

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

**July 1, 2024**

**2:00 p.m.**

**Classrooms 1, 2 & 3**

**AGENDA**

- I. Call to Order Barbara Sowada
  - A. Roll Call
  - B. Pledge of Allegiance
  - C. [Mission and Vision](#) Nena James
  - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. Minutes *(For Action)* Barbara Sowada
  - A. [May 29, 2024 Regular Meeting](#)
  - B. [June 17, 2024 Special Meeting](#)
  - C. [June 27, 2024 Special Meeting](#)
- IV. Community Communication Barbara Sowada
  - A. [Trustee Reappointment](#) *(FYI – No action required)* Barbara Sowada
- V. Old Business Barbara Sowada
  - A. Medical Staff Bylaws *(Remains under review/development, no request for action)*
  - B. [Performance Improvement & Patient Safety \(PIPS\) Plan](#) *(For Action)* Kari Quickenden, *Chief Clinical Officer*
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
  - A. Election of Officers *(For Action)* Barbara Sowada
  - B. Committee Assignments *(FYI – No action required)* Barbara Sowada
  - C. [Annual Conflict of Interest Disclosure](#) *(For Completion and Return)* Barbara Sowada
  - D. [Board of Trustees Policy – Appointment to Board Committee Policy](#) *(For Review)* Marty Kelsey
  - E. [Board Charter: Governance Committee](#) *(For Review)* Barbara Sowada
  - F. [CY24 Infection Control Plan](#) *(For Review)* Noreen Hove, *Director of Surgical Services*  
*Infection Control and Grievance*
  - G. [Proposed FY25 Performance Improvement and Patient Safety \(PIPS\) Priorities](#) *(For Action)* Kari Quickenden
  - H. Critical Access Hospital “Patient Care Policies” *(FYI – No action required)* Kari Quickenden
- VII. Chief Executive Officer Report Irene Richardson
- VIII. President of the Medical Staff Report Dr. Brianne Crofts, *Medical Staff President*
- IX. Committee Reports
  - A. Compliance Committee Kandi Pendleton
  - B. [Governance Committee](#) Barbara Sowada

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

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AGENDA

- |  |                 |
|--|-----------------|
| C. <a href="#">Quality Committee</a>   | Kandi Pendleton |
| 1. Annual Performance Improvement and Patient<br>Safety Report for FY 2024 ( <i>FYI – No action required</i> ) | Kari Quickenden |
| 2. 2023 Infection Control Annual Summary ( <i>FYI – No action required</i> )                                   | Noreen Hove     |
| D. Human Resources Committee   | Kandi Pendleton |
| E. Finance & Audit Committee   | Marty Kelsey    |
| 1. <a href="#">I.S. Report</a>   |                 |
| 2. Bad Debt ( <i>For Action</i> )  |                 |
| 3. <a href="#">Finance &amp; Audit Committee Meeting Information</a>   |                 |
| F. Foundation Board  | Craig Rood      |
| G. Executive Oversight and Compensation Committee  | Barbara Sowada  |
| H. Joint Conference Committee  | Barbara Sowada  |
| I. <a href="#">Building &amp; Grounds Committee</a>  | Marty Kelsey    |
| X. Board Education   | Barbara Sowada  |
| A. Canceled for July   |                 |
| XI. Good of the Order  | Barbara Sowada  |
| XII. Executive Session (W.S. §16-4-405(a)(ix))   | Barbara Sowada  |
| XIII. Action Following Executive Session   | Barbara Sowada  |
| XIV. Adjourn   | Barbara Sowada  |

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# Memorial Hospital

OF SWEETWATER COUNTY

## OUR MISSION

*Compassionate care for every life we touch.*

## OUR VISION

*To be our community's trusted healthcare leader.*

## OUR VALUES

*Be Kind*

*Be Respectful*

*Be Accountable*

*Work Collaboratively*

*Embrace Excellence*

## OUR STRATEGIES

*Patient Experience*

*Quality & Safety*

*Community, Services & Growth*

*Employee Experience*

*Financial Stewardship*

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

**May 29, 2024**

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on May 29, 2024, 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; Mr. Geoff Phillips, Legal; Dr. Brianne Crofts, Medical Staff President.

**Pledge of Allegiance**

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

**Mission and Vision**

Ms. Pendleton read aloud the mission and vision statements.

**Mission Moment**

Ms. Richardson shared a story from an MRI patient regarding their good experience.

**AGENDA**

Dr. Sowada and Mr. Kelsey requested changes to the Agenda: 1) Move Executive Session to the beginning of the meeting, 2) Remove the Investment Policy approval item due to requirement to review and no approval needed because there were no changes. The motion to approve the changes to the agenda as requested was made by Judge James; second by Ms. Pendleton. Motion carried.

**EXECUTIVE SESSION**

The motion to go into executive session at 2:05 p.m. to discuss personnel, litigation and information classified as confidential by law was made by Ms. Pendleton; second by Judge James. Motion carried. Dr. Sowada said she estimated the session would last approximately 90 minutes.

**RECONVENE INTO REGULAR SESSION**

The motion to leave the executive session and return to the regular session at 3:56 p.m. was made by Judge James; second by Mr. Rood. Motion carried.

**APPROVAL OF MINUTES**

The motion to approve the minutes of the May 1, 2024, regular meeting as presented was made by Ms. Pendleton; second by Judge James. Motion carried.

## **COMMUNITY COMMUNICATION**

There were no comments.

## **OLD BUSINESS**

### **Medical Staff Bylaws**

Mr. Phillips said we will resume work on the medical staff bylaws.

## **NEW BUSINESS**

### **Board of Trustees Policy – Investment Policy**

Mr. Kelsey said the policy has been reviewed and there were no changes so there is no action required.

### **Performance Improvement & Patient Safety (PIPS) Plan**

Dr. Quickenden reviewed the minor changes to the plan. She also pointed out a calendar was included. Dr. Sowada directed questions to be e-mailed to Dr. Quickenden. Dr. Quickenden said the PIPS Goals should be ready next month and will be brought forward for Board review and approval.

## **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson provided an update on person-centered care culture activity. She said she hopes to have the strategic plan reporting in place soon. Ms. Richardson reported on critical access hospital status progress. The goal is to be certified in late fall. Ms. Richardson said the master plan work continues with a plan to report to the Building and Grounds Committee in June. Dr. Sowada attended the Wyoming Hospital Association (WHA) CEO and Trustee meeting in May. Ms. Richardson invited Trustees to attend the WHA Annual Meeting in late August in Casper. Ms. Richardson said she will present the Hospital's annual report to the County Commissioners on June 18. She thanked Human Resources for the fun Hospital Week festivities. We were honored to recognize our service award recipients. The next Town Hall meetings are the week of July 24. Ms. Richardson will attend the American Hospital Association Regional Policy Board meeting in Denver in June. The WHA Board Retreat is in Jackson in June. Ms. Richardson thanked the Board for all of their support.

## **PRESIDENT OF THE MEDICAL STAFF REPORT**

Dr. Crofts reported the Medical Staff awarded scholarships. She said she traveled to Kansas City and learned about some useful updates from Cerner that will be helpful to physicians. Dr. Crofts said Oracle bought Cerner and they will have access to AI technology to use in a clinical setting. She said there are goals around addressing physician burnout. Dr. Crofts said an electronic health record (EHR) can be useful but also cumbersome. She said a Medical Executive Committee goal is to improve collaboration between providers so specialty providers are going over to the family medicine clinic regularly to discuss topics.

## **COMMITTEE REPORTS**

### **Buildings & Ground Committee**

Mr. Kelsey said the chair report and minutes are in the packet. Dr. Sowada congratulated Ms. Richardson on the nice groundbreaking ceremony for the lab expansion and renovation project.

### **Compliance Committee**

Ms. Pendleton said they did not meet.

### **Quality Committee**

Ms. Pendleton said the information is in the synopsis in the packet. She said there is a lot of good information and she encourages everyone to review.

### **Governance Committee**

Dr. Sowada said they are bringing forward a board policy regarding non-board members being members of board committees.

### **Human Resources Committee**

Ms. Pendleton said they did not meet.

### **Finance & Audit Committee**

Mr. Kelsey asked Mr. Rood to report.

**Capital Expense:** Mr. Rood said the Committee recommended the approval of two capital expenditures. The motion to approve a request for water control valves for \$58,516.50 was made by Mr. Rood; second by Mr. Kelsey. Motion carried. The motion to approve a request for storage for the DaVinci for \$58,810 was made by Mr. Rood, second by Mr. Kelsey. Motion carried.

**Bad Debt:** The request will be preliminary due to the timing of the meeting. The motion to approve the net bad debt and recoveries as presented of \$1,680,420.85 made by Mr. Rood, second by Judge James. Motion carried.

### **Foundation Board**

Mr. Rood said the Board of Directors will meet later that night. Ms. Richardson reported we hope to have a new director in the next month.

### **Executive Oversight & Compensation Committee**

Dr. Sowada said committee information was discussed in executive session.

### **Joint Conference Committee**

Dr. Sowada said they did not meet.

## **CONTRACT REVIEW**

### **Contracts Approved By The CEO Since Last Board Meeting**

There was no discussion.

## **GOOD OF ORDER**

Dr. Sowada asked for any feedback on The Governance Institute online four-hour orientation program. Ms. Pendleton said she thought it was really good and thinks every new trustee should review it, just not right after they appointed. Judge James said there was a lot of good information. Dr. Sowada said it was a really good refresher for her. Ms. Pendleton noted the concerns that boards don't have time for strategic planning. She also found the list of board committees interesting.

Dr. Sowada noted the July meeting was moved to Monday, July 1. She said the July meeting is when we choose the slate of officers and also make committee assignments for the upcoming fiscal year. She asked everyone to forward their input to Dr. Sowada and Mr. Kelsey.

## **EXECUTIVE SESSION**

The motion to go into executive session at 4:28 p.m. to discuss personnel, litigation and information classified as 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 4:34 p.m. was made by Ms. Pendleton; second by Judge James. 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 Ms. Pendleton; second by Judge James. Motion carried.

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from May 4, 2024 & May 23, 2024

1. Initial Appointment to Associate Staff (1 year)
  - Dr. Jared Tyler, Anesthesiology
  - Dr. Sima Nekoui, Neurology
2. Initial Appointment to Consulting Staff (1 year)
  - Dr. Jumana Alshaikh, Tele-Neuro (U of U)
  - Dr. Matt Jensen, Tele-Neuro (U of U)
  - Dr. Brian Johnson, Tele-Neuro (U of U)
  - Dr. Robert Kadish, Tele-Neuro (U of U)
  - Dr. Kyle Mahoney, Tele-Neuro (U of U)
  - Dr. Clark Moser, Tele-Neuro (U of U)
  - Dr. Mateo Paz Soldan, Tele-Neuro (U of U)
  - Dr. William Kamens, Tele-Psychiatry (QLER)

- Dr. Eric Emery, Tele-Psychiatry (QLER)
- Dr. Natasha Nazari, Tele-Psychiatry (QLER)
- 3. Reappointment to Active Staff (2 year)
  - Dr. Mary Murphy, Radiology
  - Dr. Chandra Yeshlur, Pediatrics
- 4. Reappointment to Consulting Staff (2 year)
  - Dr. Dipayan Chaudhuri, Cardiovascular Disease (U of U)
  - Dr. Richard Jennis, Tele-Radiology (VRC)
- 5. Reappointment to Non-Physician Provider Staff (2 year)
  - Todd Bader, LPC (Southwest Counseling)
- 6. New Business
  - Dr. Jeff Wheeler – CPEP Assessment/Reappointment Date
  - Dr. Samer Kattan – DaVinci Robotic Assisted Surgery Privileges
  - Dr. Ahmad Bashirimoghaddam – Keeping Privileges to Work as Locums Hospitalist
  - Dr. Mansour Khaddr – Category Change to Active Staff

### **ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:35 p.m.

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

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

**June 17, 2024**

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on June 17, 2024, at 7:30 p.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada called the meeting to order. She said the purpose of the meeting was to review the proposed FY25 budget and the Board would not take any action at the end of the meeting. The following Trustees were present online: Mr. Marty Kelsey, Judge Nena James, Ms. Kandi Pendleton, and Dr. Barbara Sowada. Excused: Mr. Craig Rood.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Ms. Tami Love, Chief Financial Officer.

**FY 2025 BUDGET WORKSHOP**

Ms. Love reviewed FY24 budget highlights leading into the review of the proposed FY25 budget details. Ms. Richardson said we tend to stay on the conservative side of budgeting. Ms. Love noted the updated strategic plan has been incorporated into the budget. She thanked her team for their hard work. Ms. Love said we will take one more deep dive after we close May and bring any updates to the Finance and Audit Committee meeting at the end of June. The Board will review the final draft for approval at the June 27 special meeting.

**EXECUTIVE SESSION**

The motion to go into executive session at 8:25 p.m. to discuss personnel and information classified as 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 8:40 p.m. was made by Ms. Pendleton; second by Judge James. Motion carried.

**ADJOURNMENT**

Dr. Sowada thanked Ms. Love and the staff for the workshop. There being no further business to discuss, the meeting adjourned at 8:40 p.m.

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

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

**June 27, 2024**

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on June 27, 2024, at 9:00 a.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada called the meeting to order. The following Trustees were present online: 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; Mr. Taylor Jones, Sweetwater County Board of County Commissioners Liaison; Mr. Geoff Phillips, Legal Counsel.

**AGENDA**

Dr. Sowada said the purpose of the meeting was to approve the budget. She said the Board would go into executive session and would take action following executive session. The motion to approve the agenda was made by Ms. Pendleton; second by Judge James. Motion carried.

**FY 2025 BUDGET APPROVAL**

Mr. Kelsey said Ms. Tami Love, Chief Financial Officer, made a couple of minor changes from the draft budget reviewed at the June 17 special meeting. The motion to approve the FY25 budget as presented was made by Judge James; second by Mr. Kelsey. Motion carried.

**EXECUTIVE SESSION**

The motion to go into executive session at 9:02 a.m. to discuss personnel and information classified as 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 9:11 a.m. was made by Judge James; second by Mr. Kelsey. Motion carried.

**ACTION FOLLOWING EXECUTIVE SESSION**

The motion to approve a one-time success sharing bonus for hospital employees was made by Ms. Pendleton; second by Judge James. Motion carried.

Dr. Sowada thanked staff for all they do and said she appreciates the action to share the success. Ms. Richardson thanked the Board for their support.



## **ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 9:13 a.m.

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

DRAFT

**Sent:** Wednesday, June 19, 2024 9:39 AM

**To: Cc:** shoemakers@sweetwatercountywy.gov; Cindy Nelson <cnelson@sweetwatermemorial.com>

**Subject:** Board Appointment

Barbara J Sowada  
Rock Springs, WY, 82901

Dear Barbara J Sowada,

During the June 18, 2024 Board of County Commissioner's meeting, you were re-appointed to serve on the MEMORIAL HOSPITAL OF SWEETWATER COUNTY BOARD. This term will expire on July 1, 2029.

The County Commissioners very much appreciate your serving on this board and your willingness to offer your time, talents, and energy to benefit the community.

The MEMORIAL HOSPITAL OF SWEETWATER COUNTY BOARD will contact you regarding the meeting schedule. However, in the meantime, should you have any questions or concerns, please do not hesitate to contact my office at 307-872-3897 and speak with Sally Shoemaker.

Sincerely,

Keaton D. West, Chair

Sweetwater County

Board of County Commissioners

cc- The MEMORIAL HOSPITAL OF SWEETWATER COUNTY BOARD

## ORIENTATION MEMO

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Board Meeting Date: July 1<sup>st</sup>, 2024

Topic for Old & New Business Items:

Performance Improvement and Patient Safety (PIPS) Plan

Policy or Other Document:

☒ Revision  
☐ New

Brief Senior Leadership Comments:

Minimal revisions made to the content of the document. Added STEEP acronym under "Quality" definition. Minor grammatical and formatting changes. Added general verbiage around health equity. Added a few additional responsibilities under Quality Department. Minor changes made to PIPS Committee Reporting Calendar.

Board Committee Action:  
Approved by Quality Committee of the Board 05/15/2024

Policy or Other Document:

☒ For Review Only  
☐ For Board Action

Legal Counsel Review:

☒ In House      Comments:  
☐ Board      Comments:

Senior Leadership Recommendation:  
For second read at this time.



Approved N/A  
Review Due N/A

Document General -  
Area Housewide  
Reg. CMS A-0263,  
Standards CMS A-0273,  
CMS A-0283  
+ 24 more

## Performance Improvement and Patient Safety (PIPS) Plan

### Mission

Compassionate care for every life we touch

### Vision

To be our community's trusted healthcare leader

### Values

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

## Introduction

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

## Definitions

Performance improvement – The systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the interventions, evaluating the results, and sustaining improvement.

Patient safety - The prevention of errors and adverse effects to patients that are associated with health care. [Patient Safety Plan](#)

Quality - A person-centered commitment to excellence, consistently using best practice to achieve the best outcomes for our patients and community. The Institute of Medicine (IOM) outlines six aims for healthcare quality which comprise the STEEP acronym:

- I. Safe: avoiding harm to patients from the care that is intended to help them
- II. Timely: reducing wait times and sometimes harmful delays for both those who receive and those who give care
- III. Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy
- IV. Effective: providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit
- V. Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- VI. Patient-centered: providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

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

## Purpose

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

## Scope

The PIPS Plan is organization wide and applies to all departments, care, treatment, and services settings (including those services furnished under contract or arrangement). This includes Hospital inpatient and outpatient services, as well as Sweetwater Memorial Clinics. (Appendix 1 – PIPS Committee Reporting Calendar)

## Objectives

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

- I. To guide development and implementation of data collection processes that support

performance improvement. Data ~~are~~ is a fundamental ~~components~~ component of all performance improvement processes. Data can be obtained from internal sources (for example, documentation, records, staff, patients, observations, and risk assessments) or external sources (for example, regulatory organizations, insurers, and the community). The purpose of data collection is to ensure that data necessary to identify, address, and monitor areas for improvement are available.

- II. To guide development and implementation of data analysis processes that support performance improvement. Collected and validated data must be analyzed to be useful. The purpose of data analysis is to determine the status of the Hospital's quality of care and to inform any plans for improvement.
- III. To guide development and implementation of performance improvement processes that increase safety and quality. All performance improvement activities must be based on relevant data collected and analyzed according to Hospital policies and procedures. Performance improvement is a continual process. Performance improvement aims to ensure that the safest, highest-quality care is provided to all patients at all times.

## Organization and Accountability

The PIPS Plan shall involve the coordinated efforts of the Board of Trustees, Senior Leadership Team, Medical Staff, Department Directors, Supervisors, Clinical Coordinators, and staff of the various MHSC departments and committees. Every employee is responsible for participating in performance improvement activities, as appropriate to their job duties. Engagement in quality improvement activities is an expectation at MHSC. Activities are prioritized by the PIPS Committee and Medical Staff, with input from the Quality Committee of the Board.

### **Board of Trustees**

- I. The responsibilities of the Board of Trustees, as they relate to the PIPS Plan, include:
  - A. Oversee that quality and safety are at the core of the organization's mission
  - B. Oversee that quality and safety values are embedded in guiding the organization's strategic plan
  - C. Oversee that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
  - D. Oversee the Hospital's ongoing monitoring, maintenance, and improvement efforts for safe, high - quality, and efficient ~~medical~~ clinical care
  - E. Monitor appropriate data collection processes, including methods, frequency, and details
    1. By approving the PIPS Plan and accepting dashboard reports and other reports addressing specific metrics, the Board approves data definitions and frequency and detail of data collection. The Board authorizes applicable quality oversight committees to adjust data definitions and data frequency as deemed necessary so long as revisions ensure performance improvement processes are in no way hindered and applicable definitions and frequency are consistent with national, state, or local reporting requirements. Based on its oversight responsibilities and at its discretion,

the Board, may at any time require changes in either frequency or detail of data collection.

- a. Frequency of data collection and reporting is determined on a case-by-case basis with consideration to improvement priorities, sample size necessary for adequate review, and resource consideration

F. ~~Assess the effectiveness of the PIPS Plan~~

G. Approves PIPS priorities annually

H. Assess the effectiveness of the PIPS priorities

- I. Review and approve the PIPS Plan annually
- J. Participate in education regarding the methods of quality management and performance improvement
- K. Receive reports of indicators and performance of processes as outlined in this plan
- L. Receive regular reports regarding all departments with direct and indirect patient care services and ensure these are monitored, problems are identified and prioritized, and appropriate action is implemented

#### **Senior Leadership Team**

- I. The Senior Leadership Team is comprised of the Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Clinical Officer (CCO), and Chief Financial Officer (CFO).
- II. Oversight of a PIPS Plan capable of continuous improvement is a task accomplished in an environment fostered by Senior Leadership support. The Senior Leadership Team's commitment includes taking accountability for the PIPS Plan's effectiveness and ensuring the PIPS Plan requirements are integrated into organizational processes. In addition, the commitment includes recognizing the importance of meeting patient needs and the various requirements of statutes and regulations that surround and permeate the organization.
- III. The responsibilities of the Senior Leadership Team as they relate to the PIPS Plan include:
  - A. Support the implementation, execution, and oversight of this quality framework
  - B. Set the scope, priorities, guidelines, and parameters for the PIPS Plan
  - C. Align the PIPS Plan with strategic priorities
  - D. Set expectations for using data and information
  - E. Set priorities for and identify the frequency of data collection and performance improvement that include but are not limited to the following:
    1. High-volume processes
    2. High-risk processes
    3. Problem-prone processes
  - F. Set priorities for performance improvement based on the following considerations:
    1. Incidence

2. Prevalence
  3. Severity
- G. Prioritize and ensure that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
  - H. Update this plan to reflect any changes, including but not limited to, changes in the following:
    1. Strategic priorities
    2. Internal or external environment (such as patient population, community health metrics, and so on)
  - I. Ensure the PIPS Plan is cohesive and feasible
  - J. Periodically approve flexibility and variation in department and committee - scheduled reports as well as PIPS priorities, in extenuating circumstances as necessary
  - K. Ensure accreditation standards adherence
  - L. Motivate and support staff to achieve PIPS objectives
  - M. Evaluate the effectiveness of the Hospital's use of data and information
  - N. Monitor the effectiveness of the PIPS Plan and the achievement of results
  - O. Ensure appropriate follow-up of identified corrective actions not resulting in expected or sustained improvement
  - P. Communicate the PIPS Plan to staff and the community

#### **Quality Department**

- I. The responsibilities of the Quality Department as they relate to the PIPS Plan include:
  - A. Serve as a resource for performance improvement, patient safety, patient experience, and regulatory information
  - B. Educate MHSC staff about the performance improvement process, patient safety, and patient experience
  - C. Support staff, including Medical Staff, Leadership, and project leaders, in the development and implementation of performance improvement activities, including team building and data analysis
  - D. Assist with and assure data gatheringcollection efforts are valid, reliable, and comprehensive
  - E. Attend designated Medical Staff committee meetings and facilitate performance improvement processes
  - F. Provide accurate and reliable data for Ongoing Professional Practice Evaluation (OPPE) profiles for assessment of Medical Staff members
  - G. Promote consistency in performance improvement activities
  - H. Facilitate selection of annual PIPS priorities via prioritization matrix and multi-



disciplinary discussion

- I. Facilitate and prepare the annual Patient Safety and Performance Improvement report which represents a portfolio of safety and performance improvement efforts across the organization
- J. Lead various multi-disciplinary committees dedicated to performance improvement, patient safety, health equity, and accreditation, including but not limited to PIPS Committee, Patient Safety Committee, Health Equity Committee, and Continual Survey Readiness (CSR)

**Medical Staff**

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

**Leadership Team**

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

- H. Accountable for developing a process improvement project, knowing their scheduled presentation dates, and contacting the Quality Department for assistance prior to presenting, as necessary
- I. Present department performance improvement project updates to PIPS Committee as requested and/or scheduled (Appendix 5 - PIPS Reporting Presentation Template)

### ***Project Teams, Staff, and Volunteers***

- I. The responsibilities of the Project Teams, Department Employees, and Volunteers as they relate to the PIPS Plan include
  - A. Participate in data collection and analysis activities as well as performance improvement activities
  - B. Identify and utilize approaches for improving processes and outcomes to continuously improve the quality and safety of patient care
  - C. Performance improvement project teams may be formed according to employee identification of improvements and prioritization
  - D. Document improvement initiatives and progress (Appendix 4 - PIPS Documentation Tool)
  - E. Report improvement initiatives to PIPS Committee as requested or scheduled (Appendix 5 - PIPS Reporting Presentation Template)

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

- I. The PIPS Committee oversees the establishment, implementation, and monitoring of the PIPS Plan. The core PIPS Committee shall be comprised of Senior Leadership, Director of Medical Office Building Clinics, Director of Acute Care Services, Director of Emergency Services, Infection Prevention, Director of Surgical Services, Director of Medical Imaging, Director of Women's Health, Director of Pharmacy, Director of Cardiopulmonary, Director of Environmental Services, Director of Lab, Director of Nutrition Services, Director of Rehab Services, Director of Care Management, Director of Education, Director of Dialysis, Director of Medical Oncology, Director of Radiation Oncology, Quality Department, Medical Staff Representative, Security, Emergency Management Coordinator, Family Medicine/Occupational Medicine Clinic Representative and Patient Safety Representative. Other representatives may attend based on identified priorities.
  - A. Provide an organization-wide program to systematically measure, assess, and improve performance to achieve optimal patient outcomes in a collaborative, multidisciplinary, cross-departmental approach
  - B. Support activities to promote patient safety and encourage a reduction in preventable harm, in collaboration with the Patient Safety Committee
  - C. Provide a mechanism to foster collaborative efforts for performance improvement, feedback, and learning throughout the organization while assigning responsibilities and authority for these processes
  - D. Implement all Centers for Medicare and Medicaid Services (CMS) and other regulatory bodies' quality management and performance improvement standards and maintain accreditation and required certifications

- E. Oversee compliance with accreditation standards and support resolution of noncompliance through action plans in coordination with the Continual Survey Readiness Committee
- F. Coordinate schedule for department and committee reports
- G. Prioritize improvement projects to address processes based on the following:
  - 1. Focus on high-risk, high-volume, or problem-prone areas
  - 2. Consider the incidence, prevalence, and severity of the problems in those areas
  - 3. Affect on health outcomes, patient safety, and quality of care
  - 4. Additional factors such as resource allocation and accreditation/regulatory requirements
  - 5. Utilize a prioritization scoring tool to assist in determining the distinct number of improvement projects annually (Appendix 3 - Proposed Performance Improvement Project Decision Checklist)
- H. Ensure performance improvement projects incorporate the needs and expectations of patients and families
- I. Monitor the status of identified and prioritized performance improvement projects and action plans by ensuring additional data collection and analysis is performed to assure improvement or problem resolution on a sustained basis
- J. Identify corrective actions not resulting in expected or sustained improvement
- K. Ensure proper continuation of the cycle of creating, implementing, monitoring, and evaluating improvement efforts
- L. Identify annual data elements collected on an ongoing basis to prioritize focus areas for performance improvement
- M. Review and approve the PIPS Plan each year prior to submitting to the Quality Committee of the Board
- N. Oversee annual evaluation of performance improvement project priorities and goals
- O. Oversee annual evaluation of PIPS Plan objectives, scope, and effectiveness, and evaluate progress towards strategic plan goals related to quality, safety, and patient experience
- P. Communicate information concerning quality, patient safety, and patient experience to departments when opportunities to improve exist
- Q. Report, in writing, to leadership on issues and interventions related to adequacy of staffing, including nurse staffing. This occurs at least once a year.
- R. Report appropriate information regarding quality, patient safety, patient experience, and accreditation to Senior Leadership, Medical Executive Committee (MEC), Quality Committee of the Board, and the Board of Trustees to provide leaders with the information they need in fulfilling their responsibilities concerning the quality and safety of patient care
  - 1. Specifically, the committee provides data on Multidrug-resistant

organisms (MDROs), Central line-associated blood stream infection (CLABSI), Catheter associated urinary tract infection (CAUTI), ~~Clostridioides difficile~~ *Clostridioides difficile* (CDI), Surgical site infection (SSI) to key stakeholders, including but not limited to the following:

- a. Leaders
  - b. Licensed independent practitioners
  - c. Nursing staff
  - d. Other clinicians
- S. Provide reports to the Quality Committee of the Board regarding results of performance improvement activities

### **Risk/Compliance**

- I. Risk Management is undertaken by the Quality Department, in collaboration with multiple other departments, to identify, evaluate and reduce risk or loss to patients, employees, visitors, and the Hospital. The PIPS Committee may assist with quality improvement opportunities identified for risk reduction and performance improvement.

### **Safety**

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

## **Methodology**

Memorial Hospital of Sweetwater County utilizes processes outlined by the Institute for Healthcare Improvement (IHI) Model for Improvement, developed by Associates in Process Improvement. This model for improvement includes forming a team, setting aims, and establishing measures, along with selecting, testing, implementing, and spreading changes. The Plan, Do, Study, Act (PDSA) Model is used to guide tests of change within and throughout the organization. Specific, Measurable, Achievable,

Realistic, and Time-bound (S.M.A.R.T) goals are encouraged to be utilized when appropriate in setting aims and smart objectives. (See Appendix 4-PIPS Documentation Tool and Appendix 7 – IHI's Model for Improvement) Performance improvement teams may use other evidence-based methodologies and tools as appropriate based on the complexity, scope, and scale of the improvement project.

- I. Performance improvement project teams will use data to determine how action plans are developed and will define the frequency of data collection

## Data

MHSC continually seeks to identify changes that will lead to improved quality and patient safety. Annually, each department/discipline shall develop indicators for performance improvement based on their identified improvement project. Whenever possible, data collection is a shared activity involving staff. The collected data may be organized and analyzed with the assistance of the Quality Department, if necessary.

- I. By approving the PIPS Plan and accepting dashboard reports and other reports addressing specific metrics, the Board approves data definitions, along with frequency and detail of data collection. The Board authorizes applicable quality oversight committees to adjust data definitions and frequency of data collection as deemed necessary, so long as revisions ensure performance improvement processes are in no way hindered and applicable definitions and frequency are consistent with national, state, or local reporting requirements. Based on its oversight responsibilities and at its discretion, the Board may, at any time require changes in either frequency or detail of data collection.
  - A. Frequency of data collection and reporting is determined on a case-by case basis with consideration to improvement priorities, sample size necessary for adequate review, and resources consideration

### II. Data Collection

- A. The PIPS Committee has identified acceptable data sources for performance monitoring and improvement activity. Data sources and mechanisms of identifying opportunities for improvement include, but are not limited to:
  1. Risk Assessments
  2. Reports and/or alerts from governmental agencies (for example, Centers for Disease Control and Prevention, Occupational Safety and Health Administration, Food and Drug Administration)
  3. Accreditation reports
  4. Regulatory rounds and tracers
  5. Culture of Safety survey
  6. Occurrence reports and Good Catches identifying patient safety concerns and trends
  7. Staff reporting safety or process concerns to their leaders
  8. RCA (Root Cause Analysis)

9. FMEA (Failure Mode Effects Analysis)
10. Patient complaints/grievances
11. Patient perception of safety and quality
12. Peer review
13. Ongoing medical record review
14. Audit of clinical contracts
15. Internal audits identifying improvement opportunities
16. Sentinel event reports and Joint Commission Sentinel Event alerts
17. Hospital Quality Improvement Contractor (HQIC)

B. The PIPS Committee collaborates with department managers to perform the following activities:

1. Collect data required by CMS Conditions of Participation and The Joint Commission including measures from:
  - a. Inpatient Quality Reporting
  - b. Outpatient Quality Reporting
  - c. Value Based Purchasing
  - d. Hospital Readmission Reduction Program
  - e. Hospital Acquired Condition Reduction Program
  - f. Quality Payment Program – Merit Based Incentive Payment
  - g. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - h. The Joint Commission ORYX Measures
2. Collect data on the following:
  - a. Improvement priorities, as identified by leadership
  - b. Selected outcome indicators (mortality, readmissions, etc.)
  - c. Health equity key performance indicators
  - d. Procedures, including operative procedures, that place patient at risk of disability or death
  - e. Clinically significant unexpected postoperative diagnoses, as determined by the medical staff
  - f. Blood and blood components use
  - g. Use of restraints
  - h. Use of seclusion
  - i. Patient safety issues (ex: falls, self harm)
  - j. Resuscitative services, including the following elements:

- i. Number and location of cardiac arrests
  - ii. Outcomes of resuscitation, such as return of spontaneous circulation (ROSC) and/or survival to discharge
  - iii. Transfer to higher level of care
- k. Pain assessment and pain management
  - l. Rapid response to change or deterioration in a patient condition
- m. Care or services to high-risk populations (patient falls)
- n. National Patient Safety Goals
- o. CMS preventable conditions (Hospital-Acquired Conditions)
- p. Healthcare-associated infections (SSI, CLABSI, CAUTI, MRSA, MDRO, C.diff)
- q. AHRQ Patient Safety Indicators (PSI)
- r. Reported and confirmed transfusion reactions
- s. Changing internal or external (e.g. Joint Commission Sentinel Event Alerts) conditions
- t. MRI incidents/injuries
- u. Significant adverse drug reactions
- v. Significant medication errors
- w. Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia
- x. Complications of care

3. Collect data on topics in the following areas:

- a. Environment of care
- b. Infection prevention and control
- c. Medication management system
- d. Resuscitation performance, including but not limited to the following elements:
  - i. Frequency of early warning signs being present prior to cardiac arrest
  - ii. Timeliness of staff response to cardiac arrest
  - iii. Quality of cardiopulmonary resuscitation (CPR)
  - iv. Post-cardiac arrest care processes
  - v. Outcomes following cardiac arrest
- e. Organ procurement program (conversion rates)
- f. Adequacy of staffing, including nurse staffing, in relation to



- undesirable patterns, trends, or variations in performance
- g. Incidents related to overexposure to radiation during diagnostic computed tomography examinations
- 4. Include the following information when recording data:
  - a. Data source
  - b. Collection frequency
  - c. Reporting frequency
  - d. Report audience
  - e. Responsible department(s)
  - f. Indicators for intervention

### III. Data Reliability and Validity

- A. Collected data need to be accurate, complete, and reliable. The PIPS Committee has established the following expectations for any data used to monitor or improve Hospital performance:
  - 1. Data samples will undergo auditing
  - 2. Data sources will be regularly checked using established procedures
  - 3. Re-abstraction will occur on a data sample

### IV. Data Analysis

- A. The PIPS Committee does the following:
  - 1. Engages the assistance of relevant departmental management and/or staff to collect and analyze data
  - 2. Develops goals and benchmarks in conjunction with stakeholders with attention to past performance, national performance data, external benchmarks, or comparative databases
  - 3. Compares internal data over time to identify levels of performance, pattern or trends in performance, and variations in performance
  - 4. Utilizes statistical tools and techniques to measure, analyze, and display data (e.g., run charts, flow charts and control charts). Preferred PIPS data displays include dashboards, run charts, and control charts, as applicable
  - 5. Analyzes data using methods that are appropriate to the type of data and the desired metrics, which include but are not limited to:
    - a. Benchmark: a comparison and measurement of a health care organization's metrics against other national health care organizations. MHSC utilizes the National Average when available.
    - b. Target Goal (SMART Goal): targeted goals define interim steps towards the stretch goal. Target goals may change frequently as progress is made toward stretch goal. Target goals help form a



- concrete plan of action in order to make the stretch goal a reality.
- c. Stretch Goal: inspires us to think big and reminds us to focus on the larger picture. This goal should exceed the benchmark. MHSC utilizes the National Top 10% when available.
- 6. Analyzes aggregate data to identify opportunities for improvement and actions to improve the quality of processes

## Communication

- I. ~~To communicate changes made based on data analysis and to sustain improvements, performance~~ Performance improvement is communicated through the following ~~resources~~ (Appendix 6 - Communication Plan):
  - A. Quality Committee of the Board
  - B. PIPS Committee
  - C. Leadership meetings
  - D. Medical Staff meetings
  - E. Staff meetings
  - F. Department white boards, electronic communication, and communication books may be utilized to display results of monitoring and internal performance improvement activities

## Confidentiality

- I. WY Stat 35-2-910. Quality management function for health care facilities; confidentiality; immunity; whistle blowing; peer review. Subsection A.
- II. All quality and patient safety data, materials, and information are private and confidential, shall be considered the property of Memorial Hospital of Sweetwater County, and as such is protected by state and federal health care quality statutes.
- III. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with Hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work.
- IV. Information, data results, reports and minutes generated by all quality management activities will be handled in a manner ensuring strict confidentiality
- V. Confidential information may include but is not limited to: Medical Staff committee minutes, organizational quality improvement committee minutes, electronic data gathering and reporting, and incident/occurrence reporting
- VI. Quality improvement activities will occur in ways that preserve confidentiality of information consistent with policy and established law
- VII. The Joint Commission is an independent contractor. Any event reported to The Joint Commission is performed under the auspice of the Quality Committee.

