

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

April 2, 2025

2:00 p.m.

Hospital Classrooms 1, 2 & 3

AGENDA

- I. Call to Order Barbara Sowada
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Mission and Vision](#) Marty Kelsey
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Approval of Agenda *(For Action)* Barbara Sowada
 - A. Requests for Consent Agenda items to be removed to New Business
(If not removed, no questions/discussion)
 - B. Requests for Senior Leader or Board Committee Reports to be removed to New Business
(if not removed, no questions/discussion)
- III. Community Communication Barbara Sowada
- IV. Old Business Barbara Sowada
 - A. Quarterly Progress Report on Strategic Plans and Goals
 - B. [Employee Policies – Access to Personnel Files](#) *(For Action)*
 - C. Employee Health Plan *(Still in progress)*
 - D. Professional Practice Review Plan *(Still in progress)*
- V. Consent Agenda *(For Action)* Barbara Sowada
 - A. [Approval of Meeting Minutes](#)
 - B. [Approval of Capital Expenditure Requests](#)
 - C. Approval of Bad Debts
 - D. [Quality Committee Charter Update](#)
- VI. New Business *(For Review and Questions/Comments)* Barbara Sowada
 - A. [Behavioral Health Plan](#) Ann Marie Clevenger, *Chief Nursing Officer*
Dr. Alicia Gray, *Chief of Staff*
 - B. [Policies from the Governance Committee](#) Marty Kelsey
 - 1. [Policy for Development, Approval, and Oversight of Policies and Governance Documents at Memorial Hospital of Sweetwater County](#)
 - 2. [MHSC Policy & Governance Document Approval Matrix](#)
 - 3. [Policies, Standards, Plans, Procedures/Processes, Guidelines and Forms](#)
 - C. [Request from the Medical Staff](#)
 - 1. [Changes to the Emergency Medicine Privileges](#)
 - 2. [Changes to the Pediatric Privileges](#)
 - D. Patient Safety

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

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REGULAR MEETING OF THE BOARD OF TRUSTEES**

April 2, 2025

2:00 p.m.

Hospital Classrooms 1, 2 & 3

AGENDA

VII. Reports

A. Chief Executive Officer and Guests Verbal Reports

- | | |
|---|------------------|
| 1. Chief Executive Officer Report | Irene Richardson |
| 2. Medical Staff Services Chief of Staff Report | Dr. Alicia Gray |
| 3. County Commissioner Liaison Report | Taylor Jones |

B. Senior Leader and Board Committee Reports

1. Senior Leader Written Reports

- | | |
|---|---------------------|
| a. Chief Clinical Officer | Kari Quickenden |
| b. Chief Experience Officer | Cindy Nelson |
| c. Chief Financial Officer | Tami Love |
| d. Chief Nursing Officer | Ann Marie Clevenger |

2. Board Committee Written or Verbal Reports

- | | |
|---|-----------------|
| a. Executive Oversight and Compensation Committee | Barbara Sowada |
| b. Joint Conference Committee | Barbara Sowada |
| c. Building and Grounds Committee | Craig Rood |
| d. Compliance Committee | Kandi Pendleton |
| e. Governance Committee | Marty Kelsey |
| f. Quality Committee | Barbara Sowada |
| g. Human Resources Committee | Kandi Pendleton |
| h. Finance and Audit Committee | Marty Kelsey |
| i. Foundation Board Report | Craig Rood |

VIII. Contracts

Suzan Campbell, *In-House Counsel*

- A. [Wolters Kluwer](#) *(For Action)*
- B. [RQI Program Renewal Change Form](#) *(For Information, No Action Needed)*
- C. [University of Utah Telemedicine Master Services Agreement Amendment No. 1](#) *(For Information, No Action Needed)*

IX. Education

A. Veralon: Community Partnerships: A Strategic Imperative, Parts 1 & 2.

- | | |
|---|----------------|
| X. Good of the Order | Barbara Sowada |
| XI. Executive Session (W.S. §16-4-405(a)(ix)) | Barbara Sowada |
| XII. Action Following Executive Session | Barbara Sowada |
| XIII. Adjourn | 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



Approved N/A
Review Due N/A

Document Area Employee Policies

EMPLOYEE POLICIES - ACCESS TO PERSONNEL FILE

Purpose

MHSC maintains personnel records for each employee and access to these personnel records is restricted to the employee to whom the files apply and those who are in the direct line of supervision of the employee.

EMPLOYEE POLICIES - ACCESS TO PERSONNEL FILE

Purpose

MHSC is committed to maintaining personnel records in a manner that meets all federal and state laws and regulations. To that end, all personnel files will be maintained in the HR Department in either paper or electronic format.

Access to personnel files is restricted to the employee to whom the files pertain and those with a legitimate business or operational need in accordance with their supervisory or administrative responsibilities. The Director of Human Resources is responsible for maintaining the confidentiality and security of personnel records.

Policy

I. Access to Personnel Files

- A. Employee files are maintained by the Human Resources (HR) department and are considered confidential.
- B. Directors and supervisors may only have access to personnel file information on a need-to-know basis.
- C. Personnel file access by current employees and former employees will generally be permitted within 10 days of a written request unless otherwise required under state law. Personnel files are to be reviewed in the Human Resources department.
- D. Employee files may not be taken outside the HR department.

- E. ~~Representatives of government or law enforcement agencies, in the course of their duties, may be allowed access to file information.~~

Reviewed and Approved:

HR Committee

MHSC Board of Trustees

Policy

I. Access to Personnel Files

- A. Employee files are maintained by the Human Resources (HR) department and are considered confidential.
- B. Directors and supervisors may only have access to personnel file information on a need-to-know basis.
- C. Employee medical and/or workers compensation information will be maintained in a separate, secure file.
- D. Personnel file access by current employees and former employees will generally be permitted within 10 days of a written request unless otherwise required under state law. Personnel files are to be reviewed in the Human Resources department.
- E. Employee files may not be taken outside the HR department.
- F. Personnel records may be disclosed in compliance with a lawfully issued subpoena or court order. If such a request is received, MHSC will notify the employee unless prohibited by law or a court directive.

II. Relation to the MHSC Public Records Release Policy

Personnel records maintained by MHSC are confidential and not considered public records under the Wyoming Public Records Act (W.S. 16-4-203(d)(iii)). As a result, personnel files are not subject to public disclosure except as required by law.

Requests for personnel records will be handled in accordance with MHSC's internal policies and applicable federal and state laws. Employment contracts and agreements that set forth terms and conditions of employment may be available for public inspection, but all other personnel-related records remain confidential.

Approval Signatures

Step Description

Approver

Date

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

March 5, 2025

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on March 5, 2025, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

CALL TO ORDER

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

Dr. Sowada requested a roll call and announced there was a quorum. The following Trustees were present: Judge Nena James, Mr. Marty Kelsey, Ms. Kandi Pendleton, Mr. Craig Rood, and Dr. Barbara Sowada.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Dr. Alicia Gray, Chief of Medical Staff; Mr. Geoff Phillips, Legal Counsel; and Mr. Taylor Jones, Sweetwater Board of County Commissioners.

Pledge of Allegiance

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

Mission and Vision

Mr. Kelsey read aloud the mission and vision statements.

Mission Moment

Ms. Richardson shared a mission moment involving the mass casualty experience on February 14. She said it was amazing to see our entire team come together. She said we train, we prepare, and we took care of patients and families in a compassionate way. Ms. Richardson said we have wonderful physicians and staff. She said Dr. Ann Marie Clevenger, Chief Nursing Officer, did a very nice job leading Incident Command.

Judge James said she went to the Walk In Clinic twice and got such good care. She said the people were great. She said she was able to get in quickly, get good care, and the people there helped her a lot.

AGENDA

Dr. Sowada asked for requests for any items to be moved from the Consent Agenda to New Business. There were requests to move the Access to Personnel File, Revised Meeting Agenda Template, and Professional Practice Review Plan to New Business. Dr. Sowada asked if there were requests for Senior Leader or Board Committee Reports to be removed to New Business. There were requests to move Finance and Audit Committee and Quality Committee to New Business. The motion to approve the agenda with the items noted as moved to New Business as requested was made by Ms. Pendleton; second by Mr. Kelsey. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the February 5, 2025, regular meeting as presented was made by Judge James; second by Ms. Pendleton. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

Quarterly Progress Report on Strategic Plans and Goals

Dr. Sowada said this would be mentioned later in the meeting.

Employee Health Plan

Dr. Clevenger said the Plan has been rewritten and is now going through the appropriate committee review. She said it will be brought back when ready for consideration.

CONSENT AGENDA

The motion to approve the Consent Agenda as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried. Items approved: Capital Expenditure Requests, Bad Debts, Dress Code Employee Policy.

NEW BUSINESS

Quality Committee Charter Update

Dr. Sowada asked Trustees to let Ms. Stephanie Mlinar, Director of Quality, know if there are any questions/concerns regarding the proposed changes.

Capital Budget Amendment

Mr. Kelsey said we are getting close to the \$3M capital budget limit. He said staff believes we will exceed the total with the new capital expenditure requests and some other things coming up so they recommend the amount be amended from \$3M to \$4M. Ms. Tami Love, Chief Financial Officer, said we believe we will need \$1M additional to complete the projects for the fiscal year. Mr. Rood said we have the revenue for it and the requests are all things we need. The motion to approve the capital budget amendment as presented was made by Mr. Kelsey; second by Mr. Rood. Motion carried.

Request for County Capital Funds

Ms. Love said Mr. Phillips drafted a letter to the County Commissioners and we hope to present it to them at their March 18 meeting. She said it addresses the carryover funds they are holding for us. We plan to request funds for an OB Renovation Project and Roof Replacement Project. Mr. Rood said the projects are timely. Ms. Richardson said our plans were always to use the funds for solid projects like these. Dr. Sowada thanked Mr. Phillips for preparing the letter. Mr. Phillips said

the Commissioners and Mr. John DeLeon of the County Attorney's Office have been wonderful with their support of the Hospital. The motion to approve presenting the letter to the Commissioners as discussed was made by Mr. Kelsey; second by Judge James. Motion carried.

Employee Policies – Access to Personnel File

Mr. Kelsey asked about an item of concern he asked Mr. Phillips to investigate concerning requests from a third party. Mr. Phillips had proposed changes but they were not included in the board meeting packet until earlier in the day so Trustees may not have had a chance to review the updated information. The motion to approve the policy as updated by Mr. Phillips was made by Ms. Pendleton; second by Judges James. Motion carried.

Finance and Audit Committee

Mr. Kelsey said expenses are within budget. He said when we approved the FY2025 budget, we approved increasing FTEs by a certain number. He said we have a lot more employees than we had in 2024. He said in January 2024, our expense as a percentage of net patient revenue was 96.6%. He said this January, it was 99.1%. Mr. Kelsey said he wants to make the observation and stress the need to watch all key metrics.

Revised Meeting Agenda Template

Dr. Sowada thanked Mr. Kelsey, Ms. Pendleton, and Ms. Richardson for putting the new template together. Ms. Pendleton suggested moving approval of minutes under the Consent Agenda. Mr. Kelsey said when we move items at the beginning of the meeting, it would be nice to note where it is moved for reference.

Professional Practice Review Plan

Dr. Sowada said she understood there was only one change, however it would be nice to see the whole document. She said we can use it as an educational piece and requested the complete document be presented to the Board for review.

Quality Committee

Dr. Sowada said at an American Hospital Association Rural Hospitals meeting, a leader from Ivins noted CMS requires hospital boards to spend 25% of their time discussing quality. The rationale is since Covid, the quality measures in many hospitals have deteriorated. In hospitals where there is a focus on quality and discussion in public, measures seem to improve. Ms. Pendleton suggested focusing on some items more in-depth. Dr. Sowada said we will get a refresh on our public measures and we will figure out how to implement what is recommended.

REPORTS

Chief Executive Officer Report

Ms. Richardson said we continue to do great work on our strategic plan. She thanked Ms. Mlinar for developing a wonderful format to present information. Ms. Richardson said we get updates at the Performance Improvement and Patient Safety Committee (January was Patient Experience and

Employee Experience, February was Quality and Safety, March is Community Outreach and Growth, and Financial Stewardship), and included at the Quality Committee meetings. Ms. Richardson said she asked Senior Leaders to identify data for a flash report. She said we can never have enough data because we use that to make decisions. Ms. Richardson provided a quick legislative update and thanked our legislators. She said she presented at the Green River Chamber and the information was well-received. Ms. Richardson thanked Mr. Rood for attending. Ms. Richardson said with the local tragedy on February 14, we saw a large influx of patients and families. She said our Emergency Department saw so many people. She said the Clinics were wonderful to help and everyone pulled together to work as a team. She expressed our condolences to the families impacted. She said Governor Gordon held a press conference and was very complimentary of our hospital and expressed appreciation. Ms. Richardson said Mayor Mickelson invited her to participate in community town hall meetings in February. She said it is good for everybody to know how things will impact us. Ms. Richardson said she was invited to participate in the Inside Stakeholders Meeting. She thanked SWEDA for inviting her. She said economic development is so important to our recruitment and retention efforts. She said she participated in some really great sessions at the AHA Rural Healthcare Conference in San Antonio. She said it was great because participants are from entities more similar to us. Dr. Sowada and Ms. Richardson attended a special CEO and Board Chair session. Ms. Richardson said the agenda was wonderful. The conference will be held next year February 8-11 in San Antonio. Ms. Richardson said Doctor's Day is officially March 30 and we are celebrating April 10. She thanked Ms. Kerry Downs, Medical Staff Services Director, for arranging for the Wyoming Association of Medical Staff Services (WyAMSS) Conference to be held at our location April 3 and 4. Ms. Richardson invited the Board to attend. In conclusion, Ms. Richardson thanked the staff for truly living our mission, vision, and values every day. Dr. Sowada thanked Ms. Richardson for her report.

Medical Staff Services Chief of Staff Report

Dr. Gray reported Dr. Brianne Crofts was honored at the last General Medical Staff meeting for her leadership and dedication. Dr. Kyle Hoffman recently presented to the Rock Springs High School Health Academy. Dr. Gray said several medical staff committees convened. They approved a scholarship for a Wyoming WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) student who had a paper accepted to present at an upcoming conference. Dr. Gray thanked everyone involved in the mass casualty event. She said the teamwork of our physicians (emergency, surgery, pediatrics, OB, anesthesia, and others) was wonderful. She commended everyone for coming together. Dr. Gray asked the Trustees to please let her know if there is other information they would like to have her report. She said she appreciates the opportunity.

County Commissioner Liaison Report

Commissioner Jones said we have 25% property tax reform and we are still working on changing the valuation model. He said the County asked for reductions last year and we are probably planning to ask again this year. He said we don't know where this will go or the full impact. He said the County does have reserves; they prefer to not dip into them. Dr. Sowada thanked Commissioner Jones for being our liaison. She said the relationship the County has with the Hospital is very good. She thanked the entire Board of County Commissioners. Commissioner Jones said they are a great group and he enjoys working with them and with the Hospital.

CONTRACTS

Consent Agenda

Mr. Kelsey said the items are not really consent agenda due to being informational.

GOOD OF ORDER

Mr. Rood said a report from the Foundation did not make it into the meeting packet. He said the final number for the Red Tie Gala was \$212,000. He said the next event is Casino Night in August.

EXECUTIVE SESSION

The motion to go into executive session at 3:03 p.m. to discuss legal, personnel, and items considered confidential by law was made by Ms. Pendleton; second by Judge James. Motion carried.

RECONVENE INTO REGULAR SESSION

The motion to leave the executive session and return to the regular session at 5:02 p.m. was made by Ms. Pendleton; second by Mr. Rood. 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 Dr. Sowada. Motion carried.

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from February 11, 2025

1. Initial Appointment to Associate Staff (1 year)
 - Dr. Stephen “Buck” Wallace, Emergency Medicine
 - Dr. Kara Willenburg, Infectious Disease
2. Initial Appointment to Active Staff (2 year)
 - Dr. Bramananda Koduri, Pediatrics
3. Reappointment to Active Staff (2 year)
 - Dr. Raoul Joubran, Gastroenterology
 - Dr. Preetpal Grewal, OB/GYN
 - Dr. David Duckwitz, Podiatric Surgery
4. Reappointment to Consulting Staff (2 year)
 - Dr. Robert Joodi, Tele-Radiology (VRC)
 - Dr. Ronald Sonken, Tele-Radiology (VRC)
 - Dr. David Tague, Tele-Radiology (VRC)
 - Dr. Ann Bruno, Maternal Fetal Medicine (U of U)
 - Dr. Blake Newman, Tele-Neuro (U of U)

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

ADJOURNMENT

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

Dr. Barbara Sowada, President

Attest:

Judge Nena James, Secretary

FY 25 45 Power Plant Roof Replacement and Fall Protection

Capital Request Summary

Capital Request #

FY25-45

Name of Capital Request:

POWER PLANT ROOF REPLACEMENT AND FALL PROTECTION

Requestor/Department:

GERRY JOHNSTON/FACILITIES

Sole Source Purchase: Yes or No

Reason: only quote received

☐ 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.	CLARK'S QUALITY ROOFING	MURRAY, UT	\$73,985.00
2.	DIVERSIFIED FALL PROTECTION	HEBER CITY, UT	\$25,765.00
3.			

Recommendation:

CLARK'S & DIVERSIFIED - TOTAL \$99,750.00



# Assigned: FY 25 --45	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Facilities	Submitted by: G Johnston
Date: 3/18/25	
Provide a detailed description of the capital expenditure requested: Power plant building roof and fall protection.	
Preferred Vendor: Clark's and Diversified Fall Protection	
Total estimated cost of project <i>(Check all required components and list related expense)</i>	
1. Renovation	\$ 73,985.00
2. Equipment	\$ 25,765.00
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 99,750.00
Does the requested item:	
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space?	Explain:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attach to a new service?	Explain:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Require physical plan modifications?	Electrical
If yes, list to the right:	HVAC
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety
	Plumbing
	Infrastructure (I/S cabling, software, etc.)
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# of bids obtained? _____	
<input checked="" type="checkbox"/> Copies and/or Summary attached.	
If no other bids obtained, reason:	
Review and Approvals	
Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

Handwritten signature and date:
 3-17-25
 SK/LS

OTHER CONSIDERATIONS

The current powerhouse roof is the original and over 45 years old. It is actively leaking, posing a serious risk to the infrastructure of MHSC. Water damage could compromise electrical and mechanical systems housed within the powerhouse, impacting hospital operations. A new roof is essential to protect the facility from further deterioration and to ensure a safe environment for staff. The powerhouse is critical to MHSC's infrastructure. If left unaddressed, leaks could lead to costly emergency repairs, potential system failures, and increased energy inefficiencies. As MHSC prepares for future growth and increased patient volume, maintaining a structurally sound and weatherproof powerhouse is non-negotiable.

Submitted by: Signature

Date



Corporate Headquarters
334 West Anderson Avenue
Murray, UT 84107

Phone: (801) 266-3575 Fax: (801) 266-3692 *clarkroof.com

Bid To: Memorial Hospital of Sweetwater County
Gerry Johnston Jr.
1200 College Drive
Rock Springs, WY 82901
Phone: 307-362-3711
Fax: 307-253-8504
Email: jhoran@sweetwatermemorial.com

Date: 2/21/2025

Building:
Memorial Hospital
1200 College Drive
Tock Springs, WY 82901

Estimator: Robert Reis
Cell: 385.215.6993
Email: robert.reis@clarkroof.com

Job: Power Plant Roof

Work to be Performed:

To remove and dispose of the existing river rock ballast and pavers.
To install a 1/2" high density cover board.
To mechanically attach to the structural deck per manufacturer's warranty requirements.
To adhere a 60 mil EPDM single-ply membrane roof system.
To install new 24 ga Kynar pre-finished drip edge metal.
To install new 24 ga Kynar pre-finished scuppers.
A 20 year manufacturer's warranty on labor and materials.
A 5 year contractor's warranty on labor.

Base Price: \$ 73,985.00

Unit Pricing:

To replace molstrue damaged insulation add: \$3.80 per sq.ft.

HVAC, Curbed Penetrations and Other Air Handling Unit Details

- To flash with new 60 mil EPDM membrane.

Parapet Wall Detail

- To flash with new 60 mil EPDM membrane.

Pipes Less Than 6" In Diameter

- To flash with new 60 mil EPDM membrane.

Stacks Greater Than 6" In Diameter

- To flash with new 60 mil EPDM membrane.

Miscellaneous Projections

- Furnish and install thermoplastic flashings to the roof projections. Upon completion of welding, each seam shall be probed to ensure proper securement.
- Furnish and install new manufacturer approved pitch pan(s) and/ or ChemCurb(s).
- New pitch pan(s) and/ or ChemCurb(s) shall be installed utilizing mechanical fasteners and/ or adhesives and topped with self leveling urethane sealant.
- Furnish and install supports and protection pads under conduit lines, gas lines and free standing units where necessary. Fasten or adhere piece of walk pad material to underside of support blocks.

Standard Operating Procedures:

Employee Professionalism

- All work shall be performed in a safe, professional manner in compliance with Clark's Quality Roofing policy.

Permits

- Contractor shall supply the necessary permits for the project.

Nightly Tie-In's

- Temporary water cut-offs are to be constructed at the end of each working day to protect the newly installed roof system and building interior. Any damage to the interior as a result from leaks originating from roofing tie-ins will be the responsibility of the contractor.

Clean Up

- All work premises shall be cleaned daily during the construction process and at the completion of the project.

Job Acceptance and Punch List

- Conduct a post job walk through for final sign-off of job completion. All punch-list items shall be corrected before final payment is made.

The terms and conditions listed on the following page are also an integral part of this proposal and will be incorporated into any future contract.

The following terms & conditions are agreed to:

- 1.) All work to be completed in a workmanlike manner according to standard roofing practices and manufacturer's specifications.
- 2.) The customer agrees to provide access to the building and allow suitable ground access for staging and set-up, and will provide electricity and water if necessary in performance of the work.
- 3.) CQR will inform the customer of any unforeseen conditions, which the roofing crew may uncover, that may affect the work. The customer can then have CQR correct the condition(s) under a change order or have another qualified contractor perform the work. The customer acknowledges that CQR is neither an engineer nor an architect and that only obvious defects will be reported.
- 4.) Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.
- 5.) CQR's scope of work does not include the identification, detection, abatement, encapsulation or removal of asbestos or any other hazardous materials. If any such product or material is encountered and identified by anyone in the course of this work, CQR shall have the right to discontinue the work until such products, materials or hazards are removed or until it is determined that no hazard exists. Remediation fees and time delays will be the responsibility of the customer.
- 6.) The customer will be fully responsible for the identification of and removal of mold or mold spores within the structure resultant from moisture either before or after the work covered under this proposal. The customer also agrees that no warranty, either expressed or implied, covers any mold or mold spore removal. The Customer further agrees to be fully responsible for any health conditions caused by mold or mold spores present either before or after the work covered by this proposal.
- 7.) The following items of work are not included in the scope unless specifically identified elsewhere in this proposal: deck repair or replacement, snow, ice or moisture removal, work of other trades including carpentry, painting, skylight repair/replacement, plumbing, electrical, structural, alterations required by local building codes, the re-sloping of the roof surface through either tapered insulation or structural modification, or returning after substantial completion of an area to complete detail at roof top protrusions not installed before roof installation. Damage caused by other trades is not the responsibility of CQR.
- 8.) A contractor's warranty as specified by State law is given where applicable. No other warranty, either expressed or implied is provided unless specifically outlined in writing above. The customer agrees to afford CQR reasonable opportunities to remedy deficiencies in the work thru prompt notification of any leaks and by providing access to work. Maintenance of the building is the responsibility of the customer. This should include periodic professional inspection of the roof surface, caulking of sheet metal components, prompt correction of defects not covered by any warranties, if any and prompt notification of any and all defects covered by any warranties.
- 9.) CQR reserves the right to commence or delay work when or until weather conditions are such as to insure proper installation of roofing system. Furthermore CQR will set the construction schedule unless specific schedule is otherwise defined above.
- 10.) Completion of the work is contingent upon labor strikes, material availability, accidents, delays, inclement weather conditions or other causes beyond our control.
- 11.) Customer agrees to carry fire, tornado, hail, windstorm, and other necessary insurance on this project. CQR will carry workers compensation and general liability insurance during the course of this project. The customer will relocate and/or provide insurance coverage for any expensive or unusual contents of the building.
- 12.) Terms of payment are Net 15 unless otherwise stipulated above. Monthly progress billings may be issued during the course of this job. Finance charges of 1.5% per month (18% APR) may be added to any unpaid balance. In event this account becomes delinquent, reasonable attorney fees, collection charges and lien filing fees will be paid by customer.
- 13.) All surplus materials at the end of the job will be deemed property of Clark's Quality Roofing or its subcontractors.
- 14.) If accepted, this proposal will be incorporated into any other final contract document.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. . This proposal may be withdrawn by CQR if not accepted within 30 days.

Accepted by:

For:



DIVERSIFIED

FALL PROTECTION

350 Green Oaks Pkwy, Holly Springs, NC 27540
Telephone: 919-387-9965
875 S. 600 W. - Heber City, UT 84032
Telephone: 801-839-2900

24400 Sperry Drive, Westlake, OH 44145
Telephone: 844-958-1144
28258 Avenue Stanford, Valencia, CA 91355
Telephone: 855-837-3255

Proposal
32210

Project
Rev.3
Memorial Hospital Maintenance Facility
Rock Springs, WY 82901
1200 College Drive

Client
Sweetwater Memorial Hospital
Gerry Johnston
gjohnston@sweetwatermemorial.

Proposal Date
2/26/2025

Proposal Writer
Jayson Knight
jayson.knight@fallprotect.com

Scope of Work

Thank you for the opportunity to provide the pricing for the fall protection on this facility.

The types and quantities of fall protection included in this proposal were determined from the attached Fall Protection Layout named **MEMORIAL HOSPITAL MEINTENANCE FACILITY** and dated 7/1/2020.

Diversified Fall Protection has used this information to generate the below turnkey pricing for 11 roof anchors and 1 horizontal lifeline.

Please review and feel free to contact us with any questions.

Proposal includes the design, supply and install of the fall protection system.

Included Equipment/Products/Services

- (1) - Engineering
- (2) – MSA Single Pt. Roof Anchorage (Toggle Bolt Attachment)
- (9) – MSA Anchorage w/HLL System (Concrete Bolt Attachment)
- (210') – 8MM 7X7 SS Cable (1 Hands Free System)
- (2) – Detachable Cable Traveler
- (1) – Lift to Get Equipment to Roof
- (1) – Freight to Site
- (1) - Professional Installation by Factory Certified Technicians
- (1) - Post Installation Certification

- **Total: \$25,765.00 (Tax Excluded)**

- Price above includes (1) mobilization to complete installation and onsite testing.

Exclusions/Related Work by Others (some may not apply)

The following are excluded from the scope of work and the warranty.

Roofing by others: removal and replacement of existing roofing, flashings, roof decking and other material as necessary to facilitate the clean, clear access to the attachment point for the installation of the anchorage products and/or equipment, including removal of ponding water, and restoring the affected areas of the roof to a watertight condition.

Repairing of building finishes including but not limited to ceiling or wall drywall or plaster, ceiling tile systems, or work requiring specialty trades are by others, if required.

Re-applying fireproofing on steel framing, repair to fire walls is by others, if required.

Unless stated otherwise, the post installation certification included in this proposal is to be performed when all products included in this proposal have been installed. If this work is requested to be performed in phases, additional expenses may apply.

Diversified Fall Protections engineering services are limited to the fall protection equipment and its attachment to the existing structure. The portions of the buildings existing structure that support fall protection equipment have been reviewed and deemed sufficient to support the loads imposed by DFP's suggested fall protection equipment. However, DFP does not include the engineered load calculations for the existing structure. If required, Diversified can be engaged to provide engineering services on the existing structure under a separate contract at an additional expense.

Our proposal does not include additional structural reinforcing to accommodate the loads imposed on structure by our equipment.

All existing structural support structures to be used as primary support are assumed to be in their original integrity unless explicitly noted within this proposal; Diversified Fall Protection assumes no liability for unforeseen deterioration, rust, missing components, etc.

Additional scope items added from discrepancies, adds, changes or modifications shall be additional scope and additional costs shall be incurred unless these items are already explicitly noted within this proposal.

Weekend, second or third shift installations, unless explicitly noted within the scope of work.

Bid bonds, payment bonds, performance bonds

Permits

Deferred submittal permit and plan check fees

Hoisting of equipment to the rooftop or other levels where equipment will be installed.

Diversified Fall Protection is a non-union workforce. Union labor is excluded.

Prevailing wages

X-raying or Sonograms of concrete floor or roof slabs for locations of post tension cables (where applicable), and/or any electrical conduit lines, any plumbing drain lines, or any other building systems hidden in the concrete slab. Diversified Fall Protection is not liable for any damage to embedded building systems resulting from the fall protection system installation.

Delays caused by other vendors (i.e. no shows, insufficient work force to perform to production capabilities, etc.) may subject the building owner/agent to loss time charges. The building owner/manager is then responsible for any back charges to the other vendor.

Encountering of lightweight concrete. Additional costs may be incurred to facilitate anchoring of DFP's products/equipment to structural concrete below lightweight fills.

Onsite system demonstration/user training shall be conducted with any necessary party during the installation mobilization. Additional mobilizations to conduct system demonstration/user training will be at an additional cost.

Limit of Liability

Diversified Fall Protection products carry \$10,000,000.00 general liability coverage for the applicable warranty period, pending inspection of Fall Protection Anchorage Systems by DFP or its authorized agent at intervals not to exceed 12 months.

Warranty

Diversified Fall Protection (DFP) manufactured products are warranted in accordance with the published DFP Limited Warranty for a period of up to 10 years for fall protection anchorages and 2 years for guardrails, ladders, and platforms. Limited Warranty is contingent upon successful completion of OSHA/ANSI annual inspections.

Payment Terms

Net 30 Days. Finance charge of 1.5% per month, per past due balance.

Projected Timeline of Contract Fulfillment

Contract Negotiation – Please allow a minimum of 2 weeks for contracts.

Engineering – 2 weeks after receipt of purchase order or contract.

Fabrication will vary depending on our manufacturing work load at the time the order is placed. This type of product is typically ready to ship 3 - 4 weeks after receipt of approved submittals and shop drawings.

Installation – To be scheduled upon receipt of submittal approval.

This estimate is valid for a period of 30 days starting from 2/26/2025.

Customer:

Gerry Johnston

Date of Acceptance:

Print Name, Title:

**Initial for project specific notes & exclusions
acknowledgement**

Signature of Acceptance:

I have the authority to bind the Corporation

FY 25 46 Synology Offsite Backup

Capital Request Summary

Capital Request #

Name of Capital Request:

FY25-46

SYNOLOGY OFFSITE BACKUP

Requestor/Department:

TERRY THOMPSON/IT

Sole Source Purchase: Yes or No

Reason: preferred vendor for consistency of current equipment

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	COMPUNET	SEATTLE, WA	\$78,177.68
2.	CDWG	MILWAUKEE, IL	\$1609.69
3.			

Recommendation:

COMPUNET & CDWG – TOTAL \$79,787.37



# Assigned: FY 25 - 46	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Information Services	Submitted by: Terry TJ Thompson
Date: 03/07/2025	
Provide a detailed description of the capital expenditure requested: This request is for the Synology off-site backup storage solution at College Hill clinic as to reduce the amount of cloud backup storage, which not keeping up with our demands and continues to fall behind, putting our off-site recovery capabilities at risk. With this solution we could reduce our cloud backup storage to a monthly rotation and maintaining a second storage off-site at college hill resulting in a local storage, a second copy off-site, with a monthly copy on the cloud.	
Preferred Vendor: CompuNet & CDWG	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ 79,787.37
3. Installation	\$
4. Shipping	\$ 883.51
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 80,670.88	
Does the requested item: 5 Year renewal VM Manager license at \$655.61	
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fit into existing space? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain: A rack is being purchased as to secure and house the system as it will contain possible PHI information
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical \$ HVAC \$ Safety \$ Plumbing \$ Infrastructure (I/S cabling, software, etc.) \$
Rack will be installed in the College Hill wire closet	
Annualized impact on operations (if applicable):	
Increases/Decreases	Budgeted Item:
Projected Annual Procedures (NEW not existing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Revenue per procedure	# of bids obtained? 1 <input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: One bid for each equipment type as it our preferred vendor.
Projected gross revenue	
Projected net revenue	
Projected Additional FTE's	
Salaries	
Benefits	
Maintenance	
Supplies	
Total Annual Expenses	
Net Income/(loss) from new service	
Review and Approvals	
Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER CONSIDERATIONS

Hardware:

Tripp Lite 45U Rack Enclosure Server Cabinet 1X \$1,609.69 = \$1609.69
HAS5300-16T Synology 3.5 SAS Hard drives 26X \$634.44 = \$16,495.44
HD6500 Synology Storage Server (Diskless) 1X \$17,542.86 = \$17,542.86
SAT5210-7000G Synology SSD (7TB) 20X \$1,658.89 = \$33,177.80
Synology RAM 32GB DDR4 ECC RDIMM 14X \$782.97 = \$10,961.58
Subtotal = 79,787.37

Shipping =883.51 subtotal = 80,670.88

Software:

VMMPRO-3NODE-S5Y VIRTUAL MACHINE MANAGE LICENSE 5-YEAR = \$ 655.61

Total = \$ 81,326.49

Terry Thompson

Submitted by: Signature

03/07/2025

Date



Jason Salisbury
(208) 286-3019
jsalisbury@compunet.biz
Quote #: JS235378

Synology - DR Build

Quote Information:

Quote #: JS235378

Version: 6

Quote Date: 03/05/2025

Expiration Date: 04/04/2025

Prepared for:

Memorial Hospital of
Sweetwater County

Terry (TJ) Thompson

307-362-3711

tthompson@sweetwatermemoria
l.com

Bill To:

Memorial Hospital of
Sweetwater County

Tina Frulla

1200 College Drive

Rock Springs, WY 82901

tfrullo@sweetwatermemorial.co
m

Ship To:

Memorial Hospital of
Sweetwater County

Terry (TJ) Thompson

1200 College Drive

Rock Springs, WY 82901

Synology

Manufacturer Part Number	Product Details	Qty	List Price	Price	Ext. Price
HAS5300-16T	Synology 3.5 SAS HDD HAS5300 16TB	26	\$649.99	\$634.44	\$16,495.44
HD6500	Synology 60-bay Rackmount High Density Storage Server HD6500 (Diskless)	1	\$18,999.99	\$17,542.86	\$17,542.86
SAT5210-7000G	Synology 2.5 Enterprise SATA SSD SAT5210 7000GB (7TB)	20	\$1,699.99	\$1,658.89	\$33,177.80
D4ER01-32G	Synology RAM 32GB DDR4 ECC RDIMM	14	\$799.99	\$782.97	\$10,961.58
VMMPRO-3NODE-S5Y	VIRTUAL MACHINE MANAGER PRO LICENSE - 3-NODE PACK, 5-YEAR SUBSCRIPTION	1	\$669.99	\$655.61	\$655.61
				Subtotal:	\$78,833.29

Shipping

Product Description	Quantity	Price	Ext. Price
Fixed Fee Shipping Charges	1	\$366.52	\$366.52
		Subtotal:	\$366.52



Jason Salisbury
(208) 286-3019
jsalisbury@compunet.biz
Quote #: JS235378

Quote Summary

Description	Amount
Synology	\$78,833.29
Subtotal:	\$78,833.29
Shipping:	\$366.52
Total:	\$79,199.81

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

Memorial Hospital of Sweetwater County

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



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QUOTE CONFIRMATION

ERIC SAARI,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PJCR192	3/7/2025	PCZK470	1423698	\$2,126.68

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Tripp Lite 45U Rack Enclosure Server Cabinet 48" Depth w Doors & Sides	1	2934634	\$1,609.69	\$1,609.69
Mfg. Part#: SR45UBDP				
UNSPSC: 24102001				
Contract: Vizient Tier 6 All other Products (IT0031)				

SUBTOTAL	\$1,609.69
SHIPPING	\$516.99
SALES TAX	\$0.00
GRAND TOTAL	\$2,126.68

PURCHASER BILLING INFO	DELIVER TO
Billing Address: MEMORIAL HOSPITAL OF SWEETWATER ATTN ACCTS PAYA 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868 Phone: (307) 352-8425 Payment Terms: Net 30 Days-Healthcare	Shipping Address: MEMORIAL HOSPITAL OF SWEETWATER 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868 Phone: (307) 362-3711 Shipping Method: DROP SHIP-COMMON CARRIER
	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515



Sales Contact Info

Riya Shah | (877) 376-0904 | riya.shah@cdwg.com

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Board Meeting Date:4/2/2025

Topic for Old & New Business Items:
New Business – Board Quality Charter

Policy or Other Document:

- ☒ Revision
- ☐ New

Brief Senior Leadership Comments:

Made edits to the attendees of the meeting. Added the non-voting community member.

