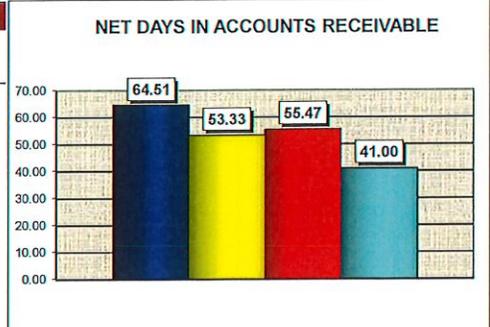
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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

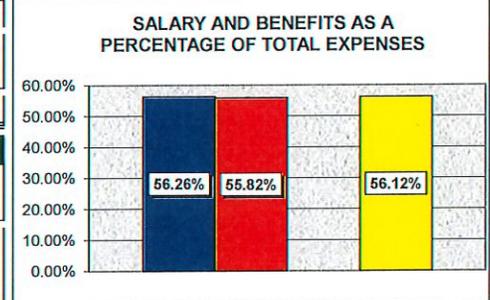
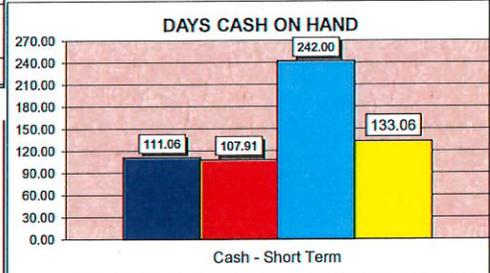
EXECUTIVE FINANCIAL SUMMARY

Five months ending November 30, 2024

BALANCE SHEET			
	YTD 11/30/2024	Prior FYE 6/30/2024	
ASSETS			
Current Assets	\$49,556,611	\$43,911,479	
Assets Whose Use is Limited	19,751,025	23,098,589	
Property, Plant & Equipment (Net)	72,843,539	74,279,500	
Other Assets	868,125	898,060	
Total Unrestricted Assets	143,019,300	142,187,628	
Restricted Assets	521,887	474,171	
Total Assets	\$143,541,187	\$142,661,800	
LIABILITIES AND NET ASSETS			
Current Liabilities	\$16,075,673	\$16,058,606	
Long-Term Debt	22,829,755	23,506,667	
Other Long-Term Liabilities	10,472,410	10,833,425	
Total Liabilities	49,377,838	50,398,698	
Net Assets	94,163,349	92,263,102	
Total Liabilities and Net Assets	\$143,541,187	\$142,661,800	



STATEMENT OF REVENUE AND EXPENSES - YTD				
	11/30/24 ACTUAL	11/30/24 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$23,861,624	\$22,855,891	\$119,454,453	\$114,637,940
Deductions From Revenue	(12,664,643)	(12,115,519)	(63,778,216)	(60,802,279)
Net Patient Revenues	11,196,982	10,740,371	55,676,238	53,835,661
Other Operating Revenue	112,512	121,999	757,673	816,033
Total Operating Revenues	11,309,494	10,862,370	56,433,911	54,651,695
Expenses:				
Salaries, Benefits & Contract Labor	6,355,941	6,243,876	30,998,200	31,450,771
Purchased Serv. & Physician Fees	1,239,469	1,101,935	5,561,092	5,722,065
Supply and Drug Expenses	1,978,476	1,898,094	9,486,522	9,567,301
Other Operating Expenses	846,342	950,962	4,601,421	5,085,146
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	884,329	890,297	4,448,523	4,453,618
Total Expenses	11,304,556	11,085,164	55,095,757	56,278,900
NET OPERATING SURPLUS	4,937	(222,793)	1,338,154	(1,627,205)
Non-Operating Revenue/(Exp.)	401,412	56,971	514,378	904,217
TOTAL NET SURPLUS	\$406,350	(\$165,822)	\$1,852,532	(\$722,989)



KEY STATISTICS AND RATIOS				
	11/30/24 ACTUAL	11/30/24 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	395	370	1,899	1,938
Average Acute Length of Stay	4.0	3.0	3.2	3.1
Total Emergency Room Visits	1,332	1,268	7,165	6,612
Outpatient Visits	7,924	8,177	41,412	40,093
Total Surgeries	216	206	1,008	836
Total Worked FTE's	513.41	521.15	495.95	521.15
Total Paid FTE's	550.52	571.09	542.81	571.09
Net Revenue Change from Prior Yr	8.12%	3.85%	10.06%	6.58%
EBIDA - 12 Month Rolling Average			11.85%	5.17%
Current Ratio			3.08	
Days Expense in Accounts Payable			34.91	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	11/30/24
Prior Fiscal Year End	06/30/24
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX - 1.68	
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 ROCK SPRINGS, WY
 Five months ending November 30, 2024

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↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 11/30/2024	Budget 6/30/2025	Prior Fiscal Year End 06/30/24	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	2.37%	1.47%	4.36%	0.10%
Total Profit Margin	↑	3.28%	4.61%	5.70%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	111.06	133.06	107.91	242.00
Net Days in Accounts Receivable	↓	64.51	53.33	55.47	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	12.51	11.59	11.61	12.00
Long Term Debt to Capitalization	↓	19.94%	17.97%	20.74%	27.00%
Debt Service Coverage Ratio **	↑	4.55	3.60	5.84	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	7.20	8.14	6.76	NA
Salary Expense per Paid FTE		\$107,107	\$106,348	\$105,036	NA
Salary and Benefits as a % of Total Operating Exp		56.26%	56.12%	55.82%	NA
Employee Benefits %		29.88%	30.75%	30.97%	22.98%
Supply Expense Per Adj. Discharge		\$2,661	\$2,865	\$2,510	\$1,270
		YTD - Actual 11/30/2024	Prior FYE 6/30/2024		
Other Ratios:					
Gross Days in Accounts Receivable		71.47	64.59		
Net Revenue per Adjusted Discharge		\$15,831	\$14,822		
Operating Expenses per Adj. Discharge		\$15,456	\$14,176		

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Five months ending November 30, 2024

	Current Month 11/30/2024	Prior Month 10/31/2024	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2024
Current Assets					
Cash and Cash Equivalents	\$17,860,322	\$11,855,454	\$6,004,868	50.65%	\$12,428,264
Gross Patient Accounts Receivable	55,600,550	48,753,418	6,847,132	14.04%	50,557,292
Less: Bad Debt and Allowance Reserves	(32,510,452)	(28,183,208)	(4,327,244)	-15.35%	(30,463,009)
Net Patient Accounts Receivable	23,090,099	20,570,211	2,519,888	12.25%	20,094,283
Interest Receivable	0	0	0	0.00%	0
Other Receivables	3,771,522	7,701,078	(3,929,555)	-51.03%	6,209,096
Inventories	3,128,754	3,137,342	(8,588)		3,137,536
Prepaid Expenses	1,705,914	1,993,612	(287,698)	-14.43%	2,042,300
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	49,556,611	45,257,697	4,298,914	9.50%	43,911,479
Assets Whose Use is Limited					
Cash	96,404	94,938	1,467	1.54%	(123,123)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	592,843	406,189	186,654	45.95%	1,585,606
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	4,446,901	7,128,308	(2,681,406)	-37.62%	7,021,234
Other Limited Use Assets	14,614,876	14,614,875	1	0.00%	14,614,873
Total Limited Use Assets	19,751,025	22,244,310	(2,493,285)	-11.21%	23,098,589
Property, Plant, and Equipment					
Land and Land Improvements	4,583,118	4,583,118	0	0.00%	4,583,118
Building and Building Improvements	51,735,284	51,735,284	0	0.00%	51,482,921
Equipment	139,906,341	139,745,616	160,725	0.12%	138,741,400
Construction In Progress	2,858,979	2,409,781	449,198	18.64%	1,630,998
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	199,083,721	198,473,798	609,922	0.31%	196,438,437
Less: Accumulated Depreciation	(126,240,182)	(125,362,305)	(877,877)	-0.70%	(122,158,937)
Net Property, Plant, and Equipment	72,843,539	73,111,494	(267,955)	-0.37%	74,279,500
Other Assets					
Unamortized Loan Costs	868,125	874,112	(5,987)	-0.68%	898,060
Other	0	0	0	0.00%	0
Total Other Assets	868,125	874,112	(5,987)	-0.68%	898,060
TOTAL UNRESTRICTED ASSETS	143,019,300	141,487,612	1,531,687	1.08%	142,187,628
Restricted Assets	521,887	521,887	0	0.00%	474,171
TOTAL ASSETS	\$143,541,187	\$142,009,499	\$1,531,687	1.08%	\$142,661,800

Balance Sheet - Liabilities and Net Assets

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Five months ending November 30, 2024**

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2024
	Current Month 11/30/2024	Prior Month 10/31/2024	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$6,517,403	\$5,438,186	(\$1,079,218)	-19.85%	\$5,686,582
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,285,579	2,107,102	(178,477)	-8.47%	2,304,822
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	3,449,466	3,311,107	(138,359)		3,113,427
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD	3,271,773	3,326,411	54,637	1.64%	3,386,824
Other Current Liabilities	551,451	365,991	(185,460)	-50.67%	1,566,951
Total Current Liabilities	16,075,673	14,548,796	(1,526,877)	-10.49%	16,058,606
Long Term Debt					
Bonds/Mortgages Payable	26,101,528	26,292,890	191,362	0.73%	26,893,490
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	3,271,773	3,326,411	54,637	1.64%	3,386,824
Total Long Term Debt (Net of Current)	22,829,755	22,966,480	136,725	0.60%	23,506,667
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	10,472,410	10,737,224	264,814	2.47%	10,833,425
Total Other Long Term Liabilities	10,472,410	10,737,224	264,814	2.47%	10,833,425
TOTAL LIABILITIES	49,377,838	48,252,500	(1,125,338)	-2.33%	50,398,698
Net Assets:					
Unrestricted Fund Balance	89,833,683	89,833,683	0	0.00%	82,391,633
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	518,015	518,014	(0)	0.00%	470,299
Net Revenue/(Expenses)	1,852,532	1,446,182	N/A	N/A	7,442,051
TOTAL NET ASSETS	94,163,349	93,756,999	(406,350)	-0.43%	92,263,102
TOTAL LIABILITIES AND NET ASSETS	\$143,541,187	\$142,009,499	(\$1,531,687)	-1.08%	\$142,661,800

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

Five months ending November 30, 2024

	CURRENT MONTH				Prior Year 11/30/23
	Actual 11/30/24	Budget 11/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,449,680	\$3,740,987	(\$291,307)	-7.79%	\$3,552,335
Outpatient Revenue	17,514,374	16,268,871	1,245,502	7.66%	15,516,757
Clinic Revenue	2,897,570	2,846,032	51,538	1.81%	2,567,917
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>23,861,624</u>	<u>22,855,891</u>	<u>1,005,734</u>	<u>4.40%</u>	<u>21,637,009</u>
Deductions From Revenue					
Discounts and Allowances	(10,536,882)	(10,442,146)	(94,736)	-0.91%	(10,060,276)
Bad Debt Expense (Governmental Providers Only)	(1,931,492)	(1,434,320)	(497,172)	-34.66%	(1,134,520)
Medical Assistance	(196,269)	(239,053)	42,785	17.90%	(73,754)
Total Deductions From Revenue	<u>(12,664,643)</u>	<u>(12,115,519)</u>	<u>(549,123)</u>	<u>-4.53%</u>	<u>(11,268,550)</u>
Net Patient Revenue	<u>11,196,982</u>	<u>10,740,371</u>	<u>456,610</u>	<u>4.25%</u>	<u>10,368,459</u>
Other Operating Revenue	112,512	121,999	(9,487)	-7.78%	91,333
Total Operating Revenue	<u>11,309,494</u>	<u>10,862,370</u>	<u>447,123</u>	<u>4.12%</u>	<u>10,459,793</u>
Operating Expenses					
Salaries and Wages	4,538,204	4,469,189	(69,015)	-1.54%	4,106,842
Fringe Benefits	1,388,682	1,433,687	45,004	3.14%	1,186,780
Contract Labor	429,054	341,000	(88,054)	-25.82%	420,155
Physicians Fees	480,276	381,646	(98,629)	-25.84%	303,047
Purchased Services	759,193	720,288	(38,905)	-5.40%	582,899
Drug Expense	1,172,392	1,015,114	(157,279)	-15.49%	1,056,487
Supply Expense	806,083	882,981	76,897	8.71%	769,388
Utilities	111,144	132,360	21,216	16.03%	125,552
Repairs and Maintenance	352,225	455,395	103,169	22.65%	421,619
Insurance Expense	100,220	107,291	7,071	6.59%	70,566
All Other Operating Expenses	249,418	219,423	(29,994)	-13.67%	186,495
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	33,335	36,493	3,158	8.65%	17,833
Depreciation and Amortization	884,329	890,297	5,968	0.67%	841,307
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>11,304,556</u>	<u>11,085,164</u>	<u>(219,393)</u>	<u>-1.98%</u>	<u>10,088,970</u>
Net Operating Surplus/(Loss)	4,937	(222,793)	227,730	-102.22%	370,822
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	34,611	19,357	15,255	78.81%	25,927
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	0
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(69,734)	(71,423)	(1,689)	2.36%	(58,383)
Other Non-Operating Revenue/(Expenses)	436,535	109,037	327,498	300.35%	10,043
Total Non Operating Revenue/(Expense)	<u>401,412</u>	<u>56,971</u>	<u>344,441</u>	<u>604.59%</u>	<u>(22,412)</u>
Total Net Surplus/(Loss)	\$406,350	(\$165,822)	\$572,171	-345.05%	\$348,411
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets)	\$406,350	(\$165,822)	\$572,171	-345.05%	\$348,411
Operating Margin	0.04%	-2.05%			3.55%
Total Profit Margin	3.59%	-1.53%			3.33%
EBIDA	7.86%	6.15%			11.59%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ending November 30, 2024

	YEAR-TO-DATE				Prior Year 11/30/23
	Actual 11/30/24	Budget 11/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$19,670,785	\$20,222,624	(\$551,840)	-2.73%	\$19,219,847
Outpatient Revenue	84,818,584	80,156,506	4,662,078	5.82%	74,927,579
Clinic Revenue	14,965,085	14,258,810	706,275	4.95%	12,793,320
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>119,454,453</u>	<u>114,637,940</u>	<u>4,816,513</u>	<u>4.20%</u>	<u>106,940,746</u>
Deductions From Revenue					
Discounts and Allowances	(53,211,266)	(52,435,412)	(775,854)	-1.48%	(48,985,556)
Bad Debt Expense (Governmental Providers Only)	(10,295,006)	(7,171,600)	(3,123,406)	-43.55%	(6,902,111)
Medical Assistance	(271,944)	(1,195,267)	923,323	77.25%	(452,689)
Total Deductions From Revenue	<u>(63,778,216)</u>	<u>(60,802,279)</u>	<u>(2,975,937)</u>	<u>-4.89%</u>	<u>(56,340,356)</u>
Net Patient Revenue	<u>55,676,238</u>	<u>53,835,661</u>	<u>1,840,576</u>	<u>3.42%</u>	<u>50,600,390</u>
Other Operating Revenue	<u>757,673</u>	<u>816,033</u>	<u>(58,360)</u>	<u>-7.15%</u>	<u>677,157</u>
Total Operating Revenue	<u><u>56,433,911</u></u>	<u><u>54,651,695</u></u>	<u><u>1,782,216</u></u>	<u><u>3.26%</u></u>	<u><u>51,277,548</u></u>
Operating Expenses					
Salaries and Wages	22,183,139	22,789,950	606,812	2.66%	20,061,308
Fringe Benefits	6,627,748	6,806,620	178,873	2.63%	5,586,117
Contract Labor	2,187,313	1,854,200	(333,113)	-17.97%	1,760,904
Physicians Fees	1,965,387	1,918,231	(47,156)	-2.46%	1,489,304
Purchased Services	3,595,705	3,803,833	208,129	5.47%	3,022,416
Drug Expense	5,020,133	5,075,569	55,435	1.09%	5,096,209
Supply Expense	4,466,389	4,491,732	25,343	0.56%	3,880,989
Utilities	579,984	587,730	7,747	1.32%	560,841
Repairs and Maintenance	1,894,625	2,239,372	344,748	15.39%	2,004,913
Insurance Expense	490,353	536,454	46,101	8.59%	339,813
All Other Operating Expenses	1,441,891	1,538,746	96,854	6.29%	1,306,505
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	194,567	182,843	(11,724)	-6.41%	184,657
Depreciation and Amortization	4,448,523	4,453,618	5,095	0.11%	4,320,043
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>55,095,757</u>	<u>56,278,900</u>	<u>1,183,143</u>	<u>2.10%</u>	<u>49,614,018</u>
Net Operating Surplus/(Loss)	<u>1,338,154</u>	<u>(1,627,205)</u>	<u>2,965,359</u>	<u>-182.24%</u>	<u>1,663,529</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	307,127	96,783	210,345	217.34%	167,723
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	0
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(352,188)	(361,302)	9,114	-2.52%	(308,760)
Other Non-Operating Revenue/(Expense)	559,439	1,168,736	(609,298)	-52.13%	88,204
Total Non Operating Revenue/(Expense)	<u>514,378</u>	<u>904,217</u>	<u>(389,839)</u>	<u>-43.11%</u>	<u>(52,833)</u>
Total Net Surplus/(Loss)	<u>1,852,532</u>	<u>(722,989)</u>	<u>2,575,520</u>	<u>-356.23%</u>	<u>1,610,696</u>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	<u>1,852,532</u>	<u>(722,989)</u>	<u>2,575,520</u>	<u>-356.23%</u>	<u>1,610,696</u>
Operating Margin	2.37%	-2.98%			3.24%
Total Profit Margin	3.28%	-1.32%			3.14%
EBIDA	10.25%	5.17%			11.67%