## References

[Agency for Healthcare Research and Quality. Retrieved from https://www.ahrq.gov/talkingquality/measures/six-domains.html](https://www.ahrq.gov/talkingquality/measures/six-domains.html)

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

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The Joint Commission. (20232024, Jan). *PI performance improvement plan*. PolicySource hospital and critical access hospital. [PolicySource: P&Ps for Compliance with Joint Commission Requirements | Joint Commission Resources \(jcrinc.com\)](https://www.jointcommission.org/policy-source/policies-for-compliance-with-joint-commission-requirements/)

Whitney Matson. (N.A). *Quality Management System Plan*. Unpublished internal document, St. John's Health.

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**Approval:**

**Reviewed and Approved:**

Performance Improvement and Patient Safety Committee – ~~May 9th, 2023~~ 05/14/2024

Medical Executive Committee – ~~May 23rd, 2023~~

Quality Committee of the Board – ~~June 21st, 2023~~ 05/15/2024

Board of Trustees – ~~August 2nd, 2023~~

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## Attachments

[Appendix 1 - Reporting Calendar](#)

[Appendix 2 - Committee Reporting Structure](#)

[Appendix 3 - Proposed Performance Improvement Project Decision Checklist](#)

- [Appendix 4 - PIPS Documentation Tool](#)
- [Appendix 5 - PIPS Reporting Presentation Template](#)
- [Appendix 6 - Communication Plan](#)
- [Appendix 7 - IHI Model for Improvement.pdf](#)
- [Appendix 8 - FY 2024 PIPS Priorities](#)

Approval Signatures

Step Description	Approver	Date
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Reg. Standards

CMS A-0263, CMS A-0273, CMS A-0283, CMS A-0286, CMS A-0297, CMS A-0308, CMS A-0309, CMS A-0411, CMS A-0508, TJC LD.01.03.01, TJC LD.01.05.01, TJC LD.02.01.01, TJC LD.02.02.01, TJC LD.02.04.01, TJC LD.03.01.01, TJC LD.03.02.01, TJC LD.03.03.01, TJC LD.03.04.01, TJC LD.03.05.01, TJC LD.03.06.01, TJC LD.03.07.01, TJC LD.03.09.01, TJC LD.03.10.01, TJC PI.01.01.01, TJC PI.02.01.01, TJC PI.03.01.01, TJC PI.04.01.01



## FY 2025 MHSC PIPS Committee Reporting Schedule

Monthly Meeting: Second (2nd) Tuesday of every Month, 1:00 p.m. - 3:00 p.m., via Microsoft Teams

	Quarter 3			Quarter 4			Quarter 1			Quarter 2		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>STANDING COMMITTEE REPORTS</b>												
Antimicrobial Stewardship (biannual)	X						X					
Code Blue Committee (biannual)						X						X
Continual Survey Readiness (quarterly)		Q2			Q3			Q4			Q1	
E.H.R. OPS/Informatics (biannual)		X						X				
Emergency Management (biannual)				X						X		
EOC (biannual)		X						X				
Health Equity (biannual)		X						X				
Pain Task Force (biannual)	X						X					
Patient Flow (biannual)				X						X		
Patient Relations/Grievances Committee (biannual)			X						X			
Patient Safety (quarterly)			Q2			Q3			Q4			Q1
Person Centered Care (quarterly)		Q2			Q3			Q4			Q1	
PICC Line (annual)									X			
Sepsis (every other month)		X		X		X		X		X		X
Value Analysis Committee/Materials Management (annual)									X			
Workplace Violence (biannual)		X							X			
<b>MEDICAL STAFF COMMITTEE REPORTS</b>												
Blood Utilization Committee (biannual)					X						X	
Infection Control (quarterly)			Q2			Q3			Q4			Q1
Radiation Safety (biannual)						X						X
Trauma (biannual)			X						X			
Utilization Management - Readmissions (biannual)					X						X	
<b>Patient Experience Survey Data</b>												
Clinics - MOB	X			X			X			X		
Clinics - 3000	X			X			X			X		
Emergency Department	X			X			X			X		
ICU	X			X			X			X		
Medical Oncology	X			X			X			X		
Med/Surg	X			X			X			X		
Radiation Oncology	X			X			X			X		
Surgery Department	X			X			X			X		
Women's Health	X			X			X			X		
<b>DEPARTMENT REPORTS</b>												
Behavioral Health (biannual)				X						X		
Cardiopulmonary (biannual)					X						X	
Care Management - Discharge Planning (biannual)					X						X	
Chronic Care Manager (biannual)					X						X	
Clinic - MOB (biannual)			X						X			
Clinic - 3000 (biannual)			X						X			
Dialysis (biannual)						X						X
Dietitians (annual)										X		

	Monthly Meeting: Second (2nd) Tuesday of the Month, 1:00 p.m. - 3:00 p.m., Classrooms 1-3 or Virtual											
	Quarter 3			Quarter 4			Quarter 1			Quarter 2		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>DEPARTMENT REPORTS</b>												
Education (annual)							X					
Emergency Department (biannual)		X						X				
Employee Health (annual)			X									
Environmental Services (biannual)		X						X				
Fiscal Services (annual)												X
Health Information Management (annual)		X										
Human Resources (annual)								X				
ICU (annual)				X								
Information Services (annual)	X											
Laboratory (biannual)		X						X				
Medical Imaging (biannual)						X						X
Medical Oncology (biannual)						X						X
Medical Staff Services (annual)									X			
Medical Surgical (biannual)			X						X			
Nutrition Services (biannual)				X						X		
Outpatient Infusion (annual)										X		
Patient Access (biannual)					X						X	
Patient Financial Services (biannual) (Central Scheduling, Pt Financial Navigation, & Translation & Interpretive Services)					3						3	
Pharmacy (biannual)	X						X					
Physician Recruitment (annual)						X						
PR/Marketing (annual)	X											
Radiation Oncology						X						X
Rehab Services (biannual)					X						X	
Sleep Lab (annual)				X								
Surgical Services (biannual)	X						X					
Volunteers, Community Outreach (annual)						X						
Women's Health (biannual)		X						X				
<b>FACILITY WIDE REPORTS</b>												
Hospital Compare Preview Reports (quarterly)	X			X			X			X		
MHSC Star Rating, Patient Safety, and Other Standards Dashboards (monthly)	X	X	X	X	X	X	X	X	X	X	X	X
Patient Experience/HCAHPS Dashboards - by Dept. (monthly)	X	X	X	X	X	X	X	X	X	X	X	X
ORYX Report (quarterly)			X			X			X			X
Quality Reporting Program Results (HRRP, HACRP, VBP, QPP - annually)							X	X				
Staffing Adequacy Report (annual)									X			
<b>PIPS RELATED ITEMS</b>												
PIPS Plan					X							
Patient Safety Plan					X							
Annual PIPS Priorities Selection					X							
Annual Patient Safety and Performance Improvement Report (Annual Evaluation)						X						
<b>Total Reports:</b>	18	14	11	19	17	15	18	14	15	19	15	13



FY 2022 MHSC Quality Committee of Board Reporting Schedule												
Monthly Meeting: Second (2nd) Tuesday of the Month, 1:00 p.m. - 2:30 p.m., Classrooms 1-3												
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>STANDING COMMITTEE REPORTS</b>												
Pain Task Force			Q4			Q1			Q2			Q3
Person Centered Care		Q4			Q1			Q2			Q3	
Antimicrobial Stewardship		Q4			Q1			Q2			Q3	
Continual Survey Readiness			Q4			Q1			Q2			Q3
Patient Safety (to include: EHR Ops, Code Blue, SMPT, restraint/seclusion, behavioral health, suicide screening)	Q4			Q1			Q2			Q3		
EOC	Q4			Q1			Q2			Q3		
<b>MEDICAL STAFF COMMITTEE REPORTS</b>												
Infection Control		Q4			Q1			Q2			Q3	
Tissue and Blood		Q4			Q1			Q2			Q3	
Trauma	Q4			Q1			Q2			Q3		
Radiation Safety			Q4			Q1			Q2			Q3
Utilization Management/Readmissions	Q4			Q1			Q2			Q3		
<b>PROJECT TEAM REPORTS</b>												
Sepsis		Q4			Q1			Q2			Q3	
ED Patient Flow	Q4			Q1			Q2			Q3		
<b>DEPARTMENT REPORTS - Quarterly</b>												
Women's Health		Q4			Q1			Q2			Q3	
Medical Surgical		Q4			Q1			Q2			Q3	
ICU			Q4			Q1			Q2			Q3
ED			Q4			Q1			Q2			Q3
Surgical Services	Q4			Q1			Q2			Q3		
Medical Imaging			Q4		Q1			Q2			Q3	
Clinic	Q4			Q1			Q2			Q3		
Radiation Oncology/Medical Oncology	Q4			Q1			Q2			Q3		
Outpatient Infusion		Q4			Q1			Q2			Q3	
Rehab Services			Q4			Q1			Q2			Q3
Cardiopulmonary			Q4			Q1			Q2			Q3
Legal Counsel (Contracted Services Report)	Q4			Q1			Q2			Q3		
<b>FACILITY WIDE REPORTS</b>												
Donor Connect		X			X			X			X	
Patient Experience/HCAHPS Dashboards	X	X	X	X	X	X	X	X	X	X	X	X
MHSC Organization Dashboard	X	X	X	X	X	X	X	X	X	X	X	X
Hospital Compare Preview Reports	X			X			X			X		
Quality Reporting Program Results (HRRP, HACRP, VBP, QPP - Annually)							X	X				
Culture of Safety Survey Results (Biennially)								X				

Audit of Peer Review and OPPE/FPPE (Annually)			X									
Audit of Credentialing Process (Annually)											X	
Audit of Clinical Contract Quality Review (Annually)												X
Accreditation Reports (Triennially Hospital, Biennially Lab)												
FMEA, RCA, Serious Safety Events (as they occur)												
PLAN APPROVAL (Annual)												
PIPS Plan						X						

Dated this \_\_\_, day of \_\_\_\_\_, 20\_\_

TO: BOARD OF TRUSTEES OF MEMORIAL HOSPITAL OF  
SWEETWATER COUNTY, ROCK SPRINGS, WYOMING

FROM: \_\_\_\_\_  
BOARD MEMBER

RE: CONFLICT OF INTEREST DISCLOSURE  
UNDER WYO. STAT. § 6-5-118

TO WHOM IT MAY CONCERN:

The undersigned is a public officer or public servant who either has the authority to decide how public funds are invested or invests public funds on behalf of Memorial Hospital of Sweetwater County.

The undersigned hereby discloses that he or she transacts personal business with the following entities or institutions that provide any services related to the investment of public funds to Memorial Hospital of Sweetwater County or has a financial interest in a security or other investments made by Memorial Hospital of Sweetwater County:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby request that this disclosure be considered my annual disclosure under Wyo. Stat. § 6-5-118 and be made a part of the record of proceedings of the meeting of the Board of Trustees of Memorial Hospital of Sweetwater County at the date and time presented.

Sincerely yours,

Trustee  
Board of Trustees Member  
Memorial Hospital of Sweetwater County



# **Approval Process for a Community Member to be Appointed to a Board Committee**

## **DRAFT**

### **Board of Trustees**

#### **STATEMENT OF PURPOSE:**

The By-Laws of the Board of Trustees provide an option for a community member to be appointed to a committee of the Board of Trustees (Board). The purpose of this policy is to provide requirements and guidelines associated with said appointment. The Board believes that the appointment of a community member to a committee may provide additional expertise and/or an outside perspective regarding the workings of the committee.

#### **TEXT:**

##### **Requirements and Guidelines:**

- The initial impetus and suggestion for a community member to serve on a committee of the Board must originate from the applicable committee via a majority vote of the committee.
- Nominations for a community member to serve may come from any member of the applicable committee or from any member of the Board. Nominations should be e-mailed to the current chair of the committee, the Board President, and CEO together with a narrative stating why this community member would be a valuable addition to the committee.
- The chair of the committee shall provide all voting committee members of the committee the names of nominees, if any, together with the supporting narrative provided by the nominator. The chair of the committee may, at his/her discretion, ask the nominee to submit a brief statement to the chair of the committee stating why he/she would like to be considered for this appointment.
- The committee shall vote whether or not to recommend any of the nominees for appointment. The recommended nominee shall become the initial preferred nominee, subject to interview requirements stated below.
- In an effort to ensure that there is no apparent conflict of interest or other concern associated with the preferred nominee, the preferred nominee shall be interviewed by the Board President and the Chief Executive Officer. The Board President, upon conclusion of the interviews, shall notify the committee chair of the CEO's and the Presidents recommendation.
- The appointment to the Board committee shall be made in the same manner as other appointments to Board committees.
- The term of appointment is for one fiscal year. If appointed after the annual Board meeting in July, the term shall end on the subsequent June 30<sup>th</sup>. The community

member may be re-appointed at the next annual meeting in July for a one-year term. The community member should not serve more than three full one year terms. The community member shall be a non-voting member of the committee.

- Community committee members are not eligible to participate in executive sessions of Board committees.
- Community committee members shall sign the Hospital's conflict of interest statement..
- At the discretion of the committee, the voting members of the committee, in executive session, may discuss the appointment if warranted due to perceived issues with the community member. The committee may recommend to the Board President the termination of the appointment at any time during the term of appointment. The Board President, in consultation with the committee chair, shall then take appropriate action.

# Board Charter: Governance Committee

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**Category: Board Committees & Committee Charters**

**Title: Governance Committee**

**Original adoption: June 14, 2010**

**Revision: 2011; 2017; 2020; 2022; 2023**

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## **Purpose:**

The purpose of the Committee is to assist the Board of Trustees (Board) in discharging its duties in respect to institutional governance and to Board composition and education.

## **Responsibilities:**

The Governance Committee is responsible for the following activities and functions:

- Prepares and submits to the Board for approval an agenda template to be used for regular monthly meetings of the Board.
- As part of the annual July meeting, assists the Board in electing its officers—president, vice president, secretary, and treasurer—by soliciting potential candidates and presenting a ballot of nominees for Board vote. In addition to the nominees submitted for a Board vote, other nominations may be submitted from the floor by other Board members at the Board meeting.
- In the event an office is vacated, accepts nominees for the open office. The ballot is presented and voted upon within sixty (60) days of the office being vacated.
- Pursuant to the Board's duty to carry out its fiduciary and strategic responsibilities, periodically reviews Board bylaws, committee charters, and relevant Board policies to ascertain if any need revisions, or if an addition would be beneficial. Submits any suggested additions or revisions to the Board for review and approval.
- Oversees the process whereby Board bylaws, committee charters, and Board policies are systematically reviewed at least every three years. Working with administrative staff and other Board members as appropriate, monitors progress yearly and helps insure that needed reviews are completed and that changes, if any, are presented to the Board for review and approval.
- As part of the annual July meeting, assures the Hospital's conflict of interest form is signed..
- Conducts an annual evaluation of the Board's performance. Shares during Executive session the results of the evaluation with all members of the Board and the Chief Executive Officer (CEO).
- Periodically assesses the educational needs of the Board and encourages the Board members to avail themselves of the large variety of educational opportunities —such as, professional meetings, webinars, board workshops, etc. From time to time, suggests specific videos, webcasts, etc. for Board review and discussion at upcoming meetings of the Board.

- May recommend new Trustee candidates to the County Commissioners, who are charged with appointing Board members. In making such recommendations, the Governance Committee shall consider the skills and the attributes of the candidate, the needs of the Board, and representation of the residents of Sweetwater County.

## **Composition**

The Committee shall consist of the Board president, or President's designee, another Board member and the CEO.

## **Meeting Schedule**

The Committee shall meet monthly, or as needed.

## **Reports**

The Committee shall produce and/or receive and review the following reports and present a summary report to the Board:

- Board self-assessment survey and follow up improvement plan.
- .
- In-house Counsel's and/or the CEO's report(s) on current legal and regulatory issues affecting governance, plus an analysis of whether any changes to Board bylaws or policies are necessary.

## ORIENTATION MEMO

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Board Meeting Date: July 1, 2024

Topic for Old & New Business Items:

New Business: Infection Prevention Plan for 2024, 1<sup>st</sup> reading.

Policy or Other Document:

<input type="checkbox"/>	Revision
<input checked="" type="checkbox"/>	New

Brief Senior Leadership Comments:

The Infection Prevention Plan is brought to the Board of Trustees on an annual basis per Joint Commission requirements as defined by Memorial Hospitals policie(s). The Infection Prevention Plan is reviewed and approved by the Board.

Board Committee Action:

The Infection Prevention Committee and Medical Executive Committee approved the Plan.

Policy or Other Document:

<input checked="" type="checkbox"/>	For Review Only
<input type="checkbox"/>	For Board Action

Legal Counsel Review:

<input type="checkbox"/> NA	In House Comments:
<input type="checkbox"/> NA	Board Comments:

Senior Leadership Recommendation:

Present to the Board for first reading on July 1.

## INFECTION PREVENTION PLAN FOR CY 2024

*(Based on organization's strategic plan, risk assessment and external requirements)*

<b>Hand Hygiene</b>  Risk score 33%	GOAL: Hand Hygiene compliance rates to increase by 5% for each department, with a house wide compliance rate increase of 8% by December 31, 2024	Number of correct observances divided by number of total observances	<ul style="list-style-type: none"> <li>Conduct unit audits at least once weekly, feedback data to unit leadership, review with staff</li> <li>Provide unit education on hand hygiene, fingernails, approved lotions</li> </ul>	<ul style="list-style-type: none"> <li>Report HH performance monthly to ICC and other committees as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Front Line Staff</li> <li>Leadership team</li> <li>Clinical coordinators, supervisors</li> <li>Environment Services director</li> <li>Director of Infection Prevention and CNO</li> <li>Infection Prevention</li> <li>ICC</li> </ul>
<b>Transmission-based Precautions</b>  Risk Score 33%	GOAL: Zero Hospital Acquired Infection related to cross contamination	Zero infections related to cross contamination emphasis on MRSA, CDI	<ul style="list-style-type: none"> <li>Educate departments on their roles in the fight against HAI's</li> <li>Work with pharmacy team/ antibiotic stewardship.</li> <li>Work with physician team to identify potential HAI occurrences</li> </ul>	<ul style="list-style-type: none"> <li>Round on Isolation</li> <li>Round on PPE use</li> <li>Validation of education on NetLearning transcripts</li> </ul>	<ul style="list-style-type: none"> <li>Front Line staff</li> <li>Clinical leadership</li> <li>Clinical coordinators, supervisors</li> <li>Infection Prevention</li> <li>Pharmacy</li> <li>Physicians</li> </ul>
<b>Contaminated Instruments/ Equipment to Include:</b>  <b>High level disinfection and/or sterilization</b>  Risk Score 15%	GOAL: Zero tolerance for improper reprocessing of invasive instruments/equipment (i.e. critical or semi-critical devices requiring sterilization and/or high-level disinfection)	Standardized protocols for sterilization and high-level disinfection followed throughout facility  Maintain use of procedural & unit- based pre-soaking of instruments every time Rounding/surveillance of 1 area each month 100% compliance with goal	<ul style="list-style-type: none"> <li>Competency assessment of staff who perform reprocessing upon hire and annually</li> <li>Documentation in logs (per policy) on cycle parameters, biological testing, solution concentration, and temperature</li> <li>Audit unit pre-soaking/spraying of items with a solution per IFU prior to arrival in SP</li> </ul>	<ul style="list-style-type: none"> <li>Departmental monthly monitoring of quality control</li> <li>Process monitored as part of mock surveys/EOC rounds.</li> <li>Joint SP/Infection Prevention site visits to locations that reprocess</li> </ul>	<ul style="list-style-type: none"> <li>Departmental managers</li> <li>SP</li> <li>IP</li> <li>ICC</li> <li>Front Line staff</li> </ul>

## INFECTION PREVENTION PLAN FOR CY 2024

*(Based on organization's strategic plan, risk assessment and external requirements)*

<b>Contaminated Equipment</b>  <b>Low Level Disinfection</b>  Risk Score 20%	GOAL: Provide safe and sanitary equipment and environment	Environment of Care results >80% compliance with monitoring and Surveillance. 1 department each month	<ul style="list-style-type: none"> <li>• Written clarification of cleaning protocols</li> <li>• Education of staff</li> <li>• Standardization of cleaning products</li> <li>• Education of proper contact times for disinfectants</li> </ul>	<ul style="list-style-type: none"> <li>• Environment of Care results</li> <li>• Rounding reports</li> </ul>	<ul style="list-style-type: none"> <li>• EVS</li> <li>• Departmental managers</li> <li>• Biomedical Engineering</li> <li>• IP</li> <li>• Unit/department staff</li> <li>• ICC</li> </ul>
<b>Employee Participation</b>  <b>Fit test Annually</b>  Risk Score 19%	Goal: Have 100% of employees participate in annual fit test	Employee health to report at IP monthly totals  Each employee is scheduled annually for fit test in birth month. 100 % of employees within their month	<ul style="list-style-type: none"> <li>• Each employee is responsible for scheduling fit test with employee health during their birthday month.</li> </ul>	<ul style="list-style-type: none"> <li>• This can be included in the yearly evaluations done by both director and employee</li> <li>• For physicians it can be used as part of their OPPE evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Employee</li> <li>• Employee Health</li> </ul>

Approved Infection Prevention Committee: 02/29/2024

Approved MEC: 03/26/2024

MHSC Board:



Board Meeting Date:7/1/2024

Topic for Old & New Business Items:

Proposed FY25 Performance Improvement and Patient Safety (PIPS) Priorities

Policy or Other Document:

- ☐ Revision
- ☒ New

Brief Senior Leadership Comments:

Each fiscal year, the PIPS Committee, with input from frontline staff and Medical Staff, solicits ideas for potential PIPS priorities. The following FY25 proposed PIPS priorities were approved in May 2024 by the PIPS Committee and the Medical Executive Committee (MEC). The proposed have been evaluated to ensure they align with Memorial Hospital of Sweetwater County's 2024-2027 strategic plan goals. See FY25 Performance Improvement and Patient Safety Priorities document.

Board Committee Action:

Click or tap here to enter text.

Policy or Other Document:

- ☐ For Review Only
- ☒ For Board Action

Legal Counsel Review:

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

Senior Leadership Recommendation:



Recommend for approval. Teams have spent extensive time reviewing current data, goals, and strategic plan.

**Memorial Hospital of Sweetwater County**  
**Performance Improvement and Patient Safety Priorities**  
**Fiscal Year 2025**

**I. FY 2025 Priorities**

2025 Priorities	Overall Goal Measurement Sub-measurement	Baseline	Target Goal Stretch Goal
<b>Pillar: Quality and Safety</b>  <u>Senior Leader Sponsor(s):</u> Ann Clevenger  <u>Owner(s):</u> Noreen Hove Infection Preventionist	<u>Overall Goal:</u> Improve overall CMS Star Rating  <u>Measurement:</u> To be within the top 10% in three measures in "timeliness of care" domain  <u>Sub-Measurement:</u> <i>Clostridioides difficile</i> (C. diff or CDI)- positive laboratory assay: A positive laboratory test result for C. diff toxin A and/or B (includes molecular assays (PCR) and/or toxin assays) tested on an unformed stool specimen OR A toxin-producing C. diff organism detected by culture or other laboratory means performed on an unformed stool sample. Sample submitted greater than admission day three (3).	July 2024 Hospital Compare Report: 3 reported cases  MHSC current data: January 2024-May 2024: 4 reported cases	<u>Target Goal:</u> No more than one reportable case from 04/01/2024-03/31/2025.  <u>Stretch Goal:</u> Zero reportable cases from 04/01/2024-03/31/2025.  Re-evaluate goals in April 2025.
<b>Pillar: Quality and Safety</b>  <u>Senior Leader Sponsor(s):</u> Kari Quickenden  <u>Owner(s):</u> ED Nursing Director ED Medical Director	<u>Overall Goal:</u> Improve overall CMS Star Rating  <u>Measurement:</u> To be within the top 10% in three measures in "timeliness of care" domain  <u>Sub-Measurement:</u> SEP-1 bundle compliance; severe sepsis and septic shock three hour and six hour bundle compliance	National Rate (July 2024 Hospital Compare Report): 61% State Rate (July 2024 Hospital Compare Report): 67% MHSC Rate (July 2024 Hospital Compare Report): 66% Top 10% of performing hospitals (July 2024 Hospital Compare Report): 82% MHSC current data: Calendar year January-May 2024: 72.58%	<u>Target Goal:</u> 70% compliance by 06/30/2025  <u>Stretch Goal:</u> 75% compliance by 06/30/2025  Re-evaluate goals in January 2025

**Memorial Hospital of Sweetwater County**  
**Performance Improvement and Patient Safety Priorities**  
***Fiscal Year 2025***

2025 Priorities	Overall Goal Measurement Sub-measurement	Baseline	Target Goal Stretch Goal
<b>Pillar: Quality and Safety</b>  <u>Senior Leader Sponsor(s):</u> Kari Quickenden  <u>Owner(s):</u> Tracie Soller ED Nursing Director	<u>Overall Goal:</u> Improve overall CMS Star Rating  <u>Measurement:</u> To be within the top 10% in three measures in "timeliness of care" domain  <u>Sub-Measurement:</u> OP-23 (Stroke measure-Head CT/MRI scan results for acute ischemic stroke or hemorrhagic stroke patients within 45 minutes of ED arrival)	National rate (July 2024 Hospital Compare Report): 69% State rate (July 2024 Hospital Compare Report): 49% Top 10% of performing hospitals (July 2024 Hospital Compare Report): 100% MHSC rate (July 2024 Hospital Compare Report): 67% MHSC current data: Calendar year January-May 2024: 80%	<u>Target Goal:</u> 70% compliance by end of calendar year 2024  <u>Stretch goal:</u> 80% compliance by end of calendar year 2024  Re-evaluate goals in January 2025
<b>Pillar: Patient Experience</b>  <u>Senior Leader Sponsor(s):</u> Ann Clevenger  <u>Owner(s):</u> Robin Jenkins	<u>Overall Goal:</u> Continue to utilize our person-centered care culture to improve the patient experience & improve the satisfaction of our patients  <u>Measurement:</u> Improve HCAHPS score by 3% percentage points per year on "degree to which all staff showed compassion" question  <u>Sub-Measurement:</u> "Care Transition"/Care Coordination: Improve HCAHPS score by 3% percentage points per year in Care Transitions.	"Care Transitions" Data: Top Box Score (Percentile Rank)- 2020 47.03% (26th) n=141 2021 49.72% (45th) n=278 2022 51.37% (52nd) n=277 2023 54.41% (63rd) n=270  MHSC Current Data: January 2024-June 2024 58.85% (80 <sup>th</sup> percentile n=125)	<u>Target Goal:</u> 57.41 percentage points by end of calendar year 2024  <u>Stretch goal:</u> 58 percentage points by the end of calendar year 2024  Re-evaluate goals in January 2025
<b>Pillar: Patient Experience</b>  <u>Senior Leader Sponsor(s):</u> Ann Clevenger  <u>Owner(s):</u> Robin Jenkins Patty O'Lexey	<u>Overall Goal:</u> Continue to utilize our person-centered care culture to improve the patient experience & improve the satisfaction of our patients  <u>Measurement:</u> Improve HCAHPS score by 3% percentage points per year on "degree to which all staff showed compassion" question  <u>Sub-Measurement:</u> "Discharge Information": Improve HCAHPS scores by 3% percentage points per year on Discharge Information.	"Discharge Information" Data: Top Box Score (Percentile Rank)- 2020 89.35% (73rd) n=129 2021 85.39% (43rd) n=266 2022 87.64% (65th) n=257 2023 86.25% (48th) n=247  MHSC Current Data: January 2024-June 2024 89.13% (71 <sup>st</sup> percentile n=112)	<u>Target Goal:</u> 89.25 percentage points by end of calendar year 2024  <u>Stretch goal:</u> 90 percentage points by the end of calendar year 2024  Re-evaluate goals in January 2025

Approved by: PIPS Committee – June 11<sup>th</sup> , 2024; MEC ; Board of Trustees

A Quality and Patient Safety Work Product: Privileged and Confidential

Minutes  
Governance Committee  
June 3, 2024

Present: Irene Richardson, Marty Kelsey, and Barbara Sowada

Meeting called to order at 12:30 pm in CEO's office

Minutes and agenda had been previously approved

**Meeting called to order** at 12:30 pm by Barbara Sowada; all members present.

**Old Business**

Board Policy: **Approval Process for a Community Member to be Appointed to a Board Committee.**

Draft of policy reviewed and edited. Action policy to be sent, with do pass recommendation, to full board for July meeting for first read.

**New Business**

1. Slate of officers for FY 25 determined:
  - a. President, Barbara Sowada
  - b. Vice President, Kandi Pendleton
  - c. Secretary, Nena James
  - d. Treasurer, Marty Kelsey
2. Committee members for FY 25 determined:
  - a. Finance & Audit
    - i. Marty Kelsey, chair
    - ii. Craig Rood
  - b. Building & Grounds
    - i. Craig Rood, chair
    - ii. Marty Kelsey
  - c. Quality
    - i. Barbara Sowada, chair
    - ii. Nena James
  - d. Compliance
    - i. Kandi Pendleton, chair
    - ii. Barbara Sowada
  - e. Human Resources
    - i. Kandi Pendleton, chair
    - ii. Nena James
  - f. Governance
    - i. Marty Kelsey, chair
    - ii. Kandi Pendleton
  - g. Executive Oversight
    - i. Barbara Sowada, chair
    - ii. Kandi Pendleton

- h. Joint Conference
  - i. Barbara Sowada
  - ii. Nena James
- i. Foundation
  - i. Craig Rood

- 3. Charter for Governance Committee was reviewed. Action, Changed Composition of Committee to read:  
The Committee shall consist of the President of the Board, **or his/her designee**, another member of the Board and the CEO.
- 4. CEO compensation is on hold, waiting for Gallagher report.

Meeting adjourned at 1:30 pm.

Next meeting is scheduled will be announced.

Respectfully submitted,

Barbara J. Sowada, Ph.D.