Board Committee Action:

As above

Policy or Other Document:

- ☐ For Review Only
- ☒ For Board Action

Legal Counsel Review:

- ☐ In House Comments:.
- ☐ Board Comments:.

Senior Leadership Recommendation:

Recommend approval following second read.



Approved N/A
Review Due N/A

Document Area Quality & Risk Management

Board Quality Committee Charter

STATEMENT OF PURPOSE:

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

TEXT

- I. **Definition of Quality:** Quality at Memorial Hospital of Sweetwater County (Hospital) is a patient-centered commitment to excellence, consistently using best practices for process improvement to achieve the best outcomes for our patients.
- A. The Institute of Medicine (IOM) defines health care quality as “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

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

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

II. **Authority:**

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

III. **Responsibilities:**

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

IV. Composition:

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

2. ~~Meetings should be attended by~~ Meetings may be attended by the staff of the Quality Department, ~~Infection Preventionist, and the individual responsible for grievances.~~ These ~~individuals~~ staff members shall not have voting privileges.
3. An appointed community member may serve on the committee as a non-voting member.

V. Meeting Schedule:

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

VI. Reports:

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

VII. Confidentiality:

- A. WY Stat 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Subsection A.
- B. WY Stat 35-2-910 (d)
- C. All quality and patient safety data shall be considered the property of the Hospital.
- D. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with Hospital Policy and State and Federal Regulations governing the confidentiality of quality and patient safety work.

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

Approved:

~~The Board Quality Committee 2/15/2023~~

~~The Board of Trustees 4/5/2023~~

Reviewed and Approved:

~~Board Charter: The Quality Committee~~The Board Quality Committee

~~Category: Board Committees & Committee Charters~~

~~Title: Quality Committee~~

MHSC Board of Trustees

Original Adoption: 7/4/2018

Revision: 7/25/2018; 1/29/2020; 4/1/2020, 04/05/2023, 01/15/2025

Approval Signatures

Step Description

Approver

Date

History

Draft saved by Quickenden, Kari: Chief Clinical Officer on 1/31/2025, 11:08AM EST



Sweetwater Behavioral Health Clinic

Business Proposal



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INTRODUCTION

Mental health care is a critical need in Wyoming, where vast landscapes and rural communities often create unique challenges in accessing quality behavioral health services. Our proposed behavioral health clinic aims to bridge this gap by offering comprehensive, accessible, and compassionate care to individuals across the state. By leveraging innovative treatment approaches and fostering a supportive environment, we strive to empower individuals to achieve mental well-being and improve their overall quality of life. This proposal outlines our strategic plan to establish a leading behavioral health clinic in Wyoming, dedicated to meeting the diverse needs of our community with the highest standards of care.



1. EXECUTIVE SUMMARY

Sweetwater Behavioral Health Clinic (SBHC) aims to provide comprehensive, accessible, and compassionate behavioral health care services to individuals in our community, fostering mental well-being and improving quality of life. Our goal is to improve access to behavioral health care by offering evidence-based, patient-centered services, including therapy, psychiatric evaluation, medication management, and crisis intervention, with a strong emphasis on the role of a Psychiatric Mental Health Nurse Practitioner (PMHNP) in delivering care.

- **Opportunity:** Improve access for mental health services
- **Mission:** To provide comprehensive, accessible, and compassionate behavioral health care to individuals in Sweetwater County, fostering mental well-being and improving quality of life
- **Solution:** Implement a behavioral health clinic at Memorial Hospital of Sweetwater County
- **Market focus:** Individuals of all ages seeking mental health support, including those with anxiety, depression, substance use disorders, and other behavioral health issues.
- **Competitive advantage:** Many individuals seeking mental health services reach out to MHSC as the community's trusted healthcare leader.

2. BUSINESS DESCRIPTION

Sweetwater Behavioral Health Clinic will be a community-focused outpatient behavioral health clinic catering to individuals of all ages struggling with mental health disorders, substance use issues, and co-occurring conditions. The clinic will collaborate with local healthcare providers, schools, law enforcement, and community organizations to address the growing need for behavioral health services in the region. The PMHNP will serve as a key provider, leading patient care through psychiatric evaluations, medication management, and treatment planning.



This Photo by Unknown Author is licensed under CC BY-NC-ND

**Southwest Counseling will continue to provide emergency services for MHSC. **

3. MENTAL HEALTH SERVICES

- Psychiatric evaluations and medication management provided by PMHNP
- Individual Therapy
- Group Therapy
- Family Therapy
- Couples Therapy
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Personalized Treatment for Anxiety, Depression and Post-Traumatic Stress Disorder (PTSD) and other mental health related disorders
- Substance Use Disorder Treatment and Recovery Programs
- Treatment for ADHD, Conduct Disorders, and Oppositional Defiant Disorders
- Psychoeducation
- Crisis Intervention
- Telehealth Services for Remote Accessibility
- Community Outreach and Education Programs
- Case Management
- Support Groups

4. MARKET ANALYSIS

Sweetwater County has a critical need for expanded behavioral health services, given the increasing rates of mental health disorders and substance abuse. Limited access to psychiatric care and long waiting times for appointments contribute to worsening outcomes for individuals in need. Our clinic will address this gap by providing timely and affordable care. The inclusion of a PMHNP will allow for more flexible scheduling, increased availability of medication management services, and a patient-centered approach to holistic care. According to recent data, Wyoming has one of the highest suicide rates in the nation with a rate of 31 per 100,000 individuals, more than twice the national average. The state also struggles with limited mental health resources, with large rural areas having little to no access to psychiatric care. Additionally, Wyoming's behavioral health workforce shortage further exacerbates the lack of accessible services, making it crucial to establish additional mental health facilities like SBHC to meet the growing demands. These statistics highlight the critical need for accessible and effective behavioral health services.

In the most recent MHSC Critical Health Needs Assessment (CHNA) in 2019 the number one priority for MHSC to focus on was increased access to Mental Health Care. Multiple comments and feedback were provided regarding mental health providers, lack of access to treatment and the number of patients admitted under Title 25 (involuntary detention) hold that cannot be transferred due to lack of beds in the state (CHNA, 2019). CHNA reported there are 440 residents for each mental health provider in Sweetwater County compared to 310 residents for each mental health provider in the state. The need for additional mental health providers, including psychiatry, was identified by almost every individual interviewed in this survey.

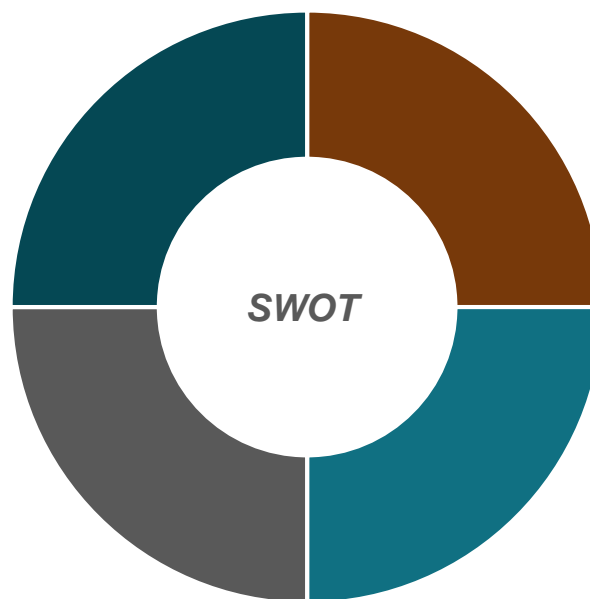
- **Competition:** Southwest Counseling, Private practice, Castle Rock Medical Center, and Aspen Mountain Medical Center
- **SWOT analysis:** This SWOT analysis provides a comprehensive overview of the internal strengths and weaknesses, as well as external opportunities and threats that the behavioral health clinic may encounter. By leveraging strengths and opportunities while addressing weaknesses and threats, the clinic can navigate challenges and achieve its mission of improving mental health in Sweetwater County

STRENGTHS

- **Experienced Staff:** Qualified and licensed medical professionals providing high quality care
- **Comprehensive Services:** Offering a wide range of services
- **Community Focus:** Commitment to meeting the unique needs of the Wyoming community.
- **Innovative Treatment Approaches:** Utilization of evidence-based treatment
- **Accessibility:** Providing Telehealth options to reach remote and underserved areas

OPPORTUNITIES

- **Growing Demand:** Increasing awareness and acceptance of mental health care, leading to a growing demand for services
- **Partnerships:** Opportunities to collaborate with local healthcare providers, schools, and community organizations
- **Expansion:** Potential to expand services and reach by adding new programs and enhancing telehealth capabilities.
- **Grant Funding:** Availability of grants and funding programs for mental health initiatives and rural healthcare



WEAKNESSES

- **Resource Limitations:** Potential challenges in securing funding for initial setup and ongoing operations
- **Staffing Challenges:** Recruiting and retaining qualified professionals in rural areas
- **Limited Awareness:** Initial lack of awareness about clinic's services
- **Infrastructure:** Location for clinic

THREATS

- **Economic Factors:** Economic downturns that could affect funding and patient affordability
- **Regulatory Changes:** Changes in healthcare regulations and policies that may impact operations
- **Competition:** Presence of established competitors offering similar services in the area
- **Stigma:** Ongoing stigma associated with mental health that may deter individuals from seeking help

5. ORGANIZATION STRUCTURE

- **Executive Director:** Psychiatrist to oversee PMHNP operations, compliance, and strategic growth \$800-\$1200/NP/Month
- **Psychiatric Mental Health Nurse Practitioner:** Provides psychiatric evaluations, medication management, and treatment planning \$117,000/year
- **Registered Nurse:** Patient care \$89,700/year OR **Medical Assistant:** Patient care \$47,000/year
- **Administrative Staff:** Manage scheduling, billing, and patient support \$40,000/year

Future Psychotherapy Growth

- **Licensed Clinical Therapist/Counselors:** Therapy services \$79,000/year
- **Case Managers/Social Workers:** Coordinate patient care and community resources \$76,000/year



6. MARKETING AND SALES PLAN

Our market and sales plan for the behavioral health clinic is designed to address the growing demand for mental health services in Wyoming. We aim to establish a strong brand identity and build awareness through a mix of online and offline marketing channels, including social media campaigns, a user-friendly website, community partnerships, and participation in local events. By leveraging telehealth options, we can reach remote and underserved areas, ensuring accessibility for all residents. Our client acquisition strategy will focus on referral programs, special promotions, and collaborations with local healthcare providers. To retain clients, we will prioritize personalized care, regular follow-up communication, and ongoing support. Through these efforts, we aim to create a loyal client base and position our clinic as a trusted provider of behavioral health services in Wyoming.

- **Marketing activities:**

- **Media Advertising:** We will leverage traditional media channels such as newspapers, magazines, television, and radio to build brand awareness and promote our services
- **Direct Mail:** Sending informative and visually appealing mailers to residents and businesses to introduce our clinic and its services.
- **Seminars or Business Conferences:** Hosting and participating in seminars and conferences to share knowledge about mental health, networking with other professionals, and establishing our clinic as a thought leader.
- **Digital Marketing:** Utilizing social media, email marketing, search engine optimization (SEO), and blogging to engage with our audience online, share valuable content, and drive traffic to our website
- **Word of Mouth or Fixed Signage:** Encouraging satisfied clients to share their positive experiences and placing attractive signage in strategic locations to draw attention to our clinic.
- **Informational Talks:** Providing free informational talks at our clinic or for local businesses offering complementary services to educate the community about mental health and our clinic's offerings

- **Sales strategy:**

By leveraging this multi-faceted approach, we aim to establish a strong presence in Wyoming, attract new clients, and foster long-lasting relationships with the community.

7. FINANCIAL PLAN & IMPACT

Financial Plan

Insurance reimbursements (Medicaid, Medicare, private insurers)

Sliding-scale fees for uninsured patients?

Partnerships with local businesses and healthcare organizations

Grants from federal, state, and local sources

Financial Impact To calculate the financial impact, we need to estimate the number of intakes (90-minute appointments) and follow-up visits (15-minute appointments) per week or month.

Let's assume:

10 intakes per week at \$300 each → \$3000 per week

40 follow-up appointments per week at \$200 each → \$8000 per week

Weekly Revenue Projections:

$\$3000 \text{ (intakes)} + \$8000 \text{ per week (follow-ups)} = \$11,000 \text{ per week}$

Monthly Revenue Projections (4 weeks):

$\$11,000 \times 4 = \$44,000 \text{ per month}$

Annual Revenue Projection (12 months):

$\$44,000 \times 12 = \textbf{\$528,000 per year}$

Billing considerations for Medicare, Medicaid, and Insured Patients:

CPT Code 90792 (Psychiatric Diagnostic Evaluation with medical services): Typically reimbursed at \$150-\$200 (\$200.02) by Medicare/Medicaid, covering initial psychiatric evaluations

CPT Code 90791 (intake/evaluation) (\$177.89)

CPT Code 99213 (15-minute follow-up visit): Reimbursed at approximately \$75-\$125 (\$95.07)

CPT Code 99214 (25-minute follow-up visit): Reimbursed at approximately \$125-\$175 (\$133.62)

CPT Code 99215 (40-minute evaluation and management) (\$187.37)

When Psychotherapy is added to the clinic.

CPT Code 90791 (Psychiatric Diagnostic Evaluation without Medical Services): Typically reimbursed at \$140-\$180 by Medicare/Medicaid, covering initial psychiatric evaluations (\$177.89).

CPT Code 90837 (60-minute psychotherapy session): reimbursed at approximately \$130-\$200 (\$164.48).

CPT 90838 (60-minute psychotherapy telehealth) (\$130.56)

CPT Code 90853) Group Therapy (\$29.97)

Given these reimbursement rates, SBHC will maximize revenue by ensuring efficient scheduling, leveraging telehealth for follow-ups, and optimizing provider time allocation for evaluations and medication management.

Implementation Timeline

Month 1-3: Secure funding, licensing, and facility location. Hire staff, including Executive Director (remote), & PMHNPs. Establish referral networks. Open clinic and begin service delivery

Month 4-6: Launch marketing campaign and community outreach

Month 7-9: Hire licensed clinical social workers/counselors

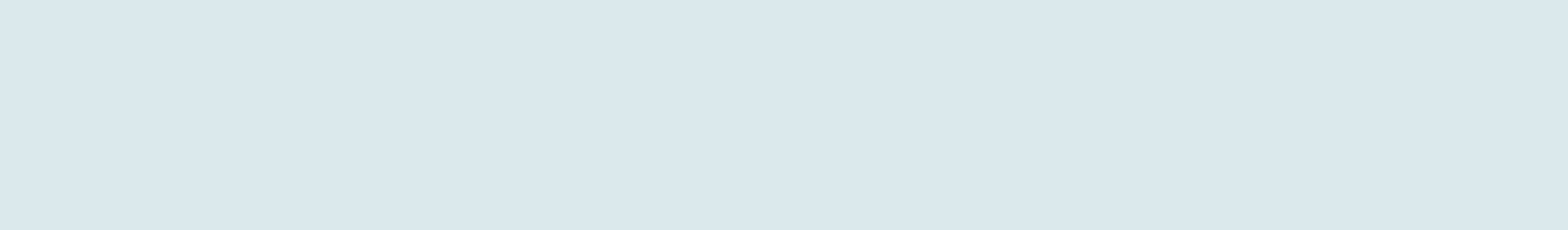
Month 10-12: Start providing psychotherapy

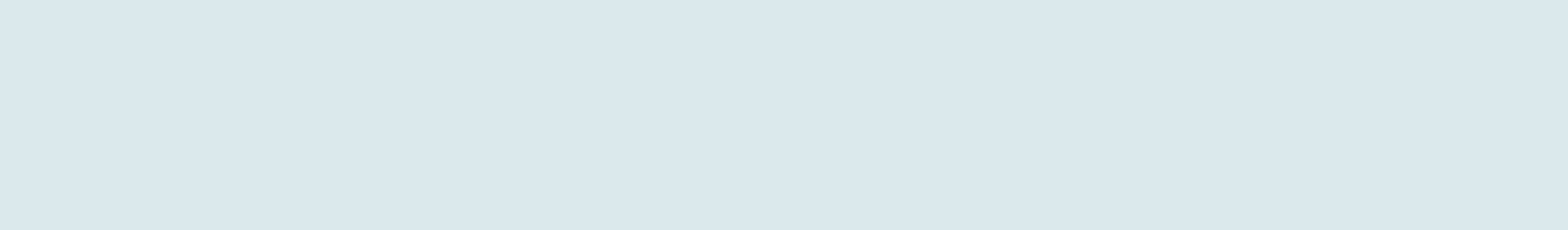
	BUDGET	BUDGET	BUDGET	BUDGET	Total BUDGET	Add'l NP BUDGET
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year 1	Year 2
Total Gross Patient Revenue	88,000.00	132,000.00	132,000.00	132,000.00	484,000.00	1,056,000.00
Total Deductions From Revenue	(46,640.00)	(69,960.00)	(69,960.00)	(69,960.00)	(256,520.00)	(559,680.00) using 53% ROR
Net Patient Revenue	41,360.00	62,040.00	62,040.00	62,040.00	227,480.00	496,320.00
Expenses						
Salary and Wage (NP, MA, Pt Acc)	46,524.00	46,524.00	46,524.00	46,524.00	186,096.00	303,097.00
Total Fringe Benefits	13,491.96	13,491.96	13,491.96	13,491.96	53,967.84	87,898.13
Physician Fees	2,400.00	2,400.00	2,400.00	2,400.00	9,600.00	4,800.00
Office Supplies	400.00	210.00	210.00	210.00	1,030.00	1,200.00
Insurance - Professional Liability	364.00	364.00	364.00	364.00	1,456.00	2,912.00
Education/Travel	1,250.00	1,250.00	1,250.00	1,250.00	5,000.00	10,000.00
Recruitment	1,250.00	1,250.00	1,250.00	1,250.00	5,000.00	10,000.00
Total Operating Expenses	65,679.96	65,489.96	65,489.96	65,489.96	262,149.84	419,907.13
Net Operating Surplus (Loss)	(24,319.96)	(3,449.96)	(3,449.96)	(3,449.96)	(34,669.84)	76,412.87

8. CONCLUSION



Sweetwater Behavioral Health Clinic will be a vital resource in Sweetwater County, offering accessible and high-quality behavioral health services. By addressing unmet mental health and substance use treatment needs, the clinic will improve individual well-being and overall community health. The integration of PMHNP will enhance the efficiency and effectiveness of psychiatric care, ensuring a patient-centered, holistic approach. We seek support from stakeholders to make this vision a reality. Our comprehensive range of services, including psychiatric evaluations, individual and group therapy, telehealth options, and community outreach programs, will ensure that we meet the diverse needs of our community. By fostering partnerships with local organizations and healthcare providers, we will create a network of support that enhances the well-being of our residents. Together, we can build a healthier, stronger community.







Board Meeting Date:4/2/2025

Topic for Old & New Business Items:

- Policy for Development, Approval, and Oversight of Policies and Governance Documents at Memorial Hospital of Sweetwater County
- MHSC Policy & Governance Document Approval Matrix
- Policies, Standards, Plans, Procedures/Processes, Guidelines and Forms

Policy or Other Document:

- ☐ Revision
☒ New

Brief Senior Leadership Comments:

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Board Committee Action:

Approved by the Governance Committee at their March 17 meeting. Presented at the April Board of Trustees meeting for first review.

Policy or Other Document:

- ☒ For Review Only
☐ For Board Action

Legal Counsel Review:

- ☒ In House Comments:.
☒ Board Comments:.

Senior Leadership Recommendation:

.



Approved N/A
Review Due N/A

Document Board of
Area Trustees

Policy for Development, Approval, and Oversight of Policies and Governance Documents at Memorial Hospital of Sweetwater County



Board of Trustees

STATEMENT OF PURPOSE:

The purpose of this policy is to establish the framework for the development, approval, and oversight of policies and governance documents at Memorial Hospital of Sweetwater County (the "Hospital"). It ensures that policies and governance documents are aligned with the Hospital's mission, legal obligations, and strategic goals, and outlines the delegation of policy and document development responsibilities to Senior Leaders, In-House Counsel, and designated committees, while maintaining final approval by the Board of Trustees for Hospital-wide policies and governance documents.

SCOPE:

This policy governs Hospital-wide policies and governance documents with significant strategic, legal, or financial implications. Operational documents governed by the Policies, Standards, Plans, Procedures/Processes, Guidelines, and Forms policy shall adhere to this framework for alignment.

TEXT:

I. Policy Statement

- A. The Board of Trustees (the "Board") of Memorial Hospital of Sweetwater County is responsible for the overall management and governance of the Hospital, including

the approval of Hospital policies and governance documents.

- B. This responsibility is in accordance with the powers and duties outlined in Wyo. Stat. § 18-8-104, which provides that the Board shall oversee the management and operation of the Hospital, ensuring that all policies and governance documents are consistent with the Hospital's strategic direction, ethical standards, and compliance with legal and regulatory requirements.
- C. The Board is not involved in the day-to-day operations of the Hospital. The daily operation of the Hospital is the responsibility of Senior Leadership, who manage and execute operational strategies to meet the Hospital's objectives and ensure compliance with approved policies.
- D. The Board recognizes that effective delegation is essential for the efficient operation of the Hospital. While certain responsibilities may be delegated to Hospital management and committees, the Board retains final approval authority over policies and governance documents with legal, financial, strategic, or ethical implications, ensuring alignment with the Hospital's mission, compliance requirements, and governance responsibilities. All such delegations must be consistent with the MHSC Policy & Governance Document Approval Matrix.
- E. The Board shall rely on advice and recommendations from qualified professionals, including legal counsel, auditors, and compliance experts, during the review and approval of policies and governance documents. Such reliance demonstrates the Board's commitment to fulfilling its oversight obligations in good faith and with reasonable care.

II. Disclaimer on Delegation of Responsibilities

- A. The Board of Trustees reserves the right to modify, alter, or revoke the delegation of responsibilities outlined in this policy at any time to ensure the effective governance and operation of the Hospital.
- B. Delegated responsibilities shall be reviewed regularly to ensure compliance with the Board's approved guidelines. Any modifications by the Board shall be documented and communicated to Senior Leaders, committees, and relevant stakeholders.

III. Policy Approval Process

- A. Approval responsibilities are set forth in the **MHSC Policy & Governance Document Approval Matrix.**

IV. Policy Development and Delegation

- A. The Board of Trustees delegates the responsibility for the initial drafting and administration of Hospital policies and governance documents to Senior Leaders, In-House Counsel and designated committees.
- B. Senior Leaders, In-House Counsel, and committees are tasked with drafting policies and governance documents in their respective areas of responsibility, aligning with the Hospital's operational needs, legal obligations, and best practices.
- C. The Compliance Committee, in collaboration with Senior Leaders, shall ensure that policies mitigate identified risks and align with legal and regulatory requirements.

- D. All policies, procedures, and governance documents must be maintained in an approved document management system (e.g., PolicyStat). The CEO shall ensure that all policies and governance documents remain current.
- E. **The Policies, Standards, Plans, Procedures/Processes, Guidelines, and Forms policy** outlines additional procedural requirements. The following committees shall be responsible for the development of policies and governance documents within their identified area of coverage:
1. Joint Conference Committee: Develops policies and governance documents related to the collaboration between medical staff and Hospital administration, including clinical practice, Hospital operations, and patient care standards.
 2. Building & Grounds Committee: Develops policies and governance documents related to Hospital facilities, maintenance, building and grounds safety, and capital improvement projects.
 3. Compliance Committee: Develops policies and governance documents related to regulatory compliance, ethical conduct, risk management, and patient privacy (including HIPAA compliance).
 4. Governance Committee: Develops policies and governance documents related to Board governance, organizational structure, Board member duties, and Board policies and documents.
 5. Quality Committee: Develops policies and governance documents related to quality assurance, patient safety, performance improvement, and patient satisfaction.
 6. Human Resources Committee: Develops policies and governance documents related to employee conduct, hiring, compensation, benefits, performance management, and workplace safety.
- F. After committees draft policies and governance documents in their areas, the proposed policies and governance documents shall be submitted to the Board of Trustees for review and approval in accordance with the MHSC Policy & Governance Document Approval Matrix.
- G. The Board shall approve or provide feedback on policies and governance documents to ensure alignment with the Hospital's mission, vision, legal obligations, and regulatory compliance. The Board of Trustees may request additional information or revisions from Senior Leaders, In-House Counsel, the Board attorney, or committees before final approval.
- V. Delegation of Specific Responsibilities
- A. The Board may delegate certain aspects of policy implementation or ongoing policy management to designated committees or Senior Leaders, provided that such policies do not require ongoing Board oversight or modification.
 - B. Senior Leaders, and In-House Counsel are responsible for ensuring that delegated policies are implemented in accordance with the Board's approved guidelines, and they must report regularly to the Board on the status of policy implementation.

- C. The committees shall report to the Board of Trustees on the effectiveness of the policies and governance documents developed within their areas and suggest necessary updates as part of the policy review process. Detailed responsibilities for staff, committees, and Senior Leaders are further elaborated in the Policies, Standards, Plans, Procedures/Processes, Guidelines, and Forms policy to ensure clarity and alignment.
- D. The Policies, Standards, Plans, Procedures/Processes, Guidelines, and Forms policy provides detailed guidance on specific delegation responsibilities for drafting and managing operational and clinical documents. These delegations remain valid unless explicitly modified by this policy.

VI. Regular Policy Review

- A. All policies and governance documents must be reviewed at least every three years or as required by changing legal, regulatory, or operational conditions.
 - 1. This includes compliance with evolving requirements set forth by the Centers for Medicare & Medicaid Services (CMS), the accrediting organization of MHSC, Critical Access Hospital (CAH) regulations, and other applicable authorities.
 - 2. All reviews must ensure consistency with the Hospital's strategic objectives and the Policies, Standards, Plans, Procedures/Processes, Guidelines, and Forms policy, as well as the Policy and Governance Approval Matrix.
 - 3. The CEO, In-House Counsel, and Senior Leaders are responsible for identifying any policies and governance documents that require updating and shall present proposed updates to the appropriate committees and the Board of Trustees for final approval.
- B. Policy reviews shall include legal compliance audits, operational effectiveness assessments, and updates to reflect changes in laws, regulations, or best practices. Reviews must be documented and include recommendations for updates where necessary.

VII. Exclusions from Board Approval

- A. The policies and governance documents delegated to Senior Leaders or specific committees without requiring Board approval are set forth in the MHSC Policy & Governance Document Approval Matrix. They generally include the following:
 - 1. Operational policies that do not significantly affect the Hospital's governance, financial stability, or legal compliance (e.g., internal departmental procedures).
 - 2. Routine employee policies related to day-to-day operational functions (e.g., time-off requests, internal scheduling).
 - 3. Specific medical or clinical policies that fall under the scope of the Medical Staff and are governed by the Hospital's Medical Executive Committee.

- B. However, even these policies and governance documents must be reviewed periodically by the Board of Trustees to ensure that they remain aligned with the Hospital's objectives and legal compliance.

VIII. Uncertainty in Approval Requirements

- A. If there is any uncertainty regarding whether a policy or governance document requires Board approval, Senior Leaders must consult the MHSC Policy & Governance Document Approval Matrix.
- B. If the matrix does not clearly resolve the uncertainty, the matter shall be presented to the Board for final determination.
- C. When in doubt, the Board's approval should be obtained to ensure full compliance with hospital governance, legal, and regulatory requirements.

IX. Responsibility

A. Board of Trustees:

1. Review and approve Hospital-wide policies and associated governance documents, particularly those that have legal, financial, or ethical implications.
2. Ensure all policies and governance documents align with the Hospital's mission, vision, and strategic goals.
3. Maintain ultimate accountability for the Hospital's compliance with applicable laws and regulations.

B. Chief Executive Officer (CEO):

1. Oversee the development, implementation, and periodic review of Hospital policies and governance documents.
2. Ensure that Senior Leaders and committees follow the established policy approval process.
3. Report to the Board on the status of policy and governance document implementation and any necessary updates.

C. In-House Counsel:

1. Develops, initiates, maintains, and revises policies and procedures for the Hospital related to legal and regulatory matters.
2. Ensures that established policies, processes and application functionality comply with required regulatory standards and support quality initiatives.
3. Ensures compliance with approved policies and procedures.

D. Senior Leader Overseeing Human Resources:

1. Oversee the development of employee policies and associated governance documents in collaboration with the Director of Human Resources and In-House Counsel, ensuring alignment with Hospital objectives and coordination across departments.
2. Review and approve proposed employee policies before submission to the

Board, in accordance with the MHSC Policy & Governance Document Approval Matrix.

3. Ensure ongoing compliance with approved employee policies.

E. Committee Responsibilities: Each committee is responsible for drafting policies and governance documents in their respective areas of oversight, including:

1. Joint Conference Committee: Clinical and administrative collaboration policies.
2. Building & Grounds Committee: Facility management and building and grounds safety policies.
3. Compliance Committee: Legal compliance and risk management policies.
4. Governance Committee: Board governance and organizational policies.
5. Quality Committee: Patient safety and quality improvement policies.
6. Human Resources Committee: Employee management and workplace policies.

NOTE: Committees must ensure that the policies and governance documents they develop comply with the Hospital's legal, regulatory, and operational needs. They are also responsible for reporting to the Board of Trustees on the effectiveness and implementation of policies within their area of responsibility.

F. Senior Leaders:

1. Develop, implement, and manage policies and governance documents within their respective departments or committee areas.
2. Ensure compliance with approved policies and procedures.
3. Provide regular reports on the effectiveness of policies to the CEO and the Board of Trustees.

X. Disclaimers for Unintended Consequences

A. This policy is intended to provide a framework for governance and oversight.

1. The Board recognizes that unforeseen circumstances may arise, and policies may require interpretation or adjustments.
2. Such actions will be taken in good faith, with reasonable care, and in consultation with appropriate experts.

B. The Board acknowledges that, despite best efforts, certain policies or governance documents may, on occasion, be approved by an entity other than the one designated in this policy and the Policy and Governance Approval Matrix.

1. Any such error does not, by itself, invalidate the policy or document, provided it was developed and approved in substantial compliance with legal, regulatory, and governance requirements.
2. When an approval discrepancy is identified, corrective action must be

taken immediately, and the policy must be re-evaluated and re-approved by the appropriate entity within a reasonable timeframe.

3. The Hospital shall maintain a record of such corrective actions to ensure compliance and prevent recurrence.

XI. Wyoming Governmental Immunity Disclaimer

- A. Nothing in this policy shall be construed as a waiver of the Hospital's immunity from suit or liability under the Wyoming Governmental Claims Act, Wyo. Stat. § 1-39-101 et seq. The Hospital retains all defenses and immunities afforded under state law, including governmental immunity.

References

- Wyo. Stat. § 18-8-104 (Hospital generally under control of board of trustees)
- Wyoming Governmental Claims Act, Wyo. Stat. § 1-39-101 et seq.

Board of Trustees Approval:

Approval Signatures		
Step Description	Approver	Date



Approved

N/A

Review Due

N/A

Document

Board of

Area

Trustees

MHSC Policy & Governance Document Approval Matrix

DRAFT



Board of Trustees

DRAFT

MHSC Policy & Governance Document Approval Matrix*

Document Type	Approval Responsibility	Rationale
Governance Policies (Bylaws, Credentialing, Compliance, particularly those that have legal, financial, or ethical implications, including duties outlined in Wyo. Stat. § 18-8-104, which provides that the Board shall oversee the management and operation of the Hospital, ensuring that all policies and governance documents are consistent with the Hospital's strategic direction, ethical standards, and compliance with legal and regulatory requirements)	Board of Trustees	Ensures alignment with legal and strategic governance responsibilities.
Board Committee Charters	Board of Trustees	Defines the authority, scope, and responsibilities of Board committees.
Medical Staff Bylaws & Peer Review	Board of Trustees	Required for compliance with medical staff governance and credentialing.
Quality & Patient Safety Programs	Board of Trustees	Ensures compliance with the accrediting organization of MHSC CMS, and other regulatory agencies.
Financial & Compliance Policies	Board of Trustees	Maintains fiscal responsibility and regulatory adherence.
Strategic Plans	Board of Trustees	Aligns hospital goals with long-term sustainability and growth.
Risk Management Policies (Malpractice, Liability, Incident Reporting)	Board of Trustees	Addresses patient and legal risks, ensuring compliance with WGCA.
Business Continuity & Disaster Recovery Plans	Board of Trustees	Ensures hospital preparedness for system failures, emergencies, and disasters.
Ethics Policies (Conflict of Interest, Code of Ethics)	Board of Trustees	High-level policies that mitigate ethical risks.
Informed Consent & Patient Rights Policies	Board of Trustees	Aligns with legal standards and patient care rights.
Research & Clinical Trial Policies	Board of Trustees (if applicable)	Addresses ethical, legal, and compliance concerns with hospital-affiliated research.
Facility Use & Capital Projects	Board of Trustees	Ensures alignment with financial planning and operational capacity.
Vendor & Third-Party Agreements Policies**	Board of Trustees approval required for contracts exceeding	Ensures oversight of financial and legal risks.

**Approved in accordance with applicable Wyoming statutes.	statutory or policy thresholds. Senior Leaders may approve routine contracts within delegated authority	
Critical Access Hospital (CAH) Policies (including CAH-specific patient care policies)	Board of Trustees (for required oversight) Delegated to Medical Staff Committees for clinical execution	Required by CMS Conditions of Participation for CAHs and ensures compliance with federal rural hospital regulations.
The accrediting organization of MHSC & CMS Operational Policies (Infection Control, Nursing Procedures)	Medical Executive Committee, Clinical Senior Leadership, Clinical Department Directors	Clinical and operational compliance with accreditation standards.
Departmental Clinical Policies	Senior Leaders working with Clinical Department Directors	Ensures medical staff and department oversight.
Routine Administrative Policies (HR, Scheduling, IT)	Senior Leaders working with HR	Supports efficient hospital administration.
Employee Governance Policies (e.g., Code of Conduct, Executive Compensation, Whistleblower Protection)	Board of Trustees	Aligns with governance, ethics, and leadership expectations.
HR Compliance & Legal Risk Policies (e.g., Anti-Discrimination, Workplace Safety, HIPAA, Harassment Prevention)	Board of Trustees	Addresses legal compliance and risk mitigation.
Operational HR Policies (e.g., Employee Benefits, Leave, Hiring, Performance Evaluations)	Senior Leaders working with HR	Routine HR functions that do not require Board oversight.
Departmental or Unit-Specific HR Policies (e.g., Scheduling, Dress Code, Remote Work)	Senior Leaders working with HR	Ensures department-level flexibility and efficiency.
IT Security & Data Protection Policies	Senior Leaders working with IT & Compliance	Protects sensitive hospital data and meets regulatory security requirements.
Electronic Medical Records (EMR) Usage & Downtime Contingency Plans	Senior Leaders working with IT & Compliance	Ensures continuity of patient care and compliance with documentation standards.
Telehealth & Remote Patient Care Policies	Board of Trustees	Defines telemedicine guidelines, compliance, and liability protections.