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

	Actual 11/30/2024	Actual 10/31/2024	Actual 9/30/2024	Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024
Gross Patient Revenue						
Inpatient Revenue	\$3,449,680	\$3,942,476	\$4,229,582	\$3,815,950	\$4,233,097	\$3,753,329
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$17,514,374	\$17,231,477	\$15,461,921	\$16,307,549	\$18,303,263	\$16,025,677
Clinic Revenue	\$2,897,570	\$3,305,125	\$2,766,032	\$3,030,522	\$2,965,835	\$2,909,994
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$23,861,624	\$24,479,078	\$22,457,535	\$23,154,021	\$25,502,195	\$22,689,001
Deductions From Revenue						
Discounts and Allowances	\$10,536,882	\$11,073,864	\$10,445,910	\$10,358,617	\$10,795,994	\$10,263,890
Bad Debt Expense (Governmental Providers Only)	\$1,931,492	\$2,142,747	\$1,865,917	\$1,630,927	\$2,723,923	\$2,000,964
Charity Care	\$196,269	\$16,694	\$15,333	\$36,283	\$7,366	\$241,325
Total Deductions From Revenue	12,664,643	13,233,305	12,327,160	12,025,826	13,527,282	12,506,179
Net Patient Revenue	\$11,196,982	\$11,245,773	\$10,130,375	\$11,128,195	\$11,974,912	\$10,182,821
Other Operating Revenue	112,512	149,639	68,378	91,198	335,946	305,556
Total Operating Revenue	11,309,494	11,395,412	10,198,753	11,219,393	12,310,859	10,488,378
Operating Expenses						
Salaries and Wages	\$4,538,204	\$4,414,210	\$4,421,373	\$4,667,572	\$4,141,780	\$4,693,168
Fringe Benefits	\$1,388,682	\$1,324,180	\$1,138,750	\$1,687,786	\$1,088,350	\$1,105,022
Contract Labor	\$429,054	\$454,213	\$393,537	\$501,556	\$408,954	\$475,083
Physicians Fees	\$480,276	\$372,688	\$294,647	\$373,229	\$444,547	\$451,969
Purchased Services	\$759,193	\$758,597	\$739,663	\$724,260	\$613,991	\$727,936
Drug Expense	\$1,172,392	\$980,355	\$904,747	\$771,034	\$1,191,605	\$918,152
Supply Expense	\$806,083	\$899,196	\$984,579	\$853,023	\$923,507	\$620,399
Utilities	\$111,144	\$122,431	\$116,368	\$112,884	\$117,156	\$107,637
Repairs and Maintenance	\$352,225	\$414,564	\$337,361	\$447,570	\$342,905	\$446,822
Insurance Expense	\$100,220	\$97,214	\$97,214	\$97,214	\$98,493	\$62,095
All Other Operating Expenses	\$249,418	\$292,699	\$308,900	\$280,875	\$310,000	\$280,091
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$333,335	\$35,124	\$40,673	\$51,789	\$33,647	\$42,332
Depreciation and Amortization	\$884,329	\$884,208	\$889,405	\$900,391	\$890,190	\$920,211
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$11,304,556	\$11,049,677	\$10,667,216	\$11,469,184	\$10,605,124	\$10,830,915
Net Operating Surplus/(Loss)	\$4,937	\$345,735	(\$468,463)	(\$249,791)	\$1,705,735	(\$342,537)
Non-Operating Revenue:						
Contributions						
Investment Income	34,611	86,954	49,266	63,735	72,561	133,266
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	0	0	0	0	0	0
Interest Expense (Governmental Providers Only)	(69,734)	(70,257)	(68,858)	(77,005)	(66,334)	(125,580)
Other Non-Operating Revenue/(Expenses)	436,535	20,369	16,560	20,984	69,457	515,404
Total Non Operating Revenue/(Expense)	\$401,412	\$37,066	(\$3,032)	\$7,713	\$75,684	\$523,090
Total Net Surplus/(Loss)	\$406,350	\$382,802	(\$471,495)	(\$242,078)	\$1,781,419	\$180,553
Change in Unrealized Gains/(Losses) on Investment	0	0	0	0	0	59,257
Increase/(Decrease in Unrestricted Net Assets)	\$406,350	\$382,802	(\$471,495)	(\$242,078)	\$1,781,419	\$239,810
Operating Margin	0.04%	3.03%	-4.59%	-2.23%	13.86%	-3.27%
Total Profit Margin	3.59%	3.36%	-4.62%	-2.16%	14.47%	1.72%
EBIDA	7.86%	10.79%	4.13%	5.80%	21.09%	5.51%

Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024	Actual 2/29/2024	Actual 1/31/2024	Actual 12/31/2023
\$4,873,910	\$3,666,923	\$4,236,296	\$4,714,671	\$5,004,383	\$4,119,968
\$17,065,942	\$16,587,785	\$15,459,637	\$15,607,056	\$16,628,567	\$17,109,573
\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711
\$0	\$0	\$0	\$0	\$0	\$0
\$25,038,111	\$23,499,639	\$22,727,221	\$23,574,354	\$24,700,776	\$23,659,252
\$11,795,527	\$11,571,869	\$10,397,914	\$9,922,170	\$12,184,470	
\$1,283,539	\$1,043,471	\$1,508,964	\$1,403,286	\$1,320,206	\$1,360,315
\$57,087	\$2,736	\$89,904	\$302,604	\$5,763	\$311,923
13,136,153	12,618,076	11,996,782	11,628,061	13,510,438	12,702,579
\$11,901,958	\$10,881,563	\$10,730,439	\$11,946,293	\$11,190,337	\$10,956,673
131,038	163,765	128,902	398,244	286,515	71,274
12,032,996	11,045,328	10,859,341	12,344,537	11,476,852	11,027,947
\$4,203,693	\$4,125,869	\$4,151,633	\$4,204,531	\$4,262,641	\$4,134,172
\$1,677,550	\$1,369,376	\$1,751,548	\$1,345,949	\$1,307,203	\$1,293,553
\$543,862	\$370,248	\$284,184	\$354,484	\$306,448	\$327,326
\$389,941	\$288,730	\$243,692	\$338,319	\$322,799	\$264,625
\$691,394	\$792,911	\$773,560	\$705,125	\$688,536	\$681,342
\$1,125,459	\$1,022,725	\$823,901	\$1,042,911	\$844,768	\$864,876
\$956,733	\$958,145	\$853,767	\$1,193,600	\$997,801	\$911,134
\$122,860	\$118,540	\$123,306	\$123,145	\$128,505	\$139,792
\$367,427	\$380,073	\$359,588	\$433,508	\$460,691	\$356,186
\$135,140	\$72,832	\$71,334	\$71,184	\$70,566	\$70,566
\$253,110	\$271,601	\$216,298	\$301,714	\$182,091	\$238,412
\$36,108	\$37,629	\$48,301	\$54,589	\$20,820	\$17,877
\$946,935	\$887,647	\$885,626	\$878,266	\$880,262	\$867,058
\$11,450,213	\$10,696,326	\$10,586,737	\$11,047,324	\$10,473,131	\$10,166,918
\$582,783	\$349,002	\$272,604	\$1,297,214	\$1,003,721	\$861,029
282,618	56,673	52,083	55,654	54,241	23,953
0	0	0	0	0	0
(68,089)	(91,263)	(71,778)	(55,734)	(56,478)	(63,173)
15,619	17,003	593,094	512,608	15,618	15,618
\$230,148	(\$17,587)	\$573,399	\$512,528	\$13,381	(\$23,602)
\$812,931	\$331,415	\$846,003	\$1,809,742	\$1,017,102	\$837,427
272,726	0	0	0	0	0
\$1,085,657	\$331,415	\$846,003	\$1,809,742	\$1,017,102	\$837,427
4.84%	3.16%	2.51%	10.51%	8.75%	7.81%
6.76%	3.00%	7.79%	14.66%	8.86%	7.59%
12.71%	11.20%	10.67%	17.62%	16.42%	15.67%

Statement of Cash Flows

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Five months ending November 30, 2024**

	CASH FLOW	
	Current Month 11/30/2024	Current Year-To-Date 11/30/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$406,350	\$1,852,532
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	884,329	4,448,523
(Increase)/Decrease in Net Patient Accounts Receivable	(2,519,888)	(2,995,816)
(Increase)/Decrease in Other Receivables	3,929,555	2,437,574
(Increase)/Decrease in Inventories	8,588	8,782
(Increase)/Decrease in Pre-Paid Expenses	287,698	336,386
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	1,079,218	830,821
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	316,836	316,795
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	185,460	(1,015,499)
Net Cash Provided by Operating Activities:	4,578,146	6,220,098
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(616,374)	(3,012,562)
(Increase)/Decrease in Limited Use Cash and Investments	2,494,752	3,567,091
(Increase)/Decrease in Other Limited Use Assets	(1,467)	(219,528)
(Increase)/Decrease in Other Assets	5,987	29,935
Net Cash Used by Investing Activities	1,882,898	364,937
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(191,362)	(791,962)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(264,814)	(361,015)
Net Cash Used for Financing Activities	(456,176)	(1,152,977)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
Net Increase/(Decrease) in Cash	6,004,868	5,432,058
Cash, Beginning of Period	11,855,454	12,428,264
Cash, End of Period	\$17,860,322	\$17,860,322

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Five months ending November 30, 2024

Current Month				Year-To-Date				
Actual 11/30/24	Budget 11/30/24	Positive/ (Negative) Variance	Prior Year 11/30/23	STATISTICS	Actual 11/30/24	Budget 11/30/24	Positive/ (Negative) Variance	Prior Year 11/30/23
Discharges								
99	125	(26)	125	Acute	587	635	(48)	635
99	125	(26)	125	Total Adult Discharges	587	635	(48)	635
29	33	(4)	33	Newborn	180	184	(4)	184
128	158	(30)	158	Total Discharges	767	819	(52)	819
Patient Days:								
395	370	25	370	Acute	1,899	1,938	(39)	1,938
395	370	25	370	Total Adult Patient Days	1,899	1,938	(39)	1,938
47	61	(14)	61	Newborn	285	312	(27)	312
442	431	11	431	Total Patient Days	2,184	2,250	(66)	2,250
Average Length of Stay (ALOS)								
4.0	3.0	1.0	3.0	Acute	3.2	3.1	0.2	3.1
4.0	3.0	1.0	3.0	Total Adult ALOS	3.2	3.1	0.2	3.1
1.6	1.8	(0.2)	1.8	Newborn ALOS	1.6	1.7	(0.1)	1.7
Average Daily Census (ADC)								
13.2	12.3	0.8	12.3	Acute	12.4	12.7	(0.3)	12.7
13.2	12.3	0.8	12.3	Total Adult ADC	12.4	12.7	(0.3)	12.7
1.6	2.0	(0.5)	2.0	Newborn	1.9	2.0	(0.2)	2.0
Emergency Room Statistics								
123	133	(10)	133	ER Visits - Admitted	636	655	(19)	655
1,209	1,135	74	1,135	ER Visits - Discharged	6,529	5,957	572	5,957
1,332	1,268	64	1,268	Total ER Visits	7,165	6,612	553	6,612
9.23%	10.49%		10.49%	% of ER Visits Admitted	8.88%	9.91%		9.91%
124.24%	106.40%		106.40%	ER Admissions as a % of Total	108.35%	103.15%		103.15%
Outpatient Statistics:								
7,924	8,177	(253)	8,177	Total Outpatients Visits	41,412	40,093	1,319	40,093
175	124	51	124	Observation Bed Days	842	613	229	613
5,866	6,122	(256)	6,122	Clinic Visits - Primary Care	29,454	29,202	252	29,202
241	526	(285)	526	Clinic Visits - Specialty Clinics	2,515	2,713	(198)	2,713
69	56	13	56	IP Surgeries	323	250	73	250
147	150	(3)	150	OP Surgeries	685	586	99	586
Productivity Statistics:								
513.41	521.15	(7.74)	471.20	FTE's - Worked	495.95	521.15	(25.20)	454.36
550.52	571.09	(20.57)	508.04	FTE's - Paid	542.81	571.09	(28.28)	500.80
1.7000	1.5100	0.19	1.5100	Case Mix Index - Medicare	1.4720	1.4896	(0.02)	1.3640
1.3300	1.2600	0.07	1.2600	Case Mix Index - All payers	1.2540	0.6731	0.58	1.1880

Accounts Receivable Tracking Report

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

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11/30/24

	Current Month <u>Actual</u>	Current Month <u>Target</u>
Gross Days in Accounts Receivable - All Services	71.47	64.59
Net Days in Accounts Receivable	64.51	55.47
Number of Gross Days in Unbilled Revenue	27.46	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	20.01%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.82%	1.05%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.23%	1.04%
Bad Debts as a % of Gross Patient Revenue - Current Month	8.09%	6.28%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	8.62%	6.26%
Collections as a Percentage of Net Revenue - Current Month	74.91%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	91.46%	100% or >
Percentage of Blue Cross Receivable > 90 Days	9.33%	< 10%
Percentage of Insurance Receivable > 90 Days	29.69%	< 15%
Percentage of Medicaid Receivable > 90 Days	34.96%	< 20%
Percentage of Medicare Receivable > 60 Days	23.36%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Five months ending November 30, 2024

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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	1,005,734	4.40%	4,816,513	4.20%
<p>Gross patient revenue is over budget for the month and over budget year to date. Patient statistics over budget in November were patient days, ER visits and surgeries. Average Daily Census is 13.2 in November which is over budget by 0.8</p>				
Deductions from Revenue	(549,123)	-4.53%	(2,975,937)	-4.89%
<p>Deductions from revenue are over budget for November and over budget year to date. They are currently booked at 53.1% for November and 53.4% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages. More detail included in the narrative.</p>				
Bad Debt Expense	(497,172)	-34.66%	(3,123,406)	-43.55%
<p>Bad debt expense is booked at 8.1% for November and 8.6% year to date.</p>				
Charity Care	42,785	17.90%	923,323	77.25%
<p>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.</p>				
Other Operating Revenue	(9,487)	-7.78%	(58,360)	-7.15%
<p>Other Operating Revenue is under budget and under budget for the year.</p>				
Salaries and Wages	(69,015)	-1.54%	606,812	2.66%
<p>Salary and Wages are over budget in November and are under budget year to date. Paid FTEs are under budget by 20.57 FTEs for the month and under 28.28 FTEs year to date.</p>				
Fringe Benefits	45,004	3.14%	178,873	2.63%
<p>Fringe benefits are over budget in November and under budget year to date.</p>				
Contract Labor	(88,054)	-25.82%	(333,113)	-17.97%
<p>Contract labor is over budget for November and over budget year to date. Med Floor, OR, L&D, Lab, Infection Control, Physical Therapy and X-ray are over budget for the month.</p>				

Variance Analysis

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WYOMING
Five months ending November 30, 2024**

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	%
				PAGE 14
Physician Fees	(98,629)	-25.84%	(47,156)	-2.46%
Physician fees over budget in November and over budget year to date. Hospitalist, Locums clinic and Cardiovascular are over budget in November.				
Purchased Services	(38,905)	-5.40%	208,129	5.47%
Purchased services are over budget for November and under budget year to date. Expenses over budget are advertising, legal and department mgmt service				
Supply Expense	76,897	8.71%	25,343	0.56%
Supplies are over budget for November and under budget year to date. Line items over budget include chargeables, drugs food and marketing/promotional supplies.				
Repairs & Maintenance	103,169	22.65%	344,748	15.39%
Repairs and Maintenance are under budget for November and under budget year to date.				
All Other Operating Expenses	(29,994)	-13.67%	96,854	6.29%
This expense is over budget in November and under budget year to date. Other expenses over budget are postage, freight, physician recruitment, pharmacy floor direct and other expenses.				
Leases and Rentals	3,158	8.65%	(11,724)	-6.41%
This expense is under budget for November and is over budget year to date				
Depreciation and Amortization	5,968	0.67%	5,095	0.11%
Depreciation is under budget for November and is under budget year to date				
BALANCE SHEET				
Cash and Cash Equivalents	\$6,004,868	50.65%		
Cash increased in November. Cash collections for November were \$8.4 million. Days Cash on Hand increased 111 days.				
Gross Patient Accounts Receivable	\$6,847,132	14.04%		
This receivable increased in November due to holding Medicare claims.				