DRAFT

# Executive Summary – Quality Committee of the Board

PROVIDED BY Kari Quickenden, Stephanie Mlinar, and Jennifer Roger

REPORTING DATE June 2024 Quality Committee Monthly Meeting

General Highlights	<ul style="list-style-type: none"> <li>Kari Quickenden shared MHSC's CMS star rating will improve from three stars to four stars at the end of July. Kudos to the entire team at MHSC for helping MHSC achieve this goal.</li> <li>Kari Quickenden presented an update on the CAP survey.</li> <li>Kari Quickenden presented the FY 2024 PIPS Plan Annual Evaluation and PI &amp; Patient Safety Report.</li> <li>Noreen Hove presented the Infection Control Plan and Annual Evaluation.</li> </ul>
FY 2024 PIPS Priorities	<ul style="list-style-type: none"> <li>As we continue to demonstrate continual improvement in the "Degree all staff showed compassion" to improve the patient's experience as well as the employee experience, we have updated our monthly reporting graph to break out the survey areas by color coding. We are working together hospital-wide on this initiative, so we want to be transparent in our progress in each area and as an organization.</li> <li>Follow-up meetings with Department Leaders to review progress on utilization of the "Leadership Back-To-Basics PX Toolkit to Cultivate MHSC's Person-Centered Care Culture" are scheduled in June.</li> <li>An application was submitted to present our Toolkit at the Global Planetree Person-Centered Care Forum in October. If selected, Karali Plonsky, Cindy Nelson, and Irene Richardson will have the opportunity to share our resource, process and culture with person-centered care advocates from around the world.</li> </ul>
Patient Safety	<ul style="list-style-type: none"> <li>Sentinel Events submitted to The Joint Commission for 2023 were reviewed</li> <li>The Patient Safety Committee reviewed data on clinical alarm safety.</li> <li>There have been zero pressure injuries that were not present on arrival so far in 2024. The last reportable pressure injury not present on admission was in 2021.</li> <li>In 2024 there have been 10 total patient falls, with 2 inpatient falls, and 1 patient has been injured from falling at MHSC</li> </ul>
Medication Safety	<ul style="list-style-type: none"> <li>Medication History Updates – Clinics and ED. The nurse directors continue to work with their staff in their respective departments on updating histories. With the transition to Interim Pharmacy Director, the team recognized an issue with the medication history data. The data has been validated and the updated data was included in the report. The data is displayed on run charts. The team recognized that a control chart needs a minimum of 15 data points to be statistically significant. The reason is because the mean is more sensitive to point to point variation than the median.</li> </ul>
Infection Prevention	<ul style="list-style-type: none"> <li>We continue to work toward the sustainability of appropriate documentation for isolation precautions. We have also started a work group that will investigate the increase in hospital acquired infections (HAI), <i>Clostridium difficile</i> (C. diff) cases. As of June 2024, the workgroup was trying to schedule a brief call with a hospital in Nebraska to discuss some interventions regarding the testing of C. Diff that was suggested by our previous Interim Director of Pharmacy.</li> </ul>
PIPS Committee	<ul style="list-style-type: none"> <li>We heard about wonderful improvement projects happening in multiple departments and committees. The Code Blue Committee is working on entering occurrence reports in Synergi for 75% of Code Blue &amp; Rapid Response events. The Patient Safety Committee has implemented TeamSTEPPS training to improve communication between work units. The Sepsis Committee continues efforts to improve the Sepsis Bundle Compliance to 70%. Infection Prevention has set a goal to define, stratify, and validate data on devices present on admission to 100%. Medical Imaging is saving electronic orders from Cerner into the PACS system to improve patient safety and Radiation Safety data was also presented. Dialysis is working on maintaining clearances greater than 95%, the objective is to decrease use of Central Venous Catheters and increase use of Arteriovenous Fistulas. Medical Oncology is evaluating defined areas for chemotherapy presence on surfaces. Physician Recruitment is updating Medical Staff contracts and medical directorships. Volunteer Services is working on adding additional health fairs.</li> </ul>

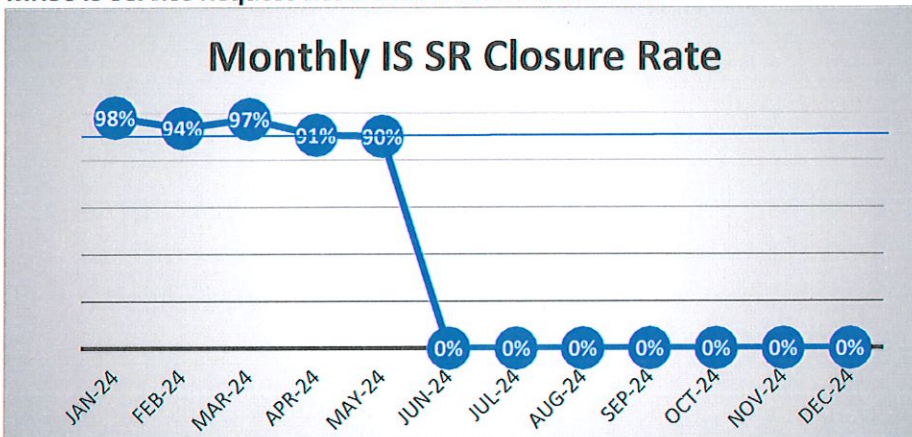
# IS Report May 2024

By Terry (TJ) Thompson, IS Director

## MHSC IS service environment:

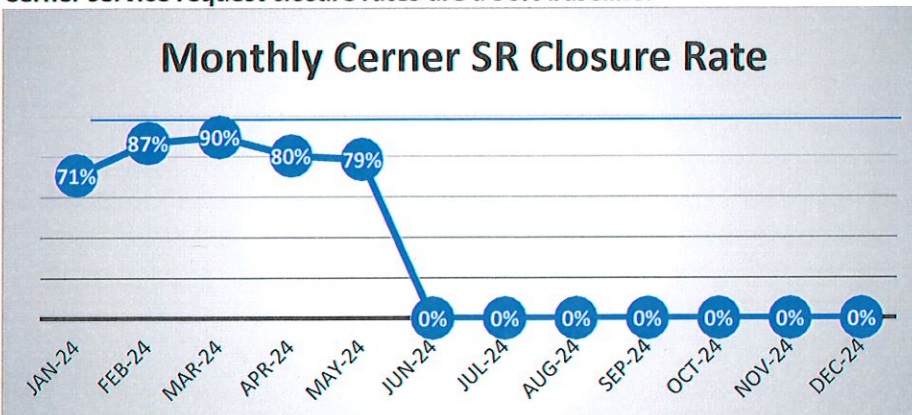
- 1158 computer user accounts
- 100 portable devices, Cell Phones, and iPads
- 790 Desktop systems, Laptops, and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 Uninterrupted Power Supplies

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



Service Desk 90% of our new 95% weekly meantime to restore baseline. Where we had 1077 service tickets closing 930 with 137 pending. We are currently working through PTO and staffing

## Cerner service request closure rates are a 90% baseline:



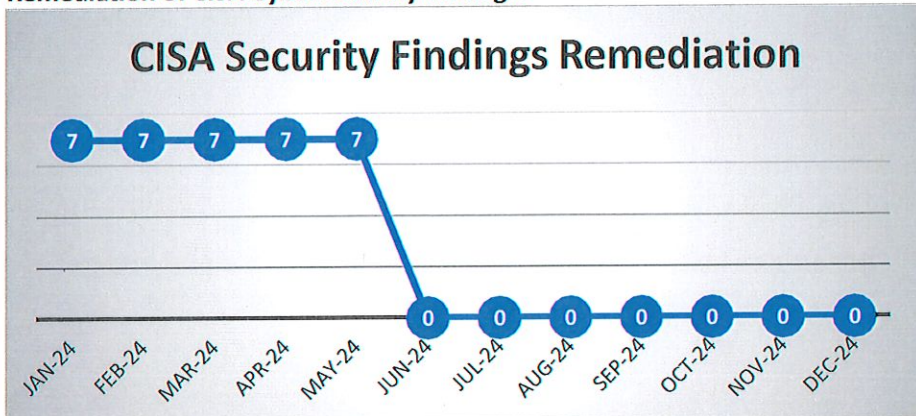
Cerner is at 79% of the weekly meantime to restore the 90% baseline. Cerner closed 97 of the 66 service requests of which 13 are pending.



### MHSC Project Completion:

Projects being of different sizes and magnitude we decided to break them down into project stories, where they are an hour to two-hour duration. These are included within our service tickets and fall under the same baseline.

### Remediation of CISA Cyber Security findings:



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

The remaining seven CISA security findings are known as heavy lift issues where we must make infrastructure changes without outages. We will continue to monitor the remaining CISA issues this year with an ETA by the third quarter of 2024. With the new Intune configuration planned to be finished sometime in June 2024, we hope to have many of these security findings remediated.

Below is the latest CISA Cyber Hygiene Report Card, which is performed weekly. CISA is scanning MHSC 44 external public IP addresses for vulnerabilities. We have 44 scanned addresses, with 8 hosts and 14 services on these hosts. Where two hosts have 4 medium vulnerabilities and one low vulnerability. We were able to remove the one low vulnerability. AllWest Communications has provided routing information to set up our Internet Edge project. We are migrating our connection to our new public IP addressing range, which requires coordination with multiple parties. Once we have completed this process, we will be able to remove the last four vulnerabilities.



2024-05-26

## CYBER HYGIENE

# REPORT CARD

Memorial Hospital of  
Sweetwater County



0

Hosts with  
unsupported  
software



0

Potentially Risky  
Open Services



50%

Increase in  
Vulnerable  
Hosts



**CISA**  
CYBER+INFRASTRUCTURE

## HIGH LEVEL FINDINGS

### LATEST SCANS

**March 12, 2024 — May 26, 2024**

Completed host scan on all assets

**May 21, 2024 — May 26, 2024**

Last vulnerability scan on all hosts

### ASSETS OWNED

44

No Change

### HOSTS

6

No Change

### VULNERABLE HOSTS

3

Increase of 1

50% of hosts vulnerable

### ASSETS SCANNED

44

No Change

100% of assets scanned

### SERVICES

12

No Change

### VULNERABILITIES

5

Increase of 1

## VULNERABILITIES

### SEVERITY BY PROMINENCE



### VULNERABILITY RESPONSE TIME

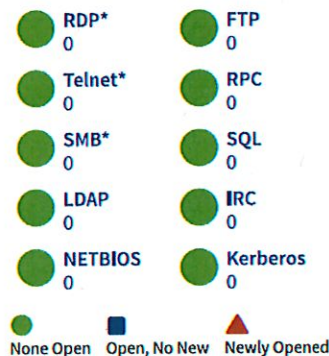


MAX AGE OF ACTIVE CRITICALS



MAX AGE OF ACTIVE HIGHS

### POTENTIALLY RISKY OPEN SERVICES



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

\* Denotes the possibility of a network management interface.

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

**Tuesday~ June 26, 2024    2:00 p.m.    Teleconference**

**Voting Members:**

Marty Kelsey, Trustee Chair  
Craig Rood, Trustee  
Irene Richardson  
Tami Love  
Jan Layne

**Non-Voting Members:**

Ron Cheese            Terry Thompson  
Angel Bennett        Kari Quickenden  
Ann Clevenger        Dr. Augusto Jamias  
Dr. David Dansie

**Guests:**

Leslie Taylor                      Carrie                      Taylor Jones,  
Canestorp    Commissioner

- |       |  |                  |
|-------|--|------------------|
| I.    | Call Meeting to Order                              | Marty Kelsey     |
| II.   | Mission Moment                                     | Irene Richardson |
| III.  | Approve Agenda                                     | Marty Kelsey     |
| IV.   | <a href="#">Approve minutes from May 29,2024</a>   | Marty Kelsey     |
| V.    | <a href="#">Capital Requests FY24</a>              | Marty Kelsey     |
| VI.   | Financial Report                                   |                  |
| A.    | Monthly Financial Statements & Statistical Data    |                  |
| 1.    | <a href="#">Narrative</a>                          | Tami Love        |
| 2.    | <a href="#">Financial Information</a>              | Tami Love        |
| 3.    | <a href="#">Financial Goals</a>                    | Tami Love        |
| 4.    | <a href="#">Self-Pay Report</a>                    | Ron Cheese       |
| 5.    | <a href="#">Preliminary Bad Debt</a>               | Ron Cheese       |
| VII.  | Old Business                                       |                  |
| A.    | Critical Access Update                             | Tami Love        |
| B.    | <a href="#">CLA Project – PIPS Financial Goals</a> | Tami Love        |
| VIII. | New Business                                       |                  |
| A.    | <a href="#">FY25 Budget</a>                        | Tami Love        |
| B.    | Financial Forum Discussion                         | Marty Kelsey     |
| IX.   | Next Meeting – July 31, 2024                       | Tami Love        |
| X.    | Adjournment  | Marty Kelsey     |



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
Finance & Audit Committee Meeting  
May 29, 2024

Voting Members Present: Mr. Craig Rood, *Trustee*  
Dr. Barbara Sowada, *Trustee*  
Ms. Irene Richardson, *CEO*  
Ms. Tami Love, *CFO*  
Ms. Jan Layne, *Controller*

Voting Members Absent: Mr. Marty Kelsey, *Trustee – Chairman (excused)*

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

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

Guests: Ms. Carrie Canestorp, *Director of HIM*  
Ms. Leslie Taylor, *Clinic Director*  
Mr. Gerry Johnston, *Director of Facilities*

**Call Meeting to Order**

Mr. Rood called the meeting to order via teleconference at 2:03 PM.

**Approve Agenda**

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

**Approve Meeting Minutes**

A motion to approve the meeting minutes from April 24, 2024, was made by Ms. Love; second by Ms. Richardson. Motion carried.

**Capital Requests**

Mr. Johnston presented FY24-58 for Control Heads for the Water System. They are worn out and parts are hard to find. Mr. Rood asked how long they last. Mr. Johnston said they usually last around 10-15 years. A motion was made to approve to send to the board for approval by Ms. Love; second by Dr. Sowada. Motion approved.

FY24-59 for Davinci Video storage was presented to the committee. The total cost will be \$58,610. Mr. Rood asked how long we plan on storing these. Ms. Love said that she believes it

is 90 days. Mr. Rood asked if they will automatically purge after the 90 days. Ms. Love wasn't sure, but she would find out. A motion was made to approve to send to the board for approval by Dr. Sowada; second by Ms. Love. Motion approved.

### **Financial Report**

Ms. Love reviewed the financial information for April. We had an operating gain in April of \$349,002 compared to a budgeted gain of \$79,984. Gross revenue came in at \$23.5 million, over budget by \$2.6 million. YTD gross revenue is over budget by \$17 million. Reductions of revenue were 53.7%, over the budget of 52.8%. Accounts Receivable increased around \$300,000. Collections were at \$10.7 million. We are now reporting the collections goal as a percentage of net revenue and in April this was 100.3%. The annual debt service coverage ratio was 6.05 and days of cash on hand increased 8 days to 112. Net days in AR decreased one day to 56.6 days. Expenses for April were \$10.7 million, over the budget by \$728,674. The clinic's revenue came in over budget, at \$3.2 million. The Clinic loss for April was \$415,941.

The revenue projection for May is projected to be \$25 million. Inpatient volumes remained lower but Outpatient volumes were high. Collections should be around \$12 million. Expenses are expected to be over budget in May with the higher volumes. The estimated gain for May will be significant if volumes remain high.

Mr. Rood asked why the group health expense is so high. He thought it would be a fixed rate. Ms. Love explained that we are self-insured.

### **Financial Goals**

Ms. Love reviewed the financial goals included in the packet. The cash collection goal was changed to 100% of net revenue. This month we were at 100.3%. Dr. Sowada asked what this provides us. Ms. Love explained that it lets us know how far behind we are on collections. Our collections should be close to our net patient revenue. Days in AR are still below the goal of 52. Denials increased in April. Our denials management coordinator is tracking the types of denials. DNFB days decreased to 7 days over this last weekend. Medicare and Medicaid continue to climb as we work through more issues with Cerner.

### **Self-Pay Report**

Mr. Cheese reviewed the self-pay report included in the packet. The total savings YTD are \$3.2 million. Ms. Love said that medical assistance has dropped due to this program.

### **Preliminary Bad Debt**

The preliminary bad debt, less recovery, is \$1,680,420.85. This will be updated to present at the Board meeting.



## **Old Business**

### Critical Access

Ms. Love provided a critical access update. We met with general medical staff to answer questions. A letter will go out this week to notify the state that we are ready to move forward. We think that will then trigger the Joint Commission Survey. We are still working with Cerner to get a start date for the build needed on the billing side.

### PIPS Financial Goals

Reports were provided in the packet with updates on the CLA Revenue Cycle support project. We are still working on the phone tree. We are cutting off the legacy system as of 6/30/24 and then we will turn it over to the archive company. This project with CLA should be completed by June 30<sup>th</sup>. They would like to do a final presentation to the Board and we are looking at dates for this.

### Budget Workshop

We were thinking of scheduling the Board Budget Workshop on June 17<sup>th</sup>. This would allow for the budget to be approved at the regular monthly F&A meeting on June 26<sup>th</sup>. A special board meeting would be needed on June 27<sup>th</sup> to approve the budget.

## **New Business**

### Investment Policy

Ms. Love said she reviewed this policy and did not see any changes. It is required to be reviewed every 3 years. A motion recommending approval and placing this policy on the board agenda for tomorrow was made by Ms. Love; second by Dr. Sowada. Motion carried.

### Financial Forum Discussion

There was not any new information discussed.

## **Next Meeting**

The next meeting is June 26th at 2:00 pm.

Meeting adjourned at 2:41pm.

*Submitted by Jan Layne*



## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### NARRATIVE TO MAY 2024 FINANCIAL STATEMENTS

**THE BOTTOM LINE.** The bottom line from operations for May is a gain of \$582,783, compared to a loss of \$166,487 in the budget. This yields a 4.84% operating margin for the month compared to -1.73% in the budget. The year-to-date operating gain is \$6,029,882 compared to a gain of \$21,610 in the budget. The year-to-date operating margin is 5.02%, compared to .02% in the budget.

Year-to-date, the total net gain is \$7,261,499, compared to a total net gain of \$2,607,430 in the budget. This represents a profit margin of 6.05% compared to 2.36% in the budget.

**REVENUE.** Revenue was higher again in May coming in at \$25,038,111, over budget by \$4,710,023, a record high revenue month. Inpatient revenue is \$5,246,090, over budget by \$843,155 and outpatient revenue is \$19,792,021, over budget by \$3,866,868. Year-to-date, gross revenue is now over budget by \$21,961,123. Gross revenue has increased 19.4% from the same 11-month period last fiscal year, recognizing only 5% comes from the annual rate increase. The largest percentage variances for revenue to budget comparison came from the following hospital departments:

Post Partum/L&D – 45%	Mammography 20%
Radiation Oncology – 57%	Nuclear Medicine – 86%
Surgical Services - 29%	CT Scan – 47%
Ultrasound 25%	Laboratory – 22%
Pet Scan – 103%	Histology – 60%
MRI – 40%	Respiratory Therapy – (15%)
Radiology – 25%	Behavioral Health – (20%)

**REDUCTION OF REVENUE.** Deductions from revenue are estimated at 52.5% for the month, right at budget for the month. Year-to-date reductions of revenue are 52.7%, slightly over budget. Total AR decreased from April, down by \$1.5 million:

<i>Medicare – increase \$200,000</i>	<i>Government – increase \$104,000</i>
<i>Medicaid - decrease \$130,000</i>	<i>Self Pay – increase \$622,000</i>
<i>Blue Cross – decrease \$1,400,000</i>	<i>Worker's Comp – decrease \$116,000</i>
<i>Commercial - decrease \$820,000</i>	

Total collections for the month came in much higher this month, at \$12.8 million, at 118.1% of net patient revenue. Year-to-date collections grew to 93.5% 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 \$12,032,996 in May and \$120,064,549 year-to-date. Other operating revenue in May includes occupational medicine revenue, county maintenance funds and cafeteria revenue.



**RATIOS.** Annual Debt Service Coverage came in at 6.12. Days of Cash on Hand increased 8 days, at 120 days at the end of May. Daily cash expenses increased to \$312,750 year-to-date. Net days in AR decreased 3 days to 53.4 days.

**VOLUME.** Inpatient admissions and discharges came in over budget with patient days slightly under for May. The average daily census (ADC) increased to 15.6, which is close to the budget for the month, and average length of stay (LOS) increased to 3.4, also close to budget. Births, Surgeries, Outpatient visits and Clinic visits came in over budget and ER Visits were slightly under budget.

**EXPENSES.** Total expenses came in over budget, but lower than the previous month, coming in at \$11,450,213, over budget by \$1,487,487. Expenses are over budget year to date by \$3,749,208. The following line items were over budget in May:

**Benefits** – Group health and Other employee benefits came in over budget for May. Group health is over budget \$1,442,016 year-to-date.

**Contract Labor** - There is unbudgeted contract expense in Medical Floor, Labor & Delivery, Medical Oncology, Physical Therapy and Radiology for the month. Surgical services and Emergency department are over budget in May.

**Other Physician Fees** – Locum expenses for Radiation Oncology, Anesthesia Hospitalists and Clinic departments are over budget in May.

**Purchased Services** – Expenses over budget for the month include consulting fees, advertising, legal fees, bank card fees, collection agency, pharmacy management, nutrition services, send out lab tests, physicist services, pet scan, transfers, surveys and other professional services for facilities, coding and IT.

**Supplies** – Expenses over budget for May include oxygen, surgical instruments, patient chargeables, medical supplies, drugs, contrast, minor equipment, food, office supplies, maintenance supplies, and marketing supplies.

**Utilities** – Fuel expense and telephone were both over budget in May.

**Insurance** – Professional liability insurance came in over budget due to the annual renewal in May. The change in carrier for professional liability increased premiums significantly. This expense will continue to be over budget for the fiscal year.

**Leases & Rentals** – Lease payment for the new orthopedic Mako robot was unbudgeted.

**Depreciation and Amortization** – This expense is over budget for May but remains under budget year-to-date by \$3,336.



**PROVIDER CLINICS.** Revenue for the Clinics came in at \$3,098,260, over budget by \$465,583. The bottom line for the Clinics in May is a loss of \$391,106 compared to a loss of \$413,617 in the budget. The year-to-date loss for the Clinics is \$3,988,524, slightly over the budgeted loss of \$3,951,045. Clinic volumes decreased to 6,895 visits but remained over budget year-to-date. Total Clinic expenses for May are \$2,283,608, over budget by \$345,214. Year-to-date expenses are over budget by \$1,029,395. Salaries, benefits, physician fees, supplies, bio-med repairs, professional liability, other operating expenses, equipment lease and depreciation are over budget for May.

**OUTLOOK FOR JUNE.** Gross patient revenue for June is projected to be lower than previous months at \$21 million, coming in close to the budget of \$20.7 million. Inpatient admissions and patient days remained lower during the first half of the month but have increased over the last week. LOS is currently down to 2.4 days and average daily census is currently at 13.3. Outpatient revenue is projected to be over budget by \$3.5 million. We continue to see increased volumes in outpatient departments with Births, ER visits, Surgeries, Clinic visits and ancillary departments projecting over budget.

Collections are also projecting lower in June, to just over \$9 million. Deductions of revenue are expected to be stable. Expenses are expected to be over budget in June. The estimated bottom line for June will be a slight loss for the month.

**Critical Access.** We have notified the Wyoming Department of Health to make the provisional Critical Access license effective 10/1/2024. We will need to be ready to start operating as a CAH as of that date. The Cerner build will start July 1 and will be completed by the end of September. The Joint Commission will come for their survey once we have treated 20 – 30 inpatients so they have the data to survey. The survey from the State licensing division will also happen during that time. We continue to meet with the consultant, our auditors, and cost report preparer as we work through the process.

**Financial PIPS.** Our revenue cycle team meets weekly with Clifton Larsen Allen on the revenue cycle paired advisory support project. The most recent executive summary of the engagement are included in the packet. The work of these groups will be reported monthly, through this committee, as part of the Financial PIPS priorities for FY2024.

For the fiscal year 2024, we have chosen to continue to focus on two main financial metrics: Days Cash on Hand and Days in Accounts Receivable. In addition to these main goals, we have set additional goals for corresponding financial metrics impacting the revenue cycle:

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





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

**Unaudited Financial Statements**

**for**

**Eleven months ended May 31, 2024**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**

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**ROCK SPRINGS, WY**

**Eleven months ended May 31, 2024**

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# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## EXECUTIVE FINANCIAL SUMMARY

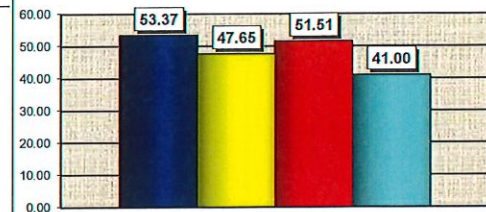
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Eleven months ended May 31, 2024

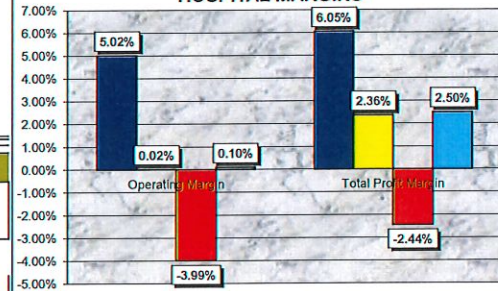
### BALANCE SHEET

	YTD 5/31/2024	Prior FYE 6/30/2023
<b>ASSETS</b>		
Current Assets	\$45,994,742	\$38,972,749
Assets Whose Use is Limited	23,005,910	19,968,483
Property, Plant & Equipment (Net)	74,193,338	79,366,421
Other Assets	904,047	930,753
<b>Total Unrestricted Assets</b>	<b>144,098,037</b>	<b>139,238,406</b>
Restricted Assets	1,053,719	469,827
<b>Total Assets</b>	<b>\$145,151,757</b>	<b>\$139,708,233</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$17,778,765	\$17,193,366
Long-Term Debt	23,659,818	25,114,116
Other Long-Term Liabilities	11,110,333	12,916,028
<b>Total Liabilities</b>	<b>52,548,916</b>	<b>55,223,510</b>
Net Assets	92,602,841	84,484,723
<b>Total Liabilities and Net Assets</b>	<b>\$145,151,757</b>	<b>\$139,708,233</b>

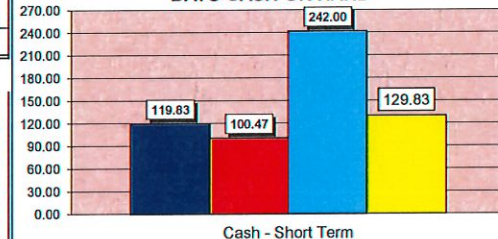
### NET DAYS IN ACCOUNTS RECEIVABLE



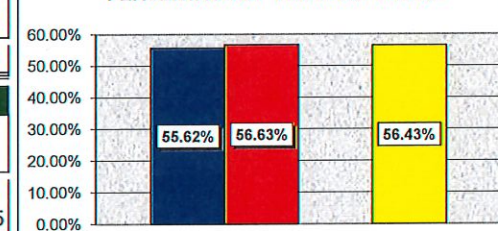
### HOSPITAL MARGINS



### DAYS CASH ON HAND



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



STATEMENT OF REVENUE AND EXPENSES - YTD				
	05/31/24 ACTUAL	05/31/24 BUDGET	YTD ACTUAL	YTD BUDGET
<b>Revenue:</b>				
Gross Patient Revenues	\$25,038,111	\$20,328,088	\$250,140,099	\$228,178,976
Deductions From Revenue	(13,136,153)	(10,670,709)	(131,932,445)	(119,769,800)
Net Patient Revenues	11,901,958	9,657,379	118,207,654	108,409,176
Other Operating Revenue	131,038	138,860	1,856,895	1,897,895
<b>Total Operating Revenues</b>	<b>12,032,996</b>	<b>9,796,239</b>	<b>120,064,549</b>	<b>110,307,071</b>
<b>Expenses:</b>				
Salaries, Benefits & Contract Labor	6,425,105	5,753,126	63,422,598	61,760,821
Purchased Serv. & Physician Fees	1,081,335	856,888	10,692,694	9,653,223
Supply and Drug Expenses	2,082,193	1,603,666	20,573,017	19,325,206
Other Operating Expenses	914,645	885,257	9,680,522	9,877,038
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	946,935	866,288	9,665,837	9,669,173
<b>Total Expenses</b>	<b>11,450,213</b>	<b>9,965,226</b>	<b>114,034,668</b>	<b>110,285,461</b>
<b>NET OPERATING SURPLUS</b>	<b>582,783</b>	<b>(168,987)</b>	<b>6,029,882</b>	<b>21,610</b>
Non-Operating Revenue/(Exp.)	230,148	23,049	1,231,617	2,585,820
<b>TOTAL NET SURPLUS</b>	<b>\$812,931</b>	<b>(\$145,938)</b>	<b>\$7,261,499</b>	<b>\$2,607,430</b>

### KEY STATISTICS AND RATIOS

	05/31/24 ACTUAL	05/31/24 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	484	489	4,687	4,600
Average Acute Length of Stay	3.4	3.6	3.2	3.5
Total Emergency Room Visits	1,389	1,416	14,842	14,233
Outpatient Visits	8,810	8,282	92,166	84,774
Total Surgeries	200	169	2,021	1,741
Total Worked FTE's	486.41	491.43	466.33	491.43
Total Paid FTE's	526.82	540.03	513.81	540.03
Net Revenue Change from Prior Yr	27.84%	4.08%	19.45%	9.74%
EBIDA - 12 Month Rolling Average			12.08%	8.79%
Current Ratio			2.59	
Days Expense in Accounts Payable			40.59	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	05/31/24
Prior Fiscal Year End	06/30/23
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX - 1.73

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

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### ROCK SPRINGS, WY

Eleven months ended May 31, 2024



- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 5/31/2024	Budget 6/30/2024	Prior Fiscal Year End 06/30/23	CLA \$50-\$100 MM Net Revenue (See Note 1)
<b>Profitability:</b>					
Operating Margin	↑	5.02%	0.24%	-3.99%	0.10%
Total Profit Margin	↑	6.05%	0.31%	-2.44%	2.50%
<b>Liquidity:</b>					
Days Cash, All Sources **	↑	119.83	129.83	100.47	242.00
Net Days in Accounts Receivable	↓	53.37	45.02	51.51	41.00
<b>Capital Structure:</b>					
Average Age of Plant (Annualized)	↓	11.67	11.32	10.70	12.00
Long Term Debt to Capitalization	↓	20.89%	19.87%	23.43%	27.00%
Debt Service Coverage Ratio **	↑	6.12	2.42	2.68	2.80
<b>Productivity and Efficiency:</b>					
Paid FTE's per Adjusted Occupied Bed	↓	6.75	8.43	7.36	NA
Salary Expense per Paid FTE		\$103,790	\$86,892	\$103,824	NA
Salary and Benefits as a % of Total Operating Exp		55.62%	56.43%	56.63%	NA
Employee Benefits %		31.75%	28.51%	30.38%	22.98%
Supply Expense Per Adj. Discharge		\$2,551	\$2,464	\$3,044	\$1,270
		<b>YTD - Actual 5/31/2024</b>	<b>Prior FYE 6/30/2023</b>		
<b>Other Ratios:</b>					
Gross Days in Accounts Receivable		62.60	56.57		
Net Revenue per Adjusted Discharge		\$14,886	\$15,359		
Operating Expenses per Adj. Discharge		\$14,138	\$16,272		

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

Eleven months ended May 31, 2024

	Current Month 5/31/2024	Prior Month 4/30/2024	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2023
<b>Current Assets</b>					
Cash and Cash Equivalents	\$15,865,175	\$15,690,053	\$175,122	1.12%	\$10,941,766
Gross Patient Accounts Receivable	49,021,372	50,507,984	(1,486,612)	-2.94%	36,590,061
Less: Bad Debt and Allowance Reserves	(29,365,793)	(29,422,132)	56,339	0.19%	(20,161,785)
Net Patient Accounts Receivable	19,655,579	21,085,852	(1,430,274)	-6.78%	16,428,276
Interest Receivable	0	0	0	0.00%	0
Other Receivables	5,587,753	4,945,245	642,507	12.99%	5,920,310
Inventories	2,834,885	2,866,322	(31,437)	-1.10%	3,831,105
Prepaid Expenses	2,051,351	1,840,583	210,768	11.45%	1,851,292
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
<b>Total Current Assets</b>	<b>45,994,742</b>	<b>46,428,056</b>	<b>(433,313)</b>	<b>-0.93%</b>	<b>38,972,749</b>
<b>Assets Whose Use is Limited</b>					
Cash	87,904	80,271	7,634	9.51%	84,123
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	1,394,830	1,204,910	189,920	15.76%	1,515,814
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	6,995,032	4,974,030	2,021,002	40.63%	4,343,674
Other Limited Use Assets	14,528,143	14,024,879	503,265	3.59%	14,024,873
<b>Total Limited Use Assets</b>	<b>23,005,910</b>	<b>20,284,089</b>	<b>2,721,821</b>	<b>13.42%</b>	<b>19,968,483</b>
<b>Property, Plant, and Equipment</b>					
Land and Land Improvements	4,583,118	4,583,118	0	0.00%	4,242,294
Building and Building Improvements	51,482,921	51,482,921	0	0.00%	49,931,920
Equipment	138,255,426	137,798,221	457,205	0.33%	135,715,602
Construction In Progress	1,350,171	1,265,916	84,255	6.66%	1,531,105
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	195,671,636	195,130,176	541,460	0.28%	191,420,921
Less: Accumulated Depreciation	(121,478,298)	(120,531,363)	(946,935)	-0.79%	(112,054,500)
<b>Net Property, Plant, and Equipment</b>	<b>74,193,338</b>	<b>74,598,813</b>	<b>(405,475)</b>	<b>-0.54%</b>	<b>79,366,421</b>
<b>Other Assets</b>					
Unamortized Loan Costs	904,047	910,034	(5,987)	-0.66%	930,753
Other	0	0	0	0.00%	0
<b>Total Other Assets</b>	<b>904,047</b>	<b>910,034</b>	<b>(5,987)</b>	<b>-0.66%</b>	<b>930,753</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>144,098,037</b>	<b>142,220,992</b>	<b>1,877,046</b>	<b>1.32%</b>	<b>139,238,406</b>
<b>Restricted Assets</b>	<b>1,053,719</b>	<b>1,054,758</b>	<b>(1,038)</b>	<b>-0.10%</b>	<b>469,827</b>
<b>TOTAL ASSETS</b>	<b>\$145,151,757</b>	<b>\$143,275,749</b>	<b>\$1,876,007</b>	<b>1.31%</b>	<b>\$139,708,233</b>



# Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eleven months ended May 31, 2024

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2023
	Current Month 5/31/2024	Prior Month 4/30/2024	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$7,820,803	\$7,478,159	(\$342,644)	-4.58%	\$7,322,373
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,201,114	1,730,037	(471,077)	-27.23%	2,077,791
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	3,141,893	3,097,218	(44,674)	-1.44%	3,014,608
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD	3,295,462	3,295,462	0	0.00%	3,295,462
Other Current Liabilities	1,319,493	1,133,970	(185,523)	-16.36%	1,483,132
<b>Total Current Liabilities</b>	<b>17,778,765</b>	<b>16,734,846</b>	<b>(1,043,918)</b>	<b>-6.24%</b>	<b>17,193,366</b>
Long Term Debt					
Bonds/Mortgages Payable	26,955,280	27,088,649	133,369	0.49%	28,409,579
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	3,295,462	3,295,462	0	0.00%	3,295,462
<b>Total Long Term Debt (Net of Current)</b>	<b>23,659,818</b>	<b>23,793,187</b>	<b>133,369</b>	<b>0.56%</b>	<b>25,114,116</b>
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	11,110,333	11,229,495	119,162	1.06%	12,916,028
<b>Total Other Long Term Liabilities</b>	<b>11,110,333</b>	<b>11,229,495</b>	<b>119,162</b>	<b>1.06%</b>	<b>12,916,028</b>
<b>TOTAL LIABILITIES</b>	<b>52,548,916</b>	<b>51,757,528</b>	<b>(791,388)</b>	<b>-1.53%</b>	<b>55,223,510</b>
Net Assets:					
Unrestricted Fund Balance	82,332,376	82,059,650	(272,726)	-0.33%	84,787,454
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	1,049,847	1,050,885	1,038	0.10%	465,954
Net Revenue/(Expenses)	7,261,499	6,448,568	N/A	N/A	(2,727,804)
<b>TOTAL NET ASSETS</b>	<b>92,602,841</b>	<b>91,518,221</b>	<b>(1,084,619)</b>	<b>-1.19%</b>	<b>84,484,723</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$145,151,757</b>	<b>\$143,275,749</b>	<b>(\$1,876,007)</b>	<b>-1.31%</b>	<b>\$139,708,233</b>

# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2024

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	CURRENT MONTH				Prior Year 05/31/23
	Actual 05/31/24	Budget 05/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$4,873,910	\$4,065,285	\$808,624	19.89%	\$4,358,327
Outpatient Revenue	17,065,942	13,630,125	3,435,817	25.21%	13,726,852
Clinic Revenue	3,098,260	2,632,677	465,583	17.68%	2,429,167
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	25,038,111	20,328,088	4,710,023	23.17%	20,514,346
Deductions From Revenue					
Discounts and Allowances	(11,795,527)	(9,162,519)	(2,633,008)	-28.74%	(9,644,283)
Bad Debt Expense (Governmental Providers Only)	(1,283,539)	(1,307,098)	23,559	1.80%	(1,426,492)
Medical Assistance	(57,087)	(201,092)	144,005	71.61%	(138,943)
Total Deductions From Revenue	(13,136,153)	(10,670,709)	(2,465,443)	-23.10%	(11,209,718)
Net Patient Revenue	11,901,958	9,657,379	2,244,580	23.24%	9,304,628
Other Operating Revenue	131,038	138,860	(7,823)	-5.63%	107,599
Total Operating Revenue	12,032,996	9,796,239	2,236,757	22.83%	9,412,227
Operating Expenses					
Salaries and Wages	4,203,693	4,275,940	72,247	1.69%	3,950,361
Fringe Benefits	1,677,550	1,238,567	(438,983)	-35.44%	1,435,397
Contract Labor	543,862	238,619	(305,243)	-127.92%	447,220
Physicians Fees	389,941	247,326	(142,615)	-57.66%	302,718
Purchased Services	691,394	609,562	(81,832)	-13.42%	545,625
Drug Expense	1,125,459	846,995	(278,465)	-32.88%	809,470
Supply Expense	956,733	756,672	(200,062)	-26.44%	642,063
Utilities	122,860	102,483	(20,377)	-19.88%	101,696
Repairs and Maintenance	367,427	425,745	58,319	13.70%	305,197
Insurance Expense	135,140	65,684	(69,456)	-105.74%	67,760
All Other Operating Expenses	253,110	273,858	20,748	7.58%	262,044
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	36,108	17,486	(18,622)	-106.50%	33,506
Depreciation and Amortization	946,935	866,288	(80,647)	-9.31%	882,532
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	11,450,213	9,965,226	(1,484,987)	-14.90%	9,785,589
Net Operating Surplus/(Loss)	582,783	(168,987)	751,770	-444.87%	(373,362)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	282,618	19,357	263,261	1360.07%	34,236
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	(579)
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(68,089)	(80,319)	(12,230)	15.23%	(84,131)
Other Non-Operating Revenue/(Expenses)	15,619	84,012	(68,392)	-81.41%	729,219
Total Non Operating Revenue/(Expense)	230,148	23,049	207,099	898.53%	678,745
Total Net Surplus/(Loss)	\$812,931	(\$145,938)	\$958,870	-657.04%	\$305,383
Change in Unrealized Gains/(Losses) on Investments	272,726	0	272,726	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	\$1,085,657	(\$145,938)	\$1,231,596	-843.91%	\$305,383
Operating Margin	4.84%	-1.73%			-3.97%
Total Profit Margin	6.76%	-1.49%			3.24%
EBIDA	12.71%	7.12%			5.40%