* If there is any uncertainty regarding whether a policy or governance document requires Board approval, Senior Leaders must consult the MHSC Policy & Governance Document Approval Matrix. If the matrix does not clearly resolve the uncertainty, the matter shall be presented to the Board for final determination. When in doubt, the Board's approval should be obtained to ensure full compliance with hospital governance, legal, and regulatory requirements. Nothing in this matrix shall be construed as a waiver of the Hospital's immunity from suit or liability under the Wyoming Governmental Claims Act, Wyo. Stat. § 1-39-101 et seq. The Hospital retains all defenses and immunities afforded under state law, including governmental immunity.

Board of Trustees Approval:

Attachments

 [3.7.25Policy & Governance Document Approval Matrix_Page_1.jpg](#)

 [3.7.25Policy & Governance Document Approval Matrix_Page_2.jpg](#)

Approval Signatures

Step Description

Approver

Date

DRAFT

Policies, Standards, Plans, Procedures/Processes, Guidelines and Forms

STATEMENT OF PURPOSE

The purpose of this policy is to provide a foundational framework for the development, approval, maintenance, implementation, and reviewing and revision of operational and clinical policies and documents. To maintain consistency and coherence, this policy governs the creation, review, and approval of operational and clinical policies and documents.

Scope

This policy governs the development, approval, maintenance, implementation, and review and revision of operational and clinical policies and documents that support delegated, day-to-day activities of the Hospital.

Integration with Governance Policy

This policy incorporates the approval framework established in the Policy for Development, Approval, and Oversight of Policies and Governance Documents and aligns with the MHSC Policy & Governance Document Approval Matrix. It governs operational and clinical policies, plans, procedures, protocols, and guidelines that support the Hospital's day-to-day functions. If there is a conflict or uncertainty regarding approval authority, the Governance Policy and the Approval Matrix take precedence, except where explicitly stated otherwise. Any uncertainties regarding approval requirements must be escalated to the Board of Trustees, CEO, or Compliance Committee for clarification.

Definitions

- I. POLICY- formal written documents detailing the overall application of a principle or overarching statement. These documents are typically high level statements that provide information across the organization. *This is the WHY.*
- II. PROCEDURE - The desired intentional action steps to be taken by specified persons to achieve a certain objective in a defined set of circumstances. (Ost et al., 2020). *This is the HOW.*
- III. PLAN - A detailed proposal of requirements and/or benchmarks, for doing or achieving that clearly identifies the desired outcome. *This is the WHAT and WHY.*
- IV. PROTOCOL (CLINICAL) – Synonymous with PROCEDURE but specific to clinical patient care-related interventions. A series of step-by-step actions, which may include specific medications, that may be implemented as needed to respond to and manage a patient's clinical status in specific and specialized circumstances. Protocols are designed to standardize and optimize patient care based on current evidence-based clinical

guidelines or standards of practice. Protocols are not a substitute for clinical judgment. *This is also the HOW. Refer to Standing Orders, Protocol and Order Sets document.*

- V. STANDING ORDERS- Pre-written medication orders and specific instructions from the provider that the nurse, respiratory therapist or other licensed health care professional can administer or implement in clearly defined situations that do not necessitate notification of the provider prior to administration or implementation; universal order in that all patients who meet the criteria for the order receive the same treatment. *This is also the HOW . Standing Orders are not a substitute for clinical judgment. Refer to Standing Orders, Protocol and Order Sets document.*
- VI. ORDER SETS - Order sets are pre-established, computerized, diagnosis-specific protocols for the diagnosis and treatment of patients. *This is also the HOW . Order Sets are not a substitute for clinical judgment. Refer to Standing Orders, Protocol and Order Sets document.*
- VII. GUIDELINE - Recommended actions for a specific situation or type of case. *A guideline aims to streamline particular processes according to a set routine or sound practice. Guidelines are not a substitute for clinical judgment. (Ost et al., 2020).*
- VIII. FORM - A pre-approved printed document. Forms are not a substitute for clinical judgment.
- IX. DOWNTIME FORM - may be used in the event of computer system outages. Due to the complexity of the electronic medical record (EMR) system, downtime forms may not replicate the EMR work flow or match the EMR content.

Procedure

- I. Drafting, Revising, and Reviewing Policies and Documents
 - a. Responsible party/parties: Drafting responsibilities for all new documents or revisions are assigned to employees, committees, departments, senior management, or medical staff committees, depending upon the document type.
 - i. Medical staff policies and documents shall be developed by a medical staff committee or delegated to the appropriate hospital staff in accordance with the MHSC Policy & Governance Document Approval Matrix.
 - ii. To comply with Critical Access §485.635(a)(2) & (4), an advanced practice clinician (APC) will participate on existing Medical Staff committees to

draft, review and approve both new and current patient care policies at least biennially.

- iii. The Medical Staff Committees will consist of at least one physician and advanced practice provider; the Chief Nursing Officer; the Chief Clinical Officer; and others as needed pertinent to documents requiring drafting, review, or revision.

II. Procedure for drafting or revising policies and documents.

- a. Verify that no other similar documents exist in the document management system or other hospital document repositories, i.e. PolicyStat, Lippincott.
- b. If there is an existing document collaborate with the "owner" to revise.
- c. Conduct a thorough literature review and include any regulatory standards, state and federal laws, governing professional organizations, i.e. OSHA, CMS, TJC.
- c. Consider and integrate the most current information/evidence when drafting new, revising existing, or reviewing documents Ensure alignment with current regulatory standards, legal requirements, and evidence-based practices.
- d. Maintain list of citation references for inclusion in the document.

III. Check list for layout of policies. These headlines must be used. Only unassigned users should utilize WORD for creation of documents.

- a. Title
- b. Statement of Purpose
- c. Definitions (if applicable)
- d. Text – body of document
- e. References (if applicable) using APA format
- f. Regulatory Standards (if applicable)
- g. Attachments (if applicable)
- h. Assigned document management system (PolicyStat) users.
- i. Date of approval and name of approval party.

IV. Check list for maintaining policies and appropriate documents in PolicyStat

- a. Assign document management system users under “Properties”
 - i. For department specific policies and documents, select corresponding department from dropdown in “Policy Area.”
 - ii. Policies and documents that include or affect more than one department, choose “Draft Policy in “Policy Area.”
- b. “Approval Work Flow” under “Properties”

- i. For department specific documents select corresponding department from dropbox in "Approval Work Flow"
- ii. For documents that include or affect more than one department, choose *Draft Policy* in "Approval Work Flow"

V. Procedure for approval of policies and documents

- a. New or revised Policies, Plans, Procedures, Protocols, standing Orders, Order Sets, Guidelines, Standards and Forms shall be reviewed and/or approved through the designated approval pathway, appropriate to the content of the document.
 - i. Documents that include or affect multiple departments must be reviewed under the "Draft Policy" pathway in the document management system.
 - ii. Department-specific documents are reviewed through the designated departmental approval pathway.
- b. Medical staff policies shall be reviewed and approved by the appropriate medical staff committee, composed of physicians, the Chief Nursing Officer, the Chief Clinical Officer, and at least one advanced practice provider prior to being submitted to the Board for final review and approval.

VI. Approval responsibilities for all operational and clinical policies, plans, procedures, protocols, guidelines, and forms are detailed in the MHSC Policy & Governance Document Approval Matrix. Any approvals granted outside of the designated pathways outlined in the Matrix must be corrected immediately to maintain compliance with governance and oversight requirements. Procedure for the communication and education of policies and documents

- a. The policy/document owner is responsible for the communication of new and revised policies and documents to all relevant stakeholders.
 - i. Multiple communication channels may be used to inform the affected stakeholders.
- b. The policy/document owner is responsible for the training of all relevant stakeholders regarding all new and revised policies and documents.
- c. Training records shall be maintained in the relevant stakeholders' personnel files in accordance with regulatory and legal requirements.
- d. All approved policies, procedures, and governance documents must be maintained in the Hospital's document management system (PolicyStat, or equivalent). Document owners are responsible for ensuring that:
 - i. Policies are properly categorized under the correct approval pathway.
 - ii. Outdated policies are archived and replaced with the most recent version.

- iii. Employees have unrestricted access to required policies for compliance and operational efficiency.

VII. Staff and Leadership Responsibilities:

- a. The roles and responsibilities outlined in this policy complement the overarching governance framework and approval processes established in the Policy for Development, Approval, and Oversight of Policies and Governance Documents at Memorial Hospital of Sweetwater County and the MHSC Policy & Governance Document Approval Matrix.
- b. Read, become familiar with the information in the available documents on MHSC Intranet in the document management system. If changes are needed, staff are expected to notify their Director or Leader and follow the relevant process as outlined above.
- c. Keep current regarding changes in documents through the document management system and other document repositories , i.e. PolicyStat, Lippincott.



Board Meeting Date:4/2/2025

Topic for Old & New Business Items:
Medical Staff Bylaws

Policy or Other Document:

- ☒ Revision
☐ New

Brief Senior Leadership Comments:

- Changes were made to the Emergency Medicine and Pediatric Privileges
- The changes are highlighted
- Back-up documentation for ER privileges is included

Board Committee Action:

Approval Needed for the revised privilege forms

Policy or Other Document:

- ☒ For Review Only
☐ For Board Action

Legal Counsel Review:

☒ In House Comments: Suzan reviewed the policy and was present at Credentials Committee and MEC when they reviewed and approved the privilege forms.

☐ Board Comments:Click or tap here to enter text.

Senior Leadership Recommendation:

Recommend approval of the privilege forms.

Name: _____

Page 1

**Delineation of Privileges
EMERGENCY MEDICINE PRIVILEGES**

☐ Initial appointment ☐ Reappointment ☐ Modification of Privileges

Applicant

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

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

LICENSURE / PROFESSIONAL LIABILITY INSURANCE	MD or DO Licensed to practice medicine in the State of Wyoming Current Wyoming designated DEA Registration and current Wyoming Controlled Substance Registration Proof of Professional Liability Insurance in the amounts of at least: Per Claim: \$1,000,000.00 Aggregate: \$3,000,000.00
EDUCATION / TRAINING	Completion of an approved residency in Emergency Medicine by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA).
CERTIFICATION	<p>Certification by the applicable Emergency Medicine board for any clinical privileges for which applicant has applied, or be eligible for certification by such board. Once physician is board certified, Maintenance of Board Certification is required.</p> <ul style="list-style-type: none"> • All ER physicians are required to be certified in NRP or PALS. • All ER physicians must have completed and become certified in ACLS and ATLS, at least once. Once physician becomes board certified, they do not need to maintain certification in ACLS and ATLS. However; if they aren't yet board certified, ACLS and ATLS certifications needs to be kept current and they need to provide documentation of at least 10 hours of trauma-related CME per year. • If ER physician requests moderate sedation privileges, they must have current certification in ACLS, unless board certified. Once they become board certified, they no longer need to maintain ACLS certification.
CLINICAL EXPERIENCE (INITIAL)	<p>Applicants for initial appointment must be able to demonstrate active practice in an ED, reflective of the scope of privileges requested, in the past 12 months with a census equal to or exceeding 10,000 patient visits annually or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.</p> <p>Applicants for initial appointment may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.</p>
CLINICAL EXPERIENCE (REAPPOINTMENT)	To be eligible to renew core privileges in emergency medicine, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
FPPE	FPPE criteria will be assigned by the Department Chair during the approval process.
OTHER REQUIREMENTS	<ul style="list-style-type: none"> • Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. • This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Name: _____

Page 2

EMERGENCY MEDICINE CORE PRIVILEGES - This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/ privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/ procedures/privileges requiring similar skill sets and techniques		
Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	Assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary	<input type="checkbox"/>
<input type="checkbox"/>	Abscess incision and drainage, including Bartholin's cyst	<input type="checkbox"/>
<input type="checkbox"/>	Airway management and intubation	<input type="checkbox"/>
<input type="checkbox"/>	Administration of sedation and analgesia per hospital policy	<input type="checkbox"/>
<input type="checkbox"/>	Administration of thrombolytic therapy for myocardial infarction, stroke	<input type="checkbox"/>
<input type="checkbox"/>	Anoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Arterial puncture and cannulation	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis	<input type="checkbox"/>
<input type="checkbox"/>	Anesthesia: intravenous (upper extremity, local, and regional)	<input type="checkbox"/>
<input type="checkbox"/>	Bladder decompression and catheterization techniques	<input type="checkbox"/>
<input type="checkbox"/>	Blood component transfusion therapy	<input type="checkbox"/>
<input type="checkbox"/>	Burn management, including escharotomy	<input type="checkbox"/>
<input type="checkbox"/>	Cannulation, artery and vein	<input type="checkbox"/>
<input type="checkbox"/>	Cardiac pacing to include but not limited to external, transthoracic, transvenous	<input type="checkbox"/>
<input type="checkbox"/>	Cardiac massage, open or closed	<input type="checkbox"/>
<input type="checkbox"/>	Cardioversion (synchronized counter-shock)	<input type="checkbox"/>
<input type="checkbox"/>	Central venous access (femoral, jugular, peripheral, internal, and subclavian)	<input type="checkbox"/>
<input type="checkbox"/>	Chemical restraint of agitated patient	<input type="checkbox"/>
<input type="checkbox"/>	Cricothyrotomy	<input type="checkbox"/>
<input type="checkbox"/>	Defibrillation	<input type="checkbox"/>
<input type="checkbox"/>	Dislocation/fracture reduction/immobilization techniques, including splint and cast applications	<input type="checkbox"/>
<input type="checkbox"/>	Electrocardiography interpretation	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Vaginal Delivery	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal intubation techniques	<input type="checkbox"/>
<input type="checkbox"/>	External transcutaneous pacemaker	<input type="checkbox"/>
<input type="checkbox"/>	Focused Abdominal Sonography for Trauma (F.A.S.T)	<input type="checkbox"/>
<input type="checkbox"/>	GI decontamination (emesis, lavage, charcoal)	<input type="checkbox"/>
<input type="checkbox"/>	Hernia reduction	<input type="checkbox"/>
<input type="checkbox"/>	Irrigation and management of caustic exposures	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of emergency transvenous pacemaker	<input type="checkbox"/>
<input type="checkbox"/>	Intraosseous infusion	<input type="checkbox"/>
<input type="checkbox"/>	Laryngoscopy, direct, indirect	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
<input type="checkbox"/>	Management of epistaxis	<input type="checkbox"/>
<input type="checkbox"/>	Nail trephine techniques	<input type="checkbox"/>
<input type="checkbox"/>	Nasal cautery/packing	<input type="checkbox"/>

Name: _____

Page 3

<input type="checkbox"/>	Nasogastric/orogastric intubation	<input type="checkbox"/>
<input type="checkbox"/>	Ocular tonometry	<input type="checkbox"/>
<input type="checkbox"/>	Oxygen therapy	<input type="checkbox"/>
<input type="checkbox"/>	Paracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Pericardiocentesis	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical exam	<input type="checkbox"/>
<input type="checkbox"/>	Point of Care Ultrasound	<input type="checkbox"/>
<input type="checkbox"/>	Preliminary interpretation of imaging studies	<input type="checkbox"/>
<input type="checkbox"/>	Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue	<input type="checkbox"/>
<input type="checkbox"/>	Removal of IUD	<input type="checkbox"/>
<input type="checkbox"/>	Repair of lacerations	<input type="checkbox"/>
<input type="checkbox"/>	Resuscitation	<input type="checkbox"/>
<input type="checkbox"/>	Slit lamp used for ocular exam, removal of corneal foreign body	<input type="checkbox"/>
<input type="checkbox"/>	Spine immobilization	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Thoracostomy tube insertion	<input type="checkbox"/>
<input type="checkbox"/>	Thoracotomy, open for patient in extremis	<input type="checkbox"/>
<input type="checkbox"/>	Variceal/nonvariceal hemostasis	<input type="checkbox"/>
<input type="checkbox"/>	Wound debridement and repair	<input type="checkbox"/>

	Administration of Sedation and Analgesia <i>Must be requested separately. Contact Medical Staff Services for privilege form.</i>		
--	--	--	--



Name: _____

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ACKNOWLEDGEMENT OF APPLICANT

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

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT CHAIR REVIEW

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

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

Department Chair's Printed Name _____

Department Chair's Signature: _____ Date: _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee approval

Date: _____

Medical Executive Committee Approval

Date: _____

Board of Trustees approval

Date: _____

Privileges Effective From: _____ To: _____

Date Form Approved by Specialty: _____ 03/04/2025

Date Form Approved by Department Chair: _____ 03/11/2025

Date Approved by Credentials Committee: _____ 03/11/2025

Date Approved by MEC: _____ 03/25/2025

Date Approved by Board of Trustees: _____



Use of Short Courses in Emergency Medicine as Criteria for Privileging or Employment

Revised January 2022, January 2016, April 2012

Reaffirmed September 2005

Revised June 1999 with current title, June 1997, August 1992

Originally approved January 1984 titled “Certification in Emergency Medicine”

The American College of Emergency Physicians (ACEP) believes that board certification by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) demonstrates comprehensive training, knowledge, and skill in the practice of emergency medicine. Although short course completion may serve as evidence of focused review, the topics covered in such courses are part of the core curriculum of emergency medicine. ABEM or AOBEM certification in emergency medicine supersedes evidence of completion of such courses. Additionally, maintenance of board certification requires mandatory retesting and continuing medical education (CME), making updated short courses redundant. Similarly, board certification and maintenance of certification by either ABEM or American Board of Pediatrics (ABP) in pediatric emergency medicine supersedes the need for completion of such short courses.

However, for physicians board eligible or board certified by ABEM or AOBEM in emergency medicine, ACEP strongly opposes requiring completion of courses such as Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), and Basic Trauma Life Support (BTLS), or a specified number of CME hours in a sub-

area of emergency medicine, as conditions for privileges, renewal of privileges, employment, qualification by hospitals, government agencies, or any other credentialing organization's standards to provide care for designated disease entities. For physicians board eligible or board certified by ABEM or ABP in pediatric emergency medicine, ACEP strongly opposes these additional requirements.

For emergency physicians required to have a card, ACEP offers its members a set of personalized cards, for those who attest that they are currently Board certified by ABEM or AOBEM.

(<https://webapps.acep.org/membership/meritbadge.aspx>)



American College of
Emergency Physicians®

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Joint Policy Statement Against Medical Merit Badges

The American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM) define the standards for the specialty of Emergency Medicine. Certification by ABEM or AOBEM obviates any additional certifications required for medical staff privileges or disease-specific care center designations, such as that needed for trauma or stroke centers.

Major Emergency Medicine organizations oppose any requirement of additional short courses or topic-specific continuing education for board-certified emergency physicians, who are in good standing with their medical staff, and who are participating in Maintenance of Certification (MOC), Osteopathic Continuous Certification (OCC), or any future program to ensure continued Board Certification. Our professional organizations provide the best opportunities for continuous professional development in advanced resuscitation, trauma care, stroke care, cardiovascular care, procedural sedation, pediatric care, and airway management. ABEM and AOBEM certify that this knowledge and these skills have been acquired and are maintained through both MOC and OCC.¹

Mandates that were developed before Emergency Medicine was a mature specialty are unnecessary. The Accreditation Council for Graduate Medical Education (ACGME) tracks the acquisition of critical competencies during residency training. After completing an Emergency Medicine residency, the physician must take a secure, comprehensive written examination. Once successfully completed, the physician then must pass an Oral Certification Examination that emphasizes the evaluation and treatment of complex clinical conditions.

- The core content for emergency medicine training comprehensively covers stroke care, cardiovascular care, pediatric acute care, advanced resuscitation, airway management, trauma care, procedural sedation, as well as all other areas of emergent care that may be required by patients presenting to an emergency department.
- Initial certification involves both a comprehensive written examination and a rigorous oral examination involving the aforementioned areas.
- MOC and OCC preserve and advance the knowledge and skills in the aforementioned areas.
- Physicians are periodically tested in the previously mentioned areas.

Participation in Maintenance of Certification or Osteopathic Continuous Certification assures medical staff that the emergency physician is meeting and exceeding the educational objectives thought to be derived from merit badge courses.

Organizations who support this policy statement are the following:

- American Academy of Emergency Medicine (AAEM)
- American Academy of Emergency Medicine/Resident and Student Association (AAEM/RSA)
- American Board of Emergency Medicine (ABEM)
- American College of Emergency Physicians (ACEP)
- American College of Osteopathic Emergency Physicians (ACOEP)
- American Osteopathic Board of Emergency Medicine (AOBEM)
- Association of Academic Chairs of Emergency Medicine (AACEM)
- Council of Emergency Medicine Residency Directors (CORD)

- Emergency Medicine Residents' Association (EMRA)
- Society for Academic Emergency Medicine (SAEM)

¹ *For physicians who are not board certified in Emergency Medicine, or who do not participate in either Maintenance of Certification or Osteopathic Continuous Certification, the completion of periodic, short courses in focused content areas of Emergency Medicine may be valuable.*



Position Statement on the Advanced Trauma Life Support Course

AAEM recognizes the value of the ATLS curriculum for non-EM boarded physicians and other health care providers who need to be familiar with the principles of trauma care. However, AAEM believes that board certification in Emergency Medicine establishes expertise in trauma care beyond that which is taught in the ATLS course.

Therefore, ATLS should not be required of physicians board-certified in Emergency Medicine.

Approved: 2/19/98



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(<https://www.aaem.org/donate/aaem-foundation>)

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Fax: (414) 276-3349

Email: info@aaem.org

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Name: _____

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**Delineation of Privileges
PEDIATRIC PRIVILEGES**

☐ Initial appointment ☐ Reappointment ☐ Modification of Privileges

Applicant

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

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

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

Name: _____

Page 2

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

Name: _____

Page 3

<input type="checkbox"/>	Ventricular peritoneal shunt tap	<input type="checkbox"/>
SPECIAL NON-CORE PRIVILEGES		
<p>If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence. To be eligible to apply for the special non-core privileges listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing the requested procedure consistent with criteria set forth in medical staff policies governing the exercise of specific privileges.</p>		
Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	<p>Circumcision <i>Initial Privileges:</i> Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 10 proctored procedures during training.</p> <p><i>Required Current Experience:</i> Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. If applicant hasn't completed 5 procedures during the past 12 months, they will need to complete 5 precepted procedures with physician preceptor approval before completing this procedure on their own.</p> <p><i>Renewal of Privileges:</i> Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.</p>	<input type="checkbox"/>

Name: _____

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ACKNOWLEDGEMENT OF APPLICANT

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

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT CHAIR REVIEW

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

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

Department Chair's Printed Name _____

Department Chair's Signature: _____ Date: _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee approval

Date: _____

Medical Executive Committee approval

Date: _____

Board of Trustees approval

Date: _____

Privileges Effective From: _____ To: _____

Date Form Approved by Specialty: 02/14/2025

Date Form Approved by Department Chair: 03/11/2025

Date Approved by Credentials Committee: 03/11/2025

Date Approved by MEC: 03/25/2025

Date Approved by Board of Trustees: _____

MHSC Board of Trustees: April 2025

Chief Clinical Officer (CCO) Report

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

1. Medical Imaging added five additional scheduled CT slots per week to improve access and decrease time to the third next available appointment.
2. Construction on the fluoroscopy room continues. The final clean of the room is tentatively scheduled for 04/30/2025-05/01/2025. The new equipment is on-site. We expect it will be running by mid-May. We then need to bring in Siemens applications for quality assurance and to train staff on the new equipment. We estimate we can perform fluoroscopy on the new equipment by the end of May.
3. Medical Imaging is crosstraining an existing staff member into MRI due to the recent loss of an experienced MRI technologist. We anticipate she will be able to scan independently in June.
4. Laboratory Leadership took a field trip to Primary Children's Hospital to learn about their chemistry analyzers, as Primary uses a different vendor. Our chemistry analyzers will be end of life at the end of 2025. Various vendors have made significant technological advances and turnaround improvements. For example, our current analyzer run time for troponins is 19 minutes, whereas an alternative vendor's run time is 9 minutes. Laboratory Leadership has included updated quotes for the FY26 capital budget.
5. Kari Quickenden, Ann Clevenger, and Stephanie Mlinar completed Master TeamSTEPPS training in March. Plans are in place to continue integrating TeamSTEPPS communication tools in daily work across the departments.
6. A new member will join the Quality Team on 04/21/2025 in the process improvement position.
7. The Quality team participated in a certification quality prep course with plans for at least two team members to take the certification exam in FY26.
8. The Quality Team is working with quality reporting systems to transition to Critical Access Hospital (CAH) reporting. Inpatient quality reporting is voluntary as a CAH.
9. The Quality Team participated in a kick-off call with our new Patient Safety Organization. The following steps include preparation of our occurrence reporting file for upload into their system. We are currently working on preparing the file and mapping the various fields.
10. CMS plans to release the hospital star rating refresh in April. The refresh will be based on the October 2024 Care Compare Report. As a reminder, the report is lagging data. Typically, the hospital star refreshes have occurred in July.
11. We are still awaiting the Critical Access Hospital Survey from the Wyoming Department of Health.
12. Radiation Oncology received end-of-life notices for the robotic couch and linear accelerator. We will need to replace these items by the end of 2027.
13. The Sweetwater Cancer Center was awarded a \$10,000 grant through the Wyoming Cancer Program to enhance psychosocial support for cancer survivors. This program will entail training three staff members as certified wellness coaches and then implementing a Thrive Well program for cancer survivors, which will promote physical activity, healthy eating, and mental health.
14. Senior Leadership met with Brendan Gemelli, Director of Pharmacy, and Kathy Chang, Cardinal Health Pharmacy Account Manager, to review pharmacy operations (financial, regulatory, and clinical) as well as discuss future opportunities with 340b eligibility as a Critical Access Hospital.
15. The Clinical Dietitians opened several additional outpatient appointments in order to decrease the time to the third next available appointment. They were successful in decreasing the time to the third next available appointment by 13 days.
16. The Clinical Dietitians are working with the clinical documentation integrity specialist (CDI) and hospitalists to improve malnutrition documentation practices.
17. The Clinical Dietitians are working with the Dialysis, Informatics, Financial, and Pharmacy teams on a change to phosphate binder medications coverage and availability under CMS.

MHSC Board of Trustees: April 2025
Chief Experience Officer (CXO) Report
Report prepared and submitted by Cindy Nelson, SHRM-SCP, FPCC

Patient Experience Pillar

We continue to utilize our person-centered care culture to improve the patient experience and improve the satisfaction for our patients to provide compassionate care to every life we touch for every patient, every time.

A hospital-wide compassion initiative was implemented in March with an emphasis on Active Listening for Quarters 1 and 2. In the initiative, we share that in the past improving the compassion question scores on our surveys has largely been a focus of nursing departments. To move the needle and make meaningful change, we believe we must focus on every team member's responsibility in the patient experience. Through initiatives including education, skill development, and role modeling, each team member will have the opportunity to actively participate and impact the perception of compassion. We are connecting Planetree (person-centered care), Press Ganey (patient experience surveys), and TeamSTEPPS (communication) resources to show how these are tools to help us work toward fulfilling the mission, vision, values, and strategic plan at MHSC. We are sharing compassion data for all surveys and creating an "MHSC Overall Average".

Department	Baseline % 2024	AIM %	Stretch %	CY2025 thru March
Inpatient	64.90	66.90	67.90	72.50
Surgery	90.48	92.48	93.48	98.04
ED	65.71	67.71	68.71	68.09
Clinics	88.01	90.01	91.01	89.19
MHSC Average	77.28	79.28	80.28	81.95

**MHSC's average is not an official number from Press Ganey. Score was identified by adding up all department scores and dividing by the number of departments. The purpose of MHSC's average is to show the importance of everyone working together to improve our patients' experiences.*

Active listening is when you not only hear what someone is saying but also attune to their thoughts and feelings. (Harvard Business Review)

Active Listening
Avoid interrupting
Reflect and paraphrase back what was heard
Ask open-ended questions
Be mindful of non-verbal cues
Summarize the conversation

**Source: Press Ganey HCAHPS Solution Starters*

Workgroups continue meeting to develop strategies to improve patient experience and patient satisfaction scores in Hospital Environment – Cleanliness & Restfulness (formerly Quietness),

Discharge Information, and Care Coordination (formerly Care Transitions). Reports will be presented to the Performance Improvement and Patient Safety (PIPS) Committee in April.

The Patient & Family Advisory Council (PFAC) meets March 31 and the question for discussion is, “What does the ‘perfect process’ look like to you when your physician sends an order for tests to the Hospital?” Our activity that night is to assist with Central Scheduling process mapping. The presentation for the April meeting is the Top 10 Patient Safety Concerns for 2025 and the CMS Patient Safety Structural Measures, specifically the role of the PFAC in the attestation process for Domain 5.

The Person-Centered Care Committee reviewed the PCC Exchange Webinar Series “*Planetree Framework*” in-depth insights from Michael Giuliano, President of Planetree, and Dr. Gregory Makoul, Planetree’s Strategic Advisor (*you can find a recording of the session [here](#)*). We continue to prepare for our Excellence in Person-Centered Care Certification lived experience onsite survey. Our application is currently under review by the certification committee.

Unidine is collaborating with Josie Ibarra, Dietitian, to implement a GEM SERV tablet for nurses. This tablet would allow nurses to easily update nutrient counts if a patient doesn’t eat their meal or consume specific items. By having this tool in place, we can ensure that patients receive the proper nutrition, as any missed meals or items can be quickly adjusted in the system. We believe this will improve patient care by ensuring that nutritional needs are consistently met, even if there are changes in their meal consumption.

Employee Experience Pillar

We continue to work to improve employee retention and employee satisfaction for a happier, healthier staff by weaving our culture throughout HR and management practices to recruit, reward, and retain staff committed to carrying out our mission. We met the turnover goal for 2024. The goal for CY2025 is 16.2%. We have partnered with Linked In and Indeed for more specialized recruiting tools and action plans. We are increasing our focus on stay and exit interviews. HR organized an Employee Appreciation Day event with coffee trucks and Cowboy Donuts on March 17. We continue to recognize BRAVO recipients and are making plans for Hospital Week celebrations in May.

We understand the importance of the goal to improve our employee engagement scores. Department results were distributed to department leaders along with permission to access the Press Ganey dashboard to obtain resources to develop action plans for improvement.

Nutrition Services is now offering their fresh salad bar during lunch on Saturdays and Sundays for weekend staff and visitors and are starting to source local, fresh bread for our patients and guests. The new Spring Menu was completed April 1.

MHSC Board of Trustees: April 2025
Chief Financial Officer (CFO) Report
Report prepared and submitted by: Tami Love

FINANCIAL SUMMARY - Revenue decreased in February coming in at \$23.3 million, under budget by \$1.8 million. Expenses were lower than in the previous month at \$10.8 million and under budget. Our bottom line for February was a gain of \$300k. Through the eight months of the fiscal year, our gross revenue remains over budget by \$650k and expenses are under budget by \$1.4 million. Revenue is projected to be lower again in March, at \$22.8 million and with expenses staying stable, the estimated bottom line will be a loss for the month.

CRITICAL ACCESS. We released about \$18 million in Medicare claims the week of February 6. There was a delay due to the confusion of having two active Medicare numbers in their system which resulted in almost all Medicare payments stopping. We were notified on Monday, February 17 that the claims had started processing and received payments the first week of March. We have started releasing CAH claims in small batches and are watching the progress of those claims but have not received payment yet. We will receive our first CAH payments at the end of March/first of April. We still have about \$16 million in CAH claims on hold. Historically, Medicare monthly payments average \$2.5 million per month which is impacting both cash collections and Days Cash on Hand. The State is still working on scheduling their CAH survey, which will be unannounced.

We are beginning to research the requirements of adding Swing beds now that the CAH conversion is complete. The State has sent us several documents to review, and we have a meeting set up with another Wyoming hospital to ask questions about their program.

BUDGET. The department leaders and Fiscal have been working on capital and operating budgets for fiscal year 2026. We have a week full of budget meetings coming up where we meet with each department individually and review their budgets line by line. We will look at scheduling a Board Budget workshop in May to review the budget with the Board of Trustees. The Sweetwater County budget is due to the Commissioners April 25.

HFMA Enterprise Membership. With our new CAH status, we are now eligible for the Enterprise membership through Healthcare Financial Management Association (HFMA). In the past, several staff members had individual memberships and now we can offer the benefits of HFMA to everyone. We have enrolled our entire revenue cycle team, patient access, billing, coding, etc., and some select Leaders. Several have already taken advantage of the free educational webinars.

MHSC Board of Trustees: 4/2025

Chief Nursing Officer (CNO) Report

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

1. Follow-Up: End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Transitional Drug Add-on Payment Adjustment (TDAPA)
 - a. Update: Thanks to Gary Pedri at Rock Springs IV Center for being a collaborative community partner and helping us meet our patients' needs beginning April 1. The team is collaborating on a method to finalize the bundled payment structure process.
 - i. March Information Provided: CMS recently adjusted payment for specific renal dialysis medications. The medications will be covered under the monthly reimbursement MHSCs receive, which includes per-treatment bundled service charges. This results in the patient's inability to obtain payment for some of the medications filled by their pharmacy of choice (CMS expects these to be included in the per-treatment bundled charges). These medications are taken daily with meals. A group has met to discuss options as our Cardinal Pharmacy is not a "retail pharmacy." The group is exploring options in our community to serve our patients and their ability to obtain the necessary medications.
2. Care Management Update
 - a. Case Management has been busy coordinating patient discharge and transition planning for patients who have been admitted and are being seen in the Emergency Department. Thank you to Case Management for sharing Karen Meese, RN, as the Case Manager with the ED and OB unit to help patients needing services after being seen in the ED, and for the Plans of Safe Care regulatory mandate for OB patients.
3. College Drive: Walk-In Clinic
 - a. The Walk-In Clinic remains busy, with 1,687 patients seen overall in February. As of the 19th, they had seen 1,103 in March. To help alleviate the strain from the volume, the providers and Misty Cozad, Practice Manager, have worked out schedules to provide additional help with the Walk-In during busy times in an effort to reduce wait times and improve patient satisfaction. Thank you to all the providers at College Drive for helping.
 - b. College Drive, Misty Cozad and Robyn Owens, Lead Occupational Medicine Nurse, have assumed responsibility for a portion of the billing for the Occ Med companies to improve communications with the companies and ease the process for billing and payments. Positive feedback has been received by several of the contracted companies.
4. Surgical Services
 - a. First Case On Time Start
 - i. The Surgical Services Team is working on a First Case On Time Start (FCOTS) initiative alongside the other data collection performed regularly. It began with data collection to obtain a baseline and is being analyzed to implement process improvement. Great work to the team and Noreen Hove, Director of Surgical Services, in leading these efforts. The data will be

presented to the Surgical Services Committee and the Quality of the Board for Discussion.