Variance Analysis

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WYOMING
Five months ending November 30, 2024**

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	(4,327,244)	-15.35%		
Bad Debt and Allowances increased.				
Other Receivables	(3,929,555)	-51.03%		
Other Receivables decreased in November due to QRA.				
Prepaid Expenses	(287,698)	-14.43%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	(2,493,285)	-11.21%		
These assets decreased due to transferring funds to the general account.				
Plant Property and Equipment	(267,955)	-0.37%		
The decrease in these assets is due to the normal increase in accumulated depreciation.				
Accounts Payable	(1,079,218)	-19.85%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(178,477)	-8.47%		
This liability increased in November. The payroll accrual for November was 13 days.				
Accrued Benefits	(138,359)			
This liability increased in November with the normal accrual and usage of PTO.				
Other Current Liabilities	(185,460)	-50.67%		
This liability increased for November due to the payment on the bonds				
Other Long Term Liabilities	264,814	2.47%		
This liability decreased with the payments on the leases.				
Total Net Assets	370,822	-0.43%		
The net gain from operations for November is \$4,937				



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

PROVIDER CLINICS

Unaudited Financial Statements

for

Five months ending November 30, 2024

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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ROCK SPRINGS, WY
Five months ending November 30, 2024

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Five months ending November 30, 2024

PAGE 2

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 11/30/2024	Year to Date 11/30/2024	Prior Fiscal Year End 06/30/24	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-27.10%	-24.18%	-23.84%	-36.58%
Total Profit Margin	-27.10%	-24.18%	-23.84%	-36.58%
Contractual Allowance %	43.98%	44.23%	44.34%	
Liquidity:				
Net Days in Accounts Receivable	45.14	44.47	42.14	39.58
Gross Days in Accounts Receivable	38.83	38.06	36.55	72.82
Productivity and Efficiency:				
Patient Visits Per Day	195.53	192.51	198.57	
Total Net Revenue per FTE	N/A	\$189,875	\$206,194	
Salary Expense per Paid FTE	N/A	\$159,786	\$176,010	
Salary and Benefits as a % of Net Revenue	105.40%	101.05%	103.17%	91.26%
Employee Benefits %	19.54%	20.07%	20.86%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ending November 30, 2024

	CURRENT MONTH				Prior Year 11/30/23
	Actual 11/30/24	Budget 11/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,897,570	2,846,032	51,538	1.81%	2,567,917
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>2,897,570</u>	<u>2,846,032</u>	<u>51,538</u>	<u>1.81%</u>	<u>2,567,917</u>
Deductions From Revenue					
Discounts and Allowances	(1,274,277)	(1,228,379)	(45,897)	-3.74%	(1,127,929)
Total Deductions From Revenue	<u>(1,274,277)</u>	<u>(1,228,379)</u>	<u>(45,897)</u>	<u>-3.74%</u>	<u>(1,127,929)</u>
Net Patient Revenue	<u>1,623,294</u>	<u>1,617,653</u>	<u>5,641</u>	<u>0.35%</u>	<u>1,439,988</u>
Other Operating Revenue	39,322	41,485	(2,163)	-5.21%	44,519
Total Operating Revenue	<u>1,662,616</u>	<u>1,659,138</u>	<u>3,478</u>	<u>0.21%</u>	<u>1,484,508</u>
Operating Expenses					
Salaries and Wages	1,465,903	1,445,955	(19,948)	-1.38%	1,379,054
Fringe Benefits	286,506	265,895	(20,612)	-7.75%	246,824
Contract Labor	0	0	0	0.00%	0
Physicians Fees	181,437	169,283	(12,153)	-7.18%	141,747
Purchased Services	1,505	3,430	1,925	56.12%	6,143
Supply Expense	19,206	21,464	2,258	10.52%	22,062
Utilities	971	1,159	188	16.25%	957
Repairs and Maintenance	7,713	6,219	(1,494)	-24.03%	8,071
Insurance Expense	31,297	30,615	(682)	-2.23%	22,391
All Other Operating Expenses	108,064	108,549	485	0.45%	94,799
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	4,221	4,821	600	12.44%	4,556
Depreciation and Amortization	6,374	4,594	(1,780)	-38.76%	6,757
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>2,113,197</u>	<u>2,061,983</u>	<u>(51,214)</u>	<u>-2.48%</u>	<u>1,933,361</u>
Net Operating Surplus/(Loss)	(450,581)	(402,845)	(47,736)	11.85%	(448,853)
Total Net Surplus/(Loss)	(450,581)	(402,845)	(47,736)	11.85%	(448,853)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets)	(450,581)	(402,845)	(47,736)	11.85%	(448,853)
Operating Margin	-27.10%	-24.28%			-30.24%
Total Profit Margin	-27.10%	-24.28%			-30.24%
EBIDA	-26.72%	-24.00%			-29.78%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ending November 30, 2024

	YEAR-TO-DATE				Prior Year 11/30/23
	Actual 11/30/24	Budget 11/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	14,965,085	14,258,810	706,275	4.95%	12,793,320
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>14,965,085</u>	<u>14,258,810</u>	<u>706,275</u>	<u>4.95%</u>	<u>12,793,320</u>
Deductions From Revenue					
Discounts and Allowances	(6,619,755)	(6,214,741)	(405,014)	-6.52%	(5,651,237)
Total Deductions From Revenue	<u>(6,619,755)</u>	<u>(6,214,741)</u>	<u>(405,014)</u>	<u>-6.52%</u>	<u>(5,651,237)</u>
Net Patient Revenue	<u>8,345,330</u>	<u>8,044,069</u>	<u>301,261</u>	<u>3.75%</u>	<u>7,142,083</u>
Other Operating Revenue	206,780	207,425	(645)	-0.31%	229,099
Total Operating Revenue	<u>8,552,110</u>	<u>8,251,494</u>	<u>300,616</u>	<u>3.64%</u>	<u>7,371,181</u>
Operating Expenses					
Salaries and Wages	7,196,885	7,349,661	152,776	2.08%	6,469,947
Fringe Benefits	1,444,669	1,262,444	(182,225)	-14.43%	1,119,452
Contract Labor	0	0	0	0.00%	0
Physicians Fees	815,423	946,417	130,994	13.84%	568,352
Purchased Services	11,157	17,149	5,992	34.94%	36,466
Supply Expense	143,696	151,741	8,046	5.30%	118,697
Utilities	5,224	5,795	571	9.85%	5,669
Repairs and Maintenance	34,019	31,093	(2,926)	-9.41%	25,875
Insurance Expense	156,487	153,075	(3,412)	-2.23%	107,583
All Other Operating Expenses	758,671	793,378	34,707	4.37%	692,191
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	21,801	24,110	2,308	9.57%	21,914
Depreciation and Amortization	32,121	23,096	(9,025)	-39.08%	35,373
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>10,620,152</u>	<u>10,757,958</u>	<u>137,805</u>	<u>1.28%</u>	<u>9,201,518</u>
Net Operating Surplus/(Loss)	(2,068,043)	(2,506,464)	438,421	-17.49%	(1,830,337)
Total Net Surplus/(Loss)	(2,068,043)	(2,506,464)	\$438,421	-17.49%	(\$1,830,337)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(2,068,043)	(2,506,464)	\$438,421	-17.49%	(\$1,830,337)
Operating Margin	-24.18%	-30.38%			-24.83%
Total Profit Margin	-24.18%	-30.38%			-24.83%
EBIDA	-23.81%	-30.10%			-24.35%

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

	Actual 11/30/2024	Actual 10/31/2024	Actual 9/30/2024	Actual 8/31/2024	Actual 7/31/2024
Gross Patient Revenue					
Clinic Revenue	\$2,897,570	\$3,305,125	\$2,766,032	\$3,030,522	\$2,965,835
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,897,570	\$3,305,125	\$2,766,032	\$3,030,522	\$2,965,835
Deductions From Revenue					
Discounts and Allowances	(\$1,274,277)	(\$1,573,472)	(\$1,123,349)	(\$1,323,509)	(\$1,325,148)
Total Deductions From Revenue	(\$1,274,277)	(\$1,573,472)	(\$1,123,349)	(\$1,323,509)	(\$1,325,148)
Net Patient Revenue	\$1,623,294	\$1,731,653	\$1,642,683	\$1,707,013	\$1,640,687
Other Operating Revenue	\$39,322	\$44,944	\$37,318	\$44,317	\$40,879
Total Operating Revenue	1,662,616	1,776,597	1,680,001	1,751,330	1,681,566
Operating Expenses					
Salaries and Wages	\$1,465,903	\$1,484,489	\$1,472,901	\$1,447,522	\$1,326,070
Fringe Benefits	\$286,506	\$292,369	\$245,580	\$373,923	\$246,291
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$181,437	\$183,517	\$128,010	\$142,605	\$179,854
Purchased Services	\$1,505	\$2,324	\$2,679	\$3,262	\$1,386
Supply Expense	\$19,206	\$18,420	\$51,523	\$34,125	\$20,422
Utilities	\$971	\$635	\$1,048	\$1,723	\$848
Repairs and Maintenance	\$7,713	\$3,251	\$3,374	\$6,285	\$13,396
Insurance Expense	\$31,297	\$31,297	\$31,297	\$31,297	\$31,297
All Other Operating Expenses	\$108,064	\$179,591	\$149,112	\$134,426	\$187,477
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$4,221	\$4,176	\$5,617	\$3,716	\$4,072
Depreciation and Amortization	\$6,374	\$6,485	\$6,485	\$6,485	\$6,292
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$2,113,197	\$2,206,553	\$2,097,628	\$2,185,370	\$2,017,404
Net Operating Surplus/(Loss)	(\$450,581)	(\$429,957)	(\$417,627)	(\$434,039)	(\$335,839)
Total Net Surplus/(Loss)	(\$450,581)	(\$429,957)	(\$417,627)	(\$434,039)	(\$335,839)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets)	(\$450,581)	(\$429,957)	(\$417,627)	(\$434,039)	(\$335,839)
Operating Margin	-27.10%	-24.20%	-24.86%	-24.78%	-19.97%
Total Profit Margin	-27.10%	-24.20%	-24.86%	-24.78%	-19.97%
EBIDA	-26.72%	-23.84%	-24.47%	-24.41%	-19.60%

Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024	Actual 2/29/2024	Actual 1/31/2024	Actual 12/31/2023	Actual 11/30/2023
\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662
(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)	(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)
(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)	(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)
\$1,851,177	\$1,647,998	\$1,726,120	\$1,814,659	\$1,901,467	\$1,254,080	\$1,439,988	\$1,465,429
\$41,325	\$48,843	\$37,502	\$44,208	\$40,957	\$39,646	\$44,519	\$40,763
1,892,502	1,696,841	1,763,622	1,858,867	1,942,425	1,293,727	1,484,508	1,506,193
\$1,487,393	\$1,445,111	\$1,402,323	\$1,417,161	\$1,401,458	\$1,401,351	\$1,379,054	\$1,406,800
\$379,342	\$326,956	\$402,575	\$352,833	\$344,600	\$265,866	\$246,824	\$253,428
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$183,150	\$110,473	\$95,316	\$184,805	\$142,870	\$104,507	\$141,747	\$122,560
\$818	\$7,543	\$8,021	\$4,886	\$4,971	\$3,976	\$6,143	\$8,953
\$25,558	\$40,409	\$15,937	\$20,431	\$35,784	\$18,050	\$22,062	\$25,675
\$1,754	\$815	\$888	\$890	\$1,016	\$957	\$957	\$954
\$19,503	\$4,634	\$4,634	\$2,942	\$3,991	\$6,565	\$8,071	\$3,411
\$31,297	\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$22,391
\$143,924	\$143,679	\$74,051	\$126,422	\$103,364	\$122,279	\$94,799	\$172,653
\$4,322	\$4,400	\$3,072	\$5,937	\$4,426	\$3,528	\$4,556	\$4,912
\$6,547	\$6,372	\$6,673	\$6,773	\$7,332	\$6,757	\$6,757	\$6,757
\$2,283,608	\$2,112,782	\$2,035,880	\$2,145,470	\$2,072,203	\$1,956,227	\$1,933,361	\$2,028,495
(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)
(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)
0	0	0	0	0	0	0	0
(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)
-20.67%	-24.51%	-15.44%	-15.42%	-6.68%	-51.21%	-30.24%	-34.68%
-20.67%	-24.51%	-15.44%	-15.42%	-6.68%	-51.21%	-30.24%	-34.68%
-20.32%	-24.14%	-15.06%	-15.05%	-6.30%	-50.69%	-29.78%	-34.23%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 ROCK SPRINGS, WY
 Five months ending November 30, 2024

Current Month				STATISTICS	Year-To-Date			
Actual 11/30/24	Budget 11/30/24	Positive/ (Negative) Variance	Prior Year 11/30/23		Actual 11/30/24	Budget 11/30/24	Positive/ (Negative) Variance	Prior Year 11/30/23
Outpatient Statistics:								
5,866	6,122	(256)	6,122	Clinic Visits - Primary Care	29,454	29,202	252	29,202
241	526	(285)	526	Clinic Visits - Specialty Clinics	2,515	2,713	(198)	2,713
Productivity Statistics:								
101.16	97.78	3.38	92.25	FTE's - Worked	97.78	97.78	0.00	74.42
108.79	107.45	1.34	99.86	FTE's - Paid	107.45	107.45	0.00	83.23

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR NOVEMBER 24**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	471	14,218,879.49
CAPITAL EQUIPMENT (PLANT FUND)	3	106,514.37
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	635,031.06
PAYROLL NOVEMBER 7, 2023		2,016,463.39
PAYROLL NOVEMBER 21, 2023		1,944,150.40
 TOTAL CASH OUTFLOW		 <u>\$14,960,424.92</u>
 CASH COLLECTIONS		 8,388,072.75
 INCREASE/DECREASE IN CASH		 -\$6,572,352.17

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2025**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002665	7/11/2024	VERATHON MEDICAL	7,020.00	BLADDER SCANNER		
002666	7/11/2024	WYO ELECTRIC, INC	27,700.00	ELECTRICAL ED X-RAY ROOM		
002666	7/11/2024	WYO ELECTRIC, INC	4,522.00	UPS FOR IT EQUIPMENT		
002667	7/18/2024	CDW GOVERNMENT LLC	24,263.27	UPS FOR MHSC DATA CENTER		
002674	7/25/2024	CDW GOVERNMENT LLC	1,183.69	UPS FOR MHSC DATA CENTER		
002675	7/25/2024	PEDIA PALS, INC.	2,517.50	PEDIATRIC BED		
002676	7/25/2024	FOLLETT CORPORATON	5,375.54	ICE/WATER MACHINE FOR SAME DAY SURGERY		
JULY TOTALS					72,582.00	72,582.00

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002677	8/7/2024	WYO ELECTRIC, INC	4,954.40	BACKUP UPS UNIT FOR IT		
002678	8/7/2024	INTERMOUNTAIN TRIMLIGHT (WEST HARRISON ENTERPRISES INC)	18,456.00	TRIMLIGHT SYSTEM ADDITION		
002679	8/16/2024	RADIOMETER AMERICA INC	14,150.00	ABL90 FLEX PLUS ANALYZER		
002680	8/22/2024	MEDICAL, POSITIONING, INC	12,239.00	ULTRASCAN TABLE		
002681	8/22/2024	PEDIA PALS, INC.	2,517.50	PEDIATRIC BED		
002682	8/29/2024	COMPUNET, INC.	1,250.00	STORAGE FOR DAVINCI VIDEOS		
002683	8/29/2024	DATEX-OHMEDA, INC.	37,190.44	FETAL MONITORS		
002684	8/29/2024	WAXIE SANITARY SUPPLY	10,543.29	AUTOMATIC SCRUBBERS		
AUGUST TOTALS					101,300.63	173,882.63

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002677	9/12/2024	KARL STORZ ENDOSCOPY-AMERICA	31,042.82	INTUBATION SCOPE		
002678	9/12/2024	PACIFIC WATER INC	58,516.50	CONTROL HEADS FOR SOFT WATER SYSTEM		
002679	9/12/2024	ALLIED AWNING & RENTAL	56,556.58	DIGITAL ELECTRONIC MESSAGING SIGN-HOSPITAL		
002680	9/19/2024	DELL COMPUTER CORPORATION	15,057.70	DELL LAPTOPS		
002681	9/26/2024	INTERMOUNTAIN TRIMLIGHT (WEST HARRISON ENTERPRISES INC)	18,456.00	TRIMLIGHT SYSTEM ADDITION		
SEPTEMBER TOTALS					179,629.60	353,512.23

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002690	10/9/2024	BC GROUP INTERNATIONAL INC.	6,810.00	FLOW ANALYZER		
002691	10/9/2024	US MED-EQUIP, LLC	8,195.00	BLADDER SCANNER		
002692	10/31/2024	DELL COMPUTER CORPORATION	15,941.60	DELL LAPTOPS AND MONITORS		
002693	10/31/2024	GUARD RFID	2,500.00	INFANT SECURITY SYSTEM		
002694	10/31/2024	WYO ELECTRIC, INC	2,127.00	UPS FOR IT EQUIPMENT		
OCTOBER TOTALS					35,573.60	389,085.83

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002695	11/14/2024	GUARD RFID	34,281.00	INFANT SECURITY SYSTEM		
002696	11/14/2024	OLYMPUS AMERICA INC	47,643.37	PEDIATRIC COLONSCOPE		
002697	11/14/2024	WYO ELECTRIC, INC	24,590.00	DIGITAL MESSAGING SIGN - HOSPITAL		
NOVEMBER TOTALS					106,514.37	495,600.20

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2025**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001240	7/18/2024	GROATHOUSE CONSTRUCTION,	44,113.25	LAB EXPANSION		
WF DEBT SERVICE	7/31/2024	WF DEBT SERVICE	185,523.05	WF DEBT SERVICE		
JULY TOTALS					229,636.30	229,636.30

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001241	8/1/2024	CITY OF ROCK SPRINGS	4,495.00	MOB RENOVATION		
001242	8/7/2024	PLAN ONE/ARCHITECTS	53,858.00	MOB RENOVATION		
001242	8/7/2024	PLAN ONE/ARCHITECTS	29,879.06	MEDICAL IMAGING SUITE RENOVATION		
001242	8/7/2024	PLAN ONE/ARCHITECTS	4,232.90	LAB EXPANSION		
001243	8/7/2024	ROCKET MINER	355.67	MOB RENOVATION		
001244	8/29/2024	GROATHOUSE CONSTRUCTION,	138,013.00	LAB EXPANSION		
WF DEBT SERVICE	8/16/2024	WF DEBT SERVICE	185,523.05	WF DEBT SERVICE		
AUGUST TOTALS					416,356.68	645,992.98