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2024

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	YEAR-TO-DATE				Prior Year 05/31/23
	Actual 05/31/24	Budget 05/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$45,835,997	\$45,131,967	\$704,030	1.56%	\$42,263,324
Outpatient Revenue	173,386,139	154,012,590	19,373,549	12.58%	142,223,715
Clinic Revenue	30,917,963	29,034,419	1,883,544	6.49%	25,006,499
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>250,140,099</u>	<u>228,178,976</u>	<u>21,961,123</u>	<u>9.62%</u>	<u>209,493,538</u>
Deductions From Revenue					
Discounts and Allowances	(115,887,848)	(102,879,424)	(13,008,424)	-12.64%	(97,420,514)
Bad Debt Expense (Governmental Providers Only)	(14,821,892)	(14,638,326)	(183,566)	-1.25%	(11,423,583)
Medical Assistance	(1,222,705)	(2,252,050)	1,029,345	45.71%	(2,033,125)
Total Deductions From Revenue	<u>(131,932,445)</u>	<u>(119,769,800)</u>	<u>(12,162,645)</u>	<u>-10.16%</u>	<u>(110,877,221)</u>
Net Patient Revenue	<u>118,207,654</u>	<u>108,409,176</u>	<u>9,798,478</u>	<u>9.04%</u>	<u>98,616,317</u>
Other Operating Revenue	<u>1,856,895</u>	<u>1,897,895</u>	<u>(41,000)</u>	<u>-2.16%</u>	<u>1,895,914</u>
Total Operating Revenue	<u>120,064,549</u>	<u>110,307,071</u>	<u>9,757,478</u>	<u>8.85%</u>	<u>100,512,231</u>
Operating Expenses					
Salaries and Wages	45,143,847	45,445,342	301,494	0.66%	42,231,197
Fringe Benefits	14,331,296	12,926,674	(1,404,622)	-10.87%	12,796,623
Contract Labor	3,947,455	3,388,805	(558,650)	-16.49%	5,232,367
Physicians Fees	3,337,410	3,172,490	(164,920)	-5.20%	3,105,106
Purchased Services	7,355,284	6,480,734	(874,551)	-13.49%	5,948,142
Drug Expense	10,820,849	10,854,942	34,094	0.31%	9,611,546
Supply Expense	9,752,168	8,470,263	(1,281,905)	-15.13%	7,980,207
Utilities	1,316,989	1,302,519	(14,470)	-1.11%	1,243,732
Repairs and Maintenance	4,362,386	4,661,312	298,926	6.41%	4,686,050
Insurance Expense	831,434	709,769	(121,665)	-17.14%	705,495
All Other Operating Expenses	2,769,732	2,954,380	184,648	6.25%	2,603,557
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	399,980	249,058	(150,922)	-60.60%	286,741
Depreciation and Amortization	9,665,837	9,669,173	3,336	0.03%	9,538,997
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>114,034,668</u>	<u>110,285,461</u>	<u>(3,749,207)</u>	<u>-3.40%</u>	<u>105,969,760</u>
Net Operating Surplus/(Loss)	<u>6,029,882</u>	<u>21,610</u>	<u>6,008,271</u>	<u>27802.58%</u>	<u>(5,457,529)</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	692,945	212,922	480,023	225.45%	253,921
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	11,622
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(715,276)	(910,057)	194,781	-21.40%	(967,554)
Other Non-Operating Revenue/(Expense)	1,253,949	3,282,956	(2,029,007)	-61.80%	1,905,756
Total Non Operating Revenue/(Expense)	<u>1,231,617</u>	<u>2,585,820</u>	<u>(1,354,203)</u>	<u>-52.37%</u>	<u>1,203,745</u>
Total Net Surplus/(Loss)	<u>\$7,261,499</u>	<u>\$2,607,430</u>	<u>\$4,654,069</u>	<u>178.49%</u>	<u>(\$4,253,784)</u>
Change in Unrealized Gains/(Losses) on Investments	272,726	0	272,726	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	<u>\$7,534,225</u>	<u>\$2,607,430</u>	<u>\$4,926,795</u>	<u>188.95%</u>	<u>(\$4,253,784)</u>
Operating Margin	5.02%	0.02%			-5.43%
Total Profit Margin	6.05%	2.36%			-4.23%
EBIDA	13.07%	8.79%			4.07%



**Statement of Revenue and Expense - 13 Month Trend**

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

**PAGE 8**

	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024	Actual 2/29/2024	Actual 1/31/2024
Gross Patient Revenue					
Inpatient Revenue	\$4,873,910	\$3,666,923	\$4,236,296	\$4,714,671	\$5,004,383
Inpatient Psych/Rehab Revenue					
Outpatient Revenue	\$17,065,942	\$16,587,785	\$15,459,637	\$15,607,056	\$16,628,567
Clinic Revenue	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$25,038,111	\$23,499,639	\$22,727,221	\$23,574,354	\$24,700,776
Deductions From Revenue					
Discounts and Allowances	\$11,795,527	\$11,571,869	\$10,397,914	\$9,922,170	\$12,184,470
Bad Debt Expense (Governmental Providers Only)	\$1,283,539	\$1,043,471	\$1,508,964	\$1,403,286	\$1,320,206
Charity Care	\$57,087	\$2,736	\$89,904	\$302,604	\$5,763
Total Deductions From Revenue	13,136,153	12,618,076	11,996,782	11,628,061	13,510,438
Net Patient Revenue	\$11,901,958	\$10,881,563	\$10,730,439	\$11,946,293	\$11,190,337
Other Operating Revenue	131,038	163,765	128,902	398,244	286,515
Total Operating Revenue	12,032,996	11,045,328	10,859,341	12,344,537	11,476,852
Operating Expenses					
Salaries and Wages	\$4,203,693	\$4,125,869	\$4,151,633	\$4,204,531	\$4,262,641
Fringe Benefits	\$1,677,550	\$1,369,376	\$1,751,548	\$1,345,949	\$1,307,203
Contract Labor	\$543,862	\$370,248	\$284,184	\$354,484	\$306,448
Physicians Fees	\$389,941	\$288,730	\$243,692	\$338,319	\$322,799
Purchased Services	\$691,394	\$792,911	\$773,560	\$705,125	\$688,536
Drug Expense	\$1,125,459	\$1,022,725	\$823,901	\$1,042,911	\$844,768
Supply Expense	\$956,733	\$958,145	\$853,767	\$1,193,600	\$997,801
Utilities	\$122,860	\$118,540	\$123,306	\$123,145	\$128,505
Repairs and Maintenance	\$367,427	\$380,073	\$359,588	\$433,508	\$460,691
Insurance Expense	\$135,140	\$72,832	\$71,334	\$71,184	\$70,566
All Other Operating Expenses	\$253,110	\$271,601	\$216,298	\$301,714	\$182,091
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$36,108	\$37,629	\$48,301	\$54,589	\$20,820
Depreciation and Amortization	\$946,935	\$887,647	\$885,626	\$878,266	\$880,262
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$11,450,213	\$10,696,326	\$10,586,737	\$11,047,324	\$10,473,131
Net Operating Surplus/(Loss)	\$582,783	\$349,002	\$272,604	\$1,297,214	\$1,003,721
Non-Operating Revenue:					
Contributions					
Investment Income	282,618	56,673	52,083	55,654	54,241
Tax Subsidies (Except for GO Bond Subsidies)					
Tax Subsidies for GO Bonds	0	0	0	0	0
Interest Expense (Governmental Providers Only)	(68,089)	(91,263)	(71,778)	(55,734)	(56,478)
Other Non-Operating Revenue/(Expenses)	15,619	17,003	593,094	512,608	15,618
Total Non Operating Revenue/(Expense)	\$230,148	\$(17,587)	\$573,399	\$512,528	\$13,381
Total Net Surplus/(Loss)	\$812,931	\$331,415	\$846,003	\$1,809,742	\$1,017,102
Change in Unrealized Gains/(Losses) on Investment	272,726	0	272,726	0	272,726
Increase/(Decrease in Unrestricted Net Assets)	\$1,085,657	\$331,415	\$1,118,729	\$1,809,742	\$1,289,828
Operating Margin	4.84%	3.16%	2.51%	10.51%	8.75%
Total Profit Margin	6.76%	3.00%	7.79%	14.66%	8.86%
EBIDA	12.71%	11.20%	10.67%	17.62%	16.42%

Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023	Actual 8/31/2023	Actual 7/31/2023	Actual 6/30/2023
\$4,119,968	\$3,552,335	\$3,746,554	\$4,038,243	\$3,931,335	\$3,951,380	\$3,536,764
\$17,109,573	\$15,516,757	\$14,463,990	\$14,487,978	\$15,726,753	\$14,732,101	\$14,165,133
\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171	\$2,370,337
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$23,659,252	\$21,637,009	\$20,879,205	\$21,057,695	\$22,282,184	\$21,084,652	\$20,072,234
\$11,030,342	\$10,060,276	\$9,166,702	\$9,424,162	\$10,876,186	\$9,458,230	\$9,010,157
\$1,360,315	\$1,134,520	\$1,410,631	\$1,460,018	\$1,252,727	\$1,644,215	\$1,422,556
\$311,923	\$73,754	\$188,565	(\$1,270)	\$90,013	\$101,628	\$551,325
12,702,579	11,268,550	10,765,897	10,882,911	12,218,926	11,204,072	10,984,039
\$10,956,673	\$10,368,459	\$10,113,308	\$10,174,785	\$10,063,258	\$9,880,580	\$9,088,195
71,274	91,333	118,581	76,424	281,610	109,210	100,075
11,027,947	10,459,793	10,231,889	10,251,208	10,344,868	9,989,789	9,188,271
\$4,134,172	\$4,106,842	\$4,180,542	\$3,826,537	\$3,963,441	\$3,983,946	\$3,871,776
\$1,293,553	\$1,186,780	\$1,260,515	\$1,004,543	\$1,054,117	\$1,080,161	\$1,208,615
\$327,326	\$420,155	\$322,974	\$285,363	\$410,651	\$321,761	\$477,181
\$264,625	\$303,047	\$282,515	\$252,623	\$271,892	\$379,227	\$312,753
\$681,342	\$582,899	\$679,295	\$620,426	\$586,786	\$553,011	\$602,444
\$864,876	\$1,056,487	\$987,515	\$1,057,312	\$974,794	\$1,020,101	\$1,318,367
\$911,134	\$769,388	\$867,552	\$764,805	\$838,743	\$640,500	\$881,133
\$139,792	\$125,552	\$112,585	\$109,851	\$109,628	\$103,225	\$96,330
\$356,186	\$421,619	\$374,630	\$415,782	\$405,279	\$387,603	\$191,167
\$70,566	\$70,566	\$67,726	\$67,726	\$67,726	\$66,071	\$66,244
\$238,412	\$186,495	\$298,563	\$316,879	\$244,956	\$259,612	\$197,353
\$17,877	\$17,833	\$44,102	\$39,636	\$40,578	\$42,507	\$50,618
\$867,058	\$841,307	\$866,707	\$862,144	\$870,730	\$879,156	\$983,997
\$10,166,918	\$10,088,970	\$10,345,220	\$9,623,627	\$9,839,321	\$9,716,881	\$10,257,979
\$861,029	\$370,822	(\$113,331)	\$627,582	\$505,547	\$272,909	(\$1,069,708)
23,953	25,927	38,387	33,135	38,479	31,795	243,819
0	0	0	0	0	0	110
(63,173)	(58,383)	(58,584)	(59,321)	(43,939)	(88,534)	(113,407)
15,618	10,043	23,222	19,095	16,549	21,196	401,927
(\$23,602)	(\$22,412)	\$3,024	(\$7,091)	\$11,089	(\$35,543)	\$532,449
\$837,427	\$348,411	(\$110,307)	\$620,491	\$516,636	\$237,365	(\$537,259)
272,726	0	0	0	272,726	272,726	(158,659)
\$1,110,153	\$348,411	(\$110,307)	\$620,491	\$789,362	\$510,091	(\$695,918)
7.81%	3.55%	-1.11%	6.12%	4.89%	2.73%	-11.64%
7.59%	3.33%	-1.08%	6.05%	4.99%	2.38%	-5.85%
15.67%	11.59%	7.36%	14.53%	13.30%	11.53%	-0.93%



## Statement of Cash Flows

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eleven months ended May 31, 2024

## CASH FLOW

	Current Month 5/31/2024	Current Year-To-Date 5/31/2024
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	\$812,931	\$7,261,499
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	946,935	9,665,837
(Increase)/Decrease in Net Patient Accounts Receivable	1,430,274	(3,227,302)
(Increase)/Decrease in Other Receivables	(642,507)	332,557
(Increase)/Decrease in Inventories	31,437	996,220
(Increase)/Decrease in Pre-Paid Expenses	(210,768)	(200,059)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	342,644	498,431
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	515,752	250,608
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	185,523	(163,639)
<b>Net Cash Provided by Operating Activities:</b>	<b>3,412,220</b>	<b>15,414,150</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	(541,460)	(4,492,754)
(Increase)/Decrease in Limited Use Cash and Investments	(2,714,187)	(3,033,645)
(Increase)/Decrease in Other Limited Use Assets	(7,634)	(3,782)
(Increase)/Decrease in Other Assets	5,987	26,706
<b>Net Cash Used by Investing Activities</b>	<b>(3,257,294)</b>	<b>(7,503,475)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	(133,369)	(1,454,298)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(119,162)	(1,805,695)
<b>Net Cash Used for Financing Activities</b>	<b>(252,530)</b>	<b>(3,259,993)</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>272,726</b>	<b>272,726</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>175,122</b>	<b>4,923,409</b>
Cash, Beginning of Period	15,690,053	10,941,766
<b>Cash, End of Period</b>	<b>\$15,865,175</b>	<b>\$15,865,175</b>

# Patient Statistics

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### ROCK SPRINGS, WY

Eleven months ended May 31, 2024

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Current Month				Year-To-Date				
Actual 05/31/24	Budget 05/31/24	Positive/ (Negative) Variance	Prior Year 05/31/23	STATISTICS	Actual 05/31/24	Budget 05/31/24	Positive/ (Negative) Variance	Prior Year 05/31/23
Discharges								
143	135	8	135	Acute	1,478	1,306	172	1,306
143	135	8	135	Total Adult Discharges	1,478	1,306	172	1,306
39	29	10	29	Newborn	417	355	62	355
182	164	18	164	Total Discharges	1,895	1,661	234	1,661
Patient Days:								
484	489	(5)	489	Acute	4,687	4,600	87	4,600
484	489	(5)	489	Total Adult Patient Days	4,687	4,600	87	4,600
58	52	6	52	Newborn	669	607	62	607
542	541	1	541	Total Patient Days	5,356	5,207	149	5,207
Average Length of Stay (ALOS)								
3.4	3.6	(0.2)	3.6	Acute	3.2	3.5	(0.4)	3.5
3.4	3.6	(0.2)	3.6	Total Adult ALOS	3.2	3.5	(0.4)	3.5
1.5	1.8	(0.3)	1.8	Newborn ALOS	1.6	1.7	(0.1)	1.7
Average Daily Census (ADC)								
15.6	15.8	(0.2)	15.8	Acute	13.9	13.7	0.3	13.7
15.6	15.8	(0.2)	15.8	Total Adult ADC	13.9	13.7	0.3	13.7
1.9	1.7	0.2	1.7	Newborn	2.0	1.8	0.2	1.8
Emergency Room Statistics								
144	147	(3)	147	ER Visits - Admitted	1,554	1,336	218	1,336
1,245	1,269	(24)	1,269	ER Visits - Discharged	13,288	12,897	391	12,897
1,389	1,416	(27)	1,416	Total ER Visits	14,842	14,233	609	14,233
10.37%	10.38%		10.38%	% of ER Visits Admitted	10.47%	9.39%		9.39%
100.70%	108.89%		108.89%	ER Admissions as a % of Total	105.14%	102.30%		102.30%
Outpatient Statistics:								
8,810	8,282	528	8,282	Total Outpatients Visits	92,166	84,774	7,392	84,774
135	132	3	132	Observation Bed Days	1,507	1,445	62	1,445
6,296	5,811	485	5,811	Clinic Visits - Primary Care	67,360	58,611	8,749	58,611
599	649	(50)	649	Clinic Visits - Specialty Clinics	5,940	5,975	(35)	5,975
62	58	4	58	IP Surgeries	592	548	44	548
138	111	27	111	OP Surgeries	1,429	1,193	236	1,193
Productivity Statistics:								
486.41	491.43	(5.02)	458.49	FTE's - Worked	466.33	491.43	(25.10)	452.00
526.82	540.03	(13.21)	503.54	FTE's - Paid	513.81	540.03	(26.22)	499.38
1.2600	1.4900	(0.23)	1.4900	Case Mix Index - Medicare	1.3873	1.4896	(0.10)	1.4236
1.2200	1.2700	(0.05)	1.2700	Case Mix Index - All payers	1.1855	0.6731	0.51	1.2200



## Accounts Receivable Tracking Report

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**05/31/24**

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	<b><u>Current Month Actual</u></b>	<b><u>Current Month Target</u></b>
Gross Days in Accounts Receivable - All Services	62.60	56.57
Net Days in Accounts Receivable	53.37	55.45
Number of Gross Days in Unbilled Revenue	12.28	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	27.11%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.23%	0.99%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.49%	0.99%
Bad Debts as a % of Gross Patient Revenue - Current Month	5.13%	6.43%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	5.93%	6.42%
Collections as a Percentage of Net Revenue - Current Month	108.01%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	93.53%	100% or >
Percentage of Blue Cross Receivable > 90 Days	3.19%	< 10%
Percentage of Insurance Receivable > 90 Days	27.27%	< 15%
Percentage of Medicaid Receivable > 90 Days	46.48%	< 20%
Percentage of Medicare Receivable > 60 Days	33.30%	< 6%

## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Eleven months ended May 31, 2024

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
<b>Gross Patient Revenue</b>	4,710,023	23.17%	21,961,123	9.62%
<p>Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget in May were ER visits. Average Daily Census is 15.6 in May which is under budget by 0.2</p>				
<b>Deductions from Revenue</b>	(2,465,443)	-23.10%	(12,162,645)	-10.16%
<p>Deductions from revenue are over budget for May and over budget year to date. They are currently booked at 52.5% for May and 52.7% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages. More detail included in the narrative.</p>				
<b>Bad Debt Expense</b>	23,559	1.80%	(183,566)	-1.25%
<p>Bad debt expense is booked at 5.1% for May and 5.9% year to date.</p>				
<b>Charity Care</b>	144,005	71.61%	1,029,345	45.71%
<p>Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.</p>				
<b>Other Operating Revenue</b>	(7,823)	-5.63%	(41,000)	-2.16%
<p>Other Operating Revenue is under budget and under budget for the year.</p>				
<b>Salaries and Wages</b>	72,247	1.69%	301,494	0.66%
<p>Salary and Wages are under budget in May and are under budget year to date. Paid FTEs are under budget by 13.21 FTEs for the month and under 26.22 FTEs year to date.</p>				
<b>Fringe Benefits</b>	(438,983)	-35.44%	(1,404,622)	-10.87%
<p>Fringe benefits are over budget in May and over budget year to date. Group health is running high this year.</p>				
<b>Contract Labor</b>	(305,243)	-127.92%	(558,650)	-16.49%
<p>Contract labor is over budget for May and over budget year to date. Med/Surg, L&amp;D, ER, Physical Therapy and X-ray are over budget for the month.</p>				



## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Eleven months ended May 31, 2024

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	%

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Physician Fees	(142,615)	-57.66%	(164,920)	-5.20%
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Physician fees over budget in May and over budget year to date.

Rad Onc, Hospitalist, Locums and Clinic Locums are over budget in May.

Purchased Services	(81,832)	-13.42%	(874,551)	-13.49%
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Purchased services are over budget for May and over budget year to date. Expenses over budget are advertising, consulting, bank card fee's, legal fee's, collection fee's and other purchased services.

Supply Expense	(200,062)	-26.44%	(1,281,905)	-15.13%
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Supplies are over budget for May and over budget year to date. Line items over budget include instruments, chargables, other med/surg supplies, drugs, contrast, minor equipment and maintenance supplies.

Repairs & Maintenance	58,319	13.70%	298,926	6.41%
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Repairs and Maintenance are under budget for May and under budget year to date.

All Other Operating Expenses	20,748	7.58%	184,648	6.25%
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This expense is under budget in May and under budget year to date. Other expenses over budget are freight and other expenses.

Leases and Rentals	(18,622)	-106.50%	(150,922)	-60.60%
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This expense is over budget for May and is over budget year to date due to the Mako robot rental.

Depreciation and Amortization	(80,647)	-9.31%	3,336	0.03%
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Depreciation is over budget for May and is under budget year to date

#### BALANCE SHEET

Cash and Cash Equivalents	\$175,122	1.12%
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Cash increased in May. Cash collections for May were \$12.8million. Days Cash on Hand increased to 120 days.

Gross Patient Accounts Receivable	(\$1,486,612)	-2.94%
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This receivable decreased in May due to higher collections.

## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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### ROCK SPRINGS, WYOMING

Eleven months ended May 31, 2024

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	56,339	0.19%		
Bad Debt and Allowances decreased.				
Other Receivables	642,507	12.99%		
Other Receivables increased in May due to the QRA accrual				
Prepaid Expenses	210,768	11.45%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	2,721,821	13.42%		
These assets increased due to debt service fund accrual and funds added to the Board Designated Fund				
Plant Property and Equipment	(405,475)	-0.54%		
The decrease in these assets is due to the normal increase in accumulated depreciation.				
Accounts Payable	(342,644)	-4.58%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(471,077)	-27.23%		
This liability increased in May. The payroll accrual for May was 12 days.				
Accrued Benefits	(44,674)	-1.44%		
This liability increased in May with the normal accrual and usage of PTO.				
Other Current Liabilities	(185,523)	-16.36%		
This liability increased for May due to the accrual on the bonds				
Other Long Term Liabilities	119,162	1.06%		
This liability decreased with the payment on the leases				
Total Net Assets	370,822	-1.19%		
The net gain from operations for May is \$582,783				

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

PROVIDER CLINICS

**Unaudited Financial Statements**

**for**

**Eleven months ended May 31, 2024**

**Certification Statement:**

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

Certified by:

**Tami Love**

Chief Financial Officer

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<b>Eleven months ended May 31, 2024</b>	

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## Key Financial Ratios

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**Eleven months ended May 31, 2024**

**PAGE 2**

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

	Month to Date 5/31/2024	Year to Date 5/31/2024	Prior Fiscal Year End 06/30/23	MGMA Hospital Owned Rural
<b>Profitability:</b>				
Operating Margin	-20.67%	-22.38%	-30.52%	-36.58%
Total Profit Margin	-20.67%	-22.38%	-30.52%	-36.58%
Contractual Allowance %	40.25%	43.92%	44.16%	
<b>Liquidity:</b>				
Net Days in Accounts Receivable	41.38	43.50	37.74	39.58
Gross Days in Accounts Receivable	37.59	36.87	56.57	72.82
<b>Productivity and Efficiency:</b>				
Patient Visits Per Day	203.10	200.48	193.53	
Total Net Revenue per FTE	N/A	\$210,152	\$219,823	
Salary Expense per Paid FTE	N/A	\$177,196	\$103,824	
Salary and Benefits as a % of Net Revenue	98.64%	102.23%	56.63%	91.26%
Employee Benefits %	25.50%	21.24%	30.38%	6.10%



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eleven months ended May 31, 2024

	CURRENT MONTH				Prior Year 05/31/23
	Actual 05/31/24	Budget 05/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	3,098,260	2,632,677	465,583	17.68%	2,429,167
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	3,098,260	2,632,677	465,583	17.68%	2,429,167
Deductions From Revenue					
Discounts and Allowances	(1,247,082)	(1,146,045)	(101,037)	-8.82%	(1,078,791)
Total Deductions From Revenue	(1,247,082)	(1,146,045)	(101,037)	-8.82%	(1,078,791)
Net Patient Revenue	1,851,177	1,486,632	364,545	24.52%	1,350,377
Other Operating Revenue	41,325	38,145	3,180	8.34%	43,934
Total Operating Revenue	1,892,502	1,524,777	367,725	24.12%	1,394,310
Operating Expenses					
Salaries and Wages	1,487,393	1,388,555	(98,838)	-7.12%	1,256,318
Fringe Benefits	379,342	271,095	(108,247)	-39.93%	278,825
Contract Labor	0	0	0	0.00%	0
Physicians Fees	183,150	76,667	(106,483)	-138.89%	62,293
Purchased Services	818	4,006	3,188	79.59%	1,912
Supply Expense	25,558	19,872	(5,687)	-28.62%	14,520
Utilities	1,754	1,691	(63)	-3.72%	914
Repairs and Maintenance	19,503	7,315	(12,187)	-166.60%	2,745
Insurance Expense	31,297	24,124	(7,173)	-29.74%	20,205
All Other Operating Expenses	143,924	137,243	(6,680)	-4.87%	162,897
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	4,322	3,787	(534)	-14.10%	3,586
Depreciation and Amortization	6,547	4,039	(2,509)	-62.11%	8,360
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	2,283,608	1,938,394	(345,214)	-17.81%	1,812,574
Net Operating Surplus/(Loss)	(391,106)	(413,617)	22,511	-5.44%	(418,264)
Total Net Surplus/(Loss)	(\$391,106)	(\$413,617)	\$22,511	-5.44%	(\$418,264)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(391,106)	(413,617)	\$22,511	-5.44%	(418,264)
Operating Margin	-20.67%	-27.13%			-30.00%
Total Profit Margin	-20.67%	-27.13%			-30.00%
EBIDA	-20.32%	-26.86%			-29.40%

# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2024

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	YEAR-TO-DATE				Prior Year 05/31/23
	Actual 05/31/24	Budget 05/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	30,917,963	29,034,419	1,883,544	6.49%	25,006,499
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	30,917,963	29,034,419	1,883,544	6.49%	25,006,499
Deductions From Revenue					
Discounts and Allowances	(13,580,379)	(12,626,766)	(953,613)	-7.55%	(11,122,928)
Total Deductions From Revenue	(13,580,379)	(12,626,766)	(953,613)	-7.55%	(11,122,928)
Net Patient Revenue	17,337,584	16,407,653	929,931	5.67%	13,883,571
Other Operating Revenue	481,580	419,595	61,985	14.77%	431,987
Total Operating Revenue	17,819,164	16,827,248	991,917	5.89%	14,315,558
Operating Expenses					
Salaries and Wages	15,024,744	14,606,564	(418,180)	-2.86%	13,439,259
Fringe Benefits	3,191,624	2,779,205	(412,419)	-14.84%	2,533,763
Contract Labor	0	0	0	0.00%	0
Physicians Fees	1,389,473	1,164,733	(224,739)	-19.30%	710,261
Purchased Services	66,680	43,537	(23,144)	-53.16%	81,851
Supply Expense	274,865	236,621	(38,245)	-16.16%	203,359
Utilities	11,989	18,241	6,253	34.28%	13,775
Repairs and Maintenance	68,142	80,286	12,144	15.13%	102,116
Insurance Expense	250,835	252,604	1,769	0.70%	185,114
All Other Operating Expenses	1,405,909	1,500,644	94,735	6.31%	1,378,444
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	47,599	41,285	(6,314)	-15.29%	36,183
Depreciation and Amortization	75,827	54,571	(21,256)	-38.95%	90,067
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	21,807,688	20,778,293	(1,029,395)	-4.95%	18,774,193
Net Operating Surplus/(Loss)	(3,988,524)	(3,951,045)	(37,479)	0.95%	(4,458,635)
Total Net Surplus/(Loss)	(3,988,524)	(3,951,045)	(37,479)	0.95%	(4,458,635)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(3,988,524)	(3,951,045)	(37,479)	0.95%	(4,458,635)
Operating Margin	-22.38%	-23.48%			-31.15%
Total Profit Margin	-22.38%	-23.48%			-31.15%
EBIDA	-21.96%	-23.16%			-30.52%



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

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	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024	Actual 2/29/2024	Actual 1/31/2024
Gross Patient Revenue					
Clinic Revenue	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826
Deductions From Revenue					
Discounts and Allowances	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)	(\$1,166,358)
Total Deductions From Revenue	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)	(\$1,166,358)
Net Patient Revenue	\$1,851,177	\$1,647,998	\$1,726,120	\$1,814,659	\$1,901,467
Other Operating Revenue	\$41,325	\$48,843	\$37,502	\$44,208	\$40,957
Total Operating Revenue	1,892,502	1,696,841	1,763,622	1,858,867	1,942,425
Operating Expenses					
Salaries and Wages	\$1,487,393	\$1,445,111	\$1,402,323	\$1,417,161	\$1,401,458
Fringe Benefits	\$379,342	\$326,956	\$402,575	\$352,833	\$344,600
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$183,150	\$110,473	\$95,316	\$184,805	\$142,870
Purchased Services	\$818	\$7,543	\$8,021	\$4,886	\$4,971
Supply Expense	\$25,558	\$40,409	\$15,937	\$20,431	\$35,784
Utilities	\$1,754	\$815	\$888	\$890	\$1,016
Repairs and Maintenance	\$19,503	\$4,634	\$4,634	\$2,942	\$3,991
Insurance Expense	\$31,297	\$22,391	\$22,391	\$22,391	\$22,391
All Other Operating Expenses	\$143,924	\$143,679	\$74,051	\$126,422	\$103,364
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$4,322	\$4,400	\$3,072	\$5,937	\$4,426
Depreciation and Amortization	\$6,547	\$6,372	\$6,673	\$6,773	\$7,332
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$2,283,608	\$2,112,782	\$2,035,880	\$2,145,470	\$2,072,203
<b>Net Operating Surplus/(Loss)</b>	<b>(\$391,106)</b>	<b>(\$415,941)</b>	<b>(\$272,258)</b>	<b>(\$286,604)</b>	<b>(\$129,778)</b>
<b>Total Net Surplus/(Loss)</b>	<b>(\$391,106)</b>	<b>(\$415,941)</b>	<b>(\$272,258)</b>	<b>(\$286,604)</b>	<b>(\$129,778)</b>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
<b>Increase/(Decrease in Unrestricted Net Assets)</b>	<b>(\$391,106)</b>	<b>(\$415,941)</b>	<b>(\$272,258)</b>	<b>(\$286,604)</b>	<b>(\$129,778)</b>
Operating Margin	-20.67%	-24.51%	-15.44%	-15.42%	-6.68%
Total Profit Margin	-20.67%	-24.51%	-15.44%	-15.42%	-6.68%
EBIDA	-20.32%	-24.14%	-15.06%	-15.05%	-6.30%

Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023	Actual 8/31/2023	Actual 7/31/2023	Actual 6/30/2023	Actual 5/31/2023
\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171	\$2,370,337	\$2,429,167
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171	\$2,370,337	\$2,429,167
(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)	(\$1,089,987)	(\$966,079)	(\$1,078,791)
(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)	(\$1,089,987)	(\$966,079)	(\$1,078,791)
\$1,254,080	\$1,439,988	\$1,465,429	\$1,433,629	\$1,491,852	\$1,311,184	\$1,404,258	\$1,350,377
\$39,646	\$44,519	\$40,763	\$40,709	\$56,677	\$46,430	\$45,558	\$43,934
1,293,727	1,484,508	1,506,193	1,474,338	1,548,529	1,357,614	1,449,816	1,394,310
\$1,401,351	\$1,379,054	\$1,406,800	\$1,268,262	\$1,189,449	\$1,226,382	\$1,313,328	\$1,256,318
\$265,866	\$246,824	\$253,428	\$191,356	\$211,574	\$216,269	\$240,597	\$278,825
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$104,507	\$141,747	\$122,560	\$48,223	\$124,955	\$130,867	\$87,845	\$62,293
\$3,976	\$6,143	\$8,953	\$7,449	\$11,119	\$2,801	\$10,728	\$1,912
\$18,050	\$22,062	\$25,675	\$32,976	\$20,843	\$17,142	\$23,512	\$14,520
\$957	\$957	\$954	\$1,866	\$946	\$946	\$946	\$914
\$6,565	\$8,071	\$3,411	\$7,881	\$3,298	\$3,213	\$4,762	\$2,745
\$22,391	\$22,391	\$22,391	\$22,391	\$20,205	\$20,205	\$20,205	\$20,205
\$122,279	\$94,799	\$172,653	\$153,968	\$97,070	\$173,700	\$89,444	\$162,897
\$3,528	\$4,556	\$4,912	\$3,828	\$2,865	\$5,754	\$3,154	\$3,586
\$6,757	\$6,757	\$6,757	\$6,791	\$7,097	\$7,971	\$8,480	\$8,360
\$1,956,227	\$1,933,361	\$2,028,495	\$1,744,991	\$1,689,421	\$1,805,250	\$1,803,001	\$1,812,574
(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)	(\$353,185)	(\$418,264)
(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)	(\$353,185)	(\$418,264)
0	0	0	0	0	0	0	0
(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)	(\$353,185)	(\$418,264)
-51.21%	-30.24%	-34.68%	-18.36%	-9.10%	-32.97%	-24.36%	-30.00%
-51.21%	-30.24%	-34.68%	-18.36%	-9.10%	-32.97%	-24.36%	-30.00%
-50.69%	-29.78%	-34.23%	-17.90%	-8.64%	-32.39%	-23.78%	-29.40%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Eleven months ended May 31, 2024

Current Month				STATISTICS	Year-To-Date			
Actual 05/31/24	Budget 05/31/24	Positive/ (Negative) Variance	Prior Year 05/31/23		Actual 05/31/24	Budget 05/31/24	Positive/ (Negative) Variance	Prior Year 05/31/23
Outpatient Statistics:								
6,296	5,811	485	5,811	Clinic Visits - Primary Care	67,360	58,611	8,749	58,611
599	649	(50)	649	Clinic Visits - Specialty Clinics	5,940	5,975	(35)	5,975
Productivity Statistics:								
81.43	80.17	1.26	73.05	FTE's - Worked	81.72	80.17	1.55	70.47
91.80	88.10	3.70	78.82	FTE's - Paid	92.11	88.10	4.01	78.61



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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	632	10,476,230.84
CAPITAL EQUIPMENT (PLANT FUND)	3	55,674.36
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	360,370.32
PAYROLL MAY 09, 2024		1,779,867.64
PAYROLL MAY 23, 2024		1,735,565.16
TOTAL CASH OUTFLOW		<u>\$10,892,275.52</u>
CASH COLLECTIONS		12,756,687.00
INCREASE/DECREASE IN CASH		\$1,864,411.48