5. Strategic Initiative: Improving and establishing outreach to the community and outlying areas in the following areas-
 - a. Community Education: OB and Women's Services have been actively educating within our community. Prenatal Classes are offered in person on the second Tuesday of every month, and online options have become available for patients. Megan Guess, Director of Women's Services, has been on the radio twice and will record for another station this month. A group of nurses will go to the Evanston Community Baby Shower on April 15th to share the services at MHSC. The department has also provided marketing materials to the Evanston and Kemmerer facilities. The Wyoming DFS and Wyoming Community Nursing will present for the community on April 15th at MHSC about the Plans of Safe Care regulatory initiatives. MHSC has invited the County Attorney's Office, local law enforcement, Castle Rock, Pediatric and Family Practice Providers, Case Management, and the OB Clinic. This will provide an opportunity for an open discussion on meeting regulatory requirements within our community.
 - b. Mental Health Services: The Sweetwater Behavioral Health Clinic (SBHC) Business Proposal is being brought for discussion. The proposal was developed and designed based on community requests received in market analysis (community needs assessments x 2) and collaborative meetings with stakeholders and our community. It culminates in the ability of a Mental Health Nurse Practitioner at MHSC to add to the outpatient services provided within our community, with the potential for expansion. The Outpatient Clinic will not replace the relationship with Southwest Counseling, which is mandated by State Statute to provide services to MHSC as a "gatekeeper," and will continue to see patients presenting for an emergency or in crisis. See below for a "snip" from the proposal.

Sweetwater Behavioral Health Clinic (SBHC) aims to provide comprehensive, accessible, and compassionate behavioral health care services to individuals in our community, fostering mental well-being and improving quality of life. Our goal is to improve access to behavioral health care by offering evidence-based, patient-centered services, including therapy, psychiatric evaluation, medication management, and crisis intervention, with a strong emphasis on the role of a Psychiatric Mental Health Nurse Practitioner (PMHNP) in delivering care.

- **Opportunity:** Improve access for mental health services
- **Mission:** To provide comprehensive, accessible, and compassionate behavioral health care to individuals in Sweetwater County, fostering mental well-being and improving quality of life
- **Solution:** Implement a behavioral health clinic at Memorial Hospital of Sweetwater County
- **Market focus:** Individuals of all ages seeking mental health support, including those with anxiety, depression, substance use disorders, and other behavioral health issues.
- **Competitive advantage:** Many individuals seeking mental health services reach out to MHSC as the community's trusted healthcare leader.

Sweetwater Behavioral Health Clinic will be a community-focused outpatient behavioral health clinic catering to individuals of all ages struggling with mental health disorders, substance use issues, and co-occurring conditions. The clinic will collaborate with local healthcare providers, schools, law enforcement, and community organizations to address the growing need for behavioral health services in the region. The PMHNP will serve as a key provider, leading patient care through psychiatric evaluations, medication management, and treatment planning.

6. Strategic Initiative: Quality and Safety & Patient/Employee Experience-

- a. Thank you to Dr. Opferman for providing interested nurses with Ultrasound Guided Intravenous Line training. Many nurses participated and were glad to have the opportunity.
- b. MHSC also offers PICC (Peripherally Inserted Central Catheter) Line Placement and Services. Trained and competent individuals lead the placement of these lines. Thank you to Gretchen VanValkenburg, RN, and Des Stofferahn, NP, for their continued service to the community. Gretchen continues to train interested individuals to grow the team.

7. Strategic Initiative: Reduce Staff Turnover & Fiscal Responsibility

- a. Education, Nursing Leadership, and Human Resources have been working on initiatives for the last three years to improve recruitment and retention. We are pleased to share that from June 1, 2024, through March 2025, we hired 32 RNs, losing only two of the 32, a 6.25% turnover rate for new hire RN during that timeframe. Also, 19 RNs transferred to other positions within the organization, allowing us to retain nursing knowledge at MHSC! Thank you to Patty O'Lexey and the education team for monitoring this data as part of their PIPS.
- b. Nurse leaders track and trend when nursing or assistive staff on units are placed on low census. This allows for tracking of the process that has been in place. House Supervisors are also adding details in the daily census shift reports for transparency.

Please let me know if you have any additional insight that may be helpful in this report. Thank you for being so supportive of the MHSC teams. Ann

Building and Grounds Committee Meeting
March 18, 2025

The Building and Grounds Committee met in regular session via Zoom on March 18, 2025, at 2:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*
Mr. Steven Skorcz, *Facilities Supervisor*
Mr. Taylor Jones, *County Commissioner*

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

Ms. Richardson shared a mission moment.

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

Mr. Kelsey called for a motion to approve the minutes for the February 18, 2025 meeting. Ms. Richardson moved to approve the minutes. Mr. Kelsey seconded; the motion passed. Ms. Love abstained as she was not in attendance.

Maintenance Metrics

No report available.

Old Business – Project Review

Medical Imaging Core and X-ray

Mr. Skorcz reported the structural was completed for the walls. They are waiting on the lead lined doorways to be delivered. The project is on schedule.

Laboratory Expansion project - SLIB

Mr. Skorcz said the internal steel structure is up. The first floor has been poured and they are hoping to pour the second floor this week depending on the weather. Ms. Love said we have received the fourth request from SLIB for a total so far of \$1.9 million. There is still \$2.4 million of the SLIB grant and then we will request the matching funds from the County and Foundation as needed.

MOB Entrance – SLIB

Mr. Skorcz said they are tracking down the initial asbestos testing reports. PlanOne is working on stamped drawings for the State. They expect to start the project mid to late April. Ms. Love said we have submitted and received the first SLIB request for this project.

Master Plan

Ms. Richardson said the Senior Leaders are meeting next week to look at Master Plan, prioritized projects and potential budget and available funds. We will have more information to report next month. We will review the prioritized list also. Ms. Richardson said some options from the Master Plan have already changed with the lease of the new NucMed/CT machine. The new equipment will be able to meet the recommendation of having a second CT in the Emergency Room.

Tabled Projects

Foundation Area Renovation – Ms. Love said this space will be discussed in conjunction with the Master Plan and prioritized lists as there were several options for this space in the PACT recommendations.

New Business

Mr. Kelsey asked Commissioner Jones about the Commission meeting held earlier regarding the Hospital's request for capital funds for the OB Suite and Power plant roof projects. Commissioner Jones said Commissioner Richards did request we look for grant funds to assist with the OB project. Ms. Richardson said we have begun looking into available grant funds for this project. Ms. Love said we will present the Power plant roof project to Finance & Audit next week and should be able to use the current year's maintenance funds for this project.

Other

The committee charter review was tabled until the next meeting.

The next meeting is scheduled for Tuesday, April 15, 2025; 2:30pm.

Mr. Kelsey adjourned the meeting at 2:52 pm.

Submitted by Tami Love

Governance Committee Meeting
March 17, 1025
1:30 p.m.

Attendance: Marty Kelsey, Chair; Barbara Sowada (filing in for Kandi Pendleton; Irene Richardson; Geoff Phillips, Legal Counsel

The Committee considered the following three new Board of Trustees policies:

“Policy for Development, Approval, and Oversight of Policies and Governance Documents at Memorial Hospital of Sweetwater County.”

Motion to approve by Irene Richardson, Second by Barbara Sowada; Motion approved unanimously.

“Policies, Standards, Plans, Procedures/Processes, Guidelines and Forms”

Motion to approve by Irene Richardson, Second by Barbara Sowada; Motion approved unanimously.

“MHSC Policy & Governance Document Approval Matrix”

Motion to approve by Irene Richardson, Second by Barbara Sowada; Motion approved unanimously.

These policies will go to the April regular meeting of the Board of Trustees for first reading in New Business.

Geoff Phillips indicated that there are a few policies that need tweaking if these policies are approved. These will be brought to the Governance Committee for consideration.

The next meeting is scheduled for the third Monday in April at 1:30 p.m.

The meeting was adjourned at 1:55 p.m.

Executive Update – MHSC Board Quality Committee Meeting

PROVIDED BY Stephanie Mlinar, Kari Quickenden, Ann Clevenger, Tami Love, Irene Richardson, Cindy Nelson

REPORTING DATE March 2025 Board Quality Committee Monthly Meeting

General Highlights

- Infection Prevention education presented to Quality Committee
- Quarterly Strategic Plan update reviewed
- Outpatient safety indicators and third next available appointments discussed

Patient Experience Pillar

FY 2025 Priorities and Goals:

- Care Coordination (HCAHPS)*: 54.96% by end of CY 2025, stretch goal 55.96%
(re-evaluate goals in June '25) Baseline data: CY 2024 – 52.96%
- Discharge information (HCAHPS)*: 90.72% by end of CY 2025, stretch goal 91.72%
(re-evaluate goals in June '25) Baseline data: CY 2024 – 88.72%

Additional Strategic Objectives:

- Degree to which all staff showed compassion (HCAHPS)* 66.90% by end of CY 2025, stretch goal 67.90%
(re-evaluate goals in June '25) Baseline data: CY 2024 - 64.90%
- Hospital Environment (HCAHPS)*
 - Cleanliness sub measurement: 74.24% by end of CY 2025, stretch goal 75.24%
Baseline MHSC data (CY 2024): 72.24%
 - Quietness sub measurement: 64.55% Baseline MHSC data (CY 2024): 62.55%

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 Coordination			Nursing leadership met to re-evaluate the plan and goals
Discharge Information:			
Compassion: OB, MS and MOB clinics			Hospital-wide compassion initiative roll out. First and second phase: Active listening
Hospital Environment – Cleanliness:			Updating EVS cards Scheduling additional education for communication regarding cleanliness with patients and visitors
Hospital Environment – Quietness:			Nursing leadership met to re-evaluate the plan and goals
Formal leader training:	None identified		Exploring additional Peak Leadership Training Person Centered Care culture leadership training for new leaders Proposing Just Culture training for leaders
Dedication of one Senior Leader meeting per month for Strategic Plan	None identified		This is ongoing.

Employee Experience Pillar

Strategic Objectives:

- Reduce staff turnover by 10% per year, using the current turnover rate
 - Baseline CY 2024: 18% Target goal CY 2025: **16.2%** with a stretch goal of **15.3%**
- 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 the current turnover rate. Additional goal to remain under national staff turnover rate (YTD 22.7%)	None identified		The plan continues to be documented in the tracking system. Cross-trained staff list available and being used for retention. Over 40 nursing staff are cross-trained and competent to provide care in additional units.
Employee Engagement Survey	The goal lists that it will improve by 3% per year. This survey is conducted every 2 years.	A new survey vendor was used for the Employee Engagement Survey. Calculating a percentage increase may prove difficult because a baseline is different between the vendors.	The Employee Engagement survey was completed in October 2024. HR will present overall findings 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			Hiring a consultant to review salaries is being budgeted for FY 2026.
Comprehensive program for Directors (also listed under patient experience pillar)			As documented in the Patient Experience Pillar
Success sharing bonus implemented at the end of June 2024			Evaluation of the ability to offer success sharing bonuses will occur in June 2025.

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)
- SEP-1 Bundle Compliance: 78% compliance by 6/30/2025, stretch goal **83%** (re-evaluate in June '25)
- OP23 -Stroke measure: 95% compliance by 6/30/2025, stretch goal **100%** (re-evaluate in June '25)

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 methods 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: Goal met	Continuing to work through identified process barriers/challenges		Continue weekly OFIs with timely feedback to team members.
OP 23 – Stroke Measure: Meeting goal	None identified		Continued monitoring
Process Improvement position			Interviews were held and candidate to start on April 21 st .
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: Annual education will be completed by the end of March. Several courses offered including Trauma Nurse Certification Course (TNCC), Advanced Cardiac Life Support (ACLS), Advanced Pediatric Life Support (PALS). Multiple other in-house education was provided. Patient: Reviewing health literacy tools. Shadowing at U of U with unit Educator. Evaluating educational tools for patients to include in FY 2026.
Initiative regarding TeamSTEPPS. Attendance Tracking is in place and the activities are open to clinical and non-clinical staff. Current clinical staff 83% completion. Non-clinical staff 19%	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. Milestone goal for June 2025 – 85% completion rate for clinical staff.
Risk management minutes are being presented at medical staff meetings.	None identified	Provide education for staff, including employed medical staff	In-house legal counsel continues to bring risk management minutes to medical staff meetings.
Synergi report categorization with further development for HIPAA, grievance/complaint, and process improvements	None identified	Further categorization increases tracking and trending capabilities	The Patient Safety Organization (PSO) contract executed, will begin project build within the next two to three months.
Health Equity: AHA HETA assessment completed. Tailored MHSC's HE plans and charter to match resources and strategic goals.	None identified		Align the age-friendly structural measures with health equity efforts.

Regulatory Readiness

- Departmental rounding continues with collaboration between the Quality Department, Safety Officer and Infection Preventionist
- Joint Commission chapter reviews are resuming

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 have a total of 7 presentations in 2024 Goal met	Scheduling can sometimes be difficult. Some departments are not as comfortable with public speaking.	None identified at this time	Young at Heart Lunch & Learn- Jan. 28 Rock Springs Chamber of Commerce-Feb. 13 Rock Springs Health Academy- Feb. 13 Currently have planned presentations: School District #1 Retired Teachers-March 3 Rock Springs Health Academy- March 5 Young at Heart Lunch & Learn- April 22 Monthly radio spots with KREO
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	
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.	Contract renewed. Referrals are being scheduled.
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.

Accomplishments	Issues	Impact	Action Plan
Mental Health:			8 hours of telehealth offered for outpatients on Wednesdays. Feedback is positive and patients are returning for further visits.
Improve Google Star Rating Meeting and exceeding the goal	None identified		
Utilize Master Plan: no update at this time, planning in progress			Senior leaders will meet to discuss priorities.
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		

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 the 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 the annual budget to achieve the \$2,000,000 goal over the three-year strategic plan and still allow for adequate funds in the 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	Slow release of billing with CAH Medicare Number	Altering the current amount of days of cash on hand	
Reduce and maintain Days in A/R	Slow release of billing with CAH Medicare Number	Altering current number of days in AR	
Maintain the level of claims denials	No identified issues		
Reduce and maintain Days Not Final Billed: DNFB split into HIM and PFS cases	Slow release of billing with CAH Medicare Number	Altering current number of days in AR	
Build the MHSC County Maintenance Fund		Pending property tax legislation may change this initiative	Request for carryover funds will be made in April 2025

Accomplishments	Issues	Impact	Action Plan
Build and maintain the building fund: receipt of QRA funds helped replenish the building fund.	Conversion to Critical Access billing held since Oct. 1		
Decrease the number of Nursing and Respiratory Therapy travel staff: Contracted with Linked-In Targeted adds with Indeed Targeted Facebook adds	National staffing shortages. Colleges are not seeing the same level of enrollment or limited capacity for students.	Not having travel staff for Med Surg, this will have 3 RNs for day/night shift and limit bed capacity to 15 patients.	Continue to “grow our own” through scholarships. Cross-training Preceptor incentive NEMO program for new nurses to have mentors
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

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
March 26, 2025

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: Ms. Angel Bennett, *Director of Materials*
Mr. Ron Cheese, *Director of Patient Financial Services*
Mr. Terry Thompson, *Director of IT*
Dr. David Dansie, *Medical Staff*

Non-Voting Members Absent: Dr. Ann Marie Clevenger, *CNO*
Dr. Kari Quickenden, *CCO*

Guests: Ms. Carrie Canestorp, *Director of HIM*
Mr. Gerry Johnston, *Director of Facilities*
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 involving positive comments shared by a visiting Nurse Practitioner candidate.

Approve Meeting Minutes

A motion to approve the meeting minutes from March 4, 2025, was made by Mr. Rood; second by Ms. Richardson. Motion carried.

Capital Requests FY25

FY25-45

The motion to approve Capital Request FY25-45 for a power plant roof replacement and fall protection as presented and following discussion was made by Mr. Rood; second by Ms. Richardson. Motion carried. Ms. Love said we are hoping to use County Maintenance Funds for reimbursement. The work must be complete before the end of the fiscal year for us to request reimbursement. Mr. Kelsey said it is of utmost important to get this done in a timely way.

FY25-46

The motion to approve Capital Request FY25-46 for Synology offsite backup as presented and following discussion was made by Mr. Rood; second by Ms. Love. Motion carried.

Financial Report

Ms. Love reviewed the narrative highlights, critical access update, and financial goals information in the meeting packet. She reviewed the impact of outstanding Medicare claims billing. She said we are submitting in batches to not inundate their system. The reimbursement coming in is from billing under our old number as well as our new number. Mr. Cheese said we are pushing to be caught up on submissions by May. He said Payzen has been a great addition and they tell us the expected return is 70%. Mr. Cheese said the public has embraced it so far. He reviewed the bad debt information and said he hopes the number will come down with the Payzen option. Ms. Love said the State still has to complete a survey for our licensing. They told her they are trying to get us in their schedule. Ms. Love said they continue to issue three-month provisional licenses. We are exploring the option of including swing beds.

Old Business

CLA Project – Financial goals

Ms. Love said we are using a report Mr. Cheese created to continue to track the project goals. Mr. Cheese reviewed the details in the packet. He said he will prepare and present monthly. Mr. Kelsey thanked Mr. Cheese for the information and said it appears we are addressing any areas of focus.

Outsourcing Aging A/R

Mr. Cheese provided an update. He said the company we are working with is showing progress.

Finance Packet Data Discussion

Ms. Love invited the Trustees to continue to let us know the changes needed or any other information they want to see in the meeting packet.

New Business

Quarterly Strategic Plan Update

Ms. Love said the update will be added to the Committee packet on a quarterly basis.

Next Meeting

The next meeting is scheduled Wednesday, April 30 at 2:00 PM.

Meeting adjourned at 2:59 PM.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO FEBRUARY 2025 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for February is a gain of \$308,374 compared to a gain of \$1,156,078 in the budget. This yields a 2.78% operating margin for the month compared to 9.47% in the budget. The year-to-date operating gain is \$2,056,063 compared to a gain of \$1,550,321 in the budget. The year-to-date operating margin is 2.26%, compared to 1.69% in the budget.

Year-to-date, the total net gain is \$4,161,798, compared to a total net gain of \$3,326,819 in the budget. This represents a profit margin of 4.58% compared to 3.63% in the budget.

REVENUE. Revenue decreased in February coming in at \$23,290,393, under budget by \$1,795,711. Inpatient revenue is \$3,698,397 under budget by \$1,589,608 and outpatient revenue is \$19,591,996, under budget by \$206,103. Year-to-date, gross revenue is now under budget by \$649,708. The largest percentage variances for revenue to budget comparison came from the following hospital departments:

Radiation Oncology – 39%	ICU – (49%)
Medical Oncology – 25%	Pet Scan – (61%)
Cardiac Rehab – 34%	Echocardiography (67%)
Behavioral Health – 14%	OB/Nursery - (40%)
Trauma – 470%	Dialysis – (29%)
Dietitians – 117%	

REDUCTION OF REVENUE. Deductions from revenue are estimated at 52.9%, right at budget for the month. The year-to-date reduction of revenue is 53%, right on budget. At the end of February, we were holding over \$21 million in unbilled Medicare claims plus another \$18 million of claims being held by Medicare as they process the new billing number. During the first week of March, \$10 million in Medicare claims were processed, decreasing AR significantly. Total AR grew again, up \$7.3 million from the previous month with the largest increase in Medicare. Other changes are below:

<i>Medicare – increase \$6,811,000</i>	<i>Government – increase \$20,000</i>
<i>Medicaid – increase \$302,000</i>	<i>Self-Pay – increase \$161,000</i>
<i>Blue Cross – increase \$463,000</i>	<i>Worker's Comp – decrease \$100,000</i>
<i>Commercial – decrease \$492,000</i>	

Total collections for the month came in low this month, at \$8.4 million, at 74.1% of net patient revenue, below the monthly goal. Year-to-date collections decreased to 88.9% 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 \$11,075,793 in February and \$90,786,511 year-to-date, under budget by \$821,938. Other operating revenue in February includes occupational medicine revenue and cafeteria revenue.

RATIOS. Annual Debt Service Coverage is 5.70 for February. Days of Cash on Hand decreased six more days to 96 days for February. Daily cash expense increased to \$338,000 year-to-date. Net days in AR increased to 71.36 days.

VOLUME. Inpatient discharges, patient days and births were under budget for February. The average daily census (ADC) increased to 13.4, under the budget for the month, and average length of stay (LOS) remained at 3.1, right at budget. ER visits and Outpatient visits came in over budget, Surgeries at budget and Clinic visits were under budget.

EXPENSES. Total expenses were significantly lower than the prior month, at \$10,802,593, and under budget by \$260,188. Expenses remain under budget year to date by \$1,392,474. The following line items were over budget in February:

Contract Labor - Contract labor for Medical Floor, Surgical Services, and Ultrasound are over budget in February. There is unbudgeted contract labor cost in Laboratory, Respiratory, and Physical Therapy as we continue to recruit permanent staff.

Physician Fees – Radiation Oncologist and Hospitalist locum fees and Telepsych physician fees were over budget for February. Pediatric locums were over budget.

Other Purchased Services – Advertising, sponsorships, bank card fees, collection agency, leadership training, BH transports and department management services were all over budget for the month.

Leases and Rentals – Equipment leases were over budget due to the extension of the surgery Mako lease contract, with the plan to purchase before year end.

PROVIDER CLINICS. Revenue for the Clinics increased slightly in February, coming in at \$3,101,927, under budget by \$359,638 for the month but remaining over budget year-to-date by \$365,245. Clinic volumes decreased slightly from January to 7,073 visits. Total Clinic expenses for February are \$2,170,251, over budget by \$76,341 for the month and under budget by \$59,565 year-to-date. Salaries, benefits, maintenance contracts, professional liability, and depreciation are over budget for February.

OUTLOOK FOR MARCH. Gross patient revenue is projected lower in March at \$22.5 million, under the budget of \$24.2 million. Inpatient admissions, patient days and births are expected to be under budget again as we continue to see lower inpatient volumes compared to the prior year. LOS is currently lower at 2.3 days and the average daily census is at 11.1. Outpatient and ancillary visits, including ER visits, Lab, Imaging, Clinic and Surgeries are all projected under budget for the month.

Collections are projecting higher in March, around \$11 million as we start to see Medicare payments coming in. We expect to keep deductions of revenue stable as we work through delayed Medicare claims. Expenses are expected to come in at budget in March. With the lower revenue, the estimated bottom line for March should be a loss for the month.

CRITICAL ACCESS. We released about \$18 million in Medicare claims the week of February 6. There was a delay due to the confusion of having two active Medicare numbers in their system which resulted in almost all Medicare payments stopping. We were notified on Monday, February 17 that the claims had started processing and received payments the first week of March. We have started releasing CAH claims in small batches and are watching the progress of those claims but have not received payment yet. We still have about \$18 million in CAH claims on hold. Historically, Medicare monthly payments average \$2.5 million per month which is impacting both cash collections and Days Cash on Hand. The State is still working on scheduling their CAH survey.

Strategic Plan - Finance Pillar. The objectives of the finance pillar of the new Strategic Plan were created around the Clifton Larsen Allen revenue cycle paired advisory support project. We will continue to track the issues from CLA project and share with the Committee. 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

Eight months ending February 28, 2025

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

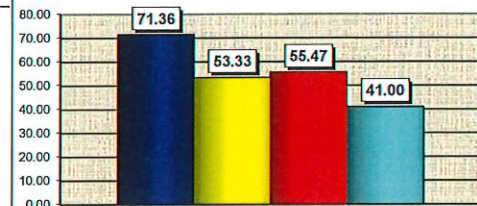
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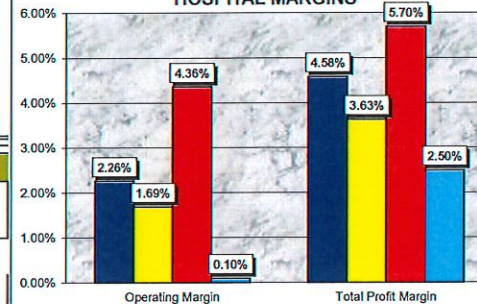
BALANCE SHEET

	YTD 2/28/2025	Prior FYE 6/30/2024
ASSETS		
Current Assets	\$46,760,104	\$43,911,479
Assets Whose Use is Limited	23,419,955	23,098,589
Property, Plant & Equipment (Net)	71,570,547	74,279,500
Other Assets	850,163	898,060
Total Unrestricted Assets	142,600,769	142,187,628
Restricted Assets	554,373	474,171
Total Assets	\$143,155,143	\$142,661,800
LIABILITIES AND NET ASSETS		
Current Liabilities	\$14,229,642	\$16,058,606
Long-Term Debt	22,419,581	23,506,667
Other Long-Term Liabilities	10,000,818	10,833,425
Total Liabilities	46,650,041	50,398,698
Net Assets	96,505,102	92,263,102
Total Liabilities and Net Assets	\$143,155,143	\$142,661,800

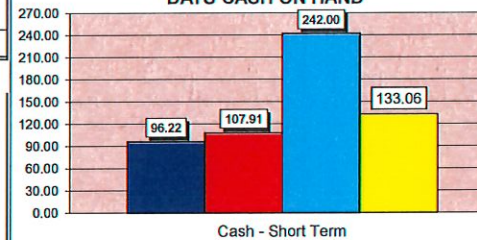
NET DAYS IN ACCOUNTS RECEIVABLE



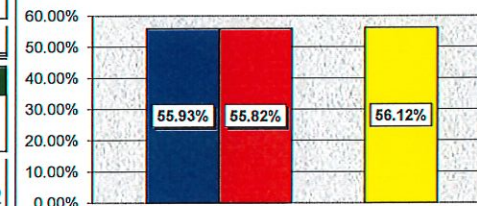
HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



STATEMENT OF REVENUE AND EXPENSES - YTD

	02/28/25 ACTUAL	02/28/25 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$23,290,393	\$25,086,104	\$190,788,343	\$191,438,051
Deductions From Revenue	(12,309,206)	(13,277,067)	(101,145,156)	(101,473,403)
Net Patient Revenues	10,981,187	11,809,037	89,643,187	89,964,647
Other Operating Revenue	94,606	396,238	1,143,324	1,643,802
Total Operating Revenues	11,075,793	12,205,275	90,786,511	91,608,449
Expenses:				
Salaries, Benefits & Contract Labor	5,992,237	5,956,973	49,629,035	50,186,571
Purchased Serv. & Physician Fees	1,190,094	1,016,476	9,450,315	8,892,943
Supply and Drug Expenses	1,794,341	2,059,683	15,227,716	15,642,983
Other Operating Expenses	913,396	1,135,694	7,332,979	8,223,293
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	877,351	880,371	7,090,403	7,112,337
Total Expenses	10,767,420	11,049,197	88,730,448	90,058,128
NET OPERATING SURPLUS	308,374	1,156,078	2,056,063	1,550,321
Non-Operating Revenue/(Exp.)	550,312	53,777	2,105,735	1,776,498
TOTAL NET SURPLUS	\$858,686	\$1,209,855	\$4,161,798	\$3,326,819

KEY STATISTICS AND RATIOS

	02/28/25 ACTUAL	02/28/25 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	374	471	3,033	3,378
Average Acute Length of Stay	3.1	3.5	3.2	3.2
Total Emergency Room Visits	1,335	1,274	11,355	10,859
Outpatient Visits	8,947	8,319	67,963	66,529
Total Surgeries	203	201	1,619	1,426
Total Worked FTE's	523.01	521.15	497.29	521.15
Total Paid FTE's	553.84	571.09	547.60	571.09
Net Revenue Change from Prior Yr	-10.28%	-1.13%	5.41%	6.36%
EBIDA - 12 Month Rolling Average			10.09%	9.46%
Current Ratio			3.29	
Days Expense in Accounts Payable			28.32	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	02/28/25
Prior Fiscal Year End	06/30/24
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX -	1.16
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

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Eight months ending February 28, 2025

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 2/28/2025	Budget 6/30/2025	Prior Fiscal Year End 06/30/24	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	2.26%	1.47%	4.36%	0.10%
Total Profit Margin	↑	4.58%	4.61%	5.70%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	96.22	133.06	107.91	242.00
Net Days in Accounts Receivable	↓	71.36	53.33	55.47	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	12.47	11.59	11.61	12.00
Long Term Debt to Capitalization	↓	19.26%	17.97%	20.74%	27.00%
Debt Service Coverage Ratio **	↑	5.70	3.60	5.84	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	7.15	8.14	6.76	NA
Salary Expense per Paid FTE		\$106,651	\$106,348	\$105,036	NA
Salary and Benefits as a % of Total Operating Exp		55.93%	56.12%	55.82%	NA
Employee Benefits %		30.22%	30.75%	30.97%	22.98%
Supply Expense Per Adj. Discharge		\$2,618	\$2,865	\$2,510	\$1,270
		YTD - Actual 2/28/2025	Prior FYE 6/30/2024		
Other Ratios:					
Gross Days in Accounts Receivable		89.46	64.59		
Net Revenue per Adjusted Discharge		\$15,606	\$14,822		
Operating Expenses per Adj. Discharge		\$15,253	\$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

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ROCK SPRINGS, WY

Eight months ending February 28, 2025

	Current Month 2/28/2025	Prior Month 1/31/2025	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2024
Current Assets					
Cash and Cash Equivalents	\$10,287,915	\$12,231,872	(\$1,943,957)	-15.89%	\$12,428,264
Gross Patient Accounts Receivable	70,901,971	63,536,033	7,365,938	11.59%	50,557,292
Less: Bad Debt and Allowance Reserves	(43,971,237)	(38,785,099)	(5,186,138)	-13.37%	(30,463,009)
Net Patient Accounts Receivable	26,930,734	24,750,934	2,179,800	8.81%	20,094,283
Interest Receivable	0	0	0	0.00%	0
Other Receivables	4,790,339	4,382,871	407,468	9.30%	6,209,096
Inventories	3,141,310	3,148,061	(6,751)		3,137,536
Prepaid Expenses	1,609,806	1,630,686	(20,881)	-1.28%	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	46,760,104	46,144,425	615,679	1.33%	43,911,479
Assets Whose Use is Limited					
Cash	130,332	115,766	14,566	12.58%	(123,123)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	1,156,199	967,783	188,416	19.47%	1,585,606
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	7,518,547	7,495,318	23,229	0.31%	7,021,234
Other Limited Use Assets	14,614,878	14,614,877	1	0.00%	14,614,873
Total Limited Use Assets	23,419,955	23,193,744	226,211	0.98%	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	51,819,938	51,819,938	0	0.00%	51,482,921
Equipment	140,337,661	139,990,798	346,863	0.25%	138,741,400
Construction In Progress	3,711,893	3,473,840	238,053	6.85%	1,630,998
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	200,452,609	199,867,693	584,916	0.29%	196,438,437
Less: Accumulated Depreciation	(128,882,062)	(128,004,711)	(877,351)	-0.69%	(122,158,937)
Net Property, Plant, and Equipment	71,570,547	71,862,983	(292,436)	-0.41%	74,279,500
Other Assets					
Unamortized Loan Costs	850,163	856,151	(5,987)	-0.70%	898,060
Other	0	0	0	0.00%	0
Total Other Assets	850,163	856,151	(5,987)	-0.70%	898,060
TOTAL UNRESTRICTED ASSETS	142,600,769	142,057,302	543,468	0.38%	142,187,628
Restricted Assets	554,373	555,873	(1,500)	-0.27%	474,171
TOTAL ASSETS	\$143,155,143	\$142,613,175	\$541,968	0.38%	\$142,661,800

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ending February 28, 2025

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2024
	Current Month 2/28/2025	Prior Month 1/31/2025	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$5,540,929	\$5,866,460	\$325,531	5.55%	\$5,686,582
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,341,175	1,279,121	(62,053)	-4.85%	2,304,822
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	3,341,412	3,168,770	(172,642)		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	2,898,295	2,982,044	83,749	2.81%	3,386,824
Other Current Liabilities	1,107,832	922,371	(185,460)	-20.11%	1,566,951
Total Current Liabilities	14,229,642	14,218,766	(10,876)	-0.08%	16,058,606
Long Term Debt					
Bonds/Mortgages Payable	25,317,876	25,538,350	220,473	0.86%	26,893,490
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	2,898,295	2,982,044	83,749	2.81%	3,386,824
Total Long Term Debt (Net of Current)	22,419,581	22,556,306	136,725	0.61%	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	10,000,818	10,190,187	189,370	1.86%	10,833,425
Total Other Long Term Liabilities	10,000,818	10,190,187	189,370	1.86%	10,833,425
TOTAL LIABILITIES	46,650,041	46,965,259	315,219	0.67%	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	550,501	552,001	1,500	0.27%	470,299
Net Revenue/(Expenses)	4,161,798	3,303,112	N/A	N/A	7,442,051
TOTAL NET ASSETS	96,505,102	95,647,916	(857,187)	-0.90%	92,263,102
TOTAL LIABILITIES AND NET ASSETS	\$143,155,143	\$142,613,175	(\$541,968)	-0.38%	\$142,661,800

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eight months ending February 28, 2025

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	CURRENT MONTH				Prior Year 02/29/25
	Actual 02/28/25	Budget 02/28/25	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,352,717	\$4,946,751	(\$1,594,033)	-32.22%	\$4,714,671
Outpatient Revenue	16,835,749	16,677,788	157,961	0.95%	15,607,056
Clinic Revenue	3,101,927	3,461,565	(359,638)	-10.39%	3,252,627
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	23,290,393	25,086,104	(1,795,711)	-7.16%	23,574,354
Deductions From Revenue					
Discounts and Allowances	(10,412,140)	(11,603,694)	1,191,553	10.27%	(9,922,170)
Bad Debt Expense (Governmental Providers Only)	(1,874,592)	(1,434,320)	(440,272)	-30.70%	(1,403,286)
Medical Assistance	(22,474)	(239,053)	216,579	90.60%	(302,604)
Total Deductions From Revenue	(12,309,206)	(13,277,067)	967,861	7.29%	(11,628,061)
Net Patient Revenue	10,981,187	11,809,037	(827,850)	-7.01%	11,946,293
Other Operating Revenue	94,606	396,238	(301,632)	-76.12%	398,244
Total Operating Revenue	11,075,793	12,205,275	(1,129,482)	-9.25%	12,344,537
Operating Expenses					
Salaries and Wages	4,318,369	4,345,324	26,955	0.62%	4,204,531
Fringe Benefits	1,347,844	1,360,649	12,805	0.94%	1,345,949
Contract Labor	326,025	251,000	(75,025)	-29.89%	354,484
Physicians Fees	510,272	360,246	(150,026)	-41.65%	338,319
Purchased Services	679,822	656,230	(23,592)	-3.60%	705,125
Drug Expense	921,807	1,015,114	93,307	9.19%	1,042,911
Supply Expense	872,534	1,044,569	172,035	16.47%	1,193,600
Utilities	118,660	139,853	21,193	15.15%	123,145
Repairs and Maintenance	406,347	469,447	63,100	13.44%	433,508
Insurance Expense	102,247	107,291	5,044	4.70%	71,184
All Other Operating Expenses	248,371	397,747	149,376	37.56%	301,714
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	37,770	21,356	(16,415)	-76.86%	54,589
Depreciation and Amortization	877,351	880,371	3,020	0.34%	878,266
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	10,767,420	11,049,197	281,778	2.55%	11,047,324
Net Operating Surplus/(Loss)	308,374	1,156,078	(847,704)	-73.33%	1,297,214
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	55,248	19,357	35,891	185.42%	55,654
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)	(67,140)	(70,691)	(3,551)	5.02%	(55,734)
Other Non-Operating Revenue/(Expenses)	562,205	105,111	457,094	434.87%	508,792
Total Non Operating Revenue/(Expense)	550,312	53,777	496,536	923.33%	508,712
Total Net Surplus/(Loss)	\$858,686	\$1,209,855	(\$351,168)	-29.03%	\$1,805,925
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/Decrease in Unrestricted Net Assets	\$858,686	\$1,209,855	(\$351,168)	-29.03%	\$1,805,925
Operating Margin	2.78%	9.47%			10.51%
Total Profit Margin	7.75%	9.91%			14.63%
EBIDA	10.71%	16.68%			17.62%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eight months ending February 28, 2025