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001245	9/12/2024	CITY OF ROCK SPRINGS	14,255.00	MRI PHASE 2		
001246	9/12/2024	A. PLEASANT CONSTRUCTION, I	87,352.86	LAB EXPANSION		
001247	9/12/2024	PLAN ONE/ARCHITECTS	7,694.00	MOB ENTRANCE/ADA PARKING RENO		
001247	9/12/2024	PLAN ONE/ARCHITECTS	5,691.25	MRI PHASE 2		
001247	9/12/2024	PLAN ONE/ARCHITECTS	12,537.90	LAB EXPANSION		
001247	9/12/2024	PLAN ONE/ARCHITECTS	3,510.56	ONCOLOGY SUITE RENOVATION		
WF DEBT SERVICE	9/18/2024	WF DEBT SERVICE	185,460.15	WF DEBT SERVICE		
SEPTEMBER TOTALS					316,501.72	962,494.70

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001248	10/3/2024	GROATHOUSE CONSTRUCTION,	134,813.00	LAB EXPANSION		
001249	10/9/2024	PLAN ONE/ARCHITECTS	5,871.16	LAB EXPANSION		
001250	10/24/2024	WESTERN ENGINEERS & GEOLC	132.00	LAB EXPANSION		
001251	10/31/2024	GROATHOUSE CONSTRUCTION,	272,578.00	LAB EXPANSION		
WF DEBT SERVICE	10/16/2024	WF DEBT SERVICE	185,460.15	WF DEBT SERVICE		
OCTOBER TOTALS					598,854.31	1,561,349.01

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001252	11/7/2024	PLAN ONE/ARCHITECTS	9,451.51	LAB EXPANSION		
001253	11/26/2024	GROATHOUSE CONSTRUCTION,	400,246.00	LAB EXPANSION		
001254	11/26/2024	A. PLEASANT CONSTRUCTION, I	39,873.40	ONCOLOGY SUITE RENOVATION		
WF DEBT SERVICE	11/19/2024	WF DEBT SERVICE	185,460.15	WF DEBT SERVICE		
NOVEMBER TOTALS					635,031.06	2,196,380.07

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
11/30/2024

Amount	Description
26,085.27	Advertising Total
1,562.12	Billing Services Total
6,123.46	Blood Total
3,500.00	Building Lease Total
129,212.94	Café Management Total
57,442.43	Collection Agency Total
12,665.02	Computer Equipment Total
377,127.58	Contract Maintenance Total
280,079.25	Contract Personnel Total
8,294.10	Credit Card Payment Total
3,622.39	Dialysis Supplies Total
1,549.96	Education & Travel Total
9,437.00	Employee Recruitment Total
7,199.88	Employee Vision Plan Total
45,196.73	Equipment Lease Total
9,037.15	Food Total
7,391.32	Freight Total
738.03	Fuel Total
3,920.36	Garbage Collection Total
987,246.76	Group Health Total
463,675.43	Hospital Supplies Total
59,212.28	Implant Supplies Total
32,155.87	Insurance Premiums Total
9,991.45	Insurance Refund Total
134,796.84	Laboratory Services Total
6,547.00	Legal Fees Total
398,326.80	Legal Settlement Total
248.00	License Renewal Total
103.20	Linen Total
16,817.05	Maintenance & Repair Total
27,733.87	Maintenance Supplies Total
2,575.91	Marketing & Promotional Supplies Total
1,650.00	Membership Dues Total
2,733.02	MHSC Foundation Total
847.50	Minor Equipment Total
1,517.00	Monthly Pest Control Total
3,256.86	Non Medical Supplies Total
12,154.36	Office Supplies Total
26,996.00	Other Employee Benefits Total
18,766.10	Other Purchased Services Total
7,977.30	Oxygen Rental Total
661.47	Patient Refund Total
507.22	Payroll Deduction Total
6,955.02	Payroll Garnishment Total
3,900,000.00	Payroll Transfer Total
1,272,865.32	Pharmacy Managment Total
16,138.00	Physician Recruitment Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
11/30/2024

Check Number	Date	Vendor Check Name	Amount	Description
202528	11/7/2024	LAMAR ADVERTISING	2,160.00	Advertising
202531	11/7/2024	LITURGICAL PUBLICATIONS, INC	1,945.00	Advertising
202549	11/7/2024	PILOT BUTTE BROADCASTING	650.00	Advertising
202689	11/14/2024	ROCKET MINER	463.22	Advertising
202772	11/21/2024	ROCKET MINER	147.25	Advertising
202564	11/7/2024	ROYAL FLUSH ADVERTISING	637.50	Advertising
202775	11/21/2024	SCORPION HEALTHCARE LLC	8,571.00	Advertising
202584	11/7/2024	THE RADIO NETWORK	9,631.30	Advertising
202833	11/26/2024	LAMAR ADVERTISING	450.00	Advertising
EFT000000008898	11/7/2024	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000008921	11/26/2024	GREEN RIVER STAR	1,150.00	Advertising
202639	11/14/2024	EXPRESS MEDICAID BILLING SERV	1,562.12	Billing Services
202596	11/7/2024	VITALANT	6,123.46	Blood
202791	11/21/2024	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
202709	11/14/2024	UNIDINE CORPORATION	3,779.74	Café Management
202873	11/27/2024	UNIDINE CORPORATION	125,433.20	Café Management
202640	11/14/2024	EXPRESS RECOVERY SERVICES	43,816.58	Collection Agency
202712	11/14/2024	WAKEFIELD & ASSOCIATES, INC.	13,625.85	Collection Agency
202490	11/7/2024	CDW GOVERNMENT LLC	819.16	Computer Equipment
202807	11/26/2024	CDW GOVERNMENT LLC	11,845.86	Computer Equipment
202491	11/7/2024	CLOUDLI COMMUNICATIONS INC.	76.00	Contract Maintenance
202499	11/7/2024	DIGI SMARTSENSE LLC	31,372.32	Contract Maintenance
202506	11/7/2024	FRONT RANGE MOBILE IMAGING, INC.	14,090.00	Contract Maintenance
202647	11/14/2024	GE HEALTHCARE	23,291.88	Contract Maintenance
202650	11/14/2024	GUARD RFID	3,115.00	Contract Maintenance
202761	11/21/2024	HOLOGIC, INC.	9,538.00	Contract Maintenance
202656	11/14/2024	INOVALON PROVIDER INC.	995.70	Contract Maintenance
202518	11/7/2024	ISI WATER CHEMISTRIES	3,069.90	Contract Maintenance
202542	11/7/2024	NETDAIS	2,625.00	Contract Maintenance
202679	11/14/2024	ORACLE AMERICA, INC.	200,280.63	Contract Maintenance
202768	11/21/2024	OVATION HEALTHCARE	4,000.00	Contract Maintenance
202548	11/7/2024	PHILIPS MEDICAL SYSTEM N.A.CO	1,268.00	Contract Maintenance
202552	11/7/2024	PROVIDER RESOURCES, INC.	1,188.00	Contract Maintenance
202694	11/14/2024	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
202710	11/14/2024	UNITED AUDIT SYSTEMS, INC.	8,321.50	Contract Maintenance
202599	11/7/2024	WYODATA SECURITY INC.	3,870.00	Contract Maintenance
202715	11/14/2024	WYODATA SECURITY INC.	1,865.00	Contract Maintenance
202811	11/26/2024	COMPUNET, INC.	21,786.24	Contract Maintenance
202844	11/26/2024	ORACLE AMERICA, INC.	900.00	Contract Maintenance
202846	11/26/2024	PHILIPS MEDICAL SYSTEM N.A.CO	2,383.34	Contract Maintenance
202847	11/26/2024	PLANETREE	5,150.00	Contract Maintenance
202850	11/26/2024	RESA SERVICE, LLC	10,440.00	Contract Maintenance
EFT000000008899	11/7/2024	STATE FIRE DC SPECIALTIES	6,542.80	Contract Maintenance
W/T	11/20/2024	TRIZETTO FEE	247.68	Contract Maintenance
W/T	11/7/2024	ZENITH	420.42	Contract Maintenance
W/T	11/4/2024	NUANCE	4,618.00	Contract Maintenance
W/T	11/20/2024	TRIZETTO FEE	6,128.84	Contract Maintenance
202505	11/7/2024	FOCUSONE SOLUTIONS LLC	81,842.50	Contract Personnel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
11/30/2024

202646	11/14/2024	FOCUSONE SOLUTIONS LLC	117,652.50	Contract Personnel
202566	11/7/2024	SARAH ROTH	360.00	Contract Personnel
202692	11/14/2024	SARAH ROTH	360.00	Contract Personnel
202774	11/21/2024	SARAH ROTH	360.00	Contract Personnel
202821	11/26/2024	FOCUSONE SOLUTIONS LLC	79,504.25	Contract Personnel
W/T	11/29/2024	UMB BANK	8,294.10	Credit Card Payment
202652	11/14/2024	HENRY SCHEIN INC	564.09	Dialysis Supplies
202822	11/26/2024	FRESENIUS USA MARKETING, INC.	3,058.30	Dialysis Supplies
202513	11/7/2024	HFMA	1,549.96	Education & Travel
202613	11/14/2024	ALTITUDE ANALYSIS	780.00	Employee Recruitment
202649	11/14/2024	GUADALUPE LOCKWOOD	5,000.00	Employee Recruitment
202654	11/14/2024	HOLIDAY INN - ROCK SPRINGS	1,157.00	Employee Recruitment
202560	11/7/2024	RIANNA LAMBERT	2,500.00	Employee Recruitment
202595	11/7/2024	VISION SERVICE PLAN - WY	7,199.88	Employee Vision Plan
202784	11/21/2024	COPIER & SUPPLY COMPANY	630.00	Equipment Lease
202508	11/7/2024	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
202543	11/7/2024	NEWLANE FINANCE COMPANY	54.99	Equipment Lease
202567	11/7/2024	SHADOW MOUNTAIN WATER CO ,WY	964.88	Equipment Lease
202776	11/21/2024	SIEMENS FINANCIAL SERVICES, INC	6,493.36	Equipment Lease
202594	11/7/2024	US BANK EQUIPMENT FINANCE	524.03	Equipment Lease
202711	11/14/2024	US BANK EQUIPMENT FINANCE	794.20	Equipment Lease
202780	11/21/2024	US BANK EQUIPMENT FINANCE	1,332.53	Equipment Lease
202716	11/14/2024	WYOMING RENTS,LLC	678.00	Equipment Lease
202814	11/26/2024	COPIER & SUPPLY COMPANY	9,959.29	Equipment Lease
202835	11/26/2024	MAKO SURGICAL CORP	15,200.00	Equipment Lease
202842	11/26/2024	NEWLANE FINANCE COMPANY	59.58	Equipment Lease
202852	11/26/2024	SHADOW MOUNTAIN WATER CO ,WY	1,033.55	Equipment Lease
202502	11/7/2024	F B MCFADDEN WHOLESAL	3,060.25	Food
202641	11/14/2024	F B MCFADDEN WHOLESAL	2,867.80	Food
202818	11/26/2024	F B MCFADDEN WHOLESAL	3,109.10	Food
202503	11/7/2024	FED EX	713.64	Freight
202642	11/14/2024	FED EX	162.39	Freight
202758	11/21/2024	FED EX	312.70	Freight
202589	11/7/2024	TRIOSE, INC	1,506.34	Freight
202707	11/14/2024	TRIOSE, INC	2,054.10	Freight
202866	11/26/2024	TRIOSE, INC	2,642.15	Freight
202559	11/7/2024	BAILEY ENTERPRISES	738.03	Fuel
202777	11/21/2024	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
EFT00000008928	11/26/2024	WWS - ROCK SPRINGS	3,900.36	Garbage Collection
W/T	11/21/2024	FURTHER ADMIN FEE	328.25	Group Health
W/T	11/14/2024	FURTHER FLEX 11/13/24	2,684.06	Group Health
W/T	11/21/2024	FURTHER FLEX 11/20/24	3,902.78	Group Health
W/T	11/27/2024	FURTHER FLEX 11/27/24	4,698.47	Group Health
W/T	11/7/2024	FURTHER FLEX 11/06/24	4,908.10	Group Health
W/T	11/15/2024	BLUE CROSS BLUE SHEILD 11/08/24	110,799.83	Group Health
W/T	11/8/2024	BLUE CROSS BLUE SHEILD 11/01/24	136,905.61	Group Health
W/T	11/29/2024	BLUE CROSS BLUE SHEILD 11/22/24	191,345.70	Group Health
W/T	11/22/2024	BLUE CROSS BLUE SHEILD 11/15/24	203,214.45	Group Health
W/T	11/1/2024	BLUE CROSS BLUE SHEILD 10/25/24	328,459.51	Group Health

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
11/30/2024

202690	11/14/2024	ABBOTT NUTRITION	165.96	Hospital Supplies
202471	11/7/2024	AESCULAP INC	5,763.14	Hospital Supplies
202608	11/14/2024	AESCULAP INC	331.20	Hospital Supplies
202475	11/7/2024	Ambu Incorporated	215.84	Hospital Supplies
202614	11/14/2024	Ambu Incorporated	215.84	Hospital Supplies
202478	11/7/2024	APPLIED MEDICAL	2,028.00	Hospital Supplies
202479	11/7/2024	ARTHREX INC.	14,894.00	Hospital Supplies
202617	11/14/2024	ARTHREX INC.	8,244.80	Hospital Supplies
202747	11/21/2024	ARTHREX INC.	1,161.00	Hospital Supplies
202481	11/7/2024	BARD MEDICAL	666.00	Hospital Supplies
202748	11/21/2024	BAYER HEALTHCARE LLC	4,633.77	Hospital Supplies
202487	11/7/2024	BOSTON SCIENTIFIC CORP	4,429.00	Hospital Supplies
202621	11/14/2024	BOSTON SCIENTIFIC CORP	4,029.30	Hospital Supplies
202489	11/7/2024	CARDINAL HEALTH/V. MUELLER	12,625.25	Hospital Supplies
202624	11/14/2024	CARDINAL HEALTH/V. MUELLER	31,357.81	Hospital Supplies
202752	11/21/2024	CARDINAL HEALTH/V. MUELLER	2,293.92	Hospital Supplies
202494	11/7/2024	COOK MEDICAL INCORPORATED	184.64	Hospital Supplies
202633	11/14/2024	COOK MEDICAL INCORPORATED	398.58	Hospital Supplies
202498	11/7/2024	DIAGNOSTIGA STAGO INC	9,522.83	Hospital Supplies
202500	11/7/2024	DJ ORTHOPEDICS, LLC	209.02	Hospital Supplies
202638	11/14/2024	DJ ORTHOPEDICS, LLC	67.80	Hospital Supplies
202757	11/21/2024	DJ ORTHOPEDICS, LLC	265.19	Hospital Supplies
202645	11/14/2024	FISHER & PAYKEL HEALTHCARE, INC	1,562.04	Hospital Supplies
202509	11/7/2024	GENERAL HOSPITAL SUPPLY CORPORATION	240.00	Hospital Supplies
202512	11/7/2024	HEALTHCARE LOGISTICS INC	20.80	Hospital Supplies
202651	11/14/2024	HEALTHCARE LOGISTICS INC	23.16	Hospital Supplies
202653	11/14/2024	HILL-ROM	2,457.89	Hospital Supplies
202520	11/7/2024	J & J HEALTH CARE SYSTEMS INC	1,106.03	Hospital Supplies
202658	11/14/2024	J & J HEALTH CARE SYSTEMS INC	3,033.14	Hospital Supplies
202524	11/7/2024	KARL STORZ ENDOSCOPY-AMERICA	14,400.00	Hospital Supplies
202663	11/14/2024	KARL STORZ ENDOSCOPY-AMERICA	13,199.50	Hospital Supplies
202525	11/7/2024	KCI USA	1,993.61	Hospital Supplies
202539	11/7/2024	M V A P MEDICAL SUPPLIES, INC.	27.45	Hospital Supplies
202666	11/14/2024	MARKET LAB, INC	760.97	Hospital Supplies
202532	11/7/2024	MASIMO AMERICAS, INC.	1,090.00	Hospital Supplies
202667	11/14/2024	MASIMO AMERICAS, INC.	660.00	Hospital Supplies
202533	11/7/2024	MCKESSON MEDICAL-SURGICAL	320.36	Hospital Supplies
202668	11/14/2024	MCKESSON MEDICAL-SURGICAL	796.03	Hospital Supplies
202669	11/14/2024	MEDELA LLC	107.68	Hospital Supplies
202534	11/7/2024	MEDI-DOSE INCORPORATED	132.45	Hospital Supplies
202535	11/7/2024	MEDLINE INDUSTRIES INC	9,572.31	Hospital Supplies
202672	11/14/2024	MEDLINE INDUSTRIES INC	74,518.81	Hospital Supplies
202765	11/21/2024	MEDLINE INDUSTRIES INC	26,458.74	Hospital Supplies
202545	11/7/2024	OWENS & MINOR 90005430	197.06	Hospital Supplies
202680	11/14/2024	OWENS & MINOR 90005430	108.98	Hospital Supplies
202769	11/21/2024	OWENS & MINOR 90005430	263.62	Hospital Supplies
202558	11/7/2024	RADIOMETER AMERICA INC	2,020.46	Hospital Supplies
202561	11/7/2024	ROCK SPRINGS I.V. CENTER	2,034.30	Hospital Supplies
202569	11/7/2024	SMITHS MEDICAL ASD INC	1,198.10	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
11/30/2024