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS  
FISCAL YEAR 2024**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001197	7/13/2023	JC JACOBS CARPET ONE	3,593.96	CENTRAL SCHEDULING WALL		
001198	7/13/2023	PLAN ONE/ARCHITECTS	23,704.50	LAB EXPANSION		
001198	7/13/2023	PLAN ONE/ARCHITECTS	2,340.38	ONCOLOGY SUITE RENOVATION		
001199	7/13/2023	WASATCH CONTROLS (HARRIS .	19,000.00	BUILDING AUTOMATION		
001200	7/13/2023	WESTERN ENGINEERS & GEOLC	2,546.75	BUILDING AUTOMATION		
001201	7/20/2023	HAGER INDUSTRIES, LLC	8,276.78	BULK OXYGEN		
001202	7/20/2023	WESTERN ENGINEERS & GEOLC	3,480.75	BULK OXYGEN		
WF DEBT	7/18/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
<b>JULY TOTALS</b>					<b>252,418.70</b>	<b>252,418.70</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001203	8/3/2023	WYLIE CONSTRUCTION INC.	44,438.87	BULK OXYGEN		
001204	8/10/2023	PLAN ONE/ARCHITECTS	28,445.40	LAB EXPANSION		
001204	8/10/2023	PLAN ONE/ARCHITECTS	2,875.00	U OF U EXAM ROOM UPGRADES		
001204	8/10/2023	PLAN ONE/ARCHITECTS	2,340.37	ONCOLOGY SUITE RENOVATION		
001205	8/10/2023	WASATCH CONTROLS (HARRIS .	60,990.00	BUILDING AUTOMATION		
001206	8/31/2023	INSULATION INC.	581.16	LAB EXPANSION		
001207	8/31/2023	WASATCH CONTROLS (HARRIS .	45,273.05	BUILDING AUTOMATION		
001208	8/31/2023	WESTERN ENGINEERS & GEOLC	1,967.75	LAB EXPANSION		
001209	8/31/2023	WYLIE CONSTRUCTION INC.	43,412.07	BULK OXYGEN		
WF DEBT	8/17/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
<b>AUGUST TOTALS</b>					<b>419,799.25</b>	<b>672,217.95</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001210	8/3/2023	PLAN ONE/ARCHITECTS	60,581.98	LAB EXPANSION		
WF DEBT	8/17/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
<b>SEPTEMBER TOTALS</b>					<b>234,912.56</b>	<b>907,130.51</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001211	10/5/2023	WESTERN ENGINEERS & GEOLC	6,366.25	BULK OXYGEN		
001212	10/12/2023	BIG SKY PLUMBING LLC	7,570.00	BULK OXYGEN		
001213	10/12/2023	PLAN ONE/ARCHITECTS	39,748.37	CENTRAL SCHEDULING WALL		
001214	10/12/2023	WYORLELECTRIC, INC	13,402.51	CENTRAL SCHEDULING WALL		
001215	10/19/2023	A & B HOME IMPROVEMENTS	12,460.00	CENTRAL SCHEDULING WALL		
001216	10/26/2023	WESTERN ENGINEERS & GEOLC	468.50	BULK OXYGEN		
WF DEBT	10/16/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
<b>OCTOBER TOTALS</b>					<b>254,346.21</b>	<b>1,161,476.72</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001217	11/2/2023	VAUGHNS PLUMBING & HEATIN	8,000.00	CENTRAL SCHEDULING WALL		
001218	11/2/2023	WYLIE CONSTRUCTION INC.	138,153.30	BULK OXYGEN		
001219	11/9/2023	PLAN ONE/ARCHITECTS	960.00	MRI AND XRAY ROOMS RENO		
001219	11/9/2023	PLAN ONE/ARCHITECTS	2,340.38	ONCOLOGY SUITE RENOVATION		
001219	11/9/2023	PLAN ONE/ARCHITECTS	21,841.80	LAB EXPANSION		
001220	11/30/2023	WESTERN ENGINEERS & GEOLC	367.50	MRI AND XRAY ROOMS RENO		
WF DEBT	11/16/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
<b>NOVEMBER TOTALS</b>					<b>345,993.56</b>	<b>1,507,470.28</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001221	12/8/2023	A. PLEASANT CONSTRUCTION, I	92,292.50	ONCOLOGY SUITE RENOVATION		
001222	12/14/2023	PLAN ONE/ARCHITECTS	21,841.80	LAB EXPANSION		
001223	12/21/2023	WESTERN ENGINEERS & GEOLC	475.16	LAB EXPANSION		
WF DEBT	12/14/2023	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
<b>DECEMBER TOTALS</b>					<b>288,940.04</b>	<b>1,796,410.32</b>

CHECK NUMBER	DATE	PAYER	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001224	1/11/2024	PLAN ONE/ARCHITECTS	13,470.00	BH UNIT		
001224	1/11/2024	PLAN ONE/ARCHITECTS	14,561.20	LAB EXPANSION		
001225	1/18/2024	WYLIE CONSTRUCTION INC.	40,900.14	BULK OXYGEN		
WF DEBT	1/17/2024	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
<b>JANUARY TOTALS</b>					<b>243,261.92</b>	<b>2,039,672.24</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001226	2/8/2024	A. PLEASANT CONSTRUCTION, I	72,646.50	ONCOLOGY SUITE RENOVATION		
001227	2/8/2024	PLAN ONE/ARCHITECTS	7,280.00	LAB EXPANSION		
001228	2/22/2024	A. PLEASANT CONSTRUCTION, I	54,946.86	ONCOLOGY SUITE RENOVATION		
WF DEBT	2/20/2024	WF DEBT SERVICE	174,330.58	WF DEBT SERVICE		
<b>FEBRUARY TOTALS</b>					<b>309,203.94</b>	<b>2,348,876.18</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001229	3/7/2024	A. PLEASANT CONSTRUCTION, I	2,777.87	ONCOLOGY SUITE RENOVATION		
001229	3/7/2024	A. PLEASANT CONSTRUCTION, I	7,280.60	LAB EXPANSION		
001230	3/29/2024	PLAN ONE/ARCHITECTS	292.07	LAB EXPANSION		
001231	3/29/2024	A. PLEASANT CONSTRUCTION, I	196,395.40	ONCOLOGY SUITE RENOVATION		
WF DEBT	3/6/2024	WF DEBT SERVICE	186,000.00	WF DEBT SERVICE		
MARCH TOTALS					392,745.94	2,741,622.12

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001232	4/12/2024	PLAN ONE/ARCHITECTS	1,693.00	LAB EXPANSION		
001232	4/12/2024	PLAN ONE/ARCHITECTS	2,340.38	ONCOLOGY SUITE RENOVATION		
WF DEBT	4/18/2024	WF DEBT SERVICE	185,523.05	WF DEBT SERVICE		
APRIL TOTALS					189,556.43	2,931,178.55

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001233	5/2/2024	A. PLEASANT CONSTRUCTION, I	167,762.40	ONCOLOGY SUITE RENOVATION		
001234	5/9/2024	PLAN ONE/ARCHITECTS	4,799.99	LAB EXPANSION		
001234	5/9/2024	PLAN ONE/ARCHITECTS	1,707.38	MEDICAL IMAGING SUITE RENOVATION		
001235	5/16/2024	PLAN ONE/ARCHITECTS	577.50	MEDICAL IMAGING SUITE RENOVATION		
WF DEBT	5/23/2024	WF DEBT SERVICE	185,523.05	WF DEBT SERVICE		
MAY TOTALS					360,370.32	3,291,548.87



**PLANT FUND CASH DISBURSEMENTS  
FISCAL YEAR 2024**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002596	7/6/2023	FISHER HEALTHCARE	6,264.08	TWO DOOR REFRIGERATOR		
002597	7/20/2023	CSESCO INC	7,507.50	CERNER MYDINE SOFTWARE		
<b>JULY TOTALS</b>					<b>13,771.58</b>	<b>13,771.58</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002598	8/3/2023	CERNER CORPORATION	14,250.00	CERNER CLINIC MEDICATION INTEGRATION		
002599	8/17/2023	DELL COMPUTER CORPORATION	14,920.80	DELL LAPTOP MONITOR DOCKING STATION		
002600	8/24/2023	DELL COMPUTER CORPORATION	18,749.90	DELL LAPTOP MONITOR DOCKING STATION		
002601	8/24/2023	STRYKER MEDICAL	44,982.95	GURNEYS		
002602	8/31/2023	HELMER SCIENTIFIC, LLC	8,883.67	PHARMACY REFRIGERATOR		
<b>AUGUST TOTALS</b>					<b>101,787.32</b>	<b>115,558.90</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002603	9/14/2023	STERIS CORPORATION	4,379.58	INNOWAVE SONIC IRRIGATOR		
002604	9/21/2023	BOBCAT OF ROCK SPRINGS (PETE	6,778.65	BOBCAT BRUSH		
002605	9/28/2023	CERNER CORPORATION	22,000.00	PROVIDER BASED BILLING		
<b>SEPTEMBER TOTALS</b>					<b>33,158.23</b>	<b>148,717.13</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002606	10/2/2023	INTERMOUNTAIN TRIMLIGHT (W)	18,000.00	PERMANENT LIGHTING		
002607	10/12/2023	WYOELLECTRIC, INC	63,137.75	LIGHTNING PROTECTION		
002608	10/13/2023	BIG SKY PLUMBING LLC	2,000.00	CENTRAL SCHEDULING WALL		
002609	10/19/2023	THE BAKER COMPANY	12,038.57	STERIL COMPOUNDING HOOD		
002610	10/26/2023	COMPUNET, INC.	96,437.69	PURE STORAGE DEVICE EXPANSION		
002611	10/26/2023	FISHER HEALTHCARE	288.16	REFRIGERATOR		
002612	10/26/2023	WYOELLECTRIC, INC	63,137.75	LIGHTNING PROTECTION		
<b>OCTOBER TOTALS</b>					<b>255,039.92</b>	<b>403,757.05</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002613	11/2/2023	BRADEN SHIELDING SYSTEMS	17,915.00	SHIELDING VENDOR INSPECT FOR MRI UPGRADE		
002614	11/9/2023	AXON ENTERPRISES, INC.	24,400.84	BODY CAMERAS		
002615	11/9/2023	STERIS CORPORATION	79,698.33	INNOWAVE SONIC IRRIGATOR		
002616	11/9/2023	UL VERIFICATION SERVICES INC	25,700.00	PURE OHS ELECTRONIS EMP HEALTH RECORD		
002617	11/9/2023	WYOELLECTRIC, INC	9,890.00	MRI UPGRADE BREAKER & ELECTRICAL		
002618	11/16/2023	BRADEN SHIELDING SYSTEMS	3,085.00	SHIELDING VENDOR INSPECT FOR MRI UPGRADE		
002619	11/16/2023	COMPUNET, INC.	13,310.00	VOIP E911 UPGRADE		
002620	11/22/2023	CDW GOVERNMENT LLC	10,762.14	NETWORK ANALYZER		
002621	11/22/2023	WYOELLECTRIC, INC	63,137.75	LIGHTNING PROTECTION		
002622	11/30/2023	FISHER HEALTHCARE	9,662.60	PLATLET INCUBATOR AND AGITATOR		
002622	11/30/2023	FISHER HEALTHCARE	228.78	NEGATIVE 30 DEGREE C FREEZER		
002623	11/30/2023	INTERMOUNTAIN TRIMLIGHT (W)	7,500.00	PERMANENT LIGHTING		
<b>NOVEMBER TOTALS</b>					<b>265,290.44</b>	<b>669,047.49</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002624	12/14/2023	PRONK TECHNOLOGIES	12,385.00	BIOMED TEST EQUIPMENT		
002625	12/21/2023	CODALE ELECTRIC SUPPLY, INC	7,807.35	HEATER FOR MAINT HOSPITAL ENTRANCE		
002626	12/21/2023	DELL COMPUTER CORPORATION	17,586.00	DELL LAPTOP MONITOR DOCKING STATION		
002627	12/21/2023	WYOELLECTRIC, INC	64,042.54	LIGHTNING PROTECTION		
002628	12/22/2023	INTERMOUNTAIN TRIMLIGHT (W)	10,500.00	PERMANENT LIGHTING		
<b>DECEMBER TOTALS</b>					<b>112,320.89</b>	<b>781,368.38</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002629	1/5/2024	CERNER CORPORATION	14,250.00	CLINIC MEDICATION INTEGRATION		
002629	1/5/2024	CERNER CORPORATION	7,027.50	MYDINE SOFTWARE		
002630	1/11/2024	DATX-OHMEDA, INC.	33,133.11	PHOTOTHERAPY SYSTEM-BILI LIGHTS & BLANKETS		
002631	1/18/2024	FISHER HEALTHCARE	9,391.20	NEGATIVE 30 DEGREE C FREEZER		
002632	1/18/2024	TENACORE	72,440.00	ALARIS PUMPS (12) - ASSET NUMBERS 13350-13361		
<b>JANUARY TOTALS</b>					<b>136,241.81</b>	<b>917,610.19</b>



CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002633	2/1/2024	CERNER CORPORATION	18,963.25	HEATED ALSO TREATMENT CHAIRS		
002634	2/1/2024	CERNER CORPORATION	3,500.00	COMPUNET PURE STORAGE DEVICE EXPANSION		
002635	2/7/2024	DATEX-OHMEDA, INC.	21,240.00	ELEVATOR SMOKE CURTAIN		
002636	2/8/2024	FISHER HEALTHCARE	9,642.93	WHBELCHAIRS (4)		
002637	2/29/2024	TENACORE	138,434.40	GE VIVID 4D ULTRASOUND		
FEBRUARY TOTALS					191,780.58	1,109,390.77

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002638	3/7/2024	FISHER HEALTHCARE	870.72	TWO DOOR REFRIGERATOR		
002638	3/7/2024	FISHER HEALTHCARE	6,678.72	FISHER REFRIGERATOR		
002639	3/7/2024	MINDRAY DS USA, INC.	97,070.01	ULTRASOUND MACHINE		
002639	3/7/2024	MINDRAY DS USA, INC.	80,625.01	TE X PLUS DIAGNOSTIC ULTRASOUND MACHINE		
002640	3/7/2024	PHILIPS HEALTHCARE	35,008.18	TRILOGY EV 300 NON-INVASIVE VENTILATORS (2)		
002641	3/7/2024	UNETIXS VASCULAR INC	39,995.00	MULTI LAB SERIES II ROODRA VASCULAR SYSTEM		
002642	3/15/2024	COMPUNET, INC.	48,022.44	FIBER CHANNEL INTERCONNECT HARDWARE		
002643	3/21/2024	DELL COMPUTER CORPORATION	13,126.30	DELL LAPTOP MONITOR DOCKING STATION (10)		
002644	3/29/2024	SERVCO	31,267.05	BOILER THROAT LINER		
002645	3/29/2024	VERTIV CORPORATION	73,807.66	UPS FOR LAB		
MARCH TOTALS					426,471.09	1,535,861.86

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002646	4/3/2024	ENABLE ME, LLC	5,685.00	MAMMOGRAPHY BIOPSY CHAIR		
002647	4/3/2024	PHILIPS HEALTHCARE	162,180.00	PHILIPS EPIQ DIAGNOSTIC ULTRASOUND		
002648	4/12/2024	VERTIV CORPORATION	79,718.45	UPS FOR LAB		
002649	4/25/2024	EVIDENT SCIENTIFIC, INC.	6,014.73	MICROSCOPE		
002650	4/25/2024	MEDICAL POSITIONING, INC	12,239.00	ULTRASCAN TABLE		
APRIL TOTALS					265,837.18	1,801,699.04

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002651	5/2/2024	FISHER HEALTHCARE	15,928.00	BACTEC AUTOMATED BLOOD CULTURE SYSTEM		
002652	5/23/2024	CDW GOVERNMENT LLC	8,479.31	UPS FOR MHSC DATA CENTER		
002653	5/23/2024	SERVCO	31,267.05	BOILER THROAT LINER		
MAY TOTALS					55,674.36	1,857,373.40



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2024

Amount	Description
15,710.45	Advertising Total
1,638.06	Billing Services Total
14,942.87	Blood Total
3,500.00	Building Lease Total
124,973.65	Café Management Total
7,187.81	Cellular Telephone Total
57,634.61	Collection Agency Total
18,183.74	Computer Equipment Total
870,522.18	Contract Maintenance Total
434,935.71	Contract Personnel Total
1,929.96	Courier Services Total
7,990.14	Credit Card Payment Total
34,852.69	Dental Insurance Total
20,191.66	Dialysis Supplies Total
4,675.00	Education & Travel Total
9,037.30	Employee Recruitment Total
6,792.88	Employee Vision Plan Total
120,177.06	Equipment Lease Total
10,230.70	Food Total
13,422.70	Freight Total
619.95	Fuel Total
3,955.82	Garbage Collection Total
1,197,312.78	Group Health Total
1,860.00	Homeowner Dues Total
481,541.16	Hospital Supplies Total
69,564.81	Implant Supplies Total
32,219.93	Insurance Premiums Total
158.55	Insurance Refund Total
95,715.02	Laboratory Services Total
95,532.10	Laboratory Supplies Total
66,619.89	Legal Fees Total
298,077.00	Liability Insurance Total
6,700.00	License & Taxes Total
1,663.44	Linen Total
15,500.00	Lithotripsy Service Total
40,991.65	Maintenance & Repair Total
23,903.73	Maintenance Supplies Total
6,992.50	Marketing & Promotional Supplies Total
3,000.00	Membership Dues Total
2,894.32	MHSC Foundation Total
41,918.93	Minor Equipment Total
1,616.00	Monthly Pest Control Total
26,583.72	Non Medical Supplies Total
20,903.18	Office Supplies Total
3,452.50	Other Employee Benefits Total
18,198.62	Other Purchased Services Total
9,201.29	Oxygen Rental Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
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MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
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Check Number	Date	Vendor Check Name	Amount	Description
199038	5/23/2024	BIG THICKET BROADCASTING	3,147.45	Advertising
199045	5/23/2024	BRIDGER VALLEY PIONEER	520.00	Advertising
199097	5/23/2024	KEMMERER GAZETTE	545.00	Advertising
198846	5/9/2024	LAMAR ADVERTISING	437.00	Advertising
199098	5/23/2024	LAMAR ADVERTISING	1,350.00	Advertising
199212	5/30/2024	LITURGICAL PUBLICATIONS, INC	2,091.00	Advertising
198974	5/16/2024	PILOT BUTTE BROADCASTING	1,300.00	Advertising
199228	5/30/2024	PILOT BUTTE BROADCASTING	650.00	Advertising
199142	5/23/2024	TRUE NORTH CUSTOM PUBLISHING	4,590.00	Advertising
EFT000000008675	5/23/2024	GREEN RIVER STAR	800.00	Advertising
EFT000000008679	5/23/2024	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
198716	5/2/2024	EXPRESS MEDICAID BILLING SERV	1,638.06	Billing Services
198888	5/9/2024	VITALANT	8,911.72	Blood
199150	5/23/2024	VITALANT	6,031.15	Blood
199064	5/23/2024	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
198995	5/16/2024	UNIDINE CORPORATION	17,379.31	Café Management
199143	5/23/2024	UNIDINE CORPORATION	107,594.34	Café Management
199002	5/16/2024	VERIZON WIRELESS, LLC	3,600.16	Cellular Telephone
199252	5/30/2024	VERIZON WIRELESS, LLC	3,587.65	Cellular Telephone
198921	5/16/2024	COLLECTION PROFESSIONALS, INC	358.75	Collection Agency
198933	5/16/2024	EXPRESS RECOVERY SERVICES	38,452.70	Collection Agency
199004	5/16/2024	WAKEFIELD & ASSOCIATES, INC.	18,823.16	Collection Agency
198706	5/2/2024	CDW GOVERNMENT LLC	210.84	Computer Equipment
198810	5/9/2024	CDW GOVERNMENT LLC	3,964.63	Computer Equipment
199051	5/23/2024	CDW GOVERNMENT LLC	1,102.41	Computer Equipment
199175	5/30/2024	CDW GOVERNMENT LLC	3,435.36	Computer Equipment
198823	5/9/2024	DELL COMPUTER CORPORATION	9,470.50	Computer Equipment
199031	5/23/2024	AMERICAN TELEMEDICINE CONNECT CONSORTIUM, INC.	5,058.00	Contract Maintenance
199040	5/23/2024	BISCOM	2,150.06	Contract Maintenance
198707	5/2/2024	CERNER CORP	202,794.15	Contract Maintenance
198813	5/9/2024	CERNER CORP	1,716.00	Contract Maintenance
198918	5/16/2024	CERNER CORP	1,392.00	Contract Maintenance
199053	5/23/2024	CERNER CORP	5,804.32	Contract Maintenance
198816	5/9/2024	CLOUDLI COMMUNICATIONS INC.	62.53	Contract Maintenance
198922	5/16/2024	COMPUNET, INC.	14,974.60	Contract Maintenance
198709	5/2/2024	CONSUMER FUSION INC.	3,425.00	Contract Maintenance
199057	5/23/2024	CONSUMER FUSION INC.	5,175.00	Contract Maintenance
198811	5/9/2024	CSG, LLC	1,322.71	Contract Maintenance
198824	5/9/2024	DNV GL USA, INC.	3,240.00	Contract Maintenance
199188	5/30/2024	DNV GL USA, INC.	26,962.16	Contract Maintenance
199071	5/23/2024	ENERGY LABORATORIES INC.	271.00	Contract Maintenance
198937	5/16/2024	FRONT RANGE MOBILE IMAGING, INC.	7,390.00	Contract Maintenance
198723	5/2/2024	GE HEALTHCARE	27,169.63	Contract Maintenance
198938	5/16/2024	GE HEALTHCARE	777.00	Contract Maintenance
198832	5/9/2024	GE MEDICAL SYSTEMS INFO TECH	99.00	Contract Maintenance
198727	5/2/2024	HARMONY HEALTHCARE IT	15,454.00	Contract Maintenance
199087	5/23/2024	IMPRIVATA, INC.	28,440.00	Contract Maintenance
198947	5/16/2024	INOVALON PROVIDER INC.	995.70	Contract Maintenance
199089	5/23/2024	IRONSIDE HUMAN RESOURCES	7,495.00	Contract Maintenance
199158	5/28/2024	MAXIMUS FEDERAL SERVICES INC.	415.00	Contract Maintenance
198852	5/9/2024	MERGE HEALTHCARE SOLUTIONS, INC	76,491.14	Contract Maintenance
198966	5/16/2024	NETDAIS	4,800.00	Contract Maintenance
198968	5/16/2024	NUANCE COMMUNICATIONS, INC	1,800.00	Contract Maintenance



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199222	5/30/2024	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
198973	5/16/2024	PHILIPS HEALTHCARE	596.70	Contract Maintenance
198750	5/2/2024	PLANETREE	8,250.00	Contract Maintenance
198897	5/10/2024	PROVIDER RESOURCES, INC.	599.00	Contract Maintenance
199232	5/30/2024	REMI CORPORATION	2,924.34	Contract Maintenance
198870	5/9/2024	RL DATIX	421.00	Contract Maintenance
198980	5/16/2024	SIEMENS MEDICAL SOLUTIONS USA	6,527.44	Contract Maintenance
199128	5/23/2024	SIEMENS MEDICAL SOLUTIONS USA	2,995.32	Contract Maintenance
199237	5/30/2024	SIEMENS MEDICAL SOLUTIONS USA	400.69	Contract Maintenance
198772	5/2/2024	UNITED AUDIT SYSTEMS, INC.	11,017.50	Contract Maintenance
198996	5/16/2024	UNITED AUDIT SYSTEMS, INC.	8,299.25	Contract Maintenance
199250	5/30/2024	UNITED AUDIT SYSTEMS, INC.	5,970.00	Contract Maintenance
199000	5/16/2024	VARIAN MEDICAL SYSTEMS, INC	146,686.00	Contract Maintenance
199148	5/23/2024	VARIAN MEDICAL SYSTEMS, INC	205,000.00	Contract Maintenance
199003	5/16/2024	VOLGISTICS	324.00	Contract Maintenance
198783	5/2/2024	WYODATA SECURITY INC.	6,065.00	Contract Maintenance
EFT000000008669	5/16/2024	STATE FIRE DC SPECIALTIES	5,835.00	Contract Maintenance
EFT000000008690	5/30/2024	STATE FIRE DC SPECIALTIES	5,835.00	Contract Maintenance
W/T	5/9/2024	ZENITH	420.42	Contract Maintenance
W/T	5/20/2024	TRIZETTO	447.68	Contract Maintenance
W/T	5/20/2024	TRIZETTO	6,128.84	Contract Maintenance
198715	5/2/2024	ELWOOD STAFFING SERVICES, INC	757.81	Contract Personnel
198931	5/16/2024	ELWOOD STAFFING SERVICES, INC	2,208.37	Contract Personnel
199189	5/30/2024	ELWOOD STAFFING SERVICES, INC	3,711.28	Contract Personnel
198721	5/2/2024	FOCUSONE SOLUTIONS LLC	167,916.00	Contract Personnel
198830	5/9/2024	FOCUSONE SOLUTIONS LLC	78,901.75	Contract Personnel
199076	5/23/2024	FOCUSONE SOLUTIONS LLC	78,469.00	Contract Personnel
199196	5/30/2024	FOCUSONE SOLUTIONS LLC	101,831.50	Contract Personnel
199125	5/23/2024	SARAH ROTH	540.00	Contract Personnel
199236	5/30/2024	SARAH ROTH	600.00	Contract Personnel
199110	5/23/2024	PACKAGERUNNER LOGISTICS LLC	1,929.96	Courier Services
W/T	5/29/2024	UMB BANK	7,990.14	Credit Card Payment
198928	5/16/2024	DELTA DENTAL	34,852.69	Dental Insurance
198722	5/2/2024	FRESENIUS USA MARKETING, INC.	5,680.21	Dialysis Supplies
199077	5/23/2024	FRESENIUS USA MARKETING, INC.	9,174.20	Dialysis Supplies
199197	5/30/2024	FRESENIUS USA MARKETING, INC.	3,674.67	Dialysis Supplies
198730	5/2/2024	HENRY SCHEIN INC	216.80	Dialysis Supplies
198837	5/9/2024	HENRY SCHEIN INC	1,061.20	Dialysis Supplies
198942	5/16/2024	HENRY SCHEIN INC	188.40	Dialysis Supplies
199083	5/23/2024	HENRY SCHEIN INC	54.76	Dialysis Supplies
199202	5/30/2024	HENRY SCHEIN INC	141.42	Dialysis Supplies
198729	5/2/2024	HFMA	950.00	Education & Travel
199021	5/21/2024	ONCOLOGY NURSING SOCIETY	175.00	Education & Travel
199260	5/30/2024	WESTERN WYOMING COLLEGE	3,550.00	Education & Travel
199085	5/23/2024	HOLIDAY INN - ROCK SPRINGS	89.00	Employee Recruitment
199203	5/30/2024	HOLIDAY INN - ROCK SPRINGS	890.00	Employee Recruitment
198948	5/16/2024	INSIGHT SCREENING LLC	1,933.30	Employee Recruitment
198896	5/10/2024	SAFE SECURE TESTING INC.	1,125.00	Employee Recruitment
198760	5/2/2024	SONJA OLSEN-FOWLER	5,000.00	Employee Recruitment
198778	5/2/2024	VISION SERVICE PLAN - WY	6,792.88	Employee Vision Plan
198704	5/2/2024	CAREFUSION SOLUTIONS, LLC	21,706.00	Equipment Lease
198821	5/9/2024	COPIER & SUPPLY COMPANY	306.78	Equipment Lease
199060	5/23/2024	COPIER & SUPPLY COMPANY	10,292.50	Equipment Lease
199184	5/30/2024	COPIER & SUPPLY COMPANY	1,203.99	Equipment Lease



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198831	5/9/2024	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
199078	5/23/2024	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
198967	5/16/2024	NEWLANE FINANCE COMPANY	54.99	Equipment Lease
199221	5/30/2024	NEWLANE FINANCE COMPANY	59.58	Equipment Lease
198756	5/2/2024	SHADOW MOUNTAIN WATER CO ,WY	1,022.00	Equipment Lease
198875	5/9/2024	SHADOW MOUNTAIN WATER CO ,WY	280.60	Equipment Lease
199127	5/23/2024	SHADOW MOUNTAIN WATER CO ,WY	947.31	Equipment Lease
198758	5/2/2024	SIEMENS FINANCIAL SERVICES, INC	9,630.81	Equipment Lease
199238	5/30/2024	SIEMENS FINANCIAL SERVICES, INC	16,124.17	Equipment Lease
198774	5/2/2024	US BANK EQUIPMENT FINANCE	1,916.59	Equipment Lease
198886	5/9/2024	US BANK EQUIPMENT FINANCE	293.69	Equipment Lease
198997	5/16/2024	US BANK EQUIPMENT FINANCE	1,014.14	Equipment Lease
199251	5/30/2024	US BANK EQUIPMENT FINANCE	686.66	Equipment Lease
198717	5/2/2024	F B MCFADDEN WHOLESALE	2,512.10	Food
198827	5/9/2024	F B MCFADDEN WHOLESALE	2,466.85	Food
198934	5/16/2024	F B MCFADDEN WHOLESALE	1,246.40	Food
199073	5/23/2024	F B MCFADDEN WHOLESALE	2,526.90	Food
199193	5/30/2024	F B MCFADDEN WHOLESALE	1,478.45	Food
198718	5/2/2024	FED EX	97.98	Freight
198828	5/9/2024	FED EX	94.90	Freight
199074	5/23/2024	FED EX	145.60	Freight
199194	5/30/2024	FED EX	155.30	Freight
198770	5/2/2024	TRIOSE, INC	2,345.51	Freight
198885	5/9/2024	TRIOSE, INC	2,646.73	Freight
198993	5/16/2024	TRIOSE, INC	4,132.86	Freight
199141	5/23/2024	TRIOSE, INC	1,036.23	Freight
199249	5/30/2024	TRIOSE, INC	2,767.59	Freight
198867	5/9/2024	BAILEY ENTERPRISES	619.95	Fuel
198766	5/2/2024	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
EFT00000008661	5/9/2024	WWS - ROCK SPRINGS	3,935.82	Garbage Collection
W/T	5/21/2024	FURTHER ADMIN FEE	325.00	Group Health
W/T	5/16/2024	FURTHER FLEX 5/15/24	2,370.64	Group Health
W/T	5/9/2024	FURTHER FLEX 5/8/24	3,849.67	Group Health
W/T	5/22/2024	FURTHER FLEX 5/22/24	4,714.40	Group Health
W/T	5/29/2024	FURTHER FLEX 5/29/24	4,947.66	Group Health
W/T	5/2/2024	FURTHER FLEX 5/1/24	5,465.08	Group Health
W/T	5/10/2024	BLUE CROSS BLUE SHIELD 5/3/24	162,546.21	Group Health
W/T	5/31/2024	BLUE CROSS BLUE SHIELD 5/24/24	170,641.35	Group Health
W/T	5/17/2024	BLUE CROSS BLUE SHIELD 5/10/24	192,823.81	Group Health
W/T	5/24/2024	BLUE CROSS BLUE SHIELD 5/17/24	227,831.59	Group Health
W/T	5/3/2024	BLUE CROSS BLUE SHIELD 4/26/24	421,797.37	Group Health
199041	5/23/2024	BLUFFS HOMEOWNERS ASSN.	1,860.00	Homeowner Dues
198754	5/2/2024	ABBOTT NUTRITION	77.60	Hospital Supplies
198978	5/16/2024	ABBOTT NUTRITION	94.10	Hospital Supplies
199234	5/30/2024	ABBOTT NUTRITION	228.70	Hospital Supplies
198795	5/9/2024	AESULAP INC	449.89	Hospital Supplies
199023	5/23/2024	AESULAP INC	449.89	Hospital Supplies
199160	5/30/2024	AESULAP INC	449.89	Hospital Supplies
199026	5/23/2024	AIRCLEAN SYSTEMS	185.00	Hospital Supplies
199028	5/23/2024	ALLEN MEDICAL SYSTEMS INC	416.96	Hospital Supplies
198695	5/2/2024	APPLIED MEDICAL	2,106.00	Hospital Supplies
198801	5/9/2024	APPLIED MEDICAL	1,525.00	Hospital Supplies
198905	5/16/2024	APPLIED MEDICAL	928.00	Hospital Supplies
199032	5/23/2024	APPLIED MEDICAL	78.00	Hospital Supplies



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199165	5/30/2024	APPLIED MEDICAL	1,432.00	Hospital Supplies
198696	5/2/2024	ARTHREX INC.	3,132.70	Hospital Supplies
198802	5/9/2024	ARTHREX INC.	5,232.70	Hospital Supplies
198906	5/16/2024	ARTHREX INC.	3,439.10	Hospital Supplies
199033	5/23/2024	ARTHREX INC.	528.00	Hospital Supplies
199166	5/30/2024	ARTHREX INC.	4,871.70	Hospital Supplies
198908	5/16/2024	BARD MEDICAL	1,176.00	Hospital Supplies
199167	5/30/2024	BARD MEDICAL	2,279.84	Hospital Supplies
199168	5/30/2024	BAXTER HEALTHCARE CORP/IV	2,615.46	Hospital Supplies
198701	5/2/2024	BOSTON SCIENTIFIC CORP	13,145.54	Hospital Supplies
198806	5/9/2024	BOSTON SCIENTIFIC CORP	5,468.67	Hospital Supplies
198912	5/16/2024	BOSTON SCIENTIFIC CORP	6,631.94	Hospital Supplies
199042	5/23/2024	BOSTON SCIENTIFIC CORP	15,384.14	Hospital Supplies
199171	5/30/2024	BOSTON SCIENTIFIC CORP	4,797.36	Hospital Supplies
198924	5/16/2024	C R BARD INC	855.04	Hospital Supplies
198703	5/2/2024	CARDINAL HEALTH/V. MUELLER	12,055.20	Hospital Supplies
198808	5/9/2024	CARDINAL HEALTH/V. MUELLER	16,540.56	Hospital Supplies
198915	5/16/2024	CARDINAL HEALTH/V. MUELLER	24,910.62	Hospital Supplies
199048	5/23/2024	CARDINAL HEALTH/V. MUELLER	6,964.19	Hospital Supplies
199174	5/30/2024	CARDINAL HEALTH/V. MUELLER	18,444.58	Hospital Supplies
199050	5/23/2024	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
198916	5/16/2024	CARSTENS HEALTH INDUSTRIES INC	429.59	Hospital Supplies
199180	5/30/2024	CONMED CORPORATION	267.80	Hospital Supplies
199181	5/30/2024	COOK MEDICAL INC.	481.40	Hospital Supplies
198819	5/9/2024	COOK MEDICAL INCORPORATED	445.56	Hospital Supplies
199058	5/23/2024	COOK MEDICAL INCORPORATED	445.56	Hospital Supplies
199182	5/30/2024	COOK MEDICAL INCORPORATED	445.56	Hospital Supplies
198712	5/2/2024	DIAGNOSTIGA STAGO INC	8,051.22	Hospital Supplies
198713	5/2/2024	DJ ORTHOPEDICS, LLC	137.05	Hospital Supplies
198929	5/16/2024	DJ ORTHOPEDICS, LLC	226.32	Hospital Supplies
199068	5/23/2024	DJ ORTHOPEDICS, LLC	102.96	Hospital Supplies
198930	5/16/2024	EITAN GROUP NORTH AMERICA, INC.	564.40	Hospital Supplies
198936	5/16/2024	FISHER & PAYKEL HEALTHCARE, INC	1,114.29	Hospital Supplies
198833	5/9/2024	GENERAL HOSPITAL SUPPLY CORPORATION	240.00	Hospital Supplies
199079	5/23/2024	GENERAL HOSPITAL SUPPLY CORPORATION	220.20	Hospital Supplies
199156	5/24/2024	GENERAL HOSPITAL SUPPLY CORPORATION	19.80	Hospital Supplies
198940	5/16/2024	GETINGE USA SALES, LLC	589.96	Hospital Supplies
198836	5/9/2024	HEALTHCARE LOGISTICS INC	272.64	Hospital Supplies
199082	5/23/2024	HEALTHCARE LOGISTICS INC	11.58	Hospital Supplies
199201	5/30/2024	HEALTHCARE LOGISTICS INC	357.70	Hospital Supplies
198838	5/9/2024	HOLOGIC, INC.	4,502.25	Hospital Supplies
198944	5/16/2024	HOLOGIC, INC.	776.00	Hospital Supplies
198733	5/2/2024	J & J HEALTH CARE SYSTEMS INC	16,502.47	Hospital Supplies
198841	5/9/2024	J & J HEALTH CARE SYSTEMS INC	9,470.40	Hospital Supplies
198950	5/16/2024	J & J HEALTH CARE SYSTEMS INC	12,053.79	Hospital Supplies
199091	5/23/2024	J & J HEALTH CARE SYSTEMS INC	6,477.21	Hospital Supplies
199207	5/30/2024	J & J HEALTH CARE SYSTEMS INC	7,541.90	Hospital Supplies
198736	5/2/2024	KARL STORZ ENDOSCOPY-AMERICA	8,341.07	Hospital Supplies
198844	5/9/2024	KARL STORZ ENDOSCOPY-AMERICA	6,401.36	Hospital Supplies
198953	5/16/2024	KARL STORZ ENDOSCOPY-AMERICA	13,259.00	Hospital Supplies
199096	5/23/2024	KARL STORZ ENDOSCOPY-AMERICA	202.97	Hospital Supplies
199137	5/23/2024	LEICA BIOSYSTEMS RICHMOND	221.50	Hospital Supplies
198855	5/9/2024	M V A P MEDICAL SUPPLIES, INC.	116.00	Hospital Supplies
199106	5/23/2024	M V A P MEDICAL SUPPLIES, INC.	318.00	Hospital Supplies