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	YEAR-TO-DATE				Prior Year 02/29/25
	Actual 02/28/25	Budget 02/28/25	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$31,091,141	\$34,749,622	(\$3,658,481)	-10.53%	\$33,058,868
Outpatient Revenue	135,512,256	132,868,728	2,643,529	1.99%	124,272,776
Clinic Revenue	24,184,946	23,819,701	365,245	1.53%	21,543,484
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>190,788,343</u>	<u>191,438,051</u>	<u>(649,708)</u>	<u>-0.34%</u>	<u>178,875,128</u>
Deductions From Revenue					
Discounts and Allowances	(84,668,403)	(88,086,417)	3,418,013	3.88%	(82,122,538)
Bad Debt Expense (Governmental Providers Only)	(16,138,376)	(11,474,560)	(4,663,816)	-40.64%	(10,985,918)
Medical Assistance	(338,376)	(1,912,427)	1,574,051	82.31%	(1,072,979)
Total Deductions From Revenue	<u>(101,145,156)</u>	<u>(101,473,403)</u>	<u>328,248</u>	<u>0.32%</u>	<u>(94,181,435)</u>
Net Patient Revenue	<u>89,643,187</u>	<u>89,964,647</u>	<u>(321,460)</u>	<u>-0.36%</u>	<u>84,693,694</u>
Other Operating Revenue	<u>1,143,324</u>	<u>1,643,802</u>	<u>(500,478)</u>	<u>-30.45%</u>	<u>1,433,191</u>
Total Operating Revenue	<u>90,786,511</u>	<u>91,608,449</u>	<u>(821,938)</u>	<u>-0.90%</u>	<u>86,126,884</u>
Operating Expenses					
Salaries and Wages	35,566,300	36,379,096	812,796	2.23%	32,662,652
Fringe Benefits	10,747,657	11,110,275	362,618	3.26%	9,532,822
Contract Labor	3,315,078	2,697,200	(617,878)	-22.91%	2,749,162
Physicians Fees	3,595,542	3,033,870	(561,672)	-18.51%	2,415,047
Purchased Services	5,854,774	5,859,074	4,300	0.07%	5,097,419
Drug Expense	8,012,463	8,120,910	108,447	1.34%	7,848,763
Supply Expense	7,215,252	7,522,073	306,821	4.08%	6,983,523
Utilities	936,776	1,024,543	87,767	8.57%	952,283
Repairs and Maintenance	3,111,343	3,605,211	493,868	13.70%	3,255,298
Insurance Expense	791,488	858,326	66,838	7.79%	552,128
All Other Operating Expenses	2,184,873	2,473,112	288,239	11.65%	2,028,723
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	308,498	262,100	(46,398)	-17.70%	277,942
Depreciation and Amortization	7,090,403	7,112,337	21,934	0.31%	6,945,629
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>88,730,448</u>	<u>90,058,128</u>	<u>1,327,680</u>	<u>1.47%</u>	<u>81,301,391</u>
Net Operating Surplus/(Loss)	<u>2,056,063</u>	<u>1,550,321</u>	<u>505,742</u>	<u>32.62%</u>	<u>4,825,493</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	486,484	154,852	331,632	214.16%	301,570
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)	(569,223)	(574,917)	5,694	-0.99%	(484,146)
Other Non-Operating Revenue/(Expense)	2,188,474	2,196,563	(8,089)	-0.37%	628,233
Total Non Operating Revenue/(Expense)	<u>2,105,735</u>	<u>1,776,498</u>	<u>329,237</u>	<u>18.53%</u>	<u>445,657</u>
Total Net Surplus/(Loss)	<u>\$4,161,798</u>	<u>\$3,326,819</u>	<u>\$834,979</u>	<u>25.10%</u>	<u>\$5,271,150</u>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	<u>\$4,161,798</u>	<u>\$3,326,819</u>	<u>\$834,979</u>	<u>25.10%</u>	<u>\$5,271,150</u>
Operating Margin	2.26%	1.69%			5.60%
Total Profit Margin	4.58%	3.63%			6.12%
EBIDA	10.07%	9.46%			13.67%

Statement of Revenue and Expense - 13 Month Trend
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY**
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	Actual 2/28/2025	Actual 1/31/2025	Actual 12/31/2024	Actual 11/30/2024	Actual 10/31/2024	Actual 9/30/2024
Gross Patient Revenue						
Inpatient Revenue	\$3,352,717	\$4,614,671	\$3,452,968	\$3,449,680	\$3,942,476	\$4,229,582
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$16,835,749	\$16,547,834	\$17,310,090	\$17,514,374	\$17,231,477	\$15,461,921
Clinic Revenue	\$3,101,927	\$3,082,203	\$3,035,731	\$2,897,570	\$3,305,125	\$2,766,032
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$23,290,393	\$24,244,707	\$23,798,789	\$23,861,624	\$24,479,078	\$22,457,535
Deductions From Revenue						
Discounts and Allowances	\$10,412,140	\$10,734,129	\$10,310,868	\$10,536,882	\$11,073,864	\$10,445,910
Bad Debt Expense (Governmental Providers Only)	\$1,874,592	\$1,883,492	\$2,085,286	\$1,931,492	\$2,142,747	\$1,865,917
Charity Care	\$22,474	\$0	\$43,958	\$196,269	\$16,694	\$15,333
Total Deductions From Revenue	12,309,206	12,617,621	12,440,113	12,664,643	13,233,305	12,327,160
Net Patient Revenue	\$10,981,187	\$11,627,087	\$11,358,676	\$11,196,982	\$11,245,773	\$10,130,375
Other Operating Revenue	94,606	155,214	135,830	112,512	149,639	68,378
Total Operating Revenue	11,075,793	11,782,301	11,494,506	11,309,494	11,395,412	10,198,753
Operating Expenses						
Salaries and Wages	\$4,318,369	\$4,566,303	\$4,498,489	\$4,538,204	\$4,414,210	\$4,421,373
Fringe Benefits	\$1,347,844	\$1,603,417	\$1,168,648	\$1,388,682	\$1,324,180	\$1,138,750
Contract Labor	\$326,025	\$421,623	\$380,117	\$429,054	\$454,213	\$393,537
Physicians Fees	\$510,272	\$504,153	\$615,730	\$480,276	\$372,688	\$294,647
Purchased Services	\$679,822	\$902,276	\$676,971	\$759,193	\$758,597	\$739,663
Drug Expense	\$921,807	\$1,097,040	\$973,483	\$1,172,392	\$980,355	\$904,747
Supply Expense	\$872,534	\$865,849	\$1,010,481	\$806,083	\$899,196	\$984,579
Utilities	\$118,660	\$124,009	\$114,124	\$111,144	\$122,431	\$116,368
Repairs and Maintenance	\$406,347	\$388,570	\$421,801	\$352,225	\$414,564	\$337,361
Insurance Expense	\$102,247	\$99,766	\$99,122	\$100,220	\$97,214	\$97,214
All Other Operating Expenses	\$248,371	\$273,245	\$221,366	\$249,418	\$292,699	\$308,900
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$37,770	\$33,862	\$42,299	\$33,335	\$35,124	\$40,673
Depreciation and Amortization	\$877,351	\$879,381	\$885,148	\$884,329	\$884,208	\$889,405
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$10,767,420	\$11,759,494	\$11,107,778	\$11,304,556	\$11,049,677	\$10,667,216
Net Operating Surplus/(Loss)	\$308,374	\$22,807	\$386,729	\$4,937	\$345,735	(\$468,463)
Non-Operating Revenue:						
Contributions						
Investment Income	55,248	62,133	61,976	34,611	86,954	49,266
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	0	0	0	0	0	0
Interest Expense (Governmental Providers Only)	(67,140)	(74,030)	(75,865)	(69,734)	(70,257)	(68,858)
Other Non-Operating Revenue/(Expenses)	562,205	1,041,386	25,444	436,535	20,369	16,560
Total Non Operating Revenue/(Expense)	\$550,312	\$1,029,490	\$11,555	\$401,412	\$37,066	(\$3,032)
Total Net Surplus/(Loss)	\$858,686	\$1,052,297	\$398,284	\$406,350	\$382,802	(\$471,495)
Change in Unrealized Gains/(Losses) on Investment	0	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	\$858,686	\$1,052,297	\$398,284	\$406,350	\$382,802	(\$471,495)
Operating Margin	2.78%	0.19%	3.36%	0.04%	3.03%	-4.59%
Total Profit Margin	7.75%	8.93%	3.46%	3.59%	3.36%	-4.62%
EBIDA	10.71%	7.66%	11.07%	7.86%	10.79%	4.13%

Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024
\$3,815,950	\$4,233,097	\$3,753,329	\$4,873,910	\$3,666,923	\$4,236,296
\$16,307,549	\$18,303,263	\$16,025,677	\$17,065,942	\$16,587,785	\$15,459,637
\$3,030,522	\$2,965,835	\$2,909,994	\$3,098,260	\$3,244,931	\$3,031,288
\$0	\$0	\$0	\$0	\$0	\$0
\$23,154,021	\$25,502,195	\$22,689,001	\$25,038,111	\$23,499,639	\$22,727,221
\$10,358,617	\$10,795,994	\$10,263,890	\$11,795,527	\$11,571,869	\$10,397,914
\$1,630,927	\$2,723,923	\$2,000,964	\$1,283,539	\$1,043,471	\$1,508,964
\$36,283	\$7,366	\$241,325	\$57,087	\$2,736	\$89,904
12,025,826	13,527,282	12,506,179	13,136,153	12,618,076	11,996,782
\$11,128,195	\$11,974,912	\$10,182,821	\$11,901,958	\$10,881,563	\$10,730,439
91,198	335,946	305,556	131,038	163,765	128,902
11,219,393	12,310,859	10,488,378	12,032,996	11,045,328	10,859,341
\$4,667,572	\$4,141,780	\$4,693,168	\$4,203,693	\$4,125,869	\$4,151,633
\$1,687,786	\$1,088,350	\$1,105,022	\$1,677,550	\$1,369,376	\$1,751,548
\$501,556	\$408,954	\$475,083	\$543,862	\$370,248	\$284,184
\$373,229	\$444,547	\$451,969	\$389,941	\$288,730	\$243,692
\$724,260	\$613,991	\$727,936	\$691,394	\$792,911	\$773,560
\$771,034	\$1,191,605	\$918,152	\$1,125,459	\$1,022,725	\$823,901
\$853,023	\$923,507	\$620,399	\$956,733	\$958,145	\$853,767
\$112,884	\$117,156	\$107,637	\$122,860	\$118,540	\$123,306
\$447,570	\$342,905	\$446,822	\$367,427	\$380,073	\$359,588
\$97,214	\$98,493	\$62,095	\$135,140	\$72,832	\$71,334
\$280,875	\$310,000	\$260,091	\$253,110	\$271,601	\$216,298
\$51,789	\$33,647	\$42,332	\$36,108	\$37,629	\$48,301
\$900,391	\$890,190	\$920,211	\$946,935	\$887,647	\$885,626
\$11,469,184	\$10,605,124	\$10,830,915	\$11,450,213	\$10,696,326	\$10,586,737
(\$249,791)	\$1,705,735	(\$342,537)	\$582,783	\$349,002	\$272,604
63,735	72,561	133,266	282,618	56,673	52,083
0	0	0	0	0	0
(77,005)	(66,334)	(125,580)	(68,089)	(91,263)	(71,778)
20,984	69,457	515,404	15,619	17,003	593,094
\$7,713	\$75,684	\$523,090	\$230,148	(\$17,587)	\$573,399
(\$242,078)	\$1,781,419	\$180,553	\$812,931	\$331,415	\$846,003
0	0	59,257	272,726	0	0
(\$242,078)	\$1,781,419	\$239,810	\$1,085,657	\$331,415	\$846,003
-2.23%	13.86%	-3.27%	4.84%	3.16%	2.51%
-2.16%	14.47%	1.72%	6.76%	3.00%	7.79%
5.80%	21.09%	5.51%	12.71%	11.20%	10.67%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ending February 28, 2025

	CASH FLOW	
	Current Month 2/28/2025	Current Year-To-Date 2/28/2025
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$858,686	\$4,161,798
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	877,351	7,090,403
(Increase)/Decrease in Net Patient Accounts Receivable	(2,179,800)	(6,836,452)
(Increase)/Decrease in Other Receivables	(407,468)	1,418,757
(Increase)/Decrease in Inventories	6,751	(3,774)
(Increase)/Decrease in Pre-Paid Expenses	20,881	432,494
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(325,531)	(145,653)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	234,696	(735,663)
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	(459,119)
Net Cash Provided by Operating Activities:	(728,974)	4,922,792
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(584,916)	(4,381,450)
(Increase)/Decrease in Limited Use Cash and Investments	(211,645)	(67,911)
(Increase)/Decrease in Other Limited Use Assets	(14,566)	(253,455)
(Increase)/Decrease in Other Assets	5,987	47,896
Net Cash Used by Investing Activities	(805,140)	(4,654,920)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(220,473)	(1,575,614)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(189,370)	(832,608)
Net Cash Used for Financing Activities	(409,843)	(2,408,222)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	(0)
Net Increase/(Decrease) in Cash	(1,943,957)	(2,140,349)
Cash, Beginning of Period	12,231,872	12,428,264
Cash, End of Period	\$10,287,915	\$10,287,915

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ending February 28, 2025

Current Month					Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior		Actual	Budget	Positive/ (Negative)	Prior
02/28/25	02/28/25	Variance	Year	STATISTICS	02/28/25	02/28/25	Variance	Year
			02/29/25					02/29/25
Discharges								
119	134	(15)	134	Acute	948	1,067	(119)	1,067
119	134	(15)	134	Total Adult Discharges	948	1,067	(119)	1,067
23	40	(17)	40	Newborn	252	301	(49)	301
142	174	(32)	174	Total Discharges	1,200	1,368	(168)	1,368
Patient Days:								
374	471	(97)	471	Acute	3,033	3,378	(345)	3,378
374	471	(97)	471	Total Adult Patient Days	3,033	3,378	(345)	3,378
36	62	(26)	62	Newborn	405	489	(84)	489
410	533	(123)	533	Total Patient Days	3,438	3,867	(429)	3,867
Average Length of Stay (ALOS)								
3.1	3.5	(0.4)	3.5	Acute	3.2	3.2	0.0	3.2
3.1	3.5	(0.4)	3.5	Total Adult ALOS	3.2	3.2	0.0	3.2
1.6	1.6	0.0	1.6	Newborn ALOS	1.6	1.6	(0.0)	1.6
Average Daily Census (ADC)								
13.4	16.8	(3.5)	16.8	Acute	12.5	13.9	(1.4)	13.9
13.4	16.8	(3.5)	16.8	Total Adult ADC	12.5	13.9	(1.4)	13.9
1.3	2.2	(0.9)	2.2	Newborn	1.7	2.0	(0.3)	2.0
Emergency Room Statistics								
134	136	(2)	136	ER Visits - Admitted	1,065	1,121	(56)	1,121
1,201	1,138	63	1,138	ER Visits - Discharged	10,290	9,738	552	9,738
1,335	1,274	61	1,274	Total ER Visits	11,355	10,859	496	10,859
10.04%	10.68%		10.68%	% of ER Visits Admitted	9.38%	10.32%		10.32%
112.61%	101.49%		101.49%	ER Admissions as a % of Total	112.34%	105.06%		105.06%
Outpatient Statistics:								
8,947	8,319	628	8,319	Total Outpatients Visits	67,963	66,529	1,434	66,529
211	115	96	115	Observation Bed Days	1,404	1,108	296	1,108
6,497	6,638	(141)	6,638	Clinic Visits - Primary Care	48,347	48,549	(202)	48,549
576	532	44	532	Clinic Visits - Specialty Clinics	4,662	4,232	430	4,232
67	62	5	62	IP Surgeries	516	423	93	423
136	139	(3)	139	OP Surgeries	1,103	1,003	100	1,003
Productivity Statistics:								
523.01	521.15	1.86	490.10	FTE's - Worked	497.29	521.15	(23.86)	461.78
553.84	571.09	(17.25)	521.41	FTE's - Paid	547.60	571.09	(23.49)	511.69
1.6000	1.3800	0.22	1.3800	Case Mix Index -Medicare	1.5000	1.4896	0.01	1.4025
1.3900	1.2600	0.13	1.2600	Case Mix Index - All payers	1.2963	0.6731	0.62	1.2025

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

02/28/25

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	89.46	64.59
Net Days in Accounts Receivable	71.36	55.47
Number of Gross Days in Unbilled Revenue	33.76	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	15.24%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.10%	0.95%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.18%	1.00%
Bad Debts as a % of Gross Patient Revenue - Current Month	8.05%	5.72%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	8.46%	5.99%
Collections as a Percentage of Net Revenue - Current Month	76.39%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	77.17%	100% or >
Percentage of Blue Cross Receivable > 90 Days	4.45%	< 10%
Percentage of Insurance Receivable > 90 Days	27.56%	< 15%
Percentage of Medicaid Receivable > 90 Days	21.81%	< 20%
Percentage of Medicare Receivable > 60 Days	40.35%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Eight months ending February 28, 2025

PAGE 13

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	(1,795,711)	-7.16%	(649,708)	-0.34%
Gross patient revenue is under budget for the month and over budget year to date. Patient statistics over budget in February were surgeries. Average Daily Census is 13.4 in February which is under budget by 3.5				
Deductions from Revenue	967,861	7.29%	328,248	0.32%
Deductions from revenue are under budget for February and over budget year to date. They are currently booked at 52.9% for February and 53.0% 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.				
Bad Debt Expense	(440,272)	-30.70%	(4,663,816)	-40.64%
Bad debt expense is booked at 8.0% for February and 8.5% year to date.				
Charity Care	216,579	90.60%	1,574,051	82.31%
Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.				
Other Operating Revenue	(301,632)	-76.12%	(500,478)	-30.45%
Other Operating Revenue is under budget and under budget for the year.				
Salaries and Wages	26,955	0.62%	812,796	2.23%
Salary and Wages are under budget in February and are under budget year to date. Paid FTEs are under budget by 17.25 FTEs for the month and under 23.49 FTEs year to date.				
Fringe Benefits	12,805	0.94%	362,618	3.26%
Fringe benefits are under budget in February and under budget year to date.				
Contract Labor	(75,025)	-29.89%	(617,878)	-22.91%
Contract labor is over budget for February and over budget year to date. Med Floor, Recovery room, L&D, Lab, Respiratory and Ultrasound are over budget for the month.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Eight months ending February 28, 2025

PAGE 13

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	(150,026)	-41.65%	(561,672)	-18.51%
Physician fees over budget in February and over budget year to date. Hospitalists, Rad Onc, Locums Clinic and Tele-psych clinic are over budget in February.				
Purchased Services	(23,592)	-3.60%	4,300	0.07%
Purchased services are over budget for February and under budget year to date. Expenses over budget are collection fee's, bank fee's and other purchased services.				
Supply Expense	172,035	16.47%	306,821	4.08%
Supplies are under budget for February and under budget year to date. Line items over budget include food, maintenance supplies and outdated supplies.				
Repairs & Maintenance	63,100	13.44%	493,868	13.70%
Repairs and Maintenance are under budget for February and under budget year to date.				
All Other Operating Expenses	149,376	37.56%	288,239	11.65%
This expense is under budget in February and under budget year to date. Other expenses over budget are education & travel and employee recruitment.				
Leases and Rentals	(16,415)	-76.86%	(46,398)	-17.70%
This expense is over budget for February and is over budget year to date				
Depreciation and Amortization	3,020	0.34%	21,934	0.31%
Depreciation is under budget for February and is under budget year to date				

BALANCE SHEET

Cash and Cash Equivalents **(1,943,957)** **-15.89%**

Cash decreased in February. Cash collections for February were \$8.4 million. Days Cash on Hand decreased 96 days.

Gross Patient Accounts Receivable **\$7,365,938** **11.59%**

This receivable increased in February due to Medicare claims not paid.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Eight months ending February 28, 2025

PAGE 13

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	(5,186,138)	-13.37%		
Bad Debt and Allowances increased.				
Other Receivables	407,468	9.30%		
Other Receivables decreased in February due to QRA.				
Prepaid Expenses	(20,881)	-1.28%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	226,211	0.98%		
These assets increased due to the bond accrual				
Plant Property and Equipment	(292,436)	-0.41%		
The decrease in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	325,531	5.55%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(62,053)	-4.85%		
This liability increased in February. The payroll accrual for February was 5 days.				
Accrued Benefits	(172,642)			
This liability increased in February with the normal accrual and usage of PTO.				
Other Current Liabilities	(185,460)	-20.11%		
This liability increased for February due to the payment on the bonds				
Other Long Term Liabilities	189,370	1.86%		
This liability decreased with the payments on the leases				
Total Net Assets	370,822	-0.90%		
The net gain from operations for February is \$308,374				



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

PROVIDER CLINICS

Unaudited Financial Statements

for

Eight months ending February 25, 2025

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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Eight months ending February 25, 2025	

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 2

ROCK SPRINGS, WY

Eight months ending February 25, 2025

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 2/28/2025	Year to Date 2/28/2025	Prior Fiscal Year End 06/30/24	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-22.77%	-24.95%	-23.84%	-36.58%
Total Profit Margin	-22.77%	-24.95%	-23.84%	-36.58%
Contractual Allowance %	44.20%	44.36%	44.34%	
Liquidity:				
Net Days in Accounts Receivable	45.27	49.28	42.14	39.58
Gross Days in Accounts Receivable	38.81	41.97	36.55	72.82
Productivity and Efficiency:				
Patient Visits Per Day	232.04	198.96	198.57	
Total Net Revenue per FTE	N/A	\$192,632	\$206,194	
Salary Expense per Paid FTE	N/A	\$162,472	\$176,010	
Salary and Benefits as a % of Net Revenue	100.13%	102.11%	103.17%	91.26%
Employee Benefits %	23.23%	21.07%	20.86%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ending February 25, 2025

	CURRENT MONTH				Prior Year 02/28/24
	Actual 02/28/25	Budget 02/28/25	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	3,101,927	3,461,565	(359,638)	-10.39%	3,252,627
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	3,101,927	3,461,565	(359,638)	-10.39%	3,252,627
Deductions From Revenue					
Discounts and Allowances	(1,371,053)	(1,534,418)	163,366	10.65%	(1,437,969)
Total Deductions From Revenue	(1,371,053)	(1,534,418)	163,366	10.65%	(1,437,969)
Net Patient Revenue	1,730,874	1,927,147	(196,272)	-10.18%	1,814,659
Other Operating Revenue	36,852	41,485	(4,633)	-11.17%	44,208
Total Operating Revenue	1,767,726	1,968,632	(200,905)	-10.21%	1,858,867
Operating Expenses					
Salaries and Wages	1,436,447	1,372,824	(63,623)	-4.63%	1,417,161
Fringe Benefits	333,664	331,592	(2,072)	-0.62%	352,833
Contract Labor	0	0	0	0.00%	0
Physicians Fees	228,117	169,383	(58,734)	-34.67%	184,805
Purchased Services	1,299	3,430	2,131	62.12%	4,886
Supply Expense	19,057	22,487	3,431	15.26%	20,431
Utilities	1,070	1,159	89	7.64%	890
Repairs and Maintenance	8,733	6,219	(2,515)	-40.44%	2,942
Insurance Expense	31,297	30,615	(682)	-2.23%	22,391
All Other Operating Expenses	99,388	146,973	47,585	32.38%	126,422
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	4,990	4,820	(170)	-3.53%	5,937
Depreciation and Amortization	6,188	4,408	(1,780)	-40.39%	6,773
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	2,170,251	2,093,910	(76,341)	-3.65%	2,145,470
Net Operating Surplus/(Loss)	(402,525)	(125,278)	(277,247)	221.30%	(286,604)
Total Net Surplus/(Loss)	(\$402,525)	(\$125,278)	(\$277,247)	221.30%	(\$286,604)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(402,525)	(125,278)	(277,247)	221.30%	(286,604)
Operating Margin	-22.77%	-6.36%			-15.42%
Total Profit Margin	-22.77%	-6.36%			-15.42%
EBIDA	-22.42%	-6.14%			-15.05%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ending February 25, 2025

	YEAR-TO-DATE				Prior Year
	Actual 02/28/25	Budget 02/28/25	Positive (Negative) Variance	Percentage Variance	02/28/24
Gross Patient Revenue					
Clinic Revenue	24,184,946	23,819,701	365,245	1.53%	21,543,484
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	24,184,946	23,819,701	365,245	1.53%	21,543,484
Deductions From Revenue					
Discounts and Allowances	(10,728,813)	(10,409,725)	(319,089)	-3.07%	(9,431,195)
Total Deductions From Revenue	(10,728,813)	(10,409,725)	(319,089)	-3.07%	(9,431,195)
Net Patient Revenue	13,456,133	13,409,977	46,156	0.34%	12,112,289
Other Operating Revenue	322,564	331,880	(9,316)	-2.81%	353,910
Total Operating Revenue	13,778,697	13,741,857	36,840	0.27%	12,466,200
Operating Expenses					
Salaries and Wages	11,621,407	11,748,739	127,332	1.08%	10,689,917
Fringe Benefits	2,448,088	2,238,663	(209,425)	-9.35%	2,082,751
Contract Labor	0	0	0	0.00%	0
Physicians Fees	1,404,584	1,454,467	49,883	3.43%	1,000,535
Purchased Services	17,221	27,478	10,258	37.33%	50,299
Supply Expense	217,580	229,647	12,066	5.25%	192,961
Utilities	7,790	9,271	1,481	15.98%	8,531
Repairs and Maintenance	58,579	49,749	(8,830)	-17.75%	39,372
Insurance Expense	251,022	244,920	(6,102)	-2.49%	174,756
All Other Operating Expenses	1,102,085	1,198,433	96,348	8.04%	1,044,256
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	37,651	38,572	921	2.39%	35,805
Depreciation and Amortization	50,872	36,506	(14,366)	-39.35%	56,235
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	17,216,880	17,276,445	59,565	0.34%	15,375,418
Net Operating Surplus/(Loss)	(3,438,183)	(3,534,588)	96,405	-2.73%	(2,909,219)
Total Net Surplus/(Loss)	(3,438,183)	(3,534,588)	\$96,405	-2.73%	(\$2,909,219)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(3,438,183)	(3,534,588)	\$96,405	-2.73%	(\$2,909,219)
Operating Margin	-24.95%	-25.72%			-23.34%
Total Profit Margin	-24.95%	-25.72%			-23.34%
EBIDA	-24.58%	-25.46%			-22.89%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY

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	Actual 1/31/2025	Actual 1/31/2025	Actual 12/31/2024	Actual 11/30/2024	Actual 10/31/2024
Gross Patient Revenue					
Clinic Revenue	\$3,101,927	\$3,082,203	\$3,035,731	\$2,897,570	\$3,305,125
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$3,101,927	\$3,082,203	\$3,035,731	\$2,897,570	\$3,305,125
Deductions From Revenue					
Discounts and Allowances	(\$1,371,053)	(\$1,370,087)	(\$1,367,918)	(\$1,274,277)	(\$1,573,472)
Total Deductions From Revenue	(\$1,371,053)	(\$1,370,087)	(\$1,367,918)	(\$1,274,277)	(\$1,573,472)
Net Patient Revenue	\$1,730,874	\$1,712,115	\$1,667,813	\$1,623,294	\$1,731,653
Other Operating Revenue	\$36,852	\$42,000	\$36,932	\$39,322	\$44,944
Total Operating Revenue	1,767,726	1,754,116	1,704,745	1,662,616	1,776,597
Operating Expenses					
Salaries and Wages	\$1,436,447	\$1,457,053	\$1,531,022	\$1,465,903	\$1,484,489
Fringe Benefits	\$333,664	\$420,452	\$249,304	\$286,506	\$292,369
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$228,117	\$71,558	\$289,487	\$181,437	\$183,517
Purchased Services	\$1,299	\$3,185	\$1,579	\$1,505	\$2,324
Supply Expense	\$19,057	\$27,592	\$27,236	\$19,206	\$18,420
Utilities	\$1,070	\$1,070	\$426	\$971	\$635
Repairs and Maintenance	\$8,733	\$2,868	\$12,958	\$7,713	\$3,251
Insurance Expense	\$31,297	\$31,941	\$31,297	\$31,297	\$31,297
All Other Operating Expenses	\$99,388	\$135,844	\$108,182	\$108,064	\$179,591
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$4,990	\$3,978	\$6,881	\$4,221	\$4,176
Depreciation and Amortization	\$6,188	\$6,188	\$6,374	\$6,374	\$6,485
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$2,170,251	\$2,161,730	\$2,264,747	\$2,113,197	\$2,206,553
Net Operating Surplus/(Loss)	(\$402,525)	(\$407,614)	(\$560,002)	(\$450,581)	(\$429,957)
Total Net Surplus/(Loss)	(\$402,525)	(\$407,614)	(\$560,002)	(\$450,581)	(\$429,957)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$402,525)	(\$407,614)	(\$560,002)	(\$450,581)	(\$429,957)
Operating Margin	-22.77%	-23.24%	-32.85%	-27.10%	-24.20%
Total Profit Margin	-22.77%	-23.24%	-32.85%	-27.10%	-24.20%
EBIDA	-22.42%	-22.88%	-32.48%	-26.72%	-23.84%

Actual 9/30/2024	Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024	Actual 2/29/2024
\$2,766,032	\$3,030,522	\$2,965,835	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$2,766,032	\$3,030,522	\$2,965,835	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826
(\$1,123,349)	(\$1,323,509)	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)	(\$1,166,358)
(\$1,123,349)	(\$1,323,509)	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)	(\$1,166,358)
\$1,642,683	\$1,707,013	\$1,640,687	\$1,851,177	\$1,647,998	\$1,726,120	\$1,814,659	\$1,901,467
\$37,318	\$44,317	\$40,879	\$41,325	\$48,843	\$37,502	\$44,208	\$40,957
1,680,001	1,751,330	1,681,566	1,892,502	1,696,841	1,763,622	1,858,867	1,942,425
\$1,472,901	\$1,447,522	\$1,326,070	\$1,487,393	\$1,445,111	\$1,402,323	\$1,417,161	\$1,401,458
\$245,580	\$373,923	\$246,291	\$379,342	\$326,956	\$402,575	\$352,833	\$344,600
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$128,010	\$142,605	\$179,854	\$183,150	\$110,473	\$95,316	\$184,805	\$142,870
\$2,679	\$3,262	\$1,386	\$818	\$7,543	\$8,021	\$4,886	\$4,971
\$51,523	\$34,125	\$20,422	\$25,558	\$40,409	\$15,937	\$20,431	\$35,784
\$1,048	\$1,723	\$848	\$1,754	\$815	\$888	\$890	\$1,016
\$3,374	\$6,285	\$13,396	\$19,503	\$4,634	\$4,634	\$2,942	\$3,991
\$31,297	\$31,297	\$31,297	\$31,297	\$22,391	\$22,391	\$22,391	\$22,391
\$149,112	\$134,426	\$187,477	\$143,924	\$143,679	\$74,051	\$126,422	\$103,364
\$5,617	\$3,716	\$4,072	\$4,322	\$4,400	\$3,072	\$5,937	\$4,426
\$6,485	\$6,485	\$6,292	\$6,547	\$6,372	\$6,673	\$6,773	\$7,332
\$2,097,628	\$2,185,370	\$2,017,404	\$2,283,608	\$2,112,782	\$2,035,880	\$2,145,470	\$2,072,203
(\$417,627)	(\$434,039)	(\$335,839)	(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)	(\$129,778)
(\$417,627)	(\$434,039)	(\$335,839)	(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)	(\$129,778)
0	0	0	0	0	0	0	0
(\$417,627)	(\$434,039)	(\$335,839)	(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)	(\$129,778)
-24.86%	-24.78%	-19.97%	-20.67%	-24.51%	-15.44%	-15.42%	-6.68%
-24.86%	-24.78%	-19.97%	-20.67%	-24.51%	-15.44%	-15.42%	-6.68%
-24.47%	-24.41%	-19.60%	-20.32%	-24.14%	-15.06%	-15.05%	-6.30%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ending February 25, 2025

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior Year		Actual	Budget	Positive/ (Negative)	Prior Year
02/28/25	02/28/25	Variance	02/28/24		02/28/25	02/28/25	Variance	02/28/24
Outpatient Statistics:								
6,497	6,638	(141)	6,638	Clinic Visits - Primary Care	48,347	48,549	(202)	48,549
576	532	44	532	Clinic Visits - Specialty Clinics	4,662	4,232	430	4,232
Productivity Statistics:								
99.06	97.78	1.28	94.31	FTE's - Worked	96.14	97.78	(1.64)	79.41
105.47	107.45	(1.98)	101.29	FTE's - Paid	107.44	107.45	(0.01)	89.91

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR FEBRUARY 25**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	546	10,300,043.19
CAPITAL EQUIPMENT (PLANT FUND)	4	288,573.82
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	408,557.72
PAYROLL FEBRUARY 13, 2025		2,037,410.26
PAYROLL FEBRUARY 27, 2025		1,953,561.45
TOTAL CASH OUTFLOW		<u>\$10,997,174.73</u>
CASH COLLECTIONS		8,388,650.04
INCREASE/DECREASE IN CASH		-\$2,608,524.69

**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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001255	12/5/2024	WESTERN ENGINEERS & GEOLC	1,499.00	LAB EXPANSION		
001256	12/12/2024	PLAN ONE/ARCHITECTS	7,579.22	LAB EXPANSION		
001257	12/19/2024	GROATHOUSE CONSTRUCTION,	319,491.00	LAB EXPANSION		
001258	12/24/2024	WESTERN ENGINEERS & GEOLC	3,995.00	LAB EXPANSION		
WF DEBT SERVICE	12/19/2024	WF DEBT SERVICE	185,460.15	WF DEBT SERVICE		
DECEMBER TOTALS					518,024.37	2,714,404.44

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001259	1/2/2025	PLAN ONE/ARCHITECTS	1,422.81	MRI PHASE 2		
001259	1/2/2025	PLAN ONE/ARCHITECTS	1,923.50	MOB ENTRANCE		
001259	1/2/2025	PLAN ONE/ARCHITECTS	4,232.90	LAB EXPANSION		
001260	1/9/2025	A. PLEASANT CONSTRUCTION, I	43,616.40	ONCOLOGY SUITE RENOVATION		
001261	1/9/2025	GROATHOUSE CONSTRUCTION,	220,740.00	LAB EXPANSION		
001262	1/16/2025	INSULATION INC.	1,924.36	MRI PHASE 2		
001263	1/23/2025	WYLIE CONSTRUCTION INC.	1,800.00	LAB EXPANSION		
001264	1/29/2025	WESTERN ENGINEERS & GEOLC	2,132.00	LAB EXPANSION		
WF DEBT SERVICE	1/16/2025	WF DEBT SERVICE	185,460.15	WF DEBT SERVICE		
JANUARY TOTALS					463,252.12	3,177,656.56

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001265	2/6/2025	INSULATION INC.	1,504.36	MRI PHASE 2		
001266	2/6/2025	PLAN ONE/ARCHITECTS	12,079.21	LAB EXPANSION		
001267	2/20/2025	GROATHOUSE CONSTRUCTION,	209,514.00	LAB EXPANSION		
WF DEBT SERVICE	2/11/2025	WF DEBT SERVICE	185,460.15	WF DEBT SERVICE		
FEBRUARY TOTALS					408,557.72	3,586,214.28