202574	11/7/2024	STERIS CORPORATION	1,869.11	Hospital Supplies
202587	11/7/2024	TRI-ANIM HEALTH SERVICES INC	345.46	Hospital Supplies
202706	11/14/2024	TRI-ANIM HEALTH SERVICES INC	1,727.44	Hospital Supplies
202597	11/7/2024	WAXIE SANITARY SUPPLY	515.08	Hospital Supplies
202800	11/26/2024	APPLIED MEDICAL	1,050.00	Hospital Supplies
202801	11/26/2024	ARTHREX INC.	5,379.50	Hospital Supplies
202802	11/26/2024	BARD MEDICAL	222.00	Hospital Supplies
202804	11/26/2024	BOSTON SCIENTIFIC CORP	3,783.50	Hospital Supplies
202815	11/26/2024	C R BARD INC	215.09	Hospital Supplies
202806	11/26/2024	CARDINAL HEALTH/V. MUELLER	109,277.66	Hospital Supplies
202816	11/26/2024	CR BARD INC	2,424.10	Hospital Supplies
202824	11/26/2024	GENERAL HOSPITAL SUPPLY CORPORATION	240.00	Hospital Supplies
202829	11/26/2024	J & J HEALTH CARE SYSTEMS INC	27,514.98	Hospital Supplies
202861	11/26/2024	LEICA BIOSYSTEMS RICHMOND	479.70	Hospital Supplies
202839	11/26/2024	M V A P MEDICAL SUPPLIES, INC.	259.00	Hospital Supplies
202836	11/26/2024	MARKET LAB, INC	442.93	Hospital Supplies
202837	11/26/2024	MASIMO AMERICAS, INC.	1,310.00	Hospital Supplies
202838	11/26/2024	MEDLINE INDUSTRIES INC	25,495.80	Hospital Supplies
202849	11/26/2024	RADIOMETER AMERICA INC	1,359.63	Hospital Supplies
202857	11/26/2024	STERIS CORPORATION	6,601.17	Hospital Supplies
202864	11/26/2024	TRI-ANIM HEALTH SERVICES INC	1,744.43	Hospital Supplies
202868	11/26/2024	VERATHON INC.	904.45	Hospital Supplies
EFT00000008892	11/7/2024	BREG INC	119.11	Hospital Supplies
EFT00000008895	11/7/2024	HARDY DIAGNOSTICS	404.52	Hospital Supplies
EFT00000008897	11/7/2024	OVATION MEDICAL	179.80	Hospital Supplies
EFT00000008903	11/14/2024	BEEKLEY CORPORATION	91.00	Hospital Supplies
EFT00000008905	11/14/2024	BREG INC	95.50	Hospital Supplies
EFT00000008906	11/14/2024	HARDY DIAGNOSTICS	475.26	Hospital Supplies
EFT00000008907	11/14/2024	OVATION MEDICAL	899.00	Hospital Supplies
EFT00000008908	11/14/2024	STRYKER INSTRUMENTS	1,429.34	Hospital Supplies
EFT00000008912	11/21/2024	BREG INC	1,529.08	Hospital Supplies
EFT00000008920	11/26/2024	BREG INC	499.83	Hospital Supplies
EFT00000008923	11/26/2024	HARDY DIAGNOSTICS	1,877.99	Hospital Supplies
EFT00000008925	11/26/2024	STRYKER INSTRUMENTS	907.59	Hospital Supplies
202635	11/14/2024	CTM BIOMEDICAL, LLC	10,183.00	Implant Supplies
202546	11/7/2024	PARAGON 28 INC.	2,737.04	Implant Supplies
202682	11/14/2024	PARAGON 28 INC.	469.04	Implant Supplies
202586	11/7/2024	TREACE MEDICAL CONCEPTS, INC.	7,028.00	Implant Supplies
202779	11/21/2024	TREACE MEDICAL CONCEPTS, INC.	24,619.00	Implant Supplies
202863	11/26/2024	TREACE MEDICAL CONCEPTS, INC.	7,028.00	Implant Supplies
EFT00000008914	11/21/2024	LIFENET HEALTH	7,148.20	Implant Supplies
202593	11/7/2024	PROVIDENT LIFE & ACCIDENT	32,155.87	Insurance Premiums
202721	11/14/2024	INSURANCE REFUND	116.49	Insurance Refund
202724	11/14/2024	INSURANCE REFUND	9,867.49	Insurance Refund
202722	11/14/2024	INSURANCE REFUND	7.47	Insurance Refund
202674	11/14/2024	METABOLIC NEWBORN SCREENING	6,167.80	Laboratory Services
202860	11/26/2024	SUMMIT PATHOLOGY	19,198.62	Laboratory Services
EFT00000008890	11/7/2024	ARUP LABORATORIES, INC.	95.00	Laboratory Services
EFT00000008919	11/26/2024	ARUP LABORATORIES, INC.	66,385.39	Laboratory Services

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202477	11/7/2024	ANAEROBE SYSTEMS	115.20	Laboratory Supplies
202484	11/7/2024	BIOMERIEUX, INC.	9,740.05	Laboratory Supplies
202623	11/14/2024	CANCER DIAGNOSTICS, INC	113.00	Laboratory Supplies
202627	11/14/2024	CEPHEID	140.00	Laboratory Supplies
202504	11/7/2024	FISHER HEALTHCARE	1,591.46	Laboratory Supplies
202644	11/14/2024	FISHER HEALTHCARE	89.86	Laboratory Supplies
202766	11/21/2024	MERCEDES MEDICAL	337.00	Laboratory Supplies
202572	11/7/2024	STATLAB MEDICAL PRODUCTS	742.74	Laboratory Supplies
202575	11/7/2024	STRECK LABORATORIES INC	313.75	Laboratory Supplies
202580	11/7/2024	SYSMEX AMERICA INC.	595.68	Laboratory Supplies
202702	11/14/2024	SYSMEX AMERICA INC.	498.89	Laboratory Supplies
202590	11/7/2024	TYPENEX MEDICAL, LLC	236.84	Laboratory Supplies
202708	11/14/2024	TYPENEX MEDICAL, LLC	320.76	Laboratory Supplies
202799	11/26/2024	ANAEROBE SYSTEMS	57.60	Laboratory Supplies
202808	11/26/2024	CEPHEID	230.00	Laboratory Supplies
202820	11/26/2024	FISHER HEALTHCARE	8,350.15	Laboratory Supplies
202867	11/26/2024	TYPENEX MEDICAL, LLC	37.15	Laboratory Supplies
EFT00000008891	11/7/2024	BIO-RAD LABORATORIES	9,751.98	Laboratory Supplies
EFT00000008894	11/7/2024	GREER LABORATORIES, INC	3,567.62	Laboratory Supplies
EFT00000008896	11/7/2024	ORTHO-CLINICAL DIAGNOSTICS INC	647.85	Laboratory Supplies
EFT00000008902	11/14/2024	AMERICAN PROFICIENCY INSTITUTE	1,427.00	Laboratory Supplies
EFT00000008904	11/14/2024	BIO-RAD LABORATORIES	1,038.00	Laboratory Supplies
EFT00000008911	11/21/2024	BIO-RAD LABORATORIES	303.72	Laboratory Supplies
EFT00000008922	11/26/2024	GREER LABORATORIES, INC	2,703.73	Laboratory Supplies
202514	11/7/2024	HUSCH BLACKWELL LLP	6,514.50	Legal Fees
202869	11/26/2024	WELBORN SULLIVAN MECK & TOOLEY, P.C.	32.50	Legal Fees
202602	11/7/2024	ASSOCIATED LEGAL GROUP, LLC	300,000.00	Legal Settlement
202745	11/20/2024	CONFIDENTIAL SETTLEMENT	98,326.80	Legal Settlement
202754	11/21/2024	CLIA LABORATORY PROGRAM	248.00	License Renewal
202854	11/26/2024	STANDARD TEXTILE	103.20	Linen
202472	11/7/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	2,536.95	Maintenance & Repair
202660	11/14/2024	JIM'S UPHOLSTERY	300.00	Maintenance & Repair
202544	11/7/2024	OHLIN SALES INC.	1,184.60	Maintenance & Repair
202767	11/21/2024	OHLIN SALES INC.	1,024.55	Maintenance & Repair
202547	11/7/2024	PARTSSOURCE	1,043.18	Maintenance & Repair
202683	11/14/2024	PARTSSOURCE	145.69	Maintenance & Repair
202554	11/7/2024	PURE PROCESSING LLC	595.00	Maintenance & Repair
202684	11/14/2024	PURE PROCESSING LLC	169.75	Maintenance & Repair
202577	11/7/2024	SURFACES	25.00	Maintenance & Repair
202578	11/7/2024	SWEETWATER PLUMBING & HEATING	363.25	Maintenance & Repair
202701	11/14/2024	SWEETWATER PLUMBING & HEATING	246.15	Maintenance & Repair
202781	11/21/2024	UTAH CONTROLS INC	172.50	Maintenance & Repair
202783	11/21/2024	WYOMING TRUCKS AND CARS INC	75.00	Maintenance & Repair
202795	11/26/2024	ABOVE ALL MEDICAL PARTS INC.	2,193.12	Maintenance & Repair
202796	11/26/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	3,589.65	Maintenance & Repair
202803	11/26/2024	BOBCAT OF ROCK SPRINGS	135.00	Maintenance & Repair
202827	11/26/2024	HIGH SECURITY LOCK & ALARM	120.00	Maintenance & Repair
202845	11/26/2024	PARTSSOURCE	2,897.66	Maintenance & Repair
202611	11/14/2024	ALPINE PURE SOFT WATER	1,455.30	Maintenance Supplies

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202483	11/7/2024	BENNETT'S	109.20	Maintenance Supplies
202629	11/14/2024	CODALE ELECTRIC SUPPLY, INC	422.78	Maintenance Supplies
202632	11/14/2024	COMPLIANCE PLUS INC.	3,900.00	Maintenance Supplies
202511	11/7/2024	GRAINGER	477.27	Maintenance Supplies
202648	11/14/2024	GRAINGER	395.52	Maintenance Supplies
202713	11/14/2024	HARRIS MOUNTAIN WEST, LLC	880.00	Maintenance Supplies
202655	11/14/2024	HOME DEPOT	1,863.35	Maintenance Supplies
202762	11/21/2024	HOME DEPOT	1,526.72	Maintenance Supplies
202677	11/14/2024	MOUNTAIN STATES SUPPLY CO.	72.31	Maintenance Supplies
202562	11/7/2024	ROCK SPRINGS WINNELSON CO	301.44	Maintenance Supplies
202809	11/26/2024	CODALE ELECTRIC SUPPLY, INC	441.94	Maintenance Supplies
202826	11/26/2024	GRAINGER	2,022.96	Maintenance Supplies
202828	11/26/2024	INSULATION INC.	691.05	Maintenance Supplies
202840	11/26/2024	NAPA AUTO PARTS	285.56	Maintenance Supplies
EFT00000008888	11/7/2024	ACE HARDWARE	6.31	Maintenance Supplies
EFT00000008900	11/14/2024	ACE HARDWARE	42.95	Maintenance Supplies
EFT00000008909	11/14/2024	ULINE, INC	483.50	Maintenance Supplies
EFT00000008915	11/21/2024	ROBERT I MERRILL COMPANY	940.00	Maintenance Supplies
EFT00000008916	11/21/2024	SHERWIN WILLIAMS CO	222.23	Maintenance Supplies
EFT00000008917	11/26/2024	ACE HARDWARE	99.98	Maintenance Supplies
EFT00000008924	11/26/2024	ROBERT I MERRILL COMPANY	10,667.00	Maintenance Supplies
EFT00000008926	11/26/2024	ULINE, INC	426.50	Maintenance Supplies
202555	11/7/2024	PURPLE LIZARDS, LLC	1,042.50	Marketing & Promotional Supplies
202705	11/14/2024	TIP TOP CLEANERS & EMBROIDERY	1,533.41	Marketing & Promotional Supplies
202537	11/7/2024	MHSC MEDICAL STAFF	50.00	Membership Dues
202565	11/7/2024	R.S. CHAMBER OF COMMERCE	1,600.00	Membership Dues
202462	11/5/2024	MHSC-FOUNDATION	1,381.51	MHSC Foundation
202741	11/19/2024	MHSC-FOUNDATION	1,351.51	MHSC Foundation
202749	11/21/2024	BC GROUP INTERNATIONAL INC.	628.00	Minor Equipment
202693	11/14/2024	SEASONICS, INC	219.50	Minor Equipment
202862	11/26/2024	TERMINIX OF WYOMING	1,517.00	Monthly Pest Control
202480	11/7/2024	A TOUCH OF CLASS	86.00	Non Medical Supplies
202510	11/7/2024	GLOBAL EQUIPMENT COMPANY	59.01	Non Medical Supplies
202678	11/14/2024	OPTUM360 LLC	269.90	Non Medical Supplies
202568	11/7/2024	SMILEMAKERS	615.23	Non Medical Supplies
202695	11/14/2024	SMILEMAKERS	137.46	Non Medical Supplies
202825	11/26/2024	GLOBAL EQUIPMENT COMPANY	739.76	Non Medical Supplies
202843	11/26/2024	OPTUM360 LLC	1,349.50	Non Medical Supplies
202501	11/7/2024	ENCOMPASS GROUP, LLC	621.80	Office Supplies
202515	11/7/2024	IDENTISYS INC	570.00	Office Supplies
202570	11/7/2024	STANDARD REGISTER COMPANY	1,057.94	Office Supplies
202571	11/7/2024	STAPLES BUSINESS ADVANTAGE	4,072.63	Office Supplies
202696	11/14/2024	STAPLES BUSINESS ADVANTAGE	1,265.35	Office Supplies
202832	11/26/2024	LABELMATCH	128.24	Office Supplies
202855	11/26/2024	STANDARD REGISTER COMPANY	1,794.94	Office Supplies
202856	11/26/2024	STAPLES BUSINESS ADVANTAGE	2,643.46	Office Supplies
202691	11/14/2024	R.S. CHAMBER OF COMMERCE	24,850.00	Other Employee Benefits
202600	11/7/2024	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
202550	11/7/2024	PMS SCREEN PRINTING	176.00	Other Employee Benefits

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202553	11/7/2024	PSL ENGINEERING, LLC	12,000.00	Other Purchased Services
202530	11/7/2024	QUICK RESPONSE TAXI	340.00	Other Purchased Services
202665	11/14/2024	QUICK RESPONSE TAXI	310.00	Other Purchased Services
202794	11/22/2024	QUICK RESPONSE TAXI	295.00	Other Purchased Services
202778	11/21/2024	TODD BENNETT	200.00	Other Purchased Services
202746	11/20/2024	TRAVELING TACOS LLC	1,545.50	Other Purchased Services
202834	11/26/2024	QUICK RESPONSE TAXI	76.00	Other Purchased Services
EFT00000008893	11/7/2024	CASTLE ROCK HSP DIST	3,999.60	Other Purchased Services
EFT00000008889	11/7/2024	AIRGAS INTERMOUNTAIN INC	258.50	Oxygen Rental
EFT00000008901	11/14/2024	AIRGAS INTERMOUNTAIN INC	1,990.83	Oxygen Rental
EFT00000008910	11/21/2024	AIRGAS INTERMOUNTAIN INC	3,639.19	Oxygen Rental
EFT00000008918	11/26/2024	AIRGAS INTERMOUNTAIN INC	2,088.78	Oxygen Rental
202603	11/7/2024	PATIENT REFUND	213.00	Patient Refund
202723	11/14/2024	PATIENT REFUND	6.94	Patient Refund
202604	11/7/2024	PATIENT REFUND	35.00	Patient Refund
202720	11/14/2024	PATIENT REFUND	204.87	Patient Refund
202719	11/14/2024	PATIENT REFUND	15.56	Patient Refund
202872	11/26/2024	PATIENT REFUND	150.00	Patient Refund
202871	11/26/2024	PATIENT REFUND	36.10	Patient Refund
202465	11/5/2024	UNITED WAY OF SOUTHWEST WYOMING	253.61	Payroll Deduction
202744	11/19/2024	UNITED WAY OF SOUTHWEST WYOMING	253.61	Payroll Deduction
202466	11/5/2024	CIRCUIT COURT 3RD JUDICIAL	334.10	Payroll Garnishment
202467	11/5/2024	CIRCUIT COURT 3RD JUDICIAL	468.87	Payroll Garnishment
202468	11/5/2024	CIRCUIT COURT 3RD JUDICIAL	344.03	Payroll Garnishment
202736	11/19/2024	CIRCUIT COURT 3RD JUDICIAL	286.77	Payroll Garnishment
202737	11/19/2024	CIRCUIT COURT 3RD JUDICIAL	468.83	Payroll Garnishment
202738	11/19/2024	CIRCUIT COURT 3RD JUDICIAL	154.15	Payroll Garnishment
202739	11/19/2024	CIRCUIT COURT 3RD JUDICIAL	340.59	Payroll Garnishment
202461	11/5/2024	DISTRICT COURT THIRD JUDICIAL DIST	1,181.90	Payroll Garnishment
202740	11/19/2024	DISTRICT COURT THIRD JUDICIAL DIST	1,181.66	Payroll Garnishment
202463	11/5/2024	STATE OF WYOMING DFS/CSES	635.52	Payroll Garnishment
202742	11/19/2024	STATE OF WYOMING DFS/CSES	635.52	Payroll Garnishment
202464	11/5/2024	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
202743	11/19/2024	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
W/T	11/5/2024	PAYROLL 23	1,900,000.00	Payroll Transfer
W/T	11/18/2024	PAYROLL 24	2,000,000.00	Payroll Transfer
202625	11/14/2024	CARDINAL HEALTH PHARMACY MGMT	6,352.50	Pharmacy Management
202785	11/21/2024	CARDINAL HEALTH PHARMACY MGMT	1,266,512.82	Pharmacy Management
EFT00000008913	11/21/2024	CASE RECRUITERS, INC.	3,600.00	Physician Recruitment
202792	11/21/2024	DR. ELIZABETH CONGDON	1,500.00	Physician Recruitment
202760	11/21/2024	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	7,573.00	Physician Recruitment
202675	11/14/2024	MGMA	3,465.00	Physician Recruitment
202607	11/14/2024	ADVANCED MEDICAL IMAGING, LLC	20,819.00	Physician Services
202493	11/7/2024	COMPHEALTH, INC.	25,730.99	Physician Services
202631	11/14/2024	COMPHEALTH, INC.	8,592.94	Physician Services
202636	11/14/2024	CURATIVE TALENT, LLC	16,125.46	Physician Services
202755	11/21/2024	CURATIVE TALENT, LLC	18,000.00	Physician Services
202538	11/7/2024	MOUNTAIN STATES MEDICAL PHYSICS	12,573.69	Physician Services
202685	11/14/2024	QLER PHYSICIAN MEDICAL GROUP, P.A.	8,550.00	Physician Services