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198741	5/2/2024	MARK COSTELLO COMPANY	2,465.68	Hospital Supplies
199213	5/30/2024	MARKET LAB, INC	614.95	Hospital Supplies
198848	5/9/2024	MASIMO AMERICAS, INC.	1,970.00	Hospital Supplies
199214	5/30/2024	MASIMO AMERICAS, INC.	1,100.00	Hospital Supplies
199215	5/30/2024	MCKESSON MEDICAL-SURGICAL	1,245.76	Hospital Supplies
198742	5/2/2024	MEDELA LLC	669.30	Hospital Supplies
198849	5/9/2024	MEDI-DOSE INCORPORATED	132.45	Hospital Supplies
198743	5/2/2024	MEDLINE INDUSTRIES INC	19,820.75	Hospital Supplies
198850	5/9/2024	MEDLINE INDUSTRIES INC	32,239.26	Hospital Supplies
198960	5/16/2024	MEDLINE INDUSTRIES INC	123.65	Hospital Supplies
199020	5/21/2024	MEDLINE INDUSTRIES INC	45,807.07	Hospital Supplies
199104	5/23/2024	MEDLINE INDUSTRIES INC	9,310.54	Hospital Supplies
199216	5/30/2024	MEDLINE INDUSTRIES INC	54,411.58	Hospital Supplies
199105	5/23/2024	MEDTRONIC, USA	1,406.00	Hospital Supplies
198964	5/16/2024	MINDRAY DS USA, INC.	834.39	Hospital Supplies
198746	5/2/2024	OLYMPUS AMERICA INC	1,056.00	Hospital Supplies
198969	5/16/2024	OLYMPUS AMERICA INC	4,075.00	Hospital Supplies
198970	5/16/2024	OWENS & MINOR 90005430	618.84	Hospital Supplies
199223	5/30/2024	OWENS & MINOR 90005430	817.36	Hospital Supplies
199226	5/30/2024	PATTERSON DENTAL - 408	30.48	Hospital Supplies
198861	5/9/2024	PERFORMANCE HEALTH SUPPLY INC	38.00	Hospital Supplies
199227	5/30/2024	PERFORMANCE HEALTH SUPPLY INC	145.50	Hospital Supplies
198862	5/9/2024	PREFERRED MEDICAL PRODUCTS	56.46	Hospital Supplies
198865	5/9/2024	RADIOMETER AMERICA INC	233.21	Hospital Supplies
199120	5/23/2024	RADIOMETER AMERICA INC	1,327.60	Hospital Supplies
198868	5/9/2024	RESPIRONICS	307.50	Hospital Supplies
199123	5/23/2024	RESPIRONICS	165.00	Hospital Supplies
198757	5/2/2024	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	161.25	Hospital Supplies
199131	5/23/2024	SMITHS MEDICAL ASD INC	389.70	Hospital Supplies
198764	5/2/2024	STERIS CORPORATION	4,248.61	Hospital Supplies
198879	5/9/2024	STERIS CORPORATION	1,807.39	Hospital Supplies
198985	5/16/2024	STERIS CORPORATION	2,907.98	Hospital Supplies
199242	5/30/2024	STERIS CORPORATION	1,404.23	Hospital Supplies
198769	5/2/2024	TRI-ANIM HEALTH SERVICES INC	858.44	Hospital Supplies
198884	5/9/2024	TRI-ANIM HEALTH SERVICES INC	4,537.05	Hospital Supplies
199140	5/23/2024	TRI-ANIM HEALTH SERVICES INC	85.85	Hospital Supplies
199247	5/30/2024	TRI-ANIM HEALTH SERVICES INC	2,485.39	Hospital Supplies
198777	5/2/2024	UTAH MEDICAL PRODUCTS INC	336.09	Hospital Supplies
198999	5/16/2024	VAPOTHERM INC.	636.00	Hospital Supplies
199001	5/16/2024	VERATHON INC.	467.84	Hospital Supplies
198780	5/2/2024	WAXIE SANITARY SUPPLY	3,621.36	Hospital Supplies
198889	5/9/2024	WAXIE SANITARY SUPPLY	5,233.67	Hospital Supplies
199254	5/30/2024	WAXIE SANITARY SUPPLY	5,487.93	Hospital Supplies
EFT000000008647	5/2/2024	BEEKLEY CORPORATION	182.00	Hospital Supplies
EFT000000008649	5/2/2024	HARDY DIAGNOSTICS	243.53	Hospital Supplies
EFT000000008655	5/9/2024	HARDY DIAGNOSTICS	318.74	Hospital Supplies
EFT000000008660	5/9/2024	STRYKER INSTRUMENTS	1,429.34	Hospital Supplies
EFT000000008665	5/16/2024	BREG INC	784.16	Hospital Supplies
EFT000000008668	5/16/2024	HARDY DIAGNOSTICS	1,774.86	Hospital Supplies
EFT000000008673	5/23/2024	BREG INC	282.95	Hospital Supplies
EFT000000008676	5/23/2024	HARDY DIAGNOSTICS	278.24	Hospital Supplies
EFT000000008678	5/23/2024	OVATION MEDICAL	203.70	Hospital Supplies
EFT000000008681	5/23/2024	STRYKER INSTRUMENTS	329.16	Hospital Supplies
EFT000000008685	5/30/2024	BEEKLEY CORPORATION	183.00	Hospital Supplies



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EFT00000008688	5/30/2024	HARDY DIAGNOSTICS	1,138.49	Hospital Supplies
199063	5/23/2024	CTM BIOMEDICAL, LLC	5,091.50	Implant Supplies
198857	5/9/2024	OSSIO, INC.	14,535.00	Implant Supplies
199109	5/23/2024	OSSIO, INC.	19,060.00	Implant Supplies
199224	5/30/2024	PARAGON 28 INC.	2,646.11	Implant Supplies
198883	5/9/2024	TREACE MEDICAL CONCEPTS, INC.	7,028.00	Implant Supplies
198992	5/16/2024	TREACE MEDICAL CONCEPTS, INC.	14,056.00	Implant Supplies
EFT00000008650	5/2/2024	LIFENET HEALTH	7,148.20	Implant Supplies
198773	5/2/2024	PROVIDENT LIFE & ACCIDENT	32,219.93	Insurance Premiums
198894	5/9/2024	INSURANCE REFUND	158.55	Insurance Refund
199029	5/23/2024	ALLERMETRIX INC	993.05	Laboratory Services
199155	5/23/2024	MAYO COLLABORATIVE SERVICES, INC.	505.88	Laboratory Services
198962	5/16/2024	METABOLIC NEWBORN SCREENING	7,272.08	Laboratory Services
198965	5/16/2024	NEOGENOMICS LABORATORIES, INC.	2,042.00	Laboratory Services
199244	5/30/2024	SUMMIT PATHOLOGY	14,222.65	Laboratory Services
EFT00000008672	5/23/2024	ARUP LABORATORIES, INC.	70,679.36	Laboratory Services
199039	5/23/2024	BIOMERIEUX, INC.	4,152.66	Laboratory Supplies
199170	5/30/2024	BIOMERIEUX, INC.	8,510.15	Laboratory Supplies
198705	5/2/2024	CARESFIELD LLC	188.05	Laboratory Supplies
198812	5/9/2024	CEPHEID	115.00	Laboratory Supplies
198917	5/16/2024	CEPHEID	5,524.00	Laboratory Supplies
199052	5/23/2024	CEPHEID	6,150.20	Laboratory Supplies
199176	5/30/2024	CEPHEID	10,021.00	Laboratory Supplies
198826	5/9/2024	EVIDENT SCIENTIFIC, INC.	248.13	Laboratory Supplies
198720	5/2/2024	FISHER HEALTHCARE	3,255.62	Laboratory Supplies
198829	5/9/2024	FISHER HEALTHCARE	412.82	Laboratory Supplies
198935	5/16/2024	FISHER HEALTHCARE	3,976.59	Laboratory Supplies
199075	5/23/2024	FISHER HEALTHCARE	2,283.90	Laboratory Supplies
199195	5/30/2024	FISHER HEALTHCARE	22,490.90	Laboratory Supplies
199217	5/30/2024	MESA LABORATORIES	998.00	Laboratory Supplies
198976	5/16/2024	R&D SYSTEMS INC	90.47	Laboratory Supplies
199129	5/23/2024	SIGMA-ALDRICH INC	484.00	Laboratory Supplies
199241	5/30/2024	STATLAB MEDICAL PRODUCTS	67.92	Laboratory Supplies
198989	5/16/2024	SYSMEX AMERICA INC.	1,177.54	Laboratory Supplies
199245	5/30/2024	SYSMEX AMERICA INC.	2,284.21	Laboratory Supplies
198771	5/2/2024	TYPENEX MEDICAL, LLC	236.84	Laboratory Supplies
198994	5/16/2024	TYPENEX MEDICAL, LLC	37.15	Laboratory Supplies
EFT00000008648	5/2/2024	BIO-RAD LABORATORIES	1,137.78	Laboratory Supplies
EFT00000008653	5/9/2024	BIO-RAD LABORATORIES	1,151.79	Laboratory Supplies
EFT00000008654	5/9/2024	GREER LABORATORIES, INC	9,336.93	Laboratory Supplies
EFT00000008667	5/16/2024	GREER LABORATORIES, INC	1,740.51	Laboratory Supplies
EFT00000008686	5/30/2024	BIO-RAD LABORATORIES	2,771.05	Laboratory Supplies
EFT00000008687	5/30/2024	GREER LABORATORIES, INC	6,688.89	Laboratory Supplies
198946	5/16/2024	HUSCH BLACKWELL LLP	730.00	Legal Fees
199205	5/30/2024	HUSCH BLACKWELL LLP	5,657.50	Legal Fees
198749	5/2/2024	PHILLIPS LAW, LLC	14,924.60	Legal Fees
199114	5/23/2024	PHILLIPS LAW, LLC	20,887.79	Legal Fees
198890	5/9/2024	WELBORN SULLIVAN MECK & TOOLEY, P.C.	24,420.00	Legal Fees
198775	5/2/2024	USI INSURANCE SERVICES WYOMING	484.00	Liability Insurance
198998	5/16/2024	USI INSURANCE SERVICES WYOMING	297,593.00	Liability Insurance
198887	5/9/2024	U S NUCLEAR REGULATORY COMM	5,200.00	License & Taxes
198892	5/9/2024	WYOMING DEPT OF HEALTH	1,500.00	License & Taxes
198761	5/2/2024	STANDARD TEXTILE	1,099.20	Linen
198876	5/9/2024	STANDARD TEXTILE	186.48	Linen



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199239	5/30/2024	STANDARD TEXTILE	377.76	Linens
199258	5/30/2024	WYOMING UROLOGICAL SERVICES, LP	15,500.00	Lithotripsy Service
198691	5/2/2024	A & B HOME IMPROVEMENTS	3,000.00	Maintenance & Repair
199024	5/23/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	3,978.24	Maintenance & Repair
199061	5/23/2024	COUNTERWISE	325.00	Maintenance & Repair
198711	5/2/2024	DANIEL DORMAN PAINTING	2,200.00	Maintenance & Repair
198927	5/16/2024	DANIEL DORMAN PAINTING	480.00	Maintenance & Repair
198714	5/2/2024	DJ'S GLASS PLUS, INC.	2,435.00	Maintenance & Repair
199084	5/23/2024	HIGH SECURITY LOCK & ALARM	21.00	Maintenance & Repair
199101	5/23/2024	LEAF	2,670.00	Maintenance & Repair
198747	5/2/2024	PACIFIC STEEL HIDES FURS RECYC	41.83	Maintenance & Repair
198859	5/9/2024	PACIFIC WATER INC	600.00	Maintenance & Repair
199111	5/23/2024	PACT STUDIOS, LLC	3,230.00	Maintenance & Repair
198860	5/9/2024	PARTSSOURCE	154.48	Maintenance & Repair
198971	5/16/2024	PARTSSOURCE	609.40	Maintenance & Repair
199112	5/23/2024	PARTSSOURCE	1,255.32	Maintenance & Repair
199225	5/30/2024	PARTSSOURCE	172.45	Maintenance & Repair
198763	5/2/2024	STEALTH TECHNOLOGIES	345.29	Maintenance & Repair
198891	5/9/2024	WYOELECTRIC, INC	985.39	Maintenance & Repair
199007	5/16/2024	WYOELECTRIC, INC	1,862.00	Maintenance & Repair
199257	5/30/2024	WYOELECTRIC, INC	4,960.00	Maintenance & Repair
EFT000000008658	5/9/2024	SERVCO	5,362.35	Maintenance & Repair
EFT000000008674	5/23/2024	COLORADO DOORWAYS, INC	51.00	Maintenance & Repair
EFT000000008680	5/23/2024	SERVCO	296.64	Maintenance & Repair
EFT000000008689	5/30/2024	SERVCO	5,956.26	Maintenance & Repair
198693	5/2/2024	ALPINE PURE SOFT WATER	1,455.30	Maintenance Supplies
199009	5/20/2024	BENNETT'S	201.60	Maintenance Supplies
198817	5/9/2024	CODALE ELECTRIC SUPPLY, INC	1,830.65	Maintenance Supplies
198920	5/16/2024	CODALE ELECTRIC SUPPLY, INC	121.79	Maintenance Supplies
199177	5/30/2024	CODALE ELECTRIC SUPPLY, INC	310.50	Maintenance Supplies
198818	5/9/2024	COMPLIANCE PLUS INC.	8,344.00	Maintenance Supplies
198726	5/2/2024	GRAINGER	186.81	Maintenance Supplies
198835	5/9/2024	GRAINGER	398.88	Maintenance Supplies
198941	5/16/2024	GRAINGER	1,082.84	Maintenance Supplies
199200	5/30/2024	GRAINGER	2,351.59	Maintenance Supplies
198731	5/2/2024	HOME DEPOT	526.75	Maintenance Supplies
198945	5/16/2024	HOME DEPOT	1,619.66	Maintenance Supplies
199204	5/30/2024	HOME DEPOT	461.37	Maintenance Supplies
199220	5/30/2024	NAPA AUTO PARTS	20.77	Maintenance Supplies
198753	5/2/2024	ROCK SPRINGS WINNELSON CO	1,608.95	Maintenance Supplies
198873	5/9/2024	ROCK SPRINGS WINNELSON CO	858.93	Maintenance Supplies
199124	5/23/2024	ROCK SPRINGS WINNELSON CO	66.70	Maintenance Supplies
199233	5/30/2024	ROCK SPRINGS WINNELSON CO	1,900.43	Maintenance Supplies
EFT000000008645	5/2/2024	ACE HARDWARE	17.99	Maintenance Supplies
EFT000000008651	5/9/2024	ACE HARDWARE	148.87	Maintenance Supplies
EFT000000008670	5/23/2024	ACE HARDWARE	69.89	Maintenance Supplies
EFT000000008683	5/30/2024	ACE HARDWARE	52.96	Maintenance Supplies
EFT000000008691	5/30/2024	ULINE, INC	266.50	Maintenance Supplies
198975	5/16/2024	PURPLE LIZARDS, LLC	402.50	Marketing & Promotional Supplies
199116	5/23/2024	PURPLE LIZARDS, LLC	1,240.00	Marketing & Promotional Supplies
199230	5/30/2024	PURPLE LIZARDS, LLC	5,350.00	Marketing & Promotional Supplies
198853	5/9/2024	MHSC MEDICAL STAFF	3,000.00	Membership Dues
198790	5/7/2024	MHSC-FOUNDATION	1,455.91	MHSC Foundation
199013	5/21/2024	MHSC-FOUNDATION	1,438.41	MHSC Foundation



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198698	5/2/2024	ATERA NETWORKS INC.	17,880.00	Minor Equipment
198951	5/16/2024	JRT ASSOCIATES	339.47	Minor Equipment
198776	5/2/2024	US MED-EQUIP, LLC	898.58	Minor Equipment
199147	5/23/2024	US MED-EQUIP, LLC	1,091.48	Minor Equipment
EFT00000008656	5/9/2024	LABORIE MEDICAL TECHNOLOGIES CORP	364.40	Minor Equipment
EFT00000008677	5/23/2024	LABORIE MEDICAL TECHNOLOGIES CORP	21,345.00	Minor Equipment
198767	5/2/2024	TERMINIX OF WYOMING	957.00	Monthly Pest Control
198881	5/9/2024	TERMINIX OF WYOMING	150.00	Monthly Pest Control
199246	5/30/2024	TERMINIX OF WYOMING	509.00	Monthly Pest Control
199035	5/23/2024	A TOUCH OF CLASS	81.50	Non Medical Supplies
198914	5/16/2024	BROWN INDUSTRIES INC	4,666.45	Non Medical Supplies
199046	5/23/2024	BROWN INDUSTRIES INC	68.90	Non Medical Supplies
199173	5/30/2024	BROWN INDUSTRIES INC	85.40	Non Medical Supplies
198725	5/2/2024	GLOBAL EQUIPMENT COMPANY	62.95	Non Medical Supplies
198834	5/9/2024	GLOBAL EQUIPMENT COMPANY	159.80	Non Medical Supplies
198982	5/16/2024	SMILEMAKERS	1,182.74	Non Medical Supplies
EFT00000008657	5/9/2024	POSITIVE PROMOTIONS	20,275.98	Non Medical Supplies
199162	5/30/2024	ALPHACARD SYSTEMS, LLC	100.00	Office Supplies
199070	5/23/2024	ENCOMPASS GROUP, LLC	1,841.10	Office Supplies
199190	5/30/2024	ENCOMPASS GROUP, LLC	2,472.24	Office Supplies
198728	5/2/2024	HD SUPPLY FACILITIES MAINTENANCE, LTD	1,357.16	Office Supplies
198839	5/9/2024	IDENTISYS INC	1,191.60	Office Supplies
198845	5/9/2024	LABELMATCH	128.24	Office Supplies
198762	5/2/2024	STAPLES BUSINESS ADVANTAGE	4,996.84	Office Supplies
198877	5/9/2024	STAPLES BUSINESS ADVANTAGE	2,184.34	Office Supplies
198984	5/16/2024	STAPLES BUSINESS ADVANTAGE	484.16	Office Supplies
199133	5/23/2024	STAPLES BUSINESS ADVANTAGE	632.29	Office Supplies
199240	5/30/2024	STAPLES BUSINESS ADVANTAGE	5,287.64	Office Supplies
W/T	5/22/2024	DEPOSIT SLIPS	227.57	Office Supplies
198785	5/2/2024	YOUNG AT HEART SENIOR CITIZENS CENTER	2,380.00	Other Employee Benefits
EFT00000008662	5/16/2024	4IMPRINT, INC.	200.00	Other Employee Benefits
EFT00000008682	5/30/2024	4IMPRINT, INC.	760.50	Other Employee Benefits
199229	5/30/2024	PMS SCREEN PRINTING	112.00	Other Employee Benefits
198815	5/9/2024	CJ SIGNS	222.75	Other Purchased Services
198923	5/16/2024	CORNMAN'S KETTLE CORN	1,100.00	Other Purchased Services
199186	5/30/2024	DATA INNOVATIONS LLC	1,680.00	Other Purchased Services
199192	5/30/2024	EVE'S	9,676.00	Other Purchased Services
198740	5/2/2024	QUICK RESPONSE TAXI	290.00	Other Purchased Services
198895	5/10/2024	QUICK RESPONSE TAXI	50.00	Other Purchased Services
198957	5/16/2024	QUICK RESPONSE TAXI	252.00	Other Purchased Services
199102	5/23/2024	QUICK RESPONSE TAXI	345.00	Other Purchased Services
199211	5/30/2024	QUICK RESPONSE TAXI	402.00	Other Purchased Services
198755	5/2/2024	SEAGULL PRINTING	226.27	Other Purchased Services
EFT00000008666	5/16/2024	CASTLE ROCK HSP DIST	3,954.60	Other Purchased Services
EFT00000008646	5/2/2024	AIRGAS INTERMOUNTAIN INC	4,570.05	Oxygen Rental
EFT00000008652	5/9/2024	AIRGAS INTERMOUNTAIN INC	423.36	Oxygen Rental
EFT00000008663	5/16/2024	AIRGAS INTERMOUNTAIN INC	230.98	Oxygen Rental
EFT00000008671	5/23/2024	AIRGAS INTERMOUNTAIN INC	367.66	Oxygen Rental
EFT00000008684	5/30/2024	AIRGAS INTERMOUNTAIN INC	3,609.24	Oxygen Rental
198793	5/7/2024	UNITED WAY OF SWEETWATER COUNTY	253.61	Payroll Deduction
199017	5/21/2024	UNITED WAY OF SWEETWATER COUNTY	253.61	Payroll Deduction
198787	5/7/2024	CIRCUIT COURT 3RD JUDICIAL	296.10	Payroll Garnishment
198788	5/7/2024	CIRCUIT COURT 3RD JUDICIAL	283.99	Payroll Garnishment
198789	5/7/2024	CIRCUIT COURT 3RD JUDICIAL	345.49	Payroll Garnishment



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199010	5/21/2024	CIRCUIT COURT 3RD JUDICIAL	298.49	Payroll Garnishment
199011	5/21/2024	CIRCUIT COURT 3RD JUDICIAL	338.27	Payroll Garnishment
199012	5/21/2024	CIRCUIT COURT 3RD JUDICIAL	351.42	Payroll Garnishment
198791	5/7/2024	STATE OF WYOMING DFS/CSES	2,011.70	Payroll Garnishment
199014	5/21/2024	STATE OF WYOMING DFS/CSES	1,367.40	Payroll Garnishment
198792	5/7/2024	SWEETWATER CIRCUIT COURT-RS	378.66	Payroll Garnishment
199015	5/21/2024	SWEETWATER CIRCUIT COURT-RS	169.68	Payroll Garnishment
198794	5/7/2024	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
199016	5/21/2024	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
W/T	5/7/2024	PAYROLL 10	1,800,000.00	Payroll Transfer
W/T	5/21/2024	PAYROLL 11	1,800,000.00	Payroll Transfer
198854	5/9/2024	MHSC - PETTY CASH	55.75	Petty Cash
198809	5/9/2024	CARDINAL HEALTH PHARMACY MGMT	1,085,404.31	Pharmacy Management
199049	5/23/2024	CARDINAL HEALTH PHARMACY MGMT	4,952.50	Pharmacy Management
199006	5/16/2024	DR. W. MARCUS BRANN	6,048.00	Physician Services
198734	5/2/2024	DR. JACQUES DENKER	2,812.50	Physician Services
199069	5/23/2024	DR. ELIZABETH CONGDON	1,500.00	Physician Recruitment
198943	5/16/2024	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	298.00	Physician Recruitment
199086	5/23/2024	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	3,472.85	Physician Recruitment
198786	5/3/2024	DR. SAMER KATTAN	8,333.33	Physician Retention
198961	5/16/2024	DR. MELINDA POYER	10,000.00	Physician Retention
199005	5/16/2024	DR. WILLIAM SARETTE	8,333.33	Physician Retention
198954	5/16/2024	KATHERINE MOCZULSKI	15,000.00	Physician Retention
198990	5/16/2024	TENNY HANSON	15,000.00	Physician Retention
198898	5/16/2024	ADVANCED MEDICAL IMAGING, LLC	22,554.00	Physician Services
198799	5/9/2024	AMERICAN ACADEMY OF SLEEP MEDICINE	336.00	Physician Services
198910	5/16/2024	BETH ANN MARTIN	4,037.60	Physician Services
198708	5/2/2024	COMPHEALTH, INC.	18,477.39	Physician Services
199055	5/23/2024	COMPHEALTH, INC.	15,265.22	Physician Services
199179	5/30/2024	COMPHEALTH, INC.	13,925.84	Physician Services
198807	5/9/2024	DR. BRIAN MOON	11,825.00	Physician Services
198842	5/9/2024	DR. JARED TYLER	18,500.00	Physician Services
199218	5/30/2024	MOUNTAIN STATES MEDICAL PHYSICS	12,207.46	Physician Services
199139	5/23/2024	THE SLEEP SPECIALISTS	8,825.00	Physician Services
199144	5/23/2024	UNIVERSITY OF UTAH (UJHC OUTREACH)	118,633.08	Physician Services
198781	5/2/2024	WEATHERBY LOCUMS, INC	384.84	Physician Services
199152	5/23/2024	WEATHERBY LOCUMS, INC	44,417.91	Physician Services
199255	5/30/2024	WEATHERBY LOCUMS, INC	101,892.11	Physician Services
199025	5/23/2024	AIDVANTAGE	2,500.00	Physician Student Loan
199081	5/23/2024	GREAT LAKES	1,666.67	Physician Student Loan
199065	5/23/2024	MOHELA	1,666.67	Physician Student Loan
199157	5/24/2024	MOHELA	1,666.67	Physician Student Loan
199107	5/23/2024	US DEPARTMENT OF EDUCATION	1,666.67	Physician Student Loan
199145	5/23/2024	US DEPARTMENT OF EDUCATION	3,333.34	Physician Student Loan
199146	5/23/2024	US DEPT OF EDUCATION	1,666.67	Physician Student Loan
198752	5/2/2024	RESERVE ACCOUNT	5,000.00	Postage
199022	5/23/2024	ADVANCED MEDICAL REVIEWS, INC	1,460.74	Professional Service
198694	5/2/2024	ALSCO AMERICAN LINEN	85.12	Professional Service
198797	5/9/2024	ALSCO AMERICAN LINEN	85.12	Professional Service
199030	5/23/2024	ALSCO AMERICAN LINEN	42.56	Professional Service
199072	5/23/2024	CE BROKER	455.58	Professional Service
199054	5/23/2024	CLEANIQUE PROFESSIONAL SERVICES	5,975.00	Professional Service
198956	5/16/2024	CLIFTONLARSONALLEN LLP	51,806.50	Professional Service
199210	5/30/2024	JOINT COMMISSION RESOURCES	2,650.00	Professional Service



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198738	5/2/2024	KEITH WILLIAMS & ASSOCIATES, INC.	3,500.00	Professional Service
198858	5/9/2024	P3 CONSULTING LLC	735.00	Professional Service
199132	5/23/2024	ST+B ENGINEERING	570.44	Professional Service
199149	5/23/2024	VERISYS INC.	131.25	Professional Service
199178	5/30/2024	COLLEGE OF AMERICAN PATHOLOGY	294.00	Proficiency Testing
198864	5/9/2024	RADIATION DETECTION COMPANY	45.00	Radiation Monitoring
199119	5/23/2024	RADIATION DETECTION COMPANY	499.99	Radiation Monitoring
198702	5/2/2024	BRACCO DIAGNOSTICS INC	886.89	Radiology Material
199172	5/30/2024	BRACCO DIAGNOSTICS INC	1,215.14	Radiology Material
198926	5/16/2024	CURIUM US LLC	278.46	Radiology Material
198724	5/2/2024	GE HEALTHCARE INC	1,669.30	Radiology Material
198939	5/16/2024	GE HEALTHCARE INC	1,669.30	Radiology Material
199198	5/30/2024	GE HEALTHCARE INC	3,338.60	Radiology Material
198847	5/9/2024	LANTHEUS MEDICAL IMAGING, INC	653.37	Radiology Material
198955	5/16/2024	LANTHEUS MEDICAL IMAGING, INC	2,134.56	Radiology Material
199100	5/23/2024	LANTHEUS MEDICAL IMAGING, INC	2,054.74	Radiology Material
199113	5/23/2024	PHARMALOGIC WY, LTD	7,560.14	Radiology Material
198913	5/16/2024	BRIAN BARTON, PA-C	150.00	Reimbursement - CME
199066	5/23/2024	DESERIEE PADILLA	527.58	Reimbursement - CME
198744	5/2/2024	DR MICHAEL BOWERS	237.00	Reimbursement - CME
198699	5/2/2024	DR. BANU SYMINGTON	155.00	Reimbursement - CME
199036	5/23/2024	DR. BANU SYMINGTON	400.00	Reimbursement - CME
198909	5/16/2024	DR. BENJAMIN JENSEN	4,868.93	Reimbursement - CME
199043	5/23/2024	DR. BRIANNE CROFTS	657.00	Reimbursement - CME
199047	5/23/2024	DR. BRYTON LONG	2,393.13	Reimbursement - CME
199208	5/30/2024	DR. JACOB JOHNSON	9,799.34	Reimbursement - CME
199093	5/23/2024	DR. JEFFREY WHEELER	9,000.00	Reimbursement - CME
198739	5/2/2024	DR. LAWRENCE LAURIDSEN	237.00	Reimbursement - CME
199121	5/23/2024	DR. RAHUL PAWAR	2,037.00	Reimbursement - CME
198981	5/16/2024	DR. SIGSBEE DUCK	487.00	Reimbursement - CME
199151	5/23/2024	DR. WAGNER VERONESE	1,616.62	Reimbursement - CME
199253	5/30/2024	DR. WAGNER VERONESE	383.38	Reimbursement - CME
198782	5/2/2024	DR. WILLIAM SARETTE	450.46	Reimbursement - CME
199153	5/23/2024	DR. WILLIAM SARETTE	817.99	Reimbursement - CME
199090	5/23/2024	ISRAEL STEWART, DO	155.00	Reimbursement - CME
198735	5/2/2024	JOSEPH J. OLIVER, M.D.	237.00	Reimbursement - CME
199095	5/23/2024	JULIANNE FORRESTER	195.00	Reimbursement - CME
198902	5/16/2024	AMANDA KEEN	635.00	Reimbursement - Education & Travel
199164	5/30/2024	ANGEL BENNETT	202.92	Reimbursement - Education & Travel
198907	5/16/2024	BARBARA SOWADA	316.92	Reimbursement - Education & Travel
199187	5/30/2024	DESERIEE PADILLA	136.80	Reimbursement - Education & Travel
199092	5/23/2024	DR. JANENE GLYN	1,269.38	Reimbursement - Education & Travel
199209	5/30/2024	DR. JANENE GLYN	2,008.82	Reimbursement - Education & Travel
199122	5/23/2024	DR. RAZVAN DUCU	1,260.84	Reimbursement - Education & Travel
199080	5/23/2024	GERRY JOHNSTON	642.24	Reimbursement - Education & Travel
198949	5/16/2024	IRENE RICHARDSON	217.74	Reimbursement - Education & Travel
199094	5/23/2024	JODY BUTLER	751.76	Reimbursement - Education & Travel
199103	5/23/2024	MADELINE MEIDINGER	344.77	Reimbursement - Education & Travel
199108	5/23/2024	NICOLE BURKE	367.19	Reimbursement - Education & Travel
198866	5/9/2024	RAELYNN RUSSELL	60.00	Reimbursement - Education & Travel
199231	5/30/2024	RAELYNN RUSSELL	32.99	Reimbursement - Education & Travel
198871	5/9/2024	ROBIN JENKINS	2,232.98	Reimbursement - Education & Travel
198874	5/9/2024	RONALD L. CHEESE	561.22	Reimbursement - Education & Travel
198759	5/2/2024	SIERRA NUSSBAUM	427.62	Reimbursement - Education & Travel