**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	WYOLECTRIC, INC	27,700.00	ELECTRICAL ED X-RAY ROOM		
002666	7/11/2024	WYOLECTRIC, 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 CORPORATION	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	WYOLECTRIC, 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	WAXIH 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	WYOLECTRIC, 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	WYOLECTRIC, INC	24,590.00	DIGITAL MESSAGING SIGN - HOSPITAL		
NOVEMBER TOTALS					106,514.37	495,600.20
CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002698	12/5/2024	AMERI-TECH EQUIPMENT COMPANY	13,180.36	SNOW PLOT		
002699	12/5/2024	MERIT MEDICAL SYSTEMS, INC	65,515.00	SAVISCOUT CONSOLE		
002700	12/5/2024	VERATHON MEDICAL	6,000.00	VERATHON GLIDE SCOPE		
002701	12/12/2024	R & D SWEEPING & ASPHALT MAINTENANCE, LC	25,525.00	PARKING LOT REPAIRS		
002702	12/12/2024	VERATHON MEDICAL	36,608.00	VERATHON GLIDE SCOPE		
002703	12/24/2024	HOLOGIC, INC.	69,350.00	MINI C-ARM		
DECEMBER TOTALS					216,178.36	711,778.56
CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002704	1/16/2025	GUARD RFID	1,115.00	INFANT SECURITY SYSTEM		
002705	1/16/2025	R & D SWEEPING & ASPHALT MAINTENANCE, LC	74,810.00	PARKING LOT REPAIRS - 3000 COLLEGE DRIVE		
002706	1/16/2025	JC JACOBS CARPET ONE	9,843.99	FLOORING - STRESS ROOM		
JANUARY TOTALS					85,768.99	797,547.55
CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002707	2/6/2025	GUARD RFID	5,490.00	INFANT SECURITY SYSTEM		
002708	2/7/2025	CONVERGINT TECHNOLOGIES	5,756.98	BEHAVIORAL HEALTH CAMERAS		
002709	2/20/2025	COMPUNET, INC.	19,525.00	MICROSOFT INTUNE		
002710	2/20/2025	MERGE HEALTHCARE SOLUTIONS, INC	257,801.84	PACS VNA MIGRATION, REPORTS, VOICE RECOGNITION		
FEBRUARY TOTALS					288,573.82	1,086,121.37

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/25

Amount	Description
58,807.71	Advertising Total
6,712.80	Billing Services Total
19,472.56	Blood Total
3,500.00	Building Lease Total
155,466.29	Café Management Total
2,708.30	Cellular Telephone Total
73,163.78	Collection Agency Total
22,571.86	Computer Equipment Total
459,700.39	Contract Maintenance Total
328,029.12	Contract Personnel Total
396.00	Courier Services Total
31,903.63	Dental Insurance Total
7,121.20	Dialysis Supplies Total
5,790.40	Employee Recruitment Total
7,452.81	Employee Vision Plan Total
86,855.32	Equipment Lease Total
9,463.50	Food Total
10,914.69	Freight Total
530.78	Fuel Total
3,833.26	Garbage Collection Total
904,437.06	Group Health Total
408,702.19	Hospital Supplies Total
22,905.24	Implant Supplies Total
33,174.31	Insurance Premiums Total
190,880.69	Laboratory Services Total
53,204.32	Legal Fees Total
1,581.00	Linen Total
6,200.00	Lithotripsy Service Total
38,691.07	Maintenance & Repair Total
945.00	Marketing & Promotional Supplies Total
8,750.00	Membership Dues Total
3,488.02	MHSC Foundation Total
23,834.52	Minor Equipment Total
4,507.84	Non Medical Supplies Total
11,189.78	Office Supplies Total
1,970.00	Other Employee Benefits Total
47,670.13	Other Purchased Services Total
9,543.34	Oxygen Rental Total
220.00	Patient Refund Total
366.48	Payroll Deduction Total
5,257.77	Payroll Garnishment Total
4,100,000.00	Payroll Transfer Total
1,361,748.42	Pharmacy Management Total
6,597.83	Physician Recruitment Total
8,333.34	Physician Retention Total
602,506.45	Physician Services Total
13,333.35	Physician Student Loan Total

2/28/25

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2025

Check Number	Date	Vendor Check Name	Amount	Description
204503	2/28/25	BAUDVILLE DESKTOP PUBLISHING	151.36	Advertising
204508	2/28/25	BIG THICKET BROADCASTING	4,046.00	Advertising
204161	2/6/25	BRIDGER VALLEY PIONEER	725.00	Advertising
204407	2/20/25	KEMMERER GAZETTE	999.00	Advertising
204559	2/28/25	KEMMERER GAZETTE	2,620.00	Advertising
204409	2/20/25	LAMAR ADVERTISING	450.00	Advertising
204560	2/28/25	LAMAR ADVERTISING	2,160.00	Advertising
204435	2/20/25	PILOT BUTTE BROADCASTING	650.00	Advertising
204586	2/28/25	PINEDALE ROUNDUP	1,350.00	Advertising
204234	2/6/25	ROCKET MINER	26.88	Advertising
204443	2/20/25	ROCKET MINER	699.82	Advertising
204446	2/20/25	ROYAL FLUSH ADVERTISING	1,392.50	Advertising
204447	2/20/25	SCORPION HEALTHCARE LLC	8,525.00	Advertising
204323	2/13/25	THE RADIO NETWORK	6,765.65	Advertising
204467	2/20/25	TRUE NORTH CUSTOM PUBLISHING	2,293.30	Advertising
204619	2/28/25	TRUE NORTH CUSTOM PUBLISHING	24,673.20	Advertising
EFT000000009019	2/6/2025	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000009043	2/28/2025	GREEN RIVER STAR	1,000.00	Advertising
204383	2/20/25	EXPRESS MEDICAID BILLING SERV	6,712.80	Billing Services
204261	2/6/25	VITALANT	7,473.32	Blood
204629	2/28/25	VITALANT	11,999.24	Blood
204373	2/20/25	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
204621	2/28/25	UNIDINE CORPORATION	155,466.29	Café Management
204259	2/6/25	VERIZON WIRELESS, LLC	2,708.30	Cellular Telephone
204535	2/28/25	EXPRESS RECOVERY SERVICES	63,320.21	Collection Agency
204324	2/13/25	WAKEFIELD & ASSOCIATES, INC.	9,843.57	Collection Agency
204163	2/6/25	CDW GOVERNMENT LLC	9,791.94	Computer Equipment
204359	2/20/25	CDW GOVERNMENT LLC	9,829.11	Computer Equipment
204375	2/20/25	DELL COMPUTER CORPORATION	2,725.36	Computer Equipment
204526	2/28/25	DELL COMPUTER CORPORATION	225.45	Computer Equipment
204168	2/6/25	CLOUDLI COMMUNICATIONS INC.	63.44	Contract Maintenance
204171	2/6/25	COMPUNET, INC.	1,028.57	Contract Maintenance
204516	2/28/25	COMPUNET, INC.	16,685.44	Contract Maintenance
204172	2/6/25	CONSUMER FUSION INC.	5,175.00	Contract Maintenance
204530	2/28/25	DNV USA, INC.	4,590.00	Contract Maintenance
204532	2/28/25	ENERGY LABORATORIES INC.	258.00	Contract Maintenance
204542	2/28/25	FRONT RANGE MOBILE IMAGING, INC.	15,915.40	Contract Maintenance
204189	2/6/25	GE HEALTHCARE	765.00	Contract Maintenance
204294	2/13/25	GE HEALTHCARE	25,004.38	Contract Maintenance
204388	2/20/25	GE HEALTHCARE	691.86	Contract Maintenance
204543	2/28/25	GE HEALTHCARE	24,403.49	Contract Maintenance
204545	2/28/25	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
204397	2/20/25	HOLOGIC, INC.	9,963.25	Contract Maintenance
204401	2/20/25	INOVALON PROVIDER INC.	995.70	Contract Maintenance
204403	2/20/25	ISI WATER CHEMISTRIES	5,602.35	Contract Maintenance
204420	2/20/25	MERGE HEALTHCARE SOLUTIONS, INC	2,523.30	Contract Maintenance
204224	2/6/25	NETDAIS	5,425.00	Contract Maintenance
204309	2/13/25	ORACLE AMERICA, INC.	1,500.00	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2025

204426	2/20/25	ORACLE AMERICA, INC.	200,280.63	Contract Maintenance
204579	2/28/25	ORACLE AMERICA, INC.	3,470.47	Contract Maintenance
204428	2/20/25	OTIS ELEVATOR COMPANY	13,299.12	Contract Maintenance
204434	2/20/25	PHILIPS MEDICAL SYSTEM N.A.CO	2,383.34	Contract Maintenance
204437	2/20/25	QUADRAMED	6,000.00	Contract Maintenance
204233	2/6/25	RL DATIX	421.00	Contract Maintenance
204236	2/6/25	SDFI-TELEMEDICINE LLC	1,250.00	Contract Maintenance
204239	2/6/25	SIEMENS MEDICAL SOLUTIONS USA	20,098.59	Contract Maintenance
204318	2/13/25	SIEMENS MEDICAL SOLUTIONS USA	5,892.39	Contract Maintenance
204450	2/20/25	SIEMENS MEDICAL SOLUTIONS USA	30,632.61	Contract Maintenance
204599	2/28/25	SIEMENS MEDICAL SOLUTIONS USA	1,898.00	Contract Maintenance
204255	2/6/25	UNITED AUDIT SYSTEMS, INC.	6,986.50	Contract Maintenance
204622	2/28/25	UNITED AUDIT SYSTEMS, INC.	5,896.25	Contract Maintenance
204626	2/28/25	UTAH HEALTH INFORMATION NETWORK, INC	8,621.00	Contract Maintenance
204474	2/20/25	VISONEX, LLC	500.00	Contract Maintenance
204478	2/20/25	WYODATA SECURITY INC.	1,935.00	Contract Maintenance
204633	2/28/25	WYODATA SECURITY INC.	1,865.00	Contract Maintenance
EFT000000009037	2/20/2025	STATE FIRE DC SPECIALTIES	507.00	Contract Maintenance
204574	2/28/25	NATIONAL MEDICAL REVIEWS INC	605.00	Contract Maintenance
W/T	2/6/25	ZENITH	420.42	Contract Maintenance
W/T	2/20/25	TRIZETTO FEE	6,128.84	Contract Maintenance
W/T	2/20/25	TRIZETTO FEE	247.68	Contract Maintenance
204157	2/6/25	AXON ENTERPRISES, INC.	12,044.37	Contract Maintenance
204381	2/20/25	ELWOOD STAFFING SERVICES, INC	1,839.87	Contract Personnel
204188	2/6/25	FOCUSONE SOLUTIONS LLC	154,673.50	Contract Personnel
204386	2/20/25	FOCUSONE SOLUTIONS LLC	93,812.25	Contract Personnel
204540	2/28/25	FOCUSONE SOLUTIONS LLC	76,983.50	Contract Personnel
204317	2/13/25	SARAH ROTH	720.00	Contract Personnel
204581	2/28/25	PACKAGERUNNER LOGISTICS LLC	396.00	Courier Services
204290	2/13/25	DELTA DENTAL	31,903.63	Dental Insurance
204387	2/20/25	FRESENIUS USA MARKETING, INC.	6,565.67	Dialysis Supplies
204541	2/28/25	FRESENIUS USA MARKETING, INC.	150.00	Dialysis Supplies
204195	2/6/25	HENRY SCHEIN INC	56.96	Dialysis Supplies
204396	2/20/25	HENRY SCHEIN INC	348.57	Dialysis Supplies
204496	2/28/25	ALTITUDE ANALYSIS	1,210.00	Employee Recruitment
204547	2/28/25	HOLIDAY INN - ROCK SPRINGS	1,749.00	Employee Recruitment
204550	2/28/25	INDEED INC.	1,200.00	Employee Recruitment
204551	2/28/25	INSIGHT SCREENING LLC	1,328.40	Employee Recruitment
204605	2/28/25	STATE OF WYOMING	110.00	Employee Recruitment
204634	2/28/25	WYOMING PUBLIC HEALTH LAB	128.00	Employee Recruitment
EFT000000009029	2/13/2025	SAFE SECURE TESTING INC.	65.00	Employee Recruitment
204260	2/6/25	VISION SERVICE PLAN - WY	7,452.81	Employee Vision Plan
204286	2/13/25	CAREFUSION SOLUTIONS, LLC	781.06	Equipment Lease
204519	2/28/25	COPIER & SUPPLY COMPANY	11,222.88	Equipment Lease
204190	2/6/25	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
204295	2/13/25	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
204411	2/20/25	LEAF	2,800.00	Equipment Lease
204413	2/20/25	MAKO SURGICAL CORP	23,950.00	Equipment Lease
204237	2/6/25	SHADOW MOUNTAIN WATER CO ,WY	3,675.00	Equipment Lease

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2025

204448	2/20/25	SHADOW MOUNTAIN WATER CO ,WY	1,584.49	Equipment Lease
204271	2/7/25	SIEMENS FINANCIAL SERVICES, INC	6,493.36	Equipment Lease
204600	2/28/25	SIEMENS FINANCIAL SERVICES, INC	16,124.17	Equipment Lease
204257	2/6/25	US BANK EQUIPMENT FINANCE	1,345.53	Equipment Lease
204469	2/20/25	US BANK EQUIPMENT FINANCE	2,023.47	Equipment Lease
204625	2/28/25	US BANK EQUIPMENT FINANCE	1,910.72	Equipment Lease
204185	2/6/25	F B MCFADDEN WHOLESAL	3,306.75	Food
204384	2/20/25	F B MCFADDEN WHOLESAL	2,172.40	Food
204536	2/28/25	F B MCFADDEN WHOLESAL	3,984.35	Food
204186	2/6/25	FED EX	629.33	Freight
204292	2/13/25	FED EX	92.92	Freight
204537	2/28/25	FED EX	721.91	Freight
204254	2/6/25	TRIOSE, INC	2,100.41	Freight
204466	2/20/25	TRIOSE, INC	3,935.94	Freight
204617	2/28/25	TRIOSE, INC	1,439.18	Freight
204624	2/28/25	UPS STORE	1,995.00	Freight
204313	2/13/25	BAILEY ENTERPRISES	530.78	Fuel
204321	2/13/25	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
EFT00000009049	2/28/2025	VVWS - ROCK SPRINGS	3,813.26	Garbage Collection
W/T	2/7/25	BLUE CROSS BLUE SHIELD 1/31/25	372,562.13	Group Health
W/T	2/24/25	BLUE CROSS BLUE SHIELD 2/7/25	221,305.30	Group Health
W/T	2/21/25	BLUE CROSS BLUE SHIELD 2/14/25	131,249.96	Group Health
W/T	2/6/25	FURTHER FLEX 2/5/25	575.14	Group Health
W/T	2/13/25	FURTHER FLEX 2/12/25	2,652.74	Group Health
W/T	2/20/25	FURTHER FLEX 2/19/25	470.74	Group Health
W/T	2/14/25	HEALTH EQ MFSA FUND	6,816.83	Group Health
W/T	2/10/25	HEALTH EQUITY FEE	364.00	Group Health
W/T	2/7/25	HEALTH EQ MFSA FUND	5,251.84	Group Health
W/T	2/28/25	HEALTH EQ MFSA FUND	8,555.53	Group Health
W/T	2/21/25	HEALTH EQ MFSA FUND	11,982.84	Group Health
W/T	2/28/25	BLUE CROSS BLUE SHIELD 2/21/25	142,632.01	Group Health
W/T	2/27/2025	FURTHER FLEX	18.00	Group Health
204333	2/20/25	AESCULAP INC	798.48	Hospital Supplies
204490	2/28/25	AESCULAP INC	1,096.54	Hospital Supplies
204339	2/20/25	ALLHEART	2,618.84	Hospital Supplies
204497	2/28/25	AMBU INCORPORATED	218.34	Hospital Supplies
204154	2/6/25	APPLIED MEDICAL	1,120.00	Hospital Supplies
204344	2/20/25	APPLIED MEDICAL	3,813.00	Hospital Supplies
204498	2/28/25	APPLIED MEDICAL	1,500.00	Hospital Supplies
204345	2/20/25	ARGON MEDICAL	640.00	Hospital Supplies
204155	2/6/25	ARTHREX INC.	4,862.00	Hospital Supplies
204349	2/20/25	B BRAUN MEDICAL INC.	683.70	Hospital Supplies
204505	2/28/25	B BRAUN MEDICAL INC.	2,540.75	Hospital Supplies
204282	2/13/25	BARD MEDICAL	1,004.00	Hospital Supplies
204504	2/28/25	BAXTER HEALTHCARE CORP/IV	8,631.00	Hospital Supplies
204268	2/6/25	BOSTON SCIENTIFIC CORP	2,434.74	Hospital Supplies
204370	2/20/25	C R BARD INC	624.27	Hospital Supplies
204522	2/28/25	C R BARD INC	2,598.09	Hospital Supplies
204162	2/6/25	CARDINAL HEALTH/V. MUELLER	12,807.34	Hospital Supplies

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204285	2/13/25	CARDINAL HEALTH/V. MUELLER	41,101.32	Hospital Supplies
204355	2/20/25	CARDINAL HEALTH/V. MUELLER	52,480.44	Hospital Supplies
204510	2/28/25	CARDINAL HEALTH/V. MUELLER	7,121.70	Hospital Supplies
204511	2/28/25	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
204358	2/20/25	CARSTENS HEALTH INDUSTRIES INC	95.92	Hospital Supplies
204174	2/6/25	COOK MEDICAL INCORPORATED	271.59	Hospital Supplies
204366	2/20/25	COOK MEDICAL INCORPORATED	1,167.60	Hospital Supplies
204517	2/28/25	COOK MEDICAL INCORPORATED	543.18	Hospital Supplies
204179	2/6/25	CR BARD INC	3,625.65	Hospital Supplies
204524	2/28/25	CURBELL MEDICAL	529.04	Hospital Supplies
204378	2/20/25	DIAGNOSTIGA STAGO INC	1,757.94	Hospital Supplies
204481	2/21/25	DIAGNOSTIGA STAGO INC	22,770.79	Hospital Supplies
204527	2/28/25	DIAGNOSTIGA STAGO INC	4,596.72	Hospital Supplies
204379	2/20/25	EDWARDS LIFESCIENCES	1,425.00	Hospital Supplies
204382	2/20/25	EXPAND-A-BAND,LLC	126.00	Hospital Supplies
204191	2/6/25	GENERAL HOSPITAL SUPPLY CORPORATION	241.00	Hospital Supplies
204390	2/20/25	GENERAL HOSPITAL SUPPLY CORPORATION	793.00	Hospital Supplies
204394	2/20/25	GYNEX CORP	65.45	Hospital Supplies
204193	2/6/25	HEALTHCARE LOGISTICS INC	407.70	Hospital Supplies
204395	2/20/25	HEALTHCARE LOGISTICS INC	196.98	Hospital Supplies
204546	2/28/25	HEALTHCARE LOGISTICS INC	380.22	Hospital Supplies
204549	2/28/25	HULL ANESTHESIA INC	299.00	Hospital Supplies
204200	2/6/25	INHEALTH TECHNOLOGIES (FREUDENBERG MEDICAL LLC)	342.00	Hospital Supplies
204400	2/20/25	INHEALTH TECHNOLOGIES (FREUDENBERG MEDICAL LLC)	367.00	Hospital Supplies
204203	2/6/25	J & J HEALTH CARE SYSTEMS INC	268.20	Hospital Supplies
204404	2/20/25	J & J HEALTH CARE SYSTEMS INC	1,106.03	Hospital Supplies
204554	2/28/25	J & J HEALTH CARE SYSTEMS INC	2,212.06	Hospital Supplies
204207	2/6/25	KARL STORZ ENDOSCOPY-AMERICA	426.04	Hospital Supplies
204406	2/20/25	KARL STORZ ENDOSCOPY-AMERICA	342.52	Hospital Supplies
204612	2/28/25	LEICA BIOSYSTEMS RICHMOND	357.77	Hospital Supplies
204221	2/6/25	M V A P MEDICAL SUPPLIES, INC.	2,010.00	Hospital Supplies
204421	2/20/25	M V A P MEDICAL SUPPLIES, INC.	132.00	Hospital Supplies
204212	2/6/25	MARKET LAB, INC	464.95	Hospital Supplies
204303	2/13/25	MARKET LAB, INC	712.95	Hospital Supplies
204415	2/20/25	MARKET LAB, INC	764.95	Hospital Supplies
204213	2/6/25	MASIMO AMERICAS, INC.	660.00	Hospital Supplies
204416	2/20/25	MASIMO AMERICAS, INC.	2,200.00	Hospital Supplies
204565	2/28/25	MASIMO AMERICAS, INC.	2,670.00	Hospital Supplies
204214	2/6/25	MCKESSON MEDICAL-SURGICAL	1,245.28	Hospital Supplies
204417	2/20/25	MCKESSON MEDICAL-SURGICAL	907.97	Hospital Supplies
204567	2/28/25	MCKESSON MEDICAL-SURGICAL	522.43	Hospital Supplies
204215	2/6/25	MEDI-DOSE INCORPORATED	132.45	Hospital Supplies
204217	2/6/25	MEDLINE INDUSTRIES INC	57,889.43	Hospital Supplies
204304	2/13/25	MEDLINE INDUSTRIES INC	38,406.70	Hospital Supplies
204418	2/20/25	MEDLINE INDUSTRIES INC	35,579.78	Hospital Supplies
204569	2/28/25	MEDLINE INDUSTRIES INC	13,742.98	Hospital Supplies
204575	2/28/25	NATUS MEDICAL INC	193.00	Hospital Supplies
204223	2/6/25	NEOTECH PRODUCTS, INC	92.00	Hospital Supplies
204225	2/6/25	OLYMPUS AMERICA INC	3,366.00	Hospital Supplies

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204425	2/20/25	OLYMPUS AMERICA INC	914.65	Hospital Supplies
204578	2/28/25	OLYMPUS AMERICA INC	435.00	Hospital Supplies
204226	2/6/25	OVATION MEDICAL	83.65	Hospital Supplies
204429	2/20/25	OVATION MEDICAL	44.95	Hospital Supplies
204580	2/28/25	OVATION MEDICAL	44.95	Hospital Supplies
204433	2/20/25	PERFORMANCE HEALTH SUPPLY INC	21.13	Hospital Supplies
204583	2/28/25	PERFORMANCE HEALTH SUPPLY INC	32.31	Hospital Supplies
204589	2/28/25	QUESET MEDICAL	108.78	Hospital Supplies
204232	2/6/25	RADIOMETER AMERICA INC	1,660.94	Hospital Supplies
204312	2/13/25	RADIOMETER AMERICA INC	2,336.78	Hospital Supplies
204439	2/20/25	RADIOMETER AMERICA INC	2,162.03	Hospital Supplies
204593	2/28/25	RADIOMETER AMERICA INC	1,429.61	Hospital Supplies
204441	2/20/25	RESMED CORP	65.00	Hospital Supplies
204594	2/28/25	RESPIRONICS	455.00	Hospital Supplies
204314	2/13/25	ROCK SPRINGS I.V. CENTER	1,386.80	Hospital Supplies
204240	2/6/25	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	2,120.00	Hospital Supplies
204319	2/13/25	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	2,732.71	Hospital Supplies
204245	2/6/25	STERIS CORPORATION	1,528.41	Hospital Supplies
204454	2/20/25	STERIS CORPORATION	3,012.73	Hospital Supplies
204608	2/28/25	STERIS CORPORATION	12,082.14	Hospital Supplies
204611	2/28/25	SUREMARK CO	644.66	Hospital Supplies
204252	2/6/25	TRI-ANIM HEALTH SERVICES INC	2,750.00	Hospital Supplies
204465	2/20/25	TRI-ANIM HEALTH SERVICES INC	1,609.88	Hospital Supplies
204615	2/28/25	TRI-ANIM HEALTH SERVICES INC	379.32	Hospital Supplies
204472	2/20/25	UTAH MEDICAL PRODUCTS INC	430.90	Hospital Supplies
204627	2/28/25	UTAH MEDICAL PRODUCTS INC	87.72	Hospital Supplies
204258	2/6/25	VERATHON INC.	681.80	Hospital Supplies
204473	2/20/25	VERATHON INC.	906.16	Hospital Supplies
204262	2/6/25	WAXIE SANITARY SUPPLY	515.08	Hospital Supplies
204475	2/20/25	WAXIE SANITARY SUPPLY	32.99	Hospital Supplies
204630	2/28/25	WAXIE SANITARY SUPPLY	6,368.77	Hospital Supplies
EFT000000009014	2/6/2025	BREG INC	38.20	Hospital Supplies
EFT000000009017	2/6/2025	HARDY DIAGNOSTICS	773.27	Hospital Supplies
EFT000000009024	2/13/2025	BOSTON SCIENTIFIC CORP	341.55	Hospital Supplies
EFT000000009025	2/13/2025	BREG INC	701.11	Hospital Supplies
EFT000000009026	2/13/2025	HARDY DIAGNOSTICS	965.30	Hospital Supplies
EFT000000009033	2/20/2025	BREG INC	140.35	Hospital Supplies
EFT000000009034	2/20/2025	HARDY DIAGNOSTICS	183.13	Hospital Supplies
EFT000000009041	2/28/2025	BREG INC	998.02	Hospital Supplies
EFT000000009045	2/28/2025	HARDY DIAGNOSTICS	865.43	Hospital Supplies
EFT000000009046	2/28/2025	STRYKER INSTRUMENTS	329.16	Hospital Supplies
204427	2/20/25	OSSIO, INC.	6,850.00	Implant Supplies
204227	2/6/25	PARAGON 28 INC.	2,495.00	Implant Supplies
204430	2/20/25	PARAGON 28 INC.	614.64	Implant Supplies
204463	2/20/25	TRAXSURGICAL INC.	1,170.00	Implant Supplies
204464	2/20/25	TREACE MEDICAL CONCEPTS, INC.	8,130.00	Implant Supplies
EFT000000009035	2/20/2025	LIFENET HEALTH	3,645.60	Implant Supplies
204256	2/6/25	PROVIDENT LIFE & ACCIDENT	33,174.31	Insurance Premiums
204493	2/28/25	ALLERMETRIX INC	282.50	Laboratory Services

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204566	2/28/25	MAYO COLLABORATIVE SERVICES, INC.	123.00	Laboratory Services
204307	2/13/25	METABOLIC NEWBORN SCREENING	3,538.36	Laboratory Services
204458	2/20/25	SUMMIT PATHOLOGY	25,201.32	Laboratory Services
EFT000000009039	2/28/2025	ARUP LABORATORIES, INC.	65,574.60	Laboratory Services
204156	2/6/25	ASSOCIATES OF CAPE COD INC	415.00	Laboratory Supplies
204352	2/20/25	BIOMERIEUX, INC.	17,694.15	Laboratory Supplies
204284	2/13/25	CARDINAL HEALTH	1,598.87	Laboratory Supplies
204360	2/20/25	CEPHEID	273.04	Laboratory Supplies
204512	2/28/25	CEPHEID	30,869.60	Laboratory Supplies
204187	2/6/25	FISHER HEALTHCARE	1,395.59	Laboratory Supplies
204293	2/13/25	FISHER HEALTHCARE	3,632.63	Laboratory Supplies
204385	2/20/25	FISHER HEALTHCARE	6,695.94	Laboratory Supplies
204539	2/28/25	FISHER HEALTHCARE	11,439.42	Laboratory Supplies
204606	2/28/25	STATLAB MEDICAL PRODUCTS	126.92	Laboratory Supplies
204609	2/28/25	STRECK LABORATORIES INC	916.40	Laboratory Supplies
204250	2/6/25	SYSMEX AMERICA INC.	499.59	Laboratory Supplies
204322	2/13/25	SYSMEX AMERICA INC.	2,117.05	Laboratory Supplies
204459	2/20/25	SYSMEX AMERICA INC.	1,168.14	Laboratory Supplies
204620	2/28/25	TYPENEX MEDICAL, LLC	287.69	Laboratory Supplies
EFT000000009012	2/6/2025	BIO-RAD LABORATORIES	5,606.88	Laboratory Supplies
EFT000000009016	2/6/2025	GREER LABORATORIES, INC	3,402.60	Laboratory Supplies
EFT000000009018	2/6/2025	IDENTICARD	530.00	Laboratory Supplies
EFT000000009023	2/13/2025	BIO-RAD LABORATORIES	1,205.28	Laboratory Supplies
EFT000000009028	2/13/2025	IDENTICARD	87.86	Laboratory Supplies
EFT000000009032	2/20/2025	BIO-RAD LABORATORIES	466.26	Laboratory Supplies
EFT000000009040	2/28/2025	BIO-RAD LABORATORIES	2,296.26	Laboratory Supplies
EFT000000009044	2/28/2025	GREER LABORATORIES, INC	3,435.74	Laboratory Supplies
204371	2/20/25	CROWLEY FLECK ATTORNEYS	25,672.00	Legal Fees
204199	2/6/25	HUSCH BLACKWELL LLP	3,314.00	Legal Fees
204585	2/28/25	PHILLIPS LAW, LLC	24,218.32	Legal Fees
204603	2/28/25	STANDARD TEXTILE	1,581.00	Linen
204264	2/6/25	WYOMING UROLOGICAL SERVICES, LP	6,200.00	Lithotripsy Service
204330	2/20/25	A & B HOME IMPROVEMENTS	4,900.00	Maintenance & Repair
204279	2/13/25	AAMI	250.00	Maintenance & Repair
204331	2/20/25	ABOVE ALL MEDICAL PARTS INC.	142.60	Maintenance & Repair
204148	2/6/25	AGILITI SURGICAL EQUIPMENT REPAIR INC.	722.97	Maintenance & Repair
204334	2/20/25	AGILITI SURGICAL EQUIPMENT REPAIR INC.	198.00	Maintenance & Repair
204491	2/28/25	AGILITI SURGICAL EQUIPMENT REPAIR INC.	263.73	Maintenance & Repair
204507	2/28/25	BHD TEST AND MEASUREMENT	3,415.00	Maintenance & Repair
204167	2/6/25	CLARK'S QUALITY ROOFING, INC	1,404.85	Maintenance & Repair
204521	2/28/25	COUNTERWISE	495.00	Maintenance & Repair
204372	2/20/25	CUMMINS ROCKY MOUNTAIN, LLC	579.16	Maintenance & Repair
204196	2/6/25	HIGH SECURITY LOCK & ALARM	62.00	Maintenance & Repair
204220	2/6/25	MOTION INDUSTRIES INC.	170.47	Maintenance & Repair
204424	2/20/25	OHLIN SALES INC.	969.08	Maintenance & Repair
204310	2/13/25	PARTSSOURCE	361.98	Maintenance & Repair
204431	2/20/25	PARTSSOURCE	463.59	Maintenance & Repair
204582	2/28/25	PARTSSOURCE	442.08	Maintenance & Repair
204229	2/6/25	PURE PROCESSING LLC	328.98	Maintenance & Repair

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204242	2/6/25	SOUTHWEST DOORS	717.95	Maintenance & Repair
204451	2/20/25	SPECIALTY WATER TECHNOLOGIES INC	504.55	Maintenance & Repair
204244	2/6/25	STEALTH TECHNOLOGIES	573.21	Maintenance & Repair
204607	2/28/25	STEALTH TECHNOLOGIES	2,096.88	Maintenance & Repair
204248	2/6/25	SWEETWATER PLUMBING & HEATING	120.20	Maintenance & Repair
204613	2/28/25	SWEETWATER PLUMBING & HEATING	168.00	Maintenance & Repair
204468	2/20/25	UNETIXS VASCULAR INC.	459.80	Maintenance & Repair
204263	2/6/25	WYOLECTRIC, INC	1,176.50	Maintenance & Repair
204479	2/20/25	WYOMING TRUCKS AND CARS INC	85.00	Maintenance & Repair
204341	2/20/25	ALPINE PURE SOFT WATER	1,455.30	Maintenance Supplies
204348	2/20/25	BARD ACCESS SYSTEMS	1,669.70	Maintenance Supplies
204159	2/6/25	BENNETT'S	132.00	Maintenance Supplies
204353	2/20/25	BLOEDORN LUMBER	227.50	Maintenance Supplies
204169	2/6/25	CODALE ELECTRIC SUPPLY, INC	4,864.00	Maintenance Supplies
204363	2/20/25	CODALE ELECTRIC SUPPLY, INC	208.60	Maintenance Supplies
204182	2/6/25	DJ'S GLASS PLUS, INC.	259.10	Maintenance Supplies
204192	2/6/25	GRAINGER	894.07	Maintenance Supplies
204392	2/20/25	GRAINGER	2,434.75	Maintenance Supplies
204296	2/13/25	GRITTON ASSOCIATES	427.92	Maintenance Supplies
204297	2/13/25	HOME DEPOT	496.84	Maintenance Supplies
204398	2/20/25	HOME DEPOT	93.98	Maintenance Supplies
204548	2/28/25	HOME DEPOT	823.81	Maintenance Supplies
204572	2/28/25	MOUNTAIN STATES SUPPLY CO.	1,960.28	Maintenance Supplies
204422	2/20/25	NAPA AUTO PARTS	268.64	Maintenance Supplies
204573	2/28/25	NAPA AUTO PARTS	113.97	Maintenance Supplies
204595	2/28/25	ROCK SPRINGS WINNELSON CO	43.85	Maintenance Supplies
EFT000000009027	2/13/2025	HOMAX OIL SALES	466.50	Maintenance Supplies
EFT000000009030	2/20/2025	ACE HARDWARE	82.89	Maintenance Supplies
EFT000000009036	2/20/2025	SHERWIN WILLIAMS CO	157.75	Maintenance Supplies
EFT000000009047	2/28/2025	ULINE, INC	538.04	Maintenance Supplies
204588	2/28/25	PURPLE LIZARDS, LLC	945.00	Marketing & Promotional Supplies
204219	2/6/25	MHSC MEDICAL STAFF	600.00	Membership Dues
204308	2/13/25	MHSC MEDICAL STAFF	900.00	Membership Dues
204596	2/28/25	R.S. CHAMBER OF COMMERCE	7,250.00	Membership Dues
204274	2/11/25	MHSC-FOUNDATION	1,349.01	MHSC Foundation
204484	2/25/25	MHSC-FOUNDATION	2,134.01	MHSC Foundation
204570	2/28/25	MHSC-FOUNDATION	5.00	MHSC Foundation
204489	2/28/25	ACCUVEIN INC	4,995.00	Minor Equipment
204362	2/20/25	CLAFIN SERVICE COMPANY (CME)	4,809.16	Minor Equipment
204298	2/13/25	ICARE USA INC	5,040.00	Minor Equipment
204618	2/28/25	TRIVEDI ADVANCED TECHNOLOGIES LLC	8,949.00	Minor Equipment
204325	2/13/25	WORLDPOINT ECC, INC.	41.36	Minor Equipment
204502	2/28/25	A TOUCH OF CLASS	56.50	Non Medical Supplies
204391	2/20/25	GLOBAL EQUIPMENT COMPANY	1,531.28	Non Medical Supplies
204544	2/28/25	GLOBAL EQUIPMENT COMPANY	30.74	Non Medical Supplies
204198	2/6/25	HORSE WARRIORS	1,695.00	Non Medical Supplies
204558	2/28/25	J.J. KELLER & ASSOCIATES, INC.	75.50	Non Medical Supplies
204216	2/6/25	MEDIBADGE INC	380.19	Non Medical Supplies
204597	2/28/25	SANTA FE TRAIL RESTAURANT	283.93	Non Medical Supplies