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202585	11/7/2024	THE SLEEP SPECIALISTS	7,750.00	Physician Services
202714	11/14/2024	WEATHERBY LOCUMS, INC	13,991.96	Physician Services
202810	11/26/2024	COMPHEALTH, INC.	15,293.59	Physician Services
202817	11/26/2024	CURATIVE TALENT, LLC	2,278.32	Physician Services
202786	11/21/2024	AIDVANTAGE	2,500.00	Physician Student Loan
202793	11/21/2024	GREAT LAKES	1,666.67	Physician Student Loan
202787	11/21/2024	MOHELA	1,666.67	Physician Student Loan
202788	11/21/2024	MOHELA	2,500.00	Physician Student Loan
202789	11/21/2024	US DEPARTMENT OF EDUCATION	3,333.34	Physician Student Loan
202790	11/21/2024	US DEPT OF EDUCATION	1,666.67	Physician Student Loan
202851	11/26/2024	RESERVE ACCOUNT	5,000.00	Postage
202612	11/14/2024	ALSCO AMERICAN LINEN	42.56	Professional Service
202476	11/7/2024	AMERICAN COLLEGE OF RADIOLOGY	3,200.00	Professional Service
202628	11/14/2024	CLEANIQUE PROFESSIONAL SERVICES	6,450.00	Professional Service
202529	11/7/2024	CLIFTONLARSONALLEN LLP	33,622.28	Professional Service
202664	11/14/2024	CLIFTONLARSONALLEN LLP	28,817.96	Professional Service
202764	11/21/2024	KEITH WILLIAMS & ASSOCIATES, INC.	2,400.00	Professional Service
202670	11/14/2024	MEDICAL PHYSICS CONSULTANTS, INC	1,500.00	Professional Service
202681	11/14/2024	P3 CONSULTING LLC	2,051.25	Professional Service
202798	11/26/2024	ALSCO AMERICAN LINEN	42.56	Professional Service
202831	11/26/2024	KONICA MINOLTA MEDICAL IMAGING USA, INC	3,000.00	Professional Service
EFT00000008927	11/26/2024	WESTERN STAR COMMUNICATIONS	832.50	Professional Service
202492	11/7/2024	COLLEGE OF AMERICAN PATHOLOGY	25,706.05	Proficiency Testing
202630	11/14/2024	COLLEGE OF AMERICAN PATHOLOGY	2,746.92	Proficiency Testing
W/T	11/14/2024	STATE OF WYOMING	4,718,481.00	Qualified Rate Adjustment
202557	11/7/2024	RADIATION DETECTION COMPANY	40.00	Radiation Monitoring
202507	11/7/2024	GE HEALTHCARE INC	1,669.30	Radiology Material
202805	11/26/2024	BRACCO DIAGNOSTICS INC	1,489.44	Radiology Material
202823	11/26/2024	GE HEALTHCARE INC	1,669.30	Radiology Material
202751	11/21/2024	BRIAN BARTON, PA-C	549.00	Reimbursement - CME
202497	11/7/2024	DESERIEE STOFFERAHN	2,765.14	Reimbursement - CME
202676	11/14/2024	DR MICHAEL BOWERS	74.71	Reimbursement - CME
202619	11/14/2024	DR. BANU SYMINGTON	1,778.36	Reimbursement - CME
202488	11/7/2024	DR. BRYTTON LONG	1,295.00	Reimbursement - CME
202622	11/14/2024	DR. BRYTTON LONG	2,253.30	Reimbursement - CME
202521	11/7/2024	DR. JANENE GLYN	1,905.12	Reimbursement - CME
202519	11/7/2024	ISRAEL STEWART, DO	53.03	Reimbursement - CME
202662	11/14/2024	JOSEPH J. OLIVER, M.D.	2,019.00	Reimbursement - CME
202523	11/7/2024	JULIANNE FORRESTER	360.00	Reimbursement - CME
202697	11/14/2024	STARLA LEETE	1,195.00	Reimbursement - CME
202583	11/7/2024	TENNY HANSON	1,138.00	Reimbursement - CME
202830	11/26/2024	JOCELYN PALINEK	755.00	Reimbursement - CME
202615	11/14/2024	AMY LUCY	491.52	Reimbursement - Education & Travel
202616	11/14/2024	ANN CLEVINGER	29.00	Reimbursement - Education & Travel
202753	11/21/2024	CHRISTOPHER KICKLIGHTER	1,120.00	Reimbursement - Education & Travel
202496	11/7/2024	DEB DAVIS	110.00	Reimbursement - Education & Travel
202609	11/14/2024	DR. AHMAD BASHIRMOGHADDAM	630.80	Reimbursement - Education & Travel
202771	11/21/2024	DR. RASHEEL CHOWDHARY	2,097.60	Reimbursement - Education & Travel
202598	11/7/2024	DR. WILLIAM SARETTE	1,166.22	Reimbursement - Education & Travel

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202522	11/7/2024	JAN LAYNE	355.84	Reimbursement - Education & Travel
202659	11/14/2024	JESSICA ICE	2,000.00	Reimbursement - Education & Travel
202527	11/7/2024	LACEY DAVIS	30.78	Reimbursement - Education & Travel
202540	11/7/2024	NATALIE BERTAGNOLLI	100.00	Reimbursement - Education & Travel
202573	11/7/2024	STEPHANIE DUPAPE	843.48	Reimbursement - Education & Travel
202581	11/7/2024	TAMI LOVE	915.79	Reimbursement - Education & Travel
202661	11/14/2024	JOHANNA HERNANDEZ	114.19	Reimbursement - Non Hospital Supplies
202763	11/21/2024	JULIA KERSHISNIK SWEEDLER	37.40	Reimbursement - Non Hospital Supplies
202526	11/7/2024	KELSEY PEARSON	58.05	Reimbursement - Non Hospital Supplies
202704	11/14/2024	TIFFANY MARSHALL	402.00	Reimbursement - Non Hospital Supplies
202759	11/21/2024	GAVIN STAPLE	150.00	Reimbursement - Uniforms
202687	11/14/2024	RIDGE HESTER	150.00	Reimbursement - Uniforms
W/T	11/15/2024	PCS 11/07/24	120,942.97	Retirement
W/T	11/4/2024	PCS 10/24/24	122,779.55	Retirement
W/T	11/29/2024	PCS MATCH 11/21/24	74,667.47	Retirement
W/T	11/4/2024	PCS MATCH 10/24/24	78,349.28	Retirement
W/T	11/15/2024	PCS MATCH 11/07/24	79,241.95	Retirement
W/T	11/29/2024	PCS 11/21/24	115,613.68	Retirement
202486	11/7/2024	BOOKCLIFF SALES INC	630.00	Scrub Sale Deductions
202591	11/7/2024	GREEN RIVER USA SWIM CLUB	100.00	Sponsorship
202773	11/21/2024	R.S. CHAMBER OF COMMERCE	854.50	Sponsorship
202563	11/7/2024	ROCK SPRINGS CLASS OF 2025 FUNDRAISING COMMITTEE	250.00	Sponsorship
202605	11/8/2024	RSHS - BOYS BASKETBALL	200.00	Sponsorship
202606	11/8/2024	RSHS - GIRLS BASKETBALL	200.00	Sponsorship
202473	11/7/2024	ALI MED INC	188.59	Surgery Supplies
202474	11/7/2024	ALTA MEDICAL SPECIALTIES	662.54	Surgery Supplies
202482	11/7/2024	BECTON DICKINSON	2,877.50	Surgery Supplies
202620	11/14/2024	BECTON DICKINSON	409.50	Surgery Supplies
202750	11/21/2024	BECTON DICKINSON	1,538.00	Surgery Supplies
202485	11/7/2024	BLUE ENDO	282.42	Surgery Supplies
202495	11/7/2024	COOPER SURGICAL	524.54	Surgery Supplies
202634	11/14/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	4,803.10	Surgery Supplies
202637	11/14/2024	DIRECT SUPPLY	248.00	Surgery Supplies
202516	11/7/2024	INSTRAMED INC.	109.00	Surgery Supplies
202517	11/7/2024	INTUITIVE SURGICAL INC.	1,470.00	Surgery Supplies
202657	11/14/2024	INTUITIVE SURGICAL INC.	13,494.00	Surgery Supplies
202671	11/14/2024	MEDICAL PACKAGING LLC	400.00	Surgery Supplies
202673	11/14/2024	MERCURY MEDICAL	424.62	Surgery Supplies
202536	11/7/2024	MERIT MEDICAL SYSTEMS, INC	4,840.50	Surgery Supplies
202541	11/7/2024	NEOGEN CORPORATION	450.00	Surgery Supplies
202551	11/7/2024	PROGRESSIVE MEDICAL INC.	212.60	Surgery Supplies
202699	11/14/2024	STRYKER ENDOSCOPY	576.70	Surgery Supplies
202576	11/7/2024	STRYKER ORTHOPAEDICS	2,781.00	Surgery Supplies
202700	11/14/2024	STRYKER ORTHOPAEDICS	405.00	Surgery Supplies
202582	11/7/2024	TELEFLEX LLC	142.00	Surgery Supplies
202703	11/14/2024	TELEFLEX LLC	1,070.00	Surgery Supplies
202588	11/7/2024	TRICOR SYSTEMS INC.	335.00	Surgery Supplies
202717	11/14/2024	XODUS MEDICAL, INC.	278.25	Surgery Supplies
202601	11/7/2024	ZIMMER	469.50	Surgery Supplies

Memorial Hospital of Sweetwater County
 County Voucher Summary
 as of month ending November 30, 2024

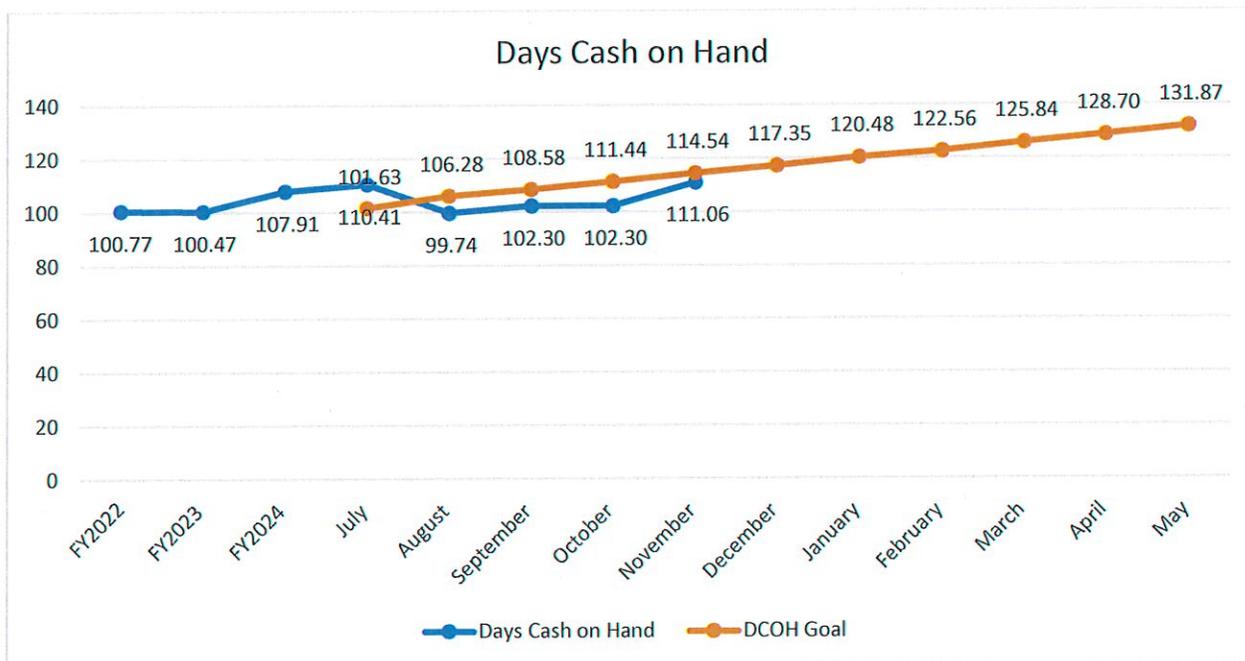
Vouchers Submitted by MHSC at agreed discounted rate	
July 2024	\$45,604.93
August 2024	\$0.00
September 2024	\$41,031.27
October 2024	\$0.00
November 2024	\$36,972.81
December 2024	
January 2025	
February 2025	
March 2025	
April 2025	
May 2025	
June 2025	
County Requested Total Vouchers Submitted	\$123,609.01
Total Vouchers Submitted FY 25	\$123,609.01
Less: Total Approved by County and Received by MHSC FY 25	\$86,636.20
Total Vouchers Pending Approval by County	\$36,972.81

FY25 Title 25 Fund Budget from Sweetwater County	\$244,167.00
Funds Received From Sweetwater County	\$86,636.20
FY25 Title 25 Fund Budget Remaining	\$157,530.80
Total Budgeted Vouchers Pending Submittal to County	\$0.00

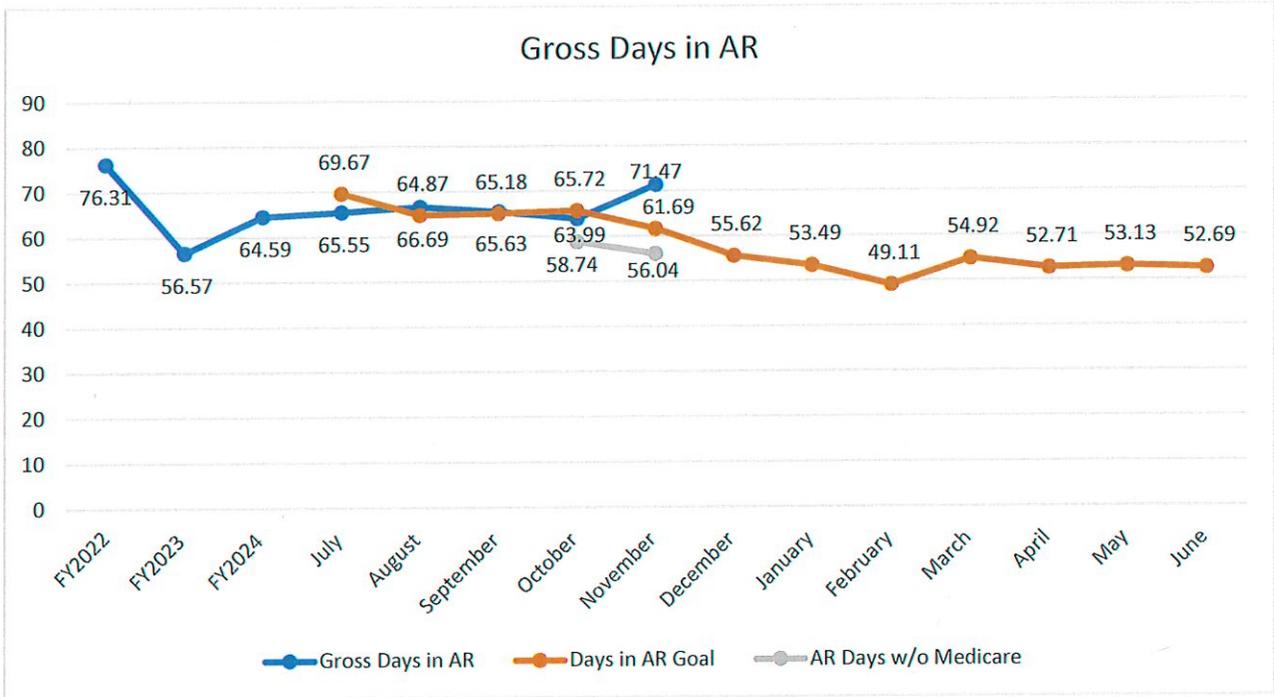
FY24 Maintenance Fund Budget from Sweetwater County	\$1,675,536.00
County Maintenance FY25 - July	\$267,590.41
County Maintenance FY25 - August	\$0.00
County Maintenance FY25 - September	\$0.00
County Maintenance FY25 - October	\$0.00
County Maintenance FY25 - November	\$80,048.00
County Maintenance FY25 - December	
County Maintenance FY25 - January	
County Maintenance FY25 - February	
County Maintenance FY25 - March	
County Maintenance FY25 - April	
County Maintenance FY25 - May	
County Maintenance FY25 - June	
	\$347,638.41
FY25 Maintenance Fund Budget Remaining	\$1,327,897.59

Financial Goals – Fiscal Year 2025. The revenue cycle goals for fiscal year 2025 have been created in conjunction with the objectives of the finance pillar of the new Strategic Plan. For fiscal year 2025, we will continue to focus on the following revenue cycle metrics: Days Cash on Hand (DCOH), Days in Accounts Receivable (AR), Cash Collections, Claims Denial Rate, Discharged Not Final Billed Days (DNFB), and Accounts Receivable aging. We have included prior fiscal year data for reference when available.