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2024

198878	5/9/2024	STEPHANIE DUPAPE	292.30	Reimbursement - Education & Travel
199134	5/23/2024	STEPHANIE DUPAPE	101.35	Reimbursement - Education & Travel
199135	5/23/2024	STEVEN SKORCZ, JR	311.15	Reimbursement - Education & Travel
198988	5/16/2024	SUZAN CAMPBELL	264.00	Reimbursement - Education & Travel
199163	5/30/2024	ANDREA VINEYARD	260.64	Reimbursement - Insurance Premiums
198748	5/2/2024	PAIGE JULANDER	105.96	Reimbursement - Insurance Premiums
198991	5/16/2024	TINA DOYLE	133.94	Reimbursement - Insurance Premiums
198903	5/16/2024	ANN CLEVINGER	262.15	Reimbursement - Non Hospital Supplies
199034	5/23/2024	ASHTON LAMB	16.36	Reimbursement - Non Hospital Supplies
198952	5/16/2024	JUAN RODRIGUEZ	150.00	Reimbursement - Non Hospital Supplies
198958	5/16/2024	LESLIE TAYLOR	791.22	Reimbursement - Non Hospital Supplies
198851	5/9/2024	MEGAN GUESS	687.01	Reimbursement - Non Hospital Supplies
198856	5/9/2024	NICOLE TORRES	240.00	Reimbursement - Non Hospital Supplies
198972	5/16/2024	PATTY O'LEXY	41.95	Reimbursement - Non Hospital Supplies
198779	5/2/2024	DR. WAGNER VERONESE	296.33	Reimbursement - Payroll
198843	5/9/2024	JESSE MORENO	52.49	Reimbursement - Uniforms
198745	5/2/2024	MONTE GARRETT	150.00	Reimbursement - Uniforms
199126	5/23/2024	SCOTT MONTGOMERY	150.00	Reimbursement - Uniforms
W/T	5/6/2024	PCS 4/25/24	227,388.08	Retirement
W/T	5/20/2024	PCS 5/9/24	231,756.88	Retirement
198768	5/2/2024	VITASCRIPITUM LLC	3,021.25	Scribe Services
198737	5/2/2024	KD FOUNDATION	750.00	Sponsorship
199235	5/30/2024	RSGSA	500.00	Sponsorship
199159	5/29/2024	WESTERN WYOMING COLLEGE	3,000.00	Sponsorship
198800	5/9/2024	AMERICAN LEGION WYOMING HIGH SCHOOL RODEO ASSOCIATION	450.00	Sponsorship
198796	5/9/2024	ALI MED INC	356.91	Surgery Supplies
198899	5/16/2024	ALI MED INC	1,147.17	Surgery Supplies
199027	5/23/2024	ALI MED INC	713.82	Surgery Supplies
199161	5/30/2024	ALI MED INC	532.57	Surgery Supplies
198798	5/9/2024	ALTA MEDICAL SPECIALTIES	210.01	Surgery Supplies
198901	5/16/2024	ALTA MEDICAL SPECIALTIES	248.16	Surgery Supplies
198904	5/16/2024	APPLIED MEDICAL TECHNOLOGY	3,713.26	Surgery Supplies
198700	5/2/2024	BECTON DICKINSON	5,577.46	Surgery Supplies
198805	5/9/2024	BECTON DICKINSON	620.00	Surgery Supplies
199037	5/23/2024	BECTON DICKINSON	2,266.25	Surgery Supplies
199169	5/30/2024	BECTON DICKINSON	4,370.45	Surgery Supplies
198911	5/16/2024	BLUE ENDO	85.00	Surgery Supplies
198814	5/9/2024	CIVCO RADIOTHERAPY	22,500.00	Surgery Supplies
198919	5/16/2024	CIVCO RADIOTHERAPY	1,780.00	Surgery Supplies
199056	5/23/2024	CONMED LINVATEC	141.40	Surgery Supplies
198710	5/2/2024	COOPER SURGICAL	556.96	Surgery Supplies
198820	5/9/2024	COOPER SURGICAL	2,145.31	Surgery Supplies
199059	5/23/2024	COOPER SURGICAL	550.97	Surgery Supplies
199183	5/30/2024	COOPER SURGICAL	941.55	Surgery Supplies
198822	5/9/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	585.01	Surgery Supplies
199062	5/23/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	12,850.19	Surgery Supplies
199185	5/30/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	517.80	Surgery Supplies
198925	5/16/2024	CR BARD INC	1,555.20	Surgery Supplies
198825	5/9/2024	EQUASHIELD LLC	507.36	Surgery Supplies
198932	5/16/2024	EQUASHIELD LLC	5,971.68	Surgery Supplies
199199	5/30/2024	GLOBAL FOCUS MARKETING AND DISTRIBUTION, LTD.	471.96	Surgery Supplies
198732	5/2/2024	INTUITIVE SURGICAL INC.	1,512.00	Surgery Supplies
198840	5/9/2024	INTUITIVE SURGICAL INC.	42,733.63	Surgery Supplies
199088	5/23/2024	INTUITIVE SURGICAL INC.	3,938.00	Surgery Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2024

199206	5/30/2024	INTUITIVE SURGICAL INC.	11,570.95	Surgery Supplies
198959	5/16/2024	MEDICAL PACKAGING LLC	1,154.03	Surgery Supplies
198692	5/2/2024	MIADERM	825.00	Surgery Supplies
199219	5/30/2024	NANOSONICS, INC	611.00	Surgery Supplies
198869	5/9/2024	RHYTHMLINK INTERNATIONAL LLC	84.00	Surgery Supplies
198979	5/16/2024	SHEATHING TECHNOLOGIES, INC.	162.35	Surgery Supplies
199130	5/23/2024	SMITH & NEPHEW ENDOSCOPY INC	498.58	Surgery Supplies
198983	5/16/2024	SMITH & NEPHEW INC.	1,275.74	Surgery Supplies
198765	5/2/2024	STRYKER ENDOSCOPY	4,838.03	Surgery Supplies
198880	5/9/2024	STRYKER ORTHOPAEDICS	18,578.04	Surgery Supplies
198987	5/16/2024	STRYKER ORTHOPAEDICS	474.50	Surgery Supplies
199136	5/23/2024	STRYKER ORTHOPAEDICS	24,426.19	Surgery Supplies
199243	5/30/2024	STRYKER ORTHOPAEDICS	390.00	Surgery Supplies
199138	5/23/2024	TELEFLEX LLC	520.00	Surgery Supplies
198882	5/9/2024	THE CARY COMPANY	774.64	Surgery Supplies
199248	5/30/2024	TRICOR SYSTEMS INC.	335.00	Surgery Supplies
198784	5/2/2024	XODUS MEDICAL, INC.	383.25	Surgery Supplies
198893	5/9/2024	XODUS MEDICAL, INC.	2,282.75	Surgery Supplies
199154	5/23/2024	XODUS MEDICAL, INC.	515.00	Surgery Supplies
199008	5/16/2024	ZIMMER BIOMET	172.50	Surgery Supplies
199259	5/30/2024	ZIMMER BIOMET	4,674.00	Surgery Supplies
199115	5/23/2024	PRESS GANEY ASSOCIATES, INC	9,578.66	Surveys
199099	5/23/2024	LANGUAGE LINE SERVICES	2,287.37	Translation Services
W/T	5/24/2024	DEPARTMENT OF WORKFORCE SERVICES	13,657.86	Unemployment QTR 1 2024
198751	5/2/2024	QUARTERMASTER	53.00	Uniforms
198900	5/16/2024	ALL WEST COMMUNICATIONS	2,266.98	Utilities
198697	5/2/2024	AT&T	41.76	Utilities
198803	5/9/2024	AT&T	98.94	Utilities
198804	5/9/2024	AT&T	257.09	Utilities
198863	5/9/2024	CENTURY LINK	3,313.72	Utilities
199118	5/23/2024	CENTURY LINK	24.05	Utilities
199067	5/23/2024	DISH NETWORK LLC	90.64	Utilities
199117	5/23/2024	DOMINION ENERGY WYOMING	49,470.26	Utilities
199191	5/30/2024	ENVIRO CARE INC.	12,493.34	Utilities
198872	5/9/2024	ROCK SPRINGS MUNICIPAL UTILITY	13,029.36	Utilities
198977	5/16/2024	ROCKY MOUNTAIN POWER	40,330.10	Utilities
199256	5/30/2024	WHITE MOUNTAIN WATER & SEWER DISTRICT	63.25	Utilities
198986	5/16/2024	STERICYCLE, INC.	1,737.08	Waste Disposal
198719	5/2/2024	FIBERTECH	2,392.00	Window Cleaning
			10,476,230.84	



**Memorial Hospital of Sweetwater County  
County Voucher Summary  
as of month ending May 31, 2024**

**Vouchers Submitted by MHSC at agreed discounted rate**

July 2023	\$0.00
August 2023	\$49,254.59
September 2023	\$0.00
October 2023	\$27,913.61
November 2023	\$7,018.05
December 2023	\$0.00
January 2024	\$0.00
February 2024	\$44,243.47
March 2024	\$9,309.81
April 2024	\$30,704.90
May 2024	\$14,568.03
June 2024	

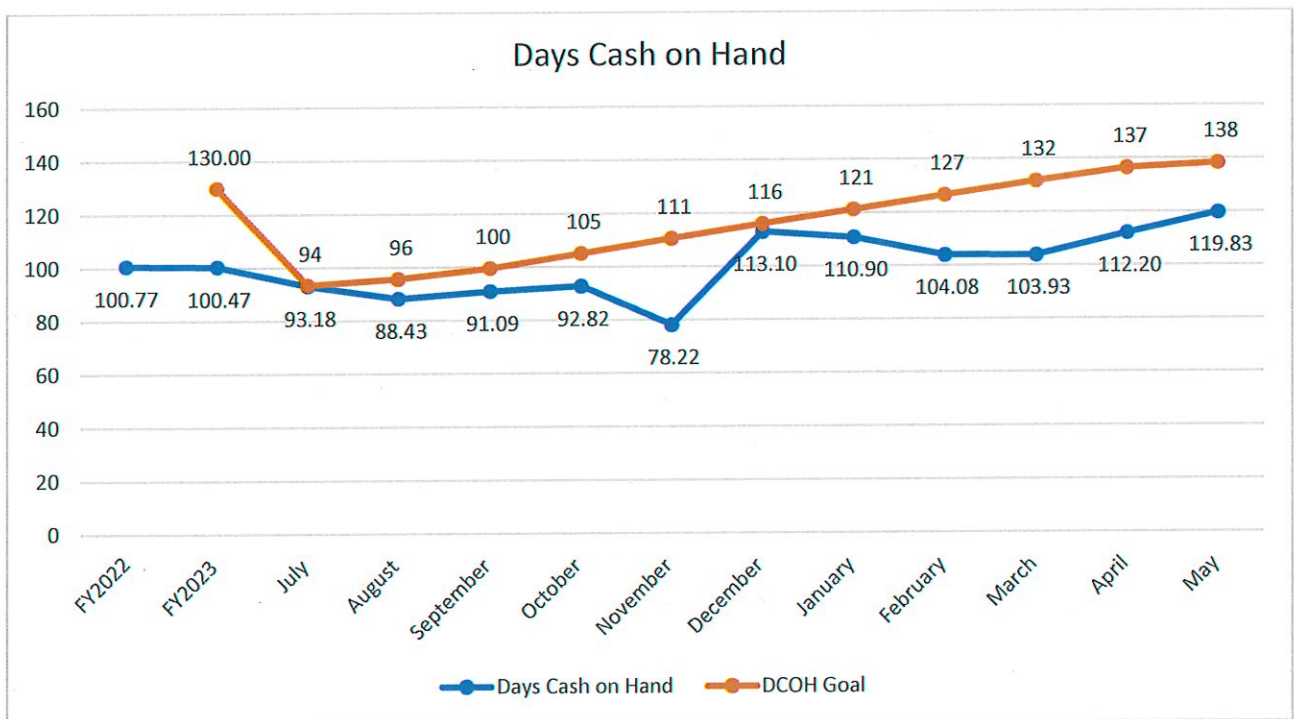
County Requested Total Vouchers Submitted	\$183,012.46
Total Vouchers Submitted FY 24	\$183,012.46
Less: Total Approved by County and Received by MHSC FY 24	\$168,444.43
Total Vouchers Pending Approval by County	\$14,568.03

FY24 Title 25 Fund Budget from Sweetwater County	\$471,488.00
Funds Received From Sweetwater County	\$168,444.43
FY24 Title 25 Fund Budget Remaining	\$303,043.57
Total Budgeted Vouchers Pending Submittal to County	\$0.00

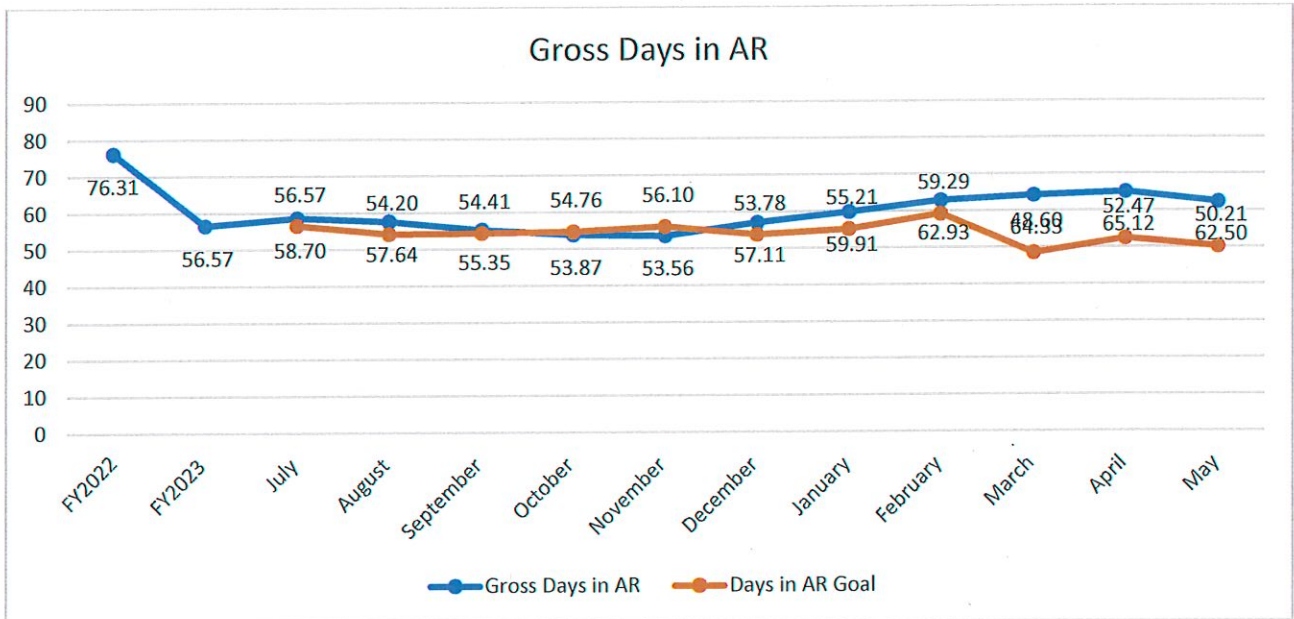
FY24 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY24 - July	\$0.00
County Maintenance FY24 - August	\$197,516.66
County Maintenance FY24 - September	\$0.00
County Maintenance FY24 - October	\$21,575.13
County Maintenance FY24 - November	\$20,665.42
County Maintenance FY24 - December	\$0.00
County Maintenance FY24 - January	\$100,431.64
County Maintenance FY24 - February	\$0.00
County Maintenance FY24 - March	\$107,468.18
County Maintenance FY24 - April	\$50,864.52
County Maintenance FY24 - May	\$0.00
County Maintenance FY24 - June	
	\$498,521.55
FY24 Maintenance Fund Budget Remaining	\$949,693.45

**Financial Goals – Fiscal Year 2024.** We have chosen four financial metrics to focus on for the current fiscal year: Days Cash on Hand (DCOH), Days in Accounts Receivable (AR), Cash Collections and Claims Denial Rate. We have included the historical average of 18 months prior to Cerner implementation, if available, and FYE 2023 for reference.

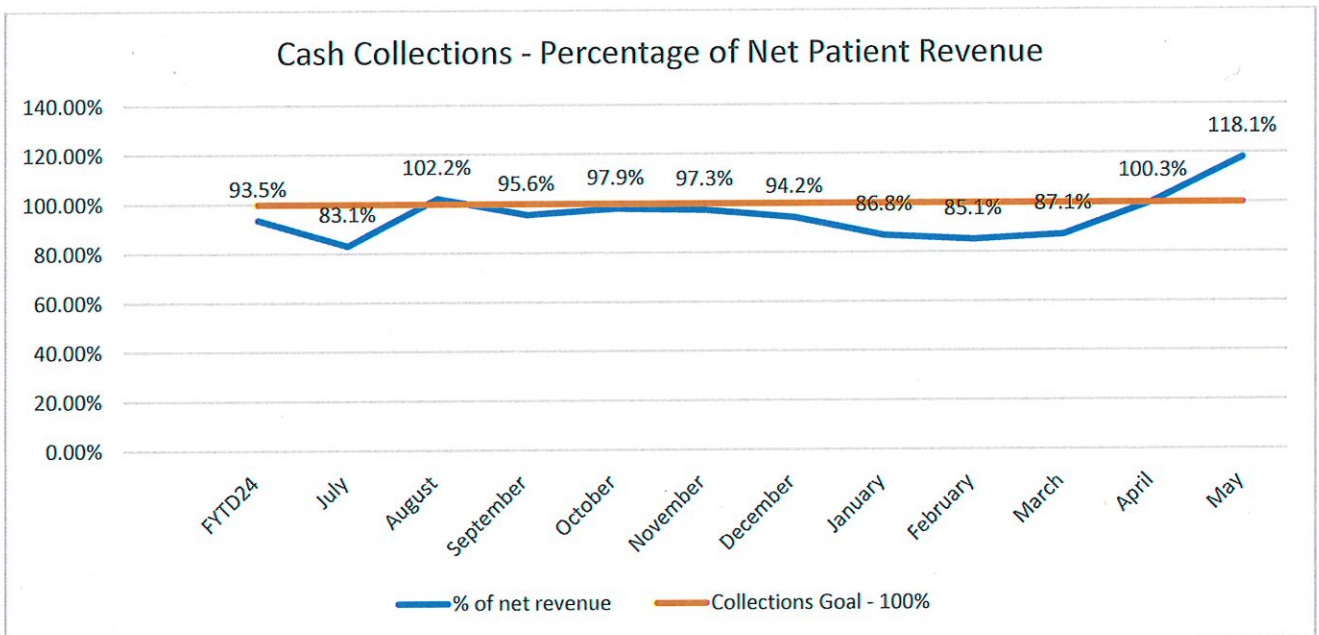
- **Days Cash on Hand** represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set interim goals of 100 days for September, 116 days for December, 132 days for March and 139 days for year end.
  - We had an increase of 8 days in DCOH, coming in at 120. Cash collections came in at \$12.8 million. Daily cash expense increased to \$312,750 in May.



- **Days in Accounts Receivable** represents the number of days of patient charges tied up in unpaid patient accounts. We have set interim goals of 54.4 days for September, 53.8 days for December, 48.6 for March and 47.7 by year end.
  - We use a 3-month average calculation in the financial statements for this metric. Days in AR decreased in May due to the high collections and high revenue and came in at 62.5, missing the goal for the month but moving in the right direction.

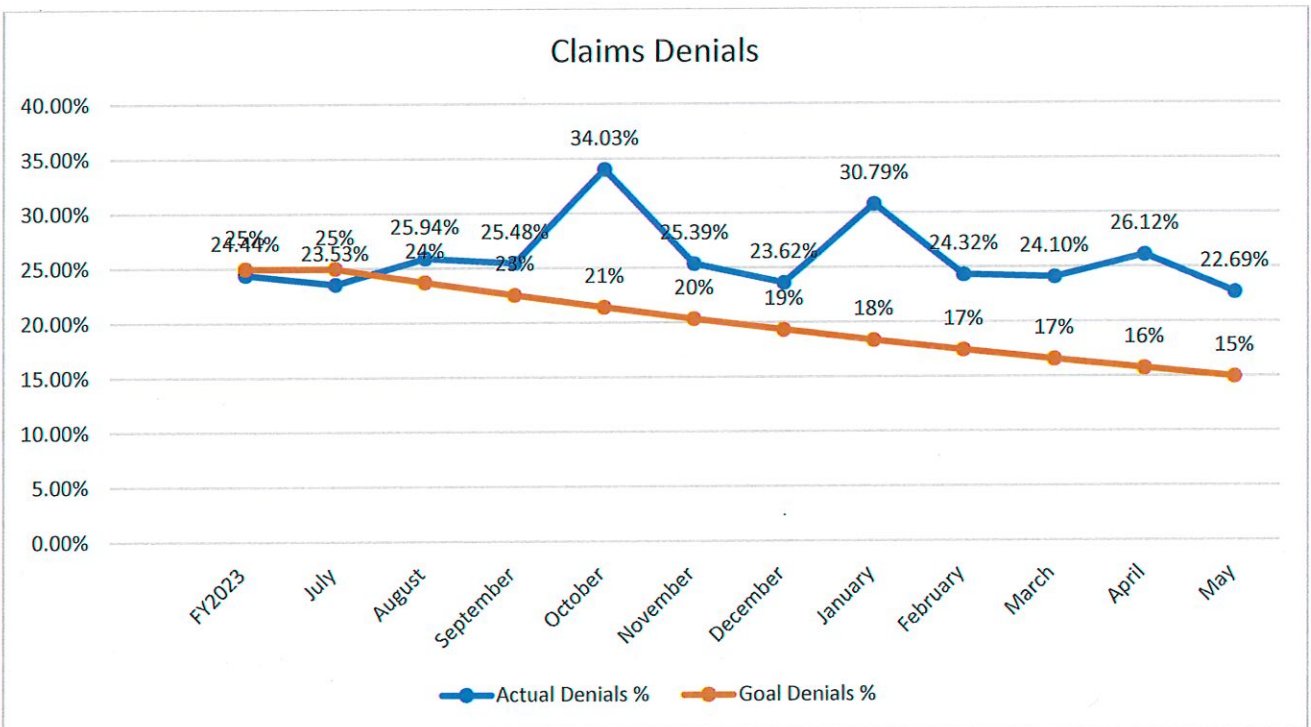


- **Cash Collections** – At the recommendation of CLA, we have changed the reporting goal for cash collections. The goal for cash collections is 100% or > than net patient revenue. The new trending graph is shown below.
  - Cash collections for May were \$12.8 million, or 118.1% of net patient revenue, exceeding the budget for the month. Year-to-date collections increased to 93.5% of net patient revenue.





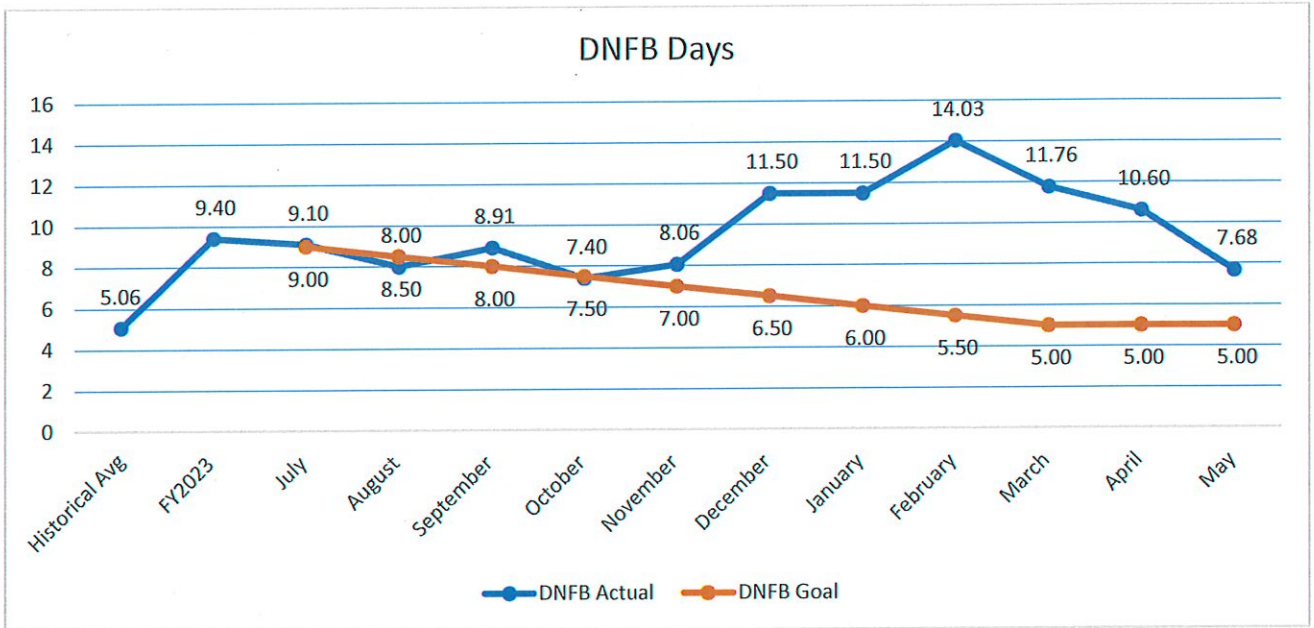
- **Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%.
  - The denial rate for May decreased to 22.7%, under the goal of 15% but starting to move in a positive direction. We continue to work with CLA around denials management and the new Denials Management Workgroup is meeting regularly, correcting issues, educating staff and analyzing trends.



**Revenue Cycle Goals – Fiscal Year 2024** - We have also set goals for specific financial metrics impacting the revenue cycle; DNFB Days, Total AR Aging and Payer Specific Aging.

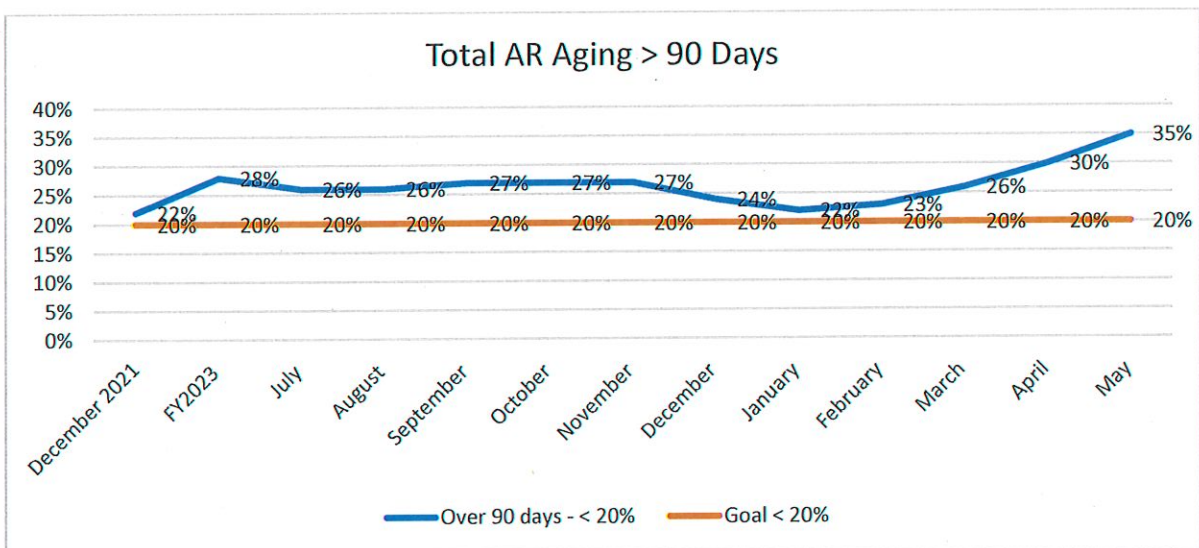
- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts where the patient has been discharged but the account has not been billed. Several categories fall under DNFB, including billing holds, corrections required, credit balances, waiting for coding, ready to bill and the standard delay. The standard delay is accounts held automatically for 5 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, equal to our 5-day standard delay for billing accounts.

- DNFB Days decreased three days to 7.7 in May as the team has prioritized this goal. We continue to work through the details in bringing our DNFB days down.

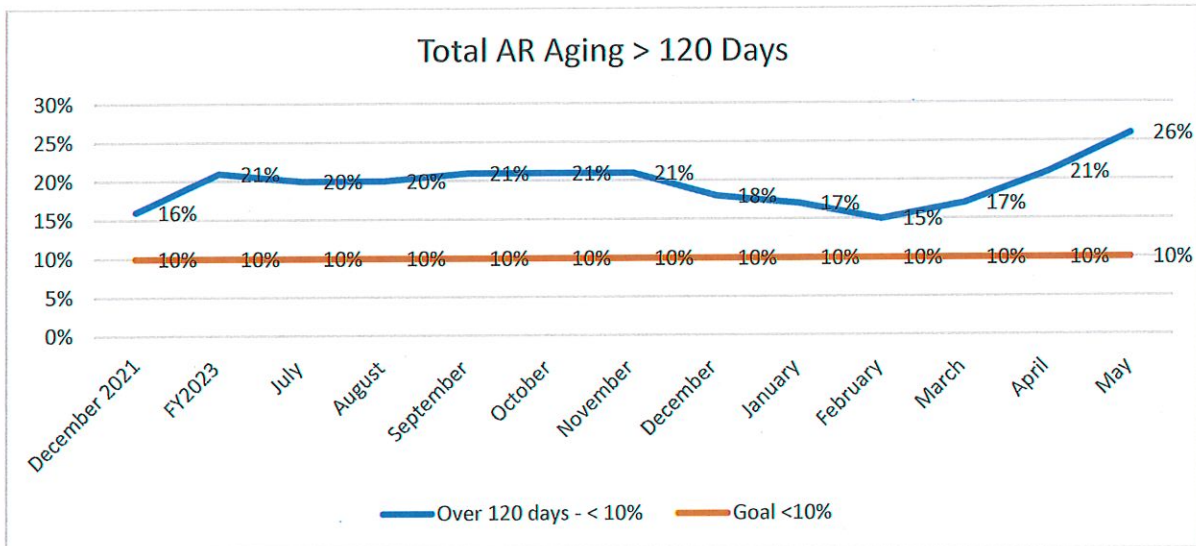


- **Total Accounts Receivable aging** – Goals were set based on national benchmarks received from CLA and are set as follows:

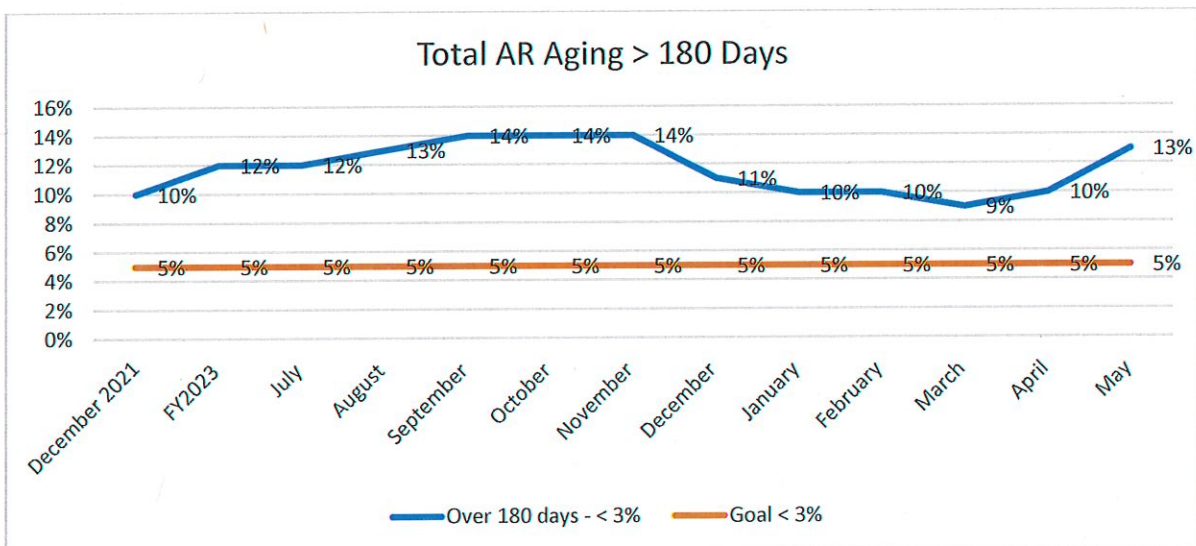
- Days over 90 days set be < 20% of total AR.
- Days over 120 days set at < 10% of total AR.
- Days over 180 days set at < 5% of total AR.



- Days over 90 days are 35% for May, a growth in aging AR, as other areas are cleaned up, the accounts fall into aging as of their discharge date.



- Days over 120 days increased to 26% for May.



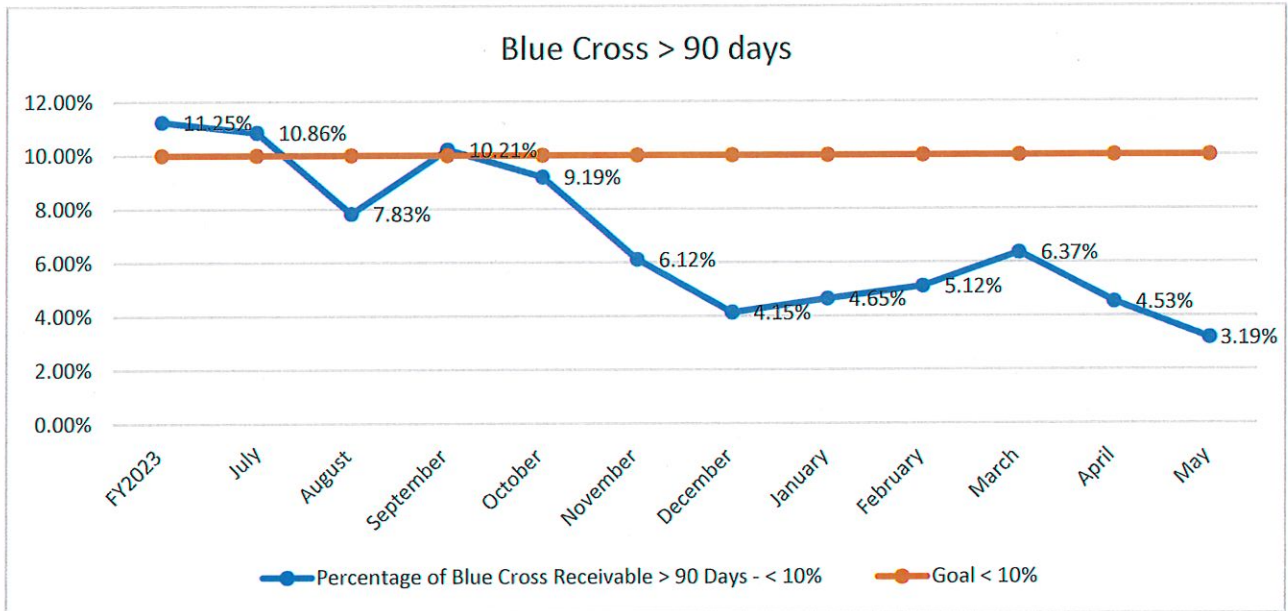
- Days over 180 days increased to 13% for May.