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204449	2/20/25	SHARN ANESTHESIA INC	204.22	Non Medical Supplies
204598	2/28/25	SHARN ANESTHESIA INC	250.48	Non Medical Supplies
204291	2/13/25	ENCOMPASS GROUP, LLC	2,139.78	Office Supplies
204531	2/28/25	ENCOMPASS GROUP, LLC	1,862.04	Office Supplies
204399	2/20/25	IDENTISYS INC	2,250.00	Office Supplies
204210	2/6/25	LABELMATCH	200.88	Office Supplies
204408	2/20/25	LABELMATCH	256.48	Office Supplies
204452	2/20/25	STANDARD REGISTER COMPANY	1,418.91	Office Supplies
204243	2/6/25	STAPLES BUSINESS ADVANTAGE	1,577.90	Office Supplies
204453	2/20/25	STAPLES BUSINESS ADVANTAGE	808.96	Office Supplies
204604	2/28/25	STAPLES BUSINESS ADVANTAGE	674.83	Office Supplies
204266	2/6/25	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
204338	2/20/25	ALLEGION ACCESS TECHNOLOGIES	3,588.93	Other Purchased Services
204351	2/20/25	BETTER BIDDERS, INC.	2,461.00	Other Purchased Services
204361	2/20/25	CJ SIGNS	1,020.00	Other Purchased Services
204211	2/6/25	QUICK RESPONSE TAXI	38.00	Other Purchased Services
204302	2/13/25	QUICK RESPONSE TAXI	76.00	Other Purchased Services
204412	2/20/25	QUICK RESPONSE TAXI	163.00	Other Purchased Services
204563	2/28/25	QUICK RESPONSE TAXI	76.00	Other Purchased Services
EFT000000009015	2/6/2025	CASTLE ROCK HSP DIST	3,750.00	Other Purchased Services
EFT000000009042	2/28/2025	CASTLE ROCK HSP DIST	4,147.20	Other Purchased Services
204637	2/28/25	PEAK CONSULTING	32,350.00	Other Purchased Services
EFT000000009011	2/6/2025	AIRGAS INTERMOUNTAIN INC	2,870.06	Oxygen Rental
EFT000000009022	2/13/2025	AIRGAS INTERMOUNTAIN INC	125.21	Oxygen Rental
EFT000000009031	2/20/2025	AIRGAS INTERMOUNTAIN INC	218.40	Oxygen Rental
EFT000000009038	2/28/2025	AIRGAS INTERMOUNTAIN INC	6,329.67	Oxygen Rental
204482	2/24/25	PATIENT REFUND	220.00	Patlent Refund
204277	2/11/25	UNITED WAY OF SOUTHWEST WYOMING	183.24	Payroll Deduction
204487	2/25/25	UNITED WAY OF SOUTHWEST WYOMING	183.24	Payroll Deduction
204272	2/11/25	CIRCUIT COURT 3RD JUDICIAL	152.89	Payroll Garnishment
204273	2/11/25	DISTRICT COURT THIRD JUDICIAL DIST	1,181.90	Payroll Garnishment
204483	2/25/25	DISTRICT COURT THIRD JUDICIAL DIST	1,010.57	Payroll Garnishment
204275	2/11/25	STATE OF WYOMING DFS/CSES	600.91	Payroll Garnishment
204485	2/25/25	STATE OF WYOMING DFS/CSES	600.91	Payroll Garnishment
204276	2/11/25	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
204486	2/25/25	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
204278	2/11/25	U.S. DEPARTMENT OF THE TREASURY	442.09	Payroll Garnishment
204488	2/25/25	U.S. DEPARTMENT OF THE TREASURY	345.42	Payroll Garnishment
W/T	2/11/2025	PAYROLL 4	2,100,000.00	Payroll Transfer
W/T	2/25/25	PAYROLL 5	2,000,000.00	Payroll Transfer
204356	2/20/25	CARDINAL HEALTH PHARMACY MGMT	1,361,748.42	Pharmacy Management
204380	2/20/25	DR. ELIZABETH CONGDON	1,500.00	Physician Recruitment
204197	2/6/25	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	3,139.50	Physician Recruitment
204461	2/20/25	THE PRESERVE AT ROCK SPRINGS	1,958.33	Physician Recruitment
204160	2/6/25	BRIAN BARTON, PA-C	8,333.34	Physician Retention
204147	2/6/25	ADVANCED MEDICAL IMAGING, LLC	20,819.00	Physician Services
204170	2/6/25	COMPHEALTH, INC.	72,644.15	Physician Services
204365	2/20/25	COMPHEALTH, INC.	29,602.47	Physician Services
204515	2/28/25	COMPHEALTH, INC.	27,567.18	Physician Services

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204180	2/6/25	CURATIVE TALENT, LLC	245,089.78	Physician Services
204523	2/28/25	CURATIVE TALENT, LLC	35,515.32	Physician Services
204326	2/13/25	MOUNTAIN STATES MEDICAL PHYSICS	12,573.69	Physician Services
204623	2/28/25	UNIVERSITY OF UTAH (UUHC OUTREACH)	118,843.83	Physician Services
204476	2/20/25	WEATHERBY LOCUMS, INC	592.95	Physician Services
204631	2/28/25	WEATHERBY LOCUMS, INC	11,900.00	Physician Services
204288	2/13/25	CESAR J. HERNANDEZ	13,098.08	Physician Services
204513	2/28/25	CESAR J. HERNANDEZ	14,260.00	Physician Services
204336	2/20/25	AIDVANTAGE	2,500.00	Physician Student Loan
204393	2/20/25	GREAT LAKES	1,666.67	Physician Student Loan
204376	2/20/25	MOHELA	1,666.67	Physician Student Loan
204377	2/20/25	MOHELA	2,500.00	Physician Student Loan
204470	2/20/25	US DEPARTMENT OF EDUCATION	3,333.34	Physician Student Loan
204471	2/20/25	US DEPT OF EDUCATION	1,666.67	Physician Student Loan
204440	2/20/25	RESERVE ACCOUNT	5,000.00	Postage
204177	2/6/25	COPIC INSURANCE COMPANY	213,255.00	Professional Liability Insurance
204368	2/20/25	COPIC INSURANCE COMPANY	10,777.00	Professional Liability Insurance
204520	2/28/25	COPIC INSURANCE COMPANY	2,584.00	Professional Liability Insurance
204151	2/6/25	ALSCO AMERICAN LINEN	127.68	Professional Service
204494	2/28/25	ALSCO AMERICAN LINEN	42.56	Professional Service
204534	2/28/25	CE BROKER	531.80	Professional Service
204514	2/28/25	CLEANIQUE PROFESSIONAL SERVICES	4,725.00	Professional Service
204561	2/28/25	CLIFTON LARSON ALLEN LLP	5,460.00	Professional Service
204328	2/14/25	JOINT COMMISSION RESOURCES	4,255.00	Professional Service
204301	2/13/25	KONICA MINOLTA MEDICAL IMAGING USA, INC	1,500.00	Professional Service
204568	2/28/25	MEDICAL PHYSICS CONSULTANTS, INC	8,700.00	Professional Service
204270	2/6/25	P3 CONSULTING LLC	300.00	Professional Service
204327	2/13/25	P3 CONSULTING LLC	1,640.00	Professional Service
204628	2/28/25	VERISYS INC.	63.00	Professional Service
EFT000000009048	2/28/2025	WESTERN STAR COMMUNICATIONS	813.50	Professional Service
204364	2/20/25	COLLEGE OF AMERICAN PATHOLOGY	3,445.20	Proficiency Testing
204231	2/6/25	RADIATION DETECTION COMPANY	40.00	Radiation Monitoring
204592	2/28/25	RADIATION DETECTION COMPANY	524.61	Radiation Monitoring
204509	2/28/25	BRACCO DIAGNOSTICS INC	565.00	Radiology Material
204389	2/20/25	GE HEALTHCARE INC	2,093.62	Radiology Material
204410	2/20/25	LANTHEUS MEDICAL IMAGING, INC	4,147.36	Radiology Material
204584	2/28/25	PHARMALOGIC WY, LTD	5,305.72	Radiology Material
204354	2/20/25	BRIAN BARTON, PA-C	1,576.00	Reimbursement - CME
204347	2/20/25	DR. BANU SYMINGTON	888.00	Reimbursement - CME
204181	2/6/25	DR. DAVID DANSIE	1,463.38	Reimbursement - CME
204374	2/20/25	DR. DAVID DANSIE	435.96	Reimbursement - CME
204205	2/6/25	DR. JOSHUA BINKS	953.99	Reimbursement - CME
204601	2/28/25	DR. SIGSBEE DUCK	3,992.20	Reimbursement - CME
204632	2/28/25	DR. WILLIAM SARETTE	3.00	Reimbursement - CME
204202	2/6/25	ISRAEL STEWART, DO	821.00	Reimbursement - CME
204553	2/28/25	ISRAEL STEWART, DO	99.00	Reimbursement - CME
204246	2/6/25	STEVEN CROFT, M.D.	160.00	Reimbursement - CME
204342	2/20/25	AMERICAN SOCIETY OF ORTHOPEDIC PROFESSIONALS	4,252.36	Reimbursement - Education & Travel
204343	2/20/25	ANDREA MARSHALL	228.00	Reimbursement - Education & Travel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2025

204153	2/6/25	ANN CLEVINGER	291.75	Reimbursement - Education & Travel
204357	2/20/25	CAROL J. MACKIE	550.00	Reimbursement - Education & Travel
204525	2/28/25	DASHAELA NATIONS	77.52	Reimbursement - Education & Travel
204557	2/28/25	DR. JANENE GLYN	1,693.55	Reimbursement - Education & Travel
204562	2/28/25	DR. LAWRENCE LAURIDSEN	188.10	Reimbursement - Education & Travel
204204	2/6/25	JAN LAYNE	570.30	Reimbursement - Education & Travel
204299	2/13/25	JENNIFER CROWELL	91.20	Reimbursement - Education & Travel
204206	2/6/25	JULIANNE FORRESTER	709.95	Reimbursement - Education & Travel
204405	2/20/25	KAITLYN ICE	1,226.52	Reimbursement - Education & Travel
204209	2/6/25	KERRY DOWNS	28.96	Reimbursement - Education & Travel
204564	2/28/25	LENA WARREN	128.82	Reimbursement - Education & Travel
204414	2/20/25	MARINA MONTOYA	1,216.98	Reimbursement - Education & Travel
204306	2/13/25	MEGAN GILBERT	1,351.61	Reimbursement - Education & Travel
204305	2/13/25	MEGAN GUESS	159.22	Reimbursement - Education & Travel
204419	2/20/25	MEGAN TOZZI	1,956.96	Reimbursement - Education & Travel
204571	2/28/25	MISTY COZAD	77.52	Reimbursement - Education & Travel
204577	2/28/25	NICOLE BURKE	567.96	Reimbursement - Education & Travel
204432	2/20/25	PATTY O'LEKEY	550.00	Reimbursement - Education & Travel
204228	2/6/25	PHILLIP FLAKE	75.24	Reimbursement - Education & Travel
204235	2/6/25	RUTHANN WOLFE	307.96	Reimbursement - Education & Travel
204316	2/13/25	RUTHANN WOLFE	366.72	Reimbursement - Education & Travel
204238	2/6/25	SHAUNA ERRAMOUSPE	213.95	Reimbursement - Education & Travel
204267	2/6/25	TAMI LOVE	1,210.62	Reimbursement - Education & Travel
204462	2/20/25	TIFFANY URANKER-WEBB	1,956.96	Reimbursement - Education & Travel
204165	2/6/25	CINDY NELSON	235.65	Reimbursement - Non Hospital Supplies
204178	2/6/25	CORY DARLINGTON	129.90	Reimbursement - Non Hospital Supplies
204208	2/6/25	KAYLA MANNIKKO	62.77	Reimbursement - Non Hospital Supplies
204300	2/13/25	KAYLA MANNIKKO	356.65	Reimbursement - Non Hospital Supplies
204320	2/13/25	STEPHANIE WELSH	297.26	Reimbursement - Non Hospital Supplies
W/T	2/12/25	PCS 1/30/25	156,454.51	Retirement
W/T	2/12/25	PCS MATCH 1/30/25	100,120.97	Retirement
W/T	2/24/25	PCS CONTRIB 2/13/25	159,203.32	Retirement
W/T	2/24/25	PCS MATCH 2/13/25	103,570.86	Retirement
204251	2/6/25	VITASCRIPITUM LLC	1,763.28	Scribe Services
204499	2/28/25	APPLIED STATISTICS & MANAGEMENT, INC.	7,000.00	Software
204280	2/13/25	ARCHIE HAY POST 24	500.00	Sponsorship
204183	2/6/25	DUCKS UNLIMITED	850.00	Sponsorship
204436	2/20/25	PMS SCREEN PRINTING	142.00	Sponsorship
204444	2/20/25	ROCK SPRINGS RENEWAL FUND	1,500.00	Sponsorship
204315	2/13/25	RSGSA	300.00	Sponsorship
204614	2/28/25	SWEETWATER MOUNTAIN BIKE ASSOCIATION	500.00	Sponsorship
204249	2/6/25	SWEETWATER SNOWPOKES & ATV CLUB INC	750.00	Sponsorship
204332	2/20/25	ADVANCED STERILIZATION PRODUCTS INC.	96.12	Surgery Supplies
204149	2/6/25	ALI MED INC	1,258.38	Surgery Supplies
204337	2/20/25	ALI MED INC	192.70	Surgery Supplies
204492	2/28/25	ALI MED INC	1,663.04	Surgery Supplies
204152	2/6/25	ALTA MEDICAL SPECIALTIES	462.29	Surgery Supplies
204495	2/28/25	ALTA MEDICAL SPECIALTIES	198.12	Surgery Supplies
204500	2/28/25	ARMSTRONG MEDICAL INDUSTRIES	198.00	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/2025

204158	2/6/25	BECTON DICKINSON	2,822.95	Surgery Supplies
204283	2/13/25	BECTON DICKINSON	5,105.20	Surgery Supplies
204350	2/20/25	BECTON DICKINSON	1,782.25	Surgery Supplies
204506	2/28/25	BECTON DICKINSON	1,947.50	Surgery Supplies
204166	2/6/25	CIVCO RADIOTHERAPY	146.00	Surgery Supplies
204175	2/6/25	COOPER SURGICAL	138.17	Surgery Supplies
204176	2/6/25	COOPER SURGICAL	95.42	Surgery Supplies
204289	2/13/25	COOPER SURGICAL	1,941.47	Surgery Supplies
204367	2/20/25	COOPER SURGICAL	702.01	Surgery Supplies
204518	2/28/25	COOPER SURGICAL	855.38	Surgery Supplies
204369	2/20/25	COVIDIEN SALES LLC, DBA GIVEN IMAGING	15,865.24	Surgery Supplies
204528	2/28/25	DIRECT SUPPLY	368.97	Surgery Supplies
204184	2/6/25	EQUASHIELD LLC	1,393.76	Surgery Supplies
204533	2/28/25	EQUASHIELD LLC	2,533.12	Surgery Supplies
204194	2/6/25	HEALTHMARK INDUSTRIES CO., INC.	177.42	Surgery Supplies
204552	2/28/25	INSTRAMED INC.	218.00	Surgery Supplies
204201	2/6/25	INTUITIVE SURGICAL INC.	40,539.68	Surgery Supplies
204402	2/20/25	INTUITIVE SURGICAL INC.	2,310.00	Surgery Supplies
204556	2/28/25	JAEGER MEDICAL AMERICA, INC.	252.87	Surgery Supplies
204218	2/6/25	MERCURY MEDICAL	424.62	Surgery Supplies
204335	2/20/25	MIADERM	660.00	Surgery Supplies
204222	2/6/25	NEOGEN CORPORATION	470.96	Surgery Supplies
204423	2/20/25	NEOGEN CORPORATION	1,457.47	Surgery Supplies
204576	2/28/25	NEOGEN CORPORATION	340.03	Surgery Supplies
204602	2/28/25	SMITH & NEPHEW ENDOSCOPY INC	3,299.00	Surgery Supplies
204456	2/20/25	STRYKER ENDOSCOPY	2,396.58	Surgery Supplies
204247	2/6/25	STRYKER ORTHOPAEDICS	12,774.34	Surgery Supplies
204457	2/20/25	STRYKER ORTHOPAEDICS	19,789.05	Surgery Supplies
204610	2/28/25	STRYKER ORTHOPAEDICS	17,563.77	Surgery Supplies
204460	2/20/25	TELEFLEX LLC	222.00	Surgery Supplies
204253	2/6/25	TRICOR SYSTEMS INC.	345.00	Surgery Supplies
204616	2/28/25	TRICOR SYSTEMS INC.	690.00	Surgery Supplies
204265	2/6/25	XODUS MEDICAL, INC.	560.00	Surgery Supplies
204480	2/20/25	XODUS MEDICAL, INC.	2,948.00	Surgery Supplies
204635	2/28/25	XODUS MEDICAL, INC.	398.00	Surgery Supplies
204636	2/28/25	ZIMMER BIOMET	756.00	Surgery Supplies
204587	2/28/25	PRESS GANEY ASSOCIATES, INC	18,130.90	Surveys
204269	2/6/25	CELERITY SOLUTIONS GROUP, LLC	3,094.91	Transcription Services
W/T	2/4/25	WY UNEMPLOY QTR 4	2,053.36	Unemployment
204146	2/6/25	1350 APPAREL	219.00	Uniforms
204230	2/6/25	QUARTERMASTER	577.35	Uniforms
204438	2/20/25	QUARTERMASTER	73.96	Uniforms
204340	2/20/25	ALL WEST COMMUNICATIONS	5,971.73	Utilities
204281	2/13/25	AT&T	338.67	Utilities
204346	2/20/25	AT&T	97.18	Utilities
204501	2/28/25	AT&T	43.97	Utilities
204311	2/13/25	CENTURY LINK	4,971.69	Utilities
204329	2/14/25	CENTURY LINK	2,198.71	Utilities
204591	2/28/25	CENTURY LINK	1,219.81	Utilities

Figure 1: Schematic representation of the experimental design. The diagram shows a sequence of events: 'Stimulus presentation' (a bar chart with 10 bars of varying heights), 'Response' (a bar chart with 10 bars of varying heights), and 'Feedback' (a bar chart with 10 bars of varying heights). The 'Stimulus presentation' and 'Response' phases are labeled 'Stimulus presentation' and 'Response' respectively. The 'Feedback' phase is labeled 'Feedback'.

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Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending February 28, 2025

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	\$35,266.04
January 2025	\$0.00
February 2025	\$44,725.43
March 2025	
April 2025	
May 2025	
June 2025	

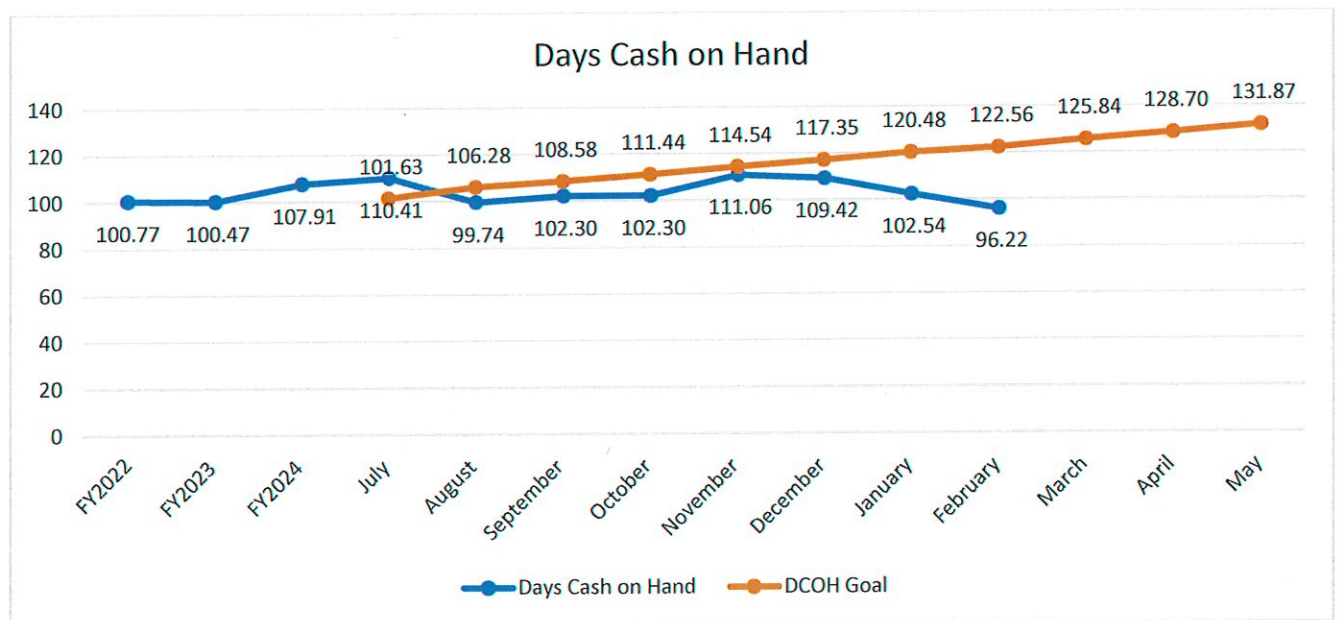
County Requested Total Vouchers Submitted	\$203,600.48
Total Vouchers Submitted FY 25	\$203,600.48
Less: Total Approved by County and Received by MHSC FY 25	\$158,875.05
Total Vouchers Pending Approval by County	<u>\$44,725.43</u>

FY25 Title 25 Fund Budget from Sweetwater County	\$244,167.00
Funds Received From Sweetwater County	<u>\$158,875.05</u>
FY25 Title 25 Fund Budget Remaining	\$85,291.95
Total Budgeted Vouchers Pending Submittal to County	<u>\$0.00</u>

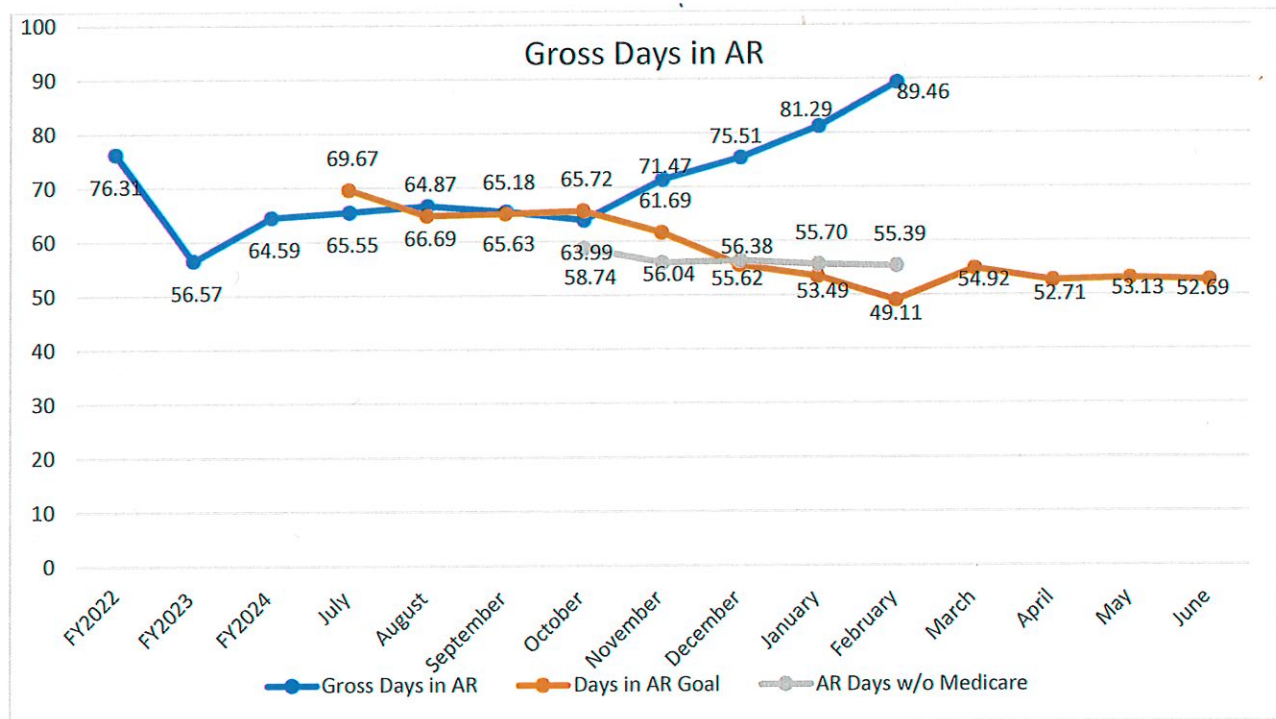
FY25 Maintenance Fund Budget from Sweetwater County	\$1,675,536.00
County Maintenance FY25 - July	\$267,590.41
County Maintenance FY25 - August	\$0.00
County Maintenance FY25 - September	\$0.00
County Maintenance FY25 - October	\$0.00
County Maintenance FY25 - November	\$80,048.00
County Maintenance FY25 - December	\$0.00
County Maintenance FY25 - January	\$157,445.10
County Maintenance FY25 - February	\$0.00
County Maintenance FY25 - March	
County Maintenance FY25 - April	
County Maintenance FY25 - May	
County Maintenance FY25 - June	
	<u>\$505,083.51</u>
FY25 Maintenance Fund Budget Remaining	<u>\$1,170,452.49</u>

Strategic Plan – Finance Pillar 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.

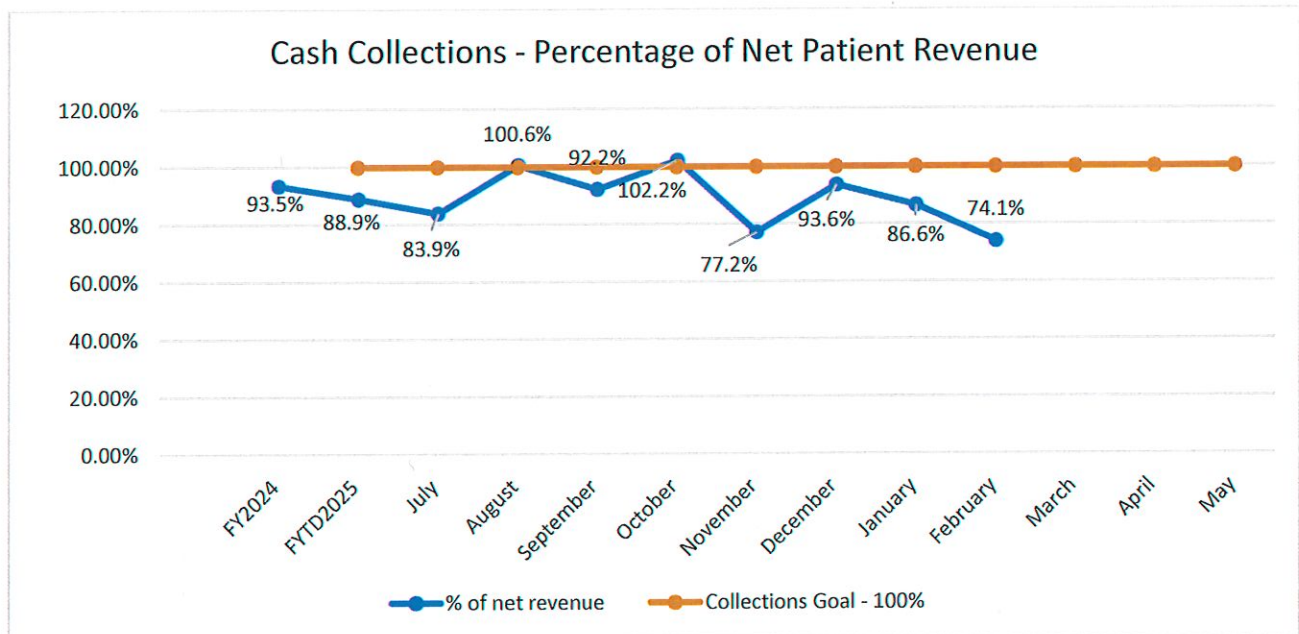
- **Days Cash on Hand** represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set interim goals of 109 days for September, 117 days for December, 126 days for March and 133 days for year end.
 - There was a decrease of six days in DCOH, coming in at 96, below the goal for the month. Cash collections were \$8.4 million, under budget due to the lack of Medicare payments as we wait for claims to be processed and paid. Daily cash expense increased to \$338,000 in February. **With normal Medicare payments coming in, estimated DCOH would be around 120 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 February as a result of the hold on Medicare claims, coming in at 89.46 significantly over the goal of 49. Gross AR increased by \$7.3 million from January, despite almost \$40 million in Medicare claims being delayed for payment. **When the estimated Medicare outstanding AR is removed, Days in AR are estimated at 55 in February.**

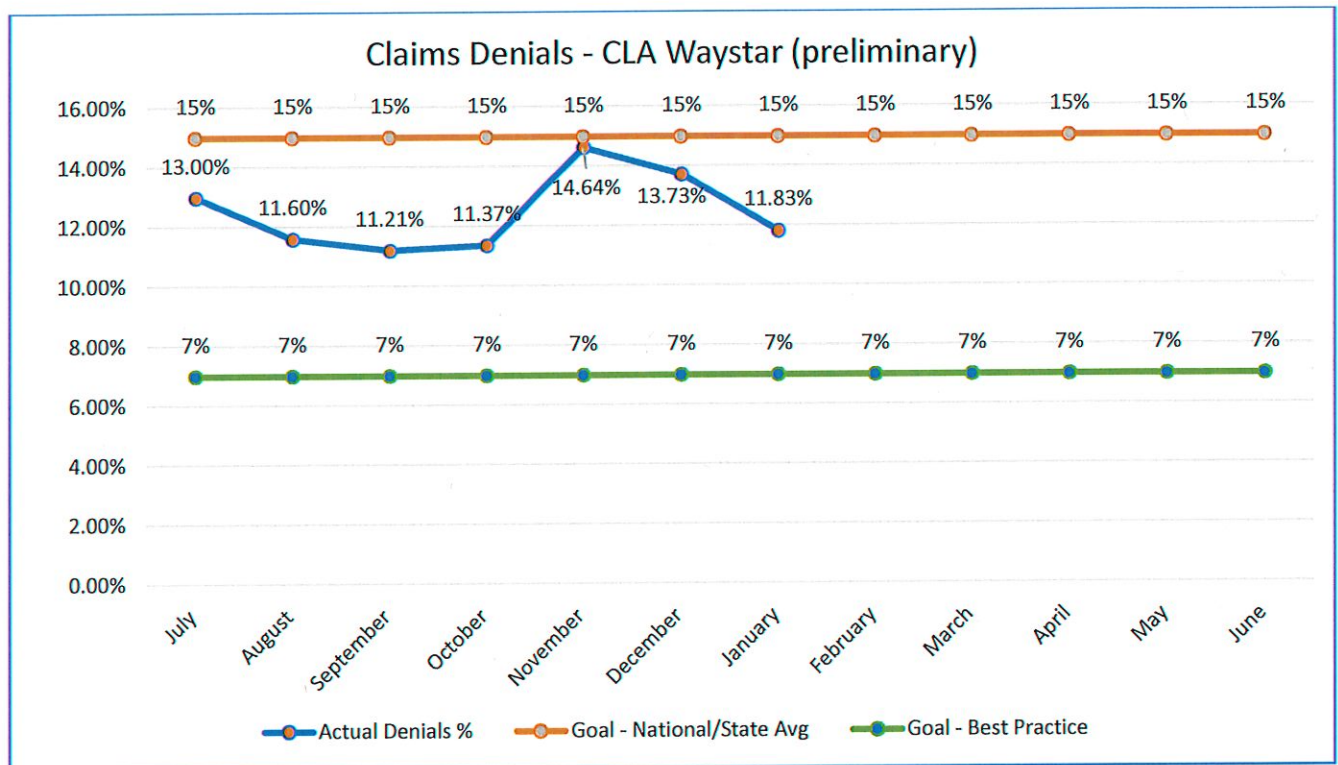


- Cash Collections** – The goal for cash collections is 100% or > than net patient revenue.
 - Cash collections for February were lower, at \$8.4 million, or 74.1% of net patient revenue, below the goal for the month and decreasing the year-to-date percentage to 88.9%. **The lack of Medicare payments since November has impacted this ratio as Medicare payments average \$2.5 million per month.**

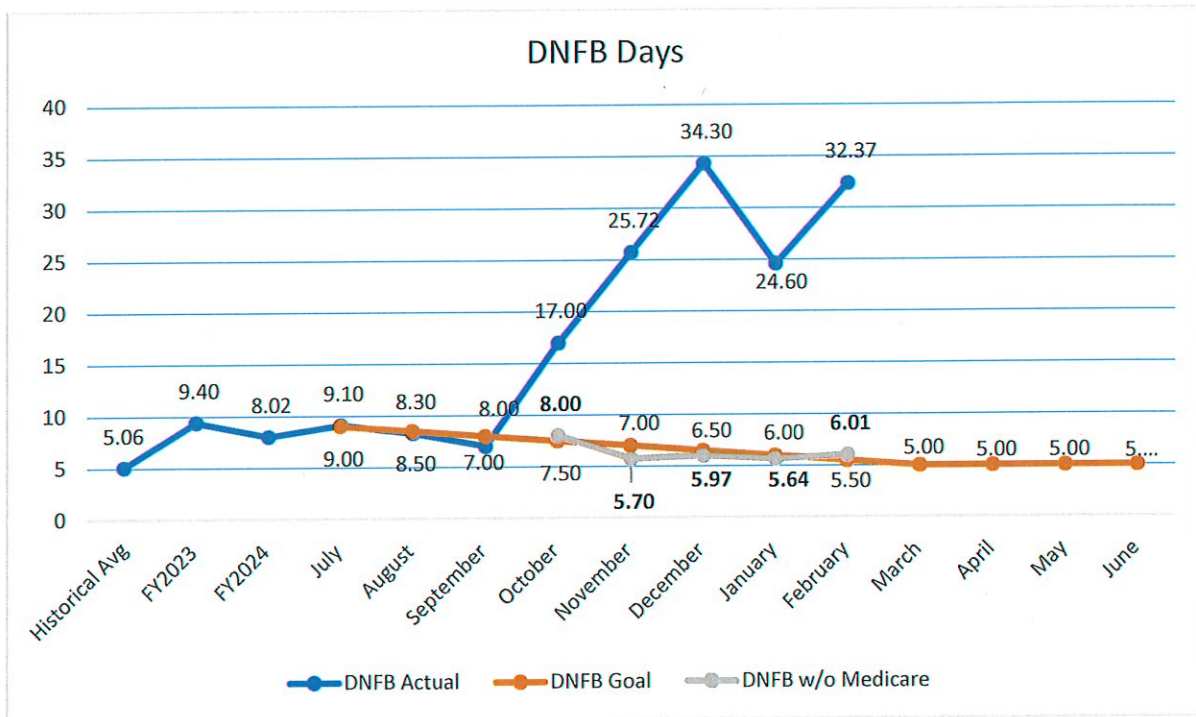


- **Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%. We have set interim goals of 20% for September, 17% for December, 15% for March and maintaining 15% by year end. Due to meeting the goal, we have added a stretch goal of 7%.