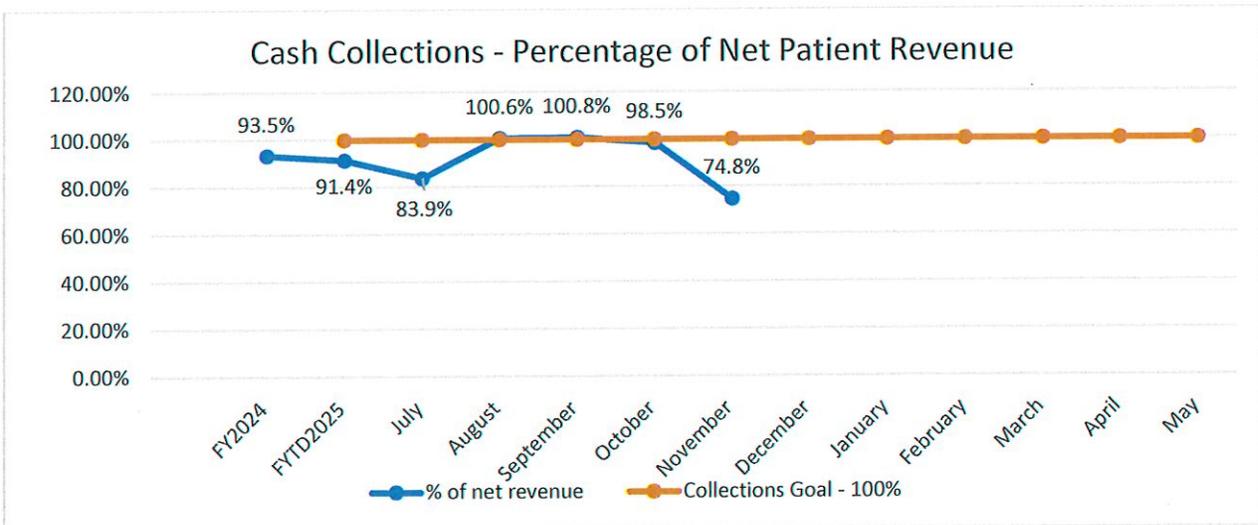
- **Days Cash on Hand** represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set interim goals of 109 days for September, 117 days for December, 126 days for March and 133 days for year end.
 - There was an increase of nine days in DCOH, coming in at 111, below the goal for the month. Cash collections were \$8.3 million, under budget due to the lack of Medicare payments as we wait for our new CAH billing number. QRA funds were received in November, explaining the net increase in days. Daily cash expense increased to \$333,000 in November. **With normal Medicare payments coming in, estimated DCOH would be 126 days.**



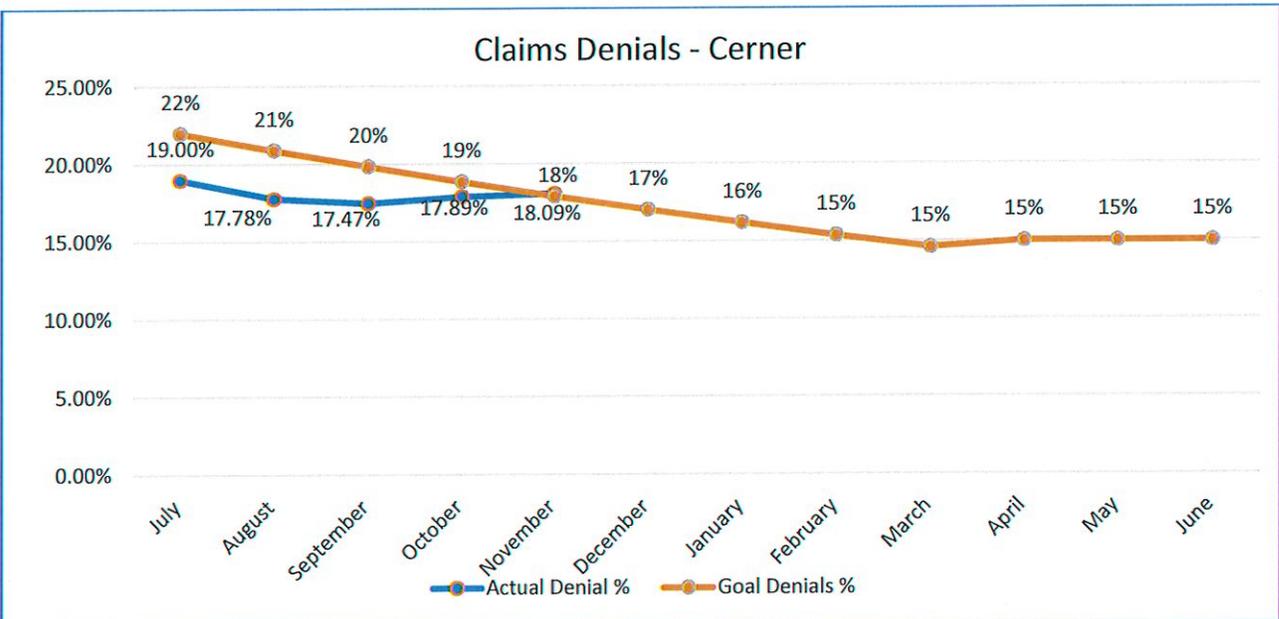
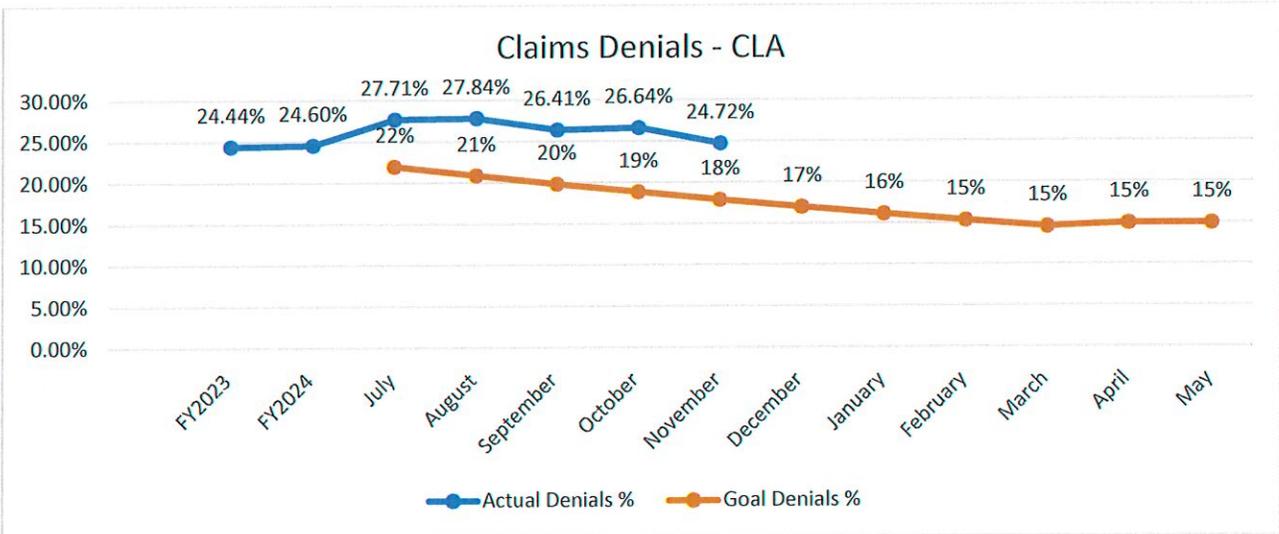
- **Days in Accounts Receivable** represents the number of days of patient charges tied up in unpaid patient accounts. We have set interim goals of 65 days for September, 56 days for December, 55 for March and 53 by year end.
 - Days in AR increased in November as a result of the hold on Medicare claims, coming in at 71.5, above the goal for the month by 10 days. Gross AR only increased by \$6.8 million from November, despite \$21 million in Medicare claims being held. **When the estimated Medicare outstanding AR is removed, Days in AR are estimated at 58.7 and 56 for October and November.**



- **Cash Collections** – The goal for cash collections is 100% or > than net patient revenue.
 - Cash collections for November were significantly lower, at \$8.3 million, or 74.8% of net patient revenue, below the goal for the month and decreasing the year-to-date percentage to 91.4%. **The lack of Medicare payments in November impacted this ratio as Medicare reimbursement averages \$2.5 million per month. This would have put the ratio at 97%.**

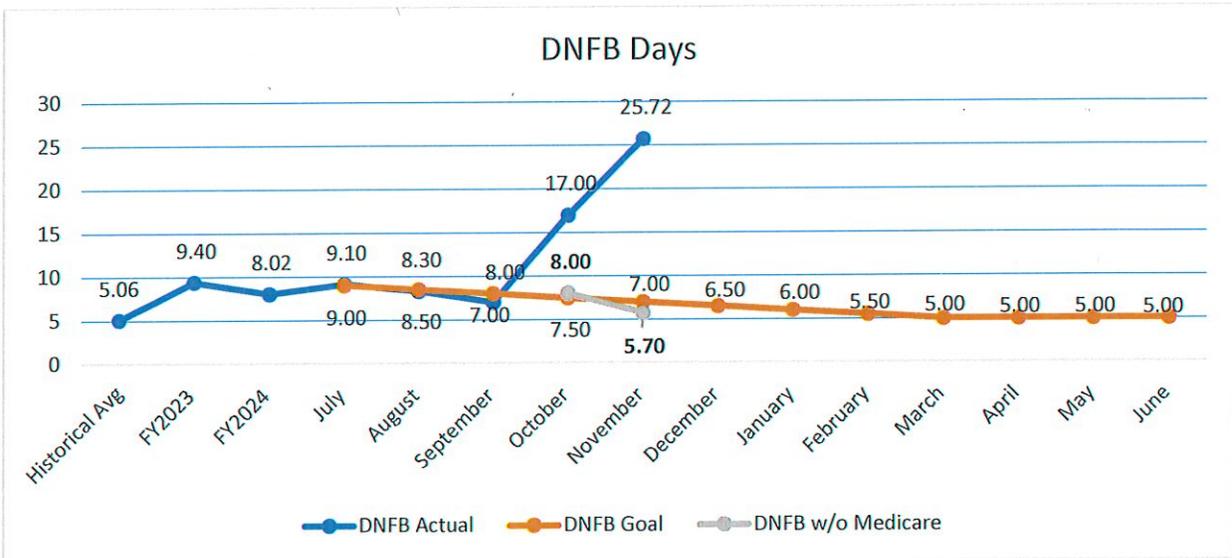


- Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%. We have set interim goals of 20% for September, 17% for December, 15% for March and maintaining 15% by year end.
 - We are working with CLA to pull historical numbers with their new software and the numbers vary significantly from the previous numbers reported. Their new software showed an average of 12% over the last 23 months with November coming in at 14%.

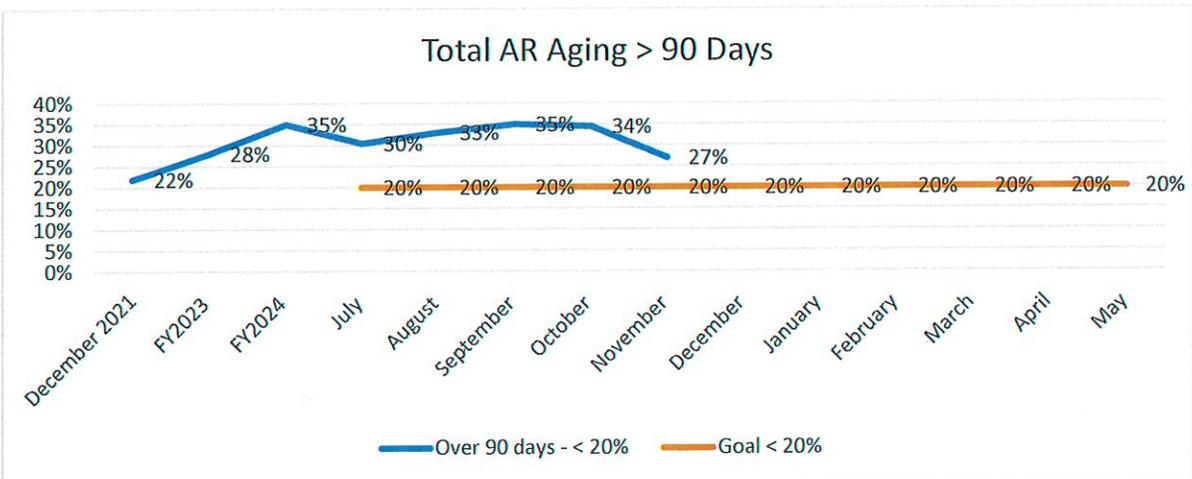


- Using data from Cerner and SSI, our claims processor, we have started tracking denials within our system. **The Medicare delay impact has been removed showing our denied claims staying steady at 17%-18%. We are starting to see progress from the Denial Management Team.**

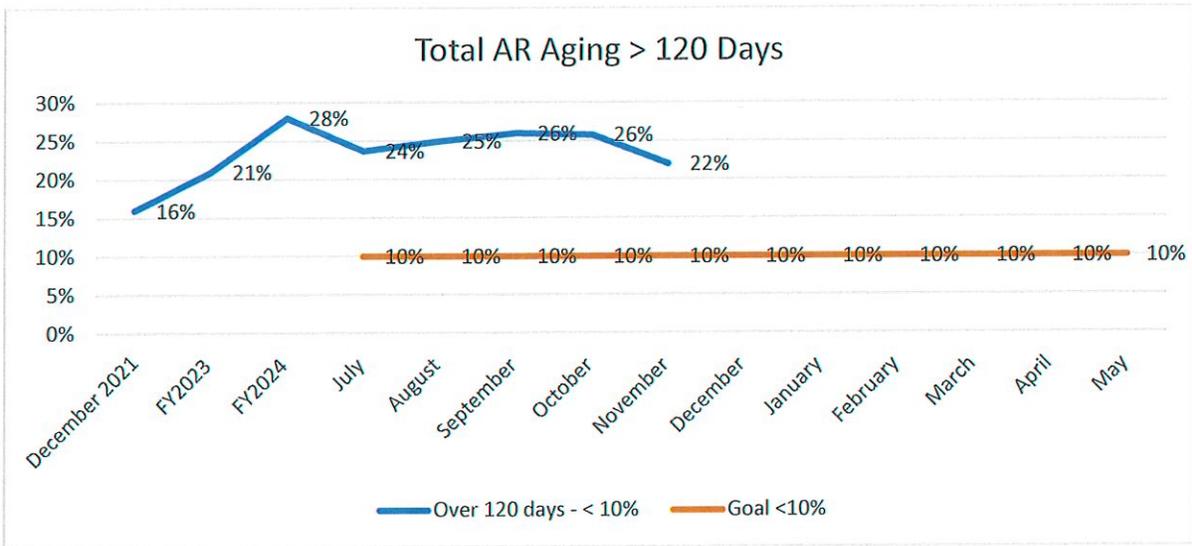
- DNFB Days – Discharged Not Final Billed days.** Patient accounts that have been discharged but not billed. DNFB includes billing holds, corrections required, credit balances, waiting for coding, ready to bill and standard delay which are accounts held for 3 days before being released for billing. This allows for all charges to be posted, charts documented, and coding completed. The goal for DNFB days is 5 days by the end of the fiscal year.
 - DNFB Days increased to 25.7 days in November due to the hold of \$21 million in Medicare claims. **If those were removed, DNFB is estimated at 5.7 days for the month. This is the closest we have been to our ultimate goal of 5 days.**



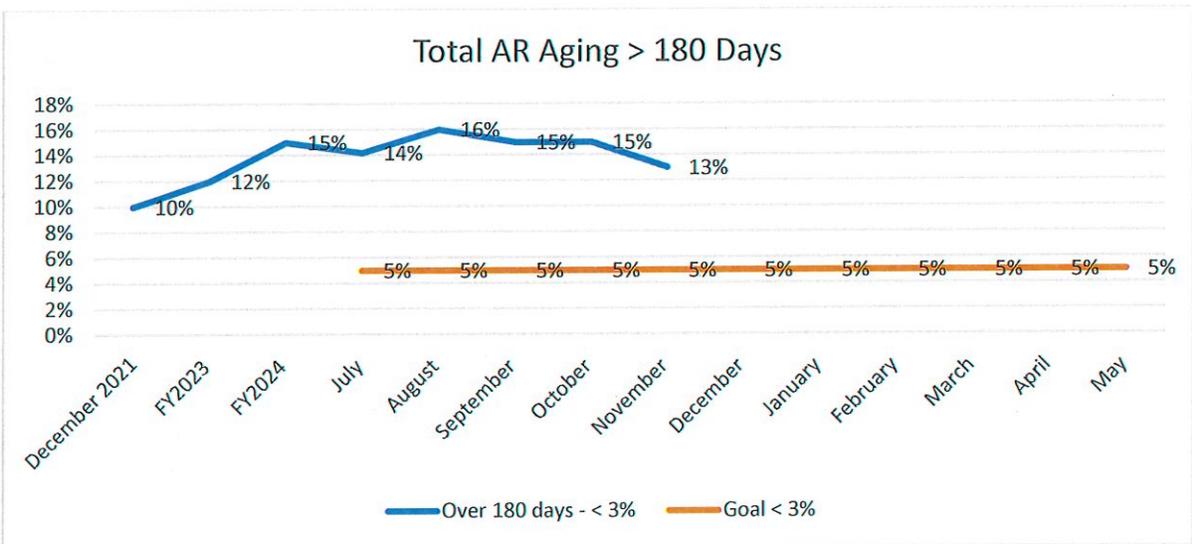
- Total Accounts Receivable aging –** Goals were set based on national benchmarks received from CLA. These aging ratios are being impacted by the Medicare claims delay as the claims are currently in 0-30 days. Once released, they will fall into the aging buckets based on the discharge date of the patient account, with some being 60 days old.