- **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:

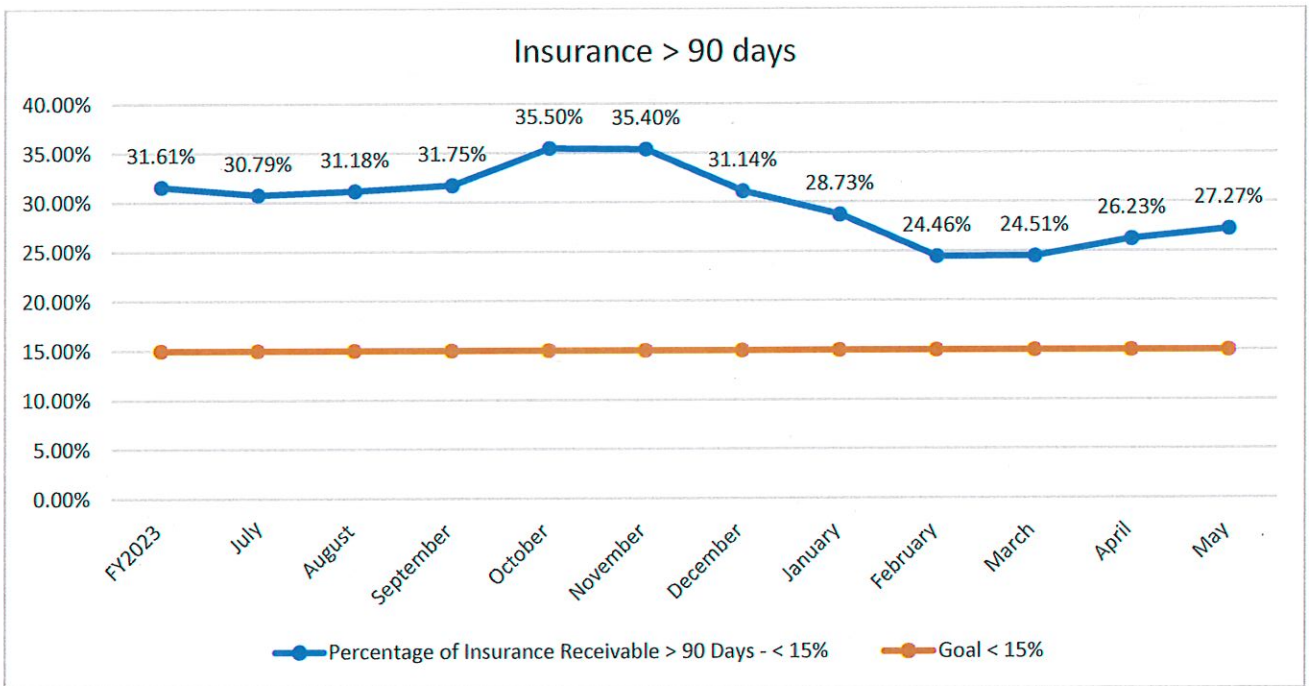
- BCBS Days in AR > 90 days less than 10%
- Insurance Days in AR > 90 days less than 15%



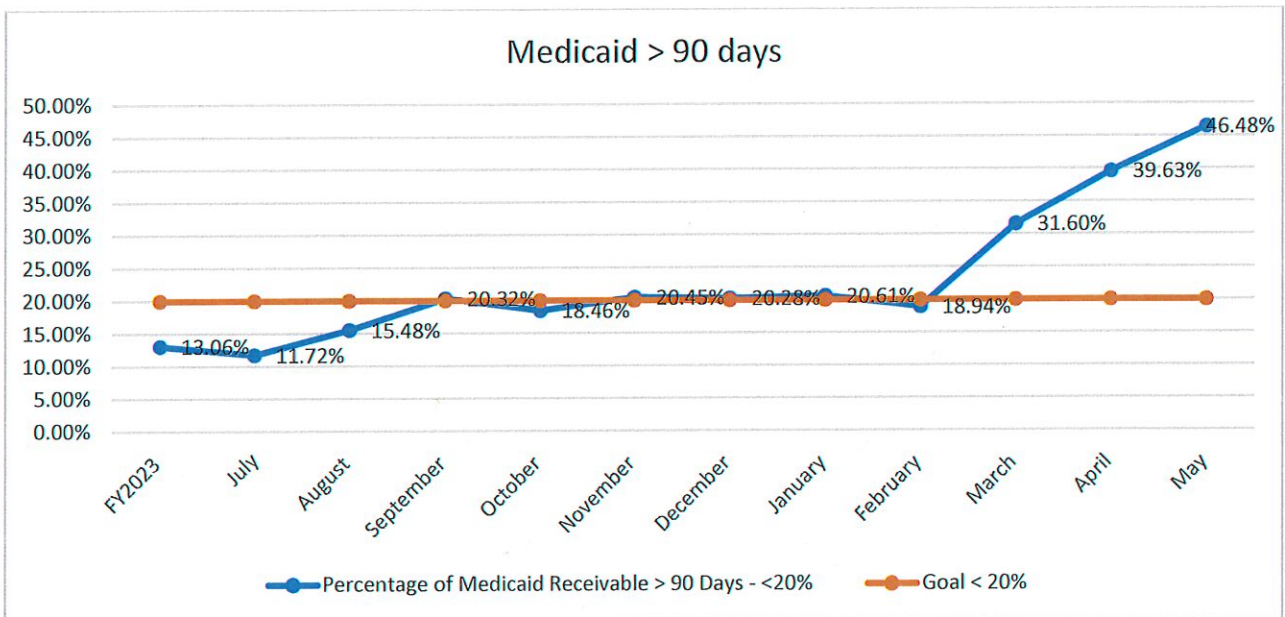
- Medicaid Days in AR > 90 days less than 20%
- Medicare Days in AR > 60 days less than 6%



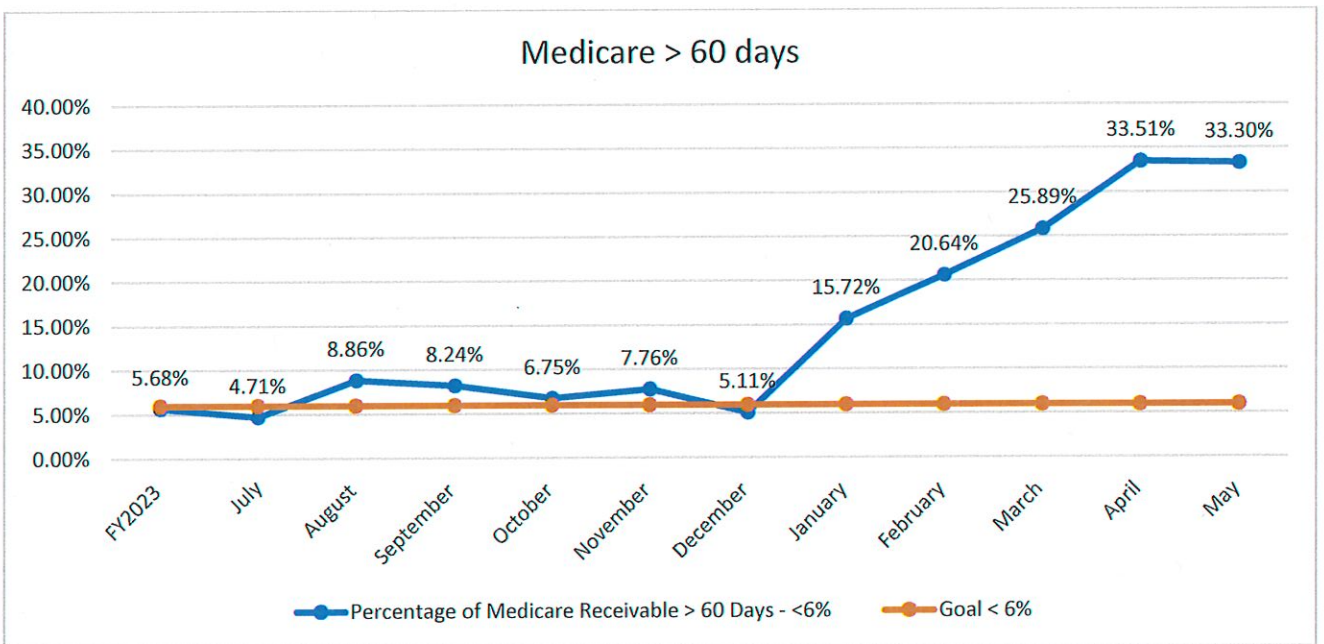
- Blue Cross aging remains under the goal of 10% in May, at 3.19%.



- Commercial aging increased slightly, at 27.3% for May, as we focus on efficient workflows and train staff on denials management.



- Medicaid aging increased again in May as we continue to train the new Medicare/Medicaid biller. Aging is at 46.5%, over the 20% goal.



- Medicare stayed the same in May for aging > 60 days, at 33.3%. Along with training new Medicare/Medicaid billers, we continue to have issues with Cerner which is impacting Medicare accounts.

**Self Pay Plan  
Information and Results  
June, 2024**

	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>
<b>SELF PAY DISCOUNTS</b>	983,066.30	1,353,208.58	780,098.39	775,118.53
	FY 24 ESTIMATE			845,583.85
	MAY TOTAL			97,658.82

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

	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>
<b>HARDSHIP PROGRAM</b>	75,053.94	3,164.60	61,124.87	169,480.95
<b>50% DISCOUNT</b>	MAY TOTAL			27,895.12

\*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.

<b>TOTAL SELF PAY PAYMENTS</b>	<b>HOSPITAL</b>	<b>CLINIC</b>
FY 19	7,931,404.51	
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

<b>TOTAL SELF PAY REVENUE</b>	<b>HOSPITAL</b>	<b>CLINIC</b>
FY 19	12,651,794.61	
FY 20	13,566,281.12	
FY 21	14,306,425.74	
FY 22	14,129,092.76	
FY 23	14,426,972.88	1,161,887.99
FY 24	14,058,581.93	1,365,896.47



## Self Pay Plan Information and Results

PAGE 2

### MEDICAL ASSISTANCE

FY19	2,122,865.57
FY20	2,579,929.74
FY21	2,890,990.97
FY22	1,534,631.43
FY23	2,382,483.18
FY 24	1,247,546.12

### PAYMENT PLANS

FY19	1,838,325.22
FY20	1,926,052.70
FY21	1,727,454.11
FY22	1,025,407.18

FY23 CURRENT CERNER FORMAL PMT PLANS

CERNER UNABLE TO CALCULATE AT THIS TIME  
WENT LIVE W/CERNER FAMILY BILLING OCT 23.

### PATIENT NAVIGATION

	FY22	FY23	FY24
ACTUAL COST SAVINGS OF FREE OR REPLACEMENT MEDICATION	261,211.00	285,333.00	235,364.00
COPAY ASSISTANCE *ACTUAL COLLECTIONS	40,733.69	51,976.00	80,886.00
INSURANCE MAXIMUMIZATION *ACTUAL COLLECTIONS	1,015,657.00	1,058,933.00	2,591,935.00
PREMIUM ASSISTANCE *ACTUAL COLLECTIONS	798,050.00	823,191.00	664,667.00
TOTAL COST SAVINGS AND COLLECTED REVENUE	2,115,651.69	2,219,433.00	3,572,852.00

TOTAL EXPENSE TO RUN PATIENT NAVIGATION DEPT FY22	142,622.52	162,690.00	166,757.25
GOAL - TOTAL LAST YEARS COLLECTIONS AND SAVINGS PLUS 10%	156,884.77	976,140.00	2,441,376.00

TOTAL AMOUNT WE HAVE EXCEEDED OUR GOAL BY FOR FY 24	1,958,766.92	1,243,293.00	1,131,476.00
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MEMO: June 26, 2024

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary June, 2024 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 2,200,000.00
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	\$ 2,200,000.00

Accounts Returned	\$ - 32,000.00
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Net Bad Debt Turned	\$ 2,168,000.00
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Recoveries Collection Agency Cerner	\$ - 135,000.00
Recoveries Collection Agency Affinity	\$ - 60,000.00
Recoveries Payment Plans Affinity	\$ - 1,000.00
Medical Clinic Recoveries EMD's	\$ - 6,500.00
Ortho Clinic Recoveries EMD's	\$ - 600.00
Total Bad Debt Recoveries	\$ - 203,100.00

Net Bad Debt Less Recoveries	\$ 1,964,900.00
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Projected Bad Debt by Financial Class

Blue Cross and Commercial	\$ 750,000.00
Medicare	\$ 60,000.00
Medicare Advantage	\$ 20,000.00
Self Pay	\$1,370,000.00





## Memorial Hospital Sweetwater County (MHSC)

### Revenue Cycle: Paired Advisory Support

#### Project Summary – Period Ending: May 31, 2024

Executive summary of engagement actions and plans associated with the **Revenue Cycle Paired Advisory Support** for the period: **May 4, 2024, to May 31, 2024**. The project objectives are outlined below:

- **Patient Access Assistance** - to develop/implement a corrective action plan to address findings and recommendations from recent operational evaluation.
- **Business Office Assistance** – to develop/implement a corrective action plan to address findings and recommendations from recent operational evaluation.
- **Clinical Documentation and Coding Education** – to provide education and training to physician providers, coding, billing, and nursing staff on ICD-10-CM diagnosis coding guideline updates and changes, HCPCS/CPT procedural coding updates, Evaluation & Management levels as related to clinical documentation, coding, and billing compliance.

This summary is divided in the following four sections:

- Workplan Milestones
- Issues for Management Attention
- Major Accomplishments
- Timeline (Workplan)
- Expectations for the Next Reporting Period

#### PROJECT MANAGEMENT

Are milestones/deliverables being completed at the rate planned?		Ok – On track/Completed as Planned
	X	Concern – Trailing by 1 or 2 Milestones
		Problem – Trailing by > 2 Milestones

#### OVERALL DASHBOARD RATING

	RED	X	Red-Threat to project, intervention required
	YELLOW		Yellow-Shift in schedule or delay, moderate risk, or issues
	GREEN		Green-on schedule, minimal risks, or issues

Workplan Milestones	Finish Date	Responsible Party	Status
<b>Project Mobilization</b> <ul style="list-style-type: none"><li>• Establish project governance structure, management tools, identify workgroup participants, and hold project kickoff meeting</li></ul>	12-05-23	CLA Consultants & Project Team Leader	<b>Completed</b>
<b>Future State Workflow Redesign</b> <ul style="list-style-type: none"><li>• Patient Access</li><li>• Business Office</li></ul>	12-31-23	CLA Consultants, Project Team Leaders, & Workgroups	<b>Completed</b>
<b>Future State Workflow Build</b> <ul style="list-style-type: none"><li>• Patient Access</li></ul>	01-31-24	CLA Consultants, Project Team Leaders, & Workgroups	<b>Completed</b>








Workplan Milestones	Finish Date	Responsible Party	Status
<b>Future State Workflow Build</b> • Business Office	01-31-24	CLA Consultants, Project Team Leaders, & Workgroups	In Progress
<b>Clinical Documentation/Coding Education</b> • HIM Coding	12-31-23	CLA Consultants	Completed
<b>Clinical Documentation/Coding Education</b> • Providers	03-31-24	CLA Consultants	Completed

#### Issues for Management Attention


#	Issue	Definition/Impact	Action Plan	Status
01	Inappropriate assignment of charge capture posting and reconciliation of dialysis charge functions.	Billing staff completes dialysis charge functions. Activity impacts staff workload, productivity, and accuracy.	CFO to meet with Dialysis Leadership to request department be accountable for posting charges of services rendered in area. 02-09 -PFS leadership is currently testing a new approach with use of scanning application for general ledger updates/interface. 03-01: testing is still in progress. 03-20: Decision between scanning and care sets is in process. Meeting to take place after care set is built to test each process to determine most efficient option. 05-03: Dialysis staff has been trained and has taken ownership of entering charges.	Completed
02	Finance policy requires a \$90 payment for self-pay patients and at least a \$25-\$30 co-pay for insured patients.	Self-pay patients are unable to pay \$90 and co-pays are not being collected. Modify policy to require a minimum of \$25 to be collected upfront for self-pay and insured patients.	Modify Finance policy to reflect co-pay and self-pay requirement of \$25. 03-01: final review was being done to ensure that all forms/policies have been updated. 03-29: policy completed	Completed
03	Establishing workflow for patient collections across all clinical departments.	Registration staff collects owed funds as it relates to copays and self-pay patients.	Outstanding questions are resolved, and training schedule is established with all registration departments. 2-9-Training to take place the week of February 26. 03-01: Training completed	Completed



#	Issue	Definition/Impact	Action Plan	Status
04	Editing of patient statements	Patient statements need to be edited to reflect updated financial policy.	Ron to enter SR with Cerner 2/9-Waiting for SR to be entered. 03-01: Waiting for SR to be entered until after decision is made about patient finance company. Recommendation made to pause taking next steps on patient finance company and moving forward with edits to patient statements. 03-29: SR pending with Cerner and statement vendor. 05-03: Editing of statements has been completed.	Completed
05	Interpreter schedule is currently saved on Outlook calendar.	Team members are not currently able to access Outlook calendar.	Clinic Director to collaborate with Clinical Informatics team to establish schedule within Cerner. 2/9-Jodi is in the process of building schedule within Cerner. 03-01: Schedules completed	Completed
06	Lack of understanding regarding automated eligibility within Cerner.	Increase staff productivity by increased use of automation.	Clinic Registration Supervisor to collaborate with Clinical Informatics team to gain clearer understanding of functionality. 2/9-Jodi working with Cerner to gain clearer understanding of system set up. 03-01: Jodi will enter SR with Cerner to have all clinics set up in the same manner. 03-29: SR pending with Cerner 05-03: SR pending with Cerner 05-31: SR pending with Cerner	In Progress 
07	Outstanding AR in legacy systems	Legacy system AR needs to be resolved so full attention can be placed on Cerner.	03-29: Legacy AR continues to decline but deadline of March 31 will not be met. 05-03: Legacy AR remains outstanding with a total of \$89K in Affinity. The Patient Financial Services Director has asked that the commercial AR be reviewed for a final time. Target date to stop working legacy AR is 5/31/2024. 05-31: System remains open.	In Progress 
08	Lack of understanding regarding patient AR work queues.	Continued increase in patient AR.	03-29: Gain understanding of patient AR workflow within Cerner. Manage outstanding patient AR from aging report. 05-03: Feedback received from Cerner. CLA to work with Patient Financial Services Director and team to begin drafting policy and procedure. 05-31: Additional follow up questions submitted to Cerner and P&P is in progress.	In Progress 






#	Issue	Definition/Impact	Action Plan	Status
09	Re-structuring of Business Office phone tree	Alleviate phone volume from insurance billers	<p>03-29: Established phone tree structure and provided to IT in February. Waiting for set up to be completed.</p> <p>05-03: New phone tree that was set to take effect on 5/1 is not working as it was designed, therefore IT will need to review and correct set up. Additional work will also need to be completed by IT before remote worker can be incorporated into the phone through the Teams application. Both items should be priority items to alleviate phone calls that the billers receive so they can dedicate their time to outstanding AR.</p> <p>05-31: The phone tree is not working as designed. PFS Director is working with IT to resolve. PFS Director has been asked to escalate to upper management if resolution is not found in early June as this is affecting the billing team's productivity.</p>	<b>In Progress</b> 





10	Outstanding DNFB that exceeds industry best practice of <u>&gt; 4-days</u> .	Reduce backlogs of DNFB accounts waiting to be processed due to HIM-Coding, incomplete documentation, and billing.	<p>03-25: DNFB accounts total \$9.6M, which includes 3-day suspense period of \$2.2M, HIM-Coding of \$2.1M and \$5.3M due to processing concerns by Business Office.</p> <p>It was reported DNFB reports are monitored once per month by Business Office. It was agreed DNFB accounts must be worked daily. Leadership in HIM will be trained on how to generate the DNFB report and HIM and Business Office will work the weekly-Tuesday reports. Additionally, Business Office leadership will work closely with the billers to ensure daily tasks are prioritized in includes addressing outstanding billing holds due to DNFB.</p> <p>Weekly recurring meetings established with CLA to review progress made towards prioritization accounts for processing.</p> <p>05-01: DNFB of 5+ days has decreased from \$7.6M on 4/24 to \$6.4M on 4/30. A workgroup, that meets weekly, has been established by CLA to focus on strategy for reducing the dollars outstanding.</p> <p>05-31: May's DNFB average DNFB was 10 days in comparison to April's average of 13 and March's average of 14. The decrease in days is attributable to external coding support, overtime by the billing staff and Biller accountability by payer assignment.</p>	<b>In Progress</b> 
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### DNFB

DNFB Status	4/1/2024	4/9/2024	4/15/2024	4/23/2024	4/29/2024	4/30/2024	5/6/2024	5/12/2024	5/21/2024	5/23/2024	5/30/2024
Bill Suppression Hold	\$2,853,924	\$2,537,984	\$2,361,365	\$1,846,587	\$2,283,554	\$2,465,350	\$2,829,529	\$994,073	\$1,324,708	\$924,684	\$1,113,053
Correction Required	\$113,899	\$212,546	\$121,539	\$204,724	\$212,262	\$203,101	\$228,722	\$198,255	\$112,916	\$65,440	\$179,557
Credit Balance - No Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Held in Scrubber Submitted not transmitted	\$1,906,684	\$2,399,131	\$2,437,416	\$1,881,004	\$1,336,901	\$1,761,859	\$3,403,167	\$1,965,700	\$1,477,034	\$808,842	\$1,763,041
Ready to Bill	\$1,969,037	\$1,364,388	\$1,598,533	\$1,762,315	\$724,389	\$1,335,431	\$1,647,375	\$733,310	\$1,465,886	\$1,287,430	\$1,078,241
Standard Delay	\$3,303,421	\$2,367,618	\$2,333,018	\$1,717,578	\$2,074,986	\$2,071,158	\$2,128,154	\$2,241,077	\$2,172,038	\$3,751,949	\$2,777,970
Waiting for Coding	\$1,803,835	\$1,997,252	\$2,881,717	\$2,898,809	\$1,938,531	\$1,602,278	\$925,365	\$1,282,195	\$826,875	\$371,538	\$261,423
Grand Total	\$11,950,800	\$10,878,920	\$11,733,587	\$10,311,017	\$8,570,624	\$9,439,176	\$11,162,313	\$7,414,610	\$7,379,457	\$7,209,883	\$7,173,285

### Out of Scope

#	Activity	Action Pending/Taken
01	Patient Financing Options	<p>03-01: Review of vendors has been completed and a list of pros and cons have been established. CLA has recommended that MHSC pause on making their final selection until consistent workflows have been created with the patient AR team as this is an immediate need due to the rising patient AR.</p> <p>03-29: During onsite visit, discussions took place that indicated MHSC may be moving forward with choosing a vendor. No details were communicated regarding status of vendor proposals and possible starting dates.</p>

### Major Accomplishments for this Reporting Period

1. Denials Management Workgroup held its second meeting 5/21/2024 to address questions and concerns of the team.
2. Meeting with Denials Management Coordinator took place to review and adjust processes to affectively lead the Denials Management Workgroup.
3. Onsite meeting took place the week of 5/20/2024 to continue reviewing the patient AR workflows in Cerner and develop a plan to improve the team's workflows and productivity.
4. Weekly meetings continue to take place with the CFO, Director of PFS and Director of HIM regarding the outstanding DNFB days. Days outstanding in DNFB continue to decline moving closer to MHSC's goal of ≤5 days.





5. Weekly meetings continue to take place with the CFO and Director of PFS to review weekly and monthly KPIs that the Director of PFS is to report on.
6. Additional reporting has been established to monitor the overall progress within the Business Office to include dollars in work queues and phone volumes.

<b>Days in A/R</b>	< 50 Days	Weekly Tracking & Report-out
<b>Aged A/R as a % of Billed A/R</b>	<20% over 90 days, over 120 days < 10% & <5% over 180 days (Run by discharge date and break out by financial class. Drill down into payers with timely filing limits < 1 year)	Weekly Tracking & Report-Out
<b>Discharged Not Final Billed (DNFB)</b>	≤ 5 days of average daily revenue	Weekly Tracking & Report-Out
<b>Denial Rate</b>	≤ 15% average (based on state and national rates)	Monthly Tracking & Report-Out
<b>Point of Service Collections</b>	>2- 3% of monthly net revenue	Monthly Tracking & Report-out

#### Days in AR

Month	Days in AR	Target Days in AR <50
March	68	<50
April	66	<50
May	63	<50

#### Aged AR as % of Billed AR

Month	Aged AR 91-120	Target %
May	10%	<20%
Month	Aged AR 121-180	Target %
May	12%	<10%
Month	Aged AR 181+	Target %
May	13%	<5%





### Aged AR

Various efforts have been taken to move AR to MHSC's targeted percentage. These measures include the following:

1. Monitoring of staff productivity and phone volumes
2. Established standardized workflow for working work queues in Cerner.
3. Established dashboard to be shared with the Business Office

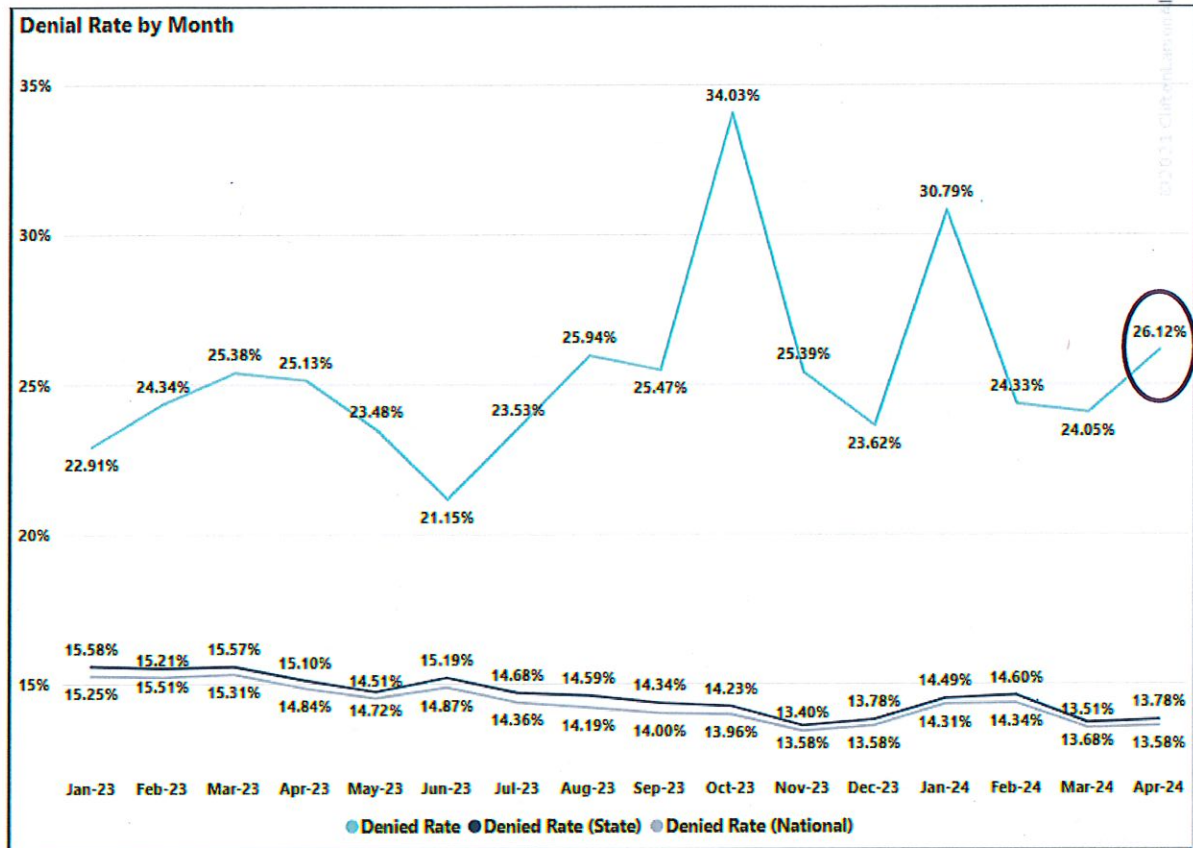
### DNFB

Month	Monthly Average	Target #DNFB Days
April	13	$\leq 5$
March	14	$\leq 5$
May	10	$\leq 5$
Overall Average to Date	12 Days	$\leq 5$



## Denial Analysis: Jan 2023 - April 2024

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### Denials

The Denial's Management Workgroup has held meetings in April and May with monitoring and management of denials taking place by the Denial's Coordinator. The team will meet in June to begin focusing on root causes to discuss what has taken place and or will take place in the future to resolve.

### POS Collections

#### Calendar Year-to-date 2024 (May 27th)

- Total - \$101,548

#### Calendar Year – 2023

- Total - \$183,078

#### Projected POS by Calendar Year-end

- Estimated \$243,715



Create Opportunities



## POS Collections

Since Patient Access training took place in March, POS collections is monitored and provided to leadership in this respective area. As of May 27, 2024, the annualized collections in calendar year 2024 is anticipated to be \$3K+ more than that of calendar year 2023. As staff become more familiarized with collecting copays from patients, it is recommended that MHSC consider training Patient Access staff on collecting patient balances and consider moving forward with collecting pre-payments from patients based off co-insurance/deductibles.

## High-level Timeline (Workplan)

MHSC Project Plan V4						
ID		Task Mode	Task Name	Duration	Start	Finish
1		★	Redesign & Implementation	153 days	Wed 11/1/23	Fri 5/31/24
2		★	Project Mobilization	28 days	Wed 11/1/23	Fri 12/8/23
3		★	Planning Meeting	22 days	Wed 11/1/23	Thu 11/30/23
4		★	Onsite meeting	2 days	Tue 12/5/23	Wed 12/6/23
5		★	Future State Model Definition & Design	44 days	Tue 12/5/23	Fri 2/2/24
6		★	Patient Access	30 days	Tue 12/5/23	Mon 1/15/24
9		★	Patient Financial Services	42 days	Tue 12/5/23	Wed 1/31/24
16		★	Reporting/Data Analytics	30 days	Tue 12/5/23	Mon 1/15/24
18		★	Policies and Procedures	98 days	Wed 11/1/23	Fri 3/15/24
19		★	Patient Access	87 days	Wed 11/1/23	Thu 2/29/24
23		★	Patient Financial Services	87 days	Wed 11/1/23	Thu 2/29/24
28		★	Training	32 days	Thu 2/1/24	Fri 3/15/24
34		★	Denials Management/Prevention Committee	96 days	Fri 2/16/24	Sun 6/30/24
36		★	Parking lot items	129 days	Tue 12/5/23	Fri 5/31/24

## Expectations for the Next Reporting Period

The following major activities are scheduled to occur during the next reporting period.

Key Activity	Start Date	Completed Date
Kick-off Provider Clinical Documentation & Coding Education	02-12-24	03-25-24
Review phone tree flow chart	12-13-23	02-29-24
Finalization of pre-registration and registration process	12-5-23	01-31-24
Review action code report	12-13-23	01-31-24
Review of policies and procedures regarding newly established workflows	01-08-24	
Review of KPI reports/dashboard	01-08-24	05-03-24
Modifications to phone tree	02-29-24	
Review of Patient AR and Payment Posting Workflow	02-29-24	
Identify/train Denials Management Coordinator	03-05-24	05-03-24
Establish/Implement Denials Management Workgroup	04-01-24	05-03-24





## MEMORANDUM

To: Board of Trustees  
From: Wm. Marty Kelsey  
Subject: Chair's Report...June Building and Grounds Committee Meeting  
Date: June 26, 2024

Master Plan Presentation...representatives from PACT Studios presented a slide show, providing data and schematics. They indicated they should be able to complete their work in eight weeks. Their staff interviewed area staff and senior leadership. (I think their work is high quality)

Oncology Suite Renovation Project...Phase I is complete. Phase II will begin soon. A change order is needed and will be approved by staff.

Medical Imaging Core & X-Ray Project...rather than bid out this work, the Committee agreed with staff to have Groathouse do this work under their CMAR contract for the laboratory. However, this will be a separate project with an independent GMP and not folded into the lab project. A GMP should be ready for the July B & G Committee meeting, then on to the Finance and Audit Committee then on to the Board for approval at the August meeting. The estimated cost for this project is between \$750,000 and \$900,000. This is a high priority project for the Hospital.

Laboratory Expansion Project...Nothing significant to report. Work is progressing.

MOB Entrance...the plan is to accept bids for this project in August. If no bids are received, pending state approval, Groathouse may be interested in taking on this project.

Foundation Area Renovation...decisions are pending regarding how this space may be utilized. The Master Plan needs to be adopted before space utilization can be determined. Perhaps some work can be done prior to then. Staff will investigate.

Next meeting is scheduled for July 16<sup>th</sup>.

For more detail, please reference the minutes for this meeting.

Building and Grounds Committee Meeting  
June 25, 2024

The Building and Grounds Committee met in regular session via Zoom on June 25, 2024, at 2:00 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee, Chairman*  
Mr. Craig Rood, *Trustee*  
Ms. Tami Love, *CFO*  
Mr. James Horan, *Director of Facilities*  
Mr. Will Wheatley, *PlanOne Architects*  
Mr. Taylor Jones, *Commissioner*  
Mr. Shawn Coyle, *Guest-PACT Studios*  
Mr. Thomas Yates, *Guest-PACT Studios*  
Mr. Tanner Draemel, *Guest-PACT Studios*

Excused: Ms. Irene Richardson, *CEO*  
Mr. Gerry Johnston, *Director of Facilities*

Mr. Kelsey called the meeting to order and asked for a mission moment to be shared.

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

Mr. Kelsey asked for a motion to approve the minutes from the May 21, 2024, meeting. Mr. Rood made a motion to approve the minutes. Mr. Horan seconded; motion passed.

**Maintenance Metrics**

Mr. Johnston was excused from the meeting and there was nothing to report.

**Master Plan Presentation**

Ms. Love introduced the team from PACT Studios, the group working on the Master Plan. Mr. Coyle, Mr. Yates and Mr. Draemel presented a slide show regarding the progress of the Master Plan. They said we are at the mid-way point. The project started with interviewing staff in areas, both through written surveys and onsite visits. They were able to collect and analyze data from the hospital, Wyoming Hospital Association, Utah Hospital Association and census statistics. They have completed the first round of block planning and will be meeting the MHSC team next week for the second round. Mr. Rood and Mr. Kelsey asked questions and were impressed with the data-informed approach PACT Studios is taking. Mr. Kelsey asked about the timeline. Mr. Coyle said there will be a 3<sup>rd</sup> block planning after the one next week and he expects to have a full deliverable with primary block options in about 8 weeks. They will also offer more detailed plans for some short-term options but will focus on smart allocation of capital resources. Mr. Kelsey said we can give a summary of the progress at the July Board meeting.

## **Old Business – Project Review**

### **Oncology Suite renovation**

Mr. Kelsey asked if Phase 1 of this project was complete. Mr. Wheatley said Phase I has been completed after a few hiccups with the Board of Pharmacy. A Pleasant is prepping to begin Phase II. He will ask for a revised schedule from the contractor. Due to some issues with the incorrect HEPA filters being purchased, there is a change order for \$13,886. This will be approved by Ms. Richardson.

### **Medical Imaging Core and X-ray**

Mr. Wheatley said the preliminary plans have been sent to OHLS and they received feed back today which were easy fixes. With one room being fluoroscopy, they needed to add a hand wash sink and larger bathroom. Those changes will be made and the 95% drawings will be shared with the team then wrap up to 100%. There was discussion about allowing Groathouse to bid this as a change order under the CMAR for the lab project. This will allow us to get the project out quickly. The GMP for the Lab project will be kept independent and they will have a separate GMP for Medical Imaging with all separate paperwork. Mr. Wheatley said he is concerned about available subcontractors with all of the other projects going on in the County. He strongly recommends we take this approach through the current CMAR contract. Mr. Kelsey agreed, and the committee did not have any concerns. The timeline will be to have the Medical Imaging GMP at the July Building & Grounds meeting and then take it to the July Finance meeting and the August Board meeting for approval. Mr. Kelsey asked for a ballpark figure and Mr. Wheatley estimates, based on square footage, the project to be around \$750,000 to \$900,000 depending on some aged electrical equipment in that area.

### **Laboratory Expansion project - SLIB**

Mr. Wheatley said they had the first preconstruction meeting last week. Escavating and tree removal is going on now as they prepare for footings. Groathouse did reach out to the original civil engineer and will be able to provide updated plans at the end of the project.

### **MOB Entrance – SLIB**

Mr. Wheatley said they are working to get this to OHLS for initial review and hope to have it on the street for bids in August. There is concern we might not get any bids with the lack of resources and other ongoing projects in the County and State. Groathouse may be interested in this project also. Mr. Wheatley recommends we take the project out for public bid and if not successful, we can ask SLIB for approval to go into an agreement with Groathouse

### **Foundation Area Renovation**

Ms. Love we are still unsure of what that space will used for and are looking at the Master Plan for help. Mr. Johnston is talking to contractors to see how much can be done without a decision on final usage, either office space or clinical space. The grant was awarded to update the sewar and plumbing in that area. The money has been received and we are required to send in quarterly updates on how the funds are being used.



Master Plan

No other discussion.

New Business

No new business was discussed.

Other

The next meeting is scheduled for Tuesday, July 16, 2024; 2:30P – 3:30P.

Mr. Kelsey adjourned the meeting at 3:20 pm.

*Submitted by Tami Love*