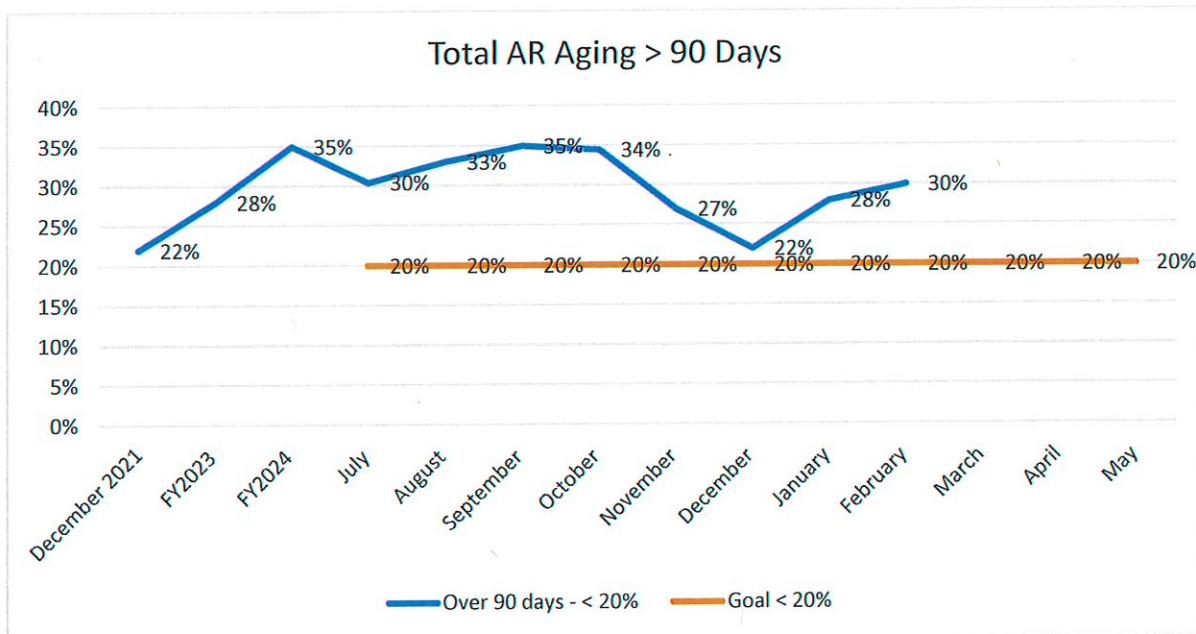
- We continue to work with CLA and their new software and can report preliminary numbers through January, coming in at 11.83%.



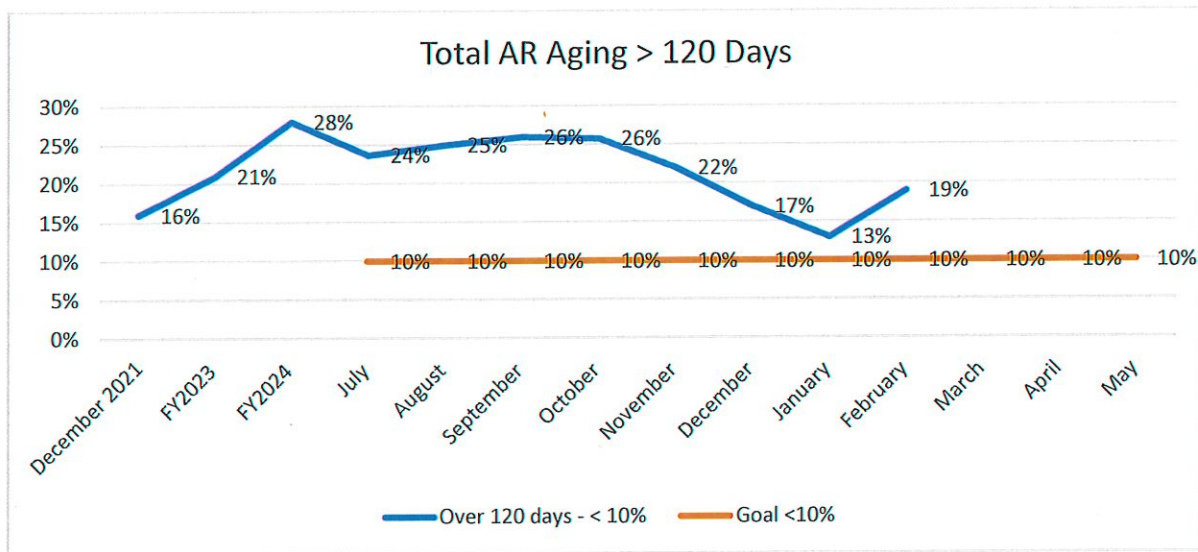
- **DNFB Days – Discharged Not Final Billed days.** Patient accounts that have been discharged but not billed. DNFB includes billing holds, corrections required, credit balances, waiting for coding, ready to bill and standard delay which are accounts held for 3 days before being released for billing. 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 32.37 days in February as we continued to hold new Medicare claims in February. At the end of February, we were still holding more than \$21 million in CAH claims. **When removed, DNFB is estimated at 5.5 days for the month, just above the goal of 5 days.**



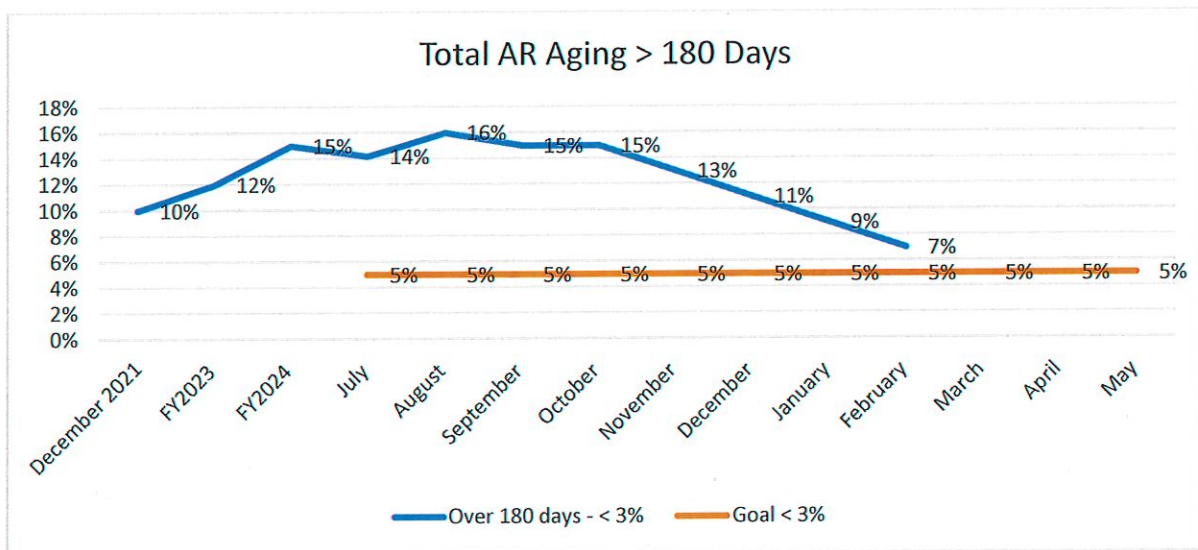
- Total Accounts Receivable aging** – Goals were set based on national benchmarks received from CLA. These aging ratios are being impacted by the Medicare claims delay. Held claims are currently in 0-30 days but released claims for Medicare fell into aging based on the discharge date of the patient account, with some being over 120 days old.



- Days over 90 days increased to 30% for February.



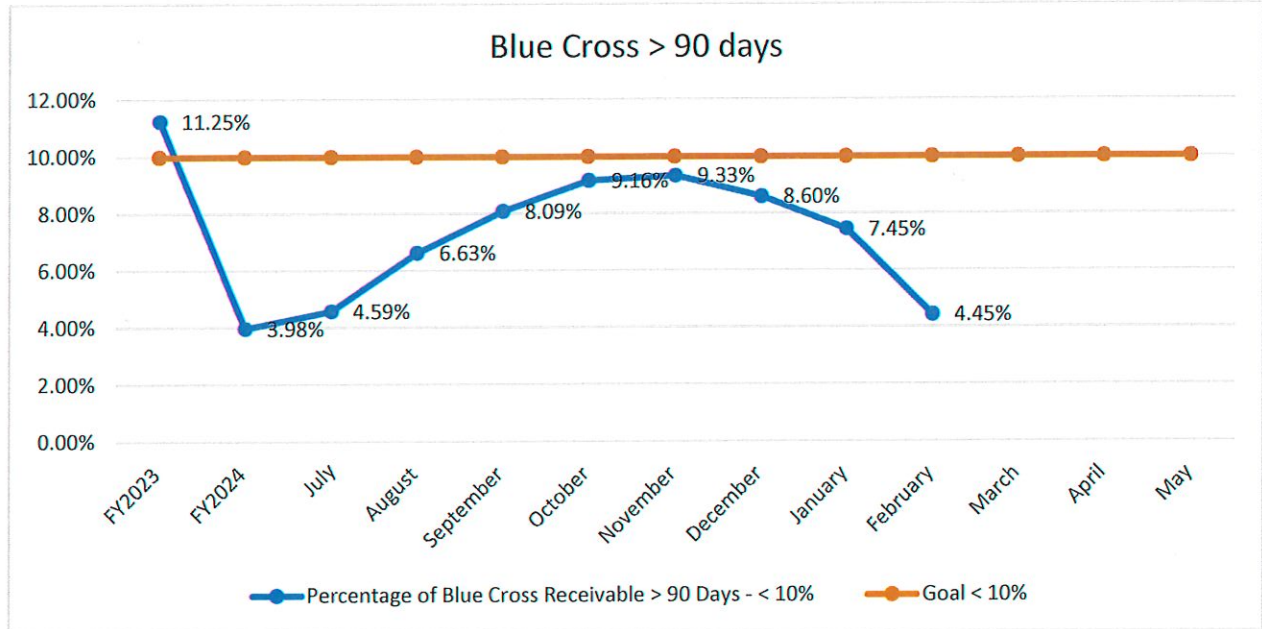
- Days over 120 days increased to 19% for February.



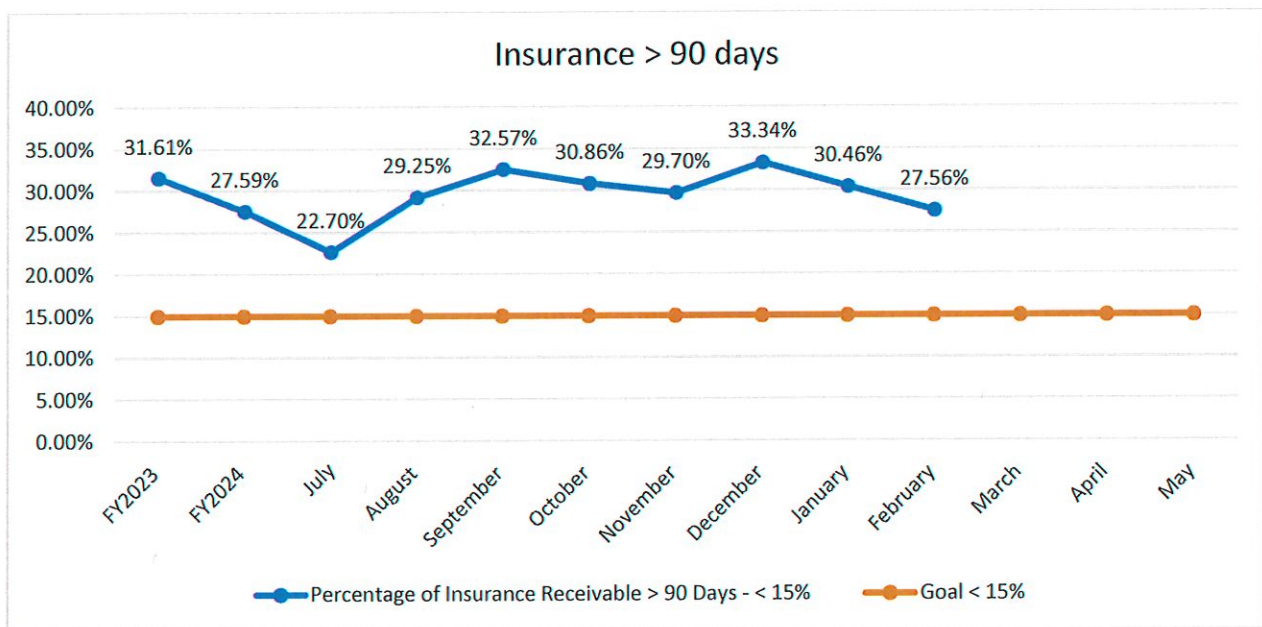
- Days over 180 days decreased to 7% for February.

- **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:

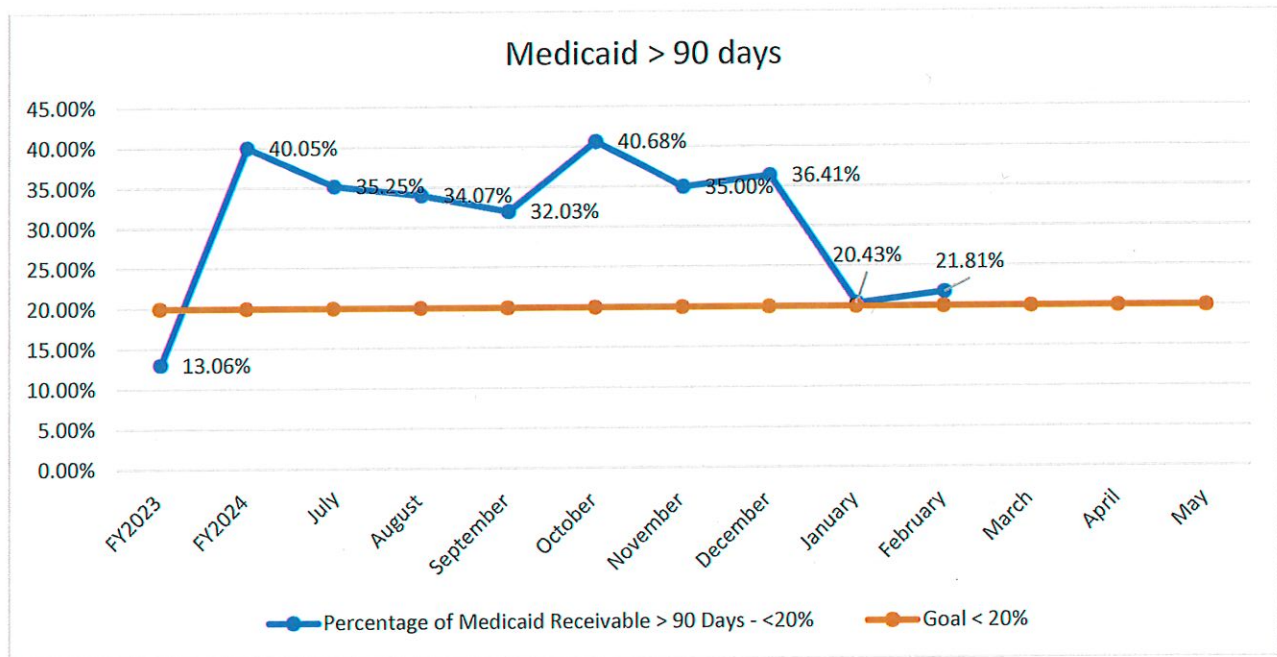
- BCBS Days in AR > 90 days less than 10%
- Insurance Days in AR > 90 days less than 15%
- Medicaid Days in AR > 90 days less than 20%
- Medicare Days in AR > **60 days** less than 6%
- Self-Pay Days in AR > 90 days less than 30%



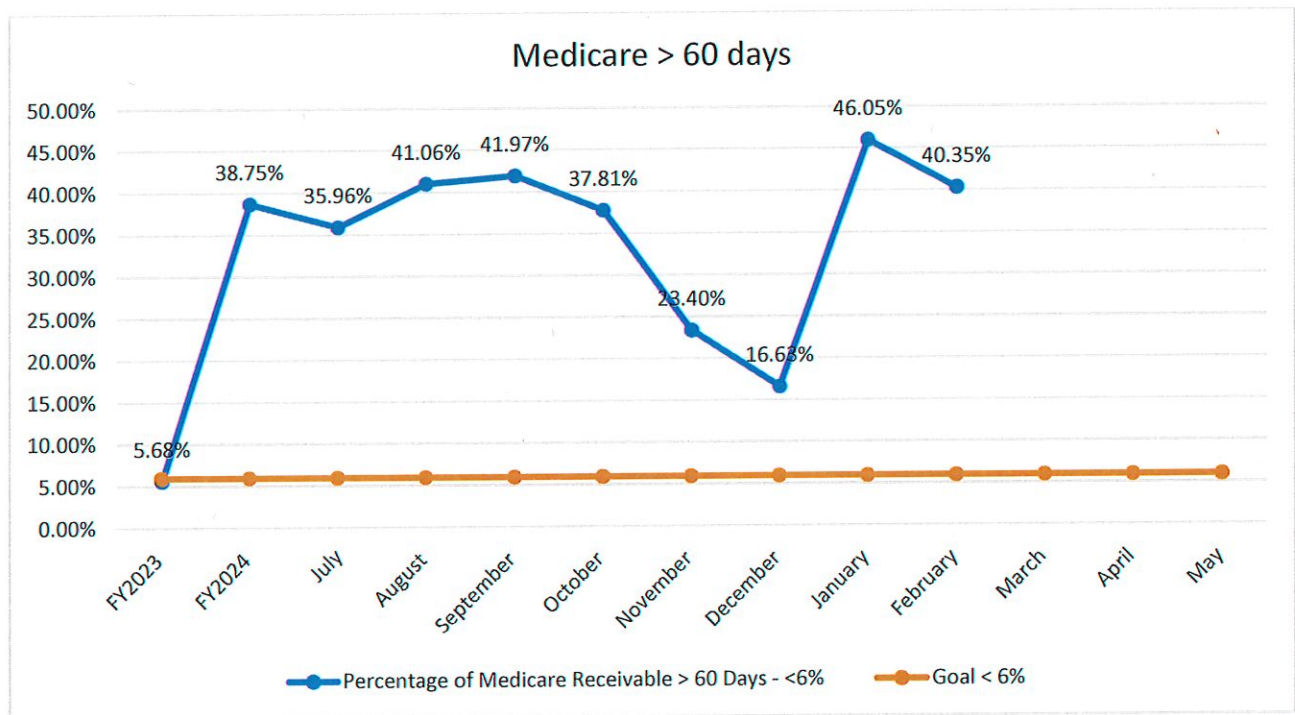
- Blue Cross aging remains under the goal of 10%, at 4.45% in February.



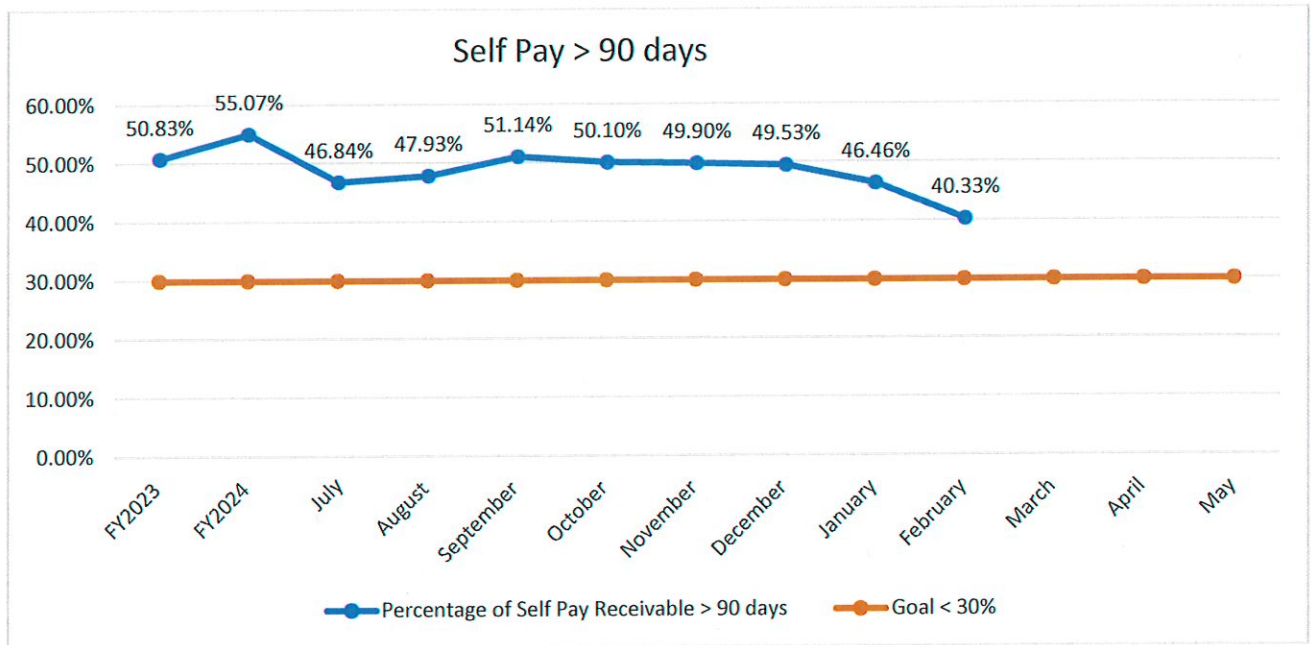
- Commercial aging continues to make progress and decreased to 27.56% for February, over the 15% goal. We began the temporary outsourcing of aging account follow-ups in early February.



- Medicaid aging remains stable in February at 21.8%, slightly above the goal of 20%.



- Medicare decreased in February to 40.35%, over the 6% goal. The release of the held Medicare claims immediately aged at over 60 days.



- In February, aging continued to decrease, down to 40.33%. We went live with the new payment plan program mid-February and are excited to see the results and impact on both AR and cash flow.

**Self Pay Plan
Information and Results
March, 2025**

PAYZEN PMT ARRANGEMENTS		CURRENT MONTH	FY 25	AVG RETURN %
	NUMBER OF ACCTS	488	750	
	ACCT BALANCES	\$307,105.79	\$492,140.70	
	PMTS RECEIVED	\$202,046.77	\$324,426.31	65.92%
	FY22	FY23	FY24	FY25
SELF PAY DISCOUNTS	1,353,208.58	780,098.39	844,366.51	472,650.60
FY 25 ESTIMATE			844,366.51	810,258.17
FEBRUARY DISCOUNT AMT				82,952.78

*This 20% discount is generated by sending the first private pay statement to the guarantor for a specific account.

	FY22	FY23	FY24	FY25
HARDSHIP PROGRAM	3,164.60	61,124.87	183,310.54	94,215.59
50% DISCOUNT FEBRUARY				11,613.67

*This 50% discount opportunity has been offered during conversation with patients after we have identified through conversation that the patient has no insurance and that the total balance of the account will be a hardship for the patient to pay.

TOTAL SELF PAY PAYMENTS	HOSPITAL	CLINIC
FY 20	8,093,427.44	
FY 21	7,763,867.42	
FY 22	7,359,544.59	
FY 23	7,816,556.16	1,393,371.32
FY 24	8,289,382.17	1,633,256.43
FY 25	5,916,257.98	942,097.00

Self Pay Plan Information and Results

PAGE 2


TOTAL SELF PAY REVENUE		HOSPITAL	CLINIC	
FY 20		13,566,281.12		
FY 21		14,306,425.74		
FY22		14,129,092.76		
FY 23		14,426,972.88	1,161,887.99	
FY 24		14,058,581.93	1,365,896.47	
FY 25		9,175,659.09	952,893.70	
 MEDICAL ASSISTANCE				
FY20		2,579,929.74		
FY21		2,890,990.97		
FY22		1,534,631.43		
FY23		2,382,483.18		
FY 24		1,488,871.52		
FY 25		326,234.99		
 PATIENT NAVIGATION				
		FY23	FY24	FY25
FREE OR REPLACEMENT MEDICATION		285,333.00	235,364.00	138,543.00
COPAY ASSISTANCE		51,976.00	80,886.00	30,093.00
INSURANCE MAXIMUMIZATION		1,058,933.00	2,591,935.00	1,341,181.00
PREMIUM ASSISTANCE		823,191.00	664,667.00	218,675.00
TOTAL COST SAVINGS AND COLLECTED REVENUE		<u>2,219,433.00</u>	<u>3,572,852.00</u>	<u>1,728,492.00</u>
TOTAL EXPENSE TO RUN PATIENT NAVIGATION DEPT FY22		162,690.00	166,757.25	226,762.69
GOAL - 2 EMPLOYEES AT 1.5 MILLION EACH		976,140.00	2,441,376.00	3,000,000.00
TOTAL AMOUNT WE NEED TO ACHIEVE OUR GOAL FY 25		<u>1,243,293.00</u>	<u>1,131,476.00</u>	<u>-1,498,270.69</u>

*NOTE: Cost savings of free and/or replacement drug is the actual MHSC cost of products that we acquired for the patient and would have been considered uncollectable.

* NOTE: FY 23 Goal increased to Total Expense Plus 500%

*NOTE: FY 24 GOAL SET AT FY 23 TOTAL PLUS 10%

MEMO: March 25, 2025

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary March 2025 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 2,150,000.00
Hospital Accounts Affinity	\$ 00.00
Hospital Payment Plans Affinity	\$ 00.00
Medical Clinic Accounts EMD's	\$ 00.00
Ortho Clinic Accounts EMD's	\$ 00.00
Total Potential Bad Debt	\$ 2,150,000.00
Accounts Returned	\$ - 53,453.16

Net Bad Debt Turned \$2,096,546.84

Recoveries Collection Agency Cerner	\$ - 164,960.00	
Recoveries Collection Agency Affinity	\$ - 42,936.55	
Recoveries Payment Plans Affinity	\$ - 800.00	
Medical Clinic Recoveries EMD's	\$ - 4,450.68	
Ortho Clinic Recoveries EMD's	\$ - 95.00	
Total Bad Debt Recoveries		\$- 213,242.23

Net Bad Debt Less Recoveries \$ 1,883,304.61

Projected Bad Debt by Financial Class

Blue Cross and Commercial	\$ 468,536.41
Medicare	\$ 48,519.40
Medicare Advantage	\$ 24,633.41
Self Pay	\$ 1,327,896.00



MHSC Board of Trustees Report

April 2025

Business

- The Foundation hosted “Give Where You Live” Day for the BOOST Leadership Academy in March. This was to help leaders throughout our community understand the essential role nonprofits play in sustaining the community which we all love and live in.

Grants

- \$10,000 Grant **Received** from Wyoming Cancer Program for a Survivorship Wellness project
- \$6,000 ACS **Received** for transportation assistance
- \$4,500 **Donated** from the Eagles to Cancer Center
- \$4,800 Grant **Received** in support for Cancer Survivors during “survivorship night.”
- \$10,000 Grant **Submitted** for Breast Boutique for Breast Cancer patients

Recent Building Donations

- \$50,000 Donation received (Will include naming rights)

Brick/ Plaque Donations

- \$11,500 Donations received in February

Upcoming Events

WYOGIVES- July 16th – An annual event that supports Wyoming nonprofits and gives us the opportunity to new donors. Please mark your calendar to give online this day! More information will be sent out!

Casino Night- August 22nd at the Events Complex..... Stay tuned for more information!

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: **WOLTERS KLUWER**
2. Purpose of contract, including scope and description: **three- year renewal of subscription for Lippincott through parent company-Wolters Kluwer. Lippincott Procedures is the PolicyStat for nursing. Lippincott Education/Professional Development provides in-house nursing education on-line.**
3. Effective Date: **July 6, 2025**
4. Expiration Date: **July 15, 2028**
5. Termination provisions: **This is a renewal of an on-gong subscription for nursing procedures and education.** Is this auto-renew? **No**
6. Monetary cost of the contract: **Invoice breaks down each subscription per contract year. Total for both subscriptions per year is Year 1-\$43,740.70; Year 2 \$45927.74; Year 3 \$48, 224.13 TOTAL for Three years for two subscriptions \$137,892.57 Budgeted? Yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not in invoice**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **no**
10. Is this contract appropriate for other bids? **No**
11. Is County Attorney review required? **No**



Wolters Kluwer Health, Inc.

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103 USA
Tel: 844-303-4860
eFax: 301-560-5423
Federal ID # 13-2932696
ACH Routing: 071000039
Account: 5801001438

Quote # 734707
Date 26-Mar-2025
Page 1 of 4

Bill To:

Customer#: 87625
Memorial Hospital of Sweetwater County
Attention: Ann Marie Clevenger
1200 College Drive
Rock Springs, WY 82901
Phone #: 307-352-8301
Fax #: 307-352-8337
Email: aclevenger@sweetwatermemorial.com

Sold To:

Customer#: 87625
Memorial Hospital of Sweetwater County
Medical Library
Ann Marie Clevenger
1200 College Dr.
Rock Springs, WY 82901
UNITED STATES
Phone #: 307-352-8301
Fax #:
Email: aclevenger@sweetwatermemorial.com

Quote#: 734707

Product	Usage Level	Qty	Item \$	Total \$
WKLP-CS-PHH Lippincott Procedures Order#: 1249346 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription PRODUCT CODE MAY CHANGE FROM YEAR TO YEAR Term: 06-Jul-2025 - 15-Jul-2028 Year 1: 06-Jul-2025 - 15-Jul-2026 Year 2: 15-Jul-2026 - 15-Jul-2027 Year 3: 15-Jul-2027 - 15-Jul-2028	SITE	1	Year 1: 19,882.63 Year 2: 20,876.76 Year 3: 21,920.60	Year 1: 19,882.63 Year 2: 20,876.76 Year 3: 21,920.60

REMITTANCE & PAYMENT METHODS: EFT and ACH are the preferred payment modes for Wolters Kluwer Health, Inc.
Payment by credit card may be subject to additional processing fees.
EFT Routing: 026009593 | ACH Routing: 071000039 | Account: 5801001438
ACH payment portal: <https://portal.ovid.com/payments>

Pay by Check: Wolters Kluwer Health, 4603 Paysphere Circle, Chicago, IL 60674

*Prices valid for 30 Days from Quote Date

*Plus Applicable Sales Tax: If tax exempt, please attach a copy of your state tax exempt certificate.

THE PAYMENT INSTRUCTIONS SET FORTH ON THIS QUOTE ARE THE ONLY INSTRUCTIONS AUTHORIZED BY WOLTERS KLUWER HEALTH, INC OR OVID TECHNOLOGIES, INC. OR ITS APPLICABLE AFFILIATE FOR USE. IF YOU RECEIVE ANY COMMUNICATIONS TRANSMITTING DIFFERENT PAYMENT INSTRUCTIONS OR REQUESTING OR REQUIRING ALTERNATE PAYMENT ARRANGEMENTS, DO NOT RESPOND TO SUCH COMMUNICATIONS, AND CONTACT SUPPORT IMMEDIATELY AT +1-844-303-4860.



Wolters Kluwer Health, Inc.

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Quote # 734707
Date 26-Mar-2025
Page 2 of 4

WKLL-CS-LCC Lippincott Professional Development + Lippincott Jnl CE & Cert Review Order#: 1249345 Access Type: Site Authorized Sites: All Authorized Sites Listed Product Type: Subscription PRODUCT CODE MAY CHANGE FROM YEAR TO YEAR Term: 06-Jul-2025 - 15-Jul-2028 Year 1: 06-Jul-2025 - 15-Jul-2026 Year 2: 15-Jul-2026 - 15-Jul-2027 Year 3: 15-Jul-2027 - 15-Jul-2028	SITE	1	Year 1: 23,858.07 Year 2: 25,050.98 Year 3: 26,303.53	Year 1: 23,858.07 Year 2: 25,050.98 Year 3: 26,303.53
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Year 1 Total:	\$43,740.70
Year 2 Total:	\$45,927.74
Year 3 Total:	\$48,224.13
Total Amount for all Years:	\$137,892.57

Year 1 Total:	\$43,740.70
Total S&H Year 1:	\$0.00
Total Tax Year 1:	\$0.00
Grand Total Year 1:	\$43,740.70

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Date 26-Mar-2025
Page 4 of 4

Customer agrees that Customer's subscription for each Product is for the full term set forth above for such Product and may not be cancelled or terminated early by Customer. By signing this quote, you represent and warrant that you are authorized to sign this quote and to bind the Customer to the terms and conditions of this quote.

WKH will deliver to Customer an invoice for the fees set forth on this quote for each applicable subscription year set forth in this quote, plus any applicable tax and shipping and handling fees. Each invoice for a certain subscription year will be delivered by WKH to Customer on or after the commencement of the applicable subscription year, and Customer agrees to pay all such invoiced amounts.

Customer acknowledges and agrees that WKH's right to provide access to each Product to Customer is contingent upon the grant of rights to the Product to WKH by the owner of the Product and the Product owner may terminate WKH's right to provide such Product owner's Product to Customer at any time. Should any Product owner terminate WKH's right to provide such Product owner's Product to Customer, WKH will adjust the Customer fees accordingly.

Upon expiration of the subscription term for each Product as set forth above (the "Initial Term"), such subscription will automatically renew for successive one-year renewal terms unless either party gives written notice of non-renewal at least thirty (30) days prior to the end of the then-current Initial Term or renewal term, and is not subject to cancellation or early termination by Customer during any such renewal term. Prices for the Products in each renewal term will increase by 9.00% annually over the annual Prices in effect for such Products as of the end of the immediately preceding Initial Term or renewal term.

Signature: _____ Date: _____

Printed Name: _____

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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.

Any contract equal to or greater than \$50,000.00 This excludes service agreements (regardless of the dollar amount) attached to Board approved capital equipment. The service agreements attached to this equipment can be signed and approved by the CEO and reported to the Board at the next Board meeting after approval.

1. Name of Contract: **RQI PROGRAM RENEWAL CHANGE ORDER RQI provides our PALS, ALS, CPR training stations and includes a subscription fee**
2. Purpose of contract, including scope and description: **A change order from the MSA dated October 1, 2022. The change order modifies, amends, and supplements the MSA to renew and extend the MSA for 11 months. Reason for the 11 months renewal and not a full three years is because through our affiliation with U of U we are eligible for a lower rate which is reflected in this amendment. But we also need to align with the U of U contract with RQI and the U of U agreement ends 8/31/2026. So this amendment will renew our agreement for 11 months only so we are in alignment with the U of U contract with RQI.**
3. Effective Date: **10/1/2025**
4. Expiration Date: **8/31/2026**
5. Rights of renewal and termination: **not addressed in amendment** Is this auto-renew **No**

6. Monetary cost of the contract and is the cost included in the department budget? **Due to our affiliation with the U of U we are receiving a discount. Annual cost went from \$42,015.00 down to \$32,930.00**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **No**

8. Any confidentiality provisions? **Not in the amendment**

9. Indemnification clause present? **Not in the amendment**

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

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

12. Is County Attorney review required? **no**

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: **UNIVERSITY OF UTAH TELEMEDICINE MSA AMENDMENT 1**
2. Purpose of contract, including scope and description: **The telehealth agreement between MHSC and the U of U came up for its annual rate review and based on increased utilization is set to increase from \$3,500/month to \$4,200/month. The amendment also adds some newer legal template language (Section 6.3) that wasn't in the original MSA.**
3. Effective Date: **Amendment will extend the agreement for three years from the date of the last signature on the amendment so April/May of 2025.**
4. Expiration Date: **April/May 2028** Is this auto-renew? **No**
5. Termination provisions: **not addressed in amendment but is in the MSA**
6. Monetary cost of the contract: **Due to utilization of telehealth services monthly fee increased from \$3500.00 to \$4200.00. Utilization report attached. Budgeted? yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Sovereign immunity in Section 6.2 of MSA**
8. Any confidentiality provisions? **IN MSA**
9. Indemnification clause present? **In MSA**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **No**