- Days over 90 days decreased to 27% for November.

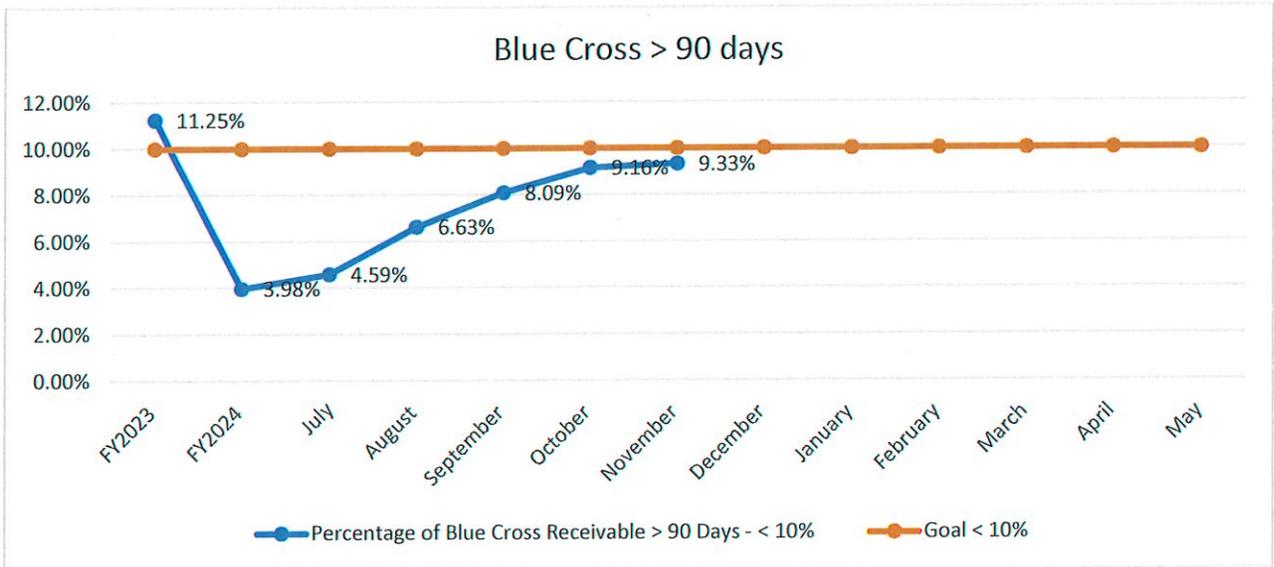


- Days over 120 days decreased to 22% for November.

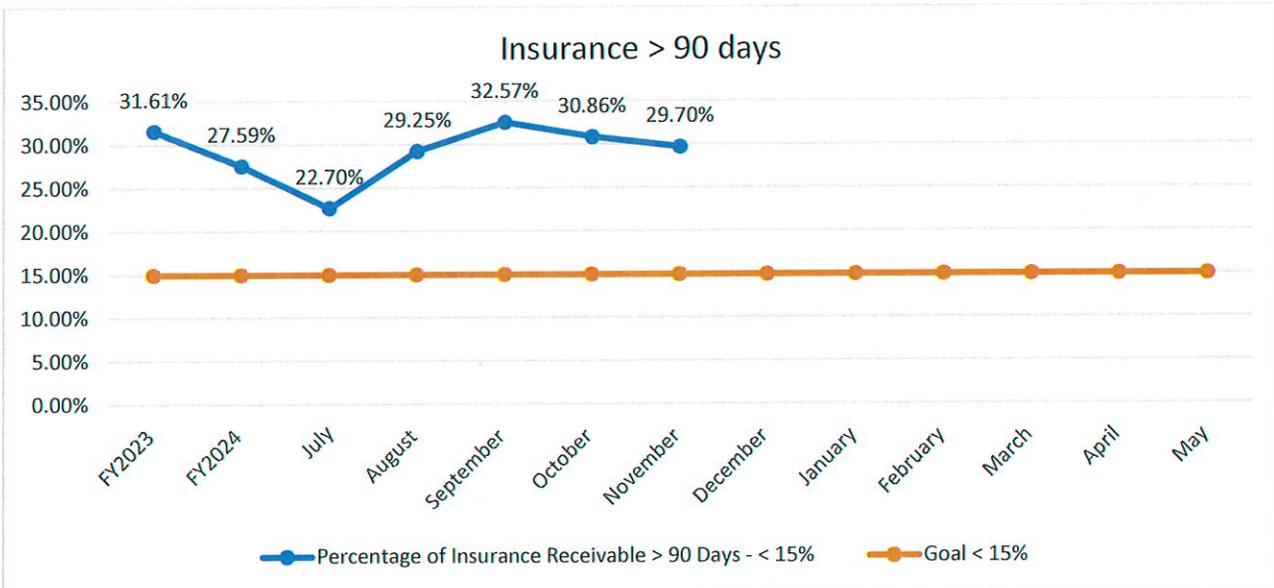


- Days over 180 days decreased to 13% for November. We have started the implementation of the temporary outsourcing of aging account follow-ups with an expected start date of February 1.

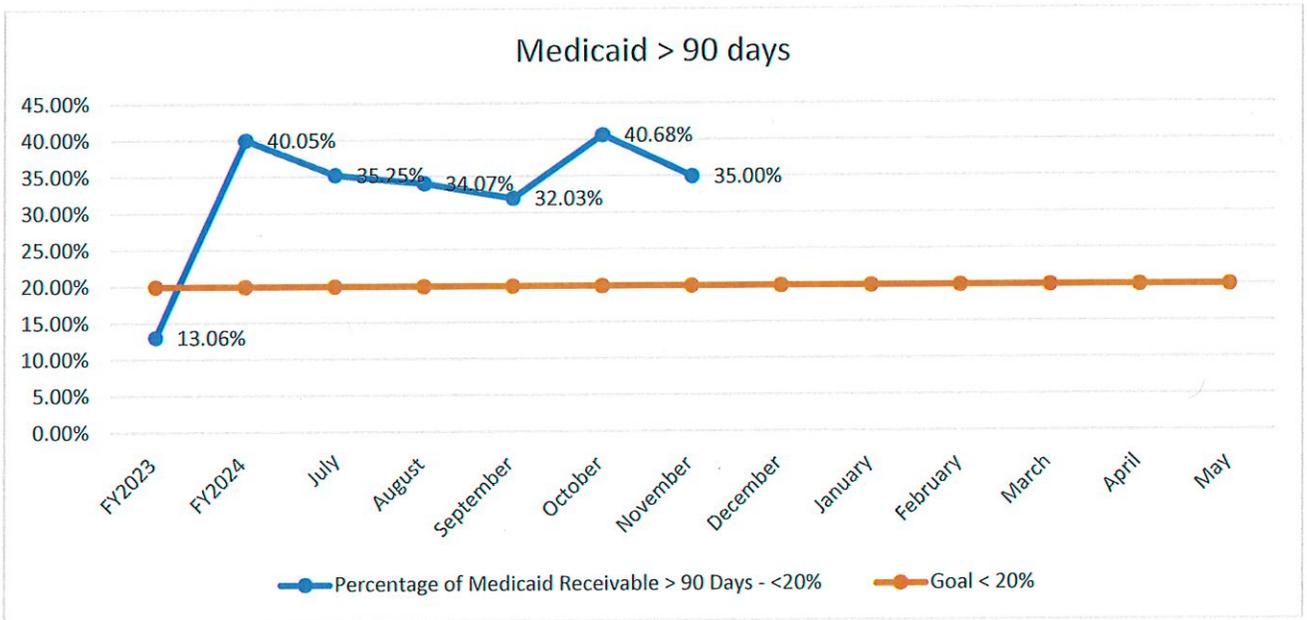
- **Days in AR by Payer** – These metrics show more detail of the aging AR by payer. We saw a decrease in the aging AR for Blue Cross, Commercial and Medicare with Medicaid staying right at the goal. These goals are as follows:
 - BCBS Days in AR > 90 days less than 10%
 - Insurance Days in AR > 90 days less than 15%
 - Medicaid Days in AR > 90 days less than 20%
 - Medicare Days in AR > 60 days less than 6%
 - Self-Pay Days in AR > 90 days less than 30%



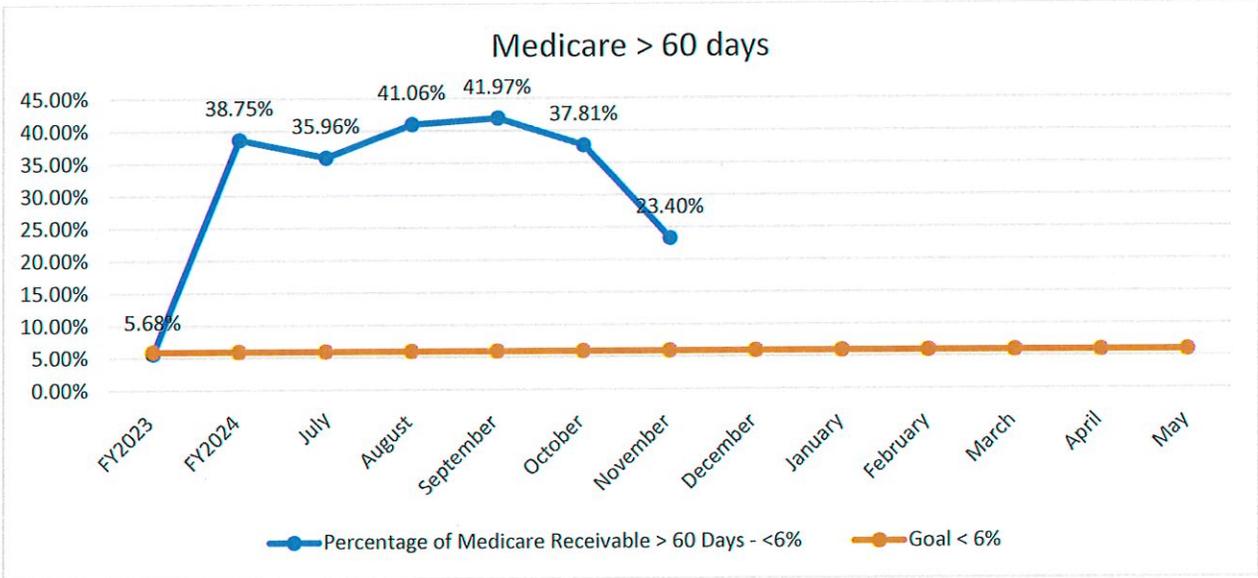
- o Blue Cross aging remains under the goal of 10%, at 9.33% in November.



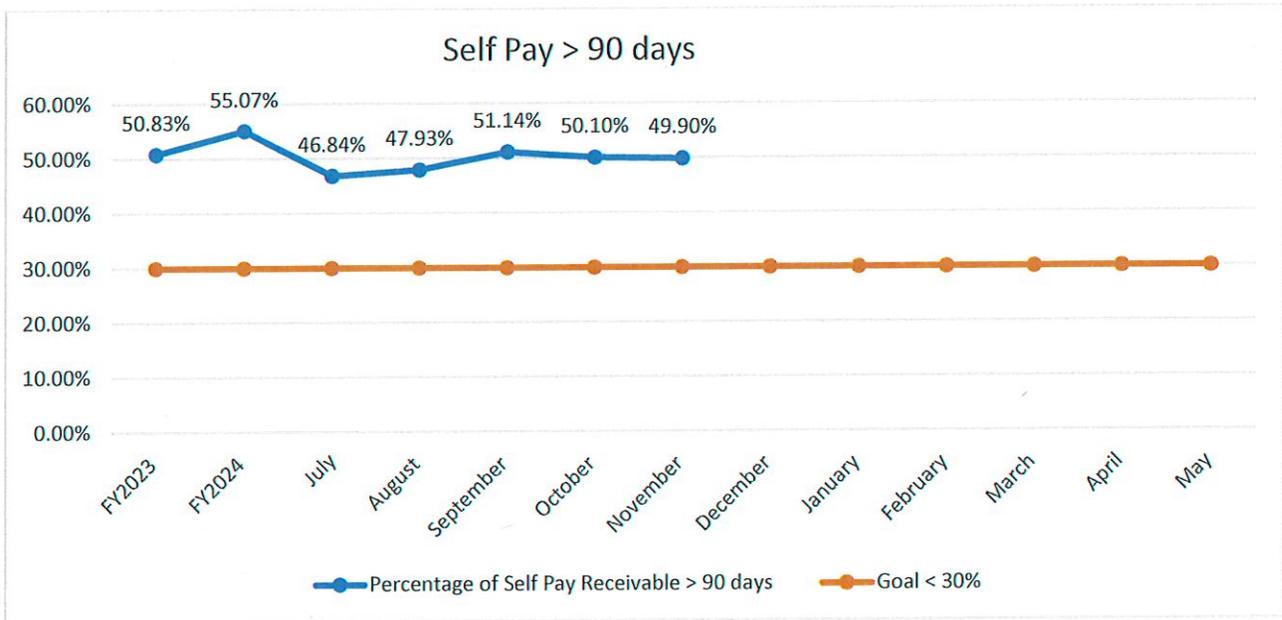
- o Commercial aging decreased to 29.7% for November, over the 15% goal. We have started the implementation of the temporary outsourcing of aging account follow-ups with an expected start date of February 1.



- Medicaid aging decreased in November as we have started to see the results of the temporary cleanup project which began November 1. We have seen a decrease of 30% in Medicaid dollars > 90 days since the project began. Aging is at 35% for November, over the 20% goal.



- Medicare decreased in November to 23.4%, over the 6% goal. We have started to see the results of the temporary cleanup project which began November 1. We have seen a decrease of 33% in Medicare > 60 days since the project began.



- In November, aging decreased slightly to 549.9%. With the increase in uninsured and underinsured patients over the last several years, and the increase in individual deductibles and co-pays, we have chosen a vendor for patient financing of payment plans. We continue to work through the implementation phase for the new patient financing project and hope to have the plan implemented by the end of January.

MHSC Board of Trustees Report

January 2024

Business

- The Foundation Coordinator position has been filled; please welcome Cory Darlington.
- Foundation has accepted a Senior student shadow from the RS high school and will be educating him/her on grants, fundraising, private donations, public relations, community involvement, the importance of healthcare and of course, how wonderful our hospital is!

Grants

- \$20,000 **Received** from The Wyoming Community Foundation donor fund for the Waldner House.
- \$4,800 Grant **Submitted** in support for Cancer Survivors during “survivorship night.”
- \$33,580.04 **Inquiry** for Emergency Management HERT for NIOSH CBRN certified respirator systems.
- \$25,000 **Inquiry** for Emergency Management Tent system
- \$2,000 **Inquiry** for IT Department
- **Inquiry** for Trauma Training- Nursing Department- **Funding application in progress.**
- **Inquiry** for Rapid Blood Transfusion equipment for OB
- **Inquiry** for new MOB patient chairs- **Will be taken to the Foundation Board in January**

Brick Donations

- \$50,000 Private donation confirmed, and half was received

Upcoming Events

The 11th annual Red Tie Gala will be February 1, 2025. The Foundation has a committee in place and the planning preparations have started. A specialty drink and casino tables will be introduced to the Gala this year, we can't wait to share them with you!

Scan here for Gala sponsorships/ tickets!



Other

- Dr. Cournoyer passed away on September 1st and his family requested that donations go to the Foundation. We will be working with his family to have a brick or bench placement ceremony in his honor. (an invitation will be sent out via e-mail)
- Foundation ED was accepted into the BOOST Leadership Academy and will be actively participating with community leaders across the County, including Irene!
- Meetings to meet and thank current long-term donors and introduce myself are still in process.
- Foundation now has its own Facebook page- Please go "Like" it!

Report Submitted By: Kayla Mannikko

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: **GoRural Recruiting Agreement**
2. Purpose of contract, including scope and description: **in an effort to recruit staff for the lab, the hospital needs to broaden its search for potential employees. This recruiting firm, GoRural, is an international recruiting firm.**
3. Effective Date: **December 10, 2024**
4. Expiration Date: **expires upon termination by either party**
5. Termination provisions: **30 days written notice to the other party.**
Is this auto-renew? **no**
6. Monetary cost of the contract: **the cost to recruit is outlined in Appendix A. Cost is dependent on applicants sponsorship status and position. For example, medical lab scientists are \$14,500.00 per applicant which includes recruiting and candidate resource fee, USCIS required pass through fees and immigration attorney fees.** Budgeted? **yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **No but sovereign immunity clause added**
8. Any confidentiality provisions? **Yes as to referrals made by recruiting firm.**
Section M
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **No**
11. Is County Attorney review